Reviewer's report

Title: An Overview of the Design and Methods of an Information Retrieval Study

Version: 1 Date: 27 December 2004

Reviewer: William Hersh

Reviewer's report:

General

This paper provides details of the methodology used in the important and well-known work from this group in identifying optimal strategies to retrieve studies likely to contain the best evidence applicable in clinical care. Their work has had substantial impact, being incorporated into the NLM PubMed system.

This paper provides much greater detail into the methods used for this work than has been allowed by the clinical journals, such as BMJ and JAMA, that have published the results. As a result, BMC is an excellent place to publish this paper.

The paper adheres to the high standards one expects of this group. I do, however, have a few suggestions/questions.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. I think the title could be better. This is not just an information retrieval study; but rather methods to retrieve studies with the best evidence for clinical care. The title should reflect this more specific task. How about something like, An Overview of the Design and Methods for Determining Studies Containing the Best Evidence for Clinical Care; or something like that?

2. One concern I have always had with this work is how these hedges fare in the real world; searching environment. That is, how well do they aid the user when he or she is adding clinical search terms to these strategies? As such, this work does not represent the last work in clinical information retrieval. The authors should address this issue and perhaps summarize other work in the field that looks at using retrieval systems to apply evidence in the clinical setting.

3. Table 6 states that data collection for Etiology is prospective; My previous understanding of EBM is that retrospective case-control studies are an acceptably good form of evidence for studies of harm. Will their search strategies not identify case-control studies? If so, is that inconsistent with commonly accepted practice of EBM? Related to this, none of the other cells in the table mention prospective vs. retrospective data collection.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)
What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No