



## Why we changed to a focused format?

Trusted evidence.  
Informed decisions.  
Better health.



## 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



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

## 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

## Slide 4

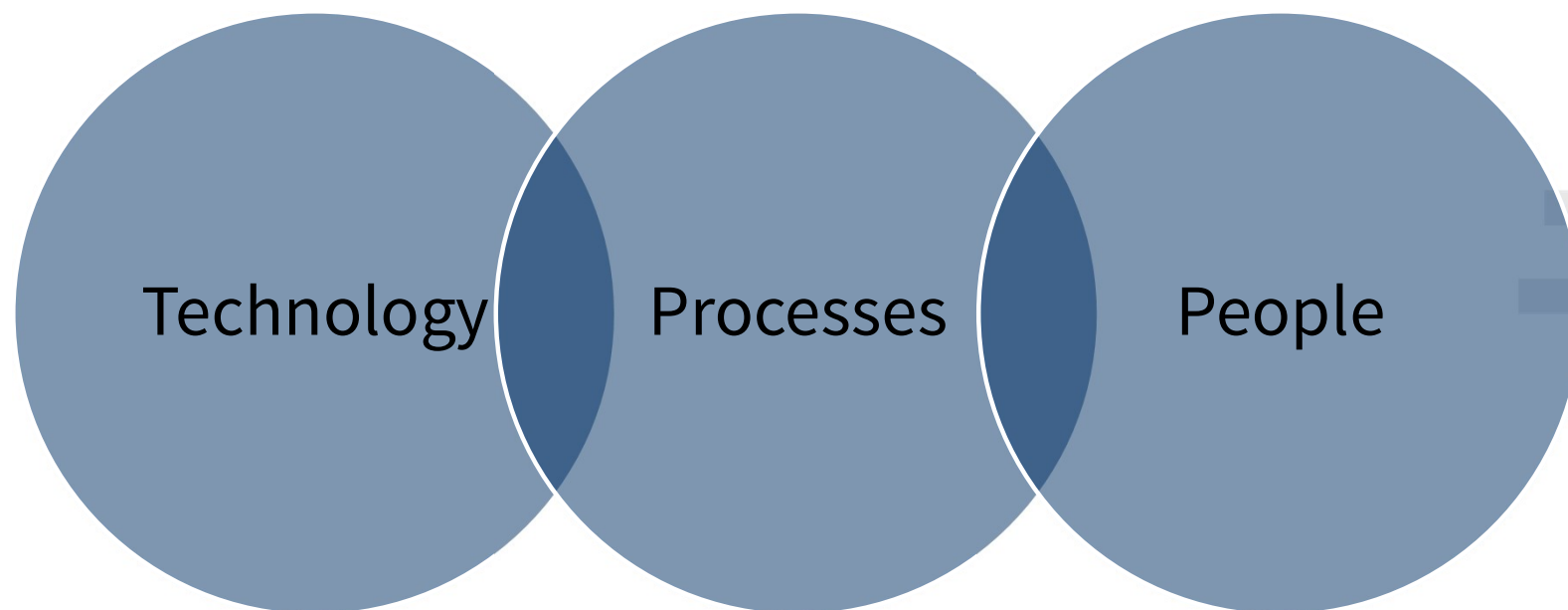
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**TLO**

Focus on fewer comparisons

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

## 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)**

## 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





## Want to find out more?

**Study centric data  
(improved data  
management)**



**Focused review format**





## Moving to publishing standard reporting guidelines

Trusted evidence.  
Informed decisions.  
Better health.



Cochrane RevMan

Inhaled corticosteroids for asthma

Methodological Expectations of Cochrane Intervention Reviews (MECIR) Standards for the conduct and reporting of protocols and reports of new Cochrane Intervention Reviews

Julian PT Higgins, Toby Chandler, David Tovey, Fleming and Rachel Chalmers

Version February 2022

- Dashboard
- About this review
- Data
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equator network

Enhancing the QUALity and Transparency Of health Research

Website translation help

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Home > Library > Reporting guideline

### Search for reporting guidelines

Browse for reporting guidelines by selecting one or more of these drop-downs:

Study type  Clinical area  Section of report  
 Please select... and Please select... and Please select...

Or search with free text

Search Reporting Guideline

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](#)

The Test Adaptation Reporting Standards (TARES) : reporting test adaptations

### Reporting guidelines for main study types

<a href="#">Randomised trials</a>	<a href="#">CONSORT</a>	<a href="#">Extensions</a>
<a href="#">Observational studies</a>	<a href="#">STROBE</a>	<a href="#">Extensions</a>
<a href="#">Systematic reviews</a>	<a href="#">PRISMA</a>	<a href="#">Extensions</a>
<a href="#">Study protocols</a>	<a href="#">SPIRIT</a>	<a href="#">PRISMA-P</a>
<a href="#">Diagnostic/prognostic studies</a>	<a href="#">STARD</a>	<a href="#">TRIPOD</a>
<a href="#">Case reports</a>	<a href="#">CARE</a>	<a href="#">Extensions</a>
<a href="#">Clinical practice guidelines</a>	<a href="#">AGREE</a>	<a href="#">RIGHT</a>
<a href="#">Qualitative research</a>	<a href="#">SRQR</a>	<a href="#">COREQ</a>
<a href="#">Animal pre-clinical studies</a>	<a href="#">ARRIVE</a>	
<a href="#">Quality improvement studies</a>	<a href="#">SQUIRE</a>	<a href="#">Extensions</a>
<a href="#">Economic evaluations</a>	<a href="#">CHEERS</a>	<a href="#">Extensions</a>

