



# Publishing living evidence

Living Evidence Network “state of the science” webinar

3 July 2019

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F1000Research

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Informed decisions.  
Better health.





# Publishing living evidence: Cochrane perspective

**Harriet MacLehose** (Senior Editor, Editorial Policy and Publication) and **John Hilton** (Editor, Digital Publishing), Cochrane Editorial & Methods Department

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# Declarations of interest

Employed by Cochrane



## About Cochrane

"It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, **adapted periodically**, of all relevant randomised controlled trials."

Archie Cochrane, 1979



## What's different about Cochrane?

- From the outset, Cochrane has produced systematic reviews that have been updated or revised based on new evidence or feedback from readers, for example.
- Today, Cochrane Reviews are updated based on need.

- Taking this a step further, Cochrane has started publishing information about whether the Cochrane Review is up to date, an update is in progress (update pending), or will not be updated (no update planned)



 **Cochrane Library** Trusted evidence. Informed decisions. Better health.

Cochrane Reviews ▾ Trials ▾ Clinical Answers ▾ About ▾ Help ▾

**Cochrane Database of Systematic Reviews**

## Linezolid for drug-resistant pulmonary tuberculosis

Cochrane Systematic Review - Intervention | Version published: 20 March 2019

<https://doi.org/10.1002/14651858.CD012836.pub2>

Up to date  Am score 28 [View article information](#)

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 [Bhagteshwar Singh](#) | [Derek Cocker](#) | [Hannah Ryan](#) | [Derek J Sloan](#)  
[View authors' declarations of interest](#)

- Each time a Cochrane Review is **updated**, it is a new citation version - that means, it has a new citation, new entry in PubMed, and a unique identifier (a new digital object identifier or DOI). Each is 'linked' to the previous version
- In contrast:
  - Standard journal article
  - F1000



- Each time a Cochrane Review is **updated**, it is a



The screenshot shows the Cochrane Library website interface. At the top left is the Cochrane Library logo with the tagline "Trusted evidence. Informed decisions. Better health." To the right, there is a language selector set to "English" and a search bar with the text "Title Abstract Ke". Below this is a purple navigation bar with links for "Cochrane Reviews", "Trials", "Clinical Answers", "About", and "Help". The main content area features the title "Delayed antibiotic prescriptions for respiratory infections" in large bold text, followed by "Cochrane Systematic Review - Intervention" and "Version published: 07 September 2017 see what's new". A DOI link is provided: <https://doi.org/10.1002/14651858.CD004417.pub5>. Below the title is an "Am score" badge showing a score of 67 and a link to "View article information". The authors listed are Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee, and Rebecca Farley, with a link to "View authors' declarations of interest". The "Abstract" section is available in English, Spanish, French, and Simplified Chinese. The "Background" section begins with the text: "Concerns exist regarding antibiotic prescribing for respiratory tract infections (RTIs) owing to adverse reactions, cost, and antibacterial resistance. One proposed strategy to reduce antibiotic prescribing is to provide prescriptions, but to advise delay in antibiotic use with the expectation that symptoms will resolve first. This is an update of a Cochrane Review originally published in 2007, and updated in 2010 and 2013."

- Each time a Cochrane Review is **updated**, it is a



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## Version history

Title	Stage	Authors	Version	Publication Date
Delayed antibiotic prescriptions for respiratory infections	Review	Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee, Rebecca Farley	<a href="https://doi.org/10.1002/14651858.CD004417.pub5">https://doi.org/10.1002/14651858.CD004417.pub5</a>	7 September 2017
Delayed antibiotics for respiratory infections	Review	Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee, Rebecca Farley	<a href="https://doi.org/10.1002/14651858.CD004417.pub4">https://doi.org/10.1002/14651858.CD004417.pub4</a>	30 April 2013
Delayed antibiotics for respiratory infections	Review	Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee	<a href="https://doi.org/10.1002/14651858.CD004417.pub3">https://doi.org/10.1002/14651858.CD004417.pub3</a>	18 July 2007
Delayed antibiotics for symptoms and complications of respiratory infections	Review	Geoffrey KP Spurling, Chris Del Mar, Liz Dooley, Ruth Foxlee	<a href="https://doi.org/10.1002/14651858.CD004417.pub2">https://doi.org/10.1002/14651858.CD004417.pub2</a>	18 October 2004
Delayed antibiotics for respiratory infections	Protocol	Geoffrey KP Spurling, Christopher B Del Mar	<a href="https://doi.org/10.1002/14651858.CD004417">https://doi.org/10.1002/14651858.CD004417</a>	20 October 2003

**Cochrane Database**  
**Delayed**  
Cochrane System  
<https://doi.org/10.1002/14651858.CD004417>

Am score 67

✉ **Geoffrey KP**  
[View authors' details](#)

**Abstract**

**Background**  
Concerns exist regarding the effectiveness of antibacterial respiratory infection prophylaxis and antibiotic use worldwide in 2007, and updated

- Each time a Cochrane Review is **updated**, it is a



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Cochrane Database of Systematic Reviews

**Delayed antibiotic prescriptions for respiratory infections**

Cochrane Systematic Review  
<https://doi.org/10.1002/14651858.cd006652>

Am score 67

Geoffrey KP  
[View authors' details](#)

**Abstract**

**Background**

Concerns exist regarding the use of parenteral antibiotics for respiratory infections. A 2007 Cochrane Review of parenteral antibiotic use in ambulatory patients with cancer, and updates to this review, have been published.

