Reviewer's report

Title: Cervical cancer screening using direct visual inspection: Default from follow up care and its predictors in southwestern Nigerian.

Version:1**Date:**27 December 2013

Reviewer: Julie Quinlivan

Reviewer's report:

Summary

This paper addresses an important clinical issue and adds to the data supporting an argument to see and treat to prevent cervical cancer.

I suggest the following changes as MINOR ESSENTIAL REVISIONS:

Introduction

(1) The authors should include hard data on default rates at other centres to set the scene for the high default observed in the study in the introduction. For example, insert a sentence like the following into the introduction:

Default rates in programs designed to identify cervical cancer at a premalignant phase are usually very high, ranging from 5 to 20% in developed and 20 to 41% in developing countries (ref 1-3 below plus existing refs 24 and 34 from manuscript).

Supporting references:

1. Balasubramani L, et al, BJOG 2008, 115(3):403-408;

2. Quinlivan JA, Petersen RW, Gani L, Tan J. Demographic variables routinely collected at colposcopic examination do not predict who will default from conservative management of cervical intraepithelial neoplasia I. Aust N Z J Obstet Gynaecol. 2005 Feb;45(1):48-51;

3. Quinlivan JA, Collier RR, Petersen RW. Prevalence and associations of domestic violence at an Australian colposcopy clinic.J Low Genit Tract Dis. 2012 Oct;16(4):372-6. doi: 10.1097/LGT.0b013e3182480c2e.

PLUS Your ref 24 and 34.

This sets the scene for the very high default subsequently identified in the study population, which is the highest yet observed.

Methods

(2) NIMR is expressed as initials and subsequently written out in full. The paper needs to be checked to ensure the first time it is mentioned it is stated in full with (NIMR) in brackets and thereafter may be referred to by the initials only.

(3) Briefly describe the education women received before the screening test. This needs a full paragraph as it ties into the final recommendations that the

education phase of the program is strengthened.

(4) Default from follow up. In the text it states women who did not attend the initial appointment were contacted and a second made. They were classified as defaulting if they missed the second appointment. However, the variable definition just states "women who screened positive and failed to keep the follow up appointment."

Please clarify if defaulters missed two or only a single appointment and make the two statements consistent.

Results

(5) Grammar – wrong who's in sentence beginning

Women who's communities were more than 10 km from the clinic

(OR: 3.6, CI:1.5 – 9.1),

Discussion

(6) Expand by a sentence or two why the observed default is higher than observed at other centres within Africa. Are there unique cultural or social factors at play?

(7) This needs to include discussion of non demographic variables found to be associated with default in this setting like domestic violence and unstable housing (Quinlivan JA, Collier RR, Petersen RW. Prevalence and associations of domestic violence at an Australian colposcopy clinic.J Low Genit Tract Dis. 2012 Oct;16(4):372-6. doi: 10.1097/LGT.0b013e3182480c2e.)

(8) Given the final recommendations, a paragraph should be devoted to the 'see and treat' programs in operation in other countries that have been associated with improved outcomes. This could then lead into the final recommendations listed.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests