Reviewer's report

Title: Clinical prediction models for bronchopulmonary dysplasia: a systematic review and external validation study

Version: 1 Date: 30 October 2013

Reviewer: yanhong li

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Major Compulsory Revisions
1. Consider discussing the possible reasons why the three prediction models (reference 14, 25, and 33) did not show good calibration and thus were considered as poor predictors for BPD.

2. Page 22, the strength of the PreVILIG dataset is the large number of included patients, with comparable mean gestational age compared to the best five performing models....I was wondering if the mean gestational age were comparable between the other 14 prediction models and the PreVILIG database. Whether is it possible to establish a prediction model that fits a general neonatal population with a wide range of gestational age, since previous studies have well demonstrated that low gestational age is the most important risk factor for BPD?

Minor Essential Revisions
1. Table 1: Gestational age (wks): mean or median? Could you add standard deviation or min-max range of gestational age in the table, since it is important risk factor for BPD? Reference 28, missing No of patients validation cohort (166/133)

2. Figure1: External validation, 19 prediction models did not include reference 39, which is not consistent with the sentence in page 20 (Out of 19 validated models, only 2 showed promising discrimination and calibration [30,39].)

Discretionary Revisions:
Adding a new table, including important variables, demographic and clinical characteristics of the patients in the PreVILIG database, in the manuscript, which might be helpful for the neonatologist to better understand your results.

Level of interest: An article of importance in its field

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