Author's response to reviews

Title: Protocol for a systematic review of prognostic factors and prognostic models for the recurrence of venous thromboembolism (VTE) following treatment for a first idiopathic VTE

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Dear Editors,

Re: Protocol for a systematic review of prognostic factors and prognostic models for the recurrence of venous thromboembolism (VTE) following treatment for a first idiopathic VTE

Venous thromboembolism (VTE) is a chronic disease, with fatal recurrences occurring in 5% to 9% of patients, yet it is also one of the best examples of preventable disease. The identification of patients at benefit from long-term anticoagulation therapy, and conversely those that would benefit from stopping such therapy due to a low risk of recurrence, is crucial to allow preventative measures to be used effectively.

The aim of this study is to systematically review all of the evidence on potential prognostic factors for the recurrence of VTE or adverse outcomes following the cessation of therapy for a first idiopathic VTE, and to synthesise and summarise each factor’s prognostic value. Prognostic models that utilise multiple prognostic factors in combination to predict individual outcome risk will also be identified and reviewed.

We plan to use rigorous review methodology, including a comprehensive search strategy and duplicate study selection and data extraction. Quality assessment will be based on the guidelines set out in the QUIPS (Quality In Prognostic Studies) tool by Hayden et al. and the methodological guidelines for prognostic models put forward by Altman et al. Reporting will be in accordance with PRISMA guidelines.

We anticipate that the results of the review will represent a significant step toward informing clinical management of patients receiving therapy after a first idiopathic VTE. Prognostic factors and prognostic models will be identified for the risk of VTE recurrence or adverse outcome, which will be informative for clinicians considering whether to stop or continue treatment for individuals with a first idiopathic VTE.

The systematic review is funded by a grant from the National Institute for Health Research – Health Technology Assessment Programme (10/94/02) and this protocol is registered with PROSPERO (2013: CRD42013003494). Both Dr David Moore and Professor Jon Deeks are associate editors for BMC systematic reviews journal. None of the other authors have any competing interests to declare.

We would be grateful if you would to consider our systematic review protocol for publication in your journal.

If you have any queries, please do not hesitate to contact me.

Yours faithfully,

Joie Ensor