

Article ID: 2022-0130

Article Title: Health equity considerations in guideline development: a rapid scoping review

Article Authors: Nicole Shaver, Alexandria Bennett, Andrew Beck, Becky Skidmore, Gregory Traversy MSc, Melissa Brouwers PhD, Julian Little PhD, David Moher PhD, Ainsley Moore MD MSc, Navindra Persaud MD MSc

Reviewer 1: Dr. Khara Sauro, University of Calgary

1. I agree with the authors that scoping review methodology is the most appropriate for the objectives of this study. The authors have also followed the methodology rigorously. I do wonder why it is considered a “rapid” scoping review? If it is indeed a rapid scoping review, could the authors highlight where concessions were made and how the criteria for rapid review were followed?

Many thanks for this comment. We’ve addressed this on pg. 4 under the methods section. We’ve added reference to support the selected methodology. Due to timeline and budgetary restraints, our team used a rapid review methodology to identify available research and gaps in research surrounding health equity in guideline development. A rapid review is a form of knowledge synthesis in which components of the review process are simplified or omitted to produce information in a timely manner.

2. The authors use a cut-off of 2010 for published literature and 2015 for grey literature. There was a footnote in Table 1 with a brief explanation for the 2010 date, but could the authors expand on this further in the text of the manuscript? Also, why was the time-period different for the grey literature?

Thank you. We have expanded our explanation in our “Literature search” section to note the differences in dates.

3. Could the authors include the study design related exclusion criteria (noted in the PRISMA flow diagram) in Table 1? I believe primary research and systematic reviews were excluded – is this what is meant by study design?

Thank you for the opportunity to clarify. While primary research or reviews of any nature were eligible for inclusion, we did exclude commentaries, editorials, responses, and opinion-pieces, as well as protocol registrations. We have corrected this information in Table 1 and our text. Apologies for any confusion.

4. Could you expand on the methods used to summarize the findings of included studies. What was the process for narratively summarizing the results? The authors noted in limitations that analysis did not follow a formal process, but could you mitigate this limitation by further describing the process?

Thank you. Although we did not follow a thematic content analysis process, we did map best processes against a comprehensive guideline development checklist that outlines 18 topics for guideline development. We have clarified this in our “Data analysis” section.

1. The authors note two very similar evidence reviews on this topic. The similarity in structure and findings to Shi et al (2014), which is 8 years old, is particularly noteworthy. This present study does have some additional data elements extracted (advantages and disadvantages). Could the authors discuss what the present study adds to the field? Has new, noteworthy evidence emerged that has changed this area of science? What does your study add?

Thank you for the opportunity to expand on the value of our study. We discuss the additional and noteworthy evidence that has emerged since 2014 and the purpose of our study in our introduction.

2. The authors identified several strategies related to the process of reviewing the evidence for guideline development. I wonder if you could highlight if and how the authors used any of these strategies within the present study, in the discussion?

Thank you. Some of the strategies we outlined were specific to systematic reviews of evidence and not applicable to a scoping review methodology (e.g., incorporating health equity into a summary of findings tables for a given comparison of interventions, quality assessment). However, some of the guidance we found related to “searching for relevant evidence” were applied in our own scoping review search strategies. We have expanded on this in our discussion.

3. I cannot help but wonder, if this evidence has already been synthesized twice prior to this study (as far back as 2011) and 21 document relating to the topic were found – what is the state of incorporating equity considerations into guidelines? Could you expand on this in the discussion? I wonder if the discussion could have concrete recommendations on how to incorporate the findings into guidelines moving forward.

Thank you. We have added additional detail on the state of health equity consideration in recent guidelines in our discussion, with a paper of WHO guidelines published between 2014 and 2019 as an example.

4. In the discussion you say “Additionally, we limited our discussion of advantages and disadvantages to those that had been identified in the original articles. There may be additional benefits or limitations to practices when considering implementation.” Could you expand on this in the discussion?

Thank you for the opportunity to elaborate. We have expanded this section to provide an example.

Reviewer 2: Mr. Mišo Gostimir, University of Ottawa

1. Please clearly designate the corresponding author (i.e. name, email, phone). Currently, only the email is listed and it is not clear whether “d.bennett” is Alexandria Bennett, or another party.

