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Project Transform

Living systematic reviews

Special Session at Global Evidence Summit:
From living systematic reviews to living recommendations
13 September 2017

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Cochrane Australia, Monash University

Trusted evidence.
Informed decisions.
Better health.
Disclosure & acknowledgements

- I have no actual or potential conflict of interest in relation to this presentation.

- Tari Turner and Julian Elliott, Cochrane Australia, Monash University

- The Living Systematic Review Network
What is a living systematic review?

We define an LSR as a systematic review that is continually updated, incorporating relevant new evidence as it becomes available. In practice, this means continual surveillance for new research evidence through ongoing or frequent searches and the inclusion of relevant new information into the review in a timely manner so that the findings of the systematic review remain current.
Cochrane’s first LSR pilots

Parenteral anticoagulation in ambulatory patients with cancer (Review)

Akl EA, Kahale LA, Hakoum MB, Matar CF, Sperati F, Barba M, Yosuico VED, Terrenato I, Synnot A, Schünemann H

Editorial note: This is a living systematic review. Living systematic reviews offer a new approach to review updating in which the review is continually updated, incorporating relevant new evidence, as it becomes available. Please refer to the Cochrane Database of Systematic Reviews for the current status of this review.
Features of Cochrane LSR approach

- Applies to any review type (e.g. RCTs, qualitative)
- Retains core systematic review methods
- LSR-specific methods pre-specified in protocol
- Explicit and a priori commitment to frequent search and updating
- Starts with a standard ‘baseline’ review
- Searches = monthly
- Tell reader ‘what’s happening’ = monthly
- Re-publish the review = informed by the evidence
Basic LSR process

Run searches and screen

- NO new evidence found
- NEW evidence found

Update review

- Integrate LATER
- Integrate NOW

Data extraction, risk of bias, synthesis
LSR specific-methods

- Searching
  - Specify frequency of all sources (databases, trial registers and other sources)
- Screening
  - Should match search frequency, may use ‘enablers’ (machine, Crowd)
- Data synthesis
  - Incorporate new evidence immediately OR use decision rules to decide if can be delayed
  - *May* need to adjust meta-analysis for Type I error
- Other
  - Methods and searches reviewed over time
## Cochrane’s LSR pilots

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Questions / comments?

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