Cochrane Airways priority-setting plan

A project to identify key review questions important to stakeholders for topics within the scope of Cochrane Airways.

Background

Cochrane Airways is an editorial group who works with authors (typically healthcare professionals and researchers) to produce systematic reviews on asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis, sleep apnea, cough, interstitial and other lung diseases. Cochrane Airways is part of Cochrane – a global independent network of researchers, professionals, patients, carers and people interested in health. Cochrane Airways was formed in 1995 and is based at St George’s, University of London, but our editorial team is international.

Purpose

To launch a full scope prioritisation programme to increase transparency and ensure relevance of Cochrane Airways Reviews.

- Primary aims:
  o Identify up to 10 priority reviews of importance to the public (patients, carers, healthcare professionals and researchers).
  o Establish a rolling program of prioritisation where one to five priority review questions are identified every six months.

- Secondary aims:
  o Engage stakeholders (especially consumers) across our scope/listening exercise.
  o Identify potential new consumers/authors/collaborators/funding streams.

Approach

We will convene a steering group to prioritise research questions that will be developed into Cochrane Reviews. Questions will be generated in two ways: 1) a one-off survey in 2019; and 2) a rolling priority setting process. The survey will invite the public to submit their own questions about respiratory health. The rolling project will consider the key new questions and updates of reviews identified from our existing work scanning for new research, the updating classification project, review proposals and requests from guideline producers. The Cochrane Airways Priority-Setting Group (CAPSG) will oversee Cochrane Airways’ work in converting these questions into answerable clinical questions, and will rank these questions producing a list of priority reviews.

These questions may result in the update of an existing review, or reveal a gap that requires a new Cochrane Review.

Establishing the priority-setting group

We intend for the CAPSG to include the following people:

- Three people living with a respiratory condition such as asthma, COPD or bronchiectasis, interstitial lung disease (ILD) or people who care for them – either as a family member, friend or carer.
Four external stakeholders, such as healthcare professionals, including doctors and nurses, people linked to organisations that are involved with healthcare research, providing patient information, developing guidelines, or funding research.

Three Cochrane stakeholders, for example people working in the Cochrane Fields, Cochrane Airways authors and members of our editorial board.

Members of the CAPSG must not be employed by a drug company or device manufacturer, or have received money for travel or speakers fees from a drug company or device manufacturer within the last three years.

Members of the CAPSG will prioritise topics from both the survey and the rolling priority-setting program.

This plan is based on the Cochrane Knowledge Translation Priority-setting guidance. We plan to involve patients and other stakeholders in the CAPSG. CAPSG will be led by Emma Dennett and Rebecca Fortescue at Cochrane Airways.

In this way, patients and stakeholders can directly affect and shape the future direction of the work of Cochrane Airways.

Survey - “Your lungs, your questions”
We will use a survey promoted on social media and by email to ask patients, carers and healthcare professionals for their most important questions about respiratory health. We will use the following steps:

1. Create and publish a survey
2. Launch social media campaign on Twitter, Facebook and via relevant organisations
3. Collate responses after 6 weeks
4. Steering group to rank the questions

This survey will be conducted in 2019, and repeated in three to five years’ time if it was successful.

Rolling priority setting program
We will use the following sources of information to identify lists of reviews for updating or new reviews. Cochrane Airways staff will produce a spreadsheet of review topics including:

a. Review topics identified with new evidence (as part of updating classification program)
b. Highly accessed/cited reviews
c. Reviews identified by a guideline group
d. Reviews with significant new evidence (large trials) identified by literature surveillance (i.e. horizon scanning)
e. Review proposals
f. Reviews identified by experts
g. Reviews identified by CAPSG
**Compiling data**

Once we have collected the questions from the survey and the rolling priority-setting program, we need to make sure it is in a suitable format for the CAPSG to be able to assess and rank the questions. We anticipate that the questions submitted in the survey will not be in a ready format for a Cochrane Review. People tend to ask broad questions, whereas Cochrane Reviews require questions to be framed in the PICO format (identifying relevant participants, interventions, controls and outcomes). The questions therefore need the following data cleaning and information adding to support the CAPSG in their discussions and when they come to rank the importance of each question.

