PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Acceptability of chronic liver disease screening in a UK primary care setting: A qualitative evaluation
AUTHORS	Knight, Holly ; Harman, David; Morling, Joanne; Aithal, Guruprasad; Card, Timothy; Guha, Indra; Bains, Manpreet

VERSION 1 – REVIEW

REVIEWER	vera yakovchenko VA, USA
REVIEW RETURNED	10-Jul-2020

GENERAL COMMENTS	Thank you for the opportunity to review this work on CLD and TE in a high risk population. -clarify inclusion criteria as 1 AND 2 OR 3; these groups are quite different in risk factors, educational needs, TE sensitivity, etc. might consider stratifying analyses -can you classify patients as obese or not given variable TE sensitivity based on BMI -can you specify reasons why 8 declined to participate and what their characteristics and TE results were as this may held elucidate a unique population -p8/line43 - please add details on what types of questions were asked -please describe the type of education provided pre TE depending on risk factors, and following TE results -liver disease risk awareness theme could be presented first instead of third; did patients know why they were being screened? -p16/line56 - does "so he did." Refer to packing up drinking? -recall bias is likely a significant issue given the time span between TE and interview. Please clarify if there had been liver care in the intermediate time period

REVIEWER	Tina Reinson University of Southampton, UK
REVIEW RETURNED	30-Jul-2020

GENERAL COMMENTS	Would it be possible to include in Table 1 the BMI's of the patients that were interviewed? This information is useful in understanding how representative the characteristics of the patients were in terms of the original study (ref 9). Patients with a BMI >30 will have a difference experience of TE than patients whose BMI is <30. The sample of patients interviewed either had T2D or Alcohol as a

	risk factor. Did the researchers invite any the participants with persistently elevated ALT liver function to interview? Their experiences of being invited for a liver check and then receiving a liver stage diagnosis will be different to patients with 'known' diseases like T2D or Alcoholism.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

4. Clarify inclusion criteria as 1 AND 2 OR 3; these groups are quite different in risk factors, educational needs, TE sensitivity, etc. might consider stratifying analyses

We have attempted to clarify the inclusion criteria in the text. Our aim was to collectively represent those undergoing TE for CLD risk stratification. Given the small sample sizes with qualitative work we were unable to formally stratify analyses, however any thematic differences between risk factors are reported.

5. Can you classify patients as obese or not given variable TE sensitivity based on BMI

Unfortunately, we did not collect patient BMI's as part of this qualitative process evaluation. However, we have added to the clinical implications section to reflect this:

"Given that patient experiences of undergoing TE in the community will likely be impacted by BMI, future studies should address the subjective experience of patients with a range of BMIs."

6. Can you specify reasons why 8 declined to participate and what their characteristics and TE results were as this may held elucidate a unique population

We have included the reasons behind why 8 declined to participate in the results section:

"Eight declined participation, of whom seven declined due to time limitations and one could not remember undergoing TE"

Unfortunately we do not have a record of the characteristics of those who declined and have noted this as a limitation:

"Additionally, the characteristics of the individuals who declined to participate were not stored following their decline. As a result, it is possible that those who chose not to participate were inherently different to those who participated."

7. P8/line43 - please add details on what types of questions were asked

We have included the interview guide as supplementary material.

8. Please describe the type of education provided pre TE depending on risk factors, and following TE results

We have elaborated on this in the study design and setting section.

“Prior to undergoing TE, patients were provided with information about the TE procedure. Following TE, all patients received lifestyle advice from the nursing staff and a British Liver Trust ‘Looking After Your Liver’ leaflet, regardless of TE result or risk factor.”

9. Liver disease risk awareness theme could be presented first instead of third; did patients know why they were being screened?

We have now presented this theme first rather than third.

10. P16/line56 - does "so he did." Refer to packing up drinking?

We have removed this portion of the quote for clarity, as the quote primarily explores the use of the term alcoholic.

11. Recall bias is likely a significant issue given the time span between TE and interview. Please clarify if there had been liver care in the intermediate time period

We have added the possibility of recall bias into the limitations section.

“It is possible that engagement with other liver disease services during the period between TE and interview may have impacted participant recall. Those diagnosed with cirrhosis will have been referred to secondary care Hepatology services with the remainder returned to primary care. However, we noted no differences in the identified main themes between risk groups, just in the subtheme relating to immediate response to the result.”

Reviewer: 2

12. Would it be possible to include in Table 1 the BMI's of the patients that were interviewed? This information is useful in understanding how representative the characteristics of the patients were in terms of the original study (ref 9). Patients with a BMI >30 will have a difference experience of TE than patients whose BMI is <30.

Unfortunately, we did not collect patient BMI’s as part of this qualitative process evaluation. However, we have added to the clinical implications section to reflect this:

“Given that patient experiences of undergoing TE in the community will likely be impacted by BMI, future studies should address the subjective experience of patients with a range of BMIs.”

13. The sample of patients interviewed either had T2D or Alcohol as a risk factor. Did the researchers invite any the participants with persistently elevated ALT liver function to interview? Their experiences of being invited for a liver check and then receiving a liver stage diagnosis will be different to patients with 'known' diseases like T2D or Alcoholism.

Unfortunately, we were unable to recruit individuals without these risk factors into the qualitative study. However, individuals in the original study predominantly reported either T2DM or hazardous alcohol use risk factors, with only 13 participants (approx. 3% of sample) demonstrating elevated liver enzymes without an apparent risk factor. Thus we believe the sample in our qualitative process evaluation is representative of most individuals who will enter into the pathway.

VERSION 2 – REVIEW

REVIEWER	Vera Yakovchenko Department of Veterans Affairs, USA
REVIEW RETURNED	15-Sep-2020

GENERAL COMMENTS	The reviewer completed the checklist but made no further comments.

REVIEWER	Tina Reinson University of Southampton, UK
REVIEW RETURNED	03-Sep-2020

GENERAL COMMENTS	Thank you for addressing the concerns I had.