

Cochrane Childhood Cancer Group

Contact details:

Cochrane Childhood Cancer Editorial Base  
Princess Máxima Center for Pediatric Oncology  
Heidelberglaan 25  
3584 CS Utrecht  
The Netherlands  
chcrg@amc.uva.nl

[childhoodcancer.cochrane.org](http://childhoodcancer.cochrane.org)

This record was last updated on: 30 October 2018

---

## Standards

The information provided in this module is for writing reviews on interventions coordinated by Cochrane Childhood Cancer. For information on writing diagnostic test accuracy reviews or reviews on (late) adverse effects after childhood cancer treatment please contact the Editorial Base.

Authors of reviews are recommended to follow the guidance given in the Cochrane Handbook for Systematic Reviews of Interventions (<http://www.cochrane.org/resources/handbook/index.htm>), the latest version of the Methodological Expectations of Cochrane Intervention Reviews (MECIR) standards, both on conduct and reporting (<http://www.editorial-unit.cochrane.org/mecir>) and the standards for the reporting of plain language summaries of new reviews of interventions (PLEACS) (<http://www.editorial-unit.cochrane.org/mecir>).

In addition, this module highlights specific aspects of the review process and editorial process of Cochrane Childhood Cancer.

# Editorial information

## Editorial team

### Coordinating Editors

Leontien Kremer, the Netherlands  
Elvira van Dalen, the Netherlands

### Managing Editor

### Information Specialist

### Methodological Editor

Elvira van Dalen, the Netherlands

**Assistant Managing Editor**  
Jos Noorman, the Netherlands

**Feedback Editor**  
Leontien Kremer, the Netherlands

## **Additional contributors**

We are very grateful to all people who have peer reviewed protocols and (updated) reviews for Cochrane Childhood Cancer.

## **Supporting Cochrane Centre**

Cochrane Netherlands

## **Acknowledgements**

We thank the following people and organisations:

- The Emma Children's Hospital/Academic Medical Center, Amsterdam, the Netherlands and Tom Voûte Fund, the Netherlands, for financially supporting the set-up of Cochrane Childhood Cancer.
- Huib Caron, Martin Offringa, Rob Scholten, Hugo Heijmans, Dorien Schaap, Mark Lodge, and Chris Williams for their input in the set-up of Cochrane Childhood Cancer.
- Stichting Kinderen Kankervrij (KiKa), the Netherlands, for financially supporting the Editorial Base of Cochrane Childhood Cancer.

## **Sources of support**

### **External sources of support**

### **Internal sources of support**

- Princess Máxima Center for Pediatric Oncology, Heidelberglaan 25, 3584 CS Utrecht, the Netherlands

## **Consumer involvement**

Consumers are invited to become involved with Cochrane Childhood Cancer.

## **Involvement of other users**

## **Conflict of interest**

None known.

Cochrane Childhood Cancer is adopting the following policies:

The review must be free of any real or perceived bias introduced by receipt of any benefit in cash or other kind, any hospitality, or any funds derived from any source that may have or be perceived to have an interest in the outcome of the review.

Review authors must complete Conflict of Interest (CoI) forms prior to publishing the review protocol and the (updated) review.

Individuals who are employed by a company that has a real or potential financial interest in the outcome of the review (including but not limited to drug companies or medical device manufacturers), or who hold or have applied for a patent related to the Cochrane review are prohibited from being review authors.

If an author of the review is also an author of one of the original trials included in the review, this should be stated in the review. These review authors are not allowed to perform data extraction, risk of bias assessment and GRADE assessment for the article in question.

Review authors are referred to the webpage Conflict of Interest and Cochrane reviews (<http://community.cochrane.org/editorial-and-publishing-policy-resource/conflicts-interest-and-cochrane-reviews>) for additional information about the different types of conflict of interest and the policy of Cochrane.

Peer reviewers are asked to state any potential conflicts of interest and if deemed necessary by Cochrane Childhood Cancer another peer reviewer will be used.

Members of the Editorial Team who are an author of a review do not take part in the refereeing process for their own protocol/review and the final decision on acceptance for publication.

Editors are prohibited from being employees of a pharmaceutical company or medical device manufacturer.

