Author’s response to reviews

Title: The Effect of Knowledge on uptake of Breast Cancer Prevention Modalities among Women in Kyadondo County, Uganda.

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Author’s response to reviews:

KAMPALA-UGANDA.


Dr. Matthew Soeberg
Editor,
BMC Public Health,

Dear Sir,

Response to the Reviewers Comments for the manuscript PUBH-D-17-03217 titled: ‘The Effect of Knowledge on adoption of Breast Cancer Prevention Modalities among Women in Kyadondo County, Uganda’.

Reviewer 1: Kingsley Chukwunonso AGU, BSc, MSc, PhD
Generally, the reviewer comments are positive and a case by case response is given as below;

1. Comment 1: Abstract: word count is 294; adequate but should be trimmed down to 250 words.

Response: This has been done in light of major features. Adjustments made in form of deletions and insertions are highlighted on page 1, lines 6 to 24; and page 2, lines 1 to 5. The current word count is 240.

There is a disconnection between these two statements of the abstract: Breast cancer, the third most frequent cancer of women is preventable through knowledge on breast self-examination. This is attributable to the HIV epidemic and low breast cancer literacy, mainly among patients as young as 18 years.

Response: Page 2, lines 7 and 8, adjustments have been made to address this.

2. Comment 2: Background: Adequate. The first paragraph, i.e. Breast cancer is the third commonest cancer after cervical cancer and Kaposi sarcoma, needs more references for justification.

Response: This has been done, as indicated on page 3, line 9. The new references have as well been included in the reference list and respective adjustments have been made all through the write up.

The reference pattern in the statement may need revision; According to Samarya, breast cancer accounts for 16% of cancer deaths in adult women, and is regarded as 6 a major life threat requiring prompt intervention [2].

Response: As advised, page 3, lines 15 to 16 have been revised to correct errors in the references.

The authors were able to emphasize on the growing statistics of breast cancer in Uganda, but they have not been able to address the likely scientific causes of this rise.

Response: Page 3, lines 16 to 19, the likely scientific causes of breast cancer have been mentioned, and respective references indicated to support our scientific basis.
3. Comment 3: Methods: Adequate. Thank you

4. Comment 4: Results: Adequate. Thank you

5. Comment 5: Discussion: Adequate. Line 9 of page 8, (rs=.316, the decimal point should be addressed.

Response: Page 10, line 21, this has been taken care of.

6. Comment 6: References: Adequate but should be validate prior to acceptance for publication. The reference journals should be spelt in full, not abbreviated and some of the punctuations are not consistent. There observed wrong usage of punctuations in the body text; the authors should address this.

Response: References as indicated on pages 14 to 16 have been revisited, and the advised changes have been effected. More references to the statement have been added, changes effected accordingly. All punctuations in the write up have been revised and changes made appropriately. Thank you

Final verdict: Should be accepted for publication pending attention to above comments by the authors. This is a positive consideration, we are grateful for the reviewers decision. Thank you.

Reviewer 2; Leopold NdemngeAminde, M.D.

This reviewer has highlighted a number of comments. The authors have made an attempt to respond to them and their response is as given below;
Comment 1: General: The title might be modified slightly by changing ‘adoption’ to ‘uptake’

Response: This modification in the heading has been effected.

Abstract: In the background, it is not clear what link authors make with HIV epidemic and breast cancer. Consider rephrasing or delete statement.

Response: The HIV statement has been deleted.

Methods need to be reworded especially around statistics.

Response: As indicated in the methods section, revisions have been made to sufficiently address the gap.

Results can benefit from better structuring.

Response: As advised, the results section has been amiably adjusted to suit the proposed modifications. Thank you.

Major issues

1. Comment 1: Background

The literature review for the background seems thin and the paper might benefit from more appraisal of literature (in coherent manner) to set the scene for the gaps addressed in their study.

Response: The reviewer’s proposition has been positively considered. The study topic is not new, however, it remains under jeopardy as there is paucity of data on this. For the authors to better this study, we have done our best to search and utilize the available literature, as evidenced on pages 3 and 4.

2. Comment 2: Methods

a) Sampling;
- Can authors clarify their choice of Kyadondo county? Further clarification should be provided on what basis 10 villages were selected out of the 10-20 villages in each cluster. This also applies to selection of households, please clarify your selection/inclusion process.

Response: The above raised comment has been addressed, as seen on pages 4 and 5.

-Was probability proportional to the size method contemplated? Authors should clearly highlight how selection bias was minimized and or consider discussing in the limitation section.

Response: Yes, this was proportional, and we hope it reduced on the bias. On page 5, lines 4 to 6, an explanation regarding how selection bias was minimized have been given. Additionally, under study limitation, it has been indicated that this study could have experienced selection bias of some sort.

b) Questionnaire and data collection;

- There is no information provided regarding data collection tool used and variables (with their definitions were appropriate) collected.

