

Please complete this form to outline your proposal for a Cochrane systematic review. Email the completed form to marlene.stewart@ed.ac.uk, or send to Dr Marlene Stewart, Managing Editor, Cochrane Vascular, Usher Institute of Population Health Sciences and Informatics, University of Edinburgh, Old Medical School, Teviot Place, Edinburgh, EH8 9AG.

Before completing this form:

- Please refer to the [Cochrane Vascular website](#) for a list of all titles, protocols and reviews which may be relevant to your proposal
- Check existing [registered titles](#)
- Note that all authors must follow the [Cochrane Handbook for Systematic Reviews of Interventions](#)
- Read [Managing expectations: what does Cochrane expect of authors, and what can authors expect of Cochrane?](#)
- Be aware that preparing a Cochrane review requires a significant, long-term commitment
- At least two authors are required before a title can be registered
- Please be aware that your manuscript may be screened by 'CrossCheck' plagiarism software. If you really feel that an idea cannot be expressed in any other way than described by another researcher then you must put the text in quotation marks and identify the source of the statement in a reference
- If this form is not returned within four weeks the editorial base will assume you are no longer interested in the proposed title
- Should your proposal be accepted for registration, all members of the review team are expected to complete modules one and two of [Cochrane Interactive Learning: Conducting an intervention review](#), before you begin work on the protocol

Proposed title

There are standard formats for Cochrane review titles. See Handbook section 4.2.1. Examples include:

- [intervention] FOR [health problem / issue]
e.g. Medical treatment for small abdominal aortic aneurysms
- [intervention A] VERSUS [intervention B] FOR [health problem / issue]
e.g. Unfractionated heparin versus low molecular weight heparin for avoiding heparin-induced thrombocytopenia in postoperative patients
- [intervention] FOR [health problem/issue] IN [participant group]
e.g. Compression stockings for preventing deep vein thrombosis in airline passengers

Title:

Contact person

This person will be responsible for contact with the Review Group on behalf of the author team. The contact person does not have to be an author themselves. Contact details for this person will be published with the completed protocol or review. For more details, see Handbook section 4.2.3.

Name:

Review proposal and inclusion criteria:

(see [Handbook Chapter 5](#))

Motivation for the review:	Why are you proposing to undertake this review? For example, is this review going to be part of a Masters or Doctorate; is it part of a larger project; is it particularly topical at the present time? Please also provide evidence that the review addresses an important uncertainty to one or more user groups.
Review objective:	A statement of the review objectives should begin with a precise statement of the primary objective, ideally in a single sentence. Where possible the style should be of the form 'To assess the effects of [<i>intervention or comparison</i>] for [<i>health problem</i>] in [<i>types of people, disease or problem and setting if specified</i>]. This might be followed by one or more secondary objectives, for example relating to different participant groups, different comparisons of interventions or different outcome measures.
Types of study:	Outline the types of study that will be included in the review. Cochrane Vascular

	reviews focus on randomised controlled trials (RCTs). See Handbook section 5.5.
Participants/ population:	Outline the types of populations to be included and excluded, with thought given to aspects such as demographic factors, the type/stage of disease/condition, or their setting. See Handbook section 5.2.
Intervention:	Outline the details of the intervention you wish to investigate. Consider the dose, intensity, mode of delivery, and combinations of interventions. Are there variations you wish to exclude? What will the intervention be compared to, e.g. placebo, no intervention, standard care? Please define each of these clearly. See Handbook section 5.3. Intervention: Comparison:
Outcomes and adverse effects:	List the primary and secondary outcomes you wish to measure, including outcomes important to those experiencing the disease/condition as well as those treating them. Please refer to related Cochrane Vascular reviews for suggestions of outcomes and define each outcome clearly. Cochrane recommends up to three primary outcomes including one beneficial and one harmful. Also consider how your outcomes may be measured, e.g. the type of scale or count likely to be used, and the timing of the measurement. See Handbook section 5.4. Primary: Secondary:
Subgroup analyses:	Outline any subgroups you plan to investigate for their influence on the size of the treatment effect, e.g. subgroups of the population, variations of the intervention, etc. See Handbook section 9.6.
Published or ongoing trials and other information:	If you are aware of published or ongoing trials that may be included in this review please list them here. Please add any other information you think will be relevant to support this proposal.
Related Cochrane reviews, protocols or registered titles	Please refer to the Cochrane Vascular website for a list of all titles, protocols and reviews which may be relevant to your proposal. It is essential to identify any possible areas of overlap. If necessary please explain how your proposal differs from, or adds important information to, a particular area or review.
Impact:	Please consider and list <ul style="list-style-type: none"> ● any guidelines likely to be influenced by this review ● which sectors of society will benefit from this review (for example: primary/secondary/tertiary health professionals; patient groups; policy makers)

