



Publishing living evidence

Living Evidence Network “state of the science” webinar

3 July 2019

Harriet MacLehose

Senior Editor and Head of Editorial Policy and Publication Unit
Editorial and Methods Department, Cochrane Central Executive

John Hilton

Editor, Digital Publishing
Editorial & Methods Department, Cochrane Central Executive

James Barker

Senior Assistant Editor
F1000Research

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Publishing living evidence: Cochrane perspective

Harriet MacLehose (Senior Editor, Editorial Policy and Publication) and **John Hilton** (Editor, Digital Publishing), Cochrane Editorial & Methods Department

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Declarations of interest

Employed by Cochrane



About Cochrane

"It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, **adapted periodically**, of all relevant randomised controlled trials."

Archie Cochrane, 1979



What's different about Cochrane?

- From the outset, Cochrane has produced systematic reviews that have been updated or revised based on new evidence or feedback from readers, for example.
- Today, Cochrane Reviews are updated based on need.

- Taking this a step further, Cochrane has started publishing information about whether the Cochrane Review is up to date, an update is in progress (update pending), or will not be updated (no update planned)



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Cochrane Reviews ▾

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Cochrane Database of Systematic Reviews

Linezolid for drug-resistant pulmonary tuberculosis

Cochrane Systematic Review - Intervention | Version published: 20 March 2019

<https://doi.org/10.1002/14651858.CD012836.pub2>

✓ Up to date



28

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✉ Bhagteshwar Singh | Derek Cocker | Hannah Ryan | Derek J Sloan

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- In contrast:
 - Standard journal article
 - F1000



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Cochrane Database of Systematic Reviews
Delayed antibiotic prescriptions for respiratory infections
Cochrane Systematic Review - **Intervention** | Version published: 07 September 2017 [see what's new](#)
<https://doi.org/10.1002/14651858.CD004417.pub5>


 67 [View article information](#)

 [Geoffrey KP Spurling](#) | [Chris B Del Mar](#) | [Liz Dooley](#) | [Ruth Foxlee](#) | [Rebecca Farley](#)
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Abstract *available in* [English](#) | [Español](#) | [Français](#) | [简体中文](#)

Background
Concerns exist regarding antibiotic prescribing for respiratory tract infections (RTIs) owing to adverse reactions, cost, and antibacterial resistance. One proposed strategy to reduce antibiotic prescribing is to provide prescriptions, but to advise delay in antibiotic use with the expectation that symptoms will resolve first. This is an update of a Cochrane Review originally published in 2007, and updated in 2010 and 2013.

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Cochrane Database
Delayed
Cochrane System
<https://doi.org/10.1002/14651858.CD004417.pub5>


 **Geoffrey KP**
[View authors' details](#)

Abstract


Background

Concerns exist regarding the effectiveness of antibacterial respiratory infection treatment. A 2007, and updated

Version history

Title	Stage	Authors	Version	Publication Date
Delayed antibiotic prescriptions for respiratory infections	Review	Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee, Rebecca Farley	https://doi.org/10.1002/14651858.CD004417.pub5	7 September 2017
Delayed antibiotics for respiratory infections	Review	Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee, Rebecca Farley	https://doi.org/10.1002/14651858.CD004417.pub4	30 April 2013
Delayed antibiotics for respiratory infections	Review	Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee	https://doi.org/10.1002/14651858.CD004417.pub3	18 July 2007
Delayed antibiotics for symptoms and complications of respiratory infections	Review	Geoffrey KP Spurling, Chris Del Mar, Liz Dooley, Ruth Foxlee	https://doi.org/10.1002/14651858.CD004417.pub2	18 October 2004
Delayed antibiotics for respiratory infections	Protocol	Geoffrey KP Spurling, Christopher B Del Mar	https://doi.org/10.1002/14651858.CD004417	20 October 2003

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Cochrane Database of Systematic Reviews
Delayed antibiotic prescriptions for respiratory infections
Cochrane Systematic Review
<https://doi.org/10.1002/14651858.CD006652>


✉ **Geoffrey KP Spurling**
[View authors' details](#)

Abstract

Background

Concerns exist regarding the use of antibiotics for respiratory infections. In 2007, and updated

Version history

Title	Stage	Authors	Version	Publication Date
Delayed antibiotic prescriptions for respiratory infections	Review	Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee, Rebecca Farley	https://doi.org/10.1002/14651858.CD006652	7 September 2017
Delayed antibiotics for respiratory infections	Review	Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee, Rebecca Farley	https://doi.org/10.1002/14651858.CD006652	30 April 2014

AUTHORS' CONCLUSIONS: Heparin appears to have no effect on mortality at 12 months and 24 months. It reduces symptomatic VTE and likely increases major and minor bleeding. Future research should further investigate the survival benefit of different types of anticoagulants in patients with different types and stages of cancer. The decision for a patient with cancer to start heparin therapy should balance the benefits and downsides, and should integrate the patient's values and preferences. 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.

