Author's response to reviews

Title: Improving patient notification of abdominal viscera incidental findings with a standardized protocol

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Author's response to reviews: see over
Dear Professors Bouillon, Luo and Wich:

This letter includes our responses to reviewer critiques for our manuscript entitled “Improving patient notification of abdominal viscera incidental findings with a standardized protocol” (MS: 2047943110129073 ) which we have submitted for consideration for publication in your journal.

Here are the responses:

Critique 1. More detail on the specific protocol and its implementation would enhance the manuscript. Were additional resources or specific individuals dedicated to executing the protocol?

The “incidental finding protocol” section of the manuscript has been amended as follows:

“Implementation of the incidentaloma protocol involved all members of the trauma team. The trauma surgical service includes residents, nurse practitioners and attending surgeons. The rotating residents receive an orientation prior to beginning their clinical rotation. As part of the orientation, they are introduced to concept of incidentalomas and the importance of notification and/or follow up. At least one of the 3 nurse practitioners are present daily. They assist with the tertiary surveys which include the review of finalized radiology dictations for incidental findings. The nurse practitioners were made aware of the pathway, given the contact information for the consultants and assisted with informing patients of incidental findings, ensuring that incidental findings were noted on the hospital discharge summaries along with the follow up plan. The trauma surgeons were also appraised of the protocol; one of the trauma surgeons (JD) would review the current trauma inpatient census for incidental lesions and notification of patients.”

Critique 2. The authors mention that many lesions captured within the study were deemed clinically insignificant, benign or not requiring follow up, possibly impacting the notification rates. Were notification rates higher in cases felt to be clinically significant?

We did re-examine the protocol implementation data excluding incidental findings in patients that were benign, or likely to be clinically insignificant. This determination was made based on organ (eg renal lesions were most commonly benign cysts), and radiology findings dictated as either suspicious or concerning or dictated as nonconcerning (“benign”). No significant difference was found when compared to the overall population data analysis.

Critique 3. Despite improvement in notification rates, the authors acknowledge that further work can be done. Any specific recommendations from their experience would be of value to the readership.
The discussion section was amended as follows: “In the multi-injured trauma patient, incidental lesions are easily overlooked or deemed to be insignificant when the short term survival of the patient is jeopardy. We recommend involving the entire team and designating one individual to champion this issue. Furthermore, periodic reminders and review of the process are required.”

Minor revisions

Critique 1. Abdominal solid organ findings were the focus of the study, consider clarifying in title.

The title has been amended to “Improving patient notification of solid abdominal viscera incidental findings with a standardized protocol”

Critique 2. Could Table 1 and Table 2 be consolidated?

Consolidating the tables made the data more difficult to understand, but we included the pertinent statistically significant data from table 1 in the text by adding:

“(60.7 years old versus 40.5 years old). There were no statistically significant differences in race, gender or injury severity scores (ISS).”

Therefore, we were able to reduce redundancy, eliminate the former table 1 and maintain clarity.

Sincerely,

Jon Dorfman, MD