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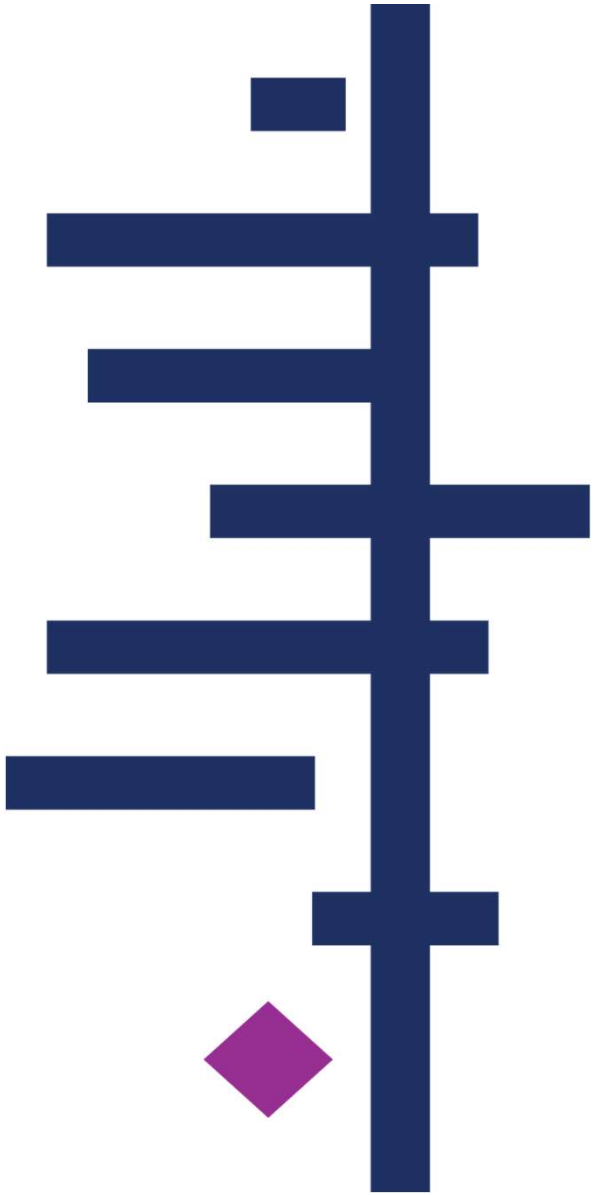
Why we changed to a focused format?



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Informed decisions.
Better health.

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Aims of changing review (and data) formats

1. Streamline the development and publication of Cochrane reviews
2. Improve author, editor and user experience
3. Innovate in how we share and use our content

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A shorter, more flexible review format

Simplification

Better guidance for authors

- ✓ Clear distinction between main article and supplementary materials
- ✓ Consolidated author guidance and review templates pre-populated in RevMan
- ✓ Moved to publishing standard reporting guidelines
- ✓ New subheadings to improve consistency between Reviews and showcase integrity
- ✓ New included studies and analyses table

TL0

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Summary of changes for 2023

Study centric data

- Improved data management
- Import extracted data
- **Data package export**
- **Data re-use**

Recommended but optional

Focused review format

- Subheadings
- PRISMA & templates
- Supplementary materials
- Included studies and analyses table

