Author’s response to reviews

Title: Screening for esophageal adenocarcinoma and precancerous conditions (dysplasia and Barrett’s esophagus) in patients with chronic gastroesophageal reflux disease with or without other risk factors: two systematic reviews and one overview of reviews to inform a guideline of the Canadian Task Force on Preventive Health Care (CTFPHC)

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Reviewer #1
1. The study was conducted to explore the effectiveness of screening for esophageal adenocarcinoma and precancerous conditions (dysplasia and Barrett's esophagus) in patients with chronic gastroesophageal reflux disease (GERD) with or without other risk factors; and investigate how adults with chronic GERD weigh the benefits and harms of screening, and identify what factors contribute to their preferences and decision to undergo screening; and finally review the treatment options for Barrett's esophagus (BE), dysplasia or stage 1 EAC. The results suggest that little evidence exists on the effectiveness of screening and values and preferences to screening. Overall, there is uncertainty in understanding the effectiveness of screening and early treatments. Therefore the study is of particular interest in the research of screening and treatment of BE and EAC.

2. Generally, the paper is clearly written and the methods are reasonably employed.

Response: Thank you.

3. On page 33, the authors stated that there was little difference in the incidence rates of EAC, BE, and dysplasia using alternative screening methods and implied that the results from these studies may encourage increased usage of alternative methods of screening for BE and EAC. The potential problem is that conventional EGD and alternate methods may not be accurate in diagnosing BE or EAC. Are there any gold standards that can confirm the accuracy of conventional EGD and alternate methods? Please discuss or explain.

Response: We have added a sentence regarding the gold standard for the diagnosis and surveillance of BE, with reference to two papers. Incident diagnosis of early stage EAC has been found this way in a small proportion of patients under BE surveillance, however, we have not referred to the gold standard for diagnosis of EAC, as most are only found once a patient is symptomatic.

4. On page 37, the authors stated that the lack of a definition of chronic GERD, or even how studies defined GERD, leads to a serious concern for the direct generalizability of the population represented in these studies to the target population of this review. Please discuss how this might change the conclusions of the present study.

Response: Having a standardized definition of chronic GERD would allow study authors to better define and identify their population. This would translate into better information when evaluating the certainty of the evidence within the GRADE framework under the indirectness and imprecision domains. Although, at this time, this may not appreciably change the conclusions of the review. We have added two sentences related to this.

5. Since there is uncertainty in understanding the effectiveness of screening and early treatments for esophageal adenocarcinoma and precancerous conditions, please discuss future directions following this study and how the study paves the way for future studies.
Response: We believe we have covered this in the implications for future research section of the discussion. This section covers how study authors should use CONSORT to ensure complete reporting, which will allow for more informed risk of bias assessment and GRADEing the certainty of the evidence. We also mention the need for a consistent and transparent definition of chronic GERD, and describe how trials may be developed in the future and their related outcomes. We also discussed that there are no studies reporting overdiagnosis, and the importance of patient values and preferences. If there is something that has not been covered in this section that you would like to see, please let us know.

Reviewer #2

Manuscript is originally and well written in Academic Writing. This is very well conducted systematic reviews and I would like to congratulate investigators to make such a flawless manuscript.

Response: Thank you for your time reviewing our manuscript.