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OPEN PEER REVIEW

Performance Indicators of Cervical Cancer Screening Program Based on The Guidelines of Iran Ministry of Health and Medical Education

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

More about open peer review: brieflands.com/knowledgebase/opr

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1 Original submission

1 comment · 19 Apr 2020

Associate Editor

MAJOR REVISION 19 Apr 2020

Many thanks for submitting your manuscript to IJCM. Your manuscript has been reviewed by our specialist, whose comments are provided below:
1. The manuscript is unclear: the reason why you designed the study and the exact meaning of the program mentioned in the manuscript are unclear.
2. Keywords need to be MeSH terms.
3. background: paragraph 2: Is the Pap smear the most effective? Is this correct? Please clarify, and also describe the sensitivity and specificity of the Pap test.
3. background: paragraph 3: Do you have a reference showing that the Pap smear decreases the mortality rate of cervical cancer? Reference 8, which you cited, mentions only a decrease in incidence, not mortality.
4. History of cervical cancer in Iran: What is the standard interval for the screening program in Iran?
5. Reference 14, cited for Iran's screening program, does not include the Ministry of Health's program for Pap test screening.
6. Method: second line: Please mention which university confirmed the ethics approval number.
7. Reference 20 is not mentioned in the discussion section.
8. References should be in Vancouver format.
9. The discussion section should be revised again.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Associate Editor 1:
Many thanks for submitting your manuscript to IJCM.As your manuscript has been reviewed by our specialist and as follows you can find their comments:
1. The manuscript is unclear, the reason why you designed the study and what is the exact meaning of program mentioned in the manuscript is not is unclear.

With greetings and respect

Many studies on the Pap smear and cervical cancer have been conducted locally in the country, but no study has examined the performance of the programme and the challenges of implementing the screening programme. Also, no article has shown or introduced the process of the country's programme.

Whether the screening programmes defined in the country have been implemented correctly, how much the defined covered population participates in them, and the many reasons that cause these programmes not to be implemented correctly, including education and information dissemination; active screening, which is one of the most important indicators in this area.

Other studies that we conducted in this area

In a study on breast cancer, out of a target population of 14000 people in the rural areas of one province, only fewer than 7000 people of the covered target population participated, and of these, 27 people were diagnosed with tumours, all of whom were at advanced stages of the disease, and this means failure of the programme. We were not able to identify cancer at early stages. And the coverage of the target population is less than 50 percent, whereas resources have been allocated for it.

Keywords need to be in MESH .2

Corrected:

3. background: paragraph 2: pap smear is the most effective?: is it right please clear it, also describe about the sensitivity and specificity of Pop test.

most cost effective
3. background: paragraph 3: do you have a reference that Pop smear decrease the mortality rate of cervical cancer? as you mentioned reference 8 only incidence has been decreased not mortality.

Yes, for example the following references

Shih-Yung Su1,2, Jing-Yang Huang1, Chien-Chang Ho3 and Yung-Po Lia.Evidence for cervical cancer mortality with screening program in Taiwan, 1981–2010:age-period-cohort model. BMC Public Health 2013, 13:13
Cervical Screening and Cervical Cancer Death Among Older Women: A Population-Based, Case-Control Study. American Journal of Epidemiology

Changing trends in the incidence (1999-2011) and mortality (1983-2013) of cervical cancer in the Republic of Korea

Yoon Park*, Champadeng Vongdala*, Jeongseon Kim, Moran Ki

Pankakoski M, Anttila A, Sarkeala T, Heinävaara S (2019) Effectiveness of cervical cancer screening at age 65 — A register-based cohort study. PLOS ONE 14(3): e0214486. https://doi.org/10.1371/journal.pone.0214486

4. History of cervical cancer in Iran: what is the standard interval of screening program in Iran?
Part of the programme was added to the methodology. Because of the large volume of the programme, the flowchart of the cervical cancer screening programme communicated to the centres was translated and added.

Specifically, there is currently nothing on the website; this history was specifically mentioned in the two articles below. However, on the websites of the universities these guidelines exist independently in the form of guidelines for the behvarz (community health worker), the midwife and the physician, although the content is the same.

Namdar A, Bigizadeh Sh, Naghizadeh M M. Measuring Health Belief Model Components in Adopting
Preven□ve Behaviors towards Cervical Cancer. Journal of Fasa University of Medical Sciences. 2012; 2(5):
[234-244. [Persian

Pirzadeh A.The effect of education on women ,s practice based on Health Belief Mode about pap
[smear test. Journal of Health Systems Research. 2010; 6(2): 365-371. [Persian

5. the reference 14 mentioned for Iran screening program doesn't have the ministry of health program for pop test screening.

