Cochrane Hepato-Biliary

Review proposal form: reviews of diagnostic test accuracy

Version 5.2, October 2020

***Replace or modify all purple text as necessary.***

Please complete this form to outline your proposal for a Cochrane Review. Complete all sections in full.

Email the completed form to Dimitrinka Nikolova, Managing Editor, Cochrane Hepato-Biliary: dimitrinka.nikolova@ctu.dk

**Data Protection**

The personal data included in this form will be used to complete your Cochrane author profiles if the title is accepted.

Both successful and unsuccessful submissions may be archived for the Review Group’s records.

Please note that your names and academic/professional affiliations will be circulated to editors considering this title proposal / this form will be anonymised before circulation to editors considering this title proposal, for reasons of equity and confidentiality.

Please see the [Cochrane Privacy Policy](https://community.cochrane.org/organizational-info/resources/policies/cochrane-privacy-policy) for further information. Please direct any queries about data protection to support@cochrane.org.

🞏 By submitting this form, we give Cochrane permission to process the data included here.

# IMPORTANT: Disclosure of Conflicts of interest

Please read Cochrane’s [Conflict of Interest Policy for Cochrane Library content](https://training.cochrane.org/online-learning/editorial-policies/coi-policy/coi-policy-cochrane-library) and confirm in Section 6 below whether any member of the author team has a potential Conflict of Interest.

If your title is accepted, the Review Group will request a full Declaration of Interest from each member of the author team. The title will not be registered until the Review Group has assessed any relevant Conflict of Interest.

|  |
| --- |
| Essential checks before title submission:* We have searched the [*Cochrane Database of Systematic Reviews*](https://www.cochranelibrary.com/advanced-search) in the Cochrane Library for published reviews and protocols and can confirm that this proposal has not been covered by another Cochrane Review.
* We have checked that this proposal falls within the scope of Cochrane [CRG name].
* We understand that all authors must follow the [*Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy*](https://methods.cochrane.org/sdt/handbook-dta-reviews) and the [*Cochrane Handbook for Systematic Reviews of Interventions*](https://training.cochrane.org/handbook/current)
* We have read Cochrane’s [Conflict of Interest Policy for Cochrane Library content](https://training.cochrane.org/online-learning/editorial-policies/coi-policy/coi-policy-cochrane-library) and have informed the Cochrane [CRG name] Managing Editor of any potential conflict of interest.
* We have read [Managing expectations: what does Cochrane expect of authors, and what can authors expect of Cochrane?](https://community.cochrane.org/editorial-and-publishing-policy-resource/cochrane-review-development/managing-expectations) and are aware that preparing a Cochrane Review requires a significant commitment from all authors.
 |

|  |
| --- |
| Author registrationNOTE THAT WE WILL DELETE THIS SECTION BEFORE CIRCULATING THE FORM. |
| All authors should create [Cochrane Accounts](https://account.cochrane.org/) before submitting this form.To enable editorial staff to identify you in our contributor management system, please list the email addresses used at account registration.  |
| Author 1 | Email used to register for Cochrane Account |
| Author 2 | Email used to register for Cochrane Account |
| Add other rows as required for other author team members.  |

|  |
| --- |
| Proposed title(see [DTA Handbook chapter 4](https://methods.cochrane.org/sites/methods.cochrane.org.sdt/files/public/uploads/Ch04_Sep2013.pdf)). Your proposal should not overlap with an existing Cochrane Review.You must use one of the standard formats for titles of Cochrane Review of diagnostic test accuracy:* [Index test 1] FOR [target condition(s)] e.g. High-frequency ultrasound for diagnosing skin cancer
* [Index test 1] VERSUS [Index test 2] FOR [target condition(s)] e.g. Temporal artery ultrasound versus temporal artery biopsy for giant cell arteritis
* [Index test 1] FOR [target condition(s)] IN [participant group] e.g. Cytology for cervical cancer screening in adults
 |
| Title: |  |

|  |
| --- |
| Contact person and review author team(see [Handbook sections II.2.1](https://training.cochrane.org/handbook/current/chapter-ii#section-ii-2-1) and [II.2.2](https://training.cochrane.org/handbook/current/chapter-ii#section-ii-2-2) and [DTA Handbook chapter 4](https://methods.cochrane.org/sites/methods.cochrane.org.sdt/files/public/uploads/Ch04_Sep2013.pdf)). Cochrane systematic reviews of diagnostic test accuracy require a multidisciplinary author team.Please confirm if the review author team contains at least one person with each of the below areas of expertise. You can provide further author details in Section 8.  |
| Yes 🞏 No 🞏 | Clinical content expert: expertise in clinical management and diagnosis of target condition  |
| Yes 🞏 No 🞏 | Systematic reviewer: expertise in preparing systematic reviews |
| Yes 🞏 No 🞏 | Methodologist: expertise in the methods of diagnostic research |
| Yes 🞏 No 🞏 | Statistician: statistical expertise and specific knowledge or training in the meta-analysis of diagnostic test accuracy studies |
| Contact person: | Author who will take responsibility for the review, and communicate with the editorial base throughout review development; does not need to be the first listed author. |

