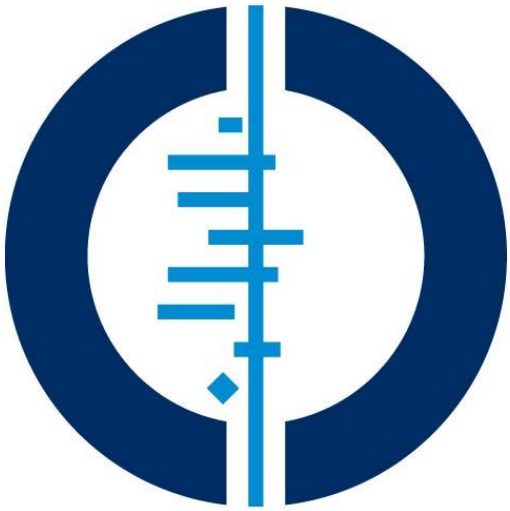

Annual Report, Cochrane Colorectal Group 2022

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Editorial workflow

The Editorial Independence and Efficiency Project (EIEP) (link) that Cochrane Colorectal Group was a part of in the pilot phase, has now almost been rolled out throughout Cochrane. In April 2023, the Central Editorial Service will conduct the editorial process for all submissions in UK-based Cochrane Review Groups, and from the beginning of 2024, they will conduct all reviews submitted to Cochrane Database of Systematic Reviews (link). This is part of Future Cochrane strategy that aims to streamline the development of Cochrane reviews. In 2022, the process for receiving title proposals was changed as shown below. Changes in Cochrane continue, and in the future, the review format will also change (link). The editorial work of the Cochrane Colorectal Group, currently falls into four main categories:

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

The editorial status of these in 2022 is covered in detail below except for maintenance of the portfolio, which is covered under Editorial projects.

Title proposals

In 2022, the number of received title proposals and expressions of interest doubled for the Cochrane Colorectal Group. In 2020 and 2021, there was received 14 and 13 title proposals, respectively, but in 2022, a total of 26 title proposals were managed, which can be seen in Table 1. Furthermore, the process regarding proposals was changed in June 2022. Now all title proposals to Cochrane Colorectal Group are initially handled by the new Proposal Manager at the central editorial manager site. All in all, three titles were accepted within the Cochrane Colorectal Group, 15 were rejected, and seven titles were referred to another Cochrane Group (Gut, Anaesthesia, Complementary Medicine, and Evidence Production and Methods Directorate). Often title proposals were rejected due to a lack of both published and expected evidence, e.g. randomised controlled trials, or not being a field of prioritisation. Of the approved title proposals within Cochrane Colorectal Group, three have submitted the initial drafts and one is under further development.

Table 1. The list of the handled title proposals in Cochrane Colorectal Group in 2022 and the status of these.

Title proposal	Directed to another Cochrane Group	Rejected	Accepted	Submitted first draft of protocol
Front-line managements of unresected colorectal cancer with liver metastasis		1		
The use of biological agents in preventing clinical and endoscopic recurrence of Crohn's disease in patients who underwent bowel resection: a systematic review +/- meta-analysis	1			
Total neoadjuvant therapy (TNT) followed by surgery vs. standard radiochemotherapy		1		

followed by surgery for locally advanced rectal cancer – a Cochrane systematic review and meta-analysis*				
Total neoadjuvant therapy in locally advanced rectal cancer patients (			1	First draft has been submitted
Use of 3D mesh versus conventional polypropylene mesh in laparo-endoscopic inguinal hernia repair		1		
Surgical procedures for obstructed defecation		1		
Lightweight versus heavyweight mesh for inguinal hernia		1		First draft has been submitted
Local versus Epidural/Spinal anaesthesia for Tension-free inguinal hernia repair: systematic review and meta-analysis	1			
Acupuncture for postoperative ileus	1			
Surgical Outcomes of High vs. Low Inferior Mesenteric artery ligation (IMA) Ligation for the Management of Sigmorectal Cancer		1		
Comparing efficacy of open vs. closed lateral internal sphincterotomy for surgical management of chronic anal fissure		1		
The role of defunctioning stoma prior to neoadjuvant therapy for locally advanced colonic and rectal cancer- A systematic review		1		
Short term benefits of laparoscopic colorectal resection		1		
Robot-assisted versus conventional laparoscopic surgery for rectal cancer			1	First draft has been submitted
Open and minimally invasive surgery for people with gastric cancer		1		
Endorectal Ultrasound (ERUS), Endoscopic Ultrasound (EUS) or Magnetic Resonance Imaging (MRI) for the diagnosis of T1 rectal cancer		1		
Sigmoid resection with primary anastomosis versus the Hartmann’s procedure for sigmoid volvulus		1		
Clinical prediction scores for diagnosing appendicitis in children	1			
Efficacy of endoscopic resection for colorectal polyps: a network meta-analysis	1			
Ultrasonography for diagnosis of acute appendicitis			1	Deadline 1st quarter of 2023
Review of incisional hernia risk according to specimen extraction site post laparoscopic right hemicolectomy		1		
Sigmoid resection with primary anastomosis versus the Hartmanns’s procedure for sigmoid volvulus		1		
Predictive value of previous fecal hemoglobin concentration in individuals participating in stool-based CRC screening on the detection of	1			

advanced neoplasia in subsequent screening round				
Efficacy of endoscopic resection for colorectal polyps: a network meta-analysis	1			
Interventions for the treatment of anal high-grade squamous intraepithelial lesions		1		
Ventral hernia robotic surgery versus laparoscopic ventral hernia surgery in adults		1		
TOTAL	**7**	**15**	**4**	

Status of editorial workflow

A total of 27 titles were "in development". 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 2023, the 27 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.

Stage in workflow	Number
Initial draft in development	2
Editorial evaluation awaiting	4
Author revisions before peer review	6
Peer review handled by Central Editorial Service (EIEP)	14
Peer review handled by Cochrane Colorectal Group	1
Copy-editing	1
TOTAL	**27**

The 27 titles that were in development by February 2023 can be seen in Table 3.

Table 3. Title of protocols/reviews in development in February 2023.

Title	Status
Ultrasonography for diagnosis of acute appendicitis	update of protocol
Laparoscopic mesh repair versus open Lichtenstein repair for inguinal hernia	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
Early versus late closure of temporary ileostomy for patients with rectal cancer	new protocol
Total neoadjuvant therapy for locally advanced rectal cancer patients	new protocol
Extensive intraoperative peritoneal lavage for resectable gastric cancer	new protocol
Hernia sac transection versus complete sac reduction for inguinal hernia repair	new protocol

Neoadjuvant chemotherapy in locally advanced rectal cancer	new protocol
Open versus laparoscopic repair for paediatric inguinal hernia	new protocol
Transanal tube for the prevention of anastomotic leakage in rectal cancer surgery	new protocol
Lightweight versus heavyweight mesh for inguinal hernia	new protocol
Robot-assisted versus conventional laparoscopic surgery for rectal cancer	new protocol
High versus low ligation of the inferior mesenteric artery in curative surgery for non-metastatic rectal cancer	update of protocol
Local versus radical surgery for early rectal cancer with or without neoadjuvant or adjuvant therapy	new review
Appendectomy versus antibiotic treatment for acute appendicitis	new review
Biomarkers for diagnosis of acute appendicitis in adults	new review
Purse-string skin closure versus linear skin closure in patients undergoing reversal of stoma	new review
Uncut Roux-en-Y versus Billroth II reconstruction after distal gastrectomy for gastric cancer	new review
Mesh versus non-mesh for emergency groin hernia repair	new review
Early versus delayed appendicectomy for appendiceal phlegmon or abscess	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
Single incision versus conventional multi-incision appendicectomy for suspected appendicitis	update of review
Pre-operative Nutrition Support in Patients Undergoing Gastrointestinal Surgery	update of review
Fibrin sealants for the prevention of postoperative pancreatic fistula following pancreatic surgery	update of review

Protocols

Four new protocols were published in 2022.

