Author’s response to reviews

Title: Determinants of acceptance of cervical cancer screening in Dar es Salaam, Tanzania

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Version: 2 Date: 26 October 2012

Author’s response to reviews: see over
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Title: Determinants of acceptance of cervical cancer screening in Dar es Salaam, Tanzania

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Version: 2 Date: 26 October 2012
Reviewer's report
Title: Determinants of acceptance of cervical cancer screening in Dar es Salaam, Tanzania
Version: 1 Date: 26 June 2012
Reviewer: Sarah Kobrin

Reviewer's report:
Determinants of Acceptance of Cervical Cancer Screening in Dar Es Salaam, Tanzania

Major Compulsory Revisions
1. More information is needed to understand the study sample and to which population inferences can be drawn.

A general description about the population in Dar es Salaam has been added. We have also added a table which describes the demographic characteristics of the target population and are comparing these with the study participants (table 1) and have revised the flow chart (figure 1)

a. First, is it true that all participants had never before been screened for cervical cancer?

One of the inclusion criteria in our study was not having been screened previously for cervical cancer. During enrollment, all the women were asked if they had previously been screened, and those who stated yes were not included in the study.

b. Second, apparently the sample was drawn in several ways. Some women (83?) were recruited via home visits as part of the screening program; others came from two different communities, using different recruitment methods (number not clear); still others, essentially volunteers, were the neighbors of those who were randomly selected at the second recruitment (number not clear). The differences among these groups should be discussed and described analytically. The recruitment approach could certainly affect who was reached and who decided to participate. Please clarify these different components of the sample and the effects of these differences on your findings.

In all 45 women, who lived outside the sampled street, attended screening after the awareness raising campaign. These “volunteers” were excluded from the study. This has been illustrated more clearly in the revised figure 1. The difference between the women who accepted screening after home visits (N=86) and the women who accepted screening after awareness raising campaigns (N=704) is described in table 1 and the different recruitment approaches are discussed in the discussion section (Paragraph2)

c. The volunteers should certainly have been removed from the sample, even if they were offered screening services. They did not have an equal probability of being selected; their presence in the sample renders it non-random and reduces the inferences that should be drawn.

Volunteers were excluded from the study.

2. Clarification is also needed about the process of completing surveys. Were all women asked to complete the surveys, both those who accepted the invitation and those who did not? How were the surveys administered and what percentage of each group completed them?

In this study we had two questionnaires; the first focused on socioeconomic characteristics, including age, civil status, number of children, educational level and occupational situation. The second focused on awareness of cervical cancer, risk factors for cervical cancer and reasons for not attending cervical screening. Women, who were visited at their home, were interviewed about socioeconomic characteristics and about their awareness of cervical cancer within their home premises. Women who were recruited via
Awareness raising campaigns were interviewed during their visit in the screening clinic. The questionnaire was administered by research assistants which has assured 100% completion of the surveys.

3. The actual text of the survey items is important to include, particularly in light of the authors’ statement that some responses may have been “politically correct” rather than true responses. In the absence of reading the survey items, it is difficult to understand how self-reported knowledge items could be subject to such a bias.

We have reconsidered the term “political correct” and find that it was perhaps not the correct interpretation of the interview situation. The questions were simple in their formulation, and we find that providing the full text of the questions and discussing the difficulties the women may have faced in answering the different questions is beyond the scope this paper, especially since it did not seem to be difficult for the women to answer the questions. This decision has also been made due to recommendations to reduce the discussion section by 50%.

4. The Discussion could be reduced by 50%; the current presentation is somewhat overstated and not well supported. For example, the assertion that some of the responses may have been “politically correct” is not supported by reference to the available response options. Similarly, the statement “Apparently the group of women most at risk of cervical cancer is those who are also least likely to attend screening” is not supported and is too general, as it is response to the differences in parity only; the statement is also in contradiction to the age-related finding in the previous paragraph, showing, in fact, that the older women, who are at higher risk, were more likely than the younger women to accept the invitation.

We have revised the text in the discussion so it better supports the finding that older women were more likely to attend screening. As recommended we have reduced the discussion and have added more literature to support the different topics raised in the discussion.

Minor Essential Revisions
1. The text should be edited for English language usage.

English grammar has been revised

2. Clarify if all participants have never been screened for cervical cancer, if true. The manuscript says none have participated in the program but is not clear if that statement is equivalent to having never been screened.

The statement has been revised: “In all 436 women were considered eligible for the study, 35 of these women were not included in the study since they were either not at home when attempted visited or stated they had previously attended screening. The remaining 396 women were interviewed and afterwards provided with health education on cervical cancer and invited to attend screening at Ocean Road Cancer Institute…… “In all, 807 women showed up for screening, 86 of these women were excluded from the study sample because they were either living outside the selected streets (n=41) or had previously attended screening (n=45)”

3. The Introduction should better clarify whether the research described is intended as an evaluation of an existing program or as research to inform future Screening programs. Particularly, to what extent were the study methods limited by the existing program elements?

