

Editor/Author Correspondence

Ed [DELETE](#)

ito Subject: [IJPHS] Editor Decision

r The following message is being delivered on behalf of International Journal of Public
202 Health Science (IJPHS).

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09: Dear Prof/Dr/Mr/Mrs: Solikhah Solikhah,

15

A We have reached a decision regarding your submission entitled "Hormonal contraceptive
M use and risk of breast cancer among women in Indonesia: a nationwide study" to
International Journal of Public Health Science (IJPHS), a peer-reviewed and an OPEN
ACCESS journal that makes significant contributions to major areas of public health
science.

Our decision is revisions required.

The goal of your revised paper is to describe novel technical results.

A high quality paper MUST has:

- (1) a clear statement of the problem the paper is addressing --> explain in "Introduction" section
- (2) the proposed solution(s)/method(s)/approach(es)/framework(s)/
- (3) results achieved. It describes clearly what has been done before on the problem, and what is new.

In preparing your revised paper, you should pay attention to:

1. Please ensure that: all references have been cited in your text; Each citation should be written in the order of appearance in the text; The references must be presented in numbering and CITATION ORDER is SEQUENTIAL [1], [2], [3], [4],

Please download & study our published papers for your references:

- <http://ijphs.iaescore.com>
- <http://ijere.iaescore.com>
- <http://journal.uad.ac.id/index.php/edulearn>
- <http://iaescore.com/journals> (other journals)

(Please use "Search" menu under "JOURNAL CONTENT" menu in right side of the site)

2 An Introduction should contain the following three (3) parts:

- Background: Authors have to make clear what the context is. Ideally, authors should give an idea of the state-of-the art of the field the report is about.

- The Problem: If there was no problem, there would be no reason for writing a manuscript, and definitely no reason for reading it. So, please tell readers why they should proceed reading. Experience shows that for this part a few lines are often sufficient.

- The Proposed Solution: Now and only now! - authors may outline the contribution of the manuscript. Here authors have to make sure readers point out what are the novel aspects of authors work. Authors should place the paper in proper context by citing relevant papers. At least, 5 references (recently journal articles) are used in this section.

3. Results and discussion section: The presentation of results should be simple and

straightforward in style. This section report the most important findings, including results of statistical analyses as appropriate. You should present the comparison between performance of your approach and other researches. Results given in figures should not be repeated in tables. It is very important to prove that your manuscript has a significant value and not trivial.

Please submit your revised paper within 6 weeks.

I look forward for hearing from you

Thank you

Best Regards,
Dr. Lina Handayani

ijphs@iaescore.com

Update your metadata in our online system when you submit your revised paper through our online system, included:

- Authors name are presented without salutation
- Authors Name are presented Title Case (ex: Michael Lankan, and NOT written--> michael lankan or MICHAEL LANKAN). Add all authors of your paper as per your revised paper
- Title of revised paper (ex: Application of space vector , NOT --> APPLICATION OF SPACE VECTOR)
- Your abstract

Reviewer E:

Does the paper contain an original contribution to the field?:

Yes

Is the paper technically sound?:

Yes

Does the title of the paper accurately reflect the major focus contribution of this paper?:

Yes

Please suggest change of the title as appropriate within 10 words:

Hormonal contraceptive use and breast cancer among women in Indonesia: a nationwide study

Is the abstract a clear description of the paper?

:

Yes

Please suggest change of the abstract

:

Abstract need to add operational definition of hormonal contraception

Is the paper well written (clear, concise, and well organized)?:

Yes

Are the equations, figures and tables in this journal style, clear, relevant, and are the captions adequate?:

Yes

Please score the paper on a scale of 0 - 10 as per the directions below:

9-10 Excellent - Outstanding

7-8 Good

5-6 Average

3-4 Poor

0-2 Very Poor

:

6

Comments to the Authors (how to improve this paper)::

1. There are many types of hormonal contraceptives, including oral, injections, implants and IUDs that contain hormones. Researchers should explain the definition of hormonal contraceptive use. 2. Some contraceptives contain different hormones. Researchers should present more complete results regarding which types of hormonal contraception have an effect on breast cancer.

