Cochrane Anaesthesia & Cochrane Emergency and Critical Care

Updating your Cochrane Intervention Review

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This document outlines important considerations and instructions for updating your Cochrane Intervention Review. You have likely already received some information in the brief start-up guidance, but this resource goes into more depth about how to conduct and report your Review Update. It will also point you in the direction of relevant Handbook and MECIR standards or other helpful resources. Please keep it on hand as you proceed with updating your review.

As you are preparing your update, please refer to the new edition of the Cochrane Handbook for guidance on Review Updates and the corresponding MECIR standards on planning, conduct and reporting of updates of Cochrane intervention reviews (U1.U11, UR1-UR7).

1 Before Updating

1.1 Review Updating Classification System instructions and contact Managing Editor

Cochrane reviews no longer need to be updated routinely ever 2 years. Decisions to update should be based on the availability of new evidence or review methods with the potential to impact the review findings and other considerations such as changes in clinical context or practice. You will need to submit a brief Updating Classification System (UCS) form for review. You can request this form and instructions from the Managing Editor. The Co-ordinating Editor will decide on whether a review updated is warranted based on this information, and your review's updating status will be logged in Archie.

2 Preliminary Considerations

2.1 Review and Revise Scope

Before the search is finalized and the review update commences, please assess whether substantial changes in the clinical context of the topic, in systematic review methods or the scope of the review warrant a new or amended protocol or substantial updates to the inclusion criteria. If it is decided that a new protocol or protocol amendment is required, the editorial office will provide appropriate guidance. More information on planning the update can be found here.

2.2 Review and Revise Search Strategy

Please send Janne (our Cochrane Information Specialist) your latest search strategies for review. If she was not involved in the development of your search strategies, she will need to review them in detail. If she was involved, she will review the strategies in brief. Changes may be required based on evolving methods and standards.

Please follow this guidance (section 3) to facilitate your search update. There are also updated technical supplements to Handbook Chapter 4 on searching for and selecting studies and an appendix of relevant resources.

2.3 Cochrane Tools and Software

2.3.1 Access to Cochrane Platforms

All authors will need to ensure that their Archie account is set up and that they have access to Review Manager 5 and/or RevMan Web to contribute to the review draft. Instructions for both can be requested if needed (see details below).

2.3.1.1 Archie

Archie is Cochrane's online information management system, where published and draft versions of all Cochrane Reviews are stored along with contact details of contributors. Each user can access Archie using a unique username and password associated with their Cochrane Account. If you are a new author, you will receive an email titled 'Archie Registration' from Archie, with instructions on how to set up your account. Please activate your account within two weeks, otherwise, the link will expire, and you will need to ask us to initiate the process again. Having an Archie user account will enable you to access your draft review and work on it in Review Manager (see below). Archie can be accessed at https://archie.cochrane.org.

2.3.1.2 RevMan

You and your co-authors must use RevMan (either RevMan 5 (desktop) or RevMan Web) – the program used for preparing Cochrane Reviews − to complete and submit your Review. **Unless you are conducting a network meta-analysis, prognostic review, or diagnostic test accuracy review, we recommend that you use RevMan Web**.

You will need to download and install RevMan 5 (desktop), and/or ensure that you have access to RevMan Web (also see RevMan Web Training). The latest desktop version can be freely downloaded from this link, and you can request access to RevMan Web here.

When you install or access RevMan, you will be asked to enter your Archie username and password. A tutorial for new users on how to use RevMan 5 is available from the Help menu and a complete RevMan 5 User Guide is also available from the RevMan Help menu. If you are using the desktop version, please ensure that you regularly check for updates to the RevMan 5 software and that you are working in the latest version.

Guidance for RevMan Web is available in its Knowledge Base. If you do not have prior experience, we strongly recommend that you work through a tutorial or a practice review before beginning work on your review.

