

# Cochrane Colorectal

Annual Report, Cochrane Colorectal Group 2021  
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## Table of content

	1
<b>TABLE OF CONTENT</b>	<b>2</b>
<b>EDITORIAL WORKFLOW</b>	<b>3</b>
TITLE PROPOSALS	3
STATUS OF EDITORIAL WORKFLOW	4
PROTOCOLS	6
REVIEWS	7
<b>EDITORIAL PROJECTS</b>	<b>7</b>
NEW ASSISTANT MANAGING EDITOR	8
EDITORIAL INDEPENDENCE AND EFFICIENCY PROJECT (EIEP)	8
UPDATING THE REVIEW PORTFOLIO	8
EDITORIAL MANAGER	9
AUTHORSHIP AND SCIENTIFIC MISCONDUCT AND CONFLICT OF INTEREST	9
<b>CITATIONS AND USAGE OF REVIEWS</b>	<b>11</b>
<b>PUBLICATIONS</b>	<b>13</b>
<b>PRESENTATIONS AND EXTERNAL COMMUNICATIONS</b>	<b>15</b>
<b>FUNDING</b>	<b>15</b>
<b>VISIONS FOR 2022</b>	<b>15</b>

## Editorial workflow

In 2021, Cochrane Colorectal has been part of the pilot project Editorial Independence and Efficiency Project (EIEP) ([link](#)). This has profoundly changed our editorial workflow.

Furthermore, Cochrane has started a change of editorial systems, and large parts of the editorial processes have been relocated from Archie to Editorial Manager. The editorial work of Cochrane Colorectal Group now falls into four main categories:

- Handling title proposals
- Initial development of protocols
- Initial development of reviews
- Maintenance of the portfolio

The status of these for 2021 are covered in detail below except for maintenance of the portfolio, which is covered under Editorial projects.

We continually work to expand our network of peer reviewer and editor as well as identifying authors to conduct priority Cochrane reviews that falls within the scope of the Cochrane Colorectal Group. A full list of editors and peer reviewers is maintained at our webpage ([link](#)).

## Title proposals

Cochrane Colorectal Group has handled 13 title proposals in 2021, which can be seen in Table 1. All in all, seven titles were accepted within the Cochrane Colorectal Group, five were rejected, and one title was referred to another Cochrane Group (Gut). Of the approved title proposals within Cochrane Colorectal Group, two have already undergone initial evaluation and have been sent to Central Editorial Service ([link](#)) as a part of the EIEP project, two protocols have been submitted as first drafts, and the remaining three are expected to be submitted in the second quarter of 2022.

*Table 1. The list of the handled title proposals in Cochrane Colorectal Group in 2021 and the status of these. CES: Central Editorial Service, ref.: referral.*

Title proposal	Directed to another Cochrane Group	Rejected	Accepted	Internal ref. number	Submitted first draft of protocol
Transanal endoscopic microsurgery versus radical resection in the management of early rectal cancer		1			
High versus low ligation of the inferior mesenteric artery in colorectal cancer surgery		1			
Perioperative probiotics for preventing postoperative complications in patients with colorectal cancer		1			
Hernia sac transection versus complete sac reduction for inguinal hernia repair			1	226	First draft has been submitted

Early laparoscopy versus observation for patients with acute abdominal pain		1			
Neoadjuvant chemotherapy in locally advanced rectal cancer			1	231	First draft has been submitted
Robotic versus laparoscopic versus open pancreaticoduodenectomy for pancreatic cancer: an individual patient data network meta-analysis worldwide			1	230	Deadline 2 <sup>nd</sup> quarter of 2022
Effect of pneumoperitoneum during laparoscopic procedures for renal perfusion and renal function			1	228	CES
Mesh versus non-mesh in emergency groin hernia repair			1	227	CES
Front-line managements of unresected colorectal cancer with liver metastasis		1			
Transanal tube for the prevention of anastomotic leakage in rectal cancer surgery			1	233	Deadline 2 <sup>nd</sup> quarter of 2022
Open versus laparoscopic repair for paediatric inguinal hernia			1	232	Deadline 2 <sup>nd</sup> quarter of 2022
Linked color imaging versus conventional white light colonoscopy for the detection of colorectal polyps	1				
<b>TOTAL</b>	<b>1</b>	<b>5</b>	<b>7</b>		

