Author’s response to reviews

Title: Men’s view on participation in decisions about Prostate-Specific Antigen (PSA) screening: Patient and public involvement in development of a survey

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Cover letter giving a point-by-point response to the concerns: Manuscript Number: MIDM-D-19-00411 "Men’s view on participation in decisions about Prostate-Specific Antigen (PSA) screening: Patient and public involvement in development of a survey” submitted to BMC Medical Informatics and Decision Making

We thank BMC Medical Informatics and Decision Making for constructive criticism on our manuscript. The manuscript has now been revised. This cover letter gives an overview on revisions and a point-by-point response to the issues raised in editor’s report.

Response to Editor’s comments

Editor states that “Thank you for submitting this manuscript. I have now received two reviews of the manuscript, and have reviewed the manuscript myself as well. In light of these reviews, I am pleased to invite you to revise your manuscript and resubmit. The reviewers make some excellent points regarding needed justification and limitations to be noted in the manuscript. I encourage you to consider their comments as you revise your manuscript.”

Authors’ comment:

Thanks for invitation to revise our manuscript and resubmit. Our manuscript has been now revised and resubmitted. Please find below our comments regarding reviewer reports.
Response to first reviewer’s report

Reviewer 1 introductorily states that “General comments:

This is an interesting submission on public participation in development of a survey to aid patient decision making regarding PSA testing. As many organizations that publish guidelines regarding PSA screening now recommend an informed decision-making process between the provider and patient to determine whether to pursue PSA screening, this article highlights an opportunity for patient involvement in the development of a decision aid to inform patients about the decision to undergo PSA screening. While this is an informative submission, it could benefit from a more detailed and systematic presentation of the outcomes of the community and cancer PPI groups. For instance, the Results section could benefit from a more organized/categorized description of the types of suggestions that were made in each of the groups (i.e. simplifying wording, shortening vignettes), in order that others may benefit from the authors' experience in the process.

One aspect of the paper that was confusing and was not adequately addressed is why the authors chose to evaluate participants' desire to file malpractice complaints based on the case vignettes. This seems a bit extreme and immaterial to a decision regarding whether or not a patient wishes to undergo PSA screening. The authors should provide some rationale for including this in the submission.”

Authors’ comment:

Thanks for comments. The outcomes of the community and cancer PPI groups are now more detailed and systematically presented. Please see pages 14 and 16-17, insertion of new tables 2 and 4 (in track changes version).

Regarding the rationale for including participants' desire to file malpractice complaints, we have tried to clarify this with reference to previous research suggesting that malpractice complaints are often caused by poor communication and hypothesizing that greater involvement may prevent malpractice litigation. Please see pages 5 and 6.

Reviewer 1 afterwards adds a number of comments:

Specific comments:
“P2, line 6-7: Most bodies that publish prostate cancer screening guidelines (USPSTF, ACS, AUA) already recommend involving patients in decisions about PSA screening. Suggest: "Therefore, involving patients in decision-making about PSA screening is recommended". “

Authors’ comment:

Thanks for suggestion. The wording has been now been changed. Please see P2.

“P2, Methods: Methods should describe in more detail exactly how the case vignettes were developed.”

Authors’ comment:

Thanks for suggestion. This has been now described in further detail. Please see pages 2 and 8-9.

“P4, line 10-13: The statement that "Today, nonthreatening PCa cannot be accurately distinguished from aggressive forms which benefit from treatment..." is a vast oversimplification. There are a plethora of risk stratification methods, from nomograms to genomic tests. This statement should be rephrased to reflect that while these risk stratification methods exist, it is impossible to definitively tell which PCa may progress over time (or something to that effect).”

Authors’ comment:

Thanks for comment. This has been now rephrased. Please see page 4.

“P7, line 3: Please define GRIPP acronym and some explanation of GRIPP 2 principles”

Authors’ comment:

The GRIPP acronym has been now defined with a brief explanation of the principles lying behind. Please see page 7.

“P7, line 3-6: The final paragraph of the introduction should more clearly and directly state the aims of the study”
Authors’ comment:

Reviewer 1 must be acknowledged for this suggestion. The aim of the study now is more clearly and directly stated in the final paragraph of the introduction. Please see page 7.

“P8, line 10-19: The tense used is confusing - the paragraph starts out in the future tense (The survey will…), then the present tense (The survey aims…). This should be consistent throughout. It may help to change the order of the first and second paragraph of the methods section in order to present the choice of vignette structure among academic peers prior to discussing its dissemination.”

Authors’ comment:

Thanks for comments. We have tried to make corrections in agreement with reviewer’s suggestions. Please see page 7.

“P13, line 21-22: Please explain why the research team decided to place the case vignette first.”

Authors’ comment:

Thanks for comment. We now explain that on page 15.

“P15, line 9-10: The statement in the vignette "it is not common' to test all for prostate cancer with PSA because the test is not safe enough" is misleading - the test is very safe; rather it is the risks and side effects associated with the diagnosis (prostate biopsy) and treatment (radiation, prostatectomy) that has led to the controversy regarding PSA screening”

Authors’ comment:

Thanks for comment. It has been now rephrased. It is a translation from Danish common language. ‘Safe’ has been replaced by ‘good enough’. Please see page 17.

“P16, line 2: important is mis-spelled”

Authors’ comment:

Thanks for comment. This has been now corrected. Please see page 18.
“P16, line 4: The sentence "The workshop was finally wrapped up" is without explanation of when/why it was wrapped up. Either this should be explained or the sentence should be excluded.”

Authors’ comment:

Thanks for comment. The sentence now is deleted. Please see page 18.

“P20, line 7-8: Why was it not practically possible for the respondents to decide whether to have the PSA test done, at least in some form? This seems to be a major missed opportunity for some quantitative data that would be informative. For example, if all respondents stated that they would have the PSA test done (or if all responded they would NOT have it done), this would be informative about the utility of the vignettes and might provide insight into whether the vignettes biased respondents one way or another.”

Authors’ comment:

The reviewer must be acknowledged for this comment. It possibly might be practically doable to construct the survey in a way that respondents could decide whether to have the PSA test done. This might, however, make it very difficult to ensure statistical power and the necessary number of respondents be subject to each of the 30 different scenarios which reflect the entire spectrum of patient participation combined with different interventions and outcomes. This has been now clarified. Please see page 23.

Response to second reviewer’s report

Reviewer 2 introductorily states that “The authors present a study describing the participation of PPI in the development of a survey regarding patients' preferences for involvement in PSA screening. The manuscript is well written and addresses an interesting topic. It may be strengthened by addressing the following”
Reviewer 2 afterwards adds a number of comments:

Specific comments:

“1) While the authors attempted to achieve diversity in terms of socio-demographics and education level by recruiting participants from various social settings, there is no measure of participants’ levels of health literacy which might influence their impressions of and suggestions for survey development. Ensuring participants with a broad range of health literacy might be important.”

Authors’ comment:

The reviewer must be acknowledged for this comment. We have added this limitation to the discussion section. Please see page 22.

“2) Another potential limitation of this approach is the failure to include women—particularly women who may be partnered with men. Women often have a large amount of influence over men’s health care behaviors (at least in the US) and can significantly impact men in their health care choices. It would be interesting and perhaps important to know what the partners of men considering screening think of screening, and thus their impressions of the survey.”

Authors’ comment:

The reviewer also must be acknowledged for this comment. We have added this limitation to the discussion section. Please see pages 23-24.

Once again, the editor and reviewers are thanked for constructive criticisms and comments.

Please do not hesitate to contact in case of any questions or concerns.

Yours sincerely,

Søren Birkeland /January 7, 2020