Reviewer's report

Title: Cost-Effectiveness of Evidence-Informed Leg Ulcer Care with Compression Therapy: Results from the Canadian Bandaging Trial

Version: 1 Date: 11 March 2012

Reviewer: Louisa Gordon

Reviewer's report:

Overall, the manuscript is interesting, well-written and is an important contribution to existing literature on this topic.

Minor revisions

Is it necessary to use ‘Evidence-Informed’ in the title? – not sure of the value of this.

Major compulsory revisions

Abstract: In the methods section, there should be a sentence added about the censored data analysis. It looks like QALYs only were measured over one year but the entire data analysis was for one year and could be made clearer. The two conclusion sentences could be condensed/combined.

Overview – the first sentence is too long and should be broken up. Please clarify if one overall protocol was developed or multiple site-specific protocols.

Patient population – the participant lost or discontinued is very high. The % should be added to the n’s listed.

Resources used – the total time period that costs were collected over is not mentioned.

Data analysis - The sentence ‘Scenario analyses….perspectives’ could be simply reworded to ‘We presented the results separately for societal, health system and community care perspectives.’

For those who discontinued, how was missing data handled? Were these considered ‘censored’ along with those lost to follow-up?

Costs - It is worth emphasizing in a clear statement that the main driver in the CEA is bandaging costs ie. some statement such as ‘bandaging costs were substantially higher for the 4LB system and these were only partially offset by the lower health utilisation costs for 4LB compared with SSB’.

Health outcomes - The paragraph ‘Partially due to……(-7.0,13.5)’ is somewhat overstating the effect. The benefit is ‘negligible’ rather than ‘slightly higher’ which is more optimistic. Essentially, the effect is the same for 4LB or SSB as later correctly interpreted in the discussion. Technically it is higher 0.009 but QA life-days is getting on shaky ground. I think it is better to state the effects are similar – neutral. Also, for the costs, $420 extra over one year is a minimal additional cost.
Limitations – what is the impact of the trial being open-labelled. Most likely it is the uncertainty of outcomes for those lost and discontinued. A lot of people discontinued – is it known why they did? Dissatisfaction with healing. This should be elaborated because it is unknown what direction the benefits may have taken.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.