Author's response to reviews

Title: Level of colorectal cancer awareness: a cross sectional exploratory study among multiethnic rural population in Asia

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Author's response to reviews: see over
Response to the Reviewer’s report

Title: Level of colorectal cancer awareness: a cross sectional exploratory study among multi-ethnic rural population in Asia

Reviewer: Emily Power

Reviewer’s report:

This is a good paper. It’s fantastic to see the Cancer Awareness Measures being translated and used internationally in this way.

Response: To our knowledge it is a first study conducted in SEA by using CAM.

Compulsory revisions:

Page 5

- please describe the sampling process in more detail- how were the districts and villages selected?

- please refer to the Bowel CAM as the 'Bowel/Colorectal CAM'

- please describe in more detail how the measure was checked for face validity in this population

Response: We have added more information in the revised manuscript. Please see under the study setting and study tool.

General

I think it would better to see how demographic variables are associated with knowledge of signs and symptoms and risk factors separately instead of combining them and looking at predictors of overall knowledge - its' likely there are different predictors of awareness of signs and symptoms compared with risk factors so it's important to assess this.

Response: Authors agreed with the reviewer and we did separate analysis for awareness for warning signs and risk factors.

Page 6

- More explanation is needed about why only 2379 participants were included in the analysis out of a possible 3494

Response: 3494 included all age groups. For our study we included the respondents 18 year and above
Page 7
- 50% of 19 is not 10 so this needs to be corrected or made clear that it’s an approximate should this cut off be used
- Were all variables entered into the multivariate logistic regression or only those that were significantly associated with ‘sufficient knowledge’ in previous analysis?

Response: In our revised analysis, instead of using cut off point, we used absolute knowledge score as continuous variables as suggested by the reviewer.

Discretionary revisions
General
It would be useful to know if there were any variations confidence or help-seeking by demographic factors.

Response: There were socio-demographic variations in help seeking. Since our paper is already lengthy, we will be reporting in the separate paper. However, we added ethnic difference in help seeking in our revised manuscript. Please see the result section under the sub heading: “Confidence in noticing a warning sign and Help-seeking”

Page 7
- I think there needs to be better justification for the cut-off point selected on the total knowledge score. It is not possible to say what level of knowledge may be required, if any, to promote prompt help-seeking so it is a little misleading to impose a cut off, even if it is arbitrary. My suggestion would be to perform a mean/median/modal split if a cut off is desired. Better still, keep the outcome variables as scale variables and carry out ANOVA;s instead.

Response: Authors agreed with the reviewer and we did ANOVA for the revised manuscript. Please see the result section and table 4 and 5.

Page 9
- I think the information contained in the ‘knowledge score of bowel cancer section’ might be better positioned on the previous page in the knowledge of signs and symptoms and risk factors sections.

Response: Authors agreed with the reviewers and edition was done

Page 10
- I don’t think it’s quite accurate to say the Chinese and Indian ethnicities had x% less chance to have sufficient knowledge. It might be better phrased as
‘Compared to Malay, Chinese and Indian participants had significantly lower knowledge of…’. The same applies to the following sentence regarding marital status.

- ‘Gender does not play a role in colorectal cancer awareness’ implies that gender is never associated with colorectal cancer awareness. I suggest rephrasing to ‘gender was not significantly associated with awareness’ so that it’s clear there was no link in this study specifically but there may have been in others.

Response: Authors agreed with the reviewer and followed all suggestion. Please see in the result section of the revised manuscript.

Page 10

- Last sentence ‘This would contribute…’ needs to be weakened as its not clear that awareness is always associated with delay in seeking help.

Response: Authors agreed with the reviewer and followed the suggestion.

Page 11

- Second para ‘Participants considered ....was one of the least warning signs ..’ implies that participants were asked to rank symptoms in order of the likelihood they were a sign of colorectal cancer. I suggest rephrasing to say that xx was the least well recalled sign or symptom.

Response: Authors agreed with the reviewer and followed the suggestion.

The third para about men being at greater risk due to unhealthy lifestyles will be more significant if the results include a description of the association between gender and knowledge of risk factors -especially if men have lower knowledge than women.

Response: Authors agreed with the reviewer and followed the suggestion. However, when the analysis is done, gender was not significantly associated with awareness of CRC and this is incorporated in the discussion.

Minor essential revisions

Page 11 - Third para replace ‘mean’ with ‘men’
Response: Authors agreed with the reviewer and followed the suggestion

Tables

- Please add n’s to each row

- Table 3 – replace ‘old age’ with ‘older age’

Response: Authors agreed with the reviewer and changes has been made accordingly.

