Reviewer’s report

Title: A systematic review identifying common data items in neonatal trials and assessing their completeness in routinely recorded United Kingdom national neonatal data

Version: 0 Date: 20 Jul 2019

Reviewer: Despina Contopoulos-Ioannidis

Reviewer's report:

#1: In the Discussion section, 1st paragraph, line 5: In the following sentence "...We find that these 14 data items can be obtained from the NNRD with high completeness for most items." : Please list here these 14 items, as it is important for the readers to clearly understand what these 14 common items that can be also found in NNRD are exactly.

#2: In Table 3 (Data completeness in the NNRD for the data items reported in 20% of studies or more): Why the completeness for only 12 (and not 14) common items is listed?

#3: In the Results section, page 7, line 59 "Fourteen data items were reported by at least 20% of studies;....": Please ref Table 2 here, as this is the main study finding ( "Fourteen data items were reported by at least 20% of studies (Table 2); ....)

#4: In the Results section, page 8, line 40 "The completeness of common data items in the NNRD are summarised by age groups in table 4." : Please kindly correct. There is no Table 4 in the revised mscpt. Should be Table 3.

#5: In the Results section, page 8, line 42 :"Data completeness in the NNRD is 99.9% for gestational age at birth, 99.9% for sex, 100% for birth weight, 99.7% for multiple birth and 100% for respiratory support on day 1 (table 2).": Please kindly correct. Data completeness in the NNRD is listed in current Table 3 (not Table 2).

#6: Re reply to comment #49, in the Discussion section, page 11, line 40, the following sentence should be re-edited "An additional limitation stems from the fact that some data items collected in clinical trials did not directly align with data items in the NNRD, therefore there may be a loss of information from aggregating several data items into a common data item held by the NNRD to assess data quality"
: This phrase should be re-edited to read: ".... therefore there may be a loss of information from aggregating several data items into a common data item held by the NNRD, that can compromise the quality and granularity of the NNRD recorded clinical information."
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