Reply to letter to the editor concerning: “Are paediatric operations evidence based?”

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Dear Sir,

We are grateful to Mr. Yardley for discussing our paper and for opening up a debate on the level of evidence supporting operations in paediatric surgery. We agree with Mr. Yardley on the difficulty of conducting randomised control trial (RCTs) in our specialty and on the fact that poorly designed or executed randomised controlled trials are not increasing the level of evidence. However, we disagree with Mr. Yardley's criticism that “to focus on RCTs alone as an acceptable standard of evidence is to take a very narrow view of the literature” and that “other study designs, such as case–control studies, may be far more appropriate” In fact, in our study methodology we used the grading system of the Oxford Centre of Evidence Based Medicine (OCEBM), as this is one of the most respected and cited organizations for assessing the quality of evidence in medicine [1].

According to the OCEBM grading system, RCTs provide a higher level of evidence (level 1) than case–control studies (level 3). The OCEBM ranking is in keeping with the US Preventive Services Task Force (USPSTF) [2], another well-established ranking system. According to USPSTF, level I of evidence can be obtained from at least one properly designed RCT, whereas case–control studies provide a level II-2 of evidence. Nevertheless, we are

aware that the perfect grading system does not exist and that each system has potential limitations.

In our study [3] we did not focus just on RCTs but we searched for the highest level of evidence for each procedure, as illustrated in Fig. 1a [3].

As reported in Mr. Yardley's letter we are pleased about the progress obtained since Baraldini's paper [4] and believe that our findings are an encouragement to other paediatric surgeons to aim for higher levels of evidence.

References

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