Reviewer's report

Title: If you build it, will they come? A randomized controlled trial of mail vs. telephone invitation to a community-based cardiovascular health awareness program

Version: 2 Date: 3 May 2005

Reviewer: Matthew Knuiman

Reviewer's report:

General
This is a generally well-written article reporting the results of a well-conducted pilot study of family-practice based mail and telephone invitation to pharmacy-based BP check and cardiovascular awareness session.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Whilst the authors have appropriately included all invited patients in the analyses and performed intention-to-treat comparison of mail vs telephone invitation, there are further analyses that are needed to fully appreciate/understand the difference in attendance rates between mail and telephone and the association of attendance with health history variables. The attendance rate and pattern is a product of two distinct elements, namely whether or not the patient was successfully contacted (which is related to the completeness and currency of contact information in the patient's records, the amount of time they spend at home, etc) and whether (once contacted) they attended the pharmacy health awareness check. The report does not state how many people were successfully contacted. If several could not be contacted, that is they were return-to-sender (wrong address) in the mail method or not able to be contacted in the telephone method (missing or wrong phone number, no contact after 3 attempts) then a second analysis, omitting those not contacted, might yield different attendance rate patterns.

Another key factor affecting attendance concerns the inclusion/exclusion criteria. About half of patients 65+ years of age were excluded and one of the inclusion criteria was whether they were considered a regular patient. Regular patients would be more likely to have complete and up-to-date contact information and probably would also be more likely to attend an awareness program, thus explaining the high attendance rates. Also, surely it is the irregular patients that are at greatest need of BP monitoring and cardiovascular health checks. Some data and discussion of these points is needed.

The report states that attending patients had the option of having results sent to their family physician. What was the number (percentage) who opted for this? This would seem to be important.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

The last paragraph of Results essentially duplicates the third paragraph of Results. Table 1. The number(percent) for Family history in mail invitation group doesn't look correct.

Title: This isn't really a randomised controlled trial as it doesn't have a 'control arm'. It is a randomised comparison of mail vs telephone invitation ...
Discretionary Revisions (which the author can choose to ignore)

Title: The meaning of "If you build it, will they come" is lost on me and therefore perhaps on potential readers. Also, as stated above it is not really a randomised controlled trial and it would be more informative if the title mention the target group, ie the elderly. Why not change the title to "A pilot study of family-practice based mail and telephone invitation to a pharmacy-based blood pressure check".

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare I have no competing interests.