Author's response to reviews

Title: Characteristics of attitude and recommendation of Oncologists toward exercise in South Korea: A cross sectional survey study

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Date: 15 December 2014

Author's response to reviews: see over
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Version: 2

Date: 12th December 2014

Author's response to reviews: see over
Reviewer's report

Title: Characteristics of attitude and recommendation of Oncologists toward exercise in South Korea: A cross sectional survey study

Version: 1
Date: 24 October 2004
Reviewer: Asmita Patel

Reviewer's report:

Major Compulsory Revisions

1. Please add the word ‘attitudes’ to the title.

   We thank the Reviewer for his/her constructive comments. We add “attitude” in the title as follow:

   “Characteristics of attitude and recommendation of Oncologists toward exercise in South Korea: A cross sectional survey study.”

2. Under statistical analyses, please mention the names of the three physical activity classification groups.

   As suggested by the reviewer, we have revised the methods of the study as follows:

   “To analyze the relationship between oncologists’ own physical activity levels and their attitudes toward exercise and toward recommending exercise, we have divided our participants into three groups using the 33.3% and 66.6% cut-offs to generate tertiles based on each individual’s physical activity level.”

3. Under the Results section, sentence 3, please state who other was (e.g., what other health care practitioners)?

   We thank the Reviewer for his/her constructive comments. To make this sentence clearer, we have revised the manuscript as follows:
“Among oncologists who participated in the study, 11.4% met the current ACSM exercise guidelines for healthy adults: under age 65 with no apparent chronic disease or condition (i.e., at least 150 min of moderate intensity physical activity per week).”

4. Discussion section, page 15, last paragraph, please add references after the wording, ‘various cancers’ on the last sentence.

   We thank the Reviewer for his/her constructive comments. We add “references” in the discussion as follow:

   “It is interesting that only 4.8% of oncologists actually think that exercise may reduce cancer recurrence, while many reported studies have shown that exercise reduced the recurrence of various cancers [12, 13].”


5. In regard to the Herbert reference, page 16 and 17, please state which population of patients you are referring to (e.g., those who went to see their general practitioner/primary care physician)?

   We thank the Reviewer for his/her constructive comments. We add “references” in the discussion as follow:

   “Herbert et al. [35] reported that the most common barriers to providing physical activity counseling by primary care provider to patients in a clinical setting were lack of time, lack of knowledge, and lack of success in changing patient behavior”.

6. Discussion section, page 17, first paragraph, sentence 13, please reference the studies that you are referring to.

   We thank the Reviewer for his/her constructive comments. We add the reference in the discussion as follow:

   “In addition, other studies in cancer types including breast cancer, colorectal cancer, and prostate cancer have continually shown that exercise for cancer patients during and after treatment is safe [14].”


Minor Essential Revisions

1. Sentence 4, under Participants and Procedure, the word ‘e-mail’ should be changed to ‘e-mails.’

   As suggested, we have revised the manuscript from ‘e-mail’ to ‘e-mails’.

2. In the results section, sentence 3, the word ‘surgeon’ needs to be changed to ‘surgeons’ and the word ‘radiation oncology’ needs to be changed to ‘radiation oncologists.’

   As suggested, we have revised the manifold from ‘surgeon’ to ‘surgeons’.

3. Results section, page 12, first paragraph, last sentence, please change the word ‘guideline’ to ‘guidelines.’

   As suggested, we have revised the manuscript from ‘guideline’ to ‘guidelines’.

4. Results section, page 12, second paragraph, please change the word ‘guideline’ to ‘guidelines.’

   As suggested, we have revised the manuscript from ‘guideline’ to ‘guidelines’.

5. Discussion section, page 14, first paragraph, sentence 8, please change ‘percent’ to ‘percent
As suggested, we have revised the manuscript from ‘percent’ to ‘percentage’.

Discretionary Revisions

1. Under the Participants and Procedure section, how were the other oncologists chosen?

   We thank the reviewer for this very important point. Our plan was to recruit or at least approach all oncologists in South Korea. Our first attempt was to attend annual conference of Korean Cancer Association and distributed questionnaires. Out of 202 questionnaires distributed, we have collected a total of 44 questionnaires (21.7%). Then, we have collected e-mails of oncologists from webpages of hospitals in South Korea. Through this effort, we have collected 386 e-mail addresses. We have sent questionnaires through e-mails and received 123 questionnaires (28.9%).

   To make our manuscript more clear, we have revised the manuscript as follows:

   The goal of the study was to approach all oncologists in South Korea. Our first strategy was to distribute questionnaires at the annual conference of Korean Cancer Association (18th November 2011, Lotte Hotel, Seoul, Korea). A total of 202 questionnaires were distributed and 44 questionnaires were returned (21.7%). Our second strategy was to collect e-mail addresses from webpage of hospitals. Through this effort, we have collected 386 e-mails addresses of oncologists in South Korea. We sent questionnaires to 386 oncologists via e-mails and a total of 123 questionnaires were successfully filled out on-line (28.9%).

