

Learning Live

Introduction to new Cochrane Handbook for Systematic Reviews of Interventions (Version 6)

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Outline

- ☐ Introduction and background to the Handbook (Julian)
- General structure and opening sections (James)
- Core quantitative topics (Julian)
- Specific perspectives on reviews (James)
- Some further topics (Julian)
- Online-only materials and closing remarks (James)

[30 March 1994]

SECTION VI:

PREPARING AND MAINTAINING SYSTEMATIC REVIEWS

(The Cochrane Collaboration Tool Kit')

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Acknowledgements:

Kay Dickersin, Andrew Hercheimer and Chris Silagy were developed this Section of the Handbook and share whateve blame) for the progress that has been made in developing the been reviewed by the members of the Steering Group who suggestions. The Advisory Board for the Tool Kit is comprelevant Cochrame Methods Groups. Doug Altman and Ke and Ron Akehurst (health economics), and David Moher (the members of their groups have helped guide the Tool Kit's forming Methods Groups, (such as the one being organized Clarke on reviews using individual patient data) will help g the Tool Kit. We are very grateful for the help of all those particularly like to acknowledge the help of Sally Hunt for Financial support for developing the first edition of the To Provincial Hospitals Trust, the Oxford Regional Health Au Programme (England).

The Cochrane Collaboration Handbook Version 3.0 (compiled December 1996)

Contents

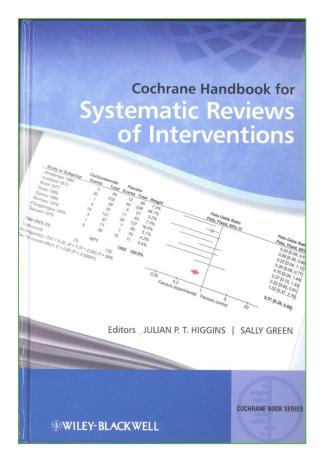
About the Handbook What's new?

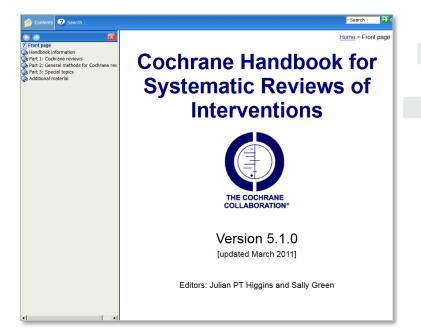
- 1.INTRODUCTION
- 2. FORMAT OF A COCHRANE REVIEW
- 3. DEVELOPING A PROTOCOL
- 4. FORMULATING THE PROBLEM
- 5. LOCATING AND SELECTING STUDIE:
- 6. CRITICAL APPRAISAL OF STUDIES
- 7. COLLECTING DATA
- 8. ANALYSING AND PRESENTING RESU
- 9. INTERPRETING RESULTS
- 10. IMPROVING AND UPDATING REVIEW
- 11. REVIEWS USING INDIVIDUAL PATIE

