CIDG instructions & checklist: *review*

This checklist is designed to help you (the authors) complete your Cochrane Review in accordance with MECIR reporting standards before you submit it for editorial and peer review. We expect that you will have carried out your review in accordance with your protocol, and that the methods are consistent with MECIR conduct standards. Further information on MECIR can be found here: <http://www.editorial-unit.cochrane.org/mecir>

Authors need to complete each text box in the sections with **🗸** before emailing this file to Deirdre Walshe ([Deirdre.Walshe@lstmed.ac.uk](mailto:Deirdre.Walshe@lstmed.ac.uk)) Managing Editor, Cochrane Infectious Diseases Group (CIDG) before uploading their review to Archie. The editorial team may return your Cochrane Review to you if the form is incomplete or not received. There is a ‘Notes’ section at the end of the form to alert the editorial team to the reason for any incomplete checks.

|  |  |  |
| --- | --- | --- |
| **🗸** | Contact author |  |
| 🗸 | Review title |  |
| 🗸 | Date |  |
| 🗸 | Date of search | *This should be within six months of the date the review is emailed to Deirdre Walshe. Contact Vittoria Lutje (*[*Vittoria.Lutje@lstmed.ac.uk*](mailto:vittoria.lutje@lstmed.ac.uk)*), Information Retrieval Specialist, for a search update if this date is greater than six months*. |

## Contents

[A. General 3](#_Toc343076223)

[B. Title 3](#_Toc343076224)

[C. Review information 3](#_Toc343076225)

[D. Main text 4](#_Toc343076226)

[E. Tables 8](#_Toc343076227)

[F. References 10](#_Toc343076228)

[G. Data and analyses 11](#_Toc343076229)

[H. Figures 11](#_Toc343076230)

[I. Sources of support 11](#_Toc343076231)

[J. Feedback 11](#_Toc343076232)

[K. Appendices 11](#_Toc343076233)

[L. Queries or notes for the editorial team 12](#_Toc343076234)

## Relevant website addresses

Cochrane Infectious Diseases Group, resources for authors: <http://cidg.cochrane.org/cidg-specific-resources>

*Cochrane Handbook for Systematic Reviews of Interventions*:<http://handbook.cochrane.org/>

Cochrane Style Guide:<http://community.cochrane.org/style-manual/>MECIR standards: <http://www.editorial-unit.cochrane.org/mecir>

# General

**🗸** Tick one of the following checkboxes:

|  |  |  |
| --- | --- | --- |
| **🗸** |  | **Activated the relevant headings in Review Manager (RevMan) and completed each section.** |
| **🗸** |  | **I have completed a validation check in RevMan (File menu > Reports > Validation report), and made corrections where possible.** |
| **🗸** |  | **I have completed a spell check in RevMan (Tools menu > Check spelling).** |
| **🗸** |  | **I have ensured the text is clearly written and all technical and medical terms are explained for non-expert readers.** |
| **🗸** |  | **The ‘Summary of findings’ (SOF) tables have been completed according to standard guidelines.** |
| **🗸** |  | **I have checked that the outcomes, the terminology for the outcomes, the results and conclusion are consistent across the text, abstract, plain language summary, and SOF tables.** |

# Title

|  |  |  |
| --- | --- | --- |
| **🗸** |  | **Same title as used in published protocol. (If changed, please notify CIDG for agreement.)** |

# Review information

## Authors and contact person

Sometimes there is a change in authorship between the protocol and review. If this occurs, then please notify CIDG (previous authors should be mentioned in the Acknowledgements section).   
Please check **ONE** of the boxes below.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | **Same authors and contact person as in published protocol.** |
| **🗸** |  | **Authors and/or contact person have changed since the published protocol AND this change has been noted in the ‘Differences between protocol and review’ section.** |
| **🗸** |  | **Names and details of all authors and the contact person appear correctly, or the Cochrane Review Group (CRG) has been notified of any necessary corrections.** |
| **🗸** |  | **All the authors listed on the Cochrane Review have seen and approved this version of the Cochrane Review, and take full responsibility for the accuracy of its contents.** |

## Dates, What’s new, and History

The sections “Assessed as up to date”, “Date of search”, and “Next stage expected” will be completed by CIDG.

