Reviewer's report

Title: The acceptability and cost of a home-based chlamydia retesting strategy: findings from the REACT randomised controlled trial

Version: 3 Date: 19 October 2015

Reviewer: Beverley Lawton

Reviewer's report:

Major revisions: nil recommended

Minor essential revisions: Overall comment. This acceptability study is a valuable contribution to the literature around chlamydia treatment.

Comments for revision:

1. For an initial reader not involved in the REACT trial it is hard to follow initially. REACT is mentioned in the abstract but is not named in the rationale. The main RCT is mixed with this present study which is an acceptability and costing study which gives important findings. These should clearly separated. Its not clear from the rationale that this study is a report of a predetermined secondary outcome of the REACT trail. Therefore it was difficult to read. It would be a lot easier for the reader if in rationale it was stated after describing the REACT trial that this study is a study of the acceptability and costs etc a secondary outcome of the REACT trial.

2. For the description of REACT protocol primary outcome and the methodology this should either be in rationale or the methodology not both for easier reading. Perhaps you could start the methodology with the REACT trial methodology(called that rather than the study) as I was looking for the methodology of the acceptability and costing here.

3. Descriptions vary of the arms - clinic based home based home arm etc – would be helpful to settle on one descriptor.

4. It would be helpful to know in the rationale whether this was a preset secondary outcome of the funded original REACT. - this does not get a mention until top of page 7. This is the crux of this paper – an acceptability and costing study of the main trial. REACT first used page 7 and perhaps should be up in rationale to help the reader.

5. Page 9 line 123 – consistency example – need to use same language. Is it the clinic pathway – just the clinic or the home test just? Line 173 home-based

6. Line 210 – Title should be cost per infection (its all based on the one trial)

7. Discussion – should there be discussion about missed infections for those not detected due to less uptake of retesting? This is a great strength of the home testing – the volume of chlamydia detected is higher and must equate to downline savings by treating.

8. Another strength is the high response rate of the survey
9. A comment about generalisability may be appropriate. The conclusion in the abstract is perhaps more appropriate than the conclusion in the text as it puts it firmly in the sexual health clinic setting. Is it appropriate to say a limitation is that these results may not necessarily apply in other settings (primary care) for example and maybe that’s the next question.

Level of interest: An article of importance in its field

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 that I have no competing interests