

April 19, 2015

Manuscript # 17050

World Journal of Methodology

To the Editor:

We thank you for the opportunity to respond to the reviewer's comments, which we have done, point-by-point, below. We are grateful to the reviewer for the helpful and interesting comments.

REVIEWER:

This is an interesting concept in a well-written editorial but requires far more detail before it should be published. If the target of screening was "appropriate screening candidates and/or underserved population," the a priori definitions of each of these groups must be much more clear and the patient characteristics matching these definitions also must be clearer (i.e. how many patients did have a family history of prostate cancer? how many percent were actually appropriate screening candidates? what does underserved mean?). Right now it's just unclear to me what exactly the objective of the study is besides describing a population that the authors screened that may or may not be appropriate for screening. A table comparing demographics of the cohort vs. demographics of the region (with appropriate statistics) should be included, since if 98% of patients in the cohort are Caucasian and 98% of the region is Caucasian, then you're doing OK. A more thorough discussion of the relevant prostate screening implementation literature is also needed.

RESPONSE:

We thank the reviewer for the thoughtful comments. As noted, this should not be considered a research article, but rather a short (700 word) Editorial; we re-formatted article's structure and headings accordingly. As such, the reviewer may have missed the primary point of our commentary. The demographic we were after is individuals who did not have the opportunity or inclination to be screened for any reason. In contrast, most of our screenees had the opportunity and/or had already been to a screening. Hence, the primary point of our Editorial is that mass screenings are under-utilized by those individuals who are most in need of screening, and urologists, hospitals, and public health agencies should critically examine the role of screening practices in their communities. We believe that this main point should now be clear to the reader. We also agree with the reviewer that the term "underseved" is ambiguous, and have deleted this term.

This Editorial is not to be considered a research study attempting to test a hypothesis regarding whether screened populations are demographically similar to the general population. Rather, with the Preventative Services Task Force recommendations and the AUA guidelines in mind, we attempt to address whether men participating in our mass prostate cancer screening represent those men deemed to be most appropriate for screening. Because they clearly did not, we refer to our experience with mass prostate cancer screening within the larger context of encouraging urologists, hospitals, and public health agencies to critically examine their screening practices, recognizing both the potential for community benefit and of harm from inappropriate screening.

Other Edits:

1. A running title was added.
2. References were re-formatted in the text
3. A Conflict of Interest statement was added.
4. A Core Tips statement was added
5. A Core Tips audio file was added
6. The headings "Methods" and "Results" were deleted
7. PMID and DOI numbers were added to references in the reference list
8. All authors were added to citations in the reference list

We hope that we have now sufficiently clarified the Editorial's primary message, and have successfully revised the manuscript to be consistent with Editorial requirements for content and format. Please let us know if anything else is required.

We thank you for your consideration of our Editorial for publication in your Journal.

Sincerely,

A handwritten signature in black ink that reads "Paul Terry". The signature is written in a cursive, flowing style.

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