Reviewer's report

Title: Deflazacort for the treatment of Duchenne Dystrophy: A systematic review

Authors:
Dr Craig G.N. Campbell (ccampbell@cheo.on.ca)
Pierre Jacob (jacob@cheo.on.ca)

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Reviewer: Tejvir S Khurana

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Accept after discretionary revisions

Campbell Jacob (2003) Review

This is a topical systemic review addressing an important clinical issue related to current choice of corticosteroid therapy in DMD. Namely, are they any advantages or disadvantages of prednisone vs a newer derivative Deflazacort (DFZ).

The paper is well written and researched. It sets out to formally address three basic questions: a) is DFZ effective, b) is it more effective than other therapies and c) does it have fewer side effects and does so in reasonable fashion for the first two but not as thoroughly for the last question (see comments). I believe that a more rigorous evaluation of side effects between these drugs will make this an important and effective communication.

Compulsory revisions:
1. The authors should review the incidence of cataracts on DFZ vs Prednisone treated DMD patients. This is an issue that has been raised in the literature (see for e.g. Manzur, A. Y. in The Muscular Dystrophies (ed. Emery, A. E. H.) 223-246 (Oxford University Press, New York, 2001) and should be analyzed in the review.

Discretionary revisions:
1. Page 21, Table 2, Study G : "not clearly randomized" is a bit unsatisfactory as an exclusion criteria.......The authors need to re-analyzed the study, if necessary contact the authors and either consider it a randomized trial or not.
2. The authors should try and address the issue of weight gain on DFZ vs prednisone a bit further. This is an issue one hears a lot about; but from their critical analysis of reviewed studies it seems there is no statistically validated reason to believe that there actually is a difference in this parameter between the two drugs. Certainly, not sufficient evidence that the abstract should include a line stating that "DFZ appears to cause less weight gain than prednisone". This issue can be discussed in the article, just shouldn't be stated in the abstract.
3. Other issues that come to mind include, can the differential weight gain reported in some studies be ascribed to mean age at which treatment was started or were their differing criteria for what was considered weight gain between different studies.

Competing interests:
None declared.