

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Elevated HIV prevalence and risk behaviors among men who have sex with men (MSM) in Vietnam: a systematic review
<b>AUTHORS</b>	García, Macarena ; Meyer, Samantha; Ward, Paul

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Donn Colby, MD, MPH, FACP Director of Prevention and Clinical Research Harvard Medical School AIDS Initiative in Vietnam (HAIVN) Ho Chi Minh City, Vietnam  I have no competing interests.
<b>REVIEW RETURNED</b>	27-Jun-2012

<b>RESULTS &amp; CONCLUSIONS</b>	Two suggestions about the results: 1. page 12, second paragraph: starts with the word "Unfortunately..." In the results section it is better to present the data without editorial comments. Qualifying remarks should be saved for the discussion.  2. Table 2: the authors write in the text that condom use among MSM remains "relatively low" compared to other groups. However, the data presented in table 2 show no differences between FSW and MSM in the locations where both were studied. The other locations included in the table do not present data for MSM and therefore can not be used for comparison. This discrepancy between the information in the text and the table should be corrected.
<b>GENERAL COMMENTS</b>	Discussion: the main finding of the review, that HIV prevalence rates are increasing among MSM in Vietnam over time, is not mentioned in the discussion. The authors should restate that finding in the discussion, elaborate on why that may be occurring, and discuss the implications for Vietnam.

<b>REVIEWER</b>	Kevin P Mulvey, PhD Substance Abuse and Mental Health Services Admin Substance Abuse Treatment Advisor US Embassy Hanoi
<b>REVIEW RETURNED</b>	02-Jul-2012

<b>THE STUDY</b>	The authors need to review pages 11 to 13 in the results section. The data/results in text do not match the tables. I fact they make one statement that in Hanoi there is higher rates in the non transactional sex group but the table percentages indicate the opposite result  There are no statistical analysis thus the results are no in the previous questions. There isn't a not applicable category to select.
------------------	---

	They need to better clearly define the criteria and it's utilization in selecting papers.
<b>RESULTS &amp; CONCLUSIONS</b>	They need to re-review their interpretation on pages 11 to 13.
<b>GENERAL COMMENTS</b>	I would actually accept with revision after a careful review by the authors of pages 11 to 13.

<b>REVIEWER</b>	Nitika Pai McGill University
<b>REVIEW RETURNED</b>	18-Jul-2012

<b>THE STUDY</b>	<p>Please follow PRISMA guidelines in reporting reviews. They will help improve write up, reporting and readability.</p> <p>Specific comments:</p> <ol style="list-style-type: none"> <li>1. Abstracts: <ol style="list-style-type: none"> <li>a. Results: Poorly written with few details, making it hard to judge content. Will benefit from a revision.</li> <li>b. Conclusion: <ol style="list-style-type: none"> <li>i. Should be integrated and synchronized with data in the results</li> <li>ii. Overgeneralization should be avoided</li> </ol> </li> </ol> </li> <li>2. Text of the manuscript:</li> <li>3. Background: <ol style="list-style-type: none"> <li>a. Context on Vietnam is lacking- for the lay reader.</li> <li>b. Please describe the epidemic in Vietnam- its extent, its history, general population level prevalence, subgroups impacted, at risk populations, HIV incidence and prevalence measures— distribution in MSM's---gently lead the reader to the objectives of the review</li> <li>c. The knowledge gap: clearly highlight its need</li> <li>d. How do these rates compare to neighboring countries? - I.e., Thailand, Singapore, Southern China. Malaysia, Burma</li> <li>e. What is being done and what is needed? How will this review inform policy in Vietnam</li> </ol> </li> <li>4. Methods: <ol style="list-style-type: none"> <li>a. Conferences- <ol style="list-style-type: none"> <li>i. Which conferences were searched, please provide details and years searched</li> <li>ii. What Abstracts were searched—again, details.</li> </ol> </li> <li>b. Data abstraction— <ol style="list-style-type: none"> <li>i. Was it performed by two reviewers blinded to author affiliations</li> </ol> </li> <li>c. Data abstraction- <ol style="list-style-type: none"> <li>i. Did the second reviewer review all studies or a percentage?</li> <li>ii. Did you compute the percentage agreement?</li> </ol> </li> <li>d. Limitation and strengths: <ol style="list-style-type: none"> <li>i. Please move it to the discussion</li> <li>ii. A section on bias is needed here.</li> <li>iii. A section on limitations of findings as well.</li> </ol> </li> <li>e. Implications of findings section: <ol style="list-style-type: none"> <li>i. For practice and research should follow limitations therefore please move it to the discussion section</li> </ol> </li> </ol> </li> </ol>
<b>RESULTS &amp; CONCLUSIONS</b>	<ol style="list-style-type: none"> <li>5. Results: <ol style="list-style-type: none"> <li>a. A discussion of variables is missing here. Please provide rates of HIV prevalence and move the implications to the discussion section</li> <li>b. Context and geographical regions within Vietnam if described in the introduction/background will help readers interpret and follow nuanced discussions of increasing rates of prevalence between</li> </ol> </li> </ol>

