Reviewer’s report

Title: Analysis of decisions made in meta-analyses of depression screening and the risk of "hunch" bias: a case study

Version: 1 Date: 23 March 2012

Reviewer: Ahmad Hazem

Reviewer’s report:

--Major Compulsory Revisions:

1. I must disagree with the recommendation on declaring “strongly held prior beliefs” as a priori hypotheses before starting systematic reviews. Systematic reviews are a work of methodology and when done appropriately (read: systematically), should not be influenced by prior held beliefs whether strong or otherwise. Now the issue of subjectivity in decision making while designing the protocol was appropriately raised in this paper, and it is valid. But then, a protocol is usually designed by a group, and for all of them to share the same prior conviction, systemically influencing their rationale in various decision points is not necessarily very likely. Also, it can prove very difficult to consciously recognize this “strongly held prior belief from a first person point of view”. The idea of “hunch bias” is a novel and attractive one in theory.

I completely agree that there should be outcome accountability. We should not have 3-methodologically- identical systematic reviews with conflicting results and evidence. This in a way is defeating the purpose of evidence based medicine, which evidence should a provider use?

I would ask the authors to instead consider recommending that authors of systematic reviews compare their work to previous review/meta-analyses and point out whether there was a conflict in one outcome or the other, one recommendation or the other and then attempt to explain it. Maybe a certain borderline eligible study—in my opinion as a reviewer—should be included in my meta-analysis and then removed in sensitivity analysis. Results and differences would then be clearly reported and explained. Perhaps it should be a requirement for the discussion section for systematic reviews. This is referred to in the PRISMA under conclusion, but perhaps not emphasized enough.

--Minor Essential Revisions:

1. In the first sentence of the methods section, while the statement is partially true regarding meta-analyses are the highest quality of evidence influencing guidelines; many argue that N-of-1 randomized controlled trials are the highest levels of evidence for clinical practice. This makes sense, although it’s only applicable to the trial subject and therefore influences “their” clinical practice.

--Discretionary Revisions:
1. Phrasing on second sentence in abstract (line 3 through 6) should be reviewed for clarity, eg: We identified five systematic reviews on depression screening, which were conducted between 2001 and 2009….etc.

2. Page 11, first line from the bottom: to analysis; to analyze?

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare that I have no competing interests.