

Cochrane **Colorectal**

Annual Report, Cochrane Colorectal Group 2020
cochranecolorectal@gmail.com

Table of content

TABLE OF CONTENT	2
PUBLICATIONS	3
EDITORIAL WORKFLOW	5
TITLE PROPOSALS	5
STATUS OF EDITORIAL WORKFLOW BY END OF 2020	6
PROTOCOLS	8
REVIEWS	8
COLLABORATION WITH THE ABDOMEN AND ENDOCRINE NETWORK	9
COLLABORATION WITH CENTRAL EDITORIAL SERVICE	9
EDITORIAL PROJECTS	10
UPDATING THE PROTOCOL PORTFOLIO	10
TRANSFERS	11
WEEKLY EDITORIAL BASE MEETINGS	12
RECRUITMENT OF NEW EDITORS AND PEER REVIEWERS	12
SCIENTIFIC MISCONDUCT AND CONFLICT OF INTEREST	14
CITATIONS AND USAGE OF REVIEWS	15
PRESENTATIONS AND EXTERNAL COMMUNICATIONS	16
FUNDING	16

Publications

Cochrane Colorectal Group continuously work to conduct research on editorial matters and to publish scientific papers relevant to the Cochrane Collaboration as well as Cochrane Reviews authored by the editorial team.

Our publications in 2020 and our total number of publications is presented in Figure 1.

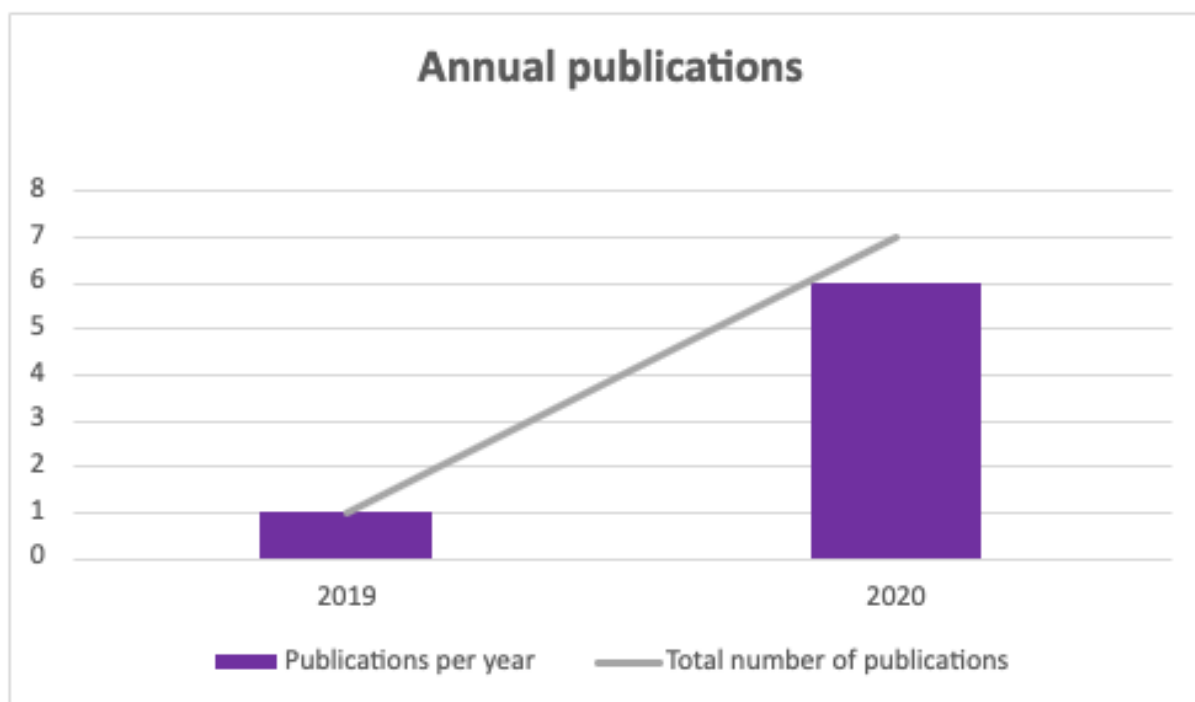


Figure 1. The total number of publications and number of publications per year from Cochrane Colorectal Group.