- “Uncut Roux-en-Y reconstruction after distal gastrectomy for gastric cancer”: CD015014
- “Mesh versus non-mesh for emergency groin hernia repair”: CD015160
- “Purse-string skin closure versus linear skin closure in people undergoing stoma reversal”: CD014763
- “Preoperative combined mechanical and oral antibiotic bowel preparation for preventing complications in elective colorectal surgery”: CD014909

Reviews

Four new reviews were published by Cochrane Colorectal Group in 2022:

- "Gases for establishing pneumoperitoneum during laparoscopic abdominal surgery": CD009569.pub4
- "Prehabilitation versus no prehabilitation to improve functional capacity, reduce postoperative complications and improve quality of life in colorectal cancer surgery": CD013259.pub2
- "Guaiac-based faecal occult blood tests versus faecal immunochemical tests for colorectal cancer screening in average-risk individuals": CD009276.pub2.
- "*Coriolus* (*Trametes*) *versicolor* mushroom to reduce adverse effects from chemotherapy or radiotherapy in people with colorectal cancer": CD012053.pub2

One review was updated in 2022:

- "Antibiotics for uncomplicated diverticulitis": CD009092.pub3

Editorial projects

The work of the current editorial office started in 2019. As stated in the previous annual reports, the Cochrane Review Group that was handed over needed updating. The first year, 2019, was mostly used on getting an overview of the state of the Review Group. In 2022, we updated and sharpened the internal portfolio, and launched and implemented several new projects and initiatives to improve Cochrane Colorectal Group. These includes:

- Proposal Manager
- Search focus
- Transfers
- Updating of the review portfolio
- Improved focus on authorship and scientific misconduct issues

These projects and initiatives are covered in detail below.

Proposal manager

As a part of the Future Cochrane strategy that aims to streamline the development of Cochrane reviews (link), the Proposal Manager was launched on 24 June 2022. Thus, from this date on, Cochrane Colorectal updated our website and now directs authors of title proposals to submit their expression of interest to Editorial Manager. Here, they will be handled and received by the Proposal Manager based in the Evidence Production and Methods Directorate. Previously, the expression of interest was sent directly to our e-mail. However, many of the tasks for Cochrane Colorectal Group are unchanged. Thus, Cochrane Colorectal Group still assesses 1) the importance of proposals 2) overlap of proposals, 3) if Cochrane Colorectal Group or Cochrane Central Editorial Service will bring the review forward, and 4) if it is a high profile or controversial topic. The transition period lasted until 29 July 2022, and now all expressions of interest are sent via Editorial Manager and the Proposal Manager. Some adjustments have been made since implementation, and we hope that the continuing development and adapting of the Proposal Manager will end up reducing the administrative burden on Cochrane Review Groups This was also one of the reasons behind this change together with a standardisation of the authors' journey, and to communicate that 'Cochrane is open to new content'.

Search focus

During our participation in the Editorial Independence and Efficiency Project (EIEP), we have continuously read all the collated peer-reviews from Central Editorial Service. In 2022, we identified that we could optimise and improve our editorial feedback to authors on their search to avoid duplicate efforts.

Cochrane Colorectal Group does not have an information specialist. In Spring 2022, we held a meeting with Executive Editor Helen Wakeford and information specialist Robin Featherstone from Central Editorial Service. The agenda was to increase our knowledge of the processes of search strings in Cochrane protocols and reviews from Central Editorial Service. The main points from this meeting were that all search strings and search methods should undergo the following:

- Quality assessment through the Cochrane Review Group
- Assessment of if they follow the minimum requirements of Style Basics (link) (through either the Cochrane Review Groups or Central Editorial Service)
- Peer review (through Central Editorial Service)
- Updates: the search methods in the protocol should be assessed and likely updated

We were very grateful for the information and insight provided by Helen Wakeford and Robin Featherstone.

