Reviewer’s report

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

Version: 0  Date: 04 Nov 2017

Reviewer: Maria Piggin

Reviewer’s report:

I have used the Points to Consider in the Review Guidelines to structure my comments.

Is the rationale for what the author(s) have done clearly demonstrated?

Yes. I strongly support shared research priority setting and the implementation of it into the research cycle as commonplace for all the reasons set out by the author e.g. limiting waste research, transparency, relevance. The need for this in the area of TIA is as important as anywhere else. I think the UK could undertake shared priority setting a lot more than it does especially in light of Europe embracing Responsible Research and Innovation (RRI). I think this is a great example of how research priority setting can be done in a relatively time and (I assume) cost efficient manner compared to say a process like the James Lind Alliance Priority Setting Partnerships which take at least one year and cost approximately £30,000 which could possibly put researchers off involving all stakeholders in research priority setting.

Have all methods been described in sufficient detail to allow others to evaluate and/or reproduce the work in similar circumstances?

It was not clear whether a systematic review had been undertaken in order to determine what research had already taken place in order to eliminate topics which had already been researched. Or was this done between the first and second stages after the stakeholders had submitted their list of priorities before the meeting? My other comments relate to the fact that the stakeholder group was limited to only 11 people (this limitation was noted in the submission although no reason given as to why it was this size). I would also question the number of each type of stakeholder involved. There were only 3 patients compared to 7 or 8 professionals (depending on whether the Stroke Association representative could be considered to be a patient representative or not). I would have expected that carers would have been included in this stakeholder group and that the number of carers and patients would have at least equalled the number of professionals. One reason for this would be so that patients do not feel outnumbered by professionals resulting in lack of confidence to contribute fully or defend their opinions in the face of differing professional opinions. It is not stated what the make up of stakeholders was in each sub-group in the second stage. I think these details are important to know for the purposes of understanding possible power dynamics within each group and whether these played any part in which priorities were ranked in what order.
Is it clear exactly what was done, at what stage and what the outcome was? If anything is not clear, please provide feedback as to what needs clarifying.

See my response to the question above.

Has sufficient attention been given to ethical considerations and how these were managed?

In light of the fact that patients who have lived through TIA experience memory loss and fatigue, it was curious that this research priority setting exercise was conducted in one day instead of over a longer period e.g. 2 or 3 half days to mitigate any fatigue of the patients involved and hence maximise the quality of their responses.

Can the writing, organization, tables or images be improved?

I do not have any comments in relation to this.

Are the included additional files (supplementary materials) appropriate

I do not have any comments in relation to this.

**Level of interest**

Please indicate how interesting you found the manuscript:

An article of importance in its field

**Quality of written English**

Please indicate the quality of language in the manuscript:

Acceptable

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