**Manuscript evaluation guidelines**

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| **Title:** | SCREENING FOR BREAST CANCER IN INDIAN WOMEN: A PERSONAL PERSPECTIVE |
| **1. *Importance of the paper*             Does it address issues relevant to the fields of bioethics and medical ethics in the developing countries?** | Yes |
| **2. *Is it topical?*             Is the issue discussed from another country's/culture perspective?             Will it influence practice or policy?             Is it too specialized for the journal?** | No  Can potentially add to the ethical debate  No |
| **3. *Originality*             Is the information /comment new?**  **Is there any likelihood of plagiarism?** | An attempt to put existing information in present day circumstances in the country  Minimal (~<5%), but present. One to two portions have text that is exactly the same as that of the referred article, but without quotes. |
| **4. *Conclusions*            Is the interpretation warranted, unwarranted, well developed?             Does the article contain loose generalisations?**  **Are there any important omissions?** | The interpretations need to be developed further  The almost one-sided debate does not do enough to lay bare the ethical dilemmas involved. If we do not have mass screening, what is the potential harm? Which harm is greater? |
| **5. *Other comments*** |  |
| **6. *Recommendation*   Accept as is   Accept with modifications (specify)   - style**  **- substance** | Modifications to substance needed |
| **7*. Separate comments for the author*** | I have added several specific comments within the manuscript. Overall, I have a few general comments:   1. The topic is very relevant to public health in India as well as global health today. 2. The plane of the ethical debate is largely at the level of clinical practice – this has to be clearly mentioned. The write up does not adequately explore the epidemiological, health system and policy angles and ethics at these levels. 3. Some pertinent questions raised in the western literature cited have not been dwelt upon adequately – benefits of screening in the form of increased survival are probably offset by better treatment facilities. This statement has to be understood at the population level – we are talking averages and we are talking about western health systems. The situation of developing countries is likely to be different. 4. Assessments of screening programmes need to look at clinical goals and health economic goals; the write up attempts both – it is commendable. But commenting on the latter requires an expertise different from that of the former, and it is clearly limited in this paper. Comment on economic aspects need to be made with caution rather than conviction. The comments can actually be substantiated by papers that are available. [e.g. Pharoah Paul D P, Sewell Bernadette, Fitzsimmons Deborah, Bennett Hayley S, Pashayan Nora. Cost effectiveness of the NHS breast screening programme: life table model BMJ 2013; 346 :f2618] 5. One to two portions have text that is exactly the same as that of the referred article – these have been highlighted. Kindly ensure that this is minimal, or properly acknowledged within quotes, to avoid plagiarism, even if inadvertent. |

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N.B. **Please let us know whether you would like your name to be published as a reviewer of the manuscript.This is optional.** I do not mind having my name as reviewer on the manuscript.

1. benefit-risk balance of screening, in the context of resource poor countries.

The lead time bias (actual disease might not appear for many years from the point of mammographic diagnosis, over diagnosis (diagnosis of pathologies which may not produce any symptoms) and unnecessary procedures with added emotional burden are the various risks of screening which are well documented but these analysis are inadequate because of variability in tools and frequency of screening as well as the age group affecting the yield of the tool. Following are the articles which evaluate this question very well.

<https://apps.who.int/iris/bitstream/handle/10665/137339/9789241507936_eng.pdf;jsessionid=4C40320415DCE74338E826B4B49FBB87?sequence=1>

Benefits and harms of mammography screening <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4415291/>

Mammography screening in less developed countries  <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4627993/>

2. What ought to be the ethical strategy at a clinical level for prevention of breast cancer in the context of a resource poor country?

We need studies evaluating the clinical examination as a tool, as per recommendation of WHO, in resource poor environments. There are no well organized studies in this area, and current trend of mass screening with mammography draining the resources in a situation where treatment is denied because of lack of access and resources, cannot be ethically justified. Screening of high risk population i.e. those with positive family history or genetic predisposition, with mammography is being justified by world literature but this again requires studies based on population like ours. The author of the manuscript is in favor of this cohort being screened.

An interesting article on Pink ribbon campaign <https://eluxemagazine.com/magazine/pink-ribbon-scandal-a-campaign-of-neglect/>

There are clearly ethical issues in using screening as a tool in isolation, without being able to provide treatment to those who are flagged by the screening process. This would be an angle that the manuscript could further expand upon.

The challenge is to make a moral argument for forgoing a potentially available screening process because the state cannot provide treatment to those who test positive. Embedding equity throughout the breast cancer care continuum (in quality and access) should be the real focus moving forward —<http://www.wellesleyinstitute.com/health/focusing-on-equity-in-breast-cancer-car>. One would have liked this manuscript to expand in this area.