Author's response to reviews

Title: "If you can't treat HPV, why test for it?" Women's attitudes to the changing face of cervical cancer prevention - a focus group study.

Authors:

   Judith McRae (judemcrae@yahoo.com)
   Cara Martin (cara.martin@tcd.ie)
   John O'Leary (OLEARYJJ@tcd.ie)
   Linda Sharp (linda.sharp@ncri.ie)

Version: 3  Date: 3 March 2014

Author's response to reviews: see over
26th February 2014

Re: “If you can’t treat HPV, why test for it?” Women’s attitudes to the changing face of cervical cancer prevention: a focus group study:

Dear Editor,

Many thanks for your consideration of our paper and additionally thanks to the reviewers for their helpful comments on our paper. I have addressed the reviewers’ comments as detailed below, and have provided a revised manuscript.

Please don’t hesitate to contact me if you require anything further.

Yours,
Dr Judith Murphy

Reviewer’s report 1

Abstract 1) The lead conclusion is that women are attached to cytology, but there is no mention of surveying women about attitudes toward cytology in the Methods or Results. How was this determined?

The last line of the background section of the abstract was moved to the methods section to clarify that women’s view on cervical cancer screening, HPV testing and HPV vaccination were examined in the focus groups. Clarification was also made to this point in the results section of the abstract as requested.

Results 3) How do we know that the 59 women in 10 focus groups are representative of the Irish population? If we don’t know, how can we be certain that results are valid and generalizable?

A wide diversity in women’s opinions, experiences and characteristics were found during the focus groups. The themes which emerged in the focus group discussions and analysis were representative of the Irish population. In addition the characteristics of the women reflected the national socio-demographic and a similar percentage never had cervical cytology - additions were made to the discussion in order to clarify these points.

Discussion 4) As in the abstract, the lead conclusion is women’s trust in cytology, but there are no results presented to show this. Methods describing how this trust was measured and results showing how the intensity of trust was determined must be presented

The theme of women’s trust in cervical cytological screening was one that emerged spontaneously in the discussion of several different focus groups. We did not seek to measure the intensity of this trust as it emerged during the discussion on changes to cervical screening with regard to HPV testing. An addition was made to the results section to clarify this. Supporting quotes with regard to this are given in Table 2.

Reviewer’s report 2

Major Compulsory Revisions:

Originality check was done on the appendix. This showed that 93% of the words were similar to those of another author. Ensure that the appendix is presented in a way that does not constitute plagiarism. The authors may consider seeking permission from the original author(s).
The appendix is the exact information given to the focus group participants. It was done with the permission of the European Cervical Cancer Association and referenced at the start of the appendix (www.ecca.info/ga/ecca-publications/brochures.html). In order to further clarify this a statement was added to the start of the appendix “Written information provided to Focus Groups regarding HPV – from the ECCA booklet range [www.ecca.info/ga/ecca-publications/brochures.html] and used with permission of the ECCA.”

Minor Essential Revisions:

Be consistent with the use of “cervical cancer screening.” The use of “cervical screening” may be misunderstood to be referring to determination of other variables in the cervix, such as cervical length. Alternatively, indicate at the outset that cervical screening means cervical cancer screening. The use of “cervical screening” was changed to “cervical cancer screening” as requested throughout the paper.

The transcript was not returned/discussed with the research participants. It is possible that the participants could have made correction(s) thereby improving the quality of the data. The transcripts were not returned/discussed with the research participants after the focus groups. While this would have given them the opportunity to correct the transcripts, it would also have possibly contaminated the research data. As the transcripts were transcribed verbatim as a record of the group discussion, letting participants alter the discussion at a later point would have lost the integrity of the focus group. Also participants may change their minds about topics, do further research on the topics, or undergo further cervical cancer screening, after the focus groups had taken place. This was not a longitudinal study, and while the findings of such a study would be of interest it was not in the remit of this study to conduct same.