Cochrane Reviewers' Handbook 4.0

Updated July 1999

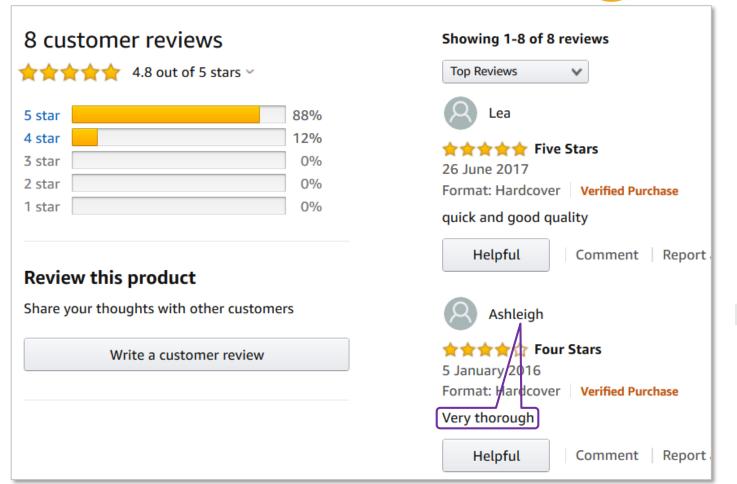






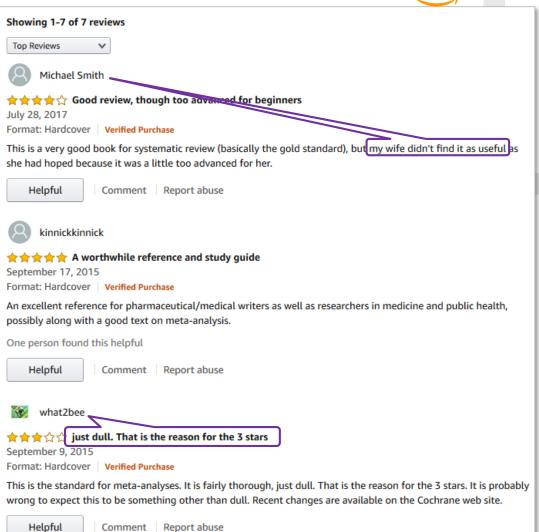








amazon.com





Target audience

- Cochrane Review authors and editors
 - Traditionally many authors were novices at research, but not any more
- Non-Cochrane systematic review authors
- Researchers into methodology of systematic reviews
- Students
- Users of Cochrane Reviews





Known citations

Journal	#	Journal	#					
CDSR	3,858	Int J Nurs Stud	61					
All other journals	16,385	J Affect Disorders	61					
PloS One	803	Complement Ther Med	60					
BMJ Open	448	Aliment Pharm Therap	59					
Systematic Reviews	396	Arch Phys Med Rehab	59					
J Clin Epidemiol	213	Evid Based Child Health	58					
BMJ	194	Clin Psychol Rev	56					
Int J Cardiol	134	Obesity Reviews	55					
BMC Med Res Methodol	95	Lancet	52					
Brit J Sport Med	94	Critical Care	52					
BMC Public Health	85	Ann Intern Med	51					
Evid Based Compl Alt	80	Brit J Anaesth	51					
Sports Medicine	79	J Dent	51					
Int J Surg	76	Brit J Psychiat	51					
Am J Sport Med	69	BMC Med	49					
Scientific Reports	69	Health Technol Assess	49					
Pediatrics	63	TOTAL JOURNAL ARTICLES	20,243					



Development of the new version

- Planning started in 2009 between Julian and Sally Green
 - direct correspondence with all CRGs
 - o fleshed out a plan
 - instigated updates with Methods Groups or other authors
- Slow progress
 - change of editorial team in 2012
 - MECIR developed and integrated into version 5.2 (released June 2017)
 - recruited a new team...



The team



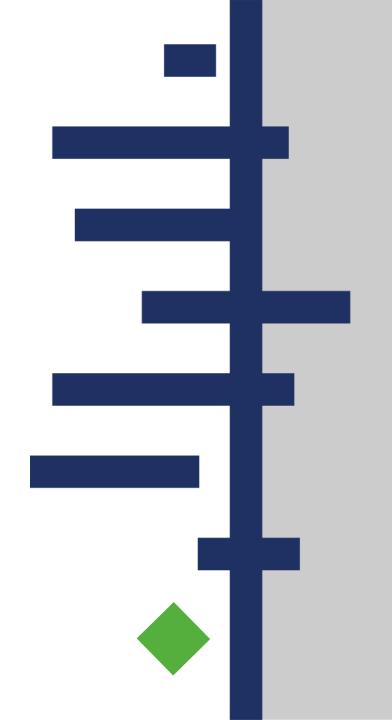
- Numerous contributing authors and Methods Groups
- Julian Higgins (Senior editor)
- James Thomas (Senior editor)
- Tianjing Li (Associate scientific editor)
- Matt Page (Associate scientific editor)
- ☐ Vivian Welch (Associate scientific editor)
- Miranda Cumpston (Implementation editor)
- Jackie Chandler (Managing editor)
- Laura Mellor (Editorial assistant)





