Overlapping scope: editorial management

1 July 2024: The Editorial Publishing & Policy Resource is scheduled to be archived. This page may not contain the most updated version of the information and is being retained for reference until 1 August 2024. Specific redirect information will be provided.

Version history

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Potential overlap with ongoing or published reviews

On occasion, a Cochrane Review or a protocol for a Cochrane Review may be developed by different author teams concurrently but independently. This can be avoided if a Cochrane Review Group (CRG) has a good communication system, but occasionally duplication does occur. In this situation the different author teams should be encouraged to combine their energies and produce a single Cochrane Review, or alternatively split the topic into two Cochrane Reviews, taking care not to duplicate effort in the process. To help to avoid such duplication, titles of new Cochrane Reviews are registered in Archie. Publishing the titles of protocols under development in the CRG's newsletter may also help to avoid duplication.

Potential overlap with new titles

As the number of Cochrane Review Groups (CRGs) increases, so does the likelihood that the scope of CRGs can coincide or have common interests. Several factors may contribute to potential overlaps in various aspects of a review question. Whilst an overlap may be unavoidable, early consultation and collaboration can reduce duplication and ensure that review authors are supported by the most appropriate CRG for their review question. This document provides guidance for these decisions and a transparent arbitration procedure in the eventuality that CRGs are unable to agree on the most appropriate CRG to host a review.

Overlap can occur at any juncture of the Population, Intervention, Comparison, Outcomes (PICO) process. For example:

- Population with the condition of interest can have co-morbidities, present with, or be treated in multiple settings.
- Treatments (Intervention) can have multiple applications or be offered in different settings.
- Comparison treatments can be different, or offered in different settings.
- Outcomes can be specific to a setting, or be evaluated in different conditions and in different populations.

CRGs that have obvious overlaps will find it helpful to develop strategies to manage situations on an ongoing basis. If they are unable to agree in specific circumstances, they will refer the title and any supporting documentation to the Editor in Chief.

The aim is that reviews should differentiate on at least one of the PICO categories, i.e. Population, Intervention, Comparison or Outcome.

Steps to resolve potential overlap with new title

1. On receipt of a review title, the receiving Managing Editor (ME) assesses whether the PICO straddles the scope of one or more CRGs. Entering the title in Archie as a Vacant title will help to identify potential overlaps electronically.
2. Based on the PICO, the MEs informally discuss which of the interested CRGs is best placed to support the review question.
3. On reaching an agreement, the CRG with the scope to which the review question is most closely aligned is nominated as the 'primary CRG' i.e. the Host CRG. The other CRG(s) that have an interest will be invited to adopt a supporting role in the review process and nominated as the Non-host CRG(s).
4. To maintain the collaborative process, both Host and Non-host CRGs should have ongoing roles in the development of the title, protocol, review and ongoing update. Both Host and Non-host CRG should agree the level of participation; for example, if the Non-host CRG does not wish to participate at a detailed level, then the Host CRG will adopt an 'information only' approach; alternatively, if the Non-host CRG agrees to participate fully, then the editorial process as outlined below will be followed.
5. In the event that MEs are unable to reach an agreement as to who should be the Host CRG, the matter will be referred to the Co-ordinating Editors of both CRGs for a decision.
6. In the event that the Co-ordinating Editors are unable to reach an agreement as to which CRG should be the Host CRG, the matter will be referred to the Deputy Editor in Chief who will be asked to rule on the most appropriate Host CRG.
7. All CRGs participating in the discussion will agree to abide by the decision of the Deputy Editor in Chief.
8. In the interest of a timely response to the review authors, every effort should be made to complete each step within two to three weeks. The receiving ME should keep the review authors informed of progress.
9. The Host CRG processes and if approved, registers the title in Archie and adds all authors to Archie (if not already on the database).
10. The Host CRG notifies the Non-host CRG that this step has been completed to enable the Non-host CRG to link this registered title to their Topics List.
11. The Host CRG is responsible for primary contact with the review team.
12. Once the protocol/review has been drafted and is ready for peer review, the Host CRG will invite the Non-host CRG(s) to contribute to the peer review process.
13. Once peer review is complete and the authors have responded to the peer reviewers’ comments, the Host CRG will forward the feedback and authors’ responses to the Non-host CRG for information.
14. Once the protocol/review has been signed off for submission by the Host CRG, the Host CRG notifies the Non-host CRG.
15. The involvement of the Non-host CRG is fully acknowledged in the protocol/review, in addition to the contribution of the peer reviewers.
16. CRGs can add the protocol and subsequent review to both CRGs’ topic lists.
17. The literature searches should always include access to both Host and Non-Host CRG resources (such as specialized registers) as a matter of routine.