Author's response to reviews

Title: The effect of Breast Cancer Awareness Month on Internet search activity - a comparison with awareness campaigns for lung and prostate cancer

Authors:

Ronan W Glynn (ronanglynn@doctors.net.uk)
John C Kelly (johnckelly@gmail.com)
Norma Coffey (norma.coffey@nuigalway.ie)
Karl J Sweeney (karlsweeney@gmail.com)
Michael J Kerin (michaelkerin@nuigalway.ie)

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Author's response to reviews: see over
Dear Sir/Madam,

Thank you for your comments and invitation to submit a revised manuscript. We were heartened to see that two of the reviewers reported that the paper is now acceptable for publication.

Once again, we have endeavoured to respond to reviewer 1’s questions and concerns comprehensively, and hope that they too have now been sufficiently addressed. That said, we believe that many of her concerns have already been sufficiently addressed or are outwith the scope of this paper. Based on guidance from the reviewer, we have previously altered our work significantly, in some instances raising topics and debate in areas outwith our areas of specialist knowledge. It is very clear, both from reading her book, and indeed from the amount of effort which she has put into reviewing this work, that the reviewer has an extensive interest in, and knowledge of, issues surrounding breast cancer advocacy and the breast cancer awareness movement in general. This paper could never, and indeed was never an attempt to, deal comprehensively with all of the issues raised by the reviewer over the course of this review process. That said, we believe that the present draft – whilst relatively limited in analysis compared to, for example, the reviewers book on the subject – provides an interesting snapshot of online activity for the reader of BMC Cancer, whilst also providing an overview of many of the issues surrounding BCAM. For those stimulated to delve further into the topics raised, we believe that the accompanying references provide that opportunity.

Our responses to the Reviewers’ comments are detailed below.

Reviewer 1

Comment 1: Since the authors acknowledge that the commercialization of breast cancer and the historical context of National Breast Cancer Awareness Month may also be contributing to increased
online activity in October and in the background, I recommend that the title be changed. The ‘effect of NBCAM’ on Internet activity suggests a direct correlation between the campaign itself and the activity. But this is not the case, at least not anymore. Part of the confusion here is that the campaign (NBCAM) has become part of a generalized constellation of ‘awareness/breast cancer/cause related activities’ throughout the year. It is no longer that singular campaign. (Note: the official campaign is National Breast Cancer Awareness Month (NBCAM).

Response: This is the reviewer’s opinion. Our work clearly demonstrates increased internet activity during NBCAM; we suggest that this is due to the effect of NBCAM activity although, as noted, confounders are already discussed within our paper. Furthermore, the word ‘effect’ can be taken to mean a large influence or no influence at all on internet activity – it will surely be up to readers to review the paper and decide for themselves. In relation to NBCAM versus BCAM, the campaign is known as NBCAM in the United States but we feel that the words ‘Breast Cancer Awareness Month’ are more appropriate given the international readership of BMC Cancer. Hence, we do not believe that the title needs to be changed.

Comment 2: Since the authors do not wish to speculate on the possible lessons to be learned from NBCAM, the conclusion should be adjusted. ‘May hold useful lessons for other initiatives’ should be qualified.

Response: As stated in our previous response to the reviewer;

“As stated in the previous draft, we believe that the success of BCAM is largely attributable to its ability to harness the media’s support for the cause, and this is obviously something which other campaigns would do well to learn from. As clinicians, we do not feel qualified to speculate unduly on specific aspects of how campaigns could be improved, although we do now highlight some of the concerns raised in relation to BCAM which other initiatives might seek to avoid. Once more, however, we feel that the simple results of this paper should provide the basis for commentary surrounding BCAM, and we do not feel that further unqualified speculation by ourselves will add either to the value of this work, or indeed to the wider debate surrounding BCAM and other awareness initiatives”.

Comment 3: The statement that NBCAM is designed to raise ‘awareness and funds for ongoing research’ (1st para) is slightly misleading. The campaign is for ‘awareness’ and related behaviors narrowly defined, and the national campaign focuses specifically on screening mammography. BSE isn’t even recommended anymore, but is considered to be ‘optional.’ Has the ACS update its NBCAM materials in accord with this? Also, the ubiquitous engine of pink awareness hitching its wagon on NBCAM focuses on a variety of things, of which research is actually the most minor. Please clarify this point.

Response: This statement has been in the manuscript since the first draft and we are unsure as to exactly why it is now felt to be confusing or misleading. We believe, given the original aims of the paper, and indeed the simple study design, and indeed our own clinician backgrounds, that the
issues surrounding breast awareness, ‘Pink’, etc have been adequately discussed and dealt with to a sufficient level for individual readers to come up with their own conclusions. Whilst the issues raised here, and indeed those raised in comments 6, 7, and 8 below are undeniably interesting, this paper was never supposed to provide an in-depth discussion of these issues; as previously stated, we aimed to provide a simple snapshot and analysis of activity, with the intention having always been that our results would provide a stimulus for those with specific interests and knowledge – including the reviewer - to comment further on our findings.

