

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The Sight Loss and Vision Priority Setting Partnership (SLV-PSP): Overview and results of the research prioritisation survey process.
AUTHORS	Rowe, Fiona; Wormald, Richard; Cable, Richard; Acton, Michele; Bonstein, Karen; Bowen, Michael; Bronze, Carol; Bunce, Catey; Conroy, Dolores; Cowan, Katherine; Evans, Kathy; Fenton, Mark; Giles, Heather; Gordon, Iris; Halfhide, Louise; Harper, Robert; Lightstone, Anita; Votruba, Marcela; Waterman, Heather; Zekite, Antra

VERSION 1 - REVIEW

REVIEWER	Robert P. Finger Centre for Eye Research Australia University of Melbourne Australia
REVIEW RETURNED	27-Mar-2014

GENERAL COMMENTS	<p>The authors address an important question, namely that of prioritizing research questions. Their approach is unique in that it includes a large group of diverse stakeholders, including a significant number of affected persons.</p> <p>However, the results are not presented in a way which is easy to read. This reviewer would suggest to restructure along main disease areas as well as main overarching topics such as etiology, prevention, detection, management, etc. The authors present 120 (!) points that were identified in the exercise. A few main points should be presented in the results and the rest moved into a table. This table should include the number of persons who thought that this particular question was worth being considered in future research as well.</p> <p>The limitations should be slightly broader, including misunderstanding between lay persons and professionals, lack of sufficiently broad knowledge of the public (i.e. not being able to identify areas/questions due to lack of knowledge), etc.</p>
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REVIEWER	Cynthia Owsley University of Alabama at Birmingham USA
REVIEW RETURNED	30-Apr-2014

GENERAL COMMENTS	This is a very nice contribution to the literature since it provides
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	<p>prioritization input from patients, carers and providers on the most pressing research areas in eye diseases and vision impairment. I have a couple of comments that I submit to the authors for consideration. These are issues that may make the article more useful to the vision science community.</p> <p>1. It is important that the perspectives of all these groups – patients, carers, and eye care providers – were included in the exercise. Yet it appears that their data along the way was pooled across groups (if I read the manuscript correctly). One might imagine that patients for example have at least slightly different perspectives on priorities than do providers, but in potentially some important ways. What was the rationale for doing the exercise with all these groups combined, as opposed to as separate groups so that priorities could be compared and contrasted among them? Is this perhaps a limitation of the exercise?</p> <p>2. In the first paragraph of the discussion, the authors describe “inclusive and widespread consultation, where everyone with an interest had been offered the opportunity to contribute and be heard.” This is not really true. Scientists by design were not included in the process. They legitimately are important stakeholders. This is not meant as a criticism to the authors for not including them since the focus was on patients, carers and providers, but it is incorrect to say in the paragraph referred to above that everyone with an interest was included. This paragraph should be revised in my opinion.</p> <p>3. An important issue for going forward is, how does the prioritization that came out of this exercise, based on patients, carers, and providers, compare to the prioritization of research areas by scientists themselves, and also by government research funding agencies who are focused on eye disease, vision impairment and eye health? This is an important aspect for analysis, but the article is silent on this issue as currently written.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

The results are not presented in a way which is easy to read. This reviewer would suggest a restructure along main disease areas as well as main overarching topics such as etiology, prevention, detection, management, etc. The authors present 120 (!) points that were identified in the exercise. A few main points should be presented in the results and the rest moved into a table. This table should include the number of persons who thought that this particular question was worth being considered in future research as well.

The limitations should be slightly broader, including misunderstanding between lay persons and professionals, lack of sufficiently broad knowledge of the public (i.e. not being able to identify areas/questions due to lack of knowledge), etc.

- The outcomes are currently structured under their disease headings. We have moved the top 10/11 lists into a table and refer to only the top question of each category in the results. It is not possible to include the number of persons against each question as there were so many respondents plus a number of questions were merged into the final agreed question. We have extended our discussion of limitations accordingly.

Reviewer: 2

1. It is important that the perspectives of all these groups – patients, carers, and eye care providers – were included in the exercise. Yet it appears that their data along the way was pooled across groups

(if I read the manuscript correctly). One might imagine that patients for example have at least slightly different perspectives on priorities than do providers, but in potentially some important ways. What was the rationale for doing the exercise with all these groups combined, as opposed to as separate groups so that priorities could be compared and contrasted among them? Is this perhaps a limitation of the exercise?

- We have included further discussion of these points. We did not find particular differences between responses from the public versus professionals. We include specific reference to the James Lind Alliance process.

2. In the first paragraph of the discussion, the authors describe “inclusive and widespread consultation, where everyone with an interest had been offered the opportunity to contribute and be heard.” This is not really true. Scientists by design were not included in the process. They legitimately are important stakeholders. This is not meant as a criticism to the authors for not including them since the focus was on patients, carers and providers, but it is incorrect to say in the paragraph referred to above that everyone with an interest was included. This paragraph should be revised in my opinion.

- We have revised this paragraph. Although pure researchers were excluded, clinical researchers were included in the process.

3. An important issue for going forward is, how does the prioritization that came out of this exercise, based on patients, carers, and providers, compare to the prioritization of research areas by scientists themselves, and also by government research funding agencies who are focused on eye disease, vision impairment and eye health? This is an important aspect for analysis, but the article is silent on this issue as currently written.

- It is not possible to comment on the priorities of research areas by scientists or government agencies as we are unaware of any systematic data collating such data. We have provided information on our research priorities openly to national funding organisations and hope this will impact on future research funding.

All changes to the manuscript are highlighted in red font. We are happy to provide any further information as required by the reviewers.

VERSION 2 – REVIEW

REVIEWER	Robert P. Finger Principal Investigator Population Health Centre for Eye Research Australia Australia
REVIEW RETURNED	04-Jun-2014

GENERAL COMMENTS	The revision improved the manuscript considerably. As highlighted by reviewer two, discussing the identified priorities against what is currently prioritized (such as by Vision2020 UK in terms of priority diseases, or similar policy documents) would add to the paper.
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REVIEWER	Cynthia Owsley University of Alabama at Birmingham USA
REVIEW RETURNED	09-Jun-2014

- The reviewer completed the checklist but made no further comments.

VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

As highlighted by reviewer two, discussing the identified priorities against what is currently prioritized (such as by Vision2020 UK in terms of priority diseases, or similar policy documents) would add to the paper.

- We have added discussion about how the priorities and method of survey relate to some examples of organisational objectives for research, service and support.

All recent changes to the manuscript are highlighted in blue font. We are happy to provide any further information as required by the reviewers.