PaPaS Update Guidance with Mandatory MECIR Standards

Review information

**Review type:** Intervention

**Authors**

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Citation example: Erskine A. PaPaS Update Guidance with Mandatory MECIR Standards. Cochrane Database of Systematic Reviews, Issue . Art. No.: . DOI: .

- Check that authors are listed in the correct order, with the correct affiliations, and have agreed to the order in which they are listed.
- Do not add any authors or change the order in *RevMan*: this must be done centrally by the CRG.
- Authors can amend their own contact details via Archie. Visit our screenshots webpage for help on how to do this, or email kerry.harding@ndcn.ox.ac.uk for assistance.

**Contact person**

**Anna Erskine**

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**Dates**

- **Assessed as Up-to-date:** Not provided
- **Date of Search:** Not provided
- **Next Stage Expected:** Not provided
- **Protocol First Published:** Not specified
- **Review First Published:** Not specified
- **Last Citation Issue:** Not specified

**Assessed as up to date and Date of search:** must both match the date of the most recent search. Must reflect what is written in the review text.

Searches may need to be updated during the editorial process because all Cochrane reviews can only be published within 12 months of the latest search. We can arrange to do this during peer review if new evidence is unlikely to have been published since your last search date; otherwise, we will need to update before peer review in case the conclusions change. We will assess this upon submission on a case by case basis.

**Next stage expected:** when the next full publication is due: for a new Review, this date should reflect when the next update is due, usually two years after anticipated publication. Reviews can be 'stabilised' if no new evidence is likely. Please discuss with PaPaS re. postponing the update beyond the normal two years if applicable.

**What's new**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 February 2017</td>
<td>New citation: conclusions changed</td>
<td>Add text</td>
</tr>
<tr>
<td>6 February 2017</td>
<td>Updated</td>
<td>Add text</td>
</tr>
</tbody>
</table>
UR7: What's New: Changes in findings must be reported and dated in the 'What's new' section. This should include the numbers of new studies and participants in those studies; and the nature of any changes in assessments of the quality of the evidence (e.g. using GRADE) and in the clinical implications of the findings. For particularly notable changes it is useful to comment on these within the text of the review.

PaPaS guidance:

Two events in the ‘What’s new’ section must be completed for **all updates**. To do this, select the appropriate ‘What’s new’ events, assign each event a date, and provide a description of each event.

1. The first event is ‘Updated’. The Description field should contain a brief explanation, e.g. 'This review has been updated to include the results of a new search on [DATE].'
2. The second event will be 'New citation: conclusions changed' or 'New citation: conclusions not changed'. The 'Description' field for the second event should describe the numbers of new studies and participants in those studies, and any major changes such as adding GRADE or changes to eligibility criteria. See also UR7 MECIR standard.

Any other What's New events should be moved to History (go to Review Information in left hand pane, right click event heading and select 'Move to History').

### History

<table>
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<tr>
<th>Date</th>
<th>Event</th>
<th>Description</th>
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**Abstract**

**Background**

This guidance document contains information specifically regarding Cochrane's mandatory Methodological Expectations of Cochrane Intervention Reviews (MECIR) standards for the planning, conduct and reporting of updates. Please also refer to our guidance document for new reviews to ensure all sections are completed correctly.

Updates are brand new, distinct articles and will create a new citation. All previous versions of the review are still available on the Cochrane Library (under the 'Other versions' tab). We do not recommend creating separate sections to report the previous review and the update.

Information has been added in individual sections under headings/sub-headings, or as yellow notes, for your attention.

Please ensure you refer to the [MECIR Standards](https://handbook.cochrane.org/about-the-handbook/measuring-methodological-quality), the [Cochrane Style Manual](https://cochrane.org/style-manual), and the [Cochrane Handbook](https://handbook.cochrane.org) during the development of your review update. If these minimum required standards are not met, you will be asked to submit a revised version which will prolong the editorial process. If review drafts are consistently below the minimum expected standards, we reserve the right to withdraw the update or pass it to another author team.

First drafts are expected to be submitted for editorial approval **within 6 months** of updating the searches, and we aim to publish **within 12 months**. PaPaS reserves the right to withdraw reviews that greatly exceed the submission deadlines or are consistently delayed or not progressing, unless there are extenuating circumstances. You will receive a reminder in advance of your submission date, and overdue submissions will receive a notification email. You can contact PaPaS at any time to discuss your review.

