Author's response to reviews

Title: Reporting of harm in randomized controlled trials evaluating stents for percutaneous coronary intervention

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Author's response to reviews: see over
Answers to reviewer

Reviewer's report

Title: Reporting of harm in randomized controlled trials evaluating stents for percutaneous coronary intervention

Version: 3 Date: 27 November 2008

Reviewer: Susan Ellenberg

Reviewer's report:
• Major Compulsory Revisions

1. The details of the search strategy and other aspects of study methods are indicated as appearing elsewhere, but the “elsewhere” is a manuscript whose status is “submitted.” Since the credibility of this type of review depends heavily on the methodology used this does not seem acceptable. It is not clear why the material here could not have been subsumed into the primary paper on quality of reporting.

Answer: The description of the methodology has been fully detailed as requested, as have the results related to the selection of trial reports. The referenced article focuses mainly on the description of external validity data and does not consider the reporting of safety. Because this manuscript is currently in review, the reference was deleted.

2. On p. 5 the authors indicate that they reviewed whether members of DSMBs for trials that had such committees were blinded. It is not clear what they mean here, as there are many things to which one could be “blinded.” In any case, there is no further mention of blinding of DSMB members so it is not clear why this issue is raised here. (Note: the particular question of whether a DSMB should see data by coded treatment arm (A vs B) or should have access to the actual treatments is quite controversial; it should not be assumed that a "blinded" DSMB represents the ideal, as many (I believe most) experienced DSMB participants would strongly disagree with that position.)

Answer: We completely agree that blinding is mainly important for the adjudication of the primary outcome and is probably more difficult for a DSMB. Actually, the sentence used in the methods section was confusing because we collected data only on the blinding of the adjudication committee, not on the DSMB. We clarify this point in the methods section.
3. The rationale for dichotomizing the impact factor at 3 (that is, why “3” was chosen) should be provided. It is not clear why the authors chose to dichotomize this factor, thereby reducing power to assess whether this factor has any effect on the outcome of interest.

**Answer:** We completely agree that it is better not to dichotomize this factor. We reanalyzed the data using the impact factor as a quantitative variable, but the results remained nonstatistically significant (Spearman correlation coefficient=0.0393, p=0.7308).

4. The conclusion is confusing. The authors state that “several harm related data are adequately accounted...” This suggests that some harm related data are not adequately presented, which seems to be more the message of the results section. Perhaps the authors simply inadvertently omitted the word “not” from the sentence?

**Answer:** We apologize for this typing error: it was “not” adequately presented.

5. Table 1 is also unclear. For example, if 89% of the papers describe systematical collection of all adverse events, how can it be that only 35% of the papers describe collection of adverse events other than MAC(C)E?

**Answer:** Thank you for this comment. We completely agree that the wording used might be confusing. We meant that the method of data collection was reported when considering all adverse events including MAC(C)E (which is different from reporting the method of data collection for all adverse events) or was reported when considering only adverse events other than MAC(C)E. We modified the wording as suggested.

**• Discretionary Revisions**

On p. 11 the authors note that functioning of DSMBs was not described in sufficient detail to permit an adequate appraisal of whether it operated properly. It is not typical to see a detailed discussion of DSMB/DMC operations in the report of a clinical study. I do not think there is any consensus regarding the extent of information about a DSMB that should be included in a published report. Further, there is substantial variability in how DSMBs/DMCs operate and lack of consistency and/or consensus on many aspects of optimal committee operations.

For example, the authors indicate that DSMBs should be independent of the sponsor—what information would authors have to provide to assure reviewers such as the authors of the current manuscript that the DSMB was truly independent? I believe this would require a lot of detail, more than virtually any journal editor would permit. The authors might consider whether such details, while undeniably of some interest, might not better be provided in an electronic file that interested readers could access.

**Answer:** We completely agree that there is no consensus on the data related to DSMB that should be reported in a published article. However, reporting
guidelines such as the CONSORT Statements focus on the reporting of only the minimal data that are needed. More information on the functioning of the DSMB would be interesting information to better understand the various modalities and consequently debate the best method. We also completely agree that it is difficult to ensure that DSMBs are independent of the sponsor. It could require a lot of detail. However, thanks to the possibility of adding online addenda, this information could be provided.