Author's response to reviews

**Title:** Quality of reporting of systematic reviews related to interventions published in Chinese journals with "Evidence-Based" in titles

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**Author's response to reviews:**

Responds to editor:

Editorial requests:

1) Please ensure the abstract is on a separate page, this should follow the title page.
   We have revised the abstract.

2) Please include a Conclusions section as the last section of the text. This should state clearly the main conclusions of the research and give a clear explanation of their importance and relevance.
   We have included a conclusions section:

**Conclusions**

Systematic reviews or meta-analyses related to efficacy and safety of clinical interventions published in Chinese journal with “evidence-based” in their titles had minor flaws. Efforts should be made to improve the reporting of structure abstract, objectives, protocol and registration, search, data extracted items, risk of bias across studies, additional analyses, and funding sources reporting. Meanwhile, the quality of systematic reviews must be assessed before they are used in the clinic.

Responds to Zhao-xiang Bian

The title "Systematic reviews on interventions published in Chinese Journal Titled “Evidence-Based”: an evaluation of the quality of reporting” don’t match with the content. It is not related with the review about interventions. It is about the quality of these paper.
We have revised the title:

Quality of reporting of systematic reviews related to interventions published in Chinese journals with “Evidence-Based” in titles

2. The abstract should be improved. In the results part, "The stratified analysis showed that SRs/MAs written by 3 authors, researchers, clinicians and researchers cooperation, multiple affiliations (#2), and funded articles can improve the quality of reporting of SRs/MAs" is not clear. What are a funded articles (I believe it is because of the English writing. English writing should be improved too).

We have improved the abstract and the English writing as following:

The stratified analysis showed that SRs/MAs with more than 3 authors, university, hospital, researchers cooperation, multiple affiliations (#2), and funding have significantly higher quality of reporting of SRs/MAs

The conclusion "The contribution was valuable for selected four journals titled “evidence-based” in learning, exchanging and disseminating the systematic reviews in China" donot match with the content of the manuscript. There is no data about the content " learning, exchanging and disseminating".

We are very sorry for our negligence of no data about the content "learning, exchanging and disseminating". The conclusions have been revised based on the results:

The quality of reporting of SRs/MAs on clinical interventions published in Chinese journals titled “evidence-based medicine” had medium quality. More efforts should be made to improve the quality of reporting. Meanwhile, the quality of systematic reviews must be assessed before used in the clinical decision-making.

The stratified analysis by authorship, units and funding could reflect aspects of quality of paper, but no direct relationship with the quality of SRs/MAs, it is not similar with the quality of RCT.

It is really true as reviewer suggested that the stratified factors are no direct relationship with the quality of SRs/MAs. We aimed to investigate the overall quality of reporting in these aspects.

English should be improved.

We have the text of grammar and language by native speaker

Responds to Larissa Shamseer:

General
- Sentences shouldn’t start with numerics, spell them out. E.g. 487 = Four hundred eighty seven.
- Tenses are often incorrect and should be fixed
- Consistent terminology needs to be used throughout, is not currently consistent
(i.e. “medium reporting quality” vs “minor flaws”)
- It appears that a translator or translation software was used to prepare the manuscript. There are some literal translations that do not flow or make it difficult to read in English. This should be addressed by authors or more heavily edited.
We have revised this part in our main manuscript according to the reviewers’ comments.

Abstract
- Clarify what “interventions” refer to – was it SR/Mas assessing efficacy of clinical interventions?
We have defined the “interventions” in objective part:
systematic reviews or meta-analyses related to efficacy and safety of clinical intervention

- Capitalize first letters of “Preferred Reporting Items for Systematic reviews and Meta-Analyses”
We have revised the first letters.

- Unclear why OR and MD was used. Report how items were scored using PRISMA (i.e. ‘1’, ‘0.5’ or ‘0’).
We have added the explanation as following:
Each of items was assessed as following: ‘Yes’ for total compliance, scored ‘1’; ‘partial’ for partial compliance, scored ‘0.5’; and ‘No’ for non-compliance, scored ‘0’. Odds ratio was used for binary variables, and mean difference was used for continuous variables.

