Reviewer's report

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

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Reviewer: Walter Deville

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

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

Discretionary revisions

The article is a systematic review, developed and written according to the actual standards:
- the search strategy is comprehensive by using a broad strategy and a narrow one: in many fields the narrow one is too specific; authors do compare results of both strategies. The search is performed without language and time restrictions, and the major databases are included. Two reviewers assessed inclusion independently.
- quality assessment of original papers: authors use two standard validated scales (Jadad-scale and treatment allocation concealment assessment); 2 reviewers assessed quality independently and reached consensus.
- major characteristics or original papers included in the review are described: design, population, interventions and control, primary outcomes and follow-up.
- research question: could be more specific by mentioning the outcome by which effectivity would be assessed, as mentioned in the inclusion criteria
- selection of studies: selection criteria are well stated; only criteria 2 on p4 does not mention gender of children, while in the abstract it does.
- data-extraction: done by one reviewer, details are given.
- statistical pooling (meta-analysis): not done because of clearly explained reasons.

1. Table 1 and 2 are not necessary. These details should be made available on request. A summary of the eligibility violations can be given in the text.
2. Discussion p12: although the results are not at the level for statistical synthesis, the authors suggest that "the evidence presented would suggest a clinically and statistically benefit": a strong statement based on 2 small or incomplete studies. If this statement could be made based on this amount of evidence, one wonders why we need systematic reviews? Perhaps the authors could use the "levels of evidence" approach to clarify their evaluation.
3. discussion p13: "n further studies..are warranted at this time": the authors have appoint where they discuss the unethical fact of an existing large trial without results published, but I do not agree that the actual evidence is at such level that no further studies are useless. Three of four studies are small; data can not be pooled because of limited data, studies of average quality: although research money should indeed not be wasted on gathering unnecessary evidence, I do not have the feeling that this level is reached in this field of research.
Compulsory revisions
1. Abstract: the inclusion criteria are not completely identical to the ones used in the article: criteria one does not include DD and criteria 2 does not mention male gender. The results mention 14 studies of potential relevance while table 1 reports 15 studies.
2. p8, lines 21-22: the results mention that three trials compared DFZ to prednisone: two reported follow-up data to 12 months and one until three months. Table three mentions for these last one a follow-up period of 12 months for the prednisone comparison, and three months for the placebo contrast? Table 5 mentions again an evaluation at three months for prednisone?
3. p10: there should be referred to table 7.
4. The number of RCT's identified mentioned on p 10 in the discussion are somewhat confusing: four studies were selected for the review, but five were identified. The two largest trials were never published as journal articles. Although one of them the format did not allow the reader insight into the efficacy of DFZ, still it was selected for the review?
5. Table 7, study N: no weight gain measured in placebo control group?

Competing interests:
None declared.