

# LUNCH & LEARN



## Cochranes neues Review-Format



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(Cochrane Deutschland Stiftung)

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# Cochranes neues Review Format

Lunch & Learn, Cochrane Deutschland, 11.09.2024

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## Interessenskonflikte



Ich habe keinen potenziellen Interessenkonflikt zu berichten.



Ich habe folgende(n) potenzielle(n) Interessenskonflikt(e) zu berichten

# Agenda

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- Was sind Besonderheiten von Cochrane Reviews?
- Was steckt hinter dem neuen „fokussierten“ Review-Format von Cochrane?
- Was ändert sich konkret für Leser\*innen und Autor\*innen?



# Cochrane Reviews

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„A Cochrane Review is a systematic review that attempts **to identify, appraise and synthesize** all the empirical evidence that meets **pre-specified eligibility** criteria to answer a specific research question. Researchers conducting systematic reviews use **explicit, systematic methods** that are selected with a view aimed at **minimizing bias, to produce more reliable findings to inform decision-making.** [...]”

<https://www.cochranelibrary.com/cdsr/about-cdsr>

- Basieren auf begutachtetem Protokoll
- Folgen hohen methodischen Standards (Cochrane Handbook, MECIR)
- Haben ein einheitliches Format (erstellt mit RevMan Web)
- Enthalten laienverständliche und frei verfügbare Zusammenfassungen
- Bewertung der Vertrauenswürdigkeit der Evidenz ist obligatorisch
- Review Updates



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# Aufbau des „klassischen“ Cochrane Reviews

# Verbesserungspotentiale „klassisches“ Review Format

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Umfang

Unterstützung für  
Autor\*innen

Vereinfachung

Funktionalität RevMan

# Das neue „fokussierte“ Format

## Ziele und Neuerungen

---

### Kürzere und übersichtlichere Reviews mit Fokus auf die Hauptergebnisse

- Empfohlener Umfang 10.000 Wörter (Background, Methods, Results, Discussion, Authors' Conclusions)
- Klare Differenzierung zwischen Hauptartikel und Supplement

### Hervorhebung von „Integritätsaspekten“

- Neue Zwischenüberschriften
- Neuer Abschnitt zu Daten, Codes, etc.

### Bessere Hilfestellung für Autor\*innen

- Neue „Reporting“ Standards
- Review Vorlagen
- „Study Centric Data Management“





Cochrane Database of Systematic Reviews | [Review - Intervention](#)

## Anti-vascular endothelial growth factor biosimilars for neovascular age-related macular degeneration

✉ Tomiko Sunaga, Masayuki Maeda, Rosella Saulle, Sueko M Ng, Miki Takenaka Sato, Takeshi Hasegawa, Andrew N Mason, Hisashi Noma, Erika Ota

Version published: 03 June 2024 [Version history](#)

<https://doi.org/10.1002/14651858.CD015804.pub2> [↗](#)

Cochrane Database of Systematic Reviews | [Review - Intervention](#)

## Tamoxifen for adults with hepatocellular carcinoma

✉ Cho Naing, Han Ni, Htar Htar Aung

Version published: 12 August 2024 [Version history](#)

<https://doi.org/10.1002/14651858.CD014869.pub2> [↗](#)

Cochrane Database of Systematic Reviews | [Review - Intervention](#)

## Non-surgical interventions for preventing contralateral tissue loss and amputation in dysvascular patients with a primary major lower limb amputation

Jonathan De Siqueira, David A Russell, Heidi J Siddle, Suzanne H Richards, ✉ Elizabeth McGinnis

Version published: 28 August 2024 [Version history](#)

<https://doi.org/10.1002/14651858.CD013857.pub2> [↗](#)

# Was ändert sich konkret?

# Reporting

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## Klassisches Format

Methodological Expectations of Cochrane Intervention Reviews (MECIR) Abschnitte zu Protokoll, Reporting und Update

*<https://community.cochrane.org/mecir-manual>*

## Fokussiertes Format

Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) bei Fragestellungen zu Interventionen

*Page et al. BMJ 2021*

# Reporting

## Review template

**NEW!** We have a **recommended template for intervention reviews** in the [focused review format](#).

Create your personal copy of the template as a practice review in RevMan. (Hold down Ctrl + click the button below to open the practice review in a new tab.)

