Author's response to reviews

Title: Efficacy of mirabegron in patients with and without prior antimuscarinic therapy for overactive bladder: a post hoc analysis of a randomized European-Australian Phase 3 trial

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Author's response to reviews: see over
Dear Dr Norton,

Thank you for the peer review comments on the above manuscript. Please find following our responses:

Reviewer 1

1. In the abstract I don't understand the mean of the word "persistence", Do the authors would like to use "compliance"?
   Persistence can be defined as “the duration of time from initiation to discontinuation of therapy” (Cramer JA, Roy A, Burrell A, et al. Medication Compliance and Persistence: Terminology and Definitions. Value Health 2008;11: 44-7.) In recent years, the use of the word “compliance” has fallen out of use. In addition, "persistence" is the term used in the references we cite in the Background section (refs 8-10), so we would prefer to retain this term. However, we have amended the abstract to say “low rates of persistence” rather than “poor rates of persistence”.

2. In the methods the description of the primary study design should be shorten, is excessive
   The description of the primary study has been shortened, as suggested.

Reviewer 2

3. What were the adverse events encountered in the use of mirabegron in this study?
   This is an efficacy manuscript focusing on the efficacy of mirabegron in patients who had previously received antimuscarinic therapy and those who were antimuscarinic naïve. In terms of safety, adverse events have been fully outlined in the manuscript reporting the primary study population (ref 17), which reported that the incidence of treatment-emergent AEs (TEAEs) was similar across the placebo, mirabegron 50 mg, mirabegron 100 mg and tolterodine ER 4 mg groups.

Kind regards

Vik Khullar