Author’s response to reviews

Title: Abstract analysis method facilitates filtering low-methodological quality and high-bias risk systematic reviews on psoriasis interventions

Authors:

Francisco Gómez-García (fjgg79@gmail.com)
Juan Ruano (juanruanoruiiz@mac.com)
Macarena Aguilar-Luque (b82aglum@uco.es)
Patricia Alcalde-Mellado (h22almep@uco.es)
Jesús Gay-Mimbrera (gaymimbrera@gmail.com)
José Luis Hernández-Romero (joseluishr1991@gmail.com)
Juan Luis Sanz-Cabanillas (jsanzcab@gmail.com)
Beatriz Maestre-López (beatrizmaestlo@gmail.com)
Marcelino González-Padilla (marcelinogonzalezpadilla@hotmail.com)
Pedro Jesús Carmona-Fernández (pejecafe@gmail.com)
Antonio Vélez García-Nieto (avelez108@gmail.com)
Beatriz Isla-Tejera (beatrizislatj@gmail.com)

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Author’s response to reviews:

October 4, 2017

Andrea Catherine Tricco, PhD
Associate Editor
BMC Medical Research Methodology

Dear Dr. Tricco:

Thank you for agreeing to consider the revised version of manuscript BMRM-D-17-00281R1 entitled "Abstract analysis method facilitates filtering low methodological quality and
high bias risk systematic reviews concerning psoriasis interventions" as potentially acceptable for publication in BMC Medical Research Methodology, once you we carried out some essential revisions suggested by the reviewers.

Below, we address all of the reviewer #1 comments point-by-point and present our subsequent modifications.

On behalf of all co-authors,

Juan Ruano

Department of Dermatology
IMIBIC/University of Cordoba
Reina Sofia University Hospital
Córdoba, Spain
P: +34-957-011-214
C: +34-606-887-057
F: +34-957-011-214

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BMRM-D-17-00281R1

Abstract analysis method facilitates filtering low-methodological quality and high-bias risk systematic reviews on psoriasis interventions

Francisco Gómez-García, MD; Juan Ruano; Macarena Aguilar-Luque, BSc; Patricia Alcalde-Mellado, MD; Jesús Gay-Mimbrera, BSc; José Luis Hernández-Romero, MD; Juan Luis Sanz-Cabanillas, MD; Beatriz Maestre-López, MD; Marcelino González-Padilla, MD, PhD; Pedro Jesús Carmona-Fernández, BSN; Antonio Vélez García-Nieto, MD, PhD; Beatriz Isla-Tejera, PharmD, PhD

BMC Medical Research Methodology

Dear Dr. Ruano,

Your manuscript "Abstract analysis method facilitates filtering low-methodological quality and high-bias risk systematic reviews on psoriasis interventions" (BMRM-D-17-00281R1) has been assessed by our reviewers. Based on these reports, and my own assessment as Editor, I am pleased to inform you that it is potentially acceptable for publication in BMC Medical Research Methodology, once you have carried out some essential revisions suggested by our reviewers.
Their reports, together with any other comments, are below. Please also take a moment to check our website at http://bmrm.edmgr.com/ for any additional comments that were saved as attachments.

Once you have made the necessary corrections, please submit a revised manuscript online at:

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We request that a point-by-point response letter accompanies your revised manuscript. This letter must provide a detailed response to each reviewer/editorial point raised, describing what amendments have been made to the manuscript text and where these can be found (e.g. Methods section, line 12, page 5). If you disagree with any comments raised, please provide a detailed rebuttal to help explain and justify your decision.

Please also ensure that your revised manuscript conforms to the journal style, which can be found in the Instructions for Authors on the journal homepage.

A decision will be made once we have received your revised manuscript, which we expect by 28 Oct 2017.

Please note that you will not be able to add, remove, or change the order of authors once the editor has accepted your manuscript for publication. Any proposed changes to the authorship must be requested during peer-review, and adhere to our criteria for authorship as outlined in BioMed Central's policies. To request a change in authorship, please download the 'Request for change in authorship form' which can be found here - http://www.biomedcentral.com/about/editorialpolicies#authorship. Please note that incomplete forms will be rejected. Your request will be taken into consideration by the editor, and you will be advised whether any changes will be permitted. Please be aware that we may investigate, or ask your institute to investigate, any unauthorized attempts to change authorship or discrepancies in authorship between the submitted and revised versions of your manuscript.

We look forward to receiving your revised manuscript and please do not hesitate to contact us if you have any questions.

Best wishes,

Andrea Catherine Tricco, PhD
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Technical Comments:

Editor Comments:

BMC Medical Research Methodology operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Reviewer reports:

Dawid Pieper, MPH (Reviewer 1):

The authors have made a great job. This has improved this interesting manuscript really a lot.