2.3.2 Risk of bias tool

Cochrane has released the new Risk of bias-2 tool (RoB-2). We recommend that you consider using it (also see the BMJ paper and the implementation guidance outlining the pilot program), though the use of this new resource is optional at this stage. You should have access to a guide outlining considerations for choosing your tool and the corresponding RevMan platform. If you have not received this information, please contact the Managing Editor.

2.3.3 Software

For data extraction, you have several options. You can either do things manually or use Covidence, which may improve efficiency. See the MECIR Manual: Collecting data from included studies. Also, any updated data extraction forms should be finalized, piloted, and added to the review appendices before you begin extracting. If you have any questions, you can contact the editorial office.

You may also find it useful to use GRADEpro GDT to complete your GRADE assessments and Summary of Findings tables if you did not use this for the previous version of the review.

3 How to Update

The following information outlines considerations specific to individual sections of your review update. Please refer to detailed MECIR and Handbook guidance as you prepare the review.

3.1 Title

Is the title still the same as in the last published version? If it has changed make a note of the change in the section 'Differences between protocol and review' and make sure current title matches the review's PICOs if updated (Criteria for considering studies for this review).

3.2 Dates

You need to update this section. The date of the search should be the same as the 'Assessed as up to date' section. Be aware that the date of search indicates how up to date the review is. So, make sure the two entries have the same date.

3.3 What's new

See MECIR UR7. This section of the review informs readers about what has changed since last publication of the review. There should only be two entries in this section. You should have two new events A) 'Updated' and B) 'New citation conclusions changed or not changed'

- In the '**Updated**' event description, you write when you ran the search to and how many new studies you found (included/excluded/ongoing/awaiting classification); so for example, if you included 16 studies in the previous version and there are 22 studies included in the updated version; there are six new included studies. You would cite the six new studies and link them.
- In the '**New citation conclusions changed (or not changed)**' section you should state whether the conclusions are changed by the inclusion of the new studies or not, and whether the certainty of evidence (e.g., using GRADE) and clinical implications are changed (see MECIR UR7). You also state which new authors have joined the team and which have left, since the review was last published. You state whether you have updated your methods (for example you state you have included the new RoB-2 tool, new methods (e.g., network meta-analysis), full risk of bias tables and summary of findings tables). You can move any old events 'History' section. For further guidance, see this page.

3.4 Abstract

The abstract can between 700 and 1000 words in length. The abstract should state that the review is an update and should be revised to reflect the updated review findings.

3.4.1 Abstract - Background

Check the background section is up to date (for example are the statements still relevant; any important changes to the main background section should be reflected here).

Add a final line to this section. State: *"This is an updated version of the review first published in 20**",* and if previously updated include *"(previous updates 200*; 200*)".*

3.4.2 Abstract - Objectives

Please be aware that the Abstract objectives should be identical to those of the main review (word for word). If your review includes an updated scope or methods, the objectives should be updated accordingly.

3.4.3 Abstract - Search methods

The date of the search indicates how up to date the review is. *Ideally, the search should be no older than six months old when the review is submitted for the editorial process so that it is not outdated by the time of publication.*

3.4.4 Abstract - Main results

Rewrite this section to reflect the updated review findings.

You must make it clear what the total number of studies and participants is, and how many studies and participants were included in the analysis of this update.

Be aware that ALL updated reviews must contain SoF tables (see notes on that section). You should use the information in the SOF table(s) to write the abstract results and conclusions (*PLS, Effects of interventions, Discussion (especially certainty of evidence)*). Do not include results for all outcomes and comparisons in the abstract. If an outcome is important enough to be in the abstract, then it should be in the SoF tables and vice versa.

The primary outcome should always be in the SoF table and therefore the abstract, whether studies were found or not. You should state the number of participants, the number of studies and the certainty of the evidence (GRADE) for each outcome in the abstract. It is good practice to place emphasis on magnitude and precision of the estimated effect and to describe the certainty of evidence as indicated from GRADE rating. Avoid using the terms 'statistical significance/statistically significant' when describing review findings. Refer to Chapter 15 of the Handbook for alternative ways to present the relevant information.

