Author's response to reviews

Title: STRICTA: is it time to do more?

Authors:

Lizhou Liu (lizhou.liu@otago.ac.nz)
Margot Skinner (margot.skinner@otago.ac.nz)
Suzanne M McDonough (s.mcdonough@ulster.ac.uk)
Priya Kannan (kanpr735@student.otago.ac.nz)
George David Baxter (david.baxter@otago.ac.nz)

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Author's response to reviews: see over
May 12th, 2015

Professor Mikel Aickin
Editor
*BMC Complementary and Alternative Medicine*

Dear Professor Aickin

Re: MS: 3120731401584332

Thank you for your decision letter on 27th April 2015 regarding our manuscript "STRICTA: is it time to do more”?

We are grateful to the two reviewers for their positive suggestions and remarks. We have revised the manuscript on the basis of their comments, and the revised manuscript has been submitted to *BMC Complementary and Alternative Medicine* through the online system.

Below, we have addressed all the comments from each reviewer in detail.

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<th>Reviewer comments</th>
<th>Response</th>
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<td>I. Minor Essential Revisions:</td>
<td>Accepted. The findings in the article by Hammerschlag et al have been added. Please see the background section (lines: 13-18), and also the section on implications (lines: 219-223).</td>
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<td>Not discussed is the article by Hammerschlag et al (2011; <a href="http://www.ncbi.nlm.nih.gov/pubmed/20953418">http://www.ncbi.nlm.nih.gov/pubmed/20953418</a>), which suggests improvements in STRICTA: &quot;Analysis...over the 10-year period...with STRICTA-based questions improving by 17% (P &lt; .001; 95% CI = 0.006–0.017). While a similar increase in CONSORT-related reporting in acupuncture RCTs was observed by Prady et al.[34], the STRICTA-related increase was not previously observed, a difference likely related to the inclusive (present study) rather than sampling (Prady et al.) approaches utilized.&quot;</td>
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This info should be added to background (e.g. lines: 8-19) & implications (e.g. lines: 211-212) sections and discussed in the context of their findings.

II. Discretionary Revisions

1. Suggest amending abstract summary section to include specific examples of implementation strategies. This is emphasized as the key area for improvement by the authors, such as those outlined in the "Implications" & "Summary" sections of the paper.

2. Suggest amending the summary section. The last paragraph focuses on "validity" and detracts from the message/theme of "implementation strategies" outlined in lines (#327-329). Perhaps the order is amended?

<table>
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<tr>
<td>1. l.119: &quot;examine&quot; to replace &quot;exam&quot;</td>
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<td>2. l.150: same comment</td>
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<td>3. l.190: why &quot;uptake&quot; instead of &quot;citation&quot;</td>
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<td>4. l.196: similarly, why &quot;used&quot; when you are only counting citations?</td>
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<td>5. l.222: It is unclear at this point what &quot;TiDier&quot; refers to.</td>
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6. It is unclear why citations of STRICTA are of the same level of importance as actual uses of the guideline. The accompanying files suggest that citation counts might rather badly over-estimate actual use in studies.

In the analysis of STRICTA citations over time, it would have been more useful to know the fractions of all articles citing it relative to those for which it was appropriate.

7. l.345: "As yet there are no formal tools to assess the validity of the reporting guidelines." The authors strongly advocate strict adherence to STRICTA, implying an improvement in scientific quality and benefits to clinical practice. But if the reporting guidelines are themselves deficient, then it is far from obvious that this would be expected. For example, the purpose of an RCT is to produce generalizable knowledge that should influence clinical practice, but one virtually never sees any reporting suggesting that the patients were sampled in a way that would allow some assessment of the chance that the study is in fact generalizable. It is not unreasonable to question whether an excellently reported study that cannot be generalized to any identifiable patient population is of any actual clinical use. For another example, there is a very wide variety of concepts about how to analyze RCTs, including many strategies that appear to be without merit. Again, even an excellent discussion of a poor analysis strategy need not help

To examine the citations of the STRICTA Guidelines over time may be the most logical (if novel) approach to measure the impact of the STRICTA, as it clearly shows how this Guideline is actually used in the current literature. In order to get a comprehensive understanding of the STRICTA citations, firstly we reviewed all the papers that cited the STRICTA regardless of study types. Additionally, as the STRICTA is designed mainly for clinical trials, the citations within RCT studies are also included in the text (lines: 193-197, line: 201, and line: 204) as well as the figures (Figure 2 and Figure 4) of this paper.

We have considered your comments, and have included a paragraph that takes account of this in the Summary section. Please see the lines: 356-361, and also a more comprehensive explanation below.

This paper critically reviewed the STRICTA Guidelines from four aspects: the development procedure, validity assessment, endorsement and adherence, and citation situation. Based on these findings, we suggested the STRICTA (2010) undergoes a further update and review. We provided five potential approaches for its further development.

Reporting guidelines act as the international standards for authors to prepare reports of trial findings. We accept the STRICTA are not perfect, but this is also the case of other reporting guidelines including the most well-known Consolidated Standards of reporting Trials (CONSORT) Statement, which has been updated twice since it was initially released in 1996 [1]. We believe that only by wide utilization and critical appraisal can the reporting guidelines be improved over time.

Published trials should be transparent to enable analysis and replication, to evaluate the value of
The implication of the present article seems to be that this can be addressed by more emphasis on the process of guideline development. This in turn seems to follow in the tracks of the universal if naive belief that the science in RCTs will improve if they were only reported better.

The establishment of reporting guidelines is one valuable step towards the enhancement of reporting quality and research reliability; high-quality reporting related to the treatment intervention can aid reproduction and improve uptake of study results for researchers in future projects, as well as for clinicians in real-world clinical practice. This may assist in shifting routine practice towards evidence-based practice [3].

Take the STRICTA for example, if a published acupuncture RCT reports positive results to the sampled participants, clinicians who intend to apply the treatment approach described in the trial on their patients need to know: 1) whether their patients are similar to the study population. This could be done by comparing the patients with the inclusion and exclusion criteria of the study; 2) how to perform the described treatment in clinical practice. This depends on the clarity with which the author(s) detailed the information of the acupuncture intervention, such as the setting of treatment, the style of acupuncture, the needling place, the number and frequency of treatment sessions, the depth of insertion, the stimulation, retention time, and type of needles. These have been already recommended in the STRICTA Guidelines.

REFERENCES
1. CONsolidated Standards Of Reporting Trials [http://www.consort-statement.org/]
Once again, we thank the reviewers for their comments that have greatly improved this manuscript.

Sincerely yours,
Lizhou Liu

On behalf of
Margot Skinner,
Suzanne McDonough,
Priya Kannan,
George David Baxter.