

19-Sep-2023

Investment in policy innovation to address obesity requires better economic modelling of the lifetime impact of interventions
BMJ-2023-077139

Dear Dr. McLaughlin,

Many thanks for sending us your paper, which we read with interest. Please accept my sincere apologies for the delay in responding to your requests for an update on the status of your paper (and in receiving this email). We discussed your paper in the broader Analysis committee, and our initial decision on this paper was delayed due to extended annual leave amongst committee members. We appreciate your patience.

This paper covers an important topic that would be of interest to our readers, and we are interested in publishing on this topic. However, as it is currently written, this paper does not meet the aims of the Analysis section.

We would like to invite you to make some initial revisions and re-submit your manuscript to us within the next 4-6 weeks.

We suggest the changes below in the hopes they will not only maximize the utility of peer review but also improve the likelihood that your paper makes it through our editorial processes.

The essential task of an Analysis article is to put forward a persuasive, nuanced and evidence-based stance on an issue about which there is some debate. This means that editors will be looking for a clear description of the 'debate' (on the one hand some believe x, others think y') in the first 1-2 paragraphs, and your task is to convince readers that your view on that debate is the correct one.

As such, our comments and suggestions are:

1. While this paper is well-written, its current focus on economic evaluation methods will limit its appeal to BMJ readers. There are several aspects of the paper that, if developed further, could transform it into a highly policy-relevant piece.

In the section titled "the need for both individual and population-level interventions," you state, "Current resources are primarily directed towards short-term individual-level interventions, rather than... prioritizing interventions that require minimal individual agency to address inequalities... Despite the policy rhetoric about providing an integrated pathway for weight management, the cumulative effect of the interventions offered does not constitute a sufficient, coherent response to obesity."

You seem to attribute this to: "The lack of consensus on methods and data availability, especially concerning projections of the long-term effects of obesity reduction, hampers the current modeling of the lifetime benefits of obesity interventions."

In our opinion, emphasising the lack of consensus on methods and data availability for modelling overlooks a more important issue: the limitations in our overarching approach to determining the economic value of diverse interventions and strategies. NICE evaluated semaglutide and leraglutide by comparing them to standard clinical practice absent these drugs. They were not compared against preventive population-level strategies due to the relatively limited scope of various organisations in comparing individual versus population-level interventions and assessing their long-term (health and economic) impact.

Might you be willing to potentially shift your discussion to focus on the roles and mandates of different organisations and their standards of evidence? What insights do we forego when we model individual

interventions in isolation? Can we effectively compare how weight management drugs will influence outcomes versus population-level alternatives? How can we identify the optimal combination of interventions to offer within the healthcare system (and beyond) to attain maximal population health?

2. Throughout, this paper would benefit from examples to illustrate the points you are making. Examples from within the UK would be helpful, but examples from other countries would be particularly appreciated to help appeal to The BMJ's international readership. Though it is okay to write about UK-based policy options, the relevance for international readers must be clear. Are there best practices, methods, organizations, or structures employed by other countries that you could identify as positive alternatives?

3. Please be sure to carefully reference and provide evidence (e.g. spell out the findings from specific studies or evaluations, ideally in our preferred format, "A [type of] study [from what year and which place] of [what population/# of participants] evaluating x compared a and b and found y.") to justify statements throughout the text, e.g:

- "Large-scale government initiatives to reduce health inequalities have proved successful in the past when political will drives programmes to be integrated, broad and adequately funded"

- "However, current models fail to consider the underrepresentation and effectiveness of obesity interventions among groups facing greater health inequalities"

This comment also refers to your section on suggested solutions, which seems to lack a strong evidence base; why should readers be convinced this is the way forward?

4. Part of being persuasive is not only providing evidence in the affirmative of your view, but also naming one or two counter-views or arguments against your perspective, with the goal of showing readers why it would be an error to hold those views. In other words, acknowledge what your critics might say, and explain to readers why they should agree with you anyway.

5. Finally, please clarify what the CORE20PLUS5 approach is (if still relevant to a revised manuscript).

Please let us know in the next two weeks if you intend to submit a revised version of this manuscript. We appreciate your understanding that at this stage, we cannot guarantee eventual acceptance of a revised paper.

To revise your manuscript, log into <https://mc.manuscriptcentral.com/bmj>. In your Author Center, you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number will be appended to denote a revision.

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Once again, we hope you will be able to revise your paper and re-submit it to us for further consideration.

With thanks and best wishes,
Jenny

Jennifer J. K. Rasanathan, MD, MPH
Head of Scholarly Comment