Author’s response to reviews

Title: Patient side cost and its predictors for cervical cancer in Ethiopia: A cross sectional hospital based study.

Authors:

Alemayehu D Hailu Mr. (alemayehu4all@gmail.com)
Damen HM Halie Mariam Prof. (damen_h@hotmail.com)

Version: 5 Date: 27 January 2013

Author’s response to reviews: see over
January 27, 2013

Dear Editors,

We are pleased to submit a revision of our manuscript. We would like also to thank the reviewers and editors for reviewing our manuscript. We revised our manuscript based on the comments and feedbacks forwarded from the reviewers and the editor. We tried to take all comments into consideration and modify the manuscript accordingly.

Please find attached the point-by-point description of our response to reviewer’s comments. Our response is written in italic and blue/red color.

Kindest regard

Alemayehu Desalegne
Following your editorial Requests:

1. Please also ensure that your revised manuscript conforms to the journal style
   (http://www.biomedcentral.com/info/ifora/medicine_journals)

   Done. We revise the manuscript to follow the journal style.

Answers to the reviewers and changes made in the manuscript:

Reviewer #1:

1. I am satisfied that the authors have addressed all concerns and believe this paper ready for publication.

Reviewer #2:

1. The changes that the authors have made have now made the paper acceptable for publication

Reviewer #3:

1. The number of patients was not the same for each type of calculated cost (table 6): is it a missing or it means that those “not counted” have a cost equals to Zero? In the first case (missing data), you should talk about selection bias in the limitations paragraph (discussion chapter); in the last case the average cost must concern all of the women.

   We agree with the review that the selection bias is one of the limitations in our study, as any study. But not in extent to which it could affect the conclusion grossly. First, Tikur Anbesa Hospital in which we conducted our study is the only cancer treatment center in the country. For this reason, all patients visit this hospital from all over the country in order to get the treatment and to confirm the diagnosis. Second, we distribute our sample to different sections in the hospital to represent all types of patients in terms of stage if illness and other characteristics. We believe that our sample is quite representative of the population of cervical cancer.
In this case, the difference in the denominator in this case is partly due to ‘missing’ and partly that some of the patients were not ever admitted for cervical cancer (inpatient/hospitalization cost =0).

Thank you for this suggestion and we have added the sentence below to the discussion.

“The limitations of self-reported data and selection bias must also be recognized in interpreting the findings of this study.”

2. The authors should revise the manuscript for language corrections.

Comment accepted. The manuscript had been sent and re-edited by a language expertise.

3. Since the limitation paragraph was too general and not exhaustive (surgical treatments ignored, selection bias..), also the sampling method is still not clear (the number of subjects included, period of time for computing the cost??)

Selection Bias: See answer for Q#1

Sampling Method: In our study we used the consecutive sampling technique in order to select the study subjects from patients coming to Tikur Anbesa Hospiatl. Based on the preliminary record of the hospital regarding the patient flow, proportional number of patient were allocated for different departments; (Gyn-OPD (40), gynecology ward (23), oncology referral clinic (117), and oncology ward (47)).

Period of time for computing the cost: We include a sentence addressing this in the current revision. “Costs were calculated for each patient for the 12 months preceding the day of interview.”(page 7)