Reviewer’s report

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

Version: 1 Date: 07 Aug 2017

Reviewer: Anne Holbrook

Reviewer's report:

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THIS MANUSCRIPT DESCRIBES A DISCRETE CHOICE EXPERIMENT WITH PATIENTS IN NORTH WALES WHO HAVE HAD A KIDNEY TRANSPLANT TO DISCERN THEIR PREFERENCES FOR ACCESSING THEIR IMMUNOSUPPRESSANT MEDICATIONS.

The manuscript is well written, and the revisions significantly enhance the clarity of the study.

I have several residual concerns about this study, which are not amenable to editing:

1. The study has a very small sample size. Of 265 patients available for recruitment, only 133 completed the entire discrete choice experiment. This small response rate introduces a very high chance of response bias. As well, it limits generalizability.

2. The study was carried out entirely in North Wales, which is a very small region of the UK with a population of approximately 650,000. The geography is so confined that more than 71% of the study participants lived within 20 miles of their local transplant clinic. Our own renal transplant unit is typical of North American centres - based in a city of similar size but follows more than 1200 patients with renal transplants, many of whom travel more than 100 km to clinic. I am concerned that the compact geography represented in this study also limits its generalizability.

3. The results of the study seem entirely predictable. I don't think I would need a study to tell me that patients would prefer home delivery of medications instead of travelling at their own expense and time to clinic, and they also prefer to off-load the responsibility of arranging refills. The real question for such a study would have been 'How much are you willing to pay for this additional (expensive) service?'. The authors claim to be able to avoid this cost question as this type of healthcare is considered to be free, however no healthcare is free.
there is opportunity cost to every additional service provided. One could have justifiably asked how many renal transplants should be foregone given that the funds will not be foregone in order to allow patients to have home delivery and someone else supervising their refill requests.

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

Yes

Does the work include the necessary controls?
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Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

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