

## Peer Review File

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### **Review Comments**

This letter to the editor comments upon the results of a recent epidemiological study in Saudi Arabia that documented that the majority of head and neck cancer patients at King Fahad Medical Center present with late stage disease in which cancer treatment outcomes are poor. The authors note that late stage head and neck cancer presentation has historically been a problem in the country, head and neck cancer awareness among the public and providers is low, and policies for head and neck cancer prevention, screening, diagnosis, treatment and follow up have been weak. The authors recommend a systematic primary, secondary and tertiary prevention approach to addressing head and neck cancer.

Below is some feedback provided that may help to strengthen the paper:

The authors comment on a paper that presents data from a single medical institution. It may be useful to reference that this finding fits with the epidemiology from other papers published nationally.

**RE: I have revised this accordingly, as you recommended.**

To make the case that a lack of public health focus on head and neck cancer may contribute to late stage head and neck cancer diagnosis in Saudi Arabia, it would be useful to highlight examples from similar countries that have better policies/care for head and neck cancer prevention and subsequent earlier stage of presentation.

**RE: I have revised this accordingly, as you recommended. I gave the situation in USA as an example...**

Alcohol and HPV are noted as areas where public health prevention could be improved. Since tobacco use is a major cause of head and neck cancers, it seems important to mention what is happening and what is needed related to tobacco use.

**RE: Yes Sir, tobacco use is a major cause of head and neck cancer. My failure to mention in the text was due to an omission. I have included it and added relevant facts to support the information on what is happening and what is needed related to tobacco use as regards Saudi Arabia.**

Head and neck cancer screening is cited as another public health activity that is needed, but head and neck cancer screening is not considered an evidence-based practice for head and neck cancer prevention in most of the world (I think it may be evidence-based in India due to the large # of

head and neck cancers there). If head and neck cancer screening is an established evidence-based practice in Saudi Arabia, this should be mentioned.

**RE: It has been scientifically established that head and neck cancer screening can be used in head and neck cancer prevention strategy in Saudi Arabia. My source of information: Al-Hadyan KS, Al-Harbi NM, Al-Qahtani SS, Alsbeih GA. Involvement of single-nucleotide polymorphisms in predisposition to head and neck cancer in Saudi Arabia. Genet Test Mol Biomarkers. 2012 Feb;16(2):95-101. doi: 10.1089/gtmb.2011.0126. Epub 2011 Aug 30. PMID: 21877955; PMCID: PMC3277923.**

The strategies described by the authors for improving early detection and treatment of head and neck cancer seem appropriate, but if head and neck cancer is not considered an evidence-based practice in Saudi Arabia at this time, I would recommend taking this strategy out of the listed strategies. All other strategies described seem appropriate.

**RE: It has been scientifically established that head and neck cancer screening can be used in head and neck cancer prevention strategy in Saudi Arabia. My source of information: Al-Hadyan KS, Al-Harbi NM, Al-Qahtani SS, Alsbeih GA. Involvement of single-nucleotide polymorphisms in predisposition to head and neck cancer in Saudi Arabia. Genet Test Mol Biomarkers. 2012 Feb;16(2):95-101. doi: 10.1089/gtmb.2011.0126. Epub 2011 Aug 30. PMID: 21877955; PMCID: PMC3277923.**