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Title	Completeness of reporting for COVID-19 case reports, January to April 2020: a meta-epidemiologic study
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Reviewer 1	Jose Calvache
Institution	Department of Anesthesiology, Universidad del Cauca, Columbia
General comments (author response in bold)	<p>Abstract.</p> <p>(1) I suggest adding to the methods section of the abstract a brief idea about the time-related analysis presented later in results or potential associated factors with COR. We addressed this point in an earlier comment (Editorial comment #5).</p> <p>Introduction</p> <p>(2) I would like to find some useful information about case reports in previous pandemic states worldwide. There are many interesting examples but I would suggest using some related wit HIV in the early 1980s. Case reports are still very important publications in certain scenarios (i.e. pandemic). We have highlighted the use of case reports in previous pandemics in the Introduction (pg. 5).</p> <p>Methods</p> <p>(3) Please clarify the main reason to exclude from your analysis case series. Mostly considering, during a pandemic state, with an increasing number of patients, several authors prefer to publish a “group” of cases (28 studies). What is the rationale and what are the possible effects of this decision (on limitations)? We addressed this point in an earlier comment (Editorial comment #11).</p> <p>(4) Also, please clarify the reason to exclude articles without DOI registry. Some low- and middle-income countries publish journals without DOIs. Could you introduce this choice as a potential selection bias? We addressed this point in an earlier comment (Editorial comment #11).</p> <p>(5) Did you do a blinded evaluation?. The evaluators of the case-reports are being described in not enough detail. We believe that the reviewer is referring to whether the two reviewers conducted the assessments independently of one another, which is indicated in the Methods (pg. 9).</p> <p>(6) Did you use any training (and tested for that) of the evaluators ?. How did you guarantee good prior training to assess case reports? Please add and clarify in detail prior experience/training. Both reviewers had graduate-level training in research methods and appraisal and both conducted pilot assessments on case reports unrelated to COVID-19 to ensure consistency. We have clarified this in the Methods (pg. 9)</p> <p>(7) Why do you consider a linear relationship that may be present between COR-citation count and social media attention? It is possible to find out any other potential non-linear relation. Please clarify if you test for a different type of non-</p>

	<p>linear relation. We did not test for a non-linear type relationship.</p> <p>(8) Considering your study is an observational study, you should add a STROBE analysis of your report and adhere to that. Our reporting follows recommendations for meta-epidemiologic studies (pp 6-7), as this is not, strictly speaking, an observational study since the unit of analysis is an individual research study rather than a patient participant.</p> <p>Results (9) The results section is very clear and consistent. Thank you.</p> <p>(10) Please add an estimation of the 95% confidence interval for the COR overall score. We have added the standard deviation for the mean COR scores, as this is more appropriate than the 95% CI since the data was drawn from two reviewers.</p> <p>(11) You state you are measuring agreement, but you are not reporting data about. Please report any detail you mention in methods. It can be added in the result section (inside table 22) and interpreted in the discussion. This point was addressed in an earlier comment (Editorial Comment # 19).</p> <p>Interpretation (12) I disagree with this phrase: “Although classically considered low-quality evidence(4), case reports become critically important during the early stages of pandemics(6)”. Certainly, case reports do not provide strong “causal” evidence. It does not mean evidence quality. Please, consider rephrasing to clarify. GRADE approach provides low value to evidence from case reports but it means “causality”. In certain conditions (i.e. reporting of adverse effects) case reports are largely more important than randomized trials. Please clarify and consider to add to the discussion of new approaches to the evidence pyramid. We believe that we have already addressed this nuance in the Interpretation (pg. 19).</p> <p>(13) Almost all limitations may introduce selection bias. What do you consider is the result of that potential bias? overestimation/underestimation of the total COR scores. Please, analyze more the effect of bias in the estimation. We appreciate that the limitations introduce selection bias. We cannot reliably say, however, what the effect of our limitations would be without adequate data on the topic.</p> <p>(14) I would like to find a full paragraph about how to improve the reporting of case reports considering your findings (about covid-19). Please, state what happens with low COR domains and how to improve those. We do not believe we can adequately describe the consequences of under-reporting of certain COR domains. We have, however, addressed how to potentially improve the overall COR of case reports in the Interpretation (pg. 20).</p>
Reviewer 2	Renju Ravi