We immediately implemented these changes, also for protocols that had gone further in the editorial assessment to avoid duplicate effort when the future review was to be handled by Central Editorial Service. Thus, we contacted authors to ensure quality assessment and peer review of the search string through Editorial Manager and in collaboration with Cochrane's Information Specialists Portal (link). We also updated our editorial checklists with the information from the Style Basics, so that this is checked for every protocol and review during the editorial evaluation.

The collaboration on the quality assessment with the information specialist from Cochrane Anaesthesia Group is still in place. However, as of Spring 2022, Janne Vendt has been employed outside Cochrane. We have been very grateful for her contributions. Anne-Marie Klint Jørgensen has replaced her as information specialist in the Anaesthesia Group, and she now conducts the quality assessments for Cochrane Colorectal Group on all search strings, which are submitted by authors during the development of the protocol. Furthermore, her expertise is available if a search string 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.

Transfers

The transfers of protocols and reviews with Cochrane Gut Group that were started in 2020 have now per February 2023 been completed for Cochrane Colorectal Group. A total of 36 protocols or reviews were identified, and most were transferred immediately (89%). However, those submissions that were still under development were kept at Cochrane Colorectal Group to ensure continuity for Cochrane authors. They were planned to be transferred when the development process of either protocol or review was completed and

published. The remaining protocols and reviews have now all been completed and transferred.

The collaboration with Cochrane Gut Group has been very efficient and giving. It continues as some protocols and reviews from Cochrane Gut Group still await transfer to Cochrane Colorectal Group.

These transfers have helped us sharpen our internal portfolio and profile. Thus, we can better aid Cochrane authors in the development of their protocols and reviews, and we are now able to fully address the topics that we should approach to expand our portfolio further.

Updating the review portfolio

After the annual report of 2021, we succeed in updating our internal portfolio. We now have an overview of protocols and reviews that are actually under development as we reached out to author groups of the three protocols and nine primary reviews that were several years old and had never been finalised. In addition, we have had a high focus on progression of submissions in 2022. Deadlines were sent for all submissions and revisions, and we followed up on any missed deadlines. If a submission is not progressing, it will delay the dissemination of evidence to the consumers and stakeholders. Sometimes, the only solution for this severe issue is that another author group takes the submission forward. This unfortunately meant that some protocols and reviews had to be rejected due to a lack of progress and plan from the authors on how to improve and solve this problem.

