

Article details: 2019-0102	
Title	Supporting average-risk women to make informed decisions about mammography when there is no 'right' answer: a qualitative citizen deliberation study
Authors	Laura Tripp MSc, Julia Abelson PhD
Reviewer 1	Mr. Gregory Doyle
Institution	Eastern Health, N&L Breast Screening Program, St. John's, Nld.
General comments (author response in bold)	<p>The set of five core principles (accurate, evidence based; comprehensive; choice; accessible; and consistent) presented in the article are interesting and at the same time challenging. Forging agreement among the wider screening community on these principles does pose a significant challenge - hence the ongoing debate regarding the efficacy of screening mammography. Indeed, it may be argued that there is some contradiction within the principles themselves. As an example, if we are guided by the taskforce, which has a very limited interpretation of what constitutes evidence showing benefit of screening, there would be no way of providing comprehensive information on screening to women. The CTFPHC has a very narrow interpretation of what it accepts as evidence based.</p> <p>The principle of Choice is easily accommodated and should be incorporated into all screening program materials. The Accessible principle should recognize primary care providers as it is widely known the PCP's are the key influencers in a women's decision to undergo screening.</p> <p>We thank this reviewer for his thoughtful comments on how the five principles identified could inform practice. We agree that implementation of some of these principles may be challenging, especially given the uncertainties in the evidence and the debates among experts in the field. We have acknowledged these challenges in the interpretation section of the paper and that further work is needed in this area with some initial suggestions provided. (Page 13)</p> <p>We have added additional information to the accessibility principle acknowledging the critical role of primary care providers as suggested, as this was evident in our data. (Page 10)</p>
Reviewer 2	Ms. Hazar Haidar
Institution	McGill University and Université de Montréal, Institute for Health and Social Policy and Centre de recherche en éthique, Montréal, Que.
General comments (author response in bold)	<p>1. 'average-risk women' is only mentioned in the title. Further, the author doesn't provide an explanation of what is meant by average-risk. So, it should either be removed and replaced or clarified in the text. Thank you for identifying this omission. We have explained this in the text in the first paragraph of the introduction. (Page 3)</p> <p>Introduction</p> <p>2. p.4 lines 12-13: The author states that the Canadian Task Force updated the recommendations on mammography screening "for women who are not at increased risk for breast cancer". However, no further clarification is provided about the meaning or the criteria used to classify someone as being at an increased risk of breast cancer. For instance, does the existence of family history considered as an increased risk of breast cancer? Thank you for pointing out this omission. We have clarified the criteria that the Task Force uses to define "women who are not at increased risk for breast cancer". (Page 3)</p>

3. p.4 lines 47-52: While the author states that “In this paper, we explore the types of information that women want to have when making decisions about mammography screening”, after reading the analysis, it became clear that it is not the aim of their study and the types of information is only one factor among others that is being explored by the authors. Therefore, this sentence should be adjusted in order to reflect the real aim of the study i.e. according to the results and to the questions used to guide the deliberations (on p.6 lines 52-54), the principles that should guide the development of materials to support informed decision making about breast cancer screening.

We have adjusted our aim as you suggested to ensure our purpose is clear. (Page 3)

Methods

4. p.5 lines 24-32: The authors state that their family history wasn't disclosed to participants and then that JA had recently become eligible for screening and is making screening decisions, which was disclosed to participants during the deliberations.

It would be helpful to know:

- The rationale behind the authors mentioning the non-disclosure of family history to participants but the disclosure about making screening decisions
- Also do the authors think that the disclosure (of making screening decisions) and the non-disclosure (of family history) might have coloured the findings or influenced participants' views? If yes how?

We chose not to disclose our family history to participants as we did not feel this was relevant to the topic of discussion. We were not discussing family history with the participants explicitly, only as it arose through discussions initiated by participants. Given that most individuals have some family history of cancer, we did not feel this information would add anything relevant to the discussion.

We chose to disclose the fact that JA was in the process of making a screening decision as this was central to discussions and allowed the facilitator to establish common ground with participants as part of the process of creating a safe, comfortable space for discussion. It was not disclosed to influence participants' views in any way and no details were shared regarding JA's screening decisions or her personal views about screening. (Pages 5 – 6)

6. p.5 lines 49-53: “Screen-eligible women (50-74) with no personal history of breast cancer”. When looking at table 2, there are two participants whose age is under 50. So, based on your selection criteria they shouldn't be included. Unless those participants are men, and this should be specified.

The first deliberation included men and women of all ages from across Ontario. As a result, there were two individuals who participated in Panel A who were under age 50 (one male, one female). We clarified this in the “participant recruitment” section. (Page 4)

7. p.6 lines 49-52: i) The sentence as currently worded is unclear. Please revise.
We have revised the sentence.

8. p.7 lines 35-36: I suggest adding a sentence or two to explain the qualitative

description methodology and why you've chosen to use it.

We've added additional information about qualitative description and the reasons for its use. (pages 6 – 7)

Results

9. My general comment and suggestion for this section is to insert the quotes (at least one quote, and you can keep the others in a table format) into the text because it will make it richer and strengthen your analysis by reflecting your findings through the participants' voices. In fact, grouping all the quotes into the table weakens the story of the deliberative study and makes it hard to follow. (Ed note: It is CMAJ Open's style to report quotes in Boxes, not incorporate them into the text).

Thank you for your comment. We agree that the inclusion of quotes in the text can enhance the richness of the analysis, however, as noted by the Editor, we are required to follow the CMAJ Open style and present quotes in boxes.

10. p.8 lines47-54: It would be interesting to insert a quote reflecting the issue of trust as voiced by participants.

As noted above, we have been advised by the editor that we cannot incorporate quotes into the text. We have added a quote to the box. (Page 8)

11. p.10 lines 21-22: "women of screening age", is it between 50 and 74? Please specify.

Yes, this is correct. We have added this detail to the paper. (Page 10)

12. p.13 lines 26-27: What are the limitations, of a public deliberation study, if any?

The limitations of a public deliberation study have been added. (Page 13)