All submissions to use from 1 April 2024

TL0 Focus on fewer comparisons

Toby Lasserson, 2023-02-22T14:50:44.113

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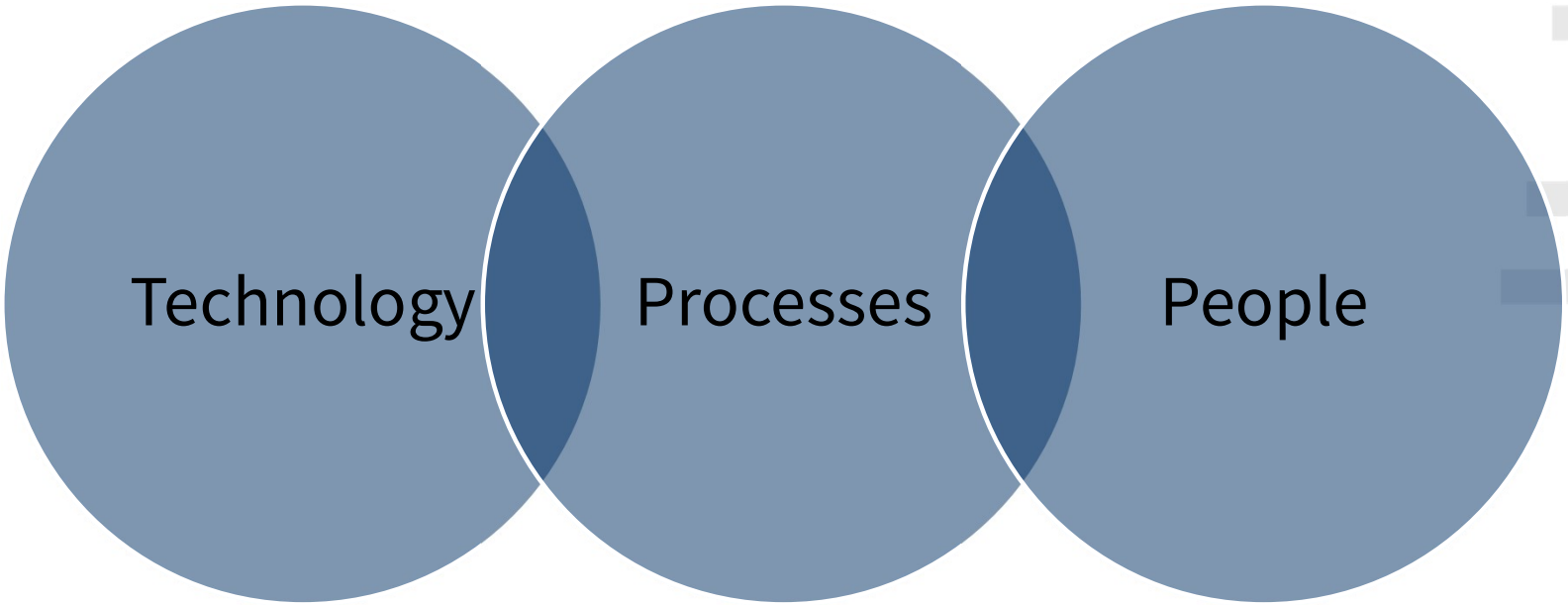
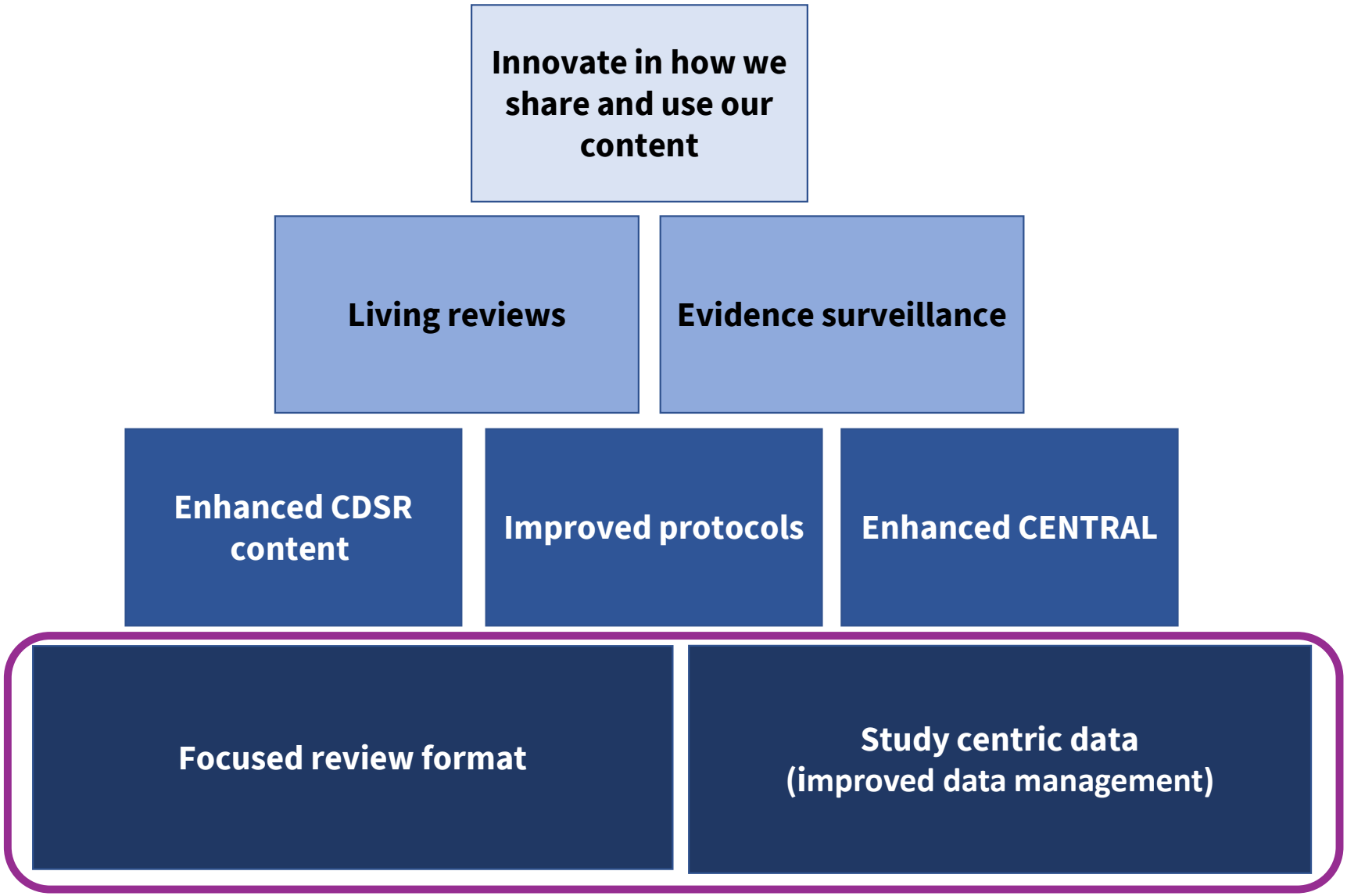
A focused review involves