The PaPaS website contains useful links and guidance in our Resource Hub [here](https://www.papas.org), as well as screenshots ([here](https://www.papas.org)) to help with some common queries you may have. Our 'Author and Referee Guide' will also help.

**For further training and support**

Find your local Cochrane Centre [here](https://www.cochrane.org/participate-in-cochrane/our-centres).

Visit the Cochrane Training website [here](https://www.cochrane.org/training).

For technical hitches, please see the Help section in RevMan, visit the [Review Production Tools website](https://www.cochrane.org/review-production-tools) or contact the tech team on [techsupport@cochrane.org](mailto:techsupport@cochrane.org). Ensure you are using the latest version of RevMan: see [http://tech.cochrane.org/revman/download](http://tech.cochrane.org/revman/download).


Consider joining Task Exchange, a Cochrane initiative to share skills and expertise: [Task Exchange](https://www.tAXBexchange.org).

**A few important points to remember**

- Always check your review in and out using RevMan. You can create as many versions as necessary. We strongly recommend not saving files locally, as files can get lost and version control can be disrupted. 'Checking in' via RevMan ensures your latest draft is always available to everyone.

- All the authors listed must see and approve this version and take full responsibility for the accuracy of the contents. Ensure all affiliation details are correct (see yellow note above). Authors can amend their own affiliations via their Archie records; see our [screenshots](https://www.papas.org) for guidance if unsure how to do this. Do not attempt to add or delete authors, please contact PaPaS as this is managed centrally.
- Please do not change the title, which has been registered in Archie; if you need to suggest changes, please contact PaPaS to discuss.

- Style: use the past tense and active voice., e.g. 'We searched the databases...' rather than 'Databases were searched...'.

- If additional subheadings have been added, select the appropriate Heading Style using the drop down box on the RevMan toolbar (Heading Style 2 then Heading Style 3 then Heading Style 4 etc).

- Use either UK or US English consistently throughout the review (e.g. either 'randomised' or 'randomized').

- Explain all acronyms and abbreviations in full on first use (e.g. intravenous (IV), World Health Organization (WHO)).

- Spell in full all numbers at the beginning of a sentence, and those up to and including nine. For numbers 10 and higher, all numbers in tables, and equations and numerical results, please use numerals.

- Include a space before and after each unit of measurement or mathematical symbol (e.g. 5 mL, P = 0.03).

- Back up all key supporting statements with references and avoid the use of plagiarized text. The editorial team will use plagiarism detection software upon receipt of your first draft, in accordance with Cochrane's Plagiarism Policy. You can check references are correctly linked using the 'Find and Mark Links' tool in RevMan [select text; Edit > Find and Mark Links, or Ctrl L].

- Following the 2015 re-brand, the organisation is now referred to only as 'Cochrane' rather than 'The Cochrane Collaboration', except for references which have not yet been updated.

- Before submitting for editorial approval, complete a validation check in RevMan (File menu > Reports > Validation report), and make corrections where possible.

- Before submitting for editorial approval, complete a spell check in RevMan (Tools menu > Check spelling).

- Proofread the Cochrane review carefully in accordance with the Cochrane Style Manual (link above).

**Submitting for editorial approval**

When you are ready to submit your first draft for editorial approval, please do so via RevMan by selecting 'Submit for editorial approval' when checking in (see RevMan Help or our screenshots for guidance). Please also remember to complete the ticket email sent to you via Archie (contact PaPaS if you are unable to do this). Completing Archie ticket emails ensures that our records are automatically updated and avoids lost emails or other delays to the editorial process.

**Review question (PICO) and objectives**

U1 Reconsidering review questions: Confirm or amend review question (PICO) and objectives. Consider whether it is important to modify or add new objectives to make the review relevant to its users. Consider whether the review will be split, merged with another review or otherwise changed substantially. If so, a new protocol might be warranted and the MECIR conduct standards should be followed rather than these update standards. It will be necessary to agree the approach to updating the review with the CRG.

[See also MECIR conduct standards C1, C2]

PaPaS note: Please do not make any changes to the author byline or the title in RevMan; if you need to suggest changes, please contact PaPaS to discuss.

**Abstract: Background**

Include an introductory sentence in the Background of the Abstract saying: 'This is the [first/second etc] update of the original Cochrane review published in Issue [X, Year]' to ensure transparency to the reader of the review.

UR7: A comment should be inserted to explain that the review is an update of a previously published review. This might be placed at the beginning or end of the Background or the start of the section ‘Search methods for identification of studies’. It can be helpful to explain also whether the article describes the first, second, third and so on update of the review.

