Author's response to reviews

Title: Cross-sectional Study of Self-reported Physical Activity, Eating Habits and Use of Complementary Medicine in Breast Cancer Survivors

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Author's response to reviews: see over
To Christna Chap, PhD  
Senior Executive Editor  
BMC-series  
BioMed Central  
236 Gray's Inn Road  
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St. Gallen, 12th December 2012

Re: Revised MS 1988144254748640

Dear Dr. Chap

We would like to thank the reviewers for their valuable comments and the BMC editorial board to give us the opportunity to revise the manuscript. We have addressed the issues brought up point by point (please see below) and adapted the manuscript accordingly. Furthermore, the language was checked and improved by a native speaker with great experience in publishing scientific papers.

We would highly appreciate publication of this manuscript in BMC Cancer.

Sincerely,

Dr. Arnoud Templeton, on behalf of all authors
POINT-BY-POINT REPLY

Editorial points:

• *Ethical Approval* - Research involving human subjects (including human material or human data) that is reported in the manuscript must have been performed with the approval of an appropriate ethics committee. Research carried out on humans must be in compliance with the Helsinki Declaration. A statement to this effect must appear in the Methods section of the manuscript, including the name of the body which gave approval, with a reference number where appropriate.

Authors’ reply: The protocol for this study was reviewed by the local REB (Ethikkommission des Kantons St. Gallen) and approved during its meeting on 5-NOV-2008 (EKSG 08/082/2B). The investigators were informed about this in writing with a letter dated 11-NOV-2008 and signed by the president of the REB. We have added this important information and a note that the study was carried out according to the declaration of Helsinki and according to Good Clinical Practice (GCP) guidelines.
Reviewer 1

• It is unclear why such a low threshold for physical activity for 30 minutes per week was chosen when most of the fairly extensive literature indicates that 2.5-3 hours of moderate intensity, physical activity (walking but not strolling) was the level needed to be associated with a lower recurrence risk. That such a low threshold could be met by a large number of breast cancer patients is not surprising. The higher threshold of 2.5-3 hours per week for many individuals require some adjustment in lifestyle and it would be of interest to know whether this level of interest could be found.

Authors’ reply: We fully agree that the threshold of “1x per week (≥ 30 minutes brisk walking or equivalent)” is low. For the analysis of predictive factors we therefore pooled those patients who did not report to be physically active and those who reported once weekly physical activity and compared them to those with “more than once per week”, what is at least 60 minutes of brisk walking or equivalent. The cut-offs were chosen to identify those patients who would likely benefit most from respective programs. Retrospectively, it would have been good to include a category specifically asking for at least 2.5 hours of weekly physical activity. We have added a statement to the discussion pointing out that 2.5-3 hours of moderate intensity, physical activity is the level needed to be associated with a lower recurrence risk.

• Finally, there is no evidence that CAM is associated with recurrence risk.

Authors’ reply: We do agree and have highlighted this fact in the conclusion section.

• Perhaps the authors should “talk through” step-by-step one complete diagram so the reader could understand more clearly what if any are the associations being presented.
Authors’ reply: We appreciate the comment that it is difficult to read the diagrams and have added a step-by-step explanation in the legend of figure 1.

Reviewer 2

Major Compulsory Revisions

• Title: delete “needs” as the study does not cover needs, why “breast cancer survivors”. Is this study not about patients from a hospital?

Authors’ reply: We agree that the title may not be appropriate and have changed it to “Cross-sectional Study of Self-reported Physical Activity, Eating Habits and Use of Complementary Medicine in Breast Cancer Survivors”. We believe that the term “Breast Cancer Survivor” used here is in line with the NCI definition of survivorship (“In cancer, survivorship focuses on the health and life of a person with cancer post treatment until the end of life. It covers the physical, psychosocial, and economic issues of cancer, beyond the diagnosis and treatment phases. […]”) and therefore suggest to keep it in the title.

• Statistical Analyses: “to correlate”. This is a regression model looking for predictors. Please be precise as to what you did. Please rewrite the section about the sample size calculation together with an experienced statistician with sufficient knowledge of the English language. Examples of misleading parts are: What is meant by “higher response group”, WTI is mentioned as the outcome but Table 2 rather suggests that use or attention was the relevant outcome.

Authors’ reply: As requested, we have rewritten the section „Statistical Analyses“.
• Results: PA. From the data I would conclude that the binary outcome was none/once per week + more than that. Please be precise.