### Status of editorial workflow

A total of 36 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 the end of February 2022, the 36 titles were in the stages shown in Table 2. Please note that this list is dynamic and changes daily.

*Table 2. Status of reviews/protocols under development. EIEP: Editorial Independence and Efficiency Project.*

<b>Stage in workflow</b>	<b>Number</b>
Initial draft in development	8
Editorial evaluation awaiting	0
Author revisions before peer review	10
Peer review handled by Central Editorial Service (EIEP)	12
Peer review handled by Cochrane Colorectal Group	6
Peer review under way	0
Authors responding to peer review	
Awaiting assessment of author response/corrections	1
Awaiting final editorial approval	0

Copy-editing	5
<b>TOTAL</b>	<b>36</b>

The 36 titles that were in development by February 2022 can be seen in Table 3.

*Table 3. Title of protocols/reviews in development in February 2022.*

<b>Title</b>	<b>Status</b>
Watchful waiting versus operation for asymptomatic or minimally symptomatic inguinal hernia	update of protocol
Surgery for perforated left colonic diverticulitis with Hinchey III or IV peritonitis: primary anastomosis versus Hartmann's procedure or peritoneal lavage	update of protocol
Preservation versus elective neurectomy of the ilioinguinal nerve for open mesh inguinal hernia surgery	update of protocol
Molecular biomarkers for predicting complete response to preoperative chemoradiation in patients with locally advanced rectal cancer	new protocol
High versus low ligation of the inferior mesenteric artery in curative surgery for non-metastatic rectal cancer	update of 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
Robot-assisted versus conventional laparoscopic surgery for rectal cancer	new protocol
Extensive intraoperative peritoneal lavage for resectable gastric cancer	new protocol
Uncut Roux-en-Y versus Billroth II reconstruction after distal gastrectomy for gastric cancer	new protocol
Hernia sac transection versus complete sac reduction for inguinal hernia repair	new protocol
Mesh versus non-mesh for emergency groin hernia repair	new protocol
Effect of pneumoperitoneum on renal perfusion in patients undergoing laparoscopic surgery	new protocol
Robotic versus laparoscopic versus open pancreaticoduodenectomy for pancreatic cancer: an individual patient data network meta-analysis worldwide	new protocol
Neoadjuvant chemotherapy in locally advanced rectal cancer	new protocol
Function-preserving gastrectomy for treating early gastric cancer	new protocol
Transanal tube for the prevention of anastomotic leakage in rectal cancer surgery	new protocol
Open versus laparoscopic repair for paediatric inguinal hernia	new protocol
Local versus radical surgery for early rectal cancer with or without neoadjuvant or adjuvant therapy	new review

Long-term results of laparoscopic colorectal cancer resection	update of review
Transabdominal pre-peritoneal (TAPP) vs totally extraperitoneal (TEP) laparoscopic techniques for inguinal hernia repair	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	
Appendectomy versus antibiotic treatment for acute appendicitis	new review
Guaiac-based faecal occult blood tests versus faecal immunochemical tests for colorectal cancer screening in average-risk individuals	new review
Coriolus versicolor mushroom for colorectal cancer treatment	new 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
Biomarkers for diagnosis of acute appendicitis in adults	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
Preoperative combined mechanical and oral antibiotic bowel preparation for preventing complications in elective colorectal surgery	new review
Fibrin sealants for the prevention of postoperative pancreatic fistula following pancreatic surgery	update of review

## Protocols

No new protocols were published in 2021.

