Author's response to reviews

Title: Assessment and model guided cancer screening promotion by village doctors in China: a randomized controlled trial protocol

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Author's response to reviews: see over
Dear editor and reviewers,

Thank you very much for your careful review and most useful comments regarding the aforementioned manuscript. We had revised the manuscript as suggested and enclosed please find our item by item responses to all issues raised.

With best regards,

Sincerely,

Debin Wang
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Responses to reviewer 1, Dr Johanna E. Maree

Re reviewer 1 comment 1: The manuscript should be revised in total - therefore major compulsory revisions. This is such important work and I want to congratulate the authors with the work they have done. Unfortunately the manuscript is complex and I had difficulty in understanding what it was all about as the study does not focus on its aims and no results are presented. I understand that this is a second paper which is part of a much larger study but as it is written now, it cannot stand on its own. It is also not clear what is part of the trial and sub-trial.

Author response: By re-examining our manuscript from the stand point of readers without any prior knowledge about of project, we share strongly with the above comments and had made major changes with particular attention being paid on distinguishing this sub-trial and making this manuscript stand alone and others. More specifically, we had added: a) a separate paragraph in the background section explaining the relationships between the current sub-trial and its umbrella project (lines 83-94); and b) an additional file depicting the sampling of participant for this sub-trial (Additional File 1).

Re reviewer 1 comment 2: The abstract does not speak of the aims of the study there is also no summary of the findings.

Author response: We had added one more sentence in the abstract to make the study aims clearer (lines 8-10). The reason why the abstract includes "no summary of the findings" was because this manuscript addresses research protocol rather than research findings. We could only provide research findings when we have completed this trial in a few years. And structured abstract of research protocol papers, according to instructions for authors by BMC journals, includes only "Background"," Methods/Design", and" Discussion". In order to give
readers a correct understanding at the very beginning, we added “protocol” into the title.

Re reviewer 1 comment 3: There are parts in the introduction section that is not clear and need to be rephrased specifically lines 51 to 60. It is also better not to use acronyms like ect and e.g. but to rather be specific. Please also make sure that you refer to health care services as services can be anything. There are also other acronyms in the manuscript that would not be known to readers and not first written out and then abbreviated.

Author response: Thanks for the reviewer’s careful reading and useful suggestions. We had re-written the introduction section making it as simple and clear as possible. We had replaced the etc, e.g. and others with more common word/phrases. We had rephrased all the misleading ”services”. We had also checked the acronyms in the manuscript and made sure that each of them was first fully written out and then used.

Re reviewer 1 comment 4: The aims and objectives are to demonstrate the intervention package is effective in leveraging cancer screening uptake

• This aim is clear however, there are no results to support that the intervention package was indeed effective

Author response: As mentioned earlier, this manuscript documents a research protocol and so we cannot provide findings at this early stage. However, we had added a separated additional file providing detailed information about what kind of findings we will be thinking and how will these findings be analyzed (Additional File 2). In addition, we had also added a figure depicting anticipated findings or outcome measures (Figure 4).

Re reviewer 1 comment 5: The aims and objectives are to demonstrate that high risk individuals in the intervention arm will compared to those in the delayed intervention condition show increased use of screening service and improved KAP in relation to the service.

• It is not clear what it meant with the delayed intervention condition as only a control group is mentioned (page 11)

• Is it not a given that if you are not part of the intervention you would not know about the services – thus what is meant with “in relation to the service” is not clear

• Similarly there are no results to substantiate what is said to be demonstrated

Author response: “Pure” RCTs are not allowed by our Ethics Committee and we had changed all the control arm/condition in our previous manuscript into “delayed intervention arm/condition”. As for the meaning of delayed intervention please refer to lines 105-107 of our revised manuscript.

With regard to KAP in relation to cancer screening (CS), if it focus such questions like “Are you satisfied with existing cancer screening service”, it may not appropriate for individuals in the delayed intervention arm. However, we focus on knowledge about susceptibility and seriousness of cancers and perceptions of benefits, dis-benefits, effectiveness, barriers, self-efficacy and others regarding CS (please refer to Additional File 2 for more details). These knowledge and perception may determine, to a large extent, CS uptake of all farmers no matter whether they are in the intervention or delayed intervention group and therefore serve our purpose of evaluating CS efficacy.

Turning to the "no results" comment, please refer to our response to reviewer 1 comment 4.
Re reviewer 1 comment 6: The aims and objectives are to establish a sustainable mechanism in which village doctors maintain continuous momentum integrating cancer screening promotion with routine medical services ever since initiation of this project in rural China
• Once again there are no results to show whether you were successful or not.
   Author response: We had deleted this objective. According to our agreement with the local health authorities, we need to "establish a sustainable mechanism in which village doctors maintain continuous momentum integrating cancer screening promotion with routine medical services ever since initiation of this project in rural China". However, it is one of our obligations after we have completed the current RCT.

Re reviewer 1 comment 7: A very interesting theoretical framework has been developed – however, I am not sure that the details fit it in this manuscript as according to the aims of the study, it is not the focus.
   Author response: The theoretical framework planed a guiding role in designing CS counseling protocols. However, we had not made this point clear enough in our previous manuscript. And now we had added more lines addressing elaborating the roles of the framework (lines 161-170).

Re reviewer 1 comment 8: Because there are no results the discussion does not focus what was found but is rather a general discussion of the study which also includes statements made in the introduction. The limitations are not in line with the study aims.
   Author response: Again as a paper on research protocol, we cannot provide and discuss results. However, we had removed the observations which duplicate with the introduction. And we had also made minimum modifications to the limitations paragraph so as to make it more in line with the study aims (lines 356-358 and 367-369).

Re reviewer 1 comment 9: Quality of written English: Needs some language corrections before being published
   Author response: We asked help from an experienced English teacher to check for and correct typographical errors.
Responses to reviewer 2, Dr Qinyan Gao

Re reviewer 2 comment 1: The Background and first paragraph of discussion of the paper could be improved substantially by being written in a more simple and definitive manner.

Author response: We modified the background and first paragraph of discussion as suggested.

Re reviewer 2 comment 2: The selection and randomization of the villages are clear. Eligibility criteria are clear. But as we all know that the majority of young man in the village nowadays are willing to go to the city to get more opportunity of have a good work, so I don’t think the remained people of old age and lower level of education can represent the target population of the study.

Author response: The reviewer is right at least some extent in raising representativeness issue. In fact, our study targets on left behind farmers rather than all farmers who have rural census registry. This focus is justified since left behind farmers have become the bulk, if not only, users of rural health service throughout China. Future preventive and curative interventions in rural China should be reshaped to suit this newly formed particular group characterizing old age and low literacy.

Re reviewer 2 comment 3: The intervention is well described. But I am not sure is it possible for the farmers to go to the clinic every two weeks? And will them get enough information in CS counseling with only 10 minutes?

Author response: “Post-screening counseling takes place within two weeks after the counselee has completed a scheduled CS and aims at using the screening results to leverage further behavior changes and promote follow up screening(lines 219-220)” This means that the project requires the counselee to turn back to the clinic within two weeks after he/she had taken a cancer screening, rather than asking him/her to go to the clinic every two weeks. In fact, as described in our previous paper, “behavior counseling happens at a monthly (in the first year), bimonthly (in the second year) and quarterly base (in the remaining years)”. We mentioned that “RRA takes about 10 minutes and covers all visiting patients aged 35+ who have not received RRA in the past two years (lines 174-175)”. RRA stands for rapid risk assessment. CS counseling happens after RRA and DRA (detailed risk assessment). RRA and DRA are used to distinguish high risk individuals from low risk individuals so that we can focus CS counseling on high risk individuals. RRA consists of only 21 structured questions and 10 minutes resulted from our field tests.

However, this comment reminded us of a need to specify CS counseling doses and we did so in our revised manuscript (lines 194, 206 and 216-221).

Re reviewer 2 comment 4: Quality of written English: Needs some language corrections before being Published.

Author response: As mentioned earlier, we asked help from an experienced English teacher to check for and correct typographical errors.