

ANSWERING REVIEWERS

March 15, 2013



Dear Editor,

Please find enclosed the electronic copy of the full-text revised manuscript in Word format (file name **ESPS Manuscript 2145-edited.doc**).

Title: Perceptions about preventing hepatocellular carcinoma among patients with chronic hepatitis in Taiwan

Authors: Ya-Wen Chen, Chien-Cheng Liu, Daw-Shyong Perng

Name of Journal: *World Journal of Gastroenterology*

Manuscript No: 2145

These are the answers to Reviewers' comments about the manuscript: ESPS Manuscript 2145-edited. First, we thank all Reviewers for the evaluation of our manuscript and for their precious comments. We acknowledge most of the suggestions made by Reviewers have contributed to improve the manuscript. We have provided our responses and considered all the comments in the revised manuscript. The modified parts have been marked by **BLUE** in the revised manuscript.

The authors respond in detail to the specific comments of Reviewers as follows.

COMMENTS 1

1. The authors only determine the healthy perceptions of participants from a southern Taiwan and they should mention this issue in the title. They used

“perception about ...” in the title but “perception of ...” in the running title. I recommend that the two should be consistent.

The authors have specified the country where the study was done in the Title as suggested. In addition, the authors have revised “perception of ...” as “perception about ...” in the Running title as recommended.

2. The authors should provide more information about the keywords, such as healthy perceptions.

The authors have added “health perception” in the keywords as suggested.

3. The section of Introduction is too long and should polish carefully. Is there any report about the healthy perception of preventing HCC previously? The authors should mention this point.

There is no published literature regarding patient perceptions about the prevention of HCC. To make readers better understand the theoretical framework, the authors should clearly delineate the five concepts (dimensions) of the health belief model.

4. The selection of included participants should be carefully provided. At least, the references for the golden standard diagnosis criteria should be cited. What are the excluded criteria for this cross-sectional cohort? The flow chart of participants’ selection should be provided.

(1) The authors have added the reference about the confirmatory diagnosis for hepatitis B/C.

(2) The patients who are younger than 18 years old and not meeting the inclusion criteria were excluded from this study.

(3) The sampling schema is shown in Figure 1.

5. The statistical analysis should be provided in detail. For example, which kinds of variables were entered into the logistic regression?

The independent variables include participants' age, health perceptions (including perceived susceptibility, severity, benefits, barriers and cues to action) and knowledge of hepatitis in the multivariate logistic regression.

COMMENTS 2

1. The questionnaire utilized is not published in the international literature and has not received external validation. Most of the readers of WJG are likely not so familiar with scales of perception to immediately understand the meaning of the Cronbach's alpha value and the Kuder-Richardson coefficient of internal consistency.

(1) A pilot test was conducted with 40 target adults (who did not participate in the main study) to examine whether there were any ambiguous statements in the questionnaires and to establish the reliability and validity of the instruments.

(2) The values of Cronbach's alpha and Kuder-Richardson coefficient indicate the reliability of the questionnaire (instrument) utilized in this study.

2. Methods should clearly explain their significance and make the reader able to provide a meaning to the scale values reported.

The Cronbach's alpha values on each dimension of perception and Kuder-Richardson coefficient about the scale of knowledge indicate that the reliability of the questionnaire utilized in this study.

3. Among the potential factors affecting health perception, the study does not include the severity of liver disease that, intuitively, should be an important determinant.

Although the severity of liver disease is an important determinant, it is not listed as the inclusion criteria while recruiting the participants. The authors will consider the factor in the future study.

4. Although the study was done in a rural area, the actual rural or urban location of patients is another factor that could be analyzed.

According to the patients' personal information in the medical records, most of the participants live nearby the medical institution.

5. In general, the Discussion should address (or try to hypothesize) why some patients' characteristics can affect some health perception items but not other ones. For instance, why educational level, a potent factor, does not affect perceived severity? And so on.

The statistical result showed that the participants' educational level is not associated with the perceived severity in this study. The participants' education levels were not associated with the perceived severity in this study, which may be because the patients themselves might not have perceived the potentially severe consequences of being hepatitis B/C carriers and might not have been aware of the asymptomatic development of HCC.

6. The Abstract does not describe methodology utilized. A large part of the Introduction describes the different items of perception, that should be reported in the Methods section.

The authors have revised the Abstract and described methodology utilized.

There is no published literature regarding patient perceptions about the prevention of HCC. To make readers better understand the theoretical framework, the authors should clearly delineate the five concepts (dimensions) of the health belief model.

6. The text mixes actions able to prevent/cure the progression of chronic liver disease with those just allowing an early diagnose of HCC. For instance, regular liver test and ultrasonography do not prevent HCC development, just as aminotransferases cannot help doctors in anticipating HCC detection. The paper should clearly distinguish between action that can indeed make it possible to diagnose and cure subclinical HBV and HCV chronic infections, and thus prevent their evolution, and those allowing an early diagnosis of HCC.

The authors have revised the manuscript. Chronic hepatitis B/C carriers may benefit from regular surveillance for allowing an early diagnose of HCC. In addition, raising awareness of and health perceptions about HCC, and increasing willingness to receive antiviral therapy for preventing the development of HCC in the high-risk population are crucial in patients with chronic hepatitis B/C, particularly in rural areas.

COMMENTS 3

1. Because country and regions in the countries may affect such results. Title or abstract should specify geographical region where the study was done.

The authors have specified the country where the study was done in the Title and Abstract as suggested.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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