**Abstract, general**

UR5 (highly desirable): Present a ‘Summary of findings’ table according to recommendations described in Chapter 11 of the Handbook (version 5 or later). Specifically, include results for one clearly defined population group (with few exceptions). Efforts should be made to incorporate information presented in ‘Summary of findings’ tables (such as absolute effects, GRADE quality ratings and downgrading decisions) in other parts of the review including the Abstract, Plain language summary, Effects of interventions, Discussion and Authors’ conclusions.

UR6: Present findings integrated across new and previously included studies and not just for the new studies (in the main text, Abstract, ‘Summary of findings’ tables and Plain language summary). The main findings should be presented for the totality of evidence: it is not helpful to a new reader to be told about incremental updates to the evidence base. However, the impact of new evidence on review findings may be useful to draw on when interpreting the results.

PaPaS note: GRADE is mandatory for all updates. Summary of findings tables are highly desirable.

**Objectives**

Search methods
Selection criteria
Data collection and analysis
Main results

Authors’ conclusions

**Standards for the planning, conduct and reporting of updates of Cochrane Intervention Reviews**
Jackie Chandler, Toby Lasserson, Julian PT Higgins, David Tovey and Rachel Churchill

**Key points**
- Before undertaking an update, authors should consider the currency and relevance of the question, as well as the methodology used to address it.
- A new protocol will be required if important changes are made to the review question or the general methodology.
- Standards for updates should be used in conjunction with the conduct and reporting standards.

Since its inception, Cochrane has advocated for the routine updating of systematic reviews, in order to take account of new evidence. Before undertaking an update, several important decisions are required. The first is whether the original review question is still relevant. The second is whether the general methodological approach is still appropriate to answer the review question: this will need a review of the original protocol. Third, authors need to address whether the scope of the review is appropriate, whether it should be split into two or more reviews, or whether it should be merged with other reviews. Important changes of this nature indicate a need for a new protocol.

The following updating standards reflect three discrete review stages: planning, conducting and reporting. Expectations are that review authors will consider each of these sections before updating a review. Authors should examine and address any feedback on the original review before embarking on an update or a new derivative review. Planning an update should involve discussion with the Cochrane Review Group (CRG) over the adoption of new methods or changes to the review question proposed. The following standards for updates should be used in conjunction with the conduct and reporting standards for new Cochrane Reviews and these are cited where necessary. All CRGs are encouraged to classify their reviews by their update status, to denote whether the review is up to date, an update is pending or no update is planned.

**Jackie Chandler**
Methods Co-ordinator
Cochrane Editorial Unit


**Plain language summary**

[Summary title]

[Summary text]

UR6: Present findings integrated across new and previously included studies and not just for the new studies (in the main text, Abstract, ‘Summary of findings’ tables and Plain language summary). The main findings should be presented for the totality of evidence: it is not helpful to a new reader to be told about incremental updates to the evidence base. However, the impact of new evidence on review findings may be useful to draw on when interpreting the results.

**Background**

UR1: Review and update background as necessary to reflect changes over time. Examples of changes that should be addressed include updated estimates of disease burden, new understanding of how people are affected by the disease or condition, new insights into mechanisms of action, or changes in policy or practice. Up-to-date references should be supplied to support this information.

PaPaS note: Include an introductory sentence saying: ‘This is the [first/second etc] update of the original Cochrane review published in Issue [X, Year].’ to ensure transparency to the reader of the review.

**Description of the condition**

**Description of the intervention**

**How the intervention might work**

**Why it is important to do this review**

**Objectives**

**Methods**

**Criteria for considering studies for this review**

**Types of studies**

**Types of participants**
Types of interventions

Types of outcome measures

U2 Reconsidering outcomes: Confirm or amend outcomes of interest. Consider whether it is necessary to modify or add outcomes to ensure all user-important outcomes, including adverse effects, are addressed. Define which outcomes are primary outcomes and which are secondary outcomes. Keep the total number of outcomes as small as possible. Consider core outcome sets where available. Prioritize outcomes that will be assessed with the GRADE considerations.
[See also MECIR conduct standards C3, C14-C18, C23]

Primary outcomes

Secondary outcomes

Search methods for identification of studies

U4 Planning the search: Decide appropriate search methods. There are four considerations in planning search methods for updates:

