**Selecting & prioritising systematic review topics & titles**

## **Step 1: Discouraging reviews of very limited focus and interest**

The CSG has always discouraged reviews of very limited focus and interest by advising those who suggest narrow titles to broaden the scope of their review as we think this is of more benefit to both patients and healthcare practitioners.

How do we discourage these reviews of limited focus and interest?

**Through the completion of our Title Suggestion form (TSF).**

Those wishing to propose a title have to complete a TSF. From this, we judge the following:

1. the **impact** of the condition on people’s lives;
2. the current state of **information** about treating the condition; and
3. the **importance** of the topic.

Upon receipt of the TSF, we assess the following:

1. the pace of new evidence in that topic and the likely quality of the evidence; and
2. whether there are any other systematic reviews on the subject.

## **But don’t these broad reviews become too big and unreadable?**

**Yes!**

The consequence of our philosophy to include broad multiple intervention reviews is that occasionally large reviews can end up with the work grinding to a halt, or worse still, messages getting diluted and lost.

So, in April 2014, the Co-Ed created a small panel of 3 editors to make recommendations on splitting some of our massive reviews when they become unwieldy, with the aim of splitting them into more manageable reviews that make clinical sense to our audience of healthcare professionals and patients.

Step 2: Identifying priority topics

Our title prioritisation/registration process has been refined over the years. Now, to ensure that we don’t lose enthusiastic people who may become authors, we process each title as it is suggested, rather than wait until we have several applications.

## How do I get my TSF to stand out?

**Meet the prioritisation criteria!**

Once the Co-ordinating Editor (Co-Ed) has accepted an application through the TSF as relevant to the scope of the Skin Group, an online vote is held amongst the editors, who we ask to rate the following prioritisation criteria on a scale from 1 – 10.

- Is it an important (i.e. common or serious) health problem?

- How big is the size of the problem of the condition?

- How likely is the review going to reduce uncertainty and, thus, inform clinical practice?

- Does the review reflect real ongoing treatment dilemmas?

- Is the review likely to inform national guidelines?

- Will the review draw attention to more research in a neglected area?

The Co-ed then assesses the editors' collated votes:

- Is there enough perception of importance?

- Is there more weight on the importance of the health problem and its potential impact?

- “each total more than 5 marks – if over half, then accept”

## What happens after the TSF has been accepted?

**The accepted title is then posted on our website, and interested teams are asked to complete our Title Registration Form (TRF).**

Applications for registered titles are sent to our editors for their views on the team's capability to get a good-quality review completed. We ask them to mark the teams’ applications on the following:

## 1. the quality of their proposal;

## 2. the team composition; and

## 3. the quality of their written English.

## Has the CSG identified clinical gaps for which Cochrane reviews are needed?

**Yes!**

We have a page on our website (<http://skin.cochrane.org/identifying-gaps-dermatological-research-and-csg-reviews>) where we post identified uncertainties and gaps. These have been compiled as a result of the *SPRUSD Programme Grant for Applied Research* carried out at the Centre of Evidence Based Dermatology, which identified gaps in eczema and vitiligo research through priority setting partnerships (PSPs). Other sources of information about gaps have been through the results of PSPs on epidermolysis bullosa, skin cancer, and hidradenitis suppurativa and through the WHO Global Burden of Disease project led by one of our editors.

The WHO's (World Health Organization) Global Burden of Disease Project (GBD) has identified 13 skin conditions within the scope of the CSG that have a big impact on disability-adjusted life years, and this is another useful guide when we are prioritising review titles (Hay RJ et al The Global Burden of Skin Disease in 2010: an analysis of the prevalence and impact of skin conditions. J Invest Dermatol. 2014;134:1527-34.) Staff at the editorial base helped write a paper on this topic, which was published in September 2014 (<http://www.ncbi.nlm.nih.qov/pubmed/24807687>) and is highlighted on our webpage.

We give priority to reviews funded by government bodies, titles identified by Priority Setting Partnerships, and those skin diseases that have the greatest effect on people's lives that have been identified by the Global Burden of Disease project.

We believe that posting the prioritisation results on our website and letting people spot the gaps and suggest titles themselves is a good way to encourage keen individuals as those who suggest titles often also tend to want to write reviews on that topic.

## What if there are important reviews that no-one ever suggests?

**The Co-Ed and our editors have restricted powers to fill gaps and edit titles.**

To allow for improvement and avoid overlap or unwieldy titles, the Co-Ed and the editors can suggest completely new titles if they see an important gap. To ensure that they are also subjected to a prioritisation process, the suggestion is sent to the *editors*? for a wider view on “prioritisation” followed by advertising on the website if supported.

Similarly, to allow us to re-assess old titles for potential improvement before re-advertising on our website, especially in relation to mapping titles to topic areas, the Co-Ed and the editors can edit titles to fill gaps without formal consultation if the new title has emerged from a split of an already-registered old title (which has technically already been prioritised).

## Moratoriums on titles

Occasionally, when we have an influx of protocols and reviews in the editorial process, we may announce a temporary halt on title suggestions to help us to manage our editorial workload.

During these periods, we direct potential authors to the list of vacant titles and reviews that we have advertised on our website. This is because these are topics that have previously been voted as priorities by our editors so we are keen that they find author teams.

Ensuring priority published reviews are up-to-date

CSG updates have their own prioritisation system.

Step 1: Running quick updating searches

The Collaboration advises that reviews should be updated every two years. To achieve this, a review team would have to start working on an update one year after their review was published. Therefore, when a review is published, our Information Specialist makes a calendar note to look at the review in a year later when she runs quick updating searches in MEDLINE and Embase to see if any new trials have been published. She checks how many studies are awaiting classification in the review, noting this and the date of the last fully incorporated search.

Step 2: Making a decision about whether to update

The Information Specialist’s search results are brought to the weekly editorial team meeting, and the Co-Ed brings a clinical perspective to the discussion. Based on the collated information, a decision is made – one of the following:

1. **Priority update**: suggest the review team start an update;
2. **Non-priority update**: suggest the review team wait another year before assessing again whether to update.

Step 3: Re-publishing non-priority updates in the Cochrane Library as stable or postponed for another year

Non-priority updates are further classified as postponed for another year or stable, and this decision is published on the Cochrane Library.

- After the Information Specialist’s 1st-year searches, if it’s decided that an update is not needed right then and can be postponed for another year, we re-publish the review with an amendment and add a published note in the review to say why it’s been postponed.

- After the Information Specialist’s 2nd-year searches, if it’s decided that an update is not needed right then and can be postponed for another year, we mark the review as stable for that year – the Information Specialist still runs an update search the following year to make sure the decision to call it stable is still the right one (if still stable after the 3rd year, we update the published note to explain that we’ve done another search and still deem it stable, and so on).

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