General structure

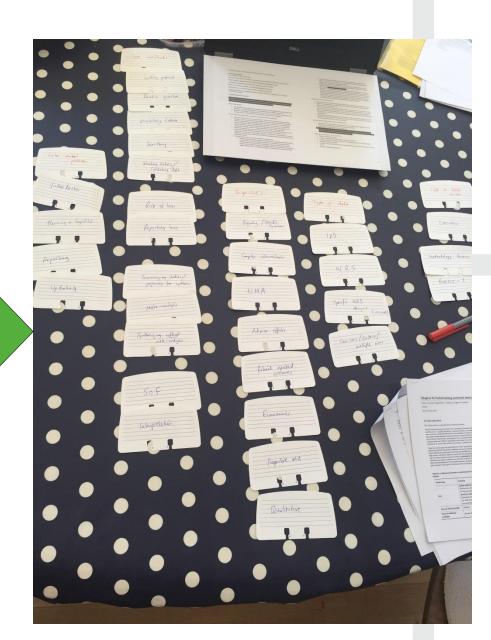
James Thomas





Planning version 6

- Part 1: Cochrane reviews
 - 1 Introduction
 - 2 Preparing a Cochrane review
 - 3 Maintaining reviews: updates, amendments and feedback
 - 4 Guide to the contents of a Cochrane protocol and review
- Part 2: General methods for Cochrane reviews
 - 5 Defining the review question and developing criteria for including studies.
 - 6 Searching for studies
 - 7 Selecting studies and collecting data
 - 8 Assessing risk of bias in included studies
 - 9 Analysing data and undertaking meta-analyses
 - 10 Addressing reporting biases
 - 11 Presenting results and 'Summary of findings' tables
 - 12 Interpreting results and drawing conclusions
- Part 3: Special topics
 - 13 Including non-randomized studies
 - > 14 Adverse effects
 - > 15 Incorporating economics evidence
 - 16 Special topics in statistics
 - > 17 Patient-reported outcomes
 - > 18 Reviews of individual patient data
 - > 19 Prospective meta-analysis
 - 20 Qualitative research and Cochrane reviews
 - 21 Reviews in public health and health promotion
- 22 Overviews of reviews
- Additional material





From version 5 to 6

Part 1: Cochrane Reviews

Chapter 1: Introduction

Chapter 2: Planning and preparation of a Cochrane review

Chapter 3: Maintaining reviews: updates, amendments and feedback

Chapter 4: Guide to the contents of a Cochrane protocol and review

Part 2: General methods for Cochrane Reviews

Chapter 5: Defining the review question and developing criteria for

including studies

Chapter 6: Searching for studies

Chapter 7: Selecting studies and collecting data

Chapter 8: Assessing risk of bias in included studies

Chapter 9: Analysing data and undertaking meta-analyses

Chapter 10: Addressing reporting biases [PDF] new

Chapter 11: Completing 'Summary of findings' tables and grading the

confidence in or quality of the evidence

Chapter 12: Interpreting results and drawing conclusions

Part 3: Special topics

Chapter 13: Including non-randomized studies

Chapter 14: Adverse effects

Chapter 15: Incorporating economics evidence

Chapter 16: Special topics in statistics

Chapter 17: Patient-reported outcomes

Chapter 18: Reviews of individual patient data

Chapter 19: Prospective meta-analysis

Chapter 20: Qualitative research and Cochrane reviews

Chapter 21: Reviews in public health and health promotion

Chapter 22: Overviews of reviews



Chapter I: Introduction

Chapter II: Planning a Cochrane review

Chapter III: Reporting a review
Chapter IV: Updating a review
Chapter V: Overviews of reviews



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Chapter 18: Reviews of individual patient data

Chapter 19: Prospective meta-analysis

Chapter 20: Qualitative research and Cochrane reviews

Chapter 21: Reviews in public health and health promotion

Chapter 22: Overviews of reviews

Core methods

- 1. Starting a review
- 2. Determining the scope of the review and the questions it will address
- 3. Defining the criteria for including studies and how they will be grouped for the synthesis
- 4. Searching for and selecting studies
- 5. Collecting data
- 6. Choosing effect measures and computing estimates of effect
- 7. Considering bias and conflicts of interest among the included studies
- 8. Assessing risk of bias in a randomized trial
- 9. Summarizing studies and preparing for the synthesis
- 10. Analysing data and undertaking metaanalyses
- 11. Undertaking network meta-analyses
- 12. Synthesizing and presenting findings using other methods
- 13. Assessing risk of bias due to missing results in a synthesis
- 14. Completing 'Summary of findings' tables and grading the certainty of the evidence
- 15. Interpreting results and drawing conclusions



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Chapter 18: Reviews of individual patient data

Chapter 19: Prospective meta-analysis

Chapter 20: Qualitative research and Cochrane reviews

Chapter 21: Reviews in public health and health promotion

Chapter 22: Overviews of reviews (now online Chapter V)

Specific perspectives in reviews

- 16. Equity and specific populations
- 17. Intervention complexity
- 18. Patient reported outcomes
- 19. Adverse effects
- 20. Economics evidence
- 21. Qualitative evidence

Other topics

- 22. <u>Prospective approaches to cumulating</u> <u>evidence</u>
- 23. Including variants on randomized trials
- 24. Including non-randomized studies
- 25. <u>Assessing risk of bias in a non-randomized study</u>
- 26. Individual participant data