The Ministry of Health programme, in the form of the women's health schemes named SABA in the years 90-91 (Iranian Women's Health (SABA) and Iranian Men's Health (SAMA), periodic health assessment of women and men aged 25 to 60 years), which included breast and cervical cancer screening; this scheme was then put forward in the form of the IraPEN programme (prevention of non-communicable diseases) and the integrated middle-aged health programme, and in the year 93 it was first implemented as a pilot in some centres, and in the following years it was communicated to and implemented in all centres. These programmes

were communicated to the centres in the form of guidelines for the behvarz (community health worker), the health care provider, the physician and the midwife, and they exist in the system of the health deputies of the universities. Now this programme exists on the Ministry of Health website, in the middle-aged section, in the form of the integrated middle-aged health programme. In fact, the cancer prevention scheme was integrated into the middle-aged health programme.

Currently, on the Ministry of Health website (non-communicable diseases), the colon cancer screening programme has been unveiled and attention is directed towards it, and its guideline is being implemented in the centres.

which, in an assessment in one of the centres, was only 2 percent; this is the same failure to identify the reasons and the implementation weaknesses of cancer screening schemes in the country, which this study addresses by examining the performance of the programmes in several dimensions.

The programmes will be sent if necessary.

6. Method: second line: please mention which university confirmed the ethical number

Added..7. There is no reference 20 mentioned in discussion part. Corrected, and the relevant references were added. 8. references should be in Vancouver format.9. Discussion part should be revised again. Corrected..

The Discussion section was written based on the findings.

2 Revision 1

1 comment · 6 May 2020

Associate Editor

MAJOR REVISION 6 May 2020

Many thanks for submitting your manuscript to IJCM. Your manuscript has been reviewed for the second time by our specialist, whose additional comments are provided below:
1. Based on the IJCM structure, there should be 3-5 keywords.
2. Based on the papers mentioned below, Pap smear intervals are 3-5 years:
*Priority Setting for Improvement of Cervical Cancer Prevention in Iran
*Epidemiology of cervical cancer and human papilloma virus infection among Iranian women — Analyses of national data and systematic review of the literature
3. The Introduction is too long and needs revision.
4. Some parts of the Methods need references, such as Ira pen; also describe Ira pen.
5. The manuscript needs English editing.
6. Discussion: there is no need to discuss the aim of the study in this part.
7. The flowchart in fig 1 is illegible.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

based on the IJCM structure key words .1 should be 3-5 words.5	Corrected
Based on paper's mentioned bellow pop .2 :smear intervals are 3-5 years Priority Setting for Improvement of * Cervical Cancer Prevention in Iran Epidemiology of cervical cancer and * human papilloma virus infection among Iranian women — Analyses of national data and systematic review of the literature	A reference was provided
Introduction is too long, needs revision .3	Reduced from 900 words to 631 words
Some parts on Methods need to be .4 referenced like Ira pen; also describe ira .pen too	A reference was provided
the manuscript needs English editing .5	After final approval, the text will be sent for editing
Discussion: there is no need to discuss .6 .about the aim of the study in this part	Deleted
.fig 1(flowchart) is illegible .7	Deleted. Of course, the flowchart was prepared based on the text of the guideline. The Persian flowchart exists in the text of the guideline, and I had only converted it into English. At the same time, I deleted it

3 Revision 2

2 comments · 22 Jun 2020 – 27 Jun 2020

Associate Editor

MINOR REVISION 22 Jun 2020

Many thanks for submitting your manuscript to IJCM. As your manuscript has been reviewed by our specialist again, it seems that the manuscript needs English editing by a professional native English speaker.

Editor-in-Chief

MINOR REVISION 27 Jun 2020

Dear authors,
Please revise your manuscript according to the associate editor's comments.

4

Revision 3

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

In the name of God

With greetings and respect

The final file with the highlighted parts is submitted as the main article file. It was attached.

The reviews and their responses, from the last comment to the first

Comments of the last review

Dear Dr. sareh shakerian,

Thank you for submitting your valuable manuscript to the journal. We would like to inform you that the peer review of your manuscript is now completed and despite several useful points, it needs "**Minor Revision**". Below you may find the peer review comments. Please reply to them one-by-one and re-submit it again.

Reviewers' Comments:

Associate Editor's Comments:

Associate Editor 1:
Many thanks for submitting your manuscript to IJCM.As your manuscript has been reviewed by our specialist again it seems that the manuscript needs English editing by professional native person.

Author: The article was native-edited, and its certificate was also attached.

Second comments and responses

1.based on the IJCM structure key words should be 3-5 words.5	**Corrected**
2. Based on paper's mentioned bellow pop smear intervals are 3-5 years: *Priority Setting for Improvement of Cervical Cancer Prevention in Iran *Epidemiology of cervical cancer and human papilloma virus infection	**A reference was provided**

among Iranian women — Analyses of national data and systematic review of the literature	
3. Introduction is too long, needs revision	Reduced from 900 words to 631 words
4. Some parts on Methods need to be referenced like Ira pen; also describe ira pen too.	A reference was provided
5. the manuscript needs English editing	Native editing was done, and its certificate was attached
6. Discussion: there is no need to discuss about the aim of the study in this part.	Deleted
7. fig 1(flowchart) is illegible.	Deleted.

