

## PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	A questionnaire about the risk of growth suppression of inhaled corticosteroids
<b>AUTHORS</b>	Wolthers, Ole D.

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Reviewer name: Peter Flom Institution and Country: Peter Flom Consulting, USA Competing interests: None
<b>REVIEW RETURNED</b>	14-Jun-2019

<b>GENERAL COMMENTS</b>	I confine my remarks to statistical aspects of this paper. These were simple, but appropriately so. I have no problem with them. However, I do recommend that the paper go through some more editing for style and flow.
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<b>REVIEWER</b>	Reviewer name: Cheetham Institution and Country: Newcastle university Competing interests: none
<b>REVIEW RETURNED</b>	04-Jul-2019

<b>GENERAL COMMENTS</b>	<p>Abstract – what is height growth suppression? – I think that growth suppression (given the clinical context) will suffice.</p> <p>Abstract methods – this suggests 6 not 7 patient groups to me. I accept that it is clearer later in the MS.</p> <p>In the Conclusions you state that 'Most children with asthma, lay people and pediatricians may not worry about the risk of growth suppression of inhaled corticosteroids'. But I think this needs to be qualified by highlighting the fact that you are talking about reductions in stature of up to 2cm– they do worry more with larger height reductions (not surprisingly).</p> <p>In the introduction it might be worth highlighting the fact that you are focusing on the kind of height reductions documented in earlier studies: The aim of the present study was to assess what children with asthma, lay people and pediatricians feel about the risk of a reduction in height that is similar to that documented in earlier studies'. This will make your study more relevant from the readers perspective.</p> <p>Is it helpful to say that the majority of people in all groups (E aside) would be prepared to accept a height detriment of greater than 2 cm?</p> <p>I think the wording in the discussion 'To our knowledge specific elements in families' phobia of inhaled corticosteroids have not</p>
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	<p>previously been assessed'. Needs to be addressed – I don't think we are talking about a true 'phobia' here.</p> <p>I don't think you can say 'However, up to 3 cm suppression was accepted by only 23% of children with asthma but by 35% of pediatricians' – surely you have to include those accepting larger height detriments as being accepting of reductions less than 3cm?</p> <p>The 'what this study adds' section needs tightening: - what is meant by ' may not worry' – does that mean they do or they don't?</p> <p>I would prefer to see the data from question 3 represented graphically</p>
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## VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Comments to the Author

I confine my remarks to statistical aspects of this paper. These were simple, but appropriately so. I have no problem with them. However, I do recommend that the paper go through some more editing for style and flow.

- Answer: I have not comments to that.

Reviewer: 2

Comments to the Author

Abstract – what is height growth suppression? – I think that growth suppression (given the clinical context) will suffice.

-Answer: I agree. Has been revised.

Abstract methods – this suggests 6 not 7 patient groups to me. I accept that it is clearer later in the MS.

- Answer: I do not agree. 7 groups are given in the abstract and later in the MS.

In the Conclusions you state that 'Most children with asthma, lay people and pediatricians may not worry about the risk of growth suppression of inhaled corticosteroids'. But I think this needs to be qualified by highlighting the fact that you are talking about reductions in stature of up to 2cm– they do worry more with larger height reductions (not surprisingly).

- Answer: I agree; "in the range up to 2 cm" has been added.

In the introduction it might be worth highlighting the fact that you are focusing on the kind of height reductions documented in earlier studies:

The aim of the present study was to assess what children with asthma, lay people and pediatricians feel about the risk of a reduction in height that is similar to that documented in earlier studies'. This will make your study more relevant from the readers perspective.

- Answer: I agree. Has been revised in accord with the suggestion.

Is it helpful to say that the majority of people in all groups (E aside) would be prepared to accept a height detriment of greater than 2 cm?

- Answer: I would say it is not and I do not feel I should revise that.

I think the wording in the discussion 'To our knowledge specific elements in families' phobia of inhaled corticosteroids have not previously been assessed'. Needs to be addressed – I don't think we are talking about a true 'phobia' here.

- Answer: Well, I appreciate that. Has been revised.

I don't think you can say 'However, up to 3 cm suppression was accepted by only 23% of children with asthma but by 35% of pediatricians' – surely you have to include those accepting larger height detriments as being accepting of reductions less than 3cm?

- Answer: I disagree. Please, read the whole sentence. I do not feel that that needs revision.

The 'what this study adds' section needs tightening: - what is meant by ' may not worry' – does that mean they do or they don't?

- Answer: I agree. Has been revised.

I would prefer to see the data from question 3 represented graphically.

- Answer: Well, I prefer to keep the data as presented in the table. A graphically representation would really be too cramped.