Core methods

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Other topics

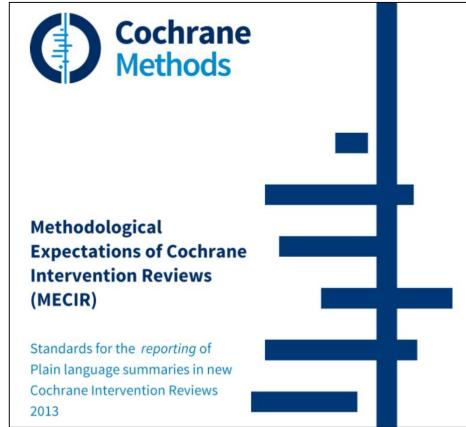
- 22. <u>Prospective approaches to cumulating</u> evidence
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- 26. Individual participant data

About Cochrane Reviews

- I. Introduction
- II. Planning a Cochrane Review
- III. Reporting a review
- IV. Updating a review
- V. Overviews of Reviews



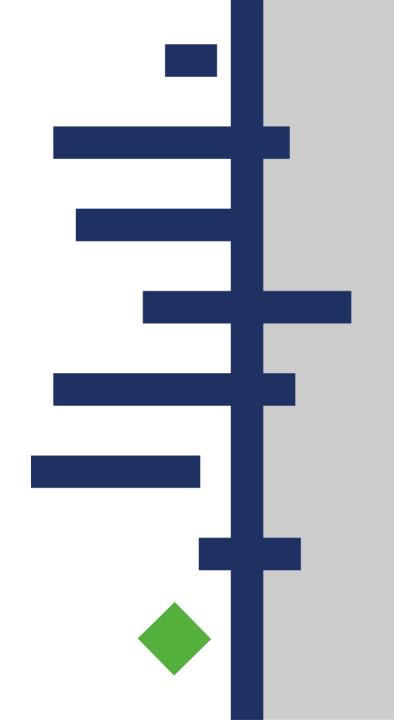
Methodological expectations of Cochrane Intervention reviews (MECIR) Cochran





Opening sections

James Thomas





Starting a review

- Why do a systematic review?
- What is the review question?
- Who should do a systematic review?
 - Involving consumers and other stakeholders
- The importance of reliability
- Protocol development
- Data management and quality assurance



Determining the scope of the review and the questions it will address

- ☐ Rationale for well-formulated questions
- Aims of reviews of interventions
- Defining the scope of the review question
 - Consideration of the review's PICO
 - Broad vs narrow reviews; 'lumping' vs 'splitting'
- Ensuring the review addresses the right questions
 - Using priority-setting exercises to define review questions
 - Engaging stakeholders; considering issues relating to equity
- Methods and tools for structuring the review
 - Logic models
 - Economic data



The three stages of PICO

- ☐ The **review PICO** (planned at the protocol stage) is the PICO on which eligibility of studies is based (what will be included and what excluded from the review).
- □ The **PICO for each synthesis** (also planned at the protocol stage) defines the question that each specific synthesis aims to answer, determining how the synthesis will be structured, specifying planned comparisons (including intervention and comparator groups, any grouping of outcome and population subgroups).
- ☐ The **PICO of the included studies** (determined at the review stage) is what was actually investigated in the included studies.



Defining the criteria for including studies and how they will be grouped for synthesis

- Articulation of the review and comparison PICO
 - Defining type of participants: which people and populations?
 - Defining interventions and how they will be grouped
 - Defining which comparisons will be made
 - Selecting, prioritizing and grouping review outcomes
- Determining which study designing to include
 - Randomized trials & non-randomized studies
- Eligibility based on publication status and language



Table 3.2.b: A process for planning intervention groups for synthesis

Step	Considerations	Examples
1. Identify intervention characteristics that may modify the effect of the intervention.	Considerations Consider whether differences in interventions characteristics might modify the size of the intervention effect importantly. Content-specific research literature and expertise should inform this step. The TIDieR checklist – a tool for describing interventions – outlines the characteristics across which an intervention might differ (Hoffmann et al 2014). These include 'what'	Examples Exercise interventions differ across multiple characteristics, which vary in importance depending on the review. In a review of exercise for osteoporosis, whether the exercise is weight-bearing or non-weight-bearing may be a key characteristic, since the mechanism by which exercise is thought to work is by placing
	materials and procedures are used, 'who' provides the intervention, 'when and how much' intervention is delivered. The iCAT-SR tool provides equivalent guidance for complex interventions (Lewin et al 2017).	stress or mechanical load on bones (Howe et al 2011).
		Different mechanisms apply in reviews of exercise for knee osteoarthritis (muscle strengthening), falls prevention (gait and balance), cognitive function (cardiovascular fitness).
		The differing mechanisms might suggest different ways of grouping interventions (e.g. by intensity, mode of delivery) according to potential modifiers of the intervention effects.



