

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The quality of reports of medical and public health research from Palestinian institutions: a systematic review
AUTHORS	Albarqouni, Loai; Abu-Rmeileh, Niveen; Elessi, Khamis; Obeidallah, Mohammad; Bjertness, Espen; Chalmers, Iain

VERSION 1 - REVIEW

REVIEWER	Indah S Widyahening Faculty of Medicine Universitas Indonesia, Indonesia
REVIEW RETURNED	12-Mar-2017

GENERAL COMMENTS	<p>Although I found this study is interesting and I'm sure it will be valuable to Palestinian academic communities, however the authors could not justify any additional value of this study for international communities as in the conclusion it only re-iterates the importance of adhering the existing reporting guidelines.</p> <p>Several revision is also needed as below,</p> <p>Abstract</p> <p>Before detail description of un-reported components (p2 line 26), the overall quality of the studies should be presented;</p> <p>There are several in-correctness in the numbers reported, for example, "Sources of financial support were declared in 156 (31%) reports" (p2 line 27); while in figure 3 funding is reported 74 (completely) and 72 (partially) (p18 line 31); the sentence "funding sources were mentioned in 74 reports (17%)" (p2 line 33) is repetitive of line 27; the PR value in the sentence "publication after 2005 (PR: 3.9 (95%CI: 1.8-8.5))" (p2 line 38) could not be found either in the result section of in the tables.</p> <p>Search sources and strategies</p> <p>Why the authors only conducted the search in the ovid medline and scopus databases? How about local journals? Is there any language filter utilized?</p> <p>Quality assessment of included studies</p> <p>The author should explained the criteria of complete and partially complete</p> <p>Data analyses and interpretation</p> <p>In the table the author reported prevalence ratio, it should be explained in this section as well</p> <p>Results</p> <p>It would be more helpful if the author also present the denominator of each value which presented as percentage, whether in the results narrative or in the tables/figures.</p> <p>The result of the quality assessment by the 2nd reviewer (the</p>
-------------------------	--

	<p>interrater agreement) should also be reported here.</p> <p>Discussion 1st paragraph should summarize the main research finding. I would suggest the author to read the article by Docherty and Smith, BMJ 1999;318:1224–5.</p> <p>Tables and figures Figure 2 is redundant with the narrative Figure 3, the denominator (total number of observational studies) should be presented Table 1, what is regional means? Denominator of column 2 (adequately reported studies) is not clear: for example 28% is 99/.....? 20.7% is 6/.....? As well as column 4 (refer to sysrev): 13.6% is 48/....? 20.7% is 6/..... Why can we merge table s1 with table 1?</p>
--	--

REVIEWER	Meredith Hays, DO, MPH Dwight D. Eisenhower Army Medical Center United States
REVIEW RETURNED	12-Mar-2017

GENERAL COMMENTS	The authors might consider adding "study design" and "reporting guidelines" portions of Table S1 in Table 1 of the manuscript since this was mentioned multiple times in the beginning of the article. It may also help address the fact that your most detailed description of adherence to guidelines only focused on the STROBE checklist. It would be interesting to know if the types of research (i.e RCTs, systematic reviews, etc) associated with Palestinian authors/institutions reflected that of other countries.
-------------------------	--

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Indah S Widyahening

Faculty of Medicine Universitas Indonesia, Indonesia

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

Although I found this study is interesting and I'm sure it will be valuable to Palestinian academic communities, however the authors could not justify any additional value of this study for international communities as in the conclusion it only re-iterates the importance of adhering the existing reporting guidelines.

Response: We thank the reviewer for this comment. Despite the availability of literatures investigating the reporting quality of health research and recommending adherence to reporting guidelines, this is the first study to investigate this issue in any Arab country. This is important for the international research community, since improving the reporting quality, and hence reducing the waste in health research, is a collaborative effort between all the countries and regions. In addition, we highlighted the importance of international collaboration to improve the reporting quality of health research in a developing country setting.

Change: None

Several revision is also needed as below,

Abstract

Before detail description of un-reported components (p2 line 26), the overall quality of the studies should be presented;

There are several in-correctness in the numbers reported, for example, "Sources of financial support were declared in 156 (31%) reports" (p2 line 27); while in figure 3 funding is reported 74 (completely) and 72 (partially) (p18 line 31); the sentence "funding sources were mentioned in 74 reports (17%)" (p2 line 33) is repetitive of line 27; the PR value in the sentence "publication after 2005 (PR: 3.9 (95%CI: 1.8-8.5))" (p2 line 38) could not be found either in the result section of in the tables.

Response & change: We agree with the reviewer about the importance of highlighting the overall results of reporting quality. We have added the following sentence in the abstract (page 2 line 14-16): "The majority of the reports in our study were inadequately reported (342; 69%), and none had adequately reported all items".

