

Dear Dr. Lu,

We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 69086, Observational Study) basically meet the publishing requirements of the World Journal of Clinical Cases. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision.

Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers' comments, the quality of the revised manuscript, and the relevant documents.

Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.

1 MANUSCRIPT REVISION DEADLINE

We request that you submit your revision in no more than 14 days. Please note that you have only two chances for revising the manuscript.

2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT

Please login to the F6Publishing system at <https://www.f6publishing.com> by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If

you choose not to revise your manuscript, please click on the “Decline” button, and the manuscript will be WITHDRAWN.

3 SCIENTIFIC QUALITY

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Author responses

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Did the researcher take into account whether the participants in the questionnaire are urban or from the countryside because this will affect their information even if they are university students

Author response: Thank you for this comment. Yes, we aimed to compare and contrast university students who were from urban and countryside areas.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: The authors did a survey in young Chinese

students on awareness and information status on breast cancer. The study has potential. Still, even though there was a language editing the used service was not qualified to help in scientific papers. This needs to be redone by a really qualified service with native English speaking people. Apart from language, the study provides interesting data. What must be fixed for content:

1. Authors did mention incredibly high incidence rates of breast cancer for young women – this should be checked and more references need to be included to verify that – but I guess the numbers are too high.

2. Authors need to include more content on hereditary breast cancer – they need to try to evaluate the survey for differences in the studied population with family history of breast cancer and such without that family history. This should lead to more relevant results.

Author response: We fully understand and agree with the reviewer's concern. We have revised the manuscript accordingly and aim to perform this type of investigation as part of our future work.

3. For sure rate of breast cancer did not change in human population during last years. Only detection rates may have been changed – parts of the paper, which seem to refer to increased rates of breast cancer must be changed accordingly.

For the questions to answer by the reviewer:

1 Title. Should read as Knowledge, attitude, practice and influential factors of college students with regards to breast cancer

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

2 Abstract. Abstract is not written in clear English and needs to be rewritten – results are not understandable yet

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

3 Key words. Can be improved

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

4 Background. Focus is too much on China and hereditary percentage of BC is not clearly given and outlined for its meaning

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

5 Methods.

yes – but my statistics expertise is not that high.

6 Results. Research is worth studying and led to interesting results

7 Discussion. Must be better structured and needs language adjustment to better understand

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

8 Illustrations and tables. ok

9 Biostatistics. Unable to evaluate

10 Units. yes

11 References. Must be included more international papers – yet too many Chinese and pure Chona oriented papers are included.

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

12 Quality of manuscript organization and presentation. Must be improved

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

13 Research methods and reporting. Unable to evaluate

14 Ethics statements. Seems to be ok

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

The basic rules on abbreviations are provided here:

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure

Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

Author response: Thank you for this comment. We fully agree and have revised the manuscript accordingly.

Re-Reviewer:

Comments:

acc. to <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2894028/> the rate of young women with breast cancer is ~7% ; this number should be used and not the 5-13% of Ref 12.

Response: Thank you. I have changed the rate of young women with breast cancer to 7% as requested; I have also changed Reference 12.

it must be at least mentioned introduction that early onset of breast cancer can be a hint on a familial case of breast cancer.

Response: Thank you, I have added this information to the introduction.

it must be discussed that familial cases of breast cancer change the KAP values in women from affected families compared to unaffected ones and that this was not considered in the present study.

Response: Thank you, I have added this information to the discussion.