Reviewer's report

Title: Evidence Summaries: The Evolution of a Rapid Review Approach

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Reviewer: Paul M Wilson

Reviewer's report:

Thank you for inviting me to review this manuscript which I found particularly interesting as I am involved in developing a similar service in the UK. The following suggestions for the authors to consider are more towards the minor rather than major.

First and perhaps my most substantive point relates to the use of the term 'rapid review'. To me, the term rapid review tends to associated (rightly or wrongly) with the myriad of approaches that can be utilised in HTA. It may be semantics, but I think that this manuscript reads less like a description of rapid review methods and more like a description of a (reactive) knowledge translation service of which evidence synthesis is the main but not only part. Given this, I think the authors would be better to position this service in relation to the taxonomy proposed by Lavis (PLoS Med 2009) and the other similar KT services that have been outlined by ourselves (Chambers, Millbank 2011). I would also suggest that the title be changed to reflect this positioning – ‘Evidence summaries: evolution of a knowledge translation service’ perhaps?

In the Background and partly for the reasons just described, I would lose Table 1 - it adds little to the narrative and will avoid those annoying comments pointing out that there is more than one type of rapid review / systematic review.

Under General approach, I would like to know more about the 'for whom and for what purpose' – there is a line on page 5 that lists user types, Box 3 gives the topics and Box 4 a case study. The reader could do with a clearer sense of the type or nature of the questions and or decisions that the summaries are being produced to inform. Instead I would suggest it would be more enlightening if for each topic you present the first four headers from the case study in Box 4 (ie context, problem, users, question of interest) with if possible a fifth header - type of decision (reimbursement, service configuration, etc).

Under narrative synthesis, can you clarify if you are just scoping/ summarising the quality available evidence or if you are like SUPPORT (and ourselves) attempting to contextualise and make sense of this evidence (i.e. its local applicability, implementability, etc) for the end user. I have looked at a few of the summaries available online, and it appears to be the former rather than the latter but this may have been topic related and you may have aspirations to provide users with more of the former.

Also under narrative synthesis could you provide some detail on how you are
handling or intend to handle literature relating to cost effectiveness – it’s clear you are searching for it but its incorporation into the synthesis is less so.

Finally under report production, a fuller description of the evolution of the presentation format would be helpful. From looking at those available, it is clear there have been subtle changes to the layout in each one produced and I would be interested to know the degree to which user preference has been the driver for change. Personally (and please don’t take offence!), I found the most recent iteration to be ‘busy’ and not visually appealing or that easy to read compared to a SUPPORT summary for example. But then, I'm not the target audience so a fuller explanation re the tinkering would be of interest.

Paul Wilson

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

A 'competing' interest in that I am developing a similar knowledge translation service to support evidence informed decision making by local health service commissioners and board level decision makers in provider Trusts in the UK NHS.