2. In regard to both figures 1 and 2, the title of the Y axis needs to be clearer. Also, please define what ‘no’ and ‘yes’ means.

   As suggested by the reviewer, we have revised the title of Y axis to ‘Exercise recommendation to patients (%)’. We also added more detailed explanation of Y axis in the figure 1 and 2 legends as follows: “Y axis represent percentage of exercise recommendation to their patients”.

   Furthermore, we have added figure 1 and 2 legend to make the meaning of ‘yes’ and ‘no’ more clear as follows:
figure 1: “Oncologists who believe the benefit of exercise on each questionnaire item chose ‘yes’ while those who did not believe the benefit of exercise on each questionnaire item chose ‘no’.

figure 2: “Oncologists who believe the barriers of exercise on each questionnaire item chose ‘yes’ while those who did not believe the benefit of exercise on each questionnaire item chose ‘no’. Y axis represent percentage of exercise recommendation to their patients”

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 no competing interests.
Reviewer's report

Title: Characteristics of Exercise Recommendations of Oncologists in South Korea: a cross sectional survey study

Version: 4 Date: 20 October 2014

Reviewer: Sandi Hayes

Manuscript:

1. With minor amendments to the study purposes, the questions could be well-defined. For example, the purposes of this study were to evaluate/measure…. Use of the term ‘study’ is not helpful – how will you study this?

As suggested by the reviewer, we have revised the purpose of the study as follows:

“the purposes of this study were to evaluate 1) the attitudes of oncologists toward recommending exercise, 2) the association between oncologists’ own physical activity levels and the attitudes of oncologists toward recommending exercise, and 3) the barriers experienced by oncologists in recommending exercise to their patients”

2. Are the methods appropriate and well described?

This is a cross-sectional study. While most sections of the methods are adequately described, more detail would be useful for the statistical methods sections.

As reviewer recommended, we have provided more detailed description of some methods we used in our study as follows:

“The goal of the study was to approach all oncologists in South Korea. Our first strategy was to distribute questionnaires at the annual conference of Korean Cancer Association (18th November 2011, Lotte Hotel, Seoul, Korea). A total of 202 questionnaires were distributed and 44 questionnaires were returned (21.7%). Our second strategy was to collect e-mail addresses from webpage of hospitals. Through this effort, we have collected 386 e-mails addresses of oncologists in South Korea. We
sent questionnaires to 386 oncologists via e-mails and a total of 123 questionnaires were successfully filled out online (28.9%).”

“All data that normality of distribution in this study is presented as mean ± standard deviation (SD). The normality of distribution was verified with Shapiro-Wilk test”.

“To analyze the relationship between oncologists’ own physical activity levels and their attitudes toward exercise and toward recommending exercise, we have divided our participants into three groups using the 33.3% and 66.6% cut-offs to generate tertiles based on each individual’s physical activity level. Differences in attitude toward exercise and attitude toward recommending exercise among three groups were analyzed by one-way ANOVA. “To test the difference in percentage of exercise recommendation based on oncologists’ perceived benefits of exercise and barriers for cancer survivors were compared by using a t-test”.

2-1. Do you mean, ‘all normally distributed continuous data’ are described using means and standard deviations. Are all your continuous data normally distributed and if not, how will you describe it.

We thank the Reviewer for this important comment. All our data is normally distributed. We have checked the normality of the distribution with Shapiro-Wilk test. To clarify this, we have revised manuscript as follows:

“All data that normality of distribution in this study is presented as mean ± standard deviation (SD). The normality of distribution was verified with Shapiro-Wilk test”.

2-2. How did you come to the physical activity categories used.

We thank the reviewer for this important question. We have revised the methods of the study to increase the clarity as follows:

“To analyze the relationship between oncologists’ own physical activity levels and their attitudes toward exercise and toward recommending exercise, we have divided our participants into three groups using the 33.3% and 66.6% cut-offs to generate tertiles
To analyze the relationship between oncologists’ own physical activity levels and their attitudes toward exercise and toward recommending exercise, we have divided our participants into three groups using the 33.3% and 66.6% cut-offs to generate tertiles based on each individual’s physical activity level. Differences in attitude toward exercise and attitude toward recommending exercise among three groups were analyzed by one-way ANOVA.

2-4. What practices of exercise recommendation – what do you mean by this.

We thank the reviewer for this very important comment. To clarify the sentence, we have revised the sentence as follows:

“To test the difference in percentage of exercise recommendation based on oncologists’ perceived benefits of exercise and barriers for cancer survivors were compared by using a t-test”.