We wholeheartedly agree with the reviewer’s comment. After completion of the suggested edits, the revised manuscript has tremendously benefitted from an improvement. We would like to thank your very and careful review of our paper.

I only have some minor comments:

Q1: Thanks for clarifying the issue with your PROSPERO Registration. Things are much clearer now after your JCE paper has been published. Nevertheless, your PROSPERO registry record is about your JCE publication, it does only partly relate to this manuscript. I think this is now well elaborated in the main text, while the Statement in the abstract "An a priori protocol was published in PROSPERO (PROSPERO 2016:CRD42016053181)" is still misleading.

R1: As suggested, we have remove the statement “An a priori protocol was published in PROSPERO (PROSPERO 2016:CRD42016053181)” in the Abstract section. (pg 2, ln 6-7)

Q2: I suggest to delete Appendix 4 as PROSPERO is freely available and accessible.

R2: As proposed, Appendix 4 will be omitted in the new version of the Supplementary Material. Any reference in the manuscript to this Appendix has being deleted.

Q3: Method section: "... levels with similar cutoff points used by most of studies for low (0-4), moderate (5-8), and high methodological quality (9-11) respectively". I dont think there is a reference for your statement that this is the most frequent categorization. Consider stating "one of the most..."
R3: As suggested, the expression “[…] used by most of studies […] has been changed by “one of the most used cutoff points for AMSTAR levels” (pg 3-4, ln 42-44/1). Thank you for your advice.

This reference to the Canadian Agency for Drugs and Technologies in Health (CADTH) was include to support our recoding criteria:


Q4: Thanks for being clear why you do not have any reviews rated with an unclear risk of bias when applying ROBIS. I can follow your choice from a statistical point of view. However, this leaves me with the question whether this choice was made post-hoc (as this is not part of the protocol)?

R4: This change was made post-hoc, as there were only three unclear RoB reviews and recoding ROBIS outcome from three to two levels improved statistical analysis.

Q5: Please comment whether it would have been feasible (or why not) to run your analysis with an ordinal/nominal scale for ROBIS (i.e. low, unclear, high RoB). Please state how many Reviews were originally rated as unclear risk of bias and how many were than categorized into either high or low risk of bias.

R5: As it has been explained previously, only three reviews were considered as of unclear RoB. There were finally recoded as of (high/low) risk of bias to facilitate further analyses. These are the three references:


Q6: I am still struggling with the Cochrane Affiliation. Do you simply mean Cochrane Reviews vs. non-Cochrane Reviews (this would not Need any further Explanation). Cochrane Affiliation is not clear to me, as I am thinking of authoring a Cochrane Review (Cochrane affiliated?), while I can also publish a non-Cochrane Review at the same time.
R6: Studies were then classified as Cochrane or non-Cochrane reviews. Cochrane affiliation was defined for authors of Cochrane Reviews published at the Cochrane Database of Systematic Reviews (CDSR) and authors using a Cochrane group name even if the paper was not published at CDSR. This extended definition has been included at Method section in a new version of the manuscript. (pg 4, ln 32-38)

Q7: How did you calculate the median IRR?

R7: This sentence does not capture the authors' idea. We have changed the expression “The median of interrater reliability (IRR) of both raters was substantial [...]” by “The interrater reliability (IRR) of both raters for total score was substantial[...]”. (pg 5, ln 12-13) In our opinion this change reflects more properly the meaning of the results. Thank you for mention this inaccurate expression.

Q8: Table 2: you only report significant findings from the multivariate analysis. As reporting should not rely on significant findings, all effect measures should be reported.

R8: As reviewer recommends, we have included all effect measures (estimate and standard error of the estimate, p-value, OR and 95%CI) of the multivariable analysis. All these information has been included at the Table 2 in a reviewed version of the paper.

Q9: Discussion: Abbreviation RS - should probably read SR??

R9: You are right, this may be a misspelling (“RS” in Spanish). “SR” has been changed by “SR”. Thank you for pointing it out.

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If improvements to the English language within your manuscript have been requested, you should have your manuscript reviewed by someone who is fluent in English. If you would like professional help in revising this manuscript, you can use any reputable English language editing service. We can recommend our affiliates Nature Research Editing Service (http://bit.ly/NRES_BS) and American Journal Experts (http://bit.ly/AJE_BS) for help with English usage. Please note that use of an editing service is neither a requirement nor a guarantee of publication. Free assistance is available from our English language tutorial (https://www.springer.com/gb/authors-editors/authorandviewertutorials/writinginenglish) and our Writing resources (http://www.biomedcentral.com/getpublished/writing-resources). These cover common mistakes that occur when writing in English.

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