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Title	Which specialties perform temporal artery biopsies? A 10-year review from Ontario, Canada
Authors	Jonathan A. Micieli MD CM, Robert Micieli, Edward A. Margolin MD
<b>Reviewer 1</b>	Dr. Marshall Goodwin
Institution	Queen's, Family Medicine
General comments (author response in bold)	<p>This study provides new data on the rates of TAB being done in Ontario, where they are being done, and who is doing them. This has implications for training programs, as you suggest.</p> <p>1. However I am uncertain about the validity of how you determined the rates of positive TABs and then how this was used to estimate the population rates for GCA. Presumably a biopsy is done because of a clinical suspicion of GCA, in areas where GCA is actually higher, there would be more clinical suspicion and the pre-test probability would be higher. Yet in that area the estimate of the positive-TAB rate would be based on the data from Ottawa which might be higher or lower than in the area in question. This introduces potential error in both directions. A justification for how this process is a reasonable estimate for the whole of Ontario needs to be defended.</p> <p><b>Response:</b> We have changed the paper in accordance with this suggestion.</p>
<b>Reviewer 2</b>	Robert Campbell
Institution	Queen's University, Ophthalmology
General comments (author response in bold)	<p>The authors used the Intellihealth medical services database to measure the number of temporal artery biopsies in Ontario, Canada between 2002 and 2013. This data was combined with data from other studies to estimate the rate of GCA in Ontario.</p> <p>In a second analysis, the type of specialist performing the biopsy and the geographic location (of the procedure) were also assessed.</p> <p>The authors found that the rate of temporal artery biopsy has been fairly stable in Ontario over the study period.</p> <p>Three specialties, specifically, plastic surgery, ophthalmology and general surgery provide most of the biopsies in Ontario. General surgeons provide a greater proportion in areas with smaller populations.</p> <p>General comments:</p> <p>1. The results of the study are consistent with what is known about providers of temporal artery biopsy, with general surgeons playing a larger role in areas with lower populations. In Ontario LHIN boundaries are virtual and patients flow across boundaries to receive care in neighboring LHINs. This influences the interpretation of population effects and location effects observed, and the authors should comment on this.</p> <p><b>Response:</b> We commented on this in the Limitation section of the Interpretation.</p> <p>2. The attempt to estimate GCA rates from biopsy rate is fraught with difficulty. The positive biopsy rate will vary greatly from physician to physician and center to center and the estimates are very rough at best. The discussion concerning why rates would vary from other populations likely over-interprets the results given the methodologic limitations.</p> <p><b>Response:</b> We have changed the paper in accordance with this suggestion.</p> <p>3. The discussion concerning residency training is not well supported by the data. The number of cases required for competency is not discussed. The volumes at a population level may not correlate well with the numbers that residents actually do in any given center. Directly working with residency programs and residents would be a better way to study such questions.</p> <p><b>Response:</b> We have changed the wording with respect to this point and we have made the major focus of the paper establishing which specialties play a major role. This can then be used as a stimulus to ensure these programs have some sort of formal training with regards to temporal artery biopsies.</p> <p>Minor points:</p> <p>1. There are aspects of the methods that are included in the results.</p> <p>2. There are also aspects of the discussion that are included in the results</p>