

Targeted Updates

Final Report

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Executive Summary

Introduction

Supported by the Cochrane Steering Group, this pilot project was conducted jointly by Enhance Reviews, the Cochrane Editorial Unit, Cochrane Innovations, and a CRG Coordinating Editor, and also involved a number of Cochrane Review Groups (CRGs). This project aimed to provide policy-makers, in particular guideline developers, with bespoke up-to-date information about specific questions addressed in existing Cochrane Reviews, but updated according to their requirements and timelines. 'Targeted Updates' are two-page documents that use the source Cochrane Reviews as their foundation, but focus on updating only one or two important comparisons, and up to seven most relevant outcomes. They include an updated Summary of Findings Table and a detailed plain language abstract. The search results, risk of bias assessments, analyses and references are made available as supplementary information, as they do not form part of the Targeted Update (TU) itself. Although TUs are not full Cochrane Review updates, Cochrane review methods are employed so that any new data can be subsequently used by review authors to facilitate a full Cochrane Review update if deemed appropriate.

The pilot consisted of three elements; (i) Part A – Concept and user testing, (ii) Part B – Targeted Update Production, and (iii) Part C – Acceptability testing.

To see the full original proposal of this project, please follow this link:

https://www.dropbox.com/s/bd6redodmbapqbm/10.%202014_12_04%20Focused%20Updates%20Proposal.docx?dl=0

Objective

To user-test 'Targeted Updates' with both Cochrane Review Groups and Guideline Developers, and to explore options for the sustainable production of Targeted Updates. This report will outline the main findings of this project.

What we have done

Part A – Concept and user testing with guideline developers

In 2015, seven semi-structured interviews with guideline developers, and four workshops (at the UK Cochrane symposium, Australasian Cochrane Symposium, Vienna Cochrane Colloquium and the Guideline International Network (GIN) Amsterdam meeting) were undertaken. The following key messages emerged:

- Cochrane is considered the 'go-to' resource due to our high quality standards but, although this meets their information needs, we are not making it easy for our policy-maker users.
- The main problem when sourcing systematic review evidence is timeliness, and most guideline developers seem to be resigned to the fact that the volunteer nature of Cochrane means that there is limited capacity for Cochrane to be responsive and update reviews within their required timelines.
- For those with the resources, the complexity of existing Cochrane reviews means that it can be more efficient to undertake evidence syntheses from scratch, rather than try to build on what Cochrane has already produced.

- This can lead to inefficiency and duplication amongst guideline developers with multiple updates related to Cochrane review questions being produced around the world.
- There is considerable interest from guideline developers to find mechanisms to work more closely with Cochrane.

The following positive observations were made by guideline developers about TUs:

- Could help internal evidence and systematic review teams with capacity problems.
- Could help meet tight commissioning deadlines and guideline updating schedules.
- Directly supports the currently favored approach for guideline recommendation-level updates, moving away from comprehensive full guideline updates.
- Could be an opportunity to avoid duplication and improve transparency and dissemination if TUs could be part of the Cochrane Library.
- Commissioned TUs can be used directly by decision makers; the format is more accessible and useable.
- Supports their need for tailored, fast and context-specific evidence. Commissioners also want a service 'where they can drive the timeline'.
- TUs could be easier to budget and plan for within restricted commissioning budgets.
- Suggest not limiting the concept to updates; the process would also work for new reviews.

Part B – Targeted Update Production

We engaged with seven Cochrane Review Groups, and two Guideline Developers to produce a total of 14 TU documents based on 11 Cochrane Reviews. Evidence was gathered on the efficiency and duration of time to complete each TU. The key findings include:

- The TU team produced 13 TU documents, and the CRGs produced 1 TU document.
- Early TU completion times and overall efficiency improved throughout the duration of the pilot as procedures were refined, as staffing improved, and as the TU team became more efficient.
- Work on complex reviews resulted in delays in TU production, indicating that not all reviews are suitable for TUs.
- Nearly all the participating CRGs experienced some difficulty engaging in the process due to their existing workload.
- Content expertise is essential, but frequently difficult to find. CRG involvement was crucial in identifying suitable experts.
- The design and presentation of TUs requires further consideration. One option is to offer a 'Menu' of available features, to allow guideline developers to select their own TU content and layout.
- The cost of updating a Cochrane Review in a form a TU document was approximately £6408.53 per Cochrane Review.

Part C – Acceptability testing

Participating CRGs and commissioners and the wider Cochrane Community were encouraged to supply views and feedback about the production, presentation and value of TUs.

Key observations include:

- Author and CRG involvement in TU production is valuable and improves the process and product, but improved mechanisms for author/CRG involvement, content expertise and TU peer-review are required.
- Authors and CRGs may value the opportunity provided by TUs to build closer relationships with guideline developers.
- Better technological assistance (e.g. improvements to Covidence; Task Exchange) could support the process.
- Some types of reviews may not be suitable for TUs.
- The process worked well for commissioners and met their information needs.
- Early clarity about the specific questions of interest to commissioners is critical, and mechanisms for effective liaison to ensure clarity about the commissioner's questions are required to avoid delays later in the process.
- An 'options menu' for commissioners could enable the development of a TU product, better tailored to the varying needs of different commissioners.
- Although TUs *could* precipitate or expedite priority updates, access to searches and already screened results is less helpful than access to new data extractions.
- For complex reviews, funds might be better used to support completion of the full review update, with a subsequent TU providing a valuable knowledge translation product.
- Clarity about the relationship between the TU and the source review/full review update is required to avoid confusion for users.
- Concerns about any potential problems of perceived competition between funded and unfunded outputs require further thought and will need to be resolved.
- Commissioners liked the focus, rapid production, and short, structured and concise layout, although they would value clear links with the source Cochrane review.
- TU publication/access issues require resolution.

Key points and recommendations

Overall, this pilot has demonstrated that TUs can provide a vital role in meeting the needs of key target audiences for Cochrane, but that production processes, access to appropriate content expertise, and access and publication issues all need careful consideration.

Our main observations are:

- TUs are important derivative products for Cochrane that meet the needs of commissioners, and there is clear demand from guideline developers for this type of work.
- TUs allow for tailoring of review products to the requirements of commissioners, which can be important where review objectives and commissioner objectives overlap but differ slightly.
- The usability and brevity of TU documents are much valued by commissioners, although careful attention and thought are still required to properly interpret the results.
- CRGs have varying levels of resources and, although they are generally keen to be involved in the production of TUs, suitable mechanisms to support their contribution need to be established which take account of this.
- TUs follow the same methods as the source review, which could help to expedite a full Cochrane review update.
- CRGs are generally keen to be involved in the production of TUs if suitable mechanisms to support their contribution can be established.

- Production of TUs would be well-suited to the Cochrane Response model, at least in the first instance.
- It is important that any future TU service is driven by the needs of commissioners, with CRG involvement wherever possible.

Next Steps/Implementation

1. We recommend that Cochrane Response is allowed to continue to offer TUs as a derivative product, and have the flexibility to produce a document tailored to the needs of commissioners.
2. We recommend that TUs are made available on the Cochrane Library, as the product is only likely to have true value if it is clearly recognized by Cochrane.
3. We recommend that the option to use TUs as a knowledge translation tool, as well as a way to expedite full review updates, is considered and further explored within the context of the Cochrane Knowledge Translation Strategy.

Part A – Concept and user testing

1.1. Background and scope

This section presents the findings from user research undertaken with guideline developers, the key target audience for TUs involved in this pilot. The main objective was to understand guideline developers' current use of Cochrane evidence and their interest in TUs.

We conducted seven semi-structured interviews in 2015 with guideline developers from a range of geographical locations, healthcare settings, and organization types.

Table 1: Guideline Developers Interviewed

| Organisation type | Guideline Developer | Country |
|---------------------------------|--------------------------------|---------------|
| International government agency | WHO | International |
| National government agency | NICE | UK |
| | National Blood Authority | Australia |
| Healthcare insurer/provider | Kaiser Permanente | USA |
| Professional Society | American College of Physicians | USA |
| | Brazil Medical Association | Brazil |
| | European Society of Cardiology | Europe |

We held four workshops in 2015, at the UK Cochrane symposium, Australasian Cochrane Symposium, Vienna Cochrane Colloquium and the Guideline International Network (GIN) Amsterdam meeting. 20 guideline organisations were represented across the 4 workshops with the highest representation at the GIN and Australasian Cochrane Symposium.

Table 2: 20 guideline organisations participating in 2015 workshops

| | |
|--|---|
| Royal Dutch Pharmacy Society | Accident Compensation Corporation (Australia) |
| Norwegian Directorate of Health | Parenting Research Centre (Australia) |
| Kaiser Permanente National guidelines | Royal District Nursing Services Institute (Australia) |
| Kaiser Permanente Southern California | NHMRC |
| American Academy of Otolaryngology | Royal Australian College of General Practitioners |
| Clinical Guidelines Service GmbH | National Stroke Foundation |
| Knowledge Institute of Medical Specialists | Health Consult Australia |
| Cancer Center Netherlands | Children's Hospital at Westmead |
| Therapeutic Guidelines (Australia) | Royal Australian & NZ College of Psychiatrists |
| NICE UK | National Clinical Guideline Centre (UK) |

We worked directly with two guideline groups; the National Blood Authority in Australia and the Norwegian Directorate of Health who commissioned TUs as part of the pilot (which was not anticipated in the proposal).

1.2. What did people say

The key findings for this user research are summarised under three main themes: Perception of Cochrane reviews, Use of Cochrane reviews, and Response to TUs.

