The Cochrane Hypertension Group

***Based on ERC approved best-practice template version V1, date****: 19 July 2012*

# Title Proposal Form

Please complete this form to outline your proposal for a Cochrane systematic review. Email the completed form to [cochrane@ti.ubc.ca](mailto:cochrane@ti.ubc.ca), or send to Ciprian Jauca, Managing Editor, Cochrane Hypertension Group, 2176 Health Sciences Mall, Vancouver, BC, Canada, V6T 1Z3. Ph: +1-604-822-0700 Fax: +1-604-822-0701.

You will hear back from the group if your title is accepted or rejected, or if there are any questions that you need to answer before your title proposal can be considered by the Editors.

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| Before completing this form:  * Make sure that your proposal falls within this group’s scope, and that it has not already been covered in another Cochrane review. Check existing registered titles at [www.cochrane.org/reviews/en/topics](http://www.cochrane.org/reviews/en/topics). * Note that all authors must follow the *Cochrane Handbook for Systematic Reviews of Interventions* (see [www.cochrane.org/resources/handbook](http://www.cochrane.org/resources/handbook)). * Be aware that preparing a Cochrane review requires a significant, long-term commitment. At least two authors are required before a title can be registered. |

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| Proposed title (see [Handbook section 4.2.1](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_4/4_2_1_title.htm)) |
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| Contact person (see [Handbook section 4.2.3](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_4/4_2_3_contact_person.htm)) | |
| Name: |  |

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| Review proposal and inclusion criteria: (see [Handbook chapter 5](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_5/5_defining_the_review_question_and_developing_criteria_for.htm)) | |
| Motivation for the review: |  |
| Review objective: |  |
| Types of study: ([section 5.5](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_5/5_5_defining_types_of_study.htm)) |  |
| Participants / population: ([section 5.2](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_5/5_2_defining_types_of_participants_which_people_and.htm)) |  |
| Intervention: ([section 5.3](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_5/5_3_defining_types_of_interventions_which_comparisons_to_make.htm)) | Comparison: |
| Outcomes and adverse effects:  ([section 5.4](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_5/5_4_defining_types_of_outcomes_which_outcome_measures_are_most.htm)) | Primary:  Secondary: |
| Subgroup analyses: ([section 9.6](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_9/9_6_investigating_heterogeneity.htm)) |  |
| Other information: |  |
| Related Cochrane reviews, protocols or registered titles |  |

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| Authors’ responsibilities | |
| By completing this form, you accept responsibility for preparing, maintaining and updating the review in accordance with Cochrane Collaboration policy. The Cochrane Review Group (CRG) will provide as much support as possible to assist with the preparation of the review.  A draft protocol must be submitted to the CRG within six months. If drafts are not submitted before the agreed deadlines, or if we are unable to contact you for an extended period, the CRG has the right to de‑register the title or transfer the title to alternative authors. The CRG has the right to de‑register or transfer the title if it does not meet the standards of the CRG and/or The Cochrane Collaboration.  You accept responsibility for maintaining the review in light of new evidence, comments and criticisms, and other developments, and updating the review at least once every two years, or, if requested, transferring responsibility for maintaining the review to others as agreed with the CRG. | |
| Publication in the Cochrane Database of Systematic Reviews | |
| The support of the CRG in preparing your review is conditional upon your agreement to publish the protocol, finished review and subsequent updates the *Cochrane Database of Systematic Reviews*. By completing this form you undertake to publish this review in the *Cochrane Database of Systematic Reviews* before publishing elsewhere (concurrent publication in other journals may be allowed in certain circumstances with prior permission from the CRG) | |
| I understand the commitment required to **undertake** a Cochrane review, and agree to publish first in the *Cochrane Database of Systematic Reviews*.  **Signed on behalf of the authors**: | |
| **Form completed by:** | **Date:** |

