Author's response to reviews

Title: A randomized trial of mail vs. telephone invitation to a community-based cardiovascular health awareness program for older family practice patients [ISRCTN61739603]

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Version: 3 Date: 21 June 2005

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BMC Family Practice Editors

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June 21, 2005

Dear Editors:

I am submitting a revised version of the manuscript, ‘If you build it, will they come? A randomized controlled trial of mail vs. telephone invitation to a community-based cardiovascular health awareness program’. I have addressed comments from the reviewers below.

Please note that the trial has been registered and assigned an ISRCTN: ISRCTN61739603 (Current Controlled Trials Ltd).

Reviewer 1
As noted by the reviewer and shown in Figure 1, eligibility of patients was determined in two stages. An electronic list of patients 65 years of age or older (n=490) was obtained using billing data. Eligibility criteria were applied to determine the final number of trial patients (n=235). The text has been revised to clarify this process.

The number of patients excluded (n=255) with application of eligibility criteria is relatively high. This is because the software system used in the practice did not allow for routine removal of patients, thus most excluded patients were no longer patients of the physician.

Reviewer 2
A second analysis omitting patients not successfully contacted by mail or telephone was not undertaken, as the numbers were quite small. In the mail contact group, 8 letters were returned to sender. In the telephone contact group, all patients were reached in three tries or called back, and 4 were discovered to be ineligible on contact. These results have been noted in the text.

The targeting of regular patients reflects the increasing move to rostered practices in Ontario and the potential importance of an established relationship with the provider, where
mail/telephone contact related to health promotion would not be unusual. This rationale has been added to the text.

Since the program is designed to connect with family physician practice, both in the initial invitation strategy and the feedback of results, it is likely that patients who participate appreciate this aspect of the program. Patients were able to ‘opt-out’ of the feedback to the physician, however no participants in this small trial objected to having their results forwarded to the physician. This issue has been clarified in the text.

There was a duplication of the section of patient preference in the results section, and the last paragraph has been omitted.

There was an error in reporting family history and smoking in Table 1. The results for family history were mistakenly reported under smoking. The results for both smoking and family history have been corrected in Table 1 and confirmed in Table 2.

Several versions of the title were debated; a alternate title is proposed, omitting ‘controlled’: ‘A randomized trial of mail vs. telephone invitation to a community-based cardiovascular health awareness program for older family practice patients’

**General revisions**

Additional revisions have been made in accordance with the Authors’ checklist for manuscript formatting, as well as a few minor corrections. Changes are highlighted in the text.

Thank you for your interest and assistance.

Sincerely,

T. Karwalajtys, MA  
On behalf of the CHAP Working Group

Enclosures