2-5. What is the power for this analysis? What level of differences between groups is considered clinically relevant – e.g., while the difference between 38% and 47% for ‘improve mental health’ met statistical significance, is the difference clinically relevant? Justifying how these data were compared would assist. For example, is it really about the perception that exercise has a particular benefit that would drive recommendations or is it possible that the more exercise benefit is perceived the more likely a doctor is to recommend it and if so, it would seem more important to evaluate recommendations (yes/no) by perceived benefits (0, 1, 2, …) either as a continuous variable or categorical data.
We thank the Reviewer for this very critical point. In our recent analysis, we have identified that breast and colorectal cancer survivors increase their level of physical activity by 4.3 metabolic equivalent task (MET) hour per week when their oncologists recommend to physical activity (Park JH, ASCO Annual Conference 2014, Chicago, IL, USA). Furthermore, Lee et al. (Ann Behav Med. 2004 28(2):105-113.) reported that cancer survivor increase their physical activity levels by 4.5 MET hour per week when they received exercise recommendation from their oncologists. These studies suggest that cancer survivors’ exercise/physical activity behavior is easily influenced by oncologists’ exercise and physical activity recommendation. Therefore, 9% difference (38% vs. 47%) in percentage of exercise recommendation based on their perceived exercise benefit may clinically relevant.

As the reviewer pointed out, it is not clear whether perceived exercise benefit would drive exercise recommendation or those who recommended more exercise to their patients got to perceive more exercise benefit. Since our study is a cross-sectional study, what the reviewer mentioned is the limitation of the current study. Therefore, we have added the following sentence in the limitation section.

“Lastly, since the current study is a cross-sectional study, it is not possible to identify the cause and effect relationship between variables”

With regard to the questionnaire about yes/no (categorical) and perceived benefit (continuous), we agree with the reviewer in idea and concept, however, we used previously validated questionnaire and there is not much we can do now. For future study, we may consider change the questionnaire and validate it before usage.

5. The results present the data as collected. Figures appear genuine without manipulation. However, the text simply repeats information in the figures and tables and does little to assist the reader in distilling the key findings from the work.

As suggested by the reviewer, we have revised result section of the manuscript. However, we tried to follow the guideline of the author’s information that author should avoid discussion of the result in the result section.
“Among oncologists who participated in the study, 11.4% met the current ACSM exercise guidelines for healthy adults: under age 65 with no apparent chronic disease or condition (i.e., at least 150 min of moderate intensity physical activity per week).”

“To assess the association between oncologists’ own physical activity participation levels and their attitudes toward exercise and toward recommending exercise, we divided the oncologists into three groups according to their own physical activity levels (Tertiles).”

“We analyzed the percentage of oncologists’ exercise recommendation based on their perceived benefits of exercise.”

“We analyzed the percent of oncologists’ exercise recommendation based on items of oncologists’ exercise recommendation barriers.”

6. The discussion is a repeat of the results section in part and needs to do more to synthesise the key findings, to present these findings in light of study limitations and to interpret the clinical significance of these findings. While there is some attempt to draw meaning from some findings, a balanced view is lacking. E.g., ‘The results of the current study revealed that oncologists in Korea may underestimate the exercise ability of their cancer patients’. While this may be true, it may also be true that their report is more accurate than that presented in previously published findings (e.g., patients may be more likely to over report their activity levels and there is likely a response bias in previous studies whereby the more active patient contributed data to the study).

As suggested by the reviewer, we have revised the discussion as follow:

“Although there is a possibility of over reporting of the level of physical activity among cancer survivors [30], the results of the current study may suggest that oncologists in Korea may underestimate the exercise ability of their cancer patients.”

“It is interesting that only 4.8% of oncologists actually think that exercise may reduce cancer recurrence, while many reported studies have shown that exercise reduced the
“The result of our study may suggest that the information on the validated benefit of exercise for cancer survivors should be easily available for oncologists to increase their exercise recommendation to patients more. Since cancer survivors’ exercise/physical activity behavior is easily influenced by oncologists’ exercise and physical activity recommendation, difference in exercise recommendation percentage of oncologists may actually have clinical relevance.”

“Herbert et al. [36] reported that the most common barriers to providing physical activity counseling by primary care provider to patients in a clinical setting were lack of time, lack of knowledge, and lack of success in changing patient behavior. In addition, other studies in cancer types including breast cancer, colorectal cancer, and prostate cancer have continually shown that exercise for cancer patients during and after treatment is safe [14].”

“Future research is required using prospective designs with objective measures of a patient–oncologist discussion of exercise (e.g., audiotaped consultation review). Lastly, since the current study is a cross-sectional study, it is not possible to identify the cause and effect relationship between variables.”

7. Minor editorial errors throughout.

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