

Cochrane Colorectal

Annual Report, Cochrane Colorectal Group 2023
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Editorial workflow

In accordance with Cochrane’s new editorial policy ([link](#)), the editorial work of Cochrane Colorectal Group now falls into the following categories:

- Title proposals — feedback and evaluation to the Proposal Manager
- Initial development — protocols, reviews, and updated reviews
- Supporting the peer review process
- Maintenance of the portfolio
- Dissemination

The peer review process is now handled by Central Editorial Service. However, Cochrane Colorectal Group has a continued focus on providing assistance that will aid the submission efficiently through this process.

The status of the editorial work as of 2023 is covered below.

Title proposals

In 2023, the Cochrane Colorectal Group received fewer title proposals compared with previous years. We received eight title proposal through the Proposal Manager, see Table 1, compared with 26 in 2022, 13 in 2021, and 14 in 2020. However, halfway through 2022 (June), the process regarding proposals was changed so instead of receiving all title proposal directly, they are now initially handled by the Proposal Manager at the Central Editorial Service in London. Thus, the decrease could simply be reflected by this process change alone.

All in all, three titles were accepted within the Cochrane Colorectal Group, four were rejected, and one title was referred to another Cochrane Group (Table 1). Similar to previous years, title proposals were mainly rejected due to a lack of both published and expected evidence, e.g. randomised controlled trials. Furthermore, title proposal where interventions and comparisons were too broadly defined are often rejected since the clinical heterogeneity would be too large to conduct meta-analyses. Two of the approved title proposals have already been developed together with Cochrane Colorectal Group and have now been submitted for peer review at Central Editorial Service.

Table 1. The list of the handled title proposals in Cochrane Colorectal Group in 2023 and the status of these. CES: Central Editorial Service. DTA: Diagnostic Test Accuracy

Title proposal	Directed to another Cochrane Group	Rejected	Accepted	Submitted first draft of protocol	Sent for peer review at CES
Robotic, hybrid, and open surgical esophagectomy for esophageal cancer: systematic review with individual participant data (IPD) network meta-analysis (NMA)			1	June 2023	September 2023
Embolization of the superior rectal artery: another management option for hemorrhoids		1			
Predictors of morbidity and mortality in adult patients undergoing appendectomy for acute appendicitis					
Colorectal stents for the management of malignant colonic obstructions			1	August 2023	November 2023
Segmental resection versus extended hemicolectomy for transverse colon cancer.		1			
Clinical prediction scores for diagnosing appendicitis in children	DTA				
Immunotherapy as an adjuvant therapy for colorectal cancer		1			
Autologous fat/adipose tissue injection for the treatment of faecal incontinence in adults: a scoping review					
The efficacy of robotic surgery training curricula and their impact on surgical practice		1			
Comparing complete mesocolon excision versus conventional colectomy for colon cancer: Cochrane review proposal			1	Deadline first quarter of 2024	Not applicable
TOTAL	1	4	3		

Initial development

Since we took over the editorial base of Cochrane Colorectal Group in 2019, we have undertaken several projects to ensure the integrity and quality of the evidence syntheses produced in the Cochrane Colorectal Group. Some of these projects have been thoroughly described in previous annual reports, but in short, they include:

- Authorship declaration forms to prevent gift and ghost authors
- Search quality assessment and peer review
- Conflict of Interest policy update

These points have now been implemented for all protocols, reviews, and updates in development.

We still collaborate with Anne-Marie Klint Jørgensen, the information specialist in the Anaesthesia Group, for the quality assessment of search strings. We highly value this collaboration and the level of quality that it adds to the search strings.

Development process

One of our goals of 2023 was to “further improve our editorial process for authors so they are motivated and continue to work and publish with Cochrane”. This has been a continuous process, but we have now built a robust infrastructure for the development process.

As we participated in the Independence and Efficiency Project since the pilot in 2021, the peer review process has been conducted mainly by Central Editorial Service. Therefore, we have been able to allocate resources to streamline, standardise, and optimise the development of drafts in the Cochrane Colorectal Group.

