Author's response to reviews

Title: Public awareness of cancer risk factors in the Moroccan Population: A population-based cross-sectional study

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The Biomed Central Editorial Team

Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments.

Reviewer's report:
Major Compulsory Revisions
I remain concerned at the prospect of BMC Cancer publishing research which suggests or implies that coffee and food coloring are confirmed cancer risk factors. I do not believe there is evidence to confirm this to be the case. The WCRF report (p176) offers a summary on commonly used food coloring confirming currently used food coloring do not - in this view increase cancer risk.
The same report (p148) summarises that coffee is unlikely to have an effect on cancer risk. The authors have not adequately addresses these concerns which I note is also a concern of another reviewer.
I wonder if the data can be analysed to report against 12 rather than 14 cancer related risk factors?

I agree with the author that, basing on the WCRF report 2007, coffee and food coloring do not increase cancer risk. In more recent literature, several studies reported inconsistent results about coffee. In this study, as we had to classify this item somewhere, we preferred to consider it as risky factor. The same criticism would have been made if we had considered coffee as a protective factor. For coloring food, in Morocco we used either permitted or non-permitted colours especially at home where most of people prepare them self their meal and are used to add these dyes with different amount which are sometimes greater than recommended. Thus, we preferred to consider coloring food as risk factor in this study.

We add the following paragraph in the “discussion” chapter:
The calculating of knowledge score was based on their potential link as risk or protective factor. For some factors such as coffee, as this association was controversy, it was considered as risk factor in the present study. For coloring food, in Morocco, meals are usually prepared at home and people are used to add either permitted or non permitted form of food coloring and sometimes with quantity greater than recommended. Thus, coloring food were considered in this study as risk factor.
To our knowledge, this is the first study that assesses the level of awareness for some cancer risk factors in Morocco. Even if the calculated score is not very accurate, it may help us to have an approach for the public awareness of cancer risk factor in the Moroccan population. This information could be useful, particularly when no other type of comparable data is available, in the formulation of public health initiatives for cancer prevention.
Reviewer: Jo Waller

Reviewer's report:

1) The questionnaire (in the appendix) and the Abstract refer to ‘active or passive smoking’ as a single item, but separate results are given for active (90.8%) and passive (86.3%) smoking knowledge in the Results section. How is this possible?

   The right version of questionnaire is given in the appendix. As you can see, questions about active and passive smoking were separated. Therefore, results of univariate analysis were given separately. In the multivariate analysis, as we consider tobacco either active or passive as the same cancer risk factor, we analyzed this 2 items as one. This was added in the method chapter.

2) The question does not give people the option of saying that a factor is neither risky nor protective – I think this is a limitation which should be mentioned in the Discussion. It is likely to have increased the rate of guessing.

   I agree with the author. This comment was added to discussion chapter.

3) I am concerned by the authors’ responses to my previous point about the selection of risk/protective factors included. They use the word ‘attitudes’ and I interpret their response to mean that they were, to some extent, measuring common beliefs about the protection or risk conferred by these factors. If this is the case, then it is inappropriate to combine all the items in a single scale and call it knowledge.

   I agree with the author. In this paper we assess knowledge level of some commonly consumed foods and also knowledge level of some spread attitudes of Moroccan population. I add this comment in “Knowledge level variables” chapter and we replaced attitudes by knowledge in “Conclusion” chapter.

4) There are still a great many minor mistakes in the manuscript. The authors say the manuscript has been checked by a native speakers, but it has not been done well enough. Here are the errors I noticed in the Abstract alone:

   a. Title - ‘in Moroccan population’ should be changed to ‘in the Moroccan population’ or ‘in a Moroccan population sample’

   It was corrected

   b. Abstract objective – should be ‘awareness of cancer’ not ‘awareness on cancer’

   It was corrected

   c. Abstract objective – should be ‘among the Moroccan general population’

   It was corrected

   d. Abstract methods – should read ‘sample of the Moroccan adult population’

   It was corrected

   e. Abstract methods – ‘fruits’ should be ‘fruit’; ‘feeding maternal’ should be ‘breast-feeding’

   It was corrected in all document

   f. Abstract methods – ‘protector factor’ should be ‘protective factor’

   It was corrected in all document
g. Abstract methods – ‘summing correct answer’ should be ‘summing the correct answer’
   It was corrected

h. Abstract methods – ‘0 if the answer was false or subject don’t know’ should be ‘0 if the answer was incorrect or the participant responded ‘don’t know’’
   It was corrected

i. Abstract results – ‘from rural area’ should be ‘from a rural area’
   It was corrected

The manuscript was reviewed by a fluent English speaking colleague.
Reviewer: Redhwan Al-Naggar

Reviewer's report:
The article is accepted

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.