Reviewer’s report

Title: BRACELET Study: surveys of mortality in UK neonatal and paediatric intensive care trials

Version: 1 Date: 11 February 2010

Reviewer: Roger Parslow

Reviewer’s report:

This manuscript addresses an important issue for those running and participating in clinical trials in acute neonatal and paediatric medicine.

MINOR ESSENTIAL REVISIONS

1) My major comment on the content of the manuscript is that the authors do not address the issue of morbidity following trial inclusion. I accept that the authors have focussed on mortality as this will be recorded in all trials, but the impact of severe disability/loss of quality of life can have a significant effect on parents and carers and should be noted as an important outcome, even if the data are not currently available for all trials.

2) In relation to mortality, it is not clear what level of follow-up has been conducted to ascertain death after discharge. Certainly, in Paediatric Intensive Care, in-unit mortality is very low (under 5%) with some discharges to palliative care, but there is an additional 6.6% mortality in this population post-PICU discharge. It would be useful to have information on when these children died, or at least an indication from the trial on length of follow-up. If this information is not available then the authors should make some note about this.

3) In the objectives in the abstract the authors should mention the lack of information on bereavement (this is a focus of the paper).

4) Was there a clear ‘no’ response from non-responding NICUs and PICUs? I assume this is the case as there were responses from 28/32 paediatric units and 191/220 neonatal units. This should be made explicit

5) Figures 2 and 3 are not necessary and should be removed.

6) The tables could be combined: one table with the following column headings would give much of the information. Trial name; Unit type (Paediatric or neonatal), number of units involved, number of children involved, number of deaths, mortality rate. Aggregate totals could also be given.

7) The title of Table 2 is not clear – what is ‘General Data’? Please clarify.

8) Could data from Table 2 in fact be included in the larger table suggested above?

9) Similarly, table 3 could be incorporated into a larger table. If not, the data could be presented in three columns.
DISCRETIONARY REVISIONS

10) A list of the trials surveyed would be useful: this could be incorporated into the tables to provide more detailed information.

11) A list of the PICUs surveyed would also be useful.

12) Copies of the survey instrument would be useful as additional material.

13) The discussion appears to contain a fair amount of supposition: is this because the literature is sparse? The authors should attempt to condense the discussion.

14) I would like to see some firm recommendations based on the findings at the end of this manuscript.

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 I have no competing interests.