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Guideline

The SCARE Statement: Consensus-based surgical case report guidelines

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HIGHLIGHTS

- CARE Guideline supports transparency and accuracy in publication of case-reports.
- However, the CARE guidelines are not tailored to surgery.
- Delphi-consensus exercise was used to develop Surgical **C**Ase **R**Eport (SCARE) Guidelines.
- Journals will be encouraged to endorse the SCARE guideline.

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ABSTRACT

Introduction: Case reports have been a long held tradition within the surgical literature. Reporting guidelines can improve transparency and reporting quality. However, recent consensus-based guidelines for case reports (CARE) are not surgically focused. Our objective was to develop surgical case report guidelines.

Methods: The CARE statement was used as the basis for a Delphi consensus. The Delphi questionnaire was administered via Google Forms and conducted using standard Delphi methodology. A multidisciplinary group of surgeons and others with expertise in the reporting of case reports were invited to participate. In round one, participants stated how each item of the CARE statement should be changed and what additional items were needed. Revised and additional items from round one were put forward into a further round, where participants voted on the extent of their agreement with each item, using a nine-point Likert scale, as proposed by the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) working group.

Results: In round one, there was a 64% (38/59) response rate. Following adjustment of the guideline with the incorporation of recommended changes, round two commenced and there was an 83% (49/59) response rate. All but one of the items were approved by the participants, with Likert scores 7–9 awarded by >70% of respondents. The final guideline consists of a 14-item checklist.

Conclusion: We present the SCARE Guideline, consisting of a 14-item checklist that will improve the reporting quality of surgical case reports.

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1. Introduction

Medical case reports have been popular since the time of

Hippocrates [1]. With the rise of evidence-based medicine (EBM) and their designation as level five evidence, their importance has decreased as focus has shifted to higher levels of evidence, such as

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randomised controlled trials (RCTs). Such studies minimize the bias inherent in looking at a single patient or even a case series, and are hence able to answer research questions with less inherent bias and more reliably – if conducted well. Some even feared the extinction of case reports due to low citation rates, negative effects on journal impact factor and restricted page budgets [2,3]. As a result, many journals have stopped publishing case reports altogether [2,4].

The rise of open access and electronic publishing has revived the humble case report, with the launch of new journals dedicated to publishing them [4]. In 2015, International Journal of Surgery (IJS) Case Reports (www.casereports.com) became the largest publisher of surgical case reports globally, according to Scopus® (www.scopus.com).

Vandenbrouke has discussed the contribution of case reports to medical progress: “they permit discovery of new diseases and unexpected effects (adverse or beneficial) as well as the study of mechanisms, and they play an important role in medical education. Case reports and series have a high sensitivity for detecting novelty and therefore remain one of the cornerstones of medical progress; they provide many new ideas in medicine”. [5].

Case reports have specific relevance in the surgical literature. The IDEAL recommendations call for structured case reports for reporting a “first-in-man” study – i.e. the first time a new surgical technique is used, in stage 1 of their framework [6,7]. This has been exemplified in recent times by case reports of facial transplantation and other innovative techniques [8].

The Case Report or CARE Guidelines were developed in 2013 to provide a framework that supports transparency and accuracy in the publication of case reports and the reporting of information from patient encounters [9]. They have been adopted by multiple journals, and compliance with them has been mandatory at IJS Case Reports. However, they are not tailored to surgery. In the authors experience, the corollary is that peer-reviewers often focus on what’s missing, rather than what’s actually present within the manuscript. Our experience of over 3000 case reports informs us that surgical case reports have specific reporting requirements that need to be recognised in an adapted reporting guideline based on CARE. The objective of this research was to conduct a Delphi consensus exercise among experienced case report reviewers and editors to develop the Surgical **C**ASE **R**Eport (SCARE) Guidelines.

1.1. Developing the SCARE guideline

We published our research protocol in advance [10]. In summary, we used the existing CARE guidelines as a starting point, together with the Delphi consensus exercise approach. We issued a survey using Google Forms (<https://www.google.co.uk/forms/about>) asking participants in round one how each item of the CARE guidelines should be changed, and gave an opportunity to provide free text feedback. Following analysis of this information from round one, the 13 items of the CARE guidelines were adjusted as indicated by the participants.

In a subsequent round, participants were asked to rate their level of agreement with the revised item and any additional items that were suggested using a nine-point Likert scale and methodology as proposed by the GRADE group [11,12]. In this scale 1 to 3 signifies an outcome of limited importance, 4 to 6 important but not critical, and 7 to 9 critical. If 70% or more of respondents scored an item 7 to 9 and fewer than 15% scored it 1 to 3, that item proceeded into the reporting guideline. Similarly, consensus that an outcome should not be included was 70% or more scoring it 1 to 3 and 15% or less scoring it 7 to 9. The entire process was conducted

electronically and there were no pre-determined number of Delphi rounds.

1.2. Participant selection

Surgeons and others with significant experience in reviewing or editing case reports were selected. They were drawn from the reviewer pool of IJS Case Reports (the top 150 were invited) as well as those who have written on the topic of case reports or case series in the past or who were recommended by Professor Douglas Altman – who pioneered the CONSORT guideline. In total, 59 participants agreed to the invitation to participate in this study, representing 21 countries and all ten surgical specialties as well as allied specialties including; dermatology, pathology, oncology, clinical pharmacology, acute care surgery, with many participants also occupying positions on journal editorial boards [13].

2. Results

A pilot study was conducted prior to round one to check the participants understanding of the questions. This involved 15/59 (25%) participants completing the survey before it went out to the remainder of the group. The only change made following this was to include a field for name, so that the author could see who actually completed the survey and therefore who needed to be reminded. There was no evidence of misinterpretation or confusion with the survey. In round one, there was a 64% (38/59) response rate. The consensus view together with participant responses are integrated into Table 1.

Following adjustment of the guideline with incorporation of recommended changes, round two commenced. There was an 83% (49/59) response rate. All items were approved by the participants with Likert scores 7–9 awarded by >70% of respondents, apart from item 12, which had 63%. Given that this is in the original guideline and is optional i.e. “when appropriate”, it has carried over to the SCARE guideline.

2.1. SCARE guideline

Table 2 constitutes the SCARE guideline, and this is provided again in an appendix, together with a column in which the author can state the page number on which the criterion was achieved. All authors submitting surgical case reports should also submit a completed SCARE checklist with their manuscript and also state explicitly in their report that they have complied with the SCARE guideline, which they can cite. The guideline represents the minimum that should be reported, and authors are encouraged to provide additional details they deem relevant to the understanding of the case.

2.2. Endorsement

The SCARE guideline has been endorsed by the IJS Case Reports, which publishes more surgical case reports than any other journal according to the SCOPUS® abstracting and indexing service. It has also been endorsed by Annals of Medicine and Surgery and IJS Open, IJS Oncology, and IJS Short Reports (all part of IJS Publishing Group Ltd) as well as Annals of Vascular Surgery. The authors hope that more journals will endorse the guideline in due course.

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