Perception of Cochrane reviews

Overall there was **a positive perception of Cochrane reviews** with all guideline developers agreeing that Cochrane reviews have a high quality standard matching their requirements, and that Cochrane is the 'go-to' evidence resource. They reported that, in principle, Cochrane reviews can help them to expedite the updating of guideline recommendations whilst avoiding duplication of effort.

Use of Cochrane reviews

There are a **range of issues limiting the use of Cochrane reviews by guideline developers**. The main problem when sourcing systematic review evidence is timeliness, and most guideline developers seem to be resigned to the fact that the volunteer nature of Cochrane means that there is limited capacity for Cochrane to be responsive and update reviews within their required timelines.

They also highlighted the complexity in the way Cochrane reviews report their findings, sometimes restricting their use by non-methodologists. They noted that Cochrane reviews are often out of date, and also expressed frustration at the lack of formal mechanisms for accessing and sharing data to avoid duplication, as well as issues with topic prioritisation and sometimes poor question alignment with the needs of guideline developers.

As a result, **many guideline developers are updating Cochrane reviews themselves internally**, or may even start the review production process from scratch with updates more focused on specific questions, rather than build on what Cochrane has produced. These internally focused updates are often not published or only made available to local audiences, and there are no formal mechanisms for sharing the data or analysis with Cochrane or other guideline developers. There is strong interest from guideline developers to avoid this wasteful duplication of effort and find mechanisms for sharing data and publishing updates focused on specific questions.

Response to Targeted Updates

The feedback from guideline developers has been positive with a clear indication that **guideline developers are interested in having access to and using TUs**.

This has been further validated by two recent WHO commissioned reviews secured by Cochrane Response. The proposals included TUs as the interim deliverable for the guideline committee meetings, and were highlighted as a positive and unique service by the WHO commissioning team.

The following positive statements were made by guideline developers about TU:

- Could help internal evidence and systematic review teams with capacity problems.
- Could help meet tight commissioning deadlines and guideline updating schedules.

- Directly supports the new trend for targeted guidelines, with recommendation level updates, as guideline developers move away from large, comprehensive guidelines and full updates.
- Opportunity to improve dissemination and avoid duplication with publication of TUs as a Cochrane review within the Cochrane Library.
- Commissioned report can be used directly by decision makers, the format is more accessible and useable, and the information contained within the summary report is exactly what we need.
- Support their need for tailored, fast and context specific evidence. Commissioners want a service 'where they can drive the timeline'.
- Easier to budget and plan for within restricted commissioning budgets.
- Do not limit the concept to just updates, would work for both updates and new reviews.

The following issues and concerns were raised by guideline developers:

- The context for commissioning a TU needs to be clearer within the final published reports.
- Acknowledged that in complex situations, a TU would not be appropriate due the complexity of the PICO, the comparisons included, or the type of evidence needed. Therefore, we need to provide better guidance on when a TU is appropriate for a guideline developer.

Part B – Targeted Update production

2.1. Methods

A full description of the methodology used in this project can be found in **Appendix 1**.

2.2. Results

2.2.1. Outputs and review group involvement

A total of 14 TUs were produced as part of this Pilot, based on 11 Cochrane Reviews. A list of all 14 TUs, along with details on duration of time to complete, task responsibility, and involvement of guideline developers for each can be found in **Appendix 2**. Overall, we engaged with seven CRGs, four of whom volunteered for the original pilot, with three additional groups becoming involved following topic requests from two Guideline Developers.

For questions identified in partnership with a CRG or guideline developer, the length of time taken to complete the first full draft of the TU documents ranged from 2 weeks, to 28 weeks. The length of time taken to complete the peer review process for these documents ranged from 4 weeks to 19 weeks.

For questions directly commissioned by a guideline developer, the length of time taken to complete the first full draft of the TU documents ranged from 6 weeks, to 9 weeks. The length of time taken to complete the peer review process for these documents ranged from 1 day to 9 weeks.

A detailed description of the process for completing each TU can be found in **Appendix 3**.

The full collection of TU documents can be found by following this link:

<https://www.dropbox.com/sh/u3z9m1n295w9816/AABAtERX6dxIfyeJlNSFEeWNa?dl=0>

The TU team are also in the process of publishing all the TU documents online in the form of blog (please follow this link to see our latest blog <http://community.cochrane.org/news/targeted-updates-project-case-study>). It is possible that all the completed TU documents will be formally published in the Cochrane Library as part of a 'special collection', but that this is unlikely to happen until after the final report of the project is complete.

2.3. Discussion

Combining the evidence on duration of time to completion of each TU, and the efficiency in performing relevant tasks, some clear observations emerge. In every case, TU topics that were identified by CRGs took longer to complete than those resulting from questions commissioned by a guideline developer. We explore below some of the barriers and facilitators experienced in preparing TUs to time and target.

2.3.1. TU production

The TU team was capable of producing a higher number of TU documents than planned. The original intention was for the TU team to lead the production of eight TUs, and for the participating CRGs to lead the production of an additional eight TUs. However, in total, the TU team led the production 13 TUs, and the CRGs led the production of 1 TU.

2.3.2. The TU team

As part of the pilot study, the team were constantly adapting and developing the process and methods in response to experience and feedback. Some difficulties encountered by the TU team may have impacted on outcomes. For example, the TU team proposed to share the production work with the CRGs to explore which process worked best but, in the event, CRGs did not have capacity to produce the TU, usually providing a more supportive role. All TU team members had part-time roles only, so the project wasn't optimally staffed for taking primary responsibility for producing all TUs. Personnel changes during the lifetime of the project also caused some disruption, and all unanticipated issues took time for the team to discuss and to agree a course of action.

2.3.3. Working with volunteer CRGs

The initial stages of the pilot involved working only with the volunteer CRGs, whilst the TU team were establishing their processes and refining their understanding of the resources, management and information required. Topics for these TUs were identified by CRGs themselves, and much time was spent discussing suitability of reviews, the exact process by which TUs would be produced, and assigning task responsibility. Planned methods and agreed processes had to be adapted as the project progressed and workload increased and, over time, the team employed freelance study screeners and data extractors to improve efficiency.

All volunteer CRGs had a genuine interest in participating and all made significant efforts to contribute. TU production was always more streamlined when the CRG was willing and able to be involved in the process, as they provided essential content expertise, knowledge about the review and liaison with the authors. However, nearly all the participating CRGs experienced difficulty engaging in the process over the term of the project, largely due to their existing workload and priorities. Progress was often slow to begin with because there was a general lack of understanding regarding the rationale for TUs, the exact process by which they would be delivered, and the relationship between the source review and the TU. Different groups also had different levels of resources available to them, and those with limited capacity found it particularly difficult to meet the demands of the short timeframe necessary to produce a TU. As TU production was not their core business, CRGs often couldn't provide responses as quickly as required. The perspectives of participating CRGs and authors are explored in more detail in Part C of this report.

2.3.4. Working with Guideline Developers

Unlike CRG identified topics, guideline developer commissioned topics began with a clear research question and eligibility criteria already in place. Many of these TUs were completed later in the pilot, when the project had improved capacity and more standardised processes for production. They were also independently funded, enabling TU production to be led by the TU team, and therefore depended less on the CRG to develop topics and deliver the outputs.

Difficulties arose occurred when the guideline developers requested a different categorisation or definition of interventions and outcomes than the original review authors. For example, in one instance, the guideline developers had a different definition of 'high intensity' language therapy from the original review authors. We conducted the TU as per the requests of the guideline developer and, ultimately, the findings of the TU differed from the findings of the full Cochrane review. This was explained in the TU, with a note on the cover page that explicitly stated "*This Targeted Update is based on a Cochrane review that has a wider scope, included 57 studies, and*

concluded that language therapy of any intensity may be associated with improved language function compared to no treatment”.

One of the guideline developers, the Norwegian Directorate of Health, changed their list of prioritized reviews during the process, and subsequently requested a change to the commission, although the TU team were able to respond to this change efficiently and with minimal wasted effort. The team recognise that this is an accurate reflection of real- world experience; commissioner priorities can change rapidly and they often value opportunities to tailor their questions to their own requirements.

One time-consuming aspect of working with guideline developers was the negotiation of contracts. Delays were incurred in the work completed for the NBA due to uncertainties regarding the contract negotiation. To avoid delays like this in the future, Cochrane’s Finance and Core Services team would need to be involved and responsive from the outset. It is likely that, if the TU service were to continue, these processes would be officially set and prepared by Cochrane Response before any formal service was offered.

2.3.5. Time to completion

Duration of time to TU completion and overall efficiency improved over the course of the project as CRGs and others developed a greater awareness of TUs and improved understanding of their methods and purpose.

2.3.6. Conceptual and content differences between the source review and the TU

In all TUs, the process began by conducting an initial assessment of the latest version of the full Cochrane Review. When the initial assessment indicated that the review methods were appropriate, the search was already up to date, and the TU research question and eligibility criteria matched the original Cochrane Review exactly, the TU document could be produced quickly and efficiently.

However, problems frequently occurred when this initial assessment of the original review indicated that either (a) the original review methods were not appropriate; (b) the last search was run more than 12 months ago, and would therefore require updating before the TU could proceed, or; (c) the TU question and eligibility criteria requested by a guideline developer differed slightly from the original review questions. Any one of these three issues resulted in delays to completion.

The assessment tool originally developed for this pilot also sometimes failed to identify potential problems at the start of the process and required adaptation. One example of this was the Intensive Case Management Review completed with the Schizophrenia Group was delayed due to complexity issues that were not initially highlighted. A number of included studies in this review were published in Chinese. As we did not have the resources for translation, a large number of relevant studies could not be cross checked, or extracted. The phrasing of the inclusion criteria was somewhat open to interpretation and difficult to apply. Furthermore, in this instance the TU team was not able to liaise with the original review authors until the end of the process, resulting in a lack of clarification about the inclusion criteria.

The pilot has demonstrated that TUs may not be suitable for every type of Cochrane review. For some Cochrane reviews a TU would not be feasible, particularly in complex reviews, for the sole purpose of facilitating a full review update. In such instances, it may have been more appropriate

to decline that TU request, than to spend a disproportionate amount of time adapting the original review methods.

We were also unprepared for some issues that resulted in delays during the TU production. For example, if there was uncertainty regarding how to use GRADE for subgroup analyses, time was spent discussing the different options and consulting with other members of the CEU. However, as a result of the pilot, we would now either know how to address many of the issues likely to occur, or we would know whom to contact for advice and guidance.

2.3.7. Peer Review

Identifying Peer Reviewers who are both suitable and available proved to be particularly challenging for some targeted updates. Most TUs were reviewed by at least two experts. However, only one peer review was completed for two TUs. Every potential peer reviewer identified for these two TUs was either unresponsive, or unable to complete a peer review within 2 weeks, even with the monetary incentive. Future TUs must prepare for this challenge by identifying and confirming peer reviewers as early as possible in the process and, if necessary, with the assistance of the commissioning body.

2.3.8. Review Author Involvement

Originally, it was hoped that TUs would have a dual purpose, addressing guideline developer's priorities and helping CRGs to identify and update priority reviews by providing extracted data and study assessments for their authors. The project did not always succeed in involving authors, although this may, in part, be due to a general lack of awareness and understanding of the potential value of TUs. In addition, author involvement was usually mediated by the CRG, and we did not always have a direct channel of communication. More work was always required where PICO's differed when authors had less direct investment in the TU production. If the only purpose of a TU is to answer guideline developers' questions, then less input may be required from review authors/content experts as commissioners' requirements alone can be used to set the criteria. However, content expertise was critical, even if only delivered via independent peer review, or through engagement with the experts within the CRG and on the guideline panel. Where the TU is facilitating a full review update, it is essential that the review author plays a role in the process.

2.3.9. Presentation and Design

As indicated in the proposal, we planned to create and user-test 3-4 template designs for TUs. However, when we discussed the design with the Advisory Board, we were advised that this was an area of ongoing research by experienced groups, and to use this research to inform the content and design. We had a follow-up call with Sarah Rosenbaum where we identified several content and design elements from the SUPPORT summaries that could be used in TUs (e.g. Plain language statements in the Summary of findings tables, and the 'About this summary' section from the SUPPORT summaries), and elements that would be difficult to incorporate (e.g. always using risk ratios as the estimate of effect). A suggestion from Sarah was to take potential elements that might be included in a TU (e.g. Abstract, Summary of findings table, forest plots, figures representing absolute effects, risk of bias figures, 'What's new' section, 'About this summary' section etc.), and ask guideline developers which of these elements they would want to include in TU. It was notable that on more than one occasion, guideline developers asked the team to alter the presentation of the final document. For example, some requested that forest plots to be part of the final document, whilst others preferred the Summary of Findings table only. One concept that should be considered is to offer guideline developers a 'Menu' of the different features that could be presented in a TU

document, and allow guideline developers to design their own TU document according to their own requirements and preferences.

2.3.10. Publication

Several of those involved in the TU project have expressed their disappointment that the completed TU documents are not yet formally published. The TU team have begun to address this issue by publishing all the TU documents online in the form of blog (please follow this link to see our latest blog <http://community.cochrane.org/news/targeted-updates-project-case-study>). It is still possible that all the completed TU documents will be formally published in the Cochrane Library, but that this is unlikely to happen until after the final report of the project is complete.

2.3.11 Financial Implications

The TU team underspent the amount received from the Steering Group to conduct this pilot. The reasons for that were:

1. During the course of this project, the TU team received commissions from two different guideline developers to complete a total of five TUs. The National Blood Authority commissioned one TU for \$6,451 (Australian Dollars), and the Norwegian Directorate of Health commissioned 4 TUs at £4,950 each. These commissions amounted to £23,650.
2. Only 1 of the 14 completed TUs was led by the CRGs, and the remaining 13 TUs were led by the Targeted Update team

As a result, a total of £80,993.85, from the £134,500 awarded has been spent on the project, and £53,506.15 was returned to Cochrane.

Of that money, approximately £70,493.85 was spent on the direct production of 14 Targeted Update documents based on 11 Cochrane Reviews. Therefore, on average, it can be estimated that it cost £6,408.53 to produce Targeted Update documents for each of the 11 Cochrane Reviews. It should be emphasised that this is only an average, as some Cochrane Reviews required more time and resources than others to update in the form of a Targeted Update document.

Part C – Acceptability Testing

3.1. Background and scope

As part of the pilot, it was important to elicit and understand the views of those involved in the commissioning and production of TUs, as well as the wider Cochrane Community. All participating groups and organisations were advised of this at the beginning of the study and efforts were made to elicit views from those external to the project.

3.1.1 Feedback received

All participating CRG were offered the choice between an interview with TU team members (via phone or videoconference) or the opportunity to provide written answers to the interview and/or blog questions (the template form used to collect responses to the interview and blog questions can be found in Appendix 4). Seven CRGs were involved in the production of TUs. One participating CRG opted for a videoconference interview, while four others chose to provide their responses to the interview/blog questions in writing, or via correspondence. The remaining two CRGs were not able to provide feedback. Example TUs were also made available via a blog with a link to an online survey, and feedback was invited from the wider Cochrane Community (with only one response).

| Type of involvement | Participant | Feedback provided |
|------------------------|--|-------------------|
| CRGs identified topics | Schizophrenia (CoEd) | Videoconference |
| | Skin (CoEd, editorial base and TU author) | Written |
| | Gynaecology and Fertility (editorial base) | Written |
| Commissioned topics | Injuries | None |
| | Stroke (CoEd, editorial base and review author team) | Written |
| | Common Mental Disorders (CMD, CoEd and editorial team) | Written |
| | Schizophrenia (CoEd excluding review author team) | Videoconference |
| | Fertility | None |
| TU commissioner | National Blood Authority (Australia) | Written |
| | Norwegian Directorate for Health | Written |
| Survey respondent | Anonymous | Survey response |

3.2. What did people say

3.2.1. Acceptability testing within Cochrane

3.2.1.1 The process for completing TUs

Feedback from volunteer CRGs

The Gynaecology and Fertility Group were the first CRG involved and were initially unclear about the purpose and outputs of the TU project, feeling that this had affected their own communication with authors (though they recognised this was primarily due to the pilot nature of the project). Overall, the Skin Group indicated that, while the process may need some refining, “as a concept of

how to update a big review by concentrating on the most important points of comparison it has potential” and that it had been “a good catalyst for teams to get going on their full updates”. The TU topic suggested by the Schizophrenia Group provided support for a successful incentive award application, but the CoEd noted that during the subsequent full review update, errors (relating to application of the criteria for inclusion) were identified by the review author. *“Was it useful having two people essentially data extract? Yes, it was. Did it lead us down the wrong path? Yes, it did”.* The CoEd observed that *“detailed pedantic knowledge of reviewer”* reinforced the need for ongoing content expertise involvement as part of the TU process, but that capacity for this was always an issue. *“Of course we all need content expertise. But there’s only so much to go around”.* His view was that complex reviews, such as the one they had volunteered, are often not be suitable for TUs. The Gynaecology and Fertility Group shared this view, reporting that they would choose quite different reviews for TUs in light of the pilot experience.

Feedback from commissioned CRGs

The CMD Group had positive views on the process; it was largely as expected and, though the timeframe was a challenge, it was achievable. They reported that *“overall the teams on both targeted updates worked really well and efficiently together”.* They also reported trying to use Covidence during this pilot but, because the TU was based on an existing review, it did not work well and resulted in some extra work to edit the outputs. The Stroke Group provided extensive and valuable feedback on TU commissioning and production, particularly in view of the fact that a full review update was imminent and they would have been very much willing to work directly with guideline developers.

3.2.1.2 Challenges encountered/suggested improvements

Feedback from volunteer CRGs

The pilot nature of the project meant that guidance and information about the TU process and outputs could have been clearer, and improvements were made throughout the process. It might be of value to produce documentation that can be directly shared with authors and any other participants, so that roles and expectations on both sides are clear. The Gynaecology and Fertility Group thought that summary PDF needed SoFs and/or forest plots of main review outcomes to be really useful. They also observed that the TU format only works for single comparisons, but that it could be integrated with RevMan to develop a relatively simple TU format summary when a review or update is ready for publication. Schizophrenia felt strongly that TUs should follow the full and accurate review update, and only as a dissemination product.

Feedback from commissioned CRGs

CMD felt their main challenge was *“getting sufficient information regarding the inclusion criteria in a timely manner”*, and emphasised that it would be most helpful to *“peg down specifics about PICO at the earliest stage in the process”.* The Stroke authors expressed concern about the selection of reviews for TUs, especially when a full review update is already in process, as this could potentially result in duplication of effort. The authors suggested *“in future, prior to agreeing the scope for a CTU, there should be a thorough examination of whether relevant Cochrane reviews (and review updates) are already underway”.* Although this has always been a routine step in the TU process, in this instance, the commissioner was using their own definition of ‘Intensive’ Speech and Language Therapy (i.e., ≥ 5 times/week) and, as a result, the full review update did not address their specific question. The Stroke authors noted that close scrutiny of relevant Cochrane reviews was essential, and suggested that the TU team could support better direct interaction with the authors

themselves to avoid duplication of review activities and enable commissioners to choose which output they would prefer.

