Reviewer's report

Title: Examining the potential public health benefit of offering STI testing to men in amateur football clubs: Evidence from cross-sectional surveys.

Version: 1 Date: 6 March 2015

Reviewer: Muhammad Jamil

Reviewer's report:

The manuscript by Mercer et al. entitled ‘Examining the potential public health benefit of offering STI testing to men in amateur football clubs: Evidence from cross-sectional surveys’ examines the potential public health benefit of SPORTSMART intervention by assessing participants’ sociodemographic characteristics, sexual behaviours, and sexual healthcare behaviour and comparing to men in the general population. The main findings are that SPORTSMART participants were younger, more likely to report >=2 sexual partners, concurrent partners, and non-use of condoms with no difference in STI/HIV risk perception and STI testing in the past year compared to men in the general population. The authors conclude that SPORTSMART approach should yield both individual and public health benefit by widening access to STI testing and health promotion messages for men at higher STI risk.

Major Compulsory Revisions:
My main concern is that although the main focus of paper is ‘public health benefit’ of SPORTSMART intervention – the public health benefit was not defined anywhere in the manuscript. Also there are other crucial aspects of a screening program that are important from a public health perspective e.g., treatment uptake, partner notification and treatment, and re-infection. Although no positive cases were diagnosed in SPORTSMART intervention, apparently the above were not the outcomes of interest in the evaluation of intervention [Fuller et al. STI 2014. doi:10.1136/sextrans-2014-051719]. I think these outcomes should be incorporated in the intervention and evaluated before a public health benefit could be justified. In fact, Fuller et al. were unable to establish that the interventions were superior compared to the control and concluded that ‘Although we have developed a simple, feasible and acceptable approach to male STI screening and operationalised it within football clubs a clearer view of the public health benefits of this approach is needed before we can be certain of its wider impact’. Further, the feasibility of wider implementation of this approach is also questionable as hinted by Fuller et al: ‘…rates varied appreciably by club, precluding formal comparison of arms’; ‘…gaining access to clubs was not always easy’; and ‘…several clubs were uncontactable and others did not respond’. Therefore, in my opinion a conclusion of potential public health benefit is beyond the scope of this analysis, not supported by current and previously published results and I find it somewhat redundant considering conclusions by Fuller et al. I suggest the authors to reconsider the overall theme of paper and
focus on the fact that SPORTSMART intervention has the potential to reach younger men at higher risk of STIs with low risk perception and access to healthcare – which in itself is an important finding.

Minor Essential Revisions:

Abstract

1. Background – SPORTSMART instead of SPORTMART
2. Methods last sentence – needs to rephrase as it is unclear
3. Results – replace >= with #
4. Results – include p-values with AOR
5. Conclusions – clearly the age profile of men in two comparison groups is not similar as reported in the results, only the age range is similar
6. Conclusions – use ‘past STI testing history’ instead of ‘likelihood of STI testing’

Methods

7. Statistical analysis section – please provide a rationale for adjusting for age and other factors in multivariate analysis. It is previously mentioned that age standardisation was used because of difference in age profile

Results

8. Second sentence – delete ‘estimated’
9. First paragraph, last sentence – what is meant by ‘co-operation rate’?
10. Sociodemographic characteristics – Perhaps provide a statistical evidence of difference in age. I would rather look at median ages of the samples
11. Sexual behaviour, third paragraph, first sentence – compare AOR with AOR instead of proportion with AOR
12. Sexual behaviour, third paragraph – unsafe sex should be defined in the methods

Discussion

13. Delete ‘since football is the highest participation team sport for men in England’ or clarify what you mean by highest participation
14. What is meant by ‘hypothetical’ uptake of STI testing in the above sentence?
15. Last paragraph, first sentence – delete ‘the’ before men
16. Please comment on generalisability of results

Other general comments:

17. Define abbreviations when first mentioned e.g. UK, AOR
18. In the results provide 95%CI with AOR and report actual proportions in addition to or instead of e.g. ‘…similar proportions reported having tested for at least one STI in the past year at around one in six men in the two samples…’
19. Self-completion vs self-administered – use one consistently, preferably latter

Discretionary Revisions:

20. Results last sentence – either delete ‘which was reported by only one in six men’ or report actual proportions for each group

21. Conclusions – health promotion messages instead of messaging

22. Statistical analysis last paragraph – I think this could be deleted

23. Results, sexual behaviour, last sentence – delete ‘in this timeframe’

24. Results, venue of STI testing – ‘the remaining…(three men).’ Rephrase to, three men (x%) reported xx and two (x%) reported xx.

25. First paragraph – replace health promotion messaging with health promotion messages

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests