Reviewer's report

Title: Global Health Trials Methodological Research Agenda: Results from a priority setting exercise

Version: 0 Date: 27 Sep 2017

Reviewer: Shaun Treweek

Reviewer's report:

I like this paper; it presents a clear piece of work and highlights some differences between the needs of the UK and LMICs with regard to prioritising methods research in trials.

I only have a few comments, none of them requiring substantial work to deal with.

Major compulsory revisions

1. Discussion. A point is made early on that the UK prioritisation exercise need not apply to LMICs. Quite so. How likely is it that the current work will apply to all LMIC though? There's quite a mix of countries included and I guess the needs of, say, sub-Saharan Africa might be different to, say, Asia or South America. Could the authors comment on this?

2. Methods (p4). Why were patients and public not involved? Their absence is mentioned in the discussion but it would be good to know why they were not considered, even if the answer is a pragmatic one about it being difficult to find ways to do it at present.

3. Methods (p5). How did the steering committee deem topics as not applicable, vague or beyond the scope of the study? It would be nice to have a bit more on this, it sounds a bit arbitrary at present. I do think it would be good to have a few examples too (I know that the text says examples can be obtained from the author but I think some should be in the text, perhaps in a box or table).

4. Results (p7). '..outcomes to measure. Some examples are developing the correct objectives for the study..' This was unclear to me. I expected 'Some example of xxx are developing..' to make things a bit clearer. This also led me to wonder how the responses were collapsed into the headings shown in Figures 1 and 2. I'm guessing that 'standardising outcome sets and identifying patient focussed end points' were responses that were collapsed by the study team under a heading of 'Choosing appropriate outcomes to measure'. It would be good to say a bit more about this process.

Minor revisions

1. Discussion (p8). '..potentially due to the fact that involvement in trials guarantees access to healthcare which outside of a trial setting could be limited in LMICs.' I guess this is because treatment in both arms might not be available outside the trial, whereas in, say, the UK, the comparator is very often routine care. Generally even in the UK or other high income countries, the intervention is only available in the trial. The authors might want to clarify this. Apologies if I've got the wrong end of the stick.
2. Discussion (p9). The authors might like to consider expanding a bit on how the priority list could be used. For example, how might someone in a LMIC take forward 'Choosing appropriate outcomes to measure' now that we now it is priority #1?

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I do collaborate with some of the authors although I had no involvement with this work.

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