Cochrane [NAME] Group

Overview Proposal Form

Version 1, September 2015 ***Replace or delete all text in pink. Modify as necessary before use.***

Please complete this form to outline your proposal for a Cochrane Overview. See ‘Notes for authors completing the Overview Proposal Form’ at the end of this document. Email the completed form to [email address], or send to [name, address].

Note: this form is not suitable for proposing a new Cochrane Intervention Review, a Network Meta-Analysis (NMA) Review, or a Diagnostic Test Accuracy (DTA) Review.

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| Before completing this form:* Make sure that your proposal falls within this group’s scope, and that it has not already been covered in another Cochrane Review/Overview. You can check the list of the group’s registered titles and published protocols and reviews at [CRG website page] or you can search or browse for published reviews and protocols on the Cochrane Library ([cochranelibrary.com](http://www.cochranelibrary.com/)).
* Note that all authors must follow the guidance in the [*Cochrane Handbook for Systematic Reviews of Interventions*](http://www.cochrane.org/resources/handbook) and the [Methodological Expectations of Cochrane Intervention Reviews](http://www.editorial-unit.cochrane.org/mecir).
* Be aware that preparing a Cochrane Review requires a significant, long-term commitment. At least two authors are required before a title can be registered.
* Read more about preparing Overviews: [http://handbook.cochrane.org/chapter\_22/22\_Overviews\_of\_reviews.htm](http://handbook.cochrane.org/chapter_22/22_overviews_of_reviews.htm)

<http://training.cochrane.org/authors/specialised-and-advanced-topics> |

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| Proposed title  |
| [TITLE] - *an Overview of [Cochrane] systematic reviews [optional addition to the title]* |

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| Contact person (see [Handbook section 4.2.3](http://handbook.cochrane.org/index.htm#chapter_4/4_2_3_contact_person.htm)) |
| Name: |       |

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| Overview proposal and review inclusion criteria (see [Handbook Chapter 22](http://handbook.cochrane.org/index.htm#chapter_22/22_overviews_of_reviews.htm)) |
| Motivation for the Overview |       |
| Overview objective |       |
| Types of review for inclusion in this Overview *(e.g. Cochrane/non-Cochrane systematic reviews)* |       |
| Reviews already identified for inclusion |       |
| Participants / population ([section 5.2](http://handbook.cochrane.org/chapter_5/5_2_defining_types_of_participants_which_people_and.htm)) |       |
| Intervention(s) ([section 5.3](http://handbook.cochrane.org/chapter_5/5_defining_the_review_question_and_developing_criteria_for.htm)) |      Comparison:       |
| Similar Cochrane Overviews, Reviews, Protocols or registered titles *(check for possible overlap)* |       |
| Why is this Overview important?” e.g. Clinical relevance |  |
| Other information |       |

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| Authors’ responsibilities |
| By completing this form, you accept responsibility for preparing, maintaining and updating the Overview in accordance with Cochrane policy. The Cochrane Review Group (CRG) will provide as much support as possible to assist with the preparation of the Overview.A draft protocol must be submitted to the CRG within six months [edit as necessary]. If drafts are not submitted before the agreed deadlines, or if we are unable to contact you for an extended period, the CRG has the right to de‑register the title or transfer the title to alternative authors. The CRG has the right to de‑register or transfer the title if it does not meet the standards of the CRG and/or Cochrane.You accept responsibility for maintaining the Overview in light of new evidence, comments and criticisms, and other developments, and updating the Overview at least once every two years, or, if requested, transferring responsibility for maintaining the Overview to others as agreed with the CRG. |
| Publication in the *Cochrane Database of Systematic Reviews* |
| The support of the CRG in preparing your Overview is conditional upon your agreement to publish the protocol, finished Overview and subsequent updates the *Cochrane Database of Systematic Reviews*. By completing this form you undertake to publish this Overview in the *Cochrane Database of Systematic Reviews* before publishing elsewhere (concurrent publication in other journals may be allowed in certain circumstances with prior permission from the CRG). |
| I understand the commitment required to undertake a Cochrane Overview, and agree to publish first in the *Cochrane Database of Systematic Reviews*.**Signed on behalf of the authors**:      |
| **Form completed by:**       | **Date:**       |

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| Overview context |
| Is the Overview subject to any specific funding? |       |
| Is there a deadline for completing the Overview? |       |
| Has the Overview already been completed or published elsewhere? |       |

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| Proposed deadlines |
| Date you plan to submit a draft Protocol: (within 6 months) |       |
| Date you plan to submit a draft Overview: (within 12 months of publishing the protocol) |       |

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| Overview authors (see [Handbook section 4.2.2](http://handbook.cochrane.org/chapter_4/4_2_2_authors.htm))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 Overview. Please attach a brief C.V. for each author. |

