



Cochrane

Project Transform

Proposed Cochrane LSR pilot model

LSR Methods Symposium

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Trusted evidence.
Informed decisions.
Better health.





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Ideal versus possible/feasible...





What's fed into the model

- ✓ Maximise usefulness for the end-user
- ✓ Minimise additional workload for authors / editors
- ✓ Maximise visibility / findability
- ✓ Build on existing Cochrane platforms and processes
- ✓ Start with what's possible and workable
- ✓ Should evolve over time, with broader Cochrane and Cochrane Library developments



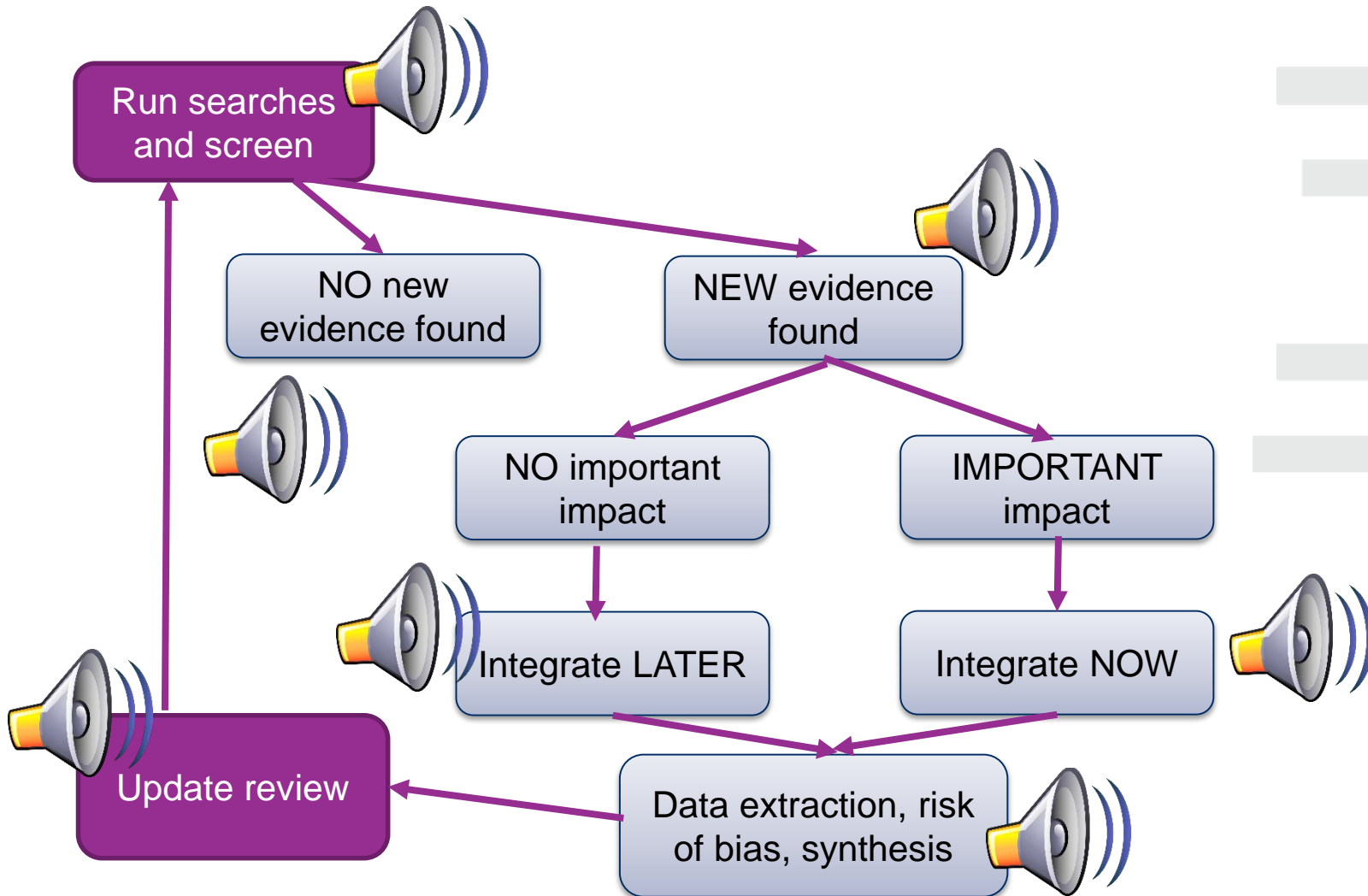


Key points

- New reviews and updates can be LSRs
- LSR methods should be incorporated into protocols
- LSRs build on a 'baseline' Cochrane Review
- LSRs utilise existing publication processes and platforms



Basic LSR process





Benefits of Update Classification

- More minor updates can be managed OUTSIDE the review publication cycle
- Quick and simple communication between authors / ME
- Allows communication of key information for reader, i.e.
 - Searches are continuous
