****Cochrane Methodology Review Group

Review proposal form: reviews of methodology

Version 6.1, October 2019

***Replace or modify all purple text as necessary.***

Please complete this form to outline your proposal for a Cochrane Review. Complete all sections in full. Use the Cochrane Handbook [Appendix A: Guide to the contents of a Cochrane Methodology protocol and review](http://handbook-5-1.cochrane.org/appendix_a/appendix_a_guide_to_the_contents_of_a_cochrane_methodology.htm) for guidance

Email the completed form to Mike Clarke, Managing Editor, Cochrane Methodology Review Group: m.clarke@qub.ac.uk.

**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.

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

# IMPORTANT: Disclosure of Conflicts of interest

Please read Cochrane’s policy on [Conflicts of interest and Cochrane Reviews (2) Authors of Cochrane Reviews](https://community.cochrane.org/editorial-and-publishing-policy-resource/ethical-considerations/conflicts-interest-and-cochrane-reviews). Confirm in Section 6 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.

|  |
| --- |
| Essential checks before title submission:* 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 have checked that this proposal falls within the scope of the Cochrane Methodology Review Group.
* We understand that all authors must follow the [*Cochrane Handbook for Systematic Reviews of Interventions*](http://handbook.cochrane.org/).
* We have read Cochrane’s policy on [Conflicts of interest and Cochrane Reviews (2) Authors of Cochrane Reviews](https://community.cochrane.org/editorial-and-publishing-policy-resource/ethical-considerations/conflicts-interest-and-cochrane-reviews) and have informed the Cochrane Methodology Review Group Managing Editor of any potential conflict of interest.
* 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.
 |

|  |
| --- |
| Author registrationNOTE 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 | Email used to register for Cochrane Account |
| Author 2 | Email used to register for Cochrane Account |
| Add other rows as required for other author team members.  |

|  |
| --- |
| Proposed title(see [Handbook Appendix A.2.1](http://handbook-5-1.cochrane.org/appendix_a/a_2_1_title.htm).). Your proposal should not overlap with an existing Cochrane Review.Titles for methodology reviews may follow the standard formats for Cochrane Review titles:* [Method] FOR [methodological problem/issue] e.g. Methods for obtaining unpublished data
* [Method A] VERSUS [Method B] FOR [methodological problem/issue] e.g. Blinded versus unblinded assessments of risk of bias in studies included in a systematic review
 |
| Title: |  |

|  |
| --- |
| Contact person and review author team(see [Handbook Chapter 4.2.3](http://handbook.cochrane.org/index.htm#/chapter_4/4_2_3_contact_person.htm)).Please confirm if the review author team contains at least one person with each of the below areas of expertise. You can provide further author details in Section 8.  |
| Yes 🞏 No 🞏 | Systematic reviewer: expertise in preparing systematic reviews |
| Yes 🞏 No 🞏 | Methodologist: expertise in research methods |
| Yes 🞏 No 🞏 | Statistician: statistical expertise  |
| Contact person: |  |

|  |
| --- |
| Review proposal and inclusion criteria(see [Handbook Appendix A.5](http://handbook-5-1.cochrane.org/appendix_a/a_5_main_text.htm)) |
| 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 ‘Review context’ section below to state if this review would form part of a Masters or Doctorate, or of a larger research project. |
| Review objectives: | Give a short statement of the primary aim of the review. What is the research question this review seeks to answer? |
| Types of methodological study designs:  | Outline the types of study design that will be included in the review, e.g. observational studies, individual participant data meta-analyses.  |
| Types of data: | Outline the raw material for the methodology studies to be included in the review, e.g. randomised controlled trials of interventions.  |
| Types of methods and comparisons: | What methods will be compared, e.g. active versus passive parental consent in studies involving children? |
| Types of outcome measures: | Outline the outcome measures you will use, e.g. the magnitude and direction of estimates of effect and imbalances in prognostic factors. |
| Potential included studies: | (Please supply references for at least 3 studies relevant to this topic. Include ongoing studies listed in trial registries if relevant.) |
| 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 Methodology Reviews.(If there are no relevant studies, please explain why it is important to do this review.) |
| Related Cochrane Reviews or protocols: |  |

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

|  |
| --- |
| Declarations of interest |
| All authors must read [Cochrane's Conflict of Interest Policy](https://community.cochrane.org/editorial-and-publishing-policy-resource/ethical-considerations/conflicts-interest-and-cochrane-reviews). Before the title can be registered, each author must declare any relevant financial interest from the three years prior to the date of this submission.**Important information**• Individuals who are employed (or were employed in the previous 3 years) by a company that has a real or potential financial interest in the outcome of the Cochrane Review (including but not limited to drug companies or medical device manufacturers), or who hold or have applied for a patent related to the Cochrane Review are prohibited from being Cochrane Review authors.• Commercial interests that should be declared include, but are not limited to: income from private clinical practice (if relevant to the topic); ownership of stocks related to industry; legal advice related to the topic; consultancies; honoraria; fellowships; speaker’s fees; involvement in primary research in the subject area of their review; funding for primary research in the subject area of the review; and any other interests that others may judge relevant. (Also: such financial support may include remuneration from a consultancy, grants, fees, fellowships, support for sabbaticals, royalties, stocks from pharmaceutical companies, advisory board membership or otherwise.)• A commercial sponsor or source is defined as any for-profit manufacturer or any other for-profit source with a real or potential vested interest in the findings of a specific Cochrane Review. • There must be a majority of non-conflicted authors for any particular review and the lead (first) author must have no conflicts. For example, if two authors in a review team have received travel grants from a commercial interest, there must be at least three other non-conflicted authors and the lead (first) author must have no conflicts. |
| **Have all members of the author team read** [Cochrane's Conflict of Interest Policy](https://community.cochrane.org/editorial-and-publishing-policy-resource/ethical-considerations/conflicts-interest-and-cochrane-reviews)**?** Yes 🞏 No 🞏**Do any members of the author team authors have a potential conflict of interest?** Yes 🞏 No 🞏 |
| If yes, you should discuss these potential conflicts with the Review Group’s Managing Editor before submitting this form. Failure to disclose 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. |

|  |
| --- |
| Authors' responsibilities |
| By completing this form, you accept responsibility for preparing, maintaining and updating the review in accordance with Cochrane policy. The Cochrane Methodology Review Group will provide support to assist with the preparation of the review.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:** |
| **Form completed by:** |
| **Date:** |

|  |
| --- |
| Review authors(see [Handbook section 4.2.2](http://handbook.cochrane.org/index.htm#chapter_4/4_2_2_authors.htm))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
 |
| Contact person / Author 1 (see [Handbook section 4.2.3](http://handbook.cochrane.org/index.htm#chapter_4/4_2_3_contact_person.htm)) |
| Full name and qualifications: *e.g.* *Dr Xia Li, PhD* |  |
| Job title: *e.g. Registrar* |  |
| Organisation: *e.g. West China Hospital, Sichuan University* |  |
| 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)? |  |
| 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: |  |
| Do you already have a role in another Cochrane Review Group? | Yes 🞏 No 🞏 |
| If yes, which one(s)? |  |
| Level of spoken and written English: |  |
| 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): |  |

|  |
| --- |
| Author 2 You must have at least two authors to register a title. Copy this table for additional authors. |
| Full name and qualifications: *e.g.* *Dr Xia Li, PhD* |  |
| Job title: *e.g. Registrar* |  |
| Organisation: *e.g. West China Hospital, Sichuan University* |  |
| 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)? |  |
| 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: |  |
| Do you already have a role in another Cochrane Review Group? | Yes 🞏 No 🞏 |
| If yes, which one(s)? |  |
| Level of spoken and written English: |  |
| 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): |  |

|  |
| --- |
| Roles and responsibilitiesPlease advise who has agreed to undertake each of the following tasks: |
| Communicate with editorial base: |  |
| Draft the protocol: |  |
| Develop and run the search strategy: |  |
| *Please note that the Methodology Review Group does not have an Information Specialist and is not able to help authors with searches.* *Please indicate here if this is a barrier for your team and provide further details of training needs in Section 10 below.*  | Do you require support to develop the search strategy?Yes 🞏 No 🞏Do you require support to search for studies?Yes 🞏 No 🞏 |
| Obtain copies of studies: |  |
| Select which studies to include (2 people): |  |
| Extract data from studies (2 people): |  |
| Enter data into RevMan: |  |
| Carry out the analysis: |  |
| Interpret the analysis: |  |
| Draft the final review: |  |

|  |
| --- |
| Team resources |
| Have you read the [*Cochrane Handbook for Systematic Reviews of Interventions*](http://handbook.cochrane.org/)?  | Yes 🞏 No 🞏 |
| Do you require training? | Yes 🞏 No 🞏 |
| If yes, on which topics? |  |
| 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?  |  |
| Which computer operating system do you use? |  |
| Have you read the information for review authors on the Cochrane [CRG name] website? | Yes 🞏 No 🞏 |
| Do you have access to the [*Cochrane Database of Systematic Reviews*](https://www.cochranelibrary.com/advanced-search)? | Yes 🞏 No 🞏 |
| Do you have access to MEDLINE and Embase? | 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? |  |
| Do you have access to a statistician? | Yes 🞏 No 🞏 |
| If yes, please provide statistician’s name: |  |
| Do you have contact with consumer groups relevant to this review? | Yes 🞏 No 🞏 |
| If yes, please list relevant consumer groups: |  |
| 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 🞏 |