Author’s response to reviews

Title: Informed consent procedure in a double blind randomized anthelminthic trial on Pemba Island, Tanzania: do pamphlet and information session increase caregivers knowledge?

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Author’s response to reviews:

Palmeirim et al. “Informed consent procedure in a double blind randomized anthelminthic trial on Pemba Island, Tanzania: do pamphlet and information session increase caregivers knowledge?” (manuscript no: METH-D-19-00077R2)

Point-by-point response

Basel, 10th of December 2019

Dear Editorial Board

We refer to your e-mail sent to us on the 28th of November and would like to thank you and the new statistical reviewer for going through our manuscript. We have now addressed all these points, please find the responses below. This time we have also submitted a track changes version of the manuscript which includes the track changes of our last resubmission.

Once again, we would be delighted to have our manuscript published by BMC Medical Ethics.

Marta Palmeirim and Jennifer Keiser (on behalf of all authors)
Statistical reviewer:

- Add a one line statement saying how the ‘half the children also received a pamphlet addressed to their caregivers” (line 117) were selected. It just needs to be stated. It is not stated even in the randomisation section (starting line 156).
  
  We have made this section clearer in the new “treatment allocation” section – lines 157-173.

- The randomisation section says two conflicting statements. One is “first, they were divided into receiving the pamphlet (their child/children took the pamphlet home) or not, and second” and the other is “Children in each class were assigned to receive the pamphlet or not, first using a randomization list followed by alternating distribution of the pamphlet based on low recruitment numbers.” and then goes on. I don’t really think this was a randomisation procedure, so it may be best to call this ‘treatment allocation’ or some other term that doesn’t use randomisation as there really was no pre-prepared randomisation scheme that was used (it may have been intended, but it is fairly clear that at most points a pragmatic approach was taken) – this is not a problem as such, but shouldn’t be described as randomisation.
  
  We have adapted the text of this section and changed its title to “treatment allocation” as you suggested.

- The other aspect that I think is confusing reviewers is some of the language – take line 165 - “…to arrive were immediately interviewed (i.e. were assigned to either the control group or to the pamphlet only group, depending on whether they had been given a pamphlet beforehand or not).” If in fact caregivers had been randomised, there is no further assignment to control/pamphlet to do – it has already occurred. The fact that individuals could be randomised to control, but received the pamphlet and be re-assigned to pamphlet is confusing. What I understand to have occurred is: Within class rooms children were sometimes randomised and sometimes (alternating distribution) a pamphlet or not to take home. When caregivers attended the information session they were assigned to questionnaire before information session (early arrivals) or after (later arrivals) and to control or pamphlet based on (self reported?) receipt of pamphlet. This resulted in the four groups considered for analysis. If this is what occurred, then it could be stated more plainly.
  
  We have adapted the text for clarity. Thank you for your valuable suggestions on how to do so.

- The sample size section is ok – I don’t have major issues.

- Analysis section I would avoid the adoption, here and in the methods section, of the language of clinical trials. While I recognise that this study was embedded within an RCT, the procedures and limitations of this work (for example: not all caregivers could be interviewed, which I assume means that the intention had beed to interview all?) contrast to the language. For example, I would not use the ‘intention-to-treat’ terminology, as I don’t think a fully realised randomisation occurred, why not just say that all caregivers who completed both components and for whom time allowed were included? It may in fact be more useful for this audience in any case to see not the ITT analysis but the per-protocol
analysis – ie where you know the caregiver received (or read) a pamphlet. Or perhaps both. We have taken in your suggestion to remove ITT and to specify exactly what was done.

- The caption for Table 2 has a typo ‘understating’
  Thank you for pointing out the typo.

- I think, but am not sure (so this needs to be stated in the methods section) that separate mixed effects logistic regression models were run for each multiple choice and T/F question? If this is the case, the p-values (in Table 3) should be adjusted for multiple comparisons (use Benjamin-Hochberg, not Bonferonni). I think the method is ok – there are other ways to evaluate results of questions/surveys such as this which may be too complex, but if the authors are setting up multiple comparisons (especially with interactions) then appropriate consideration for false discovery should be made.
  We have adjusted p-values – please see lines 188-189 and Table 3.

- Please also add the basic methods – eg frequency (%) tabulated etc.
  We have now stated in the methods that we also present proportions (lines 189-190).