

# The Cochrane DTA Editorial Process

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## Introduction

The authorship and publication of Cochrane systematic reviews are managed by the Cochrane Review Groups (CRGs). CRGs are made up of administrative staff, information scientists, clinicians, epidemiologists and statisticians with expertise of a particular medical speciality. CRGs are led by a Coordinating Editor and have an administrative or editorial base which manages the registration, peer review and publication of the reviews, communication with authors and editors and other members of the Cochrane Collaboration. The role of the Cochrane DTA editorial team is to assist with methodological aspects specific to test accuracy reviews. The methodology of test accuracy reviews and their interpretation are evolving and relatively unfamiliar compared to intervention reviews. Thus a parallel review process (CRG and DTA) has been implemented.

A DTA systematic review has three main phases;

- Title registration;
- Preparation and publication of a protocol ;
- Preparation and publication of the full-text review.

Proposed ideas for DTA reviews must be submitted using the DTA Review Proposal Form (RPF), for approval by the CRG's editorial team. The DTA ET will, on request, provide feedback to the CRG on the suitability of the RPF for a DTA review. If the RPF is approved by the CRG, authors prepare a protocol for the full-text review. The protocol should include the background, rationale and all methods to be used in the full-text review. Once the protocol has been approved for publication, the authors will develop the main review. At all stages of the process, the work is checked by members of the CRG editorial team. Before publication, both the protocol and full-text review are peer reviewed by the CRG and by the Cochrane DTA Editorial Team (DTA ET).

Each CRG editorial base has responsibility for assessing the clinical suitability of all reviews they publish. A specific peer review process has been developed for reviews of diagnostic test accuracy. The DTA ET was convened by the Steering Group of the Cochrane Collaboration in 2008 and is an editorial board with expertise of the methods of systematic reviews of diagnostic test accuracy.

The DTA ET consists of methodologists, epidemiologists, statisticians and clinicians with knowledge of the methodology of diagnostic research, synthesis of evidence from diagnostic test accuracy studies and who are familiar with the content of the Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy. Details of the DTA ET can be found at <http://srhta.cochrane.org>

The CRGs and the DTA ET collaborate during the editorial process of DTA reviews. For a DTA review to be published, both the CRG and the DTA ET must agree that the work is of suitable quality. Protocols and reviews should be prepared in accordance with academic best practice and in accordance with the scientific and methodological standards of the Cochrane [Diagnostic Test Accuracy \(DTA\) Handbook](#) and The Cochrane Collaboration.

The peer review and editorial processes of individual CRGs vary and details can be obtained from the CRG. The DTA ET follows a specific process for peer review and this is described in detail below.

## The DTA Editorial Process

### Proposal Review Forms

#### Registration of a new DTA review

Authors must submit a request to prepare and maintain a Cochrane DTA review using the DTA Review Proposal Form (RPF). The RPF is to be submitted for approval to the appropriate CRG. The CRG editorial team will assess each request to register a DTA review for suitability for publication in The Cochrane Library. The RPF must outline the scope of their proposed review and the experience of their review authors.

CRGs may either:

- accept and register a review proposal; or
- decline to accept a proposal.

CRGs assess whether:

- the proposed review falls in their scope and fits with their priorities;
- that the proposed review is not duplicated elsewhere on the Cochrane Library; and
- the authoring team has suitable experience and expertise to prepare a DTA review.

CRGS may take into consideration the availability to authors of training and other reference materials before accepting a review title. Individual CRGs may apply other specific criteria when assessing proposals to register DTA reviews.

#### DTA Editorial Team Support for RPF Approval

CRGs may seek support and guidance from the DTA ET when assessing the suitability of a RPF. It is not mandatory that the DTA ET approves a RPF prior to its registration.

