Reviewer's report

Title: Development of a Short Form and Scoring Algorithm from the Validated Actionable Multiple Sclerosis Bladder Health Screening Tool

Version: 4 Date: 18 December 2012

Reviewer: Clare Fowler

Reviewer's report:

Major Compulsory Revisions

1. This paper reports on the success of using the short form of a questionnaire to establish whether or not a patient with MS has urinary symptoms which require treatment. It employs techniques which I am not familiar with such as “classical test and item response theory” and there are many aspects of it therefore I do not understand. However I think it’s presentation poses additional difficulties. Are words such as “de-identify” and “informational” legitimate terms for the unfamiliar science or neologisms? Certainly the sentence construction is extremely cumbersome to a point which makes me wonder if this text contains phrases which were intended to be struck out in the review process but survived in error – for example “Logistic regression was used to determine the predictive validity of the AMSBHST total score to identify patients that would receive a recommendation to see an urologist. The predictive value was based upon a clinician rating of „Yes# or „No# on whether they would recommend a patient to see a urologist based upon the patient’s responses to the AMSBHST” There are many other example of what appears to be repetition in the text. Some of it is frankly incomprehensible e.g. “The patient response criteria included a floor effect (The % of responses in the lowest response category > (100/the number of response options on an item) of less than 50%, item correction with the scale of greater than 80%, and infit statistics (tendency of an item to elicit expected responses) between 0.80 and 1.20.” (verbatim). The language must be simplified.

Minor Essential Revisions

2. Critical to the study was the assessment by clinicians of the patients’ responses to the question and an evaluation on whether or not the patient had symptoms which warranted “correct” referral to a urologist. Who were those clinicians and what were their criteria for making that assessment? Explain.

3. What is the Copernicus Group? Explain.

4. “progressive renal failure” is extremely uncommon in MS. Please delete.

Discretionary Revisions

5. What is the 3-item OAB awareness tool which appears to have comparable specificity and sensitivity? Is the outcome really more complicated than that patients should be asked their bladder symptoms as part of the clinical history? Discuss.
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

In the past five years I have received reimbursements, fees, and funding from Allergan.