

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Individual Readiness for Transplantation Medicine of Laypersons and the Number of Deceased Organ Donors: A Cross-Sectional Online Survey in Japan, South-Korea and Taiwan
<b>AUTHORS</b>	Asai, Tomoko; Taniguchi, Yasuhiro; Tsukata, Yukiyoishi

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Tetsuo Yukioka Tokyo Medical University, Emergency Medicine
<b>REVIEW RETURNED</b>	29-Mar-2021

<b>GENERAL COMMENTS</b>	<p>This manuscript should be published in the journal of BMJ-open because of a following reason.</p> <p>In this manuscript, authors introduced a concept of “individual readiness” which represent not only a level of knowledge about a particular social event but also reflect people’s attitude toward the social event. Authors applied “individual readiness” to analyze popularity of transplant medicine using P/N ratio as a quantitative parameter. And they concluded that poor “individual readiness” of organ donation resulted in low number of organ donation. “Individual readiness” can be used in another medico-social situation such as “lockdown” for pandemic and in preparation of disaster. Since “individual readiness” reflect people’s attitude toward a social event, it may allow us to speculate social reaction toward a particular social event. In a search of a suitable preparation and/or enlightenment, it should be focused on to increase “individual readiness” toward a particular social event. In those studies, they need to have a quantitative parameter for evaluation of “individual readiness” as authors did so in this study to make it scientific.</p> <p>As so far I know, this is the first study in which authors used a concept of “individual readiness” directly in analysis of their theme. This is the main reason to be published in the journal.</p> <p>In this study, authors used web-based survey company and identify the company in a METHOD. A computer or web-based surveys, questions through internet, become more and more popular than it used be. It would be acceptable but what conditions of a company would be suitable for scientific survey rather than business marketing.</p> <p>And here is a question. What conditions dose authors require to a company to let them to participate a part of their study?</p>
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<b>REVIEWER</b>	Brette Blakely Macquarie University Faculty of Arts, Philosophy Department
<b>REVIEW RETURNED</b>	31-Mar-2021

**GENERAL COMMENTS**

Thank you for the opportunity to review this paper which examines individual readiness for transplantation in three countries. The study used a research company to recruit 500 participants from each country to voluntarily complete a brief online survey. The survey involved demographic information followed by questions about interest and willingness around transplantation along with some Likert scale questions about the benefits to organ donation and possible incentives. Overall, the paper honestly reports its methods and results and is generally well expressed. However, there are some unexplained questions around the actual aim of the paper and what it contributes of novel use to the literature and field more broadly. Furthermore, there are questions regarding the methods, especially the structure of the survey and interpretation of the results which need clarification or further work. The following comments are made to support the authors in considering the contribution of their work and improving the design of future studies.

**Abstract:**

Is the research question or study objective clearly defined? No- You state your object as being focused on demonstrating the importance of individual readiness – however this seems to presuppose your main finding and also you do not investigate any other factors. See first point in Introduction section for further feedback on this point.

Is the abstract accurate, balanced and complete? No – Please define ADODR at first use. See the point regarding clarity of study aim, and also consider further details regarding study limitations.

**Strength as and limitations:**

- It seems you sample through one research company but do not note the potential limitations of this approach

**Introduction:**

Pg 4 ln 36-42 “When people have individual readiness for transplant medicine, starting with knowledge and understanding of organ donation and transplantation policies, they will demonstrate an interest and a positive attitude toward organ donation and transplantation.” This suggests that the correlation between awareness/familiarity and individual positive attitudes is already established which begs the question as to what you hoped to gain from your study and the level of novelty in your findings.

Pg 4 line 51 – how did you determine social readiness of the countries? Similar policies? Similar levels of transplant medicine expertise?

Page 4 ln 58 you say a public online survey but suggested in the abstract they were all affiliated with one research company – this is confusing. Your survey was not, it fact made open to free public enrollment.

Pg 5 ln 6-10 “Our working hypothesis was that differences in individual readiness with identical social readiness might be compatible with the difference in ADODR among the three countries.” This implies your actual aim was to determine if the lower ADODR could be attributed to personal attitudes or another factor? Which is not what you say in your abstract. Also in order to achieve this you would need a different method, one that examined other potential barriers to a higher ADODR.