Update of
Parenteral anticoagulation in ambulatory patients with cancer. [Cochrane Database Syst Rev. 2014]

PMID: 28892556 PMCID: [PMC6419241](#) DOI: [10.1002/14651858.CD006652](https://doi.org/10.1002/14651858.CD006652)

- Each time a Cochrane Review is **updated**, it is a new citation version - that means, it has a new citation, new entry in PubMed, and a unique identifier (a new digital object identifier or DOI). Each is 'linked' to the previous version
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Future challenges for Cochrane with publishing living evidence



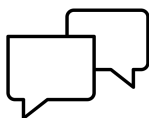
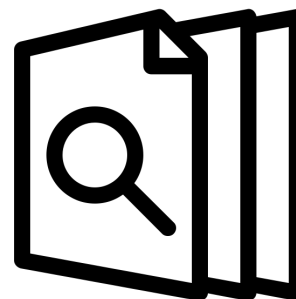
Cochrane Database of Systematic Reviews

Delayed antibiotic prescriptions for respiratory infectionsCochrane Systematic Review - **Intervention** | Version published: 07 September 2017 [see what's new](#)<https://doi.org/10.1002/14651858.CD004417.pub5> 

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[View article information](#) [Geoffrey KP Spurling](#) | [Chris B Del Mar](#) | [Liz Dooley](#) | [Ruth Foxlee](#) | [Rebecca Farley](#)[View authors' declarations of interest](#)**Abstract** *available in* [English](#) | [Español](#) | [Français](#) | [简体中文](#)**Background**

Concerns exist regarding antibiotic prescribing for respiratory tract infections (RTIs) owing to adverse reactions, cost, and antibacterial resistance. One proposed strategy to reduce antibiotic prescribing is to provide prescriptions, but to advise delay in antibiotic use with the expectation that symptoms will resolve first. This is an update of a Cochrane Review originally published in 2007, and updated in 2010 and 2013.



Author and Editors

What's new? Should I use
it now or should I wait?

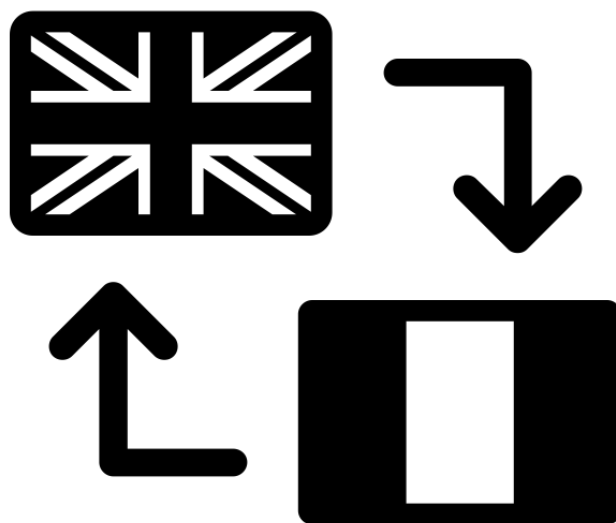
Updated? New version?
Amended? New edition?

Wow! Frequent updates!

What does PubMed say?



Readers and Users



IXA/gettyimages



Which interventions help reduce consumption of sugar-sweetened beverages?
Read the Review

Gus Scott/University of Bath



Reducing pain in infants, children, and adolescents
Read the Special Collection



Gus Scott/University of Bath

Pharmacological management of pain in children
Read the Editorial

Highlighted Reviews

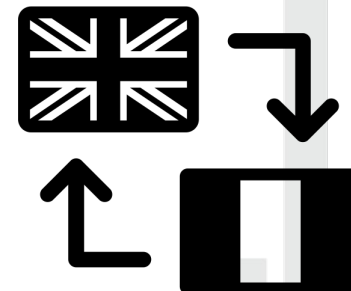
Editorials

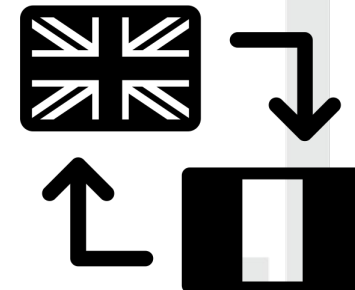
Special Collections


Psychological therapies for the prevention of migraine in adults

Louise Sharpe, Joanne Dudeney, Amanda C de C Williams, Michael Nicholas, Ingrid McPhee, Andrew Baillie, Miriam Welgampola, Brian McGuire

