Author's response to reviews

Title: Effect of an antepartum Pap smear on the coverage of a cervical cancer screening programme: a population-based prospective study

Authors:

Mari Nygard (mari.nygard@kreftregisteret.no)
Anne-Kjersti Daltveit (Anne.Daltveit@isf.uib.no)
Steinar O Thoresen (sth@kreftregisteret.no)
Jan F Nygard (j.f.nygard@kreftregisteret.no)

Version: 4 Date: 16 November 2006

Author’s response to reviews: see over
Dear Dr. Lolu da-Silva,

Thank you for the e-mail, dated October 19th, 2006 regarding manuscript MS: 3196964911162924 Effect of an antepartum Pap smear on the coverage of a cervical cancer screening programme: a population-based prospective study by Mari Nygård, Anne-Kjersti Daltveit Daltveit, Steinar O Thoresen and Jan F Nygård.

I would like to thank the reviewers and editor for the comments, specifically dr. Pekka Nieminen.

We believe that current article merits publication as a full research paper as explained in the following:

Health care providers often face the pregnant women and dilemma whether to take or not a screening Pap-smear. As the incidence of pre-cancerous lesions of the cervix peaks together with the occurrence of pregnancies within the same decade of women’s life: 25–35 years of age and the fact that women is attending to antepartum check ups, antepartum care present an excellent opportunity to offer a Pap-smear. The cons are pitfalls in evaluation an antepartum Pap-smear, problems in managing pregnant women with pre-cancerous lesion, etc. In order to really answer to the question: ”Do we need the antepartum Pap?” medical professionals should have an information on effect of an antepartum Pap smear to the coverage of a cervical cancer screening programme as well as information on accuracy of the antepartum Pap in respect to pre-invasive lesions.

The current article addresses the effect of an antepartum Pap smear to the coverage of a cervical cancer screening programme in Norway. To our knowledge, this is first time when pregnant and non-pregnant women are directly compared with respect to attendance to the screening programme. Our results indicate, that antepartum pap does increase the coverage even in the country with existing organised screening programme. This is message, important for the decision makers while formulating the guidelines for the cervical cancer screening in pregnancy, therefore, deserving to be published as an article. As stated by one of the reviewer, the article is of importance of its field.

In addition, increasing availability of the medical registries opening the possibility for large scale epidemiological studies. It is far too little information on how to use the register databases in research. We need to develop more knowledge on use of registry data and integrate it more efficiently into the clinical research and everyday practice. Please find point by point revisions below.

Thank you for your comments,
On behalf of all the authors,

Yours Mari Nygård
Reviewer: Pekka Nieminen

Comment
The authors should make more clear whether pap-smear taking during the pregnancy or antepartum period is part of the normal organised screening programme, also ages below 25, or is it or has it been encouraged especially during the study years. This is pretty important for understanding the meaning of the study.

Reply
Norwegian guidelines for antepartum smear was included into manus, please, see 1st paragraph of the Discussion, pg. 11

Comment
The setting of the study is also more important and meaningful in the developed countries, where the age of women with the first pregnancy has greatly shifted to the older years and thus these women are among the target age-groups of the screening. On the other hand, the results can not be adapted directly to countries where the pregnancies happen earlier. These things should be made clear and at least partly discussed.

Reply
This is addressed at the first paragraph and last sentence of the Discussion, Conclusions and abstract.

Comment
In results part the authors should condense the text, which is partly very laborious to read and understand. Only the most important findings should be in the text, the rest in the tables.

Reply
We have reformulated and shortened the Results.

Comment
In Figure 2 the last two parts, I cannot understand the percentage figures, where do they come from?

Reply
We have only Figure 1 in this paper. However, I assume, that it is a typing error and the Reviewer is referring to the Table 2. We are presenting the percentages of the women with follow-up pap-smear among all women who had the last Pap-smear before T_0, 0–12 months, 13–24 months, 25–36 months and >36 months. Similarly, we are presenting the percentages of women with follow-up pap-smear among women who never received an invitation, or to whom the invitation was mailed 24–2 months prior to T_0, 1 months prior–3 months after T_0, >3 months after T_0. This should not add up 100% because women in each stratum are assessed separately for the follow-up Pap. We assure you that all the figures presented in the table are twice double-checked and correct. We have reformulated the heading of the table to be more precise.

Comment
The discussion is too long. Pg 15 first chapter, last sentence. There is no reference for that pregnant women are at more risk for cervical cancer and precancerous lesions. It is also against IARC and EU guidelines to recommend screening below age 25. If
done, it produces too much false positives and treatments, which can do harm i.e. for the future pregnancies. That sentence should be omitted and the subject discussed.

Reply
Regarding the guidelines for start of the screening: the Norwegian experience is that guidelines and real life do not match. Up to 70% of the Norwegian women have had a smear before the recommended screening age and they receive treatment given moderate or severe dysplasia is diagnosed. It is also well-known, that e.g. screening in Iceland starts at age of 21 and in Sweden at age of 23 and the US recommendation states that women should start screening 3 years after onset of the sexual activity. However, we agree with the statements that there are no published data suggesting that pregnant women are at more risk for cervical cancer/precancerous lesion and that there is data supporting that the treatment can do harm. However, being pregnant implies risk for exposure to sexually transmitted infection. The sentence is reformulated as follows:

“….It should be remembered that a sexually transmitted virus, human papilloma virus, is responsible for developing pre-invasive cervical lesions and CC [20, 21]. Pregnant women irrespective of age therefore represent a population with risk for a past or current exposure to sexually transmitted infections. However, many mild dysplastic cervical lesions are subjected to regress, as we have shown in our previous study on young women [22], suggesting that mass-screening in young ages is unwarranted. ....”

Reviewer Stefano Ciatto

Comment
Unfortunately by no way we may use this information for a specific action to increase coverage. The author statement that we should recommend Pap smear in pregnancy has no specific motivation, not more than recommending that women must have Pap test every three years or any time they refer to a gynecological practice. Pregnancy is one of many situation which may be used to promote screening. The authors should discuss this aspect

Reply
This was included into the discussion pg 15 last chapter:

“...It is natural combine the antepartum visits with the distribution of the health education among women and several authors demanding the routine antepartum smear [23, 24] in order to improve detection of the cervical preinvasive lesions. However, the decision on recommending Pap smears for all pregnant women should be based on information on the accuracy of the antepartum Pap to diagnose underlying pre-invasive lesion, the impact on coverage and on the mean ages of pregnancy in given country.”