Details on the publications from Cochrane Colorectal in 2020 is presented in Table 1. Furthermore, details on the publication type of the published material is presented in Figure 2.

Table 1. The details on the articles published by Cochrane Colorectal in 2020 including the title, authors, and journal details.

Publication title	Authors	Journal, issue ect.
Increasing number of authors in Cochrane reviews	Gülen S, Fonnes S, Andresen K, Rosenberg J	Journal of Evidence-Based Medicine 2020;13:34-41.
Wrong conclusion in meta-analysis.	Rosenberg J, Andresen K.	Hernia 2020;24:1127-1129.
Half of Cochrane reviews were published more than two years after the protocol	Andersen MZ, Gülen S, Fonnes S, Andresen K, Rosenberg J	Journal of Clinical Epidemiology 2020;124:85-93.

Group authorships in Cochrane had low compliance with Cochrane recommendation	Andersen MZ, Fonnes S, Andresen K, Rosenberg J	Journal of Evidence-Based Medicine 2020;13:199–205.
More than one-third of Cochrane reviews had gift authors, whereas ghost authorship was rare	Gülen S, Fonnes S, Andresen K, Rosenberg J	Journal of Clinical Epidemiology 2020;128:13-19
Melatonin for preoperative and postoperative anxiety in adults	Madsen BK, Zetner D, Møller AM, Rosenberg J	Cochrane Database Syst Rev 2020;12:CD00986

In 2021, we aim to increase our publication within Cochrane through both publishing protocols and reviews. A number of planned publications are currently under development.

