Author's response to reviews

Title: Disagreement in primary study selection between systematic reviews on negative pressure wound therapy

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Version: 5 Date: 17 June 2008

Author's response to reviews: see over
Subject: 1416708205176963 - Disagreement in primary study selection between systematic reviews on negative pressure wound therapy

POINT BY POINT RESPONSE TO REVIEWERS

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<th>REVIEWERS’ REQUESTS FOR REVISIONS</th>
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<td><strong>Reviewer 3: Eric von Elm</strong></td>
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<td><strong>Minor essential revisions</strong></td>
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<td>3.1</td>
<td>Abstract Methods and throughout text incl. figures: The present analysis is repeatedly labeled as “additional analysis”. I think it is sufficient to explain the relation to the preceding review on NPWT once but to use less ambiguous wording afterwards, e.g. “the present analysis”.</td>
<td>The term has either been replaced by the term “present analysis” or deleted.</td>
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<td>3.2</td>
<td>p7 para 3; p9 para 2; p11: “reporting style”: Not sure if this is an appropriate term for what you describe subsequently. The differences between reviews are apparently not due to “style” but definition of inclusion criteria.</td>
<td>Differences in the citation and selection of primary studies were caused by the following factors: a) Different reporting styles for studies identified, but subsequently excluded (some reviews cited excluded studies, others did not). b) Different inclusion criteria. c) Variations in study classification. We have clarified this point in the text. Abstract, page 2 (last 2 lines) – page 3 (first 2 lines) OLD: According to published information and the additional information provided, most differences arose from different reporting styles and variations in inclusion criteria or inter-author study classification. NEW: According to published information and the additional information provided, most differences between reviews arose from variations in inclusion criteria or inter-author study classification, as well as from different reporting styles (citation or non-citation) for</td>
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excluded studies.

Page 7, section 3, lines 4-5.
OLD: After reviewing the responses, it became clear that the reporting style differed between reviews.
NEW: After reviewing the responses, it became clear that reporting styles for excluded studies differed between reviews.

Page 9, section 2, lines 4-7:
OLD: After correspondence with the authors of the other reviews, many differences regarding the citation of primary studies could be attributed to different reporting styles, not to the non-detection of studies in the literature searches (i.e., studies identified and subsequently excluded were not always cited in the reviews).
NEW: After correspondence with the authors of the other reviews, many differences regarding the citation of primary studies could be attributed to different reporting styles (citation or non-citation) for excluded studies, not to the non-detection of studies in the literature searches.

3.3 p9: The first paragraph could be improved. It should not repeat study objectives but summarize results “in a nutshell”.

Page 9, section 1: first paragraph amended.
OLD: The main objective of this retrospective analysis was to compare systematic reviews on NPWT regarding their agreement in primary study selection. Differences between the 5 systematic reviews analysed primarily concerned non-RCTs.
NEW: An analysis of 5 systematic reviews on NPWT showed differences (which mainly concerned non-RCTs) in the citation and selection of primary studies.

3.4 p9 para 4 “The differing susceptibility of RCTs…” This sentence has been revised. I still think that the line of argument is difficult to follow. Maybe this could be simplified?

