

# **ANNUAL REPORT 2016**

**THE COCHRANE COLORECTAL CANCER GROUP, CCCG**

# The CCCG annual report 2016

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The report will be distributed in hardcopy to our sponsors; Abdominal Center K, the Bispebjerg Hospital Administration; the Nordic Cochrane Centre; the Danish Health Board Institute (SST). It will be available electronically to all on our mailing list, as listed in the CC main server Archie, and available from our webpage <http://cc.cochrane.org/>.

## Overall remarks

2016 was a turbulent year for the CCCG. The overriding event was being without a Co-ed since August, where the Cochrane Chief in Editor asked Rick to step down. Despite CEU presenting adverts for the Co-ed position in various media, there was not yet a decision with the expiry of 2016, and no immediate view of a solution even though four applications were entered. Still on the radar within the CEU, who in the interim period now sign off all intervention titles (protocols and reviews).

We presented a new revised business plan (approved by the CEU) and new policy on editorial processing, and initiated a formal collaboration with our Canadian colleagues from the Upper GI group. A planned participation in the 2017 DDW meeting is already scheduled, aiming for workshops for authors and interested persons.

We had numbers of business meetings during 2016, and welcomed four Statisticians in the editorial board. Bo Rud, who was appointed deputy Co-ed in 2015, is acting as our DTA-editor. However, we still need to strengthen the board. Despite these initiatives, we are aware of the need for more members in the editorial board and will continue to focus on recruitment of experienced referees and/or authors.

In 2016, CCCG has prioritized the quality of the protocols and reviews, and as a consequence only managed to publish 11 new titles (protocols and reviews), which is less than our annual goal of 15 titles. Partial explanation lies in the fact that we have been asked to cancel registration of new titles while Cochranes' structure and function is in progress.

## The Impact Factor

Thomson has released the 2016 Journal Citation Report (JCR), and the Impact Factor for the Cochrane Colorectal Cancer Group is now **9.714**. This is an increase on the 2015 Impact Factor, which was 6.103, and is ranked fifth of all CRGs within Cochrane!

Some highlights of the 2016 Impact Factor include:

- A review published by the Colorectal Cancer Group in 2014 or 2015 was cited, on average, 9.714 times in 2016.
- The overall CDSR is ranked 12 of the 152 journals in the Medicine, General & Internal category.
- The 5-Year Impact Factor is 6.264, a minor decrease on the 2015 5-Year Impact Factor of 6.665.
- The CDSR received 11,520 cites in the 2016 Impact Factor period, compared with 11,522 for the 2015 Impact Factor calculation

As for previous years, a compiled main Impact Factor report and the Cochrane Review Group reports, based on the Impact Factor data along with additional impact data for all Cochrane Reviews, will be circulated in August, 2017.

**MECIR:** In 2012 Cochrane developed and introduced a set of methodological expectations (dubbed Methodological Expectations of Cochrane Intervention Reviews [MECIR]) for Cochrane Protocols, Reviews, and Updates of reviews on the effects of interventions. It is mandatory for authors to comply to these standards (basically reflecting the recommendations in The Handbook). MECIR is updated regularly, last time December 2016, and interested persons can find more info at <http://www.methods.cochrane.org/mecir>.

**Electronic Conflicts of Interest and License for Publication forms:** Cochrane have now introduced electronic Col and LtP forms for reviews and protocols, based on authors Archie accounts, replacing the old system, where we asked for forms manually to be filed. Authors can now sign off their titles using an online form sent straight to their inbox - and fill out declaration of interest forms in the same way. The conflict of interest forms are in line with the ICMJE recommendations, and authors will be asked to complete these forms before a new review or protocol is published (mandatory) and to update existing forms before an update is published. All authors will need an Archie account to sign these forms. The system is great as it allows you to see the final pre-publication version of the reviews. If an author doesn't have an account, this can lead to delays in publication, as well as if an author omit signing the LtP form, will postpone publication.

**We welcomed** four new statistical editors, Drs Laura Ciccolallo (Italy), Carole Lunny (Australia), Ram Bajpai (Singapore) and Neil Scott (UK), all members of the Cochrane Statistic Methods group. We also several new peer referees, and would like to take the opportunity to thank everybody – staff, editors, authors and peer referees – for their hard work and collegial support during the year.

**Facilities on the web:** CCCG has now entered a new renovated web page, maintained by the Cochrane Collaboration, [www.cc.cochrane.org](http://www.cc.cochrane.org), featuring valuable links to all kind of resources within the Collaboration. In addition, we have introduced a new title registration form, in which we have included a section for 'scoping literature' search – mend for authors to give the editorial team an idea of what kind of studies that will be included in the analyses. Further our 'Tips for authors' has been substantially updated.

