Author’s response to reviews

Title: Hierarchizing caries risk factors among first-year university students in Nice (France): a cross-sectional study

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Author’s response to reviews:

RESPONSE TO EDITOR COMMENTS

Dear Editor,

Thank you very much for your comments. We tried to take all your remarks into account in the revised version of our manuscript. Here are our answers:

We conducted a cross-sectional study over a short period. In this way, cross-sectional studies provide a 'snapshot' of the outcome and the characteristics associated with it, at a specific point in time.

Cross-sectional studies are possibly carried out to investigate associations between risk factors and the outcome of interest. They are limited by the fact that they are carried out at one time point and give no indication of the sequence of events. Therefore, it is impossible to infer causality. Nevertheless, cross-sectional studies indicate associations that may exist and are therefore useful in generating hypotheses for future research.

Our cross-sectional study was conducted to select explanatory variables related with oral hygiene habits and daily health-related behaviours. Then, a multivariate model (logistic regression) was used to assess the association between dental caries and factors likely to influence it.

QUESTION

How do daily behaviour influence oral health of university students: a multivariate analysis
Title:

This is incomplete and does not provide a snapshot of the study. Please consult the STROBE guideline on how to report a cross sectional study. The authors would find this useful. A title should point to the outcome measure and the study population and study location.

ANSWER

Page 1 - Line 1: The title was changed as follow

Hierarchizing caries risk factors among first-year university students in Nice (France): a cross-sectional study.

QUESTION

Abstract:

Aim: The aim of study was to determine four things: (i) oral hygiene habits, (ii) daily behaviour and (iii) oral health of university students; and (iv) rank the risk factors for developing carious lesions. The outcome measures for this study are topics for three manuscript. The non-specificity of what the authors plan to do also makes it extremely challenging to define measures

Method: the dependent and independent variables for this study was not identified. It is therefore difficult to understand the purpose of the statistical analysis.

The study population is also completely narrow - University Department of Preventive Medicine on Côte d’Azur University undergraduate students – and this does not represent ‘university students’ as highlighted in the aim of the study. The students are also dental students. These introduce a unique set of biases which includes the potential that dental students who have spent longer years in the school would have better oral hygiene behavior than freshmen. This is not an equipoise question.

Results: univariate analysis cannot define protective and risk factors. What the univariate analysis is likely to do is show associations. Associations does not translate to predictors. The outcome measure here seem to be caries yet the study objective was to determine 4 things while the title of the study indicates that the outcome measure was oral health. Are the authors assuming caries is synonymous to oral health? The authors also seem to have assume that the ranking of the odds ratio is synonymous to the most important risk factors. This assumption is wrong. Authors seem not to have studied in details the concepts they are measuring.

Conclusion: this does not align with the study objective”
The main objective of our study was to rank the risk factors for dental caries thanks to a binary logistic regression allowing the analysis of a dataset of independent variables that determine an outcome. The outcome is measured with a dichotomous variable. Univariate analyses were used to select a set of independent variables. We suggest changing the abstract as follows to take into account your remarks and clarify what was made.

Page 2 - Lines 29-47:

Aim: The purpose of this study was to rank the risk factors for dental caries among first-year university students in Nice (France). Methods: All the first-year students are required for a compulsory preventive medical examination. Among them, volunteers were offered a dental visit. Information was collected through an interview, followed by an oral exam. We assessed the oral status, the oral hygiene habits and the daily health-related behaviours. The dependent variable was the presence of at least one untreated carious lesion. The data were subjected to univariate analyses to select explanatory variables and subsequently, a logistic regression was achieved. Results: 629 students of 18.8 ± 1.6 years were enrolled in this study. The sex ratio was 0.72 with strong predominance of the female gender. The DMFT was 1.20 ± 2.07 (D = 0.43 ± 1.20; M = 0.02 ± 0.13; F = 0.75 ± 1.63). Only 59.3% of the students had never experienced dental caries, while 22.4% had already undergone restorative procedures and did not have any carious lesion at the time of the examination, 11.6% presented carious lesions and had never been treated by a dentist. Lastly, 6.7% had carious lesions in spite of evidence of prior restorative procedures. The multivariate analysis revealed pejorative risk factors: failure to seek dental care due to financial reasons (OR 3.06 95%CI 1.40-6.70), poor oral hygiene revealed during the oral exam (OR 2.59 95%CI 1.60-4.20), and poor self-reported oral health (OR 2.43 95%CI 1.24-4.77). Conversely, it revealed protective factors: the preventive visit to the dentist (OR 0.63 95%CI 0.41-0.99), the use of an electric toothbrush (OR 0.36 95%CI 0.17-0.77), and the sealants remnants (OR 0.22 95%CI 0.05-0.97). Conclusion: The most important obstacle to dental consultation is the financial barrier.