The “What’s new” and “History” sections allow readers to identify amended and updated reviews, and will likely not apply to new reviews. CIDG will add this information if needed.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | **Aware that CIDG will enter this information for you.** |

# Main text

## Subheadings and references in the text

The main text of every Cochrane review contains fixed headings (eg Background, Methods); these cannot be deleted and are shown in blue. We also advise using the ‘predefined recommended headings’, which are represented with special icons in the outline section of RevMan. In addition, you may wish to add further subheadings; to do this enter the heading text on a separate line, and apply the correct heading style (eg Heading 1, Heading 2) using the pull-down list in the toolbar.

References used in the text must be:

* Enclosed by round brackets (not square brackets); eg (Coetzee 1999) *not* [Coetzee 1999].
* Listed in chronological then alphabetical order; eg (Holmes 1985; Hulme 1985; Pierre 2003).
* Separated with semi-colons (not commas); eg (Banville 2005; Desai 2006).
* Hyperlinked to the reference list.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | **Heading styles used for all headings and subheadings.** |
| **🗸** |  | **References in the text following style given above.** |

## Abstract

|  |  |  |
| --- | --- | --- |
| 🗸 |  | **Included 1000 words or fewer (but preferably less than 700 words).** |
| 🗸 |  | **Background: one or two sentences to explain the context or elaborate on the purpose and rationale of the review.** |
| 🗸 |  | **Objectives: Uses same wording as in main review.** |
| 🗸 |  | **Search strategy: Lists all sources searched and the date of the last search from which records were evaluated.** |
| 🗸 |  | **Selection criteria: Given as ‘[type of study] of [type of intervention or comparison] in [disease, problem or type of people]’.** |
| 🗸 |  | **Data collection and analysis: Includes number of authors involved in data extraction and methodological quality assessment, and gives brief description of analysis methods (those used in results presented in section below).** |
| 🗸 |  | **Results: Starts with number of included trials (and participants where appropriate), has highlighted whether any cluster-randomized controlled trials included, and gives brief details pertinent to the interpretation of the results (eg risk of bias in the trials overall or a comment on the trials’ comparability, if appropriate).** |
| 🗸 |  | **Results: Summary statistics, confidence intervals and quality of the evidence reported using style outlined in ‘Results’ section below (eg RR 1.27, 95% CI 1.12 to 1.28; 300 participants, three trials; *high quality evidence*).** |
| 🗸 |  | **Authors’ conclusions: Reflect those in the main review.** |
| 🗸 |  | **Abbreviations: Used sparingly and explained in full with first use.** |

## Plain language summary

The plain language summary aims to summarize the review in a style that can be understood by non-specialists. Please refer to our guide to writing a plain language summary on the CIDG website.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | **Draft plain language summary completed using CIDG guide.** |

## Background, Objectives, and Methods

This section may need to be updated if several months have passed since the protocol was published or if there have been many developments in the topic area.

|  |  |  |
| --- | --- | --- |
| 🗸 |  | All sections are the same as those in the published Cochrane Protocol, or any changes have been noted in the ‘Differences between protocol and review’ section, including new methods added and planned methods that could not be implemented (e.g. due to lack of data). |
| 🗸 |  | Changed the text referring to the methods of the Cochrane Review from the future tense to the past tense. |
| 🗸 |  | Consulted the CRG Trials Search Co-ordinator regarding implementation of the search strategy. |
| 🗸 |  | In the ‘Search methods for identification of studies’ section, reported the date range for which each source was searched, and the dates on which each search was conducted. |
| 🗸 |  | In the ‘Search methods for identification of studies’ section, included a link to the Appendix containing the complete set of search terms used in each electronic database. |

## Results

## Description of studies

This is a comprehensive summary (not a trial by trial description) of the characteristics of the included trials. This should start with a summary of the trial selection process in which the number of potentially relevant trials, excluded trials, and ongoing trials are provided. Reviews with many included trials, or with trials that assess several different interventions, may find it useful to include subheadings for trial location and design, setting, interventions, participants, comparisons, and outcome measures, etc.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Summary of trial selection process provided. |
| **🗸** |  | Refers to the ‘Characteristics of included studies’ and ‘Characteristics of excluded studies’, and, if appropriate, the ‘Characteristics of ongoing studies’. |
| **🗸** |  | Includes the number of trials and participants included in the review; and notes how many, if any, of included trials were cluster trials and the cluster unit (eg classroom or village). |
| **🗸** |  | Main characteristics of included trials summarized. |
| **🗸** |  | PRISMA flow diagram included. |
|  |  | If contact with the authors of any included studies was attempted, reported how many were contacted and what responses were received. |
|  |  | No results from studies have been reported in this section. |