Innovate in how we share and use our content
Living reviews
Evidence surveillance
Enhanced CDSR content
Improved protocols
Enhanced CENTRAL
Focused review format
Study centric data (improved data management)

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What it means for authors

- Work smarter in RevMan
- Simplified reporting and faster review development
- Greater impact of published Reviews
- Better showcase of the integrity of Cochrane evidence
- Faster editorial processing
- Faster production processing

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Want to find out more?

Study centric data (improved data management)

Focused review format

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Moving to publishing standard reporting guidelines

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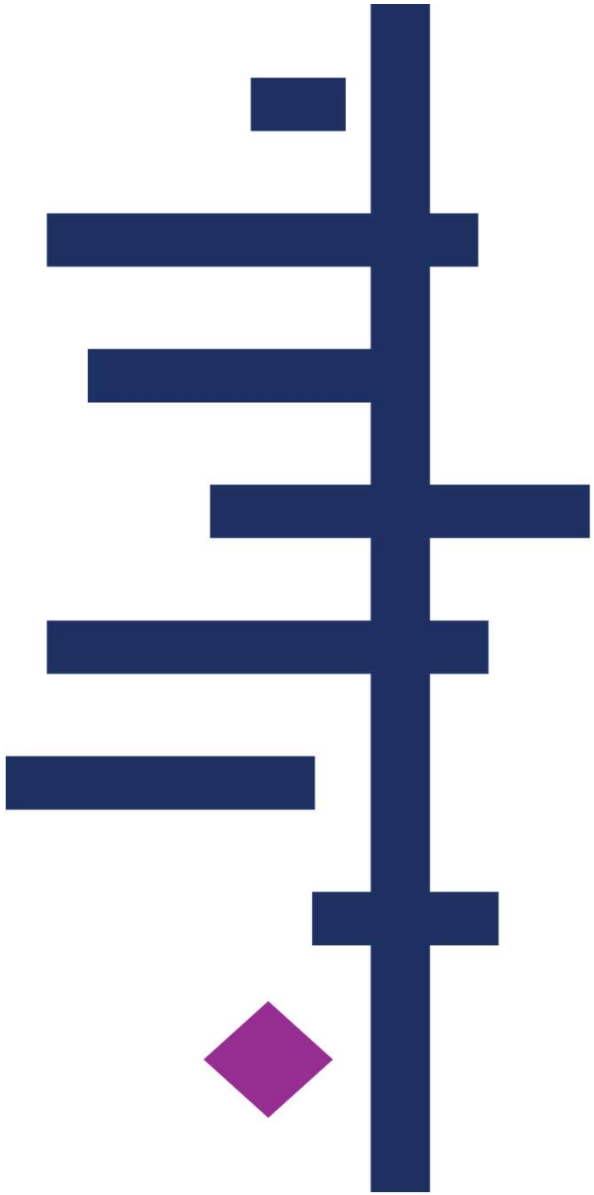
Informed decisions.
Better health.



