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Observational Study

Physicians' knowledge and attitude regarding bisphosphonates-related adverse events: an observational study

ANSWERING REVIEWERS

We appreciate the interest shown by the reviewers in our manuscript. Their comments have been answered on a point-by-point basis and have been incorporated into the manuscript.

Reviewer 1:

The authors reported the results of questionnaire regarding to the adverse effects of bisphosphonates to physicians working in various fields. They concluded that knowledge of the side effect on BPs is depending on department affiliation, gender, experience of BP prescription and number of BP prescription. They stressed on the importance for educational system for the adverse effects of BPs. The manuscript is well written and concise. I recommend the manuscript with minor revisions listed bellow.

1. Almost half of the responders were fellowship residents. I wonder how long they have the experience as the professional physician after they graduated from medical school or university.

The fellowship residents who participated in the study are the residents who graduated from medical school (7 years MD program), and thereafter successfully completed their first year of core curriculum in medicine or surgery residency.

2. Please indicate what kind of bisphosphonate they prescribed for weekly and monthly regimen. Were they alendronate, risedronate or minodronate?

The oral amino-bisphosphonates our physicians prescribed for weekly regimen are: Alendronate and Risedronate.

The oral amino-bisphosphonates our physicians prescribed for monthly regimen are: Risedronate and Ibandronate.

Currently, there is no minodronate on the Lebanese market.

3. I am very surprised at high rates of incidence of atypical femoral fractures (8.3%). Though it is out of scope of this manuscript, I would like to know the patients' information on atypical femoral fractures if the authors have.

Since it is out of the scope of the manuscript, we don't have data on the patients' information on atypical femoral fractures. However, it would be interesting to conduct a study evaluating the patients' information on bisphosphonates-related complications.

Reviewer 2:

The data you show are interesting and the study is clear and well written. As it is an epidemiological study I have no comments. I only recommend to short the text.

The length of the text has been reduced by 10%, mainly the "Questionnaire content" section and the "Discussion" section.

Many thanks for your comments.

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