Thank you, we have clarified the corresponding author.

2. Did the authors register their review at its conception (e.g. via PROSPERO)? If so, please indicate those details. If not, the authors should consider adding a sentence to indicate this.

We were unable to register our review on PROSPERO as PROSPERO does not accept scoping reviews. However, we did register our review and post the protocol prior to the commencement of the review on the Open Science Framework. We have added a sentence under “Study Design” to clarify this point.

3. “A pilot screening exercise occurred before each phase of screening to ensure inter-rater reliability and determine the adequacy of the screening criteria.”— How was this performed if only one reviewer performed the screening? Even if a second reviewer was included for this pilot exercise, it does not seem relevant to include this statement if the remainder of the screening was performed by only one reviewer.

Thank you for your comment. Although each article was screened by one individual, there were two reviewers dividing the workload (NS and ABennett). Thus, there was a need to ensure consistency between reviewers in the screening performed. We have revised our wording in this section to reflect this.

4. “Data abstraction was completed using NVivo Software (released in March 2020).”—Please include the company name and location in parentheses for this sentence and anywhere else in the manuscript where a product/company is mentioned.

Thank you. We have added this information into our text.

5. The “Literature Search” and “Study Eligibility Criteria” subsections both contain mentions of the inclusion/exclusion criteria. These criteria would be best consolidated and summarized in one section (the latter). The authors should add a clear and concise list of criteria in this section (in addition to referencing Table 1 for more details). This information is difficult to grasp from the way it is presented in the current draft.

Thank you for this comment. We have revised both sections to summarize and clarify our criteria. While we endeavour to make these sections as clear and succinct as possible, we have elected to keep them separated as “Literature Search” and “Study Eligibility Criteria”. The literature search describes any filters or search restrictions that the librarian applied to our electronic search strategy (e.g., all languages searched), while our eligibility criteria section pertains to our screening inclusion/exclusion criteria (e.g., only papers in English or French were eligible). The lack of filters or restrictions in our search strategy was to ensure comprehensiveness.

6. The authors state that there “were no language restrictions”, but it seems that there were language restrictions based on the PRISMA diagram and Table 1. Please clarify the manuscript to address this.

Thank you for noting this seeming discrepancy. The phrase “no language restrictions” applies to our search strategy, so that relevant articles of all languages would be retrieved in our searches. However, due to capacity, only articles in English and French were eligible for inclusion in our review. We have clarified this in our eligibility criteria section.

7. The authors state that any study design was included (“regardless of method” on page 8), but Figure 1 shows that 16 studies were excluded due to “ineligible study design”. Please clarify the manuscript to address this.

Thank you for catching this error. While primary research or reviews of any nature were eligible for inclusion, we did exclude commentaries, editorials, responses, and opinion-pieces, as well as protocol registrations. We have corrected this information in Table 1 and our text and apologize for any confusion.

8. Please include some comments about the excluded articles, with numbers and reasons. This should supplement the information from Figure 1.

Thank you. We have added a brief description of the reasons for exclusion and numbers of articles excluded at the full-text screening stage to supplement the information in our Figure 1 and Appendix D.

9. Please comment on the results of the grey literature search and whether anything was included from this step.

Thank you. We have updated our Figure 1 to confirm that the 74 additional records identified were from grey literature searches.

10. The use of only one reviewer should be listed as a limitation as this may have impacted the screening process.

Thank you. We have noted our use of rapid review methodology and single reviewer in our “strengths and limitations section and commented on how it may have influenced our findings.

11. “Any study design” was listed as an inclusion criterion, but Figure 1 shows that 16 studies were excluded due to “ineligible study design”.
Again, thank you for catching this error. We have corrected this information to clarify that we did not include commentaries, editorials, responses, or opinion-pieces.

12. Please integrate the numbers from the grey literature search. As it stands, it is not clear whether the 74 “additional records” were all obtained from the grey literature search or from other steps.
Thank you for allowing us to clarify. We have edited this figure to note that the 74 additional records identified were obtained from grey literature searches.

13. In-text citations are not consistent with CMAJ style—they should be in superscript format rather than in parentheses.
Thank you, we have modified our references to superscript within the text.