

Why the TimeToStop trial failed to recruit: a survey on antiepileptic drug withdrawal after paediatric epilepsy surgery

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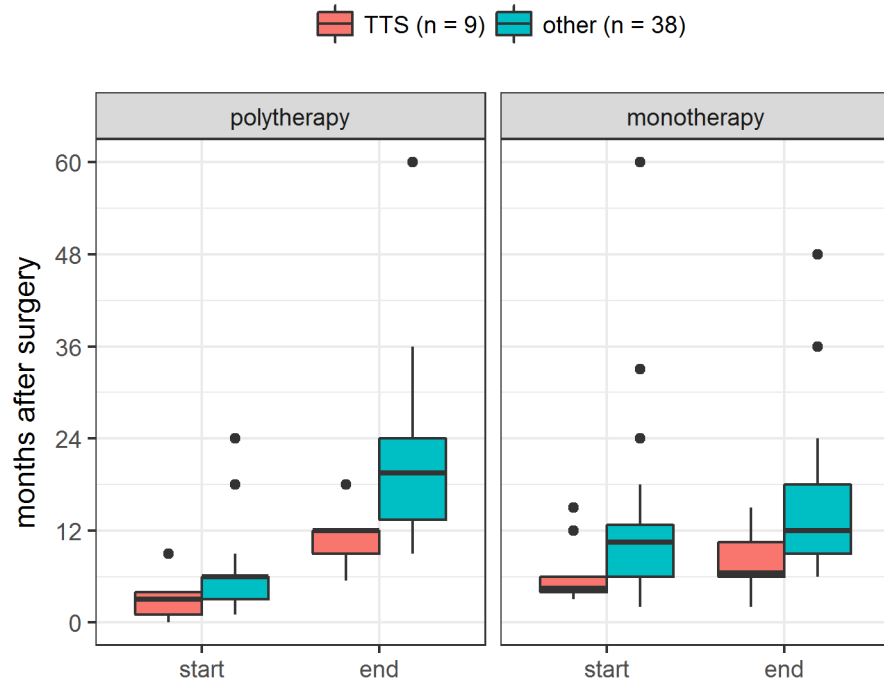


Figure 1. The timing of antiepileptic drug (AED) withdrawal after paediatric epilepsy surgery in the case of polytherapy and monotherapy, compared between the two cohorts of TTS collaborators and other respondents. The boxes show the median and interquartile range (IQR), and the whiskers extend to $1.5 \times \text{IQR}$. End: complete discontinuation of last AED; start: start of AED withdrawal; TTS: collaborators of the TimeToStop study on safety of early drug tapering and/or the TimeToStop trial on the cognitive benefits of early drug tapering. A summary of the statistics is provided in *table 1*.

Table 1. Median time corresponding to initiation of AED withdrawal and complete discontinuation compared between the three groups.

		Start of AED withdrawal	Complete discontinuation of last AED
Polytherapy	TTS	3 (1-4)	12 (9-12)
	Other	6 (3-6)	20 (13-24)
	Mann-Whitney U	258.5; p=0.02	246; p=0.002
Monotherapy	TTS	5 (4-6)	7 (6-11)
	Other	11 (6-13)	12 (9-18)
	Mann-Whitney U	p=0.08	243; p=0.01
All given values are medians (IQR) corresponding to months after paediatric epilepsy surgery (rounded to full months). Data are presented graphically in figure 1.			

Figure 2. Responses to the three questions, compared between TimeToStop (TTS) collaborators and all other respondents.