In this study we made an evaluation of the existing program which was conducted in the setting where the study was done, Based on the information of low uptake and poor coverage of the program we decided to explore the factors which made women accept screening with the purpose of informing the future scale up of the program. This has been described more clearly in the last paragraph of the background section.
4. The general statement, in the Introduction, that reduction in cervical cancer mortality “…requires well implemented and organized screening programs …” is belied by the health care system in the US. We do not have organized screening, and we do not have perfect uptake of cervical cancer screening, but we have experienced a substantial reduction in incidence and mortality even with our opportunistic delivery of screening services. The authors should make their case differently.

We have revised the paragraph and urge differently ‘In the developed world, the introduction of pap smear as a screening test modality has led to a reduction of the burden of cervical cancer. However, there are several factors that, in addition to the availability of a screening test, contribute to reducing the burden of cervical cancer. These include prevalence rates of HPV, effective screening strategies, availability of facilities for diagnostic follow up and prompt treatment of detected lesions’.

5. In the Results section, the presentation of the participants’ knowledge regarding cervical cancer would be more informative if contrasted to general population knowledge in other countries that higher rates of cervical cancer screening. That is, can the authors substantiate the implied expectation that women who know the risk factors for cervical cancer, for example, are more likely to be screened?

It is difficult to compare the study participants’ knowledge regarding cervical cancer with the knowledge of the general population, since we do not have access to that kind of data. In the discussion section we are referring to results from other sub-Saharan African studies that have focused on cervical cancer awareness and knowledge.

6. No mention is made of HPV vaccination and testing. Unfortunately, the single Pap test promoted by the intervention described in this manuscript is not sufficient to have a substantial effect on cervical cancer mortality. Repeated screening, effective follow-up of abnormal tests, and available treatment are all needed for Pap testing to have beneficial health outcomes. However, the HPV vaccine provides durable protection, and evidence suggests even a single appropriately timed HPV test can help identify women who need treatment. The authors should discuss the implications of HPV-related options for the women of Dar Es Salaam.

Information on HPV test as a potential screening method has been added in the background and in the discussion sections. We find that presenting and discussing the implications of HPV vaccination is beyond the scope of our paper, which is solely focusing on secondary prevention of cervical cancer

Discretionary Revisions
1. Table 1 would be easier to read if it included a column showing the total sample. The discussion of these findings would be enriched by a comparison to the local, sampled population. How well do the study participants represent the population sampled? The presence of the “volunteers” in the analyzed sample increased the importance of this report on the success of the randomization.

Table 1 now includes a column showing the demographic characteristics of the total sample. The differences between the total sample and the study samples are highlighted in the result section

2. Why the authors discuss programs for men and based on religious faith is not clear, as no mention of these approaches was made earlier in the paper. If they are suggestions for future research they could be discussed as such briefly and in the context of other successful interventions, if available.

The issue of men and religion has been removed in the discussion section. We do think that awareness raising campaigns which uses the church as a platform may have a role to play in making women aware of cervical cancer and its prevention. However, it may also be a bit too controversial and we have therefore decided to skip this paragraph in the discussion

Reviewer's report
**Title:** Determinants of acceptance of cervical cancer screening in Dar es Salaam, Tanzania

**Version:** 1  **Date:** 14 June 2012  **Reviewer:** Nayyereh Aminisani

**Reviewer's report:**

Minor Essential Revisions

1- References need updating, for example reference (1) is old, there are more recent research and reports to support their statement.


2- There is a need to provide some information about the population of this city and overall demographic of women, especially more information about women who are known to be eligible for attending screening program.

   *A description of the study setting and the population of Dar es Salaam has been included in the methodology section. We have also added a column in table 1 that describes the demographic characteristics of the target population and compares these with the study participants.*

3- Discussion and interpretation need improvement using more recent literature, a) for example in paragraph 2, discussion, where the issue of self-reporting is addressed, it needs reference(s), and also some explanation to support reliability of this method even there is limitation,

   *We have added some more recent literature, but because of limitation of the length of the discussion which the other reviewer has recommended to be reduced by 50%, we have not expanded the discussion to cover self reporting bias and reliability but have rather given priority to public health issues of improving screening, which we find is the main focus of this paper*

   b) paragraph 4, discussion, where the link between parity and cervical cancer is addressed, it needs more discussion since parity itself can not be the main factor, it should be discussed in presence of HPV infection and more explanation around the barriers for attending screening in multi-parous women especially those barriers which may present in this population.

   *We have revised the section where parity is discussed and highlighted the importance of identifying women of high parity since it is known to be an important factor for HPV infection and carcinogenesis. We are also stressing the barriers multi-parous women are facing when it comes to screening attendance and added literature to support this discussion*

   c) paragraph (6), discussion, needs more references to support the statement of inadequate knowledge about cervical cancer and its consequences especially to address probable cultural issues relevant to this population

   *We have added more references to support the statement of inadequate knowledge of cancer in Sub-Saharan and the reasons for this.*

4- Table (1), needs footnote, and also P-value which may useful to be P-value for trends for some variable for example age. There are two Figure (1), Table (3), P-value as well.

   *Table 1 has been revised and since it is not 2X2 table we did not calculated chi-square of trends. We are instead describing the population by simple frequency tabulations. Table 3 has been changed and because of the nature of the data we have calculated odds ratios rather than P-value*
**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:** None declared