Reviewer's report

Title: Quality assessment of systematic reviews on total hip or knee arthroplasty using mod-AMSTAR

Version: 0 Date: 26 Jul 2017

Reviewer: Al Mayhew

Reviewer's report:

1. The issue is a very important one and understanding the quality of systematic reviews (SRs) on TKA and THA is important,

2. The research question is not well defined in the background. It would be helpful if the authors stated, "The purpose of this study was to....." The statement is included in the abstract, but should be expanded upon in the background.

3. There are instances when the authors need to justify their decision. For example, why only search from 2014 and 2015? Surely, there are SRs done in years before or after.

4. Were there other criteria used to define systematic reviews other than words "systematic review" or "meta-analysis"? For example, a minimum number of databases searched?

5. There are a lot of included studies. Did you give any thought to looking for SRs in other languages? Even if not to evaluate them, but just to have an understanding of the data you are missing. Would be good to justify.

6. I believe that you did not clearly list all Chinese databases. "Like.." implies you are not listing them all.

7. Did you develop the mAMSTAR or has it been used before? Any data on validity or reliability?

8. I do not understand the scoring of the mAMSTAR.

9. In your original search, you found 10 times as many studies in English compared to Chinese. But in your included studies, there were only 3 times as many English studies
as Chinese. I know that translating exact content of search strategies is difficult. I think this is an important point to discuss.

10. I like AMSTAR. But I think we have to be careful we don't analyze it in too much detail. I am happy to see that you reported the median score. You mention in your quality assessment that the "quality of the reviews was graded as high (8-11), medium (4-7) and low (0-3) quality." but you only report this once. I think you could have compared English and Chinese papers, year of publication using only high, medium or low. I know most of studies are in moderate category, but is it the same for Chinese and English papers? I think breaking down by individual item is too much analysis. It is also difficult to understand given my point #8 above.

11. Why do you think 58/63 studies were "moderate quality"?

12. 16 is a lot of variables to evaluate for bibliographic characteristics. How did you choose the characteristics?

13. Studies with negative findings are not the same as grey literature. Very important point.

14. I had a look at your list of included studies. I thought that most of them would be about THA vs non surgery; or TKA vs non surgery. At first I was surprised, many of them are about one surfacing technique versus another or one surgical approach versus another. Now I understand why you found so many studies in 2 years of publication. I wonder if the inclusion criteria are too broad.

15. I think your conclusion that authors should consider AMSTAR and PRISMA when publishing is right. But, we don't know if a review with a higher AMSTAR is more likely to change practice. It would be good to discuss that.

16. Overall, I think you need to justify your decisions and methods more and spend less time on individual mAMSTAR details.

17. I think it would also be good to include someone on your author team who has strong English writing skills; there are a lot of grammar mistakes.
**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
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