1. Identical or similar questions grouped together
2. Amount of new evidence (i.e. number and size of new studies) for a review or updated review assessed
3. Likelihood of conclusions being drawn assessed
4. Possible PICOs identified
5. How does the question meet the key priorities of Cochrane, such as whether it is:
   a. important to patients
   b. important to people in low and middle-income countries (LMIC)
   c. possible to answer the question with a systematic review

The questions (uncertainties) will be collated by staff at Cochrane Airways. The additional information will be added to a spreadsheet with the headings shown in Table 1.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Addressing this question responds to a problem that is of large burden</td>
<td>Y/N</td>
</tr>
<tr>
<td>2. Addressing this question responds to the needs of: (delete as appropriate)</td>
<td>Patients/carers/healthcare professionals/policymakers/funders</td>
</tr>
<tr>
<td>3. Addressing this question is expected to positively impact equity in health (e.g. question of particular relevance for people in LMICs)</td>
<td>Y/N (please describe)</td>
</tr>
<tr>
<td>4. The question can be translated into an answerable systematic review question</td>
<td>Y/N (give suggestion(s))</td>
</tr>
<tr>
<td>5. Are there any relevant Cochrane Reviews? If so, please list</td>
<td>Y question covered by an existing up-to-date Review/Y question covered by an existing review which requires updating/N this is a gap requiring a new review if identified as a priority</td>
</tr>
<tr>
<td>6. Approximately how many primary studies are available for inclusion in the systematic review</td>
<td></td>
</tr>
<tr>
<td>7. List any potential author teams, or funding opportunities</td>
<td></td>
</tr>
</tbody>
</table>

*Table 1 heavily modified SPARK checklist*
**Consensus process**
We will use the same process for both the survey and rolling priority setting program. There will be two consensus meetings for the survey and two consensus meetings for the first round of the rolling program in 2019. After that, there will be one or two consensus meetings every six months for the rolling program.

The CAPSG will be given a list of the questions and also a spreadsheet of the assessments made by Cochrane Airways. They will be invited to add to the assessments via email and discussion.

The review topics will be ranked by the participants over email, and then a consensus meeting will take place, with a further Delphi round if consensus is not reached. The CAPSG may also identify an overall area of the scope to be prioritised in more detail.

At all stages, we intend to give participants the chance to modify and agree to the process, be heard and feel heard, and to live with the overall result even if there is disagreement about individual items.

**Dissemination**
All ranked reviews will be listed on the Cochrane Airways website. High-ranking reviews with a plan for publication or for which we seek new authors will be added to Cochrane’s priority review list. We will disseminate the results in the following ways:

1. List of priority reviews added to website
2. Publish a detailed report on the Cochrane Airways website and share it with the working group, anyone who asked to be notified, and in our newsletter and on social media.
3. Regular project updates on Twitter and Facebook (follow @CochraneAirways) – longer pieces will be added as news items to our website and linked from newsletters and social media
4. We will consider submitting a paper describing and evaluating the process for publication in a journal.

We will disseminate published reviews using the KT dissemination brief.

**Review production**
We have not secured funding to complete reviews identified (our funding is mainly for the editorial process, rather than writing reviews). Therefore we will attempt to use the following avenues to have reviews written:

a. Inviting our ‘trusted teams’ who we know are able to produce high-quality reviews within reasonable time frames.
b. Via applications from new and existing teams who have seen adverts for the reviews on our website, Twitter and the Cochrane Priority Review list.
c. Put forward selected reviews to the Cochrane Review Support Programme (CRSP) after discussion with the Circulation and Breathing (C&B) network.
d. Put together a bid for a new NIHR programme grant.
e. Complete 1 to 3 priority reviews at the editorial base if time allows.
f. Looking for smaller funding calls to support individual reviews.
Evaluation
We will ensure that reviews highlighted as priorities for LMIC and by patients have been retained.

Process evaluation: We will send participants of the CAPSG a questionnaire with the following questions:

1. Did you feel your opinions were listened to during the process?
2. Were you happy with the consensus result? If no, why not?
3. What improvements would you recommend for next time?
4. Would you like to participate in this again? If no, why not?
5. Approximately how many hours did you spend on the tasks between meetings? On what?
6. Were you happy with the report we prepared? If not, why not?
7. Did you get enough information from Cochrane Airways to support you throughout the process? In not, what would you have like to have received?
8. Any other comments?

We will also complete a longer term, analytical evaluation at the end of years 2, 3, 4 and 5 considering the following:

   a. How many of the reviews were published?
   b. Comparison of metrics of these reviews versus all other reviews published that year, including altmetrics, citations and number of citations in guidelines.
   c. How many studies were included in the reviews?
   d. How many reviews led to a change in practice? i.e. introduction/recommendation of a new treatment, or disinvestments.

Proposed timeline:

- July 2019: Plan published
- July 2019: Survey launched
- July 2019: Invites for CAPSG sent out
- July 2019: Compile list of topics for the first round of the rolling program
- August 2019: Survey closed and results collated
- October 2019: CAPSG convened and ranking exercise for survey
- November 2019: Ranking exercise for rolling program
- December 2019: Write reports and disseminate findings
- January 2020 onwards: Review production
- April 2020: Compile list of topics for the second round of the rolling program
- May 2020: Ranking exercise for rolling program and disseminate

July 2019