Author's response to reviews

Title: How protective is cervical cancer screening against cervical cancer mortality in developing countries? The Colombian case.

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Author's response to reviews: see over
Bogota, August 25, 2010


Dear editorial board:

We are resubmitting the article “How protective is cervical cancer screening against cervical cancer mortality in developing countries? The Colombian case”. Attached this letter you will find our detailed answers to the reviewer. We have done our best to fulfill her questions and suggestions which we believe have enriched the text.

Sincerely,

Luz Angela Chocontá Piraquive
Fernando de la Hoz Restrepo
Nelson Alvis
Reviewer Nancy Breen

- Editing for English is needed R/Done

- I suggest spelling out all instance of cervical cancer rather than using the (unconventional) abbreviation of CC R/ Done.

- Abstract, conclusion: In first sentence, suggest changing "important" to "adequate". In second sentence, need to spell out thinking here: it's not just the "role" of health insurance -- it's continuity of health insurance coverage and of health care itself that needs to be monitored, evaluated and addressed in future studies. R/ We changed important to adequate and we rephrased that last conclusion.

Background section:

- 1. change "scenery" to "scenario" R/ done

- 2. (p 5) add concluding sentences to end of para beginning "The present report describes..." something like: We argue that using cervical cancer screening as a sole indicator of success in cervical cancer screening programs is inadequate for evaluate whether a program is working. Rather, the program needed to be evaluated for whether it is providing the full range of services needed to prevent cervical cancer and reduce mortality from cervical cancer. We analyze a range of data sources to provide evidence for our argument.

R/ “Screening coverage is commonly used as the only indicator to evaluate the success of cervical cancer screening programs. However, screening is just a part of program, therefore screening programs must be evaluated for the full range of services needed to prevent cervical cancer and reduce cervical cancer mortality. In the present study, a range of data sources related to quality of the cervical cancer screening program in Colombia were analyzed to provide evidence for our argument.”
What does this sentence mean: "Not including health insurance coverage may have led to an uncertain degree of confounding in the effect of screening variables on mortality and cervical cancer." If this is a limitation of the study, it should be in the discussion/conclusion section. If health insurance is missing from only a few departments, is a sensitivity analysis needed?

R/ We meant that in the analysis we adjusted for health insurance status. We rephrased in the following way:

“An additional variable included in the analysis was the proportion of women covered by any of the health insurance regimes by department. Health insurance status was used to adjust the effect of screening variables on mortality since access to screening and mortality may vary by insurance status.”

"ethic board": in the US, these are called Institutional Review Boards. Would it help readers understand to use that term? R/ changed.

Discussion: Suggest reviewing the refs below for possible inclusion in the discussion. They provide a broader view than the US studies included now and could be used by the authors to add depth and breadth to their study.

R/ done

Add to “Oakland”, “CA, USA” unless this study was conducted in Oakland, Columbia

R/ Done

In the para beg “One potential weakness in this study...”, sentence “Non-differential misclassification bias may arise from that potential error which would lead to underestimate the relationship between cytology coverage and CC mortality.” What does “that potential error” refer to?

R/ with “that potential error” we meant an error in the survey by women giving equivocal answers. We rephrase the paragraph to try to make this clear.

“ On the other hand, women answering the survey may have given equivocal answers to questions about use of health service related to cervical cancer screening, this potential source of error, would produce a non differential misclassification bias resulting in an underestimation of the association between cytology coverage and cervical cancer mortality. Nonetheless, ENDS surveys have been carried out for more than 20 years in Colombia using similar instruments; surveyors are well trained and have experience applying these questions. In addition, Caplan et al 2003 have found that self-reporting of cervical cancer screening test utilization is highly accurate compared with information extracted from medical records (overall agreement>80%)[15]. Therefore, we believe that self reporting bias on use of
screening services would be unlikely to mask a strong effect of cytology coverage on cervical cancer mortality in our study. “

❖ The sentence on new technologies seem irrelevant to this study. Until now, the issue has been lack of follow up. Replacing Pap testing with HPV DNA detection would not have any effect on that.
R / “Some have proposed HPV detection as a complementary service to improve cervical cancer screening. Gamboa et al assessed the cost effectiveness of introducing HPV DNA detection tests in Colombia concluding that it would reduce cervical cancer mortality and would be very cost-effective. However, including the test would only complicate further the screening process that already seems to be failing in providing basic services of follow up.”

❖ As to the high cost of the HPV vaccine, some of the drug companies are offering low-price (subsidized) vaccines to developing countries. Is Colombia one of them?
R/ Up until now none of the two HPV vaccine producers have offered the vaccine for less than $100 per dose.

❖ Last sentence in MS: reverse order of screening & vaccine to vaccine & screening, since this is the actual sequence of events. R/ done