Author’s response to reviews

Title: A Qualitative Exploration of Cervical and Breast Cancer Stigma in Karnataka, India

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Author’s response to reviews:

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Revision and re-submission of manuscript (BMWH-D-16-00235) for consideration for publication, BMC Women’s Health

Dear Dr. Aronin,

We appreciate the opportunity to strengthen our manuscript “A Qualitative Exploration of Cervical and Breast Cancer Stigma in Karnataka, India,” based on the reviewer’s comments for re-submission to BMC Women’s Health. We have responded to each of the reviewer’s comment below.

We have also, as supplementary files, included the COREG checklist for qualitative research and English copies of all the interview guides from both the breast and cervical cancer studies. The local language guides require installation of a special font, therefore they are not included. However, they are available upon request from co-author Suneeta Krishnan.

We confirm that this manuscript has not been published elsewhere and is not under consideration by another journal.
All authors have approved the revised manuscript.

Should you have any query, please do not hesitate to contact me via email.

On behalf of all authors, I look forward to hearing from you soon.

Yours sincerely,

Laura Nyblade, Ph.D

Response to Reviewer: We appreciate your thoughtful comments and the opportunity to strengthen the paper because of them. Below are specific responses to each of the comments.

Reviewer #1: This paper addressed an important health topic. The paper needs major editing, especially the section, "Manifestation of Stigma". There are many repeated quotes and issues that were already addressed in the previous section - "Divers".

Authors response: We have completely reworked and reorganized the manifestations of stigma section to remove repetition, improve flow and tighten the text. This has included merging the experienced and anticipated sections, as well as creating a new section on consequences of stigma. We have also edited the paper.

Abstract:

Reviewer: The method section in the abstract needs to include number of respondents interviewed for each study.

Authors response: Both number and type of respondents for both studies has been added to the abstract.
Figure and Tables:

Reviewer- Figure 2 section "Opportunities for Programmatic Action" is not quite self-explanatory.

Authors response: We added further explanation in the paragraph above the figure to clarify.

- Table 1 needs citing of sources (i.e. Adapted from ….).
Authors response: We added the appropriate sources and citations.

- Table 2 - good information, but readers then might wonder how stigma was experienced between exposed and unexposed groups.

Authors response: There were no noted differences in stigma described between the exposed and unexposed groups in the cervical cancer study. We have added a note to this effect in the first paragraph of the results section.

Background:

Reviewer- Good information re background/lit review. Review of literature should include more studies related to target population (Indian).

Authors response: We have added the below citations in background section:

Reviewer- Needs to include information statistics regarding breast and cervical cancer incidence and mortality rates and if available, these cancer screening rate among targeted population. This would help to further illuminate the negative impact of stigma on the outcome of these cancer diagnosis and treatment, thus significant of this paper's topic.

Authors response: We have added information from a three-year report of population based cancer registries 2012-2014, in the Bangalore registry area (note this information at the disaggregated level of the study sites is not available), in the methods section where we describe the study sites for each study.

Methods:

Reviewer- Please add a section on the theoretical framework and how it guides the study.

Authors response: Both studies were guided by the socio-ecological model. We have expanded on this model in the first paragraph of the methods section.

Reviewer- A very good use of table 2 to communicate sample design and participants' details.

Authors response: Thank you!
Reviewer: Procedure needs elaboration on how the sample size for both studies were determined.

Authors response: The sample size for both studies was based on conducting a sufficient number of interviews to reach saturation (point where nothing new is being learned) within each of the key groups identified as critical to the objectives of each study. This was based on prior experience of the investigators. In the case of the cervical cancer study, due to resource constraints, two focus group discussions were conducted for each sub-group of interest (e.g., younger women, exposed to cancer education), with the option of conducting an additional discussion if data were highly divergent (such a situation did not arise). We have also included more information on the sampling, noting it was purposive with respect to ensuring certain categories of groups were included, but within these groups convenience sampling was used.

Reviewer: Under section "data collection and analysis" please briefly categorize the type of questions asked for the individual in-depth interview and for the focus group - few examples of these questions would be useful for the readers.

Authors response: We have added a table categorizing the type of questions asked and providing examples of some of the stigma-specific questions for each study.

Result:

Reviewer: Section "Driver" is well written.

Reviewer: Line 236, I would suggest the subheading be: "Cancer as a death sentence and the negative impact of having cancer"

Authors response: We respectfully disagree and decline to add the phrase “and the negative impact of having cancer” as that is not a driver, but rather the result of a driver. We have added a new section to the results on the consequences (impacts) of stigma instead.

Reviewer: The section "Manifestations of stigma" needs major editing. It elaborates on issues and has many quotes that were already addressed in the previous section so it is quite redundant.
Authors response: We have completely reworked and reorganized the manifestations of stigma section to remove repetition, improve flow and tighten the text. This has included merging the experienced and anticipated sections, as well as creating a new section on consequences of stigma.

Discussion:

- The authors emphasize pertinent findings but to be more relevant, they need to include recommendations that would be of significant in addressing stigma in breast cancer and cervical cancer for the target population.

Authors response: We have reorganized the discussion section to bring out the recommendations (opportunities for programmatic action in figure 2) more clearly as recommendations---and put them all in the final paragraph of the discussion section.