# Comments from Lipp w/ suggestions by Matt–Mid December

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| **#** | **p** | **Comment** | **Response** |
| 1 | 1 | “**Conclusions:** Irrespective of the OAC, scenarios exist where the use of TTE is both clinically effective and cost-effective.” | This needs changing.  ***Action: JM to look through results for different OACs and produce new conclusion.*** |
| 2 | 4 | A TTE will not detect this – this needs a TRANSOESOPHAGEAL ECHO ie TOE | ***Action: wording has been changed to “some forms of LA ABN.” [DONE]*** |
| 3 | 4 | This should go into the Methods, not the Introduction | We disagree that this should go in the methods, as it’s introducing the decision problem, and how TTE should be part of this.  ***Action: None further required [DONE]*** |
| 4 | 5 | Not true  One or more, as recommended in new guidelines | Wording has been changed to reflect this. Only scenarios where patients have an initial CHADS2 score of zero are now included.  ***Action: None further required [DONE]*** |
| 5 | X | Discussion with Matt: Need to look back at report and see which data sources have been used for estimating relative risks of bleeds compared with warfarin. | Went through PSA inputs sheet, found descriptions. Added additional references regarding rivaroxaban (Patel 2011) to manuscript table.  ***Action: None further required [DONE]*** |
| 6 | 6 | New OACs may have less major bleeding than warfatin  Also, may be superior to warfarin for stroke reduction | Data sources used for this are in table at end. RRs are discussed in HTA report.  ***Action: None required. [DONE]*** |
| 7 | 11 | Where did £66 figure for TTE come from? | Standard NHS Reference costs available at:  <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459>  The full HTA report discusses the choice of the £66 as follows:  The HRG cost code RA60Z (‘Simple Echocardiogram’) was used as the cost of TTE. The mean cost of this technology was estimated as £66. A second more expensive estimate of £425 was listed for HRG code EA45Z Complex Echocardiogram (include Congenital, Transoesophageal and Foetal Echocardiography), which was deemed not appropriate for TTE.  It is important to note that the costs associated with the intervention (indirect costs of TTE) are likely to greatly exceed the current service cost (direct costs of TTE). This is because the associated costs include those of acting on the clinical information provided by the diagnostic test, which may include the costs of surgical intervention, as well as additional costs of long-term medication for some patients who would not otherwise have received such treatments. For example, TTE may indicate that some additional patients should receive OACs. For illustration, the annual costs of both rivaroxaban and dabigatran are both estimated to be in the region of £800, so a single year’s additional treatment cost as a result of a clinical indication provided by TTE can be much greater than the cost of TTE itself.  ***Action: None required? [Done]*** |
| 8 | 21 | Don’t put figures in tables. | These will now be referred to as ‘figures’ instead of tables.  ***Action: JM to amend.*** |

# 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.[DONE]*** |

# 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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