Reviewer's report

**Title:** Challenges in integrating cervical cancer screening with visual inspection methods in HIV care clinics in Côte d'Ivoire

**Version:** 1  **Date:** 13 December 2011

**Reviewer:** Michael Chung

Reviewer's report:

Major Compulsory Revisions

**Title and Objective**

1) The title of the manuscript is “Challenges in integrating cervical cancer screening with visual inspection methods in HIV care clinics in Côte d'Ivoire” It is not clear that the paper is describing these challenges and that this is a good title.

2) On page 1: “We sought to identify some of the operational challenges of a cervical cancer screening approach based on VI among women attending HIV care clinics in Abidjan, Côte d'Ivoire.” Did we answer what the operational challenges are? LTFU was addressed but not really much else. Other operational challenges that would merit discussion include financial, human resources, space constraints, flow of patients, and training costs/needs. It is not clear that this is the purpose of the paper so perhaps the terms “operational challenges” needs to be reconsidered.

3) On page 11: “Providing cervical cancer screening based on VIA and VILI tests in HIV care clinics appears feasible in the urban area of Abidjan.” How are you defining feasible? Cost? It is not clear that this has been answered.

**LTFU**

4) Was the VIA free? Were any incentives given that might have affected LTFU or return to clinic after phone call such as covering transportation costs?

5) How soon after VIA was a gynecological exam typically offered? Longer time to appointment can be associated with greater LTFU.

6) How much follow-up time was given before determining participants “finally attended the colposcopic consultation” vs. was defined as LTFU? LTFU is not defined clearly in general and should be strictly interpreted.

7) How long did one wait before patient was called? Three calls were made over what time period?

**Ineligibility for Cryotherapy**

8) On page 10: “The higher frequency of extensive lesions in HIV-infected women observed in our study population might directly impact on their risk of being in need for a delayed treatment.” This is not highlighted in the Results section and should be directly noted if it is discussed at length (eg. state
prevalence rates).

9) It seems you are calculating that among VIA positive, 50% have lesions that are not amenable to cryotherapy. Is that correct? This seems very high. Even among HIV-negative women, you found 27% ineligible. This is much greater than found in most other seminal studies on VIA (e.g., Lancet, 1999, 353: 869-73). This needs further comment and discussion.

10) On page 10 “In Zambia, results from a ‘see-and-treat’ program in HIV care clinics reported that 1477 (38.3%) of the 3855 positively screened women in need for a treatment were ineligible for immediate cryotherapy and referred for physician evaluation.” However, it is not clear to me from this paper that those who were ineligible were only among positively screened women. The paper states a ratio that is compared to total number of women screened (16.7%).

11) In general, it is concerning that there is such a high rate of ineligibility detected and this does not seem consistent with most other studies. It is a concerning message from the manuscript.

VIA

12) Please comment on whether VIA alone can be considered effective without colposcopy. A high percentage of VIA positive appears to be negative (44%) after colposcopy and this does not even include those negative after biopsy. Is VIA then really helpful? What was the quality of the VIA in this study compared to other studies?

13) How do the findings of pre-malignant cervical lesions compare to other studies of HIV-positive women in Africa? This merits discussion as it appears to be very low in comparison.

Minor Essential Revisions

14) On page 1: “An association between ICC and HIV infection has been reported in sub-Saharan Africa although its strength was weaker than in previous reports from resource-replete settings [2].” is a confusing sentence.

15) On page 1: “In high-resource countries, cytology-based cervical screening has curbed down the incidence of cervical cancer for decades [5].” Just “curbed” and delete “down”.

Discretionary Revisions

16) Why were 3% excluded among HIV-positive and 6% among HIV-negative? Was this difference significant?

17) On page 7: “The 2,998 HIV-positive women had a median CD4 count of 291 [inter-quartile range (IQR) 156-461] cells/mm3 at enrolment in HIV care and 452 [IQR 301-621] cells/mm3 at most recent measurements.” How recent were the recent measurements? Within what time period of the VIA? One, two, or three months?

18) Do we have a sense of how many women refused VIA that was offered?

19) On page 4 “Due to financial constraints, three of the six adult IeDEA centers
in Abidjan, two nongovernmental organizations (ACONDA-CePReF, ACONDAMTCT) and the national center for blood transfusion (CNTS) were selected according to their location in the districts of Abidjan. We randomly selected three sites among the six sites in order to cover all the three districts where IeDEA West Africa sites were implemented in Abidjan (1/1 in Yopougon, 1/1 in Abobo and 1/4 in Treichville).” This is confusing. Were sites selected randomly or based on financial constraints?

20) Were study nurses and doctors blinded to HIV status?

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

**Declaration of competing interests:**

I declare that I have no competing interests.