Author's response to reviews

Title: Quality Assessment of Reporting of Randomization, Allocation Concealment, and Blinding in Traditional Chinese Medicine RCTs: A Review of 3159 RCTs identified from 260 Systematic Reviews

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The manuscript is a report of a study to investigate the reported quality of trails in Chinese medicine. Assessment of quality, particularly risk of bias, is clearly important in this substantial body of research. The report could provide a useful summary of the issues and therefore act as a guide for future researchers. There are a number of aspects that will be important to consider:

Major compulsory revisions:

1. Assessment of quality of risk of bias requires an assessment of the methods used rather than a record of whether it was reported or not. This particularly applies to allocation concealment. Could the authors please revise the study to provide the categories for all their ‘quality assessments’ and the source of these criteria such as adequate/inadequate etc. The current Cochrane handbook might prove used for this task.

Response: We have revised the categories for all the “quality assessment” into “adequate or inadequate” according to the current Cochrane handbook.

2. Please distinguish in your text whether the original studies used/employed a method or whether this was based on how the study was reported.

Response: The quality assessment was based on how the study was reported. We have already clearly stated in the revised manuscript.

3. The standard CONSORT statement was used as a guide. I wonder whether the CONSORT extensions for acupuncture and herbal medicine might prove more useful? (www.consort-statement.org)

Response: The CONSORT and its extensions are guidelines about how to report a trial, and some time they could be used as a quality assessment tool to assess the reporting quality of trials. But as we know, the most important effect factors
on the results of trials are randomization, allocation concealment, and blinding. Some qualitative or quantitative methodological studies have proven their effects on the results of trials. So, in our study, we only assess the three factors. Another, some studies have reported the reporting of the above three factors in western medicine field, but it is still unclear in TCM field. So, another objective of our study is to identify the deference between TCM and western medicine in the reporting of the three factors.

4. Is it clear why reported quality appears to be low? Is it knowledge/attitudes or could it be due to other factors not in the power of the researchers such as journal word length etc?
Response: There minght some other factors not in the power of the reseachers such as journal word length) affect the quality. We have discussed this in the discussion section.

5. It would be worth finding an English language co-author that could help with the language of the manuscript.
Response: We have re-writed the manuscript with the help of a native English speaker.

6. Blinding/masking. Is this possible for some of the interventions? The answer is almost certainly not. In this case, masking (or the particular masking of participant, carer, outcome assessor etc) should be excluded from this assessment.
Response: It is true that currently, some trials are impossible in the use of blinding, but maybe it could be well done in future. According to the results of published studies, blinding is a very importing factor to a trial. We just report the percentage of reporting of blinding. The effect magnitude of blinding on results of trials should be answered by other studies.

7. The number of RCTs show a dramatic and surprising fall from 2005-2008. Is this real or an artefact of the search. If real, it will have implications for the trend data as numbers of trials become very small.
Response: All the included RCTs in this study were identified from systematic reviews and meta-analyses. So the number of the RCTs was affected by the lagging of the systematic reviews and meta-analyses. For example, if the systematic review was published in 2008, and the included original RCTs were rarely publish in 2008, but before 2008.

8. There is no discussion section. For clarification, I suggest separating the results and discussions sections. It might be useful to consider a structured discussion section such as in the Cochrane Handbook (section 4.5.vi)
Response: We have separated the results and discussions sections in the revised manuscript.

Minor essential revisions:
1. Please spell out all abbreviations the first time they are used.
Response: We have spelled all abbreviations the first time they are used in the revised manuscript.

2. Please correct percentages to nearest whole number
Response: We have corrected percentages to nearest whole number in the revised manuscript.

3. Figure 1. There were no data in the cells of the figure – all were blank
Response: We have checked the data in the cells of the figure.