CONSORT Adherence in Journals Is Still Far From Perfect

To the Editor:

We read the article by Dr Knobloch and Dr Vogt with great interest.1 Their analysis of randomized controlled trials (RCTs) in the *Annals of Surgery* adds to the growing body of evidence suggesting that poor trial reporting continues to permeate the field of surgery. The continued updating of the CONSORT criteria should allow for increased ease of use and breadth of application.2,3 With the rapid growth in the use of RCTs in surgery, there has never been a more important time to improve trial reporting in this field.

Their article highlights that requirements central to the reporting of RCTs, in particular blinding and randomization protocols, remain dramatically underreported within abstracts. This is in line with past research by our group into the reporting quality of RCTs in plastic surgery shows that such research by our group into the reporting quality of RCTs in plastic surgery shows that such reporting short circuits proper critical appraisal, ramifications of such evidence are profound. Thousands of patients submit to surgical RCTs each year with the resulting trial reports being “not fit for purpose.” Readers need complete, clear, and transparent information to assess a trial accurately. Poor reporting short circuits proper critical appraisal, prevents inclusion in systematic reviews and meta-analyses and clinical judgements based on poorly reported trials. Recruitment for RCTs is already tough, we must drive forward with an agenda based on quality if we are not to lose the public’s trust.13

Of particular importance is the fact the work by Knobloch and Vogt analyzed trial abstracts. This is an area that has been under-assessed to date. Given the role that abstracts play, we commend the authors for undertaking this work. These results are in line with those reported by the authors elsewhere.6 Although abstracts should provide a clear indication of the trial as a whole, it may be reasonable to accept flaws in abstract reporting for more minor items if these are found within the full paper. To date, there is little evidence to suggest concordance between quality of reporting in the abstract and the full trial report. However, given that several groups have shown poor overall reporting in surgical RCTs a high concordance may be likely. We would suggest that this is an area that could benefit from further scrutiny.

This article and the corresponding response from the *Annals of Surgery* editorial team continues to underscore the important role journals must play in improving the reporting of RCTs.1 Although we would hope that all authors would adopt high reporting standards of their own accord, pressures on space mean some CONSORT items may be dropped for the sake of economic reporting.7 This is especially true given that surgeons may perceive that certain items, such as blinding, are irrelevant to their trial. Thus, they omit this information rather than reporting that it was impossible to fulfill it.

If journals continue to accept papers with substandard trial reporting, there is little impetus for authors to conform to the higher standards outlined by the CONSORT criteria. In line with previous opinions put forward by our group, we would urge journals to ensure that fulfilling CONSORT criteria is an absolute requirement in trial reporting.5

Poorly reported RCTs have been associated with poor methodology.8-12 The ethical ramifications of such evidence are profound. The continued updating of the CONSORT criteria should allow for increased ease of use and breadth of application.2,3

C. F. Camm, BA, BM BCh
New College University of Oxford, UK
christian.camm@medschool.ox.ac.uk

R. A. Agha, BSc(Hons), MBBS, MRCSEng/Ed, MSc
Department of Plastic Surgery Queen Victoria Hospital West Sussex, UK

E. Edison, BA, MBBS
UCL Medical School University College London, UK

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