Reviewer’s report

Title: Survey of the initial management of celiac disease antibody tests by ordering physicians

Version: 1 Date: 08 Apr 2019

Reviewer: Carlo Catassi

Reviewer's report:

In this paper authors report the results of a survey aimed to check what happened in children with a positive anti-tTG determination that were not referred for diagnostic biopsy or followed with serial testing by the ordering physician. Of the 775 patients with a positive TTG, 193 (24.9%, 95% CI 21.9-28.1%) received no follow-up management. Of the 120 responses, 55 patients (45.8%) were managed appropriately and 46 (38.3%) were considered to be inappropriately managed. Reasons for inappropriate management included: screen considered to be false positive (44.7%), patient was not experiencing symptoms of celiac disease (31.6%), symptoms had resolved (15.8%), results were not indicative of celiac disease (26.3%) and patients started a gluten-free diet with no evaluation of response (15.8%).

This is an interesting and original survey that highlights a real problem with important clinical and legal implications. However it is not easy to follow the results, probably a flow-chart could help. Authors should add statistics in both Tab. 1 and 2 to check any significant difference between groups. The manuscript could be improved in my opinion, by (a) separating cases with EMA positivity from those who were initially EMA negative, since these two group have clearly a different disease risk, regardless of the anti-tTG value, and (b) focusing and restricting the discussion to the major results of the survey.

Specific comments:

1. Page 6 line 16: What about patients with TTG > 10 X? What management was considered appropriate in these cases?

2. Page 6 line 19: This sentence is not clear: I suppose that the subsequent celiac antibody testing was performed to check if antibodies had decreased (or not);

3. Page 6 line 23: I think that 18 months was a too long period of time for considering appropriate the repetition of the test. In a child with TTG > 3X and EMA positivity, testing should be repeated earlier (e.g. within 3 months) in order to avoid delay of diagnosis. Please justify the choice of 18 months;
4. Page 7 last line: 0.5x is a normal TTG value by definition;

5. Page 7 last line: 36+15= 51. What happened to the other 4 with an appropriate management?

6. Page 11 line 15: I agree here, and this is the reason why I suggested to keep separated patients with EMA positivity from those with EMA negativity regardless of TTG value;

7. Page 12, second paragraph: I suggest cutting this paragraph that does not comment on the results of this study;

8. Page 12 last paragraph: Again the discussion is too long and this is one of the paragraphs that could be removed in my humble opinion;

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable
Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal