Author's response to reviews

Title: Beliefs and attitudes about breast cancer and screening practices among Arab Women living in Qatar: A cross sectional study

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Author's response to reviews:

Dear Editor

Regarding: Ref.: MS. 1281051020926503

Beliefs and attitudes about breast cancer and screening practices among Arab Women living in Qatar: A cross sectional study
Thank you for considering this article. We wish to thank you the reviewers for their helpful suggestions. We have revised the paper and have responded to each of the reviewers’ comments below.

Reviewer's report #1:

Title: Beliefs and attitudes about breast cancer and screening practices among Arab Women living in Qatar: A cross sectional study

Version: 1 Date: 14 July 2013
Reviewer: Sanja Percac-Lima

Reviewer's report:

Major Compulsory Revisions

Background
1. Good summary of current knowledge about the topic, however some statements need to be revised and literature updated.

The breast cancer is the most commonly diagnosed cancer in women however the lung continues to be the leading cause of cancer deaths in women in US (CA CANCER J CLIN 2013;63:11–30) and around the world

http://www.who.int/mediacentre/factsheets/fs297/en/ If breast cancer is leading cause of death from cancer in Qatar please state it.
Response:

-on page 3: we changed the sentence to:

“Breast cancer is one of the most commonly diagnosed and leading causes of cancer-related deaths amongst women after lung cancer”.

-The statement “Among Qatari women, the leading cancer diagnosis, far greater than diagnosis of other cancers, is breast cancer [7,11]” is at the end of the same paragraph.
2. You might want to end the background with your aims statement. The outcomes and an IRB approval sentence are usually part of Methods.

Response:

- On page 5, we changed the sentence to “The objective of this study was to gain information about Arab speaking women’s practice of breast cancer screening, and their knowledge, cultural beliefs, and values regarding breast cancer and its screening for early detection and treatment.”

- On page 5 we changed the sentence to “This paper reports (a) BCS participation rates of Arabic women living in Qatar, and (b) relationships between Arabic women’s BCS practice, their beliefs, values, and attitudes toward BCS, and selected sociodemographic factors.”
Methods

1. More details about study setting are needed. You describe it in your conclusion – consider moving it to methods.

Response:

-We moved the first paragraph that has more information about Qatar from the
conclusion section (page 17) to the Background section (page 3).

2. Inclusion and exclusion criteria: why did you choose women 35 years or older?

Why at least 10 years in Qatar – how did you obtain that information?

3. Did you use hospital and health clinic data for recruitment? Where were the interviews done?
Response:

-On page 6, we inserted: “Participant inclusion criteria included being 35 years or older (as previously recommended by national guidelines for BSE and CBE [24]), ability to speak Arabic, recruitment from one of seven designated hospitals and community health clinics in Qatar, and residence in Qatar for at least 10 years (to ensure the participant’s familiarity with Qatar’s social, cultural, and health care context).”

4. You had an incredible response rate – how did you achieve it?

Please describe the recruitment procedure more in detail. Were the women recruited by phone, how many calls were made, were there any incentives etc…
Response:

- On page 6 and 7, we added: “High response rate was achieved as the result of highly trained female nurse interviewers, who were fluent in both Arabic and English; the interviewers gave thorough explanations of the study to participants and conducted face-to-face interviews in Arabic on site. To ensure diversity of participants and represent the general female Arab population, study participants were approached and interviewed in person during different days of the week and different times of the day [26].”

- On page 7, in the ethics section, we added: “No incentive was given to participants of the survey.”
5. Why did you choose to have only yes/no answers in your questionnaire? For many questions scale might have been more accurate and appropriate.

Response:
Survey questionnaire items were incorporated from previously peer-reviewed surveys on breast cancer research in the United States and Australia with permission from authors, and further refined after a pilot study field-testing the questionnaire in Qatar. The previous questionnaires items were used as it was designed and it fit in with 30 min of interview session.

Results

Demographics:

How does your study populations compare with the all women living in Qatar?

You did mention that your non-probability convenience sampling was a limitation
Response:

-On page 6, in the section “Study population”, we inserted the explanation “To ensure representation of women living in various populated regions in Qatar, participants were recruited from hospital and health clinic settings in the capital of Qatar, south of Qatar, and north of Qatar [26]. It was not feasible to conduct a cross-sectional survey with randomly selected women participants because of our limited access to the female population in Qatar.” We also cite [26] for more detail of the sample size calculation based upon the site’s populations.

Only 28 % of your responders were above 50 y.o. – the group with the highest
incidence of breast cancer and needs to be targeted by screening the most.

Response:

- Due to convenience sampling, we did not have control over the percentage of participants’ age group. These were women participants who were attending the research sites.

Discussion:
1. How generalizable is your data to other Arabic speaking women? To other

Muslim women?

Response:

- We would not be able to confirm how generalizable our results will be for other
  Arabic speaking Muslim women. On page 18, we suggested that “It is difficult to
  generalize the results of this study to all women living in Qatar because of the
  non-probability convenience sampling. An attempt to increase generalizability
  and to reduce potential bias was made by randomly-selecting times to reach
  every potential participant who met study’s inclusion criteria at all research sites,
  resulting in a high response rate of 87.5%. Also, data were collected from
  self-reported interviews, which might be affected by recall or social-desirability
  response bias. However, the results of this study give insights into breast cancer
  screening practices of Qatari women that can be applied to women with similar
  sociocultural backgrounds throughout the Middle East and globally.”
2. Did you find any major differences c/w literature – specific for Qatar?