Keywords: These phrases - oral hygiene, oral status, behaviour - do not show up in the analysis plan so it is not an appropriate key word.”

Page 2 – Lines 49-50: keywords were clarified as follows:

Health-related behaviour, dental caries, first-year university students, multivariate analysis
Background

The background for this study does not help the reader understand what it is the authors want to do. It does not introduce the readers to the variables to be studied and why the variables are important. A conceptual framework for the study cannot be adduced by anyone also. A few examples of the challenges with reading and framing this background I would give below:

1. The authors state that: There is little recent data available with respect to the oral hygiene and daily behaviour of young adults. This is not factual. First, there is no age range to define young adults. So the statement is a wide drag net. Second, this statement gives the reader the impression that the paper plans to discuss oral hygiene and daily behavior. The concept of ‘daily behaviour’ is also completely vague. Would this include the daily exercise, the personal hygiene practices including when and time of taking a bath? What is this concept of daily behavior and why is it important and related to oral hygiene

2. The second sentence states - Lu et al. studied 18-year-old young adults in Hong Kong. What is the value of this stand alone sentence? It is not linked to anything. Is this one of the few studies on oral hygiene and daily behaviour of young adults?

3. The third sentence now talks about prevalence and severity of caries. How is this linked to the first two sentence? The readers are simply left wondering where this is going. The third statement gives specific measures for caries prevalence and severity but states that periodontal status was not overall satisfactory. How was satisfactory derived and measured. A subjective measure is suddenly introduced into objective assessments. There is simply no link between periodontal status, oral hygiene and daily behavior, and caries status.

4. The fourth sentence then talks about oral status - what is oral status?

5. Then the authors move to describe a study in military persons and goes on to discuss some other variables that do not link with the first 4 sentences.

6. A second paragraph then starts and one is at loss as to the population of young adults the authors are discussing in the paragraph.

This is the kind of challenges readers have to deal with for each sentence in the background. The authors need to develop a conceptual framework for their study linking all the investigated variables and identifying possible confounders for their study.

ANSWER

To help the reader to understand the reasons why this study was carried out, we introduced the French national report that revealed, in 2006, that the university students tended to neglect their health.

Page 2 – Lines 53-58:
In 2006, a French national report revealed that the university students neglected their health [1]. These young adults think they are healthy and feel invulnerable. In general, they had bad dietary and oral hygiene habits, and often failed to seek dental care. The report also pointed out risk behaviours, in particular the smoking and the excessive alcohol consumption and the daily use of certain drugs considered as less dangerous than the tobacco, in particular the cannabis. Since the last ten years, a particular attention was then paid to the food balance and the prevention of risk behaviours in French universities.

Then we used the review published in The Lancet in 2007 by Selwitz, Ismail and Pitts on the risk factors of dental caries to particularly highlight the role played by health-related behavioural factors.

Page 3 – Lines 59-63:

“In the review published in The Lancet by Selwitz et al in 2007, caries risk assessment includes physical, biological, environmental, behavioural, and lifestyle-related factors [2]. The individual caries risk can vary with time since many risk factors are changeable. Caries is related to one’s lifestyle, and behavioural factors under a person’s control are clearly implicated. These factors include poor oral hygiene and poor dietary habits. Other factors related to caries risk include socioeconomic status; use of dental sealants; dental crowding.”

Thanks to your recommendations, we preferred to delete the references concerning the young adults to refocus the background on the university students. We only kept the reference to the national survey conducted in Finland.

Page 3 – Lines 64-65: “Few researchers have studied the oral hygiene habits, health-related behaviours and oral health of university students…”

QUESTION

It is also a hard shot to link poor oral health status to having to leave their family for the first time in order to study in a university that sometimes is far from home. This is completely a far shot and at best, a hypothetical statement. Children stop depending on their parents for tooth brushing by age 8 years and supervision is over by age 12 years. A significantly large number of students leave their parents while in secondary school and stay in the dormitory. For the hypothesis for this study seem faulty.”

ANSWER

In France, very few children leave their family before the age of 18 years (at the end of the secondary education). We agree with the reviewer 1: “the topic has not been yet studied very much although the routines of life and life-style might change enormously after moving out from parents’ house and starting more independent phase of life”.