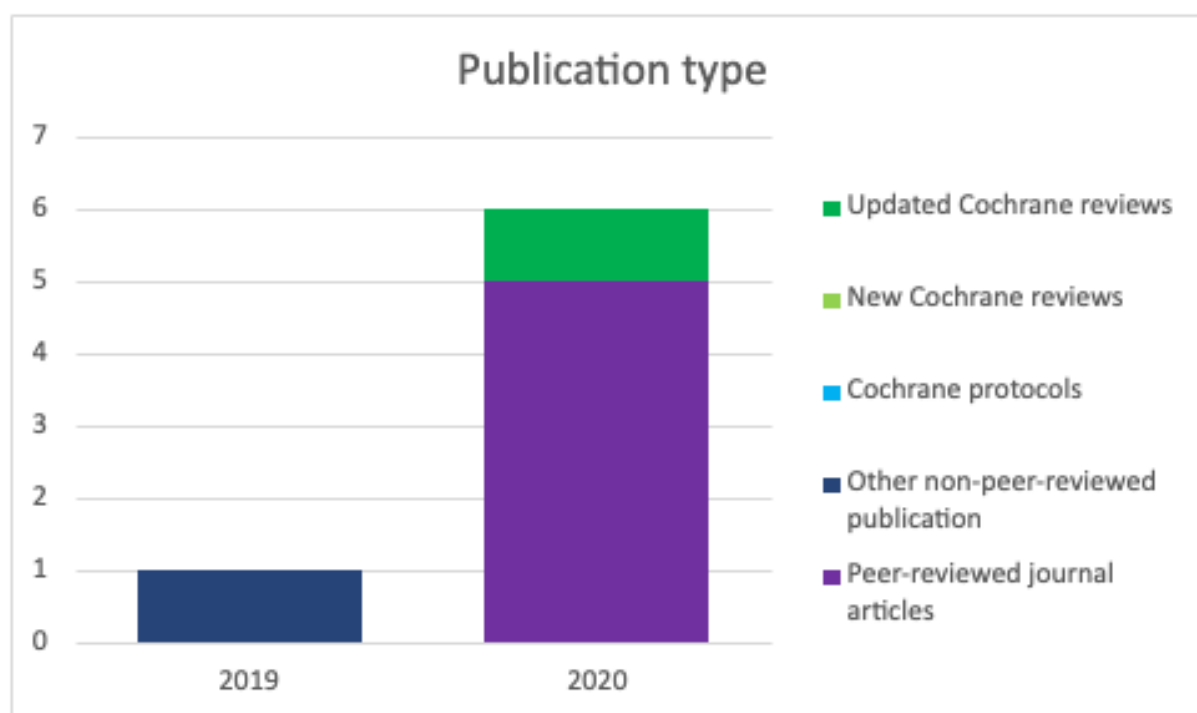


Figure 2. The publication type of the published material from Cochrane Colorectal Group 2019-2020.

Editorial workflow

The editorial work of Cochrane Colorectal Group falls into four main categories:

- Handling title proposals
- Development of protocols
- Development of reviews
- Maintenance of the portfolio

The status of these four categories for 2020 are covered in detail below.

Title proposals

Cochrane Colorectal Group has handled a total of 14 title proposals in 2020, which can be seen in Table 2. All in all, six titles were accepted within Cochrane Colorectal Group, one was accepted in collaboration with Cochrane Vascular Group, four were rejected but referred to another relevant Cochrane Review Group, and three were entirely rejected. Of the approved title proposals within Cochrane Colorectal Group, two protocols have already been submitted as the first draft and the remaining four are expected to be submitted in the first quarter of 2021.

Table 2. The list of the handled title proposals in Cochrane Colorectal Group in 2020 and the status of these.

Title proposal	2020	Directed to other Cochrane Group	Rejected	Accepted	Internal ref. number	Submitted first draft of protocol
Quality of life following open versus laparoscopic low anterior rectal resection and total mesorectal excision in patients with rectal cancer	1	0	0	1	222	Yes
Early versus late closure of temporary ileostomy in patients with colorectal cancer	1	0	0	1	220	January 2021
Comparing the effectiveness of primary anastomosis and stomas for management of gangrenous sigmoid volvulus	1	0	1	0		
Interventional radiology embolisation as a treatment for severe haemorrhoids	1	1	0	1	unknown	Mainly in other Cochrane group
Oncological outcome post transanal total mesorectal excision for mid/low Rectal cancer	1	0	1	0		
Nonsteroidal anti-inflammatory drugs (NSAID) and aspirin for preventing recurrence and metachronous colorectal carcinomas in patients previously treated for colorectal cancer	1	1	1	0		

Use of a single mesh during the surgical repair of grade 2 and 3 complex ventral hernia	1	1	1	0		
Tissue markers of predictive value for cancer rectal neoadjuvant response - a systematic review	1	1	1	0		
Preoperative bowel decontamination for preventing complications in elective colorectal surgery	1	0	0	1	221	January 2021
Extensive intraoperative peritoneal lavage for resectable gastric cancer	1	0	0	1	224	February 2021
Incidence of venous thromboembolism after ventral hernia repair	1	0	1	0		
Uncut Roux-en-Y Versus Billroth II Anastomosis After Laparoscopic Distal Gastrectomy for Gastric Cancer	1	0	0	1	225	March 2021
Robot-assisted versus conventional laparoscopic surgery for rectal cancer	1	0	0	1	223	Yes
The effect of intravenous albumin in cirrhosis with extra-peritoneal infection: a systematic review and meta-analysis	1	1	1	0		
TOTAL	14	5	7	7		

Status of editorial workflow by end of 2020

By the end of 2020, a total of 35 titles were “in progress”. These titles were somewhere in the workflow between the initial development of the first draft of the protocol or review and being sent for copy edit. By beginning of January 2021, the 35 titles were in the stages shown in Table 3. Please note that this list is dynamic and changes daily.

Table 3. Status of reviews/protocols under development.

Stage in workflow	n
Initial draft in development	13
Editorial evaluation awaiting	4
Author revisions before peer review	6
Peer review under way	5
Authors responding to peer review	2
Awaiting assessment of author response/corrections	1
Awaiting final editorial approval	3
Authors final revisions	1
Total	35

The 35 titles that were in development by January 2021 can be seen in Table 4.