Our qualitative study of women refugees to US from Iraq perceptions on breast cancer screening had some similarities but many differences c/w your data. Also as we developed the patient navigator program for refuges, Arabic women were very responsive and eager to get screened. Their results were excellent. (J Immigr Minor Health 2012, 14 (4) 633-639. J Gen Intern Med. 2013 May 18.)
-I am very glad to know that similar to our study, you found Arabic women were responsive and eager to get screened in your study. On page 18, we added: “Similar to the findings of a qualitative study of Iraqi women living in the U.S. [51], the majority of women living in Qatar are very responsive to the message promoting breast cancer screening and are eager to participate in its screening activities.”

-We added the below reference to our references:

3. There are few more limitations in the study – you might want to expand that section.

Response:

- We addressed the study limitation on page 18.
Minor Essential Revisions

Background

1. The reader might be interested to know what are the guidelines for breast cancer screening in Qatar. In US according to USPTF 2009 BSE and CBE are not recommended, screening mammograms from 40-49 and after 75 are not recommended/controversial. Guidelines from American Cancer Association are
different.

Response:

-We addressed this issue on page 6 and give a reference to our previous paper for more detail [24]

2. You might want to incorporate facilitators and barriers as well as Kleinman’s explanatory model into the background.
Response:

- Kleinman's EM is included in the background section, right after the facilitators and barriers section

Results:

1. Since reasons participants are planning to have CBE and/or mammogram are very similar you might consider showing just one figure and explaining it the text what were the differences. Similar with reasons participants are not planning the
Response:

-We would like to have these figures separate to make it clearer for readers as these are two different activities of BCS.

Discussion

1. As you point out in discussion, the provider’s recommendation is extremely useful for breast cancer screening completion. In your study you state that breast
cancer is not often discussed during clinical visit. It would be interesting to know when do women in Qatar go to the doctors.

Is it usual to have annual physical exam, preventive visit or one goes to the doctors only if ill? When was their last doctor’s appointment? How often do they see providers?
Is there a way they could get a mammogram just by calling radiology department (as it is a case in some US hospitals)?

Response:

- On page 16 and 17, we added “Because physician-initiated discussion about breast cancer was the strongest predictor for BCS, it is imperative that conversations about breast cancer and early detection be routinely discussed during patient visits to health centers in Qatar. Many women in Qatar go to see doctors at community health clinics only when they or their family members are ill, therefore, physician-initiated discussions about breast cancer screening are essential during these visits as it might be the only opportunity for these women to be educated about breast cancer. Although women can call the mammogram clinic for screening appointment, given the very low utilization of CBE and mammograms, physicians and other health care professionals’ explanations of the benefit of BCS and how a mammogram can save a woman’s life, would facilitate women’s willingness overcome barriers to screening.”
- We do not have information regarding participants’ last doctor’s appointment and their frequency of seeing providers because we did not ask these questions. We will definitely seek this information in our future project.

Conclusion should be one paragraph summarizing your main findings and future impact. The rest could be moved to discussion.

Response:
On page 18 and 19, conclusion section, we added “This study’s findings indicate low levels of awareness of BCS and low participation rates in BCS among women in Qatar. Women who engaged in BCS practice were more likely to have a doctor who talked to them about breast cancer, to believe they were in good–excellent health, to believe that cancer can be prevented, or to believe that cancer might be hereditary. While the majority of participants stated they would want to know if they had cancer and felt their health care needs were being met, their main reasons for not planning BCS were lack of a doctor’s recommendation, fear of being diagnosed with cancer, fear of possible discomfort in the BCS procedures, and embarrassment in undergoing BCS.”

Please have a native English speaker edit the manuscript.
Response:

-We had a native English speaker re-edit the entire manuscript for clarity and grammatical error.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have not competing interests.
Reviewer's report # 2

Title: Beliefs and attitudes about breast cancer and screening practices among

Arab Women living in Qatar: A cross sectional study

Version: 1 Date: 6 August 2013

Reviewer: Mark Lazenby
Reviewer's report:

This is a strong paper that focuses on secondary prevention of breast cancer, an important aspect of cancer care among Arab women living in West Asia and the Arabian Peninsula. The findings help to dispel a myth that Arab Muslim women do not screen for breast cancer because of religious beliefs. Recommendation from a health care provider, the study shows, is far more important to Arab,
Muslim women than religious beliefs, including that cancer is God's punishment, cancer fatalism, and modesty. The authors point the way to increasing secondary prevention of breast cancer among Arab women living in West Asia and the Arabian Peninsula. This excellent paper--it's well written, it's methods are good, and it's conclusions compelling--merits publishing.

Level of interest: An exceptional article
Quality of written English: Acceptable

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

Declaration of competing interests:

I have no competing interests.

Respectfully submitted,
Tam Donnelly