International Journal of Public Health Science (IJPHS)

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th Subject: Hormonal contraceptive use and risk of breast cancer among women in
or Indonesia: a nationwide study

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46 Responses to reviewers' comments

PM

Manuscript: 21560. Hormonal contraceptive use and risk of breast cancer among women in Indonesia: a nationwide study.

Dear Editor- International Journal of Public Health Science

We'd like to send responses to reviewer's comments for our manuscript. We completed a revised manuscript that uploaded a version of our manuscript highlighting any revisions made.

Reviewer report #1:

The risk of breast cancer and the prevalence of breast cancer are different things. From the results, the researcher presents the prevalence of breast cancer. so the title needs to be adjusted regarding the use of the term risk that is not appropriate.

Author responses #1:

Thank you for your comment. The title of this study changes with “Hormonal contraceptive use related to breast cancer among women in Indonesia: a nationwide study”.

Reviewer report #2:

There are many types of hormonal contraceptives, including oral, injections, implants and IUDs that contain hormones. Researchers should explain the definition of hormonal contraceptive use. This is very influential on the results of the study.

Author responses #2:

Thank you very much. We have added and uploaded our revised manuscript on method section.

“The variable of contraceptives method was categorized as dichotomous: a value of 0 was assigned to women using non-hormonal contraceptives namely barrier methods, tubal sterilization and copper intrauterine devices; whereas a value of 1 was assigned to women using hormonal contraceptives, namely pills, injections, hormonal-intrauterine devices, and implants”.

Reviewer report#3

Prevalence is not risk.

Author responses#3

Thank you for your comment. Based on our study was to explore the percentage of breast cancer cases during time period of this study. We have revised with highlight.

Reviewer report#4

Researchers need to clarify the results of the study, is this compared with not use contraception?

Author responses#4

Thank you for your suggestions. We have revised our manuscript with a highlight.

“...After controlling for confounders, the hormonal contraceptive use had significantly lower to have breast cancer incidence (OR_{adj}=0.10; 95% CI=0.03-0.40; p<0.05) compared to women using non-hormonal contraceptive....”

Reviewer report#5

What is the correlation of this statement with the research problem?

Author responses#5

Thank you for your kindness. We have checked and added statement to research problem. Thank you.

“Furthermore, the increasing breast cancer rate significantly contributed by the adoption of unhealthy lifestyle such as alcohol consumption, smoking, as well as obesity and less physical activity [3] [4] [5] [6], including estrogen has also been shown to be a trigger for breast cancer. Estrogen is well known as a component of hormonal contraceptive, although this hormonal contraceptives contain a single estrogen and a combination of estrogen and progestin, which is known as a hormonal birth control. Several studies on risk of using hormonal contraceptives with development of breast cancer cells has been widely carried out and the results showed inconsistencies [7] [8] [9]. Several studies

have explored which study subjects who were current user or recent user, or have a history of using any hormonal contraceptives and long-term use of oral contraceptives, but study results have shown to vary from no increased risk of breast cancer to an increase of about 20-30% [8] [9]. More importantly, a long-term use of hormonal contraception for five years or more also positively stimulated breast cancer development [10] [11]. A previous nested case-control study conducted in the Cancer Surveillance System registry in the United States demonstrated that current oral contraceptive use had elevated breast cancer risk by 50% (OR=1.5; 95% CI=1.3-1.9) [12]. According to Lovett et al (2017) [13], oral contraceptive containing levonorgestrel, norethindrone, or drospirenone were positively associated with a higher progesterin level. Progesterone and estrogen play a role in stimulating the development of mammary tumour stem cells through complex mechanisms [11] [14]. Other studies demonstrated that hormonal contraceptive containing single estrogen and or combined estrogen-progestin raise the incidence rate of breast cancer among women [12] [15] [16] [17] [18]. However, previous some studies revealed no evidence of the increased risk for breast cancer in relation to hormonal contraceptive use [19] [8] [20] [7] [9] [21] [22]. Many studies have shown the relationship between hormonal and increased risk of breast cancer, but the results of these studies are questionable. Based on previous studies that showed the pros and cons of increasing breast cancer triggered by hormonal contraceptives, this current study aimed to analyse contraceptive use and identify factors contributing to breast cancer incidence among Indonesian. Also, breast cancer is the second frequent cause of death among Indonesian, yet, knowledge about hormonal contraception and its association with breast cancer is still limited. Indonesia is a vastly populated country which runs a family planning program involving mostly women of reproductive age as one of the countries with a vast population with a family planning program that involves most women of reproductive age. The use of contraceptives is a key to supporting the program's birth planning. Furthermore, based on the data from the Indonesian Health Ministry, most of the use of contraception was administered through injections (63.7%) and pill (17%), which are composed of estrogen and progesterone.”