## Background

In the second half of the last century, clinical trials have led to major developments in paediatric oncology. Nowadays about 70% of children with childhood cancer survive longer than 5 years. It is very important to carefully consider the scientific basis and the pros and cons of the current intensive therapy strategies. Within Cochrane a group focusing on childhood cancer was lacking. In 2003, the start of Cochrane Childhood Cancer was initiated in collaboration with the Cochrane Cancer Network, Emma Children's Hospital / Academic Medical Center in Amsterdam, the Netherlands and Cochrane Netherlands.

On February 2nd 2004, the exploratory meeting of Cochrane Childhood Cancer was held in the Emma Children's Hospital / Academic Medical Center in Amsterdam, the Netherlands. Sixty interested and enthusiastic people from various countries attended this meeting. The group included paediatric oncologists, nurses, systematic review methodologists, and parents

of children with cancer. International speakers highlighted organisational aspects of the new review group, the importance of systematic reviews for both research and clinical practice in paediatric oncology, and future directions for systematic reviews as a research discipline.

Cochrane Childhood Cancer was officially registered within Cochrane on May 5th 2006.

## **Scope**

Cochrane Childhood Cancer encourages and coordinates the conduct of systematic reviews on interventions and diagnosis for cancer in children and young adults with respect to prevention, treatment, diagnosis, supportive care, psychosocial care, palliative and terminal care, nursing care and late effects of treatment.

Cochrane Childhood Cancer has common areas of interest with other Cochrane groups, especially with those having cancer as scope. If the subject of a proposed review also falls within the scope of another Cochrane group, we will cooperate with that group, in order to avoid duplication of work.

## **Glossary**

## **Specialised register**

### **Inclusion criteria**

Cochrane Childhood Cancer Specialised Register contains randomised controlled trials (RCTs) and non-randomised controlled clinical trials (CCTs) relevant to the Group's scope and topics, with the exception of studies including (only) historical controls as comparison group. In January 2016, the Cochrane Childhood Cancer Specialised Register included 1445 studies.

### **Search strategies for the identification of studies**

#### **Electronic searches**

The starting point of Cochrane Childhood Cancer Specialised Register was the Register of the Child Health Field which included 1158 references up till 2006. After removal of all ineligible citations, a total of 996 references formed the start of the Cochrane Childhood Cancer Specialised Register. Since then no additional electronic searches have been performed.

#### **Hand searching**

Annual conference proceedings of the SIOP (Société Internationale de Paediatric Oncologie/International Society of Paediatric Oncology) are hand-searched. All relevant

abstracts from the 2004, and the 2007-2014 conferences have been added to the Cochrane Childhood Cancer Specialised Register.

## **Other strategies**

All RCTs and CCTs included in our Cochrane reviews have been added to our Specialised Register.

## **Planned searching activities**

Hand-searching of the SIOP conference proceedings will be continued, as well as adding the RCTs and CCTs as included in our Cochrane reviews. Soon we will start with hand-searching ASPHO (American Society of Pediatric Hematology/Oncology) conference proceedings for the years 2011 up to and including 2014.

# **Methods used in reviews**

## **Search strategies**

Authors need to contact the Information Specialist of Cochrane Childhood Cancer for guidance with developing and running the search strategy. At the moment of publication of the (updated) review, the search can be maximal 12 months old (to ensure that the review is as up-to-date as possible when published).

Searches should be as extensive as possible. Language restrictions should not be applied.

If the authors have difficulty in retrieving articles, the Information Specialist should be contacted when your local medical library is not able to get a copy. Also for translations you may contact the Information Specialist or your local Cochrane Center.

Relevant steps in the search are:

- An electronic search of the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, and EMBASE (all mandatory). Furthermore, authors are advised to search specialty databases (like PsycInfo and CINAHL; highly desirable).
- Screening of the reference lists of relevant reviews and studies included in the review (mandatory).
- Screening relevant conference proceedings; those of SIOP and ASPHO are mandatory, at a minimum of the last 5 years. The search terms used have to be reported in the main text (in case of a limited number of search terms) or in a separate appendix (in all other circumstances).
- Searching relevant grey literature sources, such as reports/dissertations/theses databases (highly desirable).
- Personal communications with content experts in the field, and with authors of trials and/or reviews to request information on any further trials they may be aware of, whether published, unpublished, or ongoing (highly desirable).
- Contacting pharmaceutical companies to request information on data from commercial trials (highly desirable).

