The journey from prioritised reviews to publication (or not!)

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Background

Cochrane Airways aims to publish the reviews that are most important to today's decision-makers. In this project, we used a prioritisation process to identify a set of review for updating over two years. The next challenge is for review authors to draft, and editorial teams to edit and publish, the new reviews and updates. Goal 1 of Cochrane's Strategy to 2020 highlights the need to "bring efficiencies and improvements to our processes and methods, allowing us to deliver our evidence to users more quickly and effectively".

Many Cochrane Reviews are written by author teams based outside a Cochrane Review Group (CRG) editorial base, and are supported and edited by CRG staff. Since 2007, Airways has also produced reviews in-house by means of a systematic reviewer funded by an NIHR programme grant.

Our priority setting work is published (Welsh et al J Clin Epi, 2015, 68 (3) 341-346). Here, we describe our experience of publishing priority reviews and updates. We hope this information can inform discussions within Cochrane aimed at improving review production.

Objectives

To describe what happened when we tried to engage existing author teams to update 29 priority reviews within two years (2013 to 2015).

Methods

In April 2013, we invited existing review teams to either update their review, or to hand the review back to us to find new author teams. We were not able to offer funding, but we did offer additional support e.g. retrieving papers, arranging translations, assisting with screening, data extraction and considered other requests.

Status of review updates

Eleven reviews (38%) were handed to new review teams, or new authors joined the existing team. Four review updates were conducted in house.

Two years and four months after we asked authors to update their reviews, 14 of 29 reviews are published (46%), 3 (10%) are in the editorial process and 13 (43%) are ongoing. We need to publish 14 review updates per year according to our business plan, therefore we have not met our target from these reviews alone.

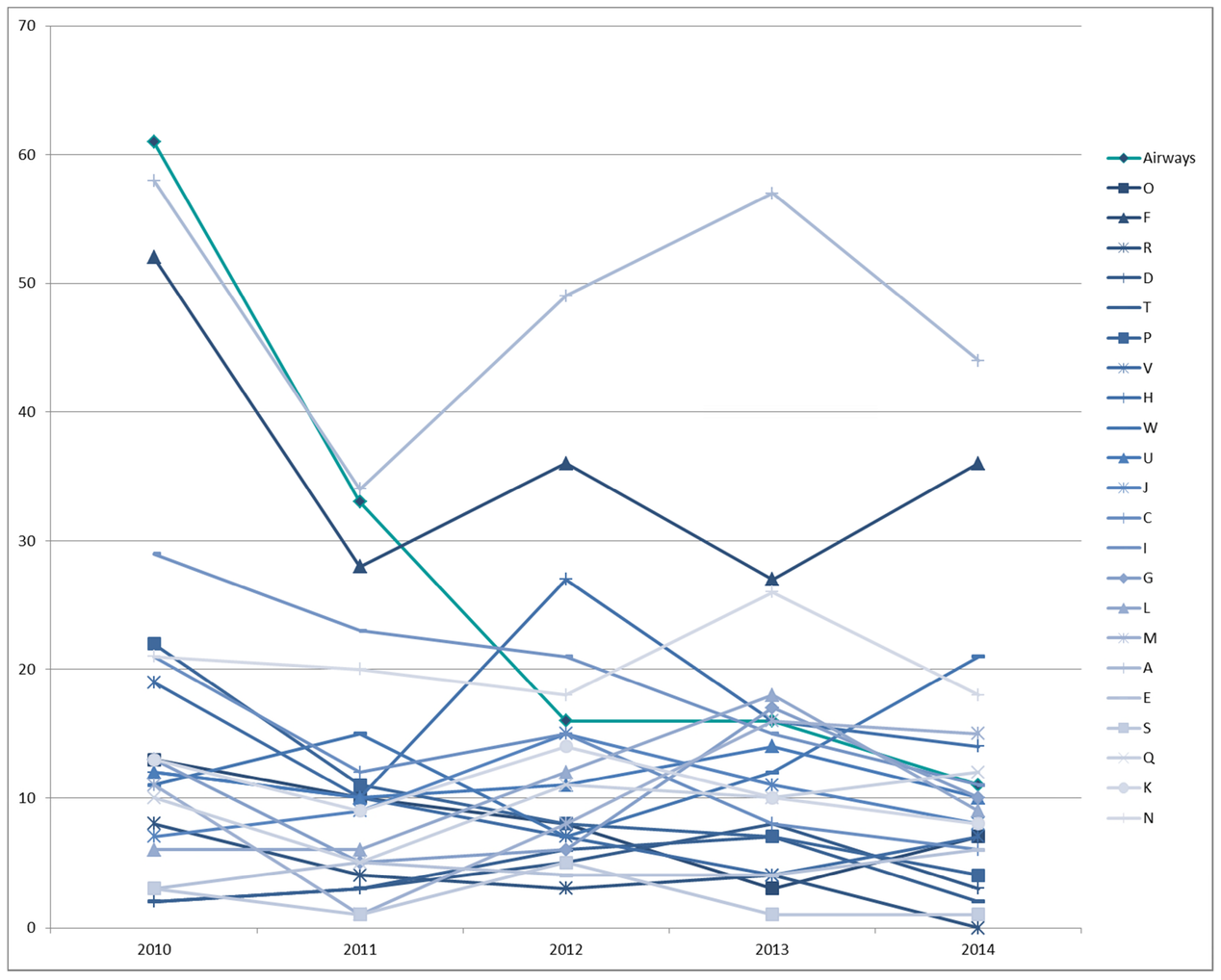
We expect to publish 10 to 12 review updates in 2015. Six of these will be priority reviews from this list and four will be other reviews that we have decided to update.