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| Declaration of interest |
| The Cochrane Collaboration’s general policy states, “The performance of the review must be free of any real or perceived bias introduced by receipt of any benefit in cash or kind, any hospitality, or any subsidy derived from any source that may have or be perceived to have an interest in the outcome of the review.” (see <http://www.cochrane.org/policy-manual/2277-declarations-interest-cochrane-authors>). |
| **Do the authors have any potential conflict of interest?** Yes  No |
| If yes, please give details. Authors should declare and describe any present or past affiliations or other involvement in any organisation or entity with an interest in the outcome of the review that might lead to a real or perceived conflict of interest. This includes acting as an investigator of a study that might be included in this review. Authors should declare potential conflicts even if they are confident that their judgement is not influenced. |

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| Review context | |
| Is the review subject to any specific funding? |  |
| Is there a deadline for completing the review? |  |
| Has the review already been completed or published elsewhere? |  |

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| Proposed deadlines | |
| Date you plan to submit a draft protocol:  (within 6 months) |  |
| Date you plan to submit a draft review:  (within 12 months) |  |

# Review authors

(see [Handbook section 4.2.2](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_4/4_2_2_authors.htm).)

Each person named as an author must make a substantial contribution to the conception and design, or analysis and interpretation of the data in the review. Please attach a brief CV for each author.

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| Contact person / Author 1 (see [Handbook section 4.2.3](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_4/4_2_3_contact_person.htm)) | | | | | | | | | |
| Is the contact person an author of the review? | | | | Yes  No | | | | | |
| Prefix (e.g. Ms, Dr): |  | | Given name (名字 míngzi): | | | |  | | |
| Middle initial(s): |  | | Family name (姓 xìng): | | | |  | | |
| Suffix (e.g. MD, PhD): |  | | Web address: | | | |  | | |
| Preferred full name for review byline: | e.g. John Smith = Smith JB; Chen Ming Yu = Chen MY | | | | | | | | |
| Do you already have a user account and password for the Archie database? | | | | | | | | Yes  No | |
| Email address(es): | 1)  2) | | | | | | | | |
| Job Title/Position: |  | | | | | | | | |
| Department: |  | | | | | | | | |
| Organisation: |  | | | | | | | | |
| Street/Address: |  | | | | | | | | |
| City: |  | | | | Post/Zip code: | |  | | |
| State/Province: |  | | | | Country: | |  | | |
| Telephone number: |  | | | | Fax number: | |  | | |
| Mobile/cell number: |  | | | | Skype ID: | |  | | |
| Privacy: | As the contact person, your address and email will be published with the completed protocol or review. Your details will be stored on our central database, known as ‘Archie’, and may be accessed by members of The Cochrane Collaboration. Details of our privacy policy are available at:  <http://ims.cochrane.org/archie/terms-of-use/archie-privacy-policy>.  Within Archie, would you like to:  Hide your address and phone numbers:  Hide your email address: | | | | | | | | |
| Country of origin: |  | | | | Gender: | | Female  Male | | |
| What expertise do you bring to the review? | | (e.g. clinical, review methods, statistics) | | | | | | | |
| Have you prepared a systematic review before? | | | | | | | | | Yes  No |
| If yes, have you prepared a Cochrane review? (please state most recent title) | | | | | | | | | Yes  No |
| Are you already a member of another Cochrane Review Group? Which one(s)? | | | | | | | | | Yes  No |
| At what level are you able to speak and write English? | | | | | |  | | | |