When authors have prepared the draft, a standardised development process is conducted. First draft undergoes initial check, then a full editorial evaluation, and, if needed, more rounds of revisions before peer review can be conducted (Figure 1). A standardised Excel sheet for all points to be assessed has been piloted and is used for drafts in development. Some points are general, and other points are specific to the type of draft e.g., protocol, review, and update. Most points are from the MECIR guidance, but also points from the style manual and plain language summary guidance have been included. We aim to conduct the initial check within one week and editorial evaluations within three weeks to ensure a positive author experience. However, delays do occur at times when multiple drafts or revisions are received at the same time.

In 2024, several adjustments of editorial evaluation will be implemented. Cochrane launched a new focus format in September 2023 ([link](#)). The reporting guideline PRISMA 2020 is now followed, and the new focused format aims to give readers “quicker access to current evidence that is easy to read and use”. We have already piloted the first draft of the new editorial evaluation and started the implementation. The new review format should be used for all submissions for peer review from April 2024 and forward.

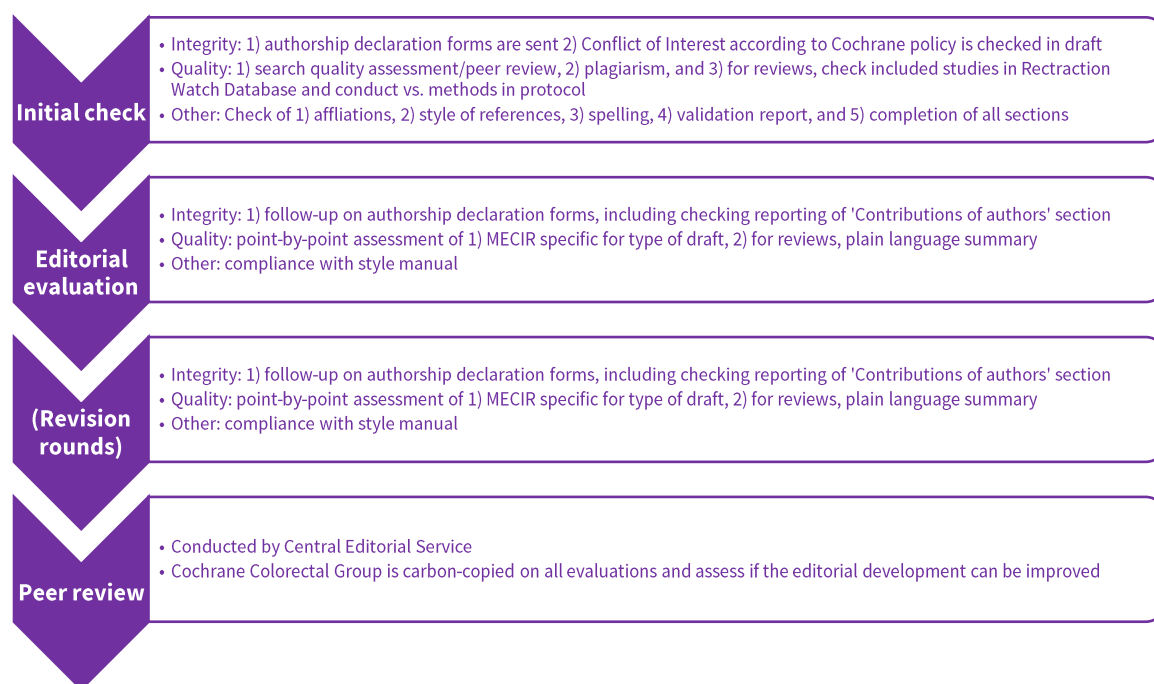


Figure 1. Overview of the standardised development of drafts at Cochrane Colorectal Group that ensures the integrity and quality of drafts. MECIR: Methodological Expectations of Cochrane Intervention Reviews.

A total of 10 titles were in development by Cochrane Colorectal Group by the end of January 2024, and the specific stages these were in can be seen in Table 2.

Table 2. Status of protocols and reviews under development.