Page 3 – Line 65: we added “in France”. 
QUESTION

Also, what the department does is to assess oral health status of the freshers and document this – not oral health assessment for all the students. This is a critical information on target population for the study and this is missing from the abstract and the study concept.

ANSWER

Students were systematically replaced by first-year students (in the whole manuscript). We think it is an interesting population to be studied because it is not yet influenced by their area of study.

QUESTION

Finally, the study proposes to assess the oral hygiene habits, dietary habits, daily behaviour and oral health of first year students and not undergraduate students. The measures being assessed are vague. What is there about oral hygiene habits that is being measured – frequency of tooth brushing, use of fluoridated tooth paste, duration of tooth brushing, pattern of tooth brushing, time of the day when tooth brushing is done? The same non-clarity goes for the other measures.

ANSWER

Precision was brought in the chapter “Methods” on all the collected data. We indeed considered that this kind of precision would be too long to set in the chapter “Background” and rather concerned the methods employed.

Page 3 – Lines 71-75: To clarify the main objective of the study, we changed the last sentence of the “background” as follows:

“In France, all university students in their first three years of study are convened to a preventive medical consultation [4]. In the Côte d’Azur University, this consultation takes place during the first year of study. A preventive dental consultation conducted by final-year dental students is also proposed for more than ten years. The purpose of this study was to rank the risk factors for dental caries among these first-year university students in the first half of 2015.”

Method

1. QUESTION Please discuss sample size determination. This is missing and so it is completely difficult to know if this study is powered to determine what is proposed to determine.

ANSWER

Page 3 - Lines 82-85: “A previous study conducted on 4929 students of Nice-Sophia Antipolis University from 2009 to 2011 revealed that 43% of them showed at least one carious lesion. The
sample size calculation gives a number of at least 377 subjects for an absolute error of 5% and a type I error of 5%.”

2. QUESTION Please discuss the inclusion and exclusion criteria for this study

ANSWER

Students included in this study were all volunteers, no other inclusion or exclusion criteria were applied.

3. QUESTION Please describe the study instrument and how those variables were measured. Where the questions asked using a standard instrument of measure? Did the authors develop a questionnaire to ask the questions? Was the questionnaire validated – construct and content – and tested for reliability?

ANSWER

We used in this study a method organized and validated during previous studies: questionnaire for the interview, oral examination, calibration of the operators and testing of reliability.

Page 4 – Lines 87-91: “Investigators calibration. Investigators were ten final-year dental students previously trained to work in pairs. The questionnaire was set up and its use validated for previous studies [5, 6, 7]. A very descriptive document was used to explain all the recorded variables and the way of coding them. Sessions of tutorial classes were conducted by an experienced teacher to calibrate the operators.”

4. QUESTION Please discuss the standardization process of the clinical examiners – how many were they, how were they standardised and what was the outcome measures for the standardization process.

ANSWER

Page 4 – Lines 91-95: “Subsequently, an oral examination was conducted in the unit for medical examination in the university department of preventive medicine, adapted for this purpose (dentist chair, disposable examination kits, mask and disposable gloves). Our final-year dental students have a clinical experience of two years. Sessions of tutorial classes were also conducted to calibrate the operators. During these sessions, the inter- and intra-operators reliability (at a one-week interval) was assessed.”

5. QUESTION How was the presence of a malocclusion, ongoing orthodontic treatment, periodontal status, need for oral hygiene motivation, presence of fluorosis, sealants remnants and DMF index assessed and measured?
ANSWER

Page 4 – Lines 97-115: Precision was brought on all the collected data.

“Malocclusion” was replaced by “dental crowding” (scored “no”, “mild” or “severe”), “need for oral hygiene motivation” was replaced by “poor oral hygiene revealed by the presence of dental plaque and/or calculus”, “sealants remnants” by “the presence of pit and fissure sealants remnants”. To simplify the reading, we decided to eliminate two variables which were of no interest for the continuation of the study: fluorosis and orthodontic treatment. We specified that the DMFT index concerned only the cavitated carious lesions in this screening situation.

QUESTION

It would be most helpful for the readers if the authors can identify which of these variables are (i) independent variables, (ii) confounders for the study; and (iii) dependent variables. Right now, the authors have collected 25 variables using questionnaires and seven more through clinical examination. There is no clarity from the abstract to this point what this is all about. For example, the authors collected data on malocclusion, ongoing orthodontic treatment yet there is no reference to orthodontic issues in the abstract and in the background.