2 July 2019








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Title Abstract Keyword

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Título Resumen Palabra clave


Revisiones Cochrane | Ensayos | Respuestas Clínicas Cochrane | Sobre nosotros | Ayuda



¿Qué intervenciones ayudan a reducir el consumo de bebidas azucaradas?
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Provisión y captación de los servicios prenatales de rutina: una síntesis de la evidencia cualitativa
Soo Downe, Kenneth Finlayson, Özge Tunçalp, Ahmet Metin Gülmezoglu
12 junio 2019

Xpert MTB/RIF y Xpert MTB/RIF Ultra para la tuberculosis pulmonar y la resistencia a la rifampicina en adultos
David J Horne, Mikashmi Kohli, Jerry S Zifodya, Ian Schiller, Nandini Dendukuri, Deanna Tollefson, Samuel G Schumacher, Eleanor A Ochodo, Madhukar Pai, Karen R Steingart

What should Cochrane do to address these challenges?



Cochrane Database of Systematic Reviews

Linezolid for drug-resistant pulmonary tuberculosis

Cochrane Systematic Review - Intervention | Version published: 20 March 2019

<https://doi.org/10.1002/14651858.CD012836.pub2> 

✓ Up to date



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Set of metrics

Cochrane Review edition 1

v1.1: new search and
no new studies

v1.2: new studies
included and changes
across text

PubMed: versioned per
edition

**New DOI
for each
version**

New set of metrics

Cochrane Review edition 2

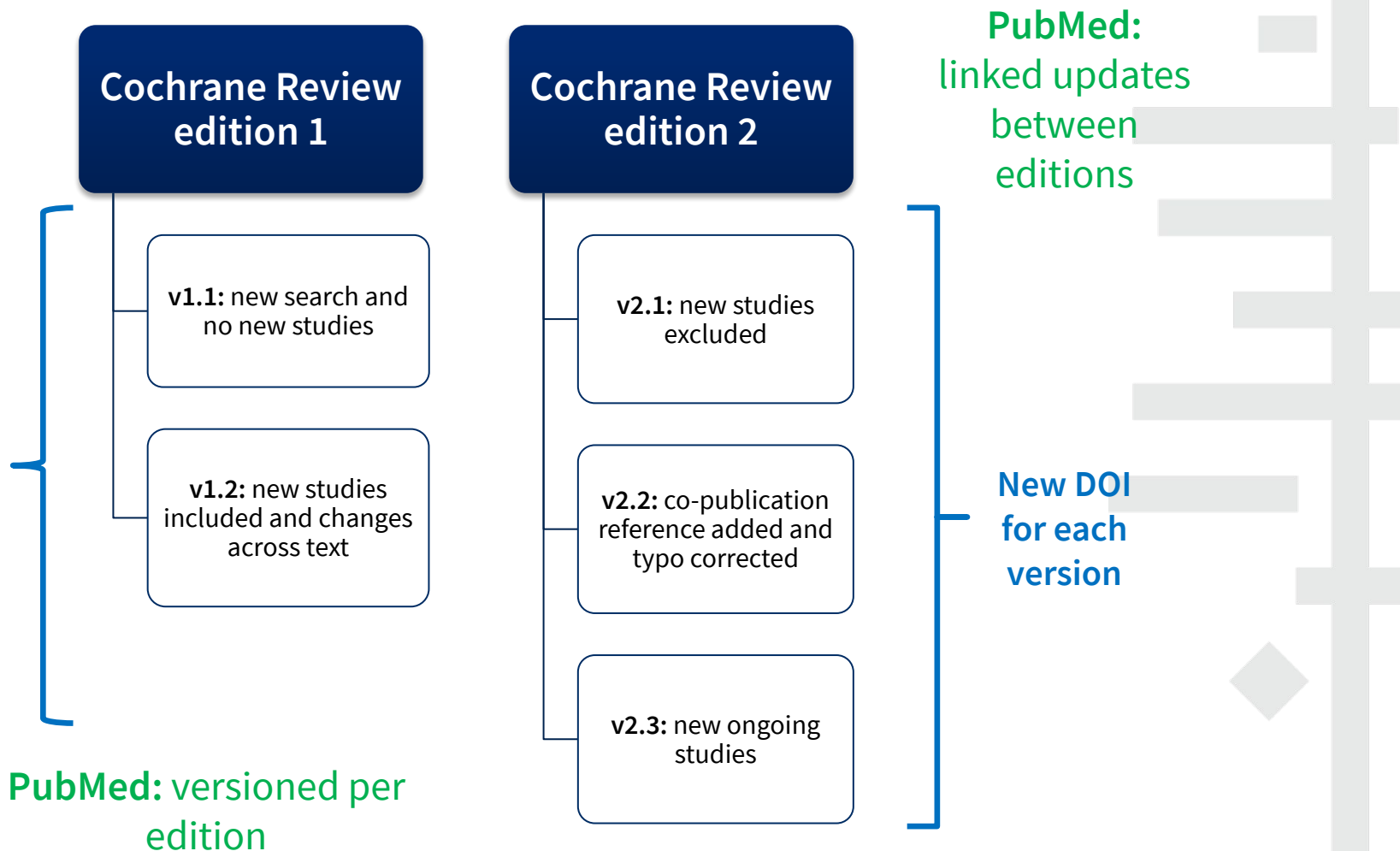
v2.1: new studies
excluded

v2.2: co-publication
reference added and
typo corrected

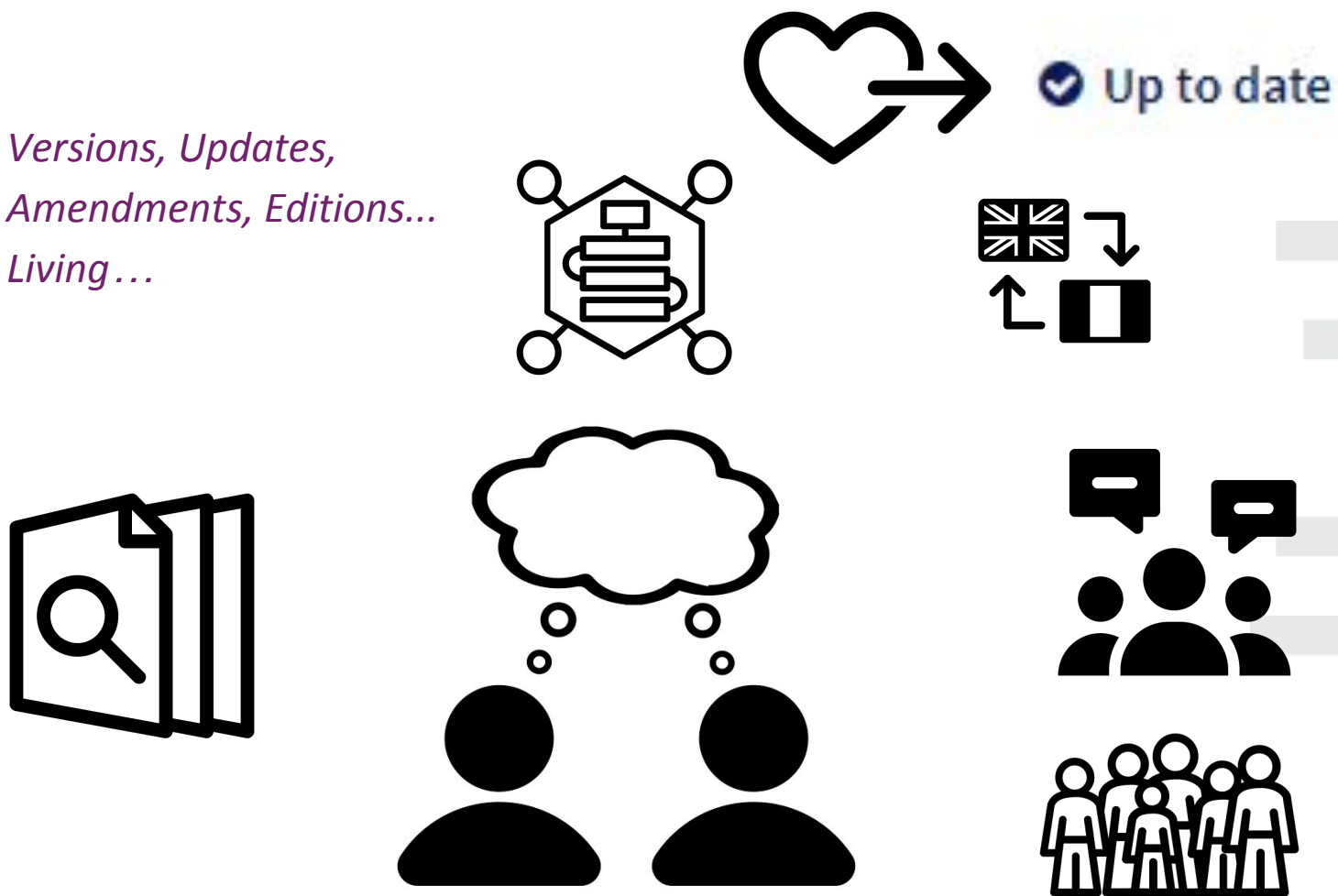
v2.3: new ongoing
studies

PubMed:
linked updates
between
editions

**New DOI
for each
version**



*Versions, Updates,
Amendments, Editions...
Living...*

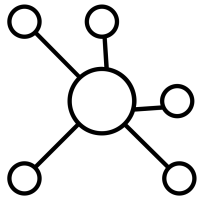


Summing up

- Introduction to Cochrane
- How Cochrane updates reviews
- Challenges for publishing living systematic reviews
- How Cochrane should address these?
- Any thoughts?



