

Editorial processes for diagnostic test accuracy reviews

Practical issues for authors and review groups

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- 1. Current status of DTA and the Cochrane collaboration
- 2. Editorial process
- 3. Questions

What's needed to publish a Cochrane review?

- RevMan
- Cochrane Handbook
- Cochrane review group
 - Administration
 - Editors
 - Searching expertise
 - Statistical expertise
 - Methods expertise
- Peer review

Current status

- Steering group decision April 2003 to publish Cochrane DTA reviews.
- RevMan5 (March 2008)
- Handbook Chapter 4 published.
- DTA editorial team
- 8 pilot protocols in *The Cochrane Library*
- Training for authors and editorial teams

Some aims of the editorial process and peer review for Cochrane reviews

- To provide specific expertise and advice for authors in the preparation of Cochrane systematic reviews in order to
 - produce a review with a focussed and clinically useful review question.
 - minimise bias by ensuring the review is prepared in accordance with the Handbook using appropriate methods and analyses and to ensure a protocol is prepared before the review is prepared.
 - Ensure the full review is a responsible, clinically meaningful document that accurately reflects the available evidence.
- To avoid duplication of reviews
- To obtain external peer review
- To edit the review for publication in the Cochrane Library (format, clarity, copy editing, proof reading)

Cochrane review groups

- Editors: clinical, running RCTs, systematic review of RCTs, clinical background, MA of interventions (Statistical editors).
- TSCs expertise and knowledge is focussed on identifying RCTs
- RGCs are familiar with Handbook (Interventions) methods and critical appraisal of RCTs and Systematic reviews of RCTs

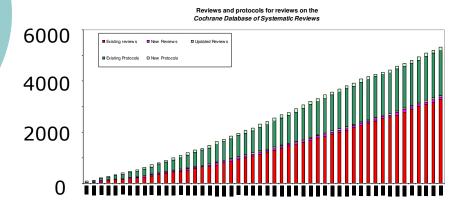
This team provide authors with very good

- Advice and guidance on systematic review research methods
- On using software
- Access to statistical help

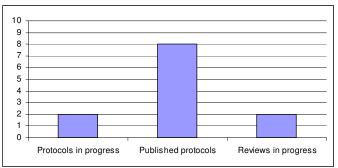
Generally CRGs provide a very high probability of publication in the Cochrane Library

