**Reviewer’s report**

**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 summery 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 dead form cancer in Qatar please state it.

2. You might want to end the background with your aims statement. The outcomes and an IRB approval sentence are usually part of Methods.

**Methods**

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

2. Inclusion and exclusion criteria: why did you chose 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?

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 ect…

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.

**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 of the study. Why did you chose it?
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.

Discussion:
1. How generalizable is your data to other Arabic speaking women? To other Muslim women?
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 refugees, 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.)
3. There are few more limitations in the study – you might want to expand that section.

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

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 mammogram.

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)?
Conclusion should be one paragraph summarizing your main findings and future impact.
The rest could be moved to discussion.
Please have a native English speaker edit the manuscript.

**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.