Author’s response to reviews

Title: Cervical cancer screening service utilization and associated factors among HIV positive women attending adult ART clinic in Public Health Facilities, Hawassa town, Ethiopia: A cross-sectional study

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Response For editorials
Thank you for you constructive comments to enrich the manuscript. As you can see in the revised version of the paper we have incorporated all the things raised by you.

According to the recent WHO immunological classification for established HIV infection, adult patients having CD4 count of 350−499 cells per mm3 of blood, 200−349 cells per mm3 of blood, and <200 cells per mm3 of blood have mild, advanced and severe HIV associated immunodeficiency respectively. Additionally, the normal absolute CD4 count in adolescents and adults ranges from 500 to 1500 cells per mm3 of blood. That is why we used CD4 count of 500 as cut-off point.

Response to reviewers
Reviewer # 1
Abstract
Reviewer: Crosscheck the date for which the study was carried out and correct that in the main manuscript as well.
Response: We have corrected according to your comment. (See; from line P2, L34-35 and P5, L101).
Reviewer: The conclusion in the abstract is repeat of the findings. Please revise.
Response: You are correct and we have revised according to your comment.
Main manuscript
Reviewer: Please provide full meaning of “HPV” before the abbreviation ART etc.
Response: Thank you for your kindly comment. We have provided full meaning of HPV in addition to revising the whole abbreviations.
Reviewer: Seventy percent of CC cases caused by two 16 & 18 what are the two types of HPV?
Response: we have re-stated the statement like “Seventy percent of all CC cases throughout the world are caused by only two types of human papilloma virus (HPV); HPV-16 and HPV-18”. 
(See; P3, line 57-58)
Reviewer: “…. of cervical cancer called visual inspection with acetate” please add abbreviation before using it?
Response: We have added the abbreviation based on your comment. (See: P3, L81)
Reviewer: Authors have not been consistent with the use of cervical cancer screening and CCS. They kept using CCS or cervical cancer screening.
Response: we have agreed with you. We have corrected it accordingly.
Reviewer: The headings and subheadings require a re-organization, especially in the method section. A heading in the results section has been numbered. Authors should decide whether they want to number the whole manuscript or not.
Response: We have re-organized headings and subheadings based on your comment.
Overall
Reviewer: Manuscript has lots of error in terms of spelling, grammar and punctuation. Most of the sentences are hanging and unclear. Authors will need to read and revise the manuscript.
Response: yes, you are right. We have made rigorous English language checkup through the manuscript.

Reviewer # 2
A. Abstract
Reviewer: CD4 count in reporting associated risk factors (P3, L30). It should be CD4 count less/more than 500 cells per cubic millimeter of blood.
Response: Yes you are wright. We have corrected according to your comment. (See: P2, L41-42).
Reviewer: Directional conclusion in results (P3, l30-38): I find a strong statement for reporting the results. “Having a post primary education ….were factors that determine cervical cancer screening utilization.”
Response: You are correct and we have revised according to your comment. We have re-stated the statement ““Having a post primary education …. were associated with cervical cancer screening utilization.” (See: P2, L45-46 & L49-50)
Reviewer: Conclusion: they report the results of the study, instead of the conclusion.
Response: we have revised conclusion according to your comment.
B. Methods
Reviewer: English writing (P6, L8): “conducted from march 2 to april1/4/2019” or (P3, P19) “All HIV positive women attending ART clinic at public health facilities where there is CCS in Hawassa City Administration.”
Response: We have corrected according to your comment. (See; P2, L34-35 and P5, L101).
Reviewer: Definition of “utilization of cervical cancer screening “ (P7,L48): I want to know why authors choose five years for this definition. Is there any reference in the literature? Is there guideline?
Response: We operationalize utilization of cervical cancer screening based on “guideline for cervical cancer prevention and control in Ethiopia” and we have used as reference. According to this guideline screening of HIV positive woman starts at time of HIV diagnosis, once sexually
exposed and screening every five years be integrated with national policy as part of a routine care. (See: reference number 13).
Reviewer: Is there any reason that the authors choose that these specific months for their study?
Response: We choose these months based on the schedule of Hawassa University and it was convenient for us. Further, the data we obtained from the respondent has nothing relation with time of data collection.
C. Results
Reviewer: P9, L10: the mean age (+/- standard deviation) of the respondents was 33.4 years (+/- 8.7 years).” I would rather address this in method section.
Response: To calculate mean and standard deviation we should have the data. So with having age of the respondent it is very difficult to calculate mean and standard deviation in the methods section. Thus, this has to be part of result section.
Reviewer: For table 1-4: I would like to see the distribution of the demographics stratified by screening history.
Response: we have tried to show the distribution of demographics stratified by screening history based on your comment. (See: table 1 & 4)