Comments from Matt

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| **#** | **p** | **Comment** | **Response** |
| 1 | 1 | What does a TTE tell you?   * I’d ignore here [sic?] | **Action: *No action taken.*** |
| 2 | 1 | Why different OACs in different populations? | This is answered later in the manuscript.  **Action*: No action taken.*** |
| 3 | 1 | Not clear whether this is for CHADS2 0 or 1, or just 1. | The point is it’s either, and is just affected by the choice of OAC.  **Action*: No action taken.*** |
| 4 | 2 | This seems confusing as the example you provide is not [?] clinically effective. If we push not CE then we need to say the gains come at a high cost. | Unsure how to respond to this.  **Action: *Matt to suggest alternative sentence or discuss.*** |
| 5 | 6 | Need to make sure we tie in the others. | I’ve changed the first sentence of this paragraph to read:  Due to the large number of scenarios run, only the results for two scenarios are discussed in detail here for illustration, although the results for the other scenarios are also provided.  **Action: *Matt to see whether this amendment does the job, and if not suggest an alternative.*** |
| 6 | 7 | Suggest delete second more in :  The mean costs and QALYs associated with each arm indicate that the TTE strategy confers an average of 0.5 additional QALYs, but costs on average more than £3,000 more per patient. | This isn’t a typo or word repetition. Removing the second more changes the meaning.  **Action: *To discuss.*** |
| 7 | 19 | Alter – ditto for others (To W\_50\_0\_M in table 4) | Not sure what to alter these to. As the table captions describe the populations, and the shorthand is a bit unseemly. I’ve just removed this.  **Action: *To discuss and agree if this is the right course of action.*** |
| 8 | 20 | Shouldn’t this be males | The table and graphs were of the wrong populations. This has now been corrected (to W\_50\_1\_M)  **Action: *JM to double check this and other graphs.*** |