

To **Asian Pacific Journal of Cancer Prevention (APJCP)**,
<http://journal.waocp.org/journal/editorial.board>

Dear Editor in Chief,

Greetings from Indonesia and wishing you a great day with happiness and healthy condition in this era COVID-19.

We as the research collaboration team are writing the manuscript entitled “**Geographic characteristics of various cancers in Yogyakarta Province, Indonesia: a spatial analysis at the community level**” for consideration for publication in **Asian Pacific Journal of Cancer Prevention**. This manuscript was written using the **author guidelines** of **Asian Pacific Journal of Cancer Prevention** mentioned on the website.

We would like to inform that this novelty and impact regarding our finding of this study. To the best of our knowledge, the present study is the first community-based study reporting on the spatio-temporal distributions of various cancers, particularly in Indonesia. We aimed to elucidate spatial and temporal cancer incidence patterns in Yogyakarta Province, as the highest area of cancer incidence compared to other province in Indonesia. Cancer patient data registered by the Yogyakarta Provincial Health Office during 2019-2020 were analysed in this study (n=9,933). To evaluate cancer pattern distributions, ArcGIS 10.2 and Excel 2016 software were used. The mean participant age (\pm standard deviation) was 55.08 ± 15.46 years, and 79.40% were female. Breast and cervical cancer were the most frequently diagnosed, and the majority of patients were located in Sleman district. The incidence of all cancer types varied by sex. The majority of cancer patients lived below the poverty line. Cancer screening rates were low, and screening was limited to breast and cervical cancer. Various types of cancers were identified in Yogyakarta, Indonesia; of them, breast and cervical cancer predominated. Most of the cancer patients were from Sleman district and economically poor areas. Geospatial techniques are useful for identifying environmental factors related to cancer and improving cancer control strategies and resource allocation.

This paper also describes **our original work** and is **not under consideration** by any **other journal**. All authors approved the manuscript and this submission. The two co-authors **do not have any conflict of interest** regarding this manuscript. This document was reported as the result of the research we conducted as one of the requirements of our responsibility as a researcher in our university. Lastly, we do hope that this article can be published in this journal so that we can become the first researchers from Indonesia who can contribute our research results in this journal.

Thank you for receiving our manuscript and considering it for review. We do really appreciate your time and look forward to seeing your response.

Best Wishes,

Dr. Solikhah Solikhah

Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta, Indonesia
Jl. Prof Soepomo Janturan Warungboto Umbulharjo Yogyakarta Indonesia 55164
Email: solikhah@ikm.uad.ac.id

Number assigned to your submission (#APJCP-2108-7178)

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**Asian Pacific Journal of Cancer
Prevention** journal@waocp.org via sendgrid.net
to me, solikhah, apjcp.copy

Sun, Aug 1, 2021,
10:43 PM

Manuscript ID: APJCP-2108-7178

Manuscript Title: **Geographic characteristics of various cancers in Yogyakarta Province, Indonesia: a spatial analysis at the community level**

Authors: Solikhah Solikhah, Dyah Aryani Perwitasari, Dwi Sarwani Sri Rejeki

Dear **Ms. Solikhah Solikhah**

I would like to acknowledge receiving of your manuscript titled "**Geographic characteristics of various cancers in Yogyakarta Province, Indonesia: a spatial analysis at the community level**". Your manuscript will undergo the review process. You can learn about our review process by visiting [APJCP's peer review process](#) page.

Please be sure that the submitted manuscript has not been published previously and will not be submitted elsewhere prior to our decision.

You will be informed of our editorial decision once your manuscript has been reviewed. You can always track your manuscript by login to the [APJCP site](#).

Important Notice: Any future communications (email) about this manuscript should be done through our editorial system. All emails will be answered in **3 to 5 days** unless your desired action has been taken place or acted on (you can track the action in our editorial system).

I wish to take this opportunity to thank you for sharing your work with us.

