Reviewer’s report

Title: Understanding Primary Care Providers’ Perceptions of Cancer Prevention and Screening in a Predominantly Rural Healthcare System in the Upper Midwest

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Reviewer: Julia Berian

Reviewer's report:

To the authors,

This is a well-written original descriptive study, outlining primary care perspectives on cancer screening, finding that only approximately half prioritize cancer screening.

Introduction:
It would be helpful to understand the problem you are trying to solve. What are the cancer screening rates in your area? Are they universally low across cancer screening tests? Why did you choose to conduct such a broad survey? As you note in the introduction "a simple recommendation for screening may not be enough to motivate patients to comply" (p.3, lines 36-39). Is it possible that primary care providers are providing appropriate recommendations, but the patient population is not following through with testing?

The stated aims are 1) to evaluate perspectives on the electronic medical record and cancer prevention clinical decision support tools, 2) assess primary care providers' knowledge of current cancer screening and prevention recommendations, and 3) identify strategies that could narrow observed gaps in cancer prevention and screening.

These aims are quite broad. Are they connected to a hypothesis? What is the underlying impetus to conduct this study?

Methods:
The methods are appropriately described. It would be helpful to identify a primary outcome of interest. Finally, if your study aims to survey the views of primary care providers in your state or region, why only survey those in your own health system? Is your group comparable to the makeup of the greater region? This is a convenience sample and may not provide generalizable data for the overall area.

Results:
The number of possible, invited and participating subjects is included as appropriate. Despite an average rating of cancer screening as high priority (53%), this differed between MD (63%) and APN (40%) practitioners.

From reviewing the results, it seems the majority of PCPs feel (very or somewhat) prepared to discuss cancer screening (p.13, Lines 4-12). Time constraints are often a concern, but in this case do not appear to be a significant impediment to cancer screening. Table 3 states that "Not having enough time to
discuss HPV vaccination" is "Always" or "usually" a concern for <20% of respondents. (p.12 lines 18-22) While more general survey items like "our EMR decision support is easy to use..." (p.15 lines 16-24) may return lackluster response, specific items indicate the EMR may actually be doing fairly well: "The EMR makes it easy for me to order the needed service - Breast Cancer Screening, n=130, 84% YES, [...] Colorectal cancer screening n=128, 84% YES" (p.17 lines 31-46).

Conclusions:
"These data point to the need for a more useful and practical EMR" (P. 19, lines 21-24). Perhaps not - it appears that breast and colorectal screening (See above) are functioning quite well in your EMR. Perhaps it is just Cervical cancer screening or Lung cancer screening (ie. The low-scoring items, see table 5, p.17 lines 31-46) that need improvement. Furthermore if patient interest or awareness is an ongoing concern, a clinical decision support through the EMR may have no impact in actually changing screening participation.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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I am able to assess the statistics

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