Reviewer's report

Title: Cervical cancer screening in Dar es Salaam, Tanzania - A situational analysis

Version: 1 Date: 21 May 2012

Reviewer: Ju-Fang Shi

Reviewer's report:

The paper by Kahesa et al is an epidemiologic study of the factors associated with a cervical visual inspection screening and screening attendance in a population in Tanzania. Some comments on this manuscript are as follows.

Major Compulsory Revisions

Background

Why doing this study is not well defined, the authors should add some sentences to explain the specific significance of the current analysis.

Methods

Page 4, Study population: The 845 reference women have received HPV DNA HC2 screening, thus, in theory, they were HPV test screened women rather than unscreened women. It would be important that the authors provide further detailed information for the recruitment process of the reference group to exclude those attending the current study just for a free HC2 screening. Otherwise, the results of Table 2 and table 3 in Results are supposed to be the differences between “VIA screened women” and “HC2 screening women”, rather than between “the screened” and “the unscreened”. Figure 1 should be explained further.

Page 4, Data collection: The clinical management for VIA positive women and whether colposcopy has been used for diagnosis should be specified. If histologically confirmed results are available, then it would probably be a better outcome of the study than VIA, considering its accuracy.

Results

Table 1, 2 & 3: to be consistent, please always put the reference groups
Discussion

Page 8: The findings that low education, high parity, younger age at first sexual intercourse (a surrogate of being married at a young age in some populations) were associated with being VIA positive are consistent with the results of the prior studies by IARC. However, the association between a status of Widowed/Separated and risk of cervical lesions is not suggested. The authors should extend the discussion on this factor further and make conclusion cautiously. In addition, parity-associated is not well-interpreted in this section.

Limitations of the study should be discussed, for example, the issue of VIA performance.

Minor Essential Revisions

Title

“Situational analysis” is not one of types of study design, an alternative name should be given (following BMC’s Instructions for authors “the title should include the study design”).

Abstract

Background information needs to be added, following BMC’s Instructions for authors.

First line: “cervical precancerous lesions” or “cervical precancerous lesions and cancer”?

Background

More information on burden of cervical cancer and demographic data (e.g. total number of women aged 25-59, the population coverage of the routine screening program if possible) from the study population should be given.

Methods

Page 4, Study population: the authors mentioned that “In all, 1599 women were found to be eligible for the study and a total of 845 women aged 25-59 were enrolled”, then what are the criteria behind this?

The term of “Figure 1” should appear in the 2nd paragraph of the study population.

Page 5, Ethics: Please indicate what clinical management was provided if women were found to have cervical cancer.

Results

Typos: Page 11, Table 2, sub-heading of the very right column: age-adjusted...

Page 13, Table 3, sub-heading of second column: did not participate...
Socioeconomic status is a general measure based on individual or population’s income, education and occupation but does not cover other significant factors of parity and age for first marriage. To be specific, the authors should try to avoid using the general term, in both abstract and main text.

Discretionary Revisions
The initial screening project by Ngoma et al. Int J Gynaecol Obstet 2010 found a better performance of VILI compared with VIA (the sensitivity for the detection of CIN2+ were 60.6% (95%CI, 42.1–77.1) for VIA and 93.9% (95% CI, 79.8–99.3) for VILI). It would be great if the authors explained further why the ORCI chose VIA only as the screening test for routine service.

Some data on detection rates of CIN2+ from this national screening program would be interesting to see.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare that I have no competing interests.