

Cochrane Work Review proposal form: intervention reviews

Version 6.2, October 2020

Please complete this form to outline your proposal for a Cochrane Review. Complete all sections in full.

Email the completed form to Julitta Boschman, Managing Editor, Cochrane Work, j.s.boschman@amsterdamumc.nl

**Data Protection**

The personal data included in this form will be used to complete your Cochrane author profiles if the title is accepted.

Both successful and unsuccessful submissions may be archived for the Review Group’s records.

Please note that your names and academic/professional affiliations will be circulated to editors considering this title proposal. This form will be anonymised before circulation to editors considering this title proposal, for reasons of equity and confidentiality.

Please see the [Cochrane Privacy Policy](https://community.cochrane.org/organizational-info/resources/policies/cochrane-privacy-policy) for further information. Please direct any queries about data protection to [support@cochrane.org](mailto:support@cochrane.org).

By submitting this form, we give Cochrane permission to process the data included here.

# Disclosure of Conflicts of interest

Please read Cochrane’s [Conflict of Interest Policy for Cochrane Library content](https://training.cochrane.org/online-learning/editorial-policies/coi-policy/coi-policy-cochrane-library) and confirm in Section 7 below whether any member of the author team has a potential Conflict of Interest.

If your title is accepted, the Review Group will request a full Declaration of Interest from each member of the author team. The title will not be registered until the Review Group has assessed any relevant Conflict of Interest.

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| Before completing this form: We have searched the [Cochrane Database of Systematic Reviews](https://www.cochranelibrary.com/advanced-search) in the Cochrane Library for published reviews and protocols and can confirm that this proposal has not been covered by another Cochrane Review.  We made sure that the proposal falls within the scope of the [Cochrane Work Review Group](https://work.cochrane.org/).  We understand that all authors must follow the [*Cochrane Handbook for Systematic Reviews of Interventions*](https://training.cochrane.org/handbook/current).  We have read [Managing expectations: what does Cochrane expect of authors, and what can authors expect of Cochrane?](https://community.cochrane.org/editorial-and-publishing-policy-resource/cochrane-review-development/managing-expectations) and are aware that preparing a Cochrane Review requires a significant commitment from all authors.  We have read Cochrane’s [Conflict of Interest Policy for Cochrane Library content](https://training.cochrane.org/online-learning/editorial-policies/coi-policy/coi-policy-cochrane-library) and have informed the Cochrane Work Managing Editor of any potential conflict of interest before submitting this form.  We have created [Cochrane Accounts](https://account.cochrane.org/) for all authors before submitting this form. (Please contact the Managing Editor, Cochrane Work, [j.s.boschman@amsterdamumc.nl](mailto:j.s.boschman@amsterdamumc.nl) if you have difficulties to register.) |

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| Author registration NOTE TO REVIEW GROUPS: PLEASE DELETE THIS SECTION BEFORE CIRCULATING THIS FORM. | |
| All authors should create [Cochrane Accounts](https://account.cochrane.org/) before submitting this form.To enable editorial staff to identify you in our contributor management system, please list the email addresses used at account registration. | |
| Author 1 | Name: Click or tap here to enter text.  Email used to register for Cochrane Account: Click or tap here to enter text. |
| Author 2 | Name: Click or tap here to enter text.  Email used to register for Cochrane Account: Click or tap here to enter text. |
| Author 3 | Name: Click or tap here to enter text.  Email used to register for Cochrane Account: Click or tap here to enter text. |
| *Add other rows as required for other author team members [First go to Developer->Restrict Editing to stop protection then copy&paste new rows to the table and finally enforce protection before filling in details.]* | |

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| Proposed title (see [Handbook sections II.1.3](https://training.cochrane.org/handbook/current/chapter-ii#section-ii-1-3) and [1.1.2](https://training.cochrane.org/handbook/current/chapter-01#section-1-2)). Your proposal should not overlap with an existing Cochrane Review.  You must use one of the standard formats for Cochrane Review titles:   * [Intervention] FOR [health problem/issue] e.g. Antibiotics for acute bronchitis * [Intervention A] VERSUS [Intervention B] FOR [health problem/issue] e.g. Short-term versus long-term antibiotics for acute bronchitis * [Intervention] FOR [health problem/issue] IN [participant group] e.g. Antibiotics for acute bronchitis in children | |
| Title: | Click or tap here to enter text. |