Institution	King Edward Memorial Hospital and Seth Gordhandas Sunderdas Medical College, Maharashtra, India
General comments (author response in bold)	<p>(1) The study was aimed to determine the completeness of reporting (COR) of case-reports related to COVID-19, with a hypothesized overall COR score lower than the “acceptable” threshold of 75%. The mean COR score was 62.6% [SD=15.5], which was significantly less than the hypothesized threshold of 75%. However, the authors have stated the overall COR as “poor”. Kindly justify. I suggest (but do not insist) that “average” will be a better term to describe the overall COR in this context. We have addressed this in an earlier comment (Editorial Comment #3).</p> <p>(2) There is a mention regarding “original CARE guideline publication” in the methods section. I am unclear whether the authors are quoting CARE 2013 statement. Kindly specify. We have clarified the language of this section in the Methods (pg. 8).</p> <p>(3) The authors have identified the following sections patient information; diagnostic assessment; therapeutic intervention; and follow-up and outcomes as “particularly relevant to clinical practice in COVID-19”. I wonder why “clinical findings” was not included. We have added “clinical findings” as a clinically relevant item in the Results (pg. 14).</p> <p>(4) Kindly add “print status” as an outcome measure in the methods section of the manuscript. We have addressed this point in an earlier comment (Editorial Comment #2).</p> <p>(5) The clinically relevant items with the highest COR scores are mentioned as “median” instead of “mean score” in the results section. Please make necessary edits. Kindly mention the item “main symptoms/chief complaints” which is also very well reported among the evaluated case reports. We have corrected to ensure the use of mean instead of median in the Results (pg. 14). We have also added a comment about the “main symptoms/ chief complaints” in both the Results (pg. 14) and Interpretation (pg. 18).</p> <p>(6) Based on the study, no case report had included all of the 31 CARE checklist items. While this is on expected lines, the low rate of adherence to “Diagnostic challenges”, “Intervention adherence and tolerability” and “Adverse & unanticipated events” is an added worry. I would suggest adding a note on “prognostic characteristics”, another clinically relevant item with a low mean COR score. Reporting of prognostic characteristics is important for case reports pertaining to complications of COVID-19 like ARDS, pulmonary fibrosis etc. We have added a comment about the prognostic characteristics in both the Results (pg. 14) and Interpretation (pg. 18).</p> <p>(7) It would be worthwhile to do a correlation analysis of COR with journal impact factor, as case reports of high impact journal were also evaluated for the study. This point was addressed in an earlier comment (Editorial Comment #26).</p> <p>(8) Since this is a meta-epidemiological study, the authors need to explore the causes of their findings and come up with a few suggestions to complete this</p>

article. It was observed that the mean COR scores were significantly low during the beginning of the pandemic. The reasons for that needs to be sought, so that the same may be suggested to the erring authors/journals.

While we agree that it could be useful to determine the causes of poor COR, our study was not designed to investigate those parameters. Specifically, we did not know that there would be suboptimal COR, as this study was primarily designed to test the hypothesis that COR would be low in the COVID-19 pandemic. A follow-up study is necessary and we have added that this be considered for future research in the Interpretation (pg. 21).

(9) A major limitation of the study stem from the fact that the authors have extracted the COVID-19 case reports from a single database only and that too for a four-month period. This must be explicitly stated in the manuscript.

We have addressed this comment in an earlier comment (Editor comment #25).

(10) Some journals now include case reports in the form of letters or case snippets whilst some accept only e- case reports. How have the authors managed to deal with these possibilities? Have they been included or excluded? I understand and accept that the authors have no control over these above-mentioned possibilities which might skew the data a bit (but not significantly, and will not change the message of the paper, anyway). Nevertheless, I think the authors need to factor this in their discussion.

We excluded letters, case snippets, and e-case reports from our analysis. We acknowledged this in our limitations of the Interpretation (pg. 21).

(11) I am also unclear whether surgical case reports were excluded from analyses, as there exists a different reporting guideline [SCARE] for those reports.

We did not exclude surgical case reports as the CARE checklist is applicable for all types of case reports.