## Protocols & Full-text Reviews

### Peer review

Protocols for DTA reviews and the subsequent full-text systematic reviews are peer reviewed **separately** by the CRG and the DTA ET to assess:

- the clinical usefulness and appropriateness of the review;
- the suitability of the methods to achieve the objectives of the review;
- adherence to the methods described in the Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy;
- the interpretation of results and inferences drawn;
- That the eventual full-text review is in accordance with its preceding protocol and that any post-hoc changes are identified and described.

The editorial process for each CRG may vary and can be elicited from the specific CRG.

The editorial process of the DTA ET follows the same 5 basic steps for **both protocols and full-text reviews**.

1. The completed manuscript is sent by the CRG for methodological peer review to the DTA ET via DTA-ET@contacts.bham.ac.uk The manuscript should be sent in PDF format.;

2. A DTA Contact Editor and three peer reviewers are appointed and prepare detailed reports for the authors. The contact editor makes a decision on the manuscript (accept, major revision, minor revision) and this decision is sent to the CRG contact
3. The authors revise the manuscript according to the contact editor and peer reviewers' comments and in addition prepare a detailed response document detailing changes made. This is then returned to the CRG who resubmit the revised manuscript and responses to editorial comments to the DTA ET;
4. The DTA Contact Editor assesses the revised document and the authors' responses to the editorial comments. If further revision is required a second Contact Editor report is sent to the authors via the CRG. If no more work is required, the manuscript is considered suitable for publication and a decision of accept is sent to the CRG.
5. The CRG, with help from the authors, will then copy edit and provide technical editing of the manuscript in readiness for publication.

## Technical and copy editing

Cochrane systematic reviews are highly structured documents. The Cochrane Library is a database style Journal and it is important that authors follow guidance on where specific information is to be included within a document. All Cochrane systematic reviews must be prepared using RevMan, the software tool used to ensure the correct placement and formatting of text. Before publication, specific style rules and rules regarding placement of text are checked and edited by the CRG.

## Publication

Both the CRG and the DTA ET **must separately and independently** approve a protocol or full-text review before it is published. In rare cases, for example if a protocol or review does not meet minimum quality criteria, permission to publish may be declined.

The process of accepting a review for publication differs from that of print journals in which many papers sent to the journal for consideration are rejected. CRGs carefully select which reviews they accept at the title registration stage and may work with authors to assist them to follow appropriate research methods and to respond to reviewers' comments.

Once a protocol or review is approved for publication, authors will be contacted by the CRG to sign 'Licence to Publish' forms.

## Updates to published reviews

Updates to published full-text reviews follow a process that is similar to that for original versions of manuscripts

1. The CRG Managing Editor alerts the DTA Program Manager of an updated review and provides the authors' summary of the changes made since the original review was published. The manuscript is sent by the CRG to the DTA ET for review via email.
2. Once received by the DTA Editorial Team the updated review will be assigned, where possible, to the Contact Editor assigned to the original review. Alternatively the updated review will be assigned to another DTA contact Editor.
3. The DTA Contact Editor assesses the review considering:
  - currency and appropriateness of the updated review methods
  - methods employed in the updated review compared to the original review
  - scope of the updated review compared to the original review

4. If the methods or scope have changed from the original review (including occasions where changes are needed due to methodological advances), the Contact Editor may request that the manuscript is sent for external peer review and discussion at a DTA ET meeting before approving any changes made.
5. Where the methods and scope remain unchanged, the Contact Editor may make a decision to accept without further peer review and outside of an ET meeting.
6. Following discussion and feedback, if the updated review requires any changes before publication, it will be returned to the authors to be revised. If no further changes are required, the updated review will be accepted for publication.

## The DTA ET Peer Review Process

The DTA ET peer review assessment consists of three phases:

1. Assessment of Protocol/Review and preparation of peer review reports;
2. Preparation of Contact Editor report, discussion by DTA ET and publication decision;
3. Assessment of revised Protocol/Review and permission to publish.

### Phase 1: Assessment by peer reviewers

The process starts when the DTA ET receives a Protocol/Review from a CRG.