Regards,

Executive Managing Editor of Asian Pacific Journal of Cancer Prevention

APJCP - Your manuscript titled (#APJCP-2108-7178 (R1))

External

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Asian Pacific Journal of Cancer Prevention journal@waocp.org via sendgrid.net 30,
6:43 PM

to me, solikhah

Manuscript ID: APJCP-2108-7178

Manuscript Title: Geographic characteristics of various cancers in Yogyakarta Province, Indonesia: a spatial analysis at the community level

Authors: Solikhah Solikhah, Dyah Aryani Perwitasari, Dwi Sarwani Sri Rejeki

Dear Ms. Solikhah Solikhah

Your manuscript has been reviewed and reviewers asked for major revision. The comments of the reviewer(s) are included at the bottom of this letter **or** as an attached file(s) to this mail. Please revise your manuscript accordingly and respond to the reviewer(s) comments in a separate file (a text, doc, or PDF file). In the Response to Reviewer File, provide details about the changes you made to the manuscript (refer to section and paragraph that you made changes in the revised manuscript).

After you make necessary changes please log in to journal's management system and follow the option "**manuscript needing revision**" and upload your **revised manuscript and the Response to Reviewer File**.

-- Many times, reviewer leave comments in the manuscript file. If the reviewer commented in the manuscript file. You need to copy the reviewer's comments from the file and paste into your "response to reviewer" file and explain how you address the comments.

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If you need more times please send a request so that editorial staff can extend the time for you. Please send all the request and mail through our Journal Management System by login into your account.

Once again, thank you for submitting your manuscript to this journal and we look forward to receiving your revision.

Truly yours,

Editorial Office of Asian Pacific Journal of Cancer Prevention

----- Important editorial Note -----

- - Reviewer -commented file is attached. You must satisfy the comment to have your paper published.

Responses to reviewers' comments

Manuscript ID: APJCP-2108-7178 (R1)

Title: Geographic characteristics of various cancers in Yogyakarta Province, Indonesia: a spatial analysis at the community level

Dear Editor- Asian Pacific Journal of Cancer Prevention

We thank the editor and reviewers for their thorough reading of our manuscript and their comments and suggestions that helped us to improve the manuscript. As indicated below, we have tried to do our best to respond to all the points raised. Please contact me if you need any further information.

Reviewer report #1:

- 1- Cancer is highly dependent on number of at-risk population when you map cancer you need to map the incidence not the number.
- 2- Incidence needs the number at risk population, as you report the incidence, you need to show where did you get the population plus how did you calculate the incidence.
- 3- Cancer is gender dependent. You must clearly separate the cervical and breast from colorectal and else. It is very important to be detailed in regard to reporting your number. A big part of your method must show the dept of your data. A valid data source bring value to a map.??!!!
- 4- Do not separate by year. Analysis all the years together.
- 5- Remove the trend. Non sense for two years trend.
- 6- 5- for screening you need to bring details on where did you bring the adyta, how you define the screening, the duration of data you obtain, where did you obtain the data, was it aggregate or individuals.

Author responses #1:

1. Thank you for your suggestion. We have revised the manuscript, figure and table with the highlight.
2. We have agreed and added to our table 2, thank you
3. Thank you for your suggestion, and done with our revised manuscript
4. Done, thank you
5. We have revised including in our purpose in this study. Thank you
6. We have revised with highlight, thank you

Reviewer report #2:

Needs reference

Author responses #2:

Thank you for your correction for regarding to add of reference in line 46. We have done and added the reference.

Reviewer report #3:

In the method section you need to clearly state: what kind of data you obtain for health authorities; individual data (cancer cases) or aggregate data (no. of cases). How did you develop the geographic distribution? Based on patients address? What is the quality of the addresses? Are they based on postal code? Or street name? how did you map the addresses to the geographic distribution? Needs lots of definition.

Author responses #3:

We have revised in our manuscript with highlight. Thank you.

