Reviewer’s report

Title: Validation of the Pelvic Organ Prolapse Simple Screening Inventory (POPSSI) in a population of Ethiopian women.

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Reviewer: Laura Elizabeth Dodge

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Validation of the Pelvic Organ Prolapse Simple Screening Inventory (POPSSI) in a population of Ethiopian women

BMC Women's Health

General comments

This work describes the validation of the POPSSI for identifying pelvic organ prolapse among women in Addis Ababa, Ethiopia. This is an important goal, because if the validity of the POPSSI in this population can be confirmed, it will provide an easy tool for identification of prolapse in resource-poor settings where skilled exams are not possible. However, the manuscript requires additional explanation in order to judge the usefulness of the findings and should also discuss the implications of identifying a medical issue in settings without access to medical care. The manuscript requires copy editing for typos. Detailed comments and questions are provided below.

Background

Line 7: What is the incidence of POP among nulliparous women?

Lines 45-47: This sentence requires clarification, because as written it makes it sound as if the age at marriage may be steadily rising, which does not support the point that Ethiopian women may be uniquely predisposed to POP. Is it actually the proportion of women married prior to age 15 that is rising? It would be helpful to keep the statistic presented consistent as opposed to presenting age at marriage and making a comparison with the proportion married before age 15.

Lines 54-56: While Ethiopian women may be uniquely predisposed to pelvic floor dysfunction, studying these factors is not the aim of the present study, and thus this sentence should be reworded to make it clear that the goal is to validate the POPSSI in this population.

Methods

Lines 15-19: Were all eligible women approached to participate?
Lines 21-24: These sentences belong in the Results as opposed to the Methods.

Line 28: It would be helpful to provide some additional information about the POPSSI either in the text or as an appendix. It is mentioned in the Background that it was developed from the PFQDI, but how does it compare in terms of length, questions, etc.? The questions are provided in the Results, but it is not clear to the reader whether all of these questions are part of the POPSSI or whether all of the POPSSI questions are represented.

Results

Line 8: This section should start with the total number of patients and the breakdown among those with and without prolapse. Was it possible to calculate a participation rate among those who were approached?

Lines 12-14: What was the distribution of POP-Q scores?

Line 17: What is meant by "detective POP"? Is this referring to POP identified by the POP-Q?

Lines 20-22: Do the sensitivity and specificity vary based on the degree of prolapse as identified by the POP-Q? It would seem reasonable that these test characteristics would improve with more severe degrees of prolapse. Indeed, this is mentioned in the following paragraph. It would be useful to see these results for each stage of prolapse. However, it is also important to present the number of patients in each group, as with only 109 prolapse patients in total, the number with stage IV cystocele, for instance, is likely very small. Perhaps the types should be combined for each grade of prolapse.

Lines 20-22: Here, is urinary incontinence indicating urinary urgency as used in the Iranian study?

Discussion

Lines 16-18: What are the possible reasons for the large discrepancy in the sensitivity of SUI between the present study and the Iranian study? The potential differences in the study population should be discussed here as opposed to in the Conclusion.

Lines 18-20: While these sensitivities are higher, they are still quite low.

Lines 28-34: Sensitivity is a characteristic of the test and is not affected by the study population per se. A higher overall incidence of POP in the study population would affect the predictive values but not the sensitivity or specificity. Therefore, while Ethiopian women may be predisposed to POP, this alone does not explain why the findings of the present study differ from those of the Iranian study. However, the severity of POP could explain these differences, as it is likely that the sensitivity and specificity are higher among those with more severe disease. This is why it is extremely important to know the distribution of POP severity among this population.
and the sensitivity and specificity for various degrees of POP. There were very few women in the Iranian study with grade III or IV POP, and I suspect that this is not the case among women presenting to tertiary care in the present study.

General: What are the implications of your findings? Given that only one question had high sensitivity, do you recommend shortening the tool to a single question, or are there other benefits of asking women the additional three questions?

General: What are the implications of using this tool in resource-poor settings? Given that this will be used in areas without access to skilled medical care, what are the treatment options available for women who are identified as having POP and who will provide those treatment options? Will those women be able to access adequate care for their prolapse?

Conclusion

The conclusion introduces several new concepts, including a discussion of the advantages and limitations of the present study. These would be better included in the Discussion and revised according to the comments above.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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