Reviewer's report

Title: Factors Associated with Use and Non-use of the Fecal Immunochemical Test (FIT) Kit for Colorectal Cancer Screening in Response to a 2012 Outreach Screening Program: a Survey Study

Version: 2

Date: 2 April 2015

Reviewer: Shahnaz Sultan

Reviewer's report:

Discretionary Revisions (Questions/Concerns)

A “flow diagram” of sorts outlining the and how many individuals were sent surveys versus how many returned. Of those that returned, how many returned the survey after the initial mailing; for the nonuser group, how many phone calls were attempted and how many actually were reached and were willing to complete the telephone survey.

Was there a difference between the nonuser group answers that completed the initial survey versus the 100 additional telephone survey responses?

This reviewer had some confusion about the following: Why were individuals with a family history receiving FIT cards for screening. FIT as a screening strategy is targeting average risk patients. Individuals with a family history (specifically a first degree relative before the age of 60 are considered high risk and) should be referred for a colonoscopy for screening (not FIT).

In the discussion section focusing on efforts to improve use, the authors should discuss and provide detail about the degree and extent of outreach and inreach efforts (it seems that these efforts were pretty aggressive i.e. multiple reminders (telephone, letters) and despite that, a fair number of individuals fell into the nonuser category (and the convert category). This provides context for what interventions were tried and their degree of effectiveness and what additional efforts could boost further compliance.

The question of perceived risk of developing CRC (Figure 1) why was a 5 point Likert scale used (is there prior validation for this?).

30% of nonusers had no interest in using FIT (but less than 10% said they had no interest in getting screened). The authors reference Duncan. In that same paragraph, perhaps the authors could expand the discussion about having choices or options for screening and matching patients values and preferences for different screening tests (invasive versus noninvasive) which has been shown to increase overall compliance with CRC screening.

Prior CRC screening history and prior experience with different tests my have helped to put some of the survey responses into broader context. For example,
how many had had prior colonoscopies (especially in the older group). Also, what percentage of the nonusers (described as those who did not complete FIT in 2010-2012) had never had CRC screening tests at all?

Finally, in the nonuser group, it might be that these patients appropriately did not complete the FIT test (because of overall limited life expectancy or co-morbid conditions). Was this accounted for in determining who was even eligible for getting a mailed FIT card? If these patients had limited life expectancy, it was appropriate that they did not complete the Fit screening. The authors should comment on this.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.