

PEER REVIEW HISTORY

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ARTICLE DETAILS

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| TITLE (PROVISIONAL) | Research Priorities for Pessary Use in Women with Prolapse – results from a James Lind Alliance Priority Setting Partnership final workshop, 8th September 2017 |
| AUTHORS | Lough, Kate Hagen, Suzanne McClurg, Doreen Pollock, Alex |

VERSION 1 - REVIEW

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| REVIEWER | CHEUNG, Yau Kar Rachel |
| REVIEW RETURNED | 13-Jan-2018 |

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| GENERAL COMMENTS | <p>Thank you very much for this piece of interesting work. It is an important study to evaluate the research topics from both clinicians and patients' point of view.</p> <p>I would like to have the following comments and questions:</p> <ul style="list-style-type: none">-for the first step of gathering questions, how many of the survey responses were from online and how many were from hard copies? what are the distributions in patient or professionals? and simply is there any information about the responders' demographics eg. age group or educational level. This would help to evaluate whether the study covers heterogeneous stakeholders. Also what were the experiences of the patients involved eg. how many of the women had experience in using pessary and how long did they use pessary?- checking evidencemay I know up to which period the literature search was performed?-Ranking and prioritizing <p>I would suggest elaboration about how the consensus was made eg. the method of scoring or ranking method.</p> <p>-limitations:</p> <ul style="list-style-type: none">-Discussion <p>suggest more discussion on the TOP 10 research questions in regards to current literature.</p> <p>More limitations should be mentioned by authors:</p> <ul style="list-style-type: none">- did they cover all stakeholders in the whole process? elder patients' caregivers or patients' partners should also have major contributions in the pessary treatment.-any bias in the face-to-face discussion in the final round workshop? <p>finally I would suggest authors to update the reference list as there are a few review papers and also at least one more RCT (July 2016 Obstet & Gynecol) in vaginal pessary published beyond 2016.</p> |
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| REVIEWER | Teerayut Temtanakitpaisan |
| REVIEW RETURNED | 15-Jan-2018 |

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| GENERAL COMMENTS | <p>1.Participants in the abstract part that you described comprises twelve members....., however only six participants were counted. How about the remaining six participants?</p> <p>2.How do you defined the women with experience pessary use and experienced clinicians?</p> <p>3.Please write in the section parts as introduction, materials and methods, results and discussion part.</p> <p>4.Do you have IRB approval and informed consent of this article?</p> <p>5.The strengths and limitations of the study should be in the discussion part.</p> |
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

- demographics: we have added 2 additional tables to answer the questions about demographics from the survey. The number of online and paper copies is made clear; the age groups are reported, educational level was not asked. The pessary experience of clinicians and patients is also presented in the tables to the extent that they were asked in the survey. The second survey also asked about those women who have declined a pessary.

- checking evidence: the systematic scoping review was conducted from 2000 - 2016, with a recent update to 2018 which has now been added to this article

- Ranking and Prioritising: we have added more information about the prioritising of the second survey and the ranking scoring for the final workshop. The questions chosen by respondents were counted to produce the priority order from the 66 questions. The count was conducted seperately for clinicians and women and a joint priority 25 questions were then presented to the final workshop participants. The ranking method in the final workshop is more fully explained in the revised document.

- Limitations: we have addressed more fully the limitations of this JLA priority setting partnership within the context of this final reporting of the results. Due to the nature of the project, the presentation does not sit congruently with objectives / methods / results / discussion as JLA PSPs are defined as evaluation/ development projects.

- we acknowledge that time and cost considerations meant that access to elder patient' caregivers and patient's partners may have been reduced. Understanding patient's, carers and partners views is known area of deficiency in pessary related research.

- bias in the final workshop was limited by the rigour of the question development process and the use of purposive recruitment to the final workshop to ensure balanced representation within the difficulties of recruitment generally in pessary related research

- the reference list has been updated

- Discussion - this reports presents the results of a shared priority setting process for future pessary research. The discussion has been kept deliberately short to allow the shared priorities to be presented without further interpretation. Additionally, the next phase of this doctoral research will map the results of the PSP to the results of the systematic scoping review to identify evidence gaps and highlight a priority driven protocol for a future research project. The mapping process will enable a

fuller discussion about how the top ten integrates into existing literature and limitations of research to date.

Reviewer 2:

1. The numerical anomalies have been addressed - thank you to the reviewer for identifying this unintended mistake
2. The additional tables will clarify the definition of pessary experience for those women respondents to the survey. The clinicians level of experience was not required for the survey, but was addressed in the purposive recruitment to the final workshop
3. This report of the final results does not fit easily into this requested format as this is not defined as clinical research. We have amended the presentation to improve clarity and readability
4. JLA PSPs are not considered clinical research and do not require formal ethics but we did seek R&D permission for each clinical site if required by the local ethics regulations
5. We have increased the strengths and limitations section to highlight the main issues, and the discussion has been kept short as explained above.

VERSION 2 – REVIEW

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| REVIEWER | CHEUNG Yau Kar Rachel |
| REVIEW RETURNED | 05-Mar-2018 |

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| GENERAL COMMENTS | Thank you very much for the revised version. Again, this is an interesting paper. I have no further comment on it. |
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VERSION 2 – AUTHOR RESPONSE

I am delighted that the BMJ Open have considered this submission and agreed to its publication. I look forward very much to seeing the impact that it will have on the future development of research into pessary use for prolapse.

I agree with the Editors suggestion for an amended title and attach a revised submission with the suggested title amendment highlighted in green text.