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?

This relies on my addition. I think the 175 and 327 are correct. Will bring paper tomorrow. Rows 111 and 112 are quartiles. 123 and 124 are stratified for menopausal status and BMI.

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! Row 3 is low, row 4 is 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? The 7114 is a mistake ; for total participants n= 8447 for TSH and 8446 for FT4.

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?

You are right. They looked at the tertile of the population with the highest TSH values- and looked for relationships with FT4 within that tertile. They also looked at the lowest tertile of FT4 for relationships with TSH. So each analysis was on n=1011 presumably, rather than 3033.