[Create my copy of the review template](#)

Click on the title to open the template in RevMan.

Your copy of the template will be **available for 30 days**. Come back here at

**The template will be continuously updated to reflect best practice.** Always you are always viewing the latest version.

<https://documentation.cochrane.org>

## Outcome measures

**Cochrane conduct standards:** [Selecting outcomes to be addressed for studies included in the review \[48\]](#)

Read, and cite when applicable, [Chapter III \[10\]](#), and [Chapter 3 \[28\]](#), of the *Cochrane Handbook for Systematic Reviews of Interventions*, and see [InSynQ checklist](#).

**PRISMA 2020 guidance #10a (part): List and define all outcomes for which data were sought [6].**

*Intervention ReviewTemplate*

<https://revman.cochrane.org/933224090812490532/text/methods#443100483486741629>

# Study Centric Data Management

## Review criteria

Define the eligibility criteria for the review. Details in this tab are used to inform the criteria for each comparison in the review, your data extraction forms to facilitate imports and to set up your analyses in RevMan.

Interventions

Intervention groupings

**Outcomes**





Covariates

Characteristics

Risk of bias

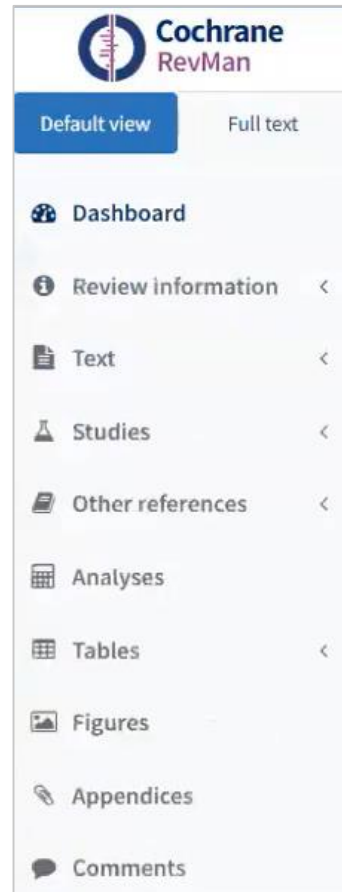
 Define outcomes that you want to investigate.

[+ Add Outcome](#)

Name	Description	Type	Unit of Measure	Action
Body Weight (6 months)		Continuous 	kg	 Delete Outcome
Body Weight (12 months)		Continuous 	kg	 Delete Outcome

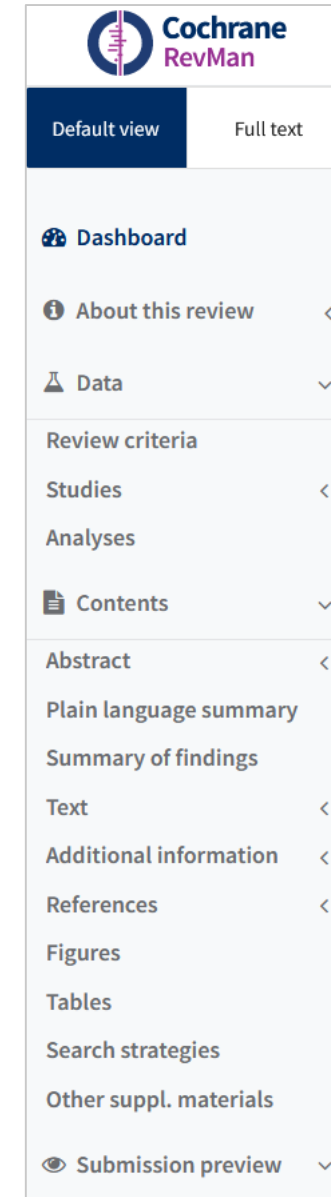
- Strukturierung der Analysen, Fokussierung auf wesentliche Vergleiche
- Möglichkeit, extrahierte Daten (Excel, Covidence) in RevMan Web zu importieren  
(Achtung: Templates nutzen) <https://documentation.cochrane.org/revman-kb/data-extraction-templates-260702375.html>

