Goals:

- To identify potential questions and evidence gaps
- To familiarize ourselves with the existing portfolio
- To engage with review users and stakeholders
- To prioritise review titles
- To help us grow
Getting started: FRG to OHSU

- Cochrane Fertility Regulation Group moved to OHSU in November of 2017
- Started with our Abortion Prioritization
  - Acquainted with the FRG reviews and new evidence
  - Longer timeline
  - Protocol development within our group
Abortion Prioritization Steps:

01 Internal Review

02 Search

03 Framework Development

04 Stakeholder Engagement

05 Dissemination

STEP 1
Internal Review - January 2018
We conducted an internal review of Cochrane reviews. Of the 15 abortion reviews, three were considered to be high priority for an update.

STEP 2
Search - January 2018
We searched Medline and searched for international guidelines to get a sense of the volume of studies published since the review was published.

STEP 3
Framework - August 2018
We brainstormed topics and developed a preliminary framework for research and reviews.

STEP 4
Stakeholder Engagement - September 2018
We invited the leading global organizations providing clinical care, practice guidance, health policy, patient advocacy, research, and training together to identify and prioritize evidence needs in abortion.

STEP 5
Prioritized Topics - February 2019
A survey was distributed to experts in the field, prioritizing the existing reviews and new titles.
Internal Review

- Internal governance group assessed our existing abortion-related titles utilizing the Cochrane classification system

Literature Search

- We searched Medline and international guidelines to better understand the volume of studies published since the existing Cochrane reviews were published
Framework Development

- We brainstormed topics and developed a preliminary framework for research and reviews

Stakeholder Engagement

- We held a remote stakeholder meeting of the leading global organizations providing clinical care, practice guidance, health policy, patient advocacy, research, and training together to identify and prioritize evidence needs in abortion.
Dissemination

- Survey monkey
  - Introduction highlighting importance and impact
  - Clear outline of ranking
  - Demographic questions
    - Organization, location, title/position
  - Existing reviews (top 5)
  - New topics/themes (top 5)
  - Open ended questions
  - Terminology questions

Cochrane’s Fertility Regulation Group conducts systematic reviews on contraception and abortion. We want to ensure that the evidence produced will be used to inform guidelines, health policy, clinical practice, and the direction and rigor of future research.

We are soliciting input in order to prioritize existing and future abortion systematic review topics. We are contacting you because of your expertise in the field. We believe this will take 15 minutes or less to complete and we thank you in advance for your time. Please feel free to reach us at cochrane@coh.org if you have further thoughts about this process or the topics. Please complete by February 28th.
Existing Cochrane Reviews:

Below is a select list of existing Cochrane reviews on abortion that have been identified as higher priority by an expert working group. If you would like to see the full list of existing Cochrane reviews on abortion, this can be accessed here.

- Antibiotics for incomplete abortion
- Antibiotics for treating septic abortion
- Cervical preparation for first trimester surgical abortion
- Cervical preparation for second trimester dilation and evacuation
- Chinese medicinal herbs for treating medical abortion related bleeding (Protocol)
- Doctors or mid-level providers for abortion
- Immediate postabortal insertion of intrauterine devices
- Medical and surgical abortion for women living with HIV
- Medical methods for abortion: a systematic review and network meta-analysis (Protocol)
- Medical methods for mid-trimester termination of pregnancy
- Medical versus surgical methods for first trimester termination of pregnancy
- Nitric oxide donors for cervical ripening in first-trimester surgical abortion
- Self-administration versus provider administration of medical abortion
- Surgical versus medical methods for second trimester induced abortion

Please rank the top 5 by dragging and dropping from the list above (1=highest priority).

1. 
2. 
3. 
4. 
5. 

Potential new topic areas: Please rank these in order of importance (1 is most important). Do not rank "Other" if this is not an option for you.

Theme 1: Prevention and management of infection

Perioperative antibiotics versus no antibiotics to prevent infection after surgical abortion (any gestational age)
Potential new topic areas: Please rank these in order of importance (1 is most important). Do not rank "Other" if this is not an option for you.

5. Theme 1: Prevention and management of infection
   - Perioperative antibiotics versus no antibiotics to prevent infection after surgical abortion (any gestational age).
   - Treatment of infectious related complications after either medical or surgical abortion.
   - Other

6. If other:

7. Theme 2: Abortion Regimens

15. Are there any additional themes you would add to the framework for surgical abortion?

16. Please list the top three priority topics for Surgical abortion
   1.
   2.
   3.

17. Please list the top three priority topics for Medical abortion
   1.
   2.
   3.
Results

- 168 participants from 29 countries
- Five existing reviews to update
- Six new topic areas
  - One was pulled from a miscellaneous ranking.
- Two terminology questions
Contraception Steps:

01 Search

02 Internal Review

03 Key Stakeholder Engagement

04 Dissemination
Literature Search

• Our information specialist acquired the number of citations for Cochrane contraception reviews from Google Scholar, SCOPUS, the Cochrane Library and the number of downloads from the Cochrane Library.

Internal Review

• Our internal governance group assessed high, moderate and low priority, in addition to reviews that should be retired. Out of the 72 reviews, two were voted to be retired.
Key Stakeholder Engagement

- We engaged an external expert panel to provide feedback and input on new and existing topics given through a preliminary ranking and the brainstorming of new topics
Dissemination

- Twitter, Facebook, Cochrane Consumer
- Survey monkey
  - Introduction highlighting importance and impact
  - Clear outline of ranking
  - Demographic questions
  - Existing reviews (top 5)
  - New topics/themes (top 6)

Are you a consumer or provider of contraception? Share your thoughts on priority contraception topics!
4. **Existing Reviews**
Please rank these in order of importance **1-5** (1 is most important). Any ranking above 5 will not be considered.

| 1 | Fertility awareness-based methods for contraception |
| 2 | Combined hormonal versus nonhormonal versus progestin-only contraception in lactation |
| 3 | Hormonal contraceptives and venous thrombosis |
| 4 | IUD for contraception (hormonal and copper) |
| 5 | Contraception methods for women aged 25 years and younger |
| 6 | Interventions for preventing unintended pregnancies among adolescents |

5. **New Topics**
Please rank these in order of importance **1-5** (1 is most important). Any ranking above 5 will not be considered.

| 1 | Hormonal contraception and treatment of unexplained vaginal bleeding |
| 2 | Medical abortion and timing of contraception |
| 3 | Emergency contraception methods (all/any IUDs and medicines) |
| 4 | Postpartum female sterilization: safety, effectiveness, acceptability |
| 5 | Contraception for transgender men: safety and effectiveness, acceptability, drug interactions |
| 6 | Contraception for women with disability: safety, effectiveness, acceptability |
| 7 | Contraception and fracture risk |
Results

- 130 participants from 24 countries
- Five existing reviews to update
- Six new topic areas
  - One was pulled from a miscellaneous ranking.
Establishing Priorities

- Held meetings (in-person and virtual)
- Used an adapted Delphi process
- Identified gaps
- Outreach to existing authorship groups, fellowship groups, task exchange, consumers
- Follow-up exercise: 3-5 years
- Write-ups available on: https://fertility-regulation.cochrane.org
Takeaways and goals

- Pragmatic approach, efficient, cost effective
- Next time: Larger number of participants in surveys

https://fertility-regulation.cochrane.org