## Benefits

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



**MECIR Manual**  
Home > MECIR Manual

Search this resource

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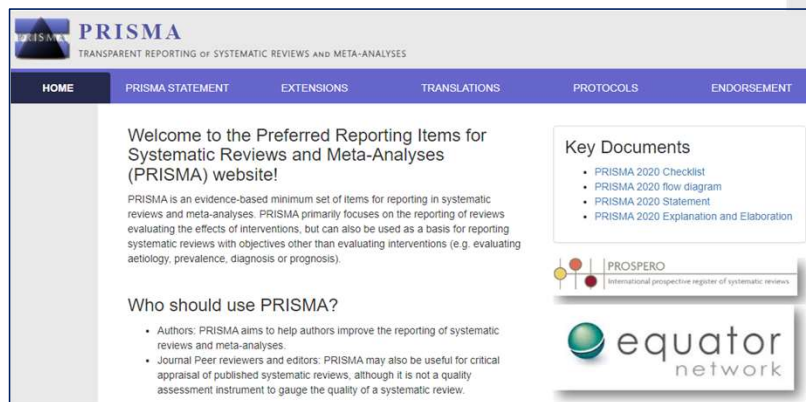
- ▶ Key points and Introduction
- ▶ Standards for the CONDUCT of new Cochrane Intervention Reviews (CI-CTS)
- ▶ Standards for planning and conduct of UPDATES of Cochrane Intervention Reviews (UI-U11)
- ▶ Translations of the MECIR Standards

**Methodological Expectations of Cochrane Intervention Reviews (MECIR)**  
[Version August 2023](#)

**Standards for the conduct of new Cochrane Intervention Reviews, and the planning and conduct of updates**

**Julian Higgins<sup>1</sup>, Toby Lasserson<sup>2</sup>, James Thomas<sup>3</sup>, Ella Fleming<sup>2</sup>, Rachel Churchill<sup>4</sup>**

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**PRISMA**  
TRANSPARENT REPORTING OF SYSTEMATIC REVIEWS AND META-ANALYSES

HOME PRISMA STATEMENT EXTENSIONS TRANSLATIONS PROTOCOLS ENDORSEMENT

Welcome to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) website!

PRISMA is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. PRISMA primarily focuses on the reporting of reviews evaluating the effects of interventions, but can also be used as a basis for reporting systematic reviews with objectives other than evaluating interventions (e.g. evaluating aetiology, prevalence, diagnosis or prognosis).

**Who should use PRISMA?**

- Authors: PRISMA aims to help authors improve the reporting of systematic reviews and meta-analyses.
- Journal Peer reviewers and editors: PRISMA may also be useful for critical appraisal of published systematic reviews, although it is not a quality assessment instrument to gauge the quality of a systematic review.

