Reviewer's report

Title: Predictive Properties of the A-TAC Inventory When Screening for Childhood-onset Neurodevelopmental Problems in a Population-based Sample

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Reviewer: Yasuko Funabiki

Reviewer's report:

This article describes that the A-TAC is valid for screening of neurodevelopmental problems (NDPs) in population-based setting. Because ASD often overlaps with other NDPs and comorbidities, the assessment should include them comprehensively.

TAC has 20 modules, which covers NDPs and others widely. Therefore, it is an important tool both in clinical and population settings.

Minor Essential Revisions

P18 line 10: “…. the sensitivity and specificity of screening tools are not affected by the prevalence of the disorders…” is right. But in the previous paragraph, the authors wrote “A diagnosis for a rare condition in the general population..........may theoretically result in high sensitivity and specificity……” Are “sensitivity and specificity” mistakes?

The first sentence in discussion;

“A-TAC screen-positive children almost uniformly had an NDP…..”

From the Table1, the number of A-TAC screen-positive children is 247, and out of them, 125 had no NDP, that is 222 had NDP. It does not appear to be “almost”.

Discretionary Revisions

The information of administration time and potential interviewers (occupation and training etc) are very important for a screening tool. So, those had better be described.

Table 1;

32/157 screen-negative siblings had other K-SADS Diagnosis (no NDP), and 13/46 screen-negative random controls had it. What symptoms are they?

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