Reviewer’s report

**Title:** Insufficient uptake of systematic search methods in oncological clinical practice guideline: a systematic review

**Version:** 0  **Date:** 22 Mar 2019

**Reviewer:** Joshua Pink

**Reviewer's report:**

The title of the paper should probably reflect the fact that you only included oncology guidelines in your review - you note in your discussion that "it remains to be investigated if our results can be transferred to other healthcare areas", so the title may be too general.

On P4, the paragraph starting on line 90 needs a citation as to where this argument comes from. I don't object to this classification, but I think there definitely are people who would regard their documents as CPDs when you are saying they aren't.

On P5, you should probably give a reason for the first three bullet points of the excluded list, in particular whether this was done simply to manage the volume of work, or whether you had a hypothesis those types of guidelines would be fundamentally different in some way in their likelihood of using systematic searching methods.

On P6 line 137, I presume that even though you included all instances of the report, it was only one data point in your logistic regression, and that is probably worth stating explicitly.

On P7 line 163, it would useful to explain why you chose this definition. It isn't unreasonable, but obviously there are others you could use (some people would argue you need to use multiple databases to be systematic), so a justification for this particular one would be good.

On P8, your description of model 2 does not seem to match the results in table 3. I was expecting from this methods description for you to present one model (SR vs SRinsDT and SRnoDT) but in fact you seem to report two models for SR vs SRinsDT and SR vs SRnoDT separately. It would be good to either correct that or, if I am misinterpreting what you have done, make what you have done clearer.

It would seem useful to include an additional analysis in your paper, namely studies using appropriate systematic methods vs those not doing so (for whatever reasons) - so SR vs SRinsDT+SRnoDT+noSR+noLA. The conclusions you are trying to draw seem ultimately about what correlated with people using appropriate methods vs not, but this is an analysis you don't present (you only have people using some systematic versus not).
I presume in your list of included guidelines you will have had multiple guideline from the same organisation, and in that case it would seem appropriate to include that as a clustering variable in your regression analyses. Perhaps if you have no more than 2 or 3 guidelines from any given organisation it might not make much difference, but if there are some organisations with a significant number of included guidelines it could.

I think you discussion does need to have a bit more on what the "North American" finding means. In particular, it could be geographical, but presumably it would also be guidelines from high-income countries using more systematic methods (since the guideline producers presumably have more money), with North America a proxy for that since both the USA and Canada are high income, whereas all your other continents could contain a mix of higher and lower income countries (I don't know if they do in practice).

I think there does need to be an additional supplementary appendix giving a list of all the included guidelines. Ideally I would like to see how each individual guideline has been classified as well, but just a list would still be better than nothing.

**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?**
If not, please explain in your comments to the authors.

Yes

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I am able to assess the statistics

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