

**Interpretation:** The risk of bias of studies and variability in the distribution of relationships within relationship groups restricted the synthesis of Caribbean evidence on social inequalities of depression. Along with more research focusing on regional social inequalities, attempts at standardizing observational reporting guidelines for observational studies of inequality is necessitated. This review offers as a benchmark to prioritize future research into the social determinants of depression frequency and outcomes in the Caribbean.

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### Best Practice Guidance for the Use of Strategies to Improve Retention in Randomised Trials: Results From Two Consensus Development Workshops

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**Background:** Loss to follow-up in randomised clinical trials (RCTs) can lead to biased results. Evidence from a Cochrane review identified that monetary incentives and some postal communication strategies improve retention in RCTs. A related qualitative study found retention strategies are routinely used without knowledge of their effect. As no guidance for the use of retention strategies in RCTs exists, we developed consensus based guidance for the use of retention strategies in RCTs based on the evidence available.

**Methods:** We used consensus development workshops with trial personnel from two UK Clinical Trials Units to: explore the evidence available for retention in RCTs; identify barriers to the use of retention strategies; develop best practice guidance for the use of retention strategies; and to identify further strategies for evaluation. Each workshop commenced with a presentation of the evidence from a Cochrane review and associated qualitative study followed by discussions on: how convinced workshop participants were by the evidence; barriers to the use of effective strategies; types of RCT follow-up retention strategies could be used for, and retention strategies for future research. Summaries of the group discussion were fed back to workshop participants and agreed consensus on best practice guidance for retention identified.

**Findings:** 66 trial personnel attended the workshops. Best practice guidance was agreed for the use of small financial incentives to improve questionnaire response in RCTs and that 2<sup>nd</sup> class post rather than 1<sup>st</sup> class post was sufficient to improve postal questionnaire response in RCTs. Barriers to the use of effective retention strategies were: the small absolute benefits seen for the addition of monetary incentives, and perceptions among trialists that some communication strategies are outdated. Furthermore, there was resistance to change existing retention practices thought to be effective. Face to face and electronic follow-up strategies were identified for further research.

**Interpretation:** The extent of agreement on best practice guidance for the use of retention strategies in RCTs is limited by the variability in the currently available evidence. Potential barriers to the use of effective strategies have been identified. This guidance will need updating as new retention strategies are evaluated.

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### Spatial and Temporal Analysis of Nasopharyngeal Carcinoma Mortality in China, 1973-2005

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**Background:** To describe geographical variation in nasopharyngeal carcinoma mortality over time, we analysed nasopharyngeal carcinoma mortality data from three retrospective national surveys on causes of death in recent decades in China.

**Methods:** We first calculated the age-standardized mortality rate (ASMR) for each of the 31 provinces in mainland China stratified by survey period (1973–1975, 1990–1992 and 2004–2005). To test whether the geographical variation in nasopharyngeal carcinoma mortality changed over time, we then estimated the rate ratio (RR) for the aggregated data for seven regions using generalized linear models with a negative binomial error structure.

**Findings:** From the mid-1970s to the mid-2000s, there was an decrease in nasopharyngeal carcinoma mortality in China both male and female, and the ASMR for male were much higher (2–3 times) than female for all 31 provinces both three surveys. The overall ASMR decreased from 2.03 per 100,000 in 1973–1975 to 1.51 per 100,000 in 1990–1992, and to 1.07 per 100,000 in 2004–2005. Residents living in the South China areas had a extremely higher risk of nasopharyngeal carcinoma mortality than the North China for all three survey periods with the RR been 4.95(95% CI: 4.30–5.70) in 1973-1975, 12.83(95% CI: 10.73–15.34) in 1990-1992 and 15.20(95% CI: 12.34–18.72) in 2004-2005. The interaction between geographical region and death survey period was significant ( $p < 0.0001$ ), indicating that the geographical differential had widened over time.

**Interpretation:** Although nasopharyngeal carcinoma mortality in most areas of China reduced to near zero, the high risk of nasopharyngeal carcinoma in the South China is still noteworthy. It may be necessary to target public health policies to the South China to address the widening geographic variation in nasopharyngeal carcinoma mortality. To further reduce the burden brought by nasopharyngeal carcinoma in China, primary prevention strategies should mainly focus on banning smoking in public areas. Other measures such as mass screening in high-risk populations and effective treatment programs are also of paramount importance in reduce the deaths.

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### Perceptions of Vaginal Illness Related to Water Quality in the Coastal Ouest Region of Haiti

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