Pros and cons of our approach

Pros	Cons
Increased relevance of updates	Fewer updates were completed than desired
Decreased number searches run by information specialist	Some author teams are reluctant to step down from reviews
Increased number of 'conclusions changed' updates	Cannot guarantee author teams deliver according to agreed deadlines
Decreased number of empty reviews being updated	Chasing authors easy, but not very effective – no real carrots or sticks
Increased quality as updates have most up to-date methods e.g. full risk of bias, summary of findings table and meet methodological and plain language standards	Using an in-house systematic reviewer did not guarantee timely completion
Time to focus editorial resources on other things such as social media, blogs, prioritisation, review quality, drafting and supporting review teams	

Fewer, better, updates?

The graph shows the number of Cochrane Airways reviews updated has decreased over time. This is because we no longer routinely update reviews with no new studies to 'make up the numbers' and now focus on the priority updates, stopping authors from updating reviews if they cannot justify this.



Number of updated for Cochrane Groups based in the UK over 5 years, provided by NIHR.

Published (issue, date)

1. Pulmonary rehabilitation for COPD (2, 2015)
2. Nocturnal non-invasive positive pressure ventilation for stable COPD (6, 2013)
3. Ambulatory oxygen for COPD (5, 2014)
4. Vitamin C for asthma and exercise-induced bronchoconstriction (10,2013)
5. Systemic corticosteroids for acute exacerbations of COPD (8, 2014)
6. Magnesium sulfate for treating exacerbations of acute asthma in the emergency department in adults (5, 2014)
7. Holding chambers (spacers) versus nebulisers for beta-agonist treatment of acute asthma (5, 2014)
8. Omalizumab for asthma in adults and children (12,2013)
9. Different durations of corticosteroid therapy for exacerbations of COPD (12, 2014)
10. Phosphodiesterase 4 inhibitors for COPD (11, 2013)
11. Physical training for interstitial lung disease (9, 2014)
12. Prolonged antibiotics for purulent bronchiectasis in children and adults (8, 2015)
13. Macrolides for chronic asthma (9, 2015)

Under editorial review

1. Pulmonary rehabilitation following exacerbations of COPD
2. Addition of long-acting beta-agonists to inhaled corticosteroids for chronic asthma in children
3. Galactomannan detection for invasive aspergillosis in immunocompromized patients

Ongoing or allocated as new review

1. Tailored interventions based on exhaled nitric oxide versus clinical symptoms for asthma in children and adults
2. Telehealthcare for asthma
3. Telehealthcare for COPD
4. Tailored interventions based on sputum eosinophils versus clinical symptoms for asthma in children and adults
5. Continuous positive airways pressure for obstructive sleep apnoea in adults
6. Non-invasive positive pressure ventilation for treatment of respiratory failure due to exacerbations of COPD
7. Magnesium sulfate for treating exacerbations of acute asthma in the emergency department in children
8. Gastro-oesophageal reflux treatment for asthma in adults and children
9. Inhaled steroids for bronchiectasis IST-BRO
10. Action plans with limited patient education only for exacerbations of COPD
11. High dose versus low dose inhaled corticosteroid as initial starting dose for asthma in adults and children
12. Intra-pleural fibrinolytic therapy versus conservative management in the treatment of adult parapneumonic effusions and empyema
13. Smoking cessation for COPD

Conclusions

- **CRGs may need to prioritise more titles than their target number to allow for some to fail or be delayed**
- **Or CRGs may need to accept titles outside of the prioritised list. This can be done according to Cochranes updating framework (Takwoingi et al, BMJ 2013;347:f7191)**
  - **Clinical question relevant?**
  - **New studies?**
  - **New factors to consider (e.g. new methods)**
  - **New information**
- **May need to provide more incentives to author teams, make the task of updating easier or move more of the priority update production in house**

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