Author’s response to reviews

Title: Maintaining relevance in HIV systematic reviews: an evaluation of Cochrane reviews

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Author’s response to reviews:

Responses are also included in a word doc in the supplementary materials, where responses are highlighted in red.

Reviewer reports:

Reviewer #1: EDITOR

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Title: Maintaining relevance in HIV systematic reviews

This manuscript is a very short (letter) review that aimed at evaluating the methods and relevance of 148 HIV systematic reviews and protocols published in the Cochrane Library over a 15-year period. Authors aimed to determine the need to update published reviews or complete of reviews in progress. They have found that 87% of protocols and reviews were identified as not for updating or progression to publication, mostly due to research questions which were either entirely outdated or addressed questions in an outdated manner. Authors have also concluded that some research questions were also inadequately conceptualized, particularly when complex
pragmatic trials or behavioural interventions were included. This is a short (but valuable and meaningful) manuscript, of relevance to readers. It is also well written and deserves publishing. Due to its short size and scientific soundness, I truly don't have much to say negatively and advise publication after small modifications/changes.

Could authors better explain inclusion/exclusion criteria?

We included all HIV reviews and protocols published in the Cochrane library since 2000. We have now clarified this in the methods and abstract, as we see this was unclear from our wording.

Include the publishing years of these reviews (could only see in "results")

We have now added the publishing years to the abstract also.

Reviewer #2:

Dear Authors,

I have had the pleasure of reading your manuscript letter titled "Maintaining Relevance in HIV Systematic Reviews". I believe this letter is an important topic to address for the constantly evolving field of HIV research. I think there is a lot of value in this area of research and I am happy to see it being addressed. However, I have a few minor issues and questions.

1. I find it very interesting that the majority of protocols did not progress to full reviews (34/39). Did the five protocols progressing to full review get included in the number of published reviews (n=109)? If so, did these reviews need updating? Given that most protocols did not progress to full review due to outdated research questions or not reflecting current practices, would you recommend that more researchers publish protocols before progressing to the full systematic review? Does publishing a protocol before conducting a full review stop researchers from unnecessary work? What are the implications of this finding?

No, the 5 protocols which were eventually finalized and published were not included in our evaluation of the reviews as they were finalized and published after 2016; we looked at reviews and protocols from 2000 to 2016. We do not think publishing the protocol has any impact on the final outcome. The implication of this finding is that there was too much of a delay in time
between when they published the protocol and when they were to complete the final review, essentially the field had moved on substantially before they finished conducting their review, and their published protocol was outdated. In our discussion we state “Protocols which progressed slowly to full review became irrelevant before completion’

2. The letter recommends clearly defining the research question and to adapt tools to design conceptual frameworks, which I completely agree with. However, I am surprised there was no discussion of the PICO/PICOT criteria for research questions (population, intervention, control, outcome, time frame), or any other discussion about frameworks for researchers to follow when designing a systematic review. It seems from the results presented that researchers don't need to reinvent the wheel, but they need to use a consistent criteria for defining research questions and adapt existing evidence-based conceptual frameworks. Using an existing framework helps unify concepts and makes it easier to compare results across studies.

All Cochrane reviews do have the PICO(T) elements, so we did not see this as an issue, our concern was more with inadequate definitions of what the elements were, for example although all the PICO elements were written into a protocol or review, the authors at times didn’t define these very well, e.g. ‘mass media interventions’, later it would be clear that they were including all type of interventions which would not generally be classified as mass media, this lead us to focus our discussion on defining your intervention well from the start, and hence we have only recommended additional tools for developing PICO elements further, such as conceptual models and complex intervention characterization tools. We think some of the issues went beyond listing the PICO in the review and was at another level, based on your recommendation we have amended the discussion: “In addition to presenting the PICO (population, intervention, comparison and outcomes) elements, authors should fully characterize the interventions of interest, limit the number and types of interventions, and determine how to meaningfully synthesize results from studies with behavioral or complex interventions. Several available tools can be drawn on and adapted to aid the design of conceptual frameworks and characterizing interventions and complexity, this can help structure review questions to produce meaningful results [7-11].”

3. You provided us with the reasons why reviews were assessed as "not for updating", but what differentiated the reviews that needed updating? Did you see frameworks that were used across multiple studies? For example, did researchers use PICO or PRISMA in those reviews? What should happen to the existing reviews and protocols that are not for updating? How do we prevent researchers from using those as examples and possibly going down the
wrong path? Since this is a letter, I'd like to see a stronger call to action for researchers and scholars in this field.