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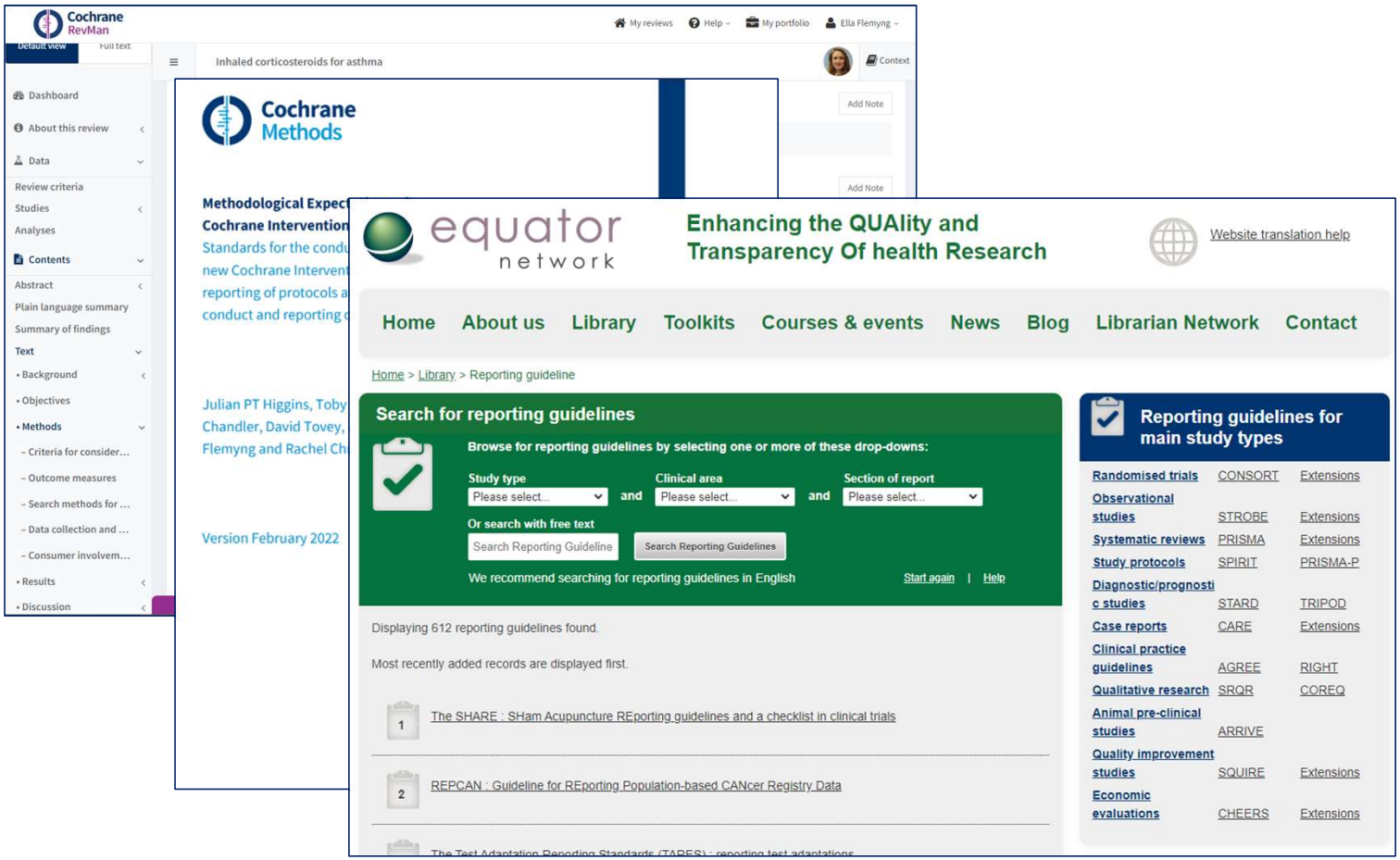
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Ella Flemyng
Inhaled corticosteroids for asthma
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Dashboard
About this review
Data
Review criteria
Studies
Analyses
Contents
Abstract
Plain language summary
Summary of findings
Text
• Background
• Objectives
• Methods
– Criteria for consider…
– Outcome measures
– Search methods for …
– Data collection and …
– Consumer involvem…
• Results
• Discussion
Add Note
Add Note
Cochrane Methods
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Standards for the condu
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reporting of protocols a
conduct and reporting
Julian PT Higgins, Toby
Chandler, David Tovey,
Flemyng and Rachel Ch
Version February 2022
equator network
Enhancing the QUAlity and Transparency Of health Research
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and
Clinical area
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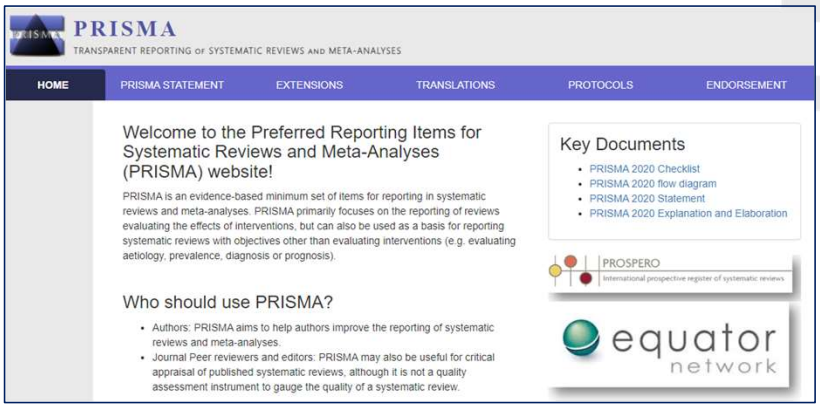
and
Section of report
Please select...
Or search with free text
Search Reporting Guideline
Search Reporting Guidelines
We recommend searching for reporting guidelines in English
Start again | Help
Displaying 612 reporting guidelines found.
Most recently added records are displayed first.
1 The SHARE : SHam Acupuncture REporting guidelines and a checklist in clinical trials
2 REPCAN : Guideline for REporting Population-based CANcer Registry Data
Reporting guidelines for main study types
Randomised trials CONSORT Extensions
Observational studies STROBE Extensions
Systematic reviews PRISMA Extensions
Study protocols SPIRIT PRISMA-P
Diagnostic/prognostic studies STARD TRIPOD
Case reports CARE Extensions
Clinical practice guidelines AGREE RIGHT
Qualitative research SRQR COREQ
Animal pre-clinical studies ARRIVE
Quality improvement studies SQUIRE Extensions
Economic evaluations CHEERS Extensions