Resources from the CC web introductory documents - including a newcomer's guide, brochures, and other relevant documents.

**Official and organizational** resources - strategy, structure, procedures, training and publicity resources - including handbooks, PowerPoint presentations i.e., can be found at the official Cochrane webpage <http://www.cochrane.org/> and for authors in particular the superb resource link <http://training.cochrane.org/>

## Important News from Cochrane

At its meeting in Seoul October 2016, Cochranes Governing board (changed from the original Steering group to include 13 persons, internal as well as external persons) considered a paper from the CEU editor in chief (David Tovey et al.) on Creating a more sustainable review production system for the Cochrane Library, which set out the framework for a transformation of the structure and function of Cochrane Review groups (CRGs). The aim of this project was to report and make recommendations to the Governing board about the future structure of Cochranes review production system. It is proposed that Cochrane should form a small number of Cochrane Networks, by dividing healthcare topics into distinct groupings. CCCG would naturally be a part of a proposed Cancer Network, but covering other topics (benign) will challenge the destiny of these and which CRG should host them in

the future. Currently we do not know how this will affect CCCG.

Extensive communication has been provided on this pivotal issue for 2016, and we all look forward to receive more specific information on this. It has been outlined that early recommendations should be reviewed and approved by the Governing Board at the forthcoming meeting in April 2017

For information on this strategic plan, please visit the official Cochrane documents, which continuously will be uploaded to <http://community.cochrane.org/>

## **Editorial challenges in 2016**

The CCCG group has now been a registered entity for 19 years and the group's list of publications is naturally increasing.

With an increasing amount of publications, request for editorial support from our CCCG editorial base in Copenhagen are also on the rise. We are experiencing widespread interest in the groups' field, which has resulted in almost one new title proposal a week. However, it is about time to reflect on the ongoing editorial work, by focusing on a substantial reduction in our current pipeline.

We have experienced an expanding publication list, the workload is increasing and an increasing amount of reviews need to be updated.

We are also experiencing other challenges, such as authors/editors/referees not respecting deadlines, forcing us to send (sometimes several) emails reminding them of their obligations. Because of the increased pressure, we will not be able to let authors miss their submission deadlines for their publications. If deadlines are not respected, and reminders are not responded to, we will consider passing on the title to another author team. The deadline for submitting a first draft protocol is now 3 months from official title registration and after publication of the protocol, we will ask authors to submit a first draft review within 8 months from running the searches, enabling us to complete the review.

A number of time consuming tasks, for example changing author affiliations in Archie – we would like to call attention to this, as all persons with an Archie account can modify their own affiliation. Likewise, for cross checking manuscripts before submission for editorial evaluation.

We are still looking for more peer referees to take on the tasks of reviewing our incoming titles, as it is getting rather difficult to assemble editorial teams for our titles. Our inquiries frequently are either not answered or rejected, even though we have a quite many external referees. Our contact to Cochrane Statistical Methods Network for advertising more editors with statistical expertise (complexity, standards ie) was very succesfull, resulting in four new statisticians in our board (see page 3).

We have spent a lot of time to improve the editorial processes and resources for authors. One new issue was an update of the title registration form, which is now more comprehensive and help not only the authors, but also the editorial team to ensure that our reviews are and will be of high quality. Many reviews covered by the scope of CCCG are often difficult and complex, challenging the presentation, but transparency in the editorial process and constructive dialog between referees and authors leads to high quality reviews.

On many occasions we have been asked about editors checklist, as the only document currently is a drafted CEU screening programme, highlighting common errors and accompanying good practice for solutions. We have been promised that the CEU will provide such a tool/document in the near future.

## **Cochrane Register of Studies**

The CCCG specialized register is no longer being maintained, and was previously manually submitted to the Cochrane Library and included in the Cochrane Library Central Register for Clinical Trials (CENTRAL). The CCCG specialized trials register was kept up-to-date by searching CENTRAL on a quarterly basis using seven specific search strategies and by including all hand search results within our field of interest. It included all identified randomized and controlled clinical trials.

The reason for this is that the Collaboration has introduced Cochrane Register of Studies (CRS), a new database where all CRGs SR can be managed. CRS is going to be the mandatory mechanism for submitting records to CENTRAL.

The CRS will contain the Collaborations Specialized Registers (SRs) of healthcare studies and their reports, together with records identified by the handsearching of journals, and conference proceedings and records sourced from MEDLINE and EMBASE, to be published in CENTRAL in the Cochrane Library.

