Author's response to reviews

Title: A preliminary exploration of the feasibility of offering men information about potential prostate cancer treatment options before they know their biopsy results

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Version: 2 Date: 18 January 2013

Author's response to reviews: see over
January 18, 2013

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Dear Dr. Aldcroft,

We appreciate your consideration of the attached manuscript, “A preliminary exploration of the feasibility of offering men information about potential prostate cancer treatment options before they know their biopsy results” for publication in the BMC Medical Informatics and Decision Making. We would like to thank the reviewers for their careful reading and constructive edits. Based on the reviewer comments, we have made the following revisions to our paper:

Major Compulsory Revisions:

1. **Methods (Data Analyses):** The authors state that ‘Due to the small sample size no subgroup or multivariate comparisons were conducted’. This approach is appropriate. However, in the Results the authors report comparisons between the ED and UC groups conducted on the very small sample of men who received a positive biopsy result (n=9).

This sentence was revised to: “Due to the small sample size no multivariate comparisons were conducted,” highlighting why multivariate models were not used. While we did not make subgroup comparisons on age or other demographic characteristics, the findings for the small group of men who did go on to be diagnosed with prostate cancer are critical to report.

2. **Results: Decisional Conflict Scale (DCS):** It isn’t appropriate to state that ‘We did observe notable differences in the proportion of men reporting knowledge about risks of side effects in response to specific items of the DCS because the difference approaches, but is not significant, and the subgroup is very small (n=9 men with a positive biopsy). It would be more accurate to describe it as a trend.

We have removed emphasis on differences and revised this sentence as, “We did observe a trend in the proportion of men reporting knowledge about risks of side effects in response to specific items of the DCS.”

3. **Discussion, third paragraph – it doesn’t seem appropriate to describe the finding in Point 2 above as a ‘notable finding’ because the sample size is very small and the p-value is >.05.**

We have revised this sentence to remove the strong language of “notable finding” and highlight the small sample: “Although the sample size is small, every patient who received the intervention and went on to be diagnosed with cancer indicated they were ‘clear about the risks and side effects of each treatment option’ and that they were ‘clear of which risks and side effects matter most to you,’ compared to only half of participants in the UC group who were diagnosed with cancer (p=0.07).”
Minor Essential Revisions:

1. *Abstract (Methods):* Insert ‘or suspicious DRE’ after ‘an elevated PSA test’

   The suggested revision was made.

2. *Introduction, second paragraph, line 5: change “provide” to “provides”*

   The suggested revision was made.

3. *Methods (Measures – Familiarity with treatment options & knowledge):* how was the prostate cancer knowledge items scale scored? Please clarify how this relates to the way you’ve reported the result in Table 2.

   We added the clarifying sentence to this section: “Each item counted as a correct or incorrect answer, e.g. 11 correct answers was scored as 100%.”

4. *Methods (Educational Intervention):* the title of the DA in-text does not match the title in the Reference list [16].

   The title of the DA in the Reference list was incorrect and has been modified.

5. *Methods (Measures – Anxiety, distress & quality of life, line 8) – change ‘image’ to ‘imagine’*

   The suggested revision was made.

6. *Results – Processes of care (line 2) – correct spelling to ‘options’*

   The suggested revision was made.

7. *Discussion, first paragraph, line 9 – change ‘an’ to ‘a’*

   The suggested revision was made.

8. *Discussion, second paragraph, line 8 – change ‘many’ to ‘some’*

   The suggested revision was made.

9. *Figure 1, fourth box down under ‘ED’ and ‘UC’ – change ‘N’ to ‘n’*

   The suggested revision was made.

Discretionary Revisions:

1. The term ‘participants’ is preferable to ‘subjects’, throughout.

   We agree, and changed ‘subjects’ to ‘participants’ throughout.

2. *Discussion, first paragraph – remove ‘adversely’*

   The suggested revision was made.

3. *Table 2 – ‘Familiarity with Treatment Options & Prostate Cancer Knowledge’: 3a. Proportion familiar with Watchful Waiting/Active Surveillance, mean (s.d.) It would make the table clearer if the authors removed ‘mean (s.d.)’ and reported the n (%)*. Currently, it is not clear what the figures in the columns refer to.

   The suggested revision was made.
3b. Percent of knowledge items answered correctly, mean (s.d.). Please check the figures in the columns because it is not clear to me what is being reported here.

As described above in #3 we have clarified the methods describing how the knowledge items were scored. Because men varied in how many of the 11 items they answered correctly, it is appropriate to report the mean (s.d.). The table indicates that the UC participants answered 33% of the items correctly. We added % to the table to further clarify

Thank you for your consideration of our manuscript. If you have any further questions or requests, please do not hesitate to ask.

Sincerely,

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