Reviewer’s report

Title: TimeToStop (TTS) Trial, A pragmatic randomized clinical trial on cognitive consequences of early versus late antiepileptic drug withdrawal after pediatric epilepsy surgery

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Reviewer: Jothy Kandasamy

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Major points
• It is not entirely clear from the methodology when the baseline data for cognition (and the secondary outcomes) will be measured. Only the neuropsychology investigations have this detailed.
• Could the authors clarify why the timepoints for early (4 months) and late (12 months) tapering of AEDs have been selected? The tapering time (8 months) has some level III evidence base published by some of this studies. Are these timepoints standard practice? Is it local practice? Could AEDs be tapered even earlier, or perhaps quicker?
• The one year definition of ‘seizure freedom’ may benefit from further validation (or at least reference to high quality evidence)
• If clinicians have control over the tapering protocol in regard to choice of drug tapered first and also dosing, should this be recorded as a potential confounder in outcome (and if not controlled)?

Minor points
• Mixture of American and British English terminology. E.g. ‘center’ (American English), ‘paediatric’ (British English)
• In the abstract and introduction the authors declare two different ‘ultimate goals’ (1st – aiming for seizure freedom, 2nd – reducing AEDs) – rewording suggested.

Potential unanswered questions
• Are the authors only considering patients undergoing epilepsy surgery for ‘cure’? Is it relevant to ask whether early AED tapering has other positive effects; eg. to postoperative cognition and development in cases of symptomatic epilepsy surgery (e.g. corpus callosotomy).