Reviewer's report

Title: Frequency Format Diagram and Probability Chart for Breast Cancer Risk Communication: a Prospective, Randomized Trial

Version: 1 Date: 11 June 2008

Reviewer: Claire Julian-Reynier

Reviewer's report:

Major Compulsory revisions

Introduction:
In this manuscript is considered only “risk knowledge”. Risk perception is a more global concept that directly influences health behavior whereas risk knowledge does not directly. Referring to the literature in a more comprehensive, cautious and precise way would be welcome.

The objective to look at the impact of the intervention on risk knowledge appears to be a reliable one. Looking how it affected decision making regarding risk reduction strategies or how it affected patient satisfaction is not for the following reasons.

1) Only before-after consultation declarative data have been collected (with no clear measurement of behavior)

2) The sample seems not particularly well targeted for risk reducing surgery strategies and too much homogeneous for the other preventive options described (Table 3: previsit: 97% have regular follow-up, 0% medication)

3) The scale used for measuring satisfaction (only one item with a four item likert scale for the answer) is not sensitive enough to assess an eventual change in satisfaction. Specific satisfaction scales have to be used to achieve this goal in a reliable way.

Methods

If there was stratification on age and block-randomization, it seems necessary to adjust the statistical analysis and the presentation of the results to this method. If this has been done it should be precised in the paragraph on statistical analysis.

It is not clear from the text to understand how the intervention has been provided: was the document discussed or not during the provider’s encounter? It seems not to be a blinded trial therefore an allocation bias could have occurred: how did you manage to control for it? How were providers’ oral explanations on breast cancer risk controlled? Was it possible to control (or at least to know) for oral communication of frequency format in both groups?

Results

Figure 3, 4, are not understandable; please clarify.

Discussion
Give references for your first statement on the fact that “accurate understanding of risk most likely affects adherence to recommendations for breast cancer screening…. Etc.”

Give more input for the main limitation of the study which is the very short follow-up. What about the literature on cancer genetic consultations? You mentioned only “educational visit”. Please justify. Discuss also the issue of oral information allocation bias (if the provider was aware of the randomized group).

I clearly think you should delete all the text corresponding to women’s choice of risk reduction strategies and satisfaction (cf remarks above) and synthesize on the impact on risk knowledge only.

Minor essential revisions

Abstract:

Conclusions: modify “can improve the accuracy” by “can improve short term accuracy”. Last sentence is not a conclusion of this study and should be deleted.

Methods

Inclusion criteria: could you precise whether affected and healthy unaffected women were included? And on which time period? What was the participation rate?

Where has been completed the post-visit questionnaire?

It is necessary to explain what is considered to be “accuracy” of risk perception.

Results

Adjust the presentation of the results to the stratified design (it seems that mean age +/- what: SD? Please precise) is not relevant if there was a stratification on age).

Table 1: precise n % (also for table 2)

What is y ? (ist line)

Professional

Gail risk score categories: 50% and over?

No interest of “Atypia” in the table

Table 2: it would have been informative to know how many could not give a number before and after. How stratification has been considered in the analysis?

Table 4: delete

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:

I declare that I have no competing interests' below