Reviewer's report

Title: Approaches to Breast Cancer Screening: does practice location matter?

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Reviewer: Dr David I Gregorio

Level of interest: A paper of limited interest

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

This manuscript has a potential value for persons interested in strategies to increase care giver compliance with recommendations for periodic cancer screening. It would add to an already considerable literature that shows provider actions can be modified by guidelines and various memory aids. However, the manuscript is not useful as written. The purpose stated for the paper is to 'examine provider related factors and geographic location of practices to identify any variations in approaches to breast cancer screening....." (pg 3). Data analysis, however, is limited to a contrast between urban, rural and suburban practice locations. There is no mention of the effect of provider-related factors on approaches to screening. Either the study's purpose needs revision or the analysis must be extended!

The manuscript's introduction is too wide ranging for its intended purpose. Across 3 pages, the burden of breast cancer within the population, the determinants of screening utilization, and the relevance of physician guidance on patient's screening behavior are briefly reviewed. However, the paper's objective of what affects a practitioner's approach to breast cancer screening, and in particular (given the weight of the subsequent analysis), the determinants of physician's compliance with screening guidelines is not mentioned. The introduction should be re-written to consider what is already known about the use of memory aids, guidelines, and the like in modifying practitioner behavior. Also, the relevance of context (as addressed by practice location) might be expanded to consider how professional designation, age, gender, race/ethnicity and all other variables described in Table 1 might affect practitioner's approaches to breast cancer screening. (Otherwise, there is little
justification for including such measures in the analysis.) As of now, the analysis is limited to consideration of how practice settings (Urban/Suburban/Rural) distinguish approaches to breast cancer screening. There is no analysis of the effects of other factors.

More importantly, a practitioner’s decision to follow practice guidelines is dependent on one’s acceptance of those guidelines. It is critical to address the ambiguity/uncertainty/debate (however the author perceives it) regarding breast cancer screening guidelines. I don’t understand how compliance can be examined without looking at what practitioners think about those guidelines.

In various places throughout the manuscript, reference is made to ‘geographical’, whereas I believe the author is addressing the ‘context’ where care occurs. There is no explicit consideration of geography here - urban/suburban/rural practices, regardless of their geographic locations are compared. It would be considerably different if the authors were attributing differences to WHERE practices actually were.

The sample of respondents is small (fewer than 30% responded). The potential for sampling bias (i.e., unrepresentativeness) of the original target group (i.e., "Mailing address were obtained from the provider directories of a major regional health maintenance organization ...." (pg 4) is not addressed, nor is the selection bias that results from a small response rate to the mailing. In short, the reader is left wondering if the analysis is internally valid or generalizable to others. A smaller issue; Does the mailing address distinguish place of practice from place of residence?

As noted above, the matter of practice guidelines and practitioner adherence to them is one major issue with this research. There is considerable and legitimate debate about how screening should be applied to certain groups (i.e., women LT 50, women over 75, etc.) and situations (i.e., those with/without family history). The first order of business should be to assess what these practitioners think about the guidelines. (what's measured here is the practitioner's knowledge of, not acceptance, of them!)

Minor issue: the quantification of urban, rural and suburban is straightforward and not aided by the rather long descriptions of Western New York State.

The number of respondents is unclear. The text reports 469 responses, but goes on to note 195 nurses, 187 primary care physicians and 66 physician assistants responded (195+187+66 = 448).

Table 1, although descriptive of the sample is not informative, relative to the topic at hand. There needs to be consideration as to how this sample represents/fails to represent the target population.
Tables 2 and 3 provide useful information and should be highlighted. Unless the focus of the paper changes, there is need for other analyses of the effects of demographic factors on agreement with guidelines.

**Competing interests:**

None declared.