Reviewer’s report

Title: Renal transplant patients' preference for the supply and delivery of immunosuppressants in Wales: A discrete choice experiment.

Version: 0 Date: 08 May 2017

Reviewer: Martin Howell

Reviewer's report:

Overall - Good question to address given change in policy and transplant patient's lifelong need for immunosuppressive drugs. Good response rate for this type of survey. Well suited to a DCE. Whilst this is aimed at a clinical audience, more should be provided on the methodology - this could be provided in a supplementary file.

Specific comments.

1. Attributes. A limitation of the study is that it did not include any consequences other than waiting time - namely safety and cost. Are there out of pocket costs associated with travel or is this all covered by the NHS. Could have included cost to the NHS as presumably many might consider this as being relevant i.e. they may be willing to travel to reduce the cost to the NHS. Should be noted in the limitations section. Another uncertainty relates to waiting time. Waiting time in the home would seem to be different to waiting time in the clinic as the total time for the clinic would also include travel time. Another option might have been to include travel time as an attribute. The DCE assumes that the travel time remains constant for the participant i.e. it is a characteristic - but they may move or they may have to go to a different clinic and the DCE does not allow assessment of changing travel time.

2. This clearly has to be a labelled DCE as it would not be possible to hide the attribute of Hospital vs. Home.

3. It is unclear to me as how utility has been modelled. I assume that beta values for home and hospital are attribute specific constants with hospital as the reference. The authors should provide more detail on how the analysis was done in particular subgroup analysis. This could be provided in a supplementary appendix. For example the utility function would be helpful. Has sub group analysis been addressed using interaction terms in the utility function or as separate data sets? Also why was 50 chosen as the minimum group size.

4. It is the log likelihood ratio that is relevant to assessing model fit.
5. Table 2. Suggest it be edited to make it more useful. For example, age is better described as frequency in age groups rather than mean etc (such as been done for change to medication). Only need to put in one gender. Distance and time traveled would be more useful as frequency across groups rather mean (SD). Not clear why n varies - presumably because of missing responses.

6. Table 3. Should report to only 2 decimal places. Also consider whether reporting as an odds ratio might be easier to follow for a clinical audience (I accept that the meaning of the OR is difficult to convey).

7. Sub group analysis. Unclear as to how this was done (see point 3), however the results in the Supplementary material suggest that there are essentially no differences except for distance to the clinic (mins) the direction of which makes sense. For example - previous experience time betas were -0.0019 and -0.0022 with overlapping CIs - similarly - the MRS values are only marginally different and Cis overlap. Need to justify combining the West and Central regions - are they similar? Overall results section emphasises what appear to be meaningless differences.

8. Limitations should also include lack of consequences in terms of safety and cost (out of pocket and/or to the NHS). Ability to address travel time is limited by it not being an attribute.

9. The relevance of the cited transplant studies is unclear. It would be more interesting to know what studies have looked at preferences for dispensing/prescribing in other groups if there are no relevant transplant studies.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
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Yes

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