## Risk of bias in included studies

This section is a summary (not a trial by trial description) of the general risk of bias in results of the included trials, its variability across studies, and any important flaws in individual trials. The results should be reported under each of the subheadings.

|  |  |  |
| --- | --- | --- |
| 🗸 |  | **Given a concise summary of general risk of bias in the results of included studies, including variability across studies and any important flaws in individual studies.** |
| 🗸 |  | **The summary of the risk of bias is consistent with the information presented in the ‘Risk of bias’ tables.** |
| 🗸 |  | **Included a link to the ‘Characteristics of included studies’ table.** |
| 🗸 |  | **If any ‘Risk of bias’ figures have been created, included a link to these.** |

## Effects of interventions

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Results reported in a structured way, preferably using subheadings for each comparison (eg Drug A versus drug B) and then outcome measure (eg death). |
| **🗸** |  | Outcome measures are in the same order as used in the ‘Types of outcome measures’. |
| **🗸** |  | Summary statistics and confidence intervals expressed when the result is *statistically significant* using following format: (RR 1.27, 95% CI 1.12 to 1.28; 300 participants, 3 trials, Analysis 2.4). *(N.B.: The phrase statistically significant should be avoided)* |
| **🗸** |  | Results that are *not statistically significant* are presented as: (120 participants, 3 trials, Analysis 1.6). |
| **🗸** |  | A hyperlink to each ‘Analysis’ is included in the text; for example, Analysis 1.2. If a specific subgroup is referred to, following format is used: Analysis 1.2: subgroup 1. |
| **🗸** |  | A hyperlink to each ‘Additional table’ containing relevant data is included in the text; for example, Table 2. |
| **🗸** |  | A hyperlink to each ‘Analysis’ selected as a ‘Figure’ is included in the text; Figure 3. |

## Discussion

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Summarized the amount of evidence that has been included (numbers of trials and participants), stated key methodological limitations of the trials, and reiterated the consistency or inconsistency of their results. |
| **🗸** |  | Summarized main results (without repeating the ‘Effects of interventions’ section) and outstanding uncertainties, balancing important benefits against important harms. |
| **🗸** |  | Referred to any SOF tables. |
| **🗸** |  | Stated the strengths and limitations of the review. |
| **🗸** |  | Results discussed in context of current knowledge. |

## Authors’ conclusions

## Implications for practice

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Concise list of implications that are practical, unambiguous, do not go beyond the evidence that was reviewed, and are justifiable by the included data. |

## Implications for research

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Concise description of implications for future research based on the review’s findings. |
| **🗸** |  | We do not make general statements that contain little or no specific information for example, or “More research is needed”. |

## Acknowledgements

Authors can list people who have contributed but who do not meet the authorship criteria. Authors need permission from each named person before the person can be included in this section. Also, the CIDG’s editorial team will add one of the following statements:

* This document is an output from a project funded funded by UKaid from the UK Government for the benefit of developing countries. The views expressed are not necessarily those of DFID.
* The editorial base for the Cochrane Infectious Diseases Group is funded by UKaid from the UK Government for the benefit of developing countries.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Confirm permission sought and received from each individual listed in this section. |
| **🗸** |  | Aware that the CIDG will add a statement to the acknowledgements. |

## Contributions of authors

The list of authors on the byline should be a joint decision of the co-authors. To qualify for authorship, each author must have made a substantial contribution to the conception and design, or analysis and interpretation of the data   
(as described in the licence for publication form). Each author must review the final version and approve its validity for publication.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | List of authors for citation: Agreed and completed. |
| **🗸** |  | Contributions of authors: Contribution of each author described. |

## Declarations of interest

In addition to this section, each author must complete a Conflicts of interest form. Details of this form will be sent separately.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Each author has listed any present or past affiliations or other involvement in any organization or entity with an interest in the Cochrane Review that might lead the author to have a real or perceived conflict of interest. “None known” used for authors with no potential conflict of interest. |

## Differences between protocol and review

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Each deviation from the published protocol is described along with the reason for change. |

## Published notes

These may include editorial notes and comments (eg where issues highlighted by editors or referees are believed worthy of publication alongside the review) from an identified person (eg editor or referee).