Pg 5 ln 20 “In this study, we surveyed peoples’ interests and

	<p>attitudes toward transplant medicine,” Your survey has very few questions probing these ideas. A more comprehensive survey asking baseline knowledge and familiarity and then more in depth about concerns or impressions of transplant medicine would better achieve such an aim.</p> <p>Methods: Your description of country selection is more clear here. I suggest you weave in some of this clarity sooner.</p> <p>Pg 6 In 27-47It is not clear the potential effects of participant recruitment through this company – you say the same pool is balanced and targeted, but how do their registered populations compare or represent their respective county demographics? Are participants paid for participation? Are there any benefits to participants for participating?</p> <p>Are the demographic questions asked in the survey just to balance the group? Did you survey more than 500 in each category and then only sue the 500 that were balanced?</p> <p>Is the study design appropriate to answer the research question? No -</p> <p>Pg 6 In 49 “We investigated their interest in transplant medicine because interest could be a basic component of positive attitudes toward organ donation and transplantation.” This sentence again suggest you have already determined our finding and secondly, you do not really investigate their interest, you ask for a very narrow self assessment of interested or not.</p> <p>The discussion around interest and willingness needs clarification. Also what constitutes interest in transplant medicine is unclear. Furthermore there are two paragraphs starting p7 In 13 and In 24 seem repetitive but also unclear. How were respondents with mixed answers scored? For example who answered yes to willing to donate but not receive? How were unsure treated?</p> <p>Also missing is reference to the questions regarding attitudes to compensation for donation. The question regarding whether incentives are fair also needs clarification. Is this asking if the existing compensation is sufficient, or if the idea of some level of compensation would, in theory be supported? Furthermore, if it is about existing incentives, are those clearly understood by participants? The lack of questions in the survey to get a baseline of the participants’ familiarity with transplantation makes such questions and responses difficult to interpret.</p> <p>Are research ethics (e.g. participant consent, ethics approval) addressed appropriately? No - What ethics approval sought or deemed unnecessary for this study?</p> <p>Results: The results are well laid out in the tables but the interpretation and relevance of each set of data is not very clear.</p> <p>What is the interpretation of the other factors of the demographics? Are they representative?</p> <p>How is interest in transplantation medicine defined? How familiar are</p>
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	<p>respondents with incentives for transplantation in their countries? Do they vary at all by country? What, if anything is made of respondents who where unsure or had mixed responses (P/N)?</p> <p>Discussion: Your first finding is hard to interpret as it is unclear what interest in transplantation medicine means. From your discussion it becomes a bit more clear how you are conceiving of interest – I believe from your description of the role of the media and ‘public readiness’ that it is more along the lines of familiarity with/knowledge of/exposure to which may in fact be more passive than the term ‘interest’ implies. A media campaign to raise awareness of transplantation and educate the public about it may not make people actively interested but none the less increase their knowledge and positive attitudes. I suggest you review your use of terms and consider which terms are accurate to the original Japanese terms.</p> <p>Also, without an understanding of the baseline reasons for people selecting yes for having an interest, it is hard to know if those countries already have higher awareness of transplantation. The discussion of moral sentiment and knowledge could be more informed had this information been collected.</p> <p>I think some clarity could be gained though an understanding of the work you think the P/N ratio can do. If it is equivalent to the ADODR then what is the purpose? I would suppose that it can be used either to determine if that is the highest contributor in any given jurisdiction, so if the P/N is not related to the ADODR then another factor might be influencing actual donation rates? Or as an early indicator to understand public sentiment before the effects are seen in the ADODR? What do you see as the benefit of the P/N ratio?</p> <p>Conclusion: It does not seem surprising, especially given statements like that of Siiri Oviir, that policies need to consider individual sentiments. I think the authors need to better express how their study contributes a novel element. Furthermore, they should outline how the P/N is anything more than a measure of general public sentiment and how it can offer more information or insight compared to the ADODR if they are, in fact, linked.</p>
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**VERSION 1 – AUTHOR RESPONSE**

*Reviewer: 1*

*Prof. Tetsuo Yukioka, Tokyo Medical University*

*Comments to the Author:*

*This manuscript should be published in the journal of BMJ-open because of a following reason.*

*In this manuscript, authors introduced a concept of “individual readiness” which represent not only a level of knowledge about a particular social event but also reflect people’s attitude toward the social event. Authors applied “individual readiness” to analyze popularity of transplant medicine using P/N*

*ratio as a quantitative parameter. And they concluded that poor “individual readiness” of organ donation resulted in low number of organ donation. “Individual readiness” can be used in another medico-social situation such as “lockdown” for pandemic and in preparation of disaster. Since “individual readiness” reflect people’s attitude toward a social event, it may allow us to speculate social reaction toward a particular social event. In a search of a suitable preparation and/or enlightenment, it should be focused on to increase “individual readiness” toward a particular social event. In those studies, they need to have a quantitative parameter for evaluation of “individual readiness” as authors did so in this study to make it scientific.*

*As so far I know, this is the first study in which authors used a concept of “individual readiness” directly in analysis of their theme. This is the main reason to be published in the journal.*

We are happy and honored by the appreciation of Reviewer 1 for our study. He carefully analyzed our study and correctly identified its essence.