Two protocols were updated and published:

- “Biomarkers for diagnosis of acute appendicitis in adults”: CD011592.pub2
- “Appendectomy versus antibiotic treatment for acute appendicitis”: CD015038

Furthermore, 15 protocols were withdrawn as the author teams had no interest in conducting the Cochrane review in accordance with 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.”*

Thus, we strive to increase transparency by only having Cochrane protocols that are expected to result in a Cochrane review within the next year. However, we have currently paused this after receiving the ME Support Digest email of January stating:

*“The policy and process for withdrawals of Cochrane Reviews and protocols are currently being revised to accommodate organisational changes and to move towards redefining withdrawn reviews as ‘retractions’. The policy for protocols will also change. For time being please do not withdraw any protocols for reasons other than serious error.”*

Therefore, we will await further information.

The collaboration with the information specialist from Cochrane Anaesthesia Group, Janne Vendt, is still in place. 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 with this collaboration, and the improved quality of the search strings that this adds.

## Reviews

Three new reviews were published by Cochrane Colorectal Group in 2021:

- “Magnetic resonance imaging (MRI) for diagnosis of acute appendicitis”, CD012028.pub2
- Imaging modalities for the detection of posterior pelvic floor disorders in women with obstructed defaecation syndrome, CD011482.pub2
- Mesh fixation techniques in primary ventral or incisional hernia repair, CD011563.pub2

One review was updated in 2021:

- Abdominal drainage to prevent intra-peritoneal abscess after appendectomy for complicated appendicitis, CD010168.pub4

## Editorial projects

The work of the current editorial office started in 2019. As stated in the annual report of 2020, the Cochrane Review Group that was 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. In 2021, we have launched and implemented several new projects and initiatives to improve Cochrane Colorectal Group. These includes:

- A new assistant managing editor
- Being part of the Editorial Independence and Efficiency Project (EIEP)
- Updating of the review portfolio
- Implementation of Editorial Manager
- Improved focus on authorship and scientific misconduct issues

These projects and initiatives are covered in detail below.

### New assistant managing editor

This year, we welcomed medical doctor and PhD Stina Öberg as an assistant managing editor. Stina has vast experience in conducting and writing systematic reviews and meta-analyses. Her previous research has focused on the optimal repair of recurrent inguinal hernias to reduce recurrences, chronic pain, and other intraoperative- and short-term postoperative complications. Her current research focuses on the genetic aspect of groin hernias.

### Editorial Independence and Efficiency Project (EIEP)

The Editorial Independence and Efficiency Project (EIEP) is aiming to improve editorial efficiency and independence ([link](#)).

The first step of the project is a pilot. Phase A of the pilot involved five review groups, and the Cochrane Colorectal Group was one of them. Phase B has added another four groups, and the aim is to involve a total of 15–20 review groups to the pilot.

Being part of the pilot phase A means that Cochrane Colorectal Group manages the editorial handling of proposals, protocols, and reviews up until the manuscript is ready to go to external peer review. When a manuscript is ready for external peer review, it is then transferred to the Central Editorial Service, who handles the editorial process from peer review to publication with input from the review groups.

The Cochrane Colorectal Group now has a closer collaboration with the Central Editorial Service. We are grateful to be part of the pilot project and we have had very good experience collaborating with the Central Editorial Service. Furthermore, being part of the pilot will allow the Cochrane Colorectal Group to increase its focus on strategies, prioritization, and the support of authors.

### Updating the review portfolio

After having reviewed the protocol portfolio, we have now started updating the review portfolio of Cochrane Colorectal Group. We have thoroughly gone through all information regarding our Cochrane reviews and identified three protocols and nine primary reviews that were several years old and had never been finalised. We are currently in contact with these authors to clarify if they are interested in finalising the protocols/reviews or if they should be marked as inactive. If they are interested, we will assess the following:

1. Does the protocol meet the current methodological standards of Cochrane or does it need to be updated?
2. Is the topic still relevant?

