Reviewer’s report

Title: The Expert Network and Electronic Portal for children with respiratory and allergic symptoms: rationale and design.

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Reviewer: Frans De Baets

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In this paper Zomer-kooijker et al described an expert digital network and an electronic portal for children with respiratory and allergic symptoms. This methodology aims to gather a great amount of data to study a lot of characteristics of allergic and asthmatic diseases which cannot be obtained by cohort studies. The design of the study is extended and will try to coordinate data from parents, children and physicians of many different centres all over the Netherlands. The paper is unfortunately confined to a methodological approach of a planned study.

The authors claim that their data will give a better insight in asthma phenotypes relying on treatment. This expectation is strange knowing that treatment of asthma especially relies on phenotypes. In their conclusion the authors claim that this EP could help to support extensive data collection. Is this study mend to be an updating or extension of the ISAAC data?

Reading this paper I was disappointed that only a methodology is described without any, eventually partly results. Therefore I wonder if this paper is already worthwhile to be published and publication have to be postponed until at least some results are known. Methodological pitfalls can difficultly be evaluated in the absence of data. Difficulties however can be expected even with the use of validated questionnaires: how to control the recognition of respiratory and allergic symptoms by parents, patients and even by general physicians. For instance exercise induced dyspnoe could be a lack of physical fitness, what do parents understand by wheezing, many parents think that red eyes after swimming in a chloride swimming pool is a characteristic of allergy (against chloride).

On page 12 out of 915 selected children, 332 have completed the baseline questionnaire. On page 13 the authors mention 1485 children from which 661 have completed the first questionnaire. How can they explain those different figures? There is a high rate of dropouts. Are the dropout patients compared to the included patients? Couldn’t this lead to biases?

Doesn’t the high rate of dropouts already after completion of the first questionnaire put a mortgage on the further compliance to the study, especially if the study needs many different questionnaires?

Level of interest: An article of limited interest
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

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