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## Letters to the Editor

RE: "QUALITY OF REPORTING OF OBSERVATIONAL LONGITUDINAL RESEARCH"

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We read the *Journal* article by Tooth et al. (1) with great interest. The authors propose a checklist to assist authors reporting observational longitudinal studies. Clearly, there is a need to improve the reporting of observational research (2), but neither for longitudinal studies nor for other study designs do widely endorsed recommendations on the reporting of observational epidemiologic studies exist. In contrast, in the realm of randomized controlled trials research, the Consolidated Standards of Reporting Trials (CONSORT) (3) have been supported by a large number of health-care journals and editorial groups, including the International Committee of Medical Journal Editors (ICMJE, Vancouver Group), the Council of Science Editors (CSE), and the World Association of Medical Editors (WAME).

We believe that several elements were crucial to the success of CONSORT. Firstly, the recommendations were developed by an international group of clinical trialists, statisticians, and epidemiologists, which also included prominent members of the constituency that ultimately needs to be convinced about the usefulness of such checklists: the editors of journals that regularly publish trials. Secondly, the working group published not only the recommendations but also an explanatory document (4), which reviewed the empirical

evidence and theoretical considerations for each checklist item and gave examples of good reporting practice. This article (4) helped make the process of guidelines development more transparent and probably increased acceptance of the proposed recommendations. Finally, the CONSORT group always stressed the evolving nature of the statement, with regular updates, extensions for trials with other than parallel-group design, and a permanent invitation to the community to comment on the current version.

The items proposed by Tooth et al. (1) are useful to inform the development of a CONSORT-type checklist for longitudinal studies. Recently, an interdisciplinary group of epidemiologists, methodologists, medical statisticians, and editors of general medical and epidemiologic journals met in Bristol, United Kingdom, to draft a checklist for casecontrol, cohort, and cross-sectional studies (5). This initiative, known as STROBE (Strengthening the Reporting of Observational Studies in Epidemiology), has posted a draft of this checklist on its website (www.strobe-statement. org) as well as a summary of the discussions that led to its formulation. We look forward to comments and criticism on this draft checklist before submitting it for publication together with an explanatory article.

## **ACKNOWLEDGMENTS**

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## REFERENCES

- 1. Tooth L, Ware R, Bain C, et al. Quality of reporting of observational longitudinal research. Am J Epidemiol 2005;161:280-8.
- 2. Pocock SJ, Collier TJ, Dandreo KJ, et al. Issues in the reporting of epidemiological studies: a survey of recent practice. BMJ 2004;329:883.
- 3. Moher D. Schulz KF. Altman DG. The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomised trials. Lancet 2001;357:1191-4.
- 4. Altman DG, Schulz KF, Moher D, et al. The revised CONSORT statement for reporting randomized trials: explanation and elaboration. Ann Intern Med 2001;134:663-94.
- 5. von Elm E, Egger M. The scandal of poor epidemiological research. BMJ 2004;329:868-9.

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