Three author groups have declined finalising their reviews, and the topic of one review was assessed to be out-of-date with little clinical relevance (listed in Table 4). We are awaiting answers from the remaining authors.

Table 5. Title of reviews that have never been finalised and have been approached regarding finalising the review.

Title	Finalising review
Cytoreductive surgery alone or combined with hyperthermic intraperitoneal chemotherapy (HIPEC) for pseudomyxoma peritonei	Declined
Laparoscopic fundoplication for gastro-oesophageal reflux disease (GORD) in adults	Declined
Laparoscopic versus open resection for gastric gastrointestinal stromal tumours (GISTs)	Declined
Biodegradable anastomotic ring for gastrointestinal anastomosis	Out-of-date

### Editorial Manager

Archie has previously been used for all submissions in Cochrane. However, by the end of 2021, Archie was replaced by Editorial Manager. During this process, both we in the Cochrane Colorectal Group and the authors have had some start-up problems. We are extremely thankful for the support from the Cochrane Community Support Team ([link](#)) and the Cochrane Editorial Manager Knowledge Base ([link](#)).

### Authorship and scientific misconduct and conflict of interest

Cochrane Colorectal Group have always had a special focus on scientific misconduct. In the previous year, we implemented a check for all included studies for scientific misconduct in Retraction Watch Database ([link](#)). This has continued in 2021.

Another aspect of scientific misconduct is illegitimate authorships. As previously stated in the annual report of 2020, through our research of authorship in Cochrane and our Coordinating Editor's previous work as a member of the International Committee of Medical Journals Editors (ICMJE), we have specifically focused on clarifying contributions of authors for Cochrane reviews. We have implemented an authorship declaration form to be filled out by all authors of protocol and reviews, see Figure 1.

It is our experience that the form greatly supports authors in identifying contributions to the manuscript. Surprisingly, the use of the authorship declaration has also resulted in changes in by-lines of manuscripts after initial submission. In a few instances, the contact author was not able to supply a signed copy of the authorship declaration from all co-authors, and in some instances, not all co-authors were aware that the manuscript had been submitted. In both examples, this meant that not all authors listed in the by-line fulfilled the authorship criteria and we have had to revise by-lines (remove authors) in accordance with the Committee on Publication Ethics (COPE) guidance. For the vast majority of submitted manuscripts, the use of the authorship declaration simply confirms that all authors fulfil all four ICMJE authorship criteria.

Because of our positive experiences with the use of the authorship declaration, we have decided to continue to use it.

## Authorship declaration



Manuscript title: [Click here to insert text.](#)

Manuscript number: [Click here to insert text.](#)

Manuscript type:  Protocol  Review

Corresponding author: [Click here to insert text.](#)

### I hereby declare and guarantee:

- that the work presented in the present manuscript has not been published elsewhere, neither in part nor in whole, and that it is not currently being assessed by the editorial staff of any other journal
- that the work is free of any copyright issues and that the necessary rights to publish illustrations, figures and photos have been cleared
- that the manuscript follows ICMJE policy
- that any persons or organizations mentioned under Acknowledgments have agreed to such mention,
- that the work presented in this manuscript will not be published anywhere else, including the news media, before being published in the Cochrane Database of Systematic Reviews.

### I hereby declare that I have contributed to the manuscript according to the following criteria.

*Please note that authorship is based on fulfilling all four criteria.*

1. Conception, acquisition, analysis, interpretation, *please mark one or more of the following*
  - a. Substantial contributions to the conception or design of the work .....
  - b. The acquisition of data for the work (review only) .....
  - c. Analysis of data for the work (review only) .....
  - d. Interpretation of data for the work (review only) .....
2. Drafting and revising, *please mark one or more of the following*
  - a. Drafting the work .....
  - b. Revising it critically for important intellectual content .....
3. Final approval of the version to be published .....
4. Agreement to be accountable for all aspects of the work in ensuring .....   
that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

I hereby declare that the above contributions are correctly reflected in the section "Contributions of authors" in the submitted manuscript.

