Author’s response to reviews

Title: Effect of an educational intervention on HPV knowledge and attitudes towards HPV and its vaccines among junior middle school students in Chengdu, China

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Dear Editor and Professors,

Thank you very much for reviewing our manuscript entitled, “Effect of an educational intervention on HPV knowledge and attitudes towards HPV and its vaccines among junior middle school students in Chengdu, China” with manuscript reference No. PUBH-D-18-01472. Your concerns are highly appreciated. Please find the following for the detailed answers according to the comments.

Editor Comments:

“I’m afraid the quality of the English used throughout your manuscript does not currently meet our requirements. We recommend that you ask a native English speaking colleague to help you copyedit the paper. If this is not possible, you may need to use a professional language editing
service. Use of an editing service is neither a requirement nor a guarantee of acceptance for publication.”

Reply to the editor’s Comments:

Thanks for your comments and suggestions. We have invited a native English speaker from the Cleveland clinic helping us proofread and polished this manuscript and we have thanked him in the Acknowledgement at the end of this manuscript as: “The proof reading of this manuscript by Johnathan Zeng (M.D. candidate) from the Cleveland Clinic, Ohio, U.S.A is also highly appreciated”. (Acknowledgement section, line 3-5, page 17). And we I have uploaded the clean version of your main manuscript, and manuscript with track changes as supplementary file.

To Professor Adam G. Dunn (Reviewer 3):

Major comments:

Comment 1:

The quality of the writing seems to have improved (although the editing and proof reading is very poor). You may wish to add that support to your acknowledgements.

Answer 1:

Thanks for your suggestion. To improve our quality of the writing, we have invited a native English speaker from the Cleveland clinic helping us with the grammar mistakes throughout the revised manuscript, and we have added this information in the acknowledgement as “The proof reading of this manuscript by Johnathan Zeng (M.D. candidate) from the Cleveland Clinic, Ohio, U.S.A is also highly appreciated”. (Acknowledgement section, line 3-5, page 17)

Comment 2:

Always state p-values exactly, not as p<0.05, and always include enough information about the numbers and the outcome measures for awareness in the abstract.

Answer 2:

Thank you for your comments. In our study, we defined that statistical significance was assessed by two-tailed tests with α level of 0.05. Because there were a few of variables that tested significantly different between the two groups and it is difficult for us to list each P value due to the word count limitation in the abstract, that was why we used the p <0.05 instead of the detailed p-values. However, to avoid this confusion, we replaced “p<0.05” with “statistical significance” in the abstract section. (Abstract section, line 20, page 2)
Comment 3:

I don't know how old students are in junior middle school. Please specify when first describing the classroom sampling. I note later that students are about 12?

Answer 3:

In China, junior middle school students are adolescents aged from 10 to 14 years old (grade one to grade three). We have added this description in the Methods section as “In China, junior middle school students are adolescents aged from 10 to 14 years old (grade one to grade three).” (Method section, the part of design and participant, linen 3-4, page 5). The reason why we choose grade one students for this study was because grade one students usually do not change school when they up grade and this is very important for the follow up.

Comment 4:

There seems to have been a significant difference between the control and intervention groups before the intervention for the main outcome. Does this mean the sampling was biased or underpowered (9 intervention classes and 9 control classes)?

Answer 4:

In our study, we chose the students by using cluster convenience sampling. At baseline, there were 9 intervention classes and 9 control classes in year 2015 and 2016, respectively. (Method section, the part of design and participant, line 10-11, page 5). Because our study was carried out in only two schools and only students in grade one were enrolled in this study, sampling bias might happen that led to an incomparable variable regarding “have you ever heard of HPV vaccines” between the two groups at baseline.

Comment 5:

Report the exact p-values for each odds ratio unless they are below 0.001 or whatever the journal standard suggests. p<0.05 is not appropriate.

Answer 5:

Thanks for your comment. In Table 3, we have reported the exact p-values for each odds ratio unless they are below 0.001. However, In the result section, because there were 7 variables that showed to be associated with the willingness to be vaccinated at baseline and we used “p<0.05” for all 7 variables to avoid verbalization. Again, to avoid this confusion, we have used” statistical significance” instead of “p<0.05”. (Result section, the part of Factors associated with the willingness to be vaccinated, line 2, Page 9)
Comment 6:

The "numbers do not add up due to missing data" is not clear - is this because of loss to follow-up or incomplete survey answers? It would be important to look at how many students were available for follow-up after 12 months.

Answer 6:

Thanks for your comments. We have listed in details about the follow up in the result section as “After one year, 88.5% (1482/1675) of students were followed up, the rate of follow-up was 86.8% (652/751) and 89.8% (830/924) for the control and the intervention group, respectively” (Result section, participant’s profile, line 9-11, page 8). The missing data in our manuscript refers to incomplete survey answers and we have added the explanation in the footnotes of all tables and mentioned in the limitation in the discussion section. (Discussion section, paragraph 8, line 12-13, page 15)

Minor comments:

Comment 1:

The acronym PPT is not defined the abstract. The acronym HPV is not defined in the abstract.

