Priority-setting process for Cochrane Breast Cancer Reviews

Aims

➢ **To generate a list of 10 priority systematic review topics[1] in breast cancer, and**
➢ **To develop a balanced systematic review portfolio that meets the needs of our diverse stakeholders.**

To achieve this, the Cochrane Breast Cancer Group is open to supporting topics that involve new and complex methods to appropriately answer priority review questions. It may also include priorities on the effects of interventions, diagnostic tests and prognostic or prediction biomarkers.

Background

Health priority setting can assist researchers and policymakers in targeting research that has the greatest potential public health benefit [1]. In Cochrane, priority setting is seen as a mechanism to ensure that Cochrane Review Groups are covering important review topics in their portfolio. Recently, Cochrane's Knowledge Translation (KT) Working Group has asked that Cochrane Review Groups conduct a formal priority-setting exercise, and document and publish the process and subsequent findings on the Group's website and via other communication channels [2].

For the last 20 years, the Cochrane Breast Cancer Group has used a number of approaches to decide which titles to register and update. This informal prioritisation process has included:

➢ Seeking advice from an international editorial board composed of consumers, surgeons, radiation and medical oncologists, policy makers, methodologists and statisticians;
➢ Ensuring that new titles do not duplicate the efforts of the Early Breast Cancer Trialists' Collaborative Group (EBCTCG) individual participant data reviews; and
➢ Communicating with government agencies about their prioritised topics (e.g. National Institute for Health Research (NIHR) UK).

This informal process needs to be improved by involving external stakeholders, in addition to those groups of individuals and agencies listed above.

Purpose of this document

To outline a formal prioritisation process that meets the mandatory requirements outlined by Cochrane's KT Working Group ([2], attached).

Methods of the priority-setting exercise

The Cochrane Breast Cancer Group will use a two-step approach.

The **first step** involves developing a preliminary draft list of priority questions. This draft list will be developed by: (a) using metrics from our publishers citation reports (i.e. our 'most cited' and 'most accessed' reviews in The Cochrane Library) and (b) seeking input from the international editorial board on potential topics to be added to the draft list.

The **second step** involves circulating the draft list of priority topics to external stakeholders (i.e. advocacy groups, clinical specialities/medical colleges etc) and asking them to rank their top 10 topics and add any relevant topics that appear to be missing in the draft list. In addition, members of the Cochrane Breast Cancer Group (i.e. consumers, editors, authors, and clinicians) who subscribe to our newsletter (over 800

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[1] This can include existing or new review topics

members) will also have the opportunity to participate in ranking their priority topics. Table 1 details the varied approaches that will be taken to develop the list of priority topics.

Table 1. Approaches to be included as part of our prioritisation process

Approach [3]	How this will be implemented by by the Cochrane Breast Cancer Group
Use existing data, mapping, summaries to inform	Use Wiley's Impact Factor Report that indicates the 'most cited' and 'most accessed' reviews
	Use the new 'related content' feature in the Cochrane Library to determine the most highly cited reviews in clinical practice guidelines. For example, see the uptake of the Cochrane review on combination vs single sequential chemotherapy for metastatic breast cancer in guidelines - https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008792.pub2/related-content
	Screen results from fortnightly MEDLINE searches to keep tabs of recently published non-Cochrane systematic reviews and meta-analysis (which is part of our standard routine)
	Use press releases from ASCO, SABCS and any other conference proceedings to keep tabs of the most important topics in breast cancer
Work with community of interest/stakeholders	Gather views or publications on priority-topics from relevant: ➢ governments and government-funded initiatives (e.g. National Institute for Health Research (NIHR) UK, eviQ) ➢ advocacy groups (e.g. Young Survival Coalition USA, Breast Cancer Network Australia (BCNA), Breast Cancer Care UK) ➢ medical colleges and societies (e.g. MOGA, RANZCR, BreastSurgANZ) ➢ guideline/consensus developers (e.g. SIGN, Cancer Australia, ABC Consensus Group, CECOG) ➢ specialist groups (e.g. kConFab, lymphoedema support groups) ➢ trial groups and collaborative trial groups (e.g. ANZBCTG, EBCTCG). In the case of EBCTCG publications, they will be reviewed to ensure that new Cochrane topics do not overlap with new or ongoing EBCTCG projects ➢ nursing field (e.g. Cochrane Nursing Field, Nursing Alliance)
	Circulate a set of potential topics to advocacy groups, medical colleges, specialist groups, and Cochrane Breast Cancer Group members (> 800 members) to see what would be their priorities and provide options for stakeholders to add topics to the list
Take account of prevailing policy/guidance/guideline production	Review 'research recommendations' stated in current clinical practice guidelines and see if they map to registered Cochrane titles Note: priority topics already formulated by some key government agencies and advocacy groups were retrieved. These included priority topics from the UK, Canada, USA, and Australia. It was noted that the priority topics listed in their documents mainly referred to recommendations for primary research rather than priorities on the collation of existing evidence

Documentation of this priority-setting exercise

To conform with Cochrane's KT mandatory requirements, the prioritisation process will involve:

➢ Establishing a team to lead the priority-setting exercise to help define and refine the scope of the exercise
 o The core team will involve members of the editorial base (M Willson) and Joint Co-ordinating Editors (A Goodwin and N Wilcken), with feedback from the international editorial board
➢ Publishing this document outlining our proposed process and implementation of the process on the Cochrane Breast Cancer Group's website, Twitter, and through relevant Cochrane channels including Reviews and Methods Digest, Centre & Fields Digest and Comms Network Digest
➢ Developing a draft list of priority topics based on approaches outlined in Table 1 and feedback received from the international editorial board
➢ Circulating topics (in the form of a survey) to **existing and new external stakeholders** for ranking and feedback
➢ Collating all stakeholder responses and establishing a list of prioritised topics

- ➢ Promoting the finalised list of priority topics by publishing these on our website and other forums (e.g. Twitter), and
- ➢ Providing feedback on the results of the priority-setting process to stakeholders that were involved in the process.

Proposed targets

Timelines:

- ➢ Annually: to scan citation metrics received from our publishers (Wiley) and consider adding/revising priority topics based on these annual metrics and other important external feedback (e.g. hot topics at San Antonio Breast Cancer Symposium), and
- ➢ Every 3 years: to consider repeating this priority-setting exercise.

Expected outputs:

- ➢ At a minimum, to publish **two** priority new reviews or review updates per year.

On average, the Cochrane Breast Cancer Group registers five to six new topics per year in addition to developing new reviews and review updates. The Group would consider registering new titles that are not on the priority list and the number of new topics will depend on the availability of resources.

Additional benefits from this prioritisation process

- ➢ Establishing and continuing relationships with new and existing stakeholders,
- ➢ Potentially increasing the use of priority reviews through strategic communications with stakeholders, and
- ➢ Providing the Cochrane Breast Cancer Group's editorial base and editors with a clear picture of its goals for the next 3 years

References

[1] Viergever RF, Olifson S, Ghaffar A, Terry RF (2010). A checklist for health research priority setting: nine common themes of good practice. Health Research Policy and Systems, 8:36.
[2] Cochrane Knowledge Translation (KT) Working Group (version 2, October 2018). Guidance note for Cochrane Groups to define systematic review priorities. Developed by the KT Working Group on Embedding Prioritization.
[3] Nasser M, Crowe M; Cochrane Methods Priority Setting Group. Quick guidance for research priority setting.