	<p>them that could be moved to the discussion section again.</p> <p>c. Results presented in the tables could be moved into the appendices and key results described in this section. It seems that only one survey finding was reported.</p> <p>d. A systematic review should highlight all the studies and all the key findings.</p> <p>e. We need to report sample sizes against prevalence, perhaps consider weighted prevalence.</p> <p>f. Quality of studies—you could use STROBE guidelines for observational studies and report the number of items.</p> <p>6. Discussion:</p> <p>a. This section does not logically follow results presented in the results section.</p> <p>b. Risk of bias should be presented here- a discussion of all biases- language, reporting, Information, is need</p> <p>c. Confounding has been completely omitted?</p> <p>d. A Summary of evidence—should follow from the results—a few paragraphs suffice—not pages as reported.</p> <p>e. Conclusion:</p> <p>i. As stated earlier, the write up is not very convincing!</p>
--	---

### VERSION 1 – AUTHOR RESPONSE

Reviewer 1 (COLBY)

Two suggestions about the results:

C1: page 12, second paragraph: starts with the word "Unfortunately..." In the results section it is better to present the data without editorial comments. Qualifying remarks should be saved for the discussion.

Response: Amended

C2: Table 2: the authors write in the text that condom use among MSM remains "relatively low" compared to other groups. However, the data presented in table 2 show no differences between FSW and MSM in the locations where both were studied. The other locations included in the table do not present data for MSM and therefore cannot be used for comparison. This discrepancy between the information in the text and the table should be corrected.

Response: The data presented in text was written up incorrectly. The authors agree with the recommendation and the text has been amended.

C3: Discussion: the main finding of the review, that HIV prevalence rates are increasing among MSM in Vietnam over time, is not mentioned in the discussion. The authors should restate that finding in the discussion, elaborate on why that may be occurring, and discuss the implications for Vietnam.

Response: The authors agree with this statement and have restated findings and elaborated on why 'issue' may be occurring in Vietnam, and rearranged the discussion section based on this recommendation.

Reviewer 2 (MULVEY)

M1: The authors need to review pages 11 to 13 in the results section. The data/results in text do not match the tables. In fact they make one statement that in Hanoi there is higher rates in the non-transactional sex group but the table percentages indicate the opposite result.

Response: Based on Colby's recommendation, amendments have been made. However, the example cited by Mulvey does not take into consideration that the data in the table includes STI prevalence among MSM and the data in the text refers to HIV prevalence among MSM.

M2: They need to better clearly define the criteria and it's utilization in selecting papers.

Response: Criteria and utilization thereof is clearly summarized in pages 5 – 8. Criteria and utilization follow standard procedure for systematic review data identification, inclusion and exclusion criteria.

M3: They need to re-review their interpretation on pages 11 to 13. I would actually accept with revision after a careful review by the authors of pages 11 to 13.

Response: We have review these pages and have made changes where necessary (based on Colby's recommendation and a careful review of the accuracy of data presented).

Reviewer 3 (PAI)

P1: Abstracts:

Pa. Results: Poorly written with few details, making it hard to judge content. Will benefit from a revision. Did my best to include some data, but it's only meant to be a two-liner so not so easy to include what she would like. What are the main results you want to show – make sure you have said them and then just tell the Editors that you have provided a concise précis of main findings

Response: This is a brief 2 line abstract 'results' section and therefore the authors are unable to elaborate on all findings in this review. However, we did include an example of prevalence increase in Hanoi and identified types of protective behaviors that are not being practiced.

Pb. Conclusion:

Pi. Should be integrated and synchronized with data in the results

Response: Conclusion includes both data and broad conclusion of the study.

Pii. Overgeneralization should be avoided Not sure what to make of this Tell Editors that you cannot see where you have over-generalised, but would be pleased to tone anything down if required.

Response: The authors did not note overgeneralizations in conclusion, but would be pleased to edit as per the editors recommendation.

P2: Text of the manuscript:

Background:

Pa. Context on Vietnam is lacking- for the lay reader.

Response: Amended (included in pages 3-4)

Pb. Please describe the epidemic in Vietnam- its extent, its history, general population level prevalence, subgroups impacted, at risk populations, HIV incidence and prevalence measures—distribution in MSM's---gently lead the reader to the objectives of the review

Response: Amended (included in pages 3-4)

Pc. The knowledge gap: clearly highlight its need

Response: Included on page 5, second paragraph

Pd. How do these rates compare to neighboring countries? - I.e., Thailand, Singapore, Southern China. Malaysia, Burma

Response: The authors have included a comparison with Thailand, but have not included an extensive comparison, as this is a systematic review about HIV prevalence in Vietnam and not in the region.