Stages in development	Number
Accepted title proposal	
Initial draft in development with authors	7
Protocols	3
Reviews	4
Initial check	
Initial check of draft with editorial base	0
Initial check with authors	0
Editorial evaluation	
Editorial evaluation with editorial base	0
Editorial evaluation with authors	1
Reviews	1
Revision rounds	
Revision with editorial base	0
Revision with authors	2
Protocol	1
Review	1
TOTAL	10

The titles of the 10 protocols, reviews and updates that were in development by January 2024 can be seen in Table 3.

Table 3. Titles of protocols, reviews, and updates in development in January 2024.

Title in development	Status
Complete mesocolon excision versus conventional colectomy for colon cancer	new protocol
Laparoscopic mesh repair versus open Lichtenstein repair for inguinal hernia	new protocol
Neoadjuvant chemotherapy in locally advanced rectal cancer	new protocol
Ultrasonography for diagnosis of acute appendicitis	update of protocol
Transanal tube for the prevention of anastomotic leakage in rectal cancer surgery	new review
Total gastrectomy with splenectomy versus total gastrectomy alone for gastric cancer	new review
High versus low ligation of the inferior mesenteric artery in curative surgery for non-metastatic rectal cancer	new review
Extensive intraoperative peritoneal lavage for resectable advanced gastric cancer	new review
Biomarkers for diagnosis of acute appendicitis in adults	new review
Abdominal drainage to prevent intraperitoneal abscess after appendectomy for complicated appendicitis	update of review

Protocols

Three new protocols were published in 2023.

- “Extensive intraoperative peritoneal lavage for resectable advanced gastric cancer”: CD014950
- “High versus low ligation of the inferior mesenteric artery in curative surgery for non-metastatic rectal cancer”: CD004645
- “Transanal tube for the prevention of anastomotic leakage in rectal cancer surgery”: CD015472

Reviews

Three new reviews were published by Cochrane Colorectal Group in 2023:

- “Mesh versus non-mesh for emergency groin hernia repair”: CD015160
- “Local versus radical surgery for early rectal cancer with or without neoadjuvant or adjuvant therapy”: CD002198
- “Preoperative combined mechanical and oral antibiotic bowel preparation for preventing complications in elective colorectal surgery”: CD014909

One review was updated and published by Cochrane Colorectal Group in 2023:

- “Fibrin sealants for the prevention of postoperative pancreatic fistula following pancreatic surgery”: CD009621

One review was updated after receiving a comment:

- “Prehabilitation versus no prehabilitation to improve functional capacity, reduce postoperative complications and improve quality of life in colorectal cancer surgery”: CD013259

Cochrane Colorectal Group's editorial base

Parts of the editorial base were on leave in 2023. To ensure the flow of the development process, we made changes to the organization and new members were welcomed.

This year, we welcomed medical doctor and PhD Jason Joe Baker as an assistant managing editor. Jason has experience in conducting and writing systematic reviews and meta-analyses, including network meta-analyses. His research concentrates on optimizing ventral hernia repair techniques to reduce recurrence rates and hospital readmissions while improving patient-reported outcomes.

Furthermore, we also welcomed two editorial assistants, Mikkel Zola Andersen and Anders Gram-Hanssen. Mikkel Zola Andersen is a medical doctor and defended his PhD "Publication delay of biomedical systematic reviews" this year and has conducted the largest studies on publication times and register-based studies on Cochrane reviews. His findings have been important for Cochrane Colorectal Group's goal to improve our editorial process for authors. His expertise will help us investigate waste of resources in Cochrane to further improve and optimise the development of Cochrane publications. Anders Gram-Hanssen is a medical doctor and PhD. His research has focused on patient-reported outcomes in inguinal hernia repair, and he is the project manager of the development of a Core Outcome Set for inguinal hernias. His expertise will help Cochrane Colorectal Group towards one of the goals from 2023: "Work toward constructing a framework for the identification of review topics with relevance for consumers and stakeholders". Currently, he is piloting the framework that will be used for the Hernia Collection that we are planning ([link](#)).

