Reviewer's report

Title: Long-term retention on treatment with lumiracoxib 100 mg once or twice daily compared with celecoxib 200 mg once daily: a randomised controlled trial in patients with osteoarthritis [NCT00145301]

Version: 2 Date: 1 November 2007

Reviewer: Andrew Moore

Reviewer's report:

General

This is a sensible report of a major clinical trial asking an important question about the ability of patients to use drugs for relief of arthritis pain. Such trials are few, and those that we have in clinical practice have tended to demonstrate high rates of discontinuation, because of adverse events or lack of efficacy. Not only is continuation on treatment a mark of effectiveness (as opposed to efficacy), it has real practical use.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The authors do not tell us that they have adhered (as much as possible) to CONSORT guidelines. I think they should. While the trial is well reported, the purpose of CONSORT and other members of that family is to remind writers and readers not to forget something that may be important later, or at least to tell us why it isn't there.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

None

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Discretionary Revisions (which the author can choose to ignore)

1 The use of "Prior to" rather than "before" grates. It may be common usage, but it is not good English.

2 Do we need three significant figures (46.9%), or would two do just as well (47%)?

3 There are one or two other studies that help put continuation rates into perspective. For instance Scholes et al (J Rheumatol 95 22: 708-712) performed a prospective study that showed high discontinuation rates with NSAIDs in clinical practice, and Wolfe et al (J Rheumatol 2004 31: 355-358) also examined
the issue. Clinical trials may be different in nature as well as result for discontinuations. At least two large meta-analyses have looked at discontinuations in the celecoxib and valdecoxib trials, and there is long-term discontinuation data from MEDAL. The authors could perhaps push themselves to do more than just report their result, and give us the wider perspective. I could understand that they may feel that is a step too far, in which case the editors may consider an editorial, perhaps.

4 The introduction did not feel right. It was a little long, and dwelt too much on the wonders of lumiracoxib. It could be shortened and would pack more punch if it were. It needs only to say that there's a lot of OA around, it is hard to keep folk on their pain meds, and being able to achieve longer for more would be a good thing.

What next?: Accept after discretionary revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

I have received lecture or consultancy fees, and research grants from Pfizer, Merck, Astrazeneca, and Grunenthal, and lecture or consultancy fees from other pharmaceutical companies, health charities, financial institutions, and government organisations.