

**Review of : Hypertension care cascade in the Ingwavuma rural community,  
uMkhanyakude Health District, KwaZulu- Natal – South Africa (#60819) – using  
STROBE checklist**

**General comments:**

1. General alignment of text and overall spacing must be uniform.
2. Name of the table titles needs to be improved.  
E.g., Table 1: Socio-demographic and clinical characteristics of adults (N=131)  
Table 2 title not appropriate – as it is about association and there is no mention about the same.  
Table 3: Title not complete.
3. Figure 2 is a good thought however (prevalence and gap can be showed in the same vertical bar) and can be compared amongst gender or age whichever is appropriate.
4. Comment on strengths also.

Sl NO	Name	Checklist	Comments (Present/absent)	Remarks from the reviewer
1	<b>Title and Abstract</b>	(a) Indicate the study's design with a commonly used term in the title or the abstract	Not been mentioned.	Participants and the study design can be mentioned in the title as per PICO.
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	Summary was incomplete.	More emphasis has been given to statistics part of the abstract. There was no information on : Study design, questionnaire/ study tool, inclusion and exclusion criteria in the abstract
	<b>Introduction</b>			
2	Background/rationale	Explain the scientific background and rationale for the investigation being reported	There is no flow/continuity in the introduction and hence it can be reframed.	<i>Instead, the reframed of the introduction in the following way can be considered:</i>  Globally and the country wise burden with current Covid 19 situation.  What is HCC? Importance of HCC and its effects.  Influencers of HCC, screening and control.  The Need to assess / the rationale followed by objectives.
3	Objectives	State specific objectives, including any prespecified hypotheses	Very clearly stated in lines 81 -83	NA
	<b>Methods</b>			

4	Study Design	Present key elements of study design early in the paper	Mentioned but in the later half as in line 114	<p>Before writing about study instrument the author could have mentioned ,</p> <ul style="list-style-type: none"> <li>• Study design</li> <li>• Sampling frame</li> <li>• Study participants</li> <li>• Inclusion &amp; exclusion criteria</li> <li>• Study period</li> <li>• Sample size</li> </ul>
5	Setting	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Described adequately with demographic characteristics and boundaries.	<ul style="list-style-type: none"> <li>• Addition of map of study location will help international audience to understand the demography of the study settings and boundaries followed by the characteristics like rural and education to have a flow.</li> </ul> <p>Reference for lines 89-90 should be provided.</p> <p>As it is a paper of non-communicable disease what is the relevance of communicable disease like HIV prevalence twice (lines 59 and lines 92) in introduction as well as in methods?</p>
6	Participants	<i>Cross-sectional study</i> —Give the eligibility criteria, and the sources and methods of selection of participants	Only study design has been mentioned in line 114	<p>Sampling is more likely to be multistage random sampling-district-village-household with adults being the final sampling unit. However, there is no mention about sampling and the sample size.</p> <p>How households has been chosen there is no mention about it? E.g KISH method for WHO STEPS or something else.</p>
7	Variables	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	<p>Outcomes has been mentioned in line 169.</p> <p>Predictors / Operational definitions has been</p>	No mention about confounders and effect modifiers.

			clearly defined in line 134	
8	Data Sources/Measurement	For each variable of interest, give sources of data and details of methods of assessment (measurement).	Has been mentioned from line 134	NIL
9	Bias	Describe any efforts to address potential sources of bias	Bias has been mentioned in line 317 as recall bias. However, there is no mention about the effort to address it.	Explain how recall bias was taken care off.
10	Study size	Explain how the study size was arrived at	Not mentioned	calculated sample size with details should be mentioned.
11	Quantitative variables	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Was mentioned in line 181.	Good explanation of absolute and relative progression rates!
12	Statistical methods	(a) Describe all statistical methods, including those used to control for confounding	Appropriate statistical handling!	Mention on summary of continuous variables as mean +/- SD or Median(IQR) is missing e.g., age  Post hoc tests has already been mentioned but use of ANOVA is missing and can be included.
		(b) Explain how missing data were addressed	Not been mentioned	Add few lines about missing data and how it was taken care off.
	<b>Results</b>			
13	Participants	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram	-  NA  Done in Figure 1	Figure 1 has very nicely represented the flow. However, the number of participants in each level is missed unlike the mention of prevalence in lines 199-200.
14	Descriptive data	(a) Give characteristics of study participants (e.g., demographic, clinical, social)	Mentioned in Table 1	NA
		b) Information on potential confounders	Potential confounders should	If present, how these were handled.

			be mentioned if present or not.	
15	Outcome Data	<i>Cross-sectional study</i> — Report numbers of outcome events or summary measures	Mentioned in lines 199-205 as prevalence.	Figure 1 has very nicely represented the flow. However, the number of participants in each level has been missed unlike the mention of prevalence in lines 199-200.
16	Main Results	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized  (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful Time period.	Mentioned in lines 220-228 & also in Table 3.  -  NA	Potential confounders should be mentioned if present or not and how it has been handled.  Mention on summary of continuous variables as mean +/- SD or Median(IQR) is missing e.g., age
	<b>Discussion</b>			
18	Key results	Summarise key results with reference to study objectives	Has been mentioned	NA
19	Limitation	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Mentioned in lines 316-320.	NA
20	Interpretation	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Summarised as conclusion from line 322.	Comment about your finding in comparison with national / international perspective. Also state the potential reasons for differences if any.
21	Generalisability	Discuss the generalisability (external validity) of the study results	Generalisability has not been mentioned.	Few lines may be added about the generalisability of the study.
22	Funding	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Not mentioned.	Funding source may be added.

