

Author response to reviewers

MANUSCRIPT TITLE: Knowledge and attitudes towards the use of histological assessments in ulcerative colitis by gastroenterologists versus pathologists

REVIEWER 1 COMMENT	AUTHOR RESPONSE	PAGE NUMBER
<p>Reading the text, it appears that this study focused on the practice of histopathology in the case of ulcerative colitis in Australia. It seems to me that this should be announced from the title of the article and clarified in a more marked way in "Study cohort"</p>	<p>We agree with your comment. We have clarified in the 'study cohort' section by including 'Australian gastroenterologists and pathologists'</p>	6
<p>"Gastroenterologists were contacted by proxy through the Gastroenterological Society of Australia", does not mean that all gastroenterologists contacted through the society all practice in Australia</p>	<p>Thank you for the comment. The Gastroenterological Society of Australia (GESO) is the peak membership organization for Australian healthcare professionals in the field of gastroenterology. We, as authors, do not have access to defining the practice location of each individual GESO members. However given GESO's statement about who is included for membership (i.e. Australian healthcare professionals), it seemed the most reasonable method in sending the survey to the largest number of gastroenterologists in Australia with a likely minimal/zero practicing overseas.</p>	
<p>Page 6. "...that aligned with the ECCO position paper on histopathology and the BSG reporting guidelines on IBD biopsies.": a reference would be useful</p>	<p>The references have been included now.</p>	6
<p>Page 8. For the "Geboes score...", "Nancy index", "Robarts histopathology index": references to these indexes would be useful, especially for readers who are not familiar with these indexes.</p>	<p>The references have now been included.</p>	8
<p>Page 15, table 1: I have only a remark: this table is interesting and gives a good panel of cohort. Nevertheless, it is specific to Australia. In other countries, the</p>	<p>Thank you. We do agree it could be difficult for the results to be generalizable. We have included a sentence in the limitations acknowledging this issue.</p>	11

<p>exercise of medicine needs to be medical doctor (M.D.), different from a bachelor in medicine or surgery, or a master, or PhD. If other researchers wish to establish comparisons, it will be necessary to establish equivalences (when possible) between the diplomas and the functions. Of course, no correction is requested but a few words indicating this question could be given in the text, so as to open up this work to other countries.</p>		
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REVIEWER 2 COMMENT	AUTHOR RESPONSE	PAGE NUMBER
<p>It is more important to discuss why they know little about these score systems and why they did not use them</p>	<p>Thank you for this comment. The survey did not specifically ask about these questions, and as such, we would only be postulating potential reasons without formal evidence. It is clear that greater education is required given the lack of knowledge demonstrated, and we have commented on the need for increased education e.g. page 10. We have also shown location of work i.e. public hospital, and involvement in an IBD multidisciplinary meeting, correlate with increased knowledge. Hence these factors may play a role. This is mentioned on page 10 and 11.</p> <p>In terms of ‘why they did not use them’ – we presume this relates to pathologists. We have shown in the results that pathologists also lacked knowledge of these scoring systems. As such, they would not be able to use them. Increased education is required.</p>	
<p>How accurate or consistent are these scoring systems used to evaluate histological features?</p>	<p>The three most commonly used scoring indices in UC are the Geboes score, Nancy index and Robarts Histopathology index. They have undergone the most research demonstrating their content validity and inter/intra-rater reliability. A line has been added to the introduction.</p>	5
<p>Besides, there are a lot of reiteration description of the results in the discussion.</p>	<p>This is a mixed qualitative/quantitative study. The authors felt it was important to describe the result findings and explain their implications.</p>	

REVIEWER 3 COMMENT	AUTHOR RESPONSE	PAGE NUMBER
<p>As the authors also described in the section of discussion, it is suggested that the numbers of the responders, especially those of pathologists, were too small to correctly evaluate the theme of the study</p>	<p>Thank you for the comment. We do agree and acknowledge that there was a smaller number of respondents. However there are no studies worldwide which have assessed pathologists' knowledge and we feel our findings are novel nonetheless. We have acknowledged this issue in our limitations section.</p>	11
<p>according to Table 1, it seems that there is heterogeneity in the highest level of education between the gastroenterologists and pathologists. It appears that the rate of the included gastroenterologists that actively saw IBD patients in daily clinical practice (>10 patients each week) is somewhat small</p>	<p>We acknowledge that there is heterogeneity in the highest level of education between gastroenterologists and pathologists. It should be noted that there are a smaller number of pathologists. There was close to 30% of gastroenterologists who see > 10 IBD patients each week. This survey is not only aimed at gastroenterologists who sub-specialise in IBD, as there are many other gastroenterologists who still manage patients with IBD. Given the target audience, we feel it seems reasonable that up to 30% of gastroenterologists saw > 10 IBD patients each week.</p>	
<p>I would recommend that the Geboes Score, Nancy Index and Robarts Histopathological Index scoring systems are briefly shown in the text</p>	<p>Thank you for the comment. The authors feel this would crowd the manuscript. However if it is definitely required, we can add this in.</p>	
<p>The authors described that "We would, therefore, recommend a unified scoring system to be used in the section discussion (p11, line 12-13)". I suggest that the authors explain this more specific.</p>	<p>Thank you for the comment. We acknowledge that this is a bold statement that lacks clarity. We have removed this sentence to reduce confusion to the readers. It was intended that one of the already available scoring systems should be used to ensure homogeneity in reporting between hospitals.</p>	