*In this study, authors used web-based survey company and identify the company in a METHOD. A computer or web-based surveys, questions through internet, become more and more popular than it used be. It would be acceptable but what conditions of a company would be suitable for scientific survey rather than business marketing.*

*And here is a question. What conditions dose authors require to a company to let them to participate a part of their study?*

This is an important question indeed. We have been careful in the selection of the survey company. Our selection criteria were: (1) sufficient experience in the participation in research activities, (2) sufficiently large panels, (3) international representation, (4) well-established and easily accessible in the region of interest. Based on these criteria, we chose the company Cross Marketing Inc., because of: (1) >300 academic research activities annually, (2) >4.5 million panels of their own in Japan, (3) a global network for online surveying, (4) it is one of the biggest research companies in Japan and easy to assess on their website (<https://www.cross-m.co.jp/en/>).

*Reviewer: 2*

*Prof. Brette Blakely, Macquarie University Faculty of Arts*

*Comments to the Author:*

BMJ Open

*Individual Readiness for Transplant Medicine: A Survey of 1,500 People in Three Countries*

*Thank you for the opportunity to review this paper which examines individual readiness for transplantation in three countries. The study used a research company to recruit 500 participants from each country to voluntarily complete a brief online survey. The survey involved demographic information followed by questions about interest and willingness around transplantation along with some Likert scale questions about the benefits to organ donation and possible incentives. Overall, the paper honestly reports its methods and results and is generally well expressed.*

We are grateful to Reviewer 2 for the very careful analysis of our manuscript and derive pride from her statement that our reporting is honest and generally well expressed.

*However, there are some unexplained questions around the actual aim of the paper and what it contributes of novel use to the literature and field more broadly. Furthermore, there are questions regarding the methods, especially the structure of the survey and interpretation of the results which need clarification or further work. The following comments are made to support the authors in considering the contribution of their work and improving the design of future studies.*

We appreciate the detail with which Reviewer 2 has checked our manuscript. Many of her comments are very valid and helped us to substantially improve the manuscript.

*Abstract:*

*Is the research question or study objective clearly defined? No- You state your object as being focused on demonstrating the importance of individual readiness – however this seems to presuppose your main finding and also you do not investigate any other factors. See first point in Introduction section for further feedback on this point.*

Reviewer 2 is correct in that we should have described this more carefully. We have now changed relevant sentences in the Abstract and Introduction. In the Abstract, it now says, to make clear that in transplantation medicine “individual readiness” is a new concept:

“This study was designed to investigate the importance of “individual readiness,” a here introduced novel concept in transplantation medicine and a measure of positive attitudes toward organ donation and transplantation.”

*Is the abstract accurate, balanced and complete? No – Please define ADODR at first use. See the point regarding clarity of study aim, and also consider further details regarding study limitations.*

Reviewer 2 is right.

We have now defined ADODR at first use.

For making the study aim clearer, besides the Abstract change mentioned above, we have made several additional changes to make the Abstract text clearer and more concise (see the marked copy version of our revised manuscript).

As also requested by the Editor, we have now more carefully expressed the major limitations of our study in the section “Strengths and limitations of this study.”

*Strength as and limitations:*

*- It seems you sample through one research company but do not note the potential limitations of this approach*

Reviewer 2 is correct that this is a limitation, and the company issue has also been raised by Reviewer 1. We have now added this concern to the Discussion section, where it is listed as one of the limitations:

“(5) Our study relied on the trustworthiness of a single survey company.”

Since we were very careful in selecting this company (see our response to Reviewer 1), we like to think that this risk is only theoretical (and not one of the major limitations of our study).

