Author's response to reviews

Title: An international longitudinal registry of patients with atrial fibrillation at risk of stroke (GARFIELD): the UK protocol

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Author's response to reviews: see over
Dear Mr Ballesteros,

RE: 6978528078572477 - An international longitudinal registry of patients with atrial fibrillation at risk of stroke (GARFIELD): the UK protocol

Thank you for reviewing our manuscript and inviting us to submit a revised version. We have revised the manuscript in line with the reviewers comments and provided a response to each comment below.

Yours sincerely,

Patricia Apenteng, on behalf of the authors

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Reviewer 1

1. The manuscript should be shortened since the general GARFIELD methodological paper has already been published (AM Heart J 2012;163:13-19.e1).
   
   We have shortened the paper significantly while ensuring that the paper includes the key components of the general study so that the paper is a valid and complete account of the UK study.

2. Background: line 10: provide data about disability and severity of AF strokes.
   
   This has been revised to include data about disability and severity of AF strokes.

3. Fourth paragraph and following should be reduced given the main paper published. The authors should point out about possible highlights of a second paper focused on UK reality.
   
   We have shortened the fourth paragraph. However we feel the following two paragraphs are important as they focus on the CHADSVASC and HAS-BLED risk scores; these are the key highlights of the UK study and not included in the global methods paper. The next two paragraphs relate to the UK context and not included in the global methods paper. The UK paper will be an important point of reference for the UK study; we have added this in the last paragraph of the background section.
4. Methods: given the other published paper, methods should be shortened highlighting the possible differences with GARFIELD general study.
   We have shortened the methods section significantly and only maintained key points to highlight the focus of the UK study.

5. The authors should also provide some preliminary data about AF in the UK. A table reporting AF studies in UK could also be useful.
   We have added some prevalence data and preliminary data on antithrombotic therapy in AF patients in the UK on page 6.

6. The authors should explain better what they mean by ‘adapted to the UK context to maximise the value of GARFIELD to the UK’ and describe better why it is important to describe UK reality.
   We have explained this further and emphasised why it is important to describe the UK study.

7. Last paragraph should be removed in the methods part.
   We have removed this.

8. Aims are also not clear and should be explained better (comparison with other areas? geographical differences in AF management?)
   We have clarified this and stated in the discussion that we will be comparing the UK data with data from the rest of the world.

Reviewer 2

1. All the details about data collection are reported. However, it may be important to collect data on where recruited patients live (home, nursing homes) and with whom and about their mental status (dementia?) or degree of disability prior to recruitment.
   Data collection on where recruited patients live falls outside the remit of the current study. Patients who do not have the capacity to consent are not recruited to the study so this gives some indication of mental status at the time of enrolment.