Reviewer’s report

Title: Cumulative incidence for wait-list death in relation to length of queue for coronary-artery bypass grafting: a cohort study

Version: 1 Date: 3 July 2006

Reviewer: Nick Boon

Reviewer’s report:

General
This report describes an interesting analysis of waiting-list deaths among nearly 9000 patients listed for first CABG surgery over a ten year period. The paper is well written and the data are presented clearly. The authors advance some complex statistical arguments which make sense to me (a non-statistician) and justify the way the findings are presented. The data show convincingly that patients who register on a long waiting list have a greater chance of dying whilst waiting for surgery (64% increase in odds of death for patients joining a list with a clearance rate of more than one month compared to those joining a list with a clearance rate of less than a month). This is not surprising but will be of interest and of value to those who are working in health care systems with long waiting times. Moreover, the study probably offers the most accurate assessment of such risk to date.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
none

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
none

Discretionary Revisions (which the author can choose to ignore)

1. Whilst I accept that all cause mortality is the only valid end-point the reader would I suspect appreciate some comment on the mode of death.

2. Is there any information on CVS morbidity particularly the incidence of myocardial infarction. The writer has sadly had to deal with several patients who have been taken of the waiting-list for CABG after suffering a large but non-fatal MI.

3. The authors may wish to comment on the timing of fatal events in the present study. Some workers have reported an excess of deaths among patients soon after joining the waiting list with a second high risk period in the days immediately before planned surgery. It has been argued that very early deaths probably reflect the impact of active or unstable disease (which may have prompted investigation in the first place) and that the excess of deaths immediately before surgery might stem from the effect of stress and possibly also the effect of withdrawing medication (eg antiplatelet therapy) in preparation for CABG. Was the death rate in this cohort linear and if not were there any identifiable high risk periods?

What next?: Accept after discretionary revisions

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

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.