Name	Date	Signature
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Each author needs to fill out a copy of this form and sign it. The corresponding authors shall return all forms to Cochrane Colorectal Group by email to [cochrane Colorectal@gmail.com](mailto:cochrane Colorectal@gmail.com)

Version 1.0 Cochrane Colorectal Group

Figure 1. The authorship declaration implemented in 2021 by Cochrane Colorectal Group.

## 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 2020 Impact Factor for the Cochrane Colorectal Group was 9.50, an increase compared with the Impact Factor for 2019 that was 6.09.

For 2020, reviews from the Cochrane Colorectal Group were cited in total 152 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 2020. \* This covers two different versions of the same review, publication three and four.*

<b>Review Title</b>	<b>CD number</b>	<b>Times cited</b>
Laparoscopic versus open surgery for suspected appendicitis	CD001546	38
Virtual reality simulation training for health professions trainees in gastrointestinal endoscopy	CD008237	19
Mesh versus non-mesh for inguinal and femoral hernia repair	CD011517	18
Prosthetic mesh placement for the prevention of parastomal herniation	CD008905	11
Preoperative radiotherapy and curative surgery for the management of localised rectal carcinoma	CD002102	9
Early enteral nutrition within 24 hours of lower gastrointestinal surgery versus later commencement for length of hospital stay and postoperative complications*	CD004080	9
Early enteral nutrition within 24 hours of lower gastrointestinal surgery versus later commencement for length of hospital stay and postoperative complications*	CD004080	9
Prolonged thromboprophylaxis with low molecular weight heparin for abdominal or pelvic surgery	CD004318	8
Abdominal drainage to prevent intra-peritoneal abscess after open appendectomy for complicated appendicitis	CD011517	7
Follow-up strategies for patients treated for non-metastatic colorectal cancer	CD002200	6

In 2020, reviews from the Colorectal Group were downloaded in full text 111,998 times, a slight decrease from 138,208 compared with 2019. The top 10 downloaded reviews can be seen in Table 7.

Table 7. The 10 most downloaded reviews of Cochrane Colorectal Group in 2020. \* This covers two different versions of the same review, publication three (3,232 downloads) and four (3,961 downloads).

<b>Title</b>	<b>CD number</b>	<b>Downloads</b>
Mesh fixation techniques in primary ventral or incisional hernia repair	CD011563	4,425
Laparoscopic versus open surgery for suspected appendicitis*	CD001546	3,961
Incision and drainage of perianal abscess with or without treatment of anal fistula	CD006827	3,484
Laparoscopic versus open surgery for suspected appendicitis*	CD001546	3,232
Chewing gum for postoperative recovery of gastrointestinal function	CD006506	3,091
Blood CEA levels for detecting recurrent colorectal cancer	CD011134	2,942
Mesh fixation techniques in primary ventral or incisional hernia repair	CD011563	2,341
Computed tomography for diagnosis of acute appendicitis in adults	CD009977	2,117
Antimicrobial prophylaxis for colorectal surgery	CD001181	1,996
Abdominal drainage to prevent intra-peritoneal abscess after open appendectomy for complicated appendicitis	CD010168	1,974

## Publications

Cochrane Colorectal Group is committed to continuously work on conducting research on editorial matters and publishing scientific papers relevant to the Cochrane Collaboration as well as Cochrane Reviews authored by the editorial team.

Our publications in 2021 and our total number of publications is presented in Figure 2.