- Use of “Medium quality” - is unclear; authors refer to major, minor and minimal flaws in the text of the article.
- This statement in the Results is not true, “can improve the quality of reporting of SRs/MAs” – perhaps authors mean, “SRs/MAs with >3 authors, multiple affiliations, etc., have significantly higher quality of reporting (i.e. report significantly more PRISMA items)”, if this is true.
We have made correction as following:
The stratified analysis showed that SRs/MAs with more than 3 authors, university, hospital, researchers cooperation, multiple affiliations (#2), and funding have significantly higher quality of reporting of SRs/MAs. The total scores included reviews focused on 15.5-21.0 (58.32%), were considered to have minor
flaws.

Background
- Page 3, 5th line: change “conduction” to “conduct”
We have changed “conduction” to “conduct”.

- The use and definition of “quality in the first paragraph is old and advances have been made
with respect to quality. For instance, “quality” of SRs is typically referred to as risk of bias;
reporting quality is a different issue.
We have changed the definition:
Evaluation of quality of reporting is conducted to reduce the risk of flawed reporting of SRs/MAs.

- Page 4, 1st paragraph: this line doesn’t make sense, either form a question or statement
“Whether does the reporting quality of SRs or MAs published in these journals have a similar results?”
We believed it is because of English writing. We have revised the question as following:
In this study, we would like to determine whether the reporting of SRs/MAs published in these journals is sound.

- Is the question posed by the authors new and well defined?
- Page 4, 2nd paragraph: using the current study design (two time points – pre-post PRISMA), it is not possible to determine whether there was an “improvement” in reporting quality, rather, it’s whether SRs/MAs were more complete reported or adherent to PRISMA after vs. before its publication. Any use of the term, “improvement” should be reconsidered as there are unaccounted potential confounders as discussed in methods below.
We have revised our manuscript according to above two comments:
Our current study was performed to provide a comprehensive assessment of the quality of reporting of SRs/MAs related to efficacy and safety of clinical interventions published in four Chinese Medicine Journals with “Evidence-Based” in their titles, and to find whether SRs/MAs were more complete reported or adherent to PRISMA after versus before its publication, financial support, number of author(s), authors’ affiliation and number of affiliation.

Methods
- Sample collection: Define inclusion/exclusion criteria for what was considered a
“systematic review or meta-analysis” and types of “interventions” considered (i.e. clinical, educational, behavioural, all/any?)

We have defined the inclusion/exclusion criteria as following:

We collected Chinese systematic reviews or meta-analyses related to efficacy and safety of clinical intervention

- Sample collection: no start date is provided, presumably it is the date of initiation for each journal. If so, please state what start date of each journal was considered.

We have added the start date of each journal:


- Sample collection: a flow diagram would be helpful in outlining how many potential records were considered from each source and then finally included. General reasons for exclusion would also be helpful.

We also believed a flow diagram would be helpful. However, we included the final studies by directly identifying systematic review/meta-analysis based on website of journals assessed.

- Data extraction: “...in addition to the items in the PRISMA.” – remove “the” We have removed “the”.

- Stratified analysis: do not refer to items “d) e), f), g)” write out what the items are.

We have written out what the “d) e), f), g)” are:

Among data extracted as above, some items (pubtime, number of authors, affiliation, number of affiliation, funding sources) may have potential impact on the overall quality scores of reporting

- Stratified analysis: unsure why authors chose to stratify by hospital vs. university and why funding source was not explored further (i.e. commercial funding source vs. public funding vs. other) as suggested by ongoing investigations in this field. We did not explored further for “funding source”. It is because of most of
systematic reviews/meta analyses published in China were not funded.

- Stratified analysis: did authors considering examining difference between report types (i.e. SRs vs MAs) or between journals?

We have examined difference between journals:

Meanwhile, we compared the total scores of SRs/MAs published in four Chinese Journals with “Evidence-Based” in their titles.

- MAJOR CHANGE REQUIRED: PRISMA: Determining endorsement status of included journals would add significant value to this study and make it worthwhile to publish. Since the study includes SRs/MAs published over a range of dates, time is an effect modifier (i.e. Improvement over time is expected and likely). Whether or not other factors, such as journal endorsement status, potentially influenced reporting quality are important to explore.

