Reviewer's report

Title: Australian Clinicians And Chemoprevention For Women At High Familial Risk For Breast Cancer

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Reviewer: Beth Peshkin

Reviewer's report:

This is a well written exploratory report on a topic that is of interest to clinicians and researchers involved in counseling women at risk for hereditary breast cancer.

Minor essential revisions

1. To help frame this issue for non-familiar readers, in the intro, it is important to review data regarding tamoxifen in BRCA1/2 carriers, including data from Narod's group about risk reduction of contralateral breast cancer and the King study in unaffected women (lacking statistical significance but showing more of an effect in BRCA2 carriers). In addition, data about whether tamoxifen affects breast cancer risk after BSO or whether the two act synergistically should be reviewed. This is relevant and important because, as participant 4A noted, the rate of BSO utilization is so high that most physicians probably do not feel that there is much added benefit to using tamoxifen. Also in the lit review, add the J of Clin Oncology article about physician recommendations by Keating et al. (PMID: 19001322).

2. It would be helpful to provide a bit more info on the inclusion of geneticists and genetic counselors. Were the geneticists in fact non-physicians or were they PhDs? Because the non-physicians cannot prescribe medication, it is not surprising that the way they frame this discussion may be different from the physicians, so there is bias involved, and probably a different interaction with patients. It would be interesting to include a quote from the genetic counselor/s as well.

3. The issues are different between BRCA1/2 carriers (case 1) and women at increased risk owing to their family history (case 2). In the latter, for example, BSO would not be recommended to reduce breast cancer risk, and there are data to support SERM use. Thus, the authors may wish to delineate the participants' responses to the cases more clearly and also address this issue more directly in the discussion. For example, the concluding sentence of the manuscript implies that improved uptake of tamoxifen is desirable for all women at high risk, but in fact, among carriers who undergo BSO, I would argue that the data do not uniformly support the use of tamoxifen. However, among women like those in case 2, an argument can be made, supported by data, that increased utilization of SERMS is likely to be beneficial.

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

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

Declaration of competing interests:
I declare that I have no competing interests