Author's response to reviews

Title: Cancer mortality patterns in Ghana: a 10-year review

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Author's response to reviews: see over
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The Editor-in-Chief
BMC Public Health

Dear Sir/Madam,

SUBMISSION OF REVISED PAPER WITH POINT-BY-POINT RESPONSE TO THE COMMENTS BY THE TWO (2) REVIEWERS

Thank you for the comments of the two (2) reviewers you sent to us.

All the needed corrections suggested by the two (2) reviewers have been thoroughly and carefully addressed. The revisions are marked in **bold type** in the revised manuscript being submitted. Our point-by-point responses to the comments of the two (2) reviewers are below:

**Report of Reviewer 1**

**Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached).**

**Reviewer’s Comments:** The data of the present study are interesting, giving the limited information existing on cancer mortality from African countries. The manuscript needs however to be shortened to be more clearly readable, and needs some further editing. The abstract should be reduced to 1 page only; the Introduction to 1 (or 1 and ½) page; and the discussion to 3-4 pages.

**Our Response:** We have drastically shortened the manuscript, with the abstract reduced to 1 page only, the introduction to 1.5 pages only, and the discussion to 4 pages only. Therefore, the text of the manuscript has been reduced from a total of 26 pages to 18 pages.

**Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct).**
Reviewer’s Comments: Please define the abbreviations at the beginning of the text and use them through the text.

Our Response: As suggested above, all the abbreviations used in the manuscript have been defined at the beginning of the text on page 1.

Report of Reviewer 2

General.

Reviewer’s Comments: Because of the lack of data on the cancer burden in Ghana, this descriptive report is of some interest. It is based on autopsies and medically certified cancer deaths that occurred at the Teaching hospital of Korle-Bu in 10 years. The main limitation of the series examined is that it is highly selected, much more than the authors are prepared to recognize. The two major sources of estimates of cancer mortality for Sub-Saharan Africa are the GLOBOCAN database, and the WHO Global Burden of Disease (GBD2000, http://www.who.int/research/en/). The crude death rates due to cancer estimated in the two databases (independently and taking into account different sources of information) are 36 and 61 (M+F) per 100,000 respectively. These correspond to an expected number of annual deaths in Ghana from 7200 to 12200. The 3659 deaths in 10 years examined in the article represent therefore 3% to 5% of all, hardly a representative sample. Most important, it is well known that access to health facilities is very limited for the rural population in Africa. The good quality certified deaths examined cannot be assumed therefore to reflect cancer patterns in the country.

Our Response: The limitation stated above has been acknowledged in the discussion on pages 8, 9 & 10 of the revised text.

Reviewer’s Comments: Most of the comments in the conclusions are not supported by the data presented. For example, the relative frequency of specific cancer sites (e.g. female breast and cervix top 2 sites) is not sufficient to advocate early detection screening programmes. One of the principles of screening is that the disease should be sufficiently common (incidence/mortality rate) to justify a very expensive intervention that would be otherwise very little cost-effective.

Our Response: As suggested above, the comments on cancer screening interventions in the conclusion that are not supported by our current data have been deleted.

Reviewer’s Comments: I think that this material deserves a short communication. Both the introduction and discussion should be drastically reduced and comments limited the comparisons with estimates with other countries in the region.

Our Response: As suggested above, we have drastically shortened both the introduction and the discussion, and have also limited our comments to the comparison of our data with reports of estimates from other sub-Saharan African countries.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached).

Reviewer’s Comments: Drastic reduction.
Our Response: We have drastically shortened the manuscript, with the abstract reduced to 1 page only, the introduction to 1.5 pages only, and the discussion to 4 pages only. Therefore, the text of the manuscript has been reduced from a total of 26 pages to 18 pages.

Reviewer’s Comments: The “ASR” abbreviation should not be used because misleading (it is normally used for the Age-standardized rate). The appropriate abbreviation used by cancer registries is ASCAR (age-standardized cancer ratio, Jensen et al, 1991, Cancer Registration Principles and Methods, IARC Sc.P No.95).

Our Response: As suggested, the appropriate abbreviation of ASCAR has been used instead ASR throughout the text of the revised manuscript.

Reviewer’s Comments: Page 7, second period: there is no standard age distribution. The authors should simply list the age-groups which they used.

Our Response: As suggested, the list of the age-groups used have been listed on Page 5, Line 10-11 from the top, and the sentence referring to standard age distribution has been deleted.

Reviewer’s Comments: Page 7, line 9 from bottom. The paper quoted (Boffetta & Parkin) is not based on data from Globocan2000 or Globocan 2002.

Our Response: The reference in question above (Boffetta & Parkin, 1994) has been deleted from the text of the manuscript and from the list of references.

Reviewer’s Comments: Page 11, last period: the statement about the relationship between Globocan mortality estimates and WHO mortality database as such is incorrect and misleading. Globocan includes WHO mortality statistics for countries where these are available, which is not the case of Ghana and most of Africa. Otherwise IARC estimates mortality based on incidence and survival. The WHO GBD programme also produces estimates following a different methodology. Indeed the latter estimates are much less conservative than those of IARC (see above).

Our Response: The incorrect and misleading statement suggesting a relationship between the Globocan mortality estimates and the WHO mortality database has been deleted on page 10 of the text of the revised manuscript.

Reviewer’s Comments: Tables 3 and 4 and figure 1 are not informative.

Our Response: The uninformative Figure 1 and Tables 3 & 4 have been deleted, and the references to them have also been deleted form the text of the revised manuscript.

We hope to read favourably from you soon.

Yours faithfully,

Edwin K. Wiredu (Prof)