Siv Fonnes, who has been an assistant managing editor since 2019, became managing editor in 2023 and share this position with Kristoffer Andresen. Professor Jacob Rosenberg continues to be coordinating editor, and Stina Öberg continues as assistant managing editor.

Supporting the peer review process

A total of 17 titles were in peer review at Central Editorial Service or accepted and awaited copy edit by the end of January 2024, and the specific stages these were in can be seen in Table 4.

Table 4. Status of protocols and reviews under peer review or undergoing copy-editing.

Stages in peer review and copy edit		Number
Peer review with Central Editorial Service		7
Protocols		2
Reviews		5
Peer review with authors		6
Protocols		5
Reviews		1
Copy-editing		4
Protocols		2
Reviews		2
TOTAL		17

The titles of the 18 protocols, reviews, and updates that were in either peer review or accepted and undergoing copy-editing by January 2024 can be seen in Table 5.

Table 5. Protocols and reviews in peer review or undergoing copy editing in January 2024.

Title	Status
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
Colorectal stents for the management of malignant colonic obstructions	new protocol
Hernia sac transection versus complete sac reduction for inguinal hernia repair	new protocol
Neoadjuvant chemotherapy in locally advanced rectal cancer	new protocol
Approaches for esophagectomy for esophageal cancer	new protocol
Open versus laparoscopic repair for paediatric inguinal hernia	new protocol
Lightweight versus heavyweight mesh for inguinal hernia	new protocol
Robot-assisted versus conventional laparoscopic surgery for rectal cancer	new protocol
Open versus laparoscopic repair for paediatric inguinal hernia	new protocol
Appendectomy versus antibiotic treatment for acute appendicitis	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
Interventions for anal canal intraepithelial neoplasia	new review
Early versus delayed appendectomy 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
Pre-operative Nutrition Support in Patients Undergoing Gastrointestinal Surgery	update of review

Progression of peer review

As seen from Table 4, there are currently 13 titles undergoing peer review at Central Editorial Service and four at copy-edit. The peer review process at Central Editorial Service consists of 1) one methodologist peer review, 2) one information specialist of search methods, 3) two or three clinical or content expert peer reviews, and 4) a consumer peer review. This is understandably a time-consuming process, but we continue to follow-up with Central Editorial Service and monitor submissions developed by Cochrane Colorectal Group to ensure that the peer review will progress in a timely manner. We have a good collaboration with Central Editorial Service and provide guidance on possible sign-off editors, consumers for peer review, and clinical or content experts for peer review if requested by Central Editorial Service. We are also grateful that the editors from Central Editorial Service carbon copy Cochrane Colorectal Group on all e-mails and decision letters to authors. We thoroughly evaluate these to learn and ensure that we provide better development aid for our future Cochrane authors.

Copy editing

The editors from Central Editorial Service oversee the copy-editing phase. This has not been visible for the Cochrane Colorectal editorial base. However, after the Cochrane Colloquium where we met with both Central Editorial Service and production managers from Publishing and Technology Directorate and expressed a wish to be carbon copied on these comments from the copy editor, this will now apply onward for all submissions. We hope that evaluating these comments will also aid us to provide even better aid on style issues in the development of Cochrane protocols and reviews.

Maintenance of the portfolio

The work of the current editorial office started in 2019 and the past years have been used to get an overview of the portfolio and sharpened the internal portfolio. By the end of this year, the work on updating the portfolio has started. We are piloting this process through the planned hernia collection ([link](#)), and we will use this to work toward constructing a framework for the identification of review topics with relevance for consumers and stakeholders, which was one of the goals for 2023.

Hernia collection

We have started the initial phase of the identification of reviews on hernia with relevance to consumers and stakeholders. This includes:

1. A comprehensive review of:
 - a. Cochrane protocols and reviews that are in development or published
 - b. International clinical guidelines on hernia repair
2. A systematic search for registered randomised trials on hernia repair
3. Mapping the identified randomised controlled trials on hernia repair for existing Cochrane protocols and reviews as potential basis for unidentified Cochrane review questions

We have currently concluded the first part of this identification and will shortly start the second part and start searching for randomised controlled trials.

