COVID-19 SHORT REPORT

Rapid review methods guidance aids in Cochrane’s quick response to the COVID-19 crisis

Authors: Chantelle Garrity1,2, Gerald Gartlehner3,4, Barbara Nussbaumer-Streit1, Valerie J King5, Chris Kamel6, Adrienne Stevens7, Declan Devane8, Candyce Hamel1,2, Lisa Affengruber3

Participating groups: Cochrane Rapid Reviews Methods Group

Corresponding Author: Chantelle Garrity: cgarritty@ohri.ca

Introduction and background

Rapid reviews have emerged as an efficient tool to get evidence to decision-makers more quickly and are part of the knowledge synthesis family.[1] Rapid Reviews have been described as a type of knowledge synthesis in which systematic review methods are streamlined, and processes accelerated to complete the review more quickly.[2–5] Policymakers are increasingly using rapid reviews in their daily decision-making,[6–9] with national and international health agencies using rapid reviews to inform decision-makers more quickly.[2–5] Policymakers are increasingly using rapid reviews in their daily decision-making,[6–9] with national and international health agencies using rapid reviews to inform decision-making scenarios.

Since 2015, the Cochrane Rapid Reviews Methods Group (RRMG) has served as a discussion forum and has led the development of rapid review methods.[13–15] In 2018, Cochrane’s Strategy to 2020 (community.cochrane.org/organizational-info/resources/strategy-2020) identified the need to explore and, potentially, implement guidance and systems for officially producing Cochrane rapid reviews. The strategy outlined the need to develop recommendations regarding which methods can be abbreviated to expedite publication. During 2019, the RRMG conducted a suite of related methodological work, including two scoping reviews,[16,17] and two primary methods studies.[18,19] Designed to fill methodological gaps and provide guidance on conducting rapid reviews, collectively this research formed the evidentiary base for a subsequent rapid review methods options survey sent to 119 representatives from 20 Cochrane entities in the fall of 2019. Respondents were asked to rate and rank rapid review methods across the stages of conduct. Based on survey results from 63 respondents (53% response rate), we proposed interim guidance comprised of 26 specific recommendations to support the conduct of rapid reviews. Further, we proposed that a Cochrane rapid review be defined as, “a form of knowledge synthesis that accelerates the process of conducting a traditional systematic review through streamlining or omitting specific methods to produce evidence for stakeholders in a resource-efficient manner.”[17] This guidance emphasizes the involvement of key stakeholders throughout the rapid review process and promotes a flexible, iterative approach that can be tailored for various urgent and emergent health decision-making scenarios.

Key activities and strategies

We undertook the following activities during the COVID-19 pandemic.

1. In early March 2020, the RRMG completed work on the Cochrane rapid review methods interim guidance,[20] which coincided with the global pandemic’s unfolding. This was the catalyst to Cochrane encouraging the early release of the guidance on 23 March 2020.

2. As part of their overall response to COVID-19, Cochrane developed internal and external processes to accommodate the production of rapid reviews, among other products. It meant that the interim guidance was made available as part of resources for author teams on the COVID Rapid Reviews website (covidreviews.cochrane.org). More specifically, the guidance was integrated into the protocol template for Cochrane rapid reviews.

3. RRMG convenors have been actively involved in leading the development of Cochrane COVID-19 rapid reviews since the outset of the pandemic.[21–24]

4. RRMG convenors have provided methodological support to various author teams undertaking COVID-19 rapid reviews produced within Cochrane and external teams.

1Ottawa Hospital Research Institute, Canada; 2University of Split School of Medicine, Croatia; 3Cochrane Austria, Danube University Krems, Austria; 4RTI International, USA; 5Oregon Health & Science University, USA; 6CADTH, Canada; 7Cochrane Canada, McMaster University, Canada; 8Cochrane Ireland, Evidence Synthesis Ireland, National University of Ireland (NUI) Galway, Ireland
5. **RRMG convenors have directly supported Cochrane COVID-19 initiatives** including the initial Cochrane COVID-19 Response Working Group formed in the early days of the pandemic to help guide Cochrane’s response. Further, one of the RRMG convenors is a member of the steering committee of the ‘COVID NMA - Living mapping and living systematic review of Covid-19 studies’ initiative.[25]

6. Over the past six months, RRMG convenors have **delivered several information and training sessions** via webinars related to the interim Cochrane rapid review methods guidance or specific Cochrane COVID-19 rapid reviews, with all events well-attended.

