# Comments from Matt – Early December

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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.*** |

# Comments from Matt – 7 December

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| **#** | **p** | **Comment** | **Response** |
| 1 | 5 | Move this one to last and also add that this was due to the risk estimated through the CHADS score increasing.  Did we build the model so than an OAC was given if being aged 75+ took you to the threshold? | Yes (to 2nd point).  Have added sentence  **Action*: No further action required*** |
| 2 | 5 | Need to add that following bleed OACs are discontinued. | The paragraph already includes:  “withdrawal of an OAC following a major bleed”  **Action*: Matt to decide if something else needs to be written.*** |
| 3 | 6 | Switching between WTP and MAICER could confuse people. Stick with one | I don’t use the phrase willingness to pay or acronym WTP in the manuscript.  **Action*: None required*** |
| 4 | 7 | 7-1 6 Dec 2012 20:27, Matt Stevenson  Plural?  7-2 6 Dec 2012 20:27, Matt Stevenson  Check it is mean and not median | Changed ‘depend’ to ‘depends’: there’s definitely one ICER, but calculated for multiple scenarios.  It is mean.  **Action*: None further required*** |
| 5 | 7 | We defined ICER, will we use it? | Used the term ICER instead cost-effectiveness ratio.  **Action*: None further required*** |
| 6 | 7 | For consistency we Need to either add b) here or take out the a) later | I don’t understand this comment.  **Action*: Discuss*** |
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