Please note MECIR UR6: *The main findings should be presented for the totality of evidence: it is not helpful to a new reader to be told about incremental updates to the evidence base. However, the impact of new evidence on review findings may be useful to draw on when interpreting the results.*

3.4.5 Authors' conclusions

This section must incorporate GRADE assessments. It should also avoid making recommendations. The total rather than incremental conclusions should be presented. Handbook Chapter 15.6 has further guidance on how to formulate conclusions. Both implications for practice and implications for research should be addressed.

3.5 Plain language summary

If you didn't take these steps for the original review, you need to look at the PLEACS standards to make sure your PLS is in compliance and includes all the necessary sections. There are several considerations, including:

- This is a standalone summary so it should not rely on other sections of the review
- The title can be no more than 150 characters and should be presented in plain language
- The text can be between 400 and 700 words in length
- Make sure you state the total number of studies and participants, and the total included in the analysis
- Report the currency of the evidence (for example the evidence is current to July 2016)
- Make sure you incorporate GRADE and clearly state the certainty of the evidence in your PLS.
- Ensure that the key messages of the review are reported consistently between the plain language summary, the main text of the review including the abstract, 'Summary of findings' tables, and authors' conclusions
- Study funding sources or lack thereof should be stated
- Prioritize presentation of absolute measures (as presented in the SoF table) when necessary to present numerical data
- Make sure you use simple plain English, avoiding technical terms and jargon, or explaining necessary terms in detail. Even if your review addresses a complex clinical topic, the general public should be able to consume the information in this section.

In addition, you should state that this review is an update in the PLS. See Handbook Chapter III.4.

3.6 Background

Update this section to ensure all references are still current. All population or usage statistics, clinical guidelines cited, and information about contemporary knowledge and practice should be reviewed and brought up to date.

If it has been a while since your review was published, be aware that there are now four subheadings in the background section (description of the condition; description of the intervention; how the intervention might work; why it is important to do this review). Text must appear under those subheadings rather than under the main heading (background)

3.7 Objectives

See notes on Abstract objectives. If any changes to the scope and inclusion criteria of the review have been made, the objective must be updated accordingly. See Handbook Chapter 2, Chapter III.3.2. and MECIR UR2 for guidance.

3.8 Methods

In general, any meaningful deviations in the methods applied for the update should be clearly stated. Substantial deviations should be agreed upon with the editorial team at the outset of the update (see: **Preliminary Considerations**) and if necessary a new protocol should be drafted.

3.8.1 Criteria for considering studies for this review

See MECIR III.3.3.1.

3.8.1.1 Outcome Measures

There are two predefined subheadings: primary and secondary outcomes. Continuing presentation of outcomes using these subheadings is fine; however, the new edition of the Handbook now recommends defining outcomes as 'critical' and 'important' and clearly stating which outcomes will be prioritized for presentation in the SoF tables (see Handbook Chapter 3). If appropriate, please manually apply these sub-headers and indicate which outcomes fall in each category, noting any changes from the previous version of the review.

Primary (or critical) outcomes must be included in the SoF table, regardless of whether data is available in the included studies. Make sure that you consistently use the same terms for the outcomes throughout the review (Abstract, PLS, tables (SOF and Analysis)). You need to define how you will measure your outcomes (Explain how multiple variants of outcome measures (e.g. definitions, assessors, scales, time points) are addressed). See MECIR R32.

3.8.2 Search methods for identification of studies

Suggested template text for this section appears in our guidance for review authors. See: Guidance for developing search strategies for systematic reviews and Guidance for writing the search methods section in protocols and reviews. There is content specific to review updates that you can refer to. If some time has passed since you last published your review, you will likely need to update this section.

If there have been changes to the eligibility criteria, methods, or standards the search strategies and reporting will need to be updated. When planning the PRISMA diagram, this report on study flow diagrams in review updates may be helpful. Decide in consultation with the Cochrane Information Specialist whether it is necessary to search from inception (if the search strategies have been updated substantially), or from the previous search date. (see Handbook Chapter III.3.3 and MECIR U4)

3.8.3 Data collection and analysis

This section of the review contains 12 subheadings. Depending on the timeframe since the last version of your review, this may have changed. Text must appear under each subheading. Please refer to the Handbook Chapter 5 and Chapter III.3.3, and the MECIR standards R39 to R55.

- Selection of studies
- Data extraction and management
- Assessment of risk of bias in included studies
- Measures of treatment effect
- Unit of analysis issues
- Dealing with missing data
- Assessment of heterogeneity
- Assessment of reporting biases
- Data synthesis
- Subgroup and investigation of heterogeneity
- Sensitivity analysis
- Summarizing findings and assessing certainty of evidence

3.8.3.1 Selection of studies

This section should state the method used to apply the selection criteria. Whether they are applied independently by more than one author should be stated, along with how any disagreements are resolved. Also, see Chapter 4.

3.8.3.2 Data collection and management

This section should state the method used to extract or obtain data from published reports or from the original researchers (for example, using a data collection form). Whether data are extracted independently by more than one author should be stated, along with how any disagreements are resolved. If relevant, methods for cleaning and processing data in preparation for analysis should be described. Also, see Chapter 5.

3.8.4 Assessment of risk of bias in included studies

This section should state the method used to assess risk of bias (or methodological quality). Whether methods are applied independently by more than one author should be stated, along with how any disagreements are resolved. The tool(s) used should be described or referenced, with an indication of how the results are incorporated into the interpretation of the results. It is good practice to acknowledge that for some interventions, performance bias is inevitable. If you have updated to the Risk of bias-2 tool or changed any other methods used to assess risk of bias, this should be clearly stated. See Chapter 8, 25, and 7 for a description of the tools recommended by Cochrane and guidance on conducting risk of bias assessments.

3.8.5 Measures of treatment effects

This section should state the effect measures used by the review authors to describe effect sizes used for both dichotomous and continuous data (e.g. odds ratio (OR), relative risk/risk ratio (RR), mean difference (MD), standardized mean difference (SMD)) in any included studies and/or meta-analyses. Also, see Chapter 6.

3.8.6 Unit of analysis issues

This section should detail special issues in the analysis of studies with non-standard designs, such as cross-over trials and cluster-randomized trials, should be described. Also, see Chapter 23.

3.8.7 Dealing with missing data

This section should explain how missing outcome data were handled. It should describe how assumptions are applied for missing data, e.g. last observation carried forward, or assumptions of values such as worst-case or best-case scenarios. Also, see Chapter 10.

3.8.8 Assessment of heterogeneity

Approaches to addressing clinical heterogeneity should be described, along with how the authors will determine whether a meta-analysis is considered appropriate. Methods for identifying statistical heterogeneity should be stated (e.g. visually, using I^2, Tau^2, or another statistical test). Also, see Chapter 10.

3.8.9 Assessment of non-reporting biases

This section should describe how publication bias and non-reporting biases are addressed (for example, funnel plots, statistical tests, imputation). Authors should remember that asymmetric funnel plots are not necessarily caused by publication bias (and that publication bias does not necessarily cause asymmetry in a funnel plot). Also, see Chapter 13.

3.8.10 Data synthesis

The choice of meta-analysis method should be stated, including whether a fixed-effect or a random-effects model is used and what specific approach was adopted. Non-Cochrane software used should be referenced. See Chapter 10 on meta-analysis, and Chapter 11 on network meta-analysis.

If meta-analyses are not undertaken, systematic approaches to synthesizing the findings of multiple studies should be described (see Synthesis Without Meta-analysis (SWiM)). See Chapter 12 on other synthesis methods.

