Reviewer's report

Title: Prevalence of HPV infection among Greek women attending a gynecological outpatient clinic.

Version: 1 Date: 10 April 2009

Reviewer: Jennifer Smith

Reviewer's report:

This is a well written article on the prevalence of HPV among women attending gynecological clinics in Greece. Given that the sample size if over 200 women, these data would potentially be of interest to readers of BMC. Recommendations for minor revisions are listed below. After the incorporation of these changes, I would recommend publication.

Throughout the entire text, please confirm what you mean by newly diagnosed cases. This definition is not clear. Please clarify the distinction between the overall and “newly diagnosed” cases.

Statement p.3 Background: “The impact of an HPV vaccine will be related to HPV 16 and 18…in the different population”. This really depends on the outcome to be prevented.

I am concerned about this statement. It is important to differentiate HPV prevalence results found in the population, versus those found in LSIL lesions, versus those found in HSIL and those found in ICC. HPV prophylactic vaccines target the oncogenic HPV types that are most common in ICC. Thus, it is misleading to conclude that if HPV 16 and 18 are not the most common types in HSIL, LSIL or within the population that the vaccine efficacy will be compromised. Based on global review, HPV types 16 and 18 are found to be the most common types in ICC in all geographical regions surveyed. In actuality, the number of HPV types identified in each stage of cervical disease decreases with increasing grade of cervical disease, thus being lower in ICC than in HSIL or than in LSIL.

Methods
Add references ie the validation of the biogenemics HPV assay for CIN-2 or greater.
Add reference for the CFTR gene.
Please list HPV types that are detected.

Results
P.8, Cut the top paragraph on the sociodemographics factors among the HPV positive women.
Please define newly diagnosed.
Risk factors—please eliminate the p values from the text.
Discussion

Please clarify throughout which populations are being screened for HPV:
i. invasive cervical cancer cases, ii) high-grade cervical lesions, iii) low grade cervical lesions, and iv) population-based samples. The distribution of HPV 16 and 18 will differ by stage of cervical disease and this needs to be taken into consideration for the discussion section. For example, reference (11) is among invasive cases. P.11, please be careful about making comparisons across studies that do not test the same population (invasive, high grade, low grade or population based).

Please check English in the discussion section, last two sentences on page 12.

Please edit the text on “health conscious females”. Please define what is meant by this. Given that HPV is so commonly transmitted, I do not see how being more health conscious may reduce risk per se.

Table 1:
Please add 95% confidence intervals.

Table 2:
Please add referent groups of the ORS to clarify what the comparison groups are. We do not understand clearly for example, whether higher incomes or lower incomes are associated with a greater disease risk.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

Dr. Jennifer Smith has received research grants, honoraria and consulting fees during the last three years from GlaxoSmithKline (GSK) and Merck Corporation.