Citations and usage of reviews

We have received the CRG Impact Report from 2022.

The 2022 Impact Factor for the Cochrane Colorectal Group was 3.6, a decrease compared with the Impact Factor for 2021 which was 10.2. There is no doubt that this is an unfortunate result. As seen from the number below, the main problem is that our published reviews do not get cited.

In 2022, reviews from the Cochrane Colorectal Group were cited 32 times, and these seven reviews that were cited can be seen in Table 6.

Table 6. The seven most cited reviews from Cochrane Colorectal Group in 2022.

Review title	CD number	Times cited
Extended lymph node resection versus standard resection for pancreatic and periampullary adenocarcinoma	CD011490	7
Fibrin sealants for the prevention of postoperative pancreatic fistula following pancreatic surgery	CD009621	6
Antibiotic prophylaxis for prevention of postoperative wound infection in adults undergoing open elective inguinal or femoral hernia repair	CD003769	5
Mesh fixation techniques in primary ventral or incisional hernia repair	CD011563	5
Physical activity interventions for disease-related physical and mental health during and following treatment in people with non-advanced colorectal cancer	CD012864	5
Magnetic resonance imaging (MRI) for diagnosis of acute appendicitis	CD012028	2
Roux-en-Y versus Billroth-I reconstruction after distal gastrectomy for gastric cancer	CD012998	2

In 2022, reviews from the Colorectal Group were downloaded in full text 142,967 times, which is almost a doubling of the number of downloads from 2020 (75,346 times). So, although not reflected in our impact factor, we are very pleased that our reviews are being downloaded and read. The top 10 downloaded reviews can be seen in Table 7. Especially, the topics regarding appendicitis and hernia dominated this list.

Table 7. The 10 most downloaded reviews of Cochrane Colorectal Group in 2022.

Review title	CD number	Downloads
Laparoscopic versus open surgery for suspected appendicitis	CD001546	4,496
Transabdominal pre-peritoneal (TAPP) vs totally extraperitoneal (TEP) laparoscopic techniques for inguinal hernia repair	CD004703	4,352
Mesh versus non-mesh for inguinal and femoral hernia repair	CD011517	3,995
Analgesia in patients with acute abdominal pain	CD005660	3,962
Gases for establishing pneumoperitoneum during laparoscopic abdominal surgery	CD009569	3,830
Laparoscopic versus open surgery for suspected appendicitis	CD001546	3,753
Magnetic resonance imaging (MRI) for diagnosis of acute appendicitis	CD012028	3,565
Incision and drainage of perianal abscess with or without treatment of anal fistula	CD006827	3,335
Antibiotics for uncomplicated diverticulitis	CD009092	3,145
Prehabilitation versus no prehabilitation to improve functional capacity, reduce postoperative complications and improve quality of life in colorectal cancer surgery	CD013259	3,144

Publications by the editorial base

Cochrane Colorectal Group continuously work on conducting research on editorial matters and publishing scientific papers relevant to Cochrane as well as Cochrane reviews authored by the editorial base. The number of publications per year and the cumulated numbers are presented in Figure 2.