## Version history

Title	Stage	Authors	Version	Publication Date
Delayed antibiotic prescriptions for respiratory infections	Review	Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee, Rebecca Farley	<a href="https://doi.org/10.1002/14651858.cd006652">https://doi.org/10.1002/14651858.cd006652</a>	7 September 2017
Delayed antibiotics for respiratory infections	Review	Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee, Rebecca Farley	<a href="https://doi.org/10.1002/14651858.cd006652">https://doi.org/10.1002/14651858.cd006652</a>	30 April 2014

**AUTHORS' CONCLUSIONS:** Heparin appears to have no effect on mortality at 12 months and 24 months. It reduces symptomatic VTE and likely increases major and minor bleeding. Future research should further investigate the survival benefit of different types of anticoagulants in patients with different types and stages of cancer. The decision for a patient with cancer to start heparin therapy should balance the benefits and downsides, and should integrate the patient's values and preferences. Editorial note: This is a living systematic review. Living systematic reviews offer a new approach to review updating in which the review is continually updated, incorporating relevant new evidence, as it becomes available. Please refer to the Cochrane Database of Systematic Reviews for the current status of this review.

**Update of**  
Parenteral anticoagulation in ambulatory patients with cancer. [Cochrane Database Syst Rev. 2014]

PMID: 28892556 PMID: [PMC6419241](#) DOI: [10.1002/14651858.cd006652](#).pub5

- Each time a Cochrane Review is **updated**, it is a new citation version - that means, it has a new citation, new entry in PubMed, and a unique identifier (a new digital object identifier or DOI). Each is 'linked' to the previous version
- In contrast:
  - Standard journal article
  - F1000



# Future challenges for Cochrane with publishing living evidence



## Delayed antibiotic prescriptions for respiratory infections

Cochrane Systematic Review - Intervention | Version published: 07 September 2017 [see what's new](#)<https://doi.org/10.1002/14651858.CD004417.pub5> 

67

[View article information](#) [Geoffrey KP Spurling](#) | [Chris B Del Mar](#) | [Liz Dooley](#) | [Ruth Foxlee](#) | [Rebecca Farley](#)[View authors' declarations of interest](#)**Abstract** *available in* [English](#) | [Español](#) | [Français](#) | [简体中文](#)

### Background

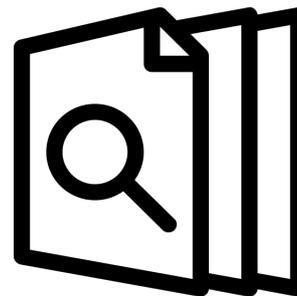
Concerns exist regarding antibiotic prescribing for respiratory tract infections (RTIs) owing to adverse reactions, cost, and antibacterial resistance. One proposed strategy to reduce antibiotic prescribing is to provide prescriptions, but to advise delay in antibiotic use with the expectation that symptoms will resolve first. This is an update of a Cochrane Review originally published in 2007, and updated in 2010 and 2013.

**Delayed antibiotic**Cochrane Systematic Review - Intervention  
<https://doi.org/10.1002/14651858> score 67 [View article](#)[✉ Geoffrey KP Spurling](#) | [View authors' declarations of interest](#)**Abstract** *available in***Background**

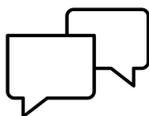
Concerns exist regarding antibiotic resistance. One review of antibiotic use with the expected 2007, and updated in 2010 and

**Parenteral anticoagulation in ambulatory patients with cancer**Cochrane Systematic Review - Intervention | Version published: 11 September 2017 [see what's new](#)<https://doi.org/10.1002/14651858.CD006652.pub5> [↗](#) score 26 [View article information](#)[✉ Elie A Akl](#) | [Lara A Kahale](#) | [Maram B Hakoum](#) | [Charbel F Matar](#) | [Francesca Sperati](#) | [Maddalena Barba](#) | [Victor ED Yosuico](#) | [Irene Terrenato](#) | [Anneliese Synnot](#) | [Holger Schünemann](#)[View authors' declarations of interest](#)**Abstract** *available in* [English](#) | [Español](#) | [日本語](#) | [简体中文](#)**Background**

Anticoagulation may improve survival in patients with cancer through a speculated anti-tumour effect, in addition to the antithrombotic effect, although may increase the risk of bleeding.



