

Cochrane Colorectal

Annual Report, Cochrane Colorectal Group 2024
cochranecolorectal@gmail.com

Table of content

<u>Editorial workflow</u>	<u>3</u>
Title proposals	3
Editorial development.....	4
Development process	4
Protocols	6
Reviews.....	6
Cochrane Colorectal Group’s editorial base	7
<u>Supporting the peer review process.....</u>	<u>7</u>
Progression of peer review	8
<u>Maintenance of the portfolio.....</u>	<u>8</u>
Colorectal cancer	8
Updating reviews and identifying new clinically relevant areas	8
Hernia Collection	9
<u>Dissemination: both scholarly and non-scholarly.....</u>	<u>9</u>
The new social media strategy.....	9
Website update	10
2023 impact report for Cochrane Colorectal Review Group.....	10
<u>Publications by the editorial base.....</u>	<u>13</u>
<u>Presentations and external communications</u>	<u>14</u>
Presentations.....	14
Teaching	15
Symposium.....	15
<u>Funding</u>	<u>18</u>
<u>Visions for 2025.....</u>	<u>18</u>

Editorial workflow

The editorial work of Cochrane Colorectal Group primarily concerns the five following categories:

- Title proposals — evaluation and decision to proposal sent via the Proposal Manager
- Editorial development — an editorial review of protocols, reviews, and updated reviews
- Supporting the peer review process — for both Central Editorial Service and authors
- Maintenance of the portfolio
- Dissemination, both scholarly and non-scholarly

The peer review process has been handled by Central Editorial Service since 2021, but Cochrane Colorectal Group continuously focuses on providing assistance that will aid the submissions efficiently through this process.

The status of the editorial work as of 2024 is covered below.

Title proposals

In 2022, 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. However, we are invited to comment on all title proposals.

In 2024, the Cochrane Colorectal Group received fewer title proposals compared with previous years. We received three title proposals through the Proposal Manager, see Table 1, compared with eight in 2023, 26 in 2022, 13 in 2021, and 14 in 2020. To increase the number of proposed and accepted title proposals, we have initiated several initiatives described in the section ‘Maintenance of the portfolio’.

Of the three title proposals received, one was rejected because of lack of both published and expected evidence, e.g. randomised controlled trials, and the other was rejected due to more than one ongoing Cochrane review by the author group. The last title proposal was developed by members of the editorial group and has been accepted for publication.

Table 1. The list of the title proposals handled by Cochrane Colorectal Group in 2024 and their status in December 2024.

Title proposal	Rejected	Accepted for publication
Effectiveness of various surgical procedures in management of complex anal fistulas: Network meta-analysis	1	0
Systematic review of monocyte transcriptomics profiles as diagnostic and prognostic biomarkers in colorectal cancer	1	0
Penetrating versus non-penetrating mesh fixation for laparoscopic groin hernia repair	0	1
TOTAL	2	1

Editorial development

In 2024, several new initiatives from Cochrane have taken place. A new focused review format ([link](#)) was launched in August 2023 and is now mandatory for all protocols and reviews. Furthermore, Archie was retired in 2024 and it has been replaced by RevMan Portfolio in November 2024. These new initiatives have impacted our editorial development process and have been implemented in Cochrane Colorectal Group. We continue to focus on authorship declaration forms, possible Conflicts of Interest, and the quality of searches; initiatives that were implemented in the past years. For the quality of searches, we still collaborate with Anne-Marie Klint Jørgensen, the information specialist in the Anaesthesia Group.

Development process

One of our visions for 2024 was to “continue to focus and work on improving the author experience” to keep our authors motivated with working on current and future Cochrane reviews. In 2024, we have added several elements to our infrastructure for the development process.

As we no longer have access to Editorial Manager, we have implemented a standard confirmation e-mail to authors when they send their drafts to Cochrane Colorectal. In this e-mail, they are informed about 1) that the submission has been received, 2) the full overview of the expected phases of the editorial process, 3) the timeline for the editorial process, and 4) links with key guidance from Cochrane. We hope this will increase the transparency and the expectations of the authors regarding the editorial development.

We have outlined details on how the standardised development process is conducted on our webpage and below in Figure 1. The new focused review format follows the PRISMA 2020 guidance, thus our standardised Excel sheet that facilitates the development process had to be thoroughly revised this year to comply with the new focused review format. As this guidance continues to develop and change, so will our standardised Excel sheet. We have also reached out to Central Editorial Service to increase our attention to general key peer review comments, and we are working towards implementing these. We aim to conduct the initial check within two weeks and editorial evaluations within three to four weeks to ensure a positive author experience.

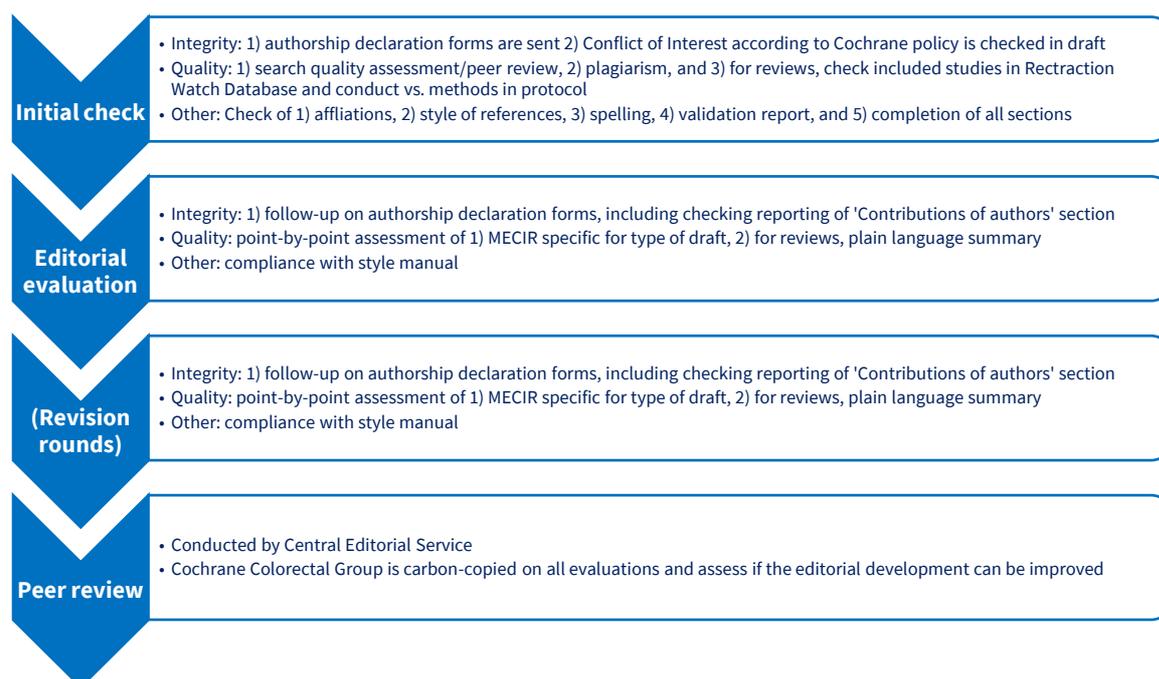


Figure 1. An overview of the editorial development process of drafts at Cochrane Colorectal Group that ensures the integrity and quality of drafts. MECIR: Methodological Expectations of Cochrane Intervention Reviews.

A total of 11 titles were in development by Cochrane Colorectal Group by the end of December 2024, and the specific stages of these can be seen in Table 2.

Table 2. Status of protocols and reviews under development in December 2024.

Stages in development	Number
Accepted title proposal	
Initial draft in development with authors	
Protocols	1
Reviews	6
Initial check	
Initial check of the draft with editorial base	0
Initial check with authors	0
Editorial evaluation/revision rounds	
Editorial evaluation with editorial base	
Protocol	1
Reviews	0
Editorial evaluation with authors	
Protocol	0
Reviews	3
TOTAL	11

The titles of the 11 protocols, reviews, and updates that were in development by December 2024 can be seen in Table 3.

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

Title in development	Status
Comparing complete mesocolon excision versus conventional colectomy for colon cancer	new protocol
Laparoscopic mesh repair versus open Lichtenstein repair for inguinal hernia	update of protocol
Molecular biomarkers for predicting complete response to preoperative chemoradiation in patients with locally advanced rectal 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 gastric cancer	new review
Neoadjuvant chemotherapy in locally advanced rectal cancer	new review
Open versus laparoscopic repair for paediatric inguinal hernia	new review
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
Total gastrectomy with splenectomy versus total gastrectomy alone for gastric cancer	new review
Duct-to-mucosa versus other types of pancreaticojejunostomy for the prevention of postoperative pancreatic fistula following pancreaticoduodenectomy	update of review

Protocols

Four new protocols were published in 2024:

- Robot-assisted versus conventional laparoscopic surgery for rectal cancer: <https://doi.org/10.1002/14651858.CD015626>
- Open versus laparoscopic repair for paediatric inguinal hernia: <https://doi.org/10.1002/14651858.CD015470>
- Neoadjuvant chemotherapy in locally advanced rectal cancer: <https://doi.org/10.1002/14651858.CD015231>
- Molecular biomarkers for predicting complete response to preoperative chemoradiation in people with locally advanced rectal cancer: <https://doi.org/10.1002/14651858.CD014718>

