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Editors—We agree with Gillman that estimates and their confidence intervals contain the key information when reporting results. However, our observation that many epidemiological studies lack statistical power is still highly pertinent.

The relevance of P values in epidemiologic publications will continue to be debated. Our view is that they are of value if used sparingly and interpreted wisely.

We are surprised that Blackburn questions our premise that studies in clinical epidemiology in people with disease and pharmacoepidemiology are liable to have similar reporting concerns. After all, they use the same types of study designs and analysis methods. We would welcome another survey in those fields, and are not optimistic that consistent high quality would shine through.

Regarding issues of residual confounding and other biases, we do not share Blackburn’s view that healthcare professionals at large are sufficiently astute in critical appraisal of published epidemiology.

We accept the suggestion of Jöckel and Stang that a larger survey would be desirable. Nevertheless, we think that one month’s survey does provide a sufficiently informative sample of epidemiological publications to make useful observations on current reporting practices.

We were deliberately not studying a specific epidemiological hypothesis. Rather, we explored several well recognised features of epidemiological research and assessed how they were tackled in current publications. We believe that our recommendations have a sound basis and are a valuable stepping stone in raising reporting standards in epidemiology.

Like any professional group, epidemiologists may not be universally receptive to constructive critical appraisal of their research output, but we are hopeful that guidance from STROBE (Standards for the Reporting of Observational Studies in Epidemiology) currently under development (www.strobe-
statement.org) will have a wide acceptance in enhancing the quality of publications.

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Footnotes

- Competing interests None declared.