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| Contact person / Author 1 (see [Handbook section 4.2.3](http://handbook.cochrane.org/chapter_4/4_2_3_contact_person.htm)) |
| Is the contact person an author of the Overview? | Yes [ ]  No [ ]   |
| Prefix (e.g. Ms, Dr): |       | Given name (名字 míngzi): |       |
| Middle initial(s): |       | Family name (姓 xìng): |       |
| Suffix (e.g. MD, PhD): |       | Web address: |       |
| Preferred full name for Overview byline: | e.g. John Smith = Smith JB; Chen Ming Yu = Chen MY      |
| Do you already have a user account and password for the Archie database? | Yes [ ]  No [ ]  |
| Email address(es): | 1)     2)       |
| Skype name |       |
| Job Title/Position: |       |
| Department: |       |
| Organisation: |       |
| Street/Address: |       |
| City: |       | Post/Zip code: |       |
| State/Province: |       | Country: |       |
| Telephone number (inc. country and area code): |       | Fax number: |       |
| Mobile/cell number: |       |
| Privacy: | As the contact person, your address and email will be published with the completed protocol or review. Your details will be stored on our central database, known as ‘Archie’, and may be accessed by members of Cochrane. Details of our privacy policy are available at <http://tech.cochrane.org/archie/terms-of-use/archie-privacy-policy>. Please indicate here if you would like to hide your contact details within Archie:Hide your address and phone numbers: [ ]  Hide your email address: [ ]  |
| Country of origin: |       | Gender: | Female [ ]  Male [ ]  |
| What expertise do you bring to the Overview? (e.g. clinical, review methods, statistics) |       |
| Have you prepared a systematic review before? | Yes [ ]  No [ ]   |
| If yes, have you prepared a Cochrane Review? (please state most recent title)      | Yes [ ]  No [ ]  |
| Have you prepared a (Cochrane) Overview before? | Yes [ ]  No [ ]  |
| Are you already a member of another Cochrane Review Group? Which one(s)?      | Yes [ ]  No [ ]  |
| At what level are you able to speak and write English? *[Double-click and select from the options]* |  |
| **Declaration of interest** |
| Cochrane’s general policy states, “The performance of the review must be free of any real or perceived bias introduced by receipt of any benefit in cash or kind, any hospitality, or any subsidy derived from any source that may have or be perceived to have an interest in the outcome of the review.” (see <http://community.cochrane.org/organisational-policy-manual/2112-conflicts-interest-and-cochrane-groups>).  |
| **Do the authors have any potential conflict of interest?** Yes [ ]  No [ ]  |
| Please state details of any conflicts of interest      |

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| Author 2You must have at least two authors to register a title. Copy this table for additional authors. |
| Prefix (e.g. Ms, Dr): |       | Given name (名字 míngzi): |       |
| Middle initial(s): |       | Family name (姓 xìng): |       |
| Suffix (e.g. MD, PhD): |       | Web address: |       |
| Preferred full name for Overview byline: | e.g. John Smith = Smith JB; Chen Ming Yu = Chen MY      |
| Do you already have a user account and password for the Archie database? | Yes [ ]  No [ ]  |
| Email address(es): | 1)     2)       |
| Skype name |       |
| Job Title/Position: |       |
| Department: |       |
| Organisation: |       |
| Street/Address: |       |
| City: |       | Post/Zip code: |       |
| State/Province: |       | Country: |       |
| Telephone number: |       | Fax number: |       |
| Mobile/cell number: |       |
| Privacy: | Your details will be stored on our central database, known as ‘Archie’, and may be accessed by members of Cochrane. Details of our privacy policy are available at <http://tech.cochrane.org/archie/terms-of-use/archie-privacy-policy>. Please indicate here if you would like to hide your contact details within Archie:Hide your address and phone numbers: [ ]  Hide your email address: [ ]  |
| Country of origin: |       | Gender: | Female [ ]  Male [ ]  |
| What expertise do you bring to the Overview? (e.g. clinical, review methods, statistics) |       |
| Have you prepared a systematic review before? | Yes [ ]  No [ ]   |
| If yes, have you prepared a Cochrane Review? (please state most recent title)      | Yes [ ]  No [ ]  |
| Have you prepared a (Cochrane) Overview before? | Yes [ ]  No [ ]  |
| Are you already a member of another Cochrane Review Group? Which one(s)?      | Yes [ ]  No [ ]  |
| At what level are you able to speak and write English? *[Double-click and select from the options]* |  |
| **Declaration of interest** |
| The Cochrane Collaboration’s general policy states, “The performance of the review must be free of any real or perceived bias introduced by receipt of any benefit in cash or kind, any hospitality, or any subsidy derived from any source that may have or be perceived to have an interest in the outcome of the review.” (see <http://community.cochrane.org/organisational-policy-manual/2112-conflicts-interest-and-cochrane-groups>).  |
| **Do the authors have any potential conflict of interest?** Yes [ ]  No [ ]  |
| Please state details of any conflicts of interest      |

