Author's response to reviews

Title: The structure and demographic correlates of cancer fear

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Author's response to reviews: see over
Dear Dr Downing,

RE: Cancer fear in older adults (ID: 1368318941125743)

Thank you for the opportunity to revise our manuscript again. We would like to thank the reviewers for taking the time to read our rebuttal to their initial feedback and review the manuscript a second time. We have carefully considered their comments and have made some changes to the manuscript, which are detailed below.

We look forward to hearing from you,

Yours sincerely,

Charlotte Vrinten, BSc, MSc
Reviewer 1 (Nathan Consedine)

Major compulsory revisions
1. First, I suspect that my prior commentary was less than optimally clear regarding the need to provide a rationale for the specific conduct of a UK based study. In responding to my concern regarding the need to highlight the specific contribution of this work “over and above” prior studies, the authors have made the distinction between data gathered in the context of studies investigating screening and the current, population- and descriptive-based report. This is a sensible strategy but does not directly deal with the “UK” aspect or contribution of the work. A few sentences about the need for UK-based data would help, perhaps highlighting different healthcare provision contexts, possible differences in the salience of cancer in the public consciousness and the like. A rationale underscoring the need for data drawn from the UK could also make use of the fact that the links between demographic-type confounds and fear reports might also be expected to vary across different contexts. Commentary of this kind would ensure that the data collection context was conceptually leveraged as part of the design.

We thank the reviewer for further clarifying this point. We have now edited the Background and Discussion sections to reflect the UK-based context of the study, and have drawn comparisons with results of studies conducted in other countries, where appropriate.

Minor essential revisions
1. Although the authors have gone to some lengths to be cautious in their description of the fear domains, indicators or components, there is still some terminological confusion in the work – consistency and further caution is needed. First, I am not sure that characterizing “worry” as affective is appropriate as significant body of work (albeit more in psychology than in public health) tends to treat it as quite heavily cognitive. This consideration has me wondering whether it is actually necessary to attempt to theoretically position the three items as indicators of specific aspects of fear rather than of different ones. More broadly (and given there is only a single item for each component), I would suggest that the terms as operationalized (i.e., the labels indicated on p. 6 of the revision) be used throughout (i.e., cancer as greatest health fear, cancer discomfort, and cancer worry). This would make the manuscript more transparent and less contentious than an approach in which single items are posited as operationalizing distinct (underlying) constructs and help deal with some of the face validity concerns that have been raised.

We thank the reviewer for his advice. We have edited the manuscript to reflect the reviewer’s suggestion to be more cautious about describing the items as operationalizations of the distinct underlying fear constructs, and have used the suggested labels for the items throughout the paper.

Discretionary revisions
1. It would be useful to put the N for the non-White portion of the same in the description of the sample on p. 7 and in the Abstract

We thank the author for this suggestion and have followed up on the reviewer’s suggestion by including the N for the non-White sample in the abstract and in the description of the sample on p.7.

2. A term other than “not married” might be better as this grouping encompasses a rather heterogeneous group and, technically, “separated” persons are still married. Perhaps “married or cohabiting” versus “not married or cohabiting” would be better.

We thank the reviewer for this helpful suggestion and have changed the descriptions used in the paper accordingly.
Reviewer 2 (Jennifer Hay)

1. The introduction still needs a clear statement of purpose and how the findings will impact public health - clinical practice, health education, and/or guidance for future research.

We thank the reviewer for highlighting this issue. We have made changes to the Introduction to explain the purpose of the study in more detail. In addition, we have made some changes to the Discussion to explain more clearly how our findings may impact public health.

2. Similarly, the discussion section still lacks an implications paragraph...what are the implications for these findings for research or clinical practice?

We have now elaborated on the implications for research and public health practice in the Discussion (paragraph 3).

3. Finally, the paper remains largely focused on cancer worry as a negative outcome. Since cancer worry generally predicts enhanced screening and adherence behaviors, the paper should present a more balanced view of cancer worry, especially as it remains fairly low, with only 25% endorsing high worry in the sample.

We thank the reviewer for bringing up this issue. We have edited our Discussion section and have distinguished more clearly between the effects of cancer worry (which may be motivating) versus cancer fear/discomfort (which may be deterring) to better reflect previous research findings.