## Klassisches Format



<https://revman.cochrane.org>

## Fokussiertes Format



<https://revman.cochrane.org>

# Zwischenüberschriften

## Fokussiertes Format

### Abstract

- Rationale, Objectives, Search Methods, Eligibility Criteria, Outcomes, Risk of Bias, Synthesis Methods, Included Studies, Synthesis of Results, Authors' Conclusions, **Funding, Registration**

### Background

- Description of the intervention and how it might work

### Methods

- Outcome Measures (Critical Outcomes, Important Outcomes)
- **Equity-related Assessment**
- **Consumer Involvement**

### Additional Information

- **Data, Code and other Materials**

# Characteristics of Included Studies

CHARACTERISTICS OF STUDIES	
<b>Davis 2004</b>	
Methods	Randomised controlled trial
Participants	Country: USA n = 71 <b>Inclusion criteria</b> Carers <ol style="list-style-type: none"><li>1. Live with the care recipient.</li><li>2. Have primary caregiving responsibility for an average of 4 hours in the home each day.</li><li>3. Be able to speak and read English.</li><li>4. Not be participating in any other caregiver study.</li><li>5. Be available by phone.</li></ol> Care recipients <ol style="list-style-type: none"><li>1. Be 50 or older.</li><li>2. Have a physician-determined diagnosis of dementia.</li><li>3. Have a cognitive function (MMSE) score of 24 or less.</li><li>4. Have 4 or more behavior problems, as determined by the problem frequency scale of the Revised Memory and Behavior Problem Checklist.</li></ol>
Interventions	Intervention: telephone-based skills training plus conversation about finding and using local community resources Control: friendly calls Length: 3 months
Outcomes	Carer: burden, distress, depressive symptoms, social support, life satisfaction Care recipient: instrumental independence, physical independence, cognitive status
Notes	Funding source: The National Institute of Nursing Research (KG1 NR 00095) and the REACH Project at the University of Alabama and the University of Alabama at Birmingham (5U01NR 04261)

Lins et al. CDSR 2014 <https://doi.org/10.1002/14651858.CD009126.pub2>

## Fokussiertes Format

- Characteristics of Included Studies nur noch als Supplement
- Dafür Overview of Synthesis and Included Studies im Hauptartikel



# Overview of Synthesis and Included Studies

- Zusammenfassung der wesentlichen Studiencharakteristika der eingeschlossenen Arbeiten (Design, Stichprobengröße etc.)
- Überblick über die Strukturierung der Analysen (Gruppierung der Interventionen, Endpunkte, etc.)
- <https://training.cochrane.org/resource/msu-web-clinic-December-2023>

**Table 1. Description of the included studies**

Study (n randomised)	Study centres and location	Male, n, (%)	Age (mean, years)	HCC status	Intervention	Control	Outcomes	Funding source	Co-interventions
Barbare 2005 (420)	Multicentre (78), France	186 (88.6%) (tamoxifen), 189 (90%) (control)	67.5 (SD 0.6) (tamoxifen), 67.3 (SD 0.6) (control)	Not suitable for surgery and locoregional treatment	Tamoxifen 20 mg/day	Symptomatic treatment	Survival, quality of life, toxicity	Pharmacia S.A.S., Saint-Quentin en Yvelines, France	BSC

