Author's response to reviews

Title: Role of Verbal Autopsy in determining high occurrence of cancer along Huai River Basin, in China

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Author's response to reviews: see over
Dear editor,

Thank you for your time and suggestions for improving our manuscript. Your critiques on our previous draft are helpful and the additional information you requested is critical. We have addressed your questions and concerns in the current draft. Please find point-to-point response (*in Italics*) as follows.

The remaining requirements:
1. As requested in the last request for revision, we asked for a copy of the VA questionnaire to be included as an appendix. This still needs to be done.
   
   We have included the original Chinese questionnaire as an appendix. But as time limited, it is in Chinese version. Sorry about that.

2. The confidence intervals are shown in table 2, but they are not discussed in the text. Please add a short statement to the text about how you calculated the confidence intervals.
   
   We have revised the manuscript as per reviewer's comments.

3. We still need more clarification about the question #3 we asked in our last request for revision, regarding the prevalence of cancer. Because your search algorithm looked at hospital records, there will be a bias if a selected group visited the hospital, and this might be different in the study area vs. the control area. The validity of the prevalence depends on there not being a differential bias between the study and control areas. You’ve addressed this for deaths, but not for live cases. We need a bit more to convince the reader that there are no serious bias issues in the prevalent cases.

   We understand the editor and reviewers’ concerns and appreciate additional suggestions. I think we should further clarify the roles village doctors play in China. In the Results section, we now have added a footnote to describe village doctors. We wrote: “Villages doctors are primary care givers in rural China who provide basic medical procedures or referrals to county-level medical facilities. There is usually one village doctor per village. Village doctors usually know each villager well and can easily contact villagers for medical purposes.” We clarified this because everyone in the village needs to go to their village doctor first before visiting any other health facilities, and the utilization rate of village clinics is high. Village doctors have records of all the villagers who visited them, and these doctors usually know everyone well in the village. The reason why we used village doctors to collect live cases is because they are familiar with every villager’s health status and illness history; for the ones they do not have records for, village doctors can easily contact or visit the villagers for health-related inquiry. Therefore, in the current study, village doctors had access to cancer-related information of almost 100% of the population they serve.

   We are not aware of any factors that contributed to bias in estimated prevalence between the study and control areas.

Please do not hesitate to contact us for further questions.
Thank you very much!

Best regards,
Gonghuan Yang