Author’s response to reviews

Title: Comparing Options for Women Seeking Permanent Conception in High Resource Countries: A protocol for a systematic review

Authors:

Rebecca Gormley (bgormley@sfu.ca)

Brian Vickers (brianwilliamvickers@gmail.com)

Wendy Norman (wendynorman@ubc.ca)

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Author’s response to reviews:

Dear Editors and Reviewers of Systematic Reviews;

We are grateful for the editorial and reviewers’ comments on our manuscript “Comparing Options for Women Seeking Permanent Conception in High Resource Countries: A protocol for a systematic review” (SYSR-D-17-002266__). Thank you for the opportunity to revise our paper. We are thankful for the constructive feedback of the reviewers, which has improved our protocol and will allow us to address an important gap in the literature.

We hope the response to the comments below will fully address the reviewers’ comments and suggestions regarding this submission. If you have any further questions or suggestions, please do not hesitate to contact us.

Respectfully submitted,

The Authors
Reviewer 1:

Reviewer’s Comments: This is an interesting topic seeking comparing options for women seeking permanent conception in high resource Countries: a protocol for a systematic review.

RESPONSE:
We would like to thank Reviewer 1 for her kind comments.

Reviewer’s Comments: There are a few shortcomings noted as systematic reviews have a set pattern to write it. At the end of the abstract and in lines 26 to 29 are ten key words displayed as "sterilization, female; sterilization, reproductive; tubal sterilization;, intrauterine devices, medicated; salpingectomy; decision making, shared". In the ten list of key words, "sterilization" appears twice while tubal sterilization has both a comma and a semi - colon separating it from the next word.

RESPONSE:
Thank you for you for this suggestion. The key words displayed in lines 26-29 are intended to be keywords for the article submission and indexing, and in this way are distinct from the MeSH terms to which the reviewer refers, which are as she correctly notes used in the systematic review search. The key words for indexing were selected based on similar articles found through database searches and solely for the purposes of indexing. Please see the additional files for an example strategy for the MeSH terms used in the database search, which was done in consultation with a health sciences librarian at the University of British Columbia.

Reviewer’s Comments: Besides, the more succinct and direct the search strategy, the more likely a systematic review is to pick up all the important and primary papers. Furthermore, systematic reviews of clinical treatments, identifies most high quality primary studies from searching four standard electronic databases but only three databases are searched in this article[1] This is especially so as a complex and heterogeneous evidence informing shared decision making between clients and clinicians as well as informing policy making guidelines. Hence searching
more databases would be more helpful. Though secondary screening of relevant articles would have been helpful as mentioned.

RESPONSE:

Thank you very much for bringing the interesting and timely Bramer et al. (2017) article to our attention. After consideration of the argument to include Web of Science, EMBASE, Pubmed, and Google Scholar we have decided to limit our database search to Web of Science, EMBASE, and Pubmed as initially proposed. As per the Bramer et al. article, Embase and MEDLINE combined with either Google Scholar or Web of Science scored similarly well on overall recall rate at 95.9%. We consulted with a librarian who has extensive experience with systematic reviews and crafting appropriate Boolean search terms, and through this we are confident that our search will identify relevant, high quality primary studies.

Additionally, as the reviewer referred to, the authors will also undertake secondary screening of relevant articles to capture any articles that may have been missed in our database search. We believe that careful selection for further article inclusion based on relevant articles negates the need for an additional database to be included. As stated by Bramer et al. “Google Scholar lacks the basic functionality of traditional bibliographic databases” with limitations on the search strategies that are available (2017). Without the ability to create a rigorous, scientific search strategy, the additional search will likely yield large amounts of irrelevant articles while a concentrated secondary screening will help to identify potential articles that may have been missed through a general Google Scholar search.

Reviewer’s Comments: In view of the above observation, I suggest the following ten key words may yield a better search strategy for the title "Comparing Options for Women Seeking Permanent Conception in High Resource Countries: A protocol for a systematic review" Key words: Comparing Options, Women of reproductive age, Permanent conception, sterilization, tubal ligation, intrauterine devices, medicated, salpingectomy, High Resource Countries, shared decision making.