3.2.1.3 Implications for the management of the full Cochrane Review

Feedback from volunteer CRGs

The timeframe of the pilot was short, so limited information was available about resulting progress on any full review updates deemed appropriate. The Gynaecology and Fertility Group felt that their choice of reviews may have impacted on this, indicating that their *"authors are still working on the reviews themselves, had to get new searches, incorporate newly selected studies into their review etc. So clearly we could have chosen better reviews for the pilot"*. They noted though, *"it is always useful to have another perspective on screening and selection. We were encouraged to see that the Targeted Update team's selections matched those of our authors."* The Skin Group did not find access to updated searches helpful in supporting a full review update; *"we could probably handle that ourselves comfortably"*. The Schizophrenia Group CoEd suggested that, rather than working on the TU, most authors might prefer to work with their own CRG to update the full review and that TUs would be better used as a knowledge translation tool, rather than an updating tool. *"This is a 'cart before the horse'. I think Targeted Updates should come out of the full review, and not Targeted Updates precede the full review"*.

Feedback from commissioned CRGs

The CMD Group shared the screened updated search with the original review authors, although *"the authors were not planning to update this review at this time"*. Nevertheless, the overall process did highlight the potential priority of this topic for CMD, and they plan to liaise with authors to explore options for a full review update. The authors of the Stroke review identified several concerns that resulted in useful changes in the TU process, as well as the presentation of the TU document. In particular, the authors noted the *"clear discrepancies between the findings of the TU and the associated Cochrane systematic review"*, attributable to the different definition of 'Intensive' Speech and Language Therapy of interest to the NDH. The differences in conclusions were subsequently highlighted in the TU 'What's New' section, and further clarified in the 'Implications and Conclusions' section. The Stroke Group authors also raised questions about authorship and ownership of the TU and the original review, indicating that *"the two documents are at a high risk of being perceived as arising from the same review team"*. As part of the pilot, the TU documents were modified to include some variation of the following statement as part of the cover page:

"This Targeted Update document was prepared by (Targeted Update Author). Data were taken from the draft full review update that was carried out by the review authors and accepted for publication by the (Cochrane Review Group) editorial team. The abstract was adapted from the draft full review update".

Feedback from the survey (single respondent)

If a guideline developer wanted a TU, as a CRG member they would like to be involved in the process, by helping the TU team to establish and maintain a relationship with the original review authors, and by providing content expertise.

3.2.1.4 Use of financial incentives

Feedback from volunteer CRGs

The Skin Group felt that the monetary incentive to help complete the process, was, overall fair, acknowledging that *"if we had that level of funding to employ systematic review help for other*

reviews, it would make a huge difference to us". The Schizophrenia Group thought that review authors may not be willing to assist with a TU, even in exchange for money, as "no amount of money will resuscitate an exhausted reviewer". The CoEd felt that, because they received funding for both the TU and a subsequent full review update, more funding than was necessary had been used. "If we had true collaboration on funding, maybe could have had full review swiftly put through with an interesting product for the funders". Similarly, the Gynaecology and Fertility Group noted that "The financial incentive did not really work for us, although we thought it would. We did think the amount was appropriate."

Feedback from commissioned CRGs

The Stroke authors were unhappy that *"an externally funded Cochrane activity will appear in the public domain before the unfunded full update"*. Although the authors were assured that their TU would not be made publicly available before their full review update, this did highlight potential problems around perceived competition between the two outputs. This will require further thought. The funding for the CMD Group was used for freelance screening and data extraction, and the group found this level of funding helpful to expedite the work.

3.2.1.5 The presentation and format of the TU document

Feedback from volunteer CRGs

The Skin Group liked the final product because they found it *"refreshingly clear and easy to understand"*, and the *"brevity is very welcome"*. They were however disappointed because of *"the time lag from completion of the TUs to publication"*, which was much longer than they had expected, though they *"understood this may be due to this being a pilot"*. Gynaecology and Fertility reported that *"Everyone liked the format of the Targeted Update. Our consumer reviewer in particular liked the way they summarised the evidence and were easy to understand"*. Schizophrenia reported that the TU product *"looked good"* and could be of value for dissemination.

Feedback from commissioned CRGs

The CMD Group found the product *"succinct, well presented, and clear answers to the targeted questions"* and they were *"really impressed with the output"*. They thought the *"targeted and timely update of particular aspects of important reviews is really worthwhile"*. However, they felt that a separate section on quality assessment might be useful, as well as clearer presentation of the outcomes, as currently *"you have to dig for them in the results and in the purple text on the 2nd page"*. The Stroke Group authors felt that the *"methodologies underpinning the CTU and how these differ (if at all) from the Cochrane review"* was unclear. This feedback resulted in increased clarity to the 'Supplementary Materials' document for all subsequent TUs, so that all necessary details were highlighted.

Feedback from the survey (single respondent)

This respondent found the TU *"to a large extent"* clearly presented and easy to read, and *"to a moderate extent"* sufficiently detailed and useful. They felt the Supplementary Materials were *"to a moderate extent"* clearly presented, sufficiently detailed and easy to read, and *"to a small extent"* useful. However, they believed that TUs would be of *"limited value"* in assisting with the prioritization of full Cochrane Reviews/Updates, and that they were also of *"limited value"* to patients and clinicians, and *"not valuable"* to guideline developers and funders.

3.2.2 Acceptability testing with commissioners

The feedback from the Norwegian Directorate for Health (NHD) about their experience of commissioning TUs was predominantly positive.

3.2.2.1. The process of commissioning and delivering TUs

These TUs were “*commissioned in order to reduce the work-load on the review team*”. They were “*very pleased with the customer engagement and responsiveness*”, although they suggested that an options menu might be valuable for commissioners. The NDH found the experience of working with the TU team “*inspiring*” and reported that they had “*enjoyed being part of Cochrane’s TU project*”.

3.2.2.2. Challenges encountered and suggested improvements

The NDH acknowledged that there was a delay in finalizing some of the commissions, due to the difficulty the TU team experienced in identifying relevant and available peer reviewers. They suggested that “*a possible solution may be to involve us in the search for peer reviewers at an earlier stage in the process*”. They also acknowledged that peer review is one of the less important features for them, as “*we put all our national guidelines out for an open national hearing*”. Finally, they thought that “*in the future, you may consider to have a pick and choose menu with possible content elements, including any time delay of delivery if choosing extra content elements*”.

3.2.2.3. Presentation and the value of different TU features

For the NDH, the most important features of a TU were the focused question, rapid production, and short, structured and concise layout, based on a Cochrane review. Peer review was important to them, but “*we put all our national guidelines out for an open national hearing, so the peer review [ranks lower than] price*”. They were also pleased with most aspects of the final document, including “*the design, layout and content elements*”. For all TUs, the NDH transfers the information into a local template to share electronically through an API (Application Programming Interface) and the current TU presentation allows for this. They “*would, however, also appreciate the possibility to link to the publication on the Cochrane website*.”

3.2.2.4. Funding of TUs

The NDH confirmed that they would be likely to commission more Cochrane TUs in the future, even if the price was to increase to as much as £10,000 per TU, although “*It would probably affect the total number of commissions, but we would still use and appreciate the opportunity to commission TUs when needed*”.

3.3. Discussion

Overall, commissioners and CRGs approved of the general concept of TUs, liked their presentation, and could see a significant role for them, either as tailored updates for decision-making, knowledge translation products, or both. The pilot yielded valuable information about the process of TU production, much of which has already resulted in changes. However, further work is required to develop greater clarity about the different elements of the process, the final presentation of the TU, and publication/access issues. In particular, we would need to establish improved mechanisms to ensure adequate content expertise, author input and CRG involvement throughout the process. Monetary incentives may be helpful to expedite specific stages of the TU process, but the optimal use of funds needs further consideration.

Key observations include:

The process of completing TUs

- The process of TU production piloted worked reasonably well, although still needs refining.
- Improved mechanisms for author/CRG involvement and content expertise are required
- Better technological assistance (e.g. improvements to Covidence; Task Exchange) could support the process.
- Some types of reviews may not be suitable for TUs.
- The process worked well for commissioners and met their information needs.
- The reported value of TUs, both to decision-makers and for CRGs and their authors, indicates that the process is worth refining to resolve some of the problems.

Challenges encountered and suggested improvements

- Guidance and procedures for accepting commissions for TUs/selecting suitable reviews requires further development, taking account of the feedback from this pilot.
- Early clarity about the specific questions of interest to commissioners is critical, and mechanisms for effective liaison to ensure clarity about the commissioner's questions are required to avoid delays later in the process.
- An 'options menu' for commissioners could enable the development of a TU product better tailored to the varying needs of different commissioners.
- Improved mechanisms for TU peer review, although not always critical to commissioners, are required.

Management of the full review

- Although TUs *could* precipitate or expedite priority updates, access to searches and already screened results is less helpful than access to new data extractions.
- Authors may or may not want to be involved in TU production and build better relationships with guideline developers/other commissioners; some authors feel strongly that they would want involvement, some may prefer to work only on their full published review update once the TU is complete, rather than contributing to the TU itself.
- In some circumstances, particularly for complex reviews, funds might be better used to support completion of the full review update, with a subsequent TU providing a valuable knowledge translation product.
- Clarity about the relationship between the TU and the source review/full review update is required to avoid confusion for users, particularly where there might be differences in the specific questions addressed. For commissioners, a link to the source review would be much valued.

Funding and use of financial incentives

- The funding available to groups was regarded as fair and reasonable and likely to make a difference to review production and updates generally, although not necessarily as a successful incentive for authors themselves.
- Concerns about any potential problems of perceived competition between funded and unfunded outputs require further thought and will need to be resolved.

