

Peer Review File

Article information: <https://dx.doi.org/10.21037/gpm-23-22>

Reviewer A

Interesting survey and definitely a needed update since the last time the study was conducted was 2003

would be better if there was more substantial statistical analysis rather than straight presentation of results

Should expand further on response rates by female vs male respondent stratification, since they seemed to have significant differences

for example, were the females who responded younger on average? were they more satisfied with training about SD?

simple statistical analysis such as relative rate would also add insight

this could be done in an additional table as well

Reply: The authors appreciate your review and suggestions. In response, we have performed additional logistic regression analyses and added Table 3 to better demonstrate any potential differences in males versus females.

Changes in text: Please refer to the “results by participant gender” subheading in the Results section and new Table 3.

Reviewer B

Thank you for taking on this research question and project evaluating practice patterns for FSD.

A few points:

Comment 1: If you asked participants about their gender, then it would be more appropriate to use the term 'woman' than 'female.' Consider updating throughout.

Reply 1: While we do understand and appreciate the reviewer’s comment on “woman” vs “female”, in order to maintain consistency between the the terms female/male in the original survey and our current manuscript, we chose to use the term “female” throughout the manuscript.

Comment 2: FSD is defined as a sexual problem accompanied by distress. Did you ask about both of these components (problem + distress)? If not, then you are assessing if clinicians are screening for sexual problems (not FSD) and that should be clarified in the text.

Reply 2: We did ask about sexual problems and distress, and this information can be found in Appendix 1. Question 9 of the survey inquires about both problems and distress and the type of

questions patients are asked. Additionally, the questions used were identical to the initial survey, and for consistency and comparison purposes we kept the questions the same.

Comment 3: please consider using a different term than provider throughout (clinician, or health care practitioner) - [https://www.mayoclinicproceedings.org/article/S0025-6196\(22\)00126-4/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(22)00126-4/fulltext)

Abstract

Reply 3: We appreciate the suggestion to use a term other than provider.

Changes in text: The term “provider” has been updated to “clinician” throughout the text.

Comment 4: Please clarify this statement in the results " In regards to post residency training, 52% were less than satisfied,

50 significantly improved compared from 71% ($p < 0.001$)." less satisfied with what?

Reply 4: We appreciate the reviewer’s comments that this statement needs clarification.

Changes in text 4: The abstract has been rewritten to match the percentages listed in line 52 in the Abstract.

Comment 5: "females were more likely to screen for FSD" more likely than who? You need to include your comparator group throughout your abstract (and manuscript) including in the next two lines of the abstract.

Reply 5: In the study, female clinicians are being compared to males in the analysis.

Changes in text 5: The phrase “compared to males” has been added throughout the text and abstract to clarify the terms “females” and “males” . comparison

Comment 6: the conclusion in your abstract starts by saying that screening patters have remained unchanged, but all of your results were pointing out differences. You'll need to make sure your results section sets up your conclusion.

Reply 6: We appreciate this comment and agree with the reviewer.

Changes in text: The abstract and first line of the discussion have been changed to “minimally improved” instead of “unchanged” in Line 56.

Comment 7: what is a phone application? applying for what?

Reply 7: We are referring to a smartphone application. For example, “WhatsApp” is a phone application. The term “smartphone application” is used initially in the Methods section. The administered survey used the term “phone app”, so for consistency we used this phrase throughout the text.

Introduction:

Comment 8- include a definition of FSD in your introduction

Reply 8: Thank you for highlighting this. The DSM definition has been added for clarity.

Changes in text 8: Please refer to introduction (lines 130-135) for addition of definition of FSD.

Comment 9 - you cite prevalence of FSD in your intro, but do not clarify that the prevalence is lower when distress is included (an important component to the diagnosis of FSD). Please include Dr. Jan Shifren's citation here to support your intro

(Sexual Problems and Distress in United States Women: Prevalence and Correlates

Shifren, Jan L. MD1; Monz, Brigitta U. MD2; Russo, Patricia A. PhD3; Segreti, Anthony PhD4; Johannes,

Catherine B. PhD5

Obstetrics & Gynecology:

November 2008 - Volume 112 - Issue 5 - pp 970-978)

Reply 9: We appreciate the reviewer's comment about the difference in prevalence of sexual dysfunction, with and without distress; however, we chose to include more recent citations as generally journals prefer references within the prior ten years.

Comment 10-"The study found that the

95 majority of responding physicians underestimated the prevalence of FSD with only 22% of 96 practitioners indicating that they always screened for FSD," this is a bit of a run on and separate comments - consider separating the underestimation of FSD with the percent that screen (unless those are meant to be together)?

Reply 10: We thank the reviewer for this suggestion.

Changes in text 10: The manuscript has been updated to separate the sentences (line 145).

Comment 11- Your objective was to evaluate current practice patterns, beliefs and attitudes by administering a survey (the objective was not to administer the survey). This sentence needs to be updated.

- you say ' to determine whether this has improved' what is 'this?' spell it out here - be more specific

Reply 11: We appreciate the reviewer's comment.

Changes in text 11: The final paragraph of the Introduction section has been updated (lines 148-151)

Comment 12: please define what a phone application is?

Reply 12: Please see response to comment 7

Results

Comment 13- You need to include a response rate (or explain why you can't in your paper). you talk about a low response rate in your limitations - include those rates in your results too.

Reply 13: We agree with the reviewer that the response rate should be included.

Changes in text 13: The Results section has been updated to reflect this (line 182) .

Comment 14- consider subheadings for your results (e.g. results by participant gender, etc..) It'll make it easier to follow.

Reply 14: We agree that subheadings in the Results section would be helpful.

Changes in text 14: Subheadings for clarity have been added to the results section.

Discussion:

Comment 15- similar to your abstract, i feel like your first line of your discussion is not supported or set up well by how you present your results. Please highlight why these things are unchanged in your results to set up your conclusion better.

Reply 15: We agree that the discussion did not support the results as previously written.

Changes in text 15: The first line of the discussion has been changed to “minimally improved”. (Line 235)

Comment 16- in the second line, add ' reported' before common barrier - since this is self reported from your participants

Reply 16: We thank the reviewer for highlighting this.

Changes in text 16: The word “reported” has been added for clarification. (Line 235)

Comment 17- there is a lot to unpack in your first paragraph of your discussion. i recommend you consider separating those thoughts (time constraints and training - those can both justify stand alone paragraphs). In fact, it may be best to make those separate paragraphs AFTER an initial paragraph broadly summarizing your results and comparing it the past literature (e.g. Similar to the prior survey, clinicians are not screening women for sexual problems. This is consistent with prior literature that demonstrates screening rates are low (cite)...etc...).

Reply 17: We agree with the reviewer’s comments regarding the need for clarification it the Discussion section.

Changes in text 17: The first paragraph of the Discussion section has been separated into two standalone paragraphs for easier reading.

Comment 18- Is it interesting that women physicians are more likely to screen for FSD than their man counterparts? I think that makes sense and is supported by other literature. Gender congruence in physician patient relationships had been found to lead to better outcomes in some settings. You could extrapolate that here.

Reply 18: We agree that further discussion needed to be included to the prior discussion paragraph about differences in male vs female physicians for clarity.

Changes in text 18: We have added a paragraph to the Discussion section (lines 245-258)

Comment 19- Line 188, what part of your results demonstrated the need to incorporate more education and teaching? Be more explicit.

Reply 19: Thank you for this comment. We agree that line 188 needed to be more explicit.

Changes in text 19: This line has been edited: “given the persistently low rate of satisfaction in regards to FSD training”.