Author’s response to reviews

Title: Knowledge of Cervical Cancer and Pap Smears in Uyghur Women from Xinjiang, China

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Author’s response to reviews:

1. Figure files should contain only the image/graphic, as well as any associated keys/annotations. If titles/legends are present within the figure files, please remove them.
Reply: I have made the change in the revised manuscript.

2. Figures should be provided as separate files, and each figure of a manuscript should be submitted as a single file.
Reply: I have made the change in the revised manuscript.

3. As mentioned by the reviewers, please have the text edited by a professional language editing service or a native English speaking colleague. There are many issues with grammar, wording, spelling, and/or punctuation that need to be addressed.
Reply: I have send the manuscript to the language editing company.
Reviewer reports:

Katherine Roland (Reviewer 1): This is an interesting study, but overall I found the manuscript to be lacking critical detail regarding methodology, and suitable framing of the study findings.

Background:
First sentence-is this a global statistic? Or China's annual incidence rate?
Reply: This is a global statistic, from the IARC web information in 2008.

Second paragraph, should consider providing more detail on the rural/urban differences in health outcomes for in China and this region.
Reply: I have added this content in the revised manuscript.

Page 10, line 4- do all the Uyghur self-report their primary religious affiliation as Muslim? Need to include a citation here.
Reply: I have added the citation here in the revised manuscript.

Line 12, what is "rough screening"? I'm unfamiliar with this term. Please add citation for the incidence.
Reply: sorry, that should be general survey for cervical cancer in this region, it is a translation error, and I have change the word in the revised manuscript.

Line 34 needs a reference.( In previous studies, a questionnaire was used to survey Xinjiang Uyghur women with cervical cancer, and these studies showed that these women have poor knowledge of cervical cancer and the cervical smear test; many of the surveyed women had never undergone a gynecological examination, and HPV was completely unknown to them)
Reply: since this is the result from my own research, so I forgot to add reference here. I have added the reference in the revised manuscript.

Methods:
How long did it take to collect data from 7100 women? 24 months?
Reply: actually it takes 7 month to collect data from 7100 women. 4 month(started in May 2008, ended in Sep 2008) for 5000 women from Hotan, 3 month for 2100 women from Kashgar(started in June 2009, ended in August 2009).

Was the content of the study only focused on cervical cancer?
Reply: yes, it was big survey which studied the HPV prevalence, cervical cancer screening method and risk factors of cervical cancer, women’s awareness which was described in this manuscript is a one section of the study.

How long did the survey take to complete?
Reply: as I described above, it take 7 month in total to complete the whole survey. And I have added this content into the revised manuscript.

Were all women in the 2 sample counties approached?
Reply: No, not all women were approached in the study. The accurate data was unavailable, but the total population in Hotan Karakax was about 530,000 and in Kashgar Payzivat was about 38,000 according to demographic date 2010, and the average sex ratio was 1:1, average age related rate for age 15 to age 64 population was 73%. Therefore, we can calculate the total number of women age 15-64 was about 193,000 in Karakax and 14,000 in Payzivat. In this study, 7100 women were randomly selected and enrolled by certain criteria, which was described in the manuscript, the number of enrollment was figured after statistical sample size calculating method, available research funds was also considered at the same time.

What was the response rate?
Reply: We were plan to recruit 5000 women in Hotan and 2000 women in Kashgar, and there were 5495 and 2313 women were enrolled and received questionnaire survey, 5000 questionnaire were the response rate was respectively, at the end, qualified questionnaire was obtained from 5000 and 2100 women, respectively. Therefore, the response rate was 91.0% and 90.8% for Hotan and Kashgar.
What was the study protocol if the trained recruiter was not able to locate a woman in the residence?
Reply: there were village doctor and women’s federation personnel in every village, they were able to keep close contact with every women. So there was very little possibility to not able to locate a woman in the residence, and we have no exact protocol for this condition.

What is the total population of eligible women in these 2 counties?
Reply: The answer was the same for question “Were all women in the 2 sample counties approached?”

How many trained recruiters were there to collect data?
Reply: Four graduated student with gynecological oncology major and 5 trained local health workers were there to collect data.

Were all recruiters doctors? Were they medical doctors? That seems incredible resource intensive-to have doctors take surveys from 7100 women living in a rural area.
Reply: Recruiters in the study include medical doctors and local health workers.

Were these surveys collected during regular, routine primary care home visits?
Reply: Yes.

Why were doctors used to collect data, and not nurses or community health workers?
Reply: The data were collected with medical doctors and local health worker, no nurses.

Were incentives provided to the participants?
Reply: No, because they were screened with HPV and TCT for free in the study, these two test cost 500 RMB in China.