|  |
| --- |
| Review proposal and inclusion criteria(see [DTA Handbook chapter 4](https://methods.cochrane.org/sites/methods.cochrane.org.sdt/files/public/uploads/Ch04_Sep2013.pdf)) |
| Why is it important to do this review? | Why are you proposing to undertake this review? For example, is it particularly topical at the present time?Please use the ‘Review context’ section below to state if this review would form part of a Masters or Doctorate, or of a larger research project. |
| Background | Please outline the clinical problem and standard diagnostic practice.You may wish to include the following information: * how patients might present with this clinical problem
* the point in the existing pathway when participants would be considered for testing with the relevant index test(s)
* whether the relevant index test(s) are used

 (a) in addition to existing tests  (b) to replace existing tests  (c) as a triage tool for further testing* how the relevant index test(s) improve diagnoses, treatments and patient outcomes
 |
| Review objectives: | Give a short statement of the primary aim of the review, e.g. to assess the diagnostic accuracy of the index test(s).Secondary objectives may include assessment of optimal cut-off values or heterogeneity. |
| Types of study: ([section 3.3](https://training.cochrane.org/handbook/current/chapter-03#a-33-determining-which-study-designs-to-include)) | Outline the types of study that will be included in the review. Suggest exclusion criteria based on study methodology or design. |
| Participants / population: ([section 3.2.1](https://training.cochrane.org/handbook/current/chapter-03#section-3-2-1)) | Outline the types of populations to be included and excluded. Consider the reference standard for the relevant index test(s) in relation to demographic factors such as age and gender, the type/stage of the target condition, medication at baseline, co-morbidities, and care setting. |
| Index test(s): ([section 3.2.2](https://training.cochrane.org/handbook/current/chapter-03#section-3-2-2)) | Outline the details of the relevant index test(s) you wish to investigate. Consider the type, manufacturer, cut-off values, and any other methodological challenges relative to the test(s). |
| Comparison: ([section 3.2.3](https://training.cochrane.org/handbook/current/chapter-03#section-3-2-3)) | If this is a comparator review, provide the same information as above, for the test(s) or testing strategies being compared.  |
| Target condition: | What particular condition or disease stage is the index test intended to identify? |
| Reference standard: | Outline the clinical reference standards that are considered appropriate to establish the presence or absence of the target condition in the tested population. If certain reference standards are commonly used but considered inadequate, they should be stated here as exclusion criteria. |
| Potential included studies: | (Please supply references for at least 3 studies relevant to this topic. Include ongoing studies listed in trial registries if relevant.) |
| Other information: | Outline any other factors you plan to consider in your review, or other information you would like to provide, e.g. relevance to consumers, how this review complements other published Cochrane Reviews.(If there are no existing or ongoing studies, please explain why it is important to do this review.) |
| Related Cochrane Reviews or protocols: |  |

|  |
| --- |
| Review context |
| Is the review subject to any specific funding? |  |
| Would the review form part of your postgraduate study, or of a larger research project? |  |
| Has the review already been submitted for publication or published elsewhere? |  |

|  |
| --- |
| Declarations of interest |
| All authors must read [Cochrane's Conflict of Interest Policy for Cochrane Library content](https://training.cochrane.org/online-learning/editorial-policies/coi-policy/coi-policy-cochrane-library). Before the title can be registered, each author must declare any relevant Conflicts of Interest (financial and non-financial) that exist or existed in the 36 months prior to this form being submitted.**Important information*** The following individuals are prohibited from being an author on a Cochrane Review:
	+ Anyone who is or has been employed in the 36 months prior to title registration by a commercial organization with a financial interest in the topic of the review.
	+ Anyone who owns a commercial organization with an interest in the topic of the review.
	+ Anyone who owns or has applied for a patent related to the topic of the review.
* Authors must declare all relevant financial interests within the 36 months prior to title registration. Such payments include (but are not limited to) speaker fees, honoraria, consultancies, membership of advisory boards and payment of travel, accommodation and conference registration expenses.
* Financial interests are considered relevant if a payment is made by a commercial organization that is developing, or manufactures, markets or distributes (anywhere in the world) an intervention or potential comparator related to the topic of the review. This applies regardless of the reported direction of effect and even if the payment was for work and advice that did not relate to the topic of the review.
* Overall, 67% (two thirds) of the author group must not have any relevant financial interests.
* The first and last author must not have any relevant financial interests and must not have been involved in industry-controlled studies (see [definitions](https://training.cochrane.org/online-learning/editorial-policies/coi-policy/coi-policy-cochrane-library#definitions) in the policy) that may be eligible for inclusion in the review.
* Anyone who has been involved in the conduct, analysis and publication of a study that could be included in the review cannot determine overall study inclusion and exclusion criteria or make study eligibility decision about, extract data from, carry out the risk of bias assessment for, or perform GRADE assessment of that study.
* Authors must remain in compliance with this policy through to the point that the review is published. If an author acquires any additional relevant financial interests while working on the review, they must inform the Review Group’s Managing Editor immediately.
 |
| **Have all members of the author team read** [Cochrane's Conflict of Interest Policy](https://training.cochrane.org/online-learning/editorial-policies/coi-policy/coi-policy-cochrane-library)**?** Yes 🞏 No 🞏**Do any members of the author team have a potential conflict of interest?** Yes 🞏 No 🞏 |
| If yes, you should discuss these potential conflicts with the Review Group’s Managing Editor before submitting this form. Failure to disclose relevant potential conflicts at this stage, or at any point during the writing of the review, may lead to it being rejected for publication or being removed from the Cochrane Library at a later date. Wilful failure to disclose relevant conflicts of interest will be considered a form of scientific misconduct. |

