Author's response to reviews

Title: Access to Primary Care is Associated with Better Autoimmune Hepatitis Outcomes in an Urban County Hospital

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Author's response to reviews: see over
The abstract needs to be updated with improved English and Syntax

We have attempted to improve on this.

The authors need to outline the access to GI/Liver specialists.

We added lines 74-76: “These patients presented to the gastroenterology service either through referrals from primary care physicians within our county network of clinics or by presenting to our emergency room and being admitted.”

What systems are proposed to decrease loss to follow up patients?

We modified our discussion (lines 210-215): “Active changes are being made in our own institution, such as patient-centered medical homes, electronic specialty consultation from primary care clinics, and a new electronic medical record, with the hope that these improvements may improve this problem. This should help primary care physicians and specialists better coordinate care and be more vigilant against losing patients due to systemic issues.”

Who performed the dose of the immune suppressant medications?

We added to the methods section (lines 92-93): “Our institution’s gastroenterologists made treatment decisions, including those regarding medication dosing.”

Was there a call back system for patients on medications?

Unfortunately there was not a call back system at the time for medications.

Did the authors use a national database such as MediCare or other system to track death rate outside the county health care system to search for those "lost to follow up"?

We were unaware of a method to check the Medicare database and we did not have access to Social Security numbers to use the Social Security Death Index. Only 2 patients who were lost to follow up had Medicare, so we do not expect that our results would have been very different had we checked the database.

Was the MELD score applied to all patients or only those with cirrhosis?

We appreciate the feedback. We have made changes to clarify that MELD scores were applied to only those with cirrhosis in the baseline characteristics table and in line 142 of the results section.

PBC name has been changed to primary biliary cholangitis, reference J Hep, WHO website ICD-11, PBCers, PBC Foundation websites.

We appreciate your pointing this out and we have made appropriate corrections.

AST and ALT are not liver function tests: these are liver enzymes Bili, Alb and INR are liver function tests using 2015 terminology
We appreciate your pointing this out and we have made appropriate corrections.

IV prednisolone is very rarely used for AIH: who received IV steroids, why and for how long?

Unfortunately, data was originally recorded as prednisone equivalents and we are unable to obtain this information at this point because obtaining paper charts (our institution just changed to EMR less than a year ago) from the archives is prohibitively slow and expensive ($25 a chart!). We apologize for the lack of clarity.

Please clarify the definition of remission in the study. According to AASLD guideline, disappearance of symptoms and normalization of transaminases/bilirubin/globulin levels are required for remission.

We apologize for the lack of clarity. Remission was defined subjectively by the treating clinician, but the exact criteria for justifying remission was not documented in some cases. As we no longer have access to the primary patient charts, we are unable to review the records again to clarify this. We will note this as a weakness in our discussion section: “Endpoints such as remission and relapse were subjectively defined by clinicians and sometimes did not” (lines 220-221)

When evaluating outcomes, authors should try to classify patients according to known endpoints in AIH: remission, relapse, treatment failure, drug toxicity.

Unfortunately, as we described above, endpoints were defined subjectively in many instances, and records are unavailable to us at this point to clarify endpoints. That is why we used survival and transplant outcomes.

The text says that 81 patients were treated (page 7, line 152), but table 1 states 67 patients were treated. Which is it?

We appreciate the feedback. The number treated was 67, and we have made the correction.

Please provide median duration of follow-up for the study.

We apologize that this was only included in the baseline characteristic table. We have added this to the main body.

Please provide number of patients at risk for each time point in the Kaplan Meier curves.

We have produced charts to accompany the figures to give this data.

Table 1 is titled “baseline characteristics” but it includes data at presentation, during treatment and at follow-up. I suggest separating the information accordingly. For better understanding of the study population, please present the data as done for table 2, with separate columns for patients with and without primary care access. Since you are
comparing outcomes (treatment, response, relapse), statistical analyses can be done here.

We appreciate the suggestion- we have changed the charts reflect this.

*Table 2 discusses “follow-up”, but includes data at baseline – cirrhosis, other, autoimmune diseases and labs/ MELD. Again, the authors can re-do the tables for demographics, clinical presentation, treatment and outcomes, always comparing the 2 groups.*

We appreciate the suggestion- the suggested modifications have been made.

*Even though the sample size is small, as acknowledged by the authors, you should still show us the numbers for those with and without primary care access. This can be done in table 1.*

Thank you for the suggestion. This has been included in Table 1.

*Did the authors really mean encephalitis in table 1? Or was it hepatic encephalopathy? – please review*

It is encephalopathy. Thank you for pointing this out, we have made the correction.

*Abbreviation 2/2 in table 1 is not acceptable*

Thank you for point this out. We have corrected this.