Author’s response to reviews

Title: Palliative Care Evidence Review Service (PaCERS): a knowledge transfer partnership

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Author’s response to reviews:

Reviewer #1: This article describes the work conducted with Palliative Care Evidence Review Service (PaCERS) to produce timely evidence-based information for clinicians. The article is well written and interesting, but it would be more suitable as non-research article. Thank you for your comments, they are very helpful. I agree it is a non-research article that explain how to carry out rapid review research.

Few comments:

- I would recommend using the updated version of the definition "Evidence Based Practice is the integration of clinical expertise, patient values and the best evidence into the decision making process for patient care" - Evidence-Based Medicine: How to Practice and Teach It. - I have used the updated version.

I am not sure if 'health technology assessment' counted as rapid reviews. - I agree you are correct but in an international survey of rapid review producers that took place in 2015, the term 'health technology assessment' was the second most frequently used term stated by the RR producers.

Authors should clarify whether the members of the review advisory group are different based on the assessed review or fixed? And how many members? Addressed in the text line 103

- Who defined the scope? Has it been defined during the one day workshop? Or is it based on table 1? - If this is regards to the scope of the rapid review projects. Rapid reviews are carried out based on the criteria on table 1. The choice of the advisory group was informed at the one-day workshop.

It would be interesting to learn how they actually engaged the clinicians to ask clinical questions. Authors briefly mentioned this in stage 1, but more details would be helpful. - We have engaged with the clinicians to ask clinically relevant questions in the following ways: initially in the one day workshop, regional and national conferences and through the End of Life Board who’s remit is to implement strategic policy for palliative care in Wales.

The authors reported that they have developed a set of search terms related to palliative care and
cancer. Have they evaluated its performance? - Addressed in the text line 198-199 search terms were developed with a help of a librarian with expertise in cancer and palliative care.

Authors should clarify the degree of involvement of the 2nd reviewer in full-text screening and data extraction. Is it limited to a random sample or cross-checking all articles? If that's the case, why not being independent? - Addressed in the text. The checking is not limited to a random sample, but the data extraction is checked against the original article by a second reviewer. It is difficult to say checked independently as the second checker sees the statement of the first reviewer.

Reviewer #2: General Comments

Thank you for your kind words and very useful comments. I accept your view that this article in a non-research article. Therefore, it is formatted as a Commentary.

In general, it would be helpful to discuss PaCERS in terms of either a single review or more generically. The article appears to do a bit of both. For example, Line 287: I am not certain I know what "our report" is. This seems to be discussing a single review and not the overall review process for all reviews. - This is addressed in the text it now reads "Our review format report" Line 78: suggest citation next to "key principles of knowledge synthesis" - I have addressed this a citation is now added. Reference 15 Line 85: "find evidence they need to support changes to their clinical practice" - This statement might be strengthened by also clarifying how potential bias is reduced during a PaCERS review. I have addressed this in the text.

Line 99: Can you clarify what the "research team" is? This is a term not used throughout the article. Is this referring to those requesting the review? Along these lines, the article might benefit from standardizing language. For example, "end-users" are described, but so are "requesters." Are these the same? The research team is now referred to as the "review team.
The terms End-user and stakeholder are potential beneficiaries of the research. I have replaced the term end-user with the term stakeholder. Requesters are part of the stakeholder group but hey specifically request a rapid review to be carried out.

It would be helpful to know what the Line 110: "themes" were that enabled you to understand stakeholder interests and attitudes. Themes that helped us stakeholder interests are stated in the text.

Line 129: It would help to clarify, as you have stated in Figure 1, that protocols are registered in Prospero, "if appropriate." I have now clarified the text.

Regarding use of SPICE and PICO. Do you document the reason/justification for not adhering to the structure of these frameworks in individual situations? This would be interesting to know. I have addressed this in the text.

Line 161: suggest citation next to "the PICO framework" and "SPICE framework" I have included citations for both PICO and SPICE.

Line 173: The discussion regarding logic models - this appears to be something that you may or may not include in a review process. More explanation about how you plan to explore and test this would be
helpful. Would it be possible to include an example? One reason why we plan to explore the use of Logic models is due to clinicians coming to us with a broad question. The complex nature of some questions could be clarified using logic model approach. An example is included.

Given there can often be significant overlap between results from different databases, can you please address how you determine the best mix of databases to search? I have carried out an evaluation in the past to test which combination of databases retrieves best results for public health topic. The findings were presented at a Cochrane Colloquium. We found all our studies were found in Medline, Embase, and Web of Science. So Medline and Embase performed best in health care topic area.

What is the process you go through to identify sources for grey literature? How do you find relevant sites? The sources for grey literature websites are suggested by the advisory group or the requester.

Line 236: "the decision YES, NO or MAYBE" do you mean "YES or MAYBE?" Why retrieve those that are a NO?. Addressed in the text. We only retrieve papers that are “Yes” and “maybe” one’s we are not sure about.

Line 236: How do you document the screening process? Do you use a specific program or spreadsheets? It would be interesting to know if you are using a review program like EPPI Reviewer 4. Addressed in the text. The title and abstract screening stage recorded in the Endnote library. We use an excel spreadsheet to capture our decisions at the full text stage.

Line 239: Figure 1: Study Selection using Endnote states, "Discrepancies resolved by 3rd reviewer." This is not consistent with page 11 line 239: which states that "discrepancies are resolved by discussion, or with the involvement of a third reviewer." I have edited the diagram to reflect what is stated in the text.

Regarding impact, it would be helpful to know more information about how the results from reviews have been used so far. Line 331 very interestingly discusses that the reviews have had an "impact on conversations between researches, clinicians and patients." How so? What happened? Can you please provide more detail relating to the results and effectiveness of the searches? In relation to our rapid reviews, we have had interest from health and social care professionals interested in carrying out rapid review. Up to date we have had variety of clinical questions from consultant physicians in Palliative Medicine, clinicians responsible for respiratory health and palliative care, clinical Nurse specialist with a question relating to effectiveness of services and complementary therapist working in Hospice setting requesting rapid review on impact of reflexology.

Also, commissioners from End of Life Board whose remit is to improve palliative and end of life care in Wales. Requesting rapid reviews to inform recommendations for service improvements / service change for end of life / improving palliative care services.

From outside Wales, Marie Curie UK, interested in working in partnership with PaCERS to conduct rapid reviews.