The Cochrane Neonatal Group

**Version and date:** V4, January 2013

Diagnostic Test Accuracy Review Proposal Form

Please complete this form to outline your proposal for a Cochrane systematic review. Email the completed form to Colleen Ovelman, [colleen.ovelman@uvm.edu](file:///C:\Users\Yolanda\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.IE5\W4I83M2N\colleen.ovelman@uvm.edu), Managing Editor, Cochrane Neonatal Group.

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| Before completing this form:  * Make sure that your proposal falls within this group’s scope, and that it has not already been covered in another Cochrane review. Check existing registered titles at [www.cochrane.org/reviews/en/topics](http://www.cochrane.org/reviews/en/topics). * Note that all authors must follow the *Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy* (see <http://srdta.cochrane.org/en/authors.html>). * Read “Managing expectations: what does The Cochrane Collaboration expect of authors, and what can authors expect of The Cochrane Collaboration?” (see <http://www.cochrane.org/policy-manual/324-managing-expectations-what-does-cochrane-collaboration-expect-authors-and-what-can> ) * 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. |

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| **Proposed title** (use standard format, see Handbook section 4.2.1)  [index test 1] versus [index test 2] for [target condition(s)] in [description of participants]  [index test 1] versus [index test 2] for [target condition(s)]  [index test(s)] for [target condition(s)] in [description of participants]  [index test(s)] for [target condition(s)] | | |
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| Review proposal and inclusion criteria: (see Handbook chapter 4 and the Notes for Authors)  *Please provide enough information to make sure that the clinical context and the actual question that is being asked is clear for non-content experts as well*. | | |
| **Motivation for the review**. For example, is this going to be part of a PhD; is it part of a larger project; is it particularly topical at the present time? |  | |
| Background:  *i) What is the clinical problem?*  *ii) Describe the clinical pathway*  *A description of the existing clinical pathway of patients. Outline how patients might present, the point in the existing pathway that participants would be considered for testing with the index test or tests and the role of the index test(s) (to be used in addition to existing tests (add), replace existing tests (replace) or be used to decide which patients should receive further testing (triage).*  *iii) How might the index test(s) improve diagnoses, treatments and patient outcomes?*  *iv) Is there any other information required to understand the clinical problem?*  *v) Rationale for review*  *Explain why the review is important. You may provide citations of relevant papers.* | Clinical problem:  Standard diagnostic practice: | |
| Review objective:  *State the primary aim, for example “to assess the diagnostic accuracy of the index test(s)”. Secondary objectives may be about optimal cut-off values or heterogeneity.* | Secondary objective(s): | |
| Types of study:  *Outline the types of studies that will be included in the review. Give thought to whether aspects of study methodology might render certain study designs unsuitable for inclusion. Where study designs are likely to be biased for the particular clinical problem please suggest exclusion criteria.* |  | |
| Participants / setting:  *Outline the types of populations to be included and excluded, with thought given to aspects of the participants receiving the index test and reference standard, e.g. age and gender, the severity and duration of the target condition, medication at baseline, and co-morbidities.* |  | |
| Index test(s):  *Consider the type, manufacturer, cut-off values and all other information reevant for a clear understanding of the possible methodological challenges that may come with the test(s).*  *If this is a comparator review please specify the tests or testing strategies that are being compared* |  | |
| Reference standard  *Describe the clinical reference standards that are considered appropriate to establish the presence or absence of the target condition in the tested population. If particular reference standards are commonly used but considered inadequate they should be stated here as exclusion criteria.* |  | |
| Target condition and reference standard  *Please state the target condition, the particular disease or disease stage that the index test is intended to identify.* |  | |
| Other information:  *Any other explanatory information that would help a reader to understand the aim and rationale for this review including relevant clinical information.* |  | |
| Related Cochrane reviews, protocols or registered titles |  | |
| Review author team and area of expertise Cochrane systematic reviews of diagnostic test accuracy require a multidisciplinary team and there is a strong recommendation that the reviews include people with the following expertise: Clinical content expert: There should be at least one person on the review team who has expertise in clinical management and diagnosis of target condition. Systematic reviewer: There should be at least one person on the review team who has expertise in preparing systematic reviews. Methodologist: There should be at least one person on the review team who has expertise in the methods of diagnostic research. Statistician: There should be at least one person on the review team who has statistical expertise and in addition to that specifically some knowledge or has received training in the meta-analysis of diagnostic test accuracy studies. | | |
| |  |  |  | | --- | --- | --- | |  | Name  *Please add rows as necessary.* | Area of expertise  *Please indicate the background and skills of each review author and the expertise they bring to the review team: content expertise, review expertise, searching skills, methodology of diagnostic research, statistics.* | | Contact author: |  |  | | Co-author: |  |  | | Co-author: |  |  | | Co-author: |  |  | | Co-author: |  |  | | Co-author: |  |  | | Co-author: |  |  | | Co-author: |  |  | | Co-author: |  |  | | | |
| Authors’ responsibilities | | |
| By completing this form, you accept responsibility for preparing, maintaining and updating the review in accordance with Cochrane Collaboration 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 six 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 if it does not meet the standards of the CRG, the DTA Editorial Team and/or The Cochrane Collaboration.  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. | | |
| 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 in 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 |
| The Cochrane Collaboration’s general 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.” (see <http://www.cochrane.org/policy-manual/2277-declarations-interest-cochrane-authors>). |
| Do the authors have any potential conflict of interest? Yes  No |
| If ‘yes’, what are they? |

