

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Models for predicting venous thromboembolism in ambulatory patients with lung cancer: a systematic review protocol
<b>AUTHORS</b>	Yan, Ann-Rong; Samarawickrema, Indira; Naunton, Mark; Peterson, Gregory; Yip, Desmond; Mortazavi, Reza

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Himender Makker University College London Hospitals NHS Foundation Trust, Thoracic Medicine
<b>REVIEW RETURNED</b>	03-Sep-2021

<b>GENERAL COMMENTS</b>	<p>This is proposal for systematic review of published paper on Models for risk assessment of VTE in ambulatory lung cancer patient. They have established conflicting and confusing existing models and need for the clarity.</p> <p>Suggestion It may be helpful to restrict their analysis in patients with advanced lung cancer or inoperable lung cancers (Stage IIIB, IV) on chemotherapy and radiotherapy as localised and respectable lung cancer probably have same risk of VTE as general population and exclude patients who are on palliative/terminal care.</p>
-------------------------	--

<b>REVIEWER</b>	Alison Wallace Dalhousie University
<b>REVIEW RETURNED</b>	09-Sep-2021

<b>GENERAL COMMENTS</b>	<p>Indeed, Yan et al. are addressing an important issue relating to the lack of a robust standardized VTE risk prediction model in patients with lung cancer. Lung cancer has one of the highest incidence rates of VTE leading to significant morbidity and mortality.</p> <p>To strengthen the study, 2 additions are recommended:</p> <ol style="list-style-type: none"><li>1) Include a table with the number of publications identified using your search strategy to search the Medline database to give an approximation of the number of articles that will be identified.</li><li>2) To ensure the robustness of the search strategy, include consultation with a medical reference librarian with expertise in systematic reviews.</li></ol> <p>I look forward to the results.</p>
-------------------------	--

## VERSION 1 – AUTHOR RESPONSE

### Reviewer 1

Dr. Himender Makker, University College London Hospitals NHS Foundation Trust, North Middlesex University Hospital NHS Trust

Comments to the Author:

This is proposal for systematic review of published paper on Models for risk assessment of VTE in ambulatory lung cancer patient. They have established conflicting and confusing existing models and need for the clarity.

Suggestion:

It may be helpful to restrict their analysis in patients with advanced lung cancer or inoperable lung cancers (Stage IIIB, IV) on chemotherapy and radiotherapy as localised and respectable lung cancer probably have same risk of VTE as general population and exclude patients who are on palliative/terminal care.

**Response:** Thanks for your suggestion. We will include all the eligible studies for analysis first and then perform subgroup analyses based on cancer stages, metastases, and anti-cancer treatment if applicable. This has been added to the “Data synthesis” section of the main text.

### Reviewer 2

Dr. Alison Wallace, Dalhousie University

Comments to the Author:

Indeed, Yan et al. are addressing an important issue relating to the lack of a robust standardized VTE risk prediction model in patients with lung cancer. Lung cancer has one of the highest incidence rates of VTE leading to significant morbidity and mortality.

To strengthen the study, 2 additions are recommended:

1) Include a table with the number of publications identified using your search strategy to search the Medline database to give an approximation of the number of articles that will be identified. [NOTE FROM THE EDITORS: while you are welcome to include this in an appendix file, you may also wish to rebut this request, as we do not require search results to be included in a protocol paper, and this result may not be accurate if the final search date has not yet passed]

**Response:** Thanks for your comment. We believe that it would be unusual to include any search results in a protocol paper.

2) To ensure the robustness of the search strategy, include consultation with a medical reference librarian with expertise in systematic reviews.

**Response:** Thanks for your suggestions. This has now been amended in the methods. The search is to be conducted in consultation with Mr Murray Turner, who is an experienced liaison librarian at Faculty of Health at University of Canberra with expertise in systematic reviews. The full search strategies for all databases have been revised and submitted as a supplementary file.