Reviews

Three new reviews were published by Cochrane Colorectal Group in 2024:

- Appendectomy versus antibiotic treatment for acute appendicitis: <https://doi.org/10.1002/14651858.CD015038.pub2>
- Purse-string skin closure versus linear skin closure in people undergoing stoma reversal: <https://doi.org/10.1002/14651858.CD014763.pub2>
- Uncut Roux-en-Y reconstruction after distal gastrectomy for gastric cancer: <https://doi.org/10.1002/14651858.CD015014.pub2>

Four reviews were updated and published by Cochrane Colorectal Group in 2024:

- Single incision versus conventional multi-incision appendicectomy for suspected appendicitis: <https://doi.org/10.1002/14651858.CD009022.pub3>

- Early versus delayed appendicectomy for appendiceal phlegmon or abscess: <https://doi.org/10.1002/14651858.CD011670.pub3>
- Transabdominal pre-peritoneal (TAPP) vs totally extraperitoneal (TEP) laparoscopic techniques for inguinal hernia repair: <https://doi.org/10.1002/14651858.CD004703.pub3>
- Preoperative nutrition therapy in people undergoing gastrointestinal surgery: <https://doi.org/10.1002/14651858.CD008879.pub3>

Cochrane Colorectal Group’s editorial base

In 2024, one of our Managing Editors, Kristoffer Andresen, went on to focus more on the clinics and therefore had less time to work on the editorial base. He continues to assist as Assistant Managing Editor and provide sign-off editor assistance for Central Editorial Service. We said goodbye to the Editorial Assistant, Mikkel Zola Andersen, who continued his journey in the clinics.

Stina Öberg, who has been Assistant Managing Editor since 2021, became Managing Editor and now shares the position with Siv Fonnes. Professor Jacob Rosenberg continues to be the Coordinating Editor, and Jason Joe Baker continues as Assistant Managing Editor.

Supporting the peer review process

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

Table 4. Status of protocols and reviews under peer review or undergoing copy-editing in December 2024.

Stages in peer review and copy edit	Number
Peer review with Central Editorial Service	
Protocols	4
Reviews	3
Peer review with authors	0
Copy-editing	
Protocols	2
Reviews	0
TOTAL	9

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

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

Title	Status
Lightweight versus heavyweight mesh for inguinal hernia	new protocol
Approaches for esophagectomy for esophageal cancer	new protocol

Colorectal stents for the management of malignant colonic obstructions	new protocol
Ultrasonography for diagnosis of acute appendicitis	update of protocol
Total neoadjuvant therapy for locally advanced rectal cancer patients	new protocol (copy-editing)
Penetrating versus non-penetrating mesh fixation in laparoscopic groin hernia repair	new protocol (copy-editing)
Interventions for anal canal intraepithelial neoplasia	update of review
Abdominal drainage to prevent intraperitoneal abscess after appendectomy for complicated appendicitis	update of review
Prophylactic abdominal drainage for pancreatic surgery	update of review

Progression of peer review

Currently, seven titles are under peer review at Central Editorial Service and two titles are under copy-edit, Table 4. The peer review process at Central Editorial Service consists of:

- 1) One methodologist peer review
- 2) One information specialist of search methods
- 3) Two to three clinical or content expert peer reviews,
- 4) A consumer peer review
- 5) Assessment by a sign-off editor

This process continues to be time-consuming. We try to support this process by regularly following up on our titles with Central Editorial Service. We aid and support Central Editorial Service in finding clinical and consumer peer reviewers as well as sign-off editors to ensure that the peer review process will progress in a timely manner. We have also held a meeting with Central Editorial Service in December 2024 to give them feedback on their peer review process and expand our collaboration so that it will benefit the authors' experience.

Maintenance of the portfolio

The work of the current editorial base started in 2019, and the past years have been used to get an overview of the portfolio and to sharpen the internal portfolio. In 2024, we have focused on strategies to update the portfolio (described in more detail below) regarding colorectal cancer, updating relevant reviews, and abdominal hernias.

Colorectal cancer

We have consulted experts in the field to get opinions on:

- New important clinical topics
- Reviews in our portfolio that are clinically relevant to update

We have started contacting author teams for reviews that are clinically relevant to update, and we are planning to continue this work in 2025. In 2025, we are also planning to post a list of potential new reviews concerning colorectal cancer on the Cochrane Colorectal Group's webpage.