Authorship and scientific misconduct and conflict of interest

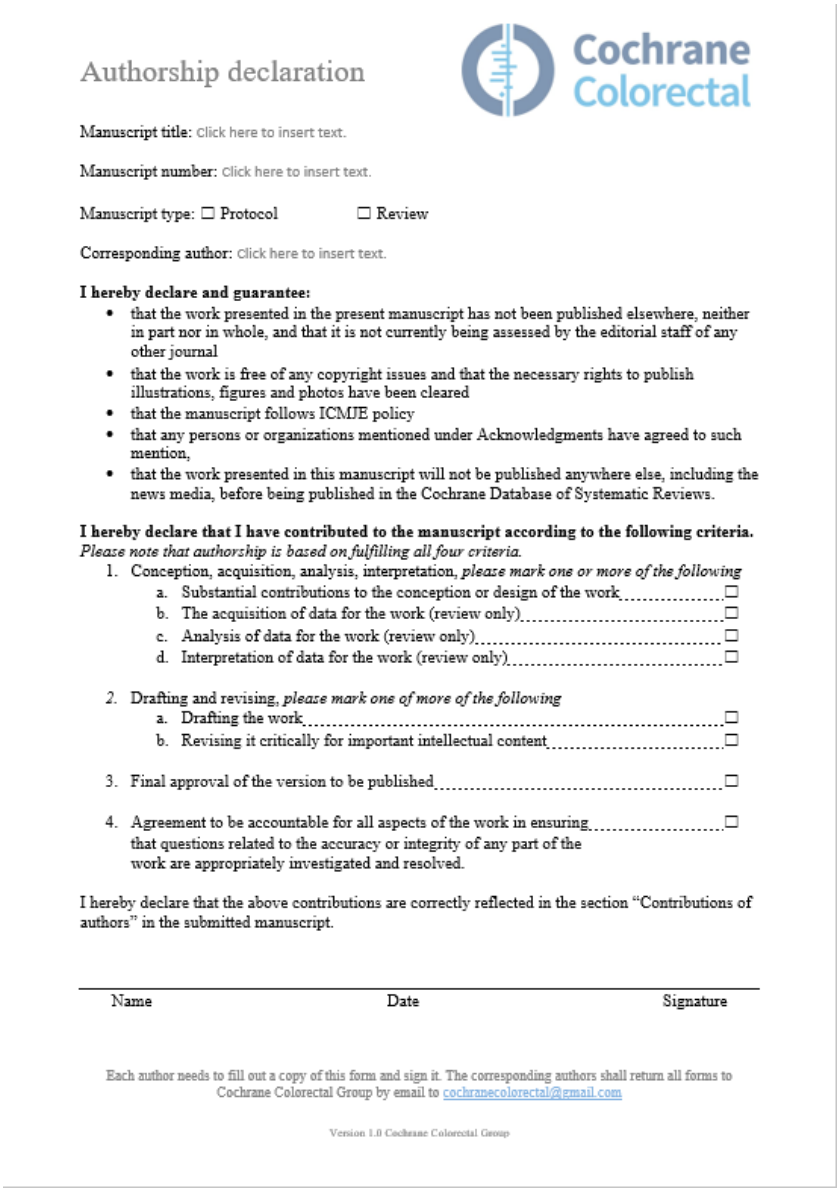
Cochrane Colorectal Group has always had a special focus on scientific misconduct. In 2020, we implemented a check for all included studies for scientific misconduct in Retraction Watch Database (link). This has continued since, thus, also in 2022.

Another aspect of scientific misconduct is illegitimate authorships. Since 2020, we have specifically focused on clarifying contributions of authors for Cochrane publications in Cochrane Colorectal Group. Thus, since 2021, we implemented an authorship declaration form to be filled out by all authors of protocol and reviews, see Figure 1.

We have assessed the effect of implementing the authorship declaration form. Since 2021, we have received 250 forms collected from 21 protocols and 19 reviews. In most protocols or reviews (70%), there were no issues with illegitimate authorships identified. However, in 30% of protocols and reviews issues with illegitimate authorships were found. The issue included the following three main issues: 1) that not all four ICMJE authorship criteria were fulfilled by all authors, 2) removal of authors (their wish) as they had not contributed, and 3) addition of authors after submission. If any authors wished to be added or removed after the submission had been received by Cochrane Colorectal Group, we handled it according to the guideline from Committee on Publication Ethics (COPE). Thus, all authors individually must provide written acceptance of the addition/removal of an author. We contacted authors when issues were identified and informed them about the ICMJE criteria for authorship and COPE guidelines. The author groups succeeded in resolving all issues. It is our experience that the authorship declaration form greatly supports authors in identifying

contributions to the manuscript, and that the awareness of illegitimate authorships is sharpened.

Because of our positive experiences with the use of the authorship declaration, we will continue to use it, as we find that it could help decrease the rate of illegitimate authorships, e.g. gift authors.



Authorship declaration

Cochrane Colorectal

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 of 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

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 cochranecolorectal@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 2021.

The 2021 Impact Factor for the Cochrane Colorectal Group was 10.2, an increase compared with the Impact Factor for 2020 which was 9.5.

In 2021, reviews from the Cochrane Colorectal Group were cited 92 times. The eight cited reviews can be seen in Table 4.

Table 4. The eight cited reviews of Cochrane Colorectal Group in 2021.

