Author's response to reviews

Title: Vietnam military service history and prostate cancer

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Author's response to reviews: see over
10 February, 2006

The Editor
BioMed Central Editorial Team
By Email

Dear Sir,

RE: Manuscript – Military History and prostate cancer
MS: 1312729714890999

Please find enclosed responses to the Reviewer’s report below:

Reviewer’s Report – James Cerhan
Major Compulsory revisions

Point 1.
Aggressiveness. The term ‘severe’ has been replaced with ‘aggressive’ throughout the paper.
The data collected from the histo-pathology reports at the Western Australian Cancer Registry is provided to the Registry from a number of registered pathology laboratories throughout Western Australia. To this end the data has not been validated with respects to the Gleason grading score. However, All Australian cancer registries are members of the International Association of Cancer Registries (IACR) based at the International Agency for Research in Cancer (IARC) Lyon, France and have satisfied essential criteria for data quality. (Giles & Thursfield, 2004).

When the analyses was restricted to ‘aggressive prostate cancer cases’ who served in Vietnam (n = 13) the results were very similar. Please refer to the in text comment (results section paragraph 2, last sentence) stating the similar results OR 2.09;(CI.79-5.40).

Point 2.
In response to Medical care of Veterans, the following paragraph has been added to the paper (11th paragraph in the discussion section);

In Australia the Department of Veterans Affairs (DVA) is responsible for providing health care to Australian veterans, including veterans who served in Vietnam. Prior to the mid 1990’s Australian Vietnam veterans received most of their health care in hospitals that were government owned and operated. The veterans’ health scheme now funds, rather than provides directly treatment by general practitioners, specialists, hospitals and allied health providers. Some co-payments are required for high end dental and optical treatment. Essentially veterans have access to health services that represent the best mix for an individuals’ circumstance. Veteran status should not represent any distinct access or financial advantage over the general population in Australia who have access to a health care system which is a public-private mix.

In response to the level of screening the following has been added to the paper;

In addition, the level of screening in the Australian population is an area of interest to note. In the early 1990s the incidence of prostate cancer dramatically increased after the
introduction of widespread use of prostate-specific antigen (PSA) testing became fashionable in Australia.\cite{12,13,14} These increases may have had an affect on the reporting of family history of prostate cancer.\cite{14} There is no available information on whether Vietnam veterans have different behaviours with respect to screening for prostate cancer. There was some publicity in the lay press regarding the risk of prostate cancer in Vietnam veterans just before this study commenced so it is possible that more screen-detected cancers were found in this group.

However, the odds ratio for aggressive cancer only was very similar to the overall odds ratio, suggesting that there is a real increase in risk of cancer in this group, not just a increase in detection.

We did ask the participants of this study the following: Can you recall ever having a test for prostate cancer? When was your first test for prostate cancer? Which tests did you have? Although we knew if the participant had had a test, unfortunately we could not reliably determine if the test was used as a screening or a diagnostic tool.

**Point 3.**
Please see the additional comments in the manuscript under limitations of this study that states that the low response rates are consistent with other similar studies on Australian men and prostate cancer. Furthermore, we acknowledge that the generalisability of the study findings are limited in view of low response rates.

We are unable to carry out sub-group analyses in this study because of the small number of Vietnam veterans (n=34) in this study.

**Specific comments:**
Length of deployment in Vietnam was collected. We have included this data in response to the reviewers comments. Of the 25 cases deployed in Vietnam 14 spent less than 11 months deployed in Vietnam and the remaining 11 spent 12 months or more deployed in Vietnam. Odds ratios were higher for those with shorter deployments but the confidence intervals were extremely wide so we have not included the data in the text.

(\text{Less than 12 mths in Vietnam, OR 4.30 95\%CI 0.885-20.91; 12 months or more in Vietnam OR 1.12 95\%CI 0.29-4.32})

No other military exposures were collected from the participants in this study. In addition we were unable to find prevalence data on Vietnam veterans in Western Australia that would allow us to carry out an evaluation of the prevalence of exposures in the control group.

**Reviewer’s Report – Martha Terris**
**Discretionary Revisions**
There is no strong financial motivation or penalty for individuals claiming Vietnam veteran status. The veterans’ health care system parallels and duplicates the access to universal health care that the Australian public hospital system provides.

Finally, please note as per your request I have changed the title of the manuscript to ‘Vietnam military service history and prostate cancer.’
Thank you for the opportunity to respond to the reviewers comments. I look forward to your acceptance of my manuscript in due course.

Kind regards

Justine Leavy
First author
10/02/2006

Giles, G., & Thursfield, V. 2004. ‘Cancer Statistics: Everything you wanted to know about the Cancer Registry data but were too afraid to ask,’ *ANZ Journal of Surgery* Vol. 74, no. 11, pp. 931-934

[] refer to in text references