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| 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? |  |

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| Proposed deadlines | |
| Date you plan to submit a draft protocol: (within 6 months) |  |
| Date you plan to submit a draft review: (within 12 months) |  |

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| Review authors (see Handbook section 4.2.2.)  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. Please attach a brief cv for each author. |

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| 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 for review byline: | e.g. John Smith = Smith JB; Chen Ming Yu = Chen MY | | | | | | | | |
| Do you already have a user account and password for the Archie database? | | | | | | | | Yes  No | |
| 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 The Cochrane Collaboration. Details of our privacy policy are available at [www.cc-ims.net/Archie/archie-privacy-policy](http://www.cc-ims.net/Archie/archie-privacy-policy). Within Archie, would you like to:  Hide your address and phone numbers:  Hide your email address: | | | | | | | | |
| Country of origin: |  | | | | Gender: | | Female  Male | | |
| 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? (please state most recent title) | | | | | | | | | Yes  No |
| Are you already a member of another Cochrane Review Group? Which one(s)? | | | | | | | | | Yes  No |
| At what level are you able to speak and write English? | | | | | |  | | | |

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| 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 for review byline: | e.g. John Smith = Smith JB; Chen Ming Yu = Chen MY | | | | | | | |
| Do you already have a user account and password for the Archie database? | | | | | | | | Yes  No |
| 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 The Cochrane Collaboration. Details of our privacy policy are available at [www.cc-ims.net/Archie/archie-privacy-policy](http://www.cc-ims.net/Archie/archie-privacy-policy). Within Archie, would you like to:  Hide your address and phone numbers:  Hide your email address: | | | | | | | |
| Country of origin: |  | | | | Gender: | | Female  Male | |
| 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? (please state most recent title) | | | | | | | | Yes  No |
| Are you already a member of another Cochrane Review Group? Which one(s)? | | | | | | | | Yes  No |
| At what level are you able to speak and write English? | | | | | |  | | |
| Roles and responsibilities Please advise who has agreed to undertake each of the following tasks: | | | | | | | | |
| Draft the protocol | | |  | | | | | |
| Develop and run the search strategy \*Note: DTA searches are not currently run by the Neonatal Group TSC. | | |  | | | | | |
| Obtain copies of studies | | |  | | | | | |
| Select which studies to include (2 people + 1 arbiter) | | |  | | | | | |
| Extract data from studies (2 people) | | |  | | | | | |
| Enter data into RevMan | | |  | | | | | |
| Carry out the analysis | | |  | | | | | |
| Interpret the analysis | | |  | | | | | |
| Draft the final review | | |  | | | | | |
| Update the review | | |  | | | | | |

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| Team resources | |
| Have you read the available chapters of the *Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy*?  (see <http://srdta.cochrane.org/en/authors.html>) | Yes  No |
| Do you require training?  If yes, on which topics? | Yes  No |
| Have you attended a Cochrane review training workshop?  If no, do you plan to? (see [www.cochrane.org/news/workshops.htm](http://www.cochrane.org/news/workshops.htm))  Which workshop did you/will you attend? | Yes  No  Yes  No |
| Which computer operating system do you use? |  |
| Have you downloaded and installed RevMan, the Cochrane review software?  (see [www.cc-ims.net/RevMan](http://www.cc-ims.net/RevMan)) | Yes  No |
| Have you seen the [Cochrane Neonatal Review Group website](http://neonatal.cochrane.org/reviews-needed)? | Yes  No |
| Do you have access to these electronic databases: *The Cochrane Library*  MEDLINE  EMBASE | Yes  No  Yes  No  Yes  No |
| Do you have access to a medical library?  If yes, can you order journal articles not held in the library?  Do you have access to advice from a medical librarian? | Yes  No  Yes  No  Yes  No |
| Do you have access to reference management software (e.g. Endnote)?  If yes, which software, and what version? | Yes  No |
| Do you have access to a statistician?  If yes, who? | Yes  No |
| Do you or does your statistician have access to advanced statistical software?  If yes, which software?      (STATA, SAS, WinBugs)  *(NB. SPSS, EpiData or EpiInfo are not enough)* | Yes  No |
| Do you have contact with consumer groups relevant to this review?  If yes, which one(s)? | Yes  No |
| 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 |