Author's response to reviews

Title: Treatment outcomes from community-based drug resistant tuberculosis treatment programs: a systematic review and meta-analysis

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Author's response to reviews: see over
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To the editor and reviewers,

Thank you again for your comments and detailed review of our manuscript. We have responded to each of the reviewer comments below in bold.

Thanks again for your consideration,

Dr. James Johnston
On behalf of all authors

Reviewer comments
Weiss and colleagues present a revised manuscript entitled “Treatment outcomes from community-based drug resistant tuberculosis treatment programs: a systematic review and meta-analysis”
I recognize that the authors have well addressed almost all comments. However, the work will be much better if the authors can clarify the methodological assessment of the studies which are included in their manuscript. This comment reflects to the authors' statement that they have assessed the methodological quality of the studies using methodology similar to the previously published high-quality systematic reviews in this area.

Minor essential revisions
1. Methods. Please, add (Appendix C ?)
The present review have been reported according…(PRISMA) (Appendix C).

We have included the Prisma document as Appendix C.

Supplementary information
"Title# of this manuscript is vacant in the PRISMA checklist. Please, provide the title of this manuscript.

We added our title to the Prisma document.
2. Methods
Validity of assessment
It will be better to state “Methodological assessment” OR “Risk of bias assessment” instead of “validity assessment”, following the PRISMA checklist.

We changed the title from “validity assessment” to “methodological assessment”.

I am understanding that the authors have assessed the methodological quality of the studies which they selected for this systematic review and meta-analysis, using the criteria applied in the previously published high-quality systematic reviews in this area. It will be better to provide the references here. For example, Johnston et al., 2009, Orenstein et al., 2009, Ahuja et al, 2012

We describe the criteria applied in the methodological assessment. As the assessment was different from the previous SRs, we did not reference them here.

The authors have indicated #5 patients. If the authors followed the same criterion of “at least 10 patients”, how many studies met this criterion?

Two studies would not have been included in this analysis.

It will be better to provide number or % of studies which have been carried out with #10 or #5 patients (according to the authors criterion for number of patients) in “Results”. This information will be helpful for further assessment of the quality of included studies.

We believe that the distinction between n=5 and n=10 is arbitrary and not informative about the methodological quality of a study. In both cases, the study sample size would be small, and the impact on methodological quality between these n=5 versus n=10 would not be substantial. Therefore, we have not reported a distinction between these sample sizes.

Suggestions:
Please, use an appropriate subheading e.g Methodological assessment/Risk of bias assessment/…Two authors (P.W and J.J) independently assessed the methodological quality of the selected studies considered in the current review.

We have added this statement

The criteria for the quality assessment were brought over from the previously published high-quality systematic reviews in this area. (Give the citation here e.g Johnston et al, 2009, Orenstein et al , 2009, Ahuja et al, 2012.). We categorized a study as “high quality “ if the study: 
(i) assessed case studies of at least 10 patients. (Is this correct for the current Review?),
(ii) had a design of prospective cohort, retrospective consecutive cohort, consecutive case control or randomized control,
(iii) reported an average treatment duration of ?12 months with an average follow-up duration of ?18 months. (is it correct for the current review?),
(iv) reported basic demographic data, and
(v) reported less than ##% default or lost to follow-up.
In a case of duplicate data, the publication with the more detailed reports on treatment outcomes was included for meta-analysis.

Thank you for the suggestion. We have modified our methodological assessment to reflect our assessment of treatment duration, but otherwise, we believe that the methodological assessment is described accurately.

3. Results:
Please, use an appropriate subheading.
e.g Risk of bias across studies
# randomized controlled trials, # prospective cohorts, # retrospective cohorts or consecutive case-control studies were included. All studies (is it correct?) included in this analysis reported outcomes of treatment for #5 patients, reported results on at least 50% of patients, reported general demographic information on patients, and included community-based treatment of #6 months duration.

We have added the following statement to the results section: “Eight studies reported on retrospective cohorts, while two studies reported on prospective cohorts.”