Reviewer's report

**Title:** European Practice Assessment of Cardiovascular risk management (EPA Cardio): Protocol of an international observational study in primary care

**Version:** 1 Date: 17 September 2008

**Reviewer:** Nicholas Steel

**Reviewer's report:**

• **Major Compulsory Revisions**
  This is a well-written protocol for an interesting and important study which aims to provide internationally comparative data on primary care management of cardiovascular disease and relevant life style factors in ten European countries. It needs no major revisions.

• **Minor Essential Revisions**
  Two typos on page 5: ‘health centre’ appears twice in a line half way down the page, as does ‘large’ in the second from last line on the page.

• **Discretionary Revisions**
  There are several areas in the methods that need clarifying.
  1. Page 5. What were the grounds for selecting the 10 countries that are included? How representative are these 10 countries of Europe as a whole? For example, are they more economically developed? Do they have particular health systems, for example a more established primary care system than other European countries?
  2. Page 5. The practice sample is described as 36 physicians from 36 practices. I assume this should be just 36 practices, as the protocol later states that the study considered all staff in each practice, and the data analysis plans to allow for clustering at practice and country level, but not physician.
  3. Page 5. The protocol states that ‘the practice may be part of a larger organisational network such as a health centre….for instance to share patient lists’. Please clarify how you distinguished between a practice and health centre with a shared list, as I would think they are the same thing, at least in the UK?
  4. Page 6. The second paragraph states ‘it was acceptable to sample in one or fewer geographical areas in a country’. Please add a sentence to explain how you assessed the extent to which the chosen geographical areas were nationally representative.
  5. Page 6. How were the patients in the three groups identified from practice lists? If electronic codes (eg Read) were used might differing coding practice be a source of sample bias between countries? Please clarify what attempts were made to ensure that the case mix of patients was comparable at different sites.
  6. Why was the third sample restricted to age 18-45, rather than, say, all adults?
7. Page 7, ‘measures’. Indicators were identified by GPs from 9 countries. Please say whether these 9 countries are all involved in the project, and if so which 10th country was not, or whether they are a different set of countries. Were there big differences between the rating scores given by GPs from different countries? If so, how might these national differences affect the results of the study?

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare that I have no competing interests