

ANSWERING REVIEWERS



1ST May, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 18160.doc).

Title: *Medical training fails to prepare providers to care for patients with chronic hepatitis B infection*

Author: Stephanie Chao, Bing Mei Wang, Ellen Chang, Li Ma, Samuel So

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 18160

We have taken the constructive comments on our manuscript into careful consideration and revised the manuscript accordingly.

Please see below point by point reply to reviewers' comments. We believe the revised manuscript is now acceptable for publication standard of WJG.

Peer reviewer#1 00181532

In this manuscript, the authors reported although not completely new but still disturbing findings that lack of knowledge of screening and management of chronic hepatitis B in primary care physicians. This lack of knowledge persists throughout the different levels of residency.

I have the following comments that need to be addressed by the authors.

Major comments:

1. The authors use CHB as the abbreviation for chronic hepatitis B infection at the beginning of introduction. However, they continue to use chronic hepatitis B infection instead of using the abbreviation throughout the manuscript. Please stick with the general rule of writing.

Thanks for the suggestion. This has been revised.

2. In Table 1, the numbers of subjects in each characteristics are not consistent. The authors put a footnote mentioning that missing data are excluded. Please clarify why the numbers are not the same. Only 215 have data on age, 212 on sex, 208 on racial/ethnic background, and 217 on practice setting. It is not explained in Methods how statistical analyses were performed.

The study was done through a computerized survey, unfortunately, not all participants responded to all the questions, hence the missing data.

Minor comments:

Thanks to the reviewer for the detailed comments. All of the below questions have been addressed in the revision.

Page 2, list of abbreviations – Hepatitis B virus (HBV) needs to be repositioned.

Institute (no institutes) of Medicine (IOM).

Page 3, core tip, line 5 – delete ‘how to’ Page 3, core tip, last line – use the full name of API

Page 4, abstract, line 7 – use the full name of HBV Page 5,

Introduction, line 7 – use ‘United States (US)’ to replace ‘US’ Page 5, introduction, line 14-15 – use ‘US Preventive Services Task Force (USPSTF)’

Page 6, introduction, last line – use ‘American Association for the Study of Liver Diseases (AASLD)’ Page 9, results, demographics, line 6 – n=26

Page 9, results, demographics, line 8 – ... reported a non-academic practice (Table 1). Page 9, results, HBV knowledge questions, second paragraph, line 4 – ...to a specialist (Table 2). Page 9, results, HBV knowledge questions, second paragraph, line 6 – ... individuals for CHB (Table 3).

Page 10, results, comparisons of knowledge, first paragraph, line 7 – (p = 0.0032) Page 10, results, comparisons of knowledge, first paragraph, line 8 – on physician knowledge (Table 4). Page 11, results, comparisons of knowledge, first paragraph, last line – ... for cancer screening (Table 4).

Page 11, results, comparisons of knowledge, second paragraph, last line – ... or vaccination knowledge (Table 5). Page 12, discussion, first paragraph, last line – delete ‘KAB’ since it is only shown here once Page 13, discussion, first paragraph, first line – ... feeling ‘confident’ instead of ‘confidence’ Page 13, discussion, first paragraph, line 3 – ... aware of ‘the’ CDC ...

Page 13, discussion, first paragraph, line 6 – ... ethnic minorities in the ‘US’ instead of ‘United States’ Page 13, discussion, second paragraph, line 3 – delete ‘primary care physicians’ and use ‘PCP’

Page 13, discussion, third paragraph, last line – delete ‘American Association for the Study of Liver Diseases’ and use ‘AASLD’ Page 14, discussion, first paragraph, last line – delete ‘chronic’ and ‘infection’ so the sentence will be ... associated with CHB.

Page 14, discussion, second paragraph, first line – ...and ‘practice’ instead of ‘practiced’ Page 14, discussion, second paragraph, line 5 – ‘80%’ instead of ‘eighty percent’ Page 14, discussion, second paragraph, line 6 – ... did not ‘feel’ instead of ‘feed’

Page 14, discussion, third paragraph, last line – suggest adding the words ‘for CHB’ after ‘individuals’

Page 15, discussion, second paragraph, line 4 – The authors describe findings in Table 5 instead of Table 6. Table 6 needs to be mentioned elsewhere in the manuscript and it is not found elsewhere currently.

The tables have been renumbered and Table 4 (previously labeled Table 6) is now addressed in the results section.

Page 15, discussion, second paragraph, line 6 – ...over ‘one’ million instead of ‘a 1’ million Page 15,

discussion, second paragraph, line 7 – reference 5 is in wrong format

Page 16, discussion, line 6 – enlarge font size for CHB

Page 17, conclusion, first paragraph, line 4 – delete ‘Viral Hepatitis Action Plan’ and use ‘VHAP’

Peer reviewer #2 18160

Insufficiency of medical training in the prevention and treatment of HBV infection is one of the worldwide health problems. The data of this paper demonstrates that the same problem happens in U.S. This topic is very important and useful for many countries as well as U.S.

1. Minor revisions In the result section, it is not easy understand the meaning of “comparison of knowledge score and practice behavior”.

Clarification has been provided in the text of the paragraph.

2. The contents of Table 4 and 5 were mixed. The authors should clearly explain these tables.

We attempted to better clarify this in the text. Of note, the tables have been renumbered.

In table 5, Outgoing resident should be senior resident? *Corrected*

3. In table 5, what is Q11, 16, and 25?

This was the reference to the specific question of the survey and has been deleted as it was unnecessarily confusing

4. In table 5, what is Q12, 13, and 16?

This was the reference to the specific question of the survey and has been deleted as it was unnecessarily confusing

Peer reviewer #3 01562153

In this manuscript, the authors investigated the physicians’ knowledge including chronic hepatitis B (CHB) diagnosis, screening, and management in various stages of their training among 219 physician participants in Santa Clara County, California, USA where Asian and Pacific Islanders account for a third of the population. The authors found that the knowledge about screening and managing patients with CHB was poor. Only 24% identified the correct tests to screen for CHB, 13% knew the next steps for patients testing positive for CHB, 18% knew the high prevalence rate among API, and 31% knew how to screen for liver cancer. They concluded that, even in a high-risk region, both medical school and residency training have not adequately prepared physicians in the screening and management of CHB. This manuscript was well prepared and the results were presented properly. However, this study just demonstrated a phenomenon among physicians of general practice in United States. The situation should be totally different among gastroenterologists and hepatologists, even in US. The originality of this study was no high. Therefore, this manuscript can only provide some information to the clinicians for reference.

Thank you for the comments. We agree with the reviewer that the questionnaire outcome could be different with specialists, however, our study aims to understand the knowledge deficiencies among “gatekeeper” physicians, who ultimately determine which patients are referred to specialist care. This paper highlights an important phenomenon in PCPs in area with dominant API population, and this may be reflective of potential issues in the other US states and similar

API immigrant countries. The findings of this study should also be somewhat alarming to gastroenterologists/hepatologists. In our study, we illustrate how PCPs are not confident about when to refer CHB patients to specialists. In addition, PCPs do not feel confident about managing CHB patients. This places CHB patients at particular risk as they are caught between PCPs who do not feel comfortable in managing the disease, yet may not be referring the patients to the appropriate specialists in a timely manner (if at all). This suggests to the authors that more education must be provided to PCPs (perhaps by gastroenterologists/hepatologists), not only regards to screening practices, but also about timely referral practices.

We are sincerely grateful to all the reviewers for their thoughtful consideration of our paper.

Regards,

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