Reviewer report#6

Many studies related to the use of contraception with the incidence of breast cancer have been carried out, so researchers need to strengthen the novelty of this research?

Author responses#6

Thank you for your kindness. We have mentioned before in “responses no 5”. Thank you.

“Furthermore, the increasing breast cancer rate significantly contributed by the adoption of unhealthy lifestyle such as alcohol consumption, smoking, as well as obesity and less physical activity [3] [4] [5] [6], including estrogen has also been shown to be a trigger for breast cancer. Estrogen is well known as a component of hormonal contraceptive, although this hormonal contraceptives contain a single estrogen and a combination of estrogen and progestin, which is known as a hormonal birth control. Several studies on risk of using hormonal contraceptives with development of breast cancer cells has been widely carried out and the results showed inconsistencies [7] [8] [9]. Several studies have explored which study subjects who were current user or recent user, or have a history of using any hormonal contraceptives and long-term use of oral contraceptives, but study results have shown to vary from no increased risk of breast cancer to an increase of about 20-30% [8] [9]. More importantly, a long-term use of hormonal contraception for five years or more also positively stimulated breast cancer development [10] [11]. A previous nested case-control study conducted in the Cancer

Surveillance System registry in the United States demonstrated that current oral contraceptive use had elevated breast cancer risk by 50% (OR=1.5; 95% CI=1.3-1.9) [12]. According to Lovett et al (2017) [13], oral contraceptive containing levonorgestrel, norethindrone, or drospirenone were positively associated with a higher progesterin level. Progesterone and estrogen play a role in stimulating the development of mammary tumour stem cells through complex mechanisms [11] [14]. Other studies demonstrated that hormonal contraceptive containing single estrogen and or combined estrogen-progestin raise the incidence rate of breast cancer among women [12] [15] [16] [17] [18]. However, previous some studies revealed no evidence of the increased risk for breast cancer in relation to hormonal contraceptive use [19] [8] [20] [7] [9] [21] [22]. Many studies have shown the relationship between hormonal and increased risk of breast cancer, but the results of these studies are questionable. Based on previous studies that showed the pros and cons of increasing breast cancer triggered by hormonal contraceptives, this current study aimed to analyse contraceptive use and identify factors contributing to breast cancer incidence among Indonesian. Also, breast cancer is the second frequent cause of death among Indonesian, yet, knowledge about hormonal contraception and its association with breast cancer is still limited. Indonesia is a vastly populated country which runs a family planning program involving mostly women of reproductive age as one of the countries with a vast population with a family planning program that involves most women of reproductive age. The use of contraceptives is a key to supporting the program's birth planning. Furthermore, based on the data from the Indonesian Health Ministry, most of the use of contraception was administered through injections (63.7%) and pill (17%), which are composed of estrogen and progesterone.”

Reviewer report#7

Some contraceptives contain different hormones. Researchers should present more complete results regarding which types of hormonal contraception have an effect on breast cancer.

Author responses#7

Thank you for your kindness. We have added in section method.

Thank you.

“The variable of contraceptives method was categorized as dichotomous: a value of 0 was assigned to women using non-hormonal contraceptives namely barrier methods, tubal sterilization and copper intrauterine devices; whereas a value of 1 was assigned to women using hormonal contraceptives, namely pills, injections, hormonal-intrauterine devices, and implants.”

Reviewer report#8

see the guide in writing numbers and commas

Author responses#8

Thank you for your kindness. This is true because our respondents in this study was 3,505, and for written comma using dot (.). Thank you.

