Author’s response to reviews

Title: Guideline-based quality indicators - a systematic comparison of German and international clinical practice guidelines: protocol for a systematic review

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Reviewer #1: General comments:

I thought that the protocol was generally well written and outlines an interesting and unusual systematic review of quality indicators from clinical practice guidelines and the methods used to develop them. The authors have as far as possible followed reporting guidelines for the protocol (PRISMA-P) however, there are some deviations due to the slightly unusual nature of the proposed review, which the authors have acknowledged appropriately.

Minor comments:

* Whilst the nature of the proposed review clearly does not lend itself to a formal meta-analyses, I would like to see more detailed discussion of how the authors will compare the findings from the German and International guidelines they assess. There is clear information about data items that will be extracted from each guideline and for quality assessment for the included guidelines. Perhaps it is because this is an area I am not very familiar with, but I feel that the authors could give a more detailed plan for the data synthesis, for example, would it be worthwhile to consider
including an assessment of agreement / disagreement between the QIs for matched pairs of guidelines or similar?

Response of the authors: We detailed the description of data synthesis and rewrote the section “Data syntheses”.

* I feel that the contents of the discussion section would be better included within the section outlining the plans to present and report results of the review.

Response of the authors: We moved the sentence “The results of our study will be considered in the last phases of the overall project, namely a consensus-study on standards of the translation of guideline recommendations into quality indicators” to section “Presenting and reporting the results”

Reviewer #2: This is a systematic review protocol aiming to compare 35 topic-related S3-CPG with international CPGs QIs.

I suggest the writing can be improved. I sometimes struggled to understand some of the sentences in the manuscript. Eg line 134-139, line 148-150 are not clear. Please rephrase them to avoid long and confusing sentences.

Response of the authors: We rephrased the sentences and critically reviewed the writing throughout the paper and edited as appropriate.

The main research question was developed based on the "35 previously identified topic-related S3-CPG". However, there is a little description of these previously identified German S3-CPGs in the protocol. A description of it is included in the supplementary material. I think it is also important to explain it in the main document.
Response of the authors: The S3-CPGs are described more detailed now.

The quality indicators are also not clear, give examples. Do you mean quality indicators for all the 35 S3-CPG?

Response of the authors: We give examples now (line 136-142). There are different QIs for each CPG.

In the inclusion criteria, there are some terms which need clear definitions. Eg: validity is not exceeded.

Response of the authors: We specify the term “validity”: “the validity date of the CPG, indicated by the CPG developer”.

Why is the WHO stratum 2003 used? NB: in 2003, WHO had 182 member states while currently WHO has 194 member states.

Response of the authors: We changed the reference and refer to http://www.who.int/choice/demography/mortality_strata/en/ , where the current status of member states is listed.

First, the authors wrote in the exclusion criteria, "If QIs are solely reported in a separate document, which is not a supplement to the CPG (e.g. evidence or methodological report), there has to be an explicit link with the particular CPG. Otherwise, we will assume that these QIs are not guideline-based, and we will exclude the guideline". Then later in the search strategy line
182-183, they wrote: "In cases where topical eligible CPGs comprise neither QIs nor links to QIs, we will search the websites of the particular CPG providers for separate documents with regard to QIs". These statements are conflicting each other.

Response of the authors: We thank the reviewer for this important comment and added the following information in the revised manuscript (page 10, line 193/194) “…that are explicitly linked with the particular CPG” to the sentence “we will search the websites of the particular CPG providers for separate documents with regard to QIs”. Furthermore, we gave an example for such separate documents in the eligibility criteria (page 9, line 173-176).

Data management and selection process

One reviewer will conduct the screening of the titles of records, again the same one reviewer will conduct the full-text screening. Then, it will be checked by another reviewer. The second reviewer will do check only the full-texts which are included. He/she will not check what is excluded. I suggest two reviewers perform the title and full-text screening if better quality results are to be obtained.

Response of the authors: Title- and full-text screening by two reviewers would have been certainly the ideal approach. However, we decided to screen the titles only by one reviewer in view of a large number of hits by diverse searches as well as the nature of guideline searches. We think that this pragmatic approach in the area of guideline searches is a quite acceptable approach due to a very low level of complexity regarding inclusion criteria. However, we will discuss this as a potential limitation when interpreting our full results.

Data extraction should also include items on whether the guideline is evidence-based.

Response of the authors: As we only include evidence-based CPGs (this is one criterion for inclusion, criterion 2), we think it is not necessary to extract this item.
Quality assessment: The authors mentioned they will use DELBI to assess the methodological rigor of CPG and they will calculate and aggregated domain score by summing up all the individual grades. In systematic reviews, quality is often assessed in qualitative terms. Because of this, it is strongly discouraged to use quantitative scores to rate the quality of studies.

Response of the authors: We thank you for this important comment. We have also discussed the issue of quantitative scores to rate methodological study quality within our team with the pros and cons. We understand and share concerns about using quantitative scores to rate the quality of studies. However, the DELBI instrument as well as the AGREE II instrument (http://www.agreetrust.org/wp-content/uploads/2013/10/AGREE-II-Users-Manual-and-23-item-Instrument_2009_UPDATE_2013.pdf) intend to calculate scores for each domain. This systematic review will be the second one in the overall project. The first one already used the DELBI instrument, including calculating domain-scores. Therefore, we would like to use the DELBI instrument in the same way as for the first review. However, besides calculating domain scores we plan to present the scores for each item to ensure better transparency. In the subsequent publication of the study we will consider this point as a potential limitation.

Line 231-232 Q. Are any of the authors CPG developers? If so, that should be declared in the competing interests

Response of the authors: Thank you for raising this important point. We supplemented this point. Details are declared in the competing interests now.

A little more description of the qualitative syntheses would improve the protocol.

Response of the authors: We detailed the description of data synthesis and rewrote the section “Data syntheses”