

## **Response Letter**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35561

**Title:** Predictors of healthcare seeking behaviors of Chinese patients with irritable bowel syndrome

Dear editors and reviewers,

Firstly, we appreciate the helpful suggestions raised by reviewers.

### **Response to reviewer #1 (Reviewer's code: 00504545)**

Thank you for your comments and recognition to our manuscript.

### **Response to reviewer #2 (Reviewer's code: 01557050)**

Thank you for your helpful suggestions. The irritable bowel syndrome (IBS) questionnaires included an IBS symptom questionnaire and a simplified Chinese version of the IBS Quality of Life scale. The IBS symptom questionnaire covered demographic data, IBS disease course, frequency and severity of IBS symptoms, defecation-related symptoms, extra-intestinal symptoms, examination results, and management. The design of the questionnaire was complicated and we aimed to allow patients to finish the questionnaire. However, some patients could not understand the questions, so to acquire precise data, we interviewed patients face-to-face and went through the questionnaire. For example, we asked: "Do you have abdominal pain/discomfort before defecation?"; "How often did you present with abdominal pain/discomfort ? (2-3 days/month, 1 day/week, >1 day/week or every day); "How severe was your abdominal pain/discomfort? (mild = no interference with normal activity, moderate = mild interference with normal activity but could tolerate, severe = marked interference with normal activity and could not tolerate." Patients gave their answers based on the

investigators' instructions, which were worded to give them sufficient understanding. The results of the completed questionnaires used patients' replies and were accurate.

**Response to reviewer #3 (Reviewer's code: 01488602)**

Thank you for your comments and recognition to our manuscript.

**Response to reviewer #4 (Reviewer's code: 00036578)**

Thank you for your helpful suggestions. Your suggestion about the study setting (tertiary but not in a GP practice or in non-university hospital) is pertinent. Because the guidelines for observational studies required the title to be no more than 12 words, we had no space to include this information in the title. However, we have added this information (tertiary university hospital) in the Methods sections of the abstract and main text.

Your second question about the definition of frequent colonoscopies was valuable. We did not find relative references that defined frequent colonoscopies. Our reasons for defining frequent colonoscopies as  $\geq 2$  times/per year for both the whole disease course and in the past year were as follows.

In our data, 41.9% of patients underwent colonoscopies during the whole disease course, with an average of  $1.7 \pm 1.3$ . In the past year, 64.9% of patients underwent colonoscopies, with an average of  $1.1 \pm 0.3$ . Only a small number of patients (14.7% in the whole disease course and 3.7% in the past year) were classified as having frequent colonoscopies. Our center is an intensive care center in China. Most patients sought healthcare in primary hospitals or other tertiary hospitals, with many examination reports including several colonoscopies. In our database, some patients presented with alarm symptoms including hematochezia (16.5%), anemia (1.4%), weight loss (26.5%), and family history of colorectal cancer (6.2%). In addition, 61.2% of patients had coexisting anxiety. We did not investigate whether the

colonoscopies were prescribed by doctors or requested by patients because of concern about organic diseases. In China, the colonoscopy cost is relatively low, with the cost of colonoscopy and required blood test in our center approximately USD110.

Because the average number of colonoscopies in the whole disease course and the past year were  $1.7 \pm 1.3$  and  $1.1 \pm 0.3$ , respectively, we chose  $\geq 2$  times/per year (which was higher than the average) to define frequent colonoscopies in the past year and during the whole disease course.