

LETTER to the EDITOR

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Methodological Considerations in Assessing Lung Cancer Knowledge, Attitude and Screening Practice in Uzbekistan: A Cross-Sectional Study

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Dear Editor

We recently read with interest the article by Asadbek Dadaboev et al. titled “Knowledge, Attitudes, and Screening Practices for Lung Cancer in Uzbekistan: A Nationwide Cross-Sectional Study” published in the *Asian Pacific Journal of Cancer Prevention* (volume 27, issue 2, pages 535-546) [1]. We would like to appreciate the important topic the authors have chosen for research. The study aimed to assess general awareness, attitudes, and practices related to lung cancer and its screening among the adult population of Uzbekistan. However, we would like to highlight certain observations, comments and queries for clarification and consideration.

For instance, the use of the term “nationwide” in the title seems to be inappropriate, as the sample was recruited from trains, two polyclinics, and one national library, which limits national representativeness and generalizability [2].

In the methodology section, it is stated that the study participants were randomly selected from the train, but there is no clear information regarding the sampling frame. This would have helped to gain clarity regarding the possibility of selection bias. We would also like to point out that since data collection is done over a short 10-day period and that too by a single researcher, it might have affected the quality of data collection and introduced interviewer bias. It would be helpful to know if the authors could clarify the operational definition of “smoker” in the present study [3].

The authors have mentioned that the questionnaire’s validity was ensured by sending it to experts, but it would be helpful to know whether the reliability testing was conducted. Moreover, the total number of questions in the knowledge domain of the questionnaire is mentioned differently in the inclusion and exclusion criteria, knowledge assessment methodology and Table 1. Although the number of questions in the knowledge section of the questionnaire is sufficient, still it would have been better if the questions were not directly framed and the inclusion of a few open-ended questions would have provided a more comprehensive assessment of knowledge and awareness. The scoring system for questions with more than one correct option is also not clearly mentioned. It would have been good if clarity is given regarding the

references used for considering the knowledge cut-offs and scoring system.

Though inclusion and exclusion criteria is listed, but the number of participants in each exclusion criteria is not clearly stated. In the result section, in Table 2, clubbing of categories under the occupation variable could have been helpful in giving the significant values. In the perception section of the questionnaire, the linkage questions to the study participants would have conveyed a better understanding of the study aim. In the analysis part, the authors have not considered the scoring and grading of attitude and perception, which might undermine the aim of the study. Additionally, the assessment of the overall KAP score of each study participant could have better explained the title of the study.

Although the study addresses an important public health issue, incorporating the above observations could further strengthen the findings and provide additional critical insights.

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None.

Conflicts of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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