Is there a need for review-a-thons?

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the authors' figure appears to show a pacemaker implantation rate at 10 years that is very similar to the French (70%) and US registries (75%).^{3,6} Finally, the analysis of the US registry⁴ and the recent meta-analysis⁵ showed that fluorinated steroids do not prevent pacemaker implantation.

Although we remain unconvinced that close follow-up is beneficial in terms of treatments and outcomes, we fully agree with the authors about the importance of expert centres establishing research protocols and reporting data to enable their experience to contribute to the findings about this rare condition. In particular, we eagerly await data concerning the development of home monitoring.

We declare no competing interests.

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Is there a need for review-a-thons?

"IMI's EHDEN project dramatically demonstrated the power of using clinical data in research by replicating, during a five-day 'study-a-thon', the results of a systematic review covering 20 years of research, and a multi-year clinical trial."¹ In this quote the Innovative Medicine's Initiative (IMI) newsroom refers to the results of a recently published population-based network study, which reported on opioid use, postoperative complications, and implant survival after unicompartmental versus total knee replacement.² Is it possible that within 5 days, approximately 300 pages of study documentation (a study protocol comprised of 259 pages,³ a published paper,² 30 pages of appendices,² and numerous of pages of R-syntaxes) were created?³

The project looks very transparent, but an adequate peer-review seems like a very time-consuming process. Personally, I spent at least 30 min comparing the methods section of the paper² with the study protocol.³ Section 8.2 of the study protocol lists six different data sources;³ however, the published paper only mentions five data sources. Why were the Medicaid patients not included in the published article?² There is also a seventh bullet-point listed to "add others" in section 8-2 of the study protocol.

Given the short time-window of follow-up to record events, how reliably was the actual date of surgery recorded in the published paper? I have some experience with a large UK primary care database in this area and as far as I can see, the authors do not provide any information on the date of surgery. Was the reliability of the recording of start of follow-up different for the data sources from the USA? How was the

start of follow-up defined; as the actual date of surgery, the date of hospital admission, the date of discharge, or the date when the record was filed? Has this definition ever been validated? How was the end of the follow-up defined in each individual data source? Do any of the USA data sources overlap? If not, how do we know? Furthermore, how was the outcome "opioid use" being operationalised? Section 8.5.6 of the study protocol lists the following products "heroin, hydrocodone, and opioids"; however, does this list also include codeine, which is often used to reduce coughing rather than for pain relief? Some or maybe all these answers might be hidden somewhere in the 300 pages of documentation or in the R-syntaxes. Operational definitions and computer syntax are probably not materials that the readers of *The Lancet Rheumatology* would consider looking at, but they can substantially affect the associations and conclusion. Is there a need for review-a-thons to critically appraise study-a-thons?

I declare no competing interests.

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- 1 Innovative Medicines Initiative. Can real world data replicate a clinical trial? EHDEN study suggests yes. <https://www.imi.europa.eu/news-events/newsroom/can-real-world-data-replicate-clinical-trial-ehden-study-suggests-yes> (accessed Nov 29, 2019).
- 2 Burn E, Weaver J, Morales D, et al. Opioid use, postoperative complications, and implant survival after unicompartmental versus total knee replacement: a population-based network study. *Lancet Rheumatol* 2019; **1**: e229-36.
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Authors' reply

We would like to take this opportunity to respond to the Correspondence by Frank de Vries. We would like to