- Search of ongoing trials databases: the National Institute of Health (NIH) Register (using <https://clinicaltrials.gov>), and the International Clinical Trials Registry Platform (ICTRP) (using <http://apps.who.int/trialsearch>) are mandatory; the International Standard Randomised Controlled Trial Number (ISRCTN) Register (using <http://www.isrctn.com/>) is desirable. The keywords used for these trial registers have to be reported in either the main text (in case of a limited number of search terms) or in a separate appendix (in all other circumstances).

The structure of search strategies in the electronic bibliographic databases should be formulated around the objective of the review, using appropriate elements from the PICO (i.e. patient, intervention, comparison, outcomes) and study design. Identify the appropriate controlled vocabulary (e.g. MeSH, Emtree, including 'exploded' terms) and free-text terms (considering, for example, spelling variants, synonyms, acronyms, truncation and proximity operators). Ensure the correct use of the AND and OR operators.

A few standard search strategies (search filters) have been developed by Cochrane Childhood Cancer, one for identifying studies including Children, one for Childhood Cancer and one for Cancer (see below). In principle these standard search strategies are mandatory.

The current Cochrane Childhood Cancer search strategy for identifying studies including *Children* in PubMed is:

infan\* OR newborn\* OR new-born\* OR perinat\* OR neonat\* OR baby OR baby\* OR babies OR toddler\* OR minors OR minors\* OR boy OR boys OR boyfriend OR boyhood OR girl\* OR kid OR kids OR child OR child\* OR children\* OR schoolchild\* OR schoolchild OR school child[tiab] OR school child\*[tiab] OR adolescen\* OR juvenil\* OR youth\* OR teen\* OR under\*age\* OR pubescen\* OR pediatrics[mh] OR pediatric\* OR paediatric\* OR paediatric\* OR school [tiab] OR school\*[tiab] OR prematur\* OR preterm\*

This search strategy was validated: sensitivity 99.5%; precision 69% (LeclercqE, Leeflang MMG, van Dalen EC, Kremer LCM. Validation of Search Filters for Identifying Pediatric Studies in PubMed. *J Pediatr.* 2013;162(3):629-34).

The Cochrane Childhood Cancer search strategy for *Childhood Cancer* in PubMed is:

leukemia OR leukemi\* OR leukaemi\* OR (childhood ALL) OR AML OR lymphoma OR lymphom\* OR hodgkin OR hodgkin\* OR T-cell OR B-cell OR non-hodgkin OR sarcoma OR sarcom\* OR sarcoma, Ewing's OR Ewing\* OR osteosarcoma OR osteosarcom\* OR wilms tumor OR wilms\* OR nephroblastom\* OR neuroblastoma OR neuroblastom\* OR rhabdomyosarcoma OR rhabdomyosarcom\* OR teratoma OR teratom\* OR hepatoma OR hepatom\* OR hepatoblastoma OR hepatoblastom\* OR PNET OR medulloblastoma OR medulloblastom\* OR PNET\* OR neuroectodermal tumors, primitive OR retinoblastoma OR retinoblastom\* OR meningioma OR meningiom\* OR glioma OR gliom\* OR pediatric oncology OR paediatric oncology OR childhood cancer OR childhood tumor OR childhood tumors OR brain tumor\* OR brain tumour\* OR brain neoplasms OR central nervous system neoplasm OR central nervous system neoplasms OR central nervous system tumor\* OR central nervous system tumour\* OR brain cancer\* OR brain neoplasm\* OR intracranial neoplasm\* OR leukemia lymphocytic acute OR leukemia, lymphocytic, acute[mh]

The Cochrane Childhood Cancer search strategy for *Cancer* in PubMed is:

cancer OR cancers OR cancer\* OR oncology OR oncolog\* OR neoplasm OR neoplasms OR

neoplasm\* OR carcinoma OR carcinom\* OR tumor OR tumour OR tumor\* OR tumour\* OR tumors OR tumours OR malignan\* OR malignant OR hematooncological OR hematooncological OR hemato-oncological OR hematologic neoplasms OR hematolo\*

The Cochrane highly sensitive search strategy for reports of randomized controlled trials and controlled clinical trials can be found in the Cochrane Handbook for Systematic Reviews of Interventions ([www.cochrane-handbook.org](http://www.cochrane-handbook.org)).

