

Ensuring scientific rigor: essential recommendations on how to identify prior evidence in medicine

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Dear Editor,

On April 18th, 2024, Guimarães *and colleagues* published findings from a retrospective cohort focusing on major liver pathologies in Brazil, presenting valuable insights into the epidemiology and public health impacts of these conditions.¹ However, we wish to respectfully address a point in the “Research in Context” analysis (which should include a description of all of the evidence the authors considered before undertaking this study): the authors accidentally stated that no other studies investigating the burden of liver diseases in Brazil had been published. Based on a systematic search conducted on April 20th, 2024, several studies on this same topic had been released in the body of literature.²⁻⁴ As prolific investigators in Evidence-based Medicine, we respectfully call attention to and raise concerns in this regard. We strongly advocate for rigorous systematic searches that follow a standard protocol for quality and reproducibility purposes. Primarily, an adequate search strategy, developed in collaboration with information specialists, using exhaustive controlled and non-controlled terminology, must be ascertained to avoid identification omission of any relevant records and instead ensure more comprehensive results.⁵ Likewise, wide coverage of leading databases is critical, including the consideration of regional scientific sources that will potentially yield a comprehensive coverage of primary studies. For instance, considering the South American scenario that the authors analyzed, searching the Latin American and Caribbean Health Sciences Literature (LILACS) database would prompt the retrieval of important studies.⁶ These fundamental methodological approaches and practices facilitate a tailored assessment for the synthesis of the existing literature in order

to collate representative manuscripts. Therefore, by instituting a high-quality, robust work-ethic in research delivery, principles of Evidence-Based Medicine should be strictly adhered by researchers worldwide, therefore avoiding the duplication of research initiatives and inappropriate statements in scientific manuscripts for the benefit of the scientific community and to ameliorate patient care.

Contributors

IJBN, GD, and ABP conceived the idea of writing this correspondence. IJBN performed a primary systematic search on PubMed and LILACS and reported in the reference section some of the findings. The search was carried out on April 20th, 2024 (08:00 am GMT +3) using controlled medical terminologies (Medical Subject Headings [MeSH]) and is fully accessible upon request to the corresponding author (IJBN). Due to limited space in the original submission, we were unable to report all records identified. Nevertheless, we hereby declare that we remain available for sharing the list of identified studies at any time to The Lancet Regional Health America's average reader. GD and ABP reassessed and validated the content initially found by IJBN for quality purposes. All authors edited and substantively reviewed the publication. All authors had full access to all the data in the study. All authors approved the final version of the publication. All authors had final responsibility for the decision to submit for publication. All authors agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work could be appropriately investigated and resolved.

Declaration of interests

The authors have no interests to declare.

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