Table 4. Title of reviews/protocols in development in January 2021.

Title	Status
Hand sewn versus stapled closure of loop ileostomy	new protocol
Molecular biomarkers for predicting complete response to preoperative chemoradiation in patients with locally advanced rectal cancer	new protocol
Anastomosing techniques for laparoscopic right colectomy	new protocol
Purse-string skin closure versus linear skin closure in patients undergoing reversal of stoma	new protocol
Early versus late closure of temporary ileostomy for patients with rectal cancer	new protocol
Preoperative bowel decontamination for preventing complications in elective colorectal surgery	new protocol
Laparoscopic versus open surgery of low anterior rectal resection and total mesorectal excision for rectal cancer	new protocol
Robot-assisted versus conventional laparoscopic surgery for rectal cancer	new protocol
Extensive intraoperative peritoneal lavage for resectable gastric cancer	new protocol
Robotic versus non-robotic gastrectomy for gastric cancer	new protocol
Function-preserving gastrectomy for treating early gastric cancer	new protocol
Local versus radical surgery for early rectal cancer with or without Local versus radical surgery for early rectal cancer with or without neoadjuvant or adjuvant therapy	new review
Mesh fixation techniques for laparoscopic inguinal hernia repair in adults	new review
Coriolus versicolor mushroom for colorectal cancer treatment	new review
Intermittent versus continuous systemic therapy as treatment for unresectable metastatic colorectal cancer	new review
Imaging modalities for the detection of posterior pelvic floor disorders in women with obstructed defaecation syndrome	new review
Magnetic resonance imaging (MRI) for diagnosis of acute appendicitis	new review
Mesh prophylaxis for hernia in abdominal incisions	new review
Prehabilitation versus no prehabilitation to improve functional capacity, reduce postoperative complications and improve quality of life in colorectal cancer surgery	new review
Long-term results of laparoscopic colorectal cancer resection	update of protocol
Watchful waiting versus surgical operation for asymptomatic hernia	update of protocol
Appendectomy versus antibiotic treatment for acute appendicitis	update of protocol
Preservation versus elective neurectomy of the ilioinguinal nerve for open mesh inguinal hernia surgery	update of protocol
Bowel preparation for paediatric colonoscopy	update of protocol
Biomarkers for diagnosis of acute appendicitis in adults	update of protocol
High versus low ligation of the inferior mesenteric artery in curative surgery for non-metastatic rectal cancer	update of protocol
Mechanical bowel preparation for elective colorectal surgery	update of review
Function and complication outcomes of the different reconstructive techniques after radical rectal cancer resection	update of review

Preoperative chemoradiation versus radiation alone for stage II and III resectable rectal cancer	update of review
Surgical intervention for anorectal fistula of cryptoglandular origin	update of review
Pre-operative nutrition support in patients undergoing gastrointestinal surgery	update of review
Single incision versus conventional multi-incision appendicectomy for suspected appendicitis	update of review
Antibiotics for uncomplicated diverticulitis	update of review
Gases for establishing pneumoperitoneum during laparoscopic abdominal surgery	update of review
Abdominal drainage to prevent intra-peritoneal abscess after open appendectomy for complicated appendicitis	update of review

Protocols

No new protocols were published in 2020.

One protocol entitled “Local versus radical surgery for early rectal cancer with or without neoadjuvant or adjuvant therapy” was amended and re-published: CD002198.pub2.

Cochrane Colorectal Groups has started a collaboration with the information specialist from Cochrane Anaesthesia Group, Janne Vendt. She reviews and provides feedback for all search strings, which are submitted by authors during the development of the protocol. Furthermore, her expertise is available if a search needs updating at any time during the process. We are very satisfied for this collaboration, and we feel that this initiative has significantly improved the quality of the search strings.

