Author’s response to reviews

Title: Survey indicated that core outcome set development is increasingly including patients, being conducted internationally and using Delphi surveys.

Authors:

Alice M Biggane (alice.biggane@outlook.com)
Lucy Brading (lbrading@liverpool.ac.uk)
Philippe Ravaud (philipperavaud@gmail.com)
Bridget Young (byoung@liverpool.ac.uk)
Paula R Williamson (prw@liverpool.ac.uk)

Version: 1 Date: 22 Jan 2018

Author’s response to reviews:

Dear Dr Schwendicke and Dr He,

Thank you for reviewing our article “Survey indicated that core outcome set development is increasingly including patients, being conducted internationally and using Delphi surveys”. We are very grateful for your suggested revision and comments. Below we have outlined where we implemented changes in response to your comment:

“This article is interesting for potential readers about core outcome set development, which is shown in the manuscript that was being conducted internationally and using Delphi surveys increasingly including patients. But some things should be added into the revised paper in order to increase the readability of it. Comet development is very useful and helpful for the associated experts to do some comparison, but the background of Comet should be given in more details about in some given topic or all topics, might be just like "Core Outcome Set-STAndards for Development: The COS-STAD recommendations" published in Plos one gives the interested readers more background information and why the authors do such work, which will help the readers to grasp the idea more quickly and reasonable.”

We have edited the introduction, changing some of the paragraph order to increase readability and including the following sentences as appropriate:

Paragraph 1:

We have added the following sentence to the first paragraph to impress on the reader that patients and the public are the focus of this paper.
There is also the possibility that outcomes currently being measured may not accurately reflect the priorities of relevant stakeholder groups, including patients and the public.”

Paragraph 2:

We have expanded on this paragraph to better reflect the COMET Initiatives work, importance and the support it receives.

“The Core Outcome Measures in Effectiveness Trials (COMET) Initiative was launched in 2010 in response to the recognised value of COS development. COMET aims to tackle the problem of heterogeneity in reported outcomes by promoting and facilitating the development and application of COS. COMET also collates and stimulates the production of resources for COS development, and facilitates the exchange of ideas and methodological research to enhance the quality and uptake of COS. COMET’s key resource is a publicly accessible database (www.comet-initiative.org) of planned, ongoing and completed COS studies. The database of published COS is updated annually via a systematic review. As indicated by the multiple individuals and organisations, including trialists, funders, registries, regulatory authorities, systematic review groups and journal editors now endorsing the uptake of COS and use of the COMET database (a list of these organisations is available at: www.comet-initiative.org/cosuptake), the usefulness and importance of this resource, and COS development more generally, is accepted.”

Paragraphs 3, 4 and 6 have been updated to reflect some of the recent important publications surrounding COS development.

Paragraph 3:

“Three stakeholder groups who are important to the development of all COS are those who will use the COS in research, health professionals and patients, as recently identified by the consensus based recommendations in the Core Outcome Set- STAndards for Development: The COS-STAR recommendations [7, 8]. Thus, the inclusion of patients and the public is key to the development of COS [9].”

Paragraph 4:

“Moreover, to increase reporting completeness and transparency in COS development COMET have produced the Core Outcome Set- STAndards for Reporting COS-STAR checklist. This checklist states that authors should describe the participant groups involved, the rationale for including them and the capacity in which they participated in the COS development [10].”

Paragraph 6:
“The COMET handbook brings together current thinking and methodological research regarding these challenges [7] including: selecting an appropriate recruitment method, finding the best way to explain the concept of a COS, using a suitable method to elicit perspectives of patients and health professionals, maintaining participant input over time, and enabling the inclusion of patients in face to face meetings with health professionals and academics [9].”

We have edited the discussion to include following sentence:

Paragraph 4:

“The COS-STAD recommendations identify minimum standards that should be met during the COS development [8].”

We also edited the abstract in order to improve its readability and impact.

Methods:

“The survey and emails were constructed to maximise the response rate by following the literature on enhancing survey responses. Personalised reminder emails were sent to non-responders.”

Results:

“Inclusion of patient participants was indicated in 87% (141/162) of COS in the published completed or ongoing stages and over 94% (65/69) of ongoing COS projects.”

Conclusion:

“These findings indicated that the Delphi survey is the most popular method of facilitating patient participation, while the combination of qualitative interviews, Delphi survey and consensus meetings is the most popular combination of methods.” (moved from Results section to Conclusion).

We also took this opportunity to amend the Ethics approval and consent to participate to accurately reflect the date on which ethical approval was granted: 16 February 2017. The date previously listed was the date the application was made.

Thank you for your time in reading these revisions, we think that they reflect your suggestions.

Yours sincerely,
Alice Biggane