

## Cochrane Consumer and Communication Group (CCCG) review updating guidance and policy: for authors

**This document contains the 2017 version of the CCCG updating guidance and policy.**

In 2016, after several years of research and discussion, Cochrane has moved away from the expectation that all reviews will be updated as a matter of course. The organisation's policy is now for reviews to be updated only if it can be demonstrated that an update is needed. This means that the scope, currency and relevance of the original review questions, and the methods used in the original review, all need to be carefully considered (Garner et al 2016; Higgins et al 2016). CCCG is therefore bringing its policies into line with the wider organisation, taking into account those issues that may be particularly important for the reviews in our topic scope.

The aims of this document are to help to:

- (1) Support decisions that enable high quality reviews, of highest impact and priority, to be updated in line with Cochrane standards and CCCG policies, and
- (2) Ensure reviews are classified accurately in the Cochrane Library according to the Updating Classification System.

This document outlines a framework to be used by the lead author/editor of any team assessing a proposal for a review update.

The major steps in this framework deal with the following issues:

- **Step 1:** Assessing relevance or need for an update
- **Step 2:** Assessing changes in methods/ standards since original review publication
- **Step 3:** Assessing review scope and whether changes are needed.

Each major step (numbered 1-3) includes a series of discussion points (issues to consider; numbered i, ii, iii...), followed by decision points (numbered a, b, c...) specific to that major step.

These steps should be worked through **sequentially** until a decision about updating the review (or not) and a classification is reached.

For a review to be classified as '**update pending**' (ie update can go ahead) each step must be worked through and passed. It must 'pass' all three steps, described in detail below, and documentation provided on how the review will meet the criteria outlined. This documentation will form part of the update proposal, together with completion of an updated protocol, to be submitted by the author team for formal assessment by two CCCG editors.

## Step 1: Is an update needed or justified?

Consider:

- i. Is the review in a priority area?

May be indicated through:

- A clear link or application to health policy, systems and/or practice.
- The review being topical (eg media coverage of review question).
- The review covers a rapidly moving area (eg high volume of new trials or deepening conflict in the outcome of trials)

- ii. Is previously identified research (categorised as ‘awaiting assessment’ or ‘ongoing’) now complete or available for full assessment of eligibility for inclusion in the review?

- Note this should be more than a negligible number of new studies, it should comprise enough new data to conceivably alter the main findings of the review, and particularly for outcomes presented in the Summary of Findings (SoF) table (or for primary outcomes if no SoF). The quality (certainty) of evidence in the existing (published) review will need to be considered when making this decision.
- Please also note that if all of the studies identified in the original review as ongoing or awaiting assessment were subsequently found to be ineligible for the review, the existence of these studies alone would not justify the need for an update.

- iii. Is new research available and likely to meet selection criteria for inclusion in the review?

- Note this should be more than a negligible number of new studies, it should comprise enough new data to conceivably alter the main findings of the review. The quality (certainty) of evidence in the existing review will need to be considered when making this decision.
- Authors must be able to provide evidence of these studies, such as results of preliminary scoping searches that are likely to fulfil the inclusion criteria for the review.

- iv. Are there other relevant criteria to consider? Such as whether:

- a guideline that uses a particular review needs the review searches to be up to date in order to be credible.
- a large, high profile study has become available (or further data has become available) and should be included in the review.
- much of the research in the original review was of low quality (ie high uncertainty). If so, an update may be likely to change the conclusions of the review with the addition of evidence.
- the review question is clearly relevant to current policy papers and/or service improvement.
- the intervention is still in use.
- the intervention has changed or developed over time and an update to the review is needed to reflect these changes.
- the intervention is still being used despite no systematically assembled and appraised evidence base.

- the interventions and/or comparisons the review addressed need to be updated to align with changes in practice or policy.

*Note:*

- Each of the above options require some monitoring or familiarity with the review area. It is the authors' responsibility to monitor the review area and to present to the CCCG a clear rationale for the review update which meets at least one of the above criteria.
- If an author team retires or hands over the review to a new author team, the new team is required to perform this assessment, as part of the preparation to undertake the update.

**Decision points for authors:**

- If the assessment shows that the review clearly meets one or more of the above (i-iv) criteria, move to step 2 (ie towards an update going ahead).*
- If none of the above criteria are met, the review will be classified as 'no update planned' or 'up to date' and reassessed at 2 years. The review's contact author is responsible for leading this, with a reminder from the CCCG editorial base to be sent out at 2 years.*

## Step 2: Do the methods of the review need to be updated?

Check the existing review against the CCCG templates for existing methods:

- CCCG protocol template for methods (planned methods)
- CCCG review template for reporting of the methods (implemented methods) and findings

*Consider:*

- Are there any (major) discrepancies between the methods used and accepted standards (ie those described in the CCC protocol and review templates, corresponding to MECIR standards)?
  - **No:** move to point ii
  - **Yes:** two stages to consider:
    - Methods to be updated in a draft protocol for internal editorial assessment; this may also happen in conference with the author team once a protocol is submitted.

- The aim of this is to ensure that new methods are adequately considered and/or that compromise on key issues is reached between the authors and editorial team (eg if the review is a priority but resources are limited, changes to methods may need to be prioritised in order for the update to go ahead).
  - Authors should clearly highlight additions or changes from original protocol/ review for easy internal editorial assessment.
  - For older reviews, the protocol will additionally need to assess whether features such as the previously included study designs should be altered based on changes in standards, or the availability of new (higher quality) research.
- b. Consider logistics of updating the review methods (author team with or without editorial team input): is there capacity for the author team to complete the update? Team may need to consider:
- application of new methods to new studies and retrospectively (ie to all previously included studies)
  - new synthesis/ analysis methods and outputs may be possible based on the inclusion of additional studies/ data
  - funding and staff allocated to do the update versus volume of work (including retrospective application of new methods)
  - timelines for delivery of the update, search dates in relation to resource allocation etc
- ii. Are there recent additions to CCCG methods and policies that need to be considered for inclusion in the review update?