Comment 4 : The mention of ‘in situ tumors’ in the discussion section should define this term. ‘Precancerous cells’ and/or ‘risk factor for the development of an invasive breast cancer in the future’ would both be acceptable.
Response: We do not believe that the readership of BMC Cancer will require an explanation of ‘in situ’. This is all the more so given that the title of our paper explicitly points out breast, lung and prostate cancer as the subjects of the paper – we would be very surprised if those stimulated to read the paper as a result did not understand the meaning of ‘in situ’.

Comment 5: P. 7 “high levels of interest demonstrated in relation to both the campaign and its associated initiatives ‘breast cancer walk’, ‘breast cancer NFL’), and indeed to the disease itself (‘breast cancer symptoms’). Please elaborate on this statement in relation to the types of search items found with the other two malignancies. They are interesting, and qualitatively different.
Response: These differences have already been referred to in the paper;
“In addition, it is clear from Table 1 that the campaigns for these latter cancers do not appear to register in the public mindset, with neither campaign nor their associated awareness initiatives achieving sufficient interest to register on the Google Insights for Search Application”.

Comment 6: The added discussion of the NPCC (p. 7) is helpful. Important to note, however, that their focus on NCI research allocations do not take into account the considerable cause-marketing dollars and added visibility to breast cancer via products. The NBCC was instrumental in increasing federal research funds for breast cancer. This stands alongside, and outside, of mainstream fund-raising/publicity/sales of breast cancer related merchandise. Again, the research related allocations stemming from THESE added monies are minimal.
Response: Please see introduction and response to comment 3 above.

Comment 7: P. 9 The statement that “pink culture” has had undeniable benefits for the breast cancer movement in general…” More accurately, it has had benefits for the more mainstream components of the breast cancer movement, but not the movement in general. There is indeed a split in the movement (which began in the early 1990s) and is more virulent today. The mainstream public wouldn’t necessarily know
this from media portrayals of a consensual pink movement. So, the dis-ease is not only among advocates of ‘other causes’ but of breast cancer advocates as well. (See Barbara Ley, From Pink to Green).

Response: Please see introduction and response to comment 3 above.

Comment 8: P. 9 Other deleterious consequences: commercialization of breast cancer means that significant funds are raised but literally go nowhere. Thus, exploitation of good will and waste of resources (See King). Also, the specific kinds of fundraising activities spread misinformation. You mention the probability of 1 in 9 in the UK. 1 in 8 in the U.S. is used frequently, but countless reporters say that 1 in 8 women EACH year are diagnosed with breast cancer. That’s just wrong. It’s 1 in 8 women in a lifetime of over 80 years. And, as you mention in the UK, this is for older women, not younger women. Excessive focus on screening also detracts attention from research and causation.

Response: Again, please see introduction and response to comment 3 above.

Comment 9: P.10 “it is too early to conclude that the success of BCAM in stimulating online activity may be taken as a proxy for concluding that BCAM raises awareness of, or motivates offline activity in relation to avoidance of breast cancer.” Huge caveat. What if the strategies promoted by BCAM, even if followed religiously, do not lead to an avoidance of breast cancer? Check out this study from Univ. Cal. If screening mammograms (even with the help of CAD) are not better at finding invasive breast cancer, then why are campaigns still promoting it as the means to avoid breast cancer?


a. There is a major disconnection between encouraging people to learn information and engage in particular behaviors to avoid a disease when that information and those behaviors do not actually result in the avoidance of the disease. How do we measure success of BCAM? Less Breast Cancer, or more people participating in ‘awareness’ activities and searching online? It’s a tangled web.

Response: This question, whilst interesting, leads to an entirely new discussion regarding the efficacy or otherwise of screening for breast cancer. In the context of a paper which simply looks at internet activity surrounding awareness months for three cancers, we believe that this debate is outwith the scope of the paper. We agree with the reviewer that measuring the success of BCAM is difficult – we have simply examined one indicator of this – online activity – and it is obviously up to the individual reader to decide whether this indicates ‘success’. We are very confidant that, if the increases in activity seen were mirrored for their own cancers, advocates for prostate and lung disease would certainly regard those increases as ‘success’, regardless of the motives or methods underlying that success.

Comment 10: Final statement that, ‘there are perhaps lessons to be learned from the BCAM campaign which might usefully be adapted for other cancer awareness initiatives.’ It might be prudent to suggest that some of the strategies might usefully be avoided as well, reminding the reader of the caveats you suggested throughout the paper. Of course, breast cancer advocates/supporters could learn from these too.
Response: We agree with the reviewer and have altered our concluding sentence accordingly.

As always, please do not hesitate to get in touch should you have any further queries or concerns,

Kind Regards,

Yours faithfully,

Dr Ronan Glynn
Principal Author

T: 00353 91 544637
F: 00353 91 494509
E: ronanglynn@doctors.org.uk