Reviewer's report

**Title:** A Danish population-based cohort study of newly diagnosed asthmatic children's care pathway - adherence to guidelines

**Version:** 2  **Date:** 28 April 2008

**Reviewer:** Barbara Yawn

**Reviewer's report:**

The authors believe they have addressed all of the questions, however, the answers do not appear to be complete. For example, the guidelines state that re-evaluation is good every 6 months but that does not mean that there is evidence to support that statement. The answer that all visits until controlled should include a lung function test is not proven. Many children have normal lung function but do not have controlled asthma as assessed by symptom scores.

I do not think that you can use lung function testing as a proxy for visits and would consider that a fatal flaw of the study unless the authors can show that the proxy is acceptable.

It is not at all surprising that those who are older have more lung function assessments. According to the statements of the authors, children with more severe or difficult to control asthma are to see the specialists and I would therefore expect them to have more lung function tests independent of visits.

The inclusion criteria suggest that you may have included children born in 1996 and had asthma diagnosed in 1999 which may make them even 4 at the time of diagnosis--born December 1999 and diagnosed with asthma Jan 1999 for example.

Minor points. LTRA do not come in canisters. They are pills.

The last sentence of the background in the abstract does not make sense.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**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.