Reviews

One review was withdrawn for being out of date and because one study included in the analysis was retracted (entitled “Appendectomy versus antibiotic treatment for acute appendicitis”, CD008359.pub3). A new author group has been assigned and the publication of an updated protocol is expected in first quarter of 2021.

One review was withdrawn for serious breach of Cochrane’s conflict of interest policy, a ruling by Cochrane’s Funding Arbiters (entitled “Daikenchuto for reducing postoperative ileus in patients undergoing elective abdominal surgery”, CD012271.pub3).

Two reviews were updated:

- “Antibiotic prophylaxis for prevention of postoperative wound infection in adults undergoing open elective inguinal or femoral hernia repair”, CD003769.pub5
- “Physical activity interventions for disease-related physical and mental health during and following treatment in people with non-advanced colorectal cancer”, CD012864.pub2

Collaboration with the Abdomen and Endocrine Network

The Cochrane Colorectal Group is part of the Abdomen and Endocrine Network. This has helped the group establish itself and eased the implementation of all new projects. The editorial base had virtual meetings with the Senior and/or Associate Editors eight times during 2020, where editorial policies, overall strategy, but also details regarding individual title proposals, protocols, and reviews were discussed.

On a day-to-day basis, the editorial base receives help and solutions from the Associate editor by email. Furthermore, in 2020 all protocols and reviews ready for acceptance have been sent for final approval by the Associate editor.

Collaboration with Central Editorial Service

In the fall of 2020, virtual meetings were held between the editorial base and the Central Editorial Service. The Central Editorial Service has offered to help the editorial base with the editorial handling of a limited number of manuscripts submitted to the Cochrane Colorectal Group including high priority reviews, diagnostic test accuracy reviews, and prognosis reviews.

Editorial projects

The work of the current editorial office started in 2019. The Cochrane Review group that were handed over needed drastic improvement and updating. The first year, 2019, was mostly used on getting an overview of the state of the Review Group. However, in 2020 we have launched and implemented several new projects and initiatives to improve Cochrane Colorectal Group. These includes:

- Updating of the protocol portfolio
- Transfer of titles, protocols, and reviews to and from other Groups
- Weekly meetings of the editorial base
- Recruitment of new editors and peer reviewers
- Focus on scientific misconduct and conflict of interests

These projects and initiatives are covered in detail below.

Updating the protocol portfolio

When we were handed over Cochrane Colorectal, we discovered that many of the registered Cochrane reviews in Archie consisted only of published protocols that had never resulted in a Cochrane review. We thoroughly went through all information regarding our Cochrane reviews and identified a total of 41 protocols that had not been touched by either the editorial office or authors for several years. We send mails to all authors listed for these reviews to assess if these reviews were to continue or to be withdrawn, as stated in Cochrane's Editorial Policy:

Protocols may be withdrawn for one of the following reasons:

- *The protocol is out of date and does not meet the current methodological standards of Cochrane.*
- *Authors have made no progress with this protocol in XX months/years.*
- *The protocol has been split into or merged with other protocols.*
- *Protocols that have not been converted into full Cochrane Reviews within two years of publication should generally be withdrawn from the Cochrane Database of Systematic Reviews.*

These efforts resulted in several author groups agreeing to restart their commitment to their Cochrane review and to the update of their protocol, which can be seen from Table 4. It has also resulted in 19 protocols being withdrawn, thus, making it more transparent, which Cochrane protocol that can be expected to result in a Cochrane review within the next year. These are listed in Table 5.

Table 5. Withdrawn protocols in 2020 from the Cochrane Colorectal Group.

