



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_42635
Title of the Manuscript:	Breast Cancer Knowledge and Screening Uptake among Female Secondary Schools Teachers in Owerri, Nigeria.
Type of the 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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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)
Compulsory REVISION comments	The background should also include data on stage at diagnosis and breast cancer mortality because as screening increases so will incidence particularly in a screening naïve population. The variables should be fully described in the methodology such as awareness and the variables on the questionnaire should have been defined. Line 68 – It is also possible for a breast cancer to develop in between each three yearly mammogram - not sure what this is stating??? Line 141, Although it is not described, it seems that several questionnaires may have been combined to form the study questionnaire, this should be described Line 156, the $p < 0.05$ instead of $\leq$ The response rate should be reported Line 160, mean age is described as 39.1 ± 9.1 (why this range?) Table 1 and Table 3 – There are several small numbers presented, this causes issues with confidentiality and anonymity, it would not be difficult to determine the identity of these individuals; suppression rules must to be implemented. It does not seem that there was any adjustment for inaccurate knowledge, for example line 68 suggest that most respondents indicated that breast cancer is a disease of young girls (which is not the case), Was there an adjustment in the scoring? How was young girls defined? How was old women defined?. Figure 2 - Line 184 – The denominator for mammography screening should be women 45 and older, not the entire sample. Was there a difference in the results between private and public schools? Line 195 – There was no significant association between level of knowledge and the practice of BSE, CBE or mammography, this may indicate a lack of sensitivity of the tool and/or misclassification of levels of knowledge. Line 225 – did the respondents indicate that there was a lack of computer skills? What was the timeframe for this study? What year were the data collected? ethical issues: There is little discussion regarding whether diagnostic and treatment services are readily available, it is only ethical to screen if these services are available. Beginning screening at age 35 will increase false positives, anxiety, and diagnostic costs.	
Minor REVISION comments	Line 20 – About 23690.1% needs to be corrected Should cite a more recent source for the ACS guidelines and include women age 55+ “and	



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	life expectancy is 10+ years" Line 87 – obtainable cancers?	
<u>Optional/General</u> comments	This study does demonstrate that there is likely a lack of knowledge regarding breast cancer in this population. However, the questionnaire may not have been valid to accurately define the knowledge levels. There are several typos and this manuscript would greatly benefit from an English review and editing.	

Reviewer Details:

Name:	<i>Sherri Homan</i>
Department, University & Country	<i>Sinclair School of Nursing, University of Missouri, Columbia, USA</i>