Reviewer's report

Title: Is annual surveillance of all treated hypothyroid patients necessary?

Version: 3  Date: 21 March 2007

Reviewer: john walsh

Reviewer's report:

General

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

The authors have not addressed my major criticism of version 1 of the manuscript, namely that since more abnormal tests were found in the 12 month group than the 18 month group, the obvious conclusion to draw is that 12 monthly testing is more appropriate. (The authors clearly accept the logic that more abnormal results justifies more frequent testing, since that is what they recommend for patients over 60 and those on higher doses, in whom abnormal results were more frequent). I still regard that as a more appropriate conclusion than the one they have drawn.

(I may be at fault for putting this criticism under a heading of General Comments rather than Compulsory Revisions, but it still should have been addressed).

I am also concerned that authors appear to have deleted the data regarding the number of abnormal tests in the 12 and 18 month groups from the revised manuscript (I can't access version 1 for comparison, but I can’t find those data in version 2).

I propose the following as a compromise:
1. The frequency of abnormal tests in the 12 and 18 month groups should be reinstated in the results section and in Table 2.
2. The abstract should clearly state that more abnormal tests were found and dosage adjusted more frequently in the 12 month group than the 18 month group, along with the existing statement that predictors of abnormal tests were age over 60 years and thyroxine dosage > 150 mcg/day.
3. In the conclusions section of the abstract “18 monthly surveillance is adequate” should be replaced by “18 monthly surveillance may be adequate”; the conclusion should be similarly revised in the final paragraph of the paper.
4. In page 9 paragraph 2 the authors should acknowledge that one conclusion which could be drawn from the higher frequency of abnormal results is that 12 monthly testing may be more appropriate. This can then be accompanied by their rebuttal of that argument.

Other criticisms:
5. Page 7 line 6, delete “minor” (a dose change of 50 mcg is not minor)
6. The authors’ response to point 3 in my original review (cost effectiveness of TSH alone vs. TSH & fT4 should be put in the discussion).

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?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest
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