Reviewer's report

Title: A critical appraisal of systems for grading the quality of evidence and the strength of recommendations

Version: 1 Date: 25 March 2004

Reviewer: Joseph WATINE

Reviewer's report:

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

First manuscript: 'A critical appraisal of systems for grading the quality of evidence and the strength of recommendations'

1. Is the question posed by the authors new and well defined?

This first manuscript is the first chapter of quite a long “story”. The second chapter is also submitted to BioMed Central, and the third chapter of this same “story” has very recently been accepted for publication by the BMJ. Other chapters are in preparation (see other comments below and also the comments about the second manuscript). When the whole “story” is eventually written by the GRADE team, an important and very useful task will have been achieved. If it is completed successfully, this task will consist of having designed, evaluated and validated systems for grading the quality of evidence and the strength of recommendations which could be used as reference systems by the biomedical community. These two papers are the first encouraging steps in this direction.

As far as I can understand, the ensuing chapters of this long “story” are in preparation. I think that the authors should tell their readers more about their plans for the ensuing chapters.

Perhaps they could also tell the readers who does what in their team, and how their team is organized. This might help readers to understand, e.g. why there are 14 co-authors for the first manuscript, and 18 co-authors for the second one.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

Box 1: instead of points, couldn’t numbers (1 to 12) be used?

Appendix 1: in the second page, reference is made of a table 2 which I cannot find anywhere in Appendix 1.

Appendix 2: the last sentence of the second page does not make sense to me: shouldn’t the word “avoidance” be replaced by something else?

Appendix 3: the meaning of the some abbreviations in the table or in its legend should be indicated, e.g. SR, RCT, CPG, ARR, Rx.

Appendix 5: in the second sentence of the “Target audience” section (page 3), there is a spelling mistake (“pprofessional”). In the Figure 1, I do not understand why there is a figure called “4a”
whereas there is no “4b”.

Appendix 6: in the first sentence of the “Strength of recommendations” section (page 2), mention is made of a Table 3 that I cannot find anywhere in the Appendix 6.

3. Are the data sound and well controlled?

Yes they are.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Yes it does, except for the fact that no keywords are provided. The following ones could perhaps be used: evidence-based health care; levels of evidence; practice guidelines; strength of recommendations; systematic reviews.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

In the conclusion, one point is missing, i.e. this appraisal work is a preparatory work. This preparatory work has made it possible for the authors to write the two ensuing papers (i.e. the second manuscript submitted to BioMed Central and the paper which is “in press” in the BMJ). Unless I am mistaken, it will also likely enable them to write other papers, regarding e.g. prognostic or etiological studies, or diagnostic interventions.

6. Do the title and abstract accurately convey what has been found?

In the last sentence of the Methods section of the abstract, the number of systems which were compared with the six prominent systems should be indicated (instead of “Other”).

In the Conclusions section of the abstract, one point is missing (see comment above).

7. Is the writing acceptable?

Being French, I am not sure that my English is as good as that of the GRADE Working Group. However, it seems to me that their style might be improved in order to make the text easier to be read and understood. For example, in the Method section of the abstract:
- end of first sentence: the word “method” could be deleted;
- end of second sentence: “…to assess the sensibility of the different approaches” could be replaced by: “…to assess their sensibilities”.

Page 8, second paragraph, second sentence: shouldn’t “Almost all agreement…” be replaced by “Almost all agreed…”?

8. If these two manuscripts are accepted for publication, I confirm that you may feel free to post my signed reports, together with the manuscript, as part of the pre-publication history.

Dr Joseph Watine, PharmD, AIHP, AHU, EurClinChem
Laboratoire de Biologie Polyvalente
Centre Hospitalier Général
Rodez
France

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I have to declare the following conflicts of interest:

a) I have told the authors of these two manuscripts that I am one of the peer-reviewers appointed by BioMed Central to comment on their two manuscripts and I have asked them to provide me with some papers, which they kindly accepted to send to me.

b) Being a member of the GRADE mailing list, I was made aware of the existence of the paper which is “in press” in the BMJ, and I have read this paper. This is also how, I had the opportunity to read three reports that were made by peer-reviewers appointed by the BMJ when a first draft of this paper was submitted there.

c) As a member of the Committee on Evidence-Based Laboratory Medicine of the Education and Management Division of the International Federation of Clinical Chemistry and Laboratory Medicine, I shall perhaps ask the GRADE team to be part of their Working Group when they are going to evaluate a similar system for grading the quality of evidence and the strength of recommendations about diagnostic intervention and/or about studies of diagnostic accuracy (I know that they are currently working on this issue).