Protocol title	Cochrane database number	Status
Adjuvant anti-VEGF therapy for overall survival and relapse-free survival in patients with resected non-metastatic colorectal cancer	CD012460.PUB2	no update/republication planned

Closed versus open approach in laparoscopic colorectal surgery	CD003547.PUB4	no update/republication planned
FDG PET-CT imaging for preoperative staging in patients with colorectal cancer	CD009630.PUB2	no update/republication planned
Herbal medicine for relapse and metastasis in patients operated for colorectal cancer	CD006270.PUB2	no update/republication planned
Metronidazole for pain after haemorrhoid surgery	CD010727.PUB2	no update/republication planned
Neostigmine for the treatment of acute colonic pseudo-obstruction	CD012911.PUB2	no update/republication planned
Nonsteroidal anti-inflammatory drugs (NSAID) and aspirin for preventing colorectal adenomas and carcinomas in general population	CD010267.PUB2	transferred to GUT group for further assessment
Nonsteroidal anti-inflammatory drugs (NSAID) and aspirin for preventing colorectal adenomas and carcinomas in patients with previous adenomas and/or genetic disposition	CD010291.PUB2	transferred to GUT group for further assessment
Nonsteroidal anti-inflammatory drugs (NSAID) and aspirin for preventing recurrence and metachronous colorectal carcinomas in patients previously treated for colorectal cancer	CD010325.PUB2	transferred to GUT group for further assessment
Perioperative prebiotics, probiotics or synbiotics for elective abdominal surgery in adults	CD009246.PUB2	no update/republication planned
Radiotherapy versus combined modality therapy for anal carcinoma	CD004652.PUB2	no update/republication planned
Robotic surgery for rectal cancer	CD009214.PUB2	no update/republication planned
Role of homeopathic medicines in prevention and treatment of paralytic ileus	CD009271.PUB2	no update/republication planned
Sequential versus combination chemotherapy for advanced colorectal cancer	CD008594.PUB2	no update/republication planned
Single-incision versus standard multi-incision laparoscopic colectomy in patients with malignant or benign colonic disease	CD010717.PUB2	no update/republication planned
Surgery for complicated diverticular disease: primary or secondary anastomosis after colonic resection	CD006141.PUB3	Update and republication pending
Testicular perfusion and testicular volume after inguinal hernia repair	CD009203.PUB2	no update/republication planned
Ursodeoxycholic acid for the prevention of colorectal adenomas and carcinomas	CD007377.PUB2	transferred to GUT group for further assessment
Vitamins and minerals for the prevention of colorectal adenomas and carcinomas	CD004321.PUB2	transferred to GUT group for further assessment

Transfers

While going through the titles of our protocols and reviews, we discovered that many of the subjects were outside the scope of our Cochrane Colorectal Group. We, therefore, approached Cochrane GUT Group that was formed in June 2020 as a merge between Cochrane Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD groups. In collaboration with Cochrane GUT, we identified several protocols and reviews that could be

transferred between the two groups to sharpen the scope and the editorial expertise of both Cochrane Review Groups. The initial transfers that were completed in 2020:

- Transfer from Cochrane Colorectal to Cochrane GUT: a total of 32 protocols or reviews were transferred immediately
- Transfer from Cochrane GUT to Cochrane Colorectal: a total of 24 protocols or reviews were transferred immediately

Furthermore, four protocols or reviews were identified to be transferred from Cochrane GUT to Cochrane Colorectal and 12 protocols or reviews were identified to be transferred from Cochrane Colorectal to Cochrane GUT after publication, as the editorial process was currently ongoing.

The transfer was successful with the help of Cochrane Support and Cochrane GUT editorial office and all new authors were informed of the transfer and welcomed to Cochrane Colorectal Group.

We also reached out to the Cancer Network to find out if the (oncological) cancer specific protocols and reviews would be better placed in their Cochrane Network. However, no final decision on these have been reached.

Weekly Editorial Base meetings

Due to the state of the Cochrane Colorectal Group that was handed over, we found a need to take Editorial Base decisions on a weekly basis to ensure a quick and effective process. We have therefore in spring 2020 implemented a weekly Editorial Base meeting. This has resulted in 21 formalized Editorial Base meetings in 2020. All meetings have a structured agenda and result in a summary, so that the progress and decisions can be monitored and followed up.

