

Dear Editor,

We submit a revised version of our invited editorial titled "Cancer prevention in patients with HIV infection" for consideration for publication in the World Journal of Clinical Oncology. We thank the Reviewers for their comments, which improved our paper. We modified the text according to these comments. All changes are shown in red in the revised text.

Response to Reviewers' comments

Reviewer's code: 00183194

1. In paragraph 3 line 5, the author indicated "vaccination against hepatitis B is recommended in all seronegative patients with HIV infection and repeat doses should be administered until anti-HBs titers \geq 10-100 IU/ml are achieved". However, whether it's also appropriate for patients who are HBV-carrier or anti-HBs titers $<$ 10 IU/ml after accepting several times of vaccination?

We thank this Reviewer for this comment. Vaccination against hepatitis B is not recommended for HBV carriers. In patients with anti-HBs titers $<$ 10 IU/ml after vaccination, repeat doses of the vaccine should be administered.

2. There are still some logical mistakes, such as "Therefore, timely implementation of ART and persistent suppression of HIV replication are essential for cancer prevention in patients with HIV infection" in paragraph 2 line 3. In my view, the role of implementation of ART is to suppress HIV replication.

We agree this comment and we removed this phrase.

Reviewer's code: 02520549

Dear Editor, I read the manuscript with interest. It talks about Cancer prevention in patients with HIV infection. The topic is interesting and seems useful especially for people of developing countries, where HIV is very

diffused. The authors underline the importance of the correlation between viral infection and tumor and explain how vaccinations can reduce the infections and their related tumors. The authors want to implement vaccinations in cancer screenings recommendations for patients with HIV infection. They conclude that screening programs for HIV infections should be similar to those of the general population because they could reduce the neoplasias in HIV positive patients and hence improve their survival to the infection. Language revision is needed.

We thank this Reviewer for these positive comments. We carefully edited the paper for linguistic errors.

Reviewer's code: 03089133

The editorial entitled "Cancer prevention in patients with HIV infection" by Valanikas et al describes that the leading cause of death in patients with HIV infection is cancer. It has been demonstrated that 40% of cancers that affect patients with HIV infection are due to hepatitis B and C virus infection-related hepatocellular cancer (HCC) and human papillomavirus (HPV) infection-related cervical, vulvar, penile, anal, oral, and pharyngeal cancer. Thus, it is suggested that vaccination against common oncogenic viruses is crucial. In HIV population rates of cancer screening and vaccination against HPV and HBV are considerably low. The author of this editorial recommends educating patients and healthcare professionals about the significance of cancer preventive measures in HIV patients. It is the comprehensive editorial and merits publication.

We thank this Reviewer for these positive comments.

Reviewer's code: 02445433

In the editorial, the authors present good observations about the necessity to improve primary and secondary prevention to reduce the risk of cancer onset in HIV survivors. The argument is very interesting and of public utility.

We thank this Reviewer for these positive comments.

Some minor revisions are suggested below:

1) I recommend to introduce the terms primary and secondary prevention in the text, because both are important. In this respect, a comment of the authors about the utility of educational programs for healthy lifestyle (primary prevention) in these patients may be relevant.

We thank this Reviewer for this suggestion. We added a comment “In addition, primary prevention of cancer by implementing educational programs stressing the importance of healthy lifestyle are equally important in patients with HIV infection.”

2) I would like the authors specify that long-time HIV survivors they referred are found in industrialized countries.

We specified this important point in the text.

3) A comment about the ratio health benefit to costs of the timely implementation of ART and persistent suppression of HIV replication in HIV patients, is suggested very important.

We added “However, the cost/health benefit ratio of early implementation of ART and persistent suppression of HIV replication should also be considered, particularly in resource-poor settings.”

4) Finally, in the sentence : “Vaccination against HPV using is also recommended in patients with HIV infection.....” Maybe the word “using” in not correct.

We removed the word using.

Reviewer’s code: 03001454

As an editorial, the article gives an overview to the situation of HIV infection-related cancers and the suggestions and measurements for early identification and prevention. The manuscript is well organized. There are misspelling and

unnecessary word in the manuscript (refer to the marks in the uploaded PDF).

We thank this Reviewer for these positive comments and for editing our paper for spelling errors. We corrected these errors as recommended.

We look forward to your decision.

Best regards,

Konstantinos Tziomalos, MD

Assistant Professor of Internal Medicine

Medical School, Aristotle University of Thessaloniki