**Proposal for a new Cochrane Review**

* *Once completed, email your proposal to* [*cochraneohg@manchester.ac.uk*](mailto:cochraneohg@manchester.ac.uk) *for the Managing Editor’s attention.*
* ***You must also provide PDF copies of at least two randomised controlled trials and the contact author’s CV.***
* *Be aware that the Editorial Board considers new review proposals twice each year (in April and October), and that only priority or novel topics will be registered. Registration is not a guarantee of publication on the Cochrane Library as quality and timeliness of submissions are a prerequisite.*
* ***We are currently only registering new intervention titles (prevention or treatment), but not diagnostic test accuracy or prognosis.***
* *We welcome international and multidisciplinary author teams with a clear understanding of Cochrane’s expectations of authors: our relevant policy can be found* [*here*](http://community.cochrane.org/editorial-and-publishing-policy-resource/managing-expectations)*.*

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| **By submitting a Cochrane Review proposal, authors agree**   * to read/ follow the [Cochrane Handbook for Systematic Reviews of Interventions](http://handbook.cochrane.org/) to prepare their review; * to conduct the review according to [Cochrane MECIR standards](http://editorial-unit.cochrane.org/mecir); and , * to update the review at least every two years. | | |
| **Proposed Title**  *The format of Cochrane titles is: [Intervention] for [health problem] in [participants/setting] or [Intervention A] versus [Intervention B] for [health problem]* | |  |
| **Motivation for the Review**  *Is this: intended to be part of a PhD/ part of a larger project/ topical* | |  |
| **Description of proposal**   * Your proposal must not overlap with reviews already registered on the Cochrane Library. Check [here](http://onlinelibrary.wiley.com/cochranelibrary/search/). * Proposals are not restricted to a word count, and fields will expand to accommodate your responses. | | |
| **Objective**  *What is the research question?* |  | |
| **Rationale for review**  *Describe the potential importance to health, and impact of the review topic within the healthcare system, specifically addressing these points:*   1. *the number of patients affected by the clinical condition and/or intervention being reviewed;* 2. *the degree of uncertainty that exists in the absence of a systematic review, and the ‘cost’ to policy and practice of operating in the face of such uncertainty;* 3. *the likelihood of a review assisting or changing policy or practice;* 4. *the identified need for a review by policy makers or healthcare commissioners;* 5. *the likely importance and priority that would be given to the topic by consumers (e.g. patients and their carers) and their involvement in the review; and* 6. *an estimate of the number and size of the studies that are likely to be considered for inclusion in the review. You may wish to provide citations of relevant papers.* | **a.**  **b.**  **c.**  **d.**  **e.**  **f.** | |
| **Types of study**  *Usually only randomised controlled trials: inclusion of other study designs must be approved by Cochrane Oral Health’s editorial board.* |  | |
| **Participants**  *What sort of participants will the relevant studies have recruited? Define them by age, sex, presence of dental problems like caries, duration of condition etc.* |  | |
| **Interventions and specific comparisons to be assessed**  *What interventions are you interested in assessing?*  *Intervention choices may include drugs, techniques, appliances or education.*  *What will you compare the intervention with?*  *The comparison could be against no treatment, placebo or another common drug/ technique etc.* |  | |
| **Outcomes**  *Which outcomes are important to patients/clinicians/ other stakeholders?* |  | |
| **Planned subgroup analyses**  *Will certain factors be investigated for their influence on the size of treatment effect (e.g. dose)?* |  | |
| **Potential overlap with existing reviews**  *Specify any existing relevant associated reviews and how your proposal would complement them.*  *If there are areas of overlap, provide a justification for the editorial board's consideration.* |  | |
| **Other information relevant to this proposal**  *e.g. relevance to consumers/ ideas for consumer input into review* |  | |

