Reviewer's report

Title: Amenable mortality as a performance indicator of Italian health care services

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Reviewer: Recinda Sherman

Reviewer's report:

Minor Essential Revisions:

The manuscript is written in technically correct English, however, it is a difficult read. This is Italian research, but I do not know if all the authors are primary Italian speakers. It may be useful to have a native English speaker/writer edit the document. Additionally, the manuscript would be much easier to understand on the first read with appropriate use of commas. There are many instances where the proper use of commas would clarify the content. The paper needs some editing for clearness before publication. Some simple areas: cite the quotes in the abstract; page 5, first paragraph “Explicit framework” should be “frameworks” and “in the last years, relying upon these above mentioned featured” should be “features”; page 7 last paragraph “In line with other Authors” should be “authors”; and page 9 last paragraph “On the contrary, we found a significant” should probably read “Surprisingly, we found a significant” or “Unexpectedly, we found”. And the use of the standard abbreviation “SMR” is confusing because it refers to a subset of mortality—either more clarification early in the discussion or a different name/acronym (also in abstract SMR needs to be defined before it is used).

The manuscript also needs to be flushed out more fully. Specifically, the only specific aim of the study specified was to analyze the regional variability in health care services using amenable mortality. However, the validity of using amenable mortality as a proxy for health care services was also cursorily evaluated. And the conclusions only address this secondary, loosely defined, aim. They quasi-evaluated disability adjusted life expectancy compared to amenable mortality, even though they state the amenable mortality is a better measure—but there is no gold standard comparison—only comparing two proxies to each other and a statement that one is better than the other without evidence aside from a prior study.

Also, the author’s used the Nolte and McKee list but did not explain or defend the appropriateness of the choice (which will depend upon a number of factors including region/country specifics).

Finally, regarding the negative relationship between prevalence and amenable mortality. The authors maybe be mixing up incidence and prevalence or oversimplifying, but for many diseases (i.e. cervical cancer) a high prevalence rate often indicates adequate screening and follow-up so a negative relationship
is intuitive.

Discretionary Revisions:
Page 11, second paragraph states that the amenable mortality may be more sensitive for cardiovascular cancer. But I think the concept of amenable mortality should not be more sensitive but perhaps the specific proxy/list used. Page 11, final paragraph,

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

**Quality of written English:** Needs some language corrections before being published

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

**Declaration of competing interests:**
I declare I have no competing interests.