Reviewer's report

Title: Quality Assessment of Reporting of Randomization, Allocation Concealment, and Blinding of Traditional Chinese Medicine RCTs: A Review of 3159 RCTs Identified from 260 Systematic Reviews and Meta-analyses

Version: 1 Date: 23 December 2010

Reviewer: Ian Needleman

Reviewer's report:

Quality assessment of reporting....
He et al. BMC Trials

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.
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.
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)
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?
5. It would be worth finding an English language co-author that could help with the language of the manuscript.
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.
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.
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)

Minor essential revisions:
1. Please spell out all abbreviations the first time they are used.
2. Please correct percentages to nearest whole number
3. Figure 1. There were no data in the cells of the figure – all were blank

Level of interest: An article of importance in its field

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

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

Declaration of competing interests:
I declare that I have no competing interests