**Title: Evaluation of adherence of Case Reports published in PUBMED indexed Indian medical journals in one year with the CARE 2013 guidelines**

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**Review comments**

**Reviewer 1**

This is an excellent paper! It educates readers and editors at the same time, about CARE guidelines, which are known to very few. In an era, when - sadly, in my opinion - the case report is looked down upon, it is encouraging that the group that created the CARE guidelines and this group of authors who wrote this paper are encouraging the case report as a way of teaching and learning medicine.

I have few issues with the paper as it has been presented here. However:

1. I would suggest that the use of active voice would sound better - and this, in many places throughout the paper. Only one such example is this - Case reports published in 2015 in Indian medical journals were searched in Pubmed.

This would read better as ‘We searched Pubmed for case reports published in 2015 in Indian medical journals.’

2.  Are the words "Evaluation of" necessary in the title?

3. I suggest (but do not insist) that the word 2015 appear in the title. Currently, we have no idea which year you are referring to. If you were to do a follow-up study, ten years down the line, having the year 2015 in this title would help make this the baseline year.

4. I must admit I am not certain exactly when the CARE guidelines were released. The reason I state this is I am not entirely convinced that 2015 is early enough for journals to adapt. There is an article on CARE in September 2013 in a journal; assuming that CARE was released in March 2013, it gives a little over one and half years for journal editors to learn about CARE guidelines and then make the necessary changes after convincing the society/editorial board/ web manager. Further, given some of the time lags in at least some Indian journals, some of the case reports may well have been written before or soon after CARE guidelines, but published in 2015.

To be really sure where we stand, it would be worthwhile to do a quick check of the Instructions to authors for these journals in January 2018 and see if CARE guidelines have been implemented/ mentioned. And add a comment to the effect that the next 2 years have seen /not seen a change as yet.

Some journals now include case reports in the form of letters only. Others accept case reports only as Images. Some accept only e- case reports. (The last may be true only for Western journals, not for Indian journals). How have the authors managed to deal with these possibilities? Have they been included or excluded?

I understand and accept that the authors have no control over these above-mentioned possibilities which might skew the data a bit (but not significantly, and will not change the message of the paper, anyway). But I think they need to factor this in their discussion.

I am also unclear about why the surgical case reports were excluded.

5. There is also the issue of individual style adapted by medical journals. At least one medical journal in India insists on informed consent from patient, but does not publish it in the final case report - because the editor has checked it and now it goes without saying that consent has been taken - the reader does not have to be told so again! This is not too different from reading a surgical case report. While there will be the mandatory mention of consent taken from patient to report the story, there is no mention of consent taken to perform the surgery - because it goes without saying that it has been done!

Thus, some of your interpretations may also be skewed. Of course, you could argue that editors must ensure uniformity and transparency and adapt these guidelines.

6. I suggest you name the journals and the [ugh!] impact factors.

7. You state "If possible, the case report should be reviewed by the patient to permit editing or removal of any material that he /she would not want to disclose, thus respecting confidentiality overtly [11]."

This is the BMA style. There are some of us in India who are not convinced about this. This is not being paternalistic - but do you think a patient in, say, MGIMS, Sewagram (to use the argument that was made in this journal in 2004-5, I think) or in AIIMS would understand or even care? It may be different for Sir Ganga Ram Hospital. I do not know. But I doubt it, from personal experience. Just because the West adopts it, it does not have to be the correct manner!

8. Creating consent forms, including an additional consent for potentially identifiable information such as photographs and an opportunity for the patient/representative to actually review and approve the manuscript [12] and putting them up on their websites is something that editors of Indian journals could strive…

This part, I accept - the photographs. But clinical photographs of face or a recognisable part or of course of genitals etc. I don't see how Xrays /CT/ biopsies / skin rashes ( usually )/ fractures etc can be potentially identifiable. You get the drift.

**Reviewer 2**

A well-conceived, well planned, well-written narrative on a very pertinent but often neglected ethical issue.

The authors attempt to analyse the adherence to CARE guidelines in case reports published in Indian journals. Based on their study , no case report had excellent, 19% had good, 70.7% average and 10% poor adherence respectively. While this is on expected lines, the added observation that none of the journal mentioned CARE guidelines needs to be taken seriously. Similarly, the low rate of adherence to patient perspective and informed consent is an added worry.

The authors have done well to highlight these issues. The probable explanation that CARE guidelines were introduced in 2013 and will need more time to be implemented is not satisfactory. The fact that the editors in most of these journals are part time does not exempt the journal from this lapse of not mentioning the CARE guidelines.

The authors, however need to come up with a few suggestions and remedial measures to complete this article. It was observed that journals with higher impact factor and specialty journals had better compliance. The reasons for that needs to be sought, so that the same may be suggested to the erring journals.

***Note from the Editorial Office: Dear authors, it appears that References 2 and 7 (at least; please check that all the others are on MEDLINE ) may be predatory journals or pseudo-journals. Please consider deleting them from the bibliography.***