1. Changes to eligibility criteria may require the search methods to be modified, or additional search strategies to be developed;
2. Additional sources might need to be searched (e.g. trials registers) if not searched for the last published version of the review. Consideration should also be given to the importance of searching data repositories and information available from regulatory agencies;
3. The update search (for unchanged eligibility criteria) will normally be limited to material added or indexed after the date of the previous search. The yield of the previous searches may be useful to decide whether the full search is repeated or whether only a subset of sources should be searched for the update;
4. The original database search strategies may need to be modified, for example by adding search terms, adding new database subject headings, or by removing unhelpful search terms that identified many irrelevant studies in the original search.
[See also MECIR update standards U6 and UR3; See Handbook 3.3.3.]

U6 Searching: Undertake a new search. An updated review must include an update search for new (or additional) studies. For issues to consider in planning the search, see MECIR update standard U4. The most recent search must be no more than 12 months (preferably six months) from the intended publication date, and the results screened for potentially eligible studies. See MECIR conduct standard C37: Rerun or update searches for all relevant databases within 12 months before publication of the review or review update, and screen the results for potentially eligible studies.

U7 Including new studies: Implement conduct standards for study selection and data collection for any newly identified studies (with updated criteria or methods as determined above).
[See also MECIR conduct standards C39-C51]

Electronic searches

Searching other resources

Data collection and analysis

Selection of studies

Data extraction and management

Assessment of risk of bias in included studies

U9 Assessing risk of bias: Ensure all studies are consistently assessed for risk of bias. The updated review must include a ‘Risk of bias’ assessment of all new and previously included studies. For randomized trials, they must be assessed using a currently accepted version of the Cochrane ‘Risk of bias’ tool. The separation of performance bias and detection bias in the evaluation of blinding is highly desirable. [See also MECIR conduct standards C52-C61]

Measures of treatment effect

Unit of analysis issues

Dealing with missing data

Assessment of heterogeneity

Assessment of reporting biases

Data synthesis

U11 Assessing quality of the evidence: Assess quality of evidence using GRADE considerations of risk of bias, inconsistency, imprecision, indirectness and publication bias. This must be applied to the full body of evidence for the key outcomes included in the updated review. The most convenient way to present GRADE assessments is in a ‘Summary of findings’ table. [See also MECIR conduct standards C74-C75 and MECIR reporting standard R97]

Subgroup analysis and investigation of heterogeneity

Sensitivity analysis
Results

Description of studies

Results of the search

UR3: Describe the update search: Describe which sources of information were searched for the update, and how. If any of the sources originally searched were not searched for the update, this should be explained and justified. There are at least four possibilities for providing information about search methods in an updated review:

1. An integrated approach is to describe all searches together, which may be most feasible if the same search was repeated;
2. An incremental approach is to add information at each update to describe explicitly which searches were done for the update retaining all information about previous searches;
3. A replacement approach is to describe only the searches done for the update, using the previous review as one source of studies;
4. A hybrid approach is to describe only the searches done for the update in the main text, using Appendices to provide information about previous searches.

PaPaS note: Authors to decide; PaPaS recommends approach 3 or 4.

Included studies

Excluded studies

Risk of bias in included studies

Allocation (selection bias)

Blinding (performance bias and detection bias)

Incomplete outcome data (attrition bias)

Selective reporting (reporting bias)

Other potential sources of bias

Effects of interventions

U10 Synthesizing results: Implement review synthesis methods (possibly revised for the update) according to conduct standards for synthesis, across all included studies. [See also MECIR conduct standards C62-C74]

UR6: Present findings integrated across new and previously included studies and not just for the new studies (in the main text, Abstract, ‘Summary of findings’ tables and Plain language summary). The main findings should be presented for the totality of evidence: it is not helpful to a new reader to be told about incremental updates to the evidence base. However, the impact of new evidence on review findings may be useful to draw on when interpreting the results.

Discussion

UR6: Present findings integrated across new and previously included studies and not just for the new studies (in the main text, Abstract, ‘Summary of findings’ tables and Plain language summary). The main findings should be presented for the totality of evidence: it is not helpful to a new reader to be told about incremental updates to the evidence base. However, the impact of new evidence on review findings may be useful to draw on when interpreting the results.