Updating reviews and identifying new clinically relevant areas

In 2024, we have also gone through our published reviews for other areas and identified relevant topics to update. We have started contacting author teams for reviews that are clinically relevant to update, and we are planning to continue this work in 2025.

Furthermore, we have identified relevant areas that are not covered in our portfolio, and we have contacted experts in the field to get more insight into potentially new Cochrane reviews. In 2025, we are planning to post a list of potentially new reviews on the Cochrane Colorectal Group's webpage.

Hernia Collection

We have constructed a framework for the identification of review topics within the hernia field that is relevant for consumers and stakeholders, which was one of the goals for 2024. This project will result in a Hernia Collection ([link](#)).

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 controlled 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
4. Presenting a longlist of potential Cochrane review questions to a stakeholder panel to prioritise questions for a shortlist of Cochrane reviews

We have currently concluded the first part and the title and abstract screening of the second part. In 2025, we will conduct the full-text screening and, thereafter, start on phases three and four. We plan to post the Hernia Collection on Cochrane Colorectal's webpage in 2025.

Dissemination: both scholarly and non-scholarly

The new social media strategy

In 2024, we began a new approach for scholarly and non-scholarly dissemination with a social media strategy that consisted of three areas: creating a post about our portfolio reviews, tagging review authors, and increasing the visibility of our social media profiles.

1. Creating posts about reviews: we created and updated Cochrane Colorectal's social media profiles on Facebook, LinkedIn, and X (formerly Twitter). We created a post for each review published within the last 5 years. We posted about 1–4 Cochrane reviews each month. The posts included a summary of the review prepared with help from Cochranes's Dissemination Checklist ([link](#)) and an eye-catching visual (see below).
2. Tagging review authors: the authors from these reviews were tagged (if possible) to increase visibility for the review authors, so they also got an opportunity to share the post.
3. Visibility: to boost the social media algorithms and thereby increase our social media dissemination and visibility, it was also important to have active profiles. Therefore, these social media profiles have been kept active by liking and sharing relevant posts, which boosts the general visibility of the posts about reviews.

To boost the scholarly and non-scholarly dissemination, we also developed a visual identity for the Cochrane Colorectal Group's posts. This visual identity incorporates the Cochrane logo of a meta-analysis with the actual meta-analysis results from the Summary of Findings Table. The colours are kept in Cochrane Colorectal Group's light and dark blue and a relevant picture is also present. In 2024, the visual identity of 17 Cochrane reviews was created, see examples below in Figure 2.