|  |
| --- |
| Authors' responsibilities |
| By completing this form, you accept responsibility for preparing, maintaining and updating the review in accordance with Cochrane policy. Cochrane [CRG name] will provide support to assist with the preparation of the review.If drafts are not submitted by the agreed deadlines, or if the Review Group is unable to contact you for an extended period, Cochrane has the right to de‑register the title or transfer the title to alternative authors. Cochrane has the right to reject a Cochrane Review at any stage before publication (including unpublished protocols, unpublished Cochrane Reviews, and Cochrane Reviews that are being updated). Please see Cochrane’s [Rejection Policy](https://community.cochrane.org/editorial-and-publishing-policy-resource/cochrane-review-management/rejection-cochrane-reviews).You accept responsibility for maintaining the review in light of new evidence, comments and criticisms, and other developments, and updating the review based on need, or, if requested, transferring responsibility for maintaining the review to others. |
| Publication in the *Cochrane Database of Systematic Reviews* (*CDSR*) |
| Cochrane’s support in preparing your review is conditional upon your agreement to publish the protocol, finished review and subsequent updates in the *CDSR*. By completing this form you undertake to publish this review in the *CDSR* before publishing elsewhere (concurrent publication in other journals may be allowed in certain circumstances with prior permission).  |
| I understand the commitment required to undertake a Cochrane Review, and agree to publish first in the *CDSR*.**Signed on behalf of the authors:** |
| **Form completed by:** |
| **Date:** |

|  |
| --- |
| Review authors(see [Handbook sections II.2.1](https://training.cochrane.org/handbook/current/chapter-ii#section-ii-2-1) and [II.2.2](https://training.cochrane.org/handbook/current/chapter-ii#section-ii-2-2))In accordance with Cochrane’s [Publication Policy](https://community.cochrane.org/editorial-and-publishing-policy-resource/ethical-considerations/authorship-and-contributorship), each person named as an author must: * Make a substantial contribution to the conception and design, or analysis and interpretation of the data in the review
* Be involved in drafting the review
* Approve the final version of the review before publication
* Agree to be accountable for the accuracy and integrity of the review
 |
| Contact person / Author 1 Author who will take responsibility for the review, and communicate with the editorial base throughout review development; does not need to be the first listed author – please adjust numbering above. |
| Full name and qualifications: *e.g.* *Dr Xia Li, PhD* |  |
| Job title: *e.g. Registrar* |  |
| Organisation: *e.g. West China Hospital, Sichuan University* |  |
| Data protection and privacy If your title is accepted,as the review contact person, your affiliation and email address will be published with the completed protocol or review in the *Cochrane Database of Systematic Reviews*.Personal data collected and used for publication in the Cochrane Library are covered by the [Wiley Privacy policy](https://www.wiley.com/en-gb/privacy).Your Cochrane Account details will be visible to other groups and contributors in our contact database. If you are allocated a role as a Cochrane author, you will be able to update your profile and can choose to hide your email address and affiliation from contributors not in your primary group. |
| What expertise do you bring to the review (e.g. clinical, review methods, statistics)? |  |
| Have you prepared a systematic review before? | Yes 🞏 No 🞏 |
| If yes, have you prepared a Cochrane Review? | Yes 🞏 No 🞏 |
| If yes, please state most recent title: |  |
| Do you already have a role in another Cochrane Review Group? | Yes 🞏 No 🞏 |
| If yes, which one(s)? |  |
| Level of spoken and written English: |  |
| Translating clinical trials published in languages other than English is a vital role in Cochrane. I would be willing to assist with translation of clinical trials published in these language(s): |  |