Comparison of Capacity

Reviews of interventions



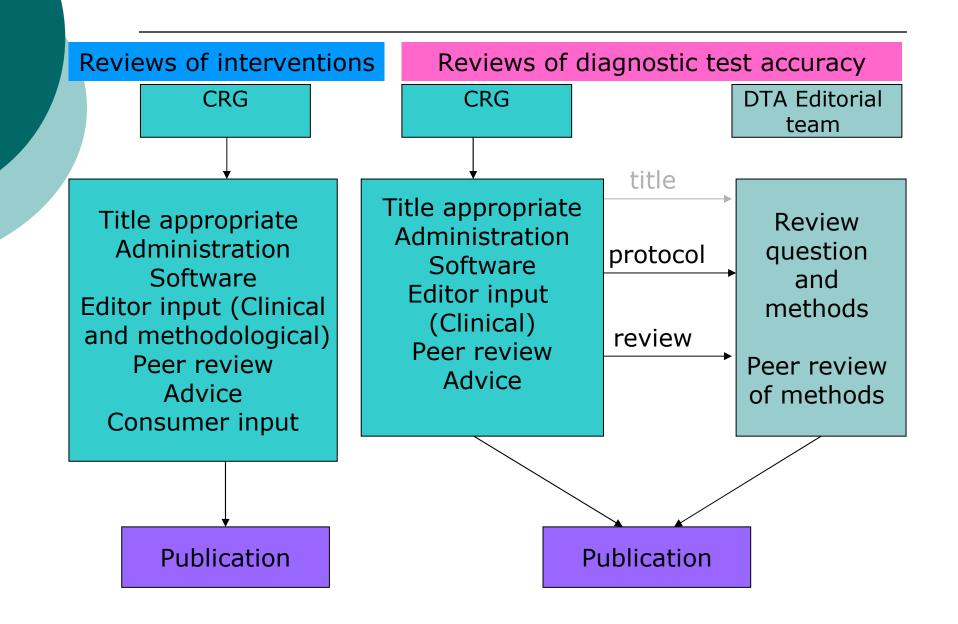
Reviews of diagnostic test accuracy

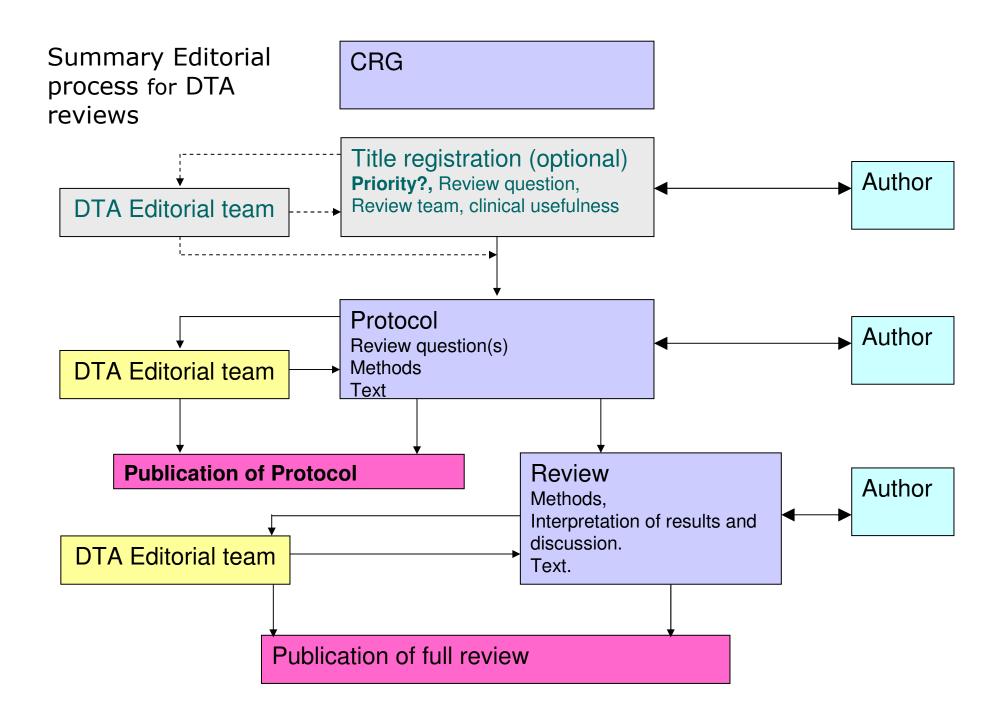


1993 to 2008 (15 years) 1787 protocols 3384 reviews 489 editors in 51 CRGs 13033 authors 2007 to 2008 8 reviews* ~20 editors 44 authors in 8 CRGs*

Does not include newly registered review titles

Editorial process





Title registration (optional service)

Author proposes a review title

CRG

- Screening, prognosis
- Scope
- Priority list of reviews or a new priority?
- Areas of common interest

Feedback regarding DTE Editorial team

Advise author of DTA resources

- Handbook
- RevMan5
- other information
- Agrees title with author

DTA Editorial team

- title appropriate
- research question
- selection of index test,
- comparator test(s)
- reference standard
- target condition
- Participants/population
- study designs

Author considers comments

Register title on IMS

Title registration

Areas of common interest

'lipoproteins for coronary heart disease in people with diabetes' may be of interest to the Cochrane Heart Group and the Cochrane metabolic and endocrine disorders group.

Chest pain could be Heart disease (Cochrane Heart Group) or Oesophagitis (Cochrane Upper Gastrointestinal and Pancreatic Diseases Group)

Title registration

Relevant clinical question (balancing author needs with the needs of the CRG)

Authors propose

"Immunochromatography-based rapid diagnostic tests for malaria "

The authors wish to compare two types of immunochromatography tests.

CRG considers

There are approximately 100 such tests.

Compare all tests? Just two tests? The most widely used tests? Reference standard? Other important comparator test?

Population (antibody load will be different)

Travellers to areas with endemic malaria

Or

Indigenous population

Commercial application

Manufacturer, Distribution, longevity, ease of use, Other factors?

Protocol (1)

Examples to follow!

Author

sends in Protocol to CRG

Author

edits Protocol, sends to CRG

CRG

- English
- Content (Background is suitable length with references).
- Returns to author if needed
- Sends to
- DTA Editorial team for methodological review
- Contact editor or to editors for clinical peer review
- Consumer
- Developing country specialist
- Peer reviewers

