

December 10, 2025

Dr. Diana Corogeanu and Felix Busch
Editors, BMC Medicine

Re: Manuscript Revision 2

Dear Diana, Felix, and Reviewers

We wish to thank you for the positive feedback and valuable comments towards improving our manuscript, “Computer Assisted Verbal Autopsy: Comparing Large Language Models to Physicians for Assigning Causes to 6939 Deaths in Sierra Leone from 2019–2022”. We have provided revisions based on the requested formatting checks accordingly.

Please kindly find our responses to the editors and reviewers below.

Sincerely,

Professor Prabhat Jha, OC, MD, DPhil
Director, CGHR, University of Toronto
On behalf of Richard Wen and the co-authors

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Editor

Your manuscript, "Computer Assisted Verbal Autopsy: Comparing Large Language Models to Physicians for Assigning Causes to 6939 Deaths in Sierra Leone from 2019-2022", has now been assessed.

We are happy to report positive feedback from the reviewers and handling editor. We now invite you to perform formatting checks that ensure correct publication and indexing of your paper. When your revision is ready, please submit the updated manuscript and a point-by-point response. This will help us move to a swift decision.

Response 0.1: We are pleased to receive positive feedback and are happy to provide revisions based on the formatting checks. Kindly refer to our point-by-point responses below.

Formatting notes for authors

1. We are now able to include authors' BlueSky or X handles in the manuscript. If you or any of your co-authors would like to do this, please include the information in the Declarations section with the subheading 'Authors' social media handles', designating the platform and handle (eg "BlueSky: @name.bsky.social, X: @name")

Response 0.2: Thank you for the notice. We have included BlueSky social media handle @Countthedead for author Prabhat Jha in the subheading 'Author's social media handles' under the Declarations section.

2. Please ensure that the manuscript is uploaded as an editable text file (e.g. Word, .tex): PDFs are not permitted.

Response 0.3: We have provided the manuscript as an editable text file (Microsoft Word document) named *wen-et-al-2025-cava-rv2.docx*.

3. For clarity, an ideal markup for manuscripts would be to use an asterisk for Corresponding Authors and a hashtag for Equal Contributors, like as follows: Authors Author 1*, Author 2#, Author 3# *Corresponding author (Author1@gmail.com) #Equal contributors

Response 0.4: We have provided an additional asterisk for the author Richard Wen to signify his status as one of the corresponding authors.

4. Please only include one copy of your manuscript, uploaded as a manuscript file. Any additional supplemental versions of the manuscript should be removed.

Response 0.5: We have provided one copy of our manuscript named *wen-et-al-2025-cava-rv2.docx*. We have removed supplemental versions (tracked changes) of the manuscript.

5. Each file (whether main or Additional) should be mentioned in the main manuscript text in order.

Response 0.6: We have mentioned additional file 1 in the main manuscript text in Section 2.1, as "see Additional File 1". This is the only main or additional file for our manuscript.

6. Please ensure the references are in Vancouver style. Journal titles should be abbreviated as in the National Library of Medicine <https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>

Response 0.7: References are in Vancouver style with journal abbreviations. We note that we use Zotero reference software in the manuscript word document.

7. Please could you update the reference formatting to remove the extra details of Month of publication, date cited, and “Internet”. References should follow the format: Smith JJ. The world of science. Am J Sci. 1999;36:234-5. Further examples can be found on our website under the ‘Preparing your manuscript’ section.

Response 0.8: We have updated the reference formatting to remove the extra details of month of publication, date cited, and “Internet”.

8. Please make the following change to your Abstract subheadings: change ‘Conclusion’ to ‘Conclusions’.

Response 0.9: We have changed the abstract subheading from ‘Conclusion’ to ‘Conclusions’.

9. Please make the following change to your section subheadings: change ‘Conclusion’ to ‘Conclusions’.

Response 0.10: We have changed the section subheading from ‘Conclusion’ to ‘Conclusions’.

10. Please provide a list of all the abbreviations used in the manuscript. Please place this list just before the Declarations section. If abbreviations are used in the text, they should be defined in the text at first use and included in this list.

Response 0.11: We have provided a list of all the abbreviations used in the manuscript. Abbreviations were defined in the text at first use and included in this list. This list was moved from inside the Declarations section to just before the Declarations section.

11. Additional files should be uploaded as a “Supplementary” file type in the system.

Response 0.12: *Additional file 1.csv* was uploaded as a “Supplementary” file type in the system. This is the only additional file for this manuscript.

12. The “Competing Interests” section of the Declarations should include any relevant competing interests, or state “The authors declare that they have no competing interests”. See here for our editorial policies and a full explanation of competing interests.
<https://www.biomedcentral.com/getpublished/editorial-policies#CompetingInterests>

Response 0.13: We have revised the “Competing Interests” section of the Declarations to state “The authors declare that they have no competing interests”.

