

Subject: BMJ - Decision on Manuscript ID BMJ.2015.031222.R1

Body: 28-Apr-2016

Dear Mr. Jaspers Focks:

Manuscript ID BMJ.2015.031222.R1 entitled "Polypharmacy and the effects of apixaban in patients with atrial fibrillation: insights from the ARISTOTLE trial" which you submitted to BMJ,

Thank you for your well done revision.

We still have two minor concerns:

1. You state in the discussion "In this post-hoc analysis of the ARISTOTLE trial, we demonstrated that polypharmacy is seen in three quarters of AF patients and that the number of concomitant medications is associated with increased comorbidity..." We do not think you can make a conclusion about the prevalence of polypharmacy among ALL AF patients based on the data from this study because the RCT enrolled only select patients who meet strict criteria and may not be representative of the General AF population. We think the second part of the statement is OK.
2. We would like to see more discussion on absolute rather than relative values in the discussion but we acknowledge this may be a matter of style.

Best wishes

Georg Roeggla
groggla@bmj.com,

****Information for submitting a revision****

Deadline: Your revised manuscript should be returned within one month.

How to submit your revised article: Log into <http://mc.manuscriptcentral.com/bmj> and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Once the revised manuscript is prepared, you can upload it and submit it through your Author Center. When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) and Committee in the space provided. You can use this space to document any changes you make to the original manuscript and to explain your responses. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s). As well as submitting your revised manuscript, we also require a copy of the manuscript with changes highlighted. Please upload this as a supplemental file with file designation 'Revised Manuscript Marked copy'. Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

When you revise and return your manuscript, please take note of all the following points about revising your article. Even if an item, such as a competing interests statement, was present and correct in the original draft of your paper, please check that it has not slipped out during revision. Please include these items in the revised manuscript to comply with BMJ style (see: <http://www.bmj.com/about-bmj/resources-authors/article-submission/article-requirements> and <http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists>).

Items to include with your revision (see <http://www.bmj.com/about-bmj/resources-authors/article-types/research>):

1. What this paper adds/what is already known box (as described at <http://resources.bmj.com/bmj/authors/types-of-article/research>)
2. Name of the ethics committee or IRB, ID# of the approval, and a statement that participants gave informed consent before taking part. If ethics committee approval was not required, please state so clearly and explain the reasons why (see <http://resources.bmj.com/bmj/authors/editorial-policies/guidelines>.)
3. Patient confidentiality forms when appropriate (see http://resources.bmj.com/bmj/authors/editorial-policies/copy_of_patient-confidentiality).
4. Competing interests statement (see <http://resources.bmj.com/bmj/authors/editorial-policies/competing->

interests)

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9. Funding statement and statement of the independence of researchers from funders (see <http://resources.bmj.com/bmj/authors/article-submission/article-requirements>).

10. Patient involvement statement (see <http://www.bmj.com/about-bmj/resources-authors/article-types/research>).

11. Please ensure the paper complies with The BMJ's style, as detailed below:

a. Title: this should include the study design eg "systematic review and meta-analysis."

b. Abstract: Please include a structured abstract with key summary statistics, as explained below (also see <http://resources.bmj.com/bmj/authors/types-of-article/research>). For every clinical trial - and for any other registered study- the last line of the abstract must list the study registration number and the name of the register.

c. Introduction: This should cover no more than three paragraphs, focusing on the research question and your reasons for asking it now.

d. Methods: For an intervention study the manuscript should include enough information about the intervention(s) and comparator(s) (even if this was usual care) for reviewers and readers to understand fully what happened in the study. To enable readers to replicate your work or implement the interventions in their own practice please also provide (uploaded as one or more supplemental files, including video and audio files where appropriate) any relevant detailed descriptions and materials. Alternatively, please provide in the manuscript urls to openly accessible websites where these materials can be found.

e. Results: Please report statistical aspects of the study in line with the Statistical Analyses and Methods in the Published Literature (SAMPL) guidelines <http://www.equator-network.org/reporting-guidelines/sampl/>. Please include in the results section of your structured abstract (and, of course, in the article's results section) the following terms, as appropriate:

i. For a clinical trial: Absolute event rates among experimental and control groups; RRR (relative risk reduction); NNT or NNH (number needed to treat or harm) and its 95% confidence interval (or, if the trial is of a public health intervention, number helped per 1000 or 100,000.)

ii. For a cohort study: Absolute event rates over time (eg 10 years) among exposed and non-exposed groups; RRR (relative risk reduction.)

iii. For a case control study:OR (odds ratio) for strength of association between exposure and outcome.

iv. For a study of a diagnostic test: Sensitivity and specificity; PPV and NPV (positive and negative predictive values.)

v. For a systematic review and/or meta-analysis: Point estimates and confidence intervals for the main results; one or more references for the statistical package(s) used to analyse the data, eg RevMan for a systematic review. There is no need to provide a formal reference for a very widely used package that will be very familiar to general readers eg STATA, but please say in the text which version you used. For articles that include explicit statements of the quality of evidence and strength of recommendations, we prefer reporting using the GRADE system.

f. Discussion: To minimise the risk of careful explanation giving way to polemic, please write the discussion section of your paper in a structured way. Please follow this structure: i) statement of principal findings of the study; ii) strengths and weaknesses of the study; iii) strengths and weaknesses in relation to other studies, discussing important differences in results; iv) what your study adds (whenever possible please discuss your study in the light of relevant systematic reviews and meta-analyses); v) meaning of the study, including possible explanations and implications for clinicians and policymakers and other researchers; vi) how your study could promote better decisions; vi) unanswered questions and future research

g. Footnotes and statements

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stray beyond the data.

Date Sent: 28-Apr-2016