Reviewer’s report

Title: Comprehensive Knowledge about Cervical Cancer is Low among Women in Northwest Ethiopia.

Version: 1 Date: 11 June 2012

Reviewer: Vivien Tsu

Reviewer’s report:

- Major Compulsory Revisions

Methods:
1. How were questions asked, ie open or fixed response?
2. How was knowledge score constructed?

Results:
3. How was response rate calculated? 100% means every woman approached was found and agreed to participate.
4. How typical was the sociodemographics of the group compared to the general population for urban Gondar? Such a comparison is helpful to understand how successful the sampling was and how much one can generalize from this sample.
5. In para 5 they say only 31% had knowledge, without specifying how “knowledge” score was calculated. I suggest combining Tables 2 and 3 about knowledge and include the score, before going on to Table 4.

Discussion:
6. In para 4, meaning of sentence about “not surprising … other than information” is not clear. What is the distinction between knowledge and information?
7. In para 5, authors present results that were not mentioned in Results section. These should be moved to Results. Basis for their conclusion that women got their information from health workers is not clear; it could also be explained that those who are well-informed and health conscious are more likely to go to health facilities. Were these factors independent of age and education? Table 4 is not clear about which factors were adjusted for.
8. In para 6, authors claim that the “general recommendation is” to do annual Pap smears and cite an unpublished reference (#19) to support this. They should specify who makes this recommendation, since very few authorities now recommend this, and give a proper reference for their assertion.

Conclusion:
9. The conclusion (also in the abstract) is rather contradictory since they say knowledge is poor but awareness is high, and Results also report high levels of knowledge about screening and treatment. A more specific conclusion that says what kind of knowledge is missing would be more accurate, along with some
recommendations about how to fill the knowledge gaps.

- Minor Essential Revisions

Background:
1. Papillomavirus misspelled – one word, 2 “l”s

Results:
3. Should mention education in sociodemographic characteristics since it turned out to be a significant factor.
4. In para 2 of Results, what was denominator for risk factor knowledge? E.g., 132 was 41.9% of what?
5. In para 4 of Results, should specify denominator group (ie, among those who had heard of cervical cancer)
6. Table 1, age category 40-45 should be 40-44.
7. Table 4, label for column about Knowledge should include reference to “score”; column with “adjusted OR” should specify what it was adjusted for

References:
8. Ref #1 is no longer present and is inappropriate source for scholarly paper.
9. Numerous typos in references, numbers 1, 3, 5, 7, 8, 10, 12.

- Discretionary Revisions
1. Figure 2 does not have any advantage over a simple table.

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

Quality of written English: Needs some language corrections before being published

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.