Reviewer’s report

Title: Reporting quality of randomized controlled trial abstracts in the seven high-ranking anesthesiology journals

Version: 0 Date: 21 Mar 2018

Reviewer: Penny Reynolds

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This is a descriptive cross-sectional survey of 7 high-impact anesthesiology journals for abstract reporting compliance with the 17-item CONSORT-A checklist. Although there are a number of similar studies published in other sub-disciplines, this is apparently one of the few to examine reporting compliance for general anaesthesiology journals.

The methods are described well and the paper seems straightforward. However the ms is too long for a descriptive study and should be shortened quite a bit. The investigators addressed a few issues I do not recall having seen mentioned in previous similar studies e.g. the word limit problem as a confounder. They also provide some practical suggestions for improving compliance e.g. use of automated online tools such as Penelope.

A few minor queries:

were reviewers blinded to journal title?

did they do a sample size calculation?

were the authors trained in critical appraisal? how were assessor assessments standardized?

The investigators should use a REAL statistical package for descriptive statistics and tests they may wish to perform. Microsoft Excel is NOT an appropriate software tool for statistical analyses, no matter how basic. Excel’s statistical procedures have been shown to have serious errors; although many were identified back in 1994 it seems that they have not been fixed. Problems included serious rounding errors, missing values handled inconsistently & incorrectly; misleading estimates for variance, confidence intervals etc.; inconsistent in the type of p-values returned. There is no necessity to report percentage data to two decimal places; whole numbers will do.

It is not clear why they want to use a Kolmogorov-Smirnov test. This is not an hypothesis testing study! In any case, the K-S test is a nonparametric hypothesis test that estimates the probability that two sets of data are sampled from populations with identical distributions (the two-sample KS test) or a continuous model (the one-sample KS test). In both cases, the underlying
population distribution is assumed to be continuous. This will not be the case here - these data are count data.

The investigators might want to check out and reference other similar studies to provide a broader context e.g.

Sriganesha, et al. Quality of abstracts of randomized control trials in five top pain journals: A systematic survey. Contemporary Clinical Trials Communications 7 (2017) 64-68

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