Reviewer's report

**Title:** Safe Prescribing of Non-Steroidal Antiinflammatory Drugs in Patients with Osteoarthritis. An Expert Consensus Addressing Benefits and Gastrointestinal as well as Cardiovascular Risks

**Version:** 1  
**Date:** 24 November 2014

**Reviewer:** Giuseppe Biondi-Zoccai

**Reviewer's report:**

Scarpignato et al report an interesting consensus statement on most appropriate management of osteoarthritis with NSAIDs.

Despite the work many strengths, including the careful design and reporting and relevance for clinicians, we recommend addressing the following comments:

1. Disclose the fact that some NSAIDs may also have chemoprotective effects for colo-rectal cancer or other types of cancer, and thus this factor should also be weighed for comprehensive decision-making (eg Algra et al, Lancet Oncol 2012). For instance, in page 23 you state "Recent video capsule studies have shown that low-dose aspirin is also harmful to the small intestine". This is likely true but the clinical relevance of cancer vs minor and benign lesions caused by aspirin is of course different.

2. The fact that routine Hp screening may be important when choosing if and what type of NSAID use should be highlighted more.

3. Patient GI and CV risk is not stable, and may vary over time. Please discuss how to manage patients with recent GI bleeding, with recent CV events, with remote history of GI bleeding, and with remote history of CV events.

4. Discuss whether the approach to patients on secondary CV prevention with aspirin alone vs aspirin plus another antiplatelet agent (eg ticagrelor or clopidogrel) should be different.

What about patients on warfarin or novel oral anticoagulants?

5. Discussion: Nice but too long. Shorten it by 25-30%.

6. Table 1. Clarify whether you mean, with meta-analyses, only pairwise or also network meta-analyses/mixed treatment comparisons (eg Biondi-Zoccai G. Network Meta-Analysis: Evidence Synthesis with Mixed Treatment Comparison. Hauppauge, NY: Nova Science Publisher; 2014).

7. Add a table trying to succinctly compare your statement with existing guidelines.

8. Check the manuscript for occasional typos (eg "APTC" is not the typical acronym used for the Antiplatelet Trialists' Collaboration).

**Quality of written English:** Acceptable
Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I have consulted, lectured, or received grants by several companies manufacturing drugs for cardiovascular disease.