

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Establishment of a prospective cohort of mechanically ventilated patients in five intensive care units in Lima, Peru: Protocol and organizational characteristics of participating centers
AUTHORS	Checkley, William; Denney, Joshua; Capanni, Francesca; Herrera, Phabiola; Dulanto, Augusto; Roldan, Rollin; Paz, Enrique; Jaymez, Amador; Chirinos, Eduardo; Portugal, Jose; Quispe, Rocio; Brower, Roy

VERSION 1 - REVIEW

REVIEWER	Hallie Prescott Fellow, University of Michigan
REVIEW RETURNED	02-Jul-2014

GENERAL COMMENTS	<p>Overall, I thought this manuscript clearly laid out the motivation and methods for studying mechanical ventilation in Peru. I have just a few suggestions to further improve the clarity of the protocol:</p> <ol style="list-style-type: none">1. What instruments were/will be used for the long-term follow-up, to assess QOL, symptoms, anxiety, depression, etc? How big is the sub-set with long-term follow-up? Anyone willing to participate? Power for this outcome?2. Abbreviations in Figure 2 should be explained.3. As I was reading this, I was a little confused about when the study took place or if it is ongoing still. The tense jumps between past, present, and future. It may be helpful to state dates for enrollment and when long-term follow-up will be completed.4. What aspects of clinical management and ventilation were measured?
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VERSION 1 – AUTHOR RESPONSE

Reviewer Name Hallie Prescott

Institution and Country Fellow, University of Michigan

Please state any competing interests or state 'None declared': None declared.

Overall, I thought this manuscript clearly laid out the motivation and methods for studying mechanical ventilation in Peru. I have just a few suggestions to further improve the clarity of the protocol:

R1Q1. What instruments were/will be used for the long-term follow-up, to assess QOL, symptoms, anxiety, depression, etc? How big is the sub-set with long-term follow-up? Anyone willing to participate? Power for this outcome?

R1A1.

We have details information in a new paragraph devoted to the long-term follow-up ancillary study. This information can be found in the methods section. Specifically, we have included:

“A subset of participants who survived until hospital discharge was asked to participate in an ancillary study and undergo a battery of tests to assess physical and mental health after hospitalization. We aim to include 150 participants. Long-term outcomes will include vital status at 6, 12, 24 and 60 months, lung function, six-minute walk test, handgrip strength, respiratory symptoms, presence of anxiety or post-traumatic stress disorder (PTSD) and depression. The instruments used to evaluate these outcomes include the Hospital Anxiety and Depression Scale (13), the European Quality of Life 5 Dimensions 5 Levels Classification System (14), the Pittsburg Sleep Quality Index (15), the Impact of Event Scale – Revised (16), the Telephone Interview for Cognitive Status (17), the 36-item short-form health survey (18) and the Katz and Lawton-Brody Activities of Daily Living Scale.”

R1Q2. Abbreviations in Figure 2 should be explained.

R1A2. An explanation for all abbreviations has been added.

R1Q3. As I was reading this, I was a little confused about when the study took place or if it is ongoing still. The tense jumps between past, present, and future. It may be helpful to state dates for enrollment and when long-term follow-up will be completed.

R1A4. Tense has been unified throughout the manuscript, many thanks for pointing this out. We have added the dates of enrollment and an expected date of when long-term follow-up will be completed.

R1Q5. What aspects of clinical management and ventilation were measured?

R1A5. We have expanded this section to read: “The DCI was collected daily, considering day 0 as the first 24 hours of mechanical ventilation. It consisted of daily laboratory tests (complete blood count, comprehensive metabolic panel, arterial blood gas results), selected aspects of clinical management (fluid management, delirium management, prevention of ventilator-associated pneumonia, gastrointestinal ulcers and venous thromboembolism, lung protective ventilation, transfusion practices, use of central lines, arterial catheter and pulmonary artery catheters), mechanical ventilation management (mode of ventilation, tidal volume, airways pressures, oxygenation and PEEP), and use of medications such as vasopressors, medications for prophylaxis for prevention of gastrointestinal ulcers and venous thromboembolism, opioids, benzodiazepines, sedatives, neuromuscular blockers, anti-psychotics and antibiotics.”