Discretionary Revisions:

1. In the method subsection of the abstract insert “in Ireland” after “primary care” in the sentence: “Fifty nine women, recruited through primary care, participated in ten focus groups.”
2. In the conclusion section of the abstract, insert “that” between “ensure” and “future” in the sentence: “To ensure future cervical cancer prevention strategies will be acceptable to women, sufficient thought will have to be given to information provision and education.”
3. Arrange the key words in alphabetical order, thus: Cervical screening, HPV testing, HPV vaccination, qualitative.
4. In the 6th paragraph of method, place a coma between “…HPV vaccination” and “groups…” in the sentence: “In the discussion on HPV vaccination groups were invited to discuss: attitudes to vaccinations in…”

The four minor corrections were made as requested (i.e. insertion of “in Ireland”, “that”, arrangement of keywords, and insertion of coma).

Reviewer’s report 3

Discretionary Revisions:

1. Topic: I think the first aspect of the topic ‘If you can’t treat HPV why test for it’ should be deleted to make the title more focused.

While we appreciate that a shorter title would be more focused; the use of that particular quote in the title is to highlight women’s’ actual opinions, specifically due to the quantitative nature of the study.

2. Introduction (last paragraph). The justification for the study should be more specific:

   a) Whether the study wants to look at women’s view on all aspects of cervical cancer prevention (cytology screening, HPV testing and HPV vaccination) b) Whether the study is specifically examining co-testing (primary screening HPV and cytology test) c) Whether the process of co-testing is already been practiced in Ireland or if it is still in the process of been introduced. d) Are there previous studies in Ireland or within the region on women’s view on the subject matter? If such
studies exist, the authors must highlight the findings to further provide justification for the current study.

Additions were made to the introduction (last paragraph) as requested for a more specific justification for the study. This explained that the study was the first in Ireland to examine women’s opinions on all aspects of cervical cancer prevention, and in particular on HPV testing. It further explained that HPV testing is in the process of being introduced into the national cervical cancer screening programme.

3. Methods
a) 1st paragraph “cervical check was rolled out in September 2008..........” (i) Is the country in the process of introducing co-testing to warrant the study? (ii) Any prior sensitization of the populace on the new form of testing before embarking on the focus group discussion? (iii) A brief description of the area of the study, its population, people etc. will not be out of place.

The focus group asked women to discuss three possible uses of HPV testing: (a) as a primary test, (b) for women with mildly abnormal cytology to help decide if follow-up is needed, and (c) in women treated for abnormal cytology to help decide if further treatments or follow-up are required. Currently the national cervical screening programme is implementing the last of the above options; this was clarified in the background section.

b) What sampling technique was used to ensure that the populace in the area under study (urban, mixed and rural) was equally recruited?

Purposive sampling was used to seek diversity in women and their experiences and opinions. One of these strata was urban/rural residence. Urban/rural diversity was achieved by actively seeking to hold focus groups in both urban and rural areas, at different geographic locations all over the Republic of Ireland.

c) How did you reduce bias in selection of participants in the focus group discussion? Was the selection only based on the women showing interest? Do you think advertisement on the media (electronic etc.) would have resulted in a more broad based participation in the study?

Diversity of women and their opinions and experiences was achieved by ensuring the groups were carried out in different geographical areas of the country and from different socio-economic background. The characteristics of women who participated were reflective of the population (additions were made to the discussion to clarify this). Recruitment for lower-socio-economic groups was more difficult and so a greater effort was made to ensure these women were recruited by visiting GP practices, handing out flyers personally etc. As with all focus groups, volunteering to participate does how an underlying interest in the topic – conscious of this we monitored the discussion to ensure that participants were representative of the population and not working specifically in health areas etc. As can be seen from the results the lack of knowledge especially about HPV shows that participants were nor overly interested in the subject prior to the groups. We were happy with the diversity in the women who volunteered to participate and advertisement on electronic media at the time was not necessary.

d) Are the 59 women involved in the study the only ones that indicated interest in the study or did some drop out after initially indicating interest? If the latter is true, how many?

