3rd EBR Conference

Q&A – Additional answers from Paul Glasziou and Joeri Tijdink

- Q for Paul: Other ways than SR to systematically and transparently justify and design a new study?

PG: The only other justification I can think of is that the intervention is novel – so no trials could have been done.

- Q for Paul: Should we approach EARLY ADOPTERS first or all simultaneously?

PG: We can't know how the early adopters are, so everyone.

- Q to Paul: Do you know of any local (e.g. institution, funder) example that has gone through all the stages up to 'making it required', like on the level of the Medical Ethical Board or grant requirements? And was the timing of 'making it required' right, or too early, e.g. because doing systematic reviews is not that easy yet?

PG: This has been done for trial registration – first registries in the 1970s made in possible; they have become easier to use and access; they then became normative as various folk asked for registration (without being mandatory); no rewards, but some funders make mandatory now (after decades).

- Q for Joeri and Paul: How to remove the Publish or Perish rule - go for quality not quantity?

PG: See https://pubmed.ncbi.nlm.nih.gov/32673304/

- Q for Paul and Joeri: Should we change original studies to data in repositories and then only use the SR of these data?

PG: Eventually yes – but more data and high enough completeness and quality need in the registry

- Q to Paul and Joeri: Great to see that there are pledges and recommendations, but are these funders (e.g. UK's NIHR) open enough such that we can monitor whether funded proposals indeed had good systematic review as motivation?

PG: https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-015-0102-2

Results: Five (11 %) trials of the 47 funded during 2006–2008 did not reference a systematic review. These 5 trials had warranted reasons for not referencing systematic reviews. All trials from Cohort II referenced a systematic review. A quarter of all those trials with a preceding systematic review used a different primary outcome than those stated in the reviews.

JOERI: I THINK THERE ARE INTERESTING INITIATIVES TO MAKE THEM MORE OPEN AND THEY ARE WILLING TO DO THAT. HOWEVER, THEY DON'T KNOW HOW. HERE ARE SOME INITIATIVES THAT WE STARTED IN THE SOPS4RI PROJECT ON RESEARCH FUNDERS WWW.SOPS4RI.EU

https://osf.io/37tsu/

https://journals.plos.org/plosbiology/article/authors?id=10.1371/journal.pbio.3001773

Designing and implementing a research integrity promotion plan: Recommendations for research funders

Research funders are prominently placed to foster research integrity by requiring that researchers make an explicit commitment to research integrity. This Consensus View suggests 6 core topics that funders should cover in a research integrity promotion plan and provides practical recommendations for how to implement one.

journals.plos.org

- Q for Joeri: How will quality of original studies (including RCTs) influence SRs' conclusions?

JT: the quality will probably make effect sizes smaller and thus conclusions less groundbreaking. I think we should see it this way in clinical research. Results are gray and nuanced with a high variability between patients. That is the heterogeneity of patients...

- Q for Joeri: Will spin of original studies influence SRs conclusions?

JT: Spin will not change the results, but does change the interpretation of results by using specific wording or choosing the favorable outcomes.

- Q to Joeri: Do you know of any funder that is open enough such that we can see whether they require a good quality systematic review before funding a new trial?

JT: Yes, e.g. the Wellcome Trust is quite innovative in some regards. And I think in the US there are also some funders that are changing their policies

- Q for Joeri: Would a Bayesian approach be better than P-values and even confidence intervals?

JT: Bayesian approach has also its limitations and I am not an expert, nor do I consider myself a frequentist of Bayesian. I prefer to look at clinical relevance, and this is something that is not solely assessed by 1 single statistical outcome. Both has it advantages and shortcomings.

- Q to Joeri: How can we motivate a higher number of journals to require dataset sharing and study pre-registration in order to publish with them?

JT: I think a lot of measures have been taken already by requiring Open Science by funders or governments. But change goes gradually and the movement is moving. Journals will follow suit, but if there is no commercial incentive, change will most likely go slow. It is also a cascade. When funders start to require open data and preregs, journals will follow because they have to and may find benefit and commercial value in curating data...

- Q for Joeri: What can researchers skip in order to have time for other more important things?

JT: Well, interesting question. I suggested that we should not consume so much time in rejected submissions to journals with IFs that are too high. That is a lot of time wasted. And create a healthier relation with funders with better perspectives, and more career planning/job security. And of course, if we can change the Publish/Perish adagium, people feel less pressured to publish more. This requires a culture shift.

- To Joeri: With increased attention to young people's mental health, education policy makers and practitioners increasingly inform themselves in RCT research. Clinical and School settings are very different, so would you like to highlight any good role models for cross-disciplinary research in line with the topics you mentioned in your presentation?

JT: Well, I think role models are there, but it is hard to point out what is considered a good role model for you. I find John Ionnidis a wonderful inspiring role model. Trained as a doctor and being an epidemiologist is transdisciplinary. And metaresearch inherently comes with cross-disciplinarity which I consider very inspiring to work in as I get to know very different researchers and role models.