The results of the search strategy should be presented in a flow diagram. It shows per source the number of records identified, the number records after deduplication, the number of records included and excluded by title and abstract screening, the number of papers included and excluded by full paper assessment, including the reasons for exclusions. A tool for this is available in Review Manager.

### **Access to specialised register by authors**

The Cochrane Childhood Cancer Specialised Register is available in CENTRAL and can be accessed by using the search term "SR-CHILDCA" in All Text. Please note that when developing a search strategy for a systematic review, one should not limit the search to our Specialised Register.

### **Additional search strategies**

#### Updating the Cochrane review

Every two years the Cochrane review needs updating. The Information Specialist will contact the authors and they will pick a date for rerunning the search strategy. In case authors are running the searches themselves, they have to inform the Information Specialist about the date when the search will be carried out. All searches as mentioned above should be included in the update (electronic databases, reference lists, conference proceedings, ongoing trial registers); if not all mandatory sources were included in the earlier version of the review this needs to be adjusted.

Studies included in the 'Studies awaiting classification' section and the 'Ongoing trials section' of the former publication need to be checked as, for example, conference abstracts may have been published meanwhile as full paper and ongoing trials may have been completed. If this is the case and the study fulfils the inclusion criteria of your review, this study should be moved into the 'Included studies' section of your updated review. If the study does not fulfil the inclusion criteria, this study should be moved into the 'Excluded studies' section.

In the main text of the Results section the search results of the updated search have to be presented separately from those of the former publication. Also a new flow diagram needs to be prepared, presenting the search results of the updated search separately from the number of studies already included in the former publication. Authors are advised to contact our Information Specialist for a template.

In the Abstract a sentence has to be added to the background section like "This review is an update of a previously published Cochrane review."

### **Study selection**

The study selection should be performed independently by at least two authors according to explicit inclusion and exclusion criteria. A third person should be consulted to resolve any discrepancies. If necessary, additional information should be sought from the authors of the trial.

In order to minimise bias, only randomised controlled trials (RCTs) and non-randomised controlled clinical trials (CCTs) can be included in the review.

All studies that have been assessed in the fulltext phase of study selection and are excluded should be added to the Characteristics of excluded studies table.

## **Assessment of methodological quality**

Two authors, preferably one who is a content expert and one who has extensive knowledge of methodological aspects of systematic reviews, independently assess the risk of bias in each included trial. A third review author should be consulted to resolve any discrepancies regarding the risk of bias assessment. If necessary, additional information should be sought from the authors of the trial.

Authors are obliged to use the items described below for the risk of bias assessment of RCTs. These items are based on the Cochrane Handbook for Systematic Reviews of Interventions, but some adjustments have been made (i.e. performance bias and detection bias should be assessed as separate items; detection bias, attrition bias and if relevant also other bias should be assessed for each outcome separately). Authors should use the Handbook to obtain further information (such as the definition of each item). Cochrane Childhood Cancer does not allow the use of a total/overall score or the use of scales.

### ***Selection bias:***

- Sequence generation
- Allocation concealment

### ***Performance bias:***

- Blinding of participants
- Blinding of personnel

### ***Detection bias***

- Blinding of outcome assessors (for each outcome separately)

### ***Attrition bias:***

- Incomplete outcome data (for each outcome separately)

### ***Reporting bias:***

- Selective outcome reporting

### ***Other bias:***



- Other potential threats to validity (if relevant: for each outcome separately)

The results of the risk of bias assessment, i.e. how each trial scored on each risk of bias item, should be presented in the Risk of Bias (RoB) table (as explained in the Cochrane Handbook for Systematic Reviews of Interventions). This table can be adjusted, so all items described above can be included. In case a trial did not provide data on all outcomes included in the review the authors should choose the option "Unclear" for the outcomes that were not reported and leave the description field empty. This row of the table will not be included in the publication of the review.

In addition to the RoB table, authors should include the Methodological Quality Summary figure in their review.

If, in addition to the original paper, other sources of information have been used for the assessment of the risk of bias in a trial this should be clearly stated. Also, it should be stated which data are collected by contacting the authors.

