Author's response to reviews

Title: Framing overdiagnosis in breast screening: a qualitative study with Australian experts

Authors:

Lisa M Parker (lisa.parker@sydney.edu.au)
Lucie Rychetnik (lucie.rychetnik@nd.edu.au)
Stacy M Carter (stacy.carter@sydney.edu.au)

Version: 5
Date: 24 July 2015

Author's response to reviews: see over
Re: BMC Cancer (BioMed Central) MS: 1222136526151365

Dear Editors,

Thank you for the invitation to revise our manuscript entitled “Framing overdiagnosis in breast screening: a qualitative study with Australian experts” in preparation for publication in BMC Cancer.

We have made some changes in order to address your final editorial comments. These changes are described in the table below, with new text highlighted in yellow.

Thank you again for considering our revised paper. We look forward to hearing from you.

Kind Regards,

Lisa Parker, Stacy Carter, Lucie Rychetnik

<table>
<thead>
<tr>
<th>COMMENTS BY EDITOR</th>
<th>Authors’ responses and manuscript changes (Authors’ responses are in italics; manuscript text is in plain text; revised manuscript text is highlighted in yellow)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please place the abstract on a separate page to the title page</td>
<td>This has now been done</td>
</tr>
<tr>
<td>Please place the ethical approval statement within the Methods section</td>
<td>This has now been done</td>
</tr>
<tr>
<td>Please confirm whether RATS guidelines for reporting were followed, including a statement to this effect in the manuscript</td>
<td>The previously submitted manuscript complied with most of the RATS reporting guidelines. In response to this comment we have made some minor edits to the Methods section to ensure that compliance was complete:</td>
</tr>
</tbody>
</table>

**Methods**

This study is part of a larger Australian National Health and Medical Research Council (NHMRC) funded project examining ethical issues in cancer screening in Australia [20]. One component of the larger project was a qualitative study of contemporary issues in breast cancer screening, using semi-structured interviews with influential breast screening experts. This paper is reporting on one aspect of this breast screening study. We defined “influential experts” as people working or researching in breast screening who influence the public, primary care practitioners and/or policy makers by engaging in one or more of: media commentary;
We identified potential participants by scanning academic and lay literature on breast screening, examining personnel lists on websites of government or non-government advisory and advocacy bodies involved in breast screening, and following up suggestions from colleagues and participants. We used information in the public domain to contact experts by email. Forty-six experts were contacted, and 33 (17 male, 16 female) participated in the study. Thirteen people either did not wish to participate (3), did not respond (9) or were unable to participate in the time available (1). We had a low response rate from senior community advocacy figures. Speculatively, this may have been due to a higher turnover of staff in these (largely volunteer) positions than in other professional roles. That is, the individuals may no longer have been contactable at the email addresses that we had access to. We continued sampling until we had good representation of a range of professional roles and until we reached thematic saturation in our analysis [22].

We used an interview format for in-depth exploration of the views and reasoning of experts. LP conducted semi-structured interviews from October 2012 to October 2013, meeting in the participant’s or her own workplace, or talking over telephone if unable to meet in person. The interviews lasted between 39 and 105 minutes (average 66 minutes) and there was no observed difference between face to face and telephone interviews in terms of quality or length [23]. At the beginning of each interview, LP discussed her interest in the topic with the expert, explaining that she was a medical practitioner with clinical experience in breast screening, currently undertaking doctoral studies in cancer-screening ethics. She clarified that the purpose of the interviews was to glean the range of opinions amongst Australian experts about breast screening. The interviews drew loosely on a set of core questions designed to draw out the participant’s views.
We also sought to tailor each interview to the particular expertise and interests of the participants, and explored the leads and topics that arose throughout the discussion [22, 24]. We encouraged the participants to talk about overdiagnosis, asking generally for interviewees’ views on this topic, without pre-empting ideas about what might be considered important. We only pursued particular lines of enquiry about controversial elements – as informed by the literature – if this flowed on from preceding comments of the participant. An additional file outlines sample interview questions (see Additional file 1).

The interviews were taped, transcribed and de-identified. We used an inductive analytic methodology, developing a set of categories that captured the most important views and values in the experts’ comments. Each interview was read repeatedly and coded in detail to capture views and values relevant to overdiagnosis. The analysis was conducted as an iterative process comprising detailed coding of individual transcripts (LP) and discussion and revision of the findings in group analysis meetings (all authors). We used framing theory to organise and understand different ways that experts thought about overdiagnosis, identifying the dominant frames in use and categorising important elements of each frame in terms of problems, causes, solutions and moral evaluation [18].

Ethics approval was granted from the Cancer Institute NSW Population & Health Services Research Ethics Committee [HREC/12/CIPHS/46] and the University of Sydney Human Research Ethics Committee [#15245]. All participants gave individual consent to be interviewed, and were free to withdraw from the study at any stage.