- Commissioners expressed enthusiasm for future Cochrane TUs, even if the price were to increase up to £10,000 per TU, though TU unit costs could impact on number commissioned.

Presentation and the value of different TU features

- All respondents liked the final TU product, finding them clear, well presented, accessible, and of likely value to decision-makers as well as for dissemination.
- A separate section on quality assessment might be useful, either in the main document or in 'Supplementary Materials'.
- Commissioners liked the focus, rapid production, and short, structured and concise layout, although they would value clear links with the source Cochrane review.
- TUs do need to be easily and quickly accessible if they are to be of use; publication/access issues require resolution.

Conclusions and Recommendations

Overall, this pilot has demonstrated that TUs can provide a vital role in meeting the needs of key target audiences for Cochrane, but that production processes, access to appropriate content expertise and access and publication issues all need careful consideration. Although the overall process was slow to begin with, it steadily improved over time, and would continue to do so, as we learn more about the process. We would not yet recommend widespread implementation of TU production at this stage, as there are still some practicalities and outstanding issues that require further consideration. A list of the problems identified and potential solutions can be found in Appendix 5.

4.1 Key points and recommendations:

- TUs are important derivative products for Cochrane that meet the needs of commissioners, and there is clear demand from guideline developers for this type of work.
- TUs are of value to key target audiences and should be considered as a core Cochrane output.
- TUs allow for tailoring of review products to the requirements of commissioners, which can be important where review objectives and commissioner objectives overlap but differ slightly.
- The usability and brevity of TU documents are much valued by commissioners, although careful attention and thought are still required to properly interpret the results.
- As part of the commissioning process there could be greater clarity about the time necessary to produce a high quality reliable TU, although the time required may be negotiated with the commissioning body, and this may also impact on the agreed scope, methods and approach taken.
- Resources and processes must be agreed and formalised before services can be offered, to avoid unnecessary delays during the TU production process.
- There is a clear dichotomy between the views of guideline developers and the views of CRGs. Guideline developers were predominantly positive in their feedback, and interested in continuing to work with the Targeted Update team on future projects. CRGs were notably more mixed in their feedback, and were more likely to encounter difficulties whilst engaging in the project over the long term.
- Most CRGs like the general concept of TUs, and see their benefits, either in terms of acting as a catalyst for the full review update, or as a valuable dissemination opportunity, or both.
- CRGs have varying levels of resources and, although they are generally keen to be involved in the production of TUs, suitable mechanisms to support their contribution need to be established which take account of this.
- Monetary incentives can help move different aspects of the TU process forward.
- TUs follow the same methods as the source review, which *could* help to expedite a full Cochrane review update.
- Production of TUs would be well-suited to the Cochrane Response model, at least in the first instance.

4.2. Issues for further consideration:

- If a full review update is soon to be published on a topic of interest to commissioners, careful consideration must go into ensuring where a TU is appropriate in order to avoid unnecessary use of resources and subsequent confusion for readers.
- Commissioners may be willing to spend as much as £10,000 per TU, but unit costs need to reflect the level of work involved as well as ensuring access and availability to commissioners.
- Identifying suitable and willing Peer Reviewers is challenging, but commissioners could be approached for peer reviewer suggestions early in the TU process.
- Although frequently difficult to achieve, it is essential that review authors (or other appropriate CRG members) are involved in TU production to provide key knowledge about the review and content expertise.
- Assessments of the suitability of Cochrane Reviews for TUs require further development, for example, to avoid progressing TUs for large complex reviews, or reviews where current inclusion criteria are not completely clear. The option to 'decline' commissions should be available.
- Rather than acting as a catalyst, in some cases a full review update should be undertaken first, and the TU used instead as a knowledge translation tool.
- As the relationship between the TU and the source review can cause some confusion, both for readers and for authors, particular care must be taken throughout the process to ensure that authorship and ownership of both outputs are understood and agreed by all.
- The location, publication and accessibility of TUs needs resolving – should they be hyperlinked to/embedded within the review?
- Having a citable document is important to commissioners and authors. This needs to be considered in association with Impact Factor, which will have implications for authors' and CRGs willingness to contribute.
- Where the TU draws on a source review, use of existing wording from the source review (e.g. regarding methods) may be problematic for author teams if the TU is not linked in some way to the Cochrane Review.
- Consideration needs to be given to the inclusion of non-English language papers, particularly whether the costs and time associated with doing this can be justified for the preparation of a TU.
- Copy-editing of TUs is required, but the remit of copy-editors' needs refining for this type of document.

4.3. Next Steps/Implementation

1. We recommend that Cochrane Response is allowed to continue to offer TUs as a derivative product, and have the flexibility to produce a document tailored to the needs of commissioners.
2. We recommend that TUs are made available on the Cochrane Library, as the product is only likely to have true value if it is clearly recognized by Cochrane.
3. We recommend that the option to use TUs as a knowledge translation tool, as well as a way to expedite full review updates, is considered and further explored within the context of the Cochrane Knowledge Translation Strategy.

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Appendix 1

Methodology

Planned Methods

The original intention with this project was to engage with four volunteer Cochrane Review Groups (CRGs) with reviews of varying complexity. A total of four Targeted Updates were to be produced per CRG together with the Enhance Reviews team. Our initial goal was to for CRGs to identify four priority reviews in need of updating, for which a relationship has been built with guideline developers. This turns out to be a major challenge as CRGs relationship with guideline developers were unclear, and we set a minimum requirement for the CRGs to provide content expertise in developing the Targeted Updates. In addition, we aimed for CRGs to perform all tasks involved in producing a Targeted Update. Funds were to be provided to CRGs to support their input on the project. Our preferred model for this pilot was for CRGs and Enhance Reviews to perform two Targeted Updates each per CRG, so that we could assess whether there are any differences according to who has completed the tasks; however, this was dependent on the resources and staff available at each CRG, and therefore often not feasible. The Targeted Update tasks were allocated up to three weeks. This was to be followed by rapid peer-review within two weeks, and up to one further week for finalisation.

The original four CRGs that we aimed to engage with over the course of this project were the Skin Group, Gynaecology and Fertility Group, the Schizophrenia Group, and the Musculoskeletal Group.

Updated Methods

We presented the project at the UKCC meeting of 2014 and 2015, the Cochrane Colloquium in Vienna (2015), the Cochrane Australasian symposium (2015), and the GIN meeting in Amsterdam (2015). As a result, we received a lot of input from guideline developers. As a result, during the course of the pilot project, the methods were updated and adapted to incorporate additional demand from our stakeholders.

Two Guideline Developers, who were presented in one of our workshops, asked the Targeted Update team if they would be willing to create additional Targeted Updates of Cochrane Reviews on topics they considered high priority. As a result of this, we engaged with a further five CRGs. The National Blood Authority in Australia requested a Targeted Update of a review from the Injuries CRG, and the Norwegian Health Directorate requested four Targeted Updates in total, including a review from the Common Mental Disorders Group, the Fertility Regulations Group, the Stroke Group, and the Schizophrenia Group.

The methods for producing these Targeted Updates differed only slightly from the methods used in for the remaining Targeted Updates in this pilot.

Once the Targeted Updates were completed we analysed our overall project findings. Our planned outcomes were duration of time to complete, and efficiency in performing relevant tasks and documentation. All data and documentation collected during the production of Targeted Updates was shared with CRGs, which could be used to expedite the publication of a full update.

Completed Targeted Updates – Context

Gynaecology and Fertility Group

Question identified in partnership with a Cochrane Review Group

We liaised with this CRG to identify priority topics for a Targeted Update. The CRG returned to us and suggested a number of topics that could be suitable for a Targeted Update, informed by their knowledge of the current needs of guideline developers. It was agreed that we would proceed with two of these topics, both produced by the Targeted Update team.

The questions were agreed between the CRG and the Targeted Update team. We began this process by liaising with the original Cochrane Review's author team, and by conducting an initial assessment of the latest version of the full Cochrane Review. The Targeted Update team completed all tasks for both of the Targeted Updates with content expertise from the CRG. One of the selected Cochrane Review Titles, was split into two Targeted Updates, resulting in a total of three Targeted Updates from this CRG.

Schizophrenia Group

Question identified in partnership with a Cochrane Review Group

When we liaised with this CRG to identify priority topics for a Targeted Update, the CRG returned to us and suggested a complex review that could be suitable for a Targeted Update. Specific complexities included the large number of included studies not in the English language, and the complex methods associated with this review. It was agreed that we would proceed with this topic to explore how feasible it would be to complete a Targeted Update for such a challenging review.

We began this process by liaising with the CRG editorial base, and by conducting an initial assessment of the latest version of the full Cochrane Review. The Targeted Update team completed all tasks for both of the Targeted Updates and the CRG provided support with content expertise. Screening and data extraction of foreign language had to be outsourced, and due to time and resource constraints, could not be cross-checked by any member of the Targeted Update team.

Skin Group

Question identified in partnership with a Guideline Developer

We liaised with this CRG to identify priority topics for a Targeted Update, based on their existing relationships with guidelines developers. Following consultation with these guideline developers, the CRG returned to us and suggested a number of topics that could be suitable for a Targeted Update. It was agreed that we would proceed with three of these topics, two produced by the Targeted Update team, and one produced by the CRG.

The questions were agreed between the CRG, guideline developers and the Targeted Update team. We began this process by liaising with the original Cochrane Review's author team, who informed us that they were interested in beginning the process of updating the full review, and by conducting an initial assessment of the latest version of the full Cochrane Review. The CRG completed all tasks for one of the Targeted Updates internally, with guidance from the Targeted Update team. The Targeted Update team completed all tasks for two of the Targeted Updates with content expertise from the CRG.

