Reviewer's report

Title: What happens to ART-eligible patients who do not start ART? Dropout between screening and ART initiation: a cohort study in Karonga, Malawi

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Reviewer: Ingrid V Bassett

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Manuscript: “What happens to ART-eligible patients who do not start ART? Dropout between screening and ART initiation: a cohort study in Karonga, Malawi”

This prospective cohort study describes pre-treatment drop out from clinic for ART-eligible patients at a Malawi district hospital. The authors note approximately 14% of patients deemed ART-eligible at their first screening visit defaulted from clinic during follow-up. Strengths of the study include high uptake of patients into the study at the first screening visit and the ability to visit a subset of patients at home to ascertain outcomes.

The paper is weak in that the methods could be better explained and in that the findings are only briefly put into a larger context in the discussion (see specific comments below).

Major compulsory revisions:

Methods

1. In the Methods, it would be helpful to describe the protocol for dealing with patients who are ineligible for ART at the screening visit, since this group is discussed in detail later.

2. In the Methods, can you describe what clinical information was obtained at baseline in greater details? For example, are other data collected either routinely at the screening or specifically by the study that have been shown in other studies to predict poorer outcome (such as hemoglobin, albumin, tuberculosis, etc)? Also, please describe CED and its measurement in this section.

3. Were standardized/validated tools used to measure functional status (called “Disability” in the table) or other baseline measurements? If so, please describe and cite these here.

Results:

4. The authors offer an interpretation in the results section as to why people screened earlier would be more likely to be seen during the study period than those screened later. I would favor putting interpretation into the discussion. It is not self-evident to me that those screened earlier in the study would be more likely to be seen again. One could argue that while the clinic staff was new and
less-experienced, more patients would be lost. One could argue that patients enrolled later would have had a shorter period of follow-up and therefore less of an opportunity to be defined as lost. In any case, I would not offer this interpretation in the results section.

5. Along those lines, can you put a median duration of follow-up in the results section?

6. The concluding paragraphs of the results section includes patients who came back for subsequent screening visits. Again, this needs to be mentioned in the methods section. 60 patients were tracked to their homes; why were the other 33 not sought in the community?

7. Figure 1 puts an emphasis on patients who started ART, while the patients who did not return are off to the side and do not have a surrounding box. I think because the paper is about patients who dropout, these patients should be emphasized.

Discussion:

8. An important result of this paper is that delay from screening visit to ART initiation appointment is a major predictor of patient drop out (HR 5). Delay to appointments and the role of waiting lists and other clinic/program characteristics that lead to delays should be discussed and put into context with other work in the field.

9. While the number of patients is small, an additional important finding is that several ART-eligible patients alive and in the community cited lack of a suitable guardian/buddy as a barrier to ART. This would benefit from some discussion; what evidence is there that a guardian/buddy improves outcomes? Does this remain a requirement for ART in the Malawi system today?

10. Similarly, financial and transport barriers should be put into the context of other related work in Africa on this topic.

11. The conclusion that ‘eligible for ART’ should be a denominator for programme indicators is a sound one, but I think this idea could be fleshed out a little bit. Doing so would put a new emphasis on getting ART-eligible patients onto treatment, would help identify barriers within the individual program and within the Ministry of Health, and would potentially lead to a greater financial investment in this vulnerable time for patients.

Minor essential revisions:

Results

12. In Table 1, the heading “% of N not seen” is confusing? Is this % of N who dropped off? Please use consistent terminology to indicate patients who were lost prior to ART initiation.

13. It appears that “difficulty in dressing” is a sub-item from the “disability” item in Table 1 and should be listed immediately below “disability”. Is “disability” a measure of functional status? If so, I think that would be a more appropriate
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests