PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Correlations of chlamydia and gonorrhea between pharyngeal, rectal, and urethral sites among Thai men who have sex with men: a multicentre community-led test and treat cohort in Thailand
AUTHORS	Hiransuthikul, Akarin; Sungsing, Thanthip; Jantarapakde, Jureeporn; Trachunthong, Deondara; Mills, Stephen; Vannakit, Ravipa; Phanuphak, P; Phanuphak, Nittaya

VERSION 1 - REVIEW

REVIEWER	Christopher Fairley Melbourne Sexual Health Centre Australia.
REVIEW RETURNED	07-Dec-2018

GENERAL COMMENTS	Thankyou for asking me to review this paper. The paper addresses and important issue of extra genital CT and GC infection which is currently rather controversial. It is a well written paper that is clearly presented. I have two main suggestions. Firstly remove the complex multivariate analysis in table three and associated text.- I'm not sure it offers much. Secondly separate out the infections more- it is a nice paper but having them toghether only- leaves lots of interesting data hidden. Page 7. The comparison with those tested at all sites and not – for CT or GC is not really valid…the opportunity to be positive in those not tested at all sites is lower. Page 9. I don't really follow the significance of the multivariate analysis on page 9. Why are you interested in the risks of an infection among those negative at another site? I can't see why this is of value? Table 3 is complex. Not sure it is needed. Also Given the transmission of the two infections is so different- I wonder what the value of combining them is? I would strongly suggest figure 1 is repeated separately for CG and CT. They are different infections, transmitted differently….including a combined one is fine. Discussion

	This will now need to expand to include discussion of the differences between GC and CT. I imagine there will be quite a few differences to discuss.

REVIEWER	S. Ouburg Assistant professor Amsterdam University Medical Centers, location VUmc Amsterdam, The Netherlands
REVIEW RETURNED	08-May-2019

GENERAL COMMENTS	The paper is interesting and clearly written. The manuscript adds to the available literature e.g. as published by van Liere et al., Wijers et al. and den Heijer et al.. The authors present how much infections would be missed when testing a single site in their study population. It would interesting to k now what the authors estimate to be the percentage of missed infections in the Thai population, based on the findings from their study. The manuscript should be carefully proofread for English because it contains some typographical and grammatical errors, but not to the extend that it affects the clarity of the paper.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1	
Comments	Responses
1. Firstly remove the complex multivariate analysis in table three and associated text.- I'm not sure it offers much.	Table three and its associated text were removed accordingly
2. Secondly separate out the infections more- it is a nice paper but having them together only- leaves lots of interesting data hidden.	We have separated out the infections accordingly. Changes are throughout the abstract, results, and discussion part.
3. Page 7. The comparison with those tested at all sites and not – for CT or GC is not really valid…the opportunity to be positive in those not tested at all sites is lower.	We have removed the comparison accordingly.
4. Page 9. I don't really follow the significance of the multivariate analysis on page 9. Why are you interested in the risks of an infection among those negative at another site? I can't see why this is of value? Table 3 is complex. Not sure it is needed.	Table three and its associated text were removed accordingly to the first comment.
5. Also Given the transmission of the two infections is so different- I wonder what the value of combining them is?	We separated out CT and NG infection accordingly to the second comment. Changes are throughout the abstract, results, and discussion part.
6. I would strongly suggest figure 1 is repeated separately for CG and CT. They are different infections, transmitted differently….including a combined one is fine.	Figure 1 was repeated separately for CT (the new Figure 1) and NG (the new Figure 2) accordingly.
7. Discussion: This will now need to expand to include discussion of the differences between	We separated out CT and NG infection accordingly to the second comment. Changes

GC and CT. I imagine there will be quite a few differences to discuss.	are throughout the abstract, results, and discussion part.

Reviewer 2	
Comments	Responses
1. The authors present how much infections would be missed when testing a single site in their study population. It would interesting to know what the authors estimate to be the percentage of missed infections in the Thai population, based on the findings from their study.	Unfortunately, to our best knowledge, there is no official surveillance data on how many Thai MSM access STIs screening service in Thailand. Currently, we are expecting that 5k out of the estimated 500k Thai MSM are able to assess to CT/NG screening using NAAT. Based on our study: With a prevalence of CT/NG infections of 30%, we would expect 150k MSM to have CT/NG in any anatomical sites. If single anatomical site screening was performed, 45k-129k and 60k-115k of CT and NG infection are expected to be missed, depending on the anatomical chosen for single anatomical screening.
2. The manuscript should be carefully proofread for English because it contains some typographical and grammatical errors, but not to the extend that it affects the clarity of the paper.	Kindly noted. The manuscript has been proofread for English.