Author's response to reviews

Title: Australian Clinicians And Chemoprevention For Women At High Familial Risk For Breast Cancer

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Author's response to reviews: see over
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To the Hereditary Cancer in Clinical Practice Editorial Team,

Thank you for your email requesting that we address the reviewers’ comments on our paper, \textit{Australian Clinicians And Chemoprevention For Women At High Familial Risk For Breast Cancer}.

Please find below a point-by-point response to the concerns raised by Reviewer 1 and Reviewer 2. The revised manuscript is attached.

We look forward to hearing from you regarding this manuscript.

**Reviewer 1**

1) \textit{Say in abstract we are referring to tamoxifen and raloxifene}
   This has been added to line 3 of the results section of the abstract

2) \textit{Might discuss tamoxifen versus raloxifene in discussion}
   There is already a discussion of tamoxifen versus raloxifene in the introduction.
   We feel that adding this to the discussion would be repetitive

3) \textit{In abstract need to say who clinicians were}
   We have added a description of the clinician types in the first 2 lines of the results section of the abstract

4) \textit{In methods need to describe the clinicians in greater detail with regards to specialisation etc.}
   Details of the different specialty types have been added to lines 3 and 4 of the 1\textsuperscript{st} paragraph of the methods

5) \textit{Don’t abbreviate BC for breast cancer}
   This has been corrected throughout the manuscript

**Reviewer 2**

1) \textit{To help frame this issue…….}
   A paragraph (3\textsuperscript{rd} paragraph of the introduction) has been added which reviews the data from Narod’s group and by King, as well as the data on efficacy of tamoxifen post BSO. The article by Keating has been referred to in paragraph 4 of the introduction.

2) \textit{It would be helpful…..Were the geneticists in fact non-physicians or were they PhDs?……It would be interesting to include a quote from the genetic counsellors}
The geneticists were physicians rather than scientists, so this has been clarified by now referring to them as “clinical geneticists” rather than “geneticists” throughout the manuscript. A quote from a genetic counsellor has now been included in Table 2 and referred to in the text.

3) The issues are different between BRCA1/2 carriers and women at increased risk owing to their family history....
Three lines have been added to the top of page 15 to address this a little more clearly.

Yours Sincerely,

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