“For conducting GIS-based analysis on the spatial distribution of cancer types, the county-level polygon map at 1: 1,500,000 scale was obtained, on which the county-level polygon layer containing information regarding latitudes and longitudes of central points of each county was created. All cancer cases were linked with county-level ID and polygon in ArcGIS 10.2. A county-level boundary map for the Sleman, Gunungkidul, Bantul, and Kulonprogo districts was obtained from the National Bureau of Statistics Indonesia. Geographical attributes, such as the locations of roads, hospitals, health centres, clinics, and district/city facilities; population per district; district area; topographic characteristics; and demographics, were retrieved from the regional development planning agency in Yogyakarta Province. Using county-level population as the denominator excluding breast cancer and cervical cancer, the crude incidence of each cancer cases at the county level was calculated and mapped. For cervical and breast cancer incidence, accounting from monthly numbers of confirmed of these cases divided by women aged above 30 to 50 years old. Then, incidence rate of each cancer types was grouped into three categories based on quantile, namely low incidence rate, middle incidence rate and high incidence rate, with annualized average incidence between $0 - < 0.04$ per 10000, $0.04 - 4.42$ per 1000, and ≥ 4.42 per 1000, respectively. To assess the number of low-income families (poor family) per county-level in Yogyakarta province was retrieved from the 2019-2020 census, annually surveyed by Indonesia’s National Statistics Office (*Badan Pusat Statistik*, BPS). This data was integrated into terms of the administrative. All cancer types were geo-coded and matched to county-level layers of polygon and point by administrative code using the software ArcGIS 10.2 to be included in the analysis.”

Reviewer report #4

This layer of information was available at what resolution? District, neighbourhood? What. You ned to be very clear in presenting your data.

Author responses #4

We have added in our revised manuscript with highlight that scale of our mapping used 1: 1,500,00 and all information of attribution of mapping have mentioned before. Thank you.

Reviewer report #5

You have to define in the method how did you calculate the incidence? Where did you bring the population figures? And how is the age distribution of the population. You ned to include age ?

Author responses #5

Thank you for your suggestion. We have explained how to calculate the incidence rate of cancer type and written in the section method.

“ Using county-level population as the denominator excluding breast cancer and cervical cancer, the crude incidence of each cancer cases at the county level was calculated and mapped. For cervical and breast cancer incidence, accounting from monthly numbers of confirmed of these cases divided by women aged above 30 to 50 years old. Then, incidence

rate of each cancer types was grouped into three categories based on quantile, namely low incidence rate, middle incidence rate and high incidence rate, with annualized average incidence between $0 - < 0.04$ per 10000, $0.04 - 4.42$ per 1000, and ≥ 4.42 per 1000, respectively. This data was integrated into terms of the administrative. All cancer types were geo-coded and matched to county-level layers of polygon and point by administrative code using the software ArcGIS 10.2 to be included in the analysis.”

Reviewer report #6

Eliminate the trend. Cancer trend need at least 10 years of data.

Author responses #6

Done, thank you for your suggestion.

Reviewer report #7

What is detection rate. Where did you bring the CBE, how many detected a tumor? How the tumors were verified. How did you calculated the detection rate? Detection rate is number of breast cancer with verified cancer divided to total number of performed CBE.

Author responses #7

Thanks for your advice. Regarding detection rate data, we have re-examined our data and found that it did not yet confirmed by pathological examination to verify this cases, so we were not included in this study. Thank you and please give your apologies for our mistake.

Reviewer report #8

Report the incidence in table.

Author responses #8

Done, thank you.

Reviewer report #9

Combine the number for the two years and report together. Make you data more stable.

Author responses #9

Done, thank you.

Thank you very much.

Best regards,

Dr. Solikhah Solikhah

1 **Geographic characteristics of various cancers in Yogyakarta Province, Indonesia: a**
2 **spatial analysis at the community level |**

3
4
5 **Dr. Solikhah Solikhah***

6
7 *Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta, Indonesia

8 Jl. Prof Soepomo Janturan, Warungboto, Umbulharjo, Yogyakarta Indonesia 55164.

9 Email: solikhah@ikm.uad.ac.id

10

11

12 **Abstract**

13

14 **Background:** Cancer remains a significant public health problem in Indonesia and worldwide.

15 Yogyakarta Province has the largest number of cancer cases in Indonesia. The incidence trends

16 and geographical distributions of various cancers in Indonesia have not been reported.

