Tosovic – case/control (n) pre-meno post meno BMI<25 BMI>25

T3 168/175 461/469 327/329 302/315

T4 168/175 461/469 327/329 302/315

TSH 169/175 459/469 326/328 302/316

Also, how do rows 111 and 112 differ from 123 and 124 apart from the Number of cases? Should 111 and 112 be Quartiles? Why do their numbers differ from dichotomised and continuous?

van de Ven (correct spelling)- different lines are referring to high or low thyroid; high thyroid = high FT4 /low TSH- converse for low thyroid. Lines 1,4,5,7 are high thyroid.

OK, can you check whether you meant row 4 or row 3 as row 3 was labelled high!

Chaker incident diabetes – strictly euthyroid n=7188

But: incident diabetes has n = 7114 < 7188 with the further condition of needing to be strictly euthyroid?

Chaker 2016 SCD- the results are almost identical

Exact descriptions from text- 1. Excluding abnormal FT4 values and thyroid medication at baseline. 2. Excluding abnormal FT4 values and thyroid medication at baseline and censoring participants with thyroid medication use during follow-up. The n values are as per the article- ? an error, ? a statistical quirk of censoring cf excluding

Fine: it is because it is censoring, not exclusion.

G- Garcia-

Tertile numbers are not stated- surely it must be the whole 3033 with 1011 in each tertile?

Not sure. The 4 I highlighted also have the annotation: “FT4/low TSH or vice versa”, so presumably a subset of the entire cohort?