Reviewer's report

Title: Improving search filter performance: a study of palliative care literature

Version: 1 Date: 12 February 2007

Reviewer: Su Golder

Reviewer's report:

General
This is an interesting article for those in the field. The paper highlights the difficulties of creating
subject-specific search filters, particularly in the area of palliative care. However, my main concerns with the
paper are a lack of clarity and that the limitations are not fully described. If these issues are addressed then
I would recommend this article for publication.

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

The paper lacks some clarity, especially if read without first consulting the previous publication by the
authors in the Journal of the Medical Library Association. As this article is to be published in a different
journal and readers may not have access to the first publication – the article would benefit from some
clarification.
Some suggestions for this are as follows;
Background
This would benefit from an introduction outlining why searching for palliative care is so difficult.
The majority of the background is referring to the previous study results so this should be made more
explicit.

Methods
Explain why this particular set of journals and dates were used.
Explain that the records were derived by hand-searching earlier in first paragraph under ‘Methods’.

Results
Line 2: different searches? This section would benefit from an explanation of the SIGN etc searches in table
1.

Another issue is that the limitations of the methodology used here should be presented more fully.
For example;
The MeSH terms were derived from a frequency analysis with a subjective cut off point from the same set of
records on which the MeSH terms were subsequently tested. Thus noo validation set of records was used
to test the MeSH terms. The generalisability of the MeSH terms is therefore difficult to assess.
The MeSH terms were identified by a frequency ranking and therefore no MeSH terms were added
because they demonstrated high precision. Useful MeSH terms may therefore have been missed.
There was no analysis of the cumulative effective of different combinations of MeSH terms.
There were issues of generalisability of the MeSH terms in retrieving articles in journals other than the four
used in the study (as discussed in the previous paper).

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

Background
Paragraph one
Line 4: Did the previous study really use the same methods as Haynes?

Paragraph Two
Line 3: change database to reference set
Line 6: define incorrectly
Discussion
Paragraph two
Line 4: National Institute for Health and Clinical Excellence

Paragraph 3:
Line 7: delete ‘who applied them’ (they didn’t apply them.)

Paragraph 4:
Line 6: change all to many other

Paragraph 8:
Line 1: how? Is this third generation? Subjective cut off point.
Line 7: best compromise – for whom? Researchers, clinicians, both?

Box 1:
Is this the correct title?

Box 2:
Is ‘’ necessary?

Box 3:
Should it be prognosis/ OR quality of life/ OR survival rate/ OR treatment outcomes/ OR attitude to health/ 

Table 2:
The frequency of the order of the MeSH terms in table 2 appears to be determined to a large extent by the subheadings attached to each MeSH term. For example, without consideration of subheadings pain/ and breast neoplasms/ would have achieved a much higher frequency. Yet those MeSH terms which were added to the search were not limited to particular subheadings so will pick up those MeSH terms with any subheading. For example, Physician-patient relations/ will retrieve Physician-patient relations/ as well as Physician-patient relations/ethics, survival rate/ will retrieve survival rate/ as well as survival rate/trends.

An explanation why the analysis was carried out this way and some discussion of its limitations would be helpful.

Discretionary Revisions (which the author can choose to ignore)

Background
Paragraph one
Line 3: ‘gold standard’ not “
Line 6: comprising of
Line 6: MEDLINE not medline

Paragraph Two
Line 2: originally?

Methods
Line 2: Is the ‘Gold Set’ the same as the ‘gold standard’?
Line 8: citation not citations
Line 8: is the incorrectly excluded the silver set?

Frequency Analysis & Related Master Search
Paragraph One
Line 6: were the subheadings attached to the MeSH?

Paragraph Two
Line 5: predicted? Did you calculate decline in precision? Delete from ‘when offset against…
Line 7: OR

Methods
Frequency Analysis
Paragraph one
Line 3: 10.27 MeSH terms?

Paragraph two
Line 1: six MeSH terms?
Line 3: 92.0% (not 91.97%)

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, the manuscript does not need to be seen by a statistician.

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