Author’s response to reviews

Title: Economic evaluation of an extended nutritional intervention in older Australian hospitalized patients: a randomized controlled trial

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Version: 3 Date: 27 Jan 2018

Author’s response to reviews:

1. We note that the current submission contains some textual overlap with other previously published works, in particular:

https://academic.oup.com/qjmed/article-abstract/110/10/639/3798140?redirectedFrom=fulltext

This overlap mainly exists in your methods section (pages 8, 10, 11 and 12) and


This overlap mainly exists in your methods section (pages 15 and 16)

While we understand that you may wish to express some of the same ideas contained in these publications, please be aware that we cannot condone the use of text from previously published work.

Please re-phrase these sections to minimise overlap.

Response: We have rephrased these sections as advised. (Methods section, pages 8, 10, 11, 12, 15 and 16)
“The sample size was calculated based upon the change in the PG-SGA score from the baseline in the clinical trial [12] which provided data for this economic evaluation. The sample size in the clinical trial was based on the findings of a previous study [14], which has suggested that…”

“During this interview, a structured format was used by the dietitian to collect information about patients’ recent weight, compliance with the dietetic plan and any side effects with supplementation. In addition, patients received dietetic counseling with a focus to reinforce compliance with the intervention.”

“Currently all patients undergo nutrition screening by the use of Malnutrition Universal Screening Tool (MUST) and patients identified as high risk for malnutrition are referred to the dietitian.”

“The nutrition status of the participants was confirmed with PG-SGA by an experienced dietitian. The PG-SGA [18] generates a numerical score while also providing an overall global rating divided…”

“Within-trial economic evaluation with respect to the primary and secondary outcomes was undertaken allowing for bivariate uncertainty with bootstrapping of participant costs and outcomes to maintain the covariance structure. To account for uncertainty due to sampling variation in cost-effectiveness/cost-utility, non-parametric bootstrapping [28] were applied on participant level data to derive 5,000 paired estimates of mean differences in costs and outcomes. These bootstrapped pairs were summarized within cost effectiveness planes (CEPs) [29]. The probability of the intervention being more cost effective, compared to the usual care arm at different willingness-to-pay thresholds, was depicted using Cost effectiveness acceptability curves (CEACs).”

“Due to the presence of missing data on costs and outcomes (Tables 1-3), multiple imputation was used to account for missing values prior to conducting the base-case economic evaluation [30]. Imputed values were generated by use of an iterative Markov chain Monte Carlo method premised on multivariate normal regression. To appropriately characterize the uncertainty about the right value to impute, each missing value in the dataset was replaced with a set of 50 plausible values. Standard complete-case procedures were then applied to each of the 50 resultant multiply imputed datasets before combining the results using Rubin’s rules [31]. The following variables were used to predict missing values in the imputation procedure: study arm, age, gender, cognitive status, length of stay, total number of comorbidities and malnutrition diagnosis. In both the base-case and sensitivity analyses, only adjusted outcomes (adjusted for baseline differences and correlation between repeated measurements) were used.”

“Sensitivity analyses were carried out to test the robustness of the base case results and they focused on evaluating the effect of missing cost and outcome data values on the economic evaluation results (i.e. comparing results based on complete cases and those estimated using multiple imputed values). All analyses were conducted in Microsoft Excel (2010) and Stata version 14.1.”
2. In your “ethical approval and consent to participate” section of your declarations please include the date of registration of your trial

Response: The date of registration has now been included (page 25).

3. Currently, the statement in your “consent for publication” section of your declarations is incorrect. Consent for publication refers to consent for the publication of identifying images or other personal or clinical details of participants that compromise anonymity. Seeing as this is not applicable to your manuscript please state “Not Applicable” in this section.

Response: This has now been corrected. (page 25)

4. We would also like to ask for you to provide more justification for the contributions of PHM and CH as currently they do not automatically qualify for authorship. Contribution to statistical analysis alone, does not usually justify authorship.

An ‘author’ is generally considered to be someone who has made substantive intellectual contributions to a published study. According to the ICMJE guidelines, to qualify as an author one should have:

a) made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; AND

b) been involved in drafting the manuscript or revising it critically for important intellectual content; AND

c) given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content; AND

d) agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Anyone listed as an author must be included in this section. If you choose to change your author list you will need to fill out a change in authorship form and send it by email to the Editorial office to be approved by the Editor. The form can be found here: https://www.biomedcentral.com/getpublished/editorial-policies#authorship.

Anyone who contributed towards the article who does not meet the criteria for authorship can be acknowledged in the ‘Acknowledgements’ section.

Response: We have provided justification and this section has now been amended. (page 24)
“All authors contributed substantially to this manuscript. YS, MM, CT and BK designed this study. Data acquisition was done by YS, RS, PH and CH. Statistical analysis was carried by YS, PH and CH. Economic analysis was done by BK. Data interpretation was done by YS, BK, MM, CT, RS, PH and CH. YS and BK drafted the manuscript. MM and CT revised it critically for intellectual content. All authors read and approved the final manuscript.”

5. Please provide figure legends under a separate heading of 'Figure Legends' after the References. If Figure titles/legends are within the main text of the manuscript, please move them.

Figure files should contain only the image, as well as any associated keys/annotations. If legends are present within the figure files, please remove them.

Response: Figure titles have been provided in a separate heading as advised. (page 28)

“Figure Legends

Figure 1 Study flow diagram

Figure 2 Cost-Effectiveness Planes

Figure 3 Cost-Effectiveness Acceptability Curves”

6. In order to be in line with journal requirements, please include the following headings within your manuscript: Background, Methods, Results, Discussion, Conclusions

Response: This has been included as per journal requirements.

7. At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

Response: This has been done as required.

If you are able to fully address these points, we would encourage you to submit a revised manuscript to BMC Geriatrics.

Once you have made the necessary corrections, please submit a revised manuscript online at:

https://bgtc.editorialmanager.com/

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We request that a point-by-point response letter accompanies your revised manuscript. This letter must provide a detailed response to each reviewer/editorial point raised, describing what amendments have been made to the manuscript text and where these can be found (e.g. Methods section, line 12, page 5). If you disagree with any comments raised, please provide a detailed rebuttal to help explain and justify your decision.

Please also ensure that your revised manuscript conforms to the journal style, which can be found at the Submission Guidelines on the journal homepage.

A decision will be made once we have received your revised manuscript, which we expect by 23 Feb 2018.

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We look forward to receiving your revised manuscript and please do not hesitate to contact us if you have any questions.

Best wishes,

Aimee Cummings
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https://bmcgeriatr.biomedcentral.com/

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- Ethics approval and consent to participate
- Consent to publish
- Availability of data and materials
- Competing interests
- Funding
- Authors' Contributions
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