Response: On page 5, lines 13 to 22, these have been attended to. Thank you.

- Was this an interviewer-administered or self-administered tool? Please mention and discuss the potential limitation of using the former (interviewer bias), and for the latter, comment on the educational level of participants and their ability to comprehend. Highlight those limitations where necessary in the discussion.

Response: As indicated on page 5, line 18, we used an-interviewer administered question, and its limitation has been discussed on page 13, lines 1 and 2.

- How was the tool developed? Was it a previously validated tool? If not, how was validity ascertained?
Response: The tool was developed from the existing literature. As this was not previously validated, we ascertained its validity by pre-testing and changes were effected accordingly to meet the standard. Internal validity was ensured by analysis of only completed questionnaires.

- On what population was pre-testing done and were these included in the final study sample?

Response: Pre-testing was done on thirty women in Kisugu, Nakawa division, a peri-urban set up, almost similar to Kyadondo county. However, this population was not included for the final sample size as it was a validation exercise. This has been reflected in the write up, page 5, lines 17 to 19.

- What do you refer to as breast cancer prevention modalities? These need to be clearly defined in the methods section for better understanding of the results presented.

Response: These were the dependent variable that included self and clinical breast examinations, and ultrasound. These impacted on the independent variables that are background characteristics, knowledge based factors and lifestyle factors. These have been defined on page 5, lines 21 to 23.

- How was breast cancer knowledge assessed, quantified and or categorized? This needs to be clearly defined as well.

Response: We made an assessment of breast cancer knowledge based on the respondents ability to answer Knowledge of breast cancer was assessed based on the questions that sought to assess women awareness of breast cancer, knew someone that had breast cancer, knew what increases the chances of breast cancer, knew what to do in order to reduce the risk of acquiring breast cancer, knew what to do to discover breast cancer early that is by going for regular check-ups, knew how to check their own breasts for lumps, women had been examined by a health worker, had done an ultrasound or had a mammography done prior to the study and those able to recognize breast cancer signs like discharge from the breast nipple, swelling of the breast among others. The quantification was done as a proportion of the total sample size. This has been indicated on page 6, lines 1 to 8.

c) Statistics
-Nothing is said about statistical analysis used in the methods section of the paper. The abstract and results sections purport that regression analysis were done. It is not clear what are the dependent and independent variables, the rationale for inclusion of variables in the supposed multivariate model and considerations to control for cofounding.

Response: Thank you for this. On page 6, lines 10 to 17 have been revised, and changes made to effectively address this.

3. Comment 3: Results

-What was the response rate in this survey? How many women were approached and how many consented and were included in the study?

Response: Under the result section, page 7, it is indicated that Only 414 subjects were adopted in the study, (that is 85.5% of those who had consent and had complete questionnaires.

-Overall, the results are poorly presented and too lengthy (wordy). Lots of irrelevant information highlighted. The result section should be more focused and in line with your study objectives.

Response: Section 4, page 7, the results have been refined and answered according to the study objectives. Thank you.

- It may benefit from structuring with the following proposed sub-headings; e.g. General characteristics of the study population, breast cancer knowledge of study participants, association between knowledge and uptake of prevention practices, etc.

Response: This has been well adhered to. Thank you for the guidance.

- Table 2 should indicate reference categories for better appreciation, and it seems better to present 2 decimal places for the O.Rs and their confidence intervals. Currently seems a bit cumbersome.

- Response: These adjustments have been effected.
4. Comment 4: Discussion

-This should ideally begin by highlighting the key findings of the study before comparing and contrasting with other literature.

Response: As indicated on page 10, lines 15 to 22, this change have been effected.

-Author should consider explicitly discussing the limitations of their study.

Response: On page 13, lines 5 to 11, study limitations have been included as well.

5. Comment 5: Conclusion

In its current form, the conclusion seems very thin and doesn’t clearly summarize the key take-home message from the study.

Response: As indicated on page 13, lines 12 to 17, conclusions have been re-phrased to capture and make clear the take home message.

6. Overall: There are a number of spelling and sentence structure errors which make comprehension of the paper onerous. Paper would be benefit from further language editing by a native English speaker. Consider discussing the study limitations as well.

Thank you for the concerns, these have been looked into, I am hopeful you find the paper much better.

It is a great opportunity to spend your valuable time improving this work through very constructive comments as suggested by the two reviewers. As advised, the checked with the online comments and i affirm that all queries raised have been addressed. Once again, i am grateful for your effort, and i look forward to have this paper published and impact on our community cancer awareness drive.
Sincerely yours,

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