Reviewer's report

Title: Improving the Use of Research Evidence in Guideline Development: 8. Synthesis and presentation of evidence

Version: 1 Date: 18 April 2006

Reviewer: David Tovey

Reviewer's report:

General

Thanks for sending this to me for review. It is an impressive piece of work, and my comments need to taken in the context of only having read one other of the sections. Some of my queries may therefore have been addressed elsewhere. I have tried to keep my comments to content, but I have also struggled with some of the language, so will also mention these as they arise, since they probably reflect my ignorance - which might be shared by other target readers.

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

None

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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)

Page 6: NICE is the National Centre for Health and Clinical Excellence

Page 13: The statement describing standards for systematic reviews is called the Quorom statement.

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Discretionary Revisions (which the author can choose to ignore)

Abstract: No major comments, but I am surprised that the context of present WHO guideline practice, which reflects the importance of this work is not mentioned within the abstract.

Background / What WHO is doing now: No major comments, but a very clear description of the need to improve the use of evidence based resources in setting guidelines.

What other organisations are doing / methods: no major comments

Findings:
I found this section difficult to understand even on repeated re-reading. In particular the "five systems" that "represent best practice" do not seem to be described clearly enough - I presume they are the original seven domains minus data abstraction and search strategy, which if true seems a suprising conclusion.
In the succeeding paragraph I would have liked more information on why the AMSTAR was chosen as the preferred instrument. As it presently appears, it reads almost as though the authors are
inviting the reader to trust a process that is insufficiently described. Some description of the rationale would have been welcome, albeit I understand that it would cause the document to be longer.

When and how should WHO undertake or commission new reviews?:

The description of research findings and conclusion that more limited database searching could be recommended was well argued, as were the arguments for different skills and exploration for subjects closer to Public Health and non clinical areas. Notwithstanding my obvious conflict of interest I would have been interested for the authors to consider whether alternative secondary source synopses (including Clinical Evidence) could be utilised where adequate systematic reviews either do not exist or are obviously out of date.

I was interested in the evidence on frequency of updating, since I believe that this is an essential area of concern with respect to credibility and accuracy. The reporting of the Cochrane study does not provide any information as to whether the updated reviews can be considered representative of the whole. One could hypothesise either that those with either less material to update, or more, migh be more likely to be updated. [40] The AHRQ review that reported that only 3 of 17 guidelines remained valid after an unreported duration presumably reflects the fact that multiple systematic reviews are required for any given guideline, and this therefore seems to argue for more frequent updating. In addition, there will be substantial heterogeneity in the growth of literature between topics, as the authors acknowledge in the discussion, and this perhaps could also be mentioned in this section.

How should the findings of systematic reviews be summarised...:

I can understand that the authors might have described the GRADE approach within another document, but I think the inexperienced author might have valued some additional explanation of the guiding principles and values within the GRADE process.

What additional information....:

No major concerns, although I believe that within the GRADE group there have been discussions about methods to explore local patient preferences and some work relating to this, that could have been reflected in this section, if it is not covered elsewhere.

**What next?:** Accept after discretionary revisions

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.