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| Contact personAuthor who will take responsibility for the review and communicate with the editorial base throughout review development; does not need to be the first listed author. | |
| Name: | Click or tap here to enter text. | |

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| Review proposal and inclusion criteria (see [Handbook chapter 2](https://training.cochrane.org/handbook/current/chapter-02)) | |
| Why is it important to do this review? | Why are you proposing to undertake this review? For example, is it particularly topical at the present time? Please use the ‘5. Review context’ section below to state if this review would form part of a Masters or Doctorate, or of a larger research project. |
| Click or tap here to enter text. |
| Description of the condition: | Click or tap here to enter text. |
| Description of the intervention: | Click or tap here to enter text. |
| How the intervention might work: | Click or tap here to enter text. |
| Review objectives: | Give a short statement of the primary aim of the review, e.g. to assess the effects of your intervention. |
| Click or tap here to enter text. |
| Types of study: ([section 3.3](https://training.cochrane.org/handbook/current/chapter-03#a-33-determining-which-study-designs-to-include)) | Outline the types of study that will be included in the review. Most Cochrane Reviews of interventions focus on randomised controlled trials (RCTs). If your review will include non-randomised studies, please provide specific reasons for this. |
| Click or tap here to enter text. |
| Participants / population: ([section 3.2.1](https://training.cochrane.org/handbook/current/chapter-03#section-3-2-1)) | Outline the types of populations to be included and excluded. Consider demographic factors, the type/stage of disease/condition, and care setting. |
| Click or tap here to enter text. |
| Intervention: ([section 3.2.2](https://training.cochrane.org/handbook/current/chapter-03#section-3-2-2)) | Outline the details of the intervention you wish to investigate. Consider the dose, intensity, mode of delivery, and combinations of interventions. Are there variations you wish to exclude? |
| Click or tap here to enter text. |
| Comparison: ([section 3.2.3](https://training.cochrane.org/handbook/current/chapter-03#section-3-2-3)) | What will the intervention be compared to, e.g. placebo, no intervention, standard care? |
| Click or tap here to enter text. |
| Outcomes and adverse effects: ([section 3.2.4](https://training.cochrane.org/handbook/current/chapter-03#section-3-2-4)) | List the primary and secondary outcomes you will measure. Include including outcomes important to people with the relevant disease/condition as well as those treating them. Specify how your outcomes may be measured, e.g. the type of scale or count likely to be used, and the timing of the measurement. |
| Click or tap here to enter text. |
| Outcomes and adverse effects: | Primary Outcomes:Click or tap here to enter text.  Secondary Outcomes: Click or tap here to enter text.  Adverse effects:Click or tap here to enter text. |
| Subgroup analyses: ([section 10.11](https://training.cochrane.org/handbook/current/chapter-10#section-10-11)) | Outline any subgroups you plan to investigate for their influence on the size of the treatment effect, e.g. subgroups of the population, variations of the intervention |
| Click or tap here to enter text. |
| Potential included studies: | Click or tap here to enter text. |
| Other information: | Outline any other factors you plan to consider in your review, or other information you would like to provide, e.g. relevance to consumers, how this review complements other published Cochrane Reviews. |
| Click or tap here to enter text. |
| Related Cochrane Reviews or protocols: | Click or tap here to enter text. |

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| Review context | |
| Is the review subject to any specific funding? | Click or tap here to enter text. |
| Would the review form part of your postgraduate study, or of a larger research project? | Click or tap here to enter text. |
| Has the review already been submitted for publication or published elsewhere? | Click or tap here to enter text. |

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| Proposed deadlines | |
| Date you plan to submit a draft protocol: (We expect you to submit your first draft within six months of title registration unless agreed otherwise) | Click or tap to enter a date. |
| Date you plan to submit a draft review: (We expect you to submit within 24 months of the publication of the protocol) | Click or tap to enter a date. |