13. Please make the following change to your Declarations subheadings: change ‘Availability of data and materials’ to ‘Data Availability’.

Response 0.14: We have changed the Declarations subheading to ‘Data Availability’.

14. We have noted that the author, Patrick Brown and he’s initial PB, is missing in the listed authors’ contributions. The individual contributions of all authors to the manuscript should be specified in

the Authors' Contributions section. Guidance and criteria for authorship can be found here:
<http://www.biomedcentral.com/submissions/editorial-policies#authorship>

Response 0.15: We have included our co-author, Patrick Brown with initial PB, more directly in the listed author's contributions by stating "PB provided statistical domain guidance and feedback".

- 15.** BMC requires that all publicly available datasets be fully referenced in the reference list with an accession number or unique identifier such as a digital object identifier (DOI). For previously published datasets, we ask authors to cite both the related research articles and the datasets themselves. An author list and title for the dataset should be included in the data citation, and should reflect the author(s) and dataset title recorded at the repository. If an author or title is not recorded by the repository, these should not be included in the data citation. The name of the data-hosting repository, URL to the dataset and year the data were made available are required for all data citations. For DOI-based (e.g. figshare or Dryad) repositories the DOI URL should be used. For repositories using accessions (e.g. SRA or GEO) an identifiers.org URL should be used where available. Please refer to the following examples of data citation for guidance: -Zhang, Q-L., Chen, J-Y., Lin, L-B., Wang, F., Guo, J., Deng, X-Y. Characterization of ladybird Henosepilachna vigintioctopunctata transcriptomes across various life stages. figshare
<https://doi.org/10.6084/m9.figshare.c.4064768.v3> (2018). -Barbosa, P., Usie, A. and Ramos, A. M. Quercus suber isolate HL8, whole genome shotgun sequencing project. GenBank
<https://identifiers.org/ncbi/insdc:PKMF00000000> (2018).

Response 0.16: We have mentioned a reference to our publicly available data for reproducing figures and tables in Appendix B. The reference is reflected in the reference list with a unique digital object identifier (DOI), available through the Harvard Dataverse (<http://doi.org/10.7910/DVN/QDLJCF>). We wish to clarify that this is only the publicly available data used for the figures and tables, which do not have any identifying information, while the full private dataset is only available upon request at our discretion as noted in the "Data Availability" declaration.

Reviewer 1

The authors have substantially improved the manuscript. The key methodological and conceptual weaknesses raised during the earlier round have been addressed in detail. In particular, the major limitations regarding reproducibility and determinism of GPT models are now more explicitly discussed and empirically supported with additional analysis, configuration details and supplementary experiments. The authors also strengthened the treatment of privacy and feasibility concerns by adding concrete mitigation strategies, including data anonymization and discussion of local LLM deployment options. The issue of generalizability beyond Sierra Leone is now handled more directly, including reference to regional variation, model transferability and the limits of statistical approaches versus LLMs.

The authors responded constructively to requests for clarification of methodological assumptions, particularly regarding narrative versus questionnaire data and the rationale for using ICD-10 classification. The revisions to figures and visualization greatly improve interpretability and the manuscript is now clearer and more rigorous overall.

Some limitations remain—notably the still-incomplete handling of GPT reliability and prompt sensitivity—but they are clearly acknowledged.

Recommendation: Accept.

Response 1.1: Thank you for the concise and valuable feedback. The comments helped greatly improve the practicality and discussion of our manuscript, while leading us to produce more interpretable and organized visualizations. We greatly appreciate the time and care it took to review our paper.

Reviewer 2

Thank you to the authors for responding to my initial feedback and addressing all points constructively. The paper addresses a relevant and timely topic concerning the application of large language models (LLMs) to determine causes of death from verbal autopsies (VAs), and its comparison with physicians' assessments and probabilistic models such as InSilico and InterVA.

This study opens several avenues for future research. Subsequent work could examine whether replicating these experiments across multiple datasets may mitigate the inconsistencies observed in LLM outputs, or conversely, reveal their persistence or amplification. The findings also carry implications for data quality and collection practices, particularly the manner in which VA narratives are recorded, whether they represent faithful transcriptions of respondents' accounts or summarised interpretations. The study prompts reflection on the role of questionnaire data within physicians' assessments, and whether such information merely complements or substantively informs conclusions drawn from VA narratives.

Response 2.1: Thank you for the insightful feedback. Your comments were greatly appreciated and helped substantially improve the clarity and detail of our manuscript. We were happy to know that there was great interest and attention-to-detail when reviewing our manuscript.