Author’s response to reviews

Title: Estimates of delays in diagnosis of cervical cancer in Nepal

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Author’s response to reviews: see over
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To
The Executive Editor
BMC Women’s Health

Subject: Response to reviewers comment.

Dear Sir/madam,

Thank you for considering our manuscript for publication in your valued journal. We have made following revisions in the earlier version of the manuscript “Estimates of delays in diagnosis of cervical cancer in Nepal” based on the comments provided by the reviewers.

Response to reviewer # 1: Adeola Olaitan

Major compulsory revision

1. The grammar needs to be revised for clarity.
   - The grammar of the text has been revised thoroughly and made necessary corrections.
     e.g. Abstract – Cervical cancer is the first leading cause... - repetitive –first can be omitted.

     Done

     The following sentence could also be better worded e.g. the long
     Symptom to diagnosis interval means that women have advanced disease at presentation

     Done

   Background: Although cervical cancer is the most curable... - could be better worded

   Although, cervical cancer can be cured if detected at earlier stage

   Also the sentence ‘Earlier diagnosis and treatment of cancer could result in lower stages and less intensive treatment’ should be split as it deals with 2 different issues.

   Early diagnosis of cancer results in lower stages of the cancer, less intensive treatment and improved survival.

   ‘In Nepal most cervical cancer patients....’ Should be disease onset not ‘initiation’
The word ‘initiation’ has been replaced by the word ‘onset’.
Discussion ‘Diagnostic delay quite higher...’ The word quite should be removed.

Done

2. Methods
Confusing description in abstract and this may reflect the methodology
For example the authors have not described their sampling method – random? If so how was randomisation achieved
?consecutive – if so over what time period
What is the denominator i.e. how many patients in total were treated over that time period?

The word ‘randomly’ has been removed from abstract.

Sampling process has been elaborated in the Methods as ...’ Nepali women diagnosed of cervical cancer for the first time and attending the hospitals during study period were included in the study. Critically ill and patients diagnosed outside Nepal were excluded. Numbers of participants were selected proportionately on the basis of case load in hospitals. According to hospital records, 505 cases in BPKMCH and 122 cases in Bhaktapur cancer hospital were diagnosed of cervical cancer in 2010. Out of 110 sample cases, 90 cases were taken from BPKMCH and 20 cases from Bhaktapur cancer hospital. To reduce selection bias, data collection was done on alternate days during study period. Cervical cancer patients attending to the hospitals were identified from the registration department in each day of data collection. Then all the available patients meeting the inclusion criteria were invited to participate in the study.’

Operational Definitions
These definitions need to be clarified as the rest if the paper makes no sense otherwise

Clarified
In page # 4- ‘In this study, the term “delay” refers to the time interval between two specific events in diagnostic pathway. Because there is no standard cutoff point to dichotomize the interval into “short delay” and “long delay; and it is contextual, such cutoff points for different delays were defined in context of socio-cultural aspect, health seeking behavior of women and health care system of Nepal.’

Why has 60 days been chosen as the definition of delay?
As far as authors’ knowledge, this is the first research of this type in Nepal and other neighboring Asian countries. So, reference was taken from similar previous studies in other countries and also it is contextualized in Nepalese health care system.

Short referral delay – Up to 7 days – Referral within 7 days would not be considered a delay in any healthcare system.
Operational definition of referral delay is given ( page # 3)- ‘Referral delay- The time interval between the date of final referral by health care provider to diagnostic center with suspicion of cervical cancer and the date of first appointment of patient in the cervical cancer diagnostic
center. The period of seven days or less was defined as “short referral delay” and more than seven days was referred as “long referral delay”. Actually, it is patient’s decision making period and the travel period to reach the diagnostic center after referral by HCP.

Total diagnostic delay 90 days or less – this could be 1 day in which case there is no delay

Clarified (page #4) – ‘[Total diagnostic delay = patient delay + health care provider delay + referral delay + diagnostic waiting time.]

Thus the authors should reclassify into delay or no delay, specifying & justifying time periods selected. Having done this, they can tabulate results looking at stage at diagnosis & outcome

Because the objective of the study was not to measure the outcome of the disease and not to find the correlates/or associated factors of stage at diagnosis, we could not tabulate the results with stage at diagnosis and outcome. Maybe, this paper suggests further study for measuring delay and outcome of disease

**Response to reviewer # 2: Beena CR Devi**

My suggestions are:
As older patients, illiterate women and those who go to the HCP had the longest delay, it is pertinent that these are highlighted in the conclusion and the other stuff in the conclusion can be omitted.

Maybe the sentence (page #8) ‘There is a need of comprehensive approach to address two major delays……’ addresses this suggestion.

In the discussion it would have been interesting to include if the reason for delay was due to financial constraint as many had to travel long distances.

Maybe the sentence (page #7) ‘……., poor economic condition, their problematic health seeking behavior, ignoring the mild gynecological symptoms ……’ addresses this suggestion.

For the delay in HCP it would be valuable to add if the reason why gynaecological examination was not done: is it due to lack of training or due to inadequate staff or too many patients? If that reason is not known it is good to add that so that the reader is aware that all these factors caused the delay in HCP. This is important for policy makers to identify the causes especially the poor women can have access to only public services like HCP.

Maybe this statement (page #8) ‘In Nepal, the first contact point like the sub-health post (SHP) and health post (HP) from public service and private medical shops at community level are run by health care providers having basic medical trainings. These health workers often lack competency on gynecological examination and knowledge on cervical cancer screening and detection.’ addresses this suggestion.
NB: Corrections (grammatical and other) made in earlier version are highlighted in the updated version of manuscript.

We highly thank reviewers for their valuable suggestions and comments.

Looking forward to hearing from you very soon.

Sincerely yours,

Deepak Gyenwali