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| Declarations of interest |
| All authors must read [Cochrane's Conflict of Interest Policy for Cochrane Library content](https://training.cochrane.org/online-learning/editorial-policies/coi-policy/coi-policy-cochrane-library). Before the title can be registered, each author must declare any relevant Conflicts of Interest (financial and non-financial) that exist or existed in the 36 months prior to this form being submitted.  **Important information**   * The following individuals are prohibited from being an author on a Cochrane Review:   + Anyone who is or has been employed in the 36 months prior to title registration by a commercial organization with a financial interest in the topic of the review.   + Anyone who owns a commercial organization with an interest in the topic of the review.   + Anyone who owns or has applied for a patent related to the topic of the review. * Authors must declare all relevant financial interests within the 36 months prior to title registration. Such payments include (but are not limited to) speaker fees, honoraria, consultancies, membership of advisory boards and payment of travel, accommodation and conference registration expenses. * Financial interests are considered relevant if a payment is made by a commercial organization that is developing, or manufactures, markets or distributes (anywhere in the world) an intervention or potential comparator related to the topic of the review. This applies regardless of the reported direction of effect and even if the payment was for work and advice that did not relate to the topic of the review. * Overall, 67% (two thirds) of the author group must not have any relevant financial interests. * The first and last author must not have any relevant financial interests and must not have been involved in industry-controlled studies (see [definitions](https://training.cochrane.org/online-learning/editorial-policies/coi-policy/coi-policy-cochrane-library#definitions) in the policy) that may be eligible for inclusion in the review. * Anyone who has been involved in the conduct, analysis and publication of a study that could be included in the review cannot determine overall study inclusion and exclusion criteria or make study eligibility decision about, extract data from, carry out the risk of bias assessment for, or perform GRADE assessment of that study. * Authors must remain in compliance with this policy through to the point that the review is published. If an author acquires any additional relevant financial interests while working on the review, they must inform the Review Group’s Managing Editor immediately. |
| **Have all members of the author team read** [Cochrane's Conflict of Interest Policy](https://training.cochrane.org/online-learning/editorial-policies/coi-policy/coi-policy-cochrane-library)**?** Yes  No  **Do any members of the author team have a potential conflict of interest?** Yes  No |
| If yes, you should discuss these potential conflicts with the Cochrane Work Review Group’s Managing Editor before submitting this form.  Failure to disclose relevant potential conflicts at this stage, or at any point during the writing of the review, may lead to it being rejected for publication or being removed from the Cochrane Library at a later date. Wilful failure to disclose relevant conflicts of interest will be considered a form of scientific misconduct. |

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| Authors' responsibilities | |
| By completing this form, you accept responsibility for preparing, maintaining, and updating the review in accordance with Cochrane policy. Cochrane Work will provide as much support as possible to assist with the preparation of the review.  A draft protocol must be submitted within **eighteen (18)** months. If drafts are not submitted by the agreed deadlines, or if the Review Group is unable to contact you for an extended period, Cochrane has the right to de‑register the title or transfer the title to alternative authors.  Cochrane has the right to reject a Cochrane Review at any stage before publication (including unpublished protocols, unpublished Cochrane Reviews, and Cochrane Reviews that are being updated). Please see Cochrane’s [Rejection Policy](https://community.cochrane.org/editorial-and-publishing-policy-resource/cochrane-review-management/rejection-cochrane-reviews).  You accept responsibility for maintaining the review in light of new evidence, comments and criticisms, and other developments, and updating the review based on need, or, if requested, transferring responsibility for maintaining the review to others. | |
| Publication in the *Cochrane Database of Systematic Reviews* (*CDSR*) | |
| Cochrane’s support in preparing your review is conditional upon your agreement to publish the protocol, finished review and subsequent updates in the *CDSR*. By completing this form, you undertake to publish this review in the *CDSR* before publishing elsewhere (concurrent publication in other journals may be allowed in certain circumstances with prior permission). | |
| **I understand the commitment required to undertake a Cochrane Review, and agree to publish first in the *CDSR*.**  **Signed on behalf of the authors:** Click or tap here to enter text. | |
| **Form completed by:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. |

