Reviewer's report

Title: Central coordination as an alternative for per patient payment in a multicenter randomized controlled trial: the FAITH trial experience

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Reviewer: Joseph Vroemen

Reviewer's report:

This paper poses and (at least partially) answers a relevant question to any trialist: What type of trial management is preferable for a multicentre trial we want to undertake? Which is better for this specific trial: management of all trial aspects by a central trial coordinator, or by local study coordinators?

The authors have compared some important parameters to gain further insight in this issue:
- data on the trial initiation process,
- data on the pre-trial period,
- data on the trial period itself, such as startup time, inclusion rate, follow-up completeness
- some financial aspects

These data are well recorded and analyzed accordingly.

However, although the conclusion at first hand appears to be quite in favor of trial management by a central trial coordinator, I believe the interpretation of these data should be very careful. Unfortunately, there are a lot of confounding factors in this study: finances, geography, legal and ethical aspects, and maybe most of all socio-cultural aspects. The authors mention this and deal with these factors (although rather superficially) at the end of the discussion. Therefore, I think their conclusion is carefully put and with sufficient nuance.

I would suggest to make a reference to the papers of Farell and coworkers (in the introduction or discussion) in which good and ideal trial management is elaborately discussed and a preference towards central trial management is advocated.

A Guide to Efficient Trial Management.
Farrell B, Kenyon S.
http://www.tmn.ac.uk/guide.htm

Managing clinical trials
Barbara Farrell, Sara Kenyon and Haleema Shakur.
I personally think that a central coordinator also contributes to the impartiality of data gathering and interpretation of results, and may prevent the possible bias that local coordinators (very often the treating physicians!) may induce. This has not been mentioned as such, but it is a factor that would not be easy to prove by figures.

The paper, including the abstract is well written and clear. As to the title, I found it a bit confusing. The general reader (like me) may not be familiar with the concept of “per patient payment” as synonymous for a local study coordinator. Although maybe a bit less intriguing and at the risk of being a bit simplistic, I would be happier with something like: (results of) Central coordination versus local trial management compared in a multicenter randomized controlled trial: the FAITH trial experience.

I think the paper is well worth publishing. I leave these comments to the authors as mere suggestions for some small alterations.

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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