ANSWER

Univariate analyses were conducted to select independent variables included in the logistic regression model (Table 3). The dependent variable was the presence of at least one untreated carious lesion.

To avoid any confusion, we preferred to eliminate any reference to orthodontic treatment because it is not at all the subject of our study. We have just screened dental crowding (and not malocclusions).

To help the reader understand the stages of the construction of our logistic regression, we modified sub-chapters in the “Methods” chapter:

Page 3 – Line 78: Study population

Page 4 – Line 87: Investigators calibration

Page 4 – Line 97: Collected data

Page 5 – Line 117: Statistical analysis

QUESTION
Also, the authors conducted intraoral examination to determine need for oral hygiene motivation. How was this done?

ANSWER

Need for oral hygiene motivation was replaced by poor oral hygiene revealed by the presence of dental plaque and/or calculus in the whole manuscript.

QUESTION

It is clear at this point that there are too many non-clarity with the methodology of the study which makes it impossible to understand or reproduce the study. This needs to be clarified before the result and discussion can be reviewed. The authors are advised to limit the scope of the study. It may be sufficient to focus and analyse the data collected and leave out the clinical examination to reduce the bias introduced into the study thereby undermining the validity of the result.

ANSWER

As explained above, the main objective of our study remains to rank the risk factors of dental caries among the first-year university students of our University. We modified the structure of the chapters hoping it could better explain the method in three stages used to build the logistic regression model around the dependent variable (presence of at least one untreated carious lesion): collection of data by interviews and oral examinations, selection of the independent variables by univariate analyses, multivariate analysis.

We thank you once again for your constructive remarks.

RESPONSE TO REVIEWER 1

Dear Reviewer,

Thank you very much for your comments. We tried to take all your remarks into account in the revised version of our manuscript. Here are our answers:

Abstract (page 2)

QUESTION

There are some terms, which need to be changed. These are following:

"daily behavior" (line 30) - would be better 'daily health-related behaviour'
"activity of mother" (line 36) - change to 'professional status of mother'

"financial considerations" (lines 40 & 41) - would be better 'financial reasons'

Please, modify these terms throughout the paper including tables.

ANSWER

“daily behaviour” was replaced by “daily health-related behaviour”, “activity of mother” was replaced by “professional status of mother”, “financial considerations” was replaced by “financial reasons” in the whole manuscript.

QUESTION

Line 42: 'R' is missing from 'OR'

ANSWER

Page 2 – Lines 42-46: OR was corrected

QUESTION

Line 43: "Conclusion" should be in plural i.e. 'Conclusions'

Lines 43-45: Conclusions are not drawn from your results. Please modify.

ANSWER

Page 2 – Lines 46-47: Conclusions of the “Abstract” were modified as follows:

“Conclusions: The most important obstacle to dental consultation is the financial barrier.”

Background (pages 2-3)

QUESTION

Page 2

Line 52: References inside text should be placed inside square brackets, e.g. [1]

ANSWER

All the 25 references inside text were placed inside square brackets.
QUESTION

Line 53: "DMF" should be 'DMFT'. Replace square brackets with normal parenthesis for '(decayed-missing-filled teeth)'.

ANSWER

DMF was replaced by DMFT in the whole manuscript.

Page 5 – Lines 114-115: Square brackets were replaced by normal parenthesis.

“DMFT index (decayed-missing-filled teeth, considering only cavitated carious lesions in this screening situation).”

QUESTION

Line 53: "...the periodontal status was not overall satisfactory." sounds a little non-scientific when compared to other part of that sentence (prevalence of carious lesions and the mean DMF). Please, give more details for the periodontal status.

ANSWER

In answer to the remarks of the editor on the structure of the “background” chapter, this sentence was removed.

QUESTION

Line 55: "preventively" - change to 'for preventive reasons'

ANSWER

In answer to the remarks of the editor on the structure of the “background” chapter, this sentence was removed.

QUESTION

Page 3

Lines 56-57: Omit sentence "The purpose was to investigate…"

Line 58: "the carious lesion experience" - might be better 'the caries experience'

Line 60: "In this population of" - replace by 'Among'
In answer to the remarks of the editor on the structure of the “background” chapter, all these words and these sentences were removed.

Methods (pages 4-5)

QUESTION

Page 4, lines 83-84: You mention that "The students in the first year of the study who came for the preventive consultation were invited to participate in the study." What was the total number of the first year university students? Did all first year students had a preventive visit? How many students from the total number of the first year students participated in the study?

