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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_15449
Title of the Manuscript:	ASSESSMENT OF BREAST CANCER SCREENING PRACTICES AMONG WOMEN OF REPRODUCTIVE AGE IN BENIN CITY, EDO STATE
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	This is an interesting manuscript covering an important topic. The section on patient knowledge about breast cancer is not clear, either in the methodology or in the results section. More detail must be given on how the questions were asked, what the answers specifically meant, and how the authors come to the conclusion that patient knowledge was deficient. Table 1 needs to be completely re-done in this respect as well. Does the 4.1% rate for keeping money in bra mean that the patient knows that is not a risk factor, or thinks that it is? This confusion is true for each of the factors listed. The table needs to be re-done to better reflect the substance of the data, but we also need more information on how the questionnaire was structured – to better understand its validity and potential ambiguities. In the developed world, breast cancer screening begins at age 40 at the earliest. As the authors note the age distribution in the developing world is younger, though the reasons for this are unclear. Many women interviewed in this study are under 30 yrs of age- should they be aware, or be self screened or screened by healthcare providers? What should the expectation be for women in these age groups – the authors should speak to this directly. In addition the authors need to speak directly to the relative roles of SBE, CBE and mammography – again delineating what they think are	Knowledge of breast cancer was assessed using a 23 point scoring system involving questions on breast cancer risk factors, presentations, persons to carry out breast screening and benefit of breast cancer screening. A point score of 1 for every correct response and 0 for incorrect responses making a total of 23 points. Knowledge was then categorized for points "16-23" as good, "1-15" as poor and "0" as no knowledge. Table 1 has been reviewed with a note that responses such as putting money in bra, continuous wearing of bra etc were inserted into the list of risk factors as distractors and are actually incorrect risk factors which were taken note of in the computation and categorization of respondents knowledge. In relation to the age group of respondents this has been addressed as the study was health facility based involving visit to the immunization clinic.... This category of respondents are more likely to be nursing mothers and visit immunization clinic also in addition to the fact that breast cancer occur earlier in developing countries.... This study involving this category of respondents is apt as breast cancer knowledge for improved cost effective breast cancer screening uptake



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	the appropriate roles of these interventions for patients of various ages. In lines 62-64 the authors quote the ACS recommendations, but they are not specific for this setting or age distribution.	
<u>Minor</u> REVISION comments	Breast cancer awareness and screening are only important if there is accessible and affordable breast cancer care readily at hand. Is this the case here? The authors need to be clear what is available and whether all patients have affordable access. Should CSE be CBE on line 63?	involving this category of respondents can address the problem of late presentation and attendant consequences. Mammography was not mentioned by respondents possibly because they were not aware of its breast cancer screening benefit, services may not be readily accessible, available nor affordable in the setting of the study CSE has been corrected to CBE on line 63
<u>Optional/General</u> comments		