Naing et al. CDSR 2024 <https://doi.org/10.1002/14651858.CD014869.pub2>

# Overview of Synthesis and Included Studies

**Table I: Example OSIS table illustrating key study characteristics, ordering studies based on intervention type**

Study name (year) country of conduct	Study design	Other key detail of intervention	Population (sample size: Intervention/ Control)	Outcome domains with available data (synthesis method/metric)	Specific outcome measure	Time point of measurement	Method of synthesis
Intervention category: Education & financial incentive							
Doyle et al 2010 Germany	RCT	Tailored to individuals	Adults & children (aggregated) (n=253/245)	Mental health (MA); wellbeing (ED)	1.GHQ-12 2.HADS 3.self- reported 4. SF-36	6 months 12 months	1.MA 2.MA 3.Summary 4.MA
Thomson et al 2009 USA	CBA	Not tailored	Women (adult) (n=57/52)	Mental health (MA); respiratory health (MA)	1. HADS; 2. Asthma symptoms	12 months	1. MA 2. MA
Intervention category: Financial only incentive							
Brown et al 2012 UK	RCT	Not tailored	Adults (men & women) (n=126/128)	Respiratory health (Range)	Morning wheeze	2 months	Summary

# Referenzen

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## Klassisches Format

Referenzen

- Included
- Excluded
- Awaiting classification
- Ongoing
- Additional

## Fokussiertes Format

- Gesamtreferenzliste geordnet nach Vorkommen im Text
- Differenzierte Liste als Supplement

# Referenzen

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## Klassisches Format

### Banks 2016 {published data only}

ACTRN12615000859583. Healing pressure ulcers/injuries: efficacy and cost effectiveness of nutrition interventions in the treatment of pressure ulcer/injuries. <https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=3353182015>.

**CENTRAL**

Banks MD, Ross LJ, Webster J. Pressure ulcer healing with an intensive nutrition intervention in an acute setting: a pilot randomised controlled trial. *Journal of Wound Care* 2016;25(7):384-92. [DOI: [10.12968/jowc.2016.25.7.384](https://doi.org/10.12968/jowc.2016.25.7.384)]

**CENTRAL** | [Link to article](#) | [PubMed](#) | [Google Scholar](#)

*Langer et al. CDSR 2024 <https://doi.org/10.1002/14651858.CD003216.pub3>*

## Fokussiertes Format

1. Asrani SK, Devarbhavi H, Eaton J, Kamath PS. Burden of liver diseases in the world. *Journal of Hepatology* 2019;70(1):151-71.

[Link to article](#) | [PubMed](#) | [Google Scholar](#)

2. Fitzmaurice C, Abate D, Abbasi N, Abbastabar H, Abd-Allah F, Abdel-Rahman O, et al. Global, regional, and national cancer incidence, mortality, years of life lost, years lived with disability, and disability-adjusted life-years for 29 cancer groups, 1990 to 2017: a systematic analysis for the global burden of disease study. *JAMA Oncology* 2019;5(12):1749-68.

[PubMed](#) | [Google Scholar](#)

*Naing et al. CDSR 2024 <https://doi.org/10.1002/14651858.CD014869.pub2>*

# Referenzen

## BACKGROUND

### Description of the condition

Hepatocellular carcinoma (HCC) is the sixth most prevalent cancer [1, 2, 3] and the third leading cause of cancer-related deaths worldwide (amounting to 830,180 deaths in 2020) [3], albeit with substantial variation in age, sex, and geographic distribution. According to the GLOBOCAN estimate in 2020, age-standardised incidences were highest in Eastern Asia, followed by South-Eastern Asia and Northern Africa [3]. Significant risk factors for HCC include chronic hepatitis B virus and hepatitis C virus infections, autoimmune hepatitis, alcoholic liver disease, and non-alcoholic liver steatohepatitis/non-alcoholic fatty liver disease (most recently, known as metabolic dysfunction-associated steatotic liver disease), aflatoxins, or inborn and acquired metabolic diseases [4, 5]. About 80% to 90% of people with cirrhosis develop HCC [6], with an annual incidence of 2.4% per 100 person-years [5].

