Reviewer’s report

Title: Abstracts in high profile journals often fail to report harm.

Version: 2 Date: 15 December 2007

Reviewer: David Moher

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Major Compulsory Revisions

This is an interesting and important topic and while this manuscript has the potential to make a contribution to the literature I fear it suffers in two important ways, one of which is more modifiable than the second issue. First, the methods of how the authors actually conducted their research are short on details. This needs some serious revision for it to be completely understood by the average reader. Readers need more details about the:

ï## Sample selected, for example, why didn’t the authors hand search the nominated journals? Hand searching is a more precise way of identifying reports of randomized trials compared to electronic searching.

ï## The reader knows nothing about the clinical domains selected. Some information is needed.

ï## The authors state that a blinded structured review was part of the methodology yet there is no description of how blinding of the articles was achieved. This needs to be reported.

ï## The reader knows nothing about the type of randomized trial selected. For example, were all randomized trial designs included or were there certain eligibility criteria used (e.g., two group parallel)?

ï## The reader knows almost nothing about the eligibility criterion as it relates to the interventions reported in the sample: were all interventions considered equivalent (anticipated harms) and whether the trials were short term or longer term ones with follow-up. This is important when trying to ascertain information about (relevant) reporting of harm. For short term trials, perhaps with less serious anticipated harms, such as schizophrenia, where a pharmaceutical might be given for six to eight weeks possibly with no follow-up, the expectation of reporting harms might be considerably less serious than for example, a cancer intervention given for three months with 12 months of follow-up. This report does not appear to differentiate such differences.


CONSORT for reporting randomized controlled trials in journal and conference abstracts. Many of the issues brought forth by the authors are covered within both of these forthcoming publications, particularly the PLoS Medicine one. When revising this manuscript the authors need to take account of these papers.

Minor Essential Revisions

ï## In the abstract (Methods) the authors use of the term â##leadingâ## is imprecise. Leading in whoâ##s eyes. The authors should use â##impact factorâ## as their descriptor replacing â##leadingâ##.

ï## One page 4 (1st line) the authors indicate that 765 reports of phase III and IV RCTs were included. Arenâ##t phase IV more generally open label and not randomized?

ï## While the authors have selected what they call â##high profile literatureâ## these results might not be applicable to where most trials are reported. Chan and Altman indicate that the majority of trials are reported in small specialty journals (Chan AW, Altman DG. Epidemiology and reporting of randomised trials published in PubMed journals. Lancet 2005;365:1159-1162). The authors need to more fully address this point in any revision.

What next?: Reject because too small an advance to publish

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:

'I declare that I have no competing interests'