

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Atrial fibrillation after cardiac surgery: Identifying candidate predictors through a Delphi process.
AUTHORS	Bedford, Jonathan; Fields, Kara; Collins, Gary; Lip, Gregory; Clifton, David A.; O'Brien, Benjamin; Muehlschlegel, Jochen D; Watkinson, Peter; Redfern, Oliver

VERSION 1 - REVIEW

REVIEWER NAME	Muller Moran, Hellmuth
REVIEWER AFFILIATION	University of Manitoba
REVIEWER CONFLICT OF INTEREST	n/a
DATE REVIEW RETURNED	31-Mar-2024

GENERAL COMMENTS	<p>Congratulations on a well written article and thoughtfully conducted study. I agree with your position that AFACS treatment is often reactive rather than proactive, and that patient care would be improved through better identification of at risk individuals.</p> <p>I have the following questions/concerns about this manuscript, which I am hoping you will be able to address in a subsequent revision:</p> <ul style="list-style-type: none">- I believe the abstract would be strengthened through elaboration of the methods and results sections. How were panel members selected and how can their expertise be quantified? What was the final distribution of panel members among the included disciplines? How many participated in each Delphi round? How were items selected for final inclusion? This information should also be included within the body of the manuscript, if not already done.- Although a Delphi is not a traditional research study, it is still important to ensure that any obtained data is rigorously analyzed to ensure accuracy of the results. How was the threshold value of 40% agreement selected? Were any additional analyses performed to assess consensus, and was any assessment of consensus conducted on items generated from the cohort study/systematic review? How was internal consistency assessed? Were any sensitivity analyses performed? Why was the Delphi process halted after 2 rounds? <p>Thank you for the opportunity to review this insightful and thought provoking manuscript.</p>
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REVIEWER NAME	Chello, Massimo
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REVIEWER AFFILIATION	Universita Campus Bio-Medico di Roma, Cardiovascular Surgery
REVIEWER CONFLICT OF INTEREST	none.
DATE REVIEW RETURNED	17-May-2024

GENERAL COMMENTS	Authors should be commended for their paper. Analysis is robust and adds value to the current knowledge.
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REVIEWER NAME	Musa, Ahmad
REVIEWER AFFILIATION	Monash University Malaysia, Clinical Sciences
REVIEWER CONFLICT OF INTEREST	NIL
DATE REVIEW RETURNED	28-Jun-2024

GENERAL COMMENTS	A well-conducted research.
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

- I believe the abstract would be strengthened through elaboration of the methods and results sections. How were panel members selected and how can their expertise be quantified? What was the final distribution of panel members among the included disciplines? How many participated in each Delphi round? How were items selected for final inclusion? This information should also be included within the body of the manuscript, if not already done.

Thank you for these important points. We have adjusted the abstract based on your observations. The updated abstract now reads:

“Participants: International multidisciplinary panel of experts selected through national research networks.

Interventions: Two-stage consensus exercise consisting of the generation of a variable long list, followed by refinement by voting, retaining variables selected by at least 40% of panel members.

Results: The panel comprised 15 experts who participated in both stages, comprising cardiac intensive care physicians (n = 3), cardiac anaesthetists (n = 2), cardiac surgeons (n = 1), cardiologists (n = 4), cardiac pharmacists (n = 1), critical care nurses (n = 1), cardiac nurses (n = 1), and patient representatives (n = 2).”

Where this information was not included in the main text, it has now been added. Participant expertise was not quantified. We have alluded to this in the limitations section of the manuscript.

- Although a Delphi is not a traditional research study, it is still important to ensure that any obtained data is rigorously analyzed to ensure accuracy of the results. How was the threshold value of 40% agreement selected? Were any additional analyses performed to assess consensus, and was any assessment of consensus conducted on items generated from the cohort study/systematic review? How was internal consistency assessed? Were any sensitivity analyses performed? Why was the Delphi process halted after 2 rounds?

Given the aim of identifying candidate risk factors, sensitivity was favoured over specificity. The threshold value of 40% was based on previous work, itself building on the findings of a systematic review of healthcare Delphi procedures (<https://doi.org/10.1371/journal.pone.0020476>). No sensitivity analyses were performed – we have added an allusion to this in the limitations section. While some Delphi processes involve many rounds, ours achieved its aim after two rounds.

Reviewer: 2

Authors should be commended for their paper. Analysis is robust and adds value to the current knowledge.

Thank you for your comments.

Reviewer: 3

A well-conducted research.

Thank you for your comments.

VERSION 2 - REVIEW

REVIEWER NAME	Muller Moran, Hellmuth
REVIEWER AFFILIATION	University of Manitoba
REVIEWER CONFLICT OF INTEREST	n.a
DATE REVIEW RETURNED	18-Jul-2024

GENERAL COMMENTS	The authors have done an excellent job of addressing the concerns that were raised. I have no further comments. Congratulations on a well-planned and conducted Delphi study.
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REVIEWER NAME	Musa, Ahmad
REVIEWER AFFILIATION	Monash University Malaysia, Clinical Sciences
REVIEWER CONFLICT OF INTEREST	NO.
DATE REVIEW RETURNED	21-Aug-2024