Reviewer's report

Title: Converting systematic reviews to Cochrane format: a cross-sectional survey of Australian authors of systematic reviews

Authors:

Janet H Piehl (janet.piehl@med.monash.edu.au)
Sally Green (sally.green@med.monash.edu.au)
Steve McDonald (steve.mcdonald@med.monash.edu.au)

Version: 2 Date: 22 Sep 2002

Reviewer: Dr Helen Handoll

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

Discretionary revisions

1. Though implied, I wonder if it would be helpful to clarify that there is no 'original work only' policy for Cochrane reviews. Incidentally, is getting permission from journals an issue?

2. One key tenet of the Cochrane Collaboration is the avoidance of duplication. Thus though I think it was reasonable to include all the authors in the study population, there is little point in approaching authors of reviews to convert reviews that are already covered in the CDSR. I think this could be made clearer in the text.

3. Ideally any converted review would meet the same standards / editorial criteria that would be applied to a Cochrane review. These criteria vary according to the Cochrane Review Group (CRGs) that is providing support. For instance, some / many (?) CRGs do tend to focus more exclusively on randomised trials; indeed a few are wary about accepting quasi-RCTs and thus reviews including all sorts of study designs could present problems. Conversely, some reviews in journals may have excluded / missed trials because of exclusion criteria (e.g. only English papers) or a very limited search that would not have been accepted in a Cochrane review, and also may have only reported a few outcomes. For example, some of the Cochrane reviews on cancer treatment converted from published individual patient data overviews basically focus on mortality and don't give comprehensive adverse effects results.

So here, I suggest that the systematic reviews need to be checked to see whether they already meet agreed standards, including being relatively up to date, and what it would take to bring them up to date. Sometimes there are acceptable compromises - I suspect the importance of getting the huge cancer overviews on to the CDSR outweighs some of the reservations about the lack of consideration / data on adverse effects - it would be useful to establish what these are. Something for the Discussion?

4. Editorial processes of CRGs vary. While I hope that all are rigorous do, as is claimed in the 2nd
paragraph of Reasons for undertaking systematic reviews, all entail undergoing peer review 3 times? It may be wise to refute this if not the rule.

5. It is interesting that many authors are happy for others to convert their reviews for them. This is distinct from supporting someone to convert, and I would suggest nearly always modify and update, their review. Whatever, it does involve a lot of work, which is likely to be more than clerical / secretarial, and I think guidance on authorship of the Cochrane review would be useful. This relates to my next point.

6. I think the authors overlooked / didn’t explicitly ask how authors of these systematic reviews view Cochrane reviews. Are those authors perhaps happy for others to do the work because Cochrane reviews are perceived as less important than journal publication. It may be that the choice of reviewers for journal publication reflects that the status of Cochrane reviews is still more lowly than many journals; certainly undeserved. Some putative reasons follow. One could be a consequence of the acceptance of non-original work for the CDSR - this means that people will preferentially focus on getting their reviews into prestigious journals, certainly before the CDSR. Another is that these journals are considered more highly by the clinician's professional body / colleagues and are more accessible (professional journals). Even the citation, or lack of citation, of Cochrane reviews is an issue - I am aware of several examples where an out of date / substandard paper review is constantly cited despite a superior and up to date Cochrane review, and even a recent instance where Cochrane reviews were excluded on purpose from an appraisal of the systematic reviews of an entire medical field. As well as kudos and recognition, there are still times when Cochrane reviews fail to count towards professional advancement or, in the UK, be included in research appraisal exercises.

The authors may wish to consider this aspect in their article, in terms of a) why authors go for journal publication and b) other ways of enhancing the CDSR, including through conversion of reviews in paper journals.

Compulsory revisions

1. The paper needs to be made more accessible to outsiders (of the Cochrane Collaboration). In particular they need to explain / show why it is desirable that authors of systematic reviews that are published elsewhere should consider converting their reviews (or even doing Cochrane reviews in the first place).

The CD-ROM version of the Cochrane Library boasts that it is "the best single source of reliable evidence about the effects of health care". Along these lines, I suggest that members of the Cochrane Collaboration are working towards a globally /widely accessible database of good quality up to date systematic reviews covering all aspects of healthcare. Hence the core motivation.

I suggest the Background is extended and rewritten to:
a) introduce the Cochrane Collaboration (usual sentence);
b) explain the CDSR (electronically distributed output of CC) and where it is now (over 1400 reviews: x? in 2001; increasingly recognised as a key source of systematic reviews / reliable evidence, and also accessible to healthcare workers and the public world-wide (very soon free in Australia)) and what it is hoped that it will become (even better, more comprehensive and accessible etc);
c) indicate that the ACC is one of 14 Cochrane Centres world-wide; and
d) then state the relevant core roles of the ACC.

It may be useful to introduce the concept of Cochrane Review Groups covering specific areas of health care if this is to be considered later.
The second paragraph would then explain that many systematic reviews continue to be published elsewhere. ... etc.

2. A sentence or two introducing / describing the DARE database would also be useful. Noting perhaps that Cochrane reviews are exempted. Certainly in the early days the DARE database excluded reviews more that 5 years old; but I suspect there is still some lower cut-off date, which would be useful to state. Also some brief justification of why DARE was used to find potential reviewers - do, for instance, these reviews already meet certain standards?

3. The results in the Abstract are misleading and inconsistent with those in the Results section. For instance, only 36 surveys were used in the analyses but reading the Abstract, readers would deduce that the number (denominator) was 46. The Abstract states that 'nearly half of respondents (34/73) would consider converting their review'; according to the results it was 17/36.

4. I gain the impression that missing values for individual questions were not included in the percentage calculations. This seems to be confirmed when finding that 14% = 4 would object to having someone else convert their review; 14% of 36 = 5. Another check on the data: Topic already registered = 21%; but using 36 as the denominator yields 7.56, perhaps the 21% applies to 7/33. This is unsatisfactory and a common problem with giving results as percentages. One way round is to provide the actual data in tabular form (which would be my strong preference); another way is to describe how you interpreted / dealt with missing values.

5. The above also relates to how the authors considered the 10 non-completed forms. An alternative approach would have been to view that 2 authors would have converted their reviews - indeed they had already (or perhaps it was a case of co-publication in the CDSR and a journal) - and the others wouldn't have for various reasons, some (3) unstated. This would have given a reduced figure of 19/46 = 41% would hypothetically would have considered converting their reviews. I suggest that this figure could also be given before concentrating on the results from the 36 completed surveys.

6. I am not convinced about the estimate of 786 reviews. There are too many assumptions inherent in extrapolating the results (which are not robust - if the 10 excluded questionnaires are counted the estimate would be 617 (.41*.68*2200). For instance, some DARE reviews cover the same topic and some are reviews of diagnostic methods (say 100: 2200*2/46 = 96), a journal review may not convert precisely into one Cochrane review (e.g. it may be split into several reviews), and authors in different countries / mix of disciplines could easily give a different response / outcome. I suppose it could be reasonable to give a conservative estimate - around 600? - to indicate that getting authors to convert their reviews is still worth pursuing.

The statement in the abstract: "... Cochrane format, which based on the current size of the Cochrane Database of Systematic reviews, could potentially achieve an additional 786 reviews." is incorrect as the estimate was based on DARE. If the authors still consider it valid to give an estimate of potential overall numbers, I think it is better expressed as a conservative estimate, rounded to the nearest 100.

**Competing interests:**

Non-financial, but not competing, interests: I am a former Cochrane Review Group Co-ordinator and continue to be an active Cochrane reviewer. I do not gain