Reviewer's report

Title: The knowledge and attitudes about breast cancer of women in a rural area of western region in Turkey

Version: 2 Date: 21 November 2005

Reviewer: Anette Hjartåker

Reviewer's report:

General
The topic of the paper, knowledge and attitudes of breast cancer, and practice of breast self-examination (BSE) and mammography, is of interest. However, a more focused and stringent presentation of the findings is warranted. The manuscript is marred by a high number of spelling mistakes, grammatical errors and superfluous or missing space signs, which gives an impression of inaccuracy and negligence. Also, several of the points given in the “Instructions for BMC Cancer authors” are not followed.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
The title, the aims, and the body of the paper do not correspond well. Although statements about BSE and mammography are given all through the manuscript, they are not included in the title. Was one of the aims of the study to examine attitudes against BSE and mammography, rather the attitudes against breast cancer? The aims of the study should be clarified both in the abstract and in the introduction.

Background: Pg. 3, line 1-3: The reviewer disagrees with the statement that breast cancer has a higher death rate than other cancers.
Pg. 3, line 9-12: The sentence reads “increase breast cancer risk” but this is not the case for all the factors listed (e.g. physical activity). Rather, some of the factors increase the risk, other decrease it. Also, as concerns diet, this statement should be made more specific.

Methods: Pg. 6, “Sample”: Please provide more information on how the sampling was done (cluster unit, response rate, ect.). Was the study approved by an ethical committee?

Results: An overall table on BSE, mammography practice, knowledge score and CHBSM could be useful, although a number of figures are given in the text (e.g. prevalence of practices and mean or median/maximum/minimum of scores).
Pg. 8: The results from the logistic regression analysis are not interpreted correctly. An odds ratio of e.g. 2.2 says that the odds of the defined outcome is 2.2. times higher in the given sub-group than in the reference group. The section about logistic regression needs to be re-written and interpreted correctly. It is clearly wrong that “The presence of breast cancer in the family … is a protective factor”. Please state clearly the outcome and the reference group both in the text and in Table 2.

Discussion: The findings (particularly the prevalence figures) should be discussed according to response rate.
Pg. 10, paragraph on logistic regression: Again, the interpretation is not correct, and the text has to be rewritten.
Pg. 11, last sentence in the first paragraph: “On the other hand,…”. The meaning of the sentence is unclear; please rephrase.
Pg. 11, 2nd sentence in last paragraph: “Seriousness was not a ..”. If this refers to another Turkish study the reference should be included.
Pg. 11, last sentence: “The presence of a breast cancer…”. Again, stating that having a family
history of breast cancer is a protective factor is not true. Revision is mandatory. Conclusion: The conclusion should be shortened and more focused.

Abstract: In the Method section, information on which statistical tests were used is more important than what computer program was used.

Background: Pg. 3, line 14-15: The sentences “Evidence has demonstrated…” and “The primary ..” should be deleted as primary prevention is not the focus in the paper. If not deleted, please include references for both statements.

Pg. 3, last sentence: Is “screening” referring to mammography screening? If so, the sentence should go along with the mammography section on pg. 4.

Methods: Pg. 7, section on CHBSM: Please include maximum and minimum value for the score.

Results: Table 2: A more informative heading is needed. Please also include number of subjects (n) in each model.

Table 3 and corresponding text: Number of subjects (n) could be listed in the heading since it goes for the whole table. For the correlation coefficients two digits after the full stop should be enough, and for non-significant p-values use one (or two) digits only. Highly significant values should read < 0.001.

Table 4: Either the columns on “practice” or the columns on “absent” could be deleted as the rows always sum up to 100%. Number of digits in the p-values should be adjusted as for table 3. Include number of subjects (n).

Pg. 9, line 13-16: The sentence “Being older, having more than..” is unnecessary and could be deleted.

Table 5 and corresponding text: Number of digits in the p-values should be adjusted as for table 3.

Discussion: Pg. 10, line 3 and line 13: Are the findings “29.5% performing BSE from time to time” and “56.1% had sufficient knowledge of breast cancer” given in the result section? If not, please include. As a rule, all findings discussed should be presented in the result section. See also table suggestion given above.

Pg. 12, line 5 form bottom: “One research group found…”, please include the reference for the study. The same goes for the next sentence, “In a study of Mexican..”.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.