Injuries Group

Question identified by a Guideline Developer – National Blood Authority

The National Blood Authority (NBA) in Australia developed the 'Patient Blood Management' (PBM) guidelines (<http://www.blood.gov.au/pbm-guidelines>). Although the guidelines were a substantial undertaking, they had an impact both clinically and financially. The NBA were keen to find efficient and cost-effective ways to keep the guidelines up-to-date, and assess different methodologies for updating (<https://www.blood.gov.au/pilot-project-update-pbm-guidelines>). After discussion with the Australasian Cochrane Centre, the PBM guidelines were identified as potential guidelines for Targeted Updates. The Australasian Cochrane Centre and Cochrane Editorial Unit identified Cochrane Reviews published since the PBMs were published, that might be relevant to PBM updates. The NBA prioritised one question that was related to a Cochrane review from the Injuries Cochrane Review Group (CRG). Following initial contact with the CRG, the Targeted Update team discovered that the review was in the process of being updated, and was almost ready for publication. We informed the NBA that the review was soon to be available, but they still asked the Targeted Update team to produce a Targeted Update for their question of interest. This was because (1) their question and PICO differed slightly from the full review update, and (2) they were interested in obtaining this information in a more accessible format.

We began this process by liaising with the original Cochrane Review's author team, and by conducting an initial assessment of the latest version of the full Cochrane Review. The coordinating editor of the injuries group was an author on the review of interest. Therefore, he was directly engaged in the project and involved in all discussions. The original review question was modified, as the NBA in this case were interested in a subgroup analysis of the results from the full review.

Stroke Group

Question Commissioned by a Guideline Developer – Norwegian Directorate of Health

The Norwegian Directorate of Health (NDH) were introduced to Targeted Updates during a workshop at 2015 Guideline International Network (GIN) meeting. This workshop was attended by a number of guideline developers. Immediately after the NDH contacted the Targeted Update team asking for four Targeted Updates to be produced in order to inform guidelines that they were in the process of developing. Following the initial expression of interest, the Targeted Update team liaised with Clare Glenton, the Director of Cochrane Norway, who thought that producing the Targeted Updates would reinforce their relationship with the NDH in Norway. A total of five research questions were identified by the NDH as priority topics. A PICO was developed for all five research questions. Four of these research questions were taken forward as Targeted Updates.

One of the four research questions identified as priority related to a review from the Stroke CRG. We began this process by liaising with the original Cochrane Review's author team, and by conducting an initial assessment of the latest version of the full Cochrane Review. This review was recently completed and ready for publication. However, it was still deemed necessary to produce a separate Targeted Update document, as the question being asked by the guideline developer differed slightly to the question asked by the full review. The Targeted Update team completed all tasks for the Targeted Update and the editorial base served us as content experts for this four Targeted Update.

Common Mental Disorders Group

Question Commissioned by a Guideline Developer – Norwegian Directorate of Health

A second research question identified as priority by the NDH related to a review from the Common Mental Disorders CRG. We began this process by liaising with the original Cochrane Review's

author team, and by conducting an initial assessment of the latest version of the full Cochrane Review. The question of interest to the NDH differed substantially to the original Cochrane review. In addition, this review had not been updated since 2007. Therefore, it was necessary to seek the involvement of the CRG editorial base, and particularly the Trial Search Coordinator (TSC). The TSC provided valuable involvement due to the complexity of topic or the number of references for the initial screening. The Targeted Update team completed all tasks for the Targeted Update with content expertise from the CRG. The selected Cochrane Review Title was split into two Targeted Updates.

Fertility Regulation Group

Question Commissioned by a Guideline Developer – Norwegian Directorate of Health

The third research question identified as priority related to a review from the Fertility Regulation CRG. We began this process by liaising with the original Cochrane Review's author team, and by conducting an initial assessment of the latest version of the full Cochrane Review. The CRG shared the latest version of the review with the Targeted Update team. This Cochrane Review had just been updated and published, consequently no searching, screening or data extraction work was required. During our assessment, after consulting the NDH, a decision was taken to make changes to the analyses by including some additional data that had been provided in a table, and by combining cluster RCTs with regular RCTs. The Targeted Update team completed the Targeted Update with the help of a statistician for the analyses and content expertise from the first author of the review.

Schizophrenia Group

Question Commissioned by a Guideline Developer – Norwegian Directorate of Health

The fourth research question identified as priority related to a review from the Schizophrenia CRG. We began this process by liaising with the original Cochrane Review's author team, and by conducting an initial assessment of the latest version of the full Cochrane Review. The CRG shared the latest version of the review with the Targeted Update team. The Targeted Update team completed all tasks for the Targeted Update with content expertise from the original author team.

Discontinued Targeted Updates

Musculoskeletal Group

One of the groups we worked with was the Musculoskeletal CRG. We liaised with this CRG to identify priority topics for a Targeted Update. CRG returned to us and suggested a number of topics that could be suitable for a Targeted Update. It was agreed that we would proceed with one of these topics, to be produced by the Targeted Update team. The length of time taken to organize meetings between all the interested parties, and to select a suitable review was a notable cause for concern. We began this process by liaising with the original Cochrane Review's author team, and by conducting an initial assessment of the latest version of the full Cochrane Review. Before work could continue further, the team received the commission from the Norwegian Directorate of Health to complete four Targeted Updates from their list of prioritized reviews. The Targeted Update Team agreed that, considering the length of time this review was likely to take, and the potential usefulness of working directly with a guideline developer commission for this pilot project, the priority for the project was to complete the commissioned Targeted Updates. Therefore, the Musculoskeletal group were informed we did not have the resources to work on this Targeted Update at this time, but that we may be able to return to the Update after the NDH work is completed.

Dementia and Cognitive Impairment Group

As previously stated, a total of five research questions were identified by the NDH as priority topics. A PICO was developed for all five research questions. Only four of these research questions were taken forward as Targeted Updates. The question that was not taken forward related to a review from the Dementia and Cognitive Impairment Group. Initially, the Dementia and Cognitive Impairment Group were willing to work with the Targeted Update team on this update, and we had begun this process by conducting an initial assessment of the latest version of the full Cochrane Review. However, before work could continue further, the NDH amended their list of prioritized reviews and asked that this review be replaced with another title.

Appendix 2

| Cochrane Review Group | Targeted Update Title | Original Cochrane Review Publication Date | Inclusion Criteria | Work on TU began | Tasks Performed | Turn Around Time | Involvement of Guideline Developer |
|----------------------------------|--|---|--|------------------|---|--|--|
| Gynaecology and Fertility | Clomiphene citrate in combination with gonadotropins for controlled ovarian stimulation in women undergoing in vitro fertilization (Original Cochrane Review Title: 'Clomiphene citrate in combination with gonadotropins for controlled ovarian stimulation in women undergoing in vitro fertilization'). | 2012 | Randomised controlled trials (RCTs) of clomiphene citrate with gonadotropins (with or without mid-cycle antagonist) versus gonadotropins with gonadotropin-releasing hormone (GnRH) agonists for controlled ovarian stimulation in IVF or intracytoplasmic sperm injection (ICSI) treatment) were included. (Original Cochrane Review: No difference) | June 2015 | Search Update: Targeted Update team Screening, Extraction, Data Synthesis: Targeted Update team Drafting the Targeted Update Document: Targeted Update team Peer Review: Gynaecology and Fertility Group | Time taken to complete planning of TU: 19 weeks and 4 days Time taken to complete first draft: 7 weeks Time taken to complete peer review: 19 weeks and 4 days Time taken to finalise TU post peer review: 12 | None - Questions identified in partnership with a Cochrane Review Group |

| | | | | | | | |
|----------------------------------|--|------|---|------------------|---|---|--|
| | | | | | | weeks and 3 days | |
| Gynaecology and Fertility | GnRH agonists for women with endometrioma prior to assisted reproductive technology (Original Cochrane Review Title: 'Interventions for women with endometrioma prior to assisted reproductive technology'). | 2010 | Randomised controlled trials of <u>GnRH agonists</u> versus expectant management for endometrioma prior to ART. (Original Cochrane Review: Randomised controlled trials of <u>any medical, surgical or combination therapy</u> versus expectant management for endometrioma prior to ART.) | June 2015 | Search Update: Targeted Update team Screening, Extraction, Data Synthesis: Targeted Update team Drafting the Targeted Update Document: Targeted Update team Peer Review: Gynaecology and Fertility Group | Time taken to complete planning of TU: 19 weeks and 4 days Time taken to complete first draft: 7 weeks Time taken to complete peer review: 19 weeks and 4 days Time taken to finalise TU post peer review: 12 weeks and 3 days | None - Questions identified in partnership with a Cochrane Review Group |

| | | | | | | | |
|----------------------------------|--|------|--|------------------|---|---|--|
| Gynaecology and Fertility | Surgery for women with endometrioma prior to assisted reproductive technology (Original Cochrane Review Title: 'Interventions for women with endometrioma prior to assisted reproductive technology'). | 2010 | Randomised controlled trials (RCTs) of <u>any surgical treatment</u> or expectant management for endometrioma prior to ART were included. (Original Cochrane Review: Randomised controlled trials of <u>any medical, surgical or combination therapy</u> versus expectant management for endometrioma prior to ART.) | June 2015 | Search Update: Targeted Update team Screening, Extraction, Data Synthesis: Targeted Update team Drafting the Targeted Update Document: Targeted Update team Peer Review: Gynaecology and Fertility Group | Time taken to complete planning of TU: 19 weeks and 4 days Time taken to complete first draft: 7 weeks Time taken to complete peer review: 19 weeks and 4 days Time taken to finalise TU post peer review: 12 weeks and 3 days | None - Questions identified in partnership with a Cochrane Review Group |
|----------------------------------|--|------|--|------------------|---|---|--|