Dissemination:	Please insert details of contacts you are aware of who should be notified on publication of this review (for example: from your institution, funding bodies, medical centres).
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Authors' responsibilities

By completing this form, you accept responsibility for preparing, maintaining and updating the review in accordance with Cochrane policy. The Cochrane Review Group (CRG) will provide as much support as possible to assist with the preparation of the review.

A draft protocol must be submitted to the CRG within **three** months. If drafts are not submitted before the agreed deadlines, or if we are unable to contact you for an extended period, the CRG has the right to de-register the title or transfer the title to alternative authors. The CRG has the right to de-register or transfer the title to alternative authors if it does not meet the standards of the CRG and/or Cochrane.

You accept responsibility for maintaining the review in light of new evidence, comments and criticisms, and other developments, and updating the review at least once every two years, or, if requested, transferring responsibility for maintaining the review to others as agreed with the CRG. If we are unable to contact you for an extended period, the CRG has the right to transfer the review to alternative authors.

Publication in the Cochrane Database of Systematic Reviews

The support of the CRG in preparing your review is conditional upon your agreement to publish the protocol, finished review and subsequent updates the *Cochrane Database of Systematic Reviews*. By completing this form you undertake to publish this review in the *Cochrane Database of Systematic Reviews* before publishing elsewhere (concurrent publication in other journals may be allowed in certain circumstances with prior permission from the CRG).

I understand the commitment required to **undertake** a Cochrane review, and agree to publish first in the *Cochrane Database of Systematic Reviews*.

Signed on behalf of the authors:

Form completed by:	Date:
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Declaration of interest

All links between Cochrane authors and commercial sponsorship or sources must be disclosed, so that Cochrane users have confidence in the process for the disclosure and management of potential commercial conflicts of interest. Cochrane's [conflict of interest policy](#) states, "The performance of the review must be free of any real or perceived bias introduced by receipt of any benefit in cash or kind, any hospitality, or any

subsidy derived from any source that may have or be perceived to have an interest in the outcome of the review. There should be a clear barrier between the production of Cochrane Reviews and any funding from [commercial sources](#) with financial interests in the conclusions of Cochrane Reviews.”

All authors are asked to complete a conflict of interest form prior to publication of the protocol and the review. Please see [here](#) for an example of the form you will be asked to complete.

Do any of the authors have any potential conflict of interest? Yes No

Will this review be funded directly by a commercial organisation (e.g., pharma or industry)? Yes No

Are any of the authors employees of a commercial organisation? Yes No

Do any of the authors hold (or have applied for) patents for a product or related product included in the review? Yes No

Review context

Is the review subject to any specific funding?	
Is there a deadline for completing the review?	
Has the review already been completed or published elsewhere?	

Proposed deadlines

Date you plan to submit a draft protocol:	(within 3 months of title registration)
Date you plan to submit a draft review:	(within 12 months of protocol publication)

Review authors

Provide contact details for everyone who you expect to be an author of the review. For more information on authorship, see Handbook section 4.2.2. You should have at least two authors, and should include someone with relevant content area expertise and someone with experience in writing a systematic review. Your team must possess, or have access to, the statistical skills required to extract, manipulate and interpret data from the included studies. 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. Incorporating the perspectives of those affected by the intervention is highly recommended. Authors are responsible for ensuring the review will be updated in future.

Contact person / Author 1

Is the contact person an author of the review? Yes No

Prefix (e.g. Ms, Dr):

Given name (名字 míngzi):

Middle initial(s):

Family name (姓 xìng):

Suffix (e.g. MD, PhD):

Web address:

Preferred full name e.g. John Smith = Smith JB; Chen Ming Yu = Chen MY
for review byline:

Do you already have a user account and password for the Archie database? Yes No

If no – please go to [Join Cochrane](#) to create a Cochrane account.

