Reviewer’s report

Title: A decision tool to help researchers make decisions about including systematic reviews in overviews of reviews of healthcare interventions

Version: 0 Date: 07 Feb 2018

Reviewer: Alex Pollock

Reviewer’s report:

GENERAL COMMENT

As someone who has struggled with the challenge of overlapping SRs in overviews I welcome this paper! I think that the idea of having a tool to support overview authors through these decisions is a valuable one, and the tool will be helpful at raising the issue of overlapping SRs and encouraging authors to think about how to deal with this issue (hopefully) at protocol stage. The authors have created a simple tool which I think is a really useful starting point; the authors highlight that the tool would benefit from further discussion and refinement, and I agree with this…but I can definitely see the benefits of a clear, simple tool as the starting point for further discussions and refinement. I am looking forward to trying to use this in my next overview!

MAJOR COMMENTS

1. Multiple case study results. Clearly I have not been able to access the Companion paper which is reported to have the complete study results. However to ensure that I could understand where the conclusions of more/less comprehensive or complex had come from, I really felt that I needed a summary of the 7 overviews. What I was particularly looking for was the number of Cochrane SRs and non-Cochrane SRs contributing data to each of the 35 scenarios (e.g. a table with the 7 overviews as columns, and the 5 inclusion scenarios as rows, stating number of SRs in the cells), and also a summary of the criteria from each of the 35 scenarios which led to the judgements on the complexity (how "challenging" the scenario was). Without this information it is not possible for a reader to understand where the results in Table 1 have come from, and therefore to understand what has influenced the development of the tool. At the moment I do not feel that the results section provides the data that the description of the methods leads the reader to anticipate, and I think it is essential for these results (at least in summary format) to be available to the reader.

2. Out-of-dateness. I feel a key omission from your decision tool relates to the potential out-of-dateness of Cochrane SRs. While the ethos of Cochrane is to update SRs regularly, we all know that sometimes this does not happen. Therefore there are some circumstances where there is a very out of date Cochrane SR, which does not contain recent RCTs, and a much more up to date non Cochrane SR. In this instance I would argue that an up to date (high quality) non Cochrane SR may be more appropriate to include than the out of date Cochrane SR. But using your tool, question (1) means that if there is a Cochrane SR covering a relevant intervention and
comparison then I would ONLY include the Cochrane SR. But if that Cochrane SR is several
years out of date and I judge that it is not going to be comprehensive of relevant RCTs, then I
feel it has to be appropriate that I can search for and identify non-Cochrane SRs (and progress do
your question (2)). To give an example - our Cochrane SR of electrostimulation for stroke
(http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003241.pub2/full) has not been
updated since 2006 (which is embarrassing, but reflects the challenges of updating Cochrane
SRs) - it would be highly inappropriate for us only to have included this SR in an overview of
this topic…..as there are potentially 100s of RCTs which have been published on this
intervention in the last 10 years. So I would argue that Decision point 1 really needs to ask
whether Cochrane SRs examine all relevant AND AVAILABLE intervention comparisons, and
then explain that an out of date Cochrane review may be judged not to include all available RCT
data…. 

MINOR COMMENTS

1. Abstract. Methods. Sentence "We used five inclusion decisions to conduct overviews in seven
different topic areas, for in a total of 35 overviews; we then examined the impact of the inclusion
decisions on the overviews' comprehensiveness and challenges, both within and across the
overview cases." This is difficult to understand; please consider rewording. (The same sentence
is repeated under Methods in main text)

2. Background. "Other researchers avoid overlap by searching for and including only Cochrane
SRs, as Cochrane attempts to avoid duplication by publishing only one SR per topic of interest
[1, 8]." Yes, but this doesn't avoid overlap entirely, and in some topics this is a real problem
within Cochrane SRs - see the example McClurg referenced in our recent paper
https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-017-0534-3

3. Results. Decision point 1. "Input from a clinical expert may be required to assess whether the
Cochrane SRs comprehensively examine all relevant intervention comparisons." I would argue
that input from a much wider group of stakeholders than clinical experts may be relevant.
Patients, carers and members of the public may have valuable insight into relevant interventions.

4. Results. Final sentence. "However, if including the Cochrane SRs for groups of overlapping
SRs, researchers should be aware that multiple Cochrane SRs may contribute outcome data to
the same comparison (i.e., Cochrane SRs may sometimes overlap),……" I don't follow this. Are
you suggesting that there might be multiple Cochrane SRs within a group of overlapping SRs?
This isn't in line with what you say earlier, which is that it is unusual for Cochrane SRs to
overlap. I agree that Cochrane SRs can sometimes overlap - but if this is the case and you are
going to address this issue, then surely it needs to be addressed at the stage of Decision point
1…..as if there are overlapping Cochrane SRs you ought to have identified them at that stage,
rather than right at the end here.

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I am an author on several overviews, including Cochrane overviews, and methods papers relating to overviews. I have received research grant funding for completion of overviews of reviews.

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