Author's response to reviews

Title: Access to care issues adversely affect breast cancer patients in Mexico: Oncologists’ perspective

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Version: 3 Date: 23 May 2014

Author's response to reviews: see over
May 23rd, 2014

Dr. Digant Gupta
Associate Editor
BioMed Central

RE: Access to care issues adversely affect breast cancer patients in Mexico: Oncologists’ perspective
(MS: 5752026611079395)

Dear Dr. Gupta,

We would like to thank you and the two external reviewers for the useful comments, suggestions and questions regarding our manuscript. We have responded to the reviewer’s comments in the order in which they were given to us. We believe our manuscript is substantially improved with their help. Please let us know if you have any further questions or suggestions.

Sincerely,

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Author's response to reviews

MS: 5752026611079395

Title: Access to care issues adversely affect breast cancer patients in Mexico: Oncologists' perspective

Authors: Yanin Chavarri-Guerra, Jessica St. Louis, Pedro ER Liedke, Heather Symecko, Cynthia Villarreal-Garza, Alejandro Mohar, Dianne Finkelstein and Paul E Goss

Version: 2

Date: 23 May 2014

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

Title: Access to care issues adversely affect breast cancer patients in Mexico: Oncologists’ perspective

Version: 2

Date: 24 March 2014

Reviewer: Michael T. Halpern

Reviewer’s report:

Thank you for the opportunity to review this manuscript. This is a well-written manuscript with interesting and novel information. However, the manuscript requires a number of revisions:

I. Minor Essential Revisions:

1. Methods: Did the study population of 851 oncologists represent all oncologists in Mexico or a subset? If they are a subset, how were they selected? Is there evidence that they represent a generalizable subset? What information is available on the characteristics of the survey responders vs. non-responders? In order to judge the generalizability of the respondent sample, it is critical to have a comparison of at least the demographic characteristics and practice locations of the responders vs. non-responders.

Answer: The study population represents a subset of oncologists who are members of the Mexican Board of Oncology. In Mexico, it is mandatory for all oncologists to be certified by this board every five years in order to practice Oncology. Although our responders answered anonymously, we were able to collect data on their state of practice in Mexico. In terms of geographic location, responders were similarly distributed as all Mexican oncologists listed within the Mexican Oncology Board. We do not have information on the characteristics of non-responders since to avoid personalization of all responders and non-responders this information was blinded in our survey. Thus taken together we believe that our responders are a well balanced representative of oncologists in Mexico in general.

2. Overall results: how do the rates of systemic therapy and the treatment management patterns from the survey compare with the rates/management patterns in the U.S.?

Answer: Patterns of adjuvant systemic treatment in the U.S was addressed in a manuscript published by the Journal of Clinical Oncology in 2002. The manuscript showed that for node positive disease nearly 80% of oncologists prescribed adjuvant chemotherapy independent of breast cancer subtype, reflecting the standard of care for treatment of patients with axillary node involvement. These data are comparable to the responses to our survey, where over 96% of Mexican oncologists prescribed chemotherapy for the same population of patients. (J Clin Oncol 2002; 20: 1809-1817).

With respect to surgery, we found that mastectomy rates are almost twice those in the US. This in part probably reflects more advanced stage at diagnosis, which is more commonly seen in Mexico and often precludes conservative surgery.
Both of these comments are now included in the discussion section.

3. Results, page 5: “Physicians reported mastectomy rates of 63% and lumpectomy rates of 37% in EBC patients.” How was EBC defined?

Answer: Questions related to type of surgery were directed towards management of localized breast cancer. Early breast cancer was defined as stage I, II and III disease which could be approached with “curative intent”.

4. Results, page 6: “…92.1% reported that patients routinely receive daily-fractionated radiotherapy for duration of 5-6 weeks.” Is this for all breast cancer patients or just patients who received lumpectomy?

Answer: Survey questions 17 and 18 asked about adjuvant radiotherapy regardless of the type of surgery or clinical stage. We have clarified this in the text.

