Reviewer's report

Title: The Global Evidence Mapping Initiative: Scoping research in broad topic areas

Version: 4 Date: 7 February 2011

Reviewer: marcel dijkers

Reviewer's report:

The authors have been responsive to the comments and questions of the reviewers, except where the latter used irony to convey an issue. Consequently, in the following review of remaining and new issues, I will try to avoid irony.

- We now have page numbers, but still no line numbers. This will just put a burden on the authors – I will refer to pages, but not do the numbering for them.
- Page 2: evidence mapping describes research: this could be more specific: it describes the quantity and (superficially) the design and other characteristics of research.
- P 3: evidence-practice gaps: what are those? Gaps in the evidence available to practitioners?
- P 6 “reduce duplication”: this gets into the issue of not assessing the quality of research. The authors in their revision have paid some more attention to his limitation of evidence mapping, but still seem not fully aware of its implications. Evidence gaps exist not just where there is no research, but also where the existing research is so poor that it might as well not exist, or (even worse) might steer a clinician in the wrong direction.
- P 7. it is unclear what the experts do – or rather, what is done with their “identifying terminology”. Why are there “key questions identified in advance”? do these serve to guide the experts? To limit them? To get their juices going?
- P. 8. “these were used”: what does “these” refer to? The reviews? If so – how? How does a review translate into clinical questions?
- P. 8. Perspectives of: on?
- P. 8. two-hour: but on the next page they are 1-2 hour!
- P. 9. experience of: in?
- P. 9. short / meal break?
- P. 10. PICO terms: I can see how complete PICO statements are useful. What is the benefit of having “PICO terms”. For instance, if one of the workshopers writes down “depression” (an O term), what use does that have in the further process?
- P. 11. If the survey respondents were asked to fill out PICO templates, how could the data be unstructured? And how could they be more closely aligned to the PICO format? More closely than the workshop results?
• P. 12. more defined topic areas: what are those?
• P. 13. equally valid ideas: who determined equal validity, and how?
• P. 14. people really were expected to answer the question: “What is the level of variability regarding opinion and/or practice for this question”? Let me try to apply this to the question “what is the best way to put one’s shoes on?” If it were to read “for this issue”, it would make more sense, but still not much
• P. 14. AND novelty: why was there no cut-off here? Any novelty levels were welcome?
• P. 15. MeSH: as MeSH is applicable to PubMed only, I am curious how this was done in the “broad range of medical databases”
• P. 15. two independent reviewers: what was done to resolve a discrepancy?
• P. 16. medical: to what degree were nursing and OT, PT etc involved – crucial figures in rehab. Or is “medical” an (inappropriate) label for “health care professional”?
• P. 16. what are minimal versions?
• P. 16. designs … included: this suggests that there was prejudging on what designs give valid answers to questions. Given the authors’ mention (in responses to reviewers) that there were questions that did not concern interventions, I wonder which designs were deemed useless to give evidence
• P. 16. major medical databases: please specify
• P. 16. further database searching: searching of further databases?
• P. 17. a copy: why a copy?
• P. 17. 3D, 3E: why is there nothing specified here?
• P. 17. “study selection info was systematically recorded at all stages of screening”: what does that mean?
• P. 17. interventions: why interventions, if there were questions that did not concern interventions?
• P. 18. the resulting: resulting from what?
• P. 18. (table 3): I suggest this be moved from the subheading into the text
• P. 18. addressing the question: addressing the patient’s problem?
• P. 19. (table 4): ditto
• P. 19. setting: normally this means primary care vs. tertiary, or something similar. Apparently here it means country. Why not use that term?
• P. 19. scope of the commentary: the table 4 commentary seems to involve studies not in the table. This may be because it is just an extract from the complete table, but it might be useful to clarify that (in text or in a footnote to the commentary in the table), if this is indeed the case.
• P 20. here and elsewhere there is a surfeit of subheadings
• P 20. comparative: what are comparative studies? Why wouldn’t non-comparative studies (whatever they are) serve to give evidence? Is the PICO’s “C” a sine qua non to answering questions? Even non-intervention questions?

• P 22. if avoiding biases is so important, why isn’t the question development process done with key stakeholders worldwide? Especially as (as the authors acknowledge in answers to reviewers) some questions involve the nature of healthcare systems.

• P 22. highlight: highlights?

• P. 23. use … maps to inform … designs: how so?

• P. 23. studies within the map: what are those?

• P. 24. become more informed about a recommended intervention: the inappropriateness of this suggestion goes back to the issue of non-evaluation of study quality. The idea that Patients can benefit from a map assumes that they (1) can get a hold of the literature (2) can evaluate the quality of the design and findings (3) can understand the medical technical lingo (4) can compare the findings of multiple studies evaluating various interventions against one another or placebo or nothing. I doubt they can do any of this

• P 26. synergy: only in the sense that systematic reviewers can start where mappers stop – if the reviewers trust the mappers to indeed have done a good job finding all the evidence.

• P. 26. goal of addressing: patents have the goal of addressing research gaps? In Australia maybe. (oops, some irony slipped in).

Figure 1: the left brace between quality appraisal and scooping study presumably means that the latter is a component of the former – in parallel with the left braces used elsewhere in the figure. How so? And: why are systematic reviews not included in this left bracing?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

declare that I have no competing interests