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Editorial Note

William Theodore

The review article by Lau and colleagues has evoked several interesting comments, as well as a response by the authors. The exchange highlights two interesting issues. One is the difficulty of performing 'meta-analyses,' particularly when individual studies are small by clinical trial standards, and contain within them disparate populations. Moreover, few of the studies contain any of the elements that organizations like the American Academy of Neurology insist be included if paper are to be used to support therapeutic or diagnostic recommendations in published practice parameters, such as randomization or blinding. Admittedly, these are more difficult to achieve in imaging studies than in therapeutic drug trials. Nevertheless, their absence makes data much harder to evaluate. Moreover, differences in acquisition technique and interpretation strategy are very important in comparing imaging modalities across centers; reported sensitivity and specificity may vary widely, so that FDG-PET, inferior to MEG at one center, may be superior at another. It is likely that the role of MEG in presurgical evaluation of epilepsy will only be established by a multicenter study using standardized imaging methods, surgical approaches, and outcome measures. Whether such a study can be funded is another question.

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