Benefits

1. It's simpler
2. It's more efficient



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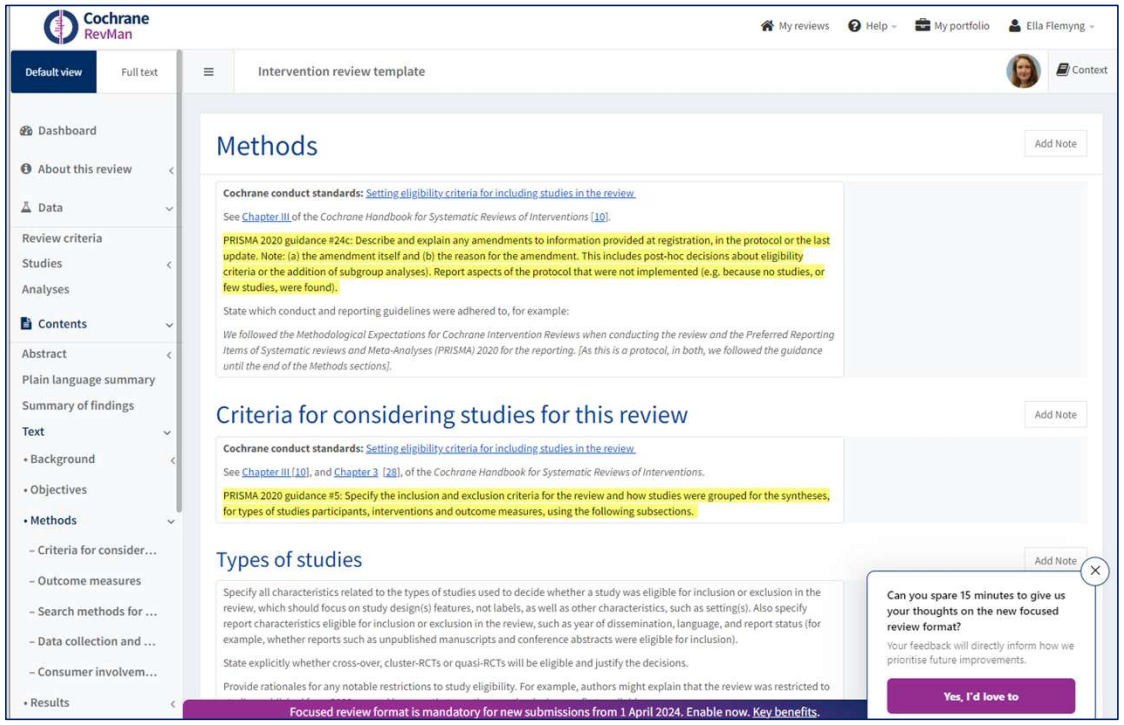
Cochrane's reporting template



