**New words:**

SeizureTracker database is one of the largest available databases which is presumed to be representative of the general population of patients with epilepsy and which also has a published median seizure frequency. Therefore, it was thought that taking the target value for the monthly median monthly seizure frequency from there would help make NV model more realistic. Seeing as how the 23 RCTs used in the meta-analysis also had published median seizure frequencies, it was decided to look at those median frequencies as well. The average median monthly seizure across all 23 RCTs turned out to be 8.7, which is higher than the target value taken from SeizureTracker.com. This difference in median monthly seizure frequencies suggests that patients who are typically enrolled in RCTs are much more sick than the general patient population. The difference also suggests that the NV model is not appropriate for evaluating placebo response with respect to typical RCT patients. However, given that the general population of patients with epilepsy is significantly larger than the population of patients who are typically enrolled in RCTs, the NV model as presented can still yield useful insights.

**Old words:**

As for the median seizure frequency, the target value of 2.7 seizures/month was chosen based on analyses of data from SeizureTracker.com[7]. The SeizureTracker database represents the largest available dataset which corresponds to the general population of patients with epilepsy which has a published median monthly seizure frequency; therefore, it was thought to be an appropriate place to acquire the target value for the median monthly seizure frequency.

However, the set of 23 RCTs that were used for the meta-analysis suggests that 2.7 may not be the optimal target value to use: the average median monthly seizure frequency from all 23 RCTs was calculated based on their reported median monthly seizure frequencies, and the average was 8.7 seizures/month. This suggests that typical RCT patients suffer more acutely in general from epilepsy than does a typical SeizureTracker patient, which in turn suggests that a median monthly seizure frequency of 2.7 may not be optimal for modeling RCT patient populations.

When considering the combined effects of the target values for the log-log slope and the monthly median, it can be concluded that the results of the NV Model as described in this paper are broadly applicable to patient populations consisting of people who are not typically enrolled in RCTs. Further studies will be needed to assess populations with higher median seizure frequencies to determine optimal modeling parameters and predictions about such patients.