 - Most recent search date
 - Any new studies/data/information (include DOI)
 - Implications for currently published version
 - If relevant, when new studies/data/information to be incorporated

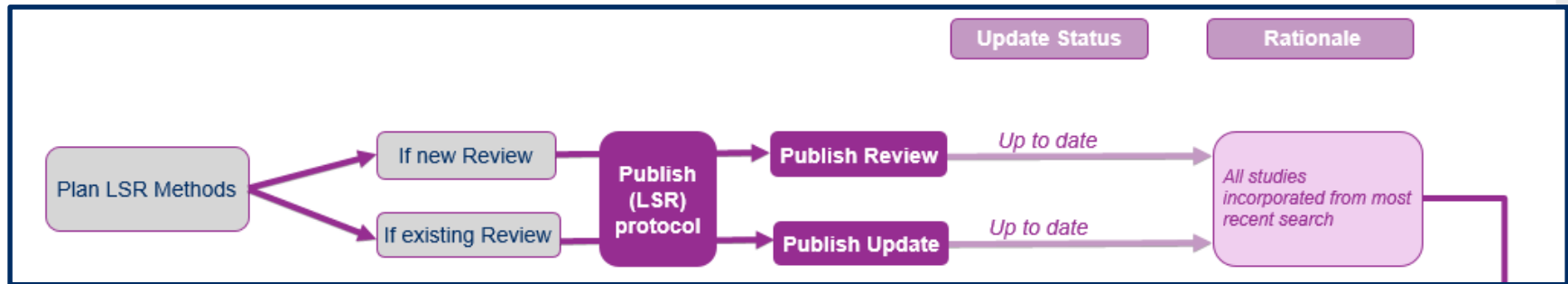


Results in four LSR ‘scenarios’

1. No new evidence (studies, data, information) identified
2. New evidence, no important impact on review findings, integrate later
3. New evidence, important impact on review findings, integration in progress
4. New evidence, important impact on review findings, integration complete



Protocol stage





LSR update classification

Status	Up to date
Rationale	All studies incorporated from most recent search (item 7)
Explanation	This is a Living Systematic Review. Searches are run and screened monthly. Last search date XX. Results of all new studies identified have been incorporated. The conclusions of this Cochrane Review are therefore considered up to date.



Additional items for protocol

- Intended search and screen frequency
 - Databases
 - Non-database sources
- When to incorporate new studies / data / information
- Meta-analytic adjustments?
- Thresholds for ceasing to maintain living review