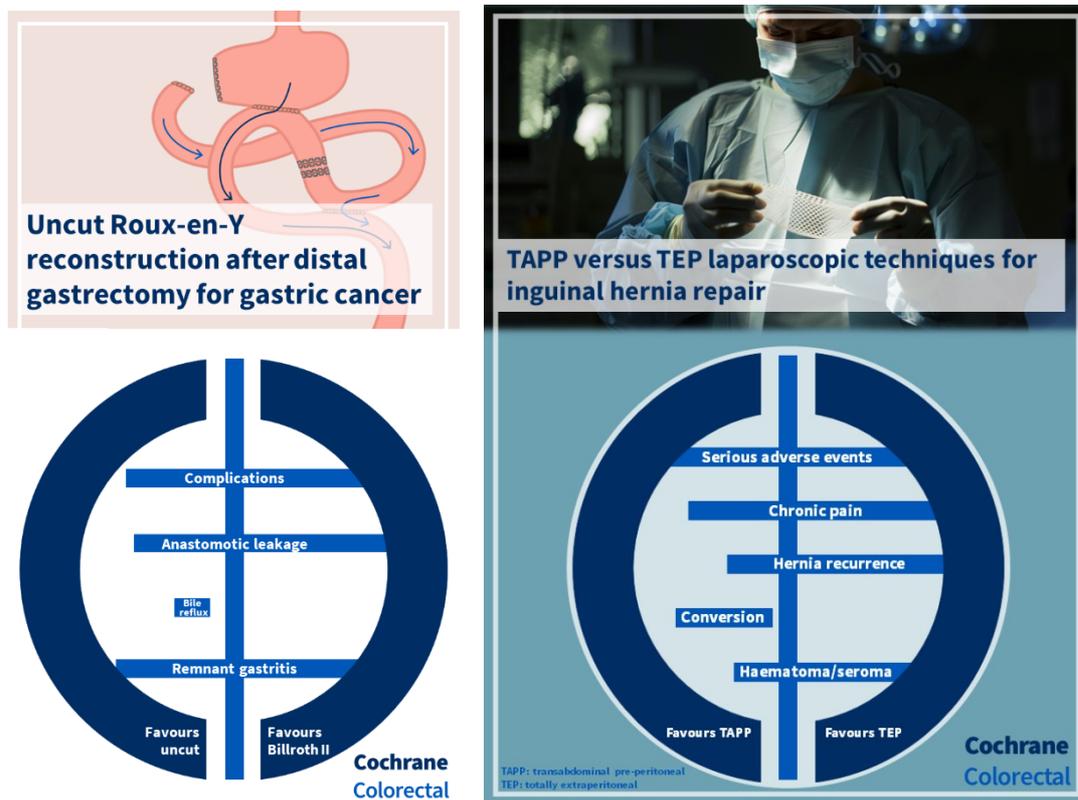


Figure 2. Examples of the visual identity of posts from Cochrane Colorectal Group.

Website update

To increase accessibility and overview of our reviews, we created a news page ([link](#)) on our website including a summary of the reviews with the same eye-catching visuals as in the social media posts.

2023 impact report for Cochrane Colorectal Review Group

The 2023 Impact Factor for the Cochrane Colorectal Group was 6.8, which was an increase compared with 2022 where it was 3.6, but still lower than in 2021 where it was 10.2. The 2023 results are an improvement, but we are still not where we were in 2021. The nine reviews that were included in the impact factor can be seen below in Table 6.

Table 6. The nine reviews that were included in the 2023 impact report from Cochrane Colorectal Group. IF: Impact factor.

Review title	CD number	Times cited (in 2-year IF)
Prehabilitation versus no prehabilitation to improve functional capacity, reduce postoperative complications and improve quality of life in colorectal cancer surgery	CD013259	39
Roux-en-Y versus Billroth-I reconstruction after distal gastrectomy for gastric cancer	CD012998	10
Mesh fixation techniques in primary ventral or incisional hernia repair	CD011563	7
Magnetic resonance imaging (MRI) for diagnosis of acute appendicitis	CD012028	6
Abdominal drainage to prevent intraperitoneal abscess after appendectomy for complicated appendicitis	CD010168	6
Duct-to-mucosa versus other types of pancreaticojejunostomy for the prevention of postoperative pancreatic fistula following pancreaticoduodenectomy	CD013462	5
Antibiotics for uncomplicated diverticulitis	CD009092	4
Prophylactic abdominal drainage for pancreatic surgery	CD010583	4
Extended lymph node resection versus standard resection for pancreatic and periampullary adenocarcinoma	CD011490	3
Fundoplication in laparoscopic Heller's cardiomyotomy for achalasia	CD013386	2

The 2023 Altmetric Attention score was 11.8 and based on 26 reviews. The Altmetric Attention score was based on mentions on news pages (3), blog posts (14), X (341), Facebook (11), Wikipedia (5), Mendeley readers (1436), and the number of Dimensions citations (146). The top 10 publications with the highest Altmetric Attention Score can be seen in Table 7.

Table 7. The top 10 publications with the highest Altmetric Attention score from Cochrane Colorectal Group in 2023.

Review title	Year published	CD number	Altmetric Attention score
Antibiotics for uncomplicated diverticulitis	2022	CD009092	42
Magnetic resonance imaging (MRI) for diagnosis of acute appendicitis	2021	CD012028	27
Prehabilitation versus no prehabilitation to improve functional capacity, reduce postoperative complications and improve quality of life in colorectal cancer surgery	2022	CD013259	26
Coriolus (Trametes) versicolor mushroom to reduce adverse effects from chemotherapy or radiotherapy in people with colorectal cancer	2022	CD012053	25
Antecolic versus retrocolic reconstruction after partial pancreaticoduodenectomy	2022	CD011862	20

Follow-up strategies for patients treated for non-metastatic colorectal cancer	2019	CD002200	20
Preoperative combined mechanical and oral antibiotic bowel preparation for preventing complications in elective colorectal surgery	2023	CD014909	17
Computed tomography for diagnosis of acute appendicitis in adults	2019	CD009977	16
Prolonged thromboprophylaxis with low molecular weight heparin for abdominal or pelvic surgery	2019	CD004318	14
Physical activity interventions for disease-related physical and mental health during and following treatment in people with non-advanced colorectal cancer	2020	CD012864	13

In 2023, publications in the Colorectal Group’s portfolio had a total of 217,421 page views based on 431 different publication types (reviews, updates, and protocols). The mean page views were 504 per publication. Although not reflected in our impact factor, we are pleased that our reviews are being read. The top 10 viewed publications can be seen in Table 8.

Table 8. The 10 most viewed publications from Cochrane Colorectal Group in 2023.