***It is unlikely that a CIDG review will contain published notes. Contact the editorial base if you plan to include such notes.***

# Tables

## Characteristics of included studies

The CIDG recommends that authors include the following information in each column of the table. This guidance will help ensure consistency in the content provided for each trial.

|  |  |  |
| --- | --- | --- |
| **Section** | **Information to include** | **Example** |
| Methods | Study design and duration (include start and end dates if available) | Randomized controlled trial  Duration: 5 years, from January 2000 to January 2005 |
| Participants | * Number of participants included in the trial (clarify whether number enrolled, available for analysis, or lost to follow up) * Inclusion criteria * Exclusion criteria * Information on the method used to diagnose a disease may be relevant in some review (eg tuberculosis reviews) | Number: 200 enrolled  Inclusion criteria: clinical malaria; living in study area  Exclusion criteria: pregnancy |
| Intervention | * List the interventions with the review's intervention listed first and start each intervention on a new line * Include a sentence below with any other interventions (eg fluids) given to both groups * For drug interventions, include details of drug name, dose, frequency, mode of administration (if not obvious), duration (if not included under Methods); for non-drug interventions, include relevant considerations and components related to the intervention | 1. Drug A (10 mg/kg once a day for 1 week, oral) 2. Placebo (given at same time as above) |
| Outcomes | * List each outcome measures with each outcome on a new line * Include all clinical outcomes reported in the trial, but include a note to say which outcomes are not assessed in the review | 1. Parasite clearance time 2. Adverse events |
| Notes | * Trial location * Setting * Source of funding | Location: Malawi  Setting: community-based trial  Source of funding: Drug Company X |

### 

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Table completed according to guidance above. |

### Risk of bias

The standard ‘Risk of bias’ table includes assessments for sequence generation, allocation sequence concealment, blinding, incomplete outcome data, selective outcome reporting and ‘other issues’. For each item, the table provides a description of what was reported to have happened in the study and a subjective judgement regarding protection from bias (‘Yes’ for a low risk of bias, ‘No’ for a high risk of bias; ‘Unclear’ otherwise).

|  |  |  |
| --- | --- | --- |
| **🗸** |  | The table has been completed according to guidance in the *Cochrane Handbook for Systematic Reviews of Interventions*. |

## Characteristics of excluded studies

Use this section to note the reason for excluding studies from the review.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Provided specific reason why each study did not meet the inclusion criteria; this reason should not be subjective (eg trial of poor quality). No further information, such as study location, or results provided. |

## Characteristics of studies awaiting classification

Two categories of study may be entered: those about which an inclusion or exclusion decision cannot be made because sufficient information is not currently available; and those that have been identified but are awaiting an update to the review.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Where appropriate, the table has been completed using the ‘Characteristics of included studies’ guide (see above). |
| **🗸** |  | Blank cells are filled with ‘Not yet assessed’ or ‘Not known’ as appropriate. |

## Characteristics of ongoing studies

The CIDG recommends that authors include the following information in each column of the table. This guidance will help ensure consistency in the content provided for each trial.

|  |  |  |
| --- | --- | --- |
| **Section** | **Information to include** | **Example** |
| Study ID | Trial registration number | Registration number: ISRCTN000000 |
| Study name | Quotation of study name | “A randomized controlled trial of coffee and tea for preventing drowsiness” |
| Methods | Study design | Randomized controlled trial |
| Participants | Brief description of inclusion criteria | Inclusion criteria: aged > 21 years; liable to get drowsy about mid-morning |
| Interventions | Numbered list of interventions | 1. Tea 2. Coffee 3. Water  Each intervention (250 mL) given daily at 1100 hours for 1 week |
| Outcomes | Numbered list of each study outcome | 1. Drowsiness at 1200 each day 2. Ability to concentrate (measured using a pre-specified concentration test) 3. Adverse effects |
| Starting date | Anticipated start and end date using the standard format: day month year (eg 1 January 2001) | 1 April 2008  Anticipated end date: 1 April 2009 |
| Contact information | Name of main contact with email address in brackets (if available) and followed by name and country of person’s institution. | Dr I. Like-Tea (iliketea@teatesting.com), Tea Testing Institution, University, Manchester, UK |
| Notes | Subheadings for location (ie country where trial located), registration number (ie trial registration number – same as the Study ID), and source of funding (note who funded the trial) | Location: Manchester, UK  Registration number: ISRCTN000000  Source of funding: self-funded |

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Table completed according to guidance above. |