The 59 women are those that actively participated in the groups. Some participants (13 in total) did not attend focus groups despite volunteering to do so. This is inevitable in any focus group research of this kind, particularly in settings (like ours) whether it is not possible to offer a direct financial incentive to attend. Also a small number of women volunteered in areas where focus groups already had taken place; these women were thanked for their interested and informed that the group had already taken place. Recruitment for our study continued until conceptual saturation with regards to the emergent themes had been reached.

e) Any calculated sample size for the study?
As this is a qualitative study, the issue of sample size and statistical power was not relevant. Rather recruitment took place and focus groups took place until conceptual saturation was reached; this method is appropriate for qualitative research.

f) I have some reservations on the time interval between provision of information/education on HPV for the participants and the subsequent focus group discussion. (i) I personally think the participants should have been provided with all the necessary information on HPV etc. at least 1-2 months earlier to enable them sought for clarifications on the subject matter from different experts before arrangements for the focus group discussion is scheduled. The low level of knowledge about HPV by the participants most probably is attributable to the short interval (90-150 minutes) between provision of information and focus group discussion. This must have affected the findings in the primary and the sub-themes in the study. (ii) Furthermore, bias on the part of the trained facilitators cannot be ruled out completely.

(i) Our study was observational in design. Our objective was to determine women’s knowledge and awareness of HPV before providing them with HPV related information; this would not have been possible had we provided information in the time before the group discussion. It was also valuable to gauge their primary reactions to such information and watch course of the opinions forming as the discussion took place; hence the use of the focus group method. (ii) A trained facilitator was used in all focus groups in order to monitor discussion and probe on various aspects of the topic guide if not spontaneously mentioned. A co-facilitator was also present at all groups to make notes on the discussion and monitor non-verbal communications of the participants. Neither the facilitator nor co-facilitator voiced an opinion on any of the topics during the focus groups discussions; the facilitator also endeavoured to ensure that all opinions were heard within the discussion.

4. Table 1 (last segment)
a) Private patients constituted about 70% of participants. (i) What are the cost implications of screening for both private and public patients especially for HPV testing? (ii) Is it possible that preponderance of private patient in the study could bias the view expressed?

a) (i) Cost implications for the national screening programme were not examined as part of this study. The focus groups solely focused on women’s views, opinions and attitudes. The costs of cytology screening and HPV testing were not a major point of discussion in the groups as the national cervical screening programme was imminent. (ii) The public/private ratio of participants was in line with the national averages (i.e. approximately 30% GMS public in 2007). Additions were made to the results and discussion to clarify this.

5. Discussion
a) Conflicting statement: In 2nd paragraph “while a national cervical cancer screening programme was not in place in Ireland at the time of this study…………” In 1st paragraph in method “Organized cervical screening commenced in the Mid-western area in 2000 and the national programme, cervical check was rolled out in September 2008…………”

Focus groups took place between August 2007– August 2008 as described in the methods section. Organized cervical screening commenced in the Mid-western area in 2000 as a pilot study and the national programme, Cervical Check was rolled out in September 2008. Therefor a national cervical cancer screening programme was not in place at the time of the study.

b) Role of HCPs and government (1st paragraph): The majority of women deferred responsibility for health........ NOT ....deferred responsibly........

Typographical error corrected as suggested.

c) Knowledge of HPV infection and HPV testing (1st paragraph) (i) Do you think that the many unanswered questions about HPV infection and cervical cancer would have been addressed with provision of information on HPV etc. over a longer time? (ii) Do you think that the psychological
effect of HPV testing reported in the study is related to the short interval between provision and assimilation of information on HPV by the participants?

(i) The provision of information on HPV over a longer time period would of course be of interest but more suitable for an educational intervention study. The aim of this study was to establish women’s views and knowledge at a certain sensitive time point (i.e. just prior to the introduction of a national cervical screening programme). (ii) This study highlighted the lack of knowledge about HPV as well as the primary reactions to information on HPV. However, due the course of the group discussion women were further able to assimilate this information faster than if on their own. The groups were conducted in such a way that the psychological effect of introducing HPV testing was able to be explored.