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Why use this template?

Submissions that follow this template will have a better chance of being accepted for publication. Please also refer to Cochrane's author guidelines.

This template will help you **focus your review** and **report your findings concisely**. Cochrane recommends you follow this general guidance:

- **Focus on a manageable scope.** Decide how to address the review objectives as early in the process as possible. Your findings should be easy for you to summarise and easy for users of Cochrane evidence to read. If you need to include multiple interventions or comparators outside a network meta-analysis in a series of pairwise meta-analyses, please consider whether you should split this review into more than one review.
- **Include the smallest number of comparisons** that address the main objectives (most often this is one, but can be more than one).
- **Include up to seven outcomes** within each comparison (these are your outcomes that are critical or important to users of the review).
- For reviews based on pairwise meta-analyses, there should be **one summary of findings table** for each relevant comparison that includes your (up to) seven critical and important outcomes for that comparison. Reviews which include a network meta-analysis may need to include one summary of findings table for each outcome.
- Focus on comparisons and outcomes that users will find most useful in decision-making. **You must be able to summarise all of the comparisons in the Abstract** (approx. 700 words).

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How to use the reporting template

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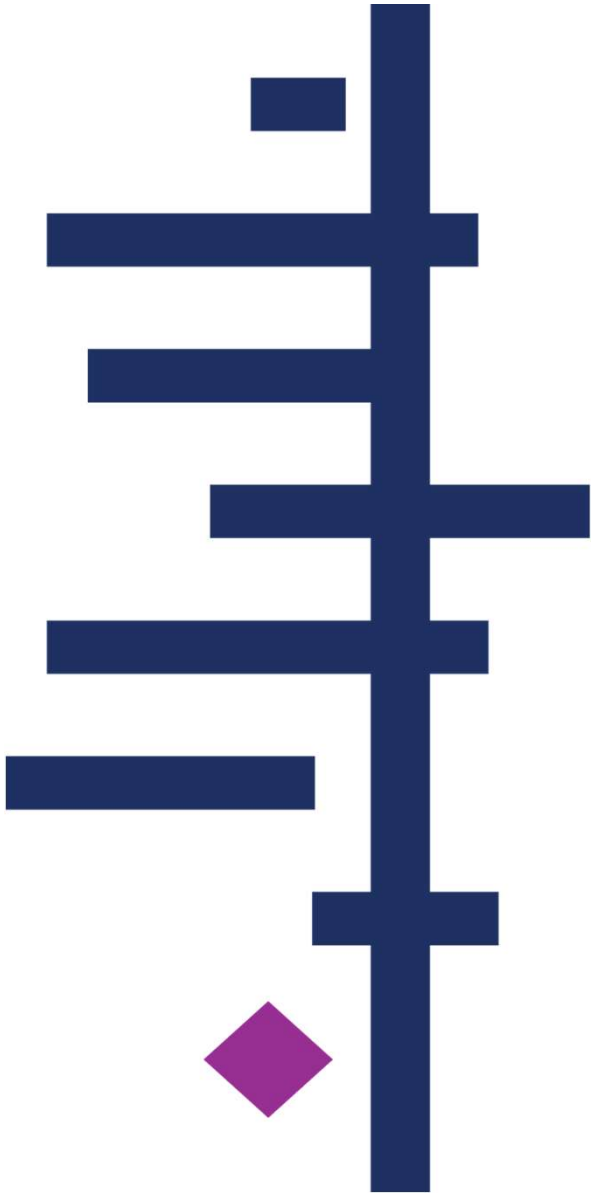

