Reviewer’s report

Title: Risk Factors, Quality of Care and Prognosis in South Asian, East Asian and White patients with Stroke

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Reviewer: Masahiro Kamouchi

Reviewer’s report:

The authors compared risk factors, quality of care and prognosis in stroke patients in different ethnic groups. They demonstrated that stroke care and prognosis were similar independent of ethnicity. The results are important, because they performed a comprehensive analysis and compared them in the same cohort of patients with acute stroke. Following are my comments.

Major comments

1. In this study, information about ethnicity was unavailable in 40% of patients. Additionally, patients included in this study were those hospitalized in urban tertiary stroke centers in Canada. These may have led to selection bias. Are the present data such as patients’ characteristics and distribution of ethnicities similar to those in nationwide study?

2. In Table 3a, Kaplan-Meier curves with log-rank test would be better to show the difference in mortality and recurrence after stroke.

3. How did the authors select the variables for multivariate model in Table 3b?

4. In this study, HRs of various clinical outcomes were estimated using the same multivariate model. However, the variables may be different according to the clinical outcomes, including discharge destination, mortality, and mortality or recurrence. If there are any relevant studies, please cite them as references.

5. In Table 3, the authors should investigate functional independency at discharge rather than discharged home.

6. The authors classified ischemic stroke into subtypes according to OCSP. Why did they use OCSP classification? OCSP is significantly associated with neurological severity and functional disability. TOAST classification would be appropriate, because it reflects the pathogenesis of stroke.

7. Genetic background in Southeast Asians may differ from that in patients from East Asia.

8. Since this study was not a population-based study but a hospital-based study, the authors were unable to compare the incidence of stroke subtypes or risk factors among different ethnic groups. It is difficult to further discuss these points from this study.

Minor comments

1. Table 1: P value “0.05” of “Female” should be shown up to the third decimal
point to clarify whether the value is significant or not. In contrast, P value “0.038” of “Systolic blood pressure” should be “0.04”.

2. Table 3a: Mortality at one year in South Asian should be “19.0” instead of “19”.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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.