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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242 Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com <http://www.wjgnet.com>

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February 18, 2016

Stuart Calderwood, PhD, Professor; Timothy Pawlik, MD, Director, Professor;
Dimitrios Roukos, MD, PhD
Editors-in-Chief
World Journal of Clinical Oncology

Re: Factors associated with cervical cancer screening in a safety net population
(ID 00349016)

Dear Professor Calderwood, Professor Pawlik, and Professor Roukos,

We are pleased that you are willing to consider a revision to the manuscript,
"Factors associated with cervical cancer screening in a safety net population" for
consideration for publication in World Journal of Clinical Oncology.

We have addressed each of the comments/questions of the reviewers below.

All authors have read and approved the manuscript.

All authors have no conflicts of interest.

Thank you very much for your time and consideration.

Sincerely,

Ian K. Komenaka, MD
Hogan Building, 2nd Floor
2601 E Roosevelt Street
Phoenix, AZ 85008
(602) 344 5368
Fax (602) 344 1299
Komenaka@hotmail.com

Comments by Reviewers

Reviewer #1: well-written

Reviewer #2: There were not any parts to be revised in the text.

Reviewer #3: Heberer et al. show data on some factors associated with cervical screening, especially considering health literacy. Their findings are interesting, and the work is complete and properly discussed. Only a few issues should be solved.

Comments: 1. The title should be delimited to the main factor studied, namely, health literacy.

Authors' response: Health literacy was removed from the title as requested.

2. The authors should suggest some strategies to increase health literacy in the population.

Authors' response: Unfortunately there have not yet been any strategies to increase or improve health literacy. A statement was added to page 16.

3. Is the patient parents education a factor influencing the patient to undergo cervical cancer screening

Authors' response: Unfortunately we did not collect information of the parents' education and therefore we cannot comment.

Reviewer #4: Though this is a quite well-written paper, it should not be accepted for publication by this journal. The authors may find the following comments useful for their future work. - In this study, Pap-smears were performed in women attending a breast clinic. However, breast cancer screening starts at age 40, while cervical screening should start at an earlier age, and the mean age of women in this study was 45. Hence, the most clinically relevant part of the population has been missed.

Authors' response: Although the mean age of the population was 45, we did include younger patients.

Besides Pap-smears, the current approach of cervical cancer screening includes HPV-DNA-testing. In fact, HPV-DNA-testing is increasingly replacing Pap-smears in cervical cancer screening programs. However, HPV-DNA-testing was not included in this study. - Primary prevention of cervical cancer includes

preventive HPV-vaccination. Did any of the participants undergo HPV-vaccination?

Authors' response: We did not collect data on HPV testing and HPV vaccination and this was noted in our limitations section.

Thank you to all the Reviewers and Editors for your time, comments, and consideration.