Reviewer’s report

Title: Establishing research priorities relating to the long-term impact of TIA and minor stroke through stakeholder-centred consensus

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Reviewer: Joanna Crocker

Reviewer’s report:

This is a worthwhile piece of work which I think could usefully inform the TIA/minor stroke research agenda, since it appears to be the first research prioritisation exercise in this area. The paper has a clear structure and is well-written. I do have some suggestions for improvement (listed below), particularly regarding the clarification/detailing of methods. I also think that this is an interesting paper methodologically, because it presents a relatively quick and cheap way of prioritising research questions. It would be helpful if the authors could reflect on the pros and cons of this approach, any learning points and implications for future research priority setting exercises.

Abstract

1. '…the three subgroups' - perhaps say what/who these were, or drop the word 'the', as the subgroups haven't been mentioned before?

2. 'These research questions should be used to inform the research agenda…' As there are some important limitations, I wonder if this could be worded slightly more tentatively… perhaps 'could usefully inform the research agenda'?

3. I'm not sure I would go as far as saying they should inform policy decisions… What kind of policy decisions? Can this be justified?

Plain English summary

4. I think it would be helpful to mention what the prioritised research questions were in the 'What did we find?' section.

Background

5. '…an episode of neurological dysfunction with evidence of acute infarction' - As this is a non-medical journal, perhaps this could be translated into more 'lay' language?

Methods
6. Why did you decide to group TIA and minor stroke together rather than focusing on one or the other? Is it possible that research priorities could differ between the two conditions?

7. Why did you choose a one-day meeting / Nominal Group Technique rather than a more rigorous process such as a James Lind Alliance priority setting partnership? There may be good, practical reasons but I think they should be stated.

8. Please describe how the participants were recruited/selected. In addition, was there any prior or existing relationship between the patients and healthcare professionals which could have affected the balance of power? And what about existing relationships between the professionals in the group which could have led to 'group think'? Please reflect on these aspects as limitations if relevant.

9. Gathering research priorities - Were any suggestions filtered out at this stage i.e. did not make it to the interim prioritisation stage? If so, what criteria were used?

10. What was the composition of the subgroups? Did you group people according to their role? How was consensus on the order of priorities reached within subgroups?

11. 'As a whole group, a final consensus on the shared priority areas was agreed.' - Please describe the process by which consensus was reached, and your definition of 'consensus'. In the Plain English summary you mention voting.

12. How did you ensure that the more dominant individuals did not have undue influence, or could this be a limitation?

13. The discussions were audio-recorded and I wonder what these recordings were used for? Were they transcribed and analysed at all? They could provide some useful information, such as how much 'air time' each individual or stakeholder group had (was this roughly equal or were there large differences?) and how decisions were arrived at.

Results

14. It would help to know which region(s) the participants came from. Was this a local or national group? If local, this should be mentioned as a limitation, since different regions may have generated different priorities due to differing healthcare services.

15. Table 1 - Instead of having an 'other' stakeholder category with N=2, could you write out what each of individual's role was?

16. Table 2 - Are these questions ranked in order of priority? If so, please describe in your Methods how the ranking was agreed. If not, perhaps use bullet points instead of numbering to avoid confusion?
17. It would be interesting and useful to see which stakeholder group(s) each of the 11 priorities originated from (e.g. patient, healthcare professional, researcher etc.) - would it be possible to show this?

Discussion

18. 'The top agreed research questions provide valuable insight into the priorities of patients and key stakeholders…' As there were only 3 patients out of 11 stakeholders, I would avoid emphasising this group in particular. I think '…valuable insight into the priorities of key stakeholders' would be more appropriate.

19. '…the majority which were patients and healthcare professionals' should be 'patients or healthcare professionals'?

20. '…with limited social acceptability bias' - How do you know this?

21. I agree that the small sample size of stakeholders is an important limitation. I would add that this means some important priorities may have been missed and that we cannot be sure the findings would be replicated in a different group. I would also add (if you agree) that only 3 patients were involved and ideally they would have constituted a larger proportion of the group. The low proportion of patients (and possible power imbalance) could explain why many of the resulting priorities have a distinctly medical focus.

22. It would be helpful if you could also reflect on the advantages and disadvantages of the approach you took as compared to the more time- and resource-intensive James Lind Alliance priority setting process.

23. What did you learn from this exercise and what recommendations would you give others wishing to replicate this process for a different medical condition?

Conclusions

24. This is currently a summary of the whole paper; I would include the a summary of key findings and potential implications only.

Thank you and good luck!

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