Author’s response to reviews

Title: Management and Attitudes about IPF (Idiopathic Pulmonary Fibrosis) in Latin America Physicians

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Author’s response to reviews:

Point-by-point response to the reviewers’ comments and suggestions

Carlo Caffarelli (Reviewer 1): The manuscript is focused on management of IPF patients. There is a need of carefully designed surveys that investigate this crucial point. However, the structure of this study needs to be improved. I have also several concerns about the results. The discussion should be improved.

Methods

- Page 6, line 55. How was the questionnaire administered?

The questionnaire was self administered

- Page 6, line 55. Please detail how the questionnaire was translated and validated. Reference # 13 is not sufficient.
A brief description of the method for validation was explained. Thank you for your suggestion:

“We used a rigorous method of validation using the translated version of the AIR Survey which we briefly described in the following paragraph.

Two of the investigators translated the AIR survey to Spanish. After that, the Spanish-language version was translated to English by a third investigator who did not know the original version of the AIR Survey. The back-translated English-language version of the new Spanish-language questionnaire was compared with the original English-language version. Each item on the back-translated English-language version was ranked by 30 individuals who were bilingual and independent of the study team for comparability and similarity of interpretability with the same item on the original English-language version. Any translated item with a mean score >3 (seven was the worst agreement and one was the best agreement) was formally reviewed and corrected. The revised item was then translated back to English and compared again with the original English-language version of that item. This process continued until the mean scores for each item indicated a valid version (63 on each of the comparability and interpretability rankings, and preferably <2.5 on the interpretability rankings) [13].”

- Page 7, lines 41-46. The new "attitude questions" should be reported.

Attitudes questions were reported in the method section for better comprehensiveness of readers.

“Furthermore, we included two “attitude questions” regarding the importance of IPF as a clinical disorder and IPF diagnosis, and three attitude questions regarding the physician’s confidence in diagnosing, managing and knowledge about IPF. These “attitudes and confidence questions” were scored on a five-point Likert scale.”

- Statistical analysis. Odds ratio should be calculated for the comparisons that have been done.

Thank you for your guidance. Most of the results were expressed as OR, using crude binomial regression. Some questions were asked with more than two options, so they were compared with chi-square test.

Results

- Page 8, line 22. It seems that 115 physicians visited IPF patients in the last year. According to the inclusion criteria, the remaining 340 physicians should be excluded from the study. Why Authors have analyzed 455 questionnaires?
Thank you for your important comment. There was a mistyping error. Only 115 surveys reported not having attended patients with IPF. At the beginning of result section, we contrasted demographical information among the total of eligible participants and physicians who often attended patients with IPF.

“Up to 455 physicians were enrolled. The majority were male (55.4%). In total, 23.7% reported being a pulmonologist. Mean age was 47.5 years (SD 12.6) with 20.4 years (SD 12.3) of practice. Most physicians (74.7%, n = 340) reported having cared for an IPF patient in previous year. Among these physicians, 38.6% were female, attending in private settings (48.4%), and one third (29.7%) were pulmonologists.”

- Table 1. Please, provide number of pulmonologists who answered questionnaire.

Number of pulmonologist and non-pulmonologist was added in the heading of each table: “Comparisons among pulmonologist (n=91, 29.7%) and non-pulmonologist physicians (n=215; 70.3%)”

- It would be of interest to know duration of symptoms before the diagnosis of IPF. Please, specify in detail in the text.

The duration of symptoms before diagnosis was less than 6 months. Unfortunately, this variable was collected as categorical variable.

Discussion

- It should not begin with data on smoking. This is not the main question of the study. Overall, in the discussion results should not be repeated but commented.

Thank you for your suggestion. The discussion section was ordered in a fluent reading. Most of numerical results were deleted and rewritten.

- An important limitation of the study is that responses to the questions should be considered subjective.

Thank you for your suggestion, this limitation was included in discussion section. “Furthermore, survey was self-administered with subjective answers, that could reflect some protection bias.”
A. Ariani (Reviewer 2): The Authors of this paper describe the results of a survey about the practice, management and treatment of IPF by pneumologists and non-pneumologists in Latin America. This study is intended to be one of a series of preliminary studies in order to improve the IPF guidelines in Latin America.

COMMENTS

- This kind of study, even if preliminary, needs a rigorous methodological approach. The title and text suggest that the results could be representative to physicians of Latin America. Correctly they supposed that the enrollment of physicians attending medical meetings could be a bias. Maybe they should consider that the inclusion criteria (enrollment of some delegates of two "general" Respiratory Medicine congress in only two countries) do not consent to consider as representative the cohort of physicians of all Latin America. A table with the nationality (express in %) of respondents must be provided.

Thank for your important question. Most of participants were from Ecuador, but physicians from a lot of countries participated in the study. A table with nationality of participants included in the study was reported as supplementary file. Our intention is to express a study from several countries as a pilot study.

- P5 L34-36 From "using" to the end. This is not a part of the aim of the study. The authors should consider to move this sentence before (in the real introduction) or after (discussion).

Thank for your suggestion. The sentence was added in the discussion section.

- In order to understand the difference between pneumologists and the others, the Authors should provide the distribution (in %) of the specialization of the respondents.

Survey was self-administered, and an item about specialization was included inside. Unfortunately, around 40.0% of participants didn’t answer their specialization.

