Author's response to reviews

Title: Explicit criteria for prioritization of cataract surgery

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Author's response to reviews: see over
Dear Editor:

Enclosed is the revised manuscript “Explicit criteria for prioritization of cataract surgery”. We hope that this paper is now suitable for publication in BMC Health Services Research. This is a follow up paper of a previous one, “Development of explicit criteria for cataract extraction by phacoemulsification” reference 1977336106660833, which we sent to BMC Health Services Research at the beginning of April-2005 and is still under evaluation. We have included a reference to this last article in the text of the first since some parts cannot be explained without such reference.

All authors have contributed to each of three activities: 1) conception/design and/or analysis/interpretation, 2) writing, and 3) approval of final version) and will take public responsibility for the content of the paper. The content has not been published, nor is it being considered elsewhere. No possible conflicts of interest (e.g., funding sources for consultancies or studies of products) exist in this study.

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Thank you for your consideration. We are looking forward for hearing from you.
Sincerely,

José M. Quintana López MD, PhD
Responses to Reviewer # 1

Major Compulsory Revisions.

RAND Necessity criteria methodology (which includes the crucial scenarios) was developed by RAND investigators to study under-use of medical procedures. It was not created to prioritize. But, we agree with the reviewer that the crucial and appropriate scenarios seems to be an equivalent for prioritization, but just dichotomous. Nevertheless, the purpose of a priority score is to provide with a system that allow the clinician, provider or researcher with an order of all scenarios. The crucial-appropriate system just would allow having two choices. But, then among the crucial, who is first?, and among all the appropriate, who should go before another?. That is why most priority systems provide a continuous score that allows greater discrimination among patients. RAND method, as far as we know, never has been used for the latest purpose the same way as ours (connecting appropriateness and priority). There are some articles where the RAND method was mentioned as to create priority scores, though they did not strictly follow all the steps described in the RAND appropriateness methodology (Naylor CD, Baigrie RS, Goldman BS, Cairns JA, Beanlands DS, Berman N et al. Assigning priority to patients requiring coronary revascularization: consensus principles from a panel of cardiologists and cardiac surgeons. Can J Cardiol 1991; 7(5):207-13. Santori G, Valente R, Cambiaso F, Ghirelli R, Gianelli Castiglione A, Valente U. Preliminary results of an expert-opinion elicitation process to prioritize an informative system funded by Italian Ministry of Health for cadaveric donor management, organ allocation, and transplantation activity. Transplant Proc 2004; 36(3):433-4.). Nevertheless, to avoid confusion we have deleted such mentions.

We have included a mention to the risk of blindness vs benefit of surgery in the Discussion and the Methods sections.

On relation to the third question, the issue was already taken into account before we sent the manuscript, and now the two biostatisticians coauthors of the article (A. Bilbao, and I. Arostegui) had developed with me the following explanation for the reviewer. With regard to the possible presence of dependence among the predictor variables in the model, appropriateness excluded, it does not exist because we are tackling with theoretical indications rather than patients. Therefore, the scenarios have been designed combining all the categories of the items, except for a few of them, which had not been considered because of clinical incoherence. As you suggest, visual function and social dependency are two variables which, in practice, can surely be correlated, but the panelists were requested to rate all possible combinations among them, so these variables by them self are not correlated. The only problem that we may have, regarding collinearity, is with the appropriateness variable, given that it has been defined taking into account some of the included explicative variables. It is true that in standard regression, explicative variables are often dropped if they are significantly correlated with other. However, panelists wished to retain this variable for been clinically important to take decisions about priority. Being aware of this problem, we analyzed the correlations between this variable and the rest, which turning of to be low. Furthermore, in order to avoid the
effect that this variable may have on the results of the analysis, we decided to include it the last place. This way, we are seeing the effect of each of the other variables independently of appropriateness.

Minor Essential Revisions.

All the 7 minor essential revisions had been corrected in the text.
Responses to Reviewer # 2

Major Compulsory Revisions.

- We avoided the inclusion of the appropriateness definitions in the previous version in order to make shorter the article, and assuming that the previous article had some chances to be admitted. Nevertheless, we have now included the appropriateness definitions in this version: “Cataract surgery for a specific indication was considered appropriate if the panel’s median score was between 7 and 9 without disagreement, inappropriate if the value was between 1 and 3 without disagreement, or uncertain if the median rating was between 4 and 6 or if the members of the panel disagreed. Disagreement was defined as occurring when at least one third of the panelists rated an indication from 1 to 3 and at least another third rated it from 7 to 9.”

- We explain now how the variables were chosen (based on previous bibliography and RAND appropriateness studies on cataract extraction, and the criteria of the ophthalmologists of our research team): “Selection of the variables was based on the review of the bibliography and the research team best judgment.”

- As explained in the discussion, the variable Social Dependence was included by 3 reasons. We justify the selection of the new variable social dependency since it has been selected by different studies which had focus on priority scoring systems for cataract extraction (included in our references). Nevertheless, as stated before, we have included a short mention to one of the reasons in the Methods section as well.

- An American English professional editor already edited the text. Nevertheless, we have reviewed the paragraphs mentioned by the reviewer and introduced some changes.

Minor Essential Revisions.

All the 7 minor essential revisions had been corrected in the text.

Discretionary Revisions.

The two examples provided in the Discussion were theoretical, not real clinical cases, although quite likely real cases. Nevertheless, we have added the two parameters suggested by the reviewer (lines of improvement or changes in the log MAR visual acuity) as alternative measures of improvement.