### Included studies

See more details in [Supplementary material 2](#) and [Table 1](#).

### Study design

We included 10 randomised clinical trials of parallel-group design ([Barbare 2005 \[92\]](#); Castells 1995; Chow 2002 [93]; CLIP Group 1998; Coll 1995 [94]; Elba 1994 [95]; Farinati 1992; Liu 2000 [96]; Martinez-Cerezo 1994 [97]; Riestra 1998 [98]). These trials were published between 1992 and 2005.

Nine trials were conducted in a single country; of these, six were single-centre trials (Castells 1995, Coll 1995, and Martinez-Cerezo 1994 in Spain; Elba 1994 and Farinati 1992 in Italy; and Liu 2000 in Hong Kong), and three were multicentre trials ([Barbare 2005](#) in France; CLIP Group 1998 in Italy, and Riestra 1998 in Spain). One was a multicentre trial conducted across nine countries in the Asia-Pacific region (Chow 2002). The study did not provide a location (Coll 1995). However, based on the authors' affiliations, we assumed it was conducted in a centre in Barcelona, Spain.

# Supplementary Materials

Cochrane Database of Systematic Reviews | Review - Intervention

## Tamoxifen for adults with hepatocellular carcinoma

✉ Cho Naing, Han Ni, Htar Htar Aung

Version published: 12 August 2024 [Version history](#)

<https://doi.org/10.1002/14651858.CD014869.pub2>

### Supplementary materials

Supplementary materials are published alongside the article and contain additional data and information that support or enhance the article. Supplementary materials may not be subject to the same editorial scrutiny as the content of the article and Cochrane has not copyedited, typeset or proofread these materials. The material in these sections has been supplied by the author(s) for publication under a Licence for Publication and the author(s) are solely responsible for the material. Cochrane accordingly gives no representations or warranties of any kind in relation to, and accepts no liability for any reliance on or use of, such material.

[Collapse all](#) [Expand all](#)

### Search strategies

[Supplementary material 1 - Search strategies](#)

### Characteristics of studies

Study data are also available in the [downloadable data package](#).

[Supplementary material 2 - Characteristics of included studies](#)

View details of each study included in the review.

[Supplementary material 3 - Characteristics of excluded studies](#)

View details of each study excluded from the review.

### Risk of bias

[Supplementary material 4 - Risk of bias](#)

View tables with risk of bias judgements and the support of each judgement for each of the review's outcomes. Alternatively, download this information via the [downloadable data package](#).

### Analyses

[Supplementary material 5 - Analyses](#)

View all results data and syntheses, including forest plots, associated with the review. Alternatively, download this information via the [downloadable data package](#).

### Download data

[Supplementary material 6 - Data package](#)

Download the full data package associated with the review, including collected study data, risk of bias assessments, analyses, and references (ZIP file).

### Other supplementary materials

[Supplementary material 7 - Risk of bias assessment \(summary\)](#)

[Supplementary material 8 - Risk of bias assessment consensus by two investigators](#)

[Supplementary material 9 - Treatment-related toxicity in one single-arm study \(based on a total of 137 courses\)](#)



# Supplementary Materials

The screenshot shows the Cochrane RevMan interface for a "[Practice] Intervention review template". The left sidebar contains navigation options: Dashboard, About this review, Data, Review criteria, Studies, Analyses, Contents, Abstract, Plain language summary, Summary of findings, Text, Additional information, References, Figures, Tables, Search strategies, and Other suppl. materials. The main content area displays "6 New Supplementary material" with an "Add Note" button. Below this, there are two input fields: "Title" with the value "New Supplementary material" and "Text" with the placeholder "[Enter text here]".

