Author's response to reviews

Title: Primary Care Physicians Approach to Diagnosis and Treatment of Hepatitis B and Hepatitis C Patients

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PDF covering letter
Dear Iratxe Puebla,

Please find enclosed a revised copy of our manuscript entitled “Primary Care Physicians Approach to Diagnosis and Treatment of Hepatitis B and Hepatitis C Patient” by Canbaz and co-authors. We made the language corrections. The manuscript was revised according to instructions. Reference Manager (version 10) was used to when formatting reference list. Enclosed you will also find a point-by-point description of how we have addressed the reviewers comments.

We hope you will find the revised version of our manuscript acceptable for publication in BMC Gastroenterology in its present format. I would be happy to clarify or amplify our response if it would be helpful, and I look forward to your decision.

Yours sincerely,
Hakan Leblebicioglu

**Point-by-point response to reviewers’ comments:**

**Reviewer 1.**

The design is not described with sufficient precision for the study to be replicated by a third party (except the part adapted from Shebab et al)

*The design of the study was written clearly. The type of questions and answers were added and explained more detailed.*

Paper is not well structured and would benefit from an improved clarity. English should be reviewed.

*The manuscript was re-organized. Headings and subheadings were added. The language was reviewed.*

The length of the article need adjusting.

*The manuscript especially the discussion was shortened.*

In the introduction the authors should give more information concerning the population in the district of Samsun to permit to calculate expected number of HCV infected patients. If the prevalence of HVC infection is 1.5% this number is not between 3.9% and 12.5% as written.

*There was no prevalence study done in the district of Samsun. The updated global prevalence of HCV in Turkey was given. The prevalence rate was obtained from World Health Organisation. The new reference was added (Reference 6).*  

In the methodology the authors should clarify their population. Is the 32 PHCC represent the total PHCC in their district? Are the nonrespondent GP randomly distributed or PHCC aggregated?
The population was clarified. The 32 PHCC represents the total PHCC in our district. The nonrespondent GPs were randomly distributed. This statement was added to the results section.

How their result could be extrapolated to whole Turkey?
The statement about this subject was added to first paragraph of discussion.

Are the all GPs men in this region or not?
The sex distribution of GPs was already at results section. Of the study group, 72 (55.8%) were women and 57 (44.2%) were men.

What are the six questions asked concerning the route of HBV and HCV transmission and risk groups? Are they opened or closed questions
The questions were closed type. The questions have statements regarding the route of HBV and HCV transmission and risk groups with true/false answers. This amendment was done.

Results: Concerning the number of HBV patients seen during the last year, the sentence "In the last year 110 of the participants …" is unclear and may be wrong.
The statement was changed as “Of the participants, 110 (85.3%) expressed that no patient with acute HBV (AHB) infection was admitted to their health care centers and 84 (65.1%) of them stated that they did not encounter any patient with chronic HBV (CHB) infection during the last 12 months."

What does it means that "108 stated that they could not identify HBV and 126…could not recognize HCV patients " while most on the patients were asymptomatic.
The statement was changed as Among GPs, 108 (83.7%) and 126 (97.7%) were reported that they had no diagnostic laboratory tests for HBV and HCV, respectively.

How many patients with chronic HBV infection were known by the 45 GP who had encounter such patients during last year?
The findings regarding number of patients with chronic hepatitis B were added to the results section.

Paper will be clearer if the authors separate the results of the two viruses (HBV and HCV) It will be more interesting to know which risk factors or ways of transmission are not well known by the GPs with their associated percentage (means pts are not very informative)
The results of study were re-organized. Headings and subheadings were added.
The data regarding transmission ways of HCV and HBV were added.

Paper could be more didactic if the authors add in the tables III and IV, a column with the tests and the therapeutic management according to the CDC or WHO guidelines (with yes or no after each item). Same thing could be applied for maternal transmission and management of infant born from a HBsAg positive mother.
The tests and the therapeutic management were added in Table II and III.
The management of infant born from a HBsAg positive mother were described in the text.

Source of information of GPs could be done in the text and does not necessarily need a table.
The table was discarded and the information given in the text.
Discussion
Most part of the discussion is a detailed description of the Tables III and IV and are in fact results and should be deleted or moved to results section.
I would suggest that the authors need to rewrite the paper paying close attention to the details reported
Most of the previous discussion deleted. Discussion was shortened and rewritten according to reviewer’s comments.

Reviewer 2.
Minor
1. The respondents seem to be rather young with few years in practice. This gives the impression of a biased sample. This should be acknowledged as a limitation of the study
A sentence regarding this subject was added to the discussion section.

Major
1. In the introduction, 3rd paragraph, second sentence; the numbers to not make sense.
The statements were discarded.

2. The diction throughout the document requires careful editorialization; eg, there is no word in the English language, "monitorization" (see introduction, 3rd paragraph). Also, in the abstract, the conclusion statement does not convey a clear message....."insufficient compatibility for true diagnoses"
Words and sentences were corrected according to reviewers comments. The language was reviewed.

3. The methods must be described more carefully. That is, the nature of the questions asked must be clearer so that the results can be followed more easily. As an example, the 3rd sentence of the first paragraph in this section lists what seem to be the focuses of questions contained within the questionnaire. However, how these questions are asked are pertinent to accurate interpretation of the results. By more clearly describing the questions asked, the reader can more easily understand what is meant when it is stated that the participants stated that they could not recognize disease. Does this mean the participant was actually asked if they could recognize disease or was this surmised based on their responses to certain questions?
The design of the study was written clearly. The methods were described more distinctly. The type of questions and answers were added and explained more detailed.

4. The discussion is rambling and tangential. The focus should be on the shortcomings in the knowledge/training/practice patterns of primary care physicians in Turkey, in regards to Hepatitis C and B. There is too much recapitulation of the results. The message of the study is lost in this discussion; this section should be rewritten to focus on the major message of the paper.
Discussion was shortened and rewritten to focus on the major findings of the manuscript according to reviewer’s comments. Much more attention was given to knowledge and practice patterns of general practitioners in Turkey.