#### ***Assessment of risk of bias in CCTs, cross-over RCTs and cluster-RCTs:***

For CCTs authors can use the same risk of bias criteria as for RCTs (CCTs will automatically score a high risk of bias on the selection bias items).

For cross-over RCTs and cluster-RCTs authors should use the information provided in the Handbook for the assessment of risk of bias in these types of studies.

## **Data collection**

Two authors should independently extract data for each included study on design, participants, interventions, outcomes, risk of bias criteria, follow-up, funding sources and the declaration of interests for primary investigators using a data extraction form. A third person should be consulted to resolve any discrepancies regarding data extraction.

When data are missing in a published report, an attempt should be made to contact the authors for the missing information. All efforts made to obtain additional data should be reported in the completed review and it should be stated which data are collected by contacting the authors.

As far as possible, information will also be collected for unpublished trials. The data of non-published trials and trials that are only available as a conference abstract should be presented as 'studies awaiting classification'.

## **Analysis**

The number of outcomes should be kept to a minimum number of important outcomes, as increasing the number of outcomes increases the chance of finding spurious results. Both potential harms and benefits of the intervention should be taken into consideration.

Analyses may be narrative, such as a structured summary and discussion of the studies' characteristics and findings, or quantitative, i.e. involving a meta-analysis. Meta-analyses should only be performed if participants, interventions, comparisons and outcomes are judged

to be sufficiently similar to ensure a clinically meaningful answer. For more information we refer to the Cochrane Handbook for Systematic Reviews of Interventions, but please note the following:

Dichotomous data should be analysed as risk ratios; continuous outcomes as (standardized) mean differences (whichever is appropriate).

Survival data are time-to-event data. Time-to-event data can never be analysed as a continuous outcome, i.e. using mean or median time-to-event. Sometimes studies present for example the n-year survival in both intervention groups, i.e. a dichotomous outcome. However, time-to-event data can only be analysed as a dichotomous outcome if the status of all patients in a study is known at a fixed time point, i.e. none of the patients is lost-to-follow-up. This is rarely the case. Cochrane Childhood Cancer only allows analysing time-to-event data as a dichotomous outcome if it is absolutely certain that the status of all patients in a study is known at the fixed time point. In all other cases time-to-event data should be expressed as a hazard ratio, if necessary using Parmar's method to obtain all data needed (see for example: Parmar MK, Torri V, Stewart L. Extracting summary statistics to perform meta-analyses of the published literature for survival endpoints. *Statistics in Medicine* 1998;17:2815-34). Reviewers are free to discuss time-to-event data as a dichotomous outcome in the discussion section of their review, but only when they state the problems associated with such an analysis. For more information on time-to-event data see: Van Dalen EC, Tierney JF, Kremer LC. Tips and Tricks for understanding and using SR results. No. 7: time-to-event data. *Evid-Based Child Health* 2007; 2: 1089-90.

When for a particular outcome only one study is available and there are no events in one of the treatment groups, it is impossible to calculate a relative risk/risk ratio or odds ratio. The Review Manager software gets round this by adding half a case to the treatment group with no events. If you are doing a meta-analysis with many studies and most of these studies have events in both treatment groups, adding an extra half event in one treatment group doesn't make much difference to the overall estimate of the relative risk/risk ratio or odds ratio. However, if you have only one study and you add half an event to one treatment group, the relative risk/risk ratio or odds ratio, its 95% CI and the p-value are misleading. For these outcomes you should calculate the Fischer's exact p instead (it is not possible to perform this calculation within the Review Manager software).

Cochrane Childhood Cancer uses  $I^2 > 50\%$  as the cut-off value for substantial heterogeneity.

If possible intention-to-treat analyses should be performed; if this is not possible an explanation should be provided.

If trials with a high or unclear risk of bias and trials with a low risk of bias are simultaneously included in the same analyses, a sensitivity analysis should be performed to explore whether trial quality plays a role in determining the effect size. Studies with a high risk of bias and studies for which the risk of bias is unclear need to be excluded, and the results of studies with a low risk of bias should be compared with the results of all available studies. This should be done for all risk of bias items separately. However, sensitivity analyses should only be performed if at least two studies remain in the analysis after exclusion of the studies with a high or unclear risk of bias.

## **Reporting of reviews**

Authors should follow the guidance given in the Cochrane Handbook for Systematic Reviews of Interventions and contact the Editorial base for further clarification if required.