The Protocol/Review is assigned to a DTA ET Contact Editor (this will generally be the same editor for both protocol and review). The Contact Editor assigns three peer reviewer experts and sends the manuscript out for peer review comments. Typically the three experts comprise:

- An information specialist with experience of searching for diagnostic test accuracy studies;
- A statistician with expertise in meta-analysis of studies of diagnostic test accuracy;
- A general methodologist or similar with expertise in systematic review of diagnostic test accuracy.

The experts are given approximately 3 weeks to prepare a report on the Protocol/Review and are asked to assess whether:

- The methods outlined in the Protocol/Review are suitable to allow the objectives of the Protocol/Review to be met;
- The background and rationale adequately present the clinical problem;
- For reviews, whether interpretation of the results obtained is justified by the evidence found;
- For reviews, whether inferences drawn from the results are appropriate.

### Phase 2: Synthesis of comments and discussion

At the end of the 3 week report preparation period, the DTA ET Contact Editor collates the comments and recommendations from the peer reviewers and presents these with the Protocol/Review to the DTA ET at a monthly meeting. The DTA ET discuss and agree if the Protocol/Review is ready for publication, requires minor revision or requires major (considerable) revision. The DTA ET Contact Editor then writes a report comprising:

1. Peer review comments from the three specialist peer reviewers (Cochrane now operates an open peer review system).
2. Contact Editor comments in addition to specialist peer review for the authors;
3. Any confidential comments addressed to the CRG editors;

CRGs will receive a decision on the manuscript from the DTA Contact Editor via the Manuscript Central emailing system. This email will include recommendations for the manuscript and reports detailing comments to address. This is the recommendation from the DTA ET to the CRG. Typically the recommendations are that the Protocol/Review is one of:

1. Acceptable or acceptable with minor revisions (to be managed by the CRG prior to publication);
2. Requires minor revision and resubmission for checking by the DTA Contact Editor;
3. Requires substantial revision, resubmission and review by the DTA ET; this may require further discussion at a DTA ET meeting and peer review.

The DTA ET Contact Editor's report is sent to the CRG which considers the DTA ET report and recommendations alongside its own peer review report. The CRG and DTA ET Contact Editor may be in contact to discuss particular aspects of the Protocol.

The DTA Contact Editor should ensure that the report:

- Is unambiguous so that the authors understand exactly what improvements are required;
- Explains the reasons for the DTA Contact Editors' concerns;
- Identifies which of the peer reviewers' comments must be addressed;
- Contains nothing that may be construed as insensitive – we do not want authors to be deterred from progressing the protocol / review.

The CRG sends the Contact Editor report, including the DTA ET peer review comments from the three specialist peer reviewers, to the authors and requests that the authors provide:

- A revised Protocol/Review; and a
- Response to itemised comments in the DTA ET report.

### Phase 3: Assessment of revised Protocol/Review

The CRG sends the DTA ET the revised Protocol/Review and the authors' detailed responses to both the Contact Editor Report and the DTA ET peer reviewer reports.

In the case of an initial DTA ET decision of revisions, the DTA ET Contact Editor assesses the revised Protocol/Review, authors responses to the DTA ET report and, where undertaken, a second round of peer review and will either approve the manuscript for publication or ask the author to revisit specific points. In some circumstances, the DTA ET Contact Editor may bring author's responses for discussion at a DTA Editorial meeting and in the case of a major revision if necessary request a further round of peer review.

The CRG is notified of the DTA Contact Editor's decision and, if suitable for publication, the CRG will initiate technical editing and copy editing in preparation for publication.

Cochrane systematic reviews of diagnostic test accuracy **must not be published until both the CRG editors and the DTA ET have approved the Protocol/Review** for publication.

### Timescales

The time to complete the DTA ET review process will, under normal circumstances, be a maximum of 10 weeks. The DTA ET attempts to complete the review process in 6 weeks for Protocols and 8 weeks for Full-text Reviews. The process can be delayed dependent on timing of monthly Editorial meetings and the availability of peer reviewers.