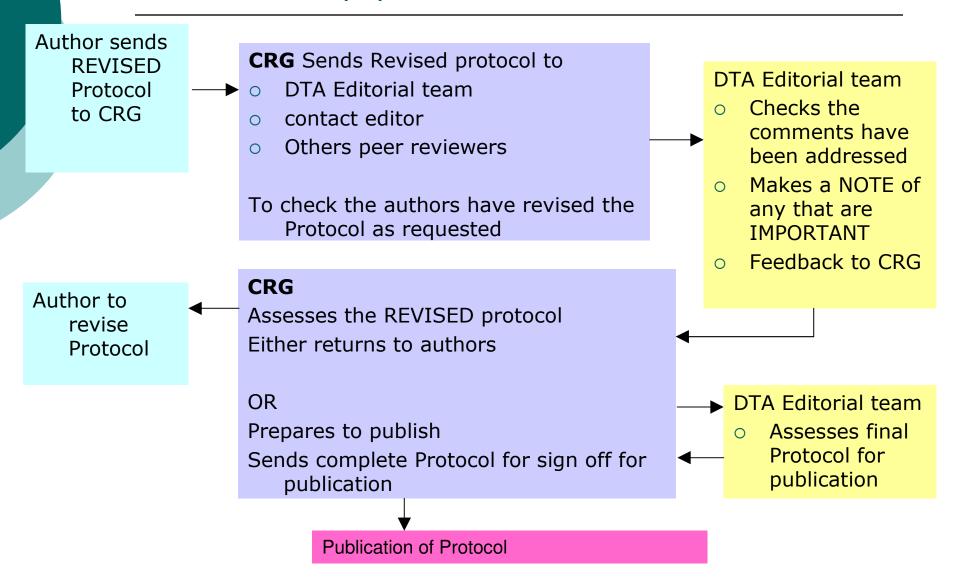
Sends comments to authors

DTA Editorial team
Checks the
methods and
review
question are
appropriate

Author

Addresses the editors comments

Protocol (2)



Protocol -examples

CRG

- o Title and aim are consistent with TRF?
- Title unambiguous
- Suitably detailed content in all sections
- Author team has suitable expertise

DTA Editorial team

- Suitable reference standard planned
- Suitable index tests(s) and comparator test (If included).
- Assessment of quality of primary studies is suitable.
- Study design appropriate and not likely to cause bias.
- Population is clinically representative and appropriate for the diagnostic test.
- Statistical analysis is appropriate.

For example: A systematic review to diagnose back pain using simple anatomical/physical testing use populations from Secondary care. And therefore the specificity and sensitivity of the test would be different (as all patients had been referred for back pain) if the population has been recruited from primary care.

Protocol

- The coordinating editor
 AND
- The Editor of the DTA Editorial team
 - can read the Protocol and assess the suitability for publication in The Cochrane Database of Systematic Reviews
 - methods appropriate to answer the question
 - meet Cochrane standards
 - o contains appropriate clinical information

Things to consider?

- CRGs Prioritise reviews. Set a limited number of priority reviews with pragmatic and focussed clinical questions and consider author requests within your priority reviews.
- Authors ensure there is suitable experience of systematic reviewing and statistical expertise (Someone able to run advanced stats packages) within your review team
- Beware 'other' DTA methods. Only those in the Cochrane Handbook will be supported.
- CRGs Recruit a dedicated DTA editor and DTA statistician (Training for statisticians July 2009 Birmingham)
- Regional Support units will assist CRGs within their capacity

Things to consider?

- Identify new collaborators with research background in diagnosis and testing – look to identify dedicated editors(s) with experience of diagnostic research
- Availability of the draft version of Handbook (Chapter 4)
- Training for authors and editors before registering reviews
- The research in SR of DTA studies is evolving rapidly and the Handbook will change.
- Pilot / early stages /
- Anything else? other questions?

End

Cochrane DTA organisations

DTA editorial team

Formal assessment of Protocol and Review (Sign off for publication) Share responsibility for quality of Protocols and Reviews

External methodological peer review of Protocol and Review

Informal assessment of Title registration form or title proposals.

DTA Regional Support Units for CRGs

Resource for CRGs to support their authors

Regional – UK, continental Europe, Australasia, and North America.

Provide training for CRGs authors, statisticians

Link to DTA editorial team

Cochrane DTA working group

Work on RevMan5, Handbook, Website other Logistical aspects

Screening and diagnostics test methods group

Methodological and statistical research

Roles of CRG, support unit and DTA EB

CRG

- Contact for author
- Administrator
- CRG peer review
- Manage review in ARCHIE
- Manage preparation for publishing

Approval for publication

 Assess clinical relevance of review questions and peer review

Support unit

- Contact for CRG
- Informal advice
- Training

DTA editorial team

Topic list advice

 Advice on title, for question formulation (optional)

<u>Approval for</u> <u>publication</u>

- Assess methods in the protocol and review
- peer review

Things to consider?

- Set a limited number of priority reviews with pragmatic and focussed clinical questions
- Consider author requests within your priority reviews
- Check author teams carefully to ensure there is suitable experience of systematic reviewing and statistical expertise (Someone able to run advanced stats packages)
- Beware 'other' DTA methods. Only those in the Cochrane Handbook will be supported.
- Recruit a dedicated statistician (Training for statisticians Dec 2008 or Jan 2009)
- Support units will assist CRGs within their capacity

Things to consider?

- Identify new collaborators with research background in diagnosis and testing – look to identify dedicated editors(s) with experience of diagnostic research
- Availability of the draft version of Handbook (Chapter 4)
- Training for your authors and editors before registering reviews
- Discuss potential diagnoses 'common interest' with other CRGs
- Consider that the research in SR of DTA studies is evolving rapidly and the Handbook will change.
- Pilot / early stages /
- Anything else?

End