*Introduction:*

*Pg 4 In 36-42 “When people have individual readiness for transplant medicine, starting with knowledge and understanding of organ donation and transplantation policies, they will demonstrate an interest and a positive attitude toward organ donation and transplantation.” This suggests that the correlation between awareness/familiarity and individual positive attitudes is already established which begs the question as to what you hoped to gain from your study and the level of novelty in your findings.*

As stated above (when discussing the Abstract), we should have expressed this matter more carefully indeed, and have now changed the relevant sentence in the Introduction to:

“However, in the present study, we introduce the concept of individual readiness in transplantation medicine as having a positive attitude toward organ donation and transplantation. Adequate individual readiness by the majority of individuals would provide public support for transplantation medicine.”

*Pg 4 line 51 – how did you determine social readiness of the countries? Similar policies? Similar levels of transplant medicine expertise?*

In the Introduction section we had already described in general terms what we understood as social readiness in transplantation medicine: “In transplantation medicine, social readiness includes organ transplant acts, a national organ allocation system, brain death declaration for organ donors, transplant centers, skillful transplant professionals, healthcare insurance systems, and other infrastructure.”

In the Methods section, we also had already described several social features that are similar between the three investigated countries. However, Reviewer 2 is right that more information may be helpful, and we have now additionally added to the Methods section the following:

“We selected three countries for this study—Japan, South Korea, and Taiwan—because of the similarity in social readiness, such as organ transplant acts, transplant centers, and performance of organ transplant as ordinary medical care, and additional reasons:”

*Page 4 In 58 you say a public online survey but suggested in the abstract they were all affiliated with one research company – this is confusing. Your survey was not, it fact made open to free public enrolment.*

We acknowledge that our description “online public survey” might be interpreted in various ways. However, in the Methods section, we give a very clear description of the methodology, so everyone with an interest in this matter can easily find out how our study was performed. We feel that trying to be more accurate in the Introduction section would take too much space and break the text-flow of that section since any short description could easily be misinterpreted.

*Pg 5 In 6-10 “Our working hypothesis was that differences in individual readiness with identical social readiness might be compatible with the difference in ADODR among the three countries.” This implies your actual aim was to determine if the lower ADODR could be attributed to personal attitudes or another factor? Which is not what you say in your abstract. Also in order to achieve this you would need a different method, one that examined other potential barriers to a higher ADODR.*

We understand the points made by Reviewer 2.

To be clearer and more consistent, the Abstract now says (as mentioned above):

“Objectives: The gap between the numbers of organ donors and recipients is a common problem worldwide. This study was designed to investigate the importance of “individual readiness,” a here introduced novel concept in transplantation medicine and a measure of positive attitudes toward organ donation and transplantation.”

Although not identically phrased and not focusing on the same aspects of the study goal, we believe this to be in agreement with the now slightly changed version of the above-mentioned sentence in the Introduction which now says:

“Our working hypothesis was that differences in individual readiness may, at least partially, explain the difference in ADODR among these three countries with similar social readiness.”

Our study has not been designed to estimate the effects of other factors on ADODR. To stress that we are aware that our simple study cannot be all-explanatory, the above sentence now includes “at least partially.” We prefer to not discuss other possible factors besides social readiness and individual readiness that may affect ADODR, as such discussion would only be vague and speculative and, in our opinion, not be helpful.

*Pg 5 In 20 “In this study, we surveyed peoples’ interests and attitudes toward transplant medicine,” Your survey has very few questions probing these ideas. A more comprehensive survey asking baseline knowledge and familiarity and then more in depth about concerns or impressions of transplant medicine would better achieve such an aim.*

The Reviewer is right that the plural of the word “interests” is not justified by our experimental approach. Therefore, we have now changed the sentence to:

“In the present study, we surveyed whether people were interested in—and how their attitudes were toward—transplantation medicine, as these are thought to be an expression mode of individual readiness.”

We did not aim to investigate knowledge or familiarity. It is debatable and complicated how a knowledge test result would represent interest, and in our study we preferred the simplicity of the self-assessment of being interested.

We see our study as a start, introducing a new concept. Later studies can go more in depth to further dissect which parts of the interest and attitudes are most relevant for ADODR.

*Methods:*

*Your description of country selection is more clear here. I suggest you weave in some of this clarity sooner.*

The Reviewer is right.

In the Introduction, we now mention the three investigated countries and explain that more details about their similarities can be found in the Methods section. It now says in the Introduction:

“In this study, we conducted an online public survey to determine the individual readiness in the three neighboring countries Japan, South Korea, and Taiwan. These three selected countries have a similar social readiness but exhibit large differences in the numbers of donated organs from the deceased (actual deceased organ donors rate per million population, ADODR; the worldwide index to compare the development of organ donation) (for details see the METHODS section).”

