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LETTER TO THE EDITOR

Author's reply to letter by Berger VW: the (lack of) quality in assessing the quality of transplantation trials

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Dr Berger seems to be engaged in a personal crusade directed at Jadad, even though the Jadad scale was only part of our assessment of quality in the reporting of randomised controlled trials (RCTs) in organ transplantation. He supports his rather offensive letter by references to his own publications only! However, let us deal with his criticisms in a more measured fashion.

Before deciding on the criteria to evaluate the reporting quality of RCTs in organ transplantation, we had carefully reviewed the quite extensive literature regarding methodological quality assessment of RCTs. No method was entirely satisfactory in our opinion. For example, the Cochrane Renal Group recommends four individual criterion to evaluate methodological quality of RCTs, namely allocation concealment, blinding, intention to treat analysis and completeness of follow-up [1]. Following this review and also after consultation, we selected the Jadad score plus the two criteria, namely concealed allocation and intention to treat analysis, as a tool to give the reader a quick indication of the reporting quality. Therefore, we have addressed all the widely accepted, principal methodological quality criteria [2].

The aim of our paper was to give a general impression of the quality of reporting of RCTs in transplantation [3]. It was beyond the scope of the article to provide the scores on individual trials; however, the methodological quality of individual trials was previously published as the 'Registry of Randomised Controlled Trials', a 6-monthly feature of the journal *Transplantation* [4]. A detailed overview of Jadad scores of the individual items and the two additional quality criteria for each trial is available online on the Journal website, should the reader be interested in the individual scores.

Dr Berger claimed that we did not apply some of the quality criteria adequately [5]. However, for each paper we assessed whether the method of generating the randomisation sequence, double-blinding and allocation concealment was adequately described and appropriate, and one may assume that each of these items can be assessed from the published paper. If any of these items were unclear in the report, authors were contacted for further information. We did not assess whether the investigator was able to predict the future allocations (accepting that this is a valid point), for none of the trials reported this information, which would only be available if you were on the ground, so to speak, during a trial. Again, we would emphasise that our analysis was directed at the quality of the reporting of trials.

Thus we presented an analysis of reporting quality of RCTs in transplantation using widely accepted quality criteria and concluded that, in general, the reporting quality is poor. Using any different approach to assess the reporting quality of trials in transplantation criteria would not have changed the overall conclusion. We, therefore, absolutely reject the conclusion of Dr Berger.

Liset Pengel and Peter Morris
Royal College of Surgeons of England and London School of Hygiene & Tropical Medicine, University of London – Centre for Evidence in Transplantation, London, UK

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