Reviewer's report

**Title:** Personal factors influence use of cervical cancer screening services: epidemiological survey and linked administrative data address the limitations of previous research

**Version:** 1 **Date:** 8 December 2011

**Reviewer:** Marc Arbyn

**Reviewer's report:**

**GENERAL COMMENTS**

Optimal screening coverage is the main determinant of success of a screening programme. In countries with comprehensive recording of health care acts, such as Australia, screening coverage can be assessed with a high level of accuracy, but these sources contain only limited covariate information. This covariate information can be assessed by health surveys in representative samples of the target population. However, estimates of screening coverage from self reports often yield overestimated results. By linkage between the two types of sources accurate estimation of coverage can be combined with a detailed assessment of socio-economic, demographic and medical determinants/risk factors for non-screening. The authors were successful performing this linked survey.

The authors do not report the self-reported coverage. Adding this would increase the scientific value of the paper and bring the results section more in agreement with the introduction.

**SPECIFIC COMMENTS**

**ABSTRACT**

No comments

**INTRODUCTION**

Ref 1 is obsolete. Cervix cancer is currently the 3rd most incident (not prevalent) cancer An up-to-date ref is the following:


The authors are right in stating that self-reports often yield biased (overestimated) results compared to more reliable sources (medical files, administrative records from health insurers). We also found a substantial discrepancy between estimates in cervical cancer screening coverage in Belgium (% of women aged 25-64 having had at least one Pap over the last 3 years) according to the source of information: estimated from telephone survey > estimates from health interview surveys (home visits): 70%, > 59% from reimbursement claims.

MATERIALS AND METHODS

Statistical methods seem correct.

The authors state correctly that administrative records allow more accurate screening coverage estimates which can be enriched with detailed socio-economic, demographic and medical information – if linkable to personal interview data.

RESULTS

Add coverage estimates assessed from the self-reports.

Table 1. Add “and non-imputed” after unweighted in the column headers.

Under missingness: add “proportion”

A 95% CI around the PAR should be reported.

DISCUSSION

It would be interesting that the authors contrast coverage from the self-reports with coverage from the administrative records as discussed in the introduction.

The computation of PAR is correct but its interpretation that non-screening will reduce non-screening with 74% is too absolute and naive. It assumes a 100% effective action in all the women with cited risk factors. One needs evidence that by an intervention tackling the inequality factors one can increase screening coverage with a certain fraction. The authors could recommend research on effectiveness of such interventions.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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 regarding the materials discussed in this paper