| | | | | | | | |
|----------------------|--|------|---|------------------|--|--|--|
| Schizophrenia | Intensive case management compared to non-intensive case management for severe mental illness (Original Cochrane Review Title: 'Intensive case management for severe mental illness') ¹ | 2010 | All relevant randomised clinical trials (RCT) focusing on people with severe mental illness, aged 18 to 65 years and treated in the community-care setting, where ICM was compared to <u>non-intensive case management</u> (Original Cochrane Review: All relevant randomised clinical trials (RCT) focusing on people with severe mental illness, aged 18 to 65 years and treated in the community-care setting, where ICM was compared to <u>standard care and non-intensive case management</u> .) | July 2015 | Search Update: Targeted Update team Screening, Extraction, Data Synthesis: Targeted Update team Drafting the Targeted Update Document: Targeted Update team Peer Review: Schizophrenia Group | Time taken to complete planning of TU: 23 weeks and 4 days Time taken to complete first draft: 28 weeks Time taken to complete peer review: 4 weeks | None - Questions identified in partnership with a Cochrane Review Group |
| Schizophrenia | Intensive case management compared to standard care for severe mental illness (Original Cochrane Review Title: 'Intensive case management for | 2010 | All relevant randomised clinical trials (RCT) focusing on people with severe mental illness, aged 18 to 65 years and treated in the community-care setting, where ICM was compared to <u>standard care</u> . | July 2015 | Search Update: Targeted Update team Screening, Extraction, Data Synthesis: Targeted Update team Drafting the Targeted | Time taken to complete planning of TU: 23 weeks and 4 days Time taken to complete | None - Questions identified in partnership with a Cochrane Review Group |

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| | severe mental illness'). ¹ | | (Original Cochrane Review: All relevant randomised clinical trials (RCT) focusing on people with severe mental illness, aged 18 to 65 years and treated in the community-care setting, where ICM was compared to <u>standard care and non-intensive case management.</u>) | | Update Document: Targeted Update team Peer Review: Schizophrenia Group | first draft: 28 weeks Time taken to complete peer review: 4 weeks | |
| Skin | Oral propranolol for infantile haemangioma in infants and children. (Original Cochrane review title: 'Interventions for infantile haemangiomas (strawberry birthmarks) of the skin') | 2011 | All RCTs of <u>oral propranolol</u> compared to placebo for infantile haemangiomas in infants and children. (Original Cochrane Review: All RCTs of <u>all interventions</u> compared to placebo for infantile haemangiomas in infants and children.) | June 2015 | Search Update: Skin Group Screening, Extraction, Data Synthesis: Targeted Update team Drafting the Targeted Update Document: Targeted Update team Peer Review: Skin Group | Time taken to complete planning of TU: 4 weeks and 4 days Time taken to complete first draft: 22 weeks and 6 days Time taken to complete peer review: 9 weeks and 6 days | Question identified in partnership with a Guideline Developer |

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| | | | | | | Time taken to finalise TU post peer review: 2 weeks and 2 days | |
| Skin | Topical timolol (beta blocker) for infantile haemangioma in infants and children. (Original Cochrane review title: 'Interventions for infantile haemangiomas (strawberry birthmarks) of the skin') | 2011 | All RCTs of <u>topical timolol (beta-blocker)</u> compared to placebo for superficial infantile haemangiomas in infants and children. (Original Cochrane Review: All RCTs of <u>all interventions</u> compared to placebo for infantile haemangiomas in infants and children.) | June 2015 | Search Update: Skin Group Screening, Extraction, Data Synthesis: Targeted Update team Drafting the Targeted Update Document: Targeted Update team Peer Review: Skin Group | Time taken to complete planning of TU: 4 weeks and 4 days Time taken to complete first draft: 22 weeks and 6 days Time taken to complete peer review: 9 weeks and 6 days Time taken to finalise TU post peer | Question identified in partnership with a Guideline Developer |

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| | | | | | | review: 2 weeks and 2 days | |
| Skin | Interventions for Cutaneous sporotrichosis (Original Cochrane review title: 'Interventions for the treatment of sporotrichosis (previously titled 'Oral potassium iodide for the treatment of sporotrichosis') | 2009 | <i>TBC (will be wider than original PICO)</i> | October 2015 | Search Update: Skin Group Screening, Extraction, Data Synthesis: Skin Group Drafting the Targeted Update Document: Skin Group Peer Review: Skin Group | Ongoing (Empty TU, therefore restarting with broader PICO) | Question identified in partnership with a Guideline Developer |
| Injuries | In trauma patients with bleeding requiring (or likely to require) red-blood-cell transfusion, what is the effect of tranexamic acid on survival? (Original Cochrane Review title: 'Antifibrinolytic drugs for acute traumatic injury') | 2015 | All RCTs of <u>tranexamic acid</u> in trauma patients with bleeding requiring (or likely to require) RBC transfusion. (Original Cochrane Review: All RCTs of <u>antifibrinolytic agents</u> in people of any age following acute traumatic injury.) | July 2015 | Search Update: Injuries Group and Original Authors Screening, Extraction, Data Synthesis: TU Team and Original Authors Drafting the Targeted Update Document: TU Team | Time taken to complete planning of TU: 16 weeks and 5 days Time taken to complete first draft: 2 weeks Time taken to complete peer | Question identified by a Guideline Developer – National Blood Authority |

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| | | | | | Peer Review: Injuries Group | review: 2 weeks Time taken to finalise TU post peer review: 1 week and 1 day | |
| Stroke | Intensive speech and language therapy for aphasia following stroke (Original Cochrane Review title: 'Speech and language therapy for aphasia following stroke') | 2012 | Randomised controlled trials (RCTs) comparing <u>intensive (≥ 5 times/week) Speech and Language Therapy (SLT)</u> with either (1) no SLT or (2) low intensity SLT (<5 times/week). (Original Cochrane Review: Randomised controlled trials (RCTs) comparing <u>SLT</u> with (1) no SLT; (2) social support or stimulation; and (3) another SLT intervention) | Nov 2015 | Search Update: Stroke Group and Original Authors Screening, Extraction, Data Synthesis: Targeted Update team Drafting the Targeted Update Document: Targeted Update team Peer Review: Stroke Group and Original Authors | Time taken to complete planning of TU: 3 weeks and 2 days Time taken to complete first draft: 6 weeks and 2 days Time taken to complete peer review: 9 weeks | Question Commissioned by a Guideline Developer – Norwegian Directorate of Health |
| Common Mental Disorders | Cognitive behavioural therapy compared to any | 2009 | Randomised controlled trials of <u>CBT</u> (face-to-face) versus <u>other</u> | Feb 2016 | Search Update: Common Mental | Time taken to complete | Question Commissioned by a Guideline |

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| | other psychological therapy for binge eating disorder (Original Cochrane Review title: 'Psychological treatments for bulimia nervosa and bingeing') | | <u>psychotherapy approaches</u> (face-to-face) for <u>adults with binge eating disorder</u> which applied a standardised outcome methodology and had less than 50% drop-out rate. (Original Cochrane Review: Randomised controlled trials of <u>psychotherapy</u> for adults with <u>bulimia nervosa, binge eating disorder and/or eating disorder not otherwise specified</u> (EDNOS) of a bulimic type which applied a standardised outcome methodology and had less than 50% drop-out rate.) | | Disorders Group Screening, Extraction, Data Synthesis: Targeted Update team Drafting the Targeted Update Document: Targeted Update team Peer Review: Common Mental Disorders Group | planning of TU: 14 weeks Time taken to complete first draft: 9 weeks and 2 days Time taken to complete peer review: 4 week Time taken to finalise TU post peer review: ongoing | Developer – Norwegian Directorate of Health |
| Common Mental Disorders | Cognitive behavioural therapy compared to psychodynamic psychological therapy for binge eating disorder (Original Cochrane Review title: | 2009 | Randomised controlled trials of <u>CBT</u> (face-to-face) versus <u>psychodynamic psychological therapy</u> for <u>adults with BED</u> which applied a standardised outcome methodology | Feb 2016 | Search Update: Common Mental Disorders Group Screening, Extraction, Data Synthesis: | Time taken to complete planning of TU: 14 weeks Time taken to complete | Question Commissioned by a Guideline Developer – Norwegian Directorate of Health |

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| | 'Psychological treatments for bulimia nervosa and bingeing') | | and had less than 50% drop-out rate. (Original Cochrane Review: Randomised controlled trials of <u>psychotherapy</u> for adults with <u>bulimia nervosa, binge eating disorder and/or eating disorder not otherwise specified</u> (EDNOS) of a bulimic type which applied a standardised outcome methodology and had less than 50% drop-out rate.) | | Targeted Update team Drafting the Targeted Update Document: Targeted Update team Peer Review: Common Mental Disorders Group | first draft: 9 weeks and 2 days Time taken to complete peer review: 4 weeks Time taken to finalise TU post peer review: ongoing | |
| Fertility Regulation | Interventions for preventing unintended pregnancies among adolescents (Original Cochrane Review title: 'Interventions for preventing unintended pregnancies among adolescents') | 2016 | RCTs evaluating <u>combination of educational interventions with contraceptive-promotion interventions</u> that aimed to increase knowledge and attitudes relating to risk of unintended pregnancies, promote delay in the initiation of sexual intercourse and encourage consistent use of birth control methods to reduce unintended pregnancies in | March 2016 | Search Update: Original Review authors Screening, Extraction, Data Synthesis: Targeted Update team Drafting the Targeted Update Document: Targeted Update team | Time taken to complete planning of TU: 18 weeks Time taken to complete first draft: 6 weeks and 1 day Time taken to complete peer | Question Commissioned by a Guideline Developer – Norwegian Directorate of Health |

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| | | | adolescents aged 10 years to 19 years were included. <u>Setting was Clinic based (school health service) and school-based or a combination.</u> (Original Cochrane Review: (RCTs) evaluating <u>any interventions</u> that aimed to increase knowledge and attitudes relating to risk of unintended pregnancies, promote delay in the initiation of sexual intercourse and encourage consistent use of birth control methods to reduce unintended pregnancies in adolescents aged 10 years to 19 years. <u>Setting was not specified.</u>) | | Peer Review: Targeted Update team | review: 7 weeks and 3 days Time taken to finalise TU post peer review: ongoing | |
| Schizophrenia | Maintenance treatment with antipsychotic drugs for schizophrenia (Original Cochrane Review title: 'Maintenance | 2012 | All randomised trials comparing maintenance treatment with antipsychotic drugs and placebo for people with schizophrenia or | April 2016 | Search Update: Targeted Update team Screening, Extraction, Data Synthesis: | Time taken to complete planning of TU: 1 week and 3 days | Question Commissioned by a Guideline Developer – Norwegian Directorate of Health¹ |

¹ This review was very complex. In future, it is likely reviews of this complex nature should not be accepted for Targeted Updates.

