

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. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	An overview and methodological assessment of systematic reviews and meta-analyses of enhanced recovery programmes in colorectal surgery.
AUTHORS	Chambers, Duncan ; Paton, Fiona; Wilson, Paul; Eastwood, Alison; Craig, Dawn; Fox, Dave; Jayne, David; McGinnes, Erika

VERSION 1 - REVIEW

REVIEWER	Kristoffer Lassen Dept of GI/HPB surgery University Hospital Northern Norway
REVIEW RETURNED	24-Mar-2014

GENERAL COMMENTS	<p>The point of departure for this trial is interesting: Several systematic reviews and meta-analyses have addressed the assumed benefits of enhanced recovery after surgery (ERAS) protocols. These reviews and the trials on which they are based evaluate an intervention that is very complex: a protocol with about 15-25 items implemented, more often than not, sub-optimally and over a long duration of time. The outcomes of the protocol is, again, compared to a historical or in other ways inadequate control group where contamination is rife and trial-/Hawthorne effect very obvious. In short, measuring benefits from such a protocol is an ambitious task indeed and small wonder that results and methodology varies somewhat.</p> <p>While systematic reviews may have an important role in revealing small benefits by combining several trials, this will to some extent suffer from the accumulated methodological weaknesses of the trials under scrutiny.</p> <p>This only highlights the importance of standardising what can be standardised. The message of this paper is to show that methodology, inclusion- and exclusion criteria and definition of main outcomes vary significantly and beyond what could be expected. This adds to the authors' claim that this is "research waste": different angle of view, some variance in included trials, some different calculations; but not many a grain of new knowledge. A lot of redundant work!</p> <p>This paper is convincing, well written and addressing an important issue!</p> <p>Repeated systematic reviews on complex interventions should focus intensely on standardising key elements of methodology (inclusion/exclusion criteria, definitions of primary outcomes, search strategies, how to deal with missing data) and preferable publish these as a dedicated document early in the development of newer treatment strategies.</p>
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	I have no major criticism.
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REVIEWER	Mary-Anne Aarts University of Toronto, Canada
REVIEW RETURNED	04-Apr-2014

GENERAL COMMENTS	<p>I would recommend a diagram including an estimate of the mean difference of length of stay for each review with a line graph to demonstrate the 95% CI. I think it would be interesting to see if the precision of this estimate increased over time with the addition of more reviews.</p> <p>This paper is a superficial overview of the quality and recurrence of systematic reviews for ERAS in colorectal surgery. The primary outcome used in this study "length of stay" is not the most important outcome to health care providers or patients. It would be of interest to readers to find out the variety and heterogeneity of outcomes reported between reviews. Morbidity and mortality are much more clinically relevant outcomes and should have been discussed in this review of reviews.</p> <p>Include PRISMA flow diagram. Length of stay is not the most important outcome - include more clinically relevant outcomes. Include diagrams to pictorially demonstrate findings with respect to mean differences in length of stay.</p>
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VERSION 1 – AUTHOR RESPONSE

In response to reviewer 1: Thank you for your positive comments. We have added a sentence to the discussion (penultimate paragraph) supporting standardised methods and regular updating for reviews of complex interventions.

In response to reviewer 2: We focused in this paper on length of stay because of its importance for health service delivery and because it is an outcome measured in most of the included reviews (p7). Other outcomes are addressed in the full report and the accompanying more clinical paper. We have added a sentence under 'strengths and limitations' in the discussion to reflect this.

We have provided a PRISMA flow diagram although some sections are not fully applicable as this is a methodological overview of SRs rather than an SR per se.

We have added a forest plot showing the change in pooled effect estimate for primary length of stay across the included systematic reviews.