

ANSWERING REVIEWERS

Dear Editor,

Please find our revised article "Understanding academic clinicians' intent to treat pediatric obesity" for evaluation and consideration of publication in the World Journal of Clinical Pediatrics. We would like to sincerely thank you and your team for their time and effort in review of our article. Upon receipt of conditional acceptance pending minor revisions, we have reviewed the manuscript in full and addressed all comments brought forth by the reviewers. All revisions are highlighted in the manuscript and listed below:

- **Reviewer 00503689**

- *Interesting methodology but more specialities should be involved as children can be managed by other physicians and healthcare personnel.*

- Our study engaged a broad spectrum of academic health professionals involved in the medical care of children with obesity-notably physicians, surgeons, and allied health professionals. Although there exist other professions that care for children with obesity, it was beyond the scope of the study to survey them.

- *The differences in perception of intervention among medical and surgical specialties should be reviewed.*

- To explore this question, we computed a variable grouping participants and surgeons (n = 38) versus a group (n = 160) with physicians (n = 149) and allied health professionals (n = 11). We entered this into the regression equation on step 1. This variable did not contribute significantly to the prediction of the intent to treat pediatric obesity. In the results section we note that "The inclusion of a variable distinguishing surgeons (n = 38) versus a group (n=160) including physicians (n = 149) and allied health professionals (n = 11) did not contribute significantly to the prediction of the intent to treat pediatric obesity at either steps 1 or 2 of the regression equation."

- *The majority of the questioned sample were of relatively low experience and this may have biased some results. It might have been more valuable in such a pilot study to limit the candidates to one form of practice : s=community based, university etc or provide equal samples and compare between them.*

- Our study was limited to health professionals working in academic tertiary centers. The fact that our respondents had a low number of years of experience has now been addressed in the Discussion section on page 13 with the following statement: "Additionally, 60% of respondents reported having 0 to 5 years of experience treating pediatric obesity, suggesting that our findings reflect the intent characteristics of the newer generation of clinicians in academic centers who will go on to serve the pediatric population in the forthcoming years."

- **Reviewer 00503255**

- *The authors described that demographic factors accounted for 5.8% of the variance in intent score in the abstract (page 3, line 13). However, it was described as 7.4% in the text (page 10, line 18). Which is right?*

- The correct value is 7.4%. The manuscript has been edited accordingly.

- *They also described that demographic variables and TPB subscales predicted 58.4% of the variance in a measure of the intent to treat pediatric obesity in the abstract (page 3, line 14) and in the discussion (page 11, line 10). However, it was described as 56.9% in the result (page 10, line 21). Which is right?*

- The correct value is 56.9. This correction has been entered.

- Reference No 24: “E Y casy” should be changed to “Efficacy”, Reference No.35: Please add a space between “Psychol” and “1998”, Reference No. 39: Please add a space between “Pediatrics” and “2002”
- The above changes have now been made on pages 20 and 21.

- **Reviewer 00742209**
- *Methods Please clarify the strategy used to identify the 341 participants at the beginning of the study.*
- The participant identification strategy has been clarified on page 7 with the following statement: “Academic heads who agreed to participate in the survey then circulated the electronic survey link to all health professionals via email using their department mailing list”
- *Please clarify the strategy used to categorize participants by age and years of experience treating pediatric obesity in Table 2.*
- The intervals for age and years of experience were pre-determined and participants were asked to select one of the pre-set responses most applicable to them.
- *Results Table 5. Please clarify unstandardized and standardized regression coefficients as unadjusted and adjusted regression coefficients.*
- The statistical program used for this study, SPSS, uses the terms standardized and unstandardized coefficients. On the advice of two statistical experts here at McMaster University, we elected to avoid potential confusion by retaining the terms standardized and unstandardized coefficients.
- *Clarify the p-value refers to the adjusted regression coefficient.*
- The following statement has been included: “The p-value is based on the unstandardized regression coefficient”.

- **Reviewer 02446483**
- *Likert scale has specific limitations and this aspect should be highlighted in the manuscript.*
- This has now been addressed in the limitations section of the Discussion on page 13 with the following statement: “The Likert format on which the TPB scale was based has limitations (e.g., ordinal measurement, halo effects, and end aversion biases.)”
- *Moreover, epigenetics should be considered in the discussion. How much environment can influence the perceptions of pediatricians and families?*
- A line addressing this point has been now included in the Discussion on page 10 with the following statement: “Pediatric obesity is a multifactorial phenomenon, affected by genetics, family environments, diet and physical activity levels.”

We thank you for your time and further review of this original scientific article and we look forward to hearing from you soon.

With warm regards,

Karen Bailey, MD
 McMaster University
 1280 Main Street West, Hamilton, Ontario L8N 3Z5, Canada
 Telephone: +1-905-521-2100 ext. 73550
 Fax: +1-905-521-9992