17 Therefore, this study elucidated spatial and temporal cancer incidence patterns in Yogyakarta

18 Province.

19 **Methods:** Cancer patient data registered by the Yogyakarta Provincial Health Office during

20 2019-2020 were analysed in this study (n=9,933). To evaluate cancer pattern distributions,

Author

The study is an epidemiologic study. The study needs major revision and even analysis:

1-Cancer is highly dependent on number of at-risk population when you map cancer you need to map the incidence not the number.

2-Incidence needs the number at risk population, as you report the incidence, you need to show where did you get the population plus how did you calculate the incidence.

3-Cancer is gender dependent. You must clearly separate the cervical and breast from colorectal and else. It is very important to be detailed in regard to reporting your number. A big part of your method must show the dept of your data. A valid data source bring value to a map.??!!

4-Do not separate by year. Analysis all the years together.

5-Remove the trend. Non sense for two years trend.

6-5- for screening you need to bring details on where did you bring the adyta, how you define the screening, the duration of data you obtain, where did you obtain the data, was it aggregate or individuals.



32

33 **Keywords:** Epidemiology, Cancer, Indonesia, Spatial, Geographic information system

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35

36 **Introduction**

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38 Non-communicable diseases (NCDs), such as heart disease, stroke, cancer, diabetes,
 39 and chronic lung disease, account for more than 70% of deaths globally. Based on data from
 40 the World Health Organization (WHO) in 2021, more than 15 million people aged 30-69 years
 41 have died because of NCDs. According to mortality data, cancer is the second most common
 42 cause of death worldwide, accounting for 9.3 million deaths, of which more than half occur in
 43 Asia (Bray et al., 2018; Sung et al., 2020) and in developing countries (Bellanger et al., 2018;
 44 Rivera-Franco and Leon-Rodriguez, 2018). In Indonesia, cancer is the third most common
 45 NCD after cardiovascular diseases and maternal, perinatal, and nutritional conditions. Data
 46 from the Indonesian Ministry of Health in 2021 indicated that breast cancer (42.1 per 100,000
 47 population, with a mortality rate of 17 per 100,000 population) and cervical cancer (23.4 per
 48 100,000 population, with a mortality rate of 13.9 per 100,000 population) account for the
 49 majority of cancers registered in the country. Early diagnosis of cancer through cancer

Author
Needs reference

101 Province, Indonesia.

102

103

104 **Materials and methods**

105

106 **Study population**

107 This study was conducted in Yogyakarta Province, which is located on the southern
 108 part of Java Island; the province is located at 8°30' - 7°20' south latitude and 109° 40' - 111° 0'
 109 east longitude. Yogyakarta Province has a total size of 3,133.15 square kilometres. The
 110 province has one city, Yogyakarta city, and four districts: Sleman, Gunungkidul, Bantul, and
 111 Kulonprogo districts. Yogyakarta city has a population of 435,936 people, while the Sleman,
 112 Gunungkidul, Bantul, and Kulonprogo districts have population sizes of 1,232,598, 749,274,
 113 1,029,997, and 434,483 people, respectively. Geographical attributes, such as the locations of
 114 roads, hospitals, health centres, clinics, and district/city facilities; population per district;
 115 district area; topographic characteristics; and demographics, were retrieved from the regional
 116 development planning agency in Yogyakarta Province. Data regarding population density and
 117 the number of people with low socio-economic status per district/city in Yogyakarta Province
 118 were retrieved from the 2020 census, organized by the central statistics bureau of Indonesia
 119 (Statistics Indonesia). These factors were added as new fields in the spatial databank of the
 120 area in ArcGIS 10.2 to be included in the analysis.

Author
In the method section you need to clearly state: what kind of data you obtain for health authorities; individual data (cancer cases) or aggregate data (no. of cases). How did you develop the geographic distribution? Based on patients address? What is the quality of the addresses? Are they based on postal code? Or street name? how did you map the addresses to the geographic distribution? Needs lots of definition.

Author
This layer of information was available at what resolution? District, neighbourhood? What. You need to be very clear in presenting your data.

121

122 *Cancer data*

153 **Results**

154

155 A total of 9,933 cancer cases were reported in Yogyakarta Province from 2019 to
156 2020, of which 79.40% (n=7,887) occurred in women, and 20.60% (n=2,046) occurred in men;
157 the cancer patients had an average age of 55.08 ± 15.46 years (Table 1). The most common
158 types of cancer identified in this province were breast cancer and cervical cancer in women.

