Reviewer's report

Title: Approaches to discontinuing efalizumab: an open-label study of therapies for managing inflammatory recurrence

Version: 1 Date: 8 July 2006

Reviewer: Jennifer Cather

Reviewer's report:

General
Helpful article outlining most appropriate way to deal with inflammatory flares following discontinuation of efalizumab.

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

1. It would be helpful to put this article into perspective--ie what is the anticipated rate of inflammatory flare upon discontinuation? A person unfamiliar with the data may mis-interpret the rate of inflammatory flare as 78% which is not true.
2. On your rescue therapy regimen you mention "clinical improvement" can this be clarified for the readers so they can better understand when to start the tapers?
3. If the data is available, could you provide the number of patients who were actually tapered off the rescue meds? My experience has been that it is rare to get them off the rescue meds within 12 weeks. We need to make sure the readers understand that getting off systemics is really not the goal--so are you tapering as tolerated? Please reword to clarify.
4. PGA response: CyA most favorable response and yet MTX appears best for "inflammatory Ps". I think it really depends on how you are defining things--please clearly define inflammatory and explain what that actually includes. This is going to be confusing to the readers.

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

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

Same disclosure as yesterday.
No stocks
No patents
No financial competing interests
Consultant: Amgen, Centocor, Abbott, Ligand
Past consultant: Genentech, Biogen-Idec
Participated in research trials with efalizumab in the past.