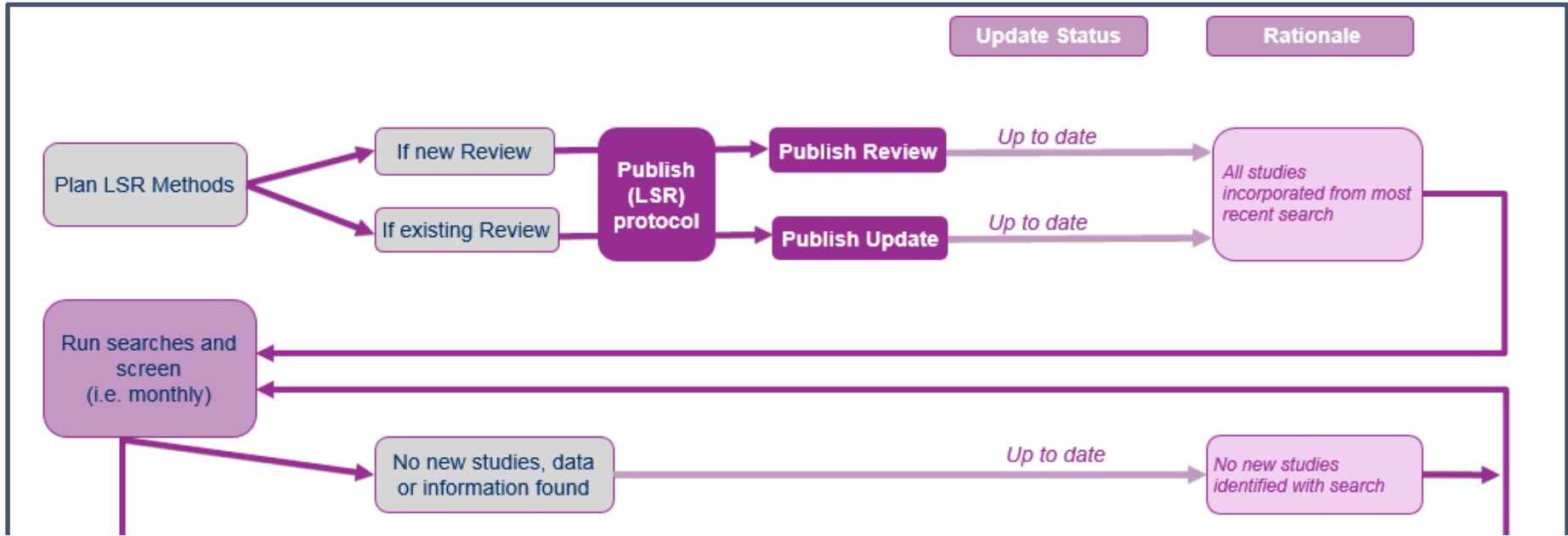


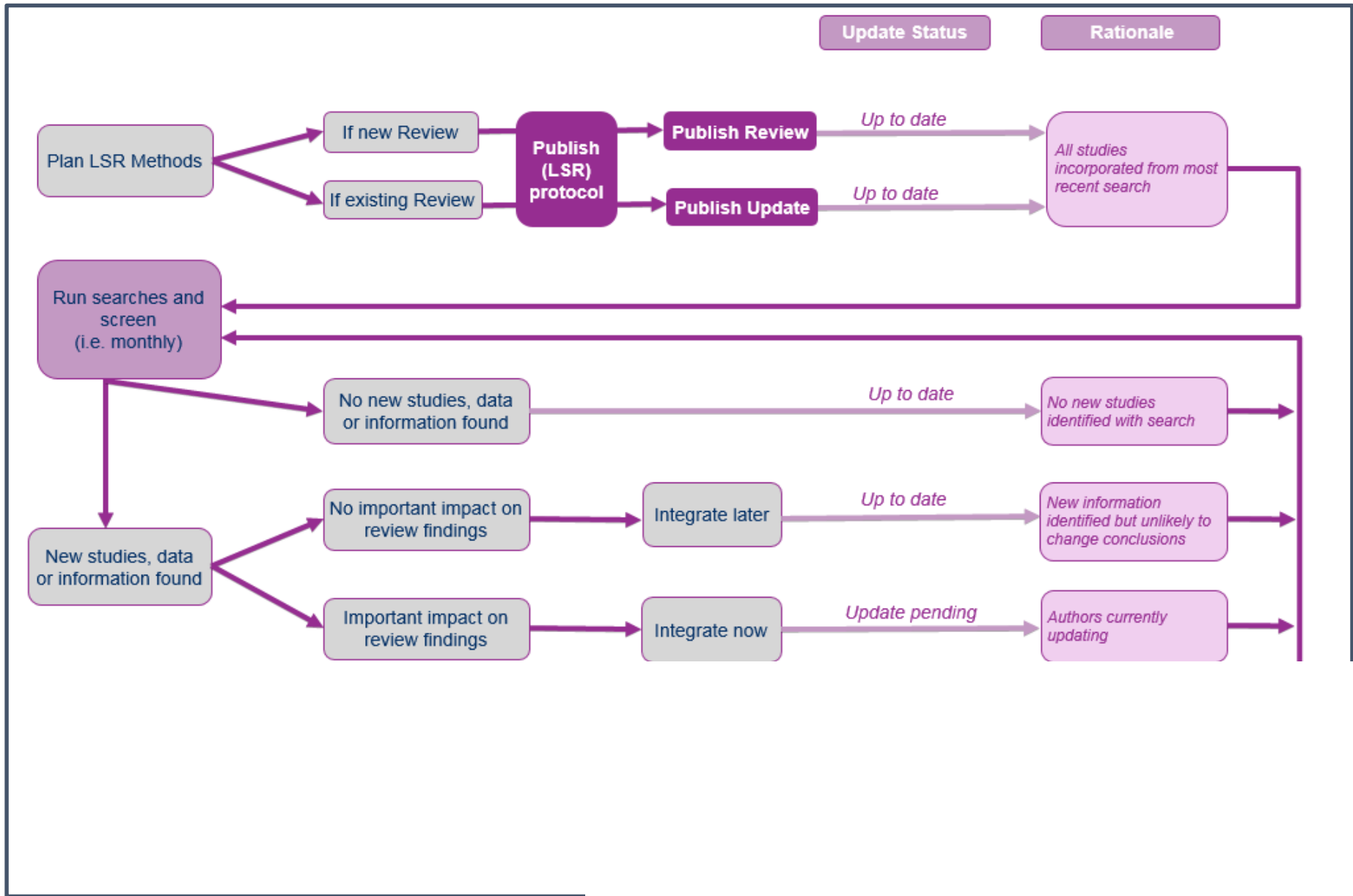


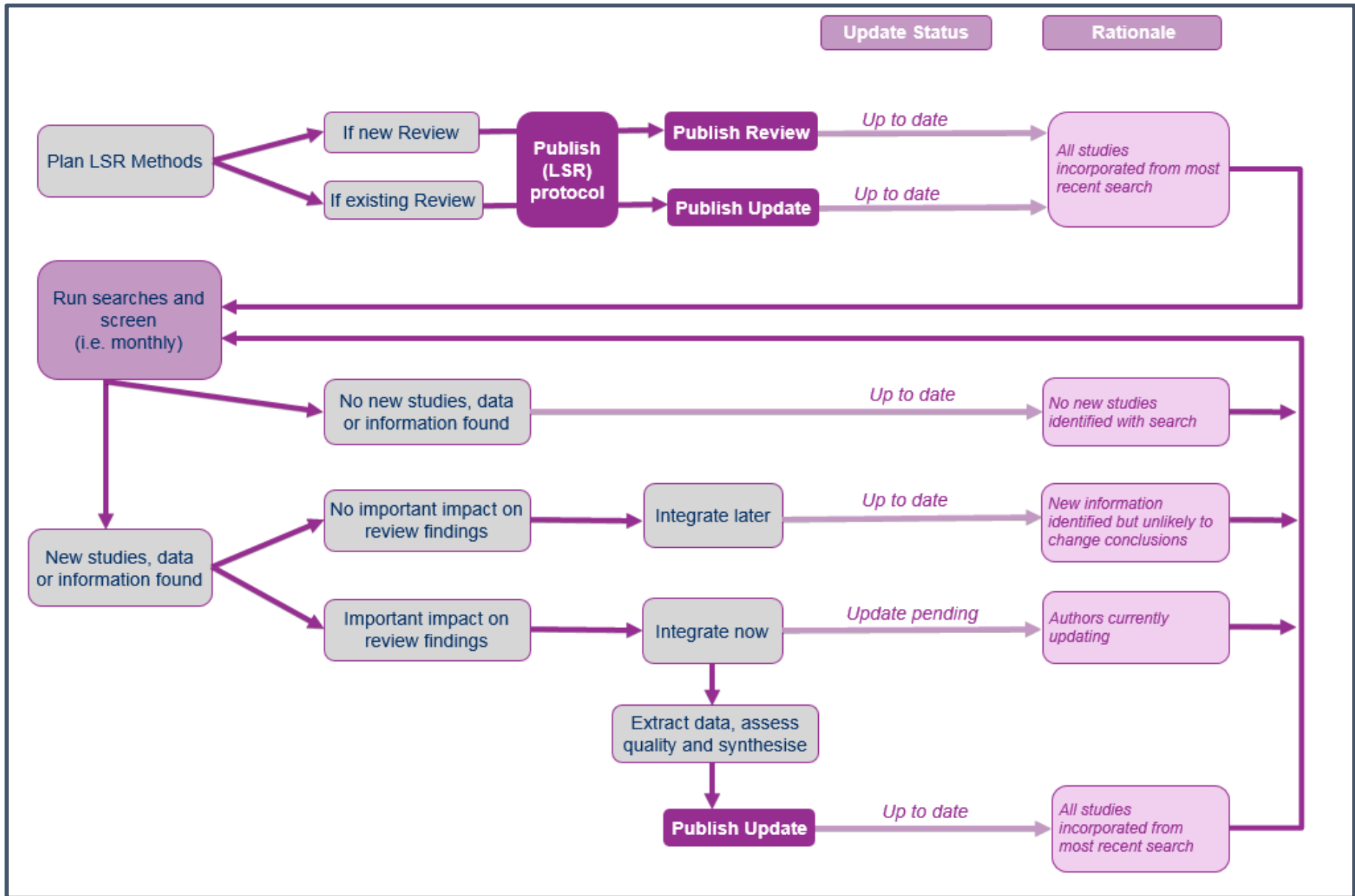
LSR commences

- Search alerts commence (i.e. monthly)
- RevMan file goes back into authoring mode
- Screening yield filtered through Machine learning / Cochrane Crowd
- LSR peer reviewer pool set up (for ongoing commitment with quick turnaround)











What is an ‘important impact’?

- Author team needs pre-specified methods
- Decision made with CRG input
- In line with recent updating advice, could include:
 - Considerations of evidence certainty (i.e. GRADE)
 - Other formal statistical tests
 - Or other important information (i.e. adverse events, review credibility, new trial setting/population)
- Default position for LSRs: justify why its *not* for immediate inclusion?





'Integrate later' update status

Status	Up to date
Rationale	New information identified but unlikely to change conclusions (item 11)
Explanation	This is a Living Systematic Review. Searches are run and screened monthly. Last search date XX. A new stud(ies) has(ve) been identified in a recent search [hyperlink to DoI] but the new information is unlikely to change the review findings (as assessed by the authors and editorial team). The conclusions of this Cochrane Review are therefore considered up to date.



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Next steps

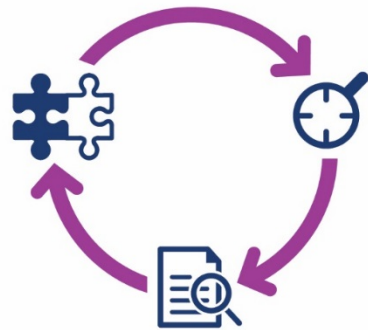
- Model is still *for discussion*
- Pilot + evaluation first
- Any future iterations of the model informed by broader developments and strategy in Cochrane
- Exciting possibilities





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Questions / comments?



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