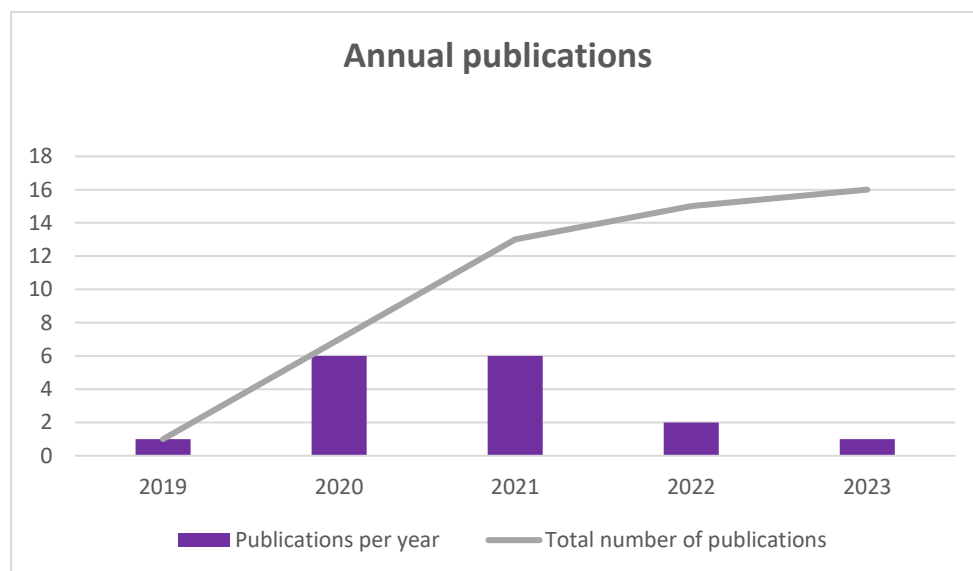


Figure 2. The number of publications per year and the cumulated numbers from Cochrane Colorectal Group.

Furthermore, the publication type of the published material is presented in Figure 3. Details on the publications from Cochrane Colorectal in 2023 are presented in Table 8.

Table 8. The details on the article published by Cochrane Colorectal in 2023 including the title, authors, and journal details.

Publication title	Authors	Citation
Mesh versus non-mesh for emergency groin hernia repair	Sæter AH, Fonnes S, Li S, Rosenberg J, Andresen K	Cochrane Database of Syst Rev 2023;11:CD015160.

In 2022, we set an aim to increase publications by Cochrane Colorectal Group’s editorial base, especially within Cochrane through both publishing protocols and reviews. However, our planned Cochrane reviews are still undergoing peer review at Central Editorial Service, and were therefore not ready for publication in 2023. We will focus on finalizing these in 2024 and start new Cochrane protocols, thus we have already prepared one new title proposal.

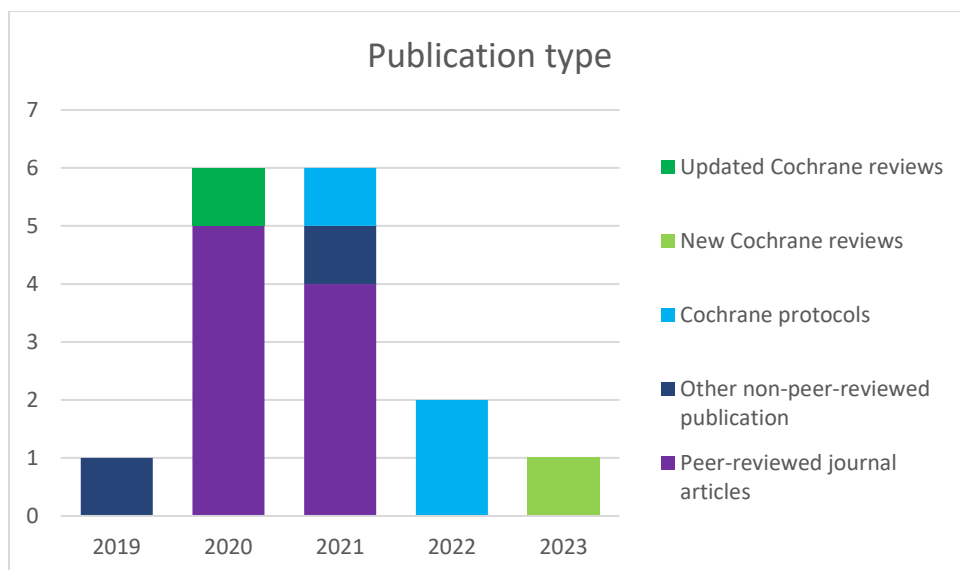


Figure 3. The publication type of the published material from Cochrane Colorectal Group 2019–2023.

Presentations and external communications

Different from the past years, where the COVID-19 pandemic limited the number of conferences and opportunities to network, this past year has included several external communications.