As mentioned above, in the Methods section, we have now added a few more arguments for considering the three countries as having a similar social readiness.

*Pg 6 In 27-47 It is not clear the potential effects of participant recruitment through this company – you say the same pool is balanced and targeted, but how do their registered populations compare or represent their respective county demographics? Are participants paid for participation? Are there any benefits to participants for participating?*

We understand the concern of the Reviewer. Online survey companies have details of their members' demographics and other characteristics that are used to profile target samples. Their panels include individuals of all profiles with regard to gender, age, place to live, household composition and so forth, making it feasible to target specific participants effectively. The panel is constructed to be nationally, as well as regionally, representative. The company uses proprietary software informed by census data in order to generate a representative sample of the population. Participants are not given monetary compensation but receive some points for their participation that can be used to purchase certain goods. This type of conditions is common among online panel surveys, such as for example those used in articles in BMJ-open (Moodie CS, et al. BMJ Open 2018;8:e019662. doi:10.1136/bmjopen-2017-019662, Shapiro GK, et al. BMJ Open 2017;7:e017814. doi:10.1136/bmjopen-2017-017814). In summary, although, generally speaking, it may be impossible to get a perfect representable panel of respondents, our study agrees with professional standards.

*Are the demographic questions asked in the survey just to balance the group? Did you survey more than 500 in each category and then only use the 500 that were balanced?*

We believe that 500 respondents per country allows for statistically significant analysis. In Japan, there are 88 million people who are 18-75 years old, which implies that for achieving a confidence level of 95%, and a margin of error of 5%, 385 respondents were needed. Therefore, we considered 500 per country to be more than enough.

Only data for the first 500 participants per country that answered the questionnaires were analyzed in our study, thus the 500 were not selected from a larger set of respondents.

*Is the study design appropriate to answer the research question? No –*

*Pg 6 In 49 “We investigated their interest in transplant medicine because interest could be a basic component of positive attitudes toward organ donation and transplantation.” This sentence again suggest you have already determined our finding and secondly, you do not really investigate their interest, you ask for a very narrow self assessment of interested or not.*

We hope that the Reviewer can agree with us that in responding to the preceding comments, we have already improved the descriptions of our study design. As for the here addressed individual sentence, we cannot see it the way the Reviewer does. However, we do agree that the investigation in the

respondents' interest only concerned a very narrow self-assessment. To make that very clear, we have now added the sentence:

“To assess their interest in transplantation medicine, the participants were asked: “Are you interested in organ transplantation?””

*The discussion around interest and willingness needs clarification. Also what constitutes interest in transplant medicine is unclear.*

We now have specified all the questions of the survey. It may be simple, and a more in depth analysis may be done in the future (see above), but we believe that after following the suggestions by Reviewer 2 all the descriptions are now very clear.

*Furthermore there are two paragraphs starting p7 In 13 and In 24 seem repetitive but also unclear. How were respondents with mixed answers scored? For example who answered yes to willing to donate but not receive? How were unsure treated?*

We agree with the Reviewer that we should have been more articulate about this. In the Methods section, we have now added the sentence:

“The respondents with combinations of answers that fitted in neither category were not included in the calculation of the P/N ratio (and not considered for the estimation of individual readiness).”

For privacy reasons we are prohibited from showing all individual data, even if anonymous. However, in Supplementary Tables 2, we have now added information on the frequencies of answer combinations by participants that are not highlighted in our main text.

*Also missing is reference to the questions regarding attitudes to compensation for donation. The question regarding whether incentives are fair also needs clarification. Is this asking if the existing compensation is sufficient, or if the idea of some level of compensation would, in theory be supported? Furthermore, if it is about existing incentives, are those clearly understood by participants? The lack of questions in the survey to get a baseline of the participants' familiarity with transplantation makes such questions and responses difficult to interpret.*

The Reviewer makes a good point. Japan has neither incentives nor compensation for organ donation and these are essentially absent in South-Korea and Taiwan as well. Therefore, it is unclear how the respondents have interpreted these questions, and we have now removed the discussion about incentives from our manuscript.

*Are research ethics (e.g. participant consent, ethics approval) addressed appropriately? No - What ethics approval sought or deemed unnecessary for this study?*

We thank the Reviewer for pointing this out. We have now added (Pg15):

“Ethics approval This study was ethically reviewed and approved by the ethics committee of Gifu University, Japan (Application No.29-290).”