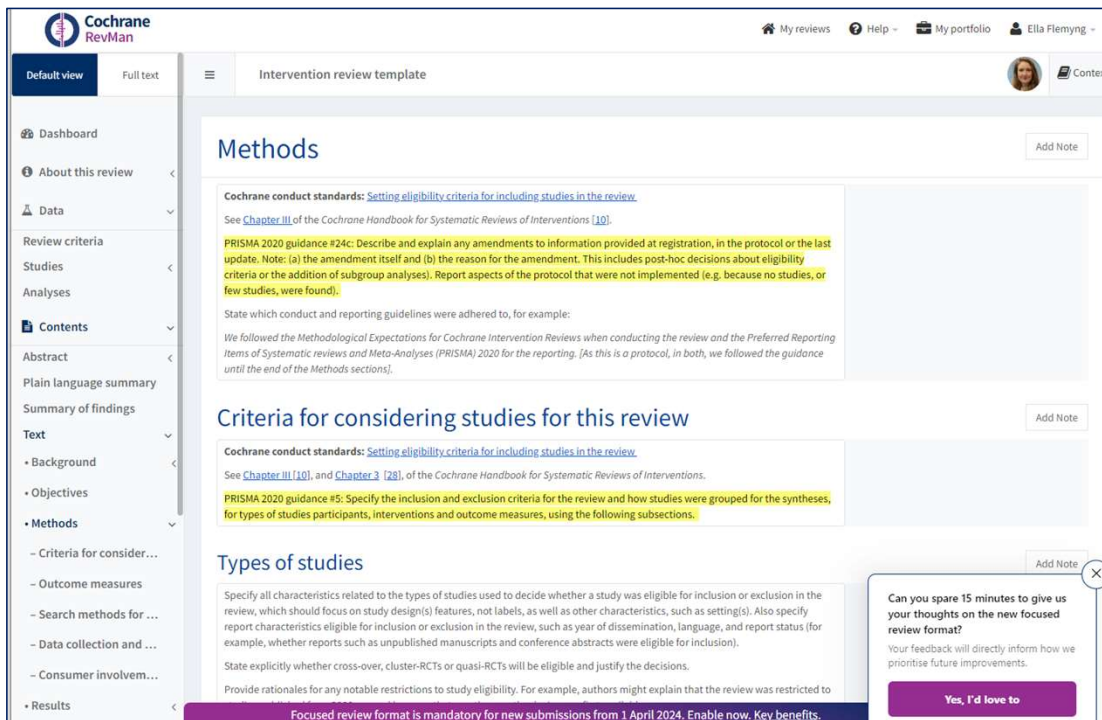
**Key Documents**

- PRISMA 2020 Checklist
- PRISMA 2020 flow diagram
- PRISMA 2020 Statement
- PRISMA 2020 Explanation and Elaboration

**PROSPERO**  
International prospective register of systematic reviews

**equator network**

# Cochrane's reporting template



**Methods** Add Note

**Cochrane conduct standards:** [Setting eligibility criteria for including studies in the review](#). See [Chapter III](#) of the *Cochrane Handbook for Systematic Reviews of Interventions* [10].

**PRISMA 2020 guidance #24c:** Describe and explain any amendments to information provided at registration, in the protocol or the last update. Note: (a) the amendment itself and (b) the reason for the amendment. This includes post-hoc decisions about eligibility criteria or the addition of subgroup analyses). Report aspects of the protocol that were not implemented (e.g. because no studies, or few studies, were found).

State which conduct and reporting guidelines were adhered to, for example:

We followed the *Methodological Expectations for Cochrane Intervention Reviews* when conducting the review and the *Preferred Reporting Items of Systematic reviews and Meta-Analyses (PRISMA) 2020* for the reporting. [As this is a protocol, in both, we followed the guidance until the end of the *Methods* sections].

**Criteria for considering studies for this review** Add Note

**Cochrane conduct standards:** [Setting eligibility criteria for including studies in the review](#). See [Chapter III](#) [10], and [Chapter 3](#) [28], of the *Cochrane Handbook for Systematic Reviews of Interventions*.

**PRISMA 2020 guidance #5:** Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses, for types of studies participants, interventions and outcome measures, using the following subsections.

**Types of studies** Add Note

Specify all characteristics related to the types of studies used to decide whether a study was eligible for inclusion or exclusion in the review, which should focus on study design(s) features, not labels, as well as other characteristics, such as setting(s). Also specify report characteristics eligible for inclusion or exclusion in the review, such as year of dissemination, language, and report status (for example, whether reports such as unpublished manuscripts and conference abstracts were eligible for inclusion).

State explicitly whether cross-over, cluster-RCTs or quasi-RCTs will be eligible and justify the decisions.

Provide rationales for any notable restrictions to study eligibility. For example, authors might explain that the review was restricted to

**Can you spare 15 minutes to give us your thoughts on the new focused review format?**  
Your feedback will directly inform how we prioritise future improvements.

**Yes, I'd love to**

Focused review format is mandatory for new submissions from 1 April 2024. Enable now. [Key benefits](#).



## 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).





## How to use the reporting template

Trusted evidence.  
Informed decisions.  
Better health.



### My protocol, review or update

#### Results of the search

The searches for this update covered March 2020 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 ([20, 205](#)). We identified one new study from the full-text articles assessed for eligibility ([Jackson 2018](#)).

#### Included studies

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 1923 participants. Of all randomised participants, 58.4% had an exacerbation that led to use of the study inhaler.

[Table 1](#) is a summary of included studies and synthesises key study characteristics important for interpreting the synthesised and full included studies details are available in [Supplemental 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 (675 participants; < 15 years). Approximately 50% of randomised participants inhaled 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 [Supplemental material 2](#).

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](#); [Fones 2009](#); [Harrison 2004](#); [Osborne 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 46.3) years and mean participant age from the four paediatric studies ranged from 7.4 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 [Supplemental material 2](#).

#### Treatment format

### Cochrane review template

#### Results of the search

Also see [Chapter 8](#) and [Chapter 9](#) of the Cochrane Handbook for Systematic Reviews of Interventions.

**PRISMA 2020 guidance #16:** 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 abstracts; records retrieved for detailed evaluation; potentially eligible records that were not retrievable; retrieved records 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

Also see [Chapter 9](#) 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.

If available, link to the Characteristics of studies synthesis supplementary material, which includes studies

Does each section of my work follow the template?