The CRS will represent a change to the existing arrangements for the compilation, aggregation and publication of CENTRAL, which is currently an integration of Cochrane groups' individual SRs and other records, developed and maintained by individual groups using a variety of different proprietary software packages. The CRS is envisaged as a 'meta-register' or central repository for SRs, and will be a way of managing the SRs and other submissions that feed into CENTRAL, which will continue to be published by the Cochrane Library's published, Wiley.

### **Searching for studies**

A comprehensive literature search is essential for writing a good Cochrane Review. As review authors have different literature searching skills, it has been decided that the CCCG Information Specialist will be assisting in designing the search strategies and running them in the databases, or as a minimum approve them if authors have made them themselves before protocol publication.

When the CCCG editorial office has provided authors with search updates it is very important that the draft review is submitted within six months as searches must be rerun close to publication and maximum 6 month from intended publication date. Updating searches is time consuming and we can't update them every six months, therefore please respect the deadlines.

### **Trial registers**

Different types of trials registers can be found; national and international trials registers, pharmaceutical industry trials registers, subject-specific trials registers, and trials results registers and these may include incoming trials, ongoing trials and finished trials. It is now mandatory for authors to include searches from trials registers as stated in MECIR.

Examples of trials registers:

- ⤴ the metaRegister of controlled trials (mRCT)  
<http://controlled-trials.com/mrct/>
- ⤴ ClinicalTrials.gov  
<http://clinicaltrials.gov/>
- ⤴ the World Health Organization International Clinical Trials Registry Platform (ICTRP)  
<http://apps.who.int/trialsearch/>
- ⤴ the EU Clinical Trials Register (EUCTR)  
<https://www.clinicaltrialsregister.eu/>

## Guidelines for authors on CCCG titles

Guidelines and checklists are available from the Cochrane Collaboration web site [www.cochrane.org](http://www.cochrane.org) or [www.cc.cochrane.org](http://www.cc.cochrane.org), also offering links to valuable tools for doing a systematic review. Important that authors and others involved in the editorial processing of a review must have a record in Archie, and we recommend this to external referees too.

### Deadlines during the review process

We expect a draft protocol within 3-6 months after registration. If we don't receive a draft protocol within the requested 6 months from registration, authors would receive a reminder after 5 months, followed by an official notice on the decision for withdrawal. Unless other factors were in favour of postponing the submission and accepted by the editorial team the title will be withdrawn and offered other interested authors.

We expect a draft systematic review within 8 months from the searches are performed, simply to avoid unnecessary rerunning of the searches (becoming out of date after 12 months!). Deadlines for the draft review will be clearly indicated to the authors. Whilst we are always reluctant to withdraw a protocol, we must at the same time be realistic, so titles, which are clearly not going to progress, will be removed from the Cochrane Library. After publication of the review authors will be expected to update the review if the topic is a priority, and/or if we identify new RCT's which might change or strengthen the conclusions.

### Managing expectations

For authors who are thinking about preparing a Cochrane Review, there needs to be clear information about what is expected of them in terms of their skills and competencies, and in return what they can expect from CCCG. Clear information on this policy will help to reduce the editorial office workload. This information is now available from [www.cc.cochrane.org](http://www.cc.cochrane.org).

Cochrane Reviews have to be prepared by at least two people, and often may require more than two. A team must have among its members the range of skills and experience in order to complete a Cochrane Review to the standard required by the Cochrane Collaboration. These skills will include the following:

- ⤴ Specific knowledge relating to the topic of the review.
- ⤴ Basic knowledge of systematic review methodology (including formulating the review question and eligibility criteria, searching and assessing the risk of bias of relevant studies).
- ⤴ Basic statistical knowledge in order to extract appropriate data, conduct meta-analyses where appropriate, and interpret and discuss the results.
- ⤴ The ability to write a scientific report of publishable standard in English.
- ⤴ Project management and leadership ability within the team.

Additionally the authors will be expected to approach the review with a scientific systematic rigour, be as objective as possible and avoid any conflicts of interest. The Cochrane Handbook will give advise on how to write a systematic review, and authors will be expected to be familiar with this guidance, and appoint a *contact person*, who will be obliged to do the following specific tasks:

- ⤴ Submit a fully completed Cochrane Title Registration Form on behalf of the review team, with realistic and achievable timelines for completion of the Protocol and full Review.
- ⤴ Keep in touch with the CCCG editorial office about their progress and respond to correspondence in a timely manner.

During the review process the editorial team and referees will provide help and suggestions to the authors. The author team must be willing to receive and respond to this. Finally, it is

important that the author team will be able to see the review through to completion, and to address updates.