- Nicht möglich Dateien hochzuladen (z.B. doc, pdf, jpg)
- Externes Supplement (z.B. bei Zenodo)
- Externe Supplemente werden nicht gesetzt, lektoriert oder korrekturgelesen
- „Full Peer-Review“ von „Other Supplementary Materials“ abhängig vom Inhalt

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Data and Analysis

Characteristics of Studies

Differences between  
Protocol and Review

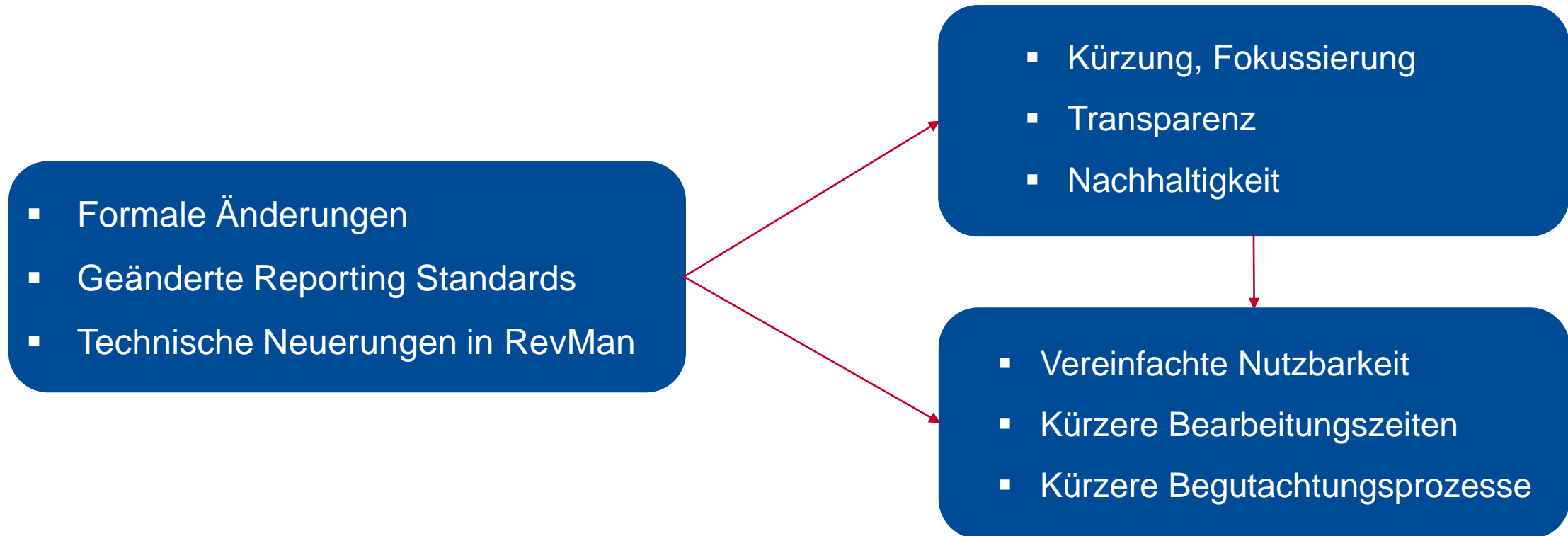
Acknowledgements,  
Contribution of Authors,  
Declaration of Interest,  
Sources of Support, History



# Fazit

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## Das „fokussierte“ Cochrane Review Format



# Links

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## **Focused Review Format**

<https://documentation.cochrane.org/revman-kb/focused-review-format-263258144.html>

<https://documentation.cochrane.org/revman-kb/cochrane-protocol-template-204637793.html>

<https://community.cochrane.org/news/creating-focused-cochrane-review-improvements-authors>

<https://training.cochrane.org/handbook/current/chapter-iii>

<https://www.youtube.com/watch?v=eY34jxcd5cU>

<https://www.youtube.com/watch?v=IKL4GeThTLQ>

## **Study Centric Data Management**

<https://documentation.cochrane.org/revman-kb/study-centric-data-management-117379417.html>