A typical timeline for a protocol is:

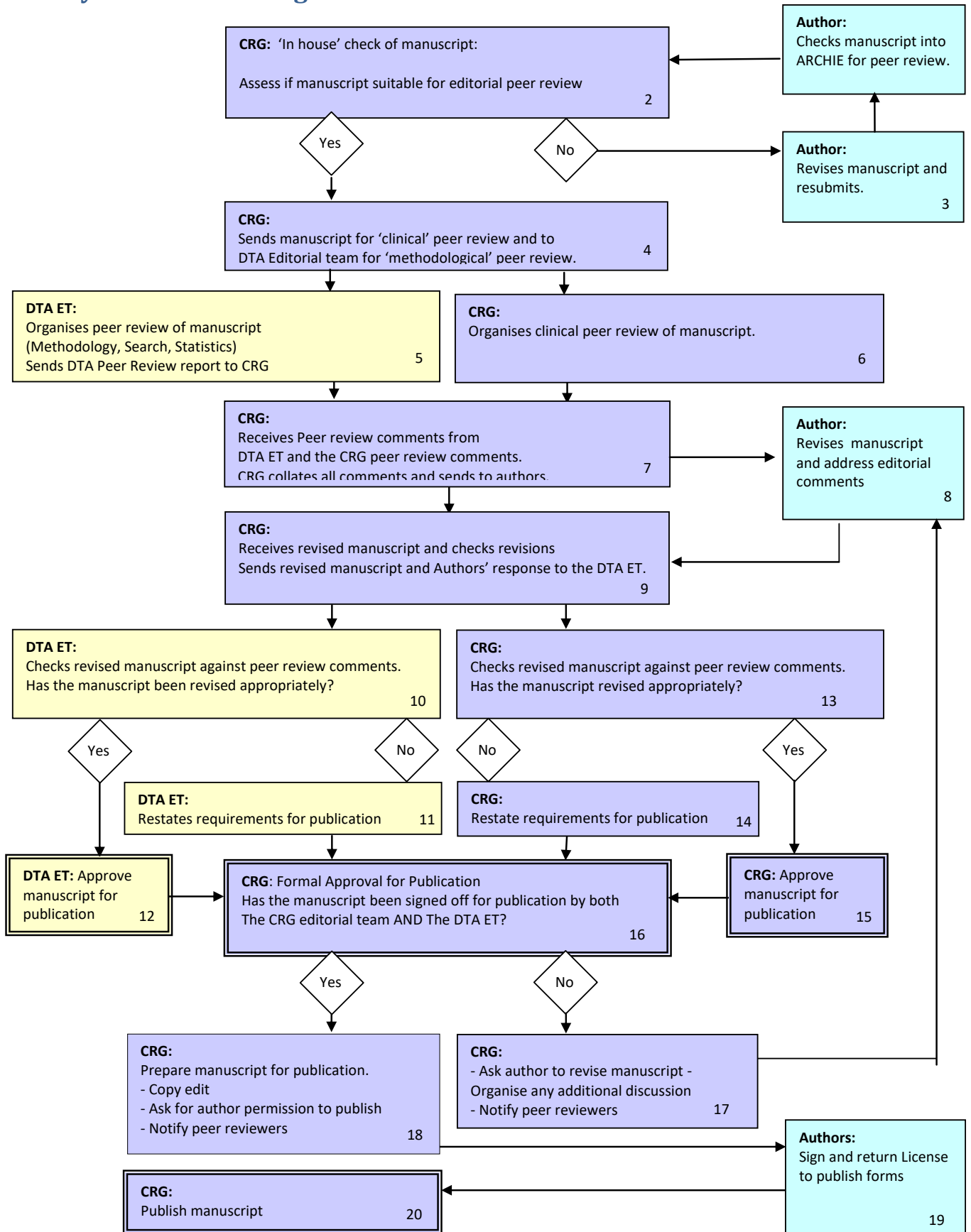
1	Receipt of Protocol, upload to Manuscript Central, assignment of a Contact Editor & 3 Peer Reviewers	Week 1
2	Preparation of Peer Review reports	Weeks 2-4
3	Aggregation of Peer Review reports, preparation of Contact Editor report and scheduling for discussion at a meeting of the Contact Editors	Week 5
4	Discussion by the appropriate DTA Contact Editor team at the next scheduled meeting and announcement of the decision	Week 6