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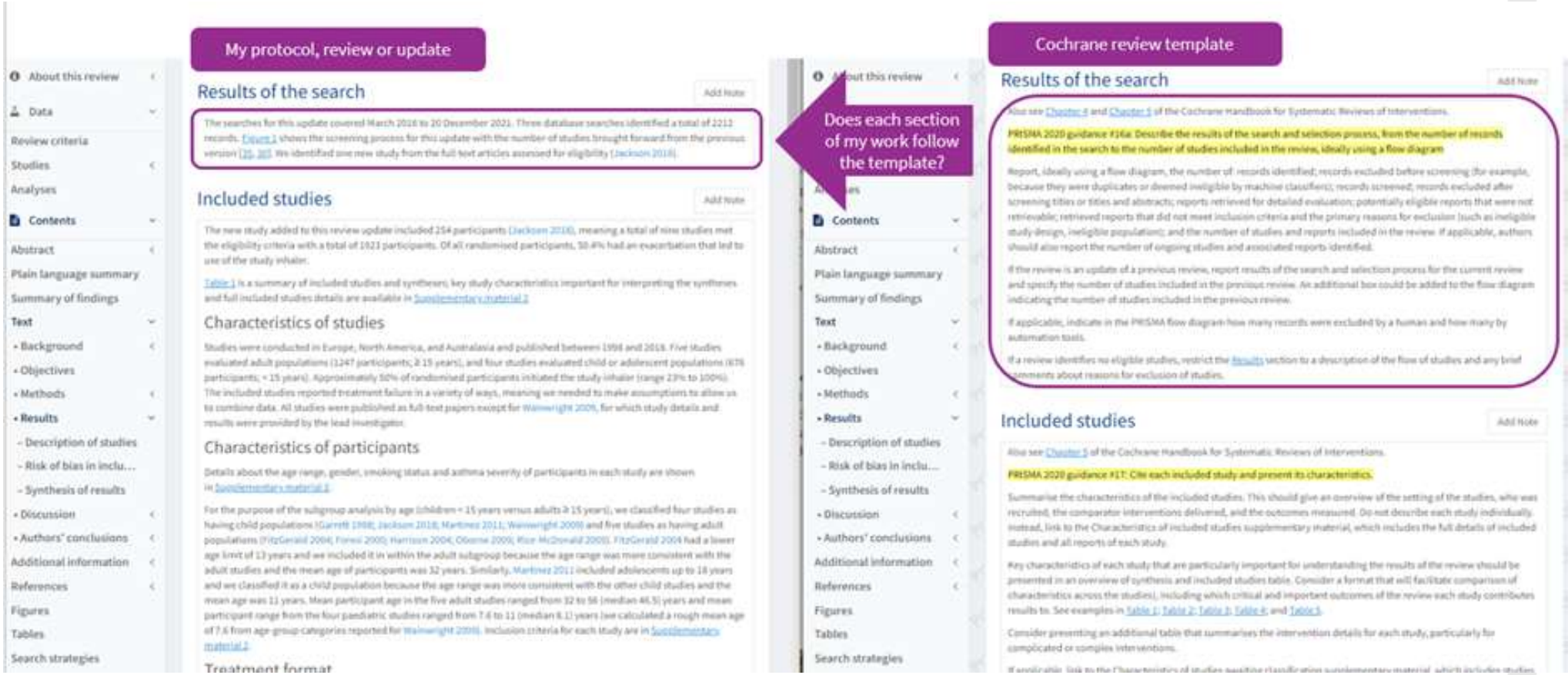
My protocol, review or update
Cochrane review template
Does each section of my work follow the template?
About this review
Data
Review criteria
Studies
Analyses
Contents
Abstract
Plain language summary
Summary of findings
Text
• Background
• Objectives
• Methods
• Results
– Description of studies
– Risk of bias in inclu…
– Synthesis of results
• Discussion
• Authors' conclusions
Additional information
References
Figures
Tables
Search strategies
Results of the search
Add Note
The searches for this update covered March 2018 to 20 December 2021. Three database searches identified a total of 2212 records. Figure 1 shows the screening process for this update with the number of studies brought forward from the previous version [26, 30]. We identified one new study from the full-text articles assessed for eligibility [Jackson 2018].
Included studies
Add Note
The new study added to this review update included 254 participants [Jackson 2018], meaning a total of nine studies met the eligibility criteria with a total of 1021 participants. Of all randomised participants, 50.4% had an exacerbation that led to use of the study inhaler.
Table 1 is a summary of included studies and syntheses; key study characteristics important for interpreting the syntheses and full included studies details are available in Supplementary material 2.
Characteristics of studies
Studies were conducted in Europe, North America, and Australasia and published between 1998 and 2018. Five studies evaluated adult populations (1247 participants; ≥ 15 years), and four studies evaluated child or adolescent populations (676 participants; < 15 years). Approximately 50% of randomised participants initiated the study inhaler (range 23% to 100%). The included studies reported treatment failure in a variety of ways, meaning we needed to make assumptions to allow us to combine data. All studies were published as full-text papers except for Wainwright 2009, for which study details and results were provided by the lead investigator.
Characteristics of participants
Details about the age range, gender, smoking status and asthma severity of participants in each study are shown in Supplementary material 3.
For the purpose of the subgroup analysis by age (children < 15 years versus adults ≥ 15 years), we classified four studies as having child populations (Garrett 1998; Jackson 2018; Martinez 2011; Wainwright 2009) and five studies as having adult populations (FitzGerald 2004; Forest 2000; Harrison 2004; Oborne 2009; Rice McDonald 2005). FitzGerald 2004 had a lower age limit of 13 years and we included it in within the adult subgroup because the age range was more consistent with the adult studies and the mean age of participants was 32 years. Similarly, Martinez 2011 included adolescents up to 18 years and we classified it as a child population because the age range was more consistent with the other child studies and the mean age was 11 years. Mean participant age in the five adult studies ranged from 32 to 56 (median 46.5) years and mean participant range from the four paediatric studies ranged from 7.6 to 11 (median 8.1) years (we calculated a rough mean age of 7.6 from age-group categories reported for Wainwright 2009). Inclusion criteria for each study are in Supplementary material 2.
