Reviewer’s report

Title: Integrating and extending cohort studies: lessons from the Extending Treatments, Education and Networks in Depression (xTEND) study

Version: 5 Date: 28 August 2013

Reviewer: Jenny Theodora van der Steen

Reviewer’s report:

Major Compulsory Revisions

Congratulations on a major improvement of the previous manuscript and having addressed our comments thoroughly. I have no remaining major compulsory revisions.

Minor Essential Revisions

-The abstract may benefit from clarifying the difference between description and representation (suggested in the first sentence) versus associations (third sentence), which is addressed more clearly at the bottom of the abstract, under the summary heading, and in the text on page 11.

-Page 9, may refer to the methodological considerations section as section 2.

-May reference Table 1 where appropriate in text, for example, which factor in Table 1 is being referred to at the bottom of page 10, and with the paragraph on Increasing observations of infrequent events on page 11.

-Explain abbreviations in a footnote to Figure 2.

Discretionary Revisions

-Figure 1 may present data beyond 2011.

-Description of studies: the baseline assessments were funded by different funding bodies and was this relevant to the combining of the studies?

-Did the combining of the studies affect the response rate of the follow up assessments? There are not many studies who have done this, so it would be interesting to address this.

-A common meaning with different languages as discussed on page 14 may be illustrated with different interpretation of “dyspnea” in van der Steen and Mehr et al. (Benefits and pitfalls of pooling datasets from comparable observational studies, Palliat Med 2008, page 754): “Dyspnoea was reported for 56% of Dutch subjects, 22% of all Missouri subjects and 16% of Missouri subjects with dementia. Inquiries among Dutch physicians showed that dyspnoea was conceived as a broader term in the Netherlands than in Missouri, where dyspnoea reflected a subjective feeling (a symptom or complaint, rather than a sign). Subsequently, we combined four Missouri variables—dyspnoea, cyanosis,
retractions and respiratory distress—to arrive at a broader definition of dyspnoea, more comparable with the Dutch definition that represented ‘respiratory difficulty.’”

- Example on BMI on page 17 may be clarified: how did you adjust for self-report?
- These were two studies, could you reflect briefly on the (in)feasibility of combining three, or four?
- Did you also find a benefit of enhanced quality checks (van der Steen, Mehr et al., 2008) when more people were involved in processing of the dataset?
- The “lessons” seem to be an indiscriminative mixture of previously identified and new issues: perhaps limit to new findings or distinguish between the two, or omit.
- Thanks for fixing Table 1. However, I still find it difficult to understand why some apply to this particular project and some to Research synthesis more generally and vice versa. For example, why would “features appealing to funding bodies” not be important for Research synthesis more generally? Perhaps adding reference to specific parts of Table 1 in the text where appropriate, as suggested under “Minor essential revisions,” helps.
- It may be interesting to observe that Table 2 corresponds with Table 1 of “Assessing the Generalizability of Prognostic Information” (Justice et al., Ann Intern Med 1999), for example, with historical, geographic and methodological transportability.

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

**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.