A Full-text Review follows a similar timeline but with an extra week for each of activities 2 & 3 above.

## Diagrammatic representation of the DTA Editorial Process

### Key to the above diagram



1. **Author** checks manuscript into Archie and notifies CRG it is ready for peer review
2. **CRG** receives manuscript & performs an 'In-house' check  

CRG Team (RGC, TSC, Editors) assesses if manuscript is suitable for editorial peer review. Checks might include RevMan validity check, a check of the search strategy, assessment of clinical relevance etc.

**If No – Manuscript is not suitable for peer review**

  3. **CRG** returns manuscript to authors; authors make changes to manuscript.  

CRG sends the authors some guidance on changes needed to bring the manuscript to the standard suitable for peer review. [Return to step 1].

**If Yes - Manuscript is suitable for peer review**

  4. **CRG** sends manuscript for peer review.  

CRG makes the manuscript available for peer review to clinical peer reviewers (peer review as defined by the individual CRG) and to the DTA Editorial Team to begin the process of peer review of methods. [on to Step 5]
5. **DTA ET** sends the manuscript for peer review  

The manuscript is assigned to a DTA ET Contact Editor and is sent for peer review to a Statistician, an Information scientist and a DTA methodologist. The peer reviewers prepare reports for the DTA Contact Editor. The DTA Contact Editor prepares a summary report for the CRG and authors advising, where necessary, how the manuscript is to be changed in order to meet the standards expected from a Cochrane manuscript. The report contains a decision that the review is one of:

  - a. acceptable with minor revisions to be managed by the CRG;
  - b. acceptable with minor revisions to be reviewed by the DTA Contact Editor or
  - c. a major revision is needed (possibly with additional peer review) to be reviewed by the DTA ET.
6. **CRG** sends the manuscript out for peer review  

Peer review for clinical aspects is individual to each CRG. Peer reviewers return comments to the CRG.
7. **CRG** prepares report for authors  

The CRG receives peer review comments from the DTA ET peer review and the clinical (CRG) peer review. The CRG may contact the DTA ET Contact Editor for clarification of items within the peer review report. The CRG sends the reports to the authors. Authors are asked to revise the manuscript as described by the peer review report and to prepare an authors' response document in which the authors respond to each of the peer reviewers' comments.
8. **Authors** return revised manuscript to the CRG  

Authors revise their manuscript to incorporate the comments and advice from the peer review process. Authors are asked to respond to each of the peer reviewers numbered comments in a separate document that can be returned to the DTA ET. If the authors disagree with any of the points in the DTA ET peer review reports, their reasons should be included in the point-by-point response. The DTA ET is happy to provide clarification of any points in the peer review report. Authors make their revised manuscript available to the CRG and send an authors' response document to the CRG.
9. **CRG** receives revised manuscript

CRG makes the revised manuscript and the authors' response document available to the DTA ET and to the CRG Editor to check that revisions are appropriate.

10. **DTA ET Checks revised manuscript**

The DTA ET receives the revised manuscript and authors' response document and checks if the revised manuscript has taken into account all peer review comments and has been revised appropriately.

**If No - Not revised appropriately**

11. **DTA ET** returns manuscript to CRG for further revision

DTA ET notifies the CRG that the manuscript needs more changes or that the authors need more guidance in how to meet the CRG standards for publication of a Cochrane DTA manuscript [Step 16].