### Summary of Findings table

Authors should use the GRADEprofiler software (<http://grade.pro.org/>) to construct a 'Summary of Findings' (SoF) table for each comparison. Each SoF table includes up to seven pre-defined outcomes (all primary outcomes and those secondary outcomes that are most relevant to patients (e.g. adverse events, quality of life)). For each outcome two review authors independently assess the quality of the evidence using the five GRADE considerations, i.e. study limitations, inconsistency, indirectness, imprecision and publication bias as described in the Cochrane Handbook and the GRADEpro handbook.

### Acknowledgements

This section should be used to acknowledge any people or organizations that the authors wish to acknowledge, including people who are not listed among the authors. Permission should be obtained from persons acknowledged. Please acknowledge the peer reviewers and copy-editor. Please note that the following sentence should be included in all protocols and (updated) reviews: 'We would like to acknowledge the Editorial Base of Cochrane Childhood Cancer for their advice and support. The Editorial Base of Cochrane Childhood Cancer is funded by 'Stichting Kinderen Kandervrij' (KiKa), the Netherlands.

### Sources of support

Sources of financial support are divided into 'internal' (provided by the institutions at which the review was produced) and 'external' (provided by other institutions or funding agencies). Authors should state each source and its country of origin.

### Plagiarism

Note that Cochrane Childhood Cancer has procedures to detect plagiarism at all stages of review development, including the protocol stage. Authors suspected of plagiarism will be confronted and may be given guidance on how rephrase or quote another's work.

## **Editorial process**

### **Titles**

The support of Cochrane Childhood Cancer in preparing your review is conditional upon your agreement to publish the protocol, review and subsequent updates in the Cochrane Database of Systematic Reviews. Please consult our website (<http://childhoodcancer.cochrane.org/author-resources>) for extensive information on editorial processes and timelines, and for helpful documents for author teams.

To register a title for a systematic review, the editorial process is as follows:

The authors inform the Editorial Base about the research question they are interested in. If the research question is relevant to the scope of Cochrane Childhood Cancer, the authors will be asked to complete the CCG Review Proposal form and assemble an author team. Cochrane Childhood Cancer requires that author teams: 1) include at least one author with clinical expertise; 2) include at least one author who has participated in a published Cochrane review;

3) include at least one author who is proficient in writing English; 4) possess (or have access to) the necessary statistical skills.

The Editorial Base will then evaluate if the author team meets all requirements; evaluate the clinical relevance of the research question; distribute the title among all Cochrane review groups to ensure that there is no duplication with their titles/protocols/reviews. If all conditions are fulfilled, the Editorial Base will inform the authors that they can start preparing the protocol for their review. Members of the Editorial Base who are an author of a review do not take part in the editorial approval.

After the title is registered within Cochrane, the Editorial Base has the right to deregister the title or transfer the title to a new author team if authors do not meet the deadlines or when it becomes clear that the authors won't be able to perform a high quality systematic review.

## **Protocols**

Authors are strongly encouraged to attend a workshop on systematic reviews organised by their reference Cochrane Center.

A draft protocol should be submitted within 6 months of the title registration.

When a protocol is submitted for editorial approval, the Editorial Base will determine if it meets all requirements of a high quality protocol. If this is not the case, authors will be provided with comments and asked to submit a revised version of the protocol within three weeks, as well as a point-to-point reply to the comments of the Editorial Base.

When the protocol meets all requirements for a high quality protocol, the protocol is ready to be sent for peer review. At least two peer reviewers will provide comments on the protocol. In general, no attempt is made to conceal the identity of the peer reviewers or the authors (open peer review procedure), unless a peer reviewer indicates (s)he does not agree with this.

After having received the comments of the peer reviewers, the author team should submit a revised protocol within 3 weeks, as well as a point-to-point reply to the peer reviewers comments and a description of all changes made to the protocol. The revised protocol and point-to-point reply will be evaluated by the Editorial Board. If the revised protocol does not sufficiently reflect the peer reviewers comments, the author team will be asked to submit another revision within 3 weeks.

If a protocol is accepted for publication and all authors have submitted the necessary forms (i.e. Conflict of Interest Form and License for Publication form), it will be sent for copy-editing. After the authors' approval of the copy-edited version of their protocol, it will be submitted to the Cochrane Library for publication.