What is important to you?



Living Evidence Network



hmaclehose@cochrane.org
jhilton@cochrane.org

F1000Research

James Barker
Senior Assistant Editor

james.barker@f1000.com

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IMPLEMENTING LIVING SYSTEMATIC REVIEWS OUTSIDE OF COCHRANE

INTRODUCTION TO F1000RESEARCH

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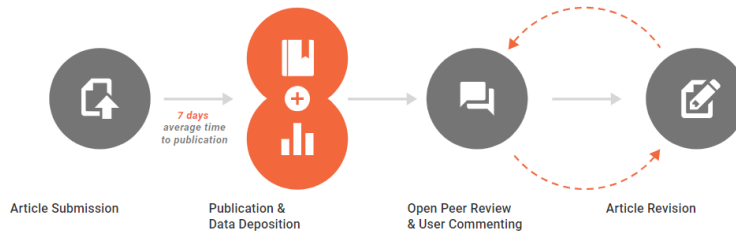
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“

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THE F1000RESEARCH MODEL







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 - No editorial bias
- Transparent reporting and data sharing
 - Articles can be 'living'
 - Indexed in PubMed, Scopus, etc

RESEARCH ARTICLE

EDIT VERSION

 Check for updates

REVISED Factors influencing malignant mesothelioma survival: a retrospective review of the National Mesothelioma Virtual Bank cohort [version 3; peer review: 2 approved, 1 approved with reservations]

Waqas Amin ¹, Faina Linkov ², Douglas P. Landsittel¹, Jonathan C. Silverstein ¹, Wiam Bashara³, Carmelo Gaudioso^{3,4}, Michael D. Feldman⁵, Harvey I. Pass⁶, Jonathan Melamed ⁷, Joseph S. Friedberg⁸, Michael J. Bechic¹

 Author details

Abstract

Background: Malignant mesothelioma (MM) is a rare but deadly malignancy with about 3,000 new cases being diagnosed each year in the US. Very few studies have been performed to analyze factors associated with mesothelioma survival, especially for peritoneal presentation. The overarching aim of this study is to examine survival of the cohort of patients with malignant mesothelioma enrolled in the National Mesothelioma Virtual Bank (NMVB).

Methods: 888 cases of pleural and peritoneal mesothelioma cases were selected from the NMVB database, which houses data and associated biospecimens for over 1400 cases that were diagnosed from 1990 to 2017. Kaplan Meier's method was performed for survival analysis. The association between prognostic factors and survival was estimated using Cox Hazard Regression method and using R software for analysis.

Results: The median overall survival (OS) rate of all MM patients, including pleural and peritoneal mesothelioma cases is 15 months (14 months for pleural and 31 months for peritoneal). Significant prognostic factors associated with improved survival of malignant mesothelioma cases in this NMVB cohort were younger than 45, female gender, epithelioid histological subtype, stage I, peritoneal occurrence, and having combination treatment of surgical therapy with chemotherapy. Combined surgical and chemotherapy treatment was associated with improved survival of 23 months in comparison to single line therapies.

Conclusions: There has not been improvement in the overall survival for patients with malignant mesothelioma over many years with current available treatment options. Our findings show that combined surgical and chemotherapy treatment in peritoneal mesothelioma is associated with improved survival compared to local

METRICS

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


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Version 2 (revision) 19 Dec 18	 read		
	↑		
Version 1 03 Aug 18	 read	 read	 read

1. **Nico van Zandwijk** , University of Sydney, Sydney, Australia, Sydney Local Health District, Sydney, Australia
2. **Michelle Carbone**, University of Hawaii Cancer Center, Honolulu, USA
3. **Tobias Peikert**, Mayo Clinic, Rochester, USA