**If Yes - Revisions acceptable**

12. **DTA ET** notifies CRG that the manuscript is considered suitable for publication

The manuscript may require additional technical and copy editing before publication [Step 16].

13. **CRG** checks if revisions are made appropriate

**If No - Not revised appropriately**

14. **CRG** identifies the remaining items required for preparation

The manuscript needs more changes or the authors need more guidance in how to meet the CRG standards for publication of a Cochrane DTA manuscript [Step 16].

**If Yes - Revisions acceptable**

15. **CRG** notifies DTA ET that the manuscript is considered suitable for publication

The manuscript may require additional technical and copy editing before publication [Step 16].

16. **CRG** checks that both the DTA ET and the CRG editors have both agreed the manuscript is suitable for publication

**If No - DTA ET or CRG or both have not approved the manuscript for publication**

17. **CRG** contact the author to ask for further revision

CRG asks the authors to revise and resubmit the manuscript and provides a list of further changes required and any requirements about supplying detailed responses to comments. If necessary, the CRG provides the authors with more guidance on how to meet the standards for publication of a Cochrane DTA manuscript. CRG organize any additional discussion between DTA ET and CRG editors and authors [Return to step 8].

**If Yes – Both have approved the manuscript for publication**

18. **CRG** prepares manuscript for publication

The manuscript meets the standards required by the CRG for publication of a Cochrane DTA manuscript. There may need to be additional copyediting and technical editing. CRG asks authors to sign a License to Publish form [step 19 and 20].

19. **Authors** sign and return license to publish forms to the CRG

20. **CRG** Publish manuscript

### Becoming a DTA Editor

To ensure that issues relevant to a specific clinical topic are represented on the DTA ET we encourage CRGs to nominate individuals for the DTA Contact Editor role. In recognition of the specialist knowledge required to undertake Diagnostic Test Accuracy reviews there are 2 distinct DTA editor roles reflecting an individual's expertise and experience of DTA methods.

**CRG DTA editors** undertake a role in the processing of DTA reviews as defined by the CRG but cannot make decisions about a DTA protocol or review on behalf of the Cochrane DTA Editorial Team. All DTA reviews must still go through the Cochrane Central DTA Editorial process as part of dual publication approval by the CRG and DTA Editorial Team for Cochrane DTA reviews.

**DTA Contact Editors (CEs)** undertake a DTA editorial role for both the CRG and Cochrane DTA Editorial Team. An individual would be expected to undergo a period of mentoring with an existing DTA CE before taking up the DTA ET role. Mentoring takes the form of attendance at monthly DTA Editorial meetings. The period of mentoring is dependent on an individual's experience and expertise of DTA methods. Once trained a DTA CE will act as CE for his CRG's reviews when they are submitted to the central DTA Editorial Team. The CE would also be expected to act as a reader of other reviews submitted to the Central DTA Editorial Team as often as they are able/available to attend editorial meetings. A CE can make decisions on behalf of the Cochrane Editorial Team as agreed with other editors during an editorial meeting where relevant. A DTA CE is assigned to one of two Editorial Teams that meet monthly via teleconference.

## “Handy Hints” for using Manuscript Central

### Searching for Manuscripts

There is a search facility in the top right-hand corner of the screen in both the “Viewing Centre” and “Contact Editor Centre” options. The search facility consists of:

- a) A box in which to enter search text;
- b) A drop-down menu box;
- c) The Search button.

Note: The character \* may be used in the search text as a wild-card.

To search for a specific manuscript (e.g. DTAR-12-0123) enter **\*123\*** in the search text box, select “Manuscript ID” from the drop-down box and press the Search button. Manuscript Central will return all versions of the manuscript DTAR-12-0123, the original version of the manuscript and any subsequent revisions.

To search for a manuscript by title (e.g. for a manuscript which has “pancreatic cancer” in the title) enter **\*pancreatic\*cancer\*** in the search text box, select “Manuscript Title” from the drop-down box and press the Search button. Manuscript Central will return all manuscripts, including any revisions, where the title contains “pancreatic cancer”.