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| Review authors (see [Handbook sections II.2.1](https://training.cochrane.org/handbook/current/chapter-ii#section-ii-2-1) and [II.2.2](https://training.cochrane.org/handbook/current/chapter-ii#section-ii-2-2))  In accordance with Cochrane’s [Publication Policy](https://community.cochrane.org/editorial-and-publishing-policy-resource/ethical-considerations/authorship-and-contributorship), each person named as an author must:   * Make a substantial contribution to the conception and design, or analysis and interpretation of the data in the review * Be involved in drafting the review * Approve the final version of the review before publication * Agree to be accountable for the accuracy and integrity of the review   Please attach a brief CV for each author | | |
| Contact person  / Author 1 Author who will take responsibility for the review and communicate with the editorial base throughout review development; does not need to be the first listed author. | | | |
| Is the contact person an author of the review? | Yes  No | | |
| Full name (prefix, given name, middle name, family name) and qualifications: *e.g.* *Dr Xia Li, PhD* | Click or tap here to enter text. | | |
| Job title: *e.g. Registrar* | Click or tap here to enter text. | | |
| Organisation: *e.g. West China Hospital, Sichuan University* | Click or tap here to enter text. | | |
| Data protection and privacy If your title is accepted,as the review contact person, your affiliation and email address will be published with the completed protocol or review in the *Cochrane Database of Systematic Reviews*.Personal data collected and used for publication in the Cochrane Library are covered by the [Wiley Privacy policy](https://www.wiley.com/en-gb/privacy).  Your Cochrane Account details will be visible to other groups and contributors in our contact database. If you are allocated a role as a Cochrane author, you will be able to update your profile and can choose to hide your email address and affiliation from contributors not in your primary group. | | | |
| What expertise do you bring to the review (e.g. clinical, review methods, statistics)? | | Click or tap here to enter text. | |
| Have you prepared a systematic review before? | | Yes  No | |
| If yes, have you prepared a Cochrane Review? | | Yes  No | |
| If yes, please state most recent title: | | Click or tap here to enter text. | |
| Do you already have a role in another Cochrane Review Group? | | Yes  No | |
| If yes, which one(s)? | | Click or tap here to enter text. | |
| Level of spoken and written English: | | Click or tap here to enter text. | |
| Translating clinical trials published in languages other than English is a vital role in Cochrane.  I would be willing to assist with translation of clinical trials published in these language(s): | | Click or tap here to enter text. | |
| Co-authors | | | |
| Do you wish the Cochrane Work Review Group to propose (additional) co-authors for you? | | Yes  No | |
| What expertise would you like him/her/them to contribute (e.g. statistics, methods, consumer perspective)? | | Click or tap here to enter text. | |

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| Author 2 You must have at least two authors to register a title. | | |
| Full name and qualifications: *e.g.* *Dr Xia Li, PhD* | Click or tap here to enter text. | |
| Job title: *e.g. Registrar* | Click or tap here to enter text. | |
| Organisation: *e.g. West China Hospital, Sichuan University* | Click or tap here to enter text. | |
| Data protection and privacy If your title is accepted,your affiliation will be published with the completed protocol or review in the *Cochrane Database of Systematic Reviews*.Personal data collected and used for publication in the Cochrane Library are covered by the [Wiley Privacy policy](https://www.wiley.com/en-gb/privacy).  Your Cochrane Account details will be visible to other groups and contributors in our contact database. If you are allocated a role as a Cochrane author, you will be able to update your profile and can choose to hide your email address and affiliation from contributors not in your primary group. | | |
| What expertise do you bring to the review (e.g. clinical, review methods, statistics)? | | Click or tap here to enter text. |
| Have you prepared a systematic review before? | | Yes  No |
| If yes, have you prepared a Cochrane Review? | | Yes  No |
| If yes, please state most recent title: | | Click or tap here to enter text. |
| Do you already have a role in another Cochrane Review Group? | | Yes  No |
| If yes, which one(s)? | | Click or tap here to enter text. |
| Level of spoken and written English: | | Click or tap here to enter text. |
| Translating clinical trials published in languages other than English is a vital role in Cochrane.  I would be willing to assist with translation of clinical trials published in these language(s): | | Click or tap here to enter text. |

