

BMJ -
Decision on
Manuscript
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Dear Dr. Sanders

Manuscript ID BMJ-2019-049203.R1 entitled "Effect of Major Surgical and Medical Admissions on Cognitive Trajectory: 19-year follow-up of the Whitehall II Longitudinal Prospective Cohort Study"

Thank you for sending us your revised paper. We read it with interest and We would like to offer provisional acceptance provided you can address the minor remaining points from the reviewers. Their comments are attached below.

When you return your revised manuscript, please note that The BMJ requires an ORCID iD for corresponding authors of all research articles. If you do not have an ORCID iD, registration is free and takes a matter of seconds.

Yours sincerely,

Jose Merino
Dr Jose Merino
US Research Editor
jmerino@bmj.com

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** Comments from the external peer reviewers**

I am satisfied that the authors have appropriately responded to the criticisms. I recommend acceptance of the manuscript as is.

Additional Questions:

Please enter your name: Mervyn Maze

Job Title: Professor of Anesthesia and Perioperative Care

Institution: UCSF

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: Yes

Funds for a member of staff?: No

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If you have any competing interests (please see BMJ policy) please declare them here:

Reviewer: 2

The additional sensitivity analyses strengthen the authors' results and conclusions. I had only a few additional comments/suggestions.

(1) It appears that the authors may have adjusted only for baseline covariates, i.e. from the 1997-1999 assessment. Shouldn't these covariates be updated over time, especially those related to cognition, e.g. diabetes, cardiovascular risk score, etc.? It's not clear what the authors mean by "occasional" missing data. It would be preferable to provide information about the amount of missing data, especially for key co-variables over time.

(2) Clinically, decline in cognition is observed more commonly among persons older than 70-75 years. Because only a very small subset of study participants were in this age group, the authors should explicitly indicate in the Discussion that their results may not be applicable to this increasing population of older persons.

(3) Results from Whitehall II may not be generalizable to other populations, particularly minorities. The authors should also add a statement about generalizable in the Discussion.

Additional Questions:

Please enter your name: Thomas M. Gill

Job Title: Profess of Medicine

Institution: Yale School of Medicine

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

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declaration-competing-interests'target='_new'> (please see BMJ policy) please declare them here: None

Reviewer: 3

The authors have responded very positively and at length to the reviewer comments. I have just two very minor observations.

1. The results for years equivalent cognitive impact in the tables are all presented to two significant digits. So for example in Table 3 the impact of surgery on composite score is given as 0.35 with CI 0.0077 to 0.73. Using two significant digits like this is often more appropriate than two decimal places, particularly with metrics on a multiplicative scale such as risk ratios. However here it is a linear scale in time, and there is no sense in presenting the lower limit to four decimal places. I would recommend for the years equivalent tables using two decimal places throughout, i.e. 0.01 to 0.73 in the example.
2. The word surgeries crops up a lot, which the Oxford Dictionary does not recognise. Could I plead for surgery throughout instead?

Tim Cole

Additional Questions:

Please enter your name: Tim Cole

Job Title: professor of medical statistics

Institution: UCL Great Ormond Street Institute of Child Health

Reimbursement for attending a symposium?: Yes

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

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