Comments on this article

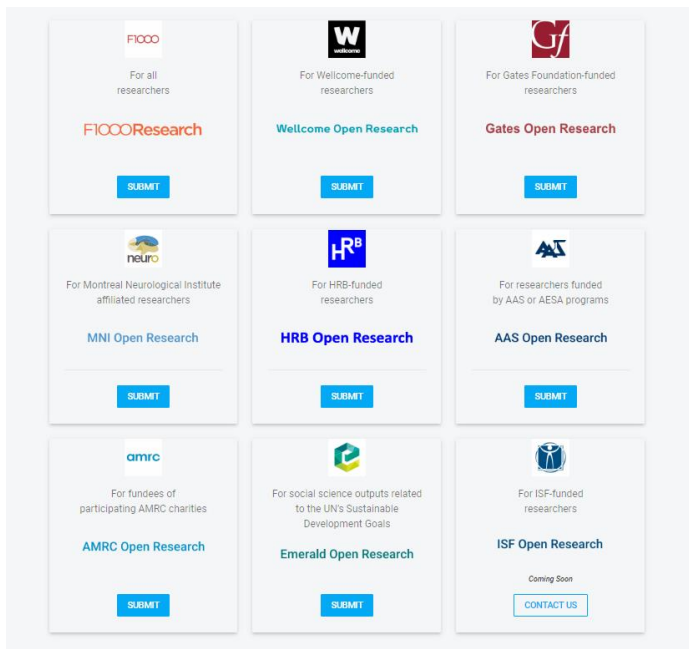
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Keywords

<https://f1000research.com/articles/7-1184>

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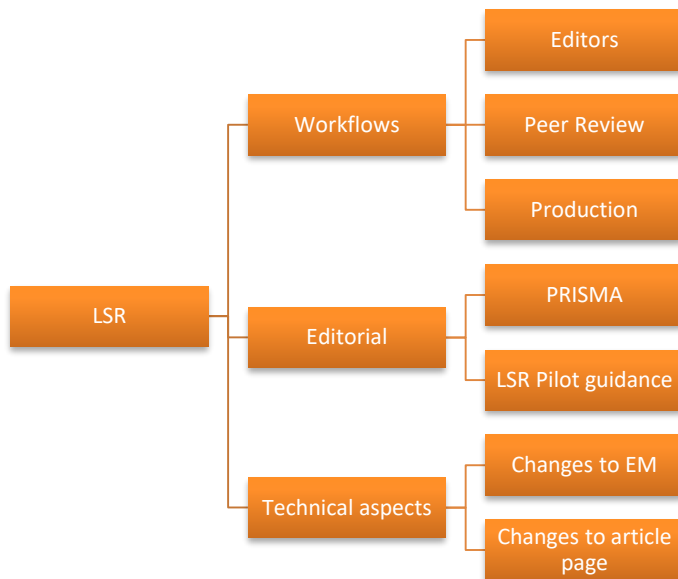


IMPLEMENTING LIVING SYSTEMATIC REVIEWS

PLANNING

- What do we have?
- What can be repurposed/adapted?
- What needs to be built?

AREAS TO ADDRESS



WHAT DO WE HAVE?

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- Nico van Zandwijk** ip, University of Sydney, Sydney, Australia; Sydney Local Health District, Sydney, Australia
- Michele Carbone**, University of Hawaii Cancer Center, Honolulu, USA
- Tobias Peikert**, Mayo Clinic, Rochester, USA

- Version system
- Persistent identifiers across versions

✉ Corresponding author: Waqas Amin

Competing interests: No competing interests were disclosed.

Grant information: This work is funded and supported by the Centers for Disease Control and Prevention (CDC) in association with the National Institute for Occupational Safety and Health (NIOSH) Grant [5U24OH009077-11]. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.



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How to cite: Amin W, Linkov F, Landsittel DP et al. Factors influencing malignant mesothelioma survival: a retrospective review of the National Mesothelioma Virtual Bank cohort [version 3; peer review: 2 approved, 1 approved with reservations]. *F1000Research* 2019, 7:1184 (<https://doi.org/10.12688/f1000research.15512.3>)

First published: 03 Aug 2018, 7:1184 (<https://doi.org/10.12688/f1000research.15512.1>)

Latest published: 03 Jun 2019, 7:1184 (<https://doi.org/10.12688/f1000research.15512.3>)

WHAT CAN BE REPURPOSED

- Guidelines for Systematic Reviews
- Reporting guidelines policy

- Al Research 4. Keywords Authors should provide up to eight relevant keywords that describe the subject of their submission.
- Fc Art

Data availability

Underlying data

Open Science Framework: A systematic review of the agreement of recall, home-based records, facility records, BCG scar, and serology for ascertaining vaccination status in low and middle-income countries.
<https://doi.org/10.17605/OSF.IO/S5UBY#8>

This project contains the following underlying data:

- Supplemental Table 1: List of all articles used in analysis.

Extended data

Open Science Framework: A systematic review of the agreement of recall, home-based records, facility records, BCG scar, and serology for ascertaining vaccination status in low and middle-income countries.
<https://doi.org/10.17605/OSF.IO/S5UBY#8>

This project contains the following extended data:

- Search term syntax

Reporting guidelines

PRISMA checklist: <https://doi.org/10.17605/OSF.IO/S5UBY#8>

Data are available under the terms of the [Creative Commons Zero "No rights reserved" data waiver](#) (CC0 1.0 Public domain dedication).

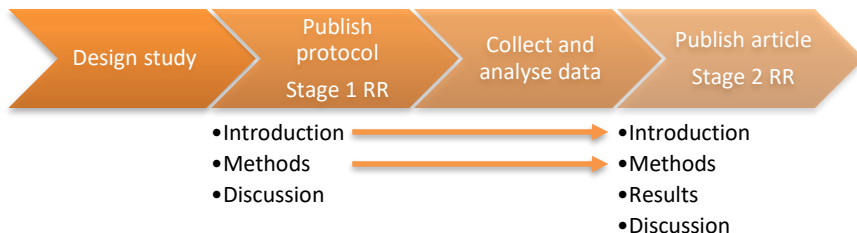
Repository

Workflow

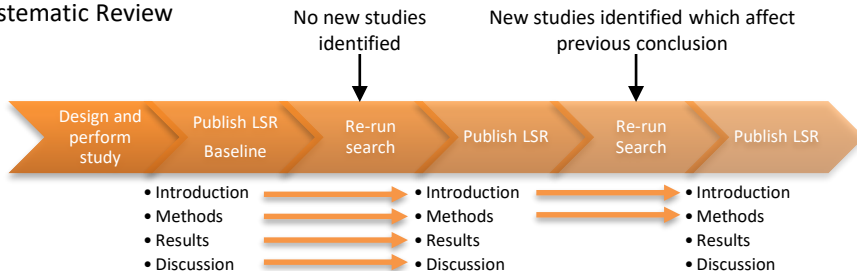
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FROM REGISTERED REPORTS TO LSRS

Registered Report



Living Systematic Review



WHAT NEEDS TO BE BUILT?

- Automation
 - New payment for update reminders
 - Update reminders
- Workflows
 - Editors
 - Peer review
 - Production
- Design
 - Update box
 - LSR identifier

UPDATE: Therapeutic interventions for acute complete ruptures of the ulnar collateral ligament of the thumb: a living systematic review [version 6; peer review: 3 approved]

Mark Mikhail, Justin C. R. Wormald, Neal Thurley, Nicholas Riley, Benjamin J. F. Dean

ARTICLE AUTHORS METRICS

Abstract

Background

The aim of this study was to evaluate the effectiveness of interventions for acute complete rupture of the ulnar collateral ligament (UCL) of the thumb in adults.

Methods

The following databases were searched: MEDLINE and EMBASE via OVID, CINAHL, and SPORTDiscus via EBSCO, from database inception to 1st December 2018. Inclusion criteria were: (i) randomised controlled clinical trials (RCTs) or study of intervention with a comparator, (ii) participants with diagnosis of acute complete rupture of the UCL of the thumb; (iii) participants aged 18 years of age or older at enrolment; and (iv) published in a peer-reviewed English-language journal.

Results

In total, six studies were identified for inclusion after screening. All studies had a high risk of bias. Three studies were retrospective comparative case series which compared two different surgical techniques (bone anchor versus pull out suture, suture versus pull out suture, suture versus steel wire). Of these studies, three were RCTs, two of which compared different rehabilitation regimes in patients managed surgically (plaster versus early mobilization, new spica versus standard spica). The remaining RCT compared two different rehabilitation regimes in a mixed group of surgically/non-surgically treated patients. The RCT comparing a standard spica with a new spica demonstrated a statistically significant improvement in outcomes with the new spica at all time points (range of motion, Dreiser index and VAS); this was also the only study to provide sufficient outcome data for further analysis.









Conclusions

There is no prospective evidence comparing surgery to non-operative treatment for acute complete ruptures of the ulnar collateral ligament of the thumb. There is weak evidence to suggest that early mobilisation may be beneficial following surgical repair. Further research is necessary to better define which patients benefit from which specific interventions.

