Author's response to reviews

Title: Symptomatic presentation with cervical cancer in Uganda: a qualitative study assessing the pathways to diagnosis in a low-income country

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Author's response to reviews:

August 25, 2014
The Editor
BMC Women’s Health
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Dear Editor,

Symptomatic presentation with cervical cancer in Uganda: a qualitative study assessing the pathways to diagnosis in a low-income country

Please find attached a revised version of our paper entitled “Symptomatic presentation with cervical cancer in Uganda: a qualitative study assessing the pathways to diagnosis in a low-income country”, for consideration for publication in BMC Women’s Health.

We appreciate the concerns you raised in your comments about our manuscript that needs to be addressed before peer review.

This study was conducted alongside a survey of cervical cancer patients to determine stage distribution and factors associated with advanced cervical cancer at diagnosis for which we recruited 168 patients over a period of 18 months. For this qualitative study we collected data in two phases. The first phase started at the same time as recruitment to the survey, and was from 11th August to 26th September 2012. Among women identified via the survey as willing to be interviewed, we purposively sampled patients who were not too unwell to participate in an interview, and who spoke the local language. Ten patients completed the survey during this time period, 9 spoke the local language, and we interviewed 6 of these 9 patients. The data collected from these first six patients were transcribed, translated and analysis started to identify key and emerging issues. We also sought to identify deviant or disconfirming cases to inform further data collection. The second phase of data collection was from 11th May 2013 to 6th July 2013. The same purposive sampling approach
was used, and among the 24 patients who completed the survey during this time period, 23 were identified as speaking the local language, of whom 12 agreed to be interviewed for this study.

The initial analysis suggested that patients who knew their HIV status could be considered a “deviant group”. Two were recruited during the first phase and a third was recruited in the second phase. As there was no new data emerging from the patients with known HIV positive status that differed from the other participants who were HIV negative or did not know their HIV status, we considered that we had achieved saturation of data and were able to stop recruitment at that point.

To ensure quality and rigor in analysis and interpretations of data, the first author, a PhD candidate, conducted the interviews, transcribed and analyzed the data. Alongside analysis, he was undertaking courses in medical anthropology and use of theory to underpin qualitative concepts in University of Cambridge. ADM is a clinician with little time for research.

We have accordingly clarified in the main text, which we now resubmit for your kind considerations. The changes have been made in pages 6 - 7, lines 136 - 158 of the main document.

We look forward to your positive considerations of our manuscript.

Yours Sincerely,

Amos Deogratius Mwaka