Reviewer’s report

Title: Explicit criteria for prioritization of cataract surgery

Version: 1 Date: 4 August 2005

Reviewer: Dennis S.C. Lam

Reviewer’s report:

General
Quintana et al developed a prioritization tool for cataract extraction according to the RAND method, adding appropriateness of the intervention to the priority criteria. The criteria were developed using a modified Delphi process and priority ratings performed by a panel of ophthalmologists. The effect of the variables on the priority score was assessed using the general linear and the logistic regression models. Priority scoring systems were developed using the optimal scaling and general linear models to weigh the categories which were finally summarized using a priority decision tree. The study performed has implications in many health care systems globally due to long cataract waiting lists associated with resource constraints. The authors considered ways in which the priority scoring systems can be adopted for use in clinical settings; the practicality of which should be further reviewed and compared with other priority scoring systems.

Major Compulsory Revisions
One of the purposes of the study was to include the appropriateness variable into the priority scoring systems. The definition of appropriateness was appropriate or uncertain indication based on previously developed explicit criteria. The criteria, however, was not listed and the associated reference (Quintana JM, Escobar A, Arostegui I, IRYSS-Appropriateness Cataract Group. Development of explicit criteria for cataract extraction by phacoemulsification. BMC Health Services Research 2005) is not accessible. It is essential to provide the readers with the appropriateness definitions in order to make this paper useful. By the same token, the way how the variables were initially derived and chosen for the third round was not clearly mentioned and should be clarified. The authors added a new variable, social dependence, into the algorithm as they believed that it might result in an uncertain scenario being considered as appropriate. The support and evidence for this claim should be provided for justification.
The authors should consider consulting an English language editor for extensive grammatical revisions in the discussion, especially in P.11, para 1 and P.12, para 1.

Minor Essential Revisions:
P.6, para 1 – the authors should clarify whether laterality was included in the third round.
P.6, para 3 – the number of patients should be 936 instead of 963.
P.9, para 1 – panelists 5 and 6 had the extreme high and low mean and median scores, rather than panelists 4, 5 and 6.
P.13, para 2 – the authors should quote the references for the rate of inappropriate interventions which ranged from 1.3% to 7.7%.
Table 3. The column title for the fifth column is missing.
Figure 1. Define the term “Social D”
Figure 3. Define the terms “Social D” and “Visual F”

Discretionary Revisions:
Priority was defined in terms of benefits of the intervention to the patient and the authors provided two examples of improvement in visual function for comparison. However, the absolute gain in visual acuity should not be defined as a simple improvement in Snellen visual acuity after the
operation. Instead, the authors might consider reporting the lines of improvement or changes in the logMAR visual acuity scale as alternative measures.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests.