

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	The effect of integrated cardiac rehabilitation versus treatment as usual for atrial fibrillation patients treated with ablation: the randomised CopenHeartRFA trial protocol
<b>AUTHORS</b>	Risom, Signe; Zwisler, Ann-Dorthe; Rasmussen, Trine; Sibilitz, Kirstine; Svendsen, Jesper; Gluud, Christian; Hansen, Jane; Winkel, Per; Thygesen, Lau; Perhonen, Merja; Hansen, Jim; Dunbar, Sandra; Berg, Selina

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Christi Deaton, PhD, RN, FESC, FAHA Professor of Nursing School of Nursing, Midwifery & Social Work The University of Manchester and Central Manchester NHS Foundation Trust Oxford Road Manchester M13 9PL United Kingdom
<b>REVIEW RETURNED</b>	29-Nov-2012

<b>GENERAL COMMENTS</b>	This is a very well-written and clear protocol for a RCT currently underway as part of the overall CopenHeart Trial. One minor correction is on page 26 under Power Calculation: the sentence beginning 'If the true difference....' should be combined with the next sentence, 'We will be able to reject...' otherwise they are both sentence fragments. In addition to the overlaps in design and methods as stated, there is considerable redundancy in the discussion about cardiac rehabilitation beginning 'Secondary prevention...' on pages 10-11 with the paper on CopenHeartLE. While the information is pertinent to both, the editors may wish this to be phrased somewhat differently.
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<b>REVIEWER</b>	Dr Carmelo Lafuente-Lafuente Position: Praticien Hospitalier (Consultant) Service de Gériatrie à orientation Cardiologique - La Triade Groupe Hospitalier Pitié-Salpêtrière-Charles Foix, Assitance Publique-Hôpitaux de Paris, France Université Paris 6 Pierre et Marie Curie
<b>REVIEW RETURNED</b>	07-Dec-2012

<b>THE STUDY</b>	I would like to know the reasons why the authors choose the main and secondary outcomes for this trial. This is, why not chose quality-of-life, or AF recurrence. for example, as main outcome ? VO2 is likely to be increased with excercise training whichever the condition the patients have. Why chose self-rated MENTAL health and not
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	<p>self-rated GLOBEL health, using SFR-36 ? I am not saying these choices are forcefully wrong, just that it would be good to know why they were made.</p> <p>I am not familiar with mixed quantitative-qualitative methods in controlled trials. I do not understand well which kind of results this method provides. Is it a numerical result, kind of score, or a classification in several categories, or a subjective global judgement ? May be that could be biefly explained for the non-initiated reader (like me).</p>
<b>RESULTS &amp; CONCLUSIONS</b>	No results available yet
<b>GENERAL COMMENTS</b>	<p>1) I would like to know the reasons why the authors choose the main and secondary outcomes for this trial. This is, why not chose quality-of-life, or AF recurrence. for example, as main outcome ? VO2 is likely to be increased with excercise training whichever the condition the patients have. Why chose self-rated MENTAL health and not self-rated GLOBEL health, using SFR-36 ? I am not saying these choices are forcefully wrong, just that it would be good to explain why they were made.</p> <p>2) I am not familiar with mixed quantitative-qualitative methods in controlled trials. I do not understand well which kind of results this method provides. Is it a numerical result, kind of score, or a classification in several categories, or a subjective global judgement ? May be that could be biefly explained for the non-initiated reader (like me). The final judgement about the effectiveness (or not) of this intervention will be done based on the primary outcome or on the results of the mixed method ?</p> <p>3) Patients treated with ablation are usually patients that have been carefully selected: younger, with recurrent paroxysmal AF, with less severe cardiopathy or with fewer associated diseases. They are not representatives of the global population of patients with AF, who rather are older patients, with persistent/permanent FA and several medical chronic conditions. They are less likely to be able to follow a full rehabilitation programm and if able, the benefit obtained could be different. That shold be stated in the discussion - limitations.</p>

### VERSION 1 – AUTHOR RESPONSE

Reviewer Comments:

Under Power Calculation: the sentence beginning 'If the true difference...!' should be combined with the next sentence, 'We will be able to reject...'

Author Response:

Thank you. We have corrected the error in the manuscript on pp 22.

In addition to the overlaps in design and methods as stated, there is considerable redundancy in the discussion about cardiac rehabilitation beginning 'Secondary prevention...' on pages 10-11 with the paper on CopenHeartIE. While the information is pertinent to both, the editors may wish this to be phrased somewhat differently.

Author Response:

Agree, we have rephrased the paragraph some, but kept the points that are pertinent to both this paper and the CopenHeartIE paper. See pp 6-7 in the manuscript.

Dr Carmelo Lafuente-Lafuente

Reviewer Comments

1) I would like to know the reasons why the authors choose the main and secondary outcomes for this trial. This is, why not chose quality-of-life, or AF recurrence for example, as main outcome? VO2 is likely to be increased with exercise training whichever the condition the patients have. Why chose self-rated MENTAL health and not self-rated GLOBEL health, using SFR-36 ? I am not saying these choices are forcefully wrong, just that it would be good to explain why they were made.

Author Response:

Yes, see pp 18.

2) I am not familiar with mixed quantitative-qualitative methods in controlled trials. I do not understand well which kind of results this method provides. Is it a numerical result, kind of score, or a classification in several categories, or a subjective global judgement? May be that could be briefly explained for the non-initiated reader (like me). The final judgement about the effectiveness (or not) of this intervention will be done based on the primary outcome or on the results of the mixed method?

Author Response:

We have highlighted with yellow the parts of the manuscript that answers the questions and added to the manuscript on pp 8-9 and 26.

3) Patients treated with ablation are usually patients that have been carefully selected: younger, with recurrent paroxysmal AF, with less severe cardiopathy or with fewer associated diseases. They are not representatives of the global population of patients with AF, who rather are older patients, with persistent/permanent FA and several medical chronic conditions. They are less likely to be able to follow a full rehabilitation programme and if able, the benefit obtained could be different. That should be stated in the discussion - limitations.

Author Response:

Elaborated on in the manuscript pp 29-30.