Reviewer's report

Title: Acceptability of self-collection sampling for HPV-DNA testing in low-resource settings: a mixed methods approach

Version: 2 Date: 20 March 2014

Reviewer: Stephen E Hawes

Reviewer's report:

This is a very nicely written manuscript on an important topic.

• Major Compulsory Revisions

Table 2: Numbers throughout the Table do not seem correct. For example, with regards to the first category “Concerns about taking self vaginal sample”, despite women being allowed to answer more than one category (plus having the “no concern” category, the totals of “All Sites” sum to 3351, despite have a total sample size of 3464. Further, the percentages add up to less than 100% (they should be 100% if subjects could only provide one answer, >100% if they could provide >1 answer. Perhaps there is missing data which is not accounted for? Regardless, the percentages should sum to 100% of the non-missing data. Nicaragua is one source of a problem as the numbers sum to the correct total (704) but the percentages only sum to about 80%.

In the next section of Table 2, the percentage for Neutral for Nicaragua is incorrect. It should be 7.5%, not 4.1%. Again, percentages for Nicaragua sum up to less than 100%.

Table 3. It would be best to reorder the Aids needed, so that “None” is either first or last in the list so that it is clear that it is an option. Again in this table, percentages do not sum to 100% and it is unclear if there is missing data. It appears that for Uttar Pradesh the totals sum to 925 but the overall sample size is 942.

• Minor Essential Revisions

Throughout Tables 2 and 3, p-values are provided which show that for each factor assessed, differences occur across the 4 study sites, all of which are significant at the p<0.001 level. However, the discussion and results are generally presented as if the findings are universal. Clearly, strategies to improve uptake or to quell worries will need to be specific to the cultural setting. For example, pictures might be useful in India but were less so in Uganda, and dolls might be useful in Uganda but not in Nicaragua.

Figure 2. Precision should be the same throughout the figure. 10 presumably should be 10.0.

• Discretionary Revisions
Abstract – It is unclear until the complete manuscript is read what the comparison group/alternative is with regards to the statement “Most surveyed women preferred self-sampling”.

Background – p5. The authors state that “correlation between self-collected and provider-collected samples is good” and also that one study found “a very high agreement (92%) between self- and provider-collected samples”. It is unclear if a distinction between correlation and agreement is attempting to be made. As is, it seems that correlation is only good but agreement is very high. These seem to be addressing the same concept but for some reason are being distinguished here.

Background – p5. …”no studies have provided a more comprehensive and in-depth….”. More comprehensive than what?

Especially in the discussion, but throughout the manuscript, it is unclear to me why self-collected sampling might be useful/cost effective if many women desire staff help, prefer having the sample collected in a health care facility, or require provider education. This is especially unclear in setting of a potential one-time screen as suggested on p13.

**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:**

I declare that I have no competing interests.