Reviewer's report

Title: Use of the life table to compare mortality in ethnic groups in Amsterdam, The Netherlands.

Version: 2 Date: 11 February 2015

Reviewer: Chalapati Rao

Reviewer's report:

1. This manuscript presents a basic demographic comparison of mortality patterns among different ethnic groups in Amsterdam, using conventional life table analytical methods.
2. The statistical methods and results are accurate.
3. The interpretations are however, difficult to interpret, since the findings on probabilities of dying are only presented as point estimates, without any specification of 95% confidence intervals.
4. The Chiang-Silcock method allows for analysis of 95% confidence intervals, which would clearly enable interpretation of 'significance of difference' between the same measures derived for different groups.
5. The manuscript must present 95% CI for the various probabilities of dying / life expectancies expressed in Table 2, for accurate interpretation of differentials.
6. It would be more appropriate to use the WHO standard summary derivations from life tables for the comparative analysis; to aid both internal comparisons as well as external comparisons with other populations, which are available from the World Health Statistics database.
7. The WHO standard measures are
   a. 5q0 – probability of dying between birth and age 5
   b. 45q15 – probability of dying between 15 and 60 years
   c. e0 – life expectancy at birth (included in the analysis presented in this manuscript)
   d. e60 – life expectancy at 60 yrs
   e. The manuscript could also analyse and discuss 20q60 – which is the probability of dying between ages 60 and 80; which would adequately capture mortality patterns among the elderly; to analyse and understand differentials at these ages. The 20q60 is a recognised indicator of mortality in the elderly
   f. After presenting the above standard indicators, the article could present and discuss specific indicators such as probability of death between 45 and 70 etc; which are valuable, but should supplement the standard analysis.
   g. As mentioned earlier, all life expectancies / probabilities of dying should be presented along with 95% CI, to enable interpretation of significance of differentials.
8. Mortality in Moroccan immigrants might be considered under non-Western.
9. The definitions of different ethnic groups – Western, non-Western – should be clearly specified in the Methods section, rather than being described in the Results.
10. Also, the methods mention ‘foreign born’; but the results are presented as ‘non-Western’. The terminology should be consistent
11. Moroccan would be foreign born, but is included under Western. This should be clarified – as mentioned above in comment number 8
12. It is not clear as to why ‘Other western’ is included under ‘Non-western’ in Table 2. Please clarify if this actually means ‘other non-western’
13. There are several other language errors which need to be addressed; a few examples as follows:
   a. On line 66; The word ‘Numerators’ appears incorrect; it should be ‘Denominators’
   b. Line 69 - ..‘him or herself’ could be replaced with (male or female)
   c. Line 139 – the term ‘better mortality’ could be misunderstood. It should be stated as ‘lower mortality’.
14. In general, the manuscript needs to be edited by a native English language speaker; to improve the grammar and syntax.

Level of interest: An article of limited interest

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

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests