

# EPOC Protocol Template

## Protocol information

### Authors

Your name here<sup>1</sup>

<sup>1</sup>[Empty affiliation]

Citation example: here Yn. EPOC Protocol Template [Protocol]. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

### Contact person

*Your name here*

### Dates

Assessed as Up-to-date:	
Date of Search:	
Next Stage Expected:	
Protocol First Published:	Not specified
Review First Published:	Not specified
Last Citation Issue:	Not specified

### What's new

Date / Event	Description
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### History

Date / Event	Description
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## Abstract

Background

Objectives

Search methods

Selection criteria

Data collection and analysis

Main results

Authors' conclusions

## Plain language summary

**[Plain language title]**

[Summary text]

## Background

*This is a protocol template for the Cochrane Effective Practice and Organisation of Care (EPOC) Group. It includes standard text that you can use directly in your protocol or adapt it as applicable - this is denoted by square brackets in the text. Make sure you delete all highlighted text, unused, or inapplicable text within square brackets, and all the guidance text in italics, before submitting your protocol. If you have any questions, please email [epoc@ndph.ox.ac.uk](mailto:epoc@ndph.ox.ac.uk) or Liz ([ElizabethJ.Paulsen@fhi.no](mailto:ElizabethJ.Paulsen@fhi.no)), or your contact editor or information specialist as necessary. **Before submitting your protocol for editorial approval, please ensure you have completed all the steps listed in [Appendix 1](#).***

*Text must be written in the active voice and future tense (e.g. 'We will include all randomised trials' not 'Randomised trials were included).*

*Background references - Claims or statements regarding aspects such as disease burden, morbidity, prevalence and mechanisms of action should be substantiated and, where available, supported by evidence. Remember to delete this guidance*

## Description of the condition

*Define the health issue or healthcare system the intervention is targeting, to include its characteristics and who might be affected, for example the accessibility of health services, the uptake of clinical practice guidelines, or medication-related adverse events in primary care. Remember to delete this guidance*

## Description of the intervention

*Describe each component of the intervention. This might include conducting or referring to exploratory work, such as that developed by [Kinsman 2010](#) for the clinical pathway review. EPOC reviews usually focus on complex interventions, with different components, groups, and outcomes (refer to [Craig 2008](#) for the Medical Research Council's guidance for developing and evaluating complex interventions). Some elements that might be included here are the intervention components, and known adverse effects, if any. Most reviews include more than one intervention*

and it is important to consider how interventions will be categorised. For examples on how to describe the intervention, please refer to the following EPOC protocols: [Pantoja 2015](#) and [Yuan 2014](#). **Remember to delete this guidance**

## How the intervention might work

Provide an overview of the evidence describing how the intervention might work, including how it might differ for different populations. Refer to the document [Equity considerations in EPOC reviews](#) for specific points on equity. If including subgroups for analysis, provide the rationale here. You might want to include a logic model, summarising the potential links between the intervention, the determinants of health, and the outcomes. For examples on how a logic model can be used in an EPOC review, please refer to the following EPOC protocols: [Augustinci Polec 2015](#) and [Sreeramareddy 2013](#). **Remember to delete this guidance**

## Why it is important to do this review

Summarise relevant existing evidence to help the reader understand the importance of the review question. You may need to include related systematic reviews, health technology assessments, or other reports. Refer to the document [Identifying Cochrane and non-Cochrane reviews relevant to your EPOC topic](#) for guidance on how to identify systematic reviews. If you have not found another relevant systematic review, then state this explicitly. **Remember to delete this guidance**

## Objectives

**Main objective:** Define the main objective of the review, including participants, interventions, comparators, and outcomes, where appropriate in a single concise sentence [MECIR conduct standard 2]. **Remember to delete this guidance**

[To assess the effects of [intervention or comparison] for [health issue/healthcare system] for/in [types of people, disease or issue and setting if specified].]

**Secondary objective(s):** The secondary objectives should be expressed in terms that relate to the population(s), intervention comparison(s) and, where appropriate, outcomes of interest. Consider in advance whether issues of equity and relevance to specific populations (e.g. low-socioeconomic groups, low- or middle-income regions, women, children and older people) are important to the review [MECIR conduct standard 4]. **Remember to delete this guidance**

**Economic evidence:** If health economics evidence or qualitative research evidence are to be reviewed, state this explicitly in the Objectives (as a secondary objective). **Remember to delete this guidance**

[To assess whether the effects of [intervention or comparison] differ according to [types of people, intervention or comparator characteristic, disease, problem, setting, etc.]

## Methods

### Criteria for considering studies for this review

#### *Types of studies*

Refer to [What study designs should be included in an EPOC review and what should they be called?](#) for guidance on how to define and select study designs. A sentence should be provided justifying your choice of study designs [MECIR conduct standard 11]. **Remember to delete this guidance**

[e.g. We will include randomised trials. We will include full-text studies, conference abstracts, and unpublished data.]

*Studies should be included irrespective of their publication status and language of publication, unless exclusion is explicitly justified [MECIR conduct standard 12]. **Remember to delete this guidance***

[e.g. We will include studies irrespective of their publication status and language of publication.]

#### *Types of participants*

*Define in advance the eligibility criteria for participants in the studies [MECIR conduct standard 5]. State eligibility criteria for participants, including any criteria around location, setting, demographic factors, or specific healthcare services. **Remember to delete this guidance***

*Define in advance how studies that include only a subset of relevant participants will be addressed [MECIR conduct standard 6]. Restrictions to study populations must be based on sound rationale and described here. **Remember to delete this guidance***

#### *Types of interventions*

*If any restrictions are going to be applied to the interventions, define those clearly. Pay attention to active comparator interventions (e.g. a different variant of the same intervention, different components, etc.). Ensure that the comparisons are consistent with the review's stated objectives and the literature reviewed in the Background section. If the review is going to address multiple interventions, clarity is required on how these will be addressed (e.g. summarised separately, combined or explicitly compared). [MECIR conduct standard 7]. **Remember to delete this guidance***

[We will include trials comparing [intervention] with [usual care/other]].

[The comparisons for this review will be:

- XX compared with XX
- XX compared with XX
- XX compared with XX]

## Types of outcome measures

Consider relevant literature in your topic as well as the guidance [What outcomes should be considered in EPOC reviews](#), which presents a list of the different outcome categories. Please include a rationale to explain why you have chosen the primary and secondary outcomes listed [MECIR conduct standard 14: Define in advance which outcomes are primary outcomes and which are secondary outcomes]. Adverse effects (unintended consequences) **should always be considered in EPOC reviews**. Refer to EPOC guidance on how to incorporate [adverse effects](#) and [economic evidence](#). See also 5.4.2 of the Cochrane Handbook.

**Remember to delete this guidance.**

*Role of outcomes: Be explicit about the role of outcomes in determining eligibility of studies for the review. [MECIR conduct standard 8: Clarify in advance whether outcomes listed under 'Criteria for considering studies for this review' are used as criteria for including studies (rather than as a list of the outcomes of interest within which studies are included)]. Studies should not be excluded solely from a review because no outcome data are available. An important distinction should be made between whether outcomes were measured, and whether the measured outcome data are available. If authors do exclude studies on the basis of outcomes, care should be taken to ascertain that relevant outcomes are not available because they have not been measured rather than simply not reported.*

**Remember to delete this guidance**

*Explain how multiple outcome measures (e.g. definitions, assessors, scales, time points) will be addressed.* **Remember to delete this guidance**

## Primary outcomes

*Primary outcomes for EPOC reviews of health systems interventions should reflect those outcomes that are most important to the people who will be affected and that are critical or important to people making decisions. The outcomes included in a 'Summary of findings' table would generally include the primary outcomes (and possibly some of the more important secondary outcomes) and adverse effects.* **Remember to delete this guidance**

1. [...]
2. [...]
3. Serious adverse effects

## Secondary outcomes

*These are outcomes that may be of interest, but are less important than the primary outcomes. They are not critical or important to the people who will be affected or decision makers. They may indirectly reflect important outcomes (i.e. serve as surrogate outcome measures) or help to explain how or why an intervention did or might have an impact on primary outcomes. Review authors should specify whether studies that only report secondary outcomes will be included in the review. Remember to delete this guidance*

1. [...]
2. [...]

## Search methods for identification of studies

*Refer to EPOC guidance on how to [develop](#) and [report](#) a search strategy, as well as a [template](#) for the search log. Even if you have the support of an information specialist you should contact EPOC Information Specialists, Paul Miller ([paul.miller@ndph.ox.ac.uk](mailto:paul.miller@ndph.ox.ac.uk)) or Marit Johansen ([Marit.Johansen@fhi.no](mailto:Marit.Johansen@fhi.no)) for guidance. Remember to delete this guidance*

### **Electronic searches**

[The EPOC Information Specialist will develop the search strategies in consultation with the review authors. We will search the Cochrane Database of Systematic Reviews (CDSR) and the Database of Abstracts of Reviews of Effects (DARE) for related systematic reviews.]

[We will search the following databases for primary studies, from inception to the date of search.]

- Cochrane Central Register of Controlled Trials (CENTRAL; latest issue), in the Cochrane Library.
- MEDLINE Ovid (1946 to date of search).
- Embase Ovid (1974 to date of search).

*The databases listed above are the minimum requirement for Cochrane reviews (CENTRAL, MEDLINE, Embase must be listed in the order above - additional databases are to follow Embase).*

*Authors are strongly encouraged to search one or more topic-related databases in addition. Some examples are listed below. Discuss with your Information Specialist which databases should be searched. Remember to delete this guidance and remove the square brackets around the databases below*

- [AIM (African Index Medicus; XX to date of search).]

- [CINAHL EBSCO (Cumulative Index to Nursing and Allied Health Literature; 1982 to date of search).]
- [ProQuest Dissertations and Theses Global database (1861 to date of search).]
- [LILACS (Latin American and Caribbean Health Sciences Information database; 1982 to date of search).]
- [PAHO (Pan American Health Organization database; XX to date of search).]
- [Science Citation Index and Social Sciences Citation Index (1975 to date of search).]
- [Web of Science, Conference Proceedings Citation Index - Science (1990 to date of search).]
- [WHOLIS (World Health Organization Library Information System; XX to date of search).]

[Search strategies are comprised of keywords and controlled vocabulary terms. We will not apply any limits on language and we will search all databases from inception to the date of search.

We will use two methodology search filters to limit retrieval to appropriate study designs: a modified version of the Cochrane Highly Sensitive Search Strategy (sensitivity- and precision-maximizing version - 2008 revision; [Lefebvre 2019](#)) to identify randomised trials; and an EPOC methodology filter to identify non-randomised trial designs. See [Appendix 2](#) for the MEDLINE search strategy, which we will adapt for other databases.]

## **Searching other resources**

*Searching [clinicaltrials.gov](#) and the WHO ICTRP trial registry is mandatory.*

*Remember to delete this guidance*

### Trial registries

- WHO ICTRP (World Health Organization International Clinical Trials Registry Platform; [www.who.int/ictrp](http://www.who.int/ictrp); to date of search).
- US National Institutes of Health Ongoing Trials Register ClinicalTrials.gov ([www.clinicaltrials.gov](http://www.clinicaltrials.gov); to date of search).

### Grey literature

*(Searching grey literature is highly recommended. Sources will depend on the topic of the review. To be discussed with your Information Specialist)*

*Remember to delete this guidance*

[We will conduct a grey literature search to identify studies not indexed in the databases listed above.] *(to be deleted/amended as necessary)*

- [OpenGrey ([www.opengrey.eu](http://www.opengrey.eu); to date of search).]

- [Grey Literature Report (New York Academy of Medicine; [www.greylit.org](http://www.greylit.org); to date of search).]
- [Agency for Healthcare Research and Quality (AHRQ; [www.ahrq.gov](http://www.ahrq.gov); to date of search).]
- [Joanna Briggs Institute ([www.joannabriggs.edu.au](http://www.joannabriggs.edu.au); to date of search).]
- [National Institute for Health and Clinical Excellence (NICE; [www.nice.org.uk](http://www.nice.org.uk); to date of search).]

[We will also review reference lists of all included studies and relevant systematic reviews for additional potentially eligible primary studies. We will contact authors of included studies/reviews to clarify reported published information and to seek unpublished results/data. We will contact researchers with expertise relevant to the review topic/EPOC interventions. We will conduct cited reference searches for all included studies in ISI Web of Knowledge and screen individual journals and conference proceedings (e.g. handsearch)].

We will provide appendices for all strategies used, including a list of sources screened and relevant reviews/primary studies reviewed.

## Data collection and analysis

### Selection of studies

*Describe how decisions on which studies to include from the search results will be made, describe the process by stating which reviewers (at least two) will be involved and whether they worked independently and how you will deal with disagreements [MECIR conduct standard 39]. Remember to delete this guidance*

[We will download all titles and abstracts retrieved by electronic searching to a reference management database and remove duplicates. Two review authors [or more; initials here] will independently screen titles and abstracts for inclusion. We will retrieve the full-text study reports/publication and two review authors [or more; initials here] will independently screen the full-text and identify studies for inclusion and identify and record reasons for exclusion of the ineligible studies. We will resolve any disagreement through discussion or, if required, we will consult a third review author [initials here].

We will list studies that initially appeared to meet the inclusion criteria but that we later excluded in the 'Characteristics of excluded studies' table (see yellow post-it note). We will collate multiple reports of the same study so that each study rather than each report is the unit of interest in the review. We will also provide any information we can obtain about ongoing studies. We will record the selection process in sufficient detail to complete a PRISMA flow diagram ([Liberati 2009](#)).

## Data extraction and management

Refer to the standard [data collection form](#). You may adapt the standard form for use in your specific review.

Ideally, the data extraction form should be piloted with a small number of studies [MECIR conduct standard 43]. **Remember to delete this guidance**

[We will use the EPOC standard data collection form and adapt it for study characteristics and outcome data ([EPOC 2017a](#)); we will pilot the form on at least one study in the review. Two review authors [or more; initials here] will independently extract the following study characteristics from the included studies and enter the data into Review Manager 5 ([Review Manager 2014](#)).

1. Methods: study design, number of study centres and location, study setting, withdrawals, date of study, follow-up.
2. Participants: number, mean age, age range, gender, severity of condition, diagnostic criteria, inclusion criteria, exclusion criteria, other relevant characteristics.
3. Interventions: intervention components, comparison, fidelity assessment.
4. Outcomes: main and other outcomes specified and collected, time points reported.
5. Notes: funding for trial, notable conflicts of interest of trial authors, ethical approval [add to this list as required]].

[Two review authors [or more; initials here] will independently extract outcome data from included studies. We will note in the 'Characteristics of included studies' table if outcome data were reported in an unusable way. We will resolve disagreements by consensus or by involving a third review author [initials here]].

*MECIR conduct standards 47 and 49: seek key unpublished information that is missing from reports of included studies. Briefly describe any planned strategies that will be used to address missing data. **Remember to delete this guidance***

## Assessment of risk of bias in included studies

Refer to the resources [suggested risk of bias criteria for EPOC reviews](#) and [how to prepare a risk of bias table for reviews that include more than one study design](#) for further information.

To draw overall conclusions about the overall risk of bias for an outcome, please refer to the EPOC guidance on [summary assessment of risk of bias](#). **Remember to delete this guidance**

[[Two] review authors [or more; initials here] will independently assess risk of bias for each study using the criteria outlined in the *Cochrane Handbook*

for *Systematic Reviews of Interventions* Section 8.5 ([Higgins 2019](#)), and the guidance from the EPOC group ([EPOC 2017b](#)). We will resolve any disagreements by discussion or by involving a third review author [**initials here**]. We will assess the risk of bias according to the following domains (*randomised trial/non-randomised trial criteria shown below - add interrupted time series criteria if interrupted time series studies are part of your eligible study designs*).

1. Random sequence generation.
2. Allocation concealment.
3. Blinding of participants and personnel.
4. Blinding of outcome assessment.
5. Incomplete outcome data.
6. Selective outcome reporting.
7. Baseline outcomes measurement.
8. Baseline characteristics.
9. Other bias.

We will judge each potential source of bias as high, low, or unclear and provide a quote from the study report together with a justification for our judgement in the 'Risk of bias' table. We will summarise the 'Risk of bias' judgements across different studies for each of the domains listed. We will assign an overall 'Risk of bias' assessment (high, moderate or low) to each of the included studies using the approach suggested in Chapter 8 of the *Cochrane Handbook for Systematic Reviews of Interventions* ([Higgins 2019](#)). We will consider studies with low risk of bias for all key domains or where it seems unlikely for bias to seriously alter the results, to have a low risk of bias. We will consider studies where risk of bias in at least one domain was unclear or judged to have some bias that could plausibly raise doubts about the conclusions, to have an unclear risk of bias. We will consider studies with a high risk of bias in at least one domain or judged to have serious bias that decreases the certainty of the conclusions, to have a high risk of bias.

We will consider blinding separately for different key outcomes where necessary (e.g. for unblinded outcome assessment, risk of bias for all-cause mortality may be very different than for a patient reported pain scale). Where information on risk of bias relates to unpublished data or correspondence with a trialist, we will note this in the 'Risk of bias' table. We will not exclude studies on the grounds of their risk of bias, but will clearly report the risk of bias when presenting the results of the studies.

When considering treatment effects, we will take into account the risk of bias for the studies that contribute to that outcome.

We will conduct the review according to this published protocol and report any deviations from it in the 'Differences between protocol and review' section of the systematic review.]

## **Measures of treatment effect**

[We will estimate the effect of the intervention using [risk ratio/risk difference for dichotomous data, together with the appropriate associated 95% confidence interval] and mean difference or standardised mean difference for continuous data, together with the 95% appropriate associated confidence interval ([Higgins 2019](#)). We will ensure that an increase in scores for continuous outcomes can be interpreted in the same way for each outcome, explain the direction to the reader, and report where the directions were reversed, if this was necessary.]

## **Unit of analysis issues**

Refer to [Analysis in EPOC reviews](#) for further guidance on how to analyse cluster-randomised trials and [interrupted time series](#). **Remember to delete this guidance**

## **Dealing with missing data**

[We will contact investigators in order to verify key study characteristics and obtain missing outcome data where possible (e.g. when a study is identified as abstract only). We will try to compute missing summary data from other reported statistics. Whenever it is not possible to obtain data, we will report the level of missingness and consider how that might impact the certainty of the evidence.].

## **Assessment of heterogeneity**

[If we find a sufficient number of studies, where we judge participants, interventions, comparisons and outcomes to be sufficiently similar, we will conduct a meta-analysis ([Borenstein 2009](#)). We will use the  $I^2$  statistic to measure heterogeneity among the trials in each analysis. We will assess low heterogeneity as an  $I^2$  result between 0% and XX%, medium heterogeneity as XX% to XX%, and high heterogeneity as above XX% ([Higgins 2019](#)). If we identify substantial heterogeneity we will explore it by prespecified subgroup analysis.]

## **Assessment of reporting biases**

[We will attempt to contact study authors, asking them to provide missing outcome data. Where this is not possible, and the missing data are thought to introduce serious bias, we will explore the impact of including such studies in the overall assessment of results. If we are able to pool more than 10 trials, we will create and examine a funnel plot to explore possible publication biases, interpreting the results with caution ([Sterne 2011](#)).]

## Data synthesis

*It is not always possible to undertake a meta-analysis in EPOC reviews. Refer to the EPOC specific guidance on [Synthesising results when it does not make sense to do a meta-analysis](#) for suggestions on how to summarise results [MECIR conduct standard 63]. Remember to delete this guidance*

[We will undertake meta-analyses only where this is meaningful i.e. if the treatments, participants, and the underlying clinical question are similar enough for pooling to make sense ([Borenstein 2009](#)). A common way that trialists indicate when they have skewed data is by reporting medians and interquartile ranges. When we encounter this we will note that the data are skewed and consider the implication of this. Where multiple trial arms are reported in a single trial, we will include only the relevant arms. If two comparisons (e.g. intervention A versus usual care and intervention B versus usual care) must be entered into the same meta-analysis, we will halve the control group to avoid double-counting.]

### **'Summary of findings' and GRADE**

*Refer to the EPOC-specific guidance for authors on how to prepare a 'Summary of findings' table ([Worksheets for preparing Summary of findings tables using GRADE](#)). This table will present the key information from your review, providing the certainty of evidence and the effect of the interventions, and a summary of the available evidence for all important outcomes. It is thus important that the outcomes chosen for the 'Summary of findings' table are relevant to stakeholders and decision making processes. Once the review is completed the outcomes chosen should always be listed, even if no data are available in the 'Summary of findings' table. Remember to delete this guidance*

[Two review authors will independently assess the certainty of the evidence (high, moderate, low, and very low) using the five GRADE considerations (risk of bias, consistency of effect, imprecision, indirectness, and publication bias) [Guyatt 2008](#). We will use methods and recommendations described in Section 8.5 and Chapter 12 of the *Cochrane Handbook for Systematic Reviews of interventions* ([Higgins 2019](#)), and the EPOC worksheets ([EPOC 2017c](#)), and we will use GRADEpro software ([GRADEpro GDT](#)). We will resolve disagreements on certainty ratings by discussion and provide justification for decisions to down- or upgrade the ratings using footnotes in the table and make comments to aid readers' understanding of the review where necessary. We will use plain language statements to report these findings in the review ([EPOC 2017c](#)) (see [worksheet 4 - key messages in plain language from Worksheets for preparing Summary of findings tables using GRADE](#)).

We will summarise the findings in a 'Summary of findings' table(s) for the main intervention comparison(s) and include the most important outcomes [*include a list up to seven outcomes, including your main outcomes and all patient important outcomes including adverse effects or those that are most important to guideline, policy or other stakeholders. You can include a draft of your planned 'Summary of findings' table as an appendix*] in order to draw conclusions about the certainty of the evidence within the text of the review. If during the review process, we become aware of an important outcome that we failed to list in our planned 'Summary of findings' table(s), we will include the relevant outcome and explain the reasons for this in the section 'Differences between protocol and review'.

We will consider whether there is any additional outcome information that was not able to be incorporated into meta-analyses and note this in the comments and state if it supports or contradicts the information from the meta-analyses. If it is not possible to meta-analyse the data we will summarise the results in the text.]

## **Subgroup analysis and investigation of heterogeneity**

Refer to [What are explanatory factors and why should they be included in protocols](#) and [Analysis in EPOC reviews](#). Do bear in mind that multiple subgroup analyses increase the likelihood of spurious findings and, as such, should be restricted to the review's main outcomes. Include hypotheses regarding the direction of the effect, as well as a rationale for those hypotheses. For examples on how to formulate and support subgroup analysis, please refer to the following EPOC protocols: [Gaitonde 2010](#) and [Mathes 2014](#). **Remember to delete this guidance**

[We plan to carry out the following subgroup analyses.]

1. [...]
2. [...]

[We will use the following outcomes in subgroup analysis.]

1. [...]
2. [...]

[We will use the formal statistical test [**INSERT**] to test for subgroup interactions.]

## **Sensitivity analysis**

[We will perform sensitivity analyses defined a priori to assess the robustness of our conclusions and explore its impact on effect sizes. This will involve the following.

1. Restricting the analysis to published studies.
2. Restricting the analysis to studies with a low risk of bias, as specified in [.....]
3. Imputing missing data.]

