Reviewer's report

**Title:** A New Fetal RHD Genotyping Test: Costs and benefits of mass testing to target antenatal anti-D prophylaxis in England and Wales.

**Version:** 2 **Date:** 4 January 2011

**Reviewer:** Anneke Brand

**Reviewer’s report:**

Q1 is appropriately dealt with by mentioning in the discussion on page 14 that there is absence of a gold standard for comparison and by quoting data that suggest superiority of NIPD over serology instead of inferiority. Unfortunately in the final conclusions and in the abstract this uncertainty in their assumption is not reflected.

Q2: I agree that the NICE data rather support instead of contradict Mayne’s data and that there is no reason to change the calculation. In our country, Netherlands the additional gain of antenatal prophylaxis (using a different schedule) is rather disappointing.

Q3: Again I may be biased by the Dutch situation trying to be self-sufficient; although I wonder how the USA can export so much anti-D-plasma and Ig worldwide without boosting, while in their literature it is not obvious that Rh-D HDN is a larger problem compared to other countries.

Q4: I assume I did not pose my question clearly enough. I certainly do not intend that the authors should limit to costs only and not discuss possible (dis)benefits. But costs are rather hard, while the (dis)benefits have a larger degree of uncertainty, also depending on country as serology elsewhere may be not as perfect as in UK/Wales. They now state that robustness of NIDP, also in non-Caucasians, should be more rigorously explored. I was interested in their opinion if (after such exploration) NIDP and serology post-partum give equal (99.9%) sensitivity to correctly detect D+ infants. Of course I (the reader) can make the calculations based on the given data, but it would be informative to have their authoritative view on a break-even point for implementation.

I do not want to obstruct the publication as the authors are not willing to give their opinion and advice to accept as it is now.