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| Author 3 You have no more than two authors leave his blank. If you have more than 3 authors, copy the table for additional authors. *[First go to Developer->Protect Form to unlock then copy&paste new rows to the table from above and finally lock again before filling in details.]* | | |
| Full name and qualifications: *e.g.* *Dr Xia Li, PhD* | Click or tap here to enter text. | |
| Job title: *e.g. Registrar* | Click or tap here to enter text. | |
| Organisation: *e.g. West China Hospital, Sichuan University* | Click or tap here to enter text. | |
| Data protection and privacy If your title is accepted,your affiliation will be published with the completed protocol or review in the *Cochrane Database of Systematic Reviews*.Personal data collected and used for publication in the Cochrane Library are covered by the [Wiley Privacy policy](https://www.wiley.com/en-gb/privacy).  Your Cochrane Account details will be visible to other groups and contributors in our contact database. If you are allocated a role as a Cochrane author, you will be able to update your profile and can choose to hide your email address and affiliation from contributors not in your primary group. | | |
| What expertise do you bring to the review (e.g. clinical, review methods, statistics)? | | Click or tap here to enter text. |
| Have you prepared a systematic review before? | | Yes  No |
| If yes, have you prepared a Cochrane Review? | | Yes  No |
| If yes, please state most recent title: | | Click or tap here to enter text. |
| Do you already have a role in another Cochrane Review Group? | | Yes  No |
| If yes, which one(s)? | | Click or tap here to enter text. |
| Level of spoken and written English: | | Click or tap here to enter text. |
| Translating clinical trials published in languages other than English is a vital role in Cochrane.  I would be willing to assist with translation of clinical trials published in these language(s): | | Click or tap here to enter text. |

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| Roles and responsibilities Please advise who has agreed to undertake each of the following tasks: | |
| Draft the protocol: | Click or tap here to enter text. |
| Develop and run the search strategy: | *Please note if this will be undertaken by the Review Group Information Specialist.*  Click or tap here to enter text. |
| Obtain copies of studies: | Click or tap here to enter text. |
| Select which studies to include (2 people): | Click or tap here to enter text. |
| Extract data from studies (2 people): | Click or tap here to enter text. |
| Enter data into RevMan: | Click or tap here to enter text. |
| Carry out the analysis: | Click or tap here to enter text. |
| Interpret the analysis: | Click or tap here to enter text. |
| Draft the final review: | Click or tap here to enter text. |

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| Team resources | |
| Have you read the [*Cochrane Handbook for Systematic Reviews of Interventions*](https://training.cochrane.org/handbook/current)? | Yes  No |
| Do you require training? | Yes  No |
| If yes, on which topics? | Click or tap here to enter text. |
| Have you attended a Cochrane Review training workshop? | Yes  No |
| If no, do you plan to register for a [future Cochrane training event](https://training.cochrane.org/search/site?f%5B0%5D=bundle%3Aworkshop&f%5B1%5D=bm_field_archived%3Afalse)? | Yes  No |
| Which workshop did you/will you attend? | Click or tap here to enter text. |
| Which computer operating system do you use? | Click or tap here to enter text. |
| Have you read the information for review authors on the Cochrane [CRG name] website? | Yes  No |
| Do you have access to these electronic databases:[*Cochrane Database of Systematic Reviews*](https://www.cochranelibrary.com/advanced-search)?MEDLINEEmbase | Yes  No  Yes  No  Yes  No |
| Do you have access to a medical library? | Yes  No |
| If yes, can you order journal articles not held in the library? | Yes  No |
| Do you have access to advice from a medical librarian? | Yes  No |
| Do you have access to reference management software (e.g. Endnote)? | Yes  No |
| If yes, which software, and what version? | Click or tap here to enter text. |
| Do you have access to a statistician? | Yes  No |
| If yes, please provide statistician’s name: | Click or tap here to enter text. |
| Do you have contact with consumer groups relevant to this review? | Yes  No |
| If yes, please list relevant consumer groups: | Click or tap here to enter text. |
| Have you identified appropriate time and resources to complete the review? | Yes  No |
| Would you like to be assigned a mentor (an experienced author who has volunteered to help new authors)? | Yes  No |
| According to your judgment, have you and your co-authors allocated appropriate time and resources to complete the review (min. 3 months FTE over two years)? | Yes  No |