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| Author 2 You must have at least two authors to register a title. | | | | | | | |
| Prefix (e.g. Ms, Dr): |  | | Given name (名字 míngzi): | | |  | |
| Middle initial(s): |  | | Family name (姓 xìng): | | |  | |
| Suffix (e.g. MD, PhD): |  | | Web address: | | |  | |
| Preferred full name for review byline: | e.g. John Smith = Smith JB; Chen Ming Yu = Chen MY | | | | | | |
| Do you already have a user account and password for the Archie database? | | | | | | | Yes  No |
| Email address(es): | 1)  2) | | | | | | |
| Job Title/Position: |  | | | | | | |
| Department: |  | | | | | | |
| Organisation: |  | | | | | | |
| Street/Address: |  | | | | | | |
| City: |  | | | Post/Zip code: | |  | |
| State/Province: |  | | | Country: | |  | |
| Telephone number: |  | | | Fax number: | |  | |
| Mobile/cell number: |  | | | Skype ID: | |  | |
| Privacy: | As the contact person, your address and email will be published with the completed protocol or review. Your details will be stored on our central database, known as ‘Archie’, and may be accessed by members of The Cochrane Collaboration. Details of our privacy policy are available at:  <http://ims.cochrane.org/archie/terms-of-use/archie-privacy-policy>.  Within Archie, would you like to:  Hide your address and phone numbers:  Hide your email address: | | | | | | |
| Country of origin: |  | | | Gender: | | Female  Male | |
| What expertise do you bring to the review? | | (e.g. clinical, review methods, statistics) | | | | | |
| Have you prepared a systematic review before? | | | | | | | Yes  No |
| If yes, have you prepared a Cochrane review? (please state most recent title) | | | | | | | Yes  No |
| Are you already a member of another Cochrane Review Group? Which one(s)? | | | | | | | Yes  No |
| At what level are you able to speak and write English? | | | | |  | | |
| Author 3 *You may leave this page blank if you have only 2 co-authors in your proposed author team.* | | | | | | | |
| Prefix (e.g. Ms, Dr): |  | | Given name (名字 míngzi): | | |  | |
| Middle initial(s): |  | | Family name (姓 xìng): | | |  | |
| Suffix (e.g. MD, PhD): |  | | Web address: | | |  | |
| Preferred full name for review byline: | e.g. John Smith = Smith JB; Chen Ming Yu = Chen MY | | | | | | |
| Do you already have a user account and password for the Archie database? | | | | | | | Yes  No |
| Email address(es): | 1)  2) | | | | | | |
| Job Title/Position: |  | | | | | | |
| Department: |  | | | | | | |
| Organisation: |  | | | | | | |
| Street/Address: |  | | | | | | |
| City: |  | | | Post/Zip code: | |  | |
| State/Province: |  | | | Country: | |  | |
| Telephone number: |  | | | Fax number: | |  | |
| Mobile/cell number: |  | | | Skype ID: | |  | |
| Privacy: | As the contact person, your address and email will be published with the completed protocol or review. Your details will be stored on our central database, known as ‘Archie’, and may be accessed by members of The Cochrane Collaboration. Details of our privacy policy are available at:  <http://ims.cochrane.org/archie/terms-of-use/archie-privacy-policy>.  Within Archie, would you like to:  Hide your address and phone numbers:  Hide your email address: | | | | | | |
| Country of origin: |  | | | Gender: | | Female  Male | |
| What expertise do you bring to the review? | | (e.g. clinical, review methods, statistics) | | | | | |
| Have you prepared a systematic review before? | | | | | | | Yes  No |
| If yes, have you prepared a Cochrane review? (please state most recent title) | | | | | | | Yes  No |
| Are you already a member of another Cochrane Review Group? Which one(s)? | | | | | | | Yes  No |
| At what level are you able to speak and write English? | | | | |  | | |

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| Author 4 *You may leave this page blank if you have only 2 or 3 co-authors in your proposed author team.* | | | | | | | |
| Prefix (e.g. Ms, Dr): |  | | Given name (名字 míngzi): | | |  | |
| Middle initial(s): |  | | Family name (姓 xìng): | | |  | |
| Suffix (e.g. MD, PhD): |  | | Web address: | | |  | |
| Preferred full name for review byline: | e.g. John Smith = Smith JB; Chen Ming Yu = Chen MY | | | | | | |
| Do you already have a user account and password for the Archie database? | | | | | | | Yes  No |
| Email address(es): | 1)  2) | | | | | | |
| Job Title/Position: |  | | | | | | |
| Department: |  | | | | | | |
| Organisation: |  | | | | | | |
| Street/Address: |  | | | | | | |
| City: |  | | | Post/Zip code: | |  | |
| State/Province: |  | | | Country: | |  | |
| Telephone number: |  | | | Fax number: | |  | |
| Mobile/cell number: |  | | | Skype ID: | |  | |
| Privacy: | As the contact person, your address and email will be published with the completed protocol or review. Your details will be stored on our central database, known as ‘Archie’, and may be accessed by members of The Cochrane Collaboration. Details of our privacy policy are available at:  <http://ims.cochrane.org/archie/terms-of-use/archie-privacy-policy>.  Within Archie, would you like to:  Hide your address and phone numbers:  Hide your email address: | | | | | | |
| Country of origin: |  | | | Gender: | | Female  Male | |
| What expertise do you bring to the review? | | (e.g. clinical, review methods, statistics) | | | | | |
| Have you prepared a systematic review before? | | | | | | | Yes  No |
| If yes, have you prepared a Cochrane review? (please state most recent title) | | | | | | | Yes  No |
| Are you already a member of another Cochrane Review Group? Which one(s)? | | | | | | | Yes  No |
| At what level are you able to speak and write English? | | | | |  | | |