## Author and Editors

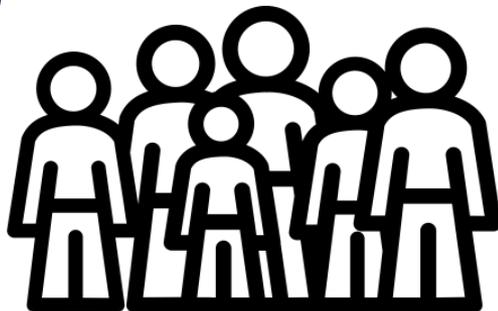


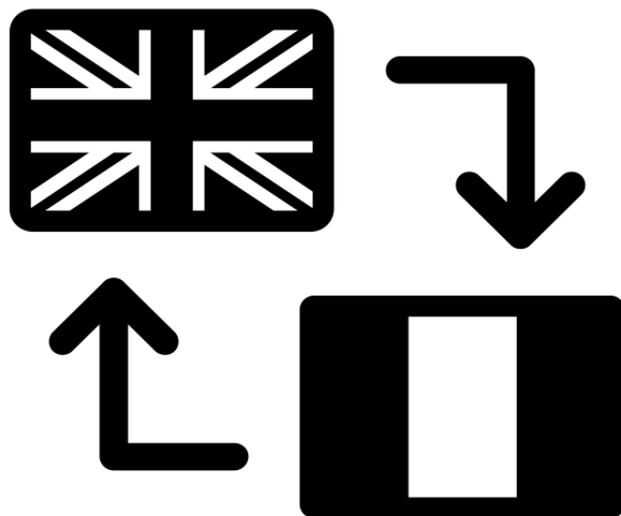
What's new? Should I use it now or should I wait?

Updated? New version?  
Amended? New edition?

Wow! Frequent updates!

What does PubMed say?





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**Which interventions help reduce consumption of sugar-sweetened beverages?**  
Read the Review

Gus Scott/University of Bath

**Reducing pain in infants, children, and adolescents**  
Read the Special Collection

Gus Scott/University of Bath

**Pharmacological management of pain in children**  
Read the Editorial

Highlighted Reviews

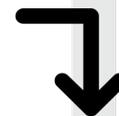
Editorials

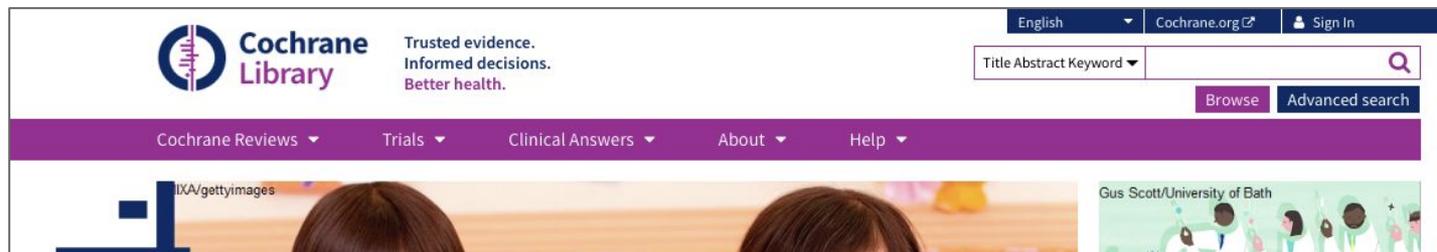
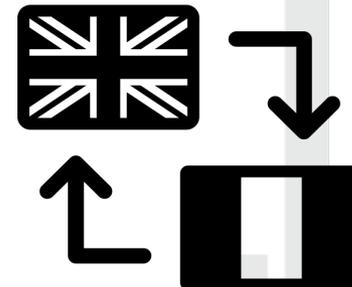
Special Collections

**Psychological therapies for the prevention of migraine in adults**

Louise Sharpe, Joanne Dudeney, Amanda C de C Williams, Michael Nicholas, Ingrid McPhee, Andrew Baillie, Miriam Welgampola, Brian McGuire

2 July 2019





English Cochrane.org Sign In

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Title Abstract Keyword

Cochrane Reviews Trials Clinical Answers About Help

IXA/gettyimages Gus Scott/University of Bath



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Título Resumen Palabra clave

Revisiones Cochrane Ensayos Respuestas Clínicas Cochrane Sobre nosotros Ayuda

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**Reduciendo el dolor en lactantes, niños y adolescentes**  
Leer la colección especial

The Global Fund/Jonas Grøtzer

**Diagnosticando la tuberculosis**  
Leer la colección especial

**¿Qué intervenciones ayudan a reducir el consumo de bebidas azucaradas?**  
Leer la revisión

Revisiones Destacadas Editoriales Colecciones Especiales

**Provisión y captación de los servicios prenatales de rutina: una síntesis de la evidencia cualitativa**  
Soo Downe, Kenneth Finlayson, Özge Tunçalp, Ahmet Metin Gülmezoglu  
12 junio 2019

