Author’s response to reviews

Title: Comparative effectiveness of the different components of care provided in heart failure clinics - protocol for a systematic review and network meta-analysis

Authors:

Morgan Slater (morgan.slater@gmail.com; morgan.slater@theta.utoronto.ca)
Joanna Bielecki (joanna.bielecki@theta.utoronto.ca)
Ana Carolina Alba (carolina.alba@uhn.ca)
Lusine Abrahamyan (lusine.abrahamyan@utoronto.ca)
George Tomlinson (george.tomlinson@utoronto.ca)
Susanna Mak (susanna.mak@sinahealthsystem.ca)
Jane MacIver (jane.maciver@uhn.ca)
Shelley Zieroth (szieroth@sbgh.mb.ca)
Douglas Lee (dlee@ices.on.ca)
William Wong (wwlwong@uwaterloo.ca)
Murray Krahn (murray.krahn@theta.utoronto.ca)
Heather Ross (heather.ross@uhn.ca)
Valeria Rac (valeria.rac@theta.utoronto.ca)

Version: 2 Date: 07 Jan 2019

Author’s response to reviews:

Response to reviewers

Thank you for submitting your revised manuscript. I have only two further comments:

"Setting: It was stated that there will be no restrictions on the type of setting. Authors need to consider whether inventions and standard care delivered in different settings would be different. This in term should have an impact of the design and conduct of the analysis. Response: As noted in a previous response, we agree with the reviewer that standard of care may differ
between countries. As such, depending on data availability, we will conduct a subgroup analysis to assess if there is a difference in effectiveness of interventions in low- or middle-income countries where standard care may be quite different. This is now described in the Methods section.

Associate editor comment: “setting” most commonly refers to care being provided in a primary, secondary or tertiary facility. For your review, the setting is HF clinics. If there are different types of HF clinics, this item may need to be extended to include this, rather than just using country. Please confirm if country is the only “setting” consideration you think is important, or make appropriate amendments.

Response: Thank you for this comment. In our initial revision, we interpreted the question of “setting” as the country of care, rather than as facility type. We apologize for this misunderstanding on our part and for not clearly stating that facility type was already included in our initial submission. For clarity, setting (i.e., hospital, community) will be extracted for each included study (lines 154-157) and is included as a possible subgroup analysis dependent on data availability (lines 237-241).

An edit may be needed in sentence: “Including both randomized trials and observational studies will allow us to compare” in line with other edits relating to RCTs and controlled trials. Probably “randomised” should read “controlled”, or should read “Including RCTs, controlled trials and observational studies will allow us to compare…”. Please amend if needed.

Response: Thank you for pointing out this oversight on our part. We have now edited the sentence to read “Including both controlled trials and observational studies…”.