Author's response to reviews

Title: Community-based intervention to promote breast cancer awareness and screening: The Korean experience

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Author's response to reviews: see over
Dear Editor,

Thank you for the comments for our manuscript. It is our pleasure to submit a new version of our paper integrating reviewers’ critics. We carefully considered every point raised by the reviewers. Below are comments made by reviewers and replies by authors. The modifications we made to the manuscript were indicated in bold font.

Thank you very much for your interest and comments regarding our study.

For the Editorial request

a) Consent: Please outline the informed consent you sought from the participants of your study.

<Answer>
The informed consent consists of following contents.
- Project Title
- Contact information for principal researcher
- Purpose of This Research Study
- Procedures
- Possible Risks
- Possible Benefits
- Confidentiality
- Subject and Researcher Authorization
- Signatures

b) We recommend that you ask a native English speaking colleague to help you copyedit the paper.

<Answer>
According to your kind request, we used a professional copyediting service.

For the comments of Reviewer 1

<Comment 1>
Data on page 9 77.1- 91.3% plus 82.9% -90% it is unclear from the tables where these figures come from?

<Answer>
Thank you for your comment.
When you see the table 4, the proportions for contemplation (40.0%) and action (37.1%) when added together result in 77.1% on the baseline in the intervention city. In the same way, the proportions for contemplation (30.8%) and action (60.5%) result in 77.1% on the follow-up in the intervention city. It is the same way for the comparison city.
<Comment 2>
Qualitative data are mentioned in the methods but there is no mention of the data or how interviews added to the outcomes of the study with no data on patients stories and how these developed? The 15 education sessions are not discussed in any detail. Maybe this study represents only the quantitative data and if this is the case it has to be explained in the methods.

<Answer>
Thank you for your excellent comment. As we mentioned in the manuscript, we have conducted eleven focus group interviews for this study. We are preparing another manuscript for the findings of qualitative researches. According to your opinion, we added some explanation on this point in the methods (p5).

<Comment 3>
The implications for practice could be strengthened.

<Answer>
We added some additional comment in the conclusions (p14).

For the comments of Reviewer 2

<Comment 1>
It will be helpful if authors can provide the current recommendation/guidelines for breast cancer screening in Korea; for example, the age starting to get mammograms, the frequency, etc. One of outcome measure is the intention to obtain a mammogram in the coming 2 years and mammogram use in previous 2 years, however, depending on the current policy in cancer control for breast cancer in Korean will justify if this item is culturally appropriate.

<Answer>
Thank you for your excellent comments. We added the current recommendation for breast cancer screening in the background (p4).

<Comment 2>
The author(s) stated three different theoretical frameworks/models were used; however, it lacks the clarity of how they were incorporated. For example, it was stated that “according to the model, we conducted social, epidemiological, behavioral, environment, ecological, administrative, and policy assessment,” specifically, what variables were measured and how the results helped to build on current study. It’s also now clear how HBM and Social Marketing guided the current study. On pg. 5, please clarify what you meant by “we regarded place and promotion as main problems…” The stages of change is one of study variable, however, the Transtheoretical Model was not listed as one of theoretical frameworks used in the study.

<Answer>
Thank you for your excellent comment. We corrected the manuscript according to your comment (pp5-6).
Some statements may need to be revised and more specificity, for example, on pg. 6, “the screening for breast cancer was neither too high nor too low…” What does this exactly mean?

Thank you for your excellent comment. We corrected the manuscript according to your comment (p6).

Despite the intent was to have two groups (intervention vs. comparison), the data reported on Table 2 showed that the comparison group also received components of intervention (e.g., poster, leaflets, direct mail, street promotion and website info. and outbound call). Can authors provide more information about this?

Thank you for your excellent comment. As we mentioned about the possible presence of concurrent communication activities by other projects in the control city (p11), the reason for exposure of intervention in comparison city could be the presence of a concurrent national message or other local messages that has existed in the comparison city. We added more explanation on this issue according to your comment (p11).

Reviewing Table 3, there were some interesting observations on baseline. The comparison group demonstrated higher accuracy on four out of 6 myths question and also intention compared to intervention group. However, the authors did not perform any statistical analyses to see if the differences are significant and the comparison between pre- and post-campaign within intervention and comparison city did not account for the baseline differences. Therefore, it may be appropriate in the revision to consider these deficits.

Thank you for your excellent comment. Since two-city community intervention trial was not a randomized controlled trial, there can be some level of baseline differences in characteristics of residents in each community. Therefore, the important thing was not the baseline but the change between the time periods, and we did not perform the analyses for the baseline difference. We think that table 3 showing the differential effect of the intervention using odds ratios of the TIME by CITY interaction term could be a good option.

It was alluded late in discussion that the part of the intervention included the sessions of group education in all apartment complexes (pg. 11), however, the outcome for this component was not measured or reported.

We conducted fifteen sessions of group education in nearly all apartment complexes in the intervention city during 6 months. The education session was found to significantly improve the knowledge level of the participants in the education evaluation conducted in the pilot test among sampled residents before education session was launched. However, since we did not evaluate the education intervention in every session, we did not report the data. We corrected the manuscript in the discussion (p12).
<Comment 7>
On pg. 9, more details are needed on the significant interaction results on three myths.

<Answer>
According to your comment, we added more details (p10).

<Comment 8 and 9>
On pg. 10 when author(s) described specific intervention component were associated with the myths; however, it’s not clear to know what analyses were performed and how they determine such effects. More clarifications will be helpful. The authors need to provide more information about the results on logistic regression models.

<Answer>
According to your adequate comment, we add more details in the results (p10).

<Comment 10>
On pg. 11, the authors explained the increase on myths in the comparison city may be due to a secular trend; however, the same reason can also contribute to the increase in the intervention city. The fact is that the participants in the comparison city also reported they receive the intervention components (in Table 2), so is it possible that these intervention components can contribute to the increase in the comparison city?

<Answer>
Thank you for your excellent comment. As we explained for your comment 4, the increase in the comparison city could be also due to concurrent national message or some non-campaign communication in the control community. We added more explanation in the discussion (p11).

<Comment 11>
On pg. 12, the authors discussed the variables were statistically controlled when effects of each campaign activity were analyzed, however, it’s not clear on which part of the analyses and how. Please provide more detailed information.

<Answer>
Thank you for your considerate comment. The sociodemographical variables were statistically controlled by multivariate logistic regression including CITY, TIME, and CITY by TIME interaction in order to see whether the campaign activities in the intervention city influenced the city independently when we analyzed the effect of each campaign activity. Therefore, any statistically significant campaign activities can be regarded as independent of other variables, including sociodemographic variables. We added more explanation in the discussion (pp13).