ANSWER

In France, all university students in their first three years of study are convened to a preventive medical consultation. In the Côte d’Azur University, this consultation takes place during the first year of study. The first-year students are approximately 10000. The most important seems to be the sample size calculation to verify the power of the study. This calculation gives a number of at least 377 subjects. 629 first-year students were enrolled in this survey.

Page 3&4 – Lines 82-85: We added the sample size calculation.

“A previous study conducted on 4929 students of Nice-Sophia Antipolis University from 2009 to 2011 revealed that 43% of them showed at least one carious lesion [5]. The sample size calculation gives a number of at least 377 subjects for an absolute error of 5% and a type I error of 5%.”

QUESTION

Line 89: It was stated that the oral examinations were conducted "…by investigators previously trained and screened for the study…” Please describe how they were trained and screened. How many dental students acted as examiners? Did you measure the inter- and intra-examiner reliability?

ANSWER

Page 4 – Lines 87-95: we added a sub-chapter on the investigators calibration.

“Investigators calibration
Investigators were ten final-year dental students previously trained to work in pairs. The questionnaire was set up and its use validated for previous studies [5, 6, 7]. A very descriptive document was used to explain all the recorded variables and the way of coding them. Sessions of tutorial classes were conducted by an experienced teacher to calibrate the operators. Subsequently, an oral examination was conducted in the unit for medical examination in the university department of preventive medicine, adapted for this purpose (dentist chair, disposable examination kits, mask and disposable gloves). Our final-year dental students have a clinical experience of two years. Sessions of tutorial classes were also conducted to calibrate the operators. During these sessions, the inter- and intra-operators reliability (at a one week interval) was assessed.”

**QUESTION**

Line 93: What do you mean by "professional activity in parallel with the studies”? Please, explain in text.

**ANSWER**

Page 4 – Line 103: “Professional activity in parallel with the studies” was replaced by “part-time job”.

**QUESTION**

Line 94: "Number of snacks besides the main meals" - should be 'number of snacks between the main meals'. Change this also to the Table 1 and in text where applicable.

**ANSWER**

Page 4 – Line 104: “Number of snacks besides the main meals” was replaced by “number of snacks in-between meals”.

**QUESTION**

Line 97: "time of brushing over one day" - should be 'daily toothbrushing frequency'. Change this also to the Table 1 and in text where applicable.

**ANSWER**

Page 4 – Line 106: "Time of brushing over one day" was replaced by “daily toothbrushing frequency”.

All these changes were also made in the whole manuscript (tables and main text).
QUESTION
Page 5, line 110: Do you mean p-value by "The alpha value"?

ANSWER
Page 5 – Line 121: “alpha value” was replaced by “p value”

Results (pages 5-9)

QUESTION
Page 5, line 117: Please move "(Table 1)" from the end of the title inside text, for example after the first sentence (line 118).

ANSWER
Page 5 – Line 129: (Table 1) was placed at the end of the first sentence.

“629 students in their first year of study were enrolled in this survey (Table 1).”

QUESTION
Line 120: The title of the Table 1 is not enough informative. Please, modify. For example 'Background factors, health-related behavior and oral health behaviour among the first year university students.'

ANSWER
Page 5 – Line 131-132: The title of the table 1 was modified as follows:

“Table 1. background factors, daily health-related behaviour and oral-health behaviour among the first-year students of Nice Côte d’Azur University”.

QUESTION
Page 7
Line 122: Please move "(Table 2)" from the end of the title inside text, for example after the second sentence (line 126).

ANSWER
Page 7 – Line 137: (Table 2) was placed at the end of the second sentence.

“Only 59.3% of the students had never experienced dental caries, while 22.4% had already undergone restorative procedures and did not have any carious lesions at the time of the examination, 11.6% presented carious lesions and had never been treated by a dentist (Table 2).”

QUESTION

Line 128: The title of the Table 2 is not enough informative. Please modify.

ANSWER

Page 7 – Line 139: The title of the table 2 was modified as follows:

“Table 2. oral examination among first-year students of Nice Côte d’Azur University.”

QUESTION

Line 131: Please move "(Table 3)" from the end of the title inside text, for example after the first sentence (line 135, page 8).

ANSWER

Page 8 – Line 149: (Table 3) was placed at the end of the first sentence.