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| **Proposed authors**  Follow the Westernised style (first name/personal name/名字 míngzi followed by family name/surname/姓 xìng). | | | | | | | | |
| **Contact author name:**  *This is the person taking primary responsibility for development of the proposal and ensuring continuity of the review once published.* | | | | | | |  | |
| **Co-author(s) name(s):**  *There should be at least one co-author* | | | | | | |  | |
| **Content expert name:** | | | | | | |  | |
| **Methodologist name:** | | | | | | |  | |
| **Statistician name:** | | | | | | |  | |
| **Cochrane Reviews should be free of any real or perceived bias** introduced by the receipt of:   * any benefit in cash or kind; * any hospitality; or, * any subsidy derived from a source perceived to have an interest in the outcome of the review.   [**Cochrane policy**](http://community.cochrane.org/editorial-and-publishing-policy-resource/conflicts-interest-and-cochrane-reviews) **states that direct funding from a single source with a vested interest in the review’s results is unacceptable.** | | | | | | | | |
| **Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest?** | | | | | | Yes   No | | ***To check boxes:*** *Right-click on box, select Properties, and change default value from Not checked to Checked.* |
| **If ‘yes’, what are they?** | | | | | |  | | |
| **Is this review the subject of specific funding and/or timing?** *If ‘yes’, please provide details.* | | | | | |  | | |
| **Has the review already been carried out or published?** *If ‘yes’, please provide details.* | | | | | |  | | |
| **Roles and responsibilities** | | | | | | | | |
| **Task** | | | | **Named person(s) to undertake task** | | | | |
| **Draft the protocol** | | | |  | | | | |
| **Screen search for trials** *(usually 2 people)* | | | |  | | | | |
| **Obtain copies of trials** | | | |  | | | | |
| **Select which trials to include** *(2 + 1 arbiter)* | | | |  | | | | |
| **Extract data from trials** *(2 people)* | | | |  | | | | |
| **Enter data into RevMan** | | | |  | | | | |
| **Carry out the analysis** | | | |  | | | | |
| **Interpret the analysis** | | | |  | | | | |
| **Draft the final review** | | | |  | | | | |
| **Update the review** | | | |  | | | | |
| **Further information and required assistance** | | | | | | | | |
| Have you or a co-author written a systematic review before? | Yes   No | | *If ‘yes’ and it was a Cochrane Review, please give details:* | | | | |  |
| Have you attended a Cochrane Review training workshop? | Yes   No | | *If ‘yes’, which one?*  *If ‘no’, are you planning to? Which one?* | | | | |  |
| **Do you require assistance with:** | | | | | | | | |
| English as a second language? | | | | | Yes  No | | | |
| Access to a statistician *(strongly recommended)*? | | | | | Yes  No | | | |
| **Provisional dates for submission of drafts to Cochrane Oral Health** **editorial base** | | | | | | | | |
| **Draft Protocol** *(6-8 months)* | |  | | | | | | |
| **Draft Review** *(12-18 months)* | |  | | | | | | |

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| **Agreement to Editorial Review and Publication on the Cochrane Library** | | | | |
| * By completing this new title proposal form, you agree to submit a draft protocol within 6 to 8 months. * If there is no correspondence from you during this period, or no draft protocol has been received, Cochrane Oral Health reserves the right to de-register the title or transfer the title to a new author. * For the protocol/review to be published it must be approved by the Editorial Team. * The Editorial Team may transfer responsibility for this title or remove it at any stage of the editorial process if the protocol/review continues to fail to meet the standards of Cochrane Oral Health and/or the final protocol/review is not considered satisfactory. * By completing and returning this form, you are accepting responsibility for maintaining and updating the review in accordance with [Cochrane policy](http://community.cochrane.org/editorial-and-publishing-policy-resource/cochrane-review-updates). * If you are unable to update this review Cochrane Oral Health reserves the right to transfer the review to a new author. * Editorial Team support in producing your review is conditional upon your agreement to publish the protocol and finished review, together with subsequent updates, on the Cochrane Library. * By completing and signing this form you undertake to publish firstly on the Cochrane Library (contemporaneous publication in other print journals may be allowed in certain circumstances with prior permission of the editorial team). | | | | |
| **I understand the long-term commitment necessary when undertaking a Cochrane Review.** | | | | Yes  No |
| I will be able to update the review regularly (every 2 years): | | | | Yes  No |
| If ‘no’, please recommend who will update the review: | |  | | |
| **Form completed and signed by:** |  | | **Date:** | DD/MM/YYYY |
| PhD supervisor name/signature: |  | | Date: | DD/MM/YYYY |

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| **Contact author details** | | | | | |
| Your details may be stored on 'Archie', the Cochrane central database, and may be accessed by other Cochrane users. Privacy policy details are available [here](http://tech.cochrane.org/archie/terms-of-use/archie-privacy-policy). | | | | | |
| Should your address and email address be hidden from other Archie users? | | | | | Yes  No |
| Do you already have a user account for the Archie database? | | | | | Yes  No |
| If you are already a member of another Cochrane Review Group, please provide details of the Group and your role: | |  | | | |
| **Title** | |  | | | |
| **First name/personal name/名字 míngzi** | |  | | | |
| **Family name/surname/姓 xìng** | |  | | | |
| **Job title/position** |  | | | | |
| **Department name** |  | | | | |
| **Organisation name** |  | | | | |
| **Address** |  | | | | |
| **City** |  | | **Region/State** |  | |
| **Post/Zip code** |  | | **Country** |  | |
| **Primary email address:** |  | | | | |

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| **Job title/position** |  | | | | |
| **Department name** |  | | | | |
| **Organisation name** |  | | | | |
| **Address** |  | | | | |
| **City** |  | | **Region/State** |  | |
| **Post/Zip code** |  | | **Country** |  | |
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| **Job title/position** |  | | | | |
| **Department name** |  | | | | |
| **Organisation name** |  | | | | |
| **Address** |  | | | | |
| **City** |  | | **Region/State** |  | |
| **Post/Zip code** |  | | **Country** |  | |
| **Primary email address:** |  | | | | |

* Please copy and paste the co-author details box below for each additional required co-author.

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| **Primary email address:** |  | | | | |