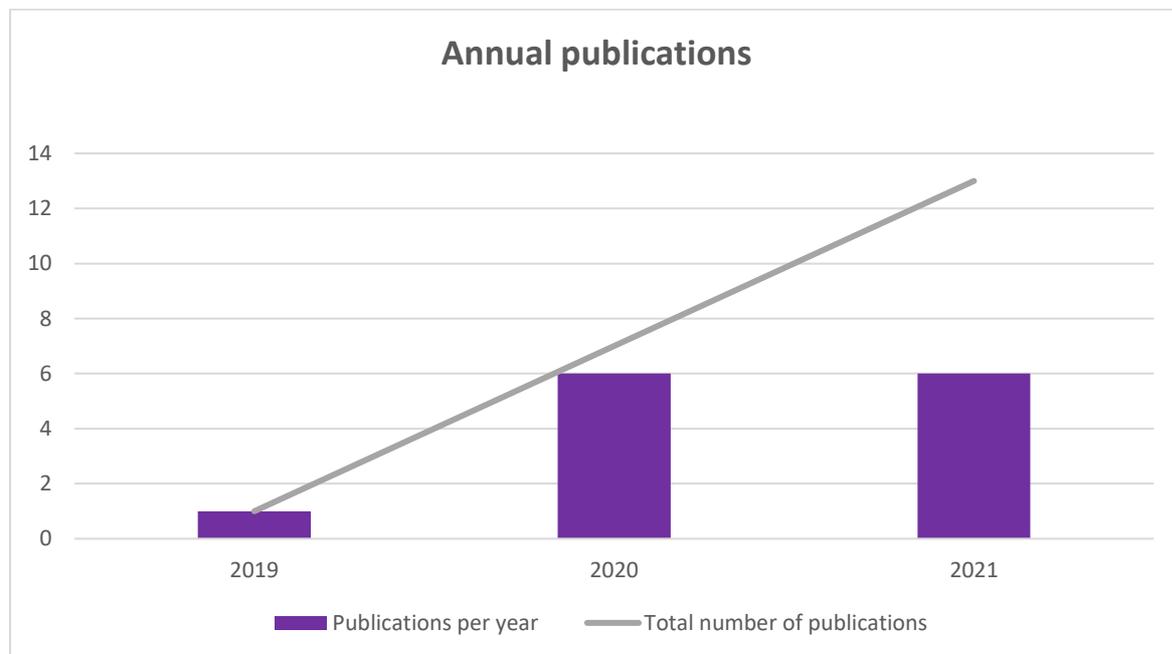


Figure 2. The total number of publications and number of publications per year from Cochrane Colorectal Group.

Details on the publications from Cochrane Colorectal in 2021 is presented in Table 8. Furthermore, the publication type of the published material is presented in Figure 3.

Table 8. The details on the articles published by Cochrane Colorectal in 2021 including the title, authors, and journal details.

Publication title	Authors	Citation
The historical group of withdrawn Cochrane reviews should be distinguished from retracted papers	Buciek JH, Andersen MZ, Fonnes S, Andresen K, Rosenberg J	<i>J Evid Based Med</i> 2021;14:269-271.
Most Cochrane reviews have not been updated for more than 5 years	Hoffmeyer BD, Andersen MZ, Fonnes S, Rosenberg J	<i>J Evid Based Med</i> 2021;14:181-184.
Appendectomy versus antibiotic treatment for acute appendicitis	Doleman B, Fonnes S, Lund JN, et al.	<i>Cochrane Database Syst Rev</i> 2021;9:CD015038.
Surgical research remains comic opera and maybe for good reasons.	Rosenberg J	<i>Dan Med J</i> 2021;68: A10210792.

Misleading meta-analyses in: Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality: systematic review and meta-analysis	Andresen K, Rosenberg J	<i>BMJ</i> 2021
Most published meta-analyses were made available within two years of protocol registration	Andersen MZ, Fonnes S, Andresen K, Rosenberg J	<i>Eur J Integr Med</i> 2021;44:101342.