3.8.11 Subgroup analysis and investigation of heterogeneity

All planned subgroup analyses should be listed (or independent variables for meta-regression). Any other methods for investigating heterogeneity of effects should be described. See Chapter 10 on investigating heterogeneity.

If subgroup analysis (or meta-regression) was performed, state the potential effect modifiers with rationale for each, stating whether each was defined a priori or post hoc. If effect modifiers defined at the protocol stage have been updated this should be noted and rationale provided for the changes.

3.8.12 Sensitivity analysis

This section should describe analyses aimed at determining whether conclusions are robust to decisions made during the review process, such as inclusion/exclusion of particular studies from a meta-analysis, imputing missing data or choice of a method for analysis. See Chapter 10 on sensitivity analyses.

3.8.13 Summarizing findings and assessing certainty of evidence

See Handbook Chapter 14.

This section should describe the methods used to conduct GRADE assessments and prepare any SoF tables. If an approach other than GRADE was used this should be noted. It should include information about (i) which populations (including the specification of low, medium or high-risk populations), interventions and comparisons are being addressed by one or more SoF tables, and why; (ii) the source of any external information used in the 'Assumed risk' column; (iii) a brief comment that the GRADE approach to assessing the certainty of the body of evidence is being used; and (iv) any departures from the standard methods described in the Handbook, along with a justification for such departures. The review's main outcomes, i.e. those intended for inclusion in the SoF table, should have been listed under the section 'Types of outcome measures'.

Remember you can include no more than seven outcomes in your SoF table. You need to include the primary outcomes, any adverse outcomes and any outcomes of interest. You should include a new SoF table for each comparison of interest (most important comparisons only).

(You should mention in the 'differences between protocol and review' section that you have included SoF tables in the updated review if the previous version did not include one)

3.9 Results

See Handbook Chapter III.3.4. As per MECIR UR6, the main findings should be presented for the totality of evidence included in the update, rather than presenting incremental updates. You can discuss the impact of the new evidence on review findings when interpreting results.

3.9.1 Description of the studies

There should be no text under the main headings 'Results' and 'Description of the studies' unless you wish to include a brief introductory statement. Text can appear under the sub-headers that follow. See MECIR R56 to R72)

3.9.1.1 Results of the search

The PRISMA diagram should be updated to reflect the new search and screening results and linked from this section. When planning the PRISMA diagram, this report on study flow diagrams in review updates may be helpful. MECIR UR3 outlines four possibilities for providing information about search methods in an updated review. We recommend an integrated or replacement approach. MECIR UR4 describes how to present the study flow diagram. However, it is helpful to state how many included studies are from the previous review and how many are new to the update.

3.9.1.1.1 Included studies

The brief narrative summary of the characteristics of the included studies should be updated to reflect the new studies included in the update (see Handbook III.3.4.1). In general, the number of participants and critical information about the study populations, settings, interventions, comparators, outcomes, and funding sources should be covered, with additional details included in the *Characteristics of included studies* tables (linked from this section). You can include custom sub-headers to make this section easier to read. If any of the suggested items were not included in the last version of the review they should be added for the update. Also, please consider the following:

- Can any of the previous studies awaiting classification and ongoing be included in this review?
- Have you stated the number of new included studies? The number of participants in those new studies?
- Have you stated the total number of included studies? The total number of participants in those studies?

3.9.1.1.2 Excluded studies

Please state the number of excluded studies and cite them. As per Handbook Chapter III.3.4.1, it is not necessary to cite or include every study excluded at full-text screening in the corresponding Characteristics of excluded studies tables, though the total number excluded should be stated. Provide brief reasons why they were excluded and then provide a link to the tables.

3.9.1.1.3 Studies awaiting classification

Decide whether any of the studies that were awaiting classification in the last version can be included in this version and if so, delete them from this section and add them to the included studies list.

