Reviewer's report

Title: Sulphadoxine-pyrimethamine plus azithromycin for the prevention of low birthweight in Papua New Guinea: a randomised controlled trial.

Version: 1 Date: 25 November 2014

Reviewer: Theonest Dr. Mutabingwa

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Preamble

The research was aimed at searching for alternatives to SP-Intermittent Preventive Treatment during pregnancy (SP-IPTp). This is an important area of research considering that parasite resistance to SP is widespread and there is no immediate replacement either on shelf or in the pipeline. The PNG research group should be applauded for a good and timely study and other research groups in malaria endemic countries, in particular Africa, with SP-IPTp policy should be encouraged to undertake similar search.

Weaknesses for Improvement

a) Acknowledging the fact that efficacy/effectiveness of SP-IPTp depends on levels and degrees of SP-resistance, description of the study area in relation to this aspect should have been upfront instead of briefly touching on it under discussion. In this regards, I suggest most contents of lines 487 to 494 be re-located to the heading of line 143 (Trial design, setting and participants).

b) Admittedly, the loss to follow up rate is high. A thorough description and/or presentation of the characteristics of participants who were lost to follow up is essential. Presumably, efforts were made by the team to establish reasons for loss. For example: if many participants decided to quit the study because they experienced adverse events, current reported findings may have underestimated the true picture of adverse events. Basing only on the fact they (loss to follow up) had similar baseline characteristics at enrollment is not strong enough!

c) A clear description for the management of study participants who became sick from malaria is required, including treatment regimen used, and the time lag before re-joining the study. Similarly, there is need to state how concomitant treatments using drugs with antimalarial activity and/or self medication with similar medicaments were handled and/or controlled for?? Furthermore, there is need to know drugs used to treat STI and how such managerial approaches were harmonized to avoid interferences with drugs under study.

Separately, In line with GCP, the managerial approach for SAEs needs a mention without going into specifics!

d) It is unclear whether loss to follow includes defaulters or true losses. The two need differentiation as they will have different repercussion on the findings.
e) Study enrollment exclusion of age <16 years would mean inclusion of minors (in most settings), as adult age in most communities/countries starts at 18 yrs. Assuming this is true for PNG, what was the consenting process for the minors?

f) An objective way of assessing drug compliance/adherence should have been deployed. It is clearly established that what is said by participants is not what they may have really done. The issue of lack of funds for drug assays could be argued for and against!

**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