Treatment format
Results of the search
Also see Chapter 4 and Chapter 5 of the Cochrane Handbook for Systematic Reviews of Interventions.
PRISMA 2020 guidance #16a: Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram
Report, ideally using a flow diagram, the number of: records identified; records excluded before screening (for example, because they were duplicates or deemed ineligible by machine classifiers); records screened; records excluded after screening titles or titles and abstracts; reports retrieved for detailed evaluation; potentially eligible reports that were not retrievable; retrieved reports that did not meet inclusion criteria and the primary reasons for exclusion (such as ineligible study design, ineligible population); and the number of studies and reports included in the review. If applicable, authors should also report the number of ongoing studies and associated reports identified.
If the review is an update of a previous review, report results of the search and selection process for the current review and specify the number of studies included in the previous review. An additional box could be added to the flow diagram indicating the number of studies included in the previous review.
If applicable, indicate in the PRISMA flow diagram how many records were excluded by a human and how many by automation tools.
If a review identifies no eligible studies, restrict the Results section to a description of the flow of studies and any brief comments about reasons for exclusion of studies.
Included studies
Add Note
Also see Chapter 5 of the Cochrane Handbook for Systematic Reviews of Interventions.
PRISMA 2020 guidance #17: Cite each included study and present its characteristics.
Summarise the characteristics of the included studies. This should give an overview of the setting of the studies, who was recruited, the comparator interventions delivered, and the outcomes measured. Do not describe each study individually. Instead, link to the Characteristics of included studies supplementary material, which includes the full details of included studies and all reports of each study.
Key characteristics of each study that are particularly important for understanding the results of the review should be presented in an overview of synthesis and included studies table. Consider a format that will facilitate comparison of characteristics across the studies), including which critical and important outcomes of the review each study contributes results to. See examples in Table 1; Table 2; Table 3; Table 4; and Table 5.
Consider presenting an additional table that summarises the intervention details for each study, particularly for complicated or complex interventions.