Regarding the discrepancies observed in the numbers reported, the first number "Sources of financial support were declared in 156" refers to all of the included studies (n=497); the second number in Figure 3 refers to observational studies assessed using the STROBE guideline (n=439). To clarify this, we have revised the caption of Figure 3 (now Figure 2) to include the total number of observational studies (page 16): "(n=439)".

We agree about possible duplication in reporting the results of the funding sources in the abstract. We have deleted the sentence about funding sources in the abstract: "Sources of financial support were declared in 156 (31%) reports".

In Table 1, publication year was assigned to one of three categories. For simplicity, we reported the results as 'published after 2005' vs. 'published before 2005'. We agree that these results should be reported in the Results section, which we have revised accordingly (page 10 line 9): "recent publication after 2005 (PR:4.33.9; 95%CI: 2.01.8-9.38.5)".

Search sources and strategies

Why the authors only conducted the search in the ovid medline and scopus databases? How about local journals? Is there any language filter utilized?

Response: We have not screened local journals since we are only aware of a handful of university-linked general non-indexed journals which are not medical or health-specific and not available online. We think that the Ovid Medline and Scopus databases covers the majority of medical research, and are accessible for international researchers.

We have not used any language filters.

Change: We added this sentence to the Methods section (page 6 line 2): "There were no language restrictions for inclusion in this review."

Quality assessment of included studies

The author should explained the criteria of complete and partially complete

Response: We agree that defining assessment criteria is important.

Change: We have revised the relevant paragraph in the Methods section (page 6 line 23-25): "We scored each item in each article as having been completely addressed (i.e. when all the sub-items were satisfactorily reported), partially addressed (i.e. when some but not all the sub-items were satisfactorily reported), or when none of them had been addressed".

Data analyses and interpretation

In the table the author reported prevalence ratio, it should be explained in this section as well

Response: We agree.

Change: We have revised the paragraph reporting this in the Methods section (page 7 line 13-16):

“and then calculated the prevalence ratios (i.e. the ratio of the proportion of the adequately reported studies with the examined factor over the proportion of the adequately reported studies without that factor, for example, publication year after 2005)”.

Results

It would be more helpful if the author also present the denominator of each value which presented as percentage, whether in the results narrative or in the tables/figures.

The result of the quality assessment by the 2nd reviewer (the interrater agreement) should also be reported here.

Response: We agree.

Change: We have revised the whole of the Results section to present the denominator along with percentages, and we have added the following sentence to the Results section (page 9 line 1-3):

“There was moderate inter-rater agreement between the two quality assessors (kappa statistics = 0.52; 95%CI=0.46-0.59).”

Discussion

1st paragraph should summarize the main research finding. I would suggest the author to read the article by Docherty and Smith, BMJ 1999;318:1224–5.

Response: We agree.

Change: We have deleted the first paragraph of the discussion to start with the principal findings of our study.

Tables and figures

Figure 2 is redundant with the narrative

Figure 3, the denominator (total number of observational studies) should be presented

Table 1, what is regional means? Denominator of column 2 (adequately reported studies) is not clear: for example 28% is 99/.....? 20.7% is 6/.....? As well as column 4 (refer to sysrev): 13.6% is 48/....? 20.7% is 6/.....

Why can we merge table s1 with table 1?

Response: We agree.

Change: We have revised the caption of Figure 3: “The frequency (and percentages of the total of observational studies)”. We have also defined the ‘region’ in the Methods section (page 6 line 13-14): “(i.e. the Middle East North Africa ‘MENA’ region)”. Denominators of all the columns of Table 1 have been clarified in the footnotes.

We provided Figure 2 in the supplementary instead of the main text.

We have merged Table S1 and Table 1 as suggested.

Reviewer: 2

Meredith Hays, DO, MPH

Dwight D. Eisenhower Army Medical Center, United States

Please state any competing interests or state ‘None declared’: None declared

Please leave your comments for the authors below

The authors might consider adding "study design" and "reporting guidelines" portions of Table S1 in Table 1 of the manuscript since this was mentioned multiple times in the beginning of the article.

Response: We agree.

Change: We have merged Table S1 and Table 1, as suggested.

It may also help address the fact that your most detailed description of adherence to guidelines only focused on the STROBE checklist.

Response: We agree.

Change: We have revised the first sentence detailing the results of the quality of reporting of studies assessed by STROBE (page 9 line 13-15): "Of the 439 observational studies assessed using STROBE, none completely addressed all 22 STROBE checklist items, nor was any checklist item completely addressed in all 439 reports."

It would be interesting to know if the types of research (i.e RCTs, systematic reviews, etc) associated with Palestinian authors/institutions reflected that of other countries.

Response: We hope that the provision of our data will facilitate the kind of comparative analyses suggested.

VERSION 2 – REVIEW

REVIEWER	Meredith A Hays, DO, MPH Dwight D. Eisenhower Army Medical Center
REVIEW RETURNED	18-Apr-2017

GENERAL COMMENTS	The authors adequately addressed my comments from the previous review. I have no additional comments.
------------------	---