Please state the number of *new* studies currently awaiting classification as well as the total number of studies currently awaiting classification and cite them. Provide a link to the characteristics of studies awaiting classification table

3.9.1.1.4 Ongoing studies

Check if any of the previous ongoing studies have been published. If so, delete them from this section and decide whether to include/exclude them or if they should be considered awaiting classification. If any are still ongoing, check the rationale. State the number of new ongoing studies and the total number of ongoing studies and cite them. Provide a link to the characteristics of ongoing studies table

3.9.2 Risk of bias in included studies

You should generate a risk of bias summary and a risk of bias graph. They should be cited and appear under this heading. No other text need appear under this main heading.

If you are using the original Cochrane Risk of bias tool, there are five predefined subheadings in your review (Allocation (selection bias); Blinding (performance bias and detection bias); Incomplete outcome data (attrition bias); Selective reporting (reporting bias); Other potential sources of bias). Text must appear under each of those headings. **(Note – this will differ if you are using the new Risk of bias-2 tool; please refer to updated guidance and Handbook Chapter III.3.4.2 and Chapter 8 for relevant guidance)**

See MECIR R73 to R75 for guidance on how to report this section. All studies should have a risk of bias table with appropriate judgements and supports. With the new RoB-2 tool, you will need to summarize risk of bias for each key outcome. Update your narrative summary of risk of bias, emphasizing studies considered to be at low risk of bias for key outcomes.

3.9.3 Effects of interventions

Guidance for this section of the review is available in Handbook Chapter III.3.4.3 and MECIR R76 to R99. Please follow this instruction closely while updating this section. MECIR UR6 also notes that the totality of evidence rather than incremental updates should be presented; however, it may be helpful to point out where the new evidence has had an impact on the direction or certainty of findings.

Of note:

- All prespecified review outcomes should be summarized in text, organized by population or comparison or in another logical format. You can run your proposed presentation by the editorial office for input if needed
- All numerical results should follow a consistent format (see Cochrane Style Manual) and include a measure of statistical uncertainty
- The terminology ‘statistical significance/statistically significant’ should not be used. See Chapter 15 for alternative presentation suggestions
- Clearly state which populations, interventions, outcomes, or comparisons there was no evidence available for
- Include a summary of subgroup analyses, sensitivity analyses, and assessments of the risk of non-reporting bias
- The certainty of the evidence (based on GRADE assessments) should be stated in the summary of results
- Links to SoF tables and corresponding Analyses should be included

3.10 Discussion

See Handbook III.3.5. Please follow the Handbook guidance on what to include in your Discussion, particularly if much time has passed since your last review update. MECIR R100 to R101 is also a useful resource.

No text should appear under the main heading 'Discussion' unless you wish to include a brief preamble. There are now five subheadings

- Summary of main results
- Overall completeness and applicability of evidence
- Quality (Certainty) of the evidence
- Potential biases in the review process
- Agreements and disagreements with other studies or reviews

Text should appear under each of those subheadings. *Please note that one header in RevMan may still read 'Quality of the evidence' where it is intended to read 'Certainty of the evidence'. This section should cover considerations relating to GRADE judgements.*

The discussion should be updated to reflect the results of the review update. Any content about the old review that no longer applies should be removed, and new references and contextual content should be added to bring this section up to date. As noted for other sections it is preferable to present overall rather than incremental interpretations; however, it may be helpful to point out differences between the findings of the current review update and earlier versions of the review. This can be addressed in *the Agreements and disagreements with other studies or reviews* section.

3.11 Authors' conclusions

3.11.1 Implications for practice

You need to update all this information based on the findings of the review update. Authors should avoid directive statements or recommendations.

3.11.2 Implications for research

This section should be updated to reflect any changes resulting from the inclusion of new evidence in the review, as well as the broader changes in the clinical evidence base for the topic area.

3.12 Contribution of authors

Please state precisely which authors did what. This should reflect the contributions for the review update, not earlier versions of the review. See MECIR R105.