II. Discretionary Revisions:

1. Results, page 8: “In all BC types (HR+, TN, and HER2+), free or unrestricted access to treatment leads to statistically significant differences in physicians’ decisions.” As this is hypothetical, the sentence should be “…free or unrestricted access to treatment could lead....”

Answer: We have amended this sentence in the manuscript as suggested by the reviewer.

2. The Discussion section highlights the need for improved early detection. However, the manuscript may want to cite a relevant recent manuscript: Banegas MP, Bird Y, Moraros J, King S, Prapsiri S, Thompson B. Breast cancer knowledge, attitudes, and early detection practices in United States-Mexico border Latinas. J Womens Health (Larchmt). 2012 Jan;21(1):101-7.

Answer: We appreciate this recommendation. We have cited this manuscript in the discussion of our manuscript.

3. Discussion, page 11: “Our survey results also emphasize the impact of socioeconomic factors on patient access to early detection and treatment of BC…” Other than the hypothetical scenario regarding free access to treatment, the manuscript included no information on the impact of socioeconomic factors. This statement is too broad.

Answer: We believe socio-cultural and economic factors are directly related to limited access to early detection and treatment of breast cancer in Mexico, similarly to our findings related to public versus private patient care for breast cancer in Brazil (Cancer Epidemiol Biomarkers Prev 2014; 23:126-33). We agree with the reviewer that we have NOT adequately assessed the overall impact of all socioeconomic factors within our survey. We have removed the statement from the discussion in our manuscript that suggests that we have.

Level of interest: An article of importance in its field

Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests.
Reviewer's report

Title: Access to care issues adversely affect breast cancer patients in Mexico: Oncologists' perspective

Version: 2

Date: 24 March 2014

Reviewer: Brenten Popiel

Reviewer's report:

Major Compulsory Revisions

1. The methods section needs to be expanded. The 35 question survey that was used should be included in the manuscript as a figure.

Answer: We have amended the methods section as indicated with the sentence below, and we have added the full questionnaire as a supplemental figure.

“All responses were tabulated and analyzed using Stata Statistical Software: Release 12. Confidence bounds on proportions were derived from Chi-squared or exact distributions depending on sample size. Exact binomial proportion confidence intervals were used to compare distribution of responses.”

2. What statistical package/software was used to conduct the analysis? This needs to be included under the section on statistical analysis.

Answer: Stata Statistical Software: Release 12 was used to analyze data. This has been added to the methods section.

3. I think you need to state clearly in a few sentences in either the introduction or the discussion section of your paper as to what is it that is really unique about your study. What existing gap in the literature does your study seek to fill and did you accomplish that objective? The authors do mention it in a fragmented way throughout the manuscript, but this needs to be presented to the reader in a more convincing and coherent way. In other words, to put it more bluntly, given the severe limitations of the study design and small sample size, why should this study be published?

Answer: We have added the following sentence to the end of the discussion section: “Our survey highlights some significant patterns of practice among current oncologists that are likely impacting adversely on patients’ outcomes. The patterns of care have been show to be amenable to change. Implementation and monitoring of practice guidelines within Mexico, implementation of tumor board educational telemedicine and other interventions are some examples of measures that may be helpful.”

4. The number of responders you have is quite small. Can you obtain more responses using a survey that is not internet-driven, as you referenced in the manuscript?
Answer: A recently published structured literature review of oncology-focused physician surveys reported an improved response rate when paper survey is used instead of e-mail or web-based surveys (Br J Cancer 2012; 106: 1021-26). With this in mind, along with the possibility that some physicians in Mexico may have limited Internet access, we now believe that we may have been able to obtain more responses with a paper survey as we suggest in the discussion of our manuscript.”

5. Why is the overwhelming majority of respondents from Urban centers (95.6%)?

Answer: Mexican oncologists predominantly practice in the largest cities because public and private oncology services are concentrated in urban centers. The predominance of urban based oncologists responding to our survey is thus to be expected (Lancet Oncol 2012; 13:e335-43).

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: I declare that I have no competing interests