Author's response to reviews

Title: African-American Inflammatory Bowel Disease in a Southern U.S. Health Center

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Author's response to reviews: see over


April 14, 2010

Dear Ms. Simmons, Dr. Moylan and Dr. Zauner,

Please find attached our revised manuscript “African-American Inflammatory Bowel Disease in a Southern U.S. Health Center” (formerly ‘The Dawn of African American IBD’) by Veluswamy et al. We changed the title to better reflect the scope of the report. We have now responded to reviewers’ criticisms and accordingly have extensively revised. Our responses to each specific criticisms are listed below for each reviewer. All revisions in the new manuscript have been highlighted in yellow.

Reviewer's report
Reviewer: Subra Kugathasan

Comments/Answer: We appreciate the positive review of our report by Dr. Kugathasan. We have now shortened the report (as suggested by both reviewers) and hope that incorporation of these modifications (elimination of graphs substituting with discussion) will also increase enthusiasm for the report.

Reviewer's report
Reviewer: Peter Laszlo Lakatos

Comments/Answer: We regret having not sufficiently explained our data strategy and interpretation of findings in the study. We have therefore significantly revised the study to more clearly present the major findings. We have also shortened the introduction and discussion with more emphasis on relevance of the studies’ findings. We have now eliminated our previous use of the terms ‘incidence’ and ‘prevalence’. We have revised this to a more modest description of the findings. We also specifically state that the findings are related to our institution only. While the dataset remains confined to unidentified individual patient health identifiers and information, we still feel the study provides important, if preliminary information on IBD cases in African Americans in a pre-dominantly African American population.

Specific Comments;
1. The authors only calculate from the hospital records; therefore a valid prevalence/incidence cannot be calculated. The numbers are only representative for the center. Moreover, age at the visits are again not representative for age at onset, these are only markers of the patient population seeking medical help.
Answer: We regret having presented these data in a manner which construes the findings as ‘incidence’. We agree that these findings are best characterized as markers of the patient population seeking medical help. We would agree that it is not appropriate to describe these findings as ‘incidence / prevalence’.

2. As I understand authors could not assess the records per patient, thus some patients with frequent outpatient visit could heavily influence the age in this subgroup.

Answer: We regret not having thoroughly explained our collection strategy. We have now revised the methods and results section to reflect this. Our information collection section. It is important to note that annual evaluations of the numbers of black, white, male, female patients in Crohn’s disease and ulcerative colitis, each patient was counted only one time annually, not multiple times. Therefore, on an annual basis, repeat visits by an individual patient would not affect the result. The exception to this approach was used in calculation of visits per person for each diagnosis. In this case we divided the number of visits to our center for each diagnosis, by the annual number of patients per diagnosis. Therefore when the total visits per black women for example were divided by the number of black women, the annual number would in fact be representative for the number of visits per person within a specific group.

Answer: The same is true for the gender ratio. We would also clarify that individual patient identifiers were also used in this analysis, so no single patient is ever counted more than 1X per year. Therefore, on an annual (yearly) basis, the number of black women, white men, etc., etc. would not be counted multiple times, (only once per year).

3. In addition the disease duration as well as phenotype and other outcomes including surgery, extra intestinal manifestations are unknown (even though authors have investigated some of these according to the methods section).

Answer: We do not wish for readers to confuse ‘age at treatment’ with ‘age of onset’ or ‘disease duration’. This figure has now been removed from the figure set and is only described in the results section. We have now revised the discussion of these findings and have clarified that these data only relate to the age of the patient when seen at the LSUHSC-Shreveport.

4. The introduction and discussion are too long and are not focusing on the major findings of the manuscript. The discussion needs to be completely rewritten and focused on outcomes investigated in the paper.

Answer: The introduction and discussion have now been shortened and re-written to focus on the findings within the study.