Reviewer’s report

Title: German National Case Collection for Familial Pancreatic Cancer (FaPaCa) - Acceptance and psychological aspects of a pancreatic cancer screening program

Version: 0 Date: 22 Jun 2018

Reviewer: Cathryn Koptiuch

Reviewer's report:

Overall Comments:

This is an important study that will add to the body of literature describing the psychological outcomes of pancreas cancer screening in high risk patients. Overall, this cross sectional study was well done within the context of the cohort of subjects available. As the authors discuss, cross sectional studies of this nature are not as ideal as a longitudinal study, but the methods seemed sufficient and the response rate was high enough to give significant validity to this data obtained. Well US studies are able to collect more demographic data that this study team reported they were able to acquire, this does not detract much from the data. Of note, numerous grammatical errors were present in the paper that have not been noted in this review. Thorough editing is recommended. Lastly, it is promising that this study itself motivated additional at-risk individuals who hadn't been adhering to surveillance recommendations to pursue screening, and this finding supports the authors’ recommendation for physicians whom patient have established trust become more educated on PDAC screening and that they discuss this with these at-risk patients. Thank you for your work.

Specific comments:

Page 3, lines 24-27: I question why the authors decided to group the hereditary cancer syndromes with a high risk of pancreas cancer together with a condition such as FAP, which hasn't been shown to greatly elevate the risk for pancreas cancer as compared to other conditions. Since this paragraph seems to focus on high risk settings for pancreas cancer, perhaps removing moderate risk conditions from this section could be considered especially since the summary of these settings states that the lifetime risk for PDAC is >10% in these settings, which has not been shown in FAP (greatest RR reported is 4.5), Lynch (up to 4% risk) or HBOC (7% risk). Perhaps the hereditary conditions could be listed in both high- and moderate-risk groups, the statement about these settings leading to a 10-40% risk could be modified, or a statement could be added about family history playing a role in not just FPC families but also in families with hereditary conditions. The author may have meant that in lines 41-44, but it isn't clear whether those statements pertain to just FPC families or all settings discussed previously in the paragraph.
Page 4, line 27: Key article not cited by authors is cited below. The authors are recommended to review this article and incorporate information as necessary into the background section.


Page 5, line 52: FDR is already defined as first degree relative in Page 5, line 15. Perhaps this inclusion of "close blood relative… or children" should move to that location in the paper.

Page 9, line 29: If 22 of the individuals in group 3 did not have accurate addresses, the response rate for this group would be 23 of 71 (32.4%). This number may be worth reporting instead of the return rate.

Page 12, lines 32-37: While the second half of this statement is accurate that this "study is the first to evaluate … the reasons for not participating in…" the first half of the statement is not accurate that this "study is the first to evaluate the participation rate of comprehensively counseled IAR".

Page 13, lines 56-59: I believe the authors intended to say that quitting cigarette smoking could dramatically reduce risk rather than engaging in the activity. The statement "In addition, no single factor - other than cigarette smoking -is known that can dramatically reduce risk, nor is there any proven chemopreventive strategy" could be changed to "In addition, no single factor - other than quitting cigarette smoking -is known that can dramatically reduce risk, nor is there any proven chemopreventive strategy."

Page 14, line 31: The authors reported "return rate" not response rate in the data. While response rate for group 3 is not reported, the reviewer has calculated this number and agrees that there remains a difference in response rate.

Page 14, lines 38-41: Since the IAR reported the FPC or syndromic status with their questionnaires, can the authors separate these cohorts within the data on comprehension and see if indeed there is a difference?

Page 16, line 9: an e needs to be added to syndrome.

**Level of interest**

Please indicate how interesting you found the manuscript:

An article of importance in its field
Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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