

## Reviewer's report

**Title:** Filipino American Women's Breast Cancer Knowledge, Attitudes, and Screening Behaviors

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**Version:** 1 **Date:** 1 May 2003

**Reviewer:** Marilyn Bookbinder

**Level of interest:** not specified

**Advice on publication:** Other (see below)

Overall, this is a well-written manuscript that presents a reasonable approach to a significant problem facing Asian women living in the U.S: breast cancer education. The study's significance is clear: Asian women living in Asia are 40% less likely to develop breast cancer than Americans -and longer residence in the US is associated with higher incidence of breast cancer. The authors' selection of Asian grocery stores as a means to recruit and educate Asian American women about breast screening seems innovative and efficient. This study design is exploratory and descriptive. Authors performed a secondary analysis of data from a larger funded study conducted in the San Diego area. Recommendations for revisions focus on the study's theoretical basis, methods, and application of findings given the strength of the evidence

### Discretionary

1. Perceived barriers have been shown to be the most powerful single predictor in studies of breast cancer detection practices. Focus group discussions were done to gain in-depth understanding of women's views. Provide a reference and systematic process used to analyze the open-ended questions.
2. The likelihood that women will participate in early detection behaviors has been partially predicted by predisposing variables such as demographic and sociopsychologic factors. A table profiling the demographic characteristics of sample would be helpful.

### Mandatory

1. Provide the theoretical basis for the study, providing the larger view of the authors' intentions, rationale for the variables and methods selected, and an explanation for relationships found in results. Rosenstock's Health Belief Model (1974), for example, has been used to understand predictors for specific populations. Identifying the barriers, vulnerable age groups and risk perception factors could then be applied to cancer education programs.
3. Include literature from nurse researchers, such as Victoria Champion, who have contributed over a decade (1987-present) of results in the area of breast screening behaviors in the US. Knowledge of health beliefs about breast cancer and its detection, social influence regarding screening, perceived control or efficacy, and health motivation have been associated with specific early detection behaviors. Including these findings would strengthen the study.
4. Data collection instruments have not been previously validated. However, authors can provide rationale for survey item construction and initial validity testing. Provide a table with results of the survey items.

5. An aggressive attempt to contact women for follow-up survey was made. To reduce sampling error and inaccuracies about representativeness to the larger Filipinas population, however, a more precise picture of the sampling criteria would be helpful. If educators were in grocery stores at various hours to capture working women, this would be helpful to include. Are any demographic variables available to describe the socio-economics of the sample? If so, include these.

6. Given the convenience sample obtained, reported limitations and strength of the evidence, limit study conclusions and inferences to the subset of Filipinas in the San Diego area-rather than all.

7. Ideas for future research should be addressed. Socio-cultural surveys such as this can suggest factors, designs, and methods for future researchers. For example, should demographic data include length of time in US, whether first or second generation residents. What would we learn? This beginning exploratory work is needed to identify barriers to early detection practices in specific populations and directions for breast cancer education.

**Competing interests:**

None declared.