Reviewer's report

Title: WHO Systematic Review of Prevalence of Chronic Pelvic Pain: a neglected reproductive health morbidity

Version: 2 Date: 20 December 2005

Reviewer: Georgia Salanti

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Major Compulsory Revisions
1. For dyspareunia and non-cyclical pelvic pain the heterogeneity is so high that the estimates are practically incompatible. I would discourage you from doing meta-analysis, since the pooled estimate is meaningless and has not clear interpretation. A clustering of the countries into low, medium and high prevalence may be more useful followed by the investigation of heterogeneity.
2. Data synthesis: The Q test is well known for being unreliable, having low power for few studies and being conservative with many studies. Moreover, it cannot be compared across groups of studies. Therefore, please use the I-squared to explore heterogeneity.
3. The reference list was not included, so I could not access the paper considered ‘widely recommended methodology (methods, page 5) and ‘recent recommendation’ (Data source, page 5 again). It may be more useful to describe very shortly the key points of the ‘widely recommended methodology’.
4. The figures need improvement. Figure 3 is not informative –delete. The forest plots need to order the studies according to the year of publication and a column with study names and estimates. Also, delete the pooled effects; just mention them in the text.
5. There is no description of how the authors assessed the adequacy of the sample size and the how the defined the cutpoints to classify the studies as ‘adequate’ and ‘inadequate’ sample size in figure 2.
6. The link between time of publication and quality/prevalence should be examined more carefully.

Minor Essential Revisions
7. Abstract and Results: ‘There were only 19/95 less developed and 1/45 least developed…22/45 developed countries’. It is not clear what are the denominators in these rates. Same for ‘Results’ page 8.
8. The reference number in brackets is sometimes before and sometimes after the dot at the end of the sentence.
9. Data source, page 5: last sentence does not make sense.
10. The authors should point out the potential risk of aggregation bias when they use age in meta-regression.
11. Whereas the meta-analysis was performed on the log(CPP) scale, the heterogeneity was explored on the CPP, as described in ‘Data synthesis’, page 7. Why?
12. ‘Data synthesis’, page 8: ‘There remained statistically…IN this subgroup ….’. Please add the ‘IN’
13. Egger’s test is known to be another unreliable test. Please do not base your judgments on the p-values - better examine the confidence intervals in the funnel plot.
14. Results, end of page 8: I don’t understand where these proportions 1.2%, 7.1% and 27.8% come from. The denominators are neither 177, nor 172. According to figure 1 there are 177 studies, and the numbers in figure 2 add to 172, which again I can’t tell where is it coming from.
15. In the meta-regression for countries classification, there are so few least developed countries that I suspect the power is very low.
16. Discussion. Please be more careful when interpreting the results. The statement ‘high quality literature revealed a high burden’ is not strictly correct, given the high heterogeneity in dyspareunia.
**What next?**: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

**Quality of written English**: Acceptable

**Statistical review**: No

**Declaration of competing interests**:
I declare that I have no competing interests