

## Limitations in the Full Reporting of Systematic Literature Review

To the Editor:

We wish to respond to some of the comments made by Christensen, *et al*<sup>1</sup> in the editorial accompanying our paper<sup>2</sup>.

The editorialists take issue with the fact that we did not report all the detailed data supporting the recommendations in our publication. This is a valid methodological point; however, it is not always feasible or applicable to report a large body of evidence regarding multiple questions in a general specialty journal as is the case with our Dermatology-Rheumatology Comorbidity initiative.

We dealt with 3 constraints:

1. Limitations imposed by *The Journal's* policies on paper length that prevented us from including all the data in 1 publication.
2. The large amount of data and evidence. Some clinical questions and recommendations had enough data and evidence in the literature to warrant separate publication and discussion; these have been published in peer-reviewed journals and presented at international conferences<sup>3,4,5,6,7</sup>. Other questions, which lacked data or evidence in the literature, could not lead to separate publications; these limitations were mentioned in our discussion.
3. Urgency to publish the most important results. Waiting to publish all the separate papers first would have resulted in undue delay in the submission and publication of the main recommendations paper — the clinically most useful report for a practicing physician. Our paper summarizes the recommendations and constitutes the most practical comprehensive consensus for the practicing physician.

Our paper is similar to other published recommendations involving multiple clinically relevant questions such as those in the 3e Initiative in Rheumatology<sup>8,9,10,11,12</sup>. Likewise, the 3e initiative led to subsequent publications detailing the most relevant clinical questions and findings.

While we acknowledge the rigor of the GRADE (Grading of Recommendations Assessment, Development, and Evaluation) method, we feel that the recommendations made in our publication should not be discounted because they are based on a previously accepted and validated methodology that respects quality assessment of the available published evidence. The summary publication and the detailed systematic reviews on individual clinical questions will provide dermatologists, rheumatologists, and even primary care physicians with important direction in managing comorbidity for rheumatoid arthritis, psoriasis, and psoriatic arthritis.

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