EXPLANANATION OF STATEMENT, COMMENT AND RESULT OF REVISED PAPER FROM

REVIEWER 1

The highest thanks to reviewer who have patiently and carefully examined and revised our article titled: **Haematology results, inflammatory haematological ratios, and inflammatory indices in cervical cancer: How is the difference between cancer stage?**
We are very happy to receive your comment that you have presented in our article. We realize that there is a shortcoming in our article based on your review. Finally, we could construct better article with your substantially important issue addressed to us.

1. Abstracts:
- The background and aim sections slightly overlap. For example, the statement “Early detection is crucial for early detection and treatment” can be rephrased or removed to avoid redundancy. You could consider condensing these sentences to be more concise while still effectively setting the stage for the study.
Justification: Thank you for the comment. The background and aim of this study is mandatory to be listed in the abstract; thus, we cannot change its section. However, we do paraphrasing and shortening based on publisher guideline.

- The methods section could be simplified slightly to make it more concise without losing clarity. For instance, the sentence “The data obtained from medical records and central laboratory installation consisted of sociodemographic status…” is a bit long and can be restructured for clarity.
Justification: Thank you for the comment. We already shortening the methods section from 106 words to 80 words and merging the mentioned phrase.

- The results section is comprehensive, but a brief mention of how the laboratory tests correlate with cancer stage could enhance clarity. For instance, it is stated that there were “significant differences” in many laboratory parameters but does not explain how these values changed with stage progression.
Justification: Thank you for the comment. We can only present that laboratory values differ between stages. However, regarding the "how these values changed with stage progression" we have a very limited space and can only add that "these are based on the changes in complete haematological values with cervical cancer advancement." More information is available in the discussion section.

2. Background:
- The introduction touches on a variety of related topics (HPV, the global prevalence of cervical cancer, advanced cancer stages, etc.), but the focus could be more streamlined. After introducing the prevalence and significance of cervical cancer, the connection to laboratory findings in cancer progression should be made more explicit. Suggestion: Introduce the role of laboratory markers earlier and emphasize the link between the cancer stage and these tests in a more laboratory manner.

Justification: Thank you for the comment. We have revised it.

- The sentence “Sexual intercourse is the primary factor contributing to the transmission of this disease…” oversimplifies the transmission of HPV, which can be transmitted via various forms of sexual contact, not just intercourse. Additionally, while HPV is a major factor, the emphasis should be on the fact that persistent high-risk HPV infection is necessary for cervical cancer development. While the manuscript discusses the Neutrophil-to-Lymphocyte Ratio (NLR) and its link to cancer progression, the role of other ratios, such as platelet-lymphocyte ratio (PLR) and systemic inflammatory indices (SII, SIRI), could be introduced more clearly.
Justification: Thank you for the comment. We changed sexual intercourse to be broader (just sexual contact). Also, we added about persistent infection. Other ratios have been discussed more thoroughly.

3. Methods:
- While the total sample size is implied (due to the mention of categorization into stages), the sample size calculation or justification is missing. Describing how the sample size was determined would strengthen the methods, as it would show whether the study was adequately powered to detect significant differences.
Justification: Thank you for the comment. Minimum sample size calculation has been added.

- The manuscript does not address whether potential confounding variables, such as co-morbidities (e.g., diabetes, hypertension), treatment history, or lifestyle factors (e.g., smoking, alcohol use), were considered or adjusted for in the analysis. Since these factors could influence haematological and inflammatory markers, accounting for or mentioning them would add depth to the study’s methodology.
Justification: Thank you for the comment. We appreciate this data but we do not have enough data on confounding analysis; thus, it will be added to the discussion section (limitation).

- The manuscript does not discuss how missing data were handled, which is important when dealing with medical records or laboratory data. If there were any missing values, it would be useful to mention how they were managed (e.g., imputation, exclusion).
Justification: Thank you for the comment. We already done the total sampling technique. Thus, all available data was used in this study.

4. Results:
- While the study demonstrates significant associations between haematological markers and cancer stages, it would be beneficial to discuss more explicitly how these findings might impact clinical practice. For example, how might clinicians use haematological and inflammatory indices to monitor patients or predict disease progression in real-world settings? The study could explore how these markers could complement existing diagnostic methods, such as imaging or histopathology.
Justification: Thank you for the comment. Regarding this thing, we already added a sentence that the marker, particularly SIRI, can be used to determine cancer prognostication in the introduction section. It is also mentioned in the discussion section of the revised manuscript (in

response to reviewer comment in the discussion section).

- The manuscript presents significant differences in haematological markers, but there is limited biological interpretation or discussion of why these specific changes (e.g., elevated NLR or lower haemoglobin) are observed in different stages of cervical cancer. Providing a physiological or mechanistic explanation could strengthen the interpretation of the results.
Justification: Thank you for the comment. This comment will be addressed more thoroughly in the discussion section.

5. Discussion:
- While the study clearly highlights significant findings, it lacks a thorough discussion of how these findings could impact clinical practice. The relevance of haematological and inflammatory indices to cervical cancer diagnosis, staging, or prognosis should be emphasized more explicitly.
Justification: Thank you for the comment. We have revised the manuscript regarding reviewer's comment on this topic (also similar response to a comment in the result section). Some of the explanation on prognostication and disease staging has been incorporated in the manuscript.

- The manuscript mentions that certain findings, such as the variation in monocytes across different stages of cervical cancer, contradict prior studies. However, the discussion on why this discrepancy exists could be expanded. Exploring whether these differences are due to population-specific factors, differences in study design, or other variables would add depth to the discussion.
Justification: Thank you for the comment. We have added some other factors that may influence monocyte level.

- The manuscript does well in discussing biological mechanisms but could benefit from condensing some of the more detailed discussions of cytokines and cellular responses. This would streamline the section and make it more accessible to a broader readership while still providing valuable scientific insight.
Justification: Thank you for the comment. We have simplified the explanation about cytokines and cellular responses, particularly in the anaemia section