We planed the study in 2012. So the cut off was December 31st 2011.

Meanwhile, we conducted a stratified analysis regarding pubtime. We think that current study can indicate the overall quality of reporting of systematic reviews/meta analyses in China.

- Statistical Analysis: “adds ratio” change to “odds”

We have changed “adds ratio” to “odds”.

- Statistical Analysis: did authors considering examining difference between report types (i.e. SRs vs MAs)

Results

- The overall reporting quality of included reviews: The weakest areas within the included SRs/MAs were the reporting of protocol and registration information - include highlighted text.

We have added the highlighted text:

the weakest areas within the included SRs/MAs were the reporting of protocol and registration information

- Reporting of Item 5 (Protocol and registration) was particularly low. Can author provide further discussion as to why this may be the case? i.e. no existing register for SRs/MAs until Feb 2011, publication of SR protocols is relatively rare, etc.

We have provided further discussion for item 5 as following:

The reasons for particularly low reporting for item 5 may be that there is no existing register for SRs/MAs in China, a result of relatively rare publication of
SRs/MAs protocols.

- This text is not needed, it’s apparent from the preceding numbers, “with <30% of reports adequately fulfilling these criteria.”
  We have deleted “with <30% of reports adequately fulfilling these criteria.”

- This sentence is not correct, “There were individual PRISMA items which addressed completely >90%...”. Should likely be changed to “some PRISMA items were reported in >90% of SRs/MAs”
  We have changed this sentence to “Some PRISMA items were reported in >90% of SRs/MAs”

- MAJOR CHANGE: Whether the quality of SRs/MAs improved post-PRISMA: This entire section was not reported in the methods as an a priori comparison and it’s not clear why authors have performed a comparison of #2008 to #2009, since PRISMA was published in July 2009.
  Furthermore, it should not be reported before the planned comparisons (i.e. stratified analysis), in which authors already state they will compare reports from #2009 to #2010 (i.e. pubtime). Curiously, the findings from the unplanned comparison are significant, was this comparison data-driven? Authors should remove this comparison, or state that it was done post-hoc, whether or not it was conducted based on knowledge of results, and provide rationale for doing it.
  We are very sorry for our negligence of a comparison of #2008 to #2009. We have planned to performed a comparison of #2009 vs. #2010 in the beginning, and we have added the description in stratified analysis section. And we ensured that our comparison was based on knowledge of results. We have revised this part in our manuscript.

- Stratified analysis: <3 and 3+ authors – P=value is redundant since 95% CI is provided.
  We have removed the P value.

- Stratified analysis: the term “theses” not previously used, should probably be changed to “reports”
  We have changed “theses” to “reports”.

- Stratified analysis: “multiple units” - not clear what this refers to, likely “number of affiliations”, terminology should be consistent throughout.
  We have changed “multiple units” to “more than two affiliations”.

- Stratified analysis: Authors did not report scores for “affiliation of authors”
  The scores for “affiliation of authors” were reported as following:
Compared with reports written by authors from hospital, the quality score of reports written by authors from university (MD: -0.64 [95% CI: -1.34 to 0.06], P=0.07) or by clinicians and researchers cooperation (MD: -0.96 [95% CI: -1.67 to -0.25], P=0.008) showed an improvement

- Comparison of overall PRISMA scores in four assessed journals: “medium score” not previously used. Likely this refers to “minor flaws”. Consistent terminology needs to be used throughout.

We have revised the “medium score” to “minor flaws” and used consistent terminology throughout

Discussion
- 2nd paragraph: arguably, there is room for improvement in all items not reported 100% of the time, authors should use wording to indicate this.

We have added the sentence:
As mentioned above, improvement is required in all items due to the reason that all items didn’t report 100% of time.

- 3rd paragraph: did author also appraise whether content of abstracts was adequately reported?
If so, why is this reported in the discussion section? did authors use the PRISMA Extension for Abstracts or just the PRISMA Statement?
PRISMA Statement asked reviewer to provide a structured abstract according to PICOS. So we detailed the reporting of abstracts. We did not use the PRISMA Extension for Abstracts.