Production implications of LSRs

LSR Methods Symposium
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Trusted evidence.
Informed decisions.
Better health.
Intermittent to continuous activity

- More work or working differently?
Basic LSR process

Run searches and screen

- NO new evidence found
  - NO important impact
    - Integrate LATER
  - IMPORTANT impact
    - Integrate NOW

- NEW evidence found
  - Integrate NOW

Data extraction, risk of bias, synthesis

Update review
Author implications

- Planning for ongoing contribution (do and maintain!)
  - Frequent, small commitment from authors
  - Needs clear project management

- Size of author team
  - Larger teams may be needed

- Evolving author team
  - Maintaining institutional memory and consistent approach critical
Author implications (cont.)

- Academic credits
  - Existing and new authors need appropriate acknowledgement via new citations
  - But don’t want new citations too frequently (disperses unique citations per manuscript)
Editorial implications

• Workload
  o Small, frequent commitment likely
  o Must be able to be responsive
  o If new frequent new publications = ↑ workload

• Working in new ways
  o Encourages a closer relationship with authors
  o Collaborative approach to deciding to integrate new studies
  o Establishment of pool of LSR peer reviewers
Peer review implications

• More selective approach to peer review, i.e.
  o Minimal changes may not need peer review, or
  o ‘Selective’, i.e. fewer reviewers / or fewer sections of review

• Informed by Cochrane’s (new) peer review policy

• Likely to benefit from consistent peer reviewers over time
# (Living) systematic review enablers

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<td>Workflow and collaboration tools</td>
<td>Tools and platforms for SR authoring (e.g. Covidence, EPPI-Reviewer)</td>
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<td>Semi-automation</td>
<td>Machine assisted SR production processes (e.g. machine learning, Evidence Pipeline)</td>
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<td>Data repositories and linked data</td>
<td>Repositories of structured SR data (e.g. Cochrane linked data project)</td>
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<td>Participation and the crowd</td>
<td>Large and diverse author groups, citizen and crowd participation, nanopublication (e.g. TaskExchange, Cochrane Crowd)</td>
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Adapted from Elliott 2014 *PloS Med* 11(2)
An introduction to Covidence

Faster reviews
An average 33% reduction in time spent per review, saving an average of 71 hours per review.

Data secure in one place
Never lose track of your review with data stored safely and centrally.

Seamless collaboration
Enable the whole review team to collaborate from anywhere.
There are now more new-to-Cochrane users than total tasks in TaskExchange
Cochrane LSR production

Feasible if

✓ Right people
✓ Right review
✓ Right tools

To be explored in LSR pilots….