Reviewer's report

Title: Correcting Misdiagnoses of Asthma: A Cost Effectiveness Analysis

Version: 3 Date: 3 March 2011

Reviewer: Eldon Spackman

Reviewer's report:

Major Compulsory Revisions

The authors' response 5) that "the subjects lived a maximum of 50 years since the time of diagnosis" leaves out their assumptions regarding quality of life and adverse events. The analysis implicitly assumes that there is no difference in quality of life or adverse events for non-asthmatics on treatment versus off treatment. This assumption should be stated explicitly and the limitations and direction of effect discussed.

The unit costs presented in Table 1 are informative, but even more informative for researchers undertaking similar analyses in other countries would be the resource use. This could be done by presenting the average daily use of each of the treatments.

Minor Essential Revisions

As the authors state that cost savings in the US is conjecture the statement "Thus, in the US, cost savings of secondary asthma screening would be expected to generate even greater savings than in Canada." should be removed.

Discretionary revisions

I will try to be more clear regarding my point, 13) in your responses. You are not recommending that all patients are screened for asthma, however, is there a risk the threshold for diagnostic use will decrease given these recommendations and therefore increase costs?

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

Quality of written English: Acceptable

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

Declaration of competing interests:

In the past five years I have received consulting fees from pharmaceutical companies with asthma treatments.