Searching for and selecting studies

- General issues
 - The role of the information specialist / librarian
 - Minimising bias
- Sources to search
 - Bibliographic databases; trials registers; regulatory agency sources and clinical study reports
- Designing search strategies
 - Sensitivity vs precision; controlled vocabularies; identifying fraudulent studies / retracted publications
- Selecting studies
 - Software and new technologies



Core quantitative topics (bias, statistics etc)

Julian Higgins



Collecting data

- Collecting data from clinical study reports
- Semi-automation
 - "At the time of writing, we cannot recommend a specific tool for automating data extraction for routine systematic review production"
- Dealing with suspicions of misconduct



Effect measures

- A new chapter on effect measures
- Mostly a re-arrangement of existing material
- ☐ Includes computations to get data into the right format (SDs from P values, etc)
- Additional content on other effect measures for continuous outcomes (e.g. ratio of means)



Risk of bias

- ☐ Chapter 7: Considering bias and conflicts of interest among the included studies
- Chapter 8: Assessing risk of bias in a randomized trial
- Chapter 13: Assessing risk of bias due to missing results in a synthesis

RoB 2

- Chapter 24: Including non-randomized studies
- Chapter 25: Assessing risk of bias in a non-randomized study

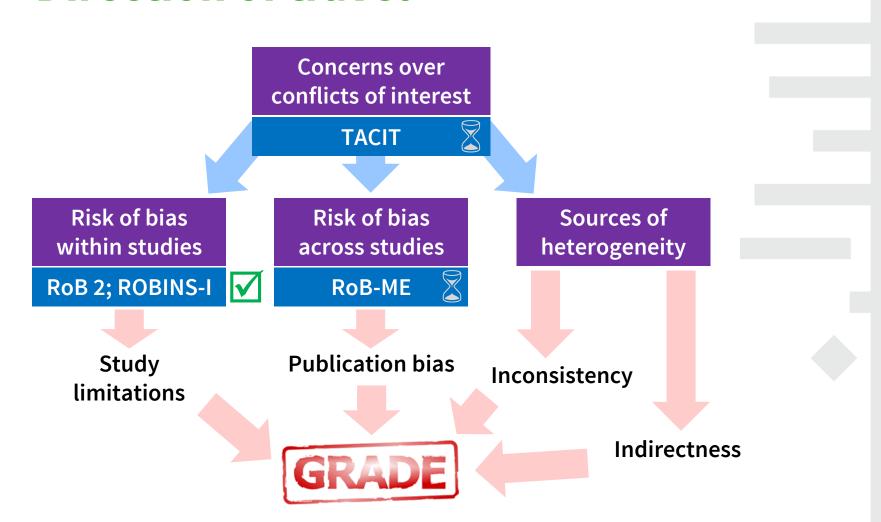


RoB 1	RoB 2			
Outcome-based assessment	Result-based assessment			
Random sequence generation (selection bias) Allocation concealment (selection bias)	Bias arising from the randomization process			
Blinding of participants and personnel (performance bias)	Bias due to deviations from intended interventions			
Incomplete outcome data (attrition bias)	Bias due to missing outcome data			
Blinding of outcome assessment (detection bias)	Bias in measurement of the outcome			
Selective reporting (reporting bias)	Bias in selection of the reported result			
Other bias	[Not available]			
[Not available]	Overall bias			

