Reviewer's report

Title: A Clinical Pathway for Community-Acquired Pneumonia: An Observational Cohort Study

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Reviewer: Thierry Dugernier

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The authors studied whether the adherence to a clinical pathway for treating community-acquired pneumonia (CAP) influenced mortality, hospital length of stay and costs (hospital and pharmacy costs).

This is an observational, retrospective, cohort study that actually focused not strictly speaking on a "pathway", but on antibiotic choice and dosage during the first 2 days of treatment in a selected population of patients with CAP. As more than 65% of the patients in both arms were treated with levofloxacin, the core of the study actually compared the effects of different dosages of this antibiotic. What the study suggested is that adherence to the ATS/IDSA guidelines for the empiric treatment of CAP during the first 48h decreased mortality, LOS and hospital cost.

Minor essential revisions: Most of the (major) limitations of this kind of study are acknowledged in the discussion section (retrospective design that allows for undetected differences in groups, no data on antibiotic timing that may influence outcome in particular in PSI risk classes III-V, very limited data on microbiological diagnosis).

However another factor that might have influenced outcome (90-day mortality) is the type and duration of treatment. As only the first 48h of antibiotic treatment were considered and as LOS was rather short, differences in the oral switch (notably in those treated with ceftriaxone), duration of antibiotic treatment and compliance should also be taken into account.

Discretionary revisions: how did the authors assess the 90-day mortality (phone contact?)?

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests