



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_27118
Title of the Manuscript:	Knowledge and Screening Practices of Cervical Cancer among Pregnant Women Attending Antenatal Clinic in Tertiary Hospitals in Enugu, South-Eastern Nigeria
Type of the Article	Short Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	- Page 2, Para 1, Line 4: In University of Nigeria Teaching.....cancer within this period [Sentence is too long. Please reframe it] - Page 2, Para 3, Line 2: conversely n developing.....Palliative manner [Sentence is too long. Please reframe it] - Page 2, Para 3, Line 3-7 Cervical cancer is a 58 chronic debilitating..... in their quest for survival [All these lines should be described in starting i.e keep these lines after Para 1 (page 1) Control measures are desperately needed.....and before Para 2 (Page 1) i.e Nigeria is most populous country.....] - Page 2, Para 4, Line 1 A vaccine designed to prevent cervical cancer..... in June, 2006 [Shift this line to Page 2, Para 2 where author is describing the HPV infection] - Page 2, Para 5, Line 1 Nurses/midwives in the health..... Measures of cervical cancer. How authors could justify this statement without quoting any reference? Please quote some reference to justify the facts. - Rewrite the Introduction keeping in mind the suggested changes. Be precise focusing on the theme and not going vague like some time describing the screening scenario and then next jumping to HPV virus. - Page 3, Para 1, Line 3-5. The institution was Established under..... Orderlies, cleaners [No need of these lines].	- This sentence have been reframed and highlighted in yellow colour in the main work - This has been revisited and reframed and highlighted with yellow colour - This has been adjusted based on the suggestions and highlighted in yellow colour - This has been done as recommended - References have been added - This was done accordingly &8. Irrelevant information has been deleted as suggested. - Study duration is described in the work and highlighted in yellow colour - The article was edited for grammatical error. - Only the relevant information from the



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	8. Page 3, Para 2, Line 2-4. What is the need of such use less description like 30 departments, Church? Please incorporate only information's relevant to the manuscript and omit rest of the irrelevant things. 9. Authors didn't describe the study duration. 10. Do necessary grammatical corrections. 11. Result section: Please do not repeat the findings from table into text just keep the relevant information from table in text and rest keep in table. 12. Table 2, 3, 4. Give appropriate statistical analysis to show the validity of results like Chie test. 13. Authors show frequency of undergoing screening test. It is voluntary or opportunistic? 14. Author's should have described the frequency of screening with education level of the women. 15. If 69% of the women have frequency of undergoing screening every year then how it could be possible that only 2.8% of these women have been ever screened. It's a bit confusing. Mention it somehow in table that it's the women views regarding the appropriate frequency for screening and not what they are availing. 16. Page 9. There is no need to give decision rule. It's self explainable 17. Page 10, Para 1, Line 5-6. The most probable explanation..... infected by such health problem. [quote some reference to validate this fact] 18. Concise the discussion. Generalized the facts by giving some specific reason that why these findings are different from the findings of the	tables was reported. 12,13&14.The necessary corrections are effected as suggested 15. The stem of the questions was wrongly stated and have been corrected and is highlighted in yellow colour 16. Decision rule is removed as suggested 17. Reference cited to validate result 18. Some specific reasons were given for the findings 20. Consent form removed from the work 21. The conclusion was rewritten with suggested ways/ approaches to the problem of inaccessibility of cervical cancer screening. 22. Latest references incorporated to the work
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	studies you quoted. 19. Please quote the reference at the end of the line and not anywhere in the midway. 20. No need to incorporate consent form and ethical approval in the main manuscript. 21. Rewrite the conclusion in more concise and realistic way. Suggest some realistic approach to the problem of inaccessibility of cervical cancer screening. 22. There is no latest reference from year 2013, 2014, 2015 and 2016. Only one from 2015. Please incorporate latest references. Please take the help of these references. 1. [Singh S, Badaya S, Hussain S. An urgent need to re-strategize loss to follow up in cervical cancer screening program in India. Journal of Cancer Policy 2015;6:23-24 2. Badaya S, Singh S. Missing cervical cancer patients in India: Time to rejuvenate follow up strategy through mhealth. Journal of cancer policy 2015;3:3-4 3. Hussain S, Nasare V, Kumari M, Sharma S, Khan MA, et al. Perception of Human Papillomavirus Infection, Cervical Cancer and HPV Vaccination in North Indian Population. PLoS ONE 2014;9(11): e112861.	
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	doi:10.1371/journal.pone.0112861 4. Singh S, Badaya S. A strategy to increase the uptake of cervical cancer screening in India: A lesson for the ongoing programs. South Asian journal of cancer. 2013; 2(4): 201 PMID: 24455629 5. Bharadwaj M, Hussain S, Nasare V, Das BC. HPV & HPV vaccination: Issues in developing countries Indian J Med Res 2009;130:327-333 6. Singh S, Badaya S. Factors Influencing uptake of Cervical Cancer Screening among Women in India: A Hospital based Pilot Study. J Community Med Health Educ.2012; 2: 157 7. Mattheij I, Pollock AM, Brhlikova P. Do cervical cancer data justify HPV vaccination in India? Epidemiological data sources and comprehensiveness J R Soc Med 2012 ;105:6250-262 8. Singh S, Badaya S, Multani MK. Is existing cervical cancer screening proven productive in developing nations: Time to move from the	
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	laboratory to community. South Asian journal of cancer. 2013; 2(4): 242. PMID: 24455648] It's very difficult to get the data from such developing nations. These types of manuscripts are always welcomed. Authors did their best in designing this study. Over all this manuscript is highly appreciable and should be accepted after major revision. I Highly recommend accepting the manuscript after the necessary changes.	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		