Recruitment of new editors and peer reviewers

Cochrane Colorectal Group have started updating our list of editors and peer reviewers. We have, therefore, recruited a new statistical editor, Calvin Heal, and have reached out to the Department of Biostatistics, University of Copenhagen, to further increase our list of statistical editors. Furthermore, we have added Jakob Burcharth to our list of editors. Our list of editors now include:

- Steven Brown, UK
- Tiffany Daly, Australia
- Mark Jeffery, New Zealand
- Wai Lun Law, Hong Kong
- Robert Madoff, USA
- Simone Mocellin, Italy
- Bo Rud, Denmark
- Scott Steele, USA
- Samson Tou, UK
- Judith E. Ritchie, UK
- Jenna Morgan, UK
- Brigid E. Hickey, Australia
- Calvin Heal, UK
- Jakob Burcharth, DK

The list is continuously maintained at our [webpage](#).

Several new peer reviewers have aided us conducting peer review this year. The list of peer reviewers, therefore now include:

Brett Doleman, England
Thomas Drake, England
Satyanrayana S Vedula, USA
Ram Bajpai, Singapore
Laura Ciccolallo, Italy
Carole Lunny, Australia
Herand Abcarian, USA
Robert D. Acton, USA
Elie Akl, Australia
Nancy Baxter, Canada
Antonino Amato, USA
Ramez Antakia, England
Suhail Anwar, Pakistan
Ramesh P. Arasaradnam, England
Florian Herrle, Germany
Johan F. Lange, Netherlands
Marc Benninga, Netherlands
Otto Lin, USA
Malak Bokhari, USA
Yoon Loke, England
Claire McManus, Ireland
Carl James Brown, Canada
Mohammed A Thaha, England
Wim Ceelen, Belgium
Janet L Wale, Australia
Keith Chapple, England
Cagdas Ünlü, Netherlands
Dimitri Christoforidis, Switzerland
Benilde Cosmi, Italy
Nicky Cullum, England
Gaetan Des Guetz, France
David Etzioni, USA
David Feuer, England
Christian Gluud, Denmark
Hak Su Goh, Hong Kong RoC
Peter Gøtzsche, Denmark
Henrik Harling, Denmark
Brigid Hickey, Australia
Shiva Jayaraman, England
Eric Jensen, USA
John F Johanson, USA
Lars N Jørgensen, Denmark
Mario Kopljar, Croatia
Ron Koretz, USA
John MacDonald, Canada
Fatemeh Malekpour Ghorbani, Iran
Søren Meisner, Denmark

Simon Nienhuijs, Netherlands
Susan O'Connell, Wales
Jørn Pachler, Denmark
Karen Pilkington, England
Cecillia Lund, Denmark
Mark Saunders, England
Stefan Sauerland, Germany
David Shibata, USA
Andrew Smith, England
Matthias Soop, USA
Lorna Watson, Australia
Theo Wiggers, Netherlands
Matthew Zacharias, England
Martin Rutegård, Sweden
Frank A. Frizelle, New Zealand
Calvin Heal, England
Keith Chapple, England
Mads Falk Klein, Denmark
Neil Smart, England

The list is continuously maintained at our [webpage](#).

We have also added a consumer reviewer to our team, Anette Lis Jensen, who have contributed to reviewing several of our plain language summaries in 2020.

Scientific misconduct and conflict of interest

A special focus of Cochrane Colorectal Group in 2020 has been on identifying scientific misconduct both in previous reviews published by Cochrane Colorectal Group and reviews under development. Thus, all the included studies from a total of 117 reviews previously published by Cochrane Colorectal Group were thoroughly checked for scientific misconduct in [Retraction Watch Database](#). This resulted in the identification of one Cochrane review, which unfortunately included an article that was retracted due to plagiarism as previously mentioned in the Reviews section. Furthermore, we have implemented that all included studies in new or updated reviews must be checked in [Retraction Watch Database](#) twice during the development and editorial process. Firstly, when the first draft of the review is submitted, and secondly, after peer review comments have been implemented as some time can pass between these two processes.

