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: 7 December 2005

Reviewer: Georgia Sadler

Reviewer’s report:

General

What a joy it is to review such a well written paper! Congratulations to the authors! Having said that, however, there is still plenty of work for the Journal’s editorial staff to do. Sentences shouldn’t start with an Arabic number, punctuation errors are present, some spelling errors, and so forth.

The authors have given clinicians, educators, and researchers important breast cancer-related data about Turkish women living in Turkey. This will help all who seek to understand how to provide optimal care and health education for Turkish women living throughout the world. From that perspective, the reviewer would urge the authors to expand this article with a paragraph or two about cultural values, issues, and concerns among Turkish women related to their health care and procurement of health services and health education. Also if the male family members exert any influences over the health of women in their families related to breast cancer, that considerations should also be discussed.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Here are some specific considerations the authors should consider addressing:
1. In the introduction, the authors list factors that increase breast cancer risk. The authors noted that the single biggest predictor of breast cancer risk is increasing age. This being the case, they need to explain in the Methods section why they only included women younger than 65 years of age. Indeed, it is only after age 100 that women’s risk of developing breast cancer begins to decline slightly.
2. In the introduction, the authors include other risk factors. Suggest that the authors review the American Cancer Society’s website for how it describes the factors that increase and decrease risk status. (Google “breast cancer risk factors” for a quick trip to the correct pages of this website) For example, the authors list lactation as a factor that increases risk. Lactation decreases breast cancer risk. Dense breasts do not increase breast cancer risk, but do reduce the breast cancer detection rates for CBE and mammogram.
3. In the Introduction page 1, American Cancer Society no longer recommends breast self exam because there is reliable data that shows that breast cancer detected through BSE does not increase survival rates. ACS has stopped teaching and promoting BSE. However, the authors could certainly legitimately argue that in a rural area, where access to clinical breast exams and mammograms is difficult, BSE is the only viable option substitute available to those women and that
BSE might still detect breast cancer early enough that treatment can be offered that will prolong women’s lives and reduce suffering. Another argument the authors could make is that for younger women, BSE is their only regular recommended screening option. They could also argue that BSE training and adherence is a gateway health promotion behavior that gives women knowledge and sets the stage for adherence to CBE and mammography screening guidelines later in life.

4. Page 4 the first and second full paragraphs: Authors discuss reported screening rates from other studies. Please clarify where the women live for whom these screening rates are being reported in the Zincir and Secginli studies. It would also be helpful to include screening rates that show the upper end of screening rates achieved, as examples of the high levels that can be achieved through the efforts of researchers, clinicians, and educational interventionists, such as yourselves.

5. In that same second paragraph on page 4, the opening sentence could be modified: “Annual mammography is considered the most valuable tool for detecting breast cancer in the earliest possible stages, before the cancer has metastasized and when interventions are most effective and least invasive and debilitating.”

6. Page 6 in the Methods section, name the IRB that approved this study.

7. Page 8 Results section, under results or as the last section of the Methods section, insert a new section called, Description of the Sample. Include the first sentence of the Results section in this new section and add a second sentence: “Additional sociodemographic details are presented in Table 1.” Here’s a good place to add some additional information to give the readers a little background on Turkish women and their culture. Do you have any sense of the attitudes of men toward breast cancer screening? Could this be a barrier to screening? What about religion? Could that be a barrier to screening? Also explain the term “expanded family.” Do you mean siblings and their families, parents and children living under one roof or in separate houses on the same land? Help others to understand what you report as traditional. Also explain the country’s literacy levels in relation to the participants of this study. Is the distribution of your participants typical of all Turkish women? Of rural Turkish women? You report whether the women have insurance coverage, but don’t say whether insurance coverage includes routine annual CBE and mammography. If so, how often is this screening covered? How easy is it for these rural women to get to a facility to access clinical breast exams and mammograms? Is distance a barrier? What do you mean by migration in Table 1? Discuss perceived sufficiency of family income. This is your chance to give the reader insights that might help them when caring for a woman of Turkish descent.

8. Bold your heading: Relationship between sociodemographic variables....

9. Discussion section: You spend considerable time discussing BSE, but barely address mammography, the most effective screening method. You clearly have the data to discuss mammography with equivalent depth. Focus on that and use your BSE data as well because this is a way to introduce additional gain in health practices among Turkish women.

10. Discussion section: You noted in the Results section that health professionals were mentioned as a source of breast cancer information by less than a quarter of the sample. What conclusions might you reach about that statistic? Health care providers’ screening recommendations have been shown to play a critical role in determining women’s adherence with recommended screening guidelines in other studies. Reference those studies. In light of those findings, would you recommend an awareness campaign for the role health care providers can play in reducing breast cancer mortality? What about the fact that nearly 40% of your participants reported that their main source of breast cancer information was the TV/radio? Consider all of your findings and then consider what three to five policy recommendations you would make to the Turkish Minister of Health to consider as a means to reduce the breast cancer mortality rate as a consequence of your findings? What three to five summary points would you want to convey to the International Herald Tribune reporter, if you were asked for an interview about your study. That’s the kind of interpretative discussion that would make your Discussion section riveting. This is the time to get the big picture in front of your readers. Who knows? You might just decide to send a copy to the Minister of Health?
Discretionary Revisions (which the author can choose to ignore)

**What next?:** Accept after minor essential revisions

**Level of interest:** An article of importance in its field

**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.