Associate Editor 1:
Many thanks for submitting your manuscript to IJCM.As your manuscript has been reviewed by our specialist and as follows you can find their comments:
1. The manuscript is unclear, the reason why you designed the study and what is the exact meaning of program mentioned in the manuscript is not is unclear.

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4. History of cervical cancer in Iran: what is the standard interval of screening program in Iran?
Part of the programme was added to the methodology. Because of the large volume of the programme, the flowchart of the cervical cancer screening programme communicated to the centres was translated and added.

Specifically, there is currently nothing on the website; this history was specifically mentioned in the two articles below. However, on the websites of the universities these guidelines exist independently in the form of guidelines for the behvarz (community health worker), the midwife and the physician, although the content is the same.

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5. the reference 14 mentioned for Iran screening program doesn't have the ministry of health program for pop test screening.

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Currently, on the Ministry of Health website (non-communicable diseases), the colon cancer screening programme has been unveiled and attention is directed towards it, and its guideline is being implemented in the centres.

which, in an assessment in one of the centres, was only 2 percent; this is the same failure to identify the reasons and the implementation weaknesses of cancer screening schemes in the country, which this study addresses by examining the performance of the programmes in several dimensions.

The programmes will be sent if necessary.

6. Method: second line: please mention which university confirmed the ethical number

Added..7. There is no reference 20 mentioned in discussion part. Corrected, and the relevant references were added. 8. references should be in Vancouver format.9. Discussion part should be revised again. Corrected..

The Discussion section was written based on the findings.

4 Revision 3

2 comments · 31 Aug 2020 – 1 Sep 2020

Associate Editor

MINOR REVISION 31 Aug 2020

Many thanks for submitting your manuscript to IJCM. Your manuscript has been reviewed again by our specialists, and you can find their comments below:
1. Describe the epidemiology of cervical cancer in Iran.
2. In History of the Cervical Cancer Screening Program in Iran: In what year did the SABA and SAMA program start screening women?

Editor-in-Chief

MINOR REVISION 1 Sep 2020

Dear authors,
Thank you for revising your manuscript. There are still some points that need consideration:
1. Please respond to the reviewer's and editors' comments in "English".
2. In the keywords section, "Cervical Cancer" is not a MeSH Heading term; the correct term is "Uterine Cervical Neoplasms". "Pap smear" is not a MeSH Heading term; the correct term is "Papanicolaou Test". "Indicator" is not a MeSH term. "Screening" is not a MeSH Heading term; the correct term is "Mass Screening". " Performance" is not a MeSH term.
3. All abbreviations should be defined when they are used for the first time in the manuscript, such as DNA.

5

Revision 4

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Associate Editor's Comments:	Author **Response(**The following corrections were made)
Associate Editor 1:: 1. describe the epidemiology of cervical cancer in Iran	According to the National Cancer Registry in Iran, a trend study showed that the incidence of cervical cancer has tripled from 2003 to 2009(2).Also a review study indicated The cervical cancer incidence rate developed between ages 55 and 65.The mortality to incidence ratio was 42%(3) .
2. in History of the Cervical Cancer Screening Program in Iran: from which year the SABA and SAMA program started to screen women?	in 1990-91
EIC Decision:	
1. Please answer to reviewer's and editors' comments in "English"!!	ok
2. In the keywords section, "Cervical Cancer" is not a MeSH Heading term, the correct term is "Uterine Cervical Neoplasms". "Pap smear" is not a MeSH Heading term, the correct term is "Papanicolaou Test". "Indicator" is not a MeSH term. "Screening" is not a MeSH Heading term, the correct term is "Mass Screening". " Performance" is not a MeSH term.	Keywords: Uterine Cervical Neoplasms; Papanicolaou Test; Mass Screening
3. All abbreviations should be defined when they are used for the first time in the manuscript, such as DNA.	human papillomavirus deoxyribonucleic acid (HPV DNA) IraPEN (IRNA – Package of Essential Non communicable Disease) Atypical squamous cells, undetermined significance (ASCUS), ministry of health (MOH)…….and so on..

5 Revision 4

3 comments · 21 Oct 2020 – 30 Dec 2020

Associate Editor

ACCEPT 21 Oct 2020

Accepted after the EIC's decision.

Associate Editor

ACCEPT 30 Dec 2020

Dear authors,
Thank you for revising your manuscript.

Editor-in-Chief

ACCEPT 30 Dec 2020

Dear authors,
Thank you for revising your manuscript.