Note: If the search text had been entered as **\*pancreatic cancer\*** then Manuscript Central would only return manuscripts where pancreatic & cancer were contiguous words in the title. The middle \* character causes Manuscript Central to return manuscripts where both pancreatic and cancer appear somewhere in the title, not just as contiguous words (e.g. “DTAR-11-0085: *Imaging modalities for differentiating between benign focal pancreatic lesions with no malignant potential, precancerous focal pancreatic lesions, and cancerous focal pancreatic lesions*”).

### Finding documents associated with a Manuscript

Having found a required manuscript, all versions & revisions of a manuscript together with the decision letters from the Contact Editor plus the Authors’ responses to review comments for an earlier version can be found by pressing the “Tick box” in the right-hand column of the appropriate row.

The information returned by Manuscript Central will (should!) be in chronological order. The submission dates of the original and revised documents are displayed giving a useful history of the manuscript.

### Finding the Protocol that preceded a full text Review

As an example, manuscript DTAR-13-0161 is a full-text Review with the title: “Laparoscopy for diagnosing resectability of disease in patients with advanced ovarian cancer”. The Manuscript ID of the corresponding protocol is DTAR-11-0093.

Use the search facility in the top right-hand corner of the screen in either your “Viewing Centre” or “Contact Editor Centre” options. The search facility consists of:

- a) A box in which to enter search text;
- b) A drop-down menu box;
- c) The Search button.

Note: The character \* may be used in the search text as a wild-card.

### **To search for the corresponding protocol using the Manuscript ID (i.e. DTAR-11-0093)**

Enter \*0093\* in the search text box, select “Manuscript ID” from the drop-down box and press the Search button. Manuscript Central will return all versions of the manuscript DTAR-12-0093, the original version of the manuscript and any subsequent revisions.

### **To search for the corresponding protocol using keywords in the Manuscript Title:**

Enter **\*laparoscopy\*resectability\*ovarian cancer\*** in the search text box – or whatever you consider to be appropriate keywords from the title, select “Manuscript Title” from the drop-down box and press the Search button. Manuscript Central will return all versions of the manuscript DTAR-12-0093, the original version of the manuscript and any subsequent revisions. In addition, it will return the full-text Review.

### **To search for the published protocol via the SRDTA website:**

Go to [Protocols](#) – they are listed in alphabetical order. Click on the link to the Cochrane Library to find the required published protocol.

## **How to record & submit a decision using Manuscript Central**

1. Log on to MC and select “Contact Editor Centre”.
2. Select the option “Awaiting Contact Editor Decision”.
3. Click on the Tick Box in the “Take Action” column in the row containing the manuscript for which your decision is to be recorded.
4. Click the appropriate “Decision” button.
5. Click on the “Create Draft Email” button.

When you click the “Create Draft Email” button, a new screen will open, containing an email template to go to the CRG to advise them of your decision. It will match your selected decision (Accept / Minor Revision / Major Revision / Not Acceptable) and it will be addressed to the CRG Managing Editor with a copy to [dta-et@contacts.bham.ac.uk](mailto:dta-et@contacts.bham.ac.uk) and addressed from you.

6. Modify the draft email as appropriate – you may wish to insert or append supplementary text.
7. Attach the file containing your Contact Editor’s feedback to the authors. This will be the file issued containing the aggregated peer reviewers’ feedback, suitably modified by you and with your feedback inserted. Please ensure that you have removed any “Confidential Comments for the DTA Editors” submitted by the peer reviewers. Click “Attach” after you have located the file using the “Browse” facility.
8. Click on the “Commit Decision” button to complete the process or click the “Save” button to keep what has been done and return to the Decision process in future.
9. You will next be presented with a “Thank you” template to go to the peer reviewers. Please also attach the file containing your Contact Editor’s feedback to the authors so that the peer reviewers receive a copy.