<https://www.youtube.com/watch?v=8B-Rvcr8QII>

<https://www.youtube.com/watch?v=4824ArobTv8>

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[https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://documentation.cochrane.org/revman-kb/files/263258144/268828677/1/1692608299114/OSIS%2BTable%2Bpreparation%2Bupdated\\_14122022.pdf&ved=2ahUKEwji06S0rLilAxXrhf0HHZDYDfMQFnoECBgQAw&usg=AOvVaw0ANPsb0kFgAeRsm0QQTsxc](https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://documentation.cochrane.org/revman-kb/files/263258144/268828677/1/1692608299114/OSIS%2BTable%2Bpreparation%2Bupdated_14122022.pdf&ved=2ahUKEwji06S0rLilAxXrhf0HHZDYDfMQFnoECBgQAw&usg=AOvVaw0ANPsb0kFgAeRsm0QQTsxc)

Torbahn G, Brauchmann J, Axon E, Clare K, Metzendorf MI, Wiegand S, Pratt JS, Eells LJ. Surgery for the treatment of obesity in children and adolescents. *Cochrane Database Syst Rev.* 2022 Sep 8;9(9):CD011740. doi: 10.1002/14651858.CD011740.pub2.



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# Lunch & Learn

**HANDOUT** **AUFZEICHNUNG**



Weitere Handouts und Aufzeichnungen vergangener  
Webinare auf <https://www.cochrane.de>

## **Nächster Termin:**

*20. November 2024: Reporting Guidelines (mit Schwerpunkt PRISMA)*

Übersetzungen



Social Media



Workshops & Events

Newsletter

Unser Blog

Ressourcen



 **WISSEN WAS WIRKT**





## 4. Symposium der Cochrane Deutschland Stiftung

**„Integrität in der Wissenschaft –  
gemeinsam gegen Betrug“**

**Wann:** 25. bis 26. März 2025

**Wo:** Präsenzveranstaltung in Freiburg

Teilnahme kostenlos, Anmeldung erforderlich

<https://www.cochrane.de/events>



## **EbM-Kongress 2024** (EbM Netzwerk)

**„Die EbM der Zukunft –  
packen wir’s an“**

**Wann:** 26. bis 28. März 2025

**Wo:** Präsenzveranstaltung in Freiburg

Call for Abstracts - open

<https://www.ebm-kongress.de>



# Weiterführende Cochrane Workshops

Systematische Reviews kritisch  
bewerten AMSTAR 2



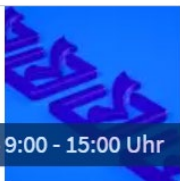
08.11.2024 09:00 - 13:30 Uhr

GRADE Grundlagen (online)

**GRADE**

26. - 28.11.2024

RCTs kritisch bewerten RoB 2



04.12.2024 9:00 - 15:00 Uhr



## Workshops

Wenn Sie über **neue Termine** benachrichtigt werden wollen, melden Sie sich einfach auf unserer **Interessant\*innen-Liste für Veranstaltungen von Cochrane Deutschland** an. Wir informieren Sie dann individuell über den Start der Online-Anmeldungen für unsere Veranstaltungen in Frühjahr & Herbst.

<https://www.cochrane.de/interessentenliste-workshops>

<https://www.cochrane.de/veranstaltungen>

# Evaluation



[https://survey.lamapoll.de/Lunch\\_and\\_Learn\\_Cochrane\\_Review\\_Format/de](https://survey.lamapoll.de/Lunch_and_Learn_Cochrane_Review_Format/de)

[workshops@cochrane.de](mailto:workshops@cochrane.de)

Zuverlässige Evidenz.  
Informierte Entscheidungen.  
Bessere Gesundheit.



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Bundesministerium  
für Gesundheit

aufgrund eines Beschlusses  
des Deutschen Bundestages

