Author’s response to reviews

Title: Waterpipe Smoking Cessation: Knowledge, Barriers, and Practices of Primary Care Physicians: A Questionnaire-based Cross-sectional Study

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Version: 1 Date: 17 Jan 2020

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Editor-in-Chief
BMC Family Practice

Re: FAMP-D-19-00471
Waterpipe Smoking Cessation: Knowledge, Barriers, and Practices of Primary Care Physicians: A Cross-sectional Study

We are pleased to submit a revised manuscript tackling the revisions suggested by the reviewer for your consideration. We would like to thank the reviewers for their efforts. Below are our comments to the reviewer.

Reviewer reports:
Jørgen Lous, DMSc (Reviewer 1):

It is a relevant study for the journal and an interesting topic.
Thank you for your comment. It is indeed very relevant as the research in the field of waterpipe smoking is still mediocre as compared to cigarette smoking.

I have only a few comments to the paper:
1. The title don't tell that it is a questionnaire survey
The title was changed to “Waterpipe Smoking Cessation: Knowledge, Barriers, and Practices of Primary Care Physicians: A Questionnaire-based Cross-sectional Study”

2. On line 194: …done in developing countries such as USA (7%) and UK (4%). I think both countries do not like the label "developing".

Thank you for your meticulousness; this is a typo error and it should be developed countries.

3. The paper could be more informative on documented harm of waterpipe smoking.
In the introduction, sentences 47-51 tackles the harm of waterpipe smoking. The evidence includes
systematic review and meta-analysis. However we have shuffled the paragraph sentences to highlight this important topic. We thank the reviewer, as this shuffle in the sentences made the paragraph more robust and sounder in terms of flow of ideas. See lines 47-60

Luiz Miguel de Mendonça Soares Santiago (Reviewer 2):

This is a local, multicultural paper, in a convenience sample al a medical conference. In fact the sample comes from several countries (different approaches to the theme? and for the fact that they attend a conference makes it special.
We agree that the study was done at a medical conference which may affect generalizability to all Lebanese family physicians. However, the majority were from one country- Lebanon. Furthermore, we felt that targeting physicians at a medical conference is interesting as they should be up-to-date in their medical knowledge.
In response to the reviewer, the following section was modified to reflect our comment above: Limitations and strengths. Lines 187-192
I strongly advise the authors to make a national survey and then submit to BMC Family Practice or else to submit to a local journal.
There is no doubt that a national survey would have been more powerful. Nevertheless, the sample was quite representative of the family physicians in the country. Lebanon is a small country that has around 250 family physicians registered and many of them work outside the country. The sample size of family medicine of 65 is almost one third of the population. The Lebanese Society of Family Medicine annual conference is well attended in the country.
To clarify this important critique of the convenience sample, we have added a description of the conference and Lebanese situation in the Study design section in the Results. Lines 95-99