**Xpert MTB/RIF y Xpert MTB/RIF Ultra para la tuberculosis pulmonar y la resistencia a la rifampicina en adultos**  
David J Horne, Mikashmi Kohli, Jerry S Zifodya, Ian Schiller, Nandini Dendukuri, Deanna Tollefson, Samuel G Schumacher, Eleanor A Ochoa, Madhukar Pai, Karen R Steingart



# What should Cochrane do to address these challenges?



Cochrane Database of Systematic Reviews

## Linezolid for drug-resistant pulmonary tuberculosis

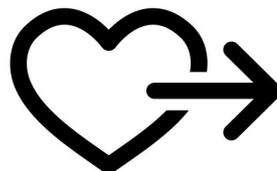
Cochrane Systematic Review - Intervention | Version published: 20 March 2019

<https://doi.org/10.1002/14651858.CD012836.pub2>

✓ Up to date



28

[View article information](#)All studies incorporated from most recent search [Read more](#)

### Set of metrics

#### Cochrane Review edition 1

v1.1: new search and no new studies

v1.2: new studies included and changes across text

New DOI for each version

PubMed: versioned per edition

### New set of metrics

#### Cochrane Review edition 2

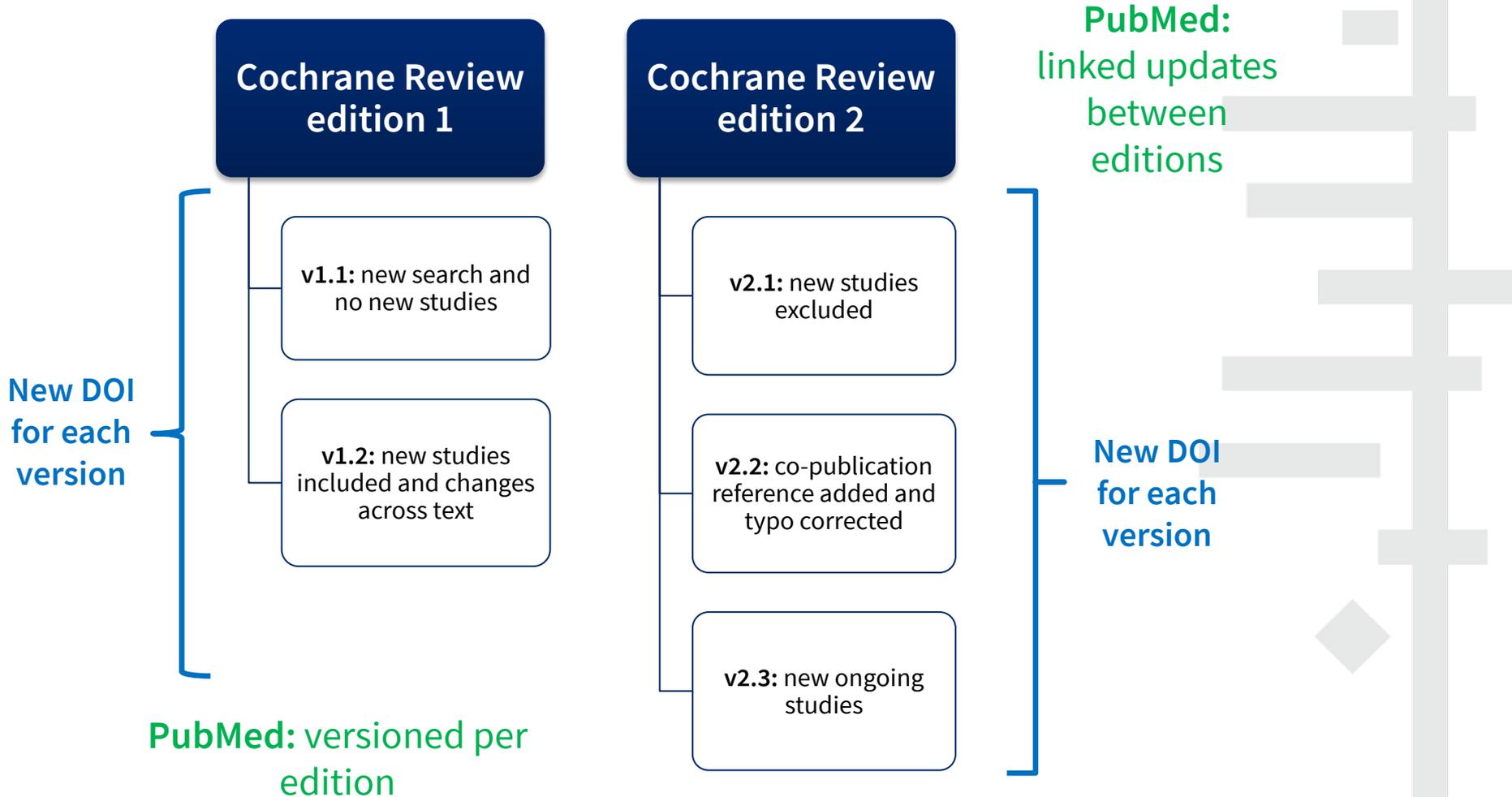
v2.1: new studies excluded

v2.2: co-publication reference added and typo corrected

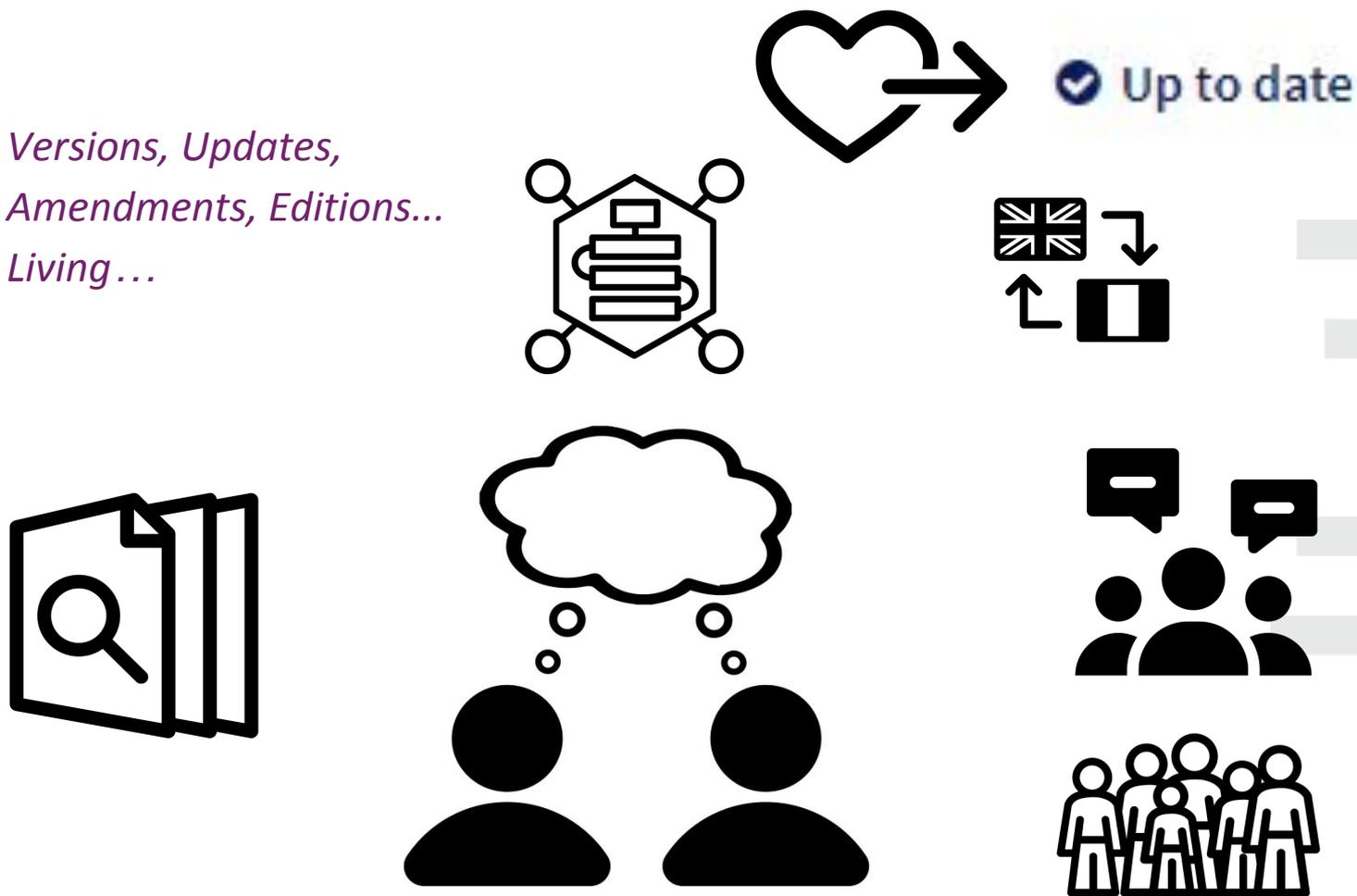
v2.3: new ongoing studies

PubMed: linked updates between editions

New DOI for each version



*Versions, Updates,  
Amendments, Editions...  
Living...*

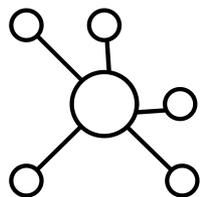


## Summing up

- Introduction to Cochrane
- How Cochrane updates reviews
- Challenges for publishing living systematic reviews
- How Cochrane should address these?
- Any thoughts?



