Author's response to reviews

Title: Awareness of breast cancer among adolescent girls in Colombo, Sri Lanka: a school based study

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Author's response to reviews: see over
Dear Editor and Reviewers,

Thank you for your comments and corrections. We have addressed all your concerns in this revised manuscript and a detailed description of the corrections is given below;

Your suggestions are in bold font and our responses are in normal font. The corrections are also highlighted in the text.

**Editor’s comments**

Please change Self breast examination to breast self-examination, Also in the title change adolescent schoolgirls to adolescent girls and add after Sri Lanka : A school based study”.

Corrected

I agree with the reviewer that a stronger case should be made for the study by giving the rationale in choosing this young age group

Agreed, please see response to reviewer 2

**Reviewer 1**

The idea of the paper is a brilliant one and addresses an important contemporary issue in medical practice.

The authors clearly defined the problem to be evaluated and had a standard protocol for the study.

There are however few observations;

Self breast examination should be changed to Breast Self Examination

Corrected

Statements in lines 4 and 8 under the result section (i.e. under abstract) do not agree. The author says in line 4 that 90.6% of the respondents knew that surgery was the main treatment modality. But in line 6, the authors claim that about one third of the respondents have never heard of breast cancer through any source. How did they then know the method of treatment?

Corrected in text and abstract; One third of sample were not aware of diagnostic modalities and treatment details of breast cancer. Of those who were aware, 90.6% agreed that surgery is the main mode of therapy (results in abstract and “treatment options for breast cancer” in results)

**Background: 2nd line- provide a reference for the statement made**

Done

**Line 8 under method: Multi-staged stratified cluster sampling was used to select participants. To is not in the sentence**

Corrected
Section on result: This is unusually long. It should be shortened considerably. Since there are very detailed tables, the section on result should not duplicate what is already obvious from the tables.

Done

References: The references are few. The authors should look at other studies on the subject done in developing countries and compare their findings with those findings. It will make the work richer and drive home the points more succinctly.

We have now included a separate paragraph highlighting several other studies looking in to BSE in the last two years and have referred to them in the bibliography. (5th paragraph under discussion)

MY CONCLUSION: It is a good paper that should be accepted for publication if the corrections are made.

Reviewer 2

This is a straightforward study of awareness of breast cancer among adolescent schoolgirls in Colombo, Sri Lanka In general the manuscript reads well. However, the following shortcomings should be dealt with:

The title should be changed to: Awareness of breast cancer among young adolescent girls (instead of schoolgirls) in ....

Title has been changed as requested by the editor

In the Background the authors reported that Breast cancer accounts for 26% of all cancer in females aged 15-39 years and 39% of all cancer in the 35-39 year age group. Breast cancer is generally more aggressive in younger age groups, with lower survival rates [10]. Are these statistics from reference 10? I feel reporting an age group 15-39 and then 35-39 are misleading and for instance it should be less than <20 and then 20 and higher.

No these statistics are not from reference 10. The age based statistics are now given with correct references. Local statistics are not available and the data refers to UK age standardized breast cancer incidence (4th paragraph under introduction).

The most important issue relating to this manuscript relies on the fact that the respondents are aged 17 to 19. There is no enough justification for why we should ask these young group students about breast cancer while we know that the risk for this group is very low? or why we should study breast cancer among this group, why they do breast self-examination while the recommended age is 20 and so on. These are fundamental issues both from ethical point of view and from scientific merits of the topic. The authors are recommended to clearly indicate why they performed this study and why such information should be published. In fact we need to see clear objectives for the study with obvious justifications. Otherwise I am afraid to say I am not in favor of publishing such papers!
We understand the reviewers concern. The objective of the study is clearly stated in the last part of background. However why this objective is there might not have been adequately explained. The implication of this intervention is a far reaching one. Education in Sri Lanka is free and compulsory for all children. If the government wants to inculcate positive health related behaviour, they can catch all in a generation when they are in school. There is nowhere else in female life cycle where such a mass education intervention can be performed (only 5% of school children enter state universities and well woman clinics run by public health authorities target women over 45 years only and even then only a minority of women attend for screening and health education). School leaving age is 19 and as the reviewer points out, the recommended age for BSE is at and above 20. There is no other opportunity to educate all females at or above 20 as a whole. Education by mass media is difficult due to cultural sensitivities. So targeting adolescent school children at schools will ensure that ALL of them gain a skill that is useful to them in from a few years time for the rest of their lives.

Another expected advantage in this process is secondary transmission of information. Educating young girls means that they will spread the message to elder women in their families who are in at risk age groups and eventually the number of knowledgeable women will reach a critical mass that will allow sustainable knowledge transfer in the community. Despite being a developing nation, Sri Lanka boasts of a life expectancy rate of 70 years, one of the highest literacy rates in Asia, significantly low communicable disease rates and one of the efficient public health systems in South Asia. Most of these goals were helped by educating school children who learnt for themselves and took the message home to educate others (e.g. vaccination, control of vector borne diseases, diarrhoeal illnesses). Now the local disease burden has shifted more towards non communicable diseases such as diabetes, ischaemic heart disease, hypertension and cancer. The leading causes of deaths in Sri Lanka are now ischaemic heart disease and cancer (Table 08. http://www.statistics.gov.lk/Newsletters/Health%20Bulletin(Medical%20Stat).pdf). Educating school children should play a key role in combating these changing trends.

This fact is now highlighted in the manuscript (7th paragraph under discussion).

Thank you

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