Reviewer's report

Title: Effect of cinacalcet availability and formulary listing on parathyroidectomy rate trends

Version: 2 Date: 12 March 2013

Reviewer: Theresa I Shireman

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Major Compulsory Revisions
1. The justification for this study remains weak. The “new” arguments call for a person level analysis to test whether cinacalcet delays the time to PTX and whether some patients cannot tolerate cinacalcet side effects (end of first paragraph). The paper does present work that can answer the question of whether the availability and formulary listing of cinacalcet modified the trend in PTX rates. This is a very basic question and is not particularly compelling: e.g., we find out that yes, PTX rates changed. The implications of this for patient care are unknown. At least the investigators do not overstate the importance of their findings. My concern is that Amgen will try to exploit these results to their benefit without a full understanding of the “health” implications, though I understand that is beyond the control of the investigators.

Essential revisions
2. Age is computed differently for incident (during the observation period) and prevalent patients. It should be computed the same way for all subjects to avoid artificial findings.

Discretionary Revisions
3. The 4th response from the authors states that they included a cohort catchment period going back to 1999 to collect comorbidities, but I neither see anywhere in the methods the definition of comorbidities nor in the results the presentation of those analyses.

4. The authors did not discuss the generalizability of their findings beyond Quebec as requested.

5. Since persons with private insurance do not have observable prescription claims, it seems they should be excluded entirely.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: