Reviewer's report

Title: Edta chelation therapy for cardiovascular disease: a systematic review

Version: 1 Date: 25 July 2005

Reviewer: Max H Pittler

Reviewer’s report:

General
This is a good systematic review of a controversial topic. Several systematic reviews on the same topic have been published including a Cochrane review. This review adds the evidence from one additional RCT.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

4 Discussion. Given what is said under 3c the first paragraph of the discussion should evaluate the weight of the data on effectiveness against the potential of serious adverse events. Rather than focussing on the US trial that will provide data in 5 or 6 years time, it should be indicated that at present the risk-benefit ratio is against EDTA chelation for this indication and doctors should advise accordingly. This message is at present somewhat hidden in the third paragraph.

5 Conclusion. The last sentence of the conclusion should be more specific. At present is takes only into account 'the harm associated with any intravenous intervention...'.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. Background. The term 'semi-contentious' should be replaced by 'contentious', which in fact it is.
   1a. I would have liked to read an explanation of the therapy and the details of this intervention in the 'background'.

2. Methods. It seems that the authors of the original studies were invited to confirm the findings in this systematic review. This is an interesting feature here in this review, which should be mentioned in the 'methods'.

3. Results. I assume that duplicate publications were excluded, which should be reported (eg. the Danish trial that was also published in English)
   3a. It should be stated that the review by Villaruz is a Cochrane review. A short note on its conclusions would be interesting.
   3b. In the second paragraph, the 'beneficial effects' and 'improvements', are they compared against baseline or control?
   3c. There is the possibility of adverse events as is indicated. However, hypocalcaemia and kidney damage are serious and must be seen in the light of the absence of convincing effectiveness data. This should also be stated in the abstract.

4. Discussion. Given what is said under 3c the first paragraph of the discussion should evaluate the weight of the data on effectiveness against the potential of serious adverse events. Rather than focussing on the US trial that will provide data in 5 or 6 years time, it should be indicated that at present the risk-benefit ratio is against EDTA chelation for this indication and doctors should advise accordingly. This message is at present somewhat hidden in the third paragraph.

5 Conclusion. The last sentence of the conclusion should be more specific. At present is takes only
into account 'the harm associated with any intravenous intervention...'.

Discretionary Revisions (which the author can choose to ignore)

**What next?:** Accept after minor essential revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

'I declare that I have no competing interests'