Review title	Year published	CD number	Page views
Cisapride for Intestinal Constipation	2011	CD007780	9,001
Preoperative combined mechanical and oral antibiotic bowel preparation for preventing complications in elective colorectal surgery	2023	CD014909	7,232
Incision and drainage of perianal abscess with or without treatment of anal fistula	2010	CD006827	5,827
Analgesia in patients with acute abdominal pain	2011	CD005660	5,143
Laparoscopic versus open surgery for suspected appendicitis	2010	CD001546	5,092
Guaiac-based faecal occult blood tests versus faecal immunochemical tests for colorectal cancer screening in average-risk individuals	2022	CD009276	4,963
Mesh versus non-mesh for inguinal and femoral hernia repair	2018	CD011517	4,562
Antibiotics for uncomplicated diverticulitis	2022	CD009092	4,450
Laparoscopic versus open surgery for suspected appendicitis	2018	CD001546	4,054
Coriolus (Trametes) versicolor mushroom to reduce adverse effects from chemotherapy or radiotherapy in people with colorectal cancer	2022	CD012053	3,731

Publications by the editorial base

Cochrane Colorectal Group has continuously focused on conducting research on editorial matters and publishing scientific papers relevant to Cochrane. Furthermore, the editorial base also author Cochrane reviews. Both the number of publications per year and the cumulated numbers are presented in Figure 3.

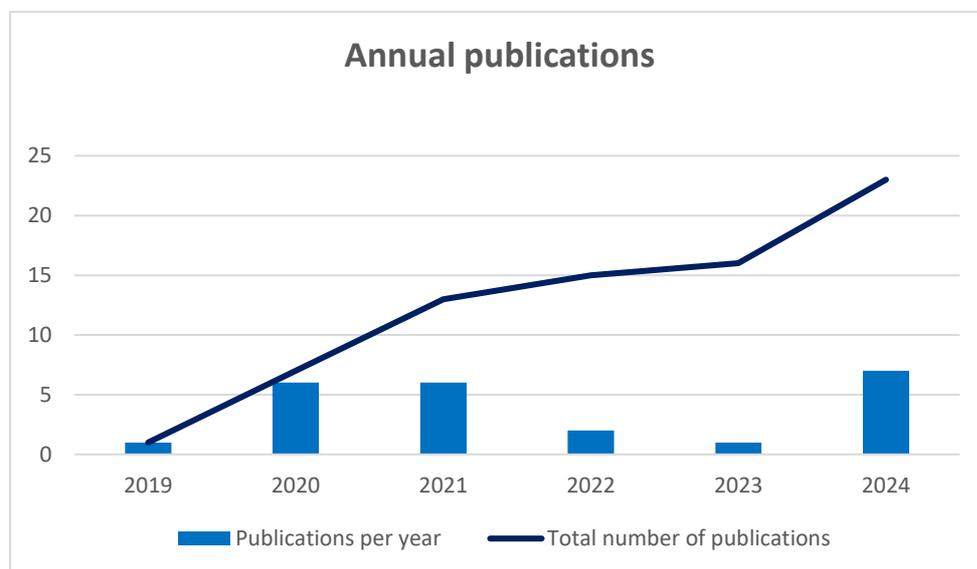


Figure 3. The number of publications per year and the cumulated numbers from Cochrane Colorectal Group.

The type of publication of the published material is presented in Figure 4.

Details on the publications from Cochrane Colorectal Group published in 2024 can be seen in Table 9.

Table 9. The details on the article published by Cochrane Colorectal in 2024 including the title, authors, and journal details.

Publication title	Authors	Citation
Comparative analysis of Cochrane and non-Cochrane reviews over three decades	Andersen MZ, Zeinert P, Rosenberg J, Fonnes S Doleman B, Fonnes S, Lund JN, Boyd-Carson H, Javanmard-Emamghissi H,	Syst Rev 2024;13:120 Cochrane Database
Appendectomy versus antibiotic treatment for acute appendicitis	Moug S, Hollyman M, Tierney G, Tou S, Williams JP	Syst Rev 2024;4:CD015038
Transabdominal pre-peritoneal (TAPP) vs totally extraperitoneal (TEP) laparoscopic techniques for inguinal hernia repair	Andresen K, Rosenberg J	Cochrane Database Syst Rev 2024;7:CD004703
A simple form could prevent authorship issues in Cochrane manuscripts: a cohort study	Fonnes S, Andresen K, Öberg S, Baker JJ, Rosenberg J	Cochrane Ev Synth 2024;2:e12053
Ethical concerns of including too few or too many participants in clinical studies	Rosengaard LO, Fonnes S, Rosenberg J	Ethics Med Public Health 2024;32:100980
Critical reading of systematic review articles	Laursen DRT, Brorson S, Lundh A, Møller AM,	Ugeskr Laeger 2024;186:V09230616

We will focus on starting new Cochrane protocols, when the Hernia Collection has been planned to ensure that these priority titles are initiated.

