Author's response to reviews

Title: Colorectal cancer screening awareness among physicians in Greece

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Author's response to reviews: see over
To: Editor  
BMC Gastroenterology

RE: Manuscript “Colorectal cancer screening awareness among physicians in Greece”

Dear Editor

We are thankful for the insightful comments and we addressed all of the suggestions in a revised version of the manuscript. In more details:

Reviewer: Marion R Nadel

Compulsory revisions:

1. information about the study sample

sample frame:
We agree with the reviewer and we therefore indicated the provinces evaluated and the reason for which they were chosen for analysis.
Territorial reason: In Greece there are 52 provinces but population distribution is uneven. More than 60% of the Hellenic population lives in these areas.
Medical sampling: All physicians working in primary care activities of the mentioned institutions from August 2001 to December 2002 were retrieved from the Institutions’ medical lists and were interviewed.

We therefore rephrased the Enrollment section

...“ From August 2001 to December 2002, 600 medical doctors employed in primary care activities were recruited from medical lists of 14 health centers, 16 general hospital and 31 rural ambulatory departments in 9 Hellenic provinces (Ahaia, Attikis, Chania, Cephalonia, Drama, Etolocarnania, Evro, Lesbo, Serres) and were invited to answer the prescription-habits questionnaire....”

representativeness of the sample

Low response rate

We agree with the suggestion, but we cannot precisely assess the overall number of the Hellenic physicians working in primary care setting. In any case we know that there are:

- 2050 ambulatories for medical doctors employed in the compulsory post law GP years (actually these placed are progressively occupied by specialized GPs)
- 633 places for trainees in GPs
- 1275 places for trainees in internal medicine
- Family physicians: a core of the Hellenic primary care is actually constitute by private (for fee) specialists (mostly internist) but their number can not be estimated
Specialist in internal medicine working in Health Centers, Hospitals, public insurance foundations (IKA, TEBE etc) and involved in ambulatory departments overlapping primary care activities: we do not know their number. Furthermore, considering the current changes in the Hellenic primary health care, we implement our manuscript in order to avoid possible time-dependent and reporting-biases. In the discussion section we set in the Discussion section (page 7 bottom):

“Anyway, our study presents many limitations and may not be applicable to the whole population of primary care physicians. Firstly we have data of only 211 physicians. Secondly, practices of responders may be systematically different from those of non-responders; a high rate of non-responders is anyhow amenable in this kind of cross-sectional survey [28-30].” ....

over-representation of trainees and likely effect on the results

We discuss this issue in the Discussion section (see point 3)

2. How do author know that physicians are recommending DRE for colorectal cancer screening rather for prostate cancer screening

This is a relevant question. In a nationwide population survey on 5259 healthy individuals we found that 8.0% of males vs. only the 1.8% of female underwent DRE (unpublished data). This is largely in accordance with the reviewer position that the major part of the answer may have been provided for prostate cancer screening rather than for colorectal. Anyhow DRE is not an evidence-based test (level I or Level II) still for prostate cancer screening, despite level III of evidence studies may be suggestive of some benefit for its implementation.

Since we agree with the reviewer’s position we discussed this important issue in the Methods section (page 5, medical questionnaire paragraph), we rephrased the abstract (results) and we review the Discussion section. Anyway, we do not believe that it should be deleted from the present report considering that we found 1.8% of Greek female population to undergo the test and certainly not for prostate cancer screening purpose.

List of provided changes:

Abstract results:
we substitute the sentence: “...The percentage of physicians recommending stool occult blood test, sigmoidoscopy and digital rectal examination was 24%, 4% and 46% respectively...”, with the new sentence:

......“The percentage of physicians recommending stool occult blood test and sigmoidoscopy was 24% and 4% respectively”......

Methods (medical questionnaire paragraph):
we add the sentence:

“.....Due to the phrasing of the two questions, and considering that DRE may be implemented for both colorectal and prostate cancer screening, the determination of the implemented proportion of the test in each setting was not possible, and related analysis should be therefore considered a secondary outcome...”