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| Author 5 *You may leave this page blank if you have only 2-4 co-authors in your proposed author team.* | | | | | | | |
| Prefix (e.g. Ms, Dr): |  | | Given name (名字 míngzi): | | |  | |
| Middle initial(s): |  | | Family name (姓 xìng): | | |  | |
| Suffix (e.g. MD, PhD): |  | | Web address: | | |  | |
| Preferred full name for review byline: | e.g. John Smith = Smith JB; Chen Ming Yu = Chen MY | | | | | | |
| Do you already have a user account and password for the Archie database? | | | | | | | Yes  No |
| Email address(es): | 1)  2) | | | | | | |
| Job Title/Position: |  | | | | | | |
| Department: |  | | | | | | |
| Organisation: |  | | | | | | |
| Street/Address: |  | | | | | | |
| City: |  | | | Post/Zip code: | |  | |
| State/Province: |  | | | Country: | |  | |
| Telephone number: |  | | | Fax number: | |  | |
| Mobile/cell number: |  | | | Skype ID: | |  | |
| Privacy: | As the contact person, your address and email will be published with the completed protocol or review. Your details will be stored on our central database, known as ‘Archie’, and may be accessed by members of The Cochrane Collaboration. Details of our privacy policy are available at:  <http://ims.cochrane.org/archie/terms-of-use/archie-privacy-policy>.  Within Archie, would you like to:  Hide your address and phone numbers:  Hide your email address: | | | | | | |
| Country of origin: |  | | | Gender: | | Female  Male | |
| What expertise do you bring to the review? | | (e.g. clinical, review methods, statistics) | | | | | |
| Have you prepared a systematic review before? | | | | | | | Yes  No |
| If yes, have you prepared a Cochrane review? (please state most recent title) | | | | | | | Yes  No |
| Are you already a member of another Cochrane Review Group? Which one(s)? | | | | | | | Yes  No |
| At what level are you able to speak and write English? | | | | |  | | |

*Please duplicate this page if you have more than 5 co-authors in your proposed author team.*

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| Roles and responsibilities Please advise who has agreed to undertake each of the following tasks: | |
| Draft the protocol |  |
| Develop and run the search strategy | *The TSC will help you perform these tasks.* |
| Obtain copies of studies |  |
| Select which studies to include (2 people) |  |
| Extract data from studies (2 people) |  |
| Enter data into RevMan |  |
| Carry out the analysis |  |
| Interpret the analysis |  |
| Draft the final review |  |
| Update the review |  |

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| Team resources | |
| Have you read the *Cochrane Handbook for Systematic Reviews of Interventions*? (see [www.cochrane.org/resources/handbook](http://www.cochrane.org/resources/handbook)) | Yes  No |
| Do you require training?  If yes, on which topics? | Yes  No |
| Have you attended a Cochrane review training workshop?  If no, do you plan to? (see [www.cochrane.org/news/workshops.htm](http://www.cochrane.org/news/workshops.htm))  Which workshop did you/will you attend? | Yes  No  Yes  No |
| Which computer operating system do you use? |  |
| Have you downloaded and installed RevMan, the Cochrane review software? (see [www.cc-ims.net/RevMan](http://www.cc-ims.net/RevMan)) | Yes  No |
| Have you seen the Cochrane Hypertension Review Group website (see <http://hypertension.cochrane.org>)? | Yes  No |
| Do you have access to these electronic databases: *The Cochrane Library*  MEDLINE  EMBASE | Yes  No  Yes  No  Yes  No |
| Do you have access to a medical library?  If yes, can you order journal articles not held in the library?  Do you have access to advice from a medical librarian? | Yes  No  Yes  No  Yes  No |
| Do you have access to reference management software (e.g. Endnote)?  If yes, which software, and what version? | Yes  No |
| Do you have access to a statistician?  If yes, who? | Yes  No |
| Do you have contact with consumer groups relevant to this review?  If yes, which one(s)? | Yes  No |
| Have you identified appropriate time and resources to complete the review? | Yes  No |
| Would you like to be assigned a mentor (an experienced author who has  volunteered to help new authors)? | Yes  No |