## ***Stakeholder consultation and involvement***

*It is considered good practice to involve stakeholders in systematic reviews (Pollock 2018). Stakeholders can include healthcare providers, policymakers, or consumers and the public. Cochrane suggests that stakeholder consultation and involvement are vital as ways of promoting transparency and accountability, addressing stakeholders' needs, reducing research waste, and improving the translation of research into policy and practice, among others (CCN 2018). Please describe whether any stakeholders will be involved in your review. If stakeholders will be involved, please detail who they are and how they will be involved, including the roles that they will undertake at different stages of the review process (for example, identifying priority review outcomes or peer reviewing a draft protocol). Remember to delete this guidance*

## **Results**

### **Description of studies**

#### ***Results of the search***

#### ***Included studies***

#### ***Excluded studies***

### **Risk of bias in included studies**

#### ***Allocation (selection bias)***

#### ***Blinding (performance bias and detection bias)***

#### ***Incomplete outcome data (attrition bias)***

#### ***Selective reporting (reporting bias)***

#### ***Other potential sources of bias***

### **Effects of interventions**

## **Discussion**

### **Summary of main results**

### **Overall completeness and applicability of evidence**

Quality of the evidence

Potential biases in the review process

Agreements and disagreements with other studies or reviews

**Authors' conclusions**

Implications for practice

Implications for research

## Acknowledgements

[We acknowledge the help and support of Cochrane Effective Practice and Organisation of Care (EPOC). The authors would also like to thank the following editors and peer referees who provided comments to improve the protocol: Editor, Reviewer 1, Reviewer 2 and Reviewer 3 (Editor) and to [XX] for copy-editing the protocol.]

*For protocols supported by the EPOC editorial base in Oxford and the EPOC satellite in Melbourne, the following acknowledgment must be included in the protocol: Remember to delete this guidance*

[National Institute for Health Research (NIHR), via Cochrane Infrastructure funding to the Effective Practice and Organisation of Care (EPOC) Group. The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Systematic Reviews Programme, NIHR, National Health Service (NHS), or the Department of Health.]

*Additional text for satellite in Melbourne: Remember to delete this guidance*

[The Australasian Satellite of the Cochrane EPOC Group is funded by Cochrane and receives infrastructure support from Monash University, Monash Department of Clinical Epidemiology - Cabrini]

*For protocols supported by the EPOC satellite in Oslo, the following acknowledgment must be included in the protocol: Remember to delete this guidance*

[The Norwegian Satellite of the Effective Practice and Organisation of Care (EPOC) Group receives funding from the Norwegian Agency for Development Co-operation (Norad), via the Norwegian Institute of Public Health to support review authors in the production of their reviews.]

## Contributions of authors

[Conceiving the protocol: [Insert initial(s)]]

[Designing the protocol: [Insert initial(s)]]

Co-ordinating the protocol: [Insert initial(s)]

Designing search strategies: [Insert initial(s)]

Writing the protocol: [Insert initial(s)]

Providing general advice on the protocol: [Insert initial(s)]

Securing funding for the protocol: [Insert initial(s)]

Performing previous work that was the foundation of the current study:  
[Insert initial(s)]

## Declarations of interest

*Authors should report any conflict of interest that might be perceived by others as being capable of influencing their judgments, including personal, political, academic and other possible conflicts, as well as financial conflicts. Authors must state if they have been involved in a study included in the review (see [Cochrane's conflict of interest policy](#)). A separate declaration of interest is required for each author. Remember to delete this guidance*

*Financial conflicts of interest cause the most concern, and should be avoided, but must be reported if there are any. Any secondary interest (such as personal conflicts) that might unduly influence judgements made in a review (concerning, for example, the inclusion or exclusion of studies, assessments of the validity of included studies or the interpretation of results) should be reported. If there are no conflicts of interest, this should be stated explicitly, for example, by writing 'None known' after each author name. Remember to delete this guidance*

*Example:*

- Joe Do: none known.
- Virgil Soo: none known.

