Reviewer's report

Title: Anticoagulant Use for the Prevention of Stroke in Patients with Atrial Fibrillation: Findings from a Multi-Payer Analysis

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Reviewer: Daniel E Singer

Reviewer's report:

This is my second review of this paper. The authors have responded to my concerns about INR testing by expanding their limitations section and acknowledging that they have incomplete information about INR testing, which is fine as far as it goes. Under-ascertainment of INR testing will lead to some underestimation of warfarin persistence. It will certainly lead to underestimation of use of INRs. I think the authors should delete the last sentence of their Results section of the abstract, i.e., "More than 55% of the patients receiving warfarin had an INR test during the study period," since the correct estimate is most likely close to 100% (having at least 1 INR test). I continue to suspect the bleeding rates are biased low.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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

Declaration of competing interests:

I have received consulting fees from Bayer Healthcare, Boehringer Ingelheim, Bristol-Myers Squibb, Daiichi Sankyo, Johnson and Johnson, and Pfizer - all developers of novel anticoagulants. I have also consulted for CL Behring, manufacturer of an agent to treat anticoagulant-related bleeding. I have received research support from Johnson and Johnson and Bristol-Myers Squibb to conduct research related to stroke prevention in atrial fibrillation.