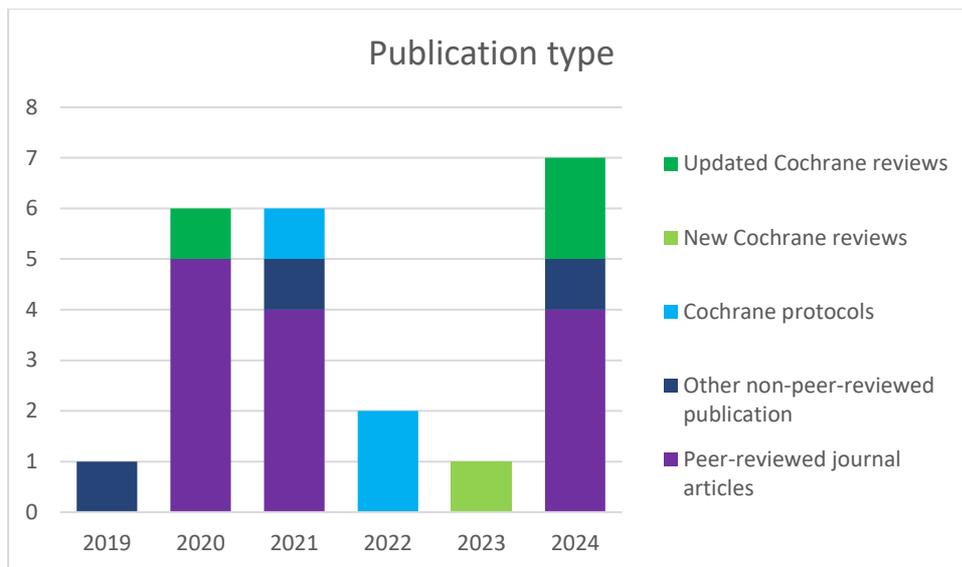


Figure 4. The publication type of the published material from Cochrane Colorectal Group 2019–2024.

Presentations and external communications

Cochrane Colorectal Group has participated in several external communications opportunities in 2024.

Presentations

Cochrane Colorectal Group participated in the Global Evidence Summit ([link](#)) in Prague in September 2024. We had one oral presentation and one poster presentation:

- “Identifying review questions for future Cochrane reviews on groin and ventral hernia surgery: a meta-epidemiological study”, Figure 5
- “Cochrane Reviews received fewer citations than other systematic reviews: a bibliometric analysis”, Figure 6

Information on the hernia collection is regularly updated on our webpage ([link](#)), the abstract for the poster is available at a repository ([link](#)), and the presentation and the poster can be seen on the next pages. The poster, “Cochrane Reviews received fewer citations than other systematic reviews: a bibliometric analysis” has been accepted for publication and will be printed in 2025.

During the Global Evidence Summit, we enjoyed the interesting programme, posters, and meetings. We both met with our colleagues in Cochrane and the Scandinavian GRADE network.

Teaching

Cochrane Colorectal Group now teaches in two Danish PhD courses. One is 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 the Cochrane risk of bias tool 1 and 2. The other on “Evidence Based Best Practice” is held at the Department of Anaesthesia, Herlev Hospital. The lecture is on randomised controlled trials and also focuses on the Cochrane risk of bias tool 1 and 2.

We also teach a lecture on randomised controlled trials at the research training course for anaesthesiologists under training in the Capital Region of Denmark.

Symposium

Cochrane Colorectal Group participated in the annual symposium of the Danish Evidence-Based Medicine Network in April 2024 together with other network members, including Cochrane Denmark, Cochrane Hepato-Biliary Group, Cochrane Anaesthesia, the Danish Health Authority, and many more.