Presentations

Cochrane Colorectal Group participated in the Cochrane Colloquium ([link](#)) in London in September 2023. We presented three posters:

- “Collaboration boost evidence”, Figure 4
- “Transfers streamline the CRG portfolio”, Figure 5
- “Authorship issues can be identified”, Figure 6

The abstracts are available from our webpage ([link](#)) and the posters can be seen on the next pages. The latter poster, “Authorship issues can be identified”, has been updated, written as a brief report, and submitted for peer review as we hope that an authorship declaration form could be used and benefit others than the Cochrane Colorectal Group.

During the Colloquium, we enjoyed the interesting programme and meeting our colleagues in Cochrane, especially Cochrane Editorial Services and people from the Publishing and Technology Directorate.

In September 2024, the Global Evidence Summit ([link](#)) will be held. It is organised by Cochrane, Johanne Briggs Institute, Guides International Network, and Campbell Collaboration. Cochrane Colorectal Group intent to participate and submit several abstracts.

Teaching

Cochrane Colorectal Group has been offered to teach in a Danish PhD-course held biannually for two classes of PhD-students at the WHO Clinical Health Promotion Center, the Parker Institute, Frederiksberg Hospital. The lecture is concerned with risk of bias and is called “Assessment of evidence and quality; RCT study & cohort/case-control-design study”. The focus is especially on Cochrane’s two risk of bias tools.

Symposium

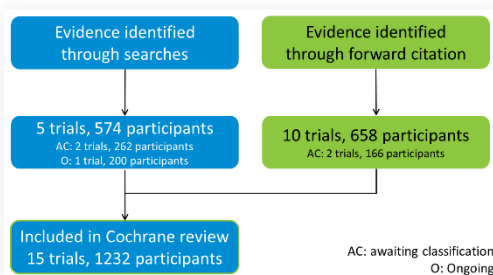
Furthermore, we participated in the annual symposium of the Danish Evidence-Based Medicine Network together with other members from the network, including Cochrane Denmark, Cochrane Hepato-Biliary Group, Cochrane Anaesthesia, the team from RevMan Web, and many more.

Collaboration boosts evidence

Collaboration across languages through the Cochrane network increases the amount of evidence

Background: When conducting Cochrane reviews, it is desirable to search national bibliographic databases, but it may be challenging to acquire and assess non-English records.

Results



Non-English literature contributed with

- 9/10 trials from forward citation
- 598/658 participants
- Collaboration was essential in the conduct

Collaboration increased evidence with >200%

Methods

- Review search methods were published in the protocol
- Included forward citation search where all reports that cite an included trial are identified
- Forward citation identified non-English (Chinese) literature
- First author spoke and could read Chinese
- Assistance was needed from a native speaker
- We reached out to Cochrane China
- Immediately a capable co-author was identified
 - Assisted in the review conduct
- Several online meetings were held (Figure 1)



Figure 1. Several online meetings were held to facilitate the conduct of the review and solve conflicts.

Limitation: This only represents one Cochrane review where forward citation and collaboration significantly increased evidence. The impact is probably not as substantial within all medical subjects. However, we recommend that forward citation and collaboration are initiated if relevant non-English literature is identified.



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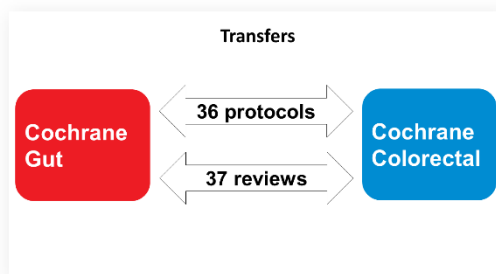
Figure 4. The poster for the abstract “Collaboration boost evidence” that was presented at Cochrane Colloquium in September 2023.

Transfers streamline the CRG portfolio

Transfers between Cochrane Review Groups to sharpen profile and facilitate the work of Cochrane authors

Background: The topic and focus of Cochrane Review Groups evolve over time. Transfers between Cochrane Review Group can be used to adapt the portfolio and identify overlap. Cochrane authors may also benefit from a streamlined portfolio.

