Reviewer’s report

Title: Consistency of risk factors for inadequate cervical cancer screening among immigrants from different regions of origin

Version: 1 Date: 7 February 2011

Reviewer: Marc Arbyn

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GENERAL COMMENTS

This is a thoroughly documented report on cervical cancer screening attendance among immigrant women with focus on the social and demographic predictors for non-screening. The authors used hard data, which according to the international literature, reflect much better the real screening coverage in a country or region than survey-based sources using self-reports or interviews.

Some minor comments follow below.

The title is too complex
“Predictors for low attendance at cervical cancer screening among immigrant women in Ontario (Canada)” would read better.

ABSTRACT.
Background. 2nd sentence could be rephrased more simply. … for instance “to determine how predictors of low attendance at cervical cancer screening (socioeconomic, demographic, health care use) varied by region of origin.”
Methods: add ‘Poisson’ to multivariate models.
Last sentence: drop 1st “having”

INTRODUCTION

To place the study more in an international context, the authors could refer to recent estimates of cervical cancer in the world (Arbyn 2011 Ann Oncol, in press). They could discuss later in the manuscript whether women immigrant from regions/countries with a large burden of cervical cancer are less screened than those coming from regions with a smaller burden.

A few figures could be cited on the current screening coverage in Canada or Ontario.

METHODS
Listing the covariates in a bulleted table format would read more easily than in long sentences.
The annex with all countries of the world can be dropped. A reference (web link) to the WB classification system is sufficient.

Screened "adequately" could be understood as having had a satisfactory pap smear. Screened recently of screened less than 3 y ago are better terms.

RESULTS

Table 1.
Abbreviations RUB, ADG, … should be clarified at bottom of the table

The 2nd line of the variable “years in Canada 10+ years” is redundant since equal to 100%-value (<10ye).

Table 2
Replace “inadequate screening” by “without Pap smear in last 3 years”. This should be changed throughout the whole paper.

Where significant or not significant are used a p value should be added.

Also in the tables, p values could be added or significant findings could be indicated (for instance by an *). The absolute values could be deleted.

Table 3.
The table title can be shortened substantially. The variables do not need listing since already labelled sufficiently in the row headers.

DISCUSSION

The fact that administratively traceable data instead of self reported data were used is indeed a strong point. The authors could provide arguments by referring to reports systematic overestimation of screening attendance in self-reports (fi: Arbyn et al Prev Med 2009: 48: 438-43; Montano, Am. J. Public Health 1995: 85, 795–800).

For the international reader it would be interesting to explain shortly the mechanisms used in Canada (or Ontario in particular) to reach women in general: centrally organized invitations (organized screening as in some European countries), or the women’s personal initiative or initiative or the initiative of their physicians (opportunistic screening) and how these systems could be improved to reach socially vulnerable women and in particular, immigrant women.

Level of interest: An article of importance in its field

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'