3.13 Declarations of interest

Cochrane has likely updated the conflict of interest policy and commercial sponsorship policy since the review was last published. Authors will need to update their declarations of interest forms in Archie (the editorial office will send instructions on how to do this) and this section of the review.

3.14 Differences between protocol and review

Any changes in review questions, eligibility criteria, and methods should be reported here, and you should clearly state that these are changes since the previous version of the review rather than the protocol. Any new deviations may inform limitations to cover in the *Discussion* section of the review.

3.15 Characteristics of studies

3.15.1 Included

These tables must fully conform to the MECIR standards. If you include any extra information for the new studies included in the update, all previously included studies will need to be updated for consistency.

3.15.1.1 Risk of bias tables

Make sure your risk of bias tables are up to date, refer to all the domains and check that you have fully completed all of the description sections. If any new information has been included for new studies added to the update, all previously included studies will need to be updated for consistency. If the update has used the new Risk of bias-2 tool, then all studies included in the last version of the review will need to be reassessed using the new tool.

3.16 Summary of findings tables

If the previous version of the review did not include SoF tables, you need to add them. Any SoF tables should be generated before you start writing the update. Chapter 14 of the Handbook provides guidance on completing SoF tables. Also see MECIR UR5, and UR6.

4 Before you Submit your Review Update

4.1.1 GRADE Assessments and SoF Tables

Make sure that you generate your SoF table(s) BEFORE you update the review text, and that what is in your SoF table(s) accurately reflects what is in your review and that you use it to write the abstract, plai language summary and discussion. If an outcome is important enough to be in the Abstract, then it should be in the SoF table and vice versa. The primary outcome should always be in the SoF table (whether studies were found or not)

4.1.2 Status Report

Make sure to run a status report. Check that the numbers in the status report (for types of studies) match up with what you state in your text and search flow figure (PRISMA) and resolve any discrepancies.

4.1.3 Preview Publication

Create a preview publication PDF version from RevMan or Archie, and check that what you state in the review is accurate and that the presentation of Figures and Tables is as intended in terms of the order in text and appearance. You may want to send this to another device (iPad or mobile).

4.1.4 Validation Report

Check your review against the validation report and correct ALL errors and as many warnings as possible.

4.1.5 Spell Check

Do a complete spelling and grammar check. We used OED spellings. Please check that your review complies.

4.2 Numerical Reporting

Make sure that you double-check the numbers of participants, search results, and numerical findings and that these values are consistent across all sections of the report that they appear in.

4.3 Referencing Cochrane Standards

Make sure you are referring to the latest version of RevMan and the Handbook, and any other software or tools and have referenced them.

4.3.1 CEU Checklist

Remember to check your review against the CEU pre-publication review triage tool. You can request this from the Managing Editor or access it here.

If you have any questions, please contact the Managing Editor.

5 Training Resources

If there are any authors on your team with less experience, they can always access Cochrane Training resources, and the Review author starter kit to support their development. Here are some resources that may be relevant for your review update. If you need any other resources or assistance, please get in touch with the editorial office.

5.1 Cochrane Handbook Chapter 4: Updating a review

5.2 RevMan Web

- Get to know RevMan Web – the new review writing tool
- How RevMan Web can improve your experience of writing a systematic review
- RevMan Web Knowledge Base
- RevMan Web training videos

5.3 Risk of bias-2

- RoB 2.0: A revised tool to assess risk of bias in randomized trials (webinar)
- Evidence Synthesis Ireland RoB 2.0 webinar
- Handbook Chapter 8
- Full guidance
- BMJ Article (Sterne et al.)

5.4 GRADE and SoF Tables

- Using GRADE and the GRADEpro GDT online software in your Cochrane Review
- Organizing and updating outcomes in 'Summary of findings' table
- Common issues in SoF tables and how to address them
- Handbook Chapter 14

5.5 Other

- Statistical methods for updating meta-analyses