Author’s response to reviews

Title: A Systematic Review of Decision Aids that Facilitate Elements of Shared-Decision Making in Chronic Illnesses: A Review Protocol

Authors:

Thomas Wieringa (t.wieringa@vumc.nl)
Marleen Kunneman (kunneman.marleen@mayo.edu)
Rene Rodriguez-Gutierrez (rodriguezgutierrez.rene@mayo.edu)
Victor Montori (montori.victor@mayo.edu)
Maartje de Wit (m.dewit@vumc.nl)
Ellen Smets (e.m.smets@amc.uva.nl)
Linda Schoonmade (l.j.schoonmade@vu.nl)
Gabriela Spencer-Bonilla (bonilla.gabriela@mayo.edu)
Frank Snoek (fj.snoek@vumc.nl)

Version: 1 Date: 04 Jul 2017

Author’s response to reviews:

Editorial review:

I have nothing to add to Reviewer #1’s detailed and constructive review comments, all of which can help improve this protocol.

Reviewer reports:

Reviewer #1: This is an interesting protocol on an important topic. The design of this review is overall well done. I've listed my recommendations for each section below. The manuscript needs a good look from a copy editor before publication. There are issues with sentence structure, word choice, and verb tense in all sections of the manuscript.

Answer: We thank the reviewer for the constructive comments. We have carefully reviewed the complete manuscript.
Abstract

- The opening sentence of the Methods section is vague. What is 'their effects' referring to - the DAs, or the elements of SDM And, their effects on what?

Answer: With “their effects” we refer to the effects of DA on SDM, clinical and patient reported outcomes. We changed it accordingly in the manuscript.

Background

- Line 88, you say only chronic conditions. I would specify here that you are going to limit this review to certain chronic conditions.

Answer: Thank you for the suggestions. We specified this in the manuscript.

- What is meant by the 'process of SDM' - clarification or a bit more detail on this could be helpful.

Answer: We meant SDM outcomes as operationalized later on in the background. Therefore, we also changed “process of SDM” to “SDM outcomes” in the manuscript.

- I'd go into more detail here about why you chose only certain chronic conditions, why will it be more feasible to complete this review by only focusing on three conditions (especially since there are several sub-illnesses for each condition).

Answer: We selected those chronic conditions the World Health Organization recognizes as most prevalent and are most likely to require self-management. Including all chronic illnesses seemed unfeasible, but within these 3 chronic conditions we would like to be as complete as possible and included sub-illnesses in the search strategy.

Methods

- Under 'Type of studies', you don't include that the DAs have to be for a chronic condition, I'd add this here.

Answer: We have changed this.
- Under 'Type of studies' will there be a limit to the study setting or time frame?

Answer: No, there is no limit to the study setting or time frame. We added this to the manuscript.

- Under 'Type of outcome measures', the first sentence says "SDM … will be extracted", even with the parentheses for clarity, I would give this more detail. What about SDM will be extracted?

Answer: SDM outcomes we are interested in are decisional conflict, knowledge, patient participation in decision making, treatment decision (preference), treatment satisfaction, decision satisfaction, conversation satisfaction, risk expectations and perceptions, consultation time. These are outcomes we consider as most relevant. We added this information to the manuscript.

- Under 'Information sources and search strategy', I do not see the time specifications of your search, e.g., "from inception through October 2016".

Answer: We added this to the manuscript.

- Line 148, you say 'if possible' - what scenario would make it not possible to give the total number of results per database? This is usually manageable.

Answer: We added this to the manuscript.

- Line 150 - 152 - what is meant by 'ensure comprehension of the eligibility criteria'?

Answer: We changed this phrase in the manuscript to improve comprehension. We meant that both reviewers will be reminded about the eligibility criteria when working in Covidence.

- Line 152 - I'd provide a bit more clarity to the phrase "independently and in duplicate" - will there be two phases, first independent and then duplicate, or will duplicate review happen only in certain instances?

Answer: We adapted these phrases in the manuscript to improve comprehensiveness. We meant that both reviewers screen independently of each other.
- I'm confused about the management of duplicated articles. First, it seems fine to include only aggregate results after deduplication, rather than trying to list them out by database. Also, at line 157 you say duplicate eligible articles will all be included in the abstract screening phase. Why would duplicate articles be included at this point? If they are the same article, you should only have to extract data from one, correct? Do you mean duplicate studies but different articles?

Answer: You are right, duplicate articles will not be included. We changed this in the manuscript.

- For 'Data collection process' - I would state in the first sentence that the two reviewers will complete their data collection independently.

Answer: We added this to the manuscript.

- On line 181-182 you say "independently and in duplicate" - again I would clarify when the work will be independent and when it will be duplicate.

Answer: We adapted these phrases in the manuscript to improve comprehensiveness in line with the comment above.

- Again, for the outcomes section, measurement of the effects on the process of SDM is not well explained. Overall, I'd suggest providing more detail on this outcome throughout the manuscript.

Answer: In line with our comment on the question above, we added this information throughout the manuscript.

- For the outcomes, will you look at specific clinical and patient important outcomes or just any that appear in the included studies?

Answer: We will look at specific clinical outcomes: lipid levels (LDL cholesterol, HDL cholesterol, total cholesterol, triglycerides), blood pressure, smoking status, (maximal) oxygen uptake, glycaemic control, Body Mass Index (BMI), adherence, achieving treatment goals. We will look at specific patient important outcomes: quality of life, perceived health status, emotional distress (anxiety, illness-related distress) self-efficacy.
Is there a plan for comparison if the same DA is used in two different studies?

Answer: We will synthesize different studies on the same DA. Based on your suggestions we also elaborated more on the synthesizing phase. As can be read in the manuscript, results will be shown per DA. Therefore, every article on the same DA will add information about this DA.

Will a meta-analysis be completed? If not, what is the rationale?

Answer: Since heterogeneous populations and outcomes will be synthesized and much heterogeneity in time spans/intervals is expected, performing a meta-analysis will be difficult. Therefore, results will be summarized and presented in a narrative and descriptive way by presenting SDM elements and DA effects per DA (grouped per condition).

There are grammatical errors throughout the methods section that could be resolved with a good copy edit.

Answer: We have carefully reviewed the complete manuscript.

Discussion

A copy edit is needed for this section as well.

Answer: Thank you, we have carefully reviewed this section as well.

Most of the discussion is taken up by the potential limitations. I'd add additional detail about the potential results and outcomes of this review.

Answer: We added this to the manuscript.

Minor editing comments

You use the phrase 'so-called' a couple of times. I think all instances can be removed to strengthen the sentences they are used in.

Answer: We removed every ‘so-called’ phrase in the manuscript.
- You vary your use of the oxford comma. I would either use it or not use it.
   Answer: We removed every oxford comma in the manuscript.

- A comma is needed after all instances of "i.e." and "e.g." - "i.e.," or "e.g.,".
   Answer: We added a comma behind every “e.g. and “i.e.” in the manuscript.

- I believe EBSCO and CINAHL should be all caps.
   Answer: We changed this to all caps.