## Differences between protocol and review

### Published notes

*These will be published in the CDSR. They may include: editorial notes and comments from the CRG, for example where issues highlighted by editors or referees are believed worthy of publication alongside the review; a summary of previous changes to the review. Changes since the previous published version must be stated under 'What's new'. The published notes must be completed for all withdrawn publications to give the reason for*

withdrawal. Only the cover sheet and published notes are published for withdrawn protocols and reviews. **Remember to delete this guidance**

[This protocol is based on standard text and guidance provided by Cochrane Effective Practice and Organisation of Care ([EPOC](#)).]

## Characteristics of studies

### Characteristics of included studies

*Footnotes*

### Characteristics of excluded studies

*Footnotes*

### Characteristics of studies awaiting classification

*Footnotes*

### Characteristics of ongoing studies

*Footnotes*

## Summary of findings tables

## Additional tables

## References to studies

Included studies

Excluded studies

Studies awaiting classification

Ongoing studies

## Other references

### Additional references

#### ***Borenstein 2009***

Borenstein M, Hedges LV, Higgins JPT, Rothstein HR. When does it make sense to perform a meta-analysis? In: Introduction to Meta-Analysis. Chichester, UK: John Wiley & Sons, Ltd, 2009.

#### ***CCN 2018***

Cochrane Consumer Network. Introduction to Consumer Involvement in Cochrane: Briefing document.

[consumers.cochrane.org/sites/consumers.cochrane.org/files/public/uploads](https://consumers.cochrane.org/sites/consumers.cochrane.org/files/public/uploads)

/dec\_2018\_owedit\_online\_version\_introduction\_to\_consumer\_involvement\_in\_cochrane\_-\_copy\_0.pdf (accessed 16/05/19).

### ***EPOC 2017a***

Cochrane Effective Practice and Organisation of Care (EPOC). Data collection form. EPOC resources for review authors, 2017. Available from [epoc.cochrane.org/epoc-specific-resources-review-authors](http://epoc.cochrane.org/epoc-specific-resources-review-authors).

### ***EPOC 2017b***

Cochrane Effective Practice and Organisation of Care (EPOC). Suggested risk of bias criteria for EPOC reviews. EPOC resources for review authors, 2017. Available from [epoc.cochrane.org/epoc-specific-resources-review-authors](http://epoc.cochrane.org/epoc-specific-resources-review-authors).

### ***EPOC 2017c***

Cochrane Effective Practice and Organisation of Care (EPOC). EPOC worksheets for preparing a 'Summary of findings' table using GRADE. EPOC resources for review authors, 2017. Available from [epoc.cochrane.org/epoc-specific-resources-review-authors](http://epoc.cochrane.org/epoc-specific-resources-review-authors).

### ***GRADEpro GDT***

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## **Other published versions of this review**

**Classification pending references**

**Data and analyses**

**Figures**

**Sources of support**

**Internal sources**

- No sources of support provided

**External sources**

- Monash University, Monash Department of Clinical Epidemiology - Cabrini, Australia

Infrastructure support

**Feedback**

# Appendices

## 1 Before submitting your protocol

1. Complete a validation check in RevMan (File menu > Reports > Validation report), and make corrections where possible. Check there are no *Errors* and review the *Warnings* and address as needed. **Note that protocols cannot be published with validation errors.**
2. Complete a spell check in RevMan (Tools menu > Check spelling).
3. Proofread the Cochrane Protocol carefully in accordance with the [Cochrane Style Manual](#).
4. See to it that all the authors listed have had a chance to read and approve the final version and take full responsibility for the accuracy of the contents, and that the Contribution of authors section is completed.
5. Check that the authors are listed in the correct order, and with correct affiliations. Note: **authors can at any time log into Archie and update their own contact details**; if you have problems accessing Archie contact your Managing Editor (ME).
6. Complete the 'Date next stage expected' (which refers to when the full review will be submitted for publication), which ideally should be no longer than 12 months from the publication of the protocol – this can be adjusted in the protocol nearer to the publication date.
7. Finally, complete the [author pre-submission checklist](#) and send it to the ME of your review, when submitting your review for editorial approval. You can do this by uploading additional files when you use the 'submit for editorial approval' feature in RevMan.

## 2 MEDLINE search strategy

Insert draft search strategy here