Author's response to reviews

Title: Using surveillance data to understand cancer trends: an overview in Morocco

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Version: 3 Date: 5 September 2015

Author's response to reviews:

Questions to be reviewed Answer Paragraph, Page

Editor
1. Please have the manuscript reviewed for English Document was reviewed by English native person. All the document modified by blue colour in the text.
2. In the tables you already refer in the title to the regional registry. Please add also the name of the registries as you did for the 2 graphs It has been done on the tables concerned;
And also the names of the other cancers registries were added in the text. Paragraph 1, page 5;
Tables 1 and 3, page 13.
3. Consider the remarks and include the reply in the letter to the editor and as appropriate change the manuscript. It has been done.

Reviewer
1. LANGUAGE
The writing would greatly benefit from a careful revision (e.g. missing spaces) and an English editing. Document was reviewed by English native person. All the document

cancer morbidity data= ? cancer incidence? cancer-related morbidity? (please consistently use
incidence if you mean data related to the occurrence of the new cases)

2. MORTALITY RATES
You state that:“The main sources are data published annually by the Ministry of Health [7]. The
information is obtained from death certificates (…) Currently, none reliable data were available
related to the cause of death.” Why aren’t these death certificates reliable? I explained this paragraph: "no data related to the cause of death according to CIM10 classification is available in the conventional system of surveillance."

3. RESULTS

TABLES 1-4: Data presented and analysed are coming from two regional registries which do not cover the whole country (only 15%), i.e. you cannot present the cancer incidence in Morocco, but in these two regions (as rightly done for figures 1 and 2); This is true, data are coming from (2 population cancer registries):

- Most people attended by cancer are referred to these Two big oncology hospitals corresponding to the 2 cancer registries;
- and an extrapolation estimation was done at national level from these data.

All rates tended to increase in both men and women; the ASR (W) passed from 100.3/100000 in 2004 to 138.5/100000 in 2008(Table1).

Ø Are they really increasing or is this (also) related to a better registration? Around the world, cancers are increasing not decreasing. These is true, better registration could increase the data more.

The incidence rates reported by both population-based cancer registries were considered more accurate than those made by GLOBOCAN

Ø You’ve based your analysis on the same sources as the IARC did. Into which extent your results differ from those presented by GLOBOCAN? And why are they more accurate? The Globocan incidence data is based on the population cancer register data of a country, but they are extrapolated using a modelisation formula and this can reduce the accuracy of data.