Author’s response to reviews

Title: Filipino American Women's Breast Cancer Knowledge, Attitudes, and Screening Behaviors

Authors:

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PDF covering letter
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Dear Emma Veitch:

We received the reviews on the paper, “Filipina Women’s Breast Cancer Knowledge, Attitudes, and Behaviors.” We are very excited that you will consider it for further review and possible publication after the reviewer’s comments were addressed. We have made the following changes in the paper:

1. Introduction
   a. Health Belief model is added as the theoretical framework for the larger intervention study.

2. Methodology
   a. A line was added about how sunscreen was offered at educational displays.

3. Results
   a. Headings were changed from “Grocery Store-Based Program:…” to “Grocery Store Sample:…” to limit confusion on whether we are talking about Filipina sample or the larger Grocery Store-Based Program sample.
   b. A line was included in the follow-up section to remind reader of time between baseline and follow-up.

4. Discussion
   a. Added work of Victoria Champion on knowledge and how it affects cancer screening behaviors.

5. Limitations
   a. We did not use previously validated instruments, and the justification for this is added in the limitations section.

6. Conclusions
   a. Heading of that section was changed to “Conclusions and Future Directions” to reflect suggestions for future studies.
   b. Added suggestion for longer term effects of intervention
   c. Added suggestion to include cultural variables in assessing this population

We have also enclosed responses to reviewer comments in the following pages. We hope that this is helpful in clarifying some questions and concerns regarding the paper. We look forward to hearing from you. If you have any questions, please page me at 868-616-0061 or email me at gsadler@ucsd.edu.

Sincerely,

Georgia Sadler, Ph.D.
Associate Director of Outreach
UCSD Moores Cancer Center
Reviewer Lythcott

1. Include comparison of findings among Asian groups

We have included references to all previously published papers in the introduction section of the paper. We are in the process of submitting a paper that highlights the heterogeneity of the results within the Asian population. We have included that reference in this paper; however, since it is in the submission process, we will leave it to the editor’s discretion whether it should be included or not.

2. Was there timing overlap between focus group and baseline of intervention study? Did this “dirty” the results?

There was a timing overlap, in that the Filipina women were recruited to participate in the focus group at the tail end of the intervention study. However, the results of the intervention study were not affected since participants of the intervention study were not recruited to the focus group. It is possible that women who participated in the focus groups then went on to participate in the Grocery Store-based study, but we think that it is highly unlikely given that outreach efforts were not scheduled in advance for the women to know when the next outreach session will be. Given that San Diego is also a widespread community and that community health educators set up educational displays at random times in 23 different grocery stores, we think that the odds are low that women who participated in the focus group also participated in the intervention study.

3. Unclear if results were of all women or of Filipina women only. Tables of the Baseline Survey results of Grocery Store-Based Program are suggested.

The results were of the group of Filipina women only. The headings were changed from “Grocery Store-Based Program: Baseline…” to “Grocery Store Sample: Baseline…” to clarify the confusion that we may be presenting results from the intervention with the larger group.

The results of the baseline survey of the larger sample of Grocery Store-Based Program were already published elsewhere. That reference is included in the introduction section for those who are interested.

4. Length of time between baseline and follow-up. Results would have been stronger if more time had lapsed between baseline and intervention.

A line was added in the results section to remind the reader of the time lapse. To allow for longer time lapse between surveys is a great suggestion. This suggestion was incorporated in the Conclusions and Future Directions section.

5. Distribution of freebies
A line was added in the methods section to discuss distribution of sunscreen samples. Sunscreen samples were donated by different companies and used by the health educators to attract women to the educational displays.

**Reviewer Bookbinder**

**Discretionary:**
1. Provide reference and systematic process used to analyze the open-ended questions.

   Reference as well as systematic process used were added to the methods section of the paper. Results of the qualitative data were not formally analyzed since they reflected and expanded on the results of the baseline and follow-up questionnaires.

2. Table of demographic characteristics

   The demographic information that we have collected are all included in the Sample Description section.

**Mandatory:**

1. Theoretical basis for study

   The Health Belief Model is the theoretical framework of the larger study and this reference was added in the introduction section.

2. Literature from Victoria Champion

   We were aware of Victoria Champion’s work but we originally opted not to include her in the paper since most of her work is with the African American population. However, at your suggestion, we have included her in the discussion section of the paper.

3. Data collection instruments have not been previously validated. Provide rationale for survey item construction and and initial validity testing. Provide table of results of survey items.

   Rationale for using our instruments, even though they were not previously validated, was included in Limitations Section. There are no previously validated instruments for this population so we opted to create a brief one-page survey that asks specific questions regarding the women’s attitudes, level of knowledge and adherence to screening rates. The results of these questions are presented in the results section so having a table of results of survey items would be redundant.

   To validate our instruments, we would have to compare this self-report measure with a behavioral outcome or another previously validated survey on knowledge, attitudes and behaviors. Costs to compare the self-report to behavioral outcomes can be high and are really beyond the scope of this exploratory study. However, the authors think that this is very important concern and something that should be addressed in future studies.
4. Precise picture of sampling criteria would have been helpful. Include demographic variables.

Sampling criteria is described in detail in the larger intervention study. CHE’s set up educational displays at various times and days of the week to ensure heterogeneity of sampling; however, there were more outreaches done on weekends to reach the maximum amount of women. All women who walked through the educational display were invited to view the display, an educational component was done and women were asked to complete the evaluation. Women who completed the IRB and surveys were a subset of actual women who were approached and who visited the displays.

Age, native language, and ZIP codes were demographic variables included. To lessen subject burden and to increase likelihood that women would participate, SES, education, and other demographic variables were not included. It is recognized by authors in Conclusion and Future Studies section that these variables are important to assess in the future.

5. Limit conclusions to Filipinas in San Diego.

We have clarified that the results are limited to this convenience sample in the conclusion section.

6. Ideas for future research should be included.

Both reviewers had very good suggestions for other important variables that need to be examined in this population and those suggestions have been incorporated into the “Conclusions and Future Studies” section.