Author's response to reviews

Title: Evidence-based patient choice: A prostate cancer decision aid in plain language

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To the BMC editorial team:

We appreciate the thoughtful comments of the reviewer. We have revised much of the manuscript, particularly the evaluation section. We feel it is a much better paper now, and hope it meets with your approval. The changes made in response to the review are as follows:

General comments:
1. The focus group study was designed to test the draft language on well-educated as well as less well-educated men, since plain language is in danger of being perceived as "talking down" to an educated audience. The rationale has been explained in the text. The audio tape version is available for future testing among very low literacy audiences, though these will be hard to come by. We found them previously in homeless shelters, and they do not often access the health care system.
2. The convenience sample of health professionals has been dropped. We have simply noted that the DA was approved by the Michigan Cancer Consortium before it was used.
3. The final part of the evaluation was, indeed, planned to find out if the DA was useful to men in making decisions about prostate cancer treatment. However, we did not include all the relevant data in the earlier draft. The reviewer is correct that this is the more important question. For that reason, we have eliminated the old table 3 and substituted the more relevant data. The three modes of the DA have exactly the same text, with the exception that some has been converted to dialog in the audiotape. The only difference among them (within 5% difference) found in the results is that the audio was shared with family and friends less often. We have presented the usefulness data (Table 3) for the whole group of 60 men, and noted the lower sharing rates with the audiotape. We believe this is the most informative way to present the data.

As requested, the paper has been edited to make it clear that we are not claiming to have accomplished a definitive trial. Our intent was to make the plain language development process transparent for others working toward the same goal. We actually feel that this is one of the more important writing efforts we have undertaken to move this field ahead, and we are pleased that the reviewer supports the importance of the effort. However, we re-iterate that the importance of plain language is not only among low literacy men. The college educated and non-college-educated audience found the DA clear and useful, and would recommend it to friends. A future trial with non-readers and very poor readers could test the audio-tape DA against a pictorial or other vastly simpler print material. Clearly this is not the final word in addressing the needs of extremely low literacy patients.

Major compulsory Revisions
1. We have changed the title to "Development...." as requested.
2. We have stated clearly that the aim of the research is to develop a plain language decision aid. The "testing" has been restated as "formative evaluation". We believe this accurately states the purpose and methods.
3. The abstract has been clarified and changed to a structured abstract form. The knowledge survey results have only been published previously in abstract form. We believe these data from a similar historical comparison group provide useful context. The steps of the development have been described.
4. Aims are stated clearly in the introduction
5. The health practitioners have been deleted from the process, as they simply provided an accuracy and
balance check from the perspective of surgical and radiation oncology perspectives. This was not a formal survey.

6. We have deleted the old table 3 and details of items for the patient survey are listed now in table 3, in a format that reveals the wording of the questions; the reference to the source of the clarity items (Barry et al, Medical Care, 1986) has been included. The clinical knowledge questions reflect the latest literature synthesis on clinical outcomes of treatment. We would be happy to provide the exact wording in an appendix, but feel that the shortened version in the table should be adequate. Please let us know if you want the full survey included as an appendix.

7. Table 4 has been added depicting the clarity and usefulness of the decision aid.

8. The telephone survey method has been added.

9. The audio-tape group received the DA, the same as everyone else. There was no reason to exclude them from a telephone survey.

Please note that to accommodate the reviewer's suggestions, I have changed the usual article section headings that appear in the template.