159 Among men, the following were the most frequently reported cancers, in descending order:
160 colorectal cancer (18.24 per 100,000 population), nasopharyngeal cancer (6.36 per 100,000
161 population), skin cancer (5.60 per 100,000 population), and lung cancer (4.01 per 100,000
162 population) (Figure 1). In addition, the two most common types of cancer in the five districts
163 in Yogyakarta Province were slightly different. In Sleman district, the dominant cancers found
164 during 2019-2020 were breast cancer and colorectal cancer; in Bantul district, they were breast
165 cancer and cervical cancer; in Yogyakarta city, they were breast and colorectal cancer; and in
166 Gunungkidul district, they were breast cancer and cervical cancer (Figure 2). The district
167 accounting for the largest number of cancer cases in Yogyakarta Province was Sleman district
168 (64.8%) (Figure 2).

169 Regarding the incidence rates during the study period, Sleman district had the highest
170 incidence rate in 2019, but that rate decreased in 2020. In contrast, in Yogyakarta city, there
171 was a rate increase of more than 2% in 2020. To explore the possibility that certain settings
172 influence the development of cancer, analyses according to socio-economic status and distance

173 to health facilities based on postal code were performed. The results showed that the majority
174 of cancer patients resided in low socio-economic areas (Figure 3), and most of the health
175 facilities (such as hospitals and public health centres) were located in Sleman district, which
176 was also the district in which the majority of cancer patients were located (Figure 4). |

177 Although various types of cancers have been reported in Yogyakarta Province (Figure
178 2), due to health budget and resource limitations in the province, the provincial government
179 has chosen to focus prevention efforts on only breast and cervical cancers due to their high
180 incidence in the province. Cancer screening, with CBE for breast cancer and VIA for pre-
181 cervical cancer, is performed in only women aged 30-50. The cancer detection rate via
182 screening was calculated based on the number of women undergoing CBE and VIA screening
183 divided by the number of women aged 30-50 years old per 1,000 individuals. As shown in
184 Figure 5, the highest detection rate was in Yogyakarta city (13%), while the highest incidence
185 of breast and cervical cancer was in Sleman district.

186

187

188 **Discussions**

Author

You have to define in the method how did you calculate the incidence? Where did you bring the population figures? And how is the age distribution of the population. You need to include age ?

Author

Eliminate the trend. Cancer trend need at least 10 years of data.

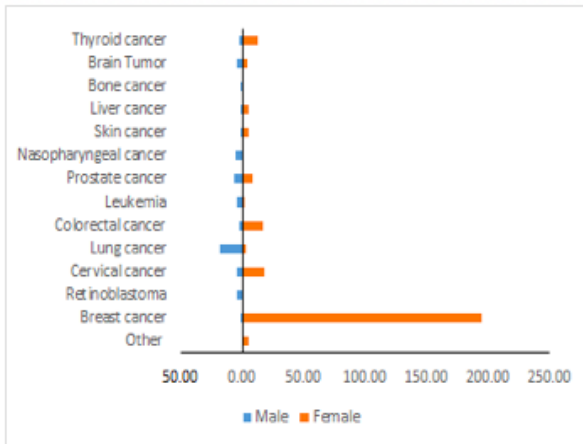
Author

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Author

What is detection rate. Where did you bring the CBE, how many detected a tumor? How the tumors were verified. How did you calculated the detection rate? Detection rate is number of breast cancer with verified cancer divided to total number of performed CBE.

