



European Association of Urology



Letter to the Editor

Reply to Xueliang Zhou and Xinwei Han's Letter to the Editor re: Thomas Van den Broeck, Roderick C.N. van den Bergh, Nicolas Arfi, et al. Prognostic Value of Biochemical Recurrence Following Treatment with Curative Intent for Prostate Cancer: A Systematic Review. *Eur Urol* 2019;75:967–87

We thank Drs. Zhou and Han for their comments on our systematic review on the prognostic value of biochemical recurrence after primary treatment for nonmetastatic prostate cancer [1]. The authors criticized the risk of bias (RoB) assessment performed, and suggested an alternative quality assessment tool, the Newcastle–Ottawa Scale.

We respectfully disagree with the arguments put forth by the authors. The NOS tool suggested was specifically developed for assessing RoB in systematic reviews involving observational studies (ie, cohort studies and case–control studies), which are primarily concerned with interventions and exposures and how they relate to outcomes. It was not designed for systematic reviews of prognostic factor studies, which our review clearly is. In accordance with guidance and recommendations issued by the Cochrane Prognosis Methods Group [2], we used the QUIPS tool [3], which in addition to being fit for purpose, allows domain-based RoB assessment and does not depend on scales. The authors should be aware that the use of weighting scales inherent in tools such as NOS are actively discouraged by leading evidence synthesis authorities (such as the Cochrane Collaboration) because the weighting of items is difficult to justify, is subjective, lacks transparency, and often reflects reporting instead of study conduct.

The authors frequently cite the phrase “quality assessment”. The use of this phrase has long been actively discouraged; instead, the assessment should focus on the RoB of primary studies as it relates to the certainty of the

evidence. The quality of studies and RoB are not synonymous; a rigorously conducted study may still be subject to RoB. Similarly, studies with methodological flaws may not necessarily have significant biases.

Consequently, we believe that we have performed a rigorous and comprehensive RoB assessment that has facilitated an accurate and reliable appraisal of the certainty of the evidence base and how it should be interpreted, and that additional quality assessments as suggested by the authors would be unnecessary and counterproductive.

Conflicts of interest: The authors have nothing to disclose.

References

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- [2] Cochrane Prognosis Methods Group. <https://methods.cochrane.org/prognosis/about-us>.
- [3] Riley R, Ridley G, Williams K, Altman D, Hayden J, de Vet H. Prognosis research: toward evidence-based results and a Cochrane methods group. *J Clin Epidemiol* 2007;60:863–5.

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