Results



Prompt transfer of most submissions

- Authors were contacted and welcomed
- Exception: submission under development
 - Planned for future transfer

Nearly all submissions had been transferred after 2.5 years

Methods

- The content of the portfolio was assessed
- Cochrane Colorectal Group reached out to:
 - Gut Group
 - Hepatobiliary Group
 - Cancer network
- Transfers of protocols and reviews were discussed at online meetings
- An overview of transfer plans was prepared
- The exchange process supported by Cochrane Support

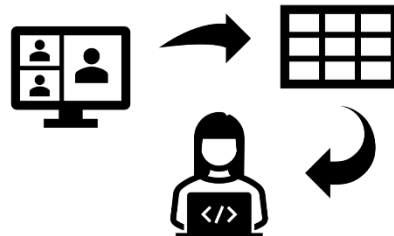


Figure 1. Online meetings resulted in plans of transfers that were facilitated by Cochrane Support.

Limitation: This only represents one case where submissions were transferred between Cochrane Review Groups, Gut and Colorectal. Furthermore, we did not collect data regarding the authors' perspectives on the transfer process.



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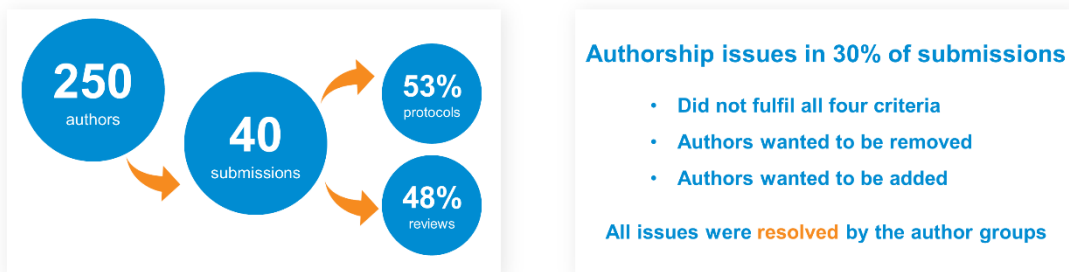
Figure 5. The poster for the abstract "Transfers streamline the CRG portfolio" that was presented at Cochrane Colloquium in September 2023.

Authorship issues can be identified

Identification of authorship issues by using an authorship declaration form

Background: Cochrane publications may be susceptible to unethical authorships such as gift authors. Around 40% of Cochrane reviews have gift authors on the by-line according to surveys of first authors conducted in 2000 and in 2019.

Results



Methods

- An authorship declaration form was initiated in 2020
- Based on International Committee of Medical Journal Editors (ICMJE) recommendations
- Consists of three parts (see QR code):
 1. Submission information
 2. Documentation of roles, see Figure 1
 3. Identification and signature
- Sent to all contact authors
- Contact author collected the forms from co-authors
- All forms assessed prior to further development

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.....

Figure 1. Documentation of roles. The authorship declaration can be accessed through the QR code.

Limitation: Some unethical authorships were probably not identified. Though guidelines from Committee on Publication Ethics (COPE) were followed, and author groups resolved issues, it is possible that some submissions still include unethical authorships. Nonetheless, awareness of authorship criteria increased.



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Figure 6. The poster for the abstract “Authorship issues can be identified” that was presented at Cochrane Colloquium in September 2023.

Funding

Cochrane Colorectal Group is funded by governmental funds, thus, no extramural funding is received from any public or private funders.

Visions for 2024

We have set several goals for Cochrane Colorectal Group in 2024. We wish to:

- Increase the reach of publications from Cochrane Colorectal Group, especially regarding the number of citations
- Identify questions for Cochrane reviews on hernias and start contacting author groups
- Continue to focus and work on improving the author experience

There is no doubt that the result of our CRG Impact Report from 2022 and the decreased impact factor has made a big impression. We have therefore initiated a thorough investigation on how we can improve the dissemination of our reviews. This will unfortunately not impact next year's report, however, the first step towards turning this around has been taken, and this work will continue and be a key goal for the future.