

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), previously known as the DTA Title Registration Form (TRF), 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 or plan 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. For UK based CRGs, formal training and informal advice is available (until September 2014) for problems with statistical or methodological issues and with searching for primary diagnostic research studies. 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. Because there are relatively few people with knowledge of the methods to prepare systematic reviews of diagnostic test accuracy, a specific peer review process has been developed for this type of review. 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 review 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://srdta.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 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), formerly the DTA Title Registration Form (TRF). 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 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 peer review to clinical editors and peer reviewers and to the DTA ET for methodological peer review;

2. The DTA Contact Editor and appointed peer reviewers prepare detailed reports for the authors;
3. The authors revise the manuscript and prepare a detailed response to the DTA Contact Editor's comments and to those of the peer reviewers and return both to the CRG;
4. The DTA Contact Editor assesses the revised document and the authors' responses to the editorial comments. If more work is required the material is returned to the authors. If no more work is required, the manuscript is considered suitable for publication.
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.

Revisions to published protocols & reviews

Revisions to published protocols and full-text reviews follow a process that is similar to that for original versions of manuscripts.

1. The revised manuscript is sent, by the CRG, to the DTA ET for methodological review. The revision is to be supplemented by a summary document that indicates what has changed & why;
2. A DTA Contact Editor is appointed to review the revised manuscript. Ideally this will be the CE who reviewed the previously published version;
3. The DTA Contact Editor will determine whether or not the manuscript requires peer review based on:
 - The extensiveness of the revisions &/or;
 - The inclusion of newer, improved methodologies (such as Quadas2 or statistical techniques).
4. The DTA Contact Editor assesses the revised document and the authors' summary of changes together with feedback from the peer reviewers if requested. If more work is required, the material is returned to the authors. If no more work is required, the manuscript is considered suitable for publication.
5. The CRG, with help from the authors will then copy edit and provide technical editing of the manuscript in readiness for publication.

Updates to published reviews

Updates to published full-text reviews follow a process that is similar to that for revisions to full text reviews.

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.
2. The "Accepted for publication" decision of the published review in Manuscript Central is rescinded and altered to a "Minor revisions" decision. This enables the generation of a new version of the existing review for consideration by the DTA Contact Editor who accepted the published version.
3. The DTA Contact Editor considers the updated review and advises whether to retain the "Minor revisions" status or to amend it to "Major revisions".
 - a) "Major revisions" would be appropriate if there has been significant change to the methodology or if substantial numbers of additional studies have been found, causing a change to the results & conclusions. Additional peer review will follow and the updated review will be scheduled for discussion during a future conference call.
 - b) "Minor revisions" is appropriate if the DTA Contact Editor deems that additional peer review is unnecessary and is happy to return a decision without further discussions.
4. The process then follows the standard editorial process as for revised reviews.

The DTA ET Peer Review Process

The DTA ET peer review assessment is in 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. The Contact Editor assigns three peer reviewer experts and sends the Protocol out for peer review comments. Typically the three experts comprise:

- An information expert with experience of searching for diagnostic test accuracy studies;
- A statistician with expertise in meta-analysis of data from studies of diagnostic test accuracy;
- An epidemiologist 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 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 a little more work or considerable revision. The DTA ET Contact Editor then writes a report with three parts:

1. Contact Editor report for the CRG editors;
2. Contact Editor report for the authors;
3. DTA ET peer review report from the three specialist peer reviewers (anonymous).

The Contact Editor report includes the DTA ET decision. 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);
2. Requires minor revision and resubmission for checking by the DTA Contact Editor;
3. Requires substantial revision, resubmission and review by the DTA ET (possibly to include a second round of 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 to the authors. This report includes the DTA ET peer review comments from the three specialist peer reviewers (anonymous) and requests that authors provide:

- A revised Protocol/Review; and a
- Response to the numbered list of DTA ET requested changes.

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 minor revisions, the DTA ET Contact Editor assesses the revised Protocol/Review and will either approve it for publication or ask the author to revisit specific points. In some circumstance the DTA ET Contact Editor may ask DTA ET peer reviewers to reassess the Protocol/Review.

In the case of an initial DTA ET decision of major revisions, the DTA ET Contact Editor will present back authors' responses to the initial peer review at the DTA ET monthly meeting and Phase 2 (synthesis of comments and discussion) is repeated.