|  |
| --- |
| Author 2 You must have at least two authors to register a title. Copy this table for additional authors. |
| Full name and qualifications: *e.g.* *Dr Xia Li, PhD* |  |
| Job title: *e.g. Registrar* |  |
| Organisation: *e.g. West China Hospital, Sichuan University* |  |
| Data protection and privacy If your title is accepted,your affiliation will be published with the completed protocol or review in the *Cochrane Database of Systematic Reviews*.Personal data collected and used for publication in the Cochrane Library are covered by the [Wiley Privacy policy](https://www.wiley.com/en-gb/privacy).Your Cochrane Account details will be visible to other groups and contributors in our contact database. If you are allocated a role as a Cochrane author, you will be able to update your profile and can choose to hide your email address and affiliation from contributors not in your primary group. |
| What expertise do you bring to the review (e.g. clinical, review methods, statistics)? |  |
| Have you prepared a systematic review before? | Yes 🞏 No 🞏 |
| If yes, have you prepared a Cochrane Review? | Yes 🞏 No 🞏 |
| If yes, please state most recent title: |  |
| Do you already have a role in another Cochrane Review Group? | Yes 🞏 No 🞏 |
| If yes, which one(s)? |  |
| Level of spoken and written English: |  |
| Translating clinical trials published in languages other than English is a vital role in Cochrane. I would be willing to assist with translation of clinical trials published in these language(s): |  |

|  |
| --- |
| Roles and responsibilitiesPlease advise who has agreed to undertake each of the following tasks: |
| Draft the protocol: |  |
| Develop and run the search strategy: | Please note if this will be undertaken by the Review Group Information Specialist. |
| Obtain copies of studies: |  |
| Select which studies to include (2 people): |  |
| Extract data from studies (2 people): |  |
| Enter data into RevMan: |  |
| Carry out the analysis: |  |
| Interpret the analysis: |  |
| Draft the final review: |  |

|  |
| --- |
| Team resources |
| Have you read the [*Cochrane Handbook for Systematic Reviews of Interventions*](https://training.cochrane.org/handbook/current) and the available chapters of the [*Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy*](https://methods.cochrane.org/sdt/handbook-dta-reviews)?  | Yes 🞏 No 🞏 |
| Have you accessed the Cochrane DTA online learning resources on [formulating a DTA review question](https://training.cochrane.org/sites/training.cochrane.org/files/public/uploads/resources/embedded_resources/DTA_modules/1.4_%20Formulating_Cochrane_DTA_review_question/story.html) and [developing a protocol](https://training.cochrane.org/sites/training.cochrane.org/files/public/uploads/resources/embedded_resources/DTA_modules/3.1_Protocols/story.html)? | Yes 🞏 No 🞏 |
| Do you require training? | Yes 🞏 No 🞏 |
| If yes, on which topics? |  |
| Have you attended a Cochrane Review training workshop? | Yes 🞏 No 🞏 |
| If no, do you plan to register for a [future Cochrane training event](https://training.cochrane.org/search/site?f%5B0%5D=bundle%3Aworkshop&f%5B1%5D=bm_field_archived%3Afalse)? | Yes 🞏 No 🞏 |
| Which workshop did you/will you attend?  |  |
| Which computer operating system do you use? |  |
| Have you read the information for review authors on the Cochrane [CRG name] website? | Yes 🞏 No 🞏 |
| Do you have access to the [*Cochrane Database of Systematic Reviews*](https://www.cochranelibrary.com/advanced-search)? | Yes 🞏 No 🞏 |
| Do you have access to MEDLINE and Embase? | Yes 🞏 No 🞏 |
| Do you have access to a medical library? | Yes 🞏 No 🞏 |
| If yes, can you order journal articles not held in the library? | Yes 🞏 No 🞏 |
| Do you have access to advice from a medical librarian? | Yes 🞏 No 🞏 |
| Do you have access to reference management software (e.g. Endnote)? | Yes 🞏 No 🞏 |
| If yes, which software, and what version? |  |
| Do you have access to a statistician? | Yes 🞏 No 🞏 |
| If yes, please provide statistician’s name: |  |
| Does your statistician have access to advanced statistical software such as STATA, SAS or WinBugs? | Yes 🞏 No 🞏 |
| Do you have contact with consumer groups relevant to this review? | Yes 🞏 No 🞏 |
| If yes, please list relevant consumer groups: |  |
| Have you identified appropriate time and resources to complete the review? | Yes 🞏 No 🞏 |
| Would you like to be assigned a mentor (an experienced author who has volunteered to help new authors)? | Yes 🞏 No 🞏 |