

## Comments on the paper authored by Group 06 as Refereed by Group 05

Overall, we found your analysis and report very thorough and sound. We noted a few questions/comments below that we think should be addressed or added to the report.

1. The summary is extremely thorough and could be significantly shortened. For instance, the descriptive statistics of your sample could be placed in the results section. The summary could be written in more abstract-like style.
2. It is not necessary to report the how you coded the data in your report, since you clearly state the interpretation and meaning of your results (e.g percentage of males)
3. In the text portion of your statistical methods you could include the number of observations in each CRP group.
4. Summary measure labels should be added to the header of your tables (e.g mean, sd, N, etc.).
5. What was the reason for using different log-based scales in CRP and fibrinogen? A brief sentence or two explaining the difference could be added.
6. Was there are reason you choose to impute/change the CRP 0 observations rather than just remove them from analysis? Those 0 observations are seemingly missing data. It's true that no one will have 0 levels of CRP, but there is little justification written about why it is better to impute data for those observations. The authors need to convince the readers why that is a better strategy than just removing the missing observations.

Also, are these observations with 0 recorded for CRP different than the observations with missing data? If not, how many observations did have a 0 for CRP. If it is a very small number it may be better to just drop them from analysis.

7. It is not necessary, but you could expand more on your reasons for selecting the potential confounders listed.
8. On page 10, even though your CVD short-term mortality hazard ratios are insignificant, it would be nice if you reported them, rather than just stating that they are larger than one. It is helpful in determining whether the insignificance but a lack of precision causes the insignificance, or if the HR is more like 1.03, and there really is likely no difference.
9. On page 11 the authors state that "The ratio in hazard ratios for each doubling of CRP is estimated to be 1.119, with males having a higher a hazard ratio (95% CI for difference in hazard ratio is from .9579 to 1.306). This is NOT statistically significant at a 0.05 level (two-sided  $P = .156$ ), which provides evidence for effect modification by sex." However, doesn't this actually indicate that there is not evidence for effect modification by sex?