Reviewer report#9

?? what is hormonal birth control? Author responses#9

Author responses#8

This answering has responded in above (response no 7).

Thank you.

Reviewer report#10

Researchers must strengthen the results of this study by adding an analysis related to the types of hormonal contraception in this study and the relationship of each type of contraception to the incidence of breast cancer. Because the types of hormones contained

in contraceptives are different, some are at risk of causing breast cancer and some are not.

Author responses#10

We have relatively small cases only 0,34% of breast cancer, so this is impossible to analysis when we divided any of hormonal contraceptive regarding your suggestion. If we pose to analysis using any type of hormonal contraceptive, this case of any type of this case (hormonal contraceptive) was very small cases. Based on our literature also, many studies categorize this contraceptive using 2 categories, namely hormonal contraceptive and non-hormonal contraceptive. Moreover, the containing of this hormonal was estrogen alone or progesterin-estrogen combination.

Thank you.

Reviewer report#11

CI: 0,16-1.99..not significant?

Author responses#11

Yes, this is true and we have rechecked our manuscript and reported true. Thank you.

Reviewer report#12

this is different from the result

Author responses#12

Yes, this is true and we have rechecked our manuscript and reported true. Thank you.

Reviewer report#13

the type of hormonal contraceptive used was not described in this study

Author responses#13

This answering has responded in above (response no 7).

Thank you.

Thank you very much

Best regards,

Dr. Solikhah Solikhah

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02: -- Authors must strictly follow the guidelines for authors at

25 <http://iaescore.com/gfa/ijphs.docx>

A

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paper

-- and minimum 50 sources (mainly journal articles) for review paper

Dear Prof/Dr/Mr/Mrs: Solikhah Solikhah,

It is my great pleasure to inform you that your paper entitled "Hormonal contraceptive use and risk of breast cancer among women in Indonesia: a nationwide study" is ACCEPTED and will be published on the International Journal of Public Health Science (IJPHS). This journal is accredited SINTA 1 by Ministry of Research and Technology/National Research and Innovation Agency, Republic of Indonesia (RISTEK-BRIN) and has ACCEPTED for inclusion (indexing) in Scopus (<https://suggestor.step.scopus.com/progressTracker/?trackingID=D331D503BA1584BF>) since 2020 issues ([https://www.scopus.com/results/results.uri?src=s&st1=&st2=&sot=b&sdt=b&origin=searchbasic&rr=&sl=57&s=SRCTITLE%20\(International%20Journal%20of%20Public%20Health%20Science\)](https://www.scopus.com/results/results.uri?src=s&st1=&st2=&sot=b&sdt=b&origin=searchbasic&rr=&sl=57&s=SRCTITLE%20(International%20Journal%20of%20Public%20Health%20Science))). Congratulations!

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You should submit your camera-ready paper along with your payment receipt and similarity report (that less than 20%) within 6 weeks.

I look forward to hearing from you.

Thank you

Best Regards,
Dr. Lina Handayani

Please ensure that all references have been cited in your text. Each citation should be written in the order of appearance in the text in square brackets. For example, the first citation [1], the second citation [2], and the third and fourth citations [3,4]. When citing multiple sources at once, the preferred method is to list each number separately, in its own brackets, using a comma or dash between numbers, as such: [1], [3], [5] or [4-8]. It is not necessary to mention an author's name, pages used, or date of publication in the in-text citation. Instead, refer to the source with a number in a square bracket, e.g. [9], that will then correspond to the full citation in your reference list. Examples of in-text citations:

This theory was first put forward in 1970 [9]."

Bloom [10] has argued that...

Several recent studies [7], [9], [11-15] have suggested that....

...end of the line for my research [16].....

In order to cover part of the publication cost, each accepted paper is charged: USD 215 (~IDR 3000K). This charge is for the first 8 pages, and if any published manuscript over 8 pages will incur extra charges USD 50 (~IDR 700K) per page. We offer 10 percent waiver due to Mrs.Ratu's contribution as reviewer in our journal; so you just need to pay IDR 2700K.

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