Summary of main results

Overall completeness and applicability of evidence

Quality of the evidence

Potential biases in the review process
Agreements and disagreements with other studies or reviews

Authors' conclusions

Implications for practice

Implications for research

Acknowledgements

Contributions of authors

Declarations of interest

Differences between protocol and review

UR2: Explain any changes to questions, objectives or eligibility criteria. Motivations to amend review questions and objectives for the update (such as addition of new interventions, or concerns over adverse effects) should be explained in the Background, and changes to eligibility criteria should be explained, dated and justified as ‘Differences between the protocol and the review’.

UR7: Changes in review questions, eligibility criteria and methods should be reported in the section ‘Differences between protocol and review’, making it clear that they are changes since the previous version.

PaPaS note: Please also check your update against your original protocol and report any changes, with justification.

Published notes

Characteristics of studies

Characteristics of included studies

Footnotes

Characteristics of excluded studies

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

1 Summary of findings

Patient or population: [participants] with [health problem]

Settings: [setting]

Intervention: [experimental intervention]

Comparison: [control intervention]

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Illustrative comparative risks* (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No of Participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Assumed risk [control]</td>
<td>Corresponding risk [experimental]</td>
<td>RR</td>
<td>n (N)</td>
<td>Low (add links to footnotes for corresponding downgrading decisions)¹, ²</td>
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<tr>
<td>Outcome 1</td>
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<tr>
<td>Outcome 7</td>
<td>(maximum 7; should match outcomes listed in Methods (Outcomes, Quality of the evidence))</td>
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*The basis for the assumed risk (e.g. the median control group risk across studies) is provided in footnotes. The corresponding risk (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).

CI: Confidence interval; RR: Risk Ratio; [other abbreviations, eg. OR, n, N etc]

GRADE Working Group grades of evidence

**High quality**: we are very confident that the true effect lies close to that of the estimate of the effect;

**Moderate quality**: we are moderately confident in the effect estimate; the true effect is likely to be close to the estimate of effect, but there is a possibility that it is substantially different;

**Low quality**: our confidence in the effect estimate is limited; the true effect may be substantially different from the estimate of the effect;

**Very low quality**: we have very little confidence in the effect estimate; the true effect is likely to be substantially different from the estimate of effect.

(Note: this wording is different in the RevMan table and will need to be manually updated; the software has not been amended in light of recent changes to the description.)

Footnotes

Add your justifications for downgrading evidence here, e.g.:

¹ Downgraded one level for study limitations due to X included studies being at high risk of bias for Y. [Note: if sensitivity analyses have shown that studies at high RoB influence the overall result then they should be commented upon in supporting the downgrading decision.]

² Downgraded one level for imprecision due to wide confidence intervals.

These reasons should be repeated when reporting the outcomes in Effects of interventions section.
UR5 (highly desirable): Present a ‘Summary of findings’ table according to recommendations described in Chapter 11 of the Handbook (version 5 or later). Specifically, include results for one clearly defined population group (with few exceptions). Efforts should be made to incorporate information presented in ‘Summary of findings’ tables (such as absolute effects, GRADE quality ratings and downgrading decisions) in other parts of the review including the Abstract, Plain language summary, Effects of interventions, Discussion and Authors’ conclusions.

Additional tables
References to studies
Included studies
Excluded studies
Studies awaiting classification
Ongoing studies
Other references
Additional references
Other published versions of this review
Classification pending references
Data and analyses
Figures

Figure 1

Caption
Study flow diagram.
UR4: Record the flow of studies. Provide information on the flow of studies into the updated review, ideally using a PRISMA flow diagram. There are two broad options for providing information about how studies were identified that are included in the updated version of the review:

1. The results of previous searches can be retained in the review and supplemented with information about studies identified in the update.
2. Alternatively, only information about searches in the current update can be presented, with the previous version of the review serving as one particular source of studies.

Either approach is acceptable. If taking the latter approach, the flow diagram should show one box for the number of studies included in the original review or previous update and an additional box for the new studies retrieved for the current update. If multiple searches have been conducted for the current update, the results of all the searches should be added together.

PaPaS guidance: an example flowchart has been added.

Sources of support

Internal sources
- No sources of support provided

External sources
- No sources of support provided

Feedback

Appendices

This guidance document contains information regarding the mandatory Methodological Expectations of Cochrane Intervention Reviews (MECIR) standards for the planning, conduct and reporting of updates of Cochrane Intervention Reviews (UR), Cochrane Handbook guidance, common errors, and PaPaS editorial suggestions.

This document contains guidance specifically for updates. Authors are advised to also use our guidance document for new reviews to ensure their update meets the latest minimum standards and expectations.