“The main variables associated with the presence of at least one carious lesion were the professional status of the mother, when she had an intermediate professional position as opposed to unemployed or higher professional position (p = 0.028), the use of an electric toothbrush (p = 0.010), the sealants remnants (p = 0.030), the preventive visit to the dentist (p = 0.001), smoking (p = 0.033), drinking something else other than water when thirsty during the day (p = 0.028), periodontal disease, be it even mild, revealed during the oral examination (p = 0.020), the poor oral hygiene revealed by presence of dental plaque and/or calculus (p < 0.001), self-reported poor oral health (p < 0.001) and failing to seek care due to financial reasons (p < 0.001) (Table 3).”

QUESTION

Line 140: The title of the Table 3 is not enough informative. Please modify.

ANSWER

Page 8 – Line 150: The title of the table 3 was modified as follows:
“Table 3. Selection of the explanatory variables to be included in the logistic regression model (p<0.25).”

Discussion (pages 9-12)

QUESTION

The structure of the Discussion needs to be modified. Please, start this chapter by comparing the main results of your study with the previous studies (how they differ or are they similar).

ANSWER

Page 9&10 – Lines 161-165: we started the “discussion” chapter by the main results of our study. Then we compared our results to those found in the literature throughout the discussion.

“Our study identified pejorative risk factors: failure to seek dental care due to financial reasons multiplies by 3.06 the caries risk, whereas poor oral hygiene revealed during the oral exam multiplies this risk by 2.59, and poor self-reported oral health by 2.43. Conversely, this study highlighted protective factors: the preventive visit to the dentist decreases the caries risk by 1.59, the use of an electric toothbrush decreases this risk by 2.78, and the presence of pit and fissure sealants remnants by 4.55.”

Page 10&11 – Lines 166-223: The discussion was restructured by comparing our results with the previous studies.

QUESTION

Pages 10-11, lines 180-199: Please, do not list the protective factors against dental caries but write as full sentences/chapters by combining the comparisons to the results from previous studies where applicable.

ANSWER

Page 11 – Lines 194-203: this sub-chapter was rewritten as follows:

“The univariate analyses revealed several factors correlated with the risk of dental caries. The role played by the mother’s profession is confirmed: highly educated mothers have a positive influence on their children’s oral health. This tends to highlight the still dominating role of the mother in the French homes, because the socio-professional category of the father does not have the same importance. A very recent article focusing, among other things, on the role played by the parents’ activity on the oral health of their children, showed the harmful role played by the lack of employment [12]. Consumption of water when thirsty confirmed the negative impact of the regular consumption of sugary drinks [13]. Our results also confirmed recent studies that tend to prove the superiority of the use of electric brushing over manual brushing [14]. Sealants are
used and recommended in France since the early 2000s, and their efficacy no longer needs to be proven [15]. The role played by the presence of sealants remnants is thus not so surprising.”

**QUESTION**

Page 12, lines 225-228: References are missing.

**ANSWER**

Page 12 – Lines 241-243: References were added as follows:

“Medical services exist in many universities across Europe, for example in Finland [21] and the United Kingdom [22]. In other countries, state health services offer students special access to oral care, for example in Germany [23].”

**QUESTION**

You should also discuss the possible strengths and weaknesses of your study.

**ANSWER**

Page 12 – Lines 224-230: A sub-chapter on the weakness and strengths of our study was added as follows:

“The limits of our study come from both the participation of volunteer students only and the cross-sectional design which only provides a snapshot of our outcome at a specific point in time, and gives no indication of the sequence of events. The strengths of our study lie in supplying data on a rarely studied population. The originality comes from a peer-led action among students. A study conducted in India focused mostly on dental students and revealed the positive attitude of this category of students towards their own oral health [19]. The authors mentioned the potential interest of a peer-driven prevention approach (dental students versus the students of other fields) in order to promote oral health on university campuses.”

Conclusions (page 13)

**QUESTION**

Lines 240-243: Please modify conclusions. They should be drawn from the results of your study.

**ANSWER**

Page 13 – Lines 256-257: Conclusions were modified as follows:
“Students are known to neglect their oral hygiene and are particularly vulnerable to dental decay. One of the most important obstacle to dental consultation seems to be the financial barrier.”

References (pages 14-15)

QUESTION

Please, check the instructions for the authors for writing the reference list and correct your list accordingly. For example: how many authors of articles should be mentioned before adding 'et al.' and is there a full stop after abbreviations of the journals?

ANSWER

Pages 14-15-16: All the references were corrected according to the instructions for the authors.

We thank you once again for your constructive remarks.