Reviewer's report

Title: Understanding low colorectal cancer screening uptake in South Asian faith communities in England - a qualitative study

Version: 2 Date: 4 July 2015

Reviewer: Nancy Raymond

Reviewer's report:

Major compulsory revisions
1) Methods: Were the interviews structure or completely unstructured? If there were standardized questions asked please inform the readers of the general content areas or, if brief, the specific questions used.

2) Results:
   a. The Results section needs to be reorganized. Limitations caused by the use of English language in the materials keeps being mentioned over and over. These references need to be consolidated.
   b. The category “Reasons for low uptake specific to faith groups” should be eliminated. With the limited sample of key informants from each group the authors really can’t make any specific claim about differences between the faiths. The material in this section in lines 210 to 216 is redundant and the material in 217 to 223 can be moved to a different section.
   c. Seems that there are five points the authors are trying to make
      i. The limitations using English for the communications
      ii. The limitations of using any written form of communication in any language
      iii. The limitations of having to rely on younger members of the family to translate/explain a sensitive topic
      iv. Lack of understanding of cancer and cancer screening on the part of the elders and the younger members of the family. 135 to 140 should be moved here.
      v. Difficulties in test completion.
   d. The content should be better organized under these topics and the authors should make sure that the same thing is not alluded to repeatedly under different headings.

3) Discussion: The first sentence is overstating the strength of your data. You identify very few differences between the faith groups. Mostly you have identified similarities between the groups. With only 4 participants from each of the faith groups it is presumptuous to presume you can make valid comparisons. The only method that I think could be legitimate with a group this small would be to have a focus group and have the individual in the different faith groups talk about differences in the approach to cancer screening in their communities. You could
say you have some indications of possible differences between groups that need to be further explored but I think that is about as far as you can go. For instance, you state that in the Sikh community stigma surrounding cancer is a reason for not wanting to take part in screening. This has also been cited as a reason for being reluctant to engage in cancer screening in Somali Muslim women in the US. See: Raymond NC, Osman W, O’Brien JM, Ali N, Kia F, Mohamed F, Mohamed A, Goldade KB, Pratt R, Okuyemi K (2014) Culturally informed views on cancer screening: a qualitative research study of the differences between older and younger Somali Women, BMC Public Health. 14:1188. doi: 10.1186/1471-2458-14-1188.

Minor compulsory revisions

1) Methods: Need more information about the 12 community members that were recruited. The study included four members of the Hindi community, four members of the Muslim community and four members of the Sikh community. I assume this was done by design. Was anyone turned away because you had reached the limit of four members from that community?

2) Results: Were the participants compensated for their time and effort in any way?

Discretionary Revisions

1) Results: I would be tempted to move all of the suggestions made by the community to one section at the end of the results instead of putting them under the individual categories in the results

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interest.