Review Title	CD number	Times cited
Prolonged thromboprophylaxis with low molecular weight heparin for abdominal or pelvic surgery	CD004318	18
Computed tomography for diagnosis of acute appendicitis in adults	CD009977	17
Early enteral nutrition within 24 hours of lower gastrointestinal surgery versus later commencement for length of hospital stay and postoperative complications	CD004080	15
Follow-up strategies for patients treated for non-metastatic colorectal cancer	CD002200	15
Antibiotic prophylaxis for prevention of postoperative wound infection in adults undergoing open elective inguinal or femoral hernia repair	CD003769	8
Fibrin sealants for the prevention of postoperative pancreatic fistula following pancreatic surgery	CD009621	8
Physical activity interventions for disease-related physical and mental health during and following treatment in people with non-advanced colorectal cancer	CD012864	8
Lateral pararectal versus transrectal stoma placement for prevention of parastomal herniation	CD009487	3

In 2021, reviews from the Colorectal Group were downloaded in full text 75,346 times, unfortunately again a decrease from 111,998 compared with 2020. The top 10 downloaded reviews can be seen in Table 5.

*Table 5. The 10 most downloaded reviews of Cochrane Colorectal Group in 2021. * This covers two different versions of the same review, publication three (2,167 downloads) and four (3,022 downloads).*

Title	CD number	Downloads
Laparoscopic versus open surgery for suspected appendicitis	CD001546	3,022
Mesh versus non-mesh for inguinal and femoral hernia repair	CD011517	2,759
Abdominal drainage to prevent intra-peritoneal abscess after open appendectomy for complicated appendicitis	CD010168	2,675
Chewing gum for postoperative recovery of gastrointestinal function	CD006506	2,353
Laparoscopic versus open surgery for suspected appendicitis	CD001546	2,167
Early enteral nutrition within 24 hours of lower gastrointestinal surgery versus later commencement for length of hospital stay and postoperative complications	CD004080	1,997
Computed tomography for diagnosis of acute appendicitis in adults	CD009977	1,895
Closure methods of the appendix stump for complications during laparoscopic appendectomy	CD006437	1,766
Antimicrobial prophylaxis for colorectal surgery	CD001181	1,462
Physical activity interventions for disease-related physical and mental health during and following treatment in people with non-advanced colorectal cancer	CD012864	1,443

Publications

Cochrane Colorectal Group is committed to continuously working 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 2022 and our total number of publications are presented in Figure 2.

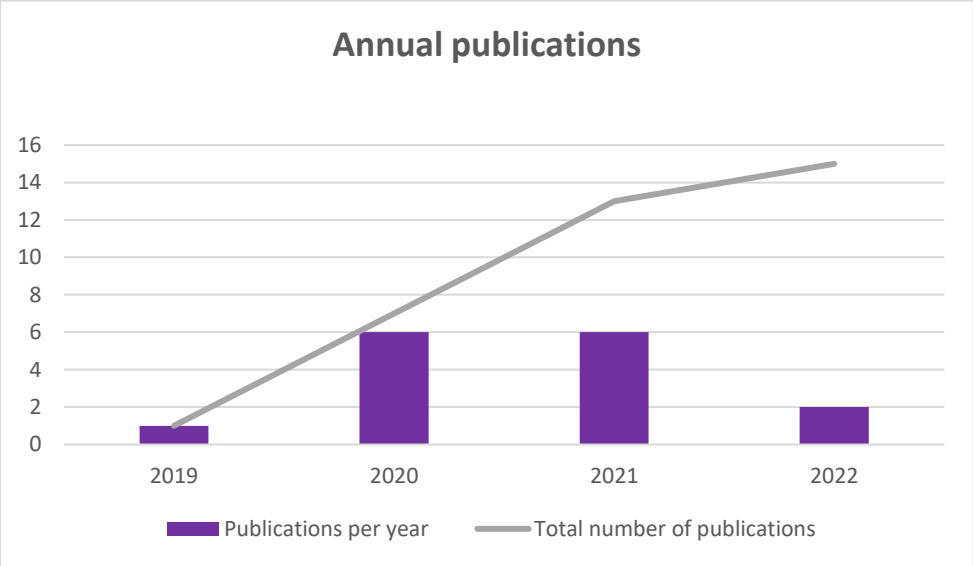


Figure 2. The total number of publications and number of publications per year from Cochrane Colorectal Group.