RESPONSE:

Thank you for your suggestions. We have clarified the keywords for the protocol to reflect similar changes, and as noted, our search strategy was already much more specific than the indexing keywords that the kind reviewer appears to have mistaken as our searching strategy
Reviewer’s Comments: In page 14, line 12 - 14, whilst the Preferred Reporting Items for Systematic Reviews and Network Meta-Analyses (PRISMA) will be adopted including the PRISMA diagram to demonstrate the selection of eligible articles, but a picture is worth more than a million words. Would it not be more appropriate to include the diagram in the protocol straight away?

RESPONSE:

Thank you for this suggestion. While we agree with the author on the importance of including relevant diagrams, at this time we are submitting only our protocol for this manuscript, thus have no data to include in a typical PRISMA diagram. For example, screening of eligible articles is still underway. Thus while we are not be able to include a finalized PRISMA diagram at this time, we assure that it will be included in the subsequent systematic review results paper.

Reviewer’s Comments: Other than the above identified comments, the article has great potentials. I wish the authors the best in their endeavours.

RESPONSE:

Thank you very much for your thoughtful comments and suggestions for improving the protocol and subsequent quality of the systematic review.

Reviewer 2

Reviewer’s Comments: This is an interesting proposal for a systematic review to help guide shared medical decision-making between healthcare providers and women seeking permanent contraception. I agree with the authors that this review would fill a gap in the existing literature,
and this review would be helpful to all healthcare providers who provide contraception counseling to their patients.

RESPONSE:

The authors would like to thank reviewer 2 for their kind comments.

Reviewer’s Comments: In discussing contraception options, healthcare providers should also include a discussion about the contraceptive implant, a highly effective form of long-acting reversible contraception. The option of the contraceptive implant should be included in this review.

RESPONSE:

Thank you for this suggestion. While the reviewer is correct in that the contraceptive subdermal implant (ie. Nexplanon) is a long-acting contraceptive utilized by many women, this device is unfortunately not available in all countries. This review is taking place in Canada, where such a restriction currently applies. Considering that the implant is not available in all countries and that one long acting contraceptive is present in the study, the authors have decided not to include a fifth option in the review and thus not to add the subdermal implant.

Reviewer’s Comments: I also believe that the oral contraceptive, a very popular form of contraception among patients, should also be included in this review, as a point of reference. The authors state that this systematic review is intended to be used in shared decision-making with patients, and therefore, I believe that presenting the existing data for oral contraceptive pills (efficacy, compliance rates, side effects) would be important in order to have an effective discussion with patients about the differences in efficacy among various methods of contraception.

RESPONSE:

Thank you for this suggestion. The oral contraceptive is a very popular form of contraception among patients, with a high efficacy rate; however, the effectiveness (prevention of unintended pregnancy with typical use) is quite low compared to permanent contraception methods, typically reporting failure rates up to 9% in the first year of use (Trussell J. Contraceptive failure
in the United States. Contraception. 2011 May;83(5):397-404.). As this systematic review is for women who are seeking primarily permanent contraception, and as the oral contraceptive is not considered a long-acting contraceptive nor a contraceptive method that is in the highly effective category, the authors do not believe that the oral contraceptive would be a suitable nor comparable option for this group of women.

Reviewer’s Comments: Some specific comments to the authors:

page 4 line 17 - add after "contraceptive" -- "and the contraceptive implant."

RESPONSE:

After consultation, as the authors have decided not to include the contraceptive implant in the review, we will leave the sentence on page 4 line 17 as it currently is written.

Reviewer’s Comments: line 14 and 22 - "decision-making"

RESPONSE:

We have hyphenated “decision-making” throughout the manuscript.

Reviewer’s Comments: page 5 line 9 - delete comma line

RESPONSE:

We have deleted the comma; the sentence now reads: “Hysteroscopic tubal occlusion (commonly known as Essure® or Adiana ®) is a surgical procedure in which small metal clips or ‘microinserts’ are inserted into the fallopian tubes with a catheter and held in place by stainless steel inner and nickel-titanium outer coils.”