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| | treatment with antipsychotic drugs for schizophrenia') | | schizophrenia-like psychoses. (Original Cochrane Review: No difference) | | Targeted Update team Drafting the Targeted Update Document: Targeted Update team Peer Review: Targeted Update team | Time taken to complete first draft: 8 weeks and 1 day Time taken to complete peer review: 1 day Time taken to finalise TU post peer review: ongoing | |
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Appendix 3

Results

Gynaecology and Fertility Group

Question identified in partnership with a Cochrane Review Group

Work on the three Targeted Updates from this CRG began mid-June 2015. The first draft for all three Targeted Updates were produced, and sent to the CRG for peer review within 7 weeks. The peer review process for these documents was completed a further 4 months later. When asked why the process was delayed to such an extent, the CRG were apologetic, and attributed the problem to unexpected delays with authors, referees, and in the editorial office. This further emphasizes how challenging it can be for already overwhelmed CRGs to incorporate new ideas into their workloads.

Schizophrenia Group

Question identified in partnership with a Cochrane Review Group

The production of this Targeted Update was challenging, due to the scope of the original review, and queries regarding the nature of the intervention. The selected Cochrane Review Title was split into two Targeted Updates. These Targeted Updates were more protracted as a result of these issues. Work on the two Targeted Updates began at in July 2015. The first draft for both Targeted Updates were produced, and sent for peer review 7 months later. The peer review process for these documents was completed a further 4 weeks later. Due in part to the tasks completed for this targeted update, the editorial base was successful in obtaining an NIHR incentive award to complete the full review update.

Skin Group

Question identified in partnership with a Guideline Developer

Three Targeted Updates from this CRG were produced in total. Work on the two Targeted Updates being completed by the Targeted Update Team began in June 2015. Due to a number of unexpected issues, including staff changes within the Targeted Update Team, holiday schedules over July and August, and Cochrane Review Group unavailability in September and October due to the Cochrane Colloquium, the work on this Targeted Update took five months to complete. The peer review of both these documents was completed a further 2 months later, in January 2016.

Work on the Targeted Update being completed by the CRG began in mid-October 2015. A final draft was ready to be sent for peer review 4 months later. This process was prolonged in part because when no eligible studies were found in the updated search, the CRG asked that the search be expanded, to include a hand search of additional relevant journals. Although this was not the normal process for a Targeted Update, the team agreed that this was permissible in this instance. Despite the addition of this expanded search, still no eligible studies were identified. As part of the peer review process, the Coordinating editor (CoEd) of the CRG reviewed the Targeted Update document, and decided that an 'empty' review was of no use. The CoEd requested that the authors expand the original PICO to allow a broader range of interventions into the review, and to update the Targeted Update accordingly. Therefore, this Targeted Update is still ongoing.

Injuries Group

Question identified by a Guideline Developer – National Blood Authority

Because the review was recently updated and published, the Targeted Update was completed by the Targeted Update team, with content expertise from the CRG, within 2 weeks and peer reviewed within another 2 weeks. The final output differed slightly from the standard Targeted Update template, as the NBA specifically requested the presentation of relevant forest plots. Feedback from the NBA was very positive, indicating that they would be likely to make this part of their standard process in the future.

Stroke Group

Question Commissioned by a Guideline Developer – Norwegian Directorate of Health

Work on this Targeted Updates began in November 2015. The first draft for the Targeted Updates was produced, and sent for peer review 6 weeks later. The peer review process for these documents was completed a further 8 weeks later. The input from the author team proved to be very valuable for finalizing the Targeted Update.

Common Mental Disorders Group

Question Commissioned by a Guideline Developer – Norwegian Directorate of Health

Work on these two Targeted Updates began in February 2016. The first draft for the Targeted Updates was produced, and sent for peer review 2 months later. The first peer review of these documents was completed a further 4 weeks later. Despite an extensive search, and with the assistance of the Norwegian Health Directorate, a second peer review could not be identified for this document. Every expert contacted was either unresponsive, or unable to complete a peer review within 2 weeks, even with the monetary incentive.

Fertility Regulation Group

Question Commissioned by a Guideline Developer – Norwegian Directorate of Health

Work on this Targeted Update began in March 2016. The first draft for the Targeted Updates was produced, and sent for peer review 6 weeks later. The peer review process for these documents was completed a further 7 weeks later.

Schizophrenia Group

Question Commissioned by a Guideline Developer – Norwegian Directorate of Health

Work on this Targeted Update began in April 2016. The first draft for the Targeted Updates was produced, and sent for peer review 8 weeks later. The first peer review of these documents was completed within one day. Despite an extensive search, and with the assistance of the Norwegian Health Directorate, a second peer review could not be identified for this document. Every expert contacted was either unresponsive, or unable to complete a peer review within 2 weeks, even with the monetary incentive.

Appendix 4

Blog Interview Question and Answer Form

Question 1: Tell me how Targeted Updates? How did it work? What has been your learning?

Points to consider:

What worked well in completing Targeted Updates

What didn't work well in completing Targeted Updates

What were the challenges encountered?

What improvements could be made to the process

Was the process of producing Targeted Updates as you expected? If not, how did the process differ from your expectations

Response:

Question 2: Can you talk me through the final product? How different was it from what you expected and what did this mean for the final Cochrane Review?

Points to consider:

Was the final Targeted Update product, as you expected? If not, how did the final product differ from your expectations?

What happened to the full Cochrane Review after the Targeted Update had been completed?

Response:

Question 3: What impact has this project had on your work, and the CRG, and how would you measure the value of the information?

Points to consider: (TO BE INDIVIDUALLY TAILORED TO EACH CRG)

As part of this project, your CRG received £(XXX) for providing content expertise on the Targeted Update, £(XXX) for running the updated searches, £(XXX) for producing the full TU document, and £(XXX) for completing the Peer Review. To what extent did you feel this amount was adequate/necessary/an incentive?

Did your CRG find it useful/valuable to receive the updated search and screening results?

Did the review authors find it useful/valuable to receive the updated search and screening results?

Response:

Appendix 5

Problems and Solutions

| Problems | Solutions |
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| The part time status of all members of the Targeted Update Team, along with the lack of administrative support can cause unnecessary delays in the process. | The process would work best if a formal, full time team is in place. Ideally, this needs to be pushed through by Cochrane Response, as the goal of Cochrane Response is to make this relationship work with the groups. |
| Delays in the process may occur when initial assessment of the review indicates complex methodology, or out of date methodology requiring amendment. | A more detailed, and precise quality assessment tool must be developed and used as early as possible in the process. Targeted Update team members must reserve the right to decline any Targeted Update of a 'complex' review'. |
| Nearly all the participating CRGs experienced difficulty engaging in the process over the long term due to their existing, and often overburdened workload. | Duration of time to complete and overall efficiency will continue to improve, as CRGs and authors become more aware of Targeted Updates, their methods and their purpose, and as more formal processes and technology are put in place to deal with requests. |
| Review author involvement is essential when the Targeted Update is facilitating a full review update. Yet not all review authors are willing or able to contribute to the Targeted Update. | If neither money, nor offer of assistance with updating the search and screening is considering an adequate incentive for review author to become involved in the project, then a more appropriate incentive must be identified and offered. |
| Contract negotiation with guideline developers can delay the process. | It is likely that if the Targeted Update services were to continue, these processes would be officially set and prepared by Cochrane Response before any formal service was offered. |
| Different users may have different requirements. It was notable that on more than one occasion, Guideline Developers asked the team to alter the presentation of the document. | One concept that should be considered is to offer guideline developers a 'Menu' of the different features that could be presented in a Targeted Update document, and allow guideline developers to design their own Targeted Update document according to their own requirements and preferences. |

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| <p>Authorship and Ownership of the work is a sensitive issue that can cause disputes.</p> | <p>There must always be a clear statement on the Targeted Update document that outlines who was involved in the production of the Targeted Update, and a reference to the original review. Memorandum of Understanding must be set out from the start of the process, which clearly states who is responsible for the work and who will be cited as an owner/author. All involved must see this document and agree, even authors who are playing no role in the Targeted Update.</p> |
| <p>Content expertise is essential in this process. Yet there was often a struggle to find Content Experts and Peer Reviewers willing to complete the work within the short time frame, even with the monetary incentive.</p> | <p>Set up network of peer reviewers (using Task Exchange). Ask the commissioners for potential Peer Reviewers earlier in the process.</p> |