## Summary of findings tables

The CIDG generally expects new reviews to contain a SOF table. If you feel this is not appropriate for your review, please contact the editorial base for advice and confirmation. Check all relevant boxes.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | The editorial base agree that SOF tables are not appropriate for this review |
| **🗸** |  | A SOF table has been made for every important comparison in the review |
| **🗸** |  | The order of outcomes is consistent in each table and is in descending order from most important to least important |
| **🗸** |  | A foot note has been added to explain each instance of downgrading |
| **🗸** |  | The footnotes follow the format: “Downgraded by 1 for serious risk of bias: explanation…” |

## Additional tables

Additional tables can be useful to present data or summarize complex information. Most tables (including the search strategy table) should be inserted into the Appendices, and only tables showing key results or other essential information should be retained as an ‘Additional table’. Details on formatting tables are available in the Cochrane Style Guide (4.1 edition).

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Title headings brief and informative. |
| **🗸** |  | Footnotes: Superscript letters used for footnotes (eg a). |
| **🗸** |  | Footnotes: Abbreviations explained in a footnote. |
| **🗸** |  | Each table mentioned in the review text. |

# References

Different fields need to be completed depending on the reference type (journal article, book chapter, etc). Details on the fields to complete for each reference type are available in the Cochrane Style Guide (4.1 edition).

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Referred to Cochrane Style Guide for assistance with inputting references. |
| **🗸** |  | Reference identifiers (ID) and study IDs (used for included and excluded studies) use the last name of the first author and the year of publication (eg Smith 1988). |
| **🗸** |  | References list first six authors (followed by “et al” if more than six), have journal title in full (no abbreviations), include journal issue *and* volume numbers, page numbers in correct format (eg 562-3 *not* 562-563 or 562-63), page numbers for book sections, and give access dates for website addresses (eg accessed 9 January 2007). |
| **🗸** |  | References for included/excluded studies: If more than two studies listed per study ID (ie two or more articles for a single study), one article selected to be the ‘primary reference’ (box ticked). |

# Data and analyses

If there are no events in either group, summarize this information in the text instead of including an ‘empty’ Analysis.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Comparison name: Matches the comparison used in the results (‘Effects of intervention’ section), such as Drug A vs drug B. |
| **🗸** |  | Outcome name: Used same wording as in the ‘Types of outcome measures’; for example, avoid using “All-cause death” in the ‘Types of outcome measures’ and “Death from any cause” in the Analysis. |
| **🗸** |  | Group labels: Change from ‘Experimental’ and ‘Control’ to the actual intervention and control used in the review. |
| **🗸** |  | Statistical method (eg Peto or inverse variance), analysis model (eg fixed or random effects), and effect measure (eg risk ratio or odds ratio): correct options (ie those noted in protocol) are selected in Review Manager. |

# Figures

Five types of figures may be included within the text of the review: RevMan forest plot; RevMan funnel plot; RevMan ‘Risk of bias’ graph; RevMan ‘Risk of bias’ summary; and other figures. These figures will always be presented with the full-text publication of the review.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | If used, each figure has a caption, providing a brief description (or explanation) of the figure, and is referred to (with a hyperlink) in the review text. |
| **🗸** |  | Up to five key forest plots (Analyses) are selected as ‘Figures’. |

# Sources of support

Authors should acknowledge grants that supported the review, and other forms of support, such as support from their university or institution in the form of a salary. Sources of support are divided into ‘internal’ (provided by the institutions at which the review was produced) and ‘external’ (provided by other institutions or funding agencies). Each source, its country of origin and what it supported should be provided.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Relevant sources of support included. |

# Feedback

There is a formal mechanism on the Cochrane Libraryto facilitate and manage feedback from users of reviews. Feedback on a review can be received at any time after publication and therefore is not relevant for a new review.

# Appendices

Appendices provide a place for supplementary information, including most tables (such as the search strategy table). To include a table in an appendix, first prepare it as an ‘Additional table’ (see Tables: 6) and then cut and paste the table and footnotes into an appendix.

|  |  |  |
| --- | --- | --- |
| **🗸** |  | Table title headings brief and informative. |
| **🗸** |  | Table footnotes: Superscript letters used for footnotes (eg a). |
| **🗸** |  | Table footnotes: Abbreviations explained in a footnote. |
| **🗸** |  | Each table mentioned in the review text. |
| **🗸** |  | ‘Methods of the review: detailed search strategies’ table included. |

# Queries or notes for the editorial team

List any technical editing queries or note any difficulties with any of the above checks.

|  |
| --- |
|  |