

Comments on the paper authored by Group 05 as Refereed by Group 04:

Page 2 – you should really let us know what values were actually missing, because I don't know I would be more careful when saying "these data do not appear to be missing due to any systematic reason" since we cannot know for sure. I think you meant to say "we assume it is missing at random"

Page 2-unless you want to specifically compare two groups, the loss of information due to dichotomizing a variable is a concern. Since those risk factors are mainly being used for the adjusted model, it doesn't really simplify the analysis. You say alcohol in the regressions is continuous though...

Page 3 – How did you ensure there were no multiple comparison issues? This statement is not supported by explanation

Page 3 – Why did you group based on participant distribution? How is this statistical in purpose? You should explain

Page 3 – Why do you only adjust for age and sex? This is not explained

Page 3 – Why are you presenting the crude values if you are acknowledging that you need to adjust? I think it is good to include the crude, but maybe an explanation would help

Page 4 – Since you are discussing table 1 first, I would put it first

Page 4 – A very brief explanation of why you chose the additive model as opposed to multiplicative would be helpful

Page 4 – You reference a table "below" – where is this table?

Page 4 – If you cannot infer "any" causality, then what do you believe is the purpose of discussing it? What are you trying to convey?

Page 4 – Do you mean there are fewer events on the multiplicative or additive scale?

Page 4 – the last sentence of the first "time to death" paragraph is very difficult to understand

Page 4 – Table 2 was never discussed

Page 5 – Maybe your first mention of confidence intervals should include a sentence about what they mean

Page 5 – Is a decrease in atrophy good or bad? I do not believe this was ever discussed

Page 5 – Why is a 16.6 year difference in age being discussed? It seems like a clinically irrelevant number, and therefore the significance of it is difficult to understand

Page 5 – Maybe you should also report the insignificant results?

Page 5 – Not sure if taking the atrophy scores out to 3 decimal places is really useful. Maybe one decimal place only when reporting the results?

Page 6 – I don't believe the capital letters for "and" are necessary

Page 6 – Observational studies can allow you to make inferences about causality, but they are much weaker than RCTs. I would avoid saying that you cannot get any causal information. You can maybe use biological justifications, and your inferences might be wrong, but you can make them. Otherwise, observational studies basically seem meaningless. Also, your data seems to be largely cross-sectional, for which it is the most difficult to infer causality/temporal relationships.

Table 1 – this table seems too large to me and I would recommend a system to consolidate. Also, there seems to be a lot of "white space" that could be cut down to help it fit. It is also a little difficult to understand. Having both males and females is unnecessary.

Table 3 – under the "adjusted analysis" part, what does the row of "age" and "sex" mean? (This confusion is also apparent in the other tables as well.) Also, there is a lot of empty space. Consider consolidating the tables