## What is important to you?



**Living Evidence Network**



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# F1000Research

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# IMPLEMENTING LIVING SYSTEMATIC REVIEWS OUTSIDE OF COCHRANE

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# INTRODUCTION TO F1000RESEARCH

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*F1000Research has allowed us to make valuable data available to the broader scientific community. Having specific channels for dissemination to research communities is...*

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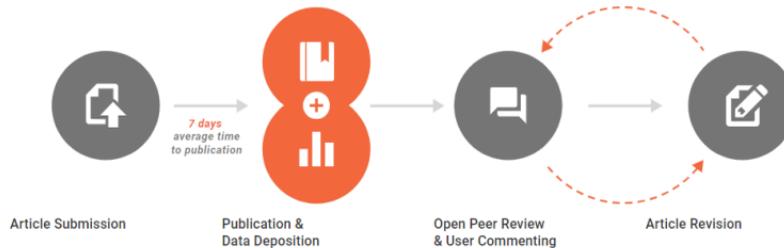
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# THE F1000RESEARCH MODEL



- Author focused
- Immediate publication
- Transparent refereeing
- Recognition for reviewers (including citable reports)
  - No editorial bias
- Transparent reporting and data sharing
  - Articles can be 'living'
  - Indexed in PubMed, Scopus, etc

RESEARCH ARTICLE

[EDIT VERSION](#)

Check for updates

**REVISED** Factors influencing malignant mesothelioma survival: a retrospective review of the National Mesothelioma Virtual Bank cohort [version 3; peer review: 2 approved, 1 approved with reservations]

✉ Waqas Amin <sup>1</sup>, Faina Linkov <sup>2</sup>, Douglas P. Landsittel<sup>1</sup>, Jonathan C. Silverstein <sup>1</sup>, Wiam Bashara<sup>3</sup>, Carmelo Gaudio<sup>3,4</sup>, Michael D. Feldman<sup>5</sup>, Harvey I. Pass<sup>6</sup>, Jonathan Melamed <sup>7</sup>, Joseph S. Friedberg<sup>8</sup>, Michael J. Bechic<sup>1</sup>

[Author details](#)

Abstract

**Background:** Malignant mesothelioma (MM) is a rare but deadly malignancy with about 3,000 new cases being diagnosed each year in the US. Very few studies have been performed to analyze factors associated with mesothelioma survival, especially for peritoneal presentation. The overarching aim of this study is to examine survival of the cohort of patients with malignant mesothelioma enrolled in the National Mesothelioma Virtual Bank (NMVB).

**Methods:** 888 cases of pleural and peritoneal mesothelioma cases were selected from the NMVB database, which houses data and associated biospecimens for over 1400 cases that were diagnosed from 1990 to 2017. Kaplan Meier's method was performed for survival analysis. The association between prognostic factors and survival was estimated using Cox Hazard Regression method and using R software for analysis.

**Results:** The median overall survival (OS) rate of all MM patients, including pleural and peritoneal mesothelioma cases is 15 months (14 months for pleural and 31 months for peritoneal). Significant prognostic factors associated with improved survival of malignant mesothelioma cases in this NMVB cohort were younger than 45, female gender, epithelioid histological subtype, stage I, peritoneal occurrence, and having combination treatment of surgical therapy with chemotherapy. Combined surgical and chemotherapy treatment was associated with improved survival of 23 months in comparison to single line therapies.

**Conclusions:** There has not been improvement in the overall survival for patients with malignant mesothelioma over many years with current available treatment options. Our findings show that combined surgical and chemotherapy treatment in peritoneal mesothelioma is associated with improved survival compared to local

Keywords

<https://f1000research.com/articles/7-1184>

METRICS

563

VIEWS

69

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Open Peer Review

Reviewer Status

Reviewer Reports

Invited Reviewers

	1	2	3
Version 3 (revision) 03 Jun 19			
Version 2 (revision) 19 Dec 18	read		
	↑		
Version 1 03 Aug 18	read	read	read

1. **Nico van Zandwijk** , University of Sydney, Sydney, Australia, Sydney Local Health District, Sydney, Australia
2. **Michele Carbone**, University of Hawaii Cancer Center, Honolulu, USA
3. **Tobias Peikert**, Mayo Clinic, Rochester, USA

Comments on this article

Indexed once it passes peer review:

# FUNDER PLATFORMS

 <p>For all researchers</p> <p><b>F1000Research</b></p> <p><a href="#">SUBMIT</a></p>	 <p>For Wellcome-funded researchers</p> <p><b>Wellcome Open Research</b></p> <p><a href="#">SUBMIT</a></p>	 <p>For Gates Foundation-funded researchers</p> <p><b>Gates Open Research</b></p> <p><a href="#">SUBMIT</a></p>
 <p>For Montreal Neurological Institute affiliated researchers</p> <p><b>MNI Open Research</b></p> <p><a href="#">SUBMIT</a></p>	 <p>For HRB-funded researchers</p> <p><b>HRB Open Research</b></p> <p><a href="#">SUBMIT</a></p>	 <p>For researchers funded by AAS or AESA programs</p> <p><b>AAS Open Research</b></p> <p><a href="#">SUBMIT</a></p>
 <p>For fundees of participating AMRC charities</p> <p><b>AMRC Open Research</b></p> <p><a href="#">SUBMIT</a></p>	 <p>For social science outputs related to the UN's Sustainable Development Goals</p> <p><b>Emerald Open Research</b></p> <p><a href="#">SUBMIT</a></p>	 <p>For ISF-funded researchers</p> <p><b>ISF Open Research</b></p> <p>Coming Soon</p> <p><a href="#">CONTACT US</a></p>