Reviewer’s Comments: 12 - insert comma after "which" and "months"
RESPONSE:

Thank you for this suggestion. We believe that the readability of the sentence remains most correct in the form the sentence was structured. However we have updated the sentence to read as follows, which may help with readability: “These coils encourage tissue growth, which after approximately three months occludes the fallopian tubes, preventing sperm from reaching the egg, and the egg from reaching the uterus.”

Reviewer’s Comments: line 17 - insert "hysteroscopically" after performed

RESPONSE:

We have clarified the team to specify the hysteroscopic approach. The sentence now reads: “Placement of the clips is typically performed using a hysteroscopic approach, under a local anesthetic [5].”

Reviewer’s Comments: line 19 - insert comma after "time"

RESPONSE:

For readability, the authors have decided to create two sentences, and have inserted the comma after ‘time’. It now read as follows: “It takes approximately three months for occlusion to occur. During this time, a woman is required to use alternate contraceptive methods.”

Reviewer’s Comments: line 22 - please elaborate how ultrasound or pelvic Xray would confirm hysteroscopic tubal occlusion

RESPONSE:

The authors have now clarified the line to explain why an HSG exam is necessarily to confirm occlusion. The paragraph is updated to read: “A post-procedure confirmation using an hysterosalpingogram (HSG) exam, is required before a woman can discontinue alternative methods and the procedure is considered complete [6]. In an HSG exam, iodine-based dye is
placed through the cervix, and x-rays are taken to determine full occlusion of the fallopian tubes, thus completion of the procedure.”

Reviewer’s Comments: page 6 line 9 - change "an" to "a"

RESPONSE:
The authors have changed ‘an’ to ‘a.’ The sentence now reads: “With a significant uptake of bilateral salpingectomies …”

Reviewer’s Comments: line 19 "long-acting"

RESPONSE:
All terms “long acting” or “long term” have been hyphenated to read “long-acting” or “long-term” throughout the manuscript.

Reviewer’s Comments: line 36 start new sentence with "However, instead of copper,..."

RESPONSE:
To improve readability the authors have updated the sentence to read: “The LNG-IUC is also a polyethylene T-shaped device, infused with 52 mg of levonorgestrel instead of copper.”

Reviewer’s Comments: line 48 is "an underutilized form of contraception and arguably...

RESPONSE:
Thank you for this suggestion. The authors are not claiming that overall, the LNG-IUC is an underutilized method of contraception; rather it is an underutilized option among women in shared decision-making for women who are seeking permanent contraception. Therefore we find that it makes sense to leave the sentence as it currently reads: “the LNG-IUC is underutilized in
conversations about permanent contraception and arguably should be included in the decision-making process when considering methods of permanent and/or long acting contraception [13].”

Reviewer’s Comments: line 53 add description of contraceptive implant and OCP page 8

RESPONSE:

After consultation, as the authors have decided not to include the contraceptive implant, we will leave the sentence on page 8, line 53 as it currently is written.

Reviewer’s Comments: line 38 - add contraceptive implant, OCP

RESPONSE:

After consultation, as the authors have decided not to include the contraceptive implant, we will leave the sentence on line 38 as it currently is written.

Reviewer’s Comments: page 9 line 29 - add menorrhagia, decreased risk of ovarian cancer

RESPONSE:

The authors have updated the sentence to the suggestions. The sentence now read as follows: Non-contraceptive benefits are defined as effects that are positive for a woman apart from effectiveness at preventing pregnancy including but not limited to decreased risk of ovarian cancer, alleviation of acne, relief of dysmenorrhea and/or menorrhagia, or decreased associated infections or diseases such as pubic inflammatory disease (PID).

Reviewer’s Comments: page 10 line 9 - add cost to patient
RESPONSE:

Thank you for this comment. We agree that cost to patient is an important factor to consider. The costs to the patient are defined in the primary objective “accessibility,” defined under the phrase “out of pocket costs for the procedure.”

Reviewer’s Comments: line 37 - add contraceptive implant, OCP

RESPONSE:

After consultation, as the authors have decided not to include the contraceptive implant, we will leave the sentence on line 37 as it currently is written.

Reviewer’s Comments: page 14 line 14 - add contraceptive implant, OCP

RESPONSE:

After consultation, as the authors have decided not to include the contraceptive implant, we will leave the sentence on page 14 line 14 as it currently is written.