Page 9, section 4, lines 6-8: sentence amended.
OLD: The differing susceptibility of RCTs and non-RCTs to selection bias may pose a threat to the validity of systematic reviews including non-RCTs.
<table>
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<th><strong>NEW:</strong> The validity of systematic reviews including non-RCTs may be affected by the differing susceptibility of RCTs and non-RCTs to selection bias.</th>
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<td><strong>3.5</strong> p10, 1st sentence “…due to historical, structural and cultural obstacles,…” This is very vague. Either explain in more detail or drop it.</td>
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| Page 9, section 5, lines 3-5: text deleted.  
OLD: However, due to historical, structural, and cultural obstacles, surgical research is characterised by a limited quality and quantity of RCTs.  
NEW: However, the quality and quantity of RCTs in surgical research is limited. |
| **3.6** p10 para 4 “inter-author classifications” Since most reviews have multiple authors, this could be misleading. Replace by sth. like “variations between reviews” if this is meant. |
| Page 10, section 4, line 1: sentence amended.  
OLD: Moreover, variations existed in the inter-author classifications of study design.  
NEW: Moreover, variations in the classification of study design were noted between reviews. |
| **Discretionary revisions** |
| **3.7** Some sentences are overly long, e.g. 2nd sentence of Background. For this, I suggest a careful check of the whole manuscript. Splitting some sentences in two may further improve the readability of this text. |
| We have checked the manuscript and split a total of five long sentences in two.  
Page 4, section 1, lines 2-6:  
OLD: The sharp rise in the number of systematic reviews published over the past decades has led to a concomitant increase in discordant results and conclusions between reviews on the same research question, causing disputes between researchers as well as creating difficulties for decision-makers in selecting appropriate health care interventions [2-5].  
NEW: The sharp rise in the number of systematic reviews published over the past decades has led to a concomitant increase in discordant results and conclusions between reviews on the same research question [2-5]. This has caused disputes between researchers and created difficulties for decision-makers in selecting appropriate health care interventions. |
Page 7, section 3, lines 1-4:
OLD: As the comparison of systematic reviews based on published information showed numerous inconsistencies, we decided to contact the authors of the other reviews for clarification (this was not initially planned), and received responses from all authors approached (or from other researchers at the publishing institutions).
NEW:
As the comparison of systematic reviews based on published information showed numerous inconsistencies, we decided to contact the authors of the other reviews for clarification (this was not initially planned).
We received responses from all authors approached (or from other researchers at the publishing institutions).

Page 8, section 2, lines 1-5:
OLD: Of the 4 studies (3 non-RCTs and 1 RCT) excluded by IQWiG but included by at least one other review, the reasons for exclusion were as follows: the study included historical controls (2 non-RCTs [13,26]); the intervention applied was not comparable to the NPWT technique (1 non-RCT [14]); or an additional intervention was applied that may have affected the study outcomes (1 RCT [19]) (Table 6).
NEW: Four studies (3 non-RCTs and 1 RCT) were excluded by IQWiG but included by at least one other review.
The reasons for exclusion were as follows: the study included historical controls (2 non-RCTs [13,26]); the intervention applied was not comparable to the NPWT technique (1 non-RCT [14]); or an additional intervention was applied that may have affected the study outcomes (1 RCT [19]) (Table 6).

Page 9, section 2, lines 1-4:
OLD: We would like to emphasize that by presenting these differences,
we are not implying that the 4 other reviews identified were of inferior quality compared with the IQWiG review; variations in the number of primary studies identified and selected are not surprising, as the reviews used different search strategies, literature sources, and inclusion criteria.

NEW: We would like to emphasize that by presenting these differences, we are not implying that the 4 other reviews identified were of inferior quality compared with the IQWiG review. Variations in the number of primary studies identified and selected are not surprising, as the reviews used different search strategies, literature sources, and inclusion criteria.

Page 9, section 3, lines 3-8:  OLD: Opinions on the relevance of language bias differ; whereas a study published in 1997 comparing English and German-language publications concluded that English-language bias may be introduced in systematic reviews if they include only trials reported in English [33], a more recent publication noted that, for conventional medicinal interventions, language restrictions did not appear to bias estimates of effectiveness [34].

NEW: Opinions on the relevance of language bias differ; a study published in 1997 comparing English and German-language articles concluded that English-language bias may be introduced in systematic reviews if they include only trials reported in English [33]. In contrast, a more recent publication noted that, for conventional medicinal interventions, language restrictions did not appear to bias estimates of effectiveness [34].

<p>| 3.8 | p10 para 4 following sentence: Did you check with the respondent whether he agrees with the direct quote of his We have obtained written permission from the author (Dr Samson) to quote his comments as personal communication. |</p>
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<th>3.9</th>
<th>p11, line 1, reference 50: The reference to the 1996 version of CONSORT is correct. But it might be better to guide readers (and potential CONSORT users) to the revised version published in 2001.</th>
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| Page 11, section 1, lines 6-8: sentences amended. | OLD: This finding emphasizes the relevance of standard reporting guidelines such as the CONSORT statement [49]. This guideline for improving the quality of reporting for RCTs has been available for over a decade [50], whereas guidelines for non-RCTs are more recent [51,52].
NEW: This finding emphasizes the relevance of standard reporting guidelines. The CONSORT statement on improving the quality of reporting for RCTs has been available for over a decade [49], and a revised version was published in 2001 [50]. In contrast, guidelines for non-RCTs are more recent [51,52]. |