**RESEARCH SEMINAR**

**RESPONSE TO COMMENTS**

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**Paper:** Impact of same-day ART initiation on medical care and medication discontinuation among patients with incident HIV infection or AIDS in Taiwan: A population-based cohort study.

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| **S. No.** | **Comments** | **Response to comments** |
|  | **How are the outcomes measured? Does care discontinuation mean medication discontinuation as well?** | Ideally, care discontinuation should align with medication discontinuation. However, in this study, the definitions differ. Some patients were classified as having discontinued care (e.g., not seeing a doctor within 90 days) but still continued receiving antiretroviral therapy (ART). For example, a patient might return after 90 days, see a doctor, and receive a prescription—this would be counted as “discontinued care” but “continued medication”. As a result, the rate of care discontinuation appears much higher than that of medication discontinuation. |
|  | **The covariates are mostly patient-level characteristics. Should provider-level factors (e.g., physician’s experience or gender) be included?** | Agreed. As the professor noted, the National Health Insurance (NHI) data includes provider-related variables. The authors could have strengthened the analysis by including provider-level factors as covariates. |
|  | **Propensity score is used to address confounding, not selection bias.** | N/A |
|  | **Is there a meaningful difference between starting ART on the same day versus ONE day after diagnosis?** | Possibly. Starting ART one day later might give patients some time to process their diagnosis and consult with partners or support workers. Still, as the professor suggested, a more nuanced approach would be to treat the timing of ART initiation as a continuous variable—measured in days—rather than a binary one. |
|  | **Is using 90 days as the threshold for care discontinuation appropriate?** | It may not be ideal. According to an infectious disease physician in the class, a delay of about one week is often acceptable in clinical practice. This could explain why many patients in this study were classified as having discontinued care, even though their medication adherence remained relatively stable. |