Reviewer's report

Title: Subspecialty surveillance of long-term course of small and moderate muscular ventricular septal defect: heterogenous practices, low yield.

Version: 2 Date: 10 July 2014

Reviewer: George A Porter

Reviewer's report:

Minor Essential Revisions:

1. This study will interest pediatric cardiologists who care for patients in a general pediatric cardiology clinic or who do consults in the hospital and follow up visits. The authors’ bias toward less follow-up for patients with small and hemodynamically insignificant VSDs is based on literature and the practice of some of the cardiologists in their institution, but not necessarily on the practice of all pediatric cardiologists. The authors state valid reasons why follow up is probably not required, and they suggest in the Limitations section that clinical scenarios for each patient and provider may be different and this may play a role in follow up. However, I think they should briefly discuss that societal issues may also dictate that follow up visits be performed. In today’s medical environment, the diagnosis of a VSD will follow patients for the rest of their lives, unless it is designated as resolved. In addition, even if the VSD is not listed as resolved, and the patient has no follow up, there may be concern in the family, other providers (e.g., dentists for SBE prophylaxis), or schools (for sports participation), that can cause problems in the future. There may also be complications during the transition to adulthood with providers. Finally, insurance may be affected by the presence of this diagnosis in the patients chart. Based on these issues, one might argue that follow up is indicated even if risk is low.

2. The authors state that experience of the physician may play a role in recommendations for follow up, but no specific data is presented on this. Table 2 lists the providers and their statistics, and one provider predominates, but we have no data on how many patients of all categories each provider saw during the study period. That would be one indication of experience or clinical load. I don’t know that this information is needed, but it would be nice to at least see how long each provider was in practice prior to the beginning of their involvement in the clinic. This should be a pretty easy number to obtain for each person and might support the idea that longer experience is associated with fewer follow up visits.

Discretionary Revisions

1. Personally, I don’t like the use of abbreviations in this manuscript. In many ways, it reads like a medical record, with the use of “Pt,” “Echo,” “PC,” and “F/U.” I would spell these out, but that is a personal preference and I am not aware of
guidelines for this in the BMC journals.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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.