Reviewer's report

Title: Cost-effectiveness of fondaparinux versus enoxaparin in non-ST-elevation acute coronary syndrome in Canada (OASIS-5)

Version: 2
Date: 22 June 2015
Reviewer: Stjepan Jurisic

Reviewer's report:

This study refers to the OASIS-5 trail that had three conclusions: First that Fondaparinux has similar efficacy with Enoxaparin in short-term outcome. Secondly that Fondaparinux is reducing major bleeding compared to Enoxaparin and because of that thirdly the reduced bleeding with the usage of Fondaparinux results with a lower long-term mortality and morbidity. Taking advantage of the large OASIS-5 trial the authors assessed whether Fondaparinux is cost-effective versus Enoxaparin in NSTEMI ACS in Canada. However, there are different limitations like the modeling of cost-effectiveness in multinational trials as argued by the authors in the present paper. The main finding in the paper was that over an 180-day period fondaparinux was protective and cost-effective strategy compared to enoxaparin.

Major Compulsory Revisions:

There are several points that need clarification and/or further work;

1. The study use clinical effectiveness on a 2006 published key clinical-trial, the OASIS-5 trial. Despite the highly internal valid findings from this trial the authors should discuss in greater depth possible limitations of the present paper.
2. Are patients with renal insufficiency excluded? This question is interesting regarding the limited evidence of fondaparinux in patients with renal insufficiency. Are the Canadian patients from one hospital or from database of the Ontario Health Insurance Program? This should be made more clear to the reader. Please elaborate on this issue.

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.

Declaration of competing interests:

I declare that i have no competing interest