Another aspect of scientific misconduct is illegitimate authorships. Through our research of authorship in Cochrane (see Publications) and our Co-ed's previous work for the ICMJE, we have specifically focused on clarifying contributions of authors for Cochrane reviews. The Cochrane Colorectal Group, therefore, always notify authors when the first draft of a protocol or review is submitted if there are authors that does not fulfill the authorship criteria of Cochrane so that gift authorships are avoided and all authorships are legitimate.

Cochrane's launch of a new Conflict of Interest Policy this year has inspired Cochrane Colorectal Group to have a focus on early detection of possible conflicts. Thus, we have informed all new authors of the change of the policy and ensure that declaration of interest forms are submitted and reviewed by the editorial office before the protocol template is made available for authors to draft. An initial check for possible conflicts is made for all submitted drafts of protocols and reviews. This includes a check that all declarations of interest have been submitted within the past year, assessing these declarations, and controlling that all submitted declarations are in line with the declarations of the submitted draft. Any doubts regarding possible conflict of interest are discussed at the editorial base meetings and/or the conflict of interest Arbiters of Cochrane.

Citations and usage of reviews

Each year, Cochrane Colorectal Group receives the CRG Impact Report from the previous year. The following is excerpts from the CRG impact report.

The 2019 Impact Factor for the Cochrane Colorectal Group was 6.09, an increase compared with the Impact Factor for 2018, which was 5.75.

For 2019, reviews from the Cochrane Colorectal Group were cited in total 134 times. The top 10 most cited reviews can be seen in Table 6.

Table 6. The 10 most cited reviews of Cochrane Colorectal Group in 2019.

Review Title	CD number	Times cited
Epidermal growth factor receptor (EGFR) inhibitors for metastatic colorectal cancer	CD007047	13
Virtual reality simulation training for health professions trainees in gastrointestinal endoscopy	CD008237	12
Prosthetic mesh placement for the prevention of parastomal herniation	CD008905	9
Closure methods of the appendix stump for complications during laparoscopic appendectomy	CD006437	8
Laparoscopic versus open resection for sigmoid diverticulitis	CD009277	8
Second-line systemic therapy for metastatic colorectal cancer	CD006875	8
Abdominal drainage to prevent intra-peritoneal abscess after open appendectomy for complicated appendicitis	CD010168	7
Mesh versus non-mesh for inguinal and femoral hernia repair	CD011517	7
Dietary fibre for the prevention of recurrent colorectal adenomas and carcinomas	CD003430	6
Early versus delayed appendicectomy for appendiceal phlegmon or abscess	CD011670	6

In 2019, reviews from the Colorectal Group was downloaded in full text 138.208 times, an increase of 30.203 compared with 2018. The top 10 downloaded reviews can be seen in Table 7.

Table 7. The 10 most downloaded reviews of Cochrane Colorectal Group in 2019.

Title	CD number	Downloads in 2019
Mesh fixation techniques in primary ventral or incisional hernia repair	CD011563	5.499
Blood CEA levels for detecting recurrent colorectal cancer	CD011134	4.919
Incision and drainage of perianal abscess with or without treatment of anal fistula	CD006827	4.621
Mesh versus non-mesh for inguinal and femoral hernia repair	CD011517	4.594

Transabdominal pre-peritoneal (TAPP) vs totally extraperitoneal (TEP) laparoscopic techniques for inguinal hernia repair	CD004703	4.394
Mesh versus non-mesh for inguinal and femoral hernia repair	CD011517	4.274
Antimicrobial prophylaxis for colorectal surgery	CD001181	3.503
Chewing gum for postoperative recovery of gastrointestinal function	CD006506	3.214
Closure methods for laparotomy incisions for preventing incisional hernias and other wound complications	CD005661	2.863
Second-line systemic therapy for metastatic colorectal cancer	CD006875	2.224

Presentations and external communications

Unfortunately, due to COVID-19, we have been unable to attend conferences and provide presentations and external communications during 2020. We had prepared several abstracts for Cochrane Colloquia, which had to be cancelled. We hope the future brings back the opportunity to meet and both educate ourselves and others.

Funding

Cochrane Colorectal Group is solely funded by governmental funds and receives no extramural funding from any public or private funders.