

P – 254: Transfers between Cochrane review Groups to sharpen profile and facilitate the work of Cochrane authors

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Background

The topic and focus of Cochrane Review Groups (CRGs) may change over time. Therefore, their portfolio must adapt to fit their current profile. Three CRGs cover the abdomen, each with distinct foci. However, the portfolio of these CRGs reflects years of research within various topics that possibly differ from the current focus and there may be overlap between groups. Cochrane authors as well as CRGs may benefit from a streamlining of CRG content between groups.

Objectives

We aimed to describe the process and experiences of moving protocols and reviews between CRGs to sharpen their profile and better aid Cochrane authors.

Methods

In 2020, the Colorectal Group reached out to the two other CRGs covering the abdomen, the Gut Group and the Hepatobiliary Group, as well as the Cancer network. A discussion on moving protocols and reviews between CRGs and the network was initiated. Several meetings were held online and facilitated by the Abdomen and Endocrine network. Cochrane support piloted the development of an exchange process between CRGs.

Results

In total, 36 and 37 relevant Cochrane protocols and reviews were identified in the Colorectal Group and Gut Group, respectively, to be transferred between groups. Most identified protocols and reviews were transferred immediately (89% and 73%, respectively) by Cochrane support. Any Cochrane protocol or review under development was flagged for future transfer when the protocol or review was published to ensure continuity for Cochrane authors. At follow-up 2.5 years later, most of these had been transferred. No protocols or reviews were identified relevant to transfer to the Hepatobiliary Group, and none were transferred to the Cancer network due to their resources being limited. All authors were contacted and informed by the receiving CRG after the transfer.

Conclusions

CRG portfolios can easily be updated and sharpened with the aid of other CRGs and Cochrane support. Protocols or reviews under development should await transfer until published to ensure continuity for Cochrane authors, thereby ensuring that the evidence becomes available to patients. Transfers should only be made if the receiving CRG has the necessary capacity to follow up and continue these Cochrane reviews.

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