Details on the publications from Cochrane Colorectal in 2022 are presented in Table 6. Furthermore, the publication type of the published material is presented in Figure 3.

Table 6. The details on the articles published by Cochrane Colorectal in 2022 including the title, authors, and journal details.

Publication title	Authors	Citation
Mesh versus non-mesh for emergency groin hernia repair	Sæter AH, Fonnes S, Rosenberg J, Andresen K	*Cochrane Database of Syst Rev* 2022;6:CD015160.
Prophylactic arterial embolization in patients with bleeding peptic ulcers following endoscopic control of bleeding.	Roost I, Zetner D, Rosenberg J, Andresen K	*Cochrane Database of Syst Rev* 2022;6:CD014999.

In 2022, we set an aim to increase our publications, especially within Cochrane through both publishing protocols and reviews. However, our planned Cochrane reviews are still undergoing peer review at Central Editorial Service, and, thus, not ready for publication in 2022. We will focus on finalizing these in 2023 and also start new Cochrane protocols.

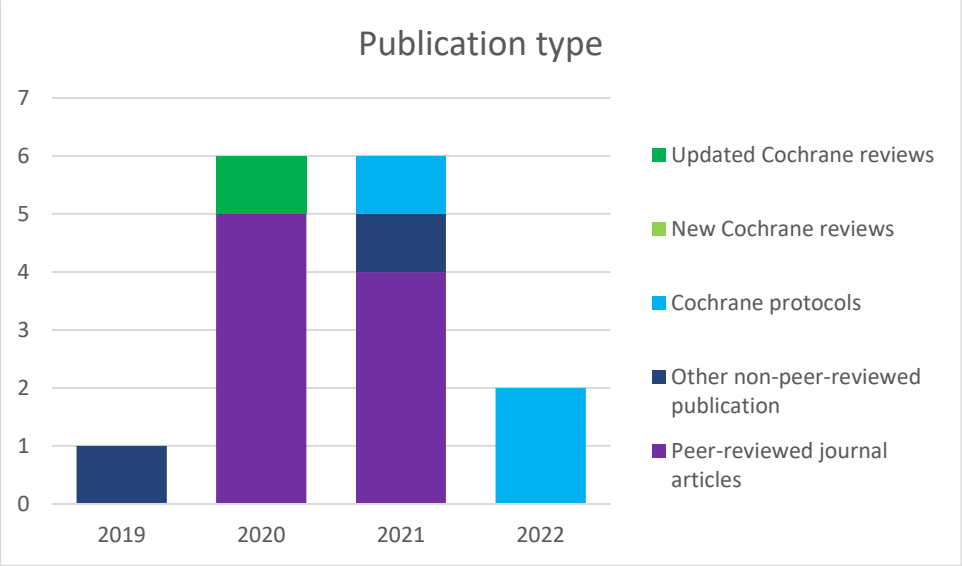


Figure 3. The publication type of the published material from Cochrane Colorectal Group 2019–2022.

Presentations and external communications

The COVID-19 pandemic still impacted the possibility to attend conferences and provide presentations and external communications during 2022. Cochrane has just announced that the Cochrane Colloquium (link) will be held in September 2023. Cochrane Colorectal Group is planning to participate and submit abstracts.

Funding

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

Visions for 2023

We have set several goals for Cochrane Colorectal Group in 2023. We wish to:

- Further improve our editorial process for authors so they are motivated and continue to work and publish with Cochrane
- Work toward constructing a framework for the identification of review topics with relevance for consumers and stakeholders
- Increase the reach of publications from Cochrane Colorectal Group

We want to publish Cochrane reviews regarding the most important and newest topics within general surgery and will pursue this in 2023 and onwards. We are planning a seminar in 2023 to work in depth with the above-mentioned visions.

Furthermore, we await more information on 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.