Prof. Laura Weeks: Characteristics of Available Reporting Guidelines

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Editor's note

In March 2021, AME Publishing Company initiated the translation of the book "Guidelines for Reporting Health Research: A User's Manual" into Chinese and complete the work in June 2021. While the Chinese edition is now under the process of official publication, the AME editorial office launches an interview with the book editors and authors, hoping to highlight some update on the status and trends of the reporting guidelines in the Chinese edition.

Here, we take the pleasure to interview Dr. Laura Weeks to share her insights based on the book. Dr. Laura Weeks is a chapter author of the book and her chapter title is "Characteristics of Available Reporting Guidelines, 22".

AME: This chapter included and analyzed 81 biomedical research reporting guidelines, and the results showed that nearly one-third of reporting guidelines did not report the consensus process. What do you think is the main reason for this result?

Prof. Laura Weeks: My feeling is that journals may not have adequate space to allow for appropriate reporting of a consensus process, and this may be an item that is truncated or not addressed with limited word counts. It is also possible that teams do not follow a true consensus process, and instead a modified one, and therefore skirt the issue by keeping reporting of how consensus was actually achieved (or not) to a minimum.

AME: Only 13.6% have designed explanatory documents. We know that the preparation of explanatory documents is a very time-consuming task. Do you have any suggestions for production of more designed explanatory documents in the future?

Prof. Laura Weeks: Definitely this is time consuming, and we have heard as well that journals—with the increasing number of reporting guidelines—only want to publish the reporting guideline and not a separate explanatory document. For PRISMA-ScR, for example, we needed to submit one manuscript only that combined the guideline with the explanatory text. It is possible that journals, and readers, prefer this format and therefore that worked examples need to be part of the actual guideline. Perhaps highlighting worked examples that would typically be reported in an explanatory document, could be supported by EQUATOR. Users could be invited to submit good examples, with rationale, and these could be posted on the EQUATOR website.

AME: The chapter 3 mentioned that only 13.6% of checklist was pilot-tested. What do you think is the main reason for the ignorance of this step? What will this bring as a result?

Prof. Laura Weeks: My feeling is that such a small proportion of guidelines are pilot tested because it can be a time consuming process to do well. In addition, in order

Figure 1 Photo of Prof. Laura Weeks.

to pilot test you'd need to find research groups who were at the appropriate stage of writing up their work in order to pilot test and aligning the timing could be challenging. You would also need a decent sample size (e.g., more than one author group to pilot test), which could also be challenging to recruit. Without pilot testing, however, we cannot be sure that the items in the checklist are clear to the intended users and therefore encourage appropriate reporting. This means that the checklist may not have its intended effect: to improve reporting of health research.

Expert introduction

Prof. Laura Weeks (*Figure 1*) is a methodologist and evidence synthesis expert with over 15 years' experience acquired through her work with academia, CADTH, AHRQ and the Cochrane Collaboration. She is currently Director of Health Technology Assessment at CADTH, Canada's pan-Canadian Health Technology Assessment agency. With her team she supports the development and promotes the use of high-quality multi-disciplinary evidence to assess the value of health technologies at different points in their lifecycle, with the goal to inform equitable and efficient health policy. Her specific methodological interests include clinical systematic reviews, health technology assessments, rapid reviews, qualitative research, and patient engagement. Additionally, she has contributed to the development of reporting guidelines, including PRISMA-ScR and PRISMA-DTA, ICONS-Quant, and PRISMA-Harms.

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