Your proposal will be linked to your account by Cochrane Vascular when submitted to the editorial base.

Email address(es): 1)

2)

Job Title/Position:

Department:

Organisation:

Street/Address:

City:	Post/Zip code:
State/Province:	Country:
Telephone number:	Fax number:
Mobile/cell number:	
Privacy:	As the contact person, your address and email will be published with the completed protocol or review. Your details will be stored on our central database, known as 'Archie', and may be accessed by members of Cochrane. Details of our privacy policy are available at http://ims.cochrane.org/archie/terms-of-use/archie-privacy-policy . Within Archie, would you like to:
	Hide your address and phone numbers: <input type="checkbox"/> Hide your email address: <input type="checkbox"/>
Country of origin:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
What expertise do you (e.g. clinical, review methods, statistics) bring to the review?	
Have you prepared a systematic review before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, have you prepared a Cochrane review? (please state most recent title) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you already a member of another Cochrane Review Group? Which one(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
At what level are you able to speak and write English?	
Translating trials published in languages other than English is a vital role in Cochrane. If you speak any other languages and would be willing to do partial translations on behalf of other author teams, please let us know.	I would be willing to assist with translation of clinical trials published in the following language(s): Yes <input type="checkbox"/> No <input type="checkbox"/>

Author 2

You must have at least two authors to register a title. **Copy this table for additional authors.**

Prefix (e.g. Ms, Dr):	Given name (名字 míngzi):
Middle initial(s):	Family name (姓 xìng):

Suffix (e.g. MD, PhD):		Web address:	
Preferred full name e.g. John Smith = Smith JB; Chen Ming Yu = Chen MY for review byline:			
Do you already have a user account and password for the Archie database?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no – please go to Join Cochrane to create a Cochrane account.			
Your proposal will be linked to your account by Cochrane Vascular when submitted to the editorial base.			
Email address(es):		1)	
		2)	
Job Title/Position:			
Department:			
Organisation:			
Street/Address:			
City:		Post/Zip code:	
State/Province:		Country:	
Telephone number:		Fax number:	
Mobile/cell number:			
Privacy:		Your details will be stored on our central database, known as ‘Archie’, and may be accessed by members of Cochrane. Details of our privacy policy are available at http://ims.cochrane.org/archie/terms-of-use/archie-privacy-policy . Within Archie, would you like to:	
		Hide your address and phone numbers: <input type="checkbox"/>	
		Hide your email address: <input type="checkbox"/>	
Country of origin:		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
What expertise do you (e.g. clinical, review methods, statistics) bring to the review?			
Have you prepared a systematic review before?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, have you prepared a Cochrane review? (please state most recent title)		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Are you already a member of another Cochrane Review Group? Which one(s)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
At what level are you able to speak and write English?		
Translating trials published in languages other than English is a vital role in Cochrane. If you speak any other languages and would be willing to do partial translations on behalf of other author teams, please let us know.	I would be willing to assist with translation of clinical trials published in the following language(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Roles and responsibilities

Please advise who has agreed to undertake each of the following tasks:

Draft the protocol	
Develop and run the search strategy	[Cochrane Vascular will search their Trials Register and the <i>Cochrane Library</i> for you. If required, the Cochrane Information Specialist (CIS) will advise on any additional search strategies you develop.]
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	
Update the review	

Team resources

Have you read the *Cochrane Handbook for Systematic Reviews of Interventions*? Yes No
 (see <http://handbook.cochrane.org/>)

Do you require training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, on which topics?	
Have you attended a Cochrane review training workshop?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, do you plan to? (see workshops)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which workshop did you/will you attend?	
Which computer operating system do you use?	
Have you downloaded and installed RevMan, the Cochrane review software? (see http://tech.cochrane.org/revman)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you seen the Cochrane Vascular website (http://vascular.cochrane.org/)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to these electronic databases: <i>Cochrane Library</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDLINE	Yes <input type="checkbox"/> No <input type="checkbox"/>
EMBASE	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to a medical library?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, can you order journal articles not held in the library?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to advice from a medical librarian?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to reference management software (e.g. Endnote)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which software, and what version?	
Do you have access to a statistician?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who?	
Do you have contact with consumer groups relevant to this review?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which one(s)?	
Have you identified appropriate time and resources to complete the review?	Yes <input type="checkbox"/> No <input type="checkbox"/>