In 2020, we set an aim to increase our publication within Cochrane through both publishing protocols and reviews. However, our planned protocols and Cochrane reviews are still under development and were not published in 2021. We will focus on finalizing these in 2022 and also starting new protocols and Cochrane reviews since more editorial time can be allocated to these tasks due to our participation in the pilot project Editorial Independence and Efficiency Project (EIEP), see Editorial workflow.

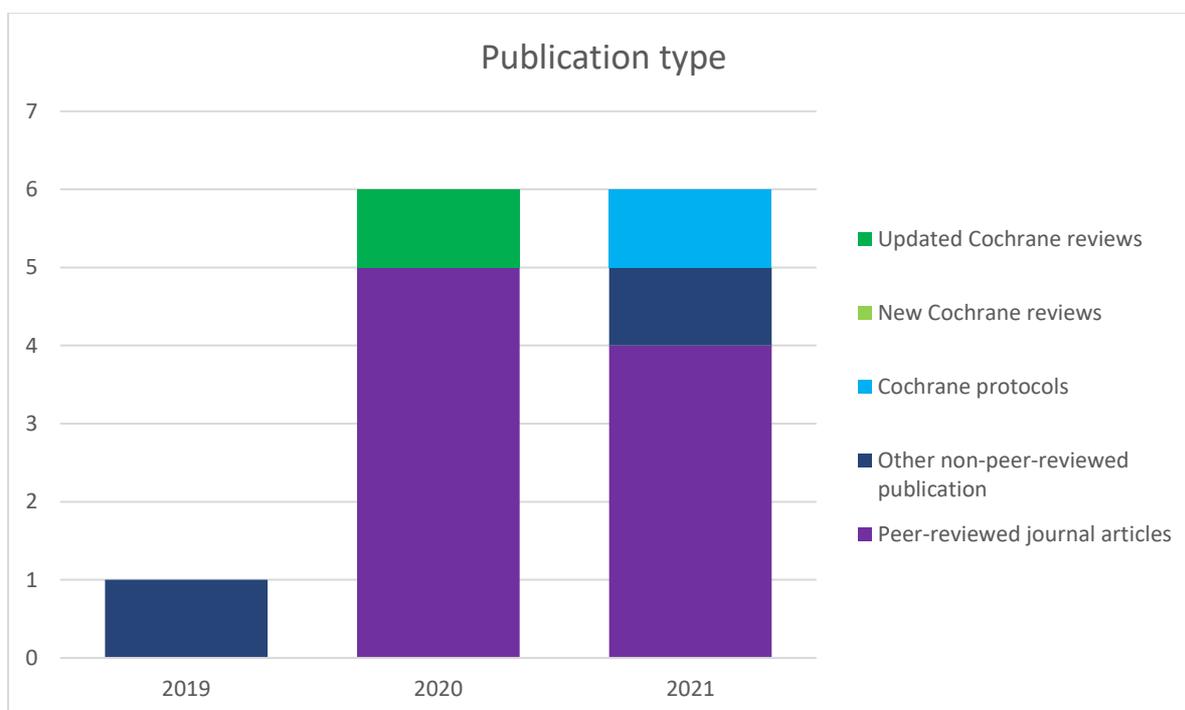


Figure 3. The publication type of the published material from Cochrane Colorectal Group 2019–2021.

## Presentations and external communications

Unfortunately, and because of the COVID-19 pandemic, we have been unable to attend conferences and provide presentations and external communications during 2021. We hope the future brings back the opportunity to meet and 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.

## Visions for 2022

We have set several goals for Cochrane Colorectal Group in 2022. We wish to:

- Update and expand the number of associated editors and peer reviewers
- Update the internal portfolio
- Update the future portfolio

We want to publish Cochrane reviews regarding the most important and newest topics within general surgery and will pursue this in 2022 and onwards.

Furthermore, we await the new organisational strategy from Cochrane's Strategy for Change ([link](#)) that will define the future of Cochrane and also Cochrane Review Groups such as the Cochrane Colorectal Group.