Reviewer's report

Title: Predictors of persistent cytologic abnormalities after treatment of cervical intraepithelial neoplasia in Soweto, South Africa: a cohort study

Version: 1 Date: 29 February 2008

Reviewer: Carmine Carriero

Reviewer's report:

1. Is the question posed by the authors well defined?
The question is important and is well defined by the authors.

2. Are the methods appropriate and well described?
The methods in this study are appropriate and coherent with international standards, such as cytologic and colposcopic follow-up of patients with Squamous Intraepithelial Lesion of the uterine cervix. The authors describe accurately the methods used in their clinical setting.

3. Are the data sound?
The data appear interesting, in particular for the specific characteristics of this population, with high prevalence of HIV infection. In fact, this population was found to be at very high risk of recurrence and/or progression of CIN. The Authors are fully aware of this and they adequately address this issue.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Standards of reporting clinical data in scientific reports are respected by the Authors.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Data support adequately conclusions of the Authors.

6. Are limitations of the work clearly stated?
The Authors are particularly keen to show the limitations of the work, due to its operational nature, and they adequately describe all bias in the discussion.
Discretionary revision: the authors correctly factors related to risk of post-treatment recurrence of CIN, such as histologic evidence of disease at the margins of specimen, grade of CIN, oncogenic HPV types and HPV variants, immunodeficit, age, smoking. Nowadays the evidence of HPV clearance after excisional therapy has shown to be a very reliable prognostic factors in follow-up. Since HPV analysis before and after therapy is not reported in this study, probably this diagnostic technology is not routinely available in that clinical
setting. Nevertheless, I suggest to make some comment on this issue.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   The Authors acknowledge any work upon which they are building.

8. Do the title and abstract accurately convey what has been found?
   We would suggest (as a discretionary revision) to state in the title the high prevalence of HIV infection in this population: for example â##Predictors of persistent cytologic abnormalities after treatment of cervical intraepithelial neoplasia in Soweto, South Africa: a cohort study in a HIV high-risk (or high-prevalence) populationâ##

9. Is the writing acceptable?
   Writing is acceptable, English does not require particular editing.

   As far as I know, there is no evidence of duplication or plagiarism.
   I think that this paper is sufficiently coherent and scientifically sound to be considered worthy of publication on the BMC Cancer and it will be particularly interesting for readers involved in cancer prevention and management of preneoplastic lesions.

**What next?:** Accept after discretionary revisions

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

**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'