Open Peer Review

Reviewer Status   

Reviewer Reports

	Invited Reviewers		
	1	2	3
Version 6 (update) 8 Dec 18			
Version 5 (revision) 24 Sep 18			 read
Version 4 (update) 6 Sep 18	 read	 read	 ?
Version 3 (update) 8 Jun 18			
Version 2 (revision) 28 Mar 18		 read	
Version 1 1 Mar 18	 read	 ?	 read

1. Harpal Upad, Lister Hospital, UK, East and North Hertfordshire NHS Trust, UK
2. Charles Pothorpe, Royal Berkshire Hospital, UK
3. Saskia de Groot, London University Medical Centre, The Netherlands

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Version 3 (update) 6 Jun 18			
Version 2 (revision) 28 Mar 18		 read	
Version 1 1 Mar 18	 read	 read	 read

1. Harpal Uppal, Lister Hospital, UK; East and North-Hertfordshire NHS Trust, UK
2. Charles Peillithorpe, Royal Berkshire Hospital, UK
3. Saskia le Cessie, Leiden University Medical Center, The Netherlands

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Updates since Version 6

Latest search: 1 March 2019

Next search: 1 June 2019

Searches for this living systematic review are run and screened every 3 months. The current search (01/03/19) identified 1 new study. This study made no significant change to the results and conclusions. A new version of this article will be posted incorporating the new article and any relevant articles published by then following the next search.

- Sochacki, K. R., Jack, R. A., II, Nauert, R., Liberman, S. R., McCulloch, P. C., Lintner, D. M., & Harris, J. D. (2019). Performance and Return to Sport After Thumb Ulnar Collateral Ligament Surgery in National Football League Players. *HAND*, 155894471876000. <https://doi.org/10.1177/1558944718760001>

UPDATE

Amendments from Version 5


Figures 2 and 3 have been updated to incorporate the new identified study.

 Corresponding author: [Benjamin J. F. Dean](#)

Competing interests: No competing interests were disclosed.

Grant information: J.C.R.W. is funded by the NIHR as an academic clinical fellow.

The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

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First version published: 01 Mar 2018, 7:714 (<https://doi.org/10.12688/f1000research.15065.1>)

Latest version published: 08 Dec 2018, 7:714 (<https://doi.org/10.12688/f1000research.15065.6>)





LIVING METHODOLOGICAL SURVEY

The screenshot shows the F1000Research article interface. The article title is "Methods of conduct and reporting of living systematic reviews: a protocol for a living methodological survey [version 1; peer review: 2 approved]". The authors listed are Assem M. Khamis, Lara A. Kahane, Hector Parizo-Hernandez, and Hoiger J. Schünemann. The article is part of the "Living Evidence" collection. The abstract describes the objectives and methods of the living systematic review (LSR). The right sidebar shows the "Open Peer Review" section with a "Reviewer Status" of two green checkmarks, a "Reviewer Reports" table, and a list of reviewers. The table shows two reviewers, both with a "read" status. The reviewers are Laurence Le Cleach and Tami Pajon. The "Comments on this article" section shows "All Comments (0)" and an "Add a comment" button. The "Content alerts" section has an "Email" input field and a "SIGN UP" button.

Methods of conduct and reporting of living systematic reviews: a protocol for a living methodological survey [version 1; peer review: 2 approved]

Assem M. Khamis, Lara A. Kahane, Hector Parizo-Hernandez, Hoiger J. Schünemann

This article is included in the **Living Evidence** collection.

Abstract

Background: The living systematic review (LSR) is an emerging approach for improved evidence synthesis that uses continual updating to include relevant new evidence as soon as it is published. The objectives of this study are to: 1) assess the methods of conduct and reporting of living systematic reviews using a living study approach, and 2) describe the life cycle of living systematic reviews, i.e., describe the changes over time to their methods and findings.

Methods: For objective 1, we will begin by conducting a cross-sectional survey and then update its findings every 6 months by including newly published LSRs. For objective 2, we will conduct a prospective longitudinal follow-up of the cohort of included LSRs. To identify LSRs, we will continually search the following electronic databases: Medline, EMBASE and the Cochrane library. We will also contact groups conducting LSRs to identify eligible studies that we might have missed. We will follow the standard systematic review methodology for study selection and data abstraction. For each LSR update, we will abstract information on the following: 1) general characteristics, 2) systematic review methodology, 3) living approach methodology, 4) results, and 5) editorial and publication processes. We will update the findings of both the surveys and the longitudinal follow-up of included LSRs every 6 months. In addition, we will identify articles addressing LSR methods to be included in an LSR methods repository.

Conclusions: The proposed living methodological survey will allow us to monitor how the methods of conduct, and reporting as well as the findings of LSRs change over time. Ultimately this should help with ensuring the quality and transparency of LSRs.

Keywords

Open Peer Review

Reviewer Status: **✓✓**

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Version 1 28 Feb 19	read	read

1. Laurence Le Cleach, Université Paris-Est, Créteil, France; Université Paris-Est, Créteil, France

2. Tami Pajon, Loyola University Chicago, Chicago, USA

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- Applying a 'living' method to surveying living systematic reviews
- Aim is to review the methods and track the life cycle of LSRs
- We plan to use these findings to improve our workflows and guidelines

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
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Any questions?

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If you have any queries about
submitting an LSR or anything else
please get in contact:

James.Barker@f1000.com



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