

## Peer Review File

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### Reviewer A

In my opinion, the study that you have performed is very relevant. I agree that at the moment, there is a lack of qualitative guidelines that have been established according to dedicated recommendations.

I have some suggestions in regard to your manuscript:

1. In the introduction, you mention that there are different definitions of haemorrhoidal disease. Do you mean the definition by clinicians (so more traditional aspects like prolapse) or the definition by patients (perhaps reappearance of initial symptoms)? For me, this is not entirely clear.

Answer: So far all the guidelines produced by clinicians without the involvement of patients. Therefore, all definitions were formulated by clinicians. Moreover, in the last paragraph of the discussion, we underline that **The opinions of patients or their advocates have also sadly been lacking from the majority of the guidelines, highlighting a missed opportunity to elicit opinions from patients themselves as to what constitutes excellent care.**

2. The authors mention that the Goligher classification system is an inadequate classification system for haemorrhoidal disease. The Golligher classification is for the clinical presentation of haemorrhoidal disease, but lacks the input of patients. For me, it is not clear if the authors indicate the clinical presentation of the complaints in this section of the manuscript or the patient perspective? The latter is in general underexposed.
3. Answer: The core message of this paragraph is that Golligher classification based mainly on Doctor's findings on physical examination and does not take into account the symptoms as perceived by the patients. Actually, it is one more prove of the methodological limitation not to include patients in the formation of guidelines.
4. The authors mention the classification system by Nyström and the one by colleague Rørvik. However, I miss for example the system by Lee et al and Kuiper et al.

Answer: Our paper is focused on the assessment of the methodological quality of the construction of guidelines. We do not compare the treatment strategies of haemorrhoidal disease because this will be out of the scope of the present study. Therefore any comparison of treating strategies is beyond the scope of the present study.

5. In the method section, I was wondering if the authors could elaborate a bit more about the team who performed the analyses. It only states that the team was made up of 5 of the authors, but what is their experience in the field? Do they have experience with methodological studies/guidelines? Are they diverse in demographics? How did the

plan of performing this study come to be?

Answer: As you can see from Doctors affiliation most of them are surgeons with solid experience in treating emergency and elective cases of haemorrhoids. Moreover, all the authors have solid experience in assessing methodological quality of guidelines using AGREE II instrument. Please see previous publications using AGREE II instrument. [ References 20, 21 and Hepatobiliary Surg Nutr 2020 Apr;9(2):126-135, J Hepatol 2017 Nov;67(5):991-998

6. Perhaps I missed it in the tables/figures or the attachments, but is there an overview of the different studies that were compared? I would advise the authors to put this in a table form.

Answer: All the figures produced based on the software of AGREE II instrument. There are no missed tables.

7. I would suggest to use a study flow chart; how many results on the search etc.

Answer: We use the flow chart diagram PRISMA to depict search strategy. Please see supplementary figure 2. We submitted as a supplementary figure if the Editor wish to include in the main text, we shall agree. Please see highlighted text in the section “search strategy and guideline selection and the corresponding reference 20”.

8. In the discussion, I would suggest to elaborate on the use of the European Society of Coloproctology Core Outcome Set for haemorrhoidal disease. It is advised that all scientific research in the field of haemorrhoidal disease is performed according to this set.

Answer: Our study is focused on using AGREE II instrument to compare the methodological qualities of guidelines any comparison of outcome strategies will be beyond the scope of the present study

9. In general, I would advise to let the manuscript be checked by a native English on spelling, grammar and interpunction.

Answer: The manuscript was revised by Mr RJ Davies who is born English.

## **Reviewer B**

Overall a promising article which may be quite informative but needs major revisions to improve its quality.

Introduction:

This would read better as three paragraphs. Recommend using Haemorrhoids rather than HD.

Answer: All HD corrected to haemorrhoids and the introduction devised into four paragraphs. Please see highlighted text.

The point of discussing various classification systems of haemorrhoids is unclear, this needs to be better explained and linked to the rationale of the study.

Answer: The aim of the present study as stated in the last paragraph of the introduction is to assess using AGREE II instrument the methodological quality of the guidelines. The aim of the

present study is not to compare the outcomes of the applied treatment strategies.

The treatment of haemorrhoids is not necessarily related to its symptomatic classification, but more morphological presentation. Perhaps you could cite a recent network meta-analyses on comparing treatment for prolapsing haemorrhoids. Jin, J. Z., et al. "Interventional treatments for prolapsing haemorrhoids: network meta-analysis." *BJs open* 5.5 (2021): zrab091.

Answer: We added a new paragraph and the corresponding reference. Please see highlighted text in the section introduction and reference 16.

Methods:

I think a description of the six domains, even briefly would be helpful to explain what we are trying to assess here.

Answer: A new paragraph has been added and supplementary figure 1 describing in details all the criteria. Please see highlighted text and supplementary figure 1.

Results:

The results are a brief summary of the scoring of each domain. It would be helpful to include some detail about how the assessments were made for each domain.

Answer: In the supplementary figure 1 the readership can see in details what are the criteria of assessing any domain of the AGREE II instrument. Please see submitted supplementary figure 1.

Ie, can there be some explanation of how stakeholders were involved, or how the development was conducted for each guideline?

Better explanation of the results are needed to make the review more informative.

Answer: In the section methods under the subheading "appraisal of guidelines" a new paragraph was added explaining what method used for scoring each domain and how was the discrepancies between the authors was managed. Please see highlighted text and the attached formula.

Please include a table to summarise the key features for each guideline- i.e, summarising its clinical content. Also, please include a second table summarising a breakdown of how each domain is scored using the AGREE-II checklist for each guideline. The bar graphs do not add much to the results.

Answer: In the present study we compare the methodological quality of the guidelines using the AGREE II instrument. Any comparison of the clinical content of the guidelines is beyond the scope of the present study.

Discussion

The discussion is adequate overall.