Article details: 2018-0159	
Title	Cause-specific mortality among people living with HIV in Ontario Canada, 1995–2014: a population-based study
Authors	Ann N. Burchell PhD, Janet Raboud PhD, Jessy Donelle MSc, Mona R. Loutfy MD, Sean B. Rourke PhD, Tim Rogers PhD, Ron Rosenes LLD, Clare Liddy MD, Claire E. Kendall MD PhD
Reviewer 1	Kentaro Iwata
Institution	Division of Infectious Diseases, Kobe University Hospital, Kobe, Japan
General comments (author response in bold)	Would like to suggest adding figures illustrating the results of the manuscript to visualize better the alteration on cause of death of PLWH in Ontario over time. {Editor note: this is optional but you could add this to an appendix.} **We appreciate this reviewer's suggestion, and it is our request that Figures 1a and 1b incorporate this visualization of changes in causes of death over time. Could the editor kindly clarify if additional figures are requested? (Figures 1a and 1b)**
Reviewer 2	Alexander Singer
Institution	Department of Family Medicine, University of Manitoba, Winnipeg, Man.
General comments (author response in bold)	The introduction clearly represents the current state of knowledge and the purpose. It does this in 3 paragraphs which I believe is fine, but does go against the journal standard (which perhaps should be waived given as written it is grammatically correct). **Thank you for this comment. We have reformatted the introduction to be 2 paragraphs (Page #3).** The description of methods is clear but may benefit from section headings to improve organization. **We have incorporated subheadings as requested in both the methods and results sections (Pages #3-6).**
Reviewer 3	Max Trubnikov
Institution	Indigenous Services Canada, Population Health and Primary Care Directorate, Ottawa, Ont.
General comments (author response in bold)	1. P6, lines 31-32. Adding references to chronic hepatitis B and C co-infection as a factor affecting mortality may be considered. **The reviewer makes a good suggestion. As reference 6 specifically considers the impact of hepatitis B and C under their definition of liver disease, we have added "(in particular due to hepatitis B and C)" to this sentence (Page #3).** 2. Interpretation section may benefit from a suggestion that exact pathways of how ecological level measures affect HIV and other cause-specific mortality need to be established. **Thank you for this suggestion however, we do not fully understand the intent of this comment. Was it meant to refer to neighborhood level characteristics measured in this study, namely rurality and income quintile?** 3. The last sentence on p8, line 5 may benefit from adding a reference to Project ECHO (Extension of Community Healthcare Outcomes, https://echo.unm.edu/) at the University of New Mexico School of Medicine. **This is an excellent suggestion. We have included a new reference for this program (reference 50).** 4. Table 1, neighbourhood income quintile may benefit from adding description that 1 quintile means "lowest" and 5th means "highest". **Thanks for this suggestion, which we have incorporated (Table 1).** Manuscript Requirements: 1. Please include study type in your title. **We have updated the title per the editor's request (Page #1).** 2. Abstract: CMAJ Open requires a structured abstract of no more than 250 words that contains the following sections: o Background: Includes a clear statement of the study aim and research question. (2 sentences) o Methods: Includes the research design, setting of the study, and participants, including number participating and criteria for selection, entry and exclusion. The interventions, if applicable, should be clearly outlined, as well as primary and secondary outcome measures. o Results: The main findings should be quantified with 95% confidence intervals and the number needed to treat or harm, if applicable. Absolute, rather than relative, risks are preferable. o Interpretation: This should include the main conclusions and implications. (2 sentences) **We have revised our 250 word abstract accordingly (Page #2).** 3. Introduction: Please ensure this is no longer than 2 paragraphs. A statement of the study aim and research question should be included at the end of the introduction. **We have reformatted the introduction to be 2 paragraphs (Page #3).** 4. Methods: Subheadings (e.g., setting, design, sources of data, statistical analysis) are helpful for readers; these will vary depending on the study type. **We have included subheadings for both methods and results (Pages #3-6).** 5. Interpretation: Please include the following 4 main categories: main findings (1 paragraph); explanation and comparison with other studies (2 paragraphs); limitations (1 paragraph); and conclusions and implications for practice and future research (1 paragraph). **We have revised the interpretation section accordingly. However, please note that our explanation and comparison sections remain at 3 paragraphs for readability. We are open to suggestions to re-format the content of this section if the editor wishes (Pages #6-8).** 6. Please ensure your final word count is below 2500 words. **Incorporating requested changes, our final word count is 2413 words (All pages).** 7. Abbreviations: For only the most standard abbreviations (i.e., 95% CI, SD, OR, RR, HR), please spell out at first mention and include the abbreviation in parentheses. The abbreviations may be used throughout the remainder of the manuscript. Please remove all other abbreviations. **We have removed all non-standard abbreviations, in particular PLWH, throughout the paper (All pages).** 8. Please include up to 1 academic and 1 professional degree after each author's name. **We have ensured the number of degrees meets journal criteria (Page 1).** 9. Please include a reporting guideline checklist (if applicable for your study type) from the appropriate reporting guideline. For

| | more information, see the Equator Network (www.equator-network.org/) **A STROBE checklist was attached with our original submission (Attachment).** |