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

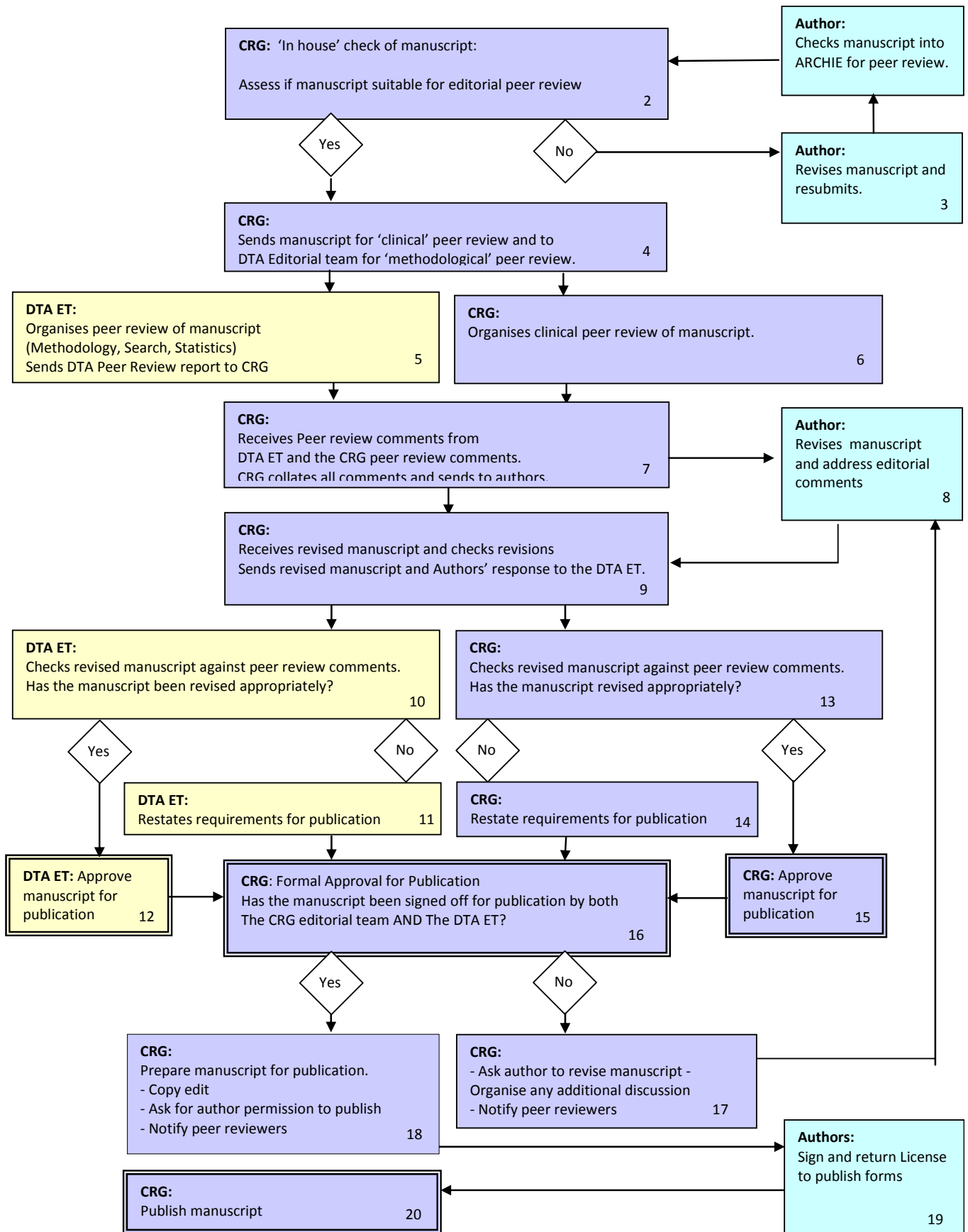
The time to complete the DTA ET review process will, under normal circumstances, be a maximum of 10 weeks. Usually the DTA ET attempts to complete the review process in 6 weeks for Protocols and 8 weeks for Full-text Reviews.

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 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

CRG Contact Editor training

The UK Diagnostic Test Accuracy Review support group has now begun the process of transferring DTA editorial responsibility to the CRGs, by commencing “See 1 Do 1” training of new DTA editors. This is anticipation that funding of the UK Diagnostic Test Accuracy Review support group will cease in September 2014.

The DTA editor(s) nominated by each CRG are invited to join the current DTA editorial team for a period of 6 months. During this time they will initially observe methodological discussions concerning submitted protocols and reviews from other CRGs, subsequently leading the editorial processing of a DTA protocol and review, working alongside a DTA editor. All work is done remotely by teleconference and will involve up to 4 hours per month currently scheduled as either the 2nd Tuesday of every month (2 pm UK time) or the 4th Wednesday of every month (commencing between 9am and 11am UK time) depending on which of the two existing editorial teams a DTA editor-in-training is attached to. Additional preparation and reading time will be required – up to 2 days per month.

At the end of the 6 month training period, the current DTA editors will be canvassed to determine the readiness of the DTA editor-in-training to take on the role. The “newly qualified” DTA editor will then be offered a choice of either:

a) Continued attendance & membership of the DTA Contact Editor Team;

or

b) Occasional attendance when they may bring protocols & reviews from their CRG for consideration & discussion.

Once CRG DTA editors are comfortable and proficient in their new role, the CRG will then be ready to manage its own DTA editorial process. This means that the “newly qualified” CRG DTA Contact Editor will be assigned to manage all protocols & reviews for DTA editorial approval submitted by their CRG, provided the individual is not a named author of the manuscript. All protocols & full reviews will continue to be discussed during the monthly conference call with peer reviewers appointed by the DTA Program Manager.

CRGs with existing representation on the DTA editorial team need only formally notify us that this person is their nominated DTA editor.

“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 me and addressed from you.

6. Modify the draft email as appropriate – you may wish to insert or append supplementary text.
7. Insert the date of the DTA Contact Editors meeting when the decision was agreed (or is to be advised) in the appropriate location in the text of the email. *[I plan to scrap this – few CEs use it!]*
8. Attach the file containing your Contact Editor’s feedback to the authors. This will be the file I 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.
9. 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.
10. 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.