Author's response to reviews

**Title:** Benign proliferative breast diseases among female patients at a sub-Saharan Africa tertiary hospital: A cross sectional study

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**Version:** 2 **Date:** 4 February 2013

**Author's response to reviews:** see over
The Editor in Chief  
BMC Health Services Research

Dear Editor,

MS: 1569326138842324  
Benign proliferative breast diseases among female patients at a sub Saharan Africa tertiary hospital: A cross sectional study.  
Christopher Okot, Moses Galukande, Josephat Jombwe and Dan Wamala

We have carefully reviewed the comments raised by the reviewers and we have addressed them in this new submission.

Version: 1  Date: 8 January 2013

Reviewer: Laura Collins Referee 1

Reviewer’s report:
Comments:

Major-
1. The sum of the listed benign lesions identified totals 123. Apparently 195 BPBL were found. What are the other 72 lesions? All together, women with Benign breast disease were 195 as indicated in table 2. Those with proliferative disease or lesions were were 35 out of 195. 160 were non proliferative. BPBL was a subset of fibrocystic and fibroadenomas

2. Since the prevalence of BPBL with and without atypia is a point value in this population, it is not clear why there should be 95% CIs reported. CI has been eliminated.

3. The authors should provide references for statements such as impairment of estrogen leading to the development of fibrocystic change and breast lumps and the waning of estrogen explaining the occurrence of atypia in the post menopausal period. Reference 22 and 23 have been inserted in manuscript.

4. The authors state that "almost all of the benign proliferative lesions were found in the fibrocystic change and the fibroadenoma categories." Does this mean that the 35 BPBLs are a subset of the 111 fibroadenomas and 40 fibrocystic change? If so, there are even more diagnoses not accounted for (see above comments.
#1). All diagnoses have been accounted for in table 1. The following lines have been inserted to improve clarity. Proliferative lesions were 35 and non proliferative – 160). BPBL was found in some but not all of the fibroadenoma and fibro cystic lesions. “The proliferative nature of all lesions was limited to the fibroadenoma and fibrocystic categories, 14 and 21 respectively.

5. The numbers in the BPBL with and without hormonal therapy are rather too small to be making inferences from this study about the influence of hormones on BPBL. Inferences restated with caveat.

Minor-
1. The authors should make clear that the diagnoses rendered are largely (?entirely) on FNA samples and not core needle or excisional biopsy samples; this may be a limitation of the study and should be discussed as such. This is included in limitation section.

2. In the discussion, the authors state that atypia is "considered to carry a two fold risk for developing breast cancer". Most of the larger reported series, such as from the Nashville group, the Nurses' Health Study and the Mayo Clinic report a four fold increase in breast cancer risk following a diagnosis of proliferative disease with atypia. References should be cited. References 17 and 18 have been included in manuscript

3. The acronym BPBD is easily confused with BPBL and should either be changed or written out in full. These are written out in full in list of abbreviations.

Level of interest: An article of limited interest
Quality of written English: Needs some language corrections before being published
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: I declare that I have no competing interests.

Reviewer: Michele L Cote Referee 2

Reviewer's report:
The manuscript by Okot et al. seeks to describe the population of female patients at a Ugandan tertiary hospital with palpable breast lumps and the results of subsequent benign biopsies. The occurrence of benign breast disease (BBD) in this population has not been well described and is an interesting question. There are several additions and clarifications that should be made to the manuscript
prior to publication, which should also include another editing for English language journal standards.

**Major Compulsory Revisions**
1. The authors need to include a section on data collection and statistical methods. For example, how was parity (low/high) categorized? Was contraceptive use current or past? Define chronic drug use. Were these variables collected during an interview, or from medical records?

   **The section has been included in methods section**

Other study variables included use of contraceptives (ever used), Body Mass Index (BMI), Parity, chronic drug use, menarche, menopausal status, family history of breast cancer. These data were collected prospectively using a pretest questionnaire in a face to face interview. Parity low (1-2) and high (> 3).

Chronic drug use was any medicines in regular use for chronic conditions and included anti hypertensive, HAART, anti-tuberculosis medicines and bronchodilators.

2. How were the p-values calculated? For cells with very small (or zero) numbers, it may not be a valid test. **P values for cell with zero has been omitted**

3. Tables 1 and 2 should be referenced in the results section. **The tables are now referenced in manuscript**

4. Missing data should be described in Table 1—BMI appears to be missing for the majority of women. In addition, there are missing values in the chronic drug use rows in Table 1. **This is now corrected, was transcription error.**

<table>
<thead>
<tr>
<th>BMI (kg/m²)</th>
<th>&lt;18.5</th>
<th>16</th>
<th>3(19)</th>
<th>13(81)</th>
<th>0.194</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.5-24.9</td>
<td>142</td>
<td>6(4)</td>
<td>136(96)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-29.9</td>
<td>29</td>
<td>7(24)</td>
<td>22(76)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30+</td>
<td>8</td>
<td>7(88)</td>
<td>1(12)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. The second to last sentence on page 4 should be referenced. **This is now referenced (17, 18)**

**Discretionary Revisions**
6. Cumulative frequency in Table 2 is not especially helpful. It might be of more interest to stratify these data by menopausal status or parity. **This column of Cumulative frequency has been eliminated**

**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, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.

Your positive response to consider publication of this manuscript will be highly appreciated.

Sincerely,

**Moses Galukande**
Corresponding author