Reviewer’s report

**Title:** Cost and predictors of cost of cervical cancer in Ethiopia; cross sectional hospital based study.

**Version:** 3  **Date:** 11 November 2012

**Reviewer:** gary ginsberg

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**MAJOR COMPULSORY REVISIONS**

1. The introduction is saying cervical cancer is widespread in the world and in Ethiopia. The data is given in almost random form. It needs to be organized better. Firstly absolute numbers of cases, case rates per 100,000 women, deaths per 100,000 women with case fatality rates in percentage terms, breast cancer and lung cancer incidence rates in females should be provided for the world, EURA (region of WHO), developing world, Africa and Ethiopia (where available) – perhaps in tabular form.

2. In the last paragraph of the introduction ad/or in the discussion, mention should be made that this cost analysis can form a partial basis of a full cost-utility analysis of prevention and treatment of cervical cancer in the future in Ethiopia. The paper mention that vaccinations and/or PAP smear screening AND/or HPV DNA testing can be used to reduce morbidity from cervical cancer and subsequent costs in both human lives and money resources.

3. The valuation of work days should be made on the costs of EMPLOYING the worker, these will not be the same as WAGE costs if the employer pays social security, pensions or employment taxes on behalf of the worker.

4. The whole results section should be cut down considerably and basically discuss Tables 2 and 3, without duplicating the data. Some description of what treatment a patient receives during both an outpatient and inpatient visit (eg: I doubt chemotherapy or radiotherapy, but maybe lesion remval or hysterectomy or even extenuration) should be made.

5. Discussion should include how representative are the costs of the Addis hospital of other hospitals where cancer is treated……an estimate could also be made of the total monetary burden of cervical cancer annually in Ethiopia – also as a [percentage of the total health care budget (for the direct costs).

6. Table 6 - A discussion should be made as to why outpatient costs rise when there are more employed household members, the person is a farmer, animal dung is used and the person had no companion and lived in Adis…..

7. Table 6 - you should also clarify that having stage 2 as the baseline, you found less and more severe cases have a lower length of stay .....explain why??...maybe stage 3 and 4 die quickly....while stage 1 have minor
procedures.....what are the stage specific protocols of care???

Minor ESSENTIAL POINTS
Introduction line 7 delete "to its magnitude"
Penultimate paragraph of introduction. You say the etiology is multifactorial, so please name some of the other factors besides HPV.
Consider putting a copy of the questionnaire as Appendix I
Methods of cost estimation:- please define what you mean by UNPAID work --- is this working on ones own vegetable patch OR household work oR BOTH ??
En dof data analysis:- should read sensitivity AND CHECKED for multicollinearity and heteroscedasticity.
Predictors for variation:- Model selection should be described....was it foreward or backward stepwise etc...............data should be given for duration of inpatient stay and stage of cancer Reference 24 is irrelevant.
Table 2 – it is not clear what "out of TA hospital" means, is this the costs of Ambulatory care?
Table 3 – What are there TWO headings "at TA hospital"??????
Table 4 – why is duration of stay under INDIRECT COSTS?? The investigations category should be referenced and described below the table , similarly for the cost of drugs........

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

Declaration of competing interests:
I declare that I have no competing interests