Authors’ reply: This conclusion is correct. We clarified this in the manuscript by explicitly giving the numbers and explaining how the binary outcome “no PA/once weekly PA” vs. “more than once weekly PA” was chosen.

• Results Diet. Diet seems to have been operationalized as “paying attention to eating habits”. It is unclear how patients answered this item. Would eating more slowly lead to them tick “yes”? Would that entail adhering to a “diet”?

Authors’ reply: We agree with the reviewer that the terms “eating habits”, and “diets” are not necessarily synonymous and have further clarified that with paying attention to “eating habits” refers to the type of food eaten (“diet”).

The wording of the questionnaire for the respective section was “do you pay special attending to your nutrition?” with boxes for “yes” and “no”. Directly below the box with “yes” the question “if yes, how?” was asked and the following selection offered: “vegetarian”, …. and “other” (to be specified). Although, theoretically, the first question could be answered with “yes” in case of eating more slowly, there was no evidence (e.g. from what was specified with “other”) that patients understood the question this way.

• Results CAM: It remains totally unclear how CAM use was asked for. Please give detailed information on this part of the study. Indeed, I would be interested in predictors for uptake of programs rather then predictors for doing the activities.

Authors’ reply: We have added a description of how CAM was asked for. In the univariate model predictors for willingness to present for CAM programs were similar to those predicting current use of CAM. To maintain consistency in the presentation of the results presented in the manuscript and to avoid over
emphasizing CAM (for the reasons pointed out by reviewer 1) we prefer not to include these data in the manuscript.

• Discussion: “physical activity” was above ... expected. Where did the expectation come from? Literature?

Authors’ reply: We have added a reference for this statement and highlighted that a direct comparison is limited by the fact that the cut off for PA in our study was at least 60 min/week and not (as recommended to have an impact on disease recurrence) 150min/week (please also see comments by reviewer 1). The cited paper (Irwin M et al. Med Sci Sports Exerc 2004, 36: 1484-91) reports on 806 breast cancer survivors of which 32% engaged in PA for 150 min/week. When moderate-intensity household activities were included in the definition the rate was 73%. Presumably, the rate of 69% of women reporting PA for at least 60 min/week compares well with these figures and we hypothesize that this is reflected by a lower BMI in our patients (24.5kg/m² vs. 27.8kg/m². as reported by Irwin et al.).

• Discussion: Interestingly ... reduced stress. This result was not reported beforehand, but is mentioned in the discussion.

Authors’ reply: We highly appreciate that the reviewer points out that this aspect was accidentally not reported in the result section and have added this.

• Table 1: How was mood measured?

Authors’ reply: The question “How did you feel during the last two weeks (mood)?” was to be answered on a 100mm visual analogue scale with “unhappy” and “happy” at the ends.
• Table 2: How many patients are in the group of “physical activity/yes”. Please add numbers.

Authors’ reply: The figures for the comparisons in all groups were added.

• Please add numbers to the figures.

Authors’ reply: As the figure becomes very busy when all numbers are included we have added the main numbers and a step-by-step explanation in the legend of figure 1 in order to facilitate reading of the figure as suggested by reviewer 1. Furthermore we have added the information about missing data. We hope this is agreeable to reviewer 2 as well.

• References: Please add citations from BMC Cancer in order to underscore relevance of your paper for the audience of the journal.

Authors’ reply: We have added a recently published paper (Dobos G. et al. Integrative oncology for breast cancer patients: introduction of an expert-based model. BMC Cancer 2012, 12: 539) as a second reference from BMC Cancer. We feel that this debate article addresses well the controversy about integration of CAM methods in conventional cancer centres underscoring problems and offering possible solutions for such approaches.

Minor Essential Revisions

There are a lot of language problems, which make the text difficult to understand.

• “institutional programs”: What is meant here?
Authors’ reply: We have made this clearer by writing “participation in institutional programs (e.g. exercise classes)”.

- **Trial participation: trial refers to clinical trials, this is a cross-sectional study**

Authors’ reply: We have replaced the term “trial” by the term “study”, where appropriate.

- **Self-explaining questionnaire: Probably would be “self-administered”**.

Authors’ reply: We have removed “self-explaining” as this specification is not really necessary.

- **“readiness to present for come”: is totally unclear.**

Authors’ reply: We have replaced “readiness to come” by “willingness to participate in institutional programs (e.g. exercise classes)”.

- **Complaisance is probably not understandable to readers.**

Authors’ reply: we have replaced “answers by complaisance” by “answers aimed at pleasing”.

(As suggested, the language was edited by an experienced native speaker with great experience in the field of breast cancer).