Author’s response to reviews

Title: Systematic Reviews and Cancer Research: A Suggested Stepwise Approach

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Version: 1 Date: 09 Feb 2018

Author’s response to reviews:

Responses to Technical Comments

C1. Article type "Review" Out of Scope for BMC Cancer

R1. Dr. Alexandros Houssein, BMC Cancer Editor, asked us to expand our BMC Cancer blog into this current submission and to submit it as a “Research” article. This was via email communication with him on December 4, 2017, in which he stated the following:

“With regards to your review article, please submit it to the system as a ‘research article’ and select the section ‘I don’t know, Editor will assign’. This will ensure that the Editorial Office will flag it directly to me. Also, please request a waiver at the time of submission, with the justification ‘review article commissioned by the Editor’ (ensure that this is also depicted in your cover letter).”

If I need to do something different, please advise and I will.

Responses to Reviewer #1 Comments

Thank you for taking time out of your busy schedule to review our work. As a result of your suggestions, we believe that the manuscript is much improved and now suitable for publication in BMC Cancer. To make it easier for you, we have copied your comments below with our responses after each one. Line numbers refer to those that we have inserted into the revised manuscript and where changes may be found. Also, additional and revised text that you’ve suggested appears using red font, although I don’t know if you’ll be able to see it with the copy you review.
C1. Thank you for working on this important and practical matter. The following comments will hopefully help improving the paper.

R1. Thank you for the positive feedback. It is greatly appreciated.

C2. Page 4 lines 73-75, systematic review of previous systematic reviews (SRPSR), is also described as 'Meta-reviews' (suggested citation: "Sarrami-Foroushani, P., Travaglia, J., Debono, D., Clay-Williams, R., & Braithwaite, J. (2015). Scoping meta-review: introducing a new methodology. Clinical and translational science, 8(1), 77-81.")

R2. Good suggestion. We have now included the term “meta-reviews” as well as the citation you suggested. Please see line 73.

C3. Will it be possible to modify the current PRISMA tools to make them specific to a SRPSR?

R3. Great suggestion. We now include our modified versions of (1) the PRISMA Protocol checklist for SRPSR, and (2) the PRISMA full systematic review with or without meta-analysis checklist for SRPSR. Please see additional files 1 and 2. We have also revised the text to reflect such. Please see lines 145-147 and lines 228-229.

C4. The paper is too lengthy at this current form. It will be much more efficient if the authors deliver the same message in less words. The more the author can reduce, the better will be the readability of the paper.

R4. We agree. Thank you. We have now shortened the manuscript by paper by 37%, from 7,060 to 4,443 words, a reduction of 2,617 words.

C5. However, it is still necessary to expand the discussion on summarising the results of multiple systematic reviews. How the authors will conclude if half of the systematic reviews support a treatment, but the other half didn't? Will authors give similar weight to each systematic review? These will be the most important aspects especially when it is not possible to do a new meta-analysis.

R5. Great and appropriate suggestion. We did a poor job pointing this out. While being mindful of shortening the manuscript, we know include verbiage specific to your suggestion by recommending the GRADE instrument to address these important issues as well as a reference that described GRADE in detail. Please see lines 216-221.
Responses to Reviewer #2 Comments

Many thanks for taking the time to review this manuscript. Based on your comments, we believe that the manuscript is stronger and now suitable for publication in BMC Cancer. To make it easier for you, we have copied your comments below with our responses after each one. Line numbers refer to those that we have inserted into the revised manuscript and where changes may be found. Also, additional and revised text that you’ve suggested appears using red font, although I don’t know if you’ll be able to see it with the copy you review.

C1. The overall rationale of this paper is not clear. Should it be published as an original article? Then I miss a methods and results section, both in the paper and the abstract. Or is it submitted as author experience? Then this should be mentioned in the title and abstract.

R1. We do understand your confusion here. This manuscript was submitted at the request of Dr. Alexandros Houssein, BMC Cancer Editor-in-Chief, who asked us to expand our requested BMC Cancer blog into this current submission and to submit it as a “Research” article. This was via email communication with him on December 4, 2017, in which he stated the following:

“With regards to your review article, please submit it to the system as a ‘research article’ and select the section ‘I don’t know, Editor will assign’. This will ensure that the Editorial Office will flag it directly to me. Also, please request a waiver at the time of submission, with the justification ‘review article commissioned by the Editor’ (ensure that this is also depicted in your cover letter).”

As you can see, this manuscript is more of a suggested guidelines document versus a research article. However, we were following the instructions of the Editor-in-Chief.

C2. The overall number of reviews and overviews of reviews which have been evaluated seems to be very small and only in the field of physical exercise, therefore no general implications for cancer reviews should be given.

R2. As previously mentioned in R1 above, this manuscript is more of a suggested guidelines document versus an evaluation of reviews and overviews in the field of cancer that was commissioned by the BMC Cancer Editor-in-Chief, Dr. Alexandros Houssein. Also, the reference to exercise was intended to be illustrative and not exhaustive. Along those lines, and to shorten the length of the manuscript, only one illustrative example of exercise studies remain (please see lines 58-65).
C3. There are some mistakes need to be fixed before publication: AMSTAR is not an instrument to measure risk of bias, neither GRADE is. GRADE is not an instrument to measure quality of a systematic review, but evaluates certainty of the evidence for each pre-specified outcome (so on outcome-base, not review-level base). Moreover, risk of bias for each outcome is one domain to be considered while applying GRADE.

R3. We agree and apologize for the confusion. Some of this might be language-based. Based on your suggestion, we have revised these descriptions so that it is clearer that AMSTAR is an instrument that attempts to assess the quality of a systematic review, ROBIS is an instrument that attempts to assess risk-of-bias, and GRADE evaluates the certainty of evidence for each pre-specified outcome. We also shortened this section based on Reviewer 1’s observation that the manuscript was too long. Please lines 208-216 for these changes.

C4. In some cases fixed-effect model is appropriate and no overall guidance to use random-effects model should be given (e.g. in case included trials are clinically and methodologically very homogenous). Moreover, only fixed-effect model gives more weight to large trials with many events. So, there are pros and cons for both models.

R4. Given that Reviewer 1, who I believe is an Editor, requested that we shorten this manuscript considerably, this information has also been deleted from the revised manuscript.