Reviewer's report

Title: Does the Swedish Interactive Threshold Algorithm (SITA) accurately map and monitor visual field loss attributed to Vigabatrin.

Version: 2
Date: 11 December 2013

Reviewer: tom eke

Reviewer's report:

this paper is of interest because it shows that SITA visual fields (now the industry standard) are applicable to other conditions: in this case vigabatrin-associated visual field loss (VAVFL).

at present it's got a lot of 'science' but little in the way of applicability. the authors state that 44% of their 16 patients had VAVFL, and they present a lot of data, but not in a way that is useful to clinicians. this reviewer suggests that they address the following questions: For those patients with VAVFL confirmed on (gold-standard) full-threshold fields, what proportion had VAVFL on SITA-standard, and on SITA-fast? (in other words, what is the false positive, false negative rate).

There is also the question of learning artefact. the 'methods' section implies (but does not state unequivocally) that all 16 patients had undergone VF testing before. if these patients had indeed undergone VF testing in the past, this should be stated. this is because VAVFL can mimic a 'learning artefact'.

the authors correctly state that patients with epilepsy are likely to appreciate a shorter-duration VF test strategy, but then they state that SITA-fast would be unsuitable as a VF screening strategy. However they provide nothing to back up this assertion: in VF-naïve patients, would the benefits of a 'quick' SITA-Fast VF strategy outweigh the learning/inattention artefact of the longer SITA-standard? could it be that SIta-FASt would be the better screening strategy, with SITA-standard for those patients who 'fail' the SITA-Fast screen?

suggested Major compulsory revisions:
1. make the paper more applicable to real-world clinicians by addressing the question of diagnostic agreement between the 3 strategies (see above)

Minor essesntial revisions:
para 1, bottom of page 4. did you really mean to say 'will have their VF examined'??

discretionary revisions:
consider my point about which is the better screening strategy for patients at risk of VAVFL: this reviewer suspects that this paper cannot actually address this question, so it might be better ommitted
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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

Declaration of competing interests: '
I declare that I have no competing interests