Reviews that were published where those that reviewed current and well-defined questions, and may have included a well thought through conceptual model, which supported their approach to synthesizing the evidence, and were limited to relevant outcomes, which were appropriately meta-analysed - resulting in clear reviews with trustworthy results. This is the opposite of the above statement and therefore we have not explicitly stated this in the paper as it may result in repetition.

4. I think Table 1 would be more useful and informative as a Flow Diagram (such as a modified PRISMA Flow Diagram) starting with the full number found for each type (n=109 reviews and n=39 protocols) and then using arrows and boxes to show how articles were classified, ending with the final number of reviews (n=14) and protocols (n=5) that could be updated. This visual would really highlight to readers the high amount of evolution in HIV research. Examples here: http://prisma-statement.org/prismastatement/flowdiagram.aspx

Thank-you for this suggestion – we have now converted table 1 to a flow diagram:

To close, I think this letter is an important contribution to the field and I applaud you for your efforts.

Thank-you!

Reviewer #3:

Title: Maintaining relevance in HIV systematic reviews

General comment

This is a well written manuscript, deserves publication. The paper underlines the importance of clearly defined research questions which needs to be regularly re-evaluated to maintain relevance. The manuscript provides a lesson for researchers in the field to be cautious when planning a review.
Minor comments

In methodology part the following things needs to be clarified

* It is not clear how 148 articles were retrieved and included in the study? Were they retrieved by systematic search? Were they only articles focusing on HIV from Cochran?

* Why only Cochran database were searched? What about other database?

This was not based on the search, we undertook to evaluate all the HIV studies in the Cochrane library in order to determine if reviews needed to be updated and also to chart the way forward for HIV reviews within Cochrane.

We have amended the text to highlight this in the abstract and the methods, as we see this was unclear in the way it was previously written.

Reviewer #4:

Thank you for the opportunity to review this manuscript. The manuscript is written in the form of a letter to the Editor. I think that the manuscript addresses a very important subject in the field of research evidence in HIV treatment and care. The manuscripts explores the question of the relevance of maintaining relevance in HIV systematic reviews. Pertinent issues that the authors highlight are the fast-paced development of the field of treatment and management of HIV, which can easily cause so systematic reviews in the field to become outdated. The authors also highlight the importance/challenge that authors usually have in conceptualising review questions especially when the intervention(s) is complex in nature.

Overall, I think that the manuscript is well written but has some punctuation issues and typos. For example, under the results section, the last but one line states "...pragmatic implementation trails." I think the 'trails' is meant to be 'trials'. There are more punctuation issues throughout the document.

Thank-you: corrected, we have also evaluated the rest of the manuscript for punctuation errors

In the methods section, the authors should mention how they conducted the search for the protocols and systematic reviews that were appraised in the study.
This was not based on the search, we undertook to evaluate all the HIV studies in the Cochrane library in order to determine if reviews needed to be updated and also to chart the way forward for HIV reviews within Cochrane.

We have amended the text to highlight this in the abstract and the methods.

Reviewer #5:

The paper is very interesting and raises relevant aspects. Here are some suggestions and doubts:

- In the title, consider including the word "Cochrane". Not all systematic reviews were evaluated, but the systematic reviews of that specific library;

Amended to read:

“Maintaining relevance in HIV systematic reviews: an evaluation of Cochrane reviews”

- Results, lines 16-17 "We identified and appraised 109 HIV reviews and 39 HIV protocols (148 articles in total), published in the Cochrane Library between 2000 and 2016.” and Results, lines 22-23: "The majority (66%) were published between 2010 and 2016": I do not understand what you mean.

We have clarified this in the results to read:

The majority of reviews (N=98; 66%) were published between 2010 and 2016, with a smaller proportion published between 2000 and 2009 (N=50; 34%).

- Results, line 48: "37% were assessed as having methodological concerns": It's strange to start the phrase with number.

Amended to read:

“Methodological errors lead to discontinuation of 11 reviews (37%): this was the result of inadequately conceptualized research questions (the population, interventions, comparison or outcomes were not sufficiently characterized or relevant).”

We apologize and have corrected the reference and link

- Results, the last sentence- "reflecting dormancy and slow progress": This sentence should be in the discussion and not in results.

We have removed this from the results

- Discussion: I missed a more focused discussion of the fact that these are the revisions and protocols of the Cochrane Library. If even with all the rigor of Cochrane there are still problems, the trend is that this is an even more serious problem than described in this study.

Although we detected methodological concerns in published reviews and protocols, some of this is related to the fact that reviews were conducted over a long period, during which methods and standards of reporting changed. Additionally, the main concern for all the reviews and especially protocols was becoming outdated and irrelevant. We have now highlighted in the discussion that this was related to ‘Cochrane’ reviews and that methodology was held to current standards.

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