Author's response to reviews

Title: Prevalence and Risk Factors of Cervical Neoplasia: A Cervical Cancer Screening Program in Beijing

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Title: Prevalence and Risk Factors of Cervical Neoplasia: A Cervical Cancer Screening Program in Beijing

Referee 1:
The specific responses to Referee’s comments

Subjects

Comment 1) For human studies, there is a need to study approval by an ethics committee that regulates these studies. Again, the authors did not include in the study committee which was approved, approval year and number. Only the consent form signed by women is not enough. Without these data, the manuscript can not be published in any way.

Response:

The duration of the study is from 2009 to 2016. The cervical cancer screening program is still being conducted every year. We have realized that ethical approval is very important for human studies. So we conducted the ethical review in 2013. The study was approved by the Ethics Committee of Beijing Obstetrics and Gynecology Hospital, Capital Medical University. The ethical approval is included in the file as a supplement.

Changes have been made in the Subjects part in the manuscript.

Referee 3:
The specific responses to Referee’s comments

Comment 1) All OR and CI must be reduced to 2 decimal points.

Response:

Corresponding change has been made according to the referee’s comment in the revised manuscript.

Comment 2) Authors are strongly advised to rewrite the introduction and refer to the latest authoritative literature regarding the role of smoking, passive smoking and indoor pollution by referring to the latest IARC 100th series monographs. Likewise
the authors are advised to refer to the latest data on the role of hormonal contraception on cervical cancer. Referring to a semi-prospective study is unacceptable.

Response:

Corresponding change has been made in the Introduction section of the revised manuscript according to the referee’s advice.

Comment 3) There is no explanation of how these 700,000 women were selected.

Response:

The cervical cancer screening program was conducted as a government work approved and supported by Beijing Municipal Government. The working group was comprised of Beijing Municipal Health Bureau, Beijing Municipal Finance Bureau and Beijing Municipal Women's Federation. Beijing Municipal Health Bureau was responsible for organizing and supervising work in the screening program. Health Administrative Departments, Finance, Women’s Federations and other relevant departments in district level were responsible for organizing and supervising the project within their respective district. Beijing Municipal Women’s Federation is responsible for the propaganda and mobilization work for the screening program. Each sub-district offices, Township government is responsible for the propaganda and mobilization work within their respective area. Each neighborhood committee and village committees will organize women to participate in the screening program to the designated health care institutions.

The cervical cancer screening program was conducted in every district of Beijing. And women aged 25 to 65 years old in each district who were willing to participate in the program were included in the study. And women with a history of uterine sarcoma, fallopian tube tumors, uterine fibroids, ovary benign tumors, ovarian cancer, vulva carcinoma, vulvar malignant melanoma, organ transplant or cancer treatment were excluded. Finally, a total of 702,681 women were included in the study.

Corresponding change has been made in the Subjects section of the revised manuscript.

Table 3

Comment 4) It is unclear what the reference category is under 'contraceptive methods'. Likewise 'menstrual cycle, period, pregnancies, deliveries and abortions. Please define the reference category of each.
Response:

The reference category for contraceptive methods was condom. The category “Hypoderm contraceptive implants” was omitted in the last revised manuscript. Corresponding change has been made in Table 3 of the latest revised manuscript. The variables including menstrual cycle, menstrual period, number of pregnancies, number of deliveries and number of abortions were analyzed as continuous data.

Conclusion

Comment 5) I found this particularly deficient. A conclusion ought to integrate the findings and provide a way forward with regards to the health system accommodating the demand. Encouraging people to take on health insurance is speculative and not supported by the data, as it is people with the lowest levels of education that are at highest risk. There is no integration of the implications of these results for a cervical screening program.

Response:

Women in middle age, with lower education level, reported bleeding after intercourse, suffering from trichomonas vaginitis, cervical inflammation and genital warts are at high risk for high-grade squamous intraepithelial lesions and should be targeted for cervical cancer screening program.

Editor

The specific responses to Editor’s comments

Comment 1) Ethical approval - In your cover letter from 13 August 2013, you provided an explanation of how you obtained access to the data used in your study. We would ask that you please incorporate this paragraph in the text of your manuscript.

Response:

The duration of the study is from 2009 to 2016. The cervical cancer screening program is still being conducted every year. We have realized that ethical approval is very important for human studies. So we conducted the ethical review in 2013. The study was approved by the Ethics Committee of Beijing Obstetrics and Gynecology Hospital, Capital Medical University. The ethical approval is included in the file as a
Changes have been made in the Subjects part in the manuscript as suggested.

Comment 2) Permission to use figures—Please confirm whether you generated the image used in Figure 2. If you did not create this image, please cite the source and revise the legend to confirm that you obtained permission from the creator to use this image.

Response:

Figure 2 was generated by ArcGIS (ArcGIS 10; ESRI Inc., Redlands, CA, USA) according to the prevalence of high-grade squamous intraepithelial lesion and cervical cancer in 18 districts of Beijing described in Table 1 by myself.

Revisions have been made in the Statistical analyses part in the manuscript as suggested.