_	1.1 Was the allocation sequence random?			"Signallir	ig auestic	ns"	NI	[Description]
the randomization	1.2 Was the allocation sequence concealed until participants were enro			_	•		NI	[Description]
process	1.3 Did baseline differences between intervention groups suggest a prob	lem with the	A	nswers Y/	'PY / N / P	PN / NI	NI	[Description]
	Risk of bias judgement			,	, ,		ncerns	[Support]
	Optional: What is the predicted direction of bias arising from the randomization process?							[Rationale]
	2.1 Were participants aware of their assigned intervention during the trial?					Y / PY / PN / N / NI		[Description]
deviations from intended	2.2 Were carers and people delivering the interventions aware of participants' allocated intervention during the trial?			Y / PY / PN / N / NI		[Description]		
interventions	2.3 If Y/PY/NI to 2.1 or 2.2: Were there deviations from the intended intervention that arose because of the experimental context?			NA/Y/PY/PN/N	I / NI	[Description]		
	2.4 If Y/PY to 2.3: Were these deviations from intended intervention balanced betwee						/ NI	[Description]
	2.5 If N/PN/NI to 2.4: Were these deviations likely to have affected the o	utcome?		Risk of bia	as iudgme	ents	/ NI	[Description]
	2.6 Was an appropriate analysis used to estimate the effect of assignmen	nt to interven					NI	[Description]
	2.7 If N/PN/NI to 2.6: Was there potential for a substantial impact (on the result) of the were randomized?					oncerns,	/ NI	[Description]
	hias judgement High risk of bias						ncerns	[Support]
	C al: What is the predicted direction of bias due to deviations from intended inte					_		[Rationale]
Bias due to	3 ere outcome data available for all. or nearly all. participants randor	mized?				Y/PY/PN/N/	NI	[Description]
missing o	Distinction between effect of		issing outcome data?		NA/Y/PY/PN/N		[Description]	
uata	bistiliction between effect of his			ue?			NA / Y / PY / PN / N / NI	
	assignment to intervention on its true value?			NA / Y / PY / PN / N / NI			I / NI	[Description]
					Low / High / Some co	w / High / Some concerns		
	and effect of adhering to	ata?						[Rationale]
Bias in	as in					Y / PY / PN / N / NI		[Description]
measurer the outco	intervention	tween intervention groups?		Y/PY/PN/N/	NI	[Description]		
the outeo		ention receiv	ed by st	Salaction	of ropo	rtad racu	.14	escription]
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influer	nced by knowle	edge of i	Selection	i oi repo	iteu resu	וננ	escription]
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influ	enced by know	rledge of	more sn	ecific than previous			escription]
	Risk of bias judgement			' - '				upport]
	Optional: What is the predicted direction of bias in measurement of the	outcome?		'selective	e reportir	ıg' domai	n	ationale]
Bias in selection	5.1 Was the trial analysed in accordance with a pre-specified plan that w	as finaliz		'selective reporting' domain				escription]
of the reported result	Is the numerical result being assessed likely to have been selected, on the basis of the results, find the numerical result being assessed likely to have been selected, on the basis of the results, find the numerical result being assessed likely to have been selected, on the basis of the results, find the numerical result being assessed likely to have been selected, on the basis of the results, find the numerical result being assessed likely to have been selected, on the basis of the results, find the numerical result being assessed likely to have been selected, on the basis of the results, find the numerical results are not as a selected of the results.			addresse	ed			
- Count	5.2 multiple outcome measurements (e.g. scales, definitions, time poir	nts) within the	outcom		0	l		escription]
	5.3 multiple analyses of the data?					Y/PY/PN/N/		[Description]
	Risk of bias judgement					Low / High / Some co	ncerns	[Support]
	Optional: What is the predicted directio Risk of bias judgement Overall risk of b		of hi	as				[Rationale]
Overall bias						Low / High / Some co	ncerns	[Support]
	Optional: What is the overage decided to Determined	by 'w	orst'	domain				[Rationale]



