Author’s response to reviews

Title: General Practitioners who never perform Pap smear: the medical offer and the socio-economic context around their office could limit their involvement in cervical cancer screening

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Response to the reviewers – Point by point reply

Editor Comments:

Thank you for this new, nicely improved version of the manuscript. I have a last request from you before it can be accepted for publication: Box 1 is informative but a little hard to read. Please separate the information presented into sections so that the situation before 2019 and since 2019 are described separately. Also, I had trouble understanding the extent to which the financial aspects had changed since 2019. If they have changed in a significant way, please present this information separately in each of the two sections. If they are overall the same, an alternative could be to have a third section describing the financial aspects, including the extent of out-of-pocket payments required from patients in the different models. You may also use bullet points to simplify the text.
Box 1. Organization of cervical cancer screening in France

- In France, the National Authority for Health (Haute Autorité de Santé) recommends one cervical cancer screening every three years following two normal screenings performed over two years, concerning all sexually active women aged 25 to 65 years.

- Before 2019, cervical cancer screening was mostly opportunistic. Opportunistic screening coexisted with organized screening trial programs carried out in up to 11 counties (départements) out of 96 in metropolitan France. Apart from the administrative staff responsible for sending invitations to overdue women, there was no medical structure or staff dedicated to organized screening. Whatever the type of screening (opportunistic or organized), women could be screened at their convenience by any of the following health professionals (by decreasing order of volume of activity): gynecologists, general practitioners, hospital-based gynecologists, midwives (whose activity is growing since its beginning in 2009 but is still scarce at the moment) and medical biologists (doctors working in outpatient medical analysis laboratories). If there was no exclusivity between these professionals regarding screening, territorial conflicts existed leading to a lack of coordination.

- Since 2019, organized screening has been implemented at the national level on the model of previous trial programs. Opportunistic screening continues to exist and will remain available.

- Regardless of the period considered, payment has remained the same for women. Within opportunistic screening, the medical consultation (where a Pap smear is performed or prescribed for sampling at the medical analysis laboratory) and the Pap smear itself are covered by the National Health Insurance (NHI). Patients pay out-of-pocket before being reimbursed (70% of the amount covered by the NHI). Around 80% of Pap smears are performed by gynecologists and most of them charge more than what is covered by the NHI, leaving patients with out-of-pocket expenditures. In the organized screening program, Pap smears are free (sampling and analysis) without advance payment. However, medical consultation (necessary to access screening) is covered by the NHI as routine care (i.e. as in opportunistic screening), in effect not removing the financial barrier to access screening.