Discussion:
We rephrase the sentence (page 7): “...In our trial the finding were further worsened by the fact that 46% of physicians screened their healthy patients with digital rectal examination during regular
In our trial 46% of physicians screened their healthy patients with digital rectal examination during regular general practice activities. This percentage was notably higher (68%) when cancer screening purpose was considered.”

3. We agree with the reviewer and we provide information about the composition of the Hellenic Primary Care Health system. We therefore delete the paragraph: “Anyway, since colorectal screening recommendations were statistically lower among physicians aged 30 or less versus older ones (p = 0.012), and coping with the actually Hellenic primary care physician composition, the particularly low screening recommendation rate observed had been driven in part by the large amount of young doctors involved in the study. Although it might be guessed that trainees and recently trained physicians should have been more likely to be aware of evidence-based and cost-effectiveness studies, the observed low screening recommendation rate among young physicians should not necessarily translate in a negative future for the Hellenic care”.

And we provide the following: “These results might be in part explained by the actual composition of the Hellenic health system. Indeed, to date primary care services were mainly guaranteed by non-specialized physicians employed in the post law compulsory medical service (for free service supported by the Health system) and by private family physicians (for fee services); and secondarily by internal medicine ambulatory division of general hospital and by professional funds (for free services). Thus, non-specialized young physicians are the key of the actual Hellenic primary care system. Therefore, the low rate of screening recommendation observed should not be surprising and explains partially why in our study colorectal screening recommendations were statistically lower among physicians aged 30 or less. In fact we found that specialists in general practice showed a trend for better prescription (p=0.054).

Fortunately, the newborn sanitary system is progressively substituting the unspecialized post law physicians with specialized GPs. The whole primary care composition, as well as services provided, may consequently radically change in next 5-10 years. We therefore hope that a specialized system will provide both the hopeful changes and a cost-effective screening coverage”.

**Essential revisions:**

Agreeing with the reviewer

1. Data of Table 2 was revised and corrected.
2. In relation to the Ganry study we modified the 2nd paragraph of the Discussion as follows:

   “In spite of the documented survival benefit from colorectal cancer screening [4-9], regardless of its recommendation by health authorities [10-13], and in sharp contrast with the high rate of CCS recommendation by US physicians [24], the rate of CCS implementation was not satisfactory in any of the European studies but one, [21] and particularly in the present survey (table 2). Indeed in Ganry study (2004)[21] a significant higher rate of CCS advising (95%) was observed in comparison with previous French
reports (1996, 2003)[19,20]; this may be explained by the fact that time from guideline implementation (1998 for France)[25], related medical education and putting guidelines in to practice are sequentially time dependent process”

3. ok
4. We rephrased: “we considered null its prescription” to “…we considered its prescription of not value…”
5. We rephrased: “addressed for” to “recommended”
6. ok
7. ok
8. Table 1 was referred at page 6 “…Frequencies by which physicians prescribe the abovementioned tests for screening purposes are reported in Table 1…”.

**Discretionary Revisions:**

1. Title changed
2. Background We included the sentence: “…Currently guidelines generally include: stool occult blood test (SOBT) yearly and sigmoidoscopy every 3-5 years, both beginning at the age 50.[10-13]…”
3. It is implemented in the Introduction session
4. Reference to US physicians was provided in the discussion section as suggested.
5. Abstract was implemented as “…even though specialists in general practice showed a trend for better prescription (p=0.054)…” and in the Discussion we set…” In fact we found that specialists in general practice showed a trend for better prescription (p=0.054)”.

**Reviewer: Grazia Grazzini**

**Discretionary recommendation:**

1. page: the value and the role of organized screening is implemented in the Introduction section
2. The issue of availability of local endoscopic services was discussed in the paragraph “limits of the study” in the Discussion section.
3. Despite the suggested third issue is of particular importance for implementing organized screening services, but still considering the opportunistic-based screening policy actually operating in Greece (where the article is referred), we preferred to avoid the inclusion of this remark in this report.

Sincerely
Konstantinos Kamposioras