

Reviewer's report

Title: An interdisciplinary guideline development process: The CLIP low-back pain guidelines

Version: 1 **Date:** 11 July 2007

Reviewer: Melissa Brouwers

Reviewer's report:

General

The aims of this project are to (i) describe a COP approach to guideline development of LBP, (ii) assess participants' satisfaction with the process and the guidelines and (iii) look at relationships between participant characteristics and these satisfaction scores. The motivation behind doing this project was to fill a guideline need in Quebec (i.e., absence of a LBP document) by using a new methodology, COP, that could address weaknesses of existing LBP guidelines in other jurisdictions (i.e., stakeholder involvement, applicability) .

The study was thoughtful and well conceived. Key discussion points follow.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

SUMMARY OF MY RECOMMENDATIONS:

1. Honing in on the message and purpose. Is this one manuscript or two?
2. COP: Moving this theory forward. If one of the foci is methodological development, I have put forward recommendations on how to enhance this dialogue.
3. Data: Going beyond frequencies. Understanding the quality of participant interaction and how it influenced the guideline development process is an important but missing element in this manuscript.
4. Interface between data and the study objectives. Linking the data back to the study objectives and providing greater interpretation and context would strengthen this paper.

SPECIFICS:

1. Honing in on the message and purpose.

There are two key stories in this paper: the methodological story (COPs model to develop a CPG etc.) and the program evaluation story to this paper (how participants rated and viewed the process and end product). While I believe it is great to do two stories, at times I found the data and analysis/interpretation of the

data to support the message a bit thin. This frames my comments below. One suggestion is whether there are in fact two pieces of work here? Or if kept together, what are the most important data and elements for analysis to advance the message?

2. Communities of practice: moving this theory forward.

There is a strong and rich history in the guideline enterprise, across disease conditions, about the need for interdisciplinary participation and engagement. A significant portion of this manuscript was devoted to describing the methods. How does this methodology interface with the COPs philosophy? What is unique about the COPs methodology in contrast to other guideline development strategies (or is there even a difference)? I would recommend some additional discussion around the COP literature with some more thought going towards describing how this model informed the process and what tactics were actually embraced. In other words, in addition to method description, more analysis and appraisal of the methodology and how it can inform the COPs theory and framework. Then, to link more explicitly with what was found.

3. Data: Going beyond frequencies.

This manuscript would be greatly enhanced with additional data. While the authors report frequencies about number of contacts, postings, number of participants at the meeting, etc., what is less clear is the quality of these contacts/postings – how did these inform the evolution of the document. Did they help, hinder or do nothing to move the guideline development process forward. Did they help, hinder, or do nothing to influence participants' attitudes about the process. For example, how were the recommendations modified? While the data linking number and intensity of participation is important, it would be useful to understand the COP process. It would also be useful, independent of the model used, to understand this experience from a program evaluation point of view.

4. Interface between data and the study objectives.

How does the data inform the study objectives? There is a role for more interpretation and context. For example, a better articulation of the meaning of the numbers would also be helpful as it relates to the COPs framework. 78 of 145 potential participants participated in some way in the CLIP process (see issues about "quality" of participation above) and 69 of 145 read the final document. I would recommend the authors raise the bar on this analysis. Is this good? Is it bad? How would this map onto to COP and other guideline development methodologies frameworks? How can this advance guidelines enterprise?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

There was no Figure 1 in the version I downloaded.

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.