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| Roles and responsibilitiesPlease advise who has agreed to undertake each of the following tasks: |
| Draft the Protocol |       |
| Develop and run the search strategy |       [CRG Trials Search Co-ordinator will provide support] |
| Obtain copies of reviews |       |
| Select which reviews to include (2 people) |       |
| Extract data from reviews (2 people) |       |
| Enter data into RevMan |       |
| Carry out any appropriate analysis, where appropriate |       |
| Interpret the analysis, where appropriate |       |
| Draft the final Overview |       |
| Update the Overview |       |
| Check correct use of grammar |       |

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| Team resources |
| Have you read the *Cochrane Handbook for Systematic Reviews of Interventions*? (see [www.cochrane.org/resources/handbook](http://www.cochrane.org/resources/handbook)) | Yes [ ]  No [ ]  |
| Have you attended a Cochrane review training workshop and visited the Cochrane training website (<http://training.cochrane.org/>)?If no, do you plan to?Which workshop did you/will you attend?       | Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| Which computer operating system do you use? *[Double-click and select from the options]* |  |
| Have you downloaded and installed RevMan, the Cochrane review software? (see <http://tech.cochrane.org/revman/download>) | Yes [ ]  No [ ]  |
| Have you seen the Cochrane [name] Review Group website? (CRG website) | Yes [ ]  No [ ]  |
| Do you have access to the following electronic databases?Cochrane LibraryMEDLINEEMBASE | Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| Do you have access to a medical library?If yes, can you order journal articles not held in the library?Do you have access to advice from a medical librarian? | Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| Do you have access to reference management software (e.g. Endnote)?If yes, which software, and what version?       | Yes [ ]  No [ ]  |
| Do you have access to a statistician?If yes, who?       | Yes [ ]  No [ ]  |
| Do you have contact with consumer groups relevant to this Overview?If yes, which one(s)?       | Yes [ ]  No [ ]  |
| Have you identified appropriate time and resources to complete the Overview? | Yes [ ]  No [ ]  |

# Notes for authors completing the Overview Proposal Form

## Proposed Title

There are standard formats for Cochrane *intervention review* titles (see [Handbook section 4.2.1](http://handbook.cochrane.org/chapter_4/4_2_1_title.htm)). Examples include:

* [intervention] FOR [health problem / issue]
e.g. Calcitonin for metastatic bone pain
* [intervention] FOR [health problem/issue] IN [participant group]
e.g. Zolmitriptan for acute migraine attacks in adults

Example of the format for an Overview:

* [intervention(s)] FOR [health problem/issue(s)] IN [participant group(s)] – an Overview of Cochrane systematic reviews

e.g. Pharmacological interventions for chronic pain in adults - an Overview of Cochrane systematic reviews

For assistance with developing your Overview title, please contact [name] CRG.

## Reason for the Overview

Why are you proposing to undertake this Overview? For example, is this Overview going to be part of a Masters or Doctorate; is it part of a larger project; is it particularly topical at the present time; will it cover a priority healthcare need or topic?

## Description of proposal

Your proposal should not overlap with an existing Cochrane Review or Overview. You can check the list of the group’s registered titles and published protocols and reviews at [CRG website page] or you can search or browse for published reviews and protocols on the Cochrane Library ([cochranelibrary.com](http://www.cochranelibrary.com/)).

For further information, see [Handbook chapter 5](http://handbook.cochrane.org/chapter_5/5_defining_the_review_question_and_developing_criteria_for.htm).

## Objective

Give a short statement of the primary aim of the Overview, e.g. To provide an overview of the relative analgesic efficacy of antiepileptic drugs that have been compared with placebo in neuropathic pain and fibromyalgia, and to report on adverse events associated with their use.

## Other information relevant to this proposal

Outline any other factors you plan to consider in your Overview, or other information you would like to provide, e.g. relevance to consumers, how this Overview complements other published Cochrane Reviews/Overviews, what outcomes will be of interest and whether or not those outcomes have been addressed in the included Reviews.

**Authors**

Provide contact details for everyone you expect to be an author of the Overview. For more information on authorship, see [Handbook section 4.2.2](http://handbook.cochrane.org/chapter_4/4_2_2_authors.htm). You should have ***at least two authors***, and should include someone with ***relevant content area expertise*** and someone with ***experience in writing a systematic review*** to ensure it meets the Cochrane minimum standard required. At least one author’s ***first language must be English***. Your team must possess, or have access to, the ***statistical skills required*** to extract, manipulate and interpret data from the included studies. Incorporating the perspectives of those affected by the intervention is highly recommended. Authors are responsible for ensuring the Overview will be updated in future.

## Contact person

This person will be responsible for contact with the Review Group on behalf of the author team. The contact person does not have to be an author themselves. Contact details for this person will be published with the completed protocol or Overview. For more details, see [Handbook section 4.2.3](http://handbook.cochrane.org/chapter_4/4_2_3_contact_person.htm).