Reviewer’s report

Title: Mobile phone text messaging for promoting adherence to anti-tuberculosis treatment in patients with tuberculosis: a systematic review protocol

Version: 1 Date: 23 October 2012

Reviewer: Babalwa B Zani

Reviewer’s report:

Major compulsory revisions: none
Minor essential revisions:
Abstract (Background):
1. instead of "cases arose", explain if those were "incident cases detected" or "prevalance".
2. use a simpler term than "arduous"
3. add the issue of forgetting as one of the reasons for non-adherence as the intervention (sms) is unlikely to address side effects

Abstract (Methods):
4. Explain patient satisfaction that it is with the mobile text messaging intervention

Methods:
5. add "include" before NRCT

Discretionary Revisions
Background:
6. In paragraph 3, after line 1. explain how the intervention might work. eg-patients on TB treatment register to receive an sms daily/weekly to remind them of their treatment. You could also make reference to other systematic reviews or trials in this area, irrespective of the condition of the patients included (Horvath et al 2012- Cochrane DSR).
7. State what other interventions are in place for the problem (e.g. peers, family members or community workers)

Methods:
8. on secondary outcomes, explain "patient satisfaction as in point 4 above
9. In selection of studies, do not use selection forms for abstracts and titles, only for full-text articles, remove " using eligibility forms" and replace with "... according to the eligibility criteria"
10. delete sentence 3 as it is an unnecessary step and is accounted for in sentence 4.
11. Add a line stating that you will report all the excluded studies from those previously deemed eligible in a specific table, giving reasons for exclusion
12. replace personal with "study personnel"
13. Explain how will you assess the risk of bias for study designs other than RCTs. Consult the Campbell Collaboration or the Cochrane EPOC group for advice. Consult also Chapter 13 of the Cochrane Handbook.
14. add p-values after 95% confidence interval
15. On subgroup analysis, explain what different interventions do you expect based on the literature (long vs short sms? daily vs weekly?. reference HIV interventions if there is no literature on TB
16. add subgroups by study design
mention GRADE in data analysis and explain it a bit, instead of mentioning it for the first time on presenting and reporting of results

Level of interest: An article of outstanding merit and interest in its field

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