443 Figure 1. Cancer incidence (per 100,000) by sex during the 2019-2020 period.



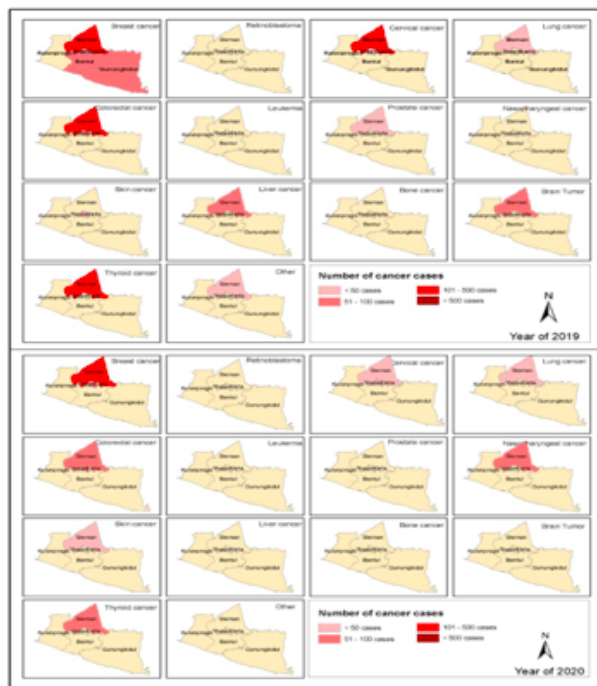
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Author
What is this?

Author
Report the incidence in table.

446 Figure 2. Cancer distribution by type in Yogyakarta Province

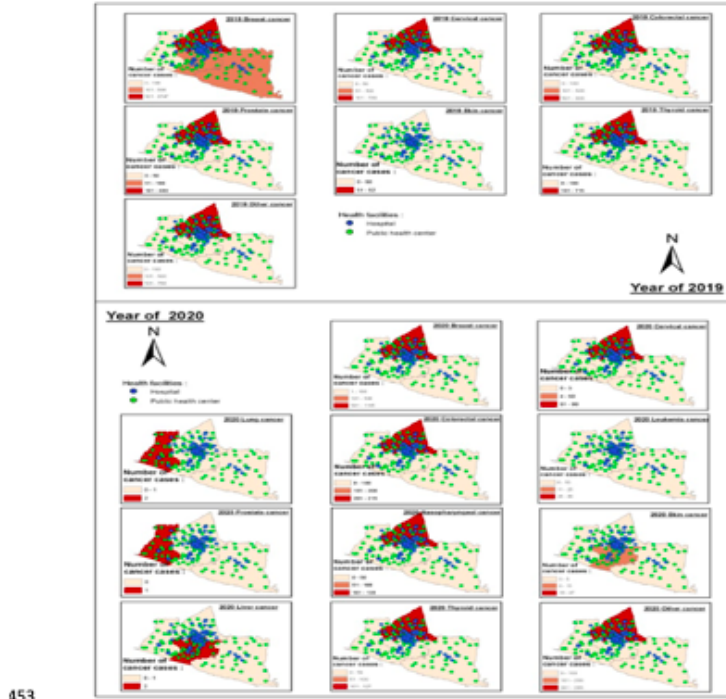


447

Author
Combine the number for the two years and report together.
Make you data more stable.

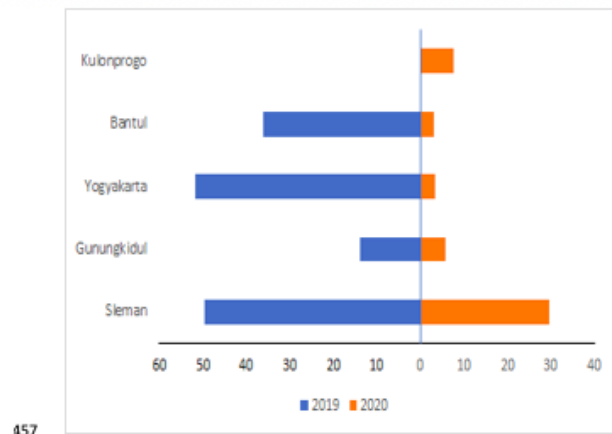
452 Figure 4. Geographical distribution of cancer by availability of health care facilities

Author
Combine the two years.



455 Figure 5. Breast cancer and cervical cancer screening detection rate among women aged 30-
456 50 during the 2019-2020 period.

Author
You need to be very detail on where did you bring the data for screening.



