

(2) 41953-Answering Reviewers

#1

Reviewer's code: 00742121

Reviewer's country: Greece

1. Abstract, Methods: The total number and age distribution of participants should be provided (see further comments below). Abstract, Methods: The number of participants in (a) clinically relevant age subgroups or preferably (b) clinically relevant decades should be provided; (a) e.g. "very young women" (i.e. <30 years old) or "young women" (< 40 years old) or "premenopausal vs. postmenopausal women" (<50 vs. >50 years old); (b) women <30 years old, 30-40 years old, 40-50 years old, 50-60 years old, 60-70 years old and >70 years old.
 - ⇒ The total number and age distribution of participants are provided in the 'Demography' part in the main text and also in table 1.
 - ⇒ The age groups are divided according to clinical relevance. A subgroup analysis of 18 to 30, 31 to 45, 46 to 60 is performed. Age 18-30 being very young women, age 31-45 being young women who are at child-bearing age, age 46-60 being middle-aged women, and age 61 or above is old age.
2. Abstract, Results, line 60: "majority" should be replaced by a precise number.
 - ⇒ Percentage is added after "majority" (now line 86). Percentage is added after the word "majority" in the Main text.
3. Abstract, Results: Results should be provided in a consistent manner (e.g. percentage of women) in different age groups and possibly the total number of participants (not just in the whole sample).
 - ⇒ All percentages in the abstract have a denominator of 1,000, i.e. all the participants of the survey
4. Abstract, Results, line 67 and 68: The chi-square test results should be omitted; only the p-values should be provided.
 - ⇒ Abstract, Results, line 67 and 68 (now line 92 and 93), the chi-square test results are omitted; only the χ^2 -test and p-values are provided
5. Abstract, Conclusion: This subsection is very vague. Concrete conclusions

should be provided.

⇒ Abstract, Conclusion (lines 104 to 106) is revised

6. Abstract, Conclusion, line 80: The authors use vaguely the verb “differ”; how do the age groups differ from one another; in what terms do they differ?

⇒ Abstract, Conclusion (lines 104 to 106) is revised

7. Abstract, Conclusion, line 81: As mentioned earlier, the dichotomous division in women younger and older than 60 years of age is not clinically relevant and it should be changed accordingly.

⇒ The age groups are revised according to clinical relevance.

8. Main text, Introduction, line 107: The authors mention vaguely some “lifestyle factors”; they should be more precise (which lifestyle factors?).

⇒ Examples of lifestyle factors “such as increased body mass index and weight gain in postmenopausal women and drinking” are added to line 142-144.

9. Main text, Materials and Methods: This section is well written.

⇒ Thank you

10. Main text, Materials and Methods, lines 222-223: The authors should explain the rationale for dividing participants into two groups of women, younger and older than 60 years of age.

⇒ The age groups are revised

⇒ All demographic factors: age, residing district, education level, family income, employment status are tested for their association with breast cancer awareness, perception and screening practice.

11. Main text, Results, lines 227-228: The authors state that “A total of 16,903 telephone numbers were sampled and among these 15,172 were invalid numbers”. This is really confusing and it should be explained in this section and discussed in the Discussion section (probably together with other weaknesses of the study).

⇒ The lines are rephrased as “A total of 1,731 numbers were sampled and among these 1,000 subjects were successfully interviewed.” (line 271-273)

12. Main text, Results: As already mentioned Results should be provided in a consistent manner (e.g. percentage of women) in different age groups and possibly the total number of participants. Please revise extensively.
- ⇒ All percentages in the main text have a denominator of 1,000, i.e. all the participants of the survey. Except in lines 400-407, the percentages represent the 61.8% of the respondents who never had an MMG.
13. Main text, Results, line 330 and lines 350-352: Breast self-examination is no longer clinically relevant; given that it leads to over-diagnosis (especially in younger age groups), it has been abandoned in most countries, and it has been replaced by “breast awareness”, i.e. the main outcome of the questionnaire used in this study. Hence, it was really unfortunate that the authors modified the UK tool, by adding questions regarding breast self-examination; please revise accordingly.
- ⇒ The question presented in the Main text, Results line 330 and lines 350-352 (now 380-385) is from the original UK Breast CAM. It is question 3a “How often do you check your breasts?”. This question is translated into Chinese, and interpreted in the Result as breast self-exam (BSE) because the answers in the original questions are “rarely or never”, “at least once every 6 months”, “at least once a month” or “at least once a week”.
- ⇒ Detailed discussion of the clinical relevance of BSE is added in the Main text, Discussion, line 512 to 530.
14. Main text, Discussion: In the first seven paragraphs of this section, the results of this study have been merely repeated, with virtually no discussion in relation to the findings of previous studies; only in the 5th paragraph, the authors do really discuss their findings regarding breast cancer and age with the increasing incidence of breast cancer with increasing age, according to previous studies (references 26-30). Please revise extensively.
- ⇒ The Main text, Discussion has been revised extensively. There is substantially more discussion on the possible causes of the survey result, and comparison with other studies.
15. Main text, Discussion, lines 458-465: The subsection entitled “Comparison to UK Breast-CAM” should be omitted and its content should be discussed

in association with the findings of the present study (see previous comment).

⇒ The subsection title “Comparison to UK Breast-CAM” is deleted and the relevant content is discussed in association with the findings of the present study.

16. Main text, Discussion, line 470: The authors mention some “other population-based surveys”; they should be more precise (which surveys?).

⇒ The sentence is changed to “The response rate was 57.8%, which is acceptable.” (line 552-553)

17. Main text, Conclusion: As with the relevant subsection of the Abstract, this section is very vague and firm conclusions should be provided.

⇒ The conclusion is revised.

18. Tables: The tables should be revised according to the previous comments; a new statistical analysis in clinically relevant age groups is needed, and subsequent findings should be provided in the tables.

⇒ Table 3 is revised and result of new age groups are presented.

19. Table 3 seems already very complex for the average reader and it should be probably divided in two other tables.

⇒ Selected result of table 3 is presented, and the result is split into table 3 and 4.

20. Finally, some Figures should be provided showing diagrammatically the main findings of this study

⇒ No figure is added as the tables are good enough to explain the text.

#2

Reviewer’s code: 03259512

Reviewer’s country: Australia

1. Minor English editing is required. For instance, line 209 “..the survey questions was rearranged” should be corrected to “..the survey questions were rearranged...”. 2. Some words are missing, for instance: Line 494: “... year-old were better...” should be “ ... year-old women were better...” 3.

Line 436: “..median age of breast cancer patients was 51.0 in Hong Kong...”.

⇒ The English in the manuscript is edited.

2. This data was not properly discussed and no suggestion was indicated why that actually observed. It looks like younger women are more informed and aware of the breast cancer screening. However, how much younger? Maybe the age group from 18 till 45, but the 45-55 is not that well informed. That possibility should be tested specifically/ or addressed in the discussion section in more details.

⇒ The age group analysis for age 18 to 30, 31 to 45, 46 to 60, and 61 or above is performed

⇒ The result is discussed and suggestion on the observed survey result is added in the Result part.

3. Considering that the median age of Hong Kong women is 51 for breast cancer, I suggest to add another column in the table #2 and compare those in the age group 45-55 with those who is older than 60 and younger than 45. Or at least suggest that this group (45-55yo) of women should be specifically aimed in the future studies.

⇒ A subgroup analysis of 46 to 60 is performed

#3

Reviewer's code: 00468686

Reviewer's country: Turkey

1. There are only some minor typos to be corrected.

⇒ The English and typos in the manuscript are edited.