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

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Reviewer: Isabelle Fournel

Reviewer's report:

This cross-sectional study deals with colorectal cancer awareness in a rural state of Malaysia, assessed through a questionnaire. Level of awareness of cancer warning signs and risk factors was very low. Age, sociodemographic characteristics, familial/personal history of cancer and having cancer in friends were independently associated with level of awareness.

Major Compulsory Revisions

1) Study setting: How were participants selected within each household? Did the authors perform a sample size calculation to determine the number of households and of participants to be included?

Response: We added more information on study setting and data collection. We added the sample size calculation as well.

2) Study tool: The authors should give more information about the survey instrument and its validation.

Response: We added more information on validation of the study tool in our revised version of the manuscript.

3) Statistical analysis: how were selected the variables included in multivariate analysis? Was log-linearity assumption for age checked?

Response: In our revised manuscript, we replaced the logistic regression with ANOVA as suggested by other reviewer.

4) Process of data collection: how many interviewers were implied and were there any differences regarding results between them?

There are 50 students who are trained to use this tool by a principal investigator in 5 sessions. The interviewers conducted the interview as a pair so that make 25 pairs. All of them were trained how to ask the questions and record the outcome. The results were carefully checked in order to prevent interviewers’ bias. We added more information in revised manuscript.

5) Results:

-the authors should compare responders and non-responders’ characteristics.

Response: Unfortunately, we don’t have non-respondents’ characteristics and unable to compare. However, our response rate is quite high and we expected, it would not affect the quality of the study.

-p8 : Why were 1115 patients excluded?

Response: We excluded since they don’t fulfil the inclusion (age) criteria. We rephrase the sentence in the revised manuscript.
Minor Essential Revisions:

- Study setting: More information about Perak state (characteristics) could be useful
  
  **Response:** We included some information about Perak state in the revised manuscript.

- How was defined "level of confidence"?
  
  **Response:** The level of confidence was identified by following question, “How confident are you that you would notice a bowel cancer symptom?”
  
  We also add more information in the revised manuscript.

- Table 4 : The upper limit of confidence interval of crude OR for age is the same value as crude OR. Abreviations should be defined.
  
  **Response:** In our revised manuscript, we replaced the logistic regression with ANOVA as suggested by other reviewer. Please see the table 4 and 5

- References are not correctly reported
  
  **Response:** We rechecked the references and corrected it properly

Discretionary revisions: a flow chart could be useful.

**Response:** In our revised manuscript, we have incorporated the flow chart (Figure 1)

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

Quality of written English: Not suitable for publication unless extensively edited

**Response:** Language edition was also done

Statistical review: Yes, and I have assessed the statistics in my report.
Reviewer: Gursel Remzi Remzi Soybir

Reviewer's report:

Major Compulsory Revisions:

1- The conclusion is not well balanced with the study. Although the expressions are well known, common sense judgements, it is hard to conclude them by the current data and results.

Response: Authors agreed with the reviewer and followed the suggestion. Changes have been made in the revised manuscript.

2- The comments of the authors on related issues at paragraphs 4, 5, 6, 7, 9 and 10 of the discussion part, are all uncertain. The inferences of authors are not well balanced by the result of the study and also are not supported adequately by the appropriate literature.

Response: Authors agreed with the reviewer and these sections were re-written.

3- Sixth paragraph of the discussion: The mean ages of the groups with sufficient and unsufficient knowledge are so near to each other (47 and 53), and it is hard to make a discrimination in accessibility to the source of information based on being younger or older.

Response: Authors agreed with the reviewer and had removed this paragraph.

4- The discussion should be rewritten and shorten.

Response: Authors agreed with the reviewer and followed the suggestion.

Discretionary Revisions:

1- Fifth paragraph of the discussion: It would be better to express and support by literature colorectal cancers instead of all kind of cancers.

Response: Authors agreed with the reviewer and incorporated few more studies related to colorectal cancer.

Minor Essential Revisions:

1- Spelling mistake: At 5th paragraph of the discussion part: “A study in China has shown “mean” are at greater....” : “mean” should be “men”.

Response: Authors agreed with the reviewer and followed the suggestion.

2- Titles of the table 2 and 3: “unprompted and prompted” are unnecessary descriptions.
Response: Authors agreed with the reviewer and revised the title of table 2 and 3

Level of interest: An article of limited interest
Quality of written English: Needs some language corrections before being Published
Response: Language edition was done.
Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.