Pe. What is being done and what is needed? How will this review inform policy in Vietnam

Response: This is included on page 17, paragraphs 2 and 3

P4. Methods:

Pa. Conferences-

Pi. Which conferences were searched, please provide details and years searched

Response: Conference abstracts identified through the mesh terms via databases searched were included in this systematic review. The years were the same as the years identified for all studies identified in this review (pages 5-7).

Pii. What Abstracts were searched—again, details.

Response: Same response as above.

Pb. Data abstraction— i. Was it performed by two reviewers blinded to author affiliations

Response: This information has been included on pages 7-8.

Pc. Data abstraction- i. Did the second reviewer review all studies or a percentage?

Response: This information is included on pages 7-8.

Pii. Did you compute the percentage agreement?

Response: Yes. This is included in the abstraction table which is additional data that can be made available via an e-mail request.

Pd. Limitation and strengths:

Pi. Please move it to the discussion

Response: Amended

Pii. A section on bias is needed here.

Response: The authors are unclear as to what is recommended. We undertook the systematic review using clearly defined and agreed criteria, and therefore we are not clear on what types of bias the

reviewer is referring to.

Piii. A section on limitations of findings as well.

Response: Amended

Pe. Implications of findings section:

Pi. For practice and research should follow limitations therefore please move it to the discussion section

Response: Amended

P5. Results:

Pa. A discussion of variables is missing here. Please provide rates of HIV prevalence and move the implications to the discussion section

Response: HIV prevalence rates are both discussed in the results section and summarized in table 3. Implications are included in the discussion section.

Pb. Context and geographical regions within Vietnam if described in the introduction/background will help readers interpret and follow nuanced discussions of increasing rates of prevalence between them that could be moved to the discussion section again.

Response: Amended

Pc. Results presented in the tables could be moved into the appendices and key results described in this section. It seems that only one survey finding was reported.

Response: The authors feel that the summary HIV prevalence table is an important reference in results section. Unless the editor feels otherwise, we would like for table 3 to remain on page 14.

Pd. A systematic review should highlight all the studies and all the key findings.

Response: This systematic review highlighted the themes extracted from all studies and these were presented in the results section, as well as comprehensively presented in table 3 on page 14.

Pe. We need to report sample sizes against prevalence, perhaps consider weighted prevalence.

Response: Since this is not a meta-analysis but a systematic review, the authors did not find it appropriate to weight prevalence rates (especially given the heterogeneous nature of study methods and results).

Pf. Quality of studies—you could use STROBE guidelines for observational studies and report the number of items.

Response: The authors agree that ePPI was the most effective framework to apply to this systematic review since there were both qualitative and quantitative studies identified.

P6. Discussion

Pa. This section does not logically follow results presented in the results section.

Response: Per Colby's recommendation, this section has been rearranged and thus, addresses this

recommendation.

Pb. Risk of bias should be presented here- a discussion of all biases-language, reporting, Information, is needed

Response: The bias is inherent in the 'limitation's section include at the end of the discussion section. For example, the review is biased to study findings disseminated in the English language.

Pc. Confounding has been completely omitted?

Response: The authors are not clear on what confounders are being referred to in this statement, as we followed ePPI framework for systematic review protocol.

Pd. A Summary of evidence—should follow from the results—a few paragraphs suffice—not pages as reported.

Response: The evidence is set forth in the results section and then re-summarized as appropriate in the discussion based on the implications of those results. The discussion section is four brief paragraphs in length and not several pages.

Pe. Conclusion:

Pi. As stated earlier, the write up is not very convincing!

Response: The authors respectfully disagree with this seeing that there is so 'conclusion' section in the paper. The paper ends with the limitations of the systematic review as the concluding paragraph of the 'discussion' section. We believe the discussion section, now re-arranged per recommendations noted above, is written in a convincing manner.

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Kevin P Mulvey, PhD Substance Abuse and Mental Health Services Admin Substance Abuse Treatment Advisor US Embassy Hanoi
<b>REVIEW RETURNED</b>	17-Aug-2012

<b>THE STUDY</b>	The write up of tale 2 and the text describing the results are not consistent.
<b>RESULTS &amp; CONCLUSIONS</b>	Again unless I am missing something the result and the tables particularly table to re discordant.

#### VERSION 2 – AUTHOR RESPONSE

From Reviewer (Kevin Mulvey): The write up of tale 2 and the text describing the results are not consistent. Again unless I am missing something the result and the tables particularly table to re discordant.

Response: The only discord between what is included in Table 2 and the substantive text describing the results is an outlier, which is Hanoi. The authors have included one brief sentence re: this outlier in the body of the text.