Author’s response to reviews

Title: Pharmacy refill adherence outperforms self-reported methods in predicting HIV therapy outcome in resource-limited settings

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Version: 5 Date: 4th September 2014

RESPONSES TO EDITOR’S COMMENTS

Dear Editor:

We are pleased to resubmit for publication the revised version of MS: 4761922921262398 “Pharmacy refill adherence outperforms self-reported methods in predicting HIV therapy outcome in resource-limited settings”. We would like to thank the editor for the constructive review and helpful comments on this manuscript. We have addressed each concern as outlined below, and highlighted the changes in the manuscript.

Yours sincerely,

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RESPONSES TO EDITOR COMMENTS

Editor's Comments:

1. ??At these adherence cut-off values, the proportion of adherent patients were 87.0 %, 78.9 %, 24.5 %, and 54.3 % for VAS, appointment keeping, pill count, and pharmacy refill adherence respectively. Whereas, 71.6% of the respondents were adherent for SHCS-AQ?. Replace was by were and remove the comma before respectively and start another sentence.

2. ??For VAS, appointment keeping, pharmacy refill, and pill count adherence, the median IQR was 100 (98.33 - 100), 100 (84.33 - 100), 89.55 (86.23 - 100), and 78.83 (74.04 - 89.90) respectively? remove the comma before respectively. There are similar issues in other areas as well.

3. Receiver Characteristic Operating (ROC) curve: Put the abbreviation at the end, Receiver Characteristic Operating curve (ROC)

B. Comments on the Tables (annex):

1. There are a lot of methodological explanations under the titles of Table 1, 2 and 3. E.g cut-off points explanation, variables selection, how P-values are given for each variable. Please remove all these and put self-explanatory titles and table. Remove ?multivariate analysis or logistic? in the title. Ex. Table 3: Independent predictors of virological and immunological failure.

-No table is seen under Table-4. But there are many explanations. Would you please adhere to the above comments for Table-4 as well?

**Additional Editorial Request**

Additional Editorial Request;

1.) Copyediting
RESPONSE: We followed the advice of the Editor with regard to the recommended changes in the document, a summary of which can be found below

Comment 1 and 2

Page 13 line 296 -301 was changed to “VAS, appointment keeping, pharmacy refill, and pill count adherence respectively (see Table 1). At these adherence cut-off values, the proportion of adherent patients were 87.0 %, 78.9 %, 24.5 %, and 54.3 % for VAS, appointment keeping, pill count, and pharmacy refill adherence respectively. Whereas, for SHCS-AQ 71.6 % of patients were adherent. For VAS, appointment keeping, pharmacy refill, and pill count adherence, the median IQR was 100 (98.33 - 100), 100 (84.33 - 100), 89.55 (86.23 - 100), and 78.83 (74.04 - 89.90) respectively.”

At page 3 line 67, page 13 line 296,298 and 30, page 16 line 373,375 and 377 we removed a comma before the word respectively.

At page 16 line 373-377 was changed to cells/µl in a median (95 % confidence interval) of five (4 - 8) and eight (5 - 10) weeks respectively. Whereas, patients who were > 95 % refill adherent recovered in 4.5 (4 - 6) and seven (6 - 9) weeks respectively. Although the median time to reach the increment was longer in the non-adherent group, this difference did not reach significance (log rank p = 0.15 and 0.23 for increment of 50 and 100 cells/µl respectively).

Comment 3

We did not make the suggested change because ROC in this context stands for Receiver Operating Characteristics and the plot resulting from the analysis as ROC curve. However at page 27 onwards on the key under the tables the acronym ROC was changed from “Receiver Operating Curve” to “Receiver Operating Characteristics”

Comment B1

The titles for tables, figures and additional material were shortened.

Table 4 is now visible le under the title.

Other changes

We labelled and moved the table key below each table