

# Review of: "Tobacco Smoking-Attributable Mortality in Kenya: 2012 –2021"

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**Potential competing interests:** No potential competing interests to declare.

First of all, thank you very much for the trust in allowing me to review the article "Tobacco smoking-attributable mortality in Kenya: 2012-2021." The authors use a prevalence-based analysis model to quantify mortality attributed to tobacco consumption in Kenya in the period 2012 to 2021 and use a population attributable fraction to estimate the specific ages attributable to disease in individuals over 35 years of age. By sections: - Keywords: Authors must adjust keywords to those included in the PubMed MeSH database (<https://www.ncbi.nlm.nih.gov/mesh/>) or in the Virtual Health Library (Health Sciences Descriptors, <https://decses.bvsalud.org/l/homepagei.htm>) since keywords give visibility to the work. - Introduction: The authors adequately specify the reason for doing it. - Method: In the second and third paragraphs of the Method, the authors explain the advantages of using this analysis to attribute mortality. I think that the Method is not the place to explain this; it would be more convenient to do it in the introduction and in a concise way. In the heading "Non-Communicable Disease Causes of Death," the authors report that they stratified the age from 35 to 64 years and over 64. What was the reason for doing it like this? On the other hand, to define the prevalence of smoking in the Kenyan population, the authors used surveys from 2015 (STEPS) and 2014 (GATS), which are close to half of the time analyzed for this work (2012-2021), but not for the end (2021), where the prevalence could have changed significantly. Explain and specify in the limitation section. - Results: It is striking that the most frequent cancers with mortality found in this study were esophageal and stomach cancer. In Kenya, is tobacco consumed in any other way than by smoking/inhaling? (Table 1). It is also striking that the most frequent cause of mortality attributed to tobacco is respiratory infections. Although we know that respiratory infections are more frequent in smokers, I do not know if these deaths can be attributed absolutely to tobacco. - Bibliography: Authors must adjust the bibliography to the Vancouver Publication Standards.