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# IMPLEMENTING LIVING SYSTEMATIC REVIEWS

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## PLANNING

- What do we have?
- What can be repurposed/adapted?
- What needs to be built?

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## AREAS TO ADDRESS



## WHAT DO WE HAVE?

### Open Peer Review

Reviewer Status ✓ ? ✓ i

#### Reviewer Reports

*Invited Reviewers*

	1	2	3
<b>Version 3</b> (revision) 03 Jun 19			
<b>Version 2</b> (revision) 19 Dec 18	<span>✓</span> read		
	↑		
<b>Version 1</b> 03 Aug 18	<span>?</span> read	<span>?</span> read	<span>✓</span> read

- Nico van Zandwijk**  University of Sydney, Sydney, Australia; Sydney Local Health District, Sydney, Australia
- Michele Carbone**, University of Hawaii Cancer Center, Honolulu, USA
- Tobias Peikert**, Mayo Clinic, Rochester, USA

- Version system
- Persistent identifiers across versions

 Corresponding author: Waqas Amin

**Competing interests:** No competing interests were disclosed.

**Grant information:** This work is funded and supported by the Centers for Disease Control and Prevention (CDC) in association with the National Institute for Occupational Safety and Health (NIOSH) Grant [SU240H009077-11]. *The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.*



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How to cite: Amin W, Linkov F, Landsittel DP et al. Factors influencing malignant mesothelioma survival: a retrospective review of the National Mesothelioma Virtual Bank cohort [version 3; peer review: 2 approved, 1 approved with reservations]. *F1000Research* 2019, 7:1184 (<https://doi.org/10.12688/f1000research.15512.3>)

First published: 03 Aug 2018, 7:1184 (<https://doi.org/10.12688/f1000research.15512.1>)

Latest published: 03 Jun 2019, 7:1184 (<https://doi.org/10.12688/f1000research.15512.3>)

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# WHAT CAN BE REPURPOSED

- Guidelines for Systematic Reviews
- Reporting guidelines policy

- Au
- Fo

Research  
Submissions

#### 4. Keywords

Authors should provide up to eight relevant keywords that describe the subject of their

Repository

Art

### Data availability

Da

### Underlying data

Po

Gu

Open Science Framework: A systematic review of the agreement of recall, home-based records, facility records, BCG scar, and serology for ascertaining vaccination status in low and middle-income countries.

Art

Ch

<https://doi.org/10.17605/OSF.IO/S5UBY98>

- Workflow

- R

Fir

Re

This project contains the following underlying data:

Ti

Pr

- Supplemental Table 1: List of all articles used in analysis.

Ti

Rc

### Extended data

Rk

Open Science Framework: A systematic review of the agreement of recall, home-based records, facility records, BCG scar, and serology for ascertaining vaccination status in low and middle-income countries.

Dc

Sl

<https://doi.org/10.17605/OSF.IO/S5UBY98>

Hi

Fi

This project contains the following extended data:

- Search term syntax

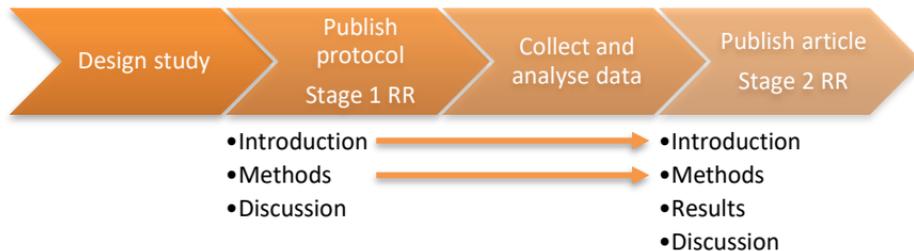
### Reporting guidelines

PRISMA checklist: <https://doi.org/10.17605/OSF.IO/S5UBY98>

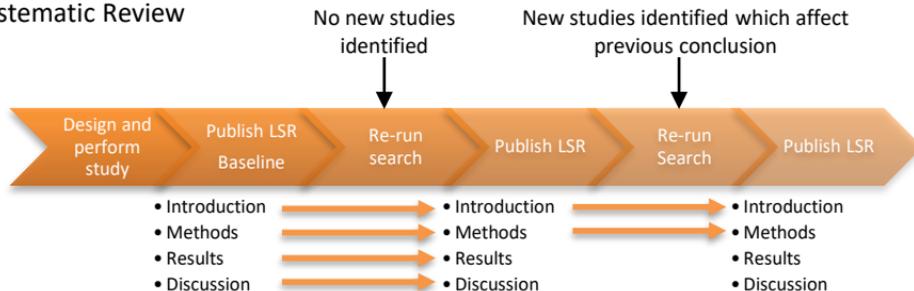
Data are available under the terms of the Creative Commons Zero "No rights reserved" data waiver (CC0 1.0 Public domain dedication).