Direction of travel



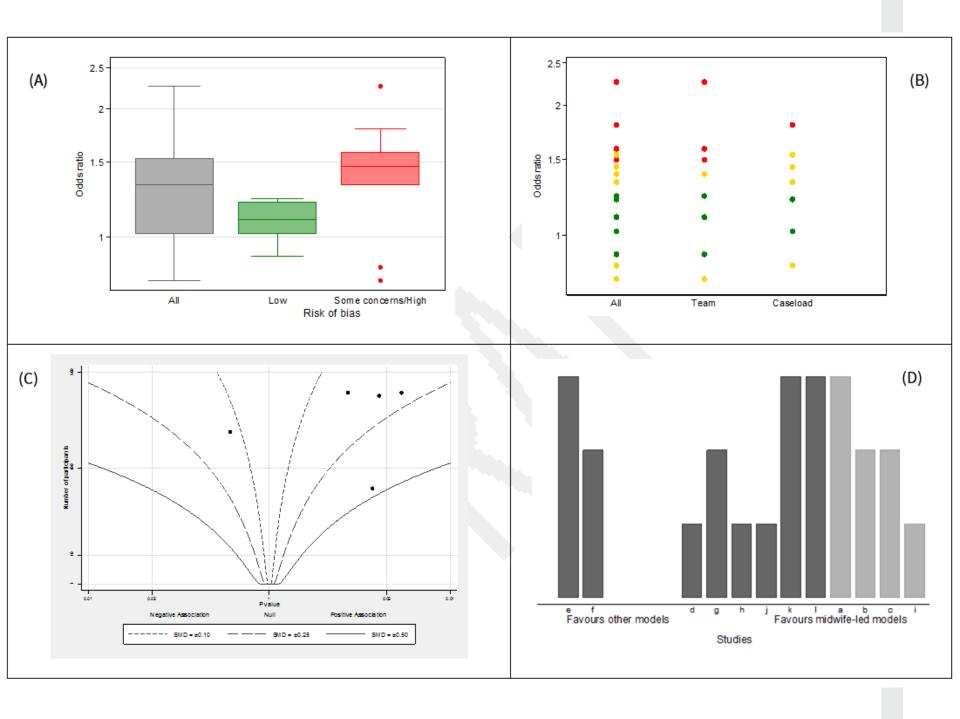


Meta-analysis and its alternatives

- New guidance on
 - fixed-effect vs random-effects models
 - interpreting random-effects meta-analysis using prediction intervals
 - better methods for random-effects meta-analysis

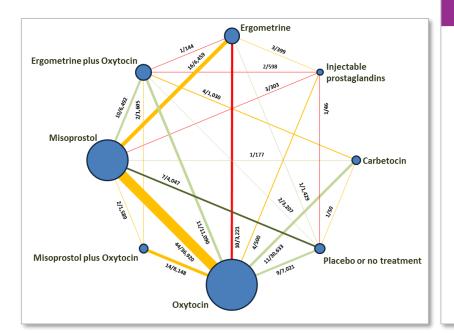
Awaiting implementation in RevMan

- o synthesis when meta-analysis can't (or shouldn't) be done
 - simple statistical tests
 - methods to avoid (e.g. vote counting statistical significance)
 - structured tables and plots





Network meta-analysis and indirect comparisons





Cochrane Database of Systematic Reviews

Uterotonic agents for preventing postpartum haemorrhage: a network meta-analysis (Review)

Gallos ID, Papadopoulou A, Man R, Athanasopoulos N, Tobias A, Price MJ, Williams MJ, Diaz V, Pasquale J, Chamillard M, Widmer M, Tunçalp Ö, Hofmeyr GJ, Althabe F, Gülmezoglu AM, Vogel JP, Oladapo OT, Coomarasamy A

Gallos ID, Papadopoulou A, Man R, Athanasopoulos N, Tobias A, Price MJ, Williams MJ, Diaz V, Pasquale J, Chamillard M, Widmer M, Tunçalp O, Hofmeyr GJ, Althabe F, Gilmezoglu AM, Vogel JP, Oladapo OT, Coomarasamy A. Uretorioni agents for preventing postpartum haemornhage: a network meta-analysis.

Cochrane Database of Systematic Reviews 2018, Issue 12. Art. No.: CD011689.
DOI: 10.1002/14651858.CD011689.pub3.

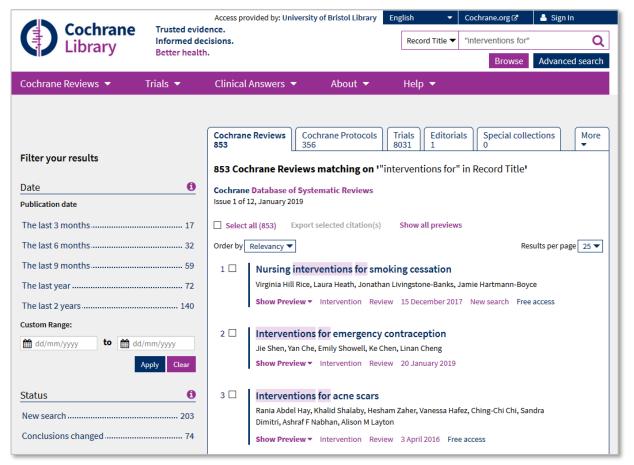
www.cochranelibrary.com

Uterotonic agents for preventing postpartum haemorrhage: a network meta-analysis (Review)
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Collaboration.

WILEY



Network meta-analysis and indirect comparisons





Specific perspectives on reviews

James Thomas



Equity and specific populations

- Defining health equity
 - (i.e. the absence of avoidable and unfair differences in health)
 - Using logic models and theories of change to articulate hypotheses about equity
 - Consideration of study designs and outcomes
- Consideration of equity throughout the review



BMJ Global Health https://gh.bmj.com/content/4/Suppl_1

Intervention complexity

- Intervention complexity, rather than 'complex intervention'
- Three ways of understanding complexity
 - Number of intervention components
 - Interactions between components / context
 - The wider system within which the intervention is introduced
- Chapter mainly focuses on the first two
- Considers complexity throughout the review process, using a Cochrane review as an example