Members of the Editorial Team who are an author of a protocol do not take part in the refereeing process for this protocol and in the final decision on acceptance for publication.

The Editorial Base has the right to deregister or transfer the title to a new author team if a protocol has not been received within one year after title registration.

## Reviews

A draft review should be submitted within 12 months of publication of the protocol. At time of publication of the review the search can be maximal 1 year old. For reviews the same editorial process as for protocols will be followed (protocol should be read as review). Peer reviewers who commented on the protocol will be asked to peer review the full review too. If a review has not been received within two years after publication of the protocol, the Editorial Base reserves the right to make the topic available to other interested author teams.

## Updating

Cochrane reviews are expected to be updated every two years from the date of publication in the Cochrane Library. If authors are not able to do this we expect them to agree that the review is handed over to another review group. If this is not possible, the review may be withdrawn from the Cochrane Library with a note to explain why the review has been withdrawn.

Authors must always use the most recent risk of bias criteria, both for studies already included in earlier versions of the review and for newly identified included studies. If SoF tables and GRADE assessments were not yet included in the latest publication then they should be added. Other (methodological) adjustments at the time of the update might be necessary.

## Publications

Cochrane Childhood Cancer has produced a pamphlet outlining the work of the group. Other publications include:

Leclercq E, Leeflang MMG, van Dalen EC, Kremer LCM. Validation of search filters for identifying pediatric studies in PubMed. *J Pediatr* 2013; 162(3): 629-34.

Lundh A, Knijnenburg SL, Jørgensen AW, van Dalen EC, Kremer LC. Quality of systematic reviews in pediatric oncology-a systematic review. *Cancer Treat Rev* 2009; 35(8): 645-52.

Langendam MW, Kuijpers T, de Beer H, Kremer L. Tips and tricks for understanding and using SR results - no 17: an introduction to the GRADE approach; rating the quality of evidence for an intervention. *Evid.-Based Child Health* 2010; 5(2): 537-40.

Kremer LC, Sieswerda E, van Dalen EC. Tips and tricks for understanding and using SR results - no 15: clinical practice guidelines. *Evid.-Based Child Health* 2009; 4(4): 1333-5.

Van Dalen EC, Kremer LC. Tips and tricks for understanding and using SR results - no 14: subgroup analyses. *Evid.-Based Child Health* 2009; 4(2): 1140-1.

Kremer LC, Phillips RS, van Dalen EC. Tips and tricks for understanding and using SR results - no 13: adverse effects in systematic reviews. *Evid.-Based Child Health* 2009; 4(1): 384-5.

Kremer LCM, van Dalen EC. Tips and tricks for understanding and using SR results - no 11:

P-values and Confidence Intervals. *Evid.-Based Child Health* 2008; 3(3): 904-6. Erratum in *Evid.-Based Child Health* 2008; 3(4): 1156.

Van Dalen EC, Kremer L, Moyer V. Tips and tricks for understanding and using SR results - no 8: Quality of studies included in a systematic review and associated risk of bias - garbage in, garbage out. *Evid.-Based Child Health* 2007; 2(4) 1321-4.

Van Dalen EC, Tierney JF, Kremer LC. Tips and tricks for understanding and using SR results - no 7: time-to-event data. *Evid-Based Child Health* 2007; 3: 1089-90.

Lundh A, Kremer LCM, Leclercq E. Tips and tricks for understanding and using SR results - no 6: development of a search strategy. *Evid.-Based Child Health* 2007; 2(2) 937-9.

Van Dalen EC, Kremer LC. Tips and tricks for understanding and using systematic review results - no 4: inclusion of studies into a Cochrane review. *Evid-Based Child Health* 2006; 1: 1349-51.

Kremer LC, van Dalen EC, Vandermeer B. Tips and tricks for understanding and using systematic review results - no 3: meta-analysis and heterogeneity. *Evid-Based Child Health* 2006; 1; 932-5.

Kremer LCM, Barrowman N. Tips and tricks for understanding and using SR results - no 2: odds and odds ratio. *Evid.-Based Child Health* 2006; 1(2): 732-3.

Kremer L, Moyer V. Tips and tricks for understanding and using SR results. *Evid.-Based Child Health* 2006; 1(1): 356-8