- It is not clear what the Authors mean with "access to pathologist etc". If all of them had to answer about the characteristics of their patient with IPF according to ATS/… criteria, it is likely that they are part of or collaborate with a MDT. So why only less than 30% had access to a MDT. On which basis they diagnosed IPF?
Thank you for your important question. We could be interpreted as an inconsistency. And in other hand, most of physicians could be diagnosing IPF only based in imaging and symptoms. Our research pretends to call attention that in Latin-American we don’t have a MDT.

- The influence of some drugs' prescription's "rules" should be better investigate. E.g., in some countries only cardiologist can prescribe sildenafil.

We agree with your comment, but in the original survey this influence was not investigated. Furthermore, our intention was to do the same questions among our physicians

- The data collect do not permit any inference about the difference between european and Latin American IPF patients (cough vs dyspnea).

Thank you for your clarification. Our study was not intended to infer about differences among continents. But, some differences were remarked for contrasting the diagnosis, management and treatment of IPF among regions.

- P9 L44 Is this a subtitle? The last paragraph of Results section needs a subtitle as it is not dealing with the comorbidities.

Thank you for your suggestion. A subtitle was added “Attitudes about IPF”.

- P11L5-13. The meaning of this sentence is not clear.

Thank you for this comment. The sentence was restructured. “This finding suggests that there may be other risk factors associated with IPF in our countries. Due to pulmonologists reported higher rates of smoking, it could be possible that non-pulmonologists attend patients with other causes of IPF.”

- The conclusions' paragraph is not about the assessment of management etc of IPF. Moreover the Authors' recommendations are not suitable in this section.

Thank you for your comment. The conclusion section was rewritten and focused according to the aim of our study. “Despite high rates of awareness of international IPF guidelines, most IPF recommendations are not followed. To achieve better outcomes for our patients, we recommend
improving IPF education in Latin America. Better knowledge of the disease and improved skills in generating a differential diagnosis may contribute to earlier diagnosis and treatment of IPF.”

- English should be deeply revised (e.g. P6 L14 ".. answered in the affirmative…). Be careful of spelling (e.g P12 L7 dyspnea instead of dyspnea).

Thank you, all the English was revised.

Paola Crivelli (Reviewer 3): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors.

General Comments

The paper entitled "Management and Attitudes about IPF (Idiopathic Pulmonary Fibrosis) in Latin America" by Cherrez Ojed I. and coworker is aimed at assessing current practice patterns in management of patient affected by Idiopathic Pulmonary Fibrosis, and, consequently, improving IPF guidelines in clinical practice. The aim is clear, the topic seems interesting, the paper is well written. The Authors investigated the role of medical doctor in diagnosis and management of IPF, and, comparing pulmonologist and physicians, underlines the major point of weakness.

Detailed comment

Background:

1- line 58: the Authors could specify the affirmation that "the MDT is now considered the gold standard for distinguishing IPF from other ILDs disease".

Thank you, the sentence was specified.
2- The Authors could specify what mean "lack of uniformity in diagnosis of IPF", if the problem regards radiological diagnosis, functional respiratory tests, etc.

Methods:

1- The inclusion criteria was diploma of medical doctor but the recruitment happened only during meeting of Allergy and Respiratory Medicine, and are excluded many specialist (e.g. radiologist) that could have an important role in diagnosis (according to current guidelines).

Thank you for your valuable opinion. Despite of radiologist is a member of MDT and his contribution is valuable in the diagnosis of IPF, the aim of our study was to determine the current practice patterns and attitudes towards diagnosis and management of IPF patients in Latin America among pulmonologists and non-pulmonologists. But, this suggestion was added in the limitations of our study.

2- The statistical analysts could be more detailed, the variables considered are not described.

A more comprehensive description of employed statistical test were written. Thank you for your suggestion. “We used mean and standard deviation (SD) for age, years of practice, and for number of patients with IPF attended according to their age and forced vital capacity (FVC). Percentages (%) were calculated for gender, nationality, location of medical’s office, pulmonologist, access to pathologist, radiologist, multidisciplinary team, perception of IPF guidelines, risk factors and onset of disease, treatment, monitoring progression of IPF and managing comorbidities, and attitudes towards disease. Attitudes towards disease were summarized as very important (very important and extremely important) and very confident (agree and strongly agree). Mann-Whitney U tests and chi square were used for comparisons among pulmonologists and non-pulmonologists and number of patients with IPF attended according to their age and FVC. Crude logistic analysis were performed among pulmonologists (non-pulmonologist as reference category) and access to pathologist, radiologist, multidisciplinary team, perception of IPF guidelines, risk factors and onset of disease, treatment , monitoring progression of IPF and managing comorbidities, and attitudes towards disease. Statistical tests were performed using SPSS version 13 (SPSS, Inc, Chicago, IL, 2000). A p-value < 0.05 was significant.”
Results:

1- The data concerning a major access to radiologist, pathologist or MDT by pulmonologist is not so relevant: the setting of pulmonologist is more frequently an hospital, or a specialised ambulatory, and the possibility of a consultation is simpler.

Thank for your comment, In our region, because of scarce resources in some locations, the access to radiologist and pathologist could be limited. Our intention in this study is to remark these deficiencies.