Reviewer's report

Title: Outcome of Retinopathy of Prematurity (ROP) Patients Following Adoption of Revised Indications for Treatment

Version: 2 Date: 28 April 2008

Reviewer: Louise Allen

Reviewer's report:

I enjoyed reading this paper and it provides further encouragement that we are on the right track in giving earlier laser treatment for ROP. I do not feel that there are any compulsory revisions to be made.

Method

Minor revision: Accepted terminology would reserve "estimated gestational age" for the number of weeks in utero, and "post-menstrual age" (PMA) for gestational age plus post-natal age.

It would be useful to know in the method how many screeners there actually were looking after these babies. It would also be useful to have the screening guidelines in the method for the international audience.

Results

Discretionary revision: I don't think that Figures 1-3 are necessary, the information they carry is simple and clear enough from the text.

Minor revision: EGA is, by definition, at birth (para 2)

Discretionary revision: I am quite suprised that, when all RD (rather than just Stage 5) is taken into account, there was a relatively small reduction in frequency between pre-ETROP (13.8% of treated eyes) vs post-ETROP (12.3% of treated eyes) in this group. Although the comparison between pre and postETROP eyes is given in table 4, I would find it useful to look in more detail at the post-ETROP group itself to determine what the risk factors were in developing RD.

Additional comments about the severity and aetiology of the cataracts would be helpful, eg how soon after laser did they develop, were they visually significant - I realise that there many be limitations getting this data retrospectively, but it would be interesting.

By follow up time I presume the authors mean the time between first screening and final exam on the neonatal unit? I can't understand why the Post-ETROP babies have a shorter screening duration when they are of lower mean EGA? The authors don't comment on adverse medical outcomes following laser or any deaths from unrelated causes - were there really none - or is this the cause of the lower mean screening follow up time in this more vulnerable group?

Minor revision: Table 6 - mean days,
Title is not clear, should be "A comparison of follow up time between groups" rather than the current "Follow up time between groups"

Discussion

It should be stressed more that the absence of recorded plus in the notes of the pre-ETROP babies who progressed does not mean it wasn't present, just that the importance of its presence has become much better recognised with the new treatment guidelines. This is a limitation of any retrospective study.

In summary, I felt this was a good and well written paper which should be published but with the few changes mentioned above.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests