Author's response to reviews

Title: Protocol for a systematic review and economic evaluation of the clinical and cost-effectiveness of non-hospital based non-invasive ventilation (NIV) in patients with stable end stage COPD with hypercapnic respiratory failure

Authors:

Chirag Dave (chigesh79@hotmail.com)
David Moore (d.j.moore@bham.ac.uk)
Alice Turner (a.m.wood@bham.ac.uk)
Janine Dretzke (j.dretzke@bham.ac.uk)
Sue Bayliss (s.bayliss@bham.ac.uk)
Sue Jowett (s.jowett@bham.ac.uk)
Deirdre O Brien (j.dretzke@bham.ac.uk)

Version: 2
Date: 13 January 2014

Author's response to reviews: see over
Dear Editor,


Thank you for the feedback on our manuscript, the comments were constructive and informative. We have taken on board and addressed all the suggested revisions. Details of revisions are listed below (in red) in a point-by-point format:

Comment p1 (page 2)
* There are a lot of primary outcomes here. The Cochrane handbook recommends three including at least one efficacy and one harm.

The primary outcomes have been dictated by clinical and health economic importance in consultation with the steering group for the project and the funder.

Comment p2 (page 2)
* Subgroup analyses are usually undertaken to investigate heterogeneity

This sentence has been adjusted.

Comment p3 (page 6)
* These last two sentences are confusing, please expand or edit to give more details

These sentences have been adjusted.

Comment p4 (page 7)
* ‘mortality is stated in the abstract. Will you look at this as a time to event outcome or dichotomous?’

Survival is now listed in the abstract.

Comment p5 (page 7)
* ‘quality of life’ - Will validated questionnaires be used?

This has been altered with examples of validated questionnaires.

Comment p6 (page 8)
* ‘lung function (e.g. FEV₁)’ - Will you also consider other measures such as FVC?

This has been changed to: lung function (e.g. FEV₁, FVC)

Comment p7 (page 8): Clinical Effectiveness: Selection Criteria: Secondary Outcomes
* (serious) adverse events’ – example?
This has been changed to include examples.

Comment p8 (page 9)

* ‘loss to follow-up and biases in outcome assessment’ – and confounding?
We acknowledge that confounding needs to be included and have done so.

Comment p9 (page 9)

*How will different outcomes be analysed i.e. mortality, hospital admission, exacerbations? Which measures will be used i.e. odds ratio, mean difference etc?

We have now included how the different comments will be analysed and the measures that will be used.

Comment p10 (page 9)

* What will you do with systematic reviews in the analysis?

In the context of the protocol for this systematic review of effectiveness of NIV, existing systematic reviews will be reviewed for the purpose of ensuring complete ascertainment of primary studies.

Comment p11 (page 9)

* Will all studies be combined at different timepoints?

We have added a paragraph to answer this comment.

Comment p12 (page 10)

*The potential for indirect comparisons - What about a multiple treatment comparison?

Multiple treatment comparisons have been included.

Comment p13 (page 10)

*It is advised that subgroup analyses are also undertaken when there at least 10 studies.

Whilst we aware of the guidance as pointed out by the reviewer regarding the number of studies, sub-group analysis will be guided by important effect modifiers, but any limitations in this process due to the number of studies will be acknowledged.

Comment p14 and p15 (page 10)

*type/mode and hours of use - please provide more details

This has been expanded on.

Comment 16 (page 11):

*‘low quality studies’ – how will you decide which are low quality studies

We have re-worded this term.

Acknowledgements (page 13):
*Is this not published as a protocol on the HTA website?*

This is published as a protocol. The correct project number has been put on.