In addition, study participants consented to Cross marketing Inc’s terms of use and privacy policy, which indicates that their data will be used anonymously for the research study. Participants provided informed consent before participating by being asked to read an explanatory text on the screen and provide their consent before answering the questionnaire by pushing “submit” to start (explained in METHODS, Pg6-7).

*Results:*

*The results are well laid out in the tables but the interpretation and relevance of each set of data is not very clear.*

We thank the Reviewer for her compliment on the layout of our tables. We hope that after improving the story-line in our manuscript (see many of our responses above) the interpretation of the data shown in the tables has become easier.

*What is the interpretation of the other factors of the demographics? Are the representative?*

See above. Yes, we believe that our panels formed a sufficiently representative part of their population.

*How is interest in transplantation medicine defined?*

See above (based on a simple self-assessment question).

*How familiar are respondents with incentives for transplantation in their countries? Do they vary at all by country? What, if anything is made of respondents who were unsure or had mixed responses (P/N)?*

See above. We have now deleted the incentives part from our manuscript.

*Discussion:*

*Your first finding is hard to interpret as it is unclear what interest in transplantation medicine means. From your discussion it becomes a bit more clear how you are conceiving of interest – I believe from your description of the role of the media and ‘public readiness’ that it is more along the lines of familiarity with/knowledge of/exposure to which may in fact be more passive than the term ‘interest’ implies. A media campaign to raise awareness of transplantation and educate the public about it may not make people actively interested but none the less increase their knowledge and positive attitudes. I suggest you review your use of terms and consider which terms are accurate to the original Japanese terms.*

The Reviewer is right that we should have been more explicit about the (very simple) concept of “interest” in our study and we have modified the manuscript accordingly (see above). Furthermore, besides now providing the English translation of all questions in the Methods section, we have now also added to the supplement the complete questionnaires used in our study in their Japanese, Korean, and Taiwanese languages. As explained in the Methods section, we have verified the correctness of the translations by having them reverse translated into Japanese.

*Also, without an understanding of the baseline reasons for people selecting yes for having an interest, it is hard to know if those countries already have higher awareness of transplantation. The discussion of moral sentiment and knowledge could be more informed had this information been collected.*

See above. We apologize for the confusion about the study's concept of "interest" and hope that the Reviewer can accept this simple (but also strong) concept now it is being better explained.

*I think some clarity could be gained though an understanding of the work you think the P/N ratio can do. If it is equivalent to the ADODR then what is the purpose? I would suppose that it can be used either to determine if that is the highest contributor in any given jurisdiction, so if the P/N is not related to the ADODR then another factor might be influencing actual donation rates? Or as an early indicator to understand public sentiment before the effects are seen in the ADODR? What do you see as the benefit of the P/N ratio?*

P/N is not equivalent to ADODR, but one of the factors (besides, for example, social readiness) that affect it. The benefit of the P/N ratio is that it is a simple but powerful tool for quantifying one of the important factors that determine ADODR, namely individual readiness. The P/N ratio will help with the analysis of ADODR.

*Conclusion:*

*It does not seem surprising, especially given statements like that of Siiri Oviir, that policies need to consider individual sentiments. I think the authors need to better express how their study contributes a novel element. Furthermore, they should outline how the P/N is anything more than a measure of general public sentiment and how it can offer more information or insight compared to the ADODR if they are, in fact, linked*

In order to increase the ADODR, we need to understand which factors affect it. We distinguished two levels of "individual sentiment," namely "interest" and "readiness," and showed that they were positively associated. Since individual readiness directly enhances ADODR (as supported by our study), it can be expected that stimulation of interest will also stimulate ADODR. Although the effects of individual attitudes on ADODR have been discussed previously, to the best of our knowledge the present study is the first to measure and quantify it in a simple and robust way that allows comparison between countries.

Reviewer 2 and we appear to have similar ideas on what is interesting but have different ideas of how to achieve this goal. We believe that the simplicity of our study allows it compare between different countries and that a simple P/N ratio is a very powerful tool for improving discussion of (how to increase) ADODR. Reviewer 2, however, seems to believe in a more elaborate approach based on

more questions and addressing more potential factors. We do not deny the possibility that such may be possible, but (instinctively) believe that increasing the complexity would make each statement weaker and eventually make our essay useless. We hope that Reviewer 2 allows us to have this difference of opinion and are looking forward to future studies proving our instinct wrong by showing that a more elaborate but nevertheless powerful approach is possible. Foremost, we hope that our study can be an inspiration for further analysis of factors that affect ADODR.