# FROM REGISTERED REPORTS TO LSRS

## Registered Report



## Living Systematic Review



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## WHAT NEEDS TO BE BUILT?

- Automation
  - New payment for update reminders
  - Update reminders
- Workflows
  - Editors
  - Peer review
  - Production
- Design
  - Update box
  - LSR identifier

# UPDATE Therapeutic interventions for acute complete ruptures of the ulnar collateral ligament of the thumb: a living systematic review [version 6; peer review: 3 approved]

Mark Mikhail, Justin C. R. Wormald, Neal Thurley, Nicholas Riley, Benjamin J. F. Dean

ARTICLE AUTHORS METRICS

## Abstract

### Background

The aim of this study was to evaluate the effectiveness of interventions for acute complete rupture of the ulnar collateral ligament (UCL) of the thumb in adults.

### Methods

The following databases were searched: MEDLINE and EMBASE via OVID, CINAHL, and SPORTDiscus via EBSCO, from database inception to 1st December 2018. Inclusion criteria were: (i) randomised controlled clinical trials (RCTs) or study of intervention with a comparator, (ii) participants with diagnosis of acute complete rupture of the UCL of the thumb; (iii) participants aged 18 years of age or older at enrolment; and (iv) published in a peer-reviewed English-language journal.

### Results

In total, six studies were identified for inclusion after screening. All studies had a high risk of bias. Three studies were retrospective comparative case series which compared two different surgical techniques (bone anchor versus pull out suture, suture versus pull out suture, suture versus steel wire). Of these studies, three were RCTs, two of which compared different rehabilitation regimes in patients managed surgically (plaster versus early mobilization, new spica versus standard spica). The remaining RCT compared two different rehabilitation regimes in a mixed group of surgically/non-surgically treated patients. The RCT comparing a standard spica with a new spica demonstrated a statistically significant improvement in outcomes with the new spica at all time points (range of motion, Dreiser index and VAS); this was also the only study to provide sufficient outcome data for further analysis.

### Conclusions

There is no prospective evidence comparing surgery to non-operative treatment for acute complete ruptures of the ulnar collateral ligament of the thumb. There is weak evidence to suggest that early mobilisation may be beneficial following surgical repair. Further research is necessary to better define which patients benefit from which specific interventions.

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## Updates since Version 6

Latest search: 1 March 2019

Next search: 1 June 2019

Searches for this living systematic review are run and screened every 3 months. The current search (01/03/19) identified 1 new study. This study made no significant change to the results and conclusions. A new version of this article will be posted incorporating the new article and any relevant articles published by then following the next search.

- Sochacki, K. R., Jack, R. A., II, Nauert, R., Liberman, S. R., McCulloch, P. C., Lintner, D. M., & Harris, J. D. (2019). Performance and Return to Sport After Thumb Ulnar Collateral Ligament Surgery in National Football League Players. *HAND*, 155894471876000. <https://doi.org/10.1177/1558944718760001>

### UPDATE Amendments from Version 5

Figures 2 and 3 have been updated to incorporate the new identified study.

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First version published: 01 Mar 2018, 7:714 (<https://doi.org/10.12688/f1000research.15065.1>)

Latest version published: 08 Dec 2018, 7:714 (<https://doi.org/10.12688/f1000research.15065.6>)





# LIVING METHODOLOGICAL SURVEY

The screenshot shows the F1000Research website interface. At the top, there is a navigation bar with the F1000Research logo and the tagline 'Open for Science'. The main content area features the article title 'Methods of conduct and reporting of living systematic reviews: a protocol for a living methodological survey [version 1; peer review: 2 approved]'. Below the title, the authors are listed: Assem M. Khamis, Lara A. Kanaw, Hector Parizo-Hernandez, and Hojer J. Schünemann. The article is noted as being included in the Living Evidence collection. The abstract section is visible, starting with 'Background: The living systematic review (LSR) is an emerging approach for improved evidence synthesis...'. On the right side, there is a sidebar with 'Metrics' showing 250 views and 27 downloads, and an 'Open Peer Review' section showing a 'Reviewer Status' of two green checkmarks and a 'Reviewer Reports' table with two invited reviewers, Laurence Le Cleach and Trent Pignatelli, both with 'read' status. At the bottom of the article, there are sections for 'Keywords', 'Comments on this article', and 'Content alerts'.

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- Aim is to review the methods and track the life cycle of LSRs
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