Answer 1:

Thanks for your comments, the complete spelling “PowerPoint” for PPT and “human papillomavirus” for HPV was added in the abstract when firstly mentioned. (Abstract section, line 1 and line 9, page 2). In the main text, we used the full spelling for PPT and HPV when they were firstly mentioned as well.

Comment 2:

In the background, it seems unusual to use the $10^5$ notation rather than explaining the incidence of cervical cancer per hundred thousand women.

Answer 2:

Thanks for your suggestion, $10^5$ notation was replaced with 100,000 when explaining the incidence of cervical cancer. (Background section, line 3-4, page 3)

Comment 3:

Be consistent with the spacing near references (see [8,9]).
Answer 3:

Thanks for pointing out this problem. We have checked throughout the manuscript and adjusted the spacing near reference. (E.g. Background section, line 15, page 4)

Comment 4:

The numbering in the paragraph (the circles with the numbers inside) on the baseline survey is unlikely to be published in that form. I suggest removing them from the background and later in the manuscript too. They really distract from the writing.

Answer 4:

Thanks for your suggestion. We changed the numbering as “First, second, third, fourth, fifth, etc.” in the method section. (Method section, the part of research instrument, line 4-6 and line 9-11, page 5-6); we have also deleted all the circles with the numbers in the baseline survey and educational intervention, instead, we mentioned as “The PPT included the following eight topics” and each topic was separated by the semicolon. (Methods section, part of baseline survey and educational intervention, line 5-10, page 6). The numbering (the circles with the numbers inside) in the result section were also replaced with “First, Second, Third, And the fourth” (Result section, part of Knowledge and attitudes towards HPV /HPV vaccines immediately after the intervention and at one-year follow-up, line 5-7, page 10;part of Changes of awareness and attitudes among the interventional group between the post-intervention and the follow-up surveys, line 3-6, page 11). Plus, we did not list any such numbering in the background.

Comment 5:

When producing manuscripts, always left-justify so reviewers and editors can check for spacing issues. Don't use left-right justification.

Answer 5:

In this revised manuscript, we used left-justify other than left-right justification.

Comment 6:

Grammatical errors: "and the rest 4 were the interventional classes" "(e.g. a student reported never hearing of HPV vaccines knew HPV vaccines useful for prevention of cervical cancer)" and "After this, the database was ready for final analysis." "However, although the low awareness on cervical cancer, HPV and its vaccines was found, the willingness to accept HPV vaccination was high" "

Answer 6:
Thanks for your comments and we have checked and corrected these mistakes throughout the manuscript. The corrections were listed as the following: “and the rest 4 were the interventional classes" was corrected as “and the rest were the interventional classes” (Method section, part of design and participant, line 8, page 5); "(e.g. a student reported never hearing of HPV vaccines knew HPV vaccines useful for prevention of cervical cancer)" was corrected as “(e.g. a student who reported never heard of HPV vaccines knew that HPV vaccines were useful for the prevention from cervical cancer)”; and "After this, the database was ready for final analysis." was corrected as “After the consistency and logic checks, the database was ready for final analysis.” (Method section, part of Data collection and quality control, line 5-8, page 7); "However, although the low awareness on cervical cancer, HPV and its vaccines was found, the willingness to accept HPV vaccination was high" was corrected as “Although the low awareness on cervical cancer, the willingness to accept HPV vaccination was high (56.5%)” (Discussion section, paragraph 3, line 6, page 13).

Comment 7:

Table 1: Capital G for Girls.

Answer 7:

We have corrected it. (Table 1, page 8)

Comment 8:

Instead of OR adj just use "adjusted OR: " because there are problems with some being subscripts and others not. Take care to check manuscripts before submission. Errors in manuscript editing make reviewers assume the research is also full of errors.

Answer 8:

Thanks for your advice, we have replaced the “ORadj” with “adjusted OR” in the main text and the tables. (Result section, part of factors associated with willingness to be vaccinated, line 4-13, page 9-10; Table 3, page 21)

Comment 9s:

Check spacing around punctuation, such as extra spaces before full stops, extra parentheses "(" and other sloppy editing "July2016" and "china". Spend the extra time to fix these errors when you first submit manuscripts - it creates unnecessary delays and substantially increases the risk of good research being rejected. A couple of hours of work up front will save weeks or months of delays later.

Answer 9:
Thanks for your suggestion and we have spent extra time to fix these errors in the revised manuscript.

Comment 10:

In the references, use a consistent format for the journals instead of having some abbreviated, some lower case, some upper case, etc.

Answer 10:

According to the Submission Guidelines of this journal, we have checked all references and made some corrections to meet the requirement of this journal. (Reference section, page 18-20).