Reviewer's report

Title: Setting an Agenda for Comparative Effectiveness Systematic Reviews in CKD Care

Version: 2 Date: 11 May 2012

Reviewer: Katrin Uhlig

Reviewer's report:

General Comments:
The manuscript reports on the process of determining priority topics in CKD care for future systematic reviews. Topic prioritization is of great importance to enhance efficiency and pertinence of the CER research enterprise. Recently, stakeholder involvement in the prioritization of research questions for systematic review and for new research endeavors has gained support as it is thought to contribute to the relevance and salience of the output. The authors embarked an independent, explicit process, assisted by a stakeholder panel. Authors and stakeholders have expertise in the domain of CKD. The paper is well written and the limitations section is transparent. Nevertheless, this type of a stakeholder driven approach may be considered a ‘social experiment’. Since still relatively new, experience with this process and its limitations is valuable to share and review. Therefore, I believe it is worthwhile to publish this paper, but also to highlight the challenges of this process. I hope the authors will consider my thoughts about the limitations of the process to facilitate quality improvement of such efforts going forward.

Limitations:

1) The development of the preliminary evidence map followed broad epidemiological concepts rather than an assessment of needs and knowledge gaps. For example, there is a Kidney Disease Improving Global Outcomes guideline on hypertension in process with extensive evidence review addressing topic 20 (hypertension, under progression). This topic was still ranked as the second highest priority topic, although de novo systematic reviews are not likely to provide major new insights at this point. Other topics on the list, such as acute kidney disease, anemia, dyslipidemia, bone/mineral disease and nutrition are also the subject of recent or ongoing evidence based clinical practice guidelines. Thus the rationale for including these topics in the topic list for consideration by stakeholders is not clear.

2) The example questions predominantly consider kidney outcomes rather than all relevant outcomes in individuals with or at risk for CKD. For example, a question related to topic 3 (diabetes control and prevention) asked: What is the comparative effectiveness of diabetes management on CKD incidence? Kidney disease incidence is important but has to be reviewed in the context of many other outcomes of importance to individuals with DM, like CVD, neuropathy,
infections. Similarly, most topics for ‘progression’ (Topics 13-32) specify the outcome of ‘slowing CKD progression’. Given the high burden of comorbidity, especially CVD, and frailty of the large number of elderly CKD patients, this is a narrow focus.

3) The stakeholders have important qualifications and representation, but the process of selecting them towards balancing the panel across relevant stakeholder categories or perspectives is not described. The rationale for the number of stakeholders is not provided.

4) The prioritization process was to consider feasibility, but since the stakeholder expressed concern about the availability of literature to perform systematic revise in several areas, topic prioritization proceeded without regard to feasibility. Subsequently, the research team performed a screen of pertinent literature for the top tiered topics. The authors then concluded that based on the number of available RCTS or cohort studies it appeared feasible that rigorous systematic reviews could be done. I would argue that rigorous systematic reviews can be done on any topic regardless of the yield, but that the value of information of such an exercise will depend on the number and quality of studies, how definitively they answer the question of interest, how this will reduce uncertainty or add to the current knowledge, and ultimately impact care. Recent existing systematic reviews and guidelines, as in the fields mentioned above, are likely to diminish the value added of de novo reviews, unless there is a reason to update them in order to include new, informative studies. Such a complex assessment will require more than simply counting of the number of publications in a preliminary literature screen. I believe the prioritized list is therefore more a reflection of what is considered to be important and ‘of interest’ in CKD care by the stakeholder panel, rather than a true blueprint for conduct of ‘high priority and potentially high value’ systematic reviews.

To identify and refine ‘high priority and potentially high value’ topics for systematic reviews as well as primary CER research requires a coordinated effort that includes a standing professional forum with wide representation, a concerted and iterative needs assessment and methodological resources to refine concrete research questions. Decentralized and fragmented efforts, while allowing pluralism, come with the cost of unnecessary redundancy and inefficiency.

5) I saw with great interest the prioritization of less traditional systematic review topics, such as access to care, collaboration strategies, health information technology (which I think should emphasize decision support, rather than computer support), patient safety. These are innovative and cross cutting themes, that hold great promise for improving CKD patient care, if they use a wider focus than only kidney outcomes. As shown in Table 3, these topics correspond to a small number of pre-existing systematic reviews and primary research studies. This seems to highlight a need for primary CER research.

6) Given the inherent complexities in stakeholder driven topic prioritization and the above limitations, I would like the authors to elaborate on lessons learnt or
suggestions for strategies in research prioritization going forward to enhance the value of sharing their experience.

Minor Essential Revisions
Please add the final prioritized topic rank to the corresponding topics in Table 2 and the original topic number to Table 3 to allow cross referencing of topics, questions and ranks.

Discretionary Revisions
Please address limitations above as you can and see fit.

**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 have conducted systematic reviews for the development of kidney disease guidelines funded by Kidney Disease Improving Global Outcomes.
I have directed a future research needs development project funded by the AHRQ.