Acknowledgement of Revision (#APJCP-2108-7178 (R1))

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Inbox



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Manuscript ID: APJCP-2108-7178 (R1)

Manuscript Title: **Geographic characteristics of various cancers in Yogyakarta Province, Indonesia: a spatial analysis at the community level**

Authors: Solikhah Solikhah, Dyah Aryani Perwitasari, Dwi Sarwani Sri Rejeki

Date: 2021-08-01

Dear **Ms. Solikhah Solikhah**

Thank you for submitting the revised file of your manuscript to the **Asian Pacific Journal of Cancer Prevention**

The Editorial Office will proceed on your manuscript and inform you in the earliest time.

If there is anything else, please do not hesitate to contact us.

Truly yours,

Executive Managing Director of **Asian Pacific Journal of Cancer Prevention**

Payment Request for Manuscript (#APJCP-2108-7178 (R1))

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Inbox



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Manuscript ID: APJCP-2108-7178 (R1)

Authors: Solikhah Solikhah, Dyah Aryani Perwitasari, Dwi Sarwani Sri Rejeki

Dear **Ms. Solikhah Solikhah**

The APJCP editorial team is glad to inform you that your manuscript titled "**Geographic characteristics of various cancers in Yogyakarta Province, Indonesia: a spatial analysis at the community level**" has been accepted for publication and will be scheduled for publication as soon as we receive the documentary for processing fee payment.

The processing fee is: **300 US Dollars**

Soon you will receive a Stripe based invoice from our partner "EpiSmart Science Vector LTD" by email. You can use your credit card to pay the invoice.

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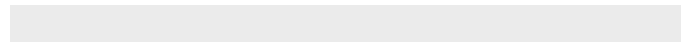
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To Solikhah Solikhah

From EpiSmart Science Vector LTD

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12:23 AM

to me, solikhah

Manuscript ID: APJCP-2108-7178 (R1)

Manuscript Title: **Geographic characteristics of various cancers in Yogyakarta Province, Indonesia: a spatial analysis at the community level**

Authors: Solikhah Solikhah, Dyah Aryani Perwitasari, Dwi Sarwani Sri Rejeki

Dear Ms. Solikhah Solikhah,

Thank you for your payment. Your payment is now confirmed. Your manuscript will be sent back to the Executive director for further processing. Soon you will receive an email indicating the volume and issue that your manuscript will be published.

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6:49 PM

to me

Manuscript ID: *APJCP-2108-7178 (R1)*

Manuscript Title: ***Geographic characteristics of various cancers in Yogyakarta Province, Indonesia: a spatial analysis at the community level***

Dear Dr. Ms. Solikhah Solikhah,

I would like to bring to your attention that your manuscript titled ***Geographic characteristics of various cancers in Yogyakarta Province, Indonesia: a spatial analysis at the community level*** is scheduled to be published on:

- Volume number: 23
- Issue number: 4
- Year: 2022

We thank you again for choosing APJCP to publish your work and look forward to your future manuscripts.

Best

Editorial Office,
Asian Pacific Journal of Cancer Prevention



Dear Dr. Solikhah Solikhah,

The APJCP editorial board is glad to inform you that the manuscript titled “**Geographic Characteristics of Various Cancers in Yogyakarta Province, Indonesia: A Spatial Analysis at the Community Level**” has been accepted for publication in the Asian Pacific Journal of Cancer Prevention. The Manuscript will be published in our upcoming issue with the following authorship information:

Corresponding author: Solikhah Solikhah

First Author: Solikhah Solikhah

Listed Co-Authors: Solikhah Solikhah, Dyah Aryani Perwitasari, Dwi Sarwani Sri Rejeki

Our production team will soon send you the manuscript’s galley proof for your final evaluation.

Thank you for your interest in publishing in APJCP.

“Please be advised that publication of your manuscript may take up to two years. If you think this may not suit your need, just inform us through our editorial system”.



SA Mosavi Jarrahi, MSPH, Ph.D.

Editor-in-chief

Asian Pacific Journal of Cancer Prevention

APJCP Scientific rank’s among all cancer related journals in Asia for 2015 ([Based on Scimago Journal ranking](#)):

Total Citation: Ranks **First** with 9417 citations

H-Index: Ranks **Second** with H-index of 47

SJR (SCImago Journal Rank): Ranks **Seventh** with SJR of 0.813