A new approach to 'empty reviews'

Kayleigh Kew and Emma Welsh – Cochrane Colloquium 2015

We have no actual or potential conflict of interest in relation to this presentation

- 9% of Cochrane reviews are empty but vary hugely (Yaffe 2012)
- Discouraged but can be unavoidable can you predict 0 RCTs?
- Long discussed in Cochrane no consensus
- If a question is important, we need a way to make the most of the protocol and thorough search to:
 - Minimise additional effort
 - Publicise the research gap quickly
 - Maintain Cochrane methodology





Current situation

- No specific guidance expected to complete in RevMan and adhere to usual Cochrane processes
- Methods text usually amended to 'we would have', 'we planned to'
- Mandatory results, abstract, discussion text, and empty SoF table
- Full peer review and copy-editing
- **48 weeks** (Airways median from protocol to publication since 2011)

No structural change required

Search and editorial methods intact

Time-consuming for authors, editorial staff + peer reviewers

Long delay in publishing a gap

Long document - simple message





Option 1: Streamlined review

- Protocol text unchanged remain in future tense
- State 'No included studies' under all mandatory headings
- Short abstract and PICO suggestion no discussion
- Quick publish editorial sign off but no peer review or copy-edit

Search methods intact

Reduces workload and publicises the gap quickly

Easy to implement

Open to exploitation for an easy review

Editorial short-cuts





Option 2: Amended protocol

- Document the search and no studies as a note
- Publish as 'amended protocol'

Search methods intact

Reduces workload and publicises the gap quickly

No full publication for authors – no incentive

Lack of transparency – minimal information about search





Option 3: New review type

- Alternative structure to record only the search, excluded studies etc.
- Convert to the 'Empty' structure when no studies are found
- PICO implications for research fed directly to funders

Easier for authors and editorial staff

Easy to read – simple message

Documents research gap quickly

Structural change required in Archie/Cochrane may take years to agree and action





	Cochrane methods intact?		Easy to do with current tech?
Current situation	Yes	Inefficient	Yes – no change
1. Streamline review	Search methods yes, editorial no	Yes – some work but minimal	Yes – no change
2. Amended protocol	Yes, but difficult to document	Yes	Need to flag it as 'special'
3. New review type	Yes	Yes	New structure required

Tell us what you think @CochraneAirways