Global Evidence Summit

Review questions for future Cochrane Reviews on hernia surgery

Anders Gram-Hanssen, MD, PhD
Dept. of Surgery, Copenhagen University Hospital
Denmark

We aimed to create a shortlist of review questions that we can recommend for future Cochrane reviews on hernia surgery

Cochrane Colorectal

Methods

Priority setting process

- 1 Cochrane Library**
Cochrane Database of Systematic Reviews
- 2 Guidelines**
Domains of interest
- 3 Randomized trials**
ClinicalTrials CENTRAL
Trial Mapping
- 4 Consensus**
Question formulation
Stakeholder consensus

Cochrane Colorectal

Results

Preliminary

- 1 Cochrane Library**
23 Reviews/protocols
- 2 Guidelines**
9 Clinical guidelines
150 Domains
- 3 Randomized trials**
10,280 Records screened
1,752 Hernia trial reports
- 4 Consensus**
Pending Fall 2024

Cochrane Colorectal

Results

Preliminary

- 1 Cochrane Library**
23 Reviews/protocols
- 2 Guidelines**
9 Clinical guidelines
150 Domains
- 3 Randomized trials**
10,280 Records screened
1,752 Hernia trial reports
- 4 Consensus**
Pending Fall 2024

Cochrane Colorectal

Results

Preliminary

- 3 Randomized trials**
10,280 Records screened
1,752 Hernia trial reports
- 4 Consensus**
Pending Fall 2024

Flowchart showing connections between Ventral, Groin, Other, Preoperative, Intraoperative, and Postoperative categories.

Cochrane Colorectal

QR Code

Systematic framework for developing review questions for Cochrane reviews

✉ cochrane colorectal@gmail.com
 @Cala_Cochrane
 Cochrane Colorectal Group

Cochrane Colorectal

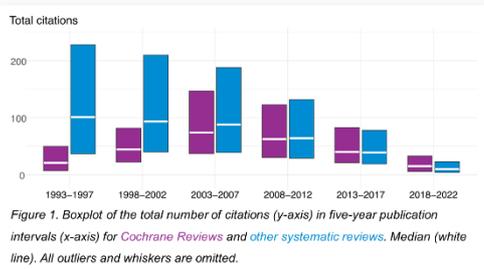
Figure 5. The oral presentation for the abstract “Identifying review questions for future Cochrane reviews on groin and ventral hernia surgery: a meta-epidemiological study” presented at Global Evidence Summit in September 2024.

Cochrane Reviews were cited less than other systematic reviews

Cochrane Reviews received fewer citations than other systematic reviews: a bibliometric analysis

Background: The number of systematic reviews is increasing rapidly. Several methodologies exist for systematic reviews, one of which is Cochrane Reviews, which aims to provide the highest quality of evidence.

Results



Total citations per review (Figure 1):

1993–1997: Similar numbers of citations for reviews ($p = 0.19$)

1998–2002: Cochrane Reviews were cited less
Other systematic reviews median of 49 more citations [95% CI 48.8–49.2, $p = 0.01$] in 1998–2002 and 14 more citations [95% CI 13.8–14.1, $p < 0.01$] in 2003–2007

2008–2022: Similar numbers of citations for reviews (2008–2012: $p = 0.6$, 2013–2017: $p = 1$, 2018–2022: $p = 0.83$)

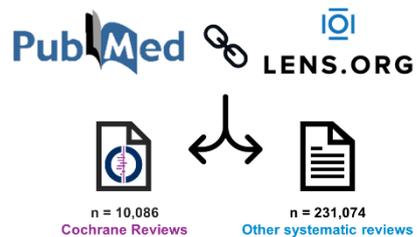
Zero citations: Reviews with zero citations were rare in reviews but more frequent in other systematic reviews.

Methods

Bibliometric analysis

Cross-sectional study

- All systematic reviews indexed in PubMed (1993–2022)
- Cross-checked in Cochrane Database of Systematic Reviews
- Linked with citations in The Lens (1993–2023): ≥ 1 year follow-up
- Compared Cochrane Reviews vs. other systematic reviews
- Outcomes assessed were:
 - ▶ Total citations per review
 - ▶ Reviews with zero citation
 - ▶ Time window for receiving citations



Limitations: Cochrane Reviews and systematic reviews published between 2018 and 2022 may not have had enough time to accumulate citations. We excluded updated Cochrane Reviews as we could not retrieve their citations in The Lens.



Louise Olsbro Rosengaard, Mikkel Zola Andersen, Jacob Rosenberg, Siv Fonnes

Cochrane Colorectal Group



Figure 6. The poster for the abstract “Cochrane Reviews received fewer citations than other systematic reviews: a bibliometric analysis” presented at Global Evidence Summit in September 2024.

Funding

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

Visions for 2025

We have set several goals for Cochrane Colorectal Group in 2025. We wish to:

- Increase the reach of publications from Cochrane Colorectal Group, especially regarding the number of citations and Altmetric score, focusing on increasing the mentions on Wikipedia, online news, and social media. We hope to see the results of our efforts in boosting reach and visibility that we have done in 2024 next year.
- Identify potential future areas for Cochrane reviews based on the upcoming results from the Hernia Collection.
- Continue to focus and work on improving the author experience.