

RESPONSE TO REVIEWERS

Gastroenterologist Perceptions of Faecal Microbiota Transplantation (Manuscript No 17929)

Dear Dr Ya-Juan Ma & Editorial Committee for “World Journal of Gastroenterology”

We are grateful for the detailed evaluation of our proposed manuscript and the constructive feedback.

We have responded to all the reviewers’ comments. We appreciate the advice provided to help strengthen the paper. Furthermore we have amended the format of the manuscript as instructed.

We trust that this paper is now acceptable for publication in World Journal of Gastroenterology.

Kindest regards

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Reviewer 1 (No 3412559)

- An informative paper, suitable for educational purposes and with potential to be of general interest because the topic is controversial and current.

Response: We are grateful for the positive comments.

- The small sample, the use of different perspectives from non-gastroenterologist physicians (8% of your data) mixed with gastroenterologists mainly without experience in the use of FMT, and the use of survey that has not been validated to make the questions, limits the use of its findings and conclusions.

Response: This paper is a pilot study assessing the opinions, experience and knowledge base of gastroenterologists with regards to FMT. With all due respect we feel the sample size is adequate for a pilot study survey of this type. Our primary aim was to provide a preliminary gauge of the gastroenterology community views and practice with regards to this topical therapeutic strategy rather than make definitive conclusions about this rapidly developing field.

The opinions and practice of gastroenterologists with respect to FMT has not previously been assessed across a range of potential indications other than C. difficile infection. We felt the simple nature of this survey did not require validation.

The only general physicians included in the data set are those with dual training or a specialty interest in gastroenterology. This is now stated in the paper. The questionnaires were exclusively distributed at gastroenterology specific meeting and conferences. As such we did not believe their perspectives would be significantly different from those who only practice in the field of gastroenterology.

The fact that the majority of gastroenterologists did not have experience with FMT reflects the current realities of FMT expertise and accessibility across the wider gastroenterology community (outside the few specialized high volume referral centres). It is this wider gastroenterology community experience and perspective that we intended to capture. This is now also stated in the paper.

- Suggestion 1: Please provide a reference in the sentence about "the global CDI epidemic"

Response: The following references have now been provided regarding “the global CDI epidemic”

- 2. Lessa FC, Mu Y, Bamberg WM, et al. Burden of Clostridium difficile infection in the United States. N Engl J Med 2015;372:825-34.
- 3. Leffler DA, Lamont JT. Clostridium difficile infection. N Engl J Med

- Suggestion 2: Please provide a reference for the "hepatic encephalopathy" condition

Response: The following reference has now been provided regarding "liver disease"

- 16. Schnabl B, Brenner DA. Interactions between the intestinal microbiome and liver diseases. *Gastroenterology* 2014;146:1513-24.

- Suggestion 3: Please provide some comments about the adverse events related to the use of FMT (i.e., 10.1093/ofid/ofv004), just to balance the patient's positions that apparently suggest its use because is safer than antibiotics.

Response: Thank you for the suggestion. We have now included the following statement and reference

"Patients are attracted to FMT as they perceive it as a "natural" and "holistic" therapy which seems safer than long term medications and their associated side effects¹⁷. This is despite a lack of long term safety data and initial reports of potential far reaching complications¹⁸"

- 18. Alang N, Kelly CR. Weight gain after fecal microbiota transplantation. *Open Forum Infect Dis* 2015;2(1):ofv004.

-Suggestion 4: How do you control for potential bias collecting the information in your questionnaire or translating the information to your computer?, Do you validate in any way your formulary?

Response: The questionnaire is anonymous and almost entirely multiple choice in nature, limiting the potential for subjectivity and bias. Additionally, data entry was not performed by the study authors but rather independently. No validation has been undertaken.

Suggestion 5: Considering that you include non-gastroenterologist physicians to complete the questionnaire, how do you consider that it affects your results?, Can be the title modified in anyway to try to include this small portion of your sample?

Response: The small number of general physicians included in the data set had dual training or a specialty interest in gastroenterology. They have a high gastroenterology caseload and the majority perform endoscopic procedures. The questionnaires were exclusively distributed at gastroenterology specific meeting and conferences. As such we did not believe their perspectives would be significantly different from those who only practice in the field of

gastroenterology and there should therefore be no effect on the results. Hence we do not feel the title needs to be modified to include this small portion of the study population.

Suggestion 6: The overlapping between the text of your results and the figures is unnecessary and confusing. Please condense.

We have condensed the text as advised