Was the survey open ended or multiple choice? If open ended, how were data coded and analyzed?
Reply: The survey was single choice and multiple choice.
Was pap test history assessed in these women?
Reply: The pap test history was not assessed in these women, but the enroll criteria include the item that women should not have any cervical lesion history before.

Is healthcare assessable for this population?
Reply: the answer is the same for question “Second paragraph, should consider providing more detail on the rural/urban differences in health outcomes for in China and this region”.

What is the role of the husband in women's healthcare?
Reply: In Uyghur farmer’s family, husbands are the main economic provider. They occupied the leading role to make the decision on household expense and other daily routines. Therefore, a woman was not able access any healthcare services without husbands permission and economic support. The husband’s awareness of cervical cancer and other diseases, may determine the wife’s health condition.

Results: Does not seem necessary to use 2 decimal points in the percentages.
Reply: I have change the data to 1 decimal points in the percentages.

Page 11, section 5. Correlation.- I'm not sure what the first sentence means.
Reply: I was mean to state that there was association with women’s age and their knowledge of cervical cancer by this sentence “women’s knowledge was correlated to their ages in this study”, maybe I did not describe in the right way. I have made some change in the revised manuscript.

Discussion- The second sentence is very confusing, needs citations, and to be completed.
Reply: This is grammatical error, I have made change in the revised manuscript and added citation.

Table 1 seems to be missing the description of the 5 items that are being analyzed
Reply: I have added the annotation for 5 items under the table in the revised manuscript.
There are entirely too many figures. Yes/No questions do not need graphical representation. 1a-1d, 2a-2d, 2g should be deleted.
Reply: Thank you for your suggestion, I have deleted 1a-1d, 2a-2d and 2g.

Figure 3 is missing x and y axis descriptions.
Reply: I have added the descriptions, thank you.

Sarah Feldman (Reviewer 2): This manuscript is a well done, interesting survey of knowledge of HPV and cervical cancer among women in a remote region of China. The paper is well conceived and well explained and documents clearly an important barrier to cervical cancer prevention among a specific subset of poor and uneducated women. My main comments are minor corrections of the written English which is mostly clear, but could benefit from a careful editing to make sure that tense and grammar and meaning are always correct.

Several other minor comments:

In the abstract:
1. the Results section have some grammatical errors that need correction
Reply: I have made the correction by sending to language editing service.

2. The conclusion does not truly follow from the results. I think it should read: Uyghur women in China have poor knowledge of cervical cancer and HPV infection, which is associated with low household income and low educational levels. Education via TV and health care providers may improve compliance with programs aimed at cervical cancer prevention and treatment.
Reply: Thank you, I have change the conclusion as you suggested.

3. p. 7 rough screening should be changed to estimates
Reply: I have changed it in the revised manuscript.

4. p. 8 line 2 change the word "the" to "an" and "of" to "around"
Reply: Thank you, I have change the words as you suggested.
5. p.9 change "else were include" to "and the remainder were:"
Reply: Thank you, I have change the words as you suggested.

6. p.10 line 3 patients "had" paps (not "did"
Reply: Thank you, I have change the words as you suggested.

7. p.10 line 5 change "performed" to "undergone"
Reply: Thank you, I have change the words as you suggested.

8. p.10 check the bottom paragraph for multiple small preposition changes-- change "about" to "of", "in" to "of" and screen "for" cervical cancer
Reply: Thank you, I have change the words as you suggested.

9. p.11 line 1 omit "the"
Reply: Thank you, I have change the words as you suggested.

10. p.11 second paragraph the percentage of patients "who"...
Reply: Thank you, I have change the words as you suggested.

11. p. 11 the last paragraph is confusing. I don't understand what you mean by "Women who knew the symptoms of cervical cancer and who had done a Pap smear before showed a linear decline after 21 years old" Please clarify
Reply: It is the grammatical error. I have change the description in the revised manuscript.

12. p. 12 What do you mean by " this difference was not obvious in the high-income group
p. 13 There are many word changes and edits that could be made on page 13 to improve the English. If you would like me to edit this in more detail I would need a copy I can correct.
p. 14 second paragraph I think you want to say "less likely" instead of "more"
Reply: yes, there were many grammatical errors, and I have made the correction by send the manuscript to the language editing service. Thank you so much.
Note:

1. I have corrected all Uyghur author’s name without changing the author list order. Uyghur author’s name was written in a way based on Uyghur pronunciation when the first time we submitted the manuscript, but now, it was asked to write all names consistent with one’s ID card by our organization, for example: Guzalnur Abliz, this is my name which was called in Uyghur pronunciation, but in My ID card, It was written in Guzhalinuer Abulizi, keep consistent with Chinese pronunciation.

2. The corrections which were made by language editing service were not highlighted, since there were too many, and all were grammatical correction, no meaning changes.