**Outcomes and impact of activities**

Development of the interim Cochrane rapid review methods guidance, made publicly available, has been an impactful outcome of our work and has been beneficial to Cochrane’s response to COVID-19. This guidance has been formally cited more than 25 times in the past six months, and the Cochrane RRMG website page that houses this guidance has been viewed nearly 2300 times since it was posted. To our knowledge, this rapid review methods guidance is the first that provides clear, actionable recommendations, based on empirical evidence, evaluating RR methods to date and with expert input. Importantly, this guidance is being actively used to develop Cochrane rapid reviews to address pressing questions posed by international stakeholders. Moreover, these rapid reviews have attained extremely high Altmetric Attention Scores, indicating that they have received substantial online attention. Contributing to this was Cochrane’s decision to make these rapid reviews freely accessible from the outset. Although COVID-19 may have been the impetus to releasing this guidance, the proposed recommendations are relevant for any circumstance where decision-making needs to be made in weeks to a few months. COVID-19 and the use of this guidance has underscored the need for flexible guidance that can be tailored as appropriate, yet still meets minimum standards.

While this guidance was developed for Cochrane, we suggest that it is relevant and of interest for a wide audience of rapid review authors, many of whom look to Cochrane for methods expertise.

**Lessons for the future: sustainability and transferability**

We recognize that further refinements are needed regarding this interim guidance. In terms of next steps, we aim to solicit feedback on the guidance’s perceived utility as applied in urgent, real-time rapid review scenarios. It will also be important that we adapt the guidance beyond interventions of effectiveness to other review types, such as rapid reviews of diagnostic test accuracy or screening.[26] In doing so, specific rapid review types will require unique considerations.[27] Beyond this, there are other challenges to the conduct of rapid reviews that further merit discussion.[28] Because best practice is limited by the lack of currently available evidence for some methods shortcuts taken in rapid reviews, this guidance will need to be updated as additional abbreviated methods are evaluated. There is a need to highlight uncertainties in rapid review methods so future research questions can be identified and prioritized. A rapid review methodology priority setting partnership (Priority III), led by Evidence Synthesis Ireland/ Cochrane Ireland, has set out to do this with two RRMG convenors serving on the Steering Group.[29] COVID-19 is a clear and current example where decisions need to be made faster than traditional systematic reviews can support. Endorsing a rapid review approach alongside interim methods guidance has demonstrated Cochrane’s ability to respond quickly as a world leader in knowledge synthesis, and well positions Cochrane to respond to future urgent or emergent health crises.

**Additional resources**

Cochrane Rapid Review Methods Group: methods.cochrane.org/rapidreviews

Cochrane COVID Reviews: covidreviews.cochrane.org

**Declarations of interest**

CG, GG, VJK, CK, BN-S, AS, DD are Convenors and CH, LA are Associate Convenors of the Cochrane Rapid Reviews Methods Group. BN-S, DD and GG have authored Cochrane COVID-19 Rapid Reviews. All authors declare no other conflicts of interest.

**Funding**

The Rapid Reviews Methods Group was funded through the Cochrane Content Strategy fund to develop the Cochrane Rapid Review methods interim guidance. One project was also funded in part from a Canadian Institutes of Health Research (CIHR) grant (funding research number 142310). There was no other dedicated funding for additional parts of this project.

**References**


**Rapid review methods guidance aids in Cochrane’s quick response to the COVID-19 crisis**

Copyright © 2020 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd. | www.cochranelibrary.com

In: Collaborating in response to COVID-19: editorial and methods initiatives across Cochrane

https://doi.org/10.1002/14651858.CD020002
of Clinical Epidemiology 2018;96:133–42. https://doi.org/10.1016/j.jclinepi.2017.10.014