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)	Using the CONSORT statement to evaluate the completeness of reporting of addiction randomized trials: a cross-sectional review
AUTHORS	Vassar, Matthew; Jellison, Sam; Wendelbo, Hannah; Wayant, Cole; Gray, Harrison; Bibens, Michael

VERSION 1 - REVIEW

REVIEWER	Rachel Couban McMaster University
REVIEW RETURNED	17-Jun-2019

GENERAL COMMENTS	It seems like an interesting incidental finding of yours that most of these RCTs are publicly funded. Is this consistent across topics (drug, alcohol and tobacco)? You might make the point that publicly funded research is prima facie at lower risk of bias than industry-funded and that publicly-funded researchers should do a better job of making this aspect of their work explicit. Nice work :)

REVIEWER	Barbara McCrady University of New Mexico United States
REVIEW RETURNED	03-Jul-2019

GENERAL COMMENTS	Items 3 & 12: Looking only at addiction journals the report does not represent the full range of addiction clinical trials published, and probably underestimates compliance with the CONSORT reporting guidelines because the best clinical trials often are published in discipline-specific journals that also have more rigorous reporting standards. Item #4: A link to the complete list of articles reviewed would be helpful.

VERSION 1 – AUTHOR RESPONSE

Reviewer(s) Reports:

Reviewer: 1

Rachel Couban, McMaster University

1. It seems like an interesting incidental finding of yours that most of these RCTs are publicly funded. Is this consistent across topics (drug, alcohol and tobacco)?

Author response: Thank you for your comments and we are glad you appreciated our work. We agree that this is an interesting finding. The distribution of public funding was 89 for alcohol, 98 for drug, 94 for tobacco, and 34 for mixed (eg, co-occurring tobacco and alcohol addiction). To further investigate whether or not there were differences between drug, alcohol, tobacco, and mixed addictions in terms of CONSORT score, we conducted a one-way ANOVA with Bonferroni corrections. The updated text now reads: "Upon comparison of RCTs related to drug, alcohol, tobacco, or mixed addictions, we found that drug addiction RCTs (n = 111) had the highest mean CONSORT score (20.0, SD = 4.7) and alcohol addiction RCTs (n = 117) had the lowest mean CONSORT score (18.2, SD = 5.6). The mean difference between these two cohorts was 1.9 CONSORT items and was statistically significant (P = .04). No other mean differences were significant." The methods were updated to include this added analysis.

2. You might make the point that publicly funded research is prima facie at lower risk of bias than industry-funded and that publicly-funded researchers should do a better job of making this aspect of their work explicit. Nice work :)

Author response: Thank you for the suggestion, and while we tend to agree with you that public funding is less likely to induce bias (since a favorable result for the government is unlikely to result in reward for the author), we have difficulty proving that point in our data because of imbalances in sample size. RCTs in our sample were funded by the public 315 times while industry funded RCTs only 11 times (reflects industry alone, an additional 16 RCTs had mixed funding that included industry, partially). Because we cannot support that claim with our data we decided to not add this comment, though we must stress that this decision is not because the comment is not agreed upon and valid.

Reviewer: 2

Barbara McCrady, University of New Mexico, United States

1. Items 3 & 12: Looking only at addiction journals the report does not represent the full range of addiction clinical trials published, and probably underestimates compliance with the CONSORT

reporting guidelines because the best clinical trials are often published in discipline-specific journals that also have more rigorous reporting standards.

Author response: Thank you for your feedback, we agree with this point and think that this may be a limitation to our study. We have added the following sentence to the "strengths and limitations" paragraph of our study: "Additionally, we only looked at articles published in addiction journals, which does not completely encompass all addiction trials published. This may have led to an underestimation of CONSORT adherence as other trials may have been published in journals with more strict reporting requirements"

2. Item #4: A link to the complete list of articles reviewed would be helpful.

Author response: We agree that having this information would be helpful. A link to a complete list of articles can now be found in the Results section, as well as here: https://osf.io/cy5j3/.

VERSION 2 – REVIEW

REVIEWER	Rachel Couban McMaster University
REVIEW RETURNED	29-Jul-2019

GENERAL COMMENTS	Looks good

REVIEWER	Barbara McCrady University of New Mexico, United States
REVIEW RETURNED	31-Jul-2019

GENERAL COMMENTS	The authors did a nice job in responding to reviewer feedback on the previous draft of this manuscript. In rereading the manuscript, however, I did find a few points that would benefit from clarification: P3, line 4: "a study must have reported…" [the word "have" is missing] P3, lines 5-6: please clarify if treatment studies were subsumed under the category, "stabilization following excessive use …" P3, lines 22-24: what was the initial agreement between the ratings on ratings of compliance with CONSORT elements? P4, lines 10-11: please use more standard terminology such as "drug dependence" and "alcohol dependence" rather than "drug addiction" and "alcohol addiction" P5, line 19: Do they mean "randomization or blinding" rather than of?

VERSION 2 – AUTHOR RESPONSE

Dear Reviewer:

We appreciate the comments on our paper, they have results in a further improved manuscript. We have carefully read all comments and responded in detail.. We look forward to receiving any additional comments to further strengthen our paper.

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Reviewer(s)' Comments to Author:

Reviewer: 2

Reviewer Name: Barbara McCrady

Institution and Country: University of New Mexico, United States

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

Please leave your comments for the authors below

The authors did a nice job in responding to reviewer feedback on the previous draft of this manuscript. In rereading the manuscript, however, I did find a few points that would benefit from clarification:

Items 1 & 2: P3, line 4: "a study must have reported…" [the word "have" is missing] and P3, lines 5-6: please clarify if treatment studies were subsumed under the category, "stabilization following excessive use …"

Author response: Thank you for catching this. We have included the missing word in line 4 and clarified what was meant by "substance" in lines 5-6.

Item 3: P3, lines 22-24: what was the initial agreement between the ratings on ratings of compliance with CONSORT elements?

Author response: We did not track agreement between ratings, since the goal of our data extraction method was to arrive at 100% consensus. Two authors extracted all data, compared all data, and resolved all discrepancies via joint discussion. Therefore, even though agreement was high originally because we adhered to well-understood and tested protocol, we do not have an exact number to present.

Item 4: P4, lines 10-11: please use more standard terminology such as "drug dependence" and "alcohol dependence" rather than "drug addiction" and "alcohol addiction"

Author response: This is an excellent point. We have updated the terminology in lines 10-11 accordingly.

Item 5: P5, line 19: Do they mean "randomization or blinding" rather than of?

Author response: We meant "randomization or blinding". Thank you for pointing this out.