Examples might include:

- Text mining to assist with searching and screening of citations
  - Involving consumers and other stakeholders in review update development
- No: move to Decision points below.
  - Yes: Methods to be outlined in an updated draft protocol to be submitted for internal editorial assessment, then to move on to Decision points below.

**Decision points for authors:**

- a. *If the assessment shows that no substantive changes to methods (either section i or ii) are needed: move to Step 3 (ie towards update going ahead)*
- b. *If changes to methods section i and/or ii are needed, submit draft protocol for formal editorial assessment:*
- *Protocol must highlight changes from original protocol/ review methods (either for MECIR (i) or CCCG policies (ii))*
  - *Document outlining capacity, skills and logistics of updating the review methods must also be provided for editorial assessment.*

### Step 3: Does the scope of the review need to be updated?

*Consider:*

- i. Has the original review (or parts of the review) been used/ cited in policy, CPGs, health service documents etc? (impact markers)
- ii. Has the review been widely cited and/or disseminated and/or accessed? (publication markers)
- iii. Has there been feedback or commentary on the original review that needs to be taken into account regarding the scope of the update?
- iv. Have the interventions changed so much since original introduction that a later date for the start of the review (ie searching start date) would make sense?
- v. Would a precision review update be more appropriate at this stage, for example, updating the review for only specific comparisons or a smaller set of outcomes?
- vi. Does the original review now overlap significantly with other recently published CRs?

#### **Yes (to any of i to vi)**

- Consider whether changing the review scope would be useful or not. What issues in the body of the evidence contained in the review might influence decisions regarding the review's scope?
- Scope change might be needed if users of the original review have identified gaps (eg exclusions from the original review) that could be incorporated into an update, or additional questions that might be addressed by adding to or modifying the review's objectives or selection criteria.
- Most likely decision in this case is no change to scope of the review.

Also consider:

If the review addresses a very narrow or focussed question, consider expanding:

- Is there a gap that this review could fill if the scope was expanded (eg interventions, comparisons, populations) that would improve relevance to practice, policy and/or research?
  - If yes, submit a draft protocol to the editorial base outlining the proposed changes, with rationale.
  - If no, review proposal with scope in current form goes to editorial base for assessment of update readiness/ priority (scheduling/ logistics for editorial and search support).

If the review is very broad, consider modifying it to a more focussed question:

- Is the review so broad and/or large (n) it will be too big to be practically manageable (eg very large search outputs, large numbers of included studies)?
- Is there a strong rationale for splitting the review to focus on only part of the review's original scope (eg splitting to update one or a selection of comparisons with promising results in the original review; splitting to address more closely a question/ outcomes of importance to or specific to policy makers or other decision makers or patients)?
  - If yes to either question, submit a draft protocol to the editorial base outlining the proposed changes, with rationale.
  - If no to both questions, review proposal with scope in current form goes to editorial base for assessment of update readiness/ priority (scheduling/ logistics).

**Decision points for authors:**

- a. *If assessment shows that the review meets impact and/or publication markers (items i or ii), scope will most likely not change and review update seems warranted.*
- *Note however that even in these circumstances the degree of overlap with other Cochrane reviews must be considered and may mean that the review requires adjustment to its scope.*
- b. *If review does not meet impact or publication markers (items i or ii above), submit draft protocol for formal editorial assessment.*
- *Protocol must clearly outline the proposed changes to scope, including a rationale for the changes.*
  - *Practical implications for the review must also be considered (eg overlap with other reviews upon altering review scope).*

## Next steps

There are several options for next steps based on the above decisions:

1. **No update planned** (not a priority topic, no new research): monitor for future update. Please contact CCRG to inform us you will not be updating at this time.
2. **No methods changes, no scope changes** (same review): go ahead with the update. However, authors must contact the editorial base prior to starting the update. The major reason for this is to receive advice on searching and any revisions to the search strategies that are needed before work begins.
3. **No methods changes, scope altered**: submit proposal/ update protocol to CCRG outlining proposed changes with rationale; assessing possible overlap with other reviews. For editorial review; then referred to the Information Specialist for search help once approved.

4. **Methods update, same review scope:** submit update protocol to CCCG outlining changes to bring methods up to date. For editorial review, with or without author conference; then referred to Information Specialist for search help once approved.
5. **Methods update, scope altered:** submit proposal/ update protocol to CCCG outlining proposed changes with rationale; assessing possible overlap with other reviews; and describing changes to methods to bring up to date. For editorial review; then referred to Information Specialist for search help once approved.

Please also see **Figure 1 in Garner et al (2016)** (available at <http://www.bmj.com/content/354/bmj.i3507>) for a schematic view of options available.

**For all options 2-5: authors must contact the editorial base before starting work on the update, in order to receive help with searching.**

## References

Garner P, Hopewell S, Chandler J, MacLehose H, Akl E, Beyene J, et al. When to update systematic reviews and how to do it: consensus and checklist. *BMJ* 2016;354:i3507.

Higgins JPT, Lasserson T, Chandler J, Tovey D, Churchill R. Methodological Expectations of Cochrane Intervention Reviews. Cochrane: London, 2016. Available at <http://methods.cochrane.org/mecir>