Patient-reported outcomes

- Introduction to patient-reported outcomes (PROs)
 - O What are PROs?
 - Why use PROs?
- Consideration of PROs throughout the review process with a particular focus on:
 - Measurement
 - Reliability
 - Validity
 - Responsiveness
 - Reporting bias
 - How to select which PRO measure to use



Adverse effects

- All reviews should try to consider adverse aspects of interventions
- This is particularly important when evidence on the potential for harm may affect treatment or policy decisions
- Adverse effects data are not always handled with as much rigour as primary beneficial outcomes
- Authors need to consider issues such as inadequate monitoring and incomplete reporting
- ☐ The inclusion of non-randomized studies may be required if adverse effects are to be properly investigated
- ☐ The chapter gives guidance on this issue throughout the review process



Economics evidence

- Policy and practice decisions often need to be taken in the light of evidence about the (relative) costs of interventions
- Optimal decisions require best evidence on cost-effectiveness
- There are two possible methodological frameworks:
 - Brief economic commentary
 - Integrated full systematic review of economic evidence
- ☐ Chapter gives detailed guidance on how to construct brief economic commentaries in Cochrane reviews.
- ☐ Aims to provide guidance without requiring support from health economist
- ☐ Is a 'minimal framework' for including an economic perspective and we are currently discussing with the group where and how to include guidance on full integrated systematic reviews of economic evidence



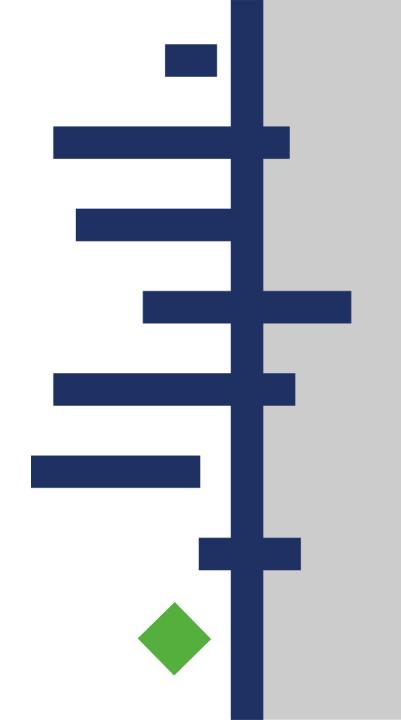
Qualitative research and Cochrane Reviews

- How a qualitative evidence synthesis can add value
 - Understanding intervention complexity
 - Contextual variations
 - Implementation
 - Stakeholder preferences and experiences
- How a mixed-method / multicomponent design can be used to integrate a QES with a corresponding intervention review or within a single review
- Provides guidance throughout the review process also signposts other key resources



Further topics

Julian Higgins





Prospective approaches to accumulating evidence

- New chapter covering
 - evidence surveillance and signals for updating
 - 'living' systematic reviews
 - prospectively planned meta-analyses
 - sequential approaches to meta-analysis
 - "Formal sequential meta-analysis approaches are discouraged for updated meta-analyses in most circumstances within the Cochrane context. They should not be used for the main analyses, or to draw main conclusions"



Non-standard trial designs and non-randomized studies

- Chapter 23: Including variants on randomized trials
 - cluster-randomized trials
 - cross-over trials
 - more than two treatment arms
- Chapter 24: Including non-randomized studies
- Chapter 25: Assessing risk of bias in a non-randomized study
 - ROBINS-I: core considerations for
 - follow-up studies
 - before-after studies (including interrupted time series)
 - controlled before-after studies



Online-only materials and closing remarks

James Thomas



Online chapters

- Introduction
- Planning a Cochrane Review
- Reporting a review
- Updating a review
- Overviews of Reviews



Overviews of Reviews

- What is a Cochrane Overview of Reviews?
- Specific characteristics:
 - Sufficiently up-to-date
 - Sufficiently homogeneous in terms of their PICO
 - Sufficiently homogeneous in terms of what and how outcome data are presented
 - Sufficiently low risk of bias or high methodological quality
- When a Cochrane Overview of Reviews is needed / appropriate
- Detailed methods for conducting a Cochrane Overview of Reviews



What happens next?

- Submission of book to Wiley later this week
- All chapters go up on intranet (PDFs) later this week
- Copy edits from Wiley get implemented
- Copy-edited version turned into open browseable version
- Book published later this year
- Anything can be implemented now (possibly CRGdependent)
- ☐ Some methods to be implemented in RevMan Web



Thank you

Julian Higgins
James Thomas

Trusted evidence. Informed decisions.

Better health.