### **CCCG editorial team**

The CCCG editorial team should:

Make explicit to potential review teams the level and type of support they can provide.

Acknowledge receipt of completed Cochrane Title Registration Forms and inform the authors within two weeks of receipt of the Title Registration Form when they can expect to receive feedback on their proposal.

Provide potential review teams with up-to-date details of the editorial process and timelines for new proposals submitted for editorial consideration, including information concerning prioritisation of topics.

Respond to correspondence from their review teams in a timely manner.

Put potential review teams in touch with their reference Cochrane Centre if required.

Despite support and encouragement, sometimes review teams struggle to make sufficient progress with their review, or they submit draft versions that would require too much input from the CCCG editorial panel to meet acceptable standards. In these circumstances CCCG can decide to withdraw the review.

## **Facts and figures**

The remit of CCCG is to support the preparation and continuous maintenance of systematic reviews within the following topics:

- ⤴ All aspects of colorectal neoplasia, anal neoplasia and cancer of the small bowel (excluding the duodenum)
- ⤴ Peritoneal diseases
- ⤴ Appendicitis
- ⤴ Colonic diverticulitis
- ⤴ Hernias (excluding diaphragmatic hernias)
- ⤴ Benign protological conditions
- ⤴ Surgical aspects of inflammatory bowel diseases

The CCCG covers the following specialities:

- ⤴ Surgery (both general surgeons and colorectal specialists)
- ⤴ Medical oncology
- ⤴ Radiation oncology
- ⤴ Pharmacology
- ⤴ Biostatistics
- ⤴ Endoscopy
- ⤴ Economics
- ⤴ Specialised nurses
- ⤴ Consumers

### **Editorial panel**

#### Coordinating editors

Richard Nelson, Evanston, US (stepped down August 2016, but part of the edit board)

Bo Rud, Copenhagen, Denmark (deputy Co-ed)

#### Editorial board members

Mark Jeffery, Christchurch, New Zealand

Wai Lun Law, Hongkong, China

Robert Madoff, Minneapolis, USA  
Simone Mocellin, Padova, Italy  
Scott Steele, Fort Lewis, USA  
Steven R. Brown, Sheffield, UK  
Jenna Morgan, Sheffield, UK  
Judith Ritchie, Leeds, UK  
Tiffany Daly, Brisbane, Australia  
Samson Tou, Derby, UK  
Brigid Hickey, Brisbane, Australia  
Thomas Drake, Sheffield, UK

### **CCCG editorial office in Copenhagen**

Managing Editor, Henning Keinke Andersen (henning.keinke.andersen@regionh.dk)  
Information Specialist, Sys Johnsen (sys.johnsen@regionh.dk)  
Staff member, Sara Hallum (sara.hallum@regionh.dk)

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We now have **85 external peer-referees** acting on a voluntary basis in the editorial process on both protocols and reviews.

And the CCCG author group currently consists of **1202 authors**.

### **Meetings in 2016**

February 27: London, UK, NCRI meeting (Co-ed)

April 21-22: Bristol, UK, Risk of Bias vs 2.0 workshop and guidance (Managing Editor)

June 2-6: Chicago, USA, ASCO meeting (Managing Editor facilitated on the spot workshop)

October 23-27: Seoul, South Korea, Cochrane Colloquium (Managing Editor, TSC)

Throughout 2016 we hosted 4 business meetings in the Copenhagen office.

### **Our goals for 2017**

- To publish fewer but better reviews focusing on the quality and the clinical relevance.
- Reduce the current pipeline of ongoing review titles
- Appoint a new Co ed and recruit more editors
- Once a new Co ed is in place, facilitate an editor meeting
- To arrange training workshops and present our ongoing activities at the DDW meeting in Chicago, June 2017, with the Upper GI group.



## **CCCG Budget 2016**

We would like to take the opportunity to thank our funder, Region Hovedstaden (DK).  
Also thank for a generous support from NIHR (UK, Cochrane Incentive Award).

Expenses in 2016 (all in DKr)

Salaries (ME, TSC, admin staff )	1.215.700
Travels/meetings	41.400
Office / IT hard- software / misc	3.100
Total	1.260.200

## **Estimated Budget for CCCG for 2017**

Sources of Support:

Transferred from 2016 (External)	144.000
Region H Hospital Administration (estm.)	1.181.000
Total:	1.325.000

Expenses:

Salaries (RGC, TSC, part time staff)	1.180.000*
Travels/meetings	30.000
Office / IT / support misc.	10.000
Total:	1.220.000

\*Sara will be out of the office for four months!

*Henning Keinke Andersen, Managing Editor, February 2017*