Author's response to reviews

Title: Quality of health information for cervical cancer treatment on the internet

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Author's response to reviews: see over
The Editor

Dear Sir,

Re. **Quality of health information for cervical cancer treatment on the internet**

Thank you for your comments regarding our study. We have made the recommended changes to the manuscript answering to the best of our ability your reviewer’s comments. The changes made are in the table following this letter.

Thank you once again for your consideration of this study.

I look forward to hearing from you in the near future.

Yours sincerely,

Tara J Selman
Response to reviewers:

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Response</th>
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<tbody>
<tr>
<td>Reviewer 1</td>
<td>1. The investigators have not provided sufficient detail as regards what was considered to be sufficient to define quality or reliability.</td>
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<td>2. How did the lay individual assess the quality of medical treatment recommended?</td>
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<td>3. Is it sufficient to have a single lay individual review the material to state the experience of the public? Was this particular individual particularly knowledgeable about the topic?</td>
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<td>4. If references were provided, was the appropriateness of the citation considered in the evaluation of the validity of the content?</td>
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<td>5. Why was it assumed information on “staging” was imperative? Did the investigators feel patients know their précised stage, especially in the setting of the complexity of staging of cervical cancer? Why would a general statement regarding the management of local, regional or metastatic disease not have been sufficient in this area?</td>
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<td>6. How was appropriate follow-up defined?</td>
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<td>7. What is the treatment of recurrent disease that should have been included in internet sites?</td>
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Reviewer 2:

1. Perhaps some coefficient of agreement could be added (eg Kappa) for the agreement between raters?

We have added further detail on the definition of quality by explaining further what we felt adequate for the ‘source’ p6 ln 3, for the ‘currency’ p6 ln 5, ‘staging of disease’ p6 ln 10, ‘the necessary follow up’ p6 ln 11 - 12, ‘treatment for recurrence’ p6 ln 12 -13.

They were provided with a check list to assess quality against. We have explained this now on P7 ln 1 – 4.

You are quite right to point out that it may not be sufficient to consider a single lay reviewer as completely representative of all public experience and we have addressed this on P9 ln 15 – 16. The knowledge of the lay reviewer is now addressed on P7 ln 5- 6.

This has now been address on P6 Ln 13 – 14.

We felt that staging of disease is a process all patients undergo and this should be included. We take on board your comment on the complexity of staging cervical cancer, however it is our clinical experience that patients with the motivation to investigate their treatment further on internet sites are made a where of their disease state and due to the subtle difference in treatments between stages it was our opinion that it is most appropriate to divide treatment on the bases of stage of disease.

We felt it was important to state hospital follow up would be required P6 Ln 11 - 12

We have now addressed this on P6 Ln 12 - 13.

We have now included Kappa scores P9 ln 7 – 8.