# Notes for authors completing the Title Registration Form

## Proposed Title

There are standard formats for Cochrane review titles (see [Handbook section 4.2.1](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_4/4_2_1_title.htm)). Examples include:

* [intervention] FOR [health problem / issue]  
  e.g. *Garlic for hypertension*
* [intervention A] VERSUS [intervention B] FOR [health problem/ issue]  
  e.g. *Calcium channel blockers versus thiazides for hypertension*
* [intervention] FOR [health problem/issue] IN [participant group]  
  e.g. *Interventions for preventing hypertension in children*

## Reason for the Review

Why are you proposing to undertake this review? For example, is this review going to be part of a Masters or Doctorate; is it part of a larger project; is it particularly topical at the present time?

## Description of proposal

Your proposal should not overlap with an existing Cochrane review. For a list of publications and registered titles, go to [www.cochrane.org/reviews/en/topics](http://www.cochrane.org/reviews/en/topics). For further information, see [Handbook chapter 5](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_5/5_defining_the_review_question_and_developing_criteria_for.htm).

## Objective

Give a short statement of the primary aim of the review, e.g. to assess the effects of your intervention.

## Types of study

Outline the types of study that will be included in the review. Most Cochrane reviews of interventions focus on randomised controlled trials (RCTs). Are there any specific reasons why your review would need to include non-randomised studies? See [Handbook section 5.5](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_5/5_5_defining_types_of_study.htm).

## Participants

Outline the types of populations to be included and excluded, with thought given to aspects such as demographic factors, the type/stage of disease/condition, or their setting. See [Handbook section 5.2](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_5/5_2_defining_types_of_participants_which_people_and.htm).

## Interventions and comparisons

Outline the details of the intervention you wish to investigate. Consider the dose, intensity, mode of delivery, and combinations of interventions. Are there variations you wish to exclude? What will the intervention be compared to, e.g. placebo, no intervention, standard care? See [Handbook section 5.3](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_5/5_3_defining_types_of_interventions_which_comparisons_to_make.htm).

## Outcomes

List the primary and secondary outcomes you wish to measure, including outcomes important to those experiencing the disease/condition as well as those treating them. Give thought to the inclusion of adverse effects as a primary outcome. Also consider how your outcomes may be measured, e.g. the type of scale or count likely to be used, and the timing of the measurement. See [Handbook section 5.4](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_5/5_4_defining_types_of_outcomes_which_outcome_measures_are_most.htm).

## Subgroup analyses

Outline any subgroups you plan to investigate for their influence on the size of the treatment effect, e.g. subgroups of the population, variations of the intervention, etc. See [Handbook section 9.6](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_9/9_6_investigating_heterogeneity.htm).

## Other information relevant to this proposal

Outline any other factors you plan to consider in your review, or other information you would like to provide, e.g. relevance to consumers, how this review complements other published Cochrane reviews.

## Authors

Provide contact details for everyone who you expect to be an author of the review. For more information on authorship, see [Handbook section 4.2.2](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_4/4_2_2_authors.htm). You should have at least two authors, and should include someone with relevant content area expertise and someone with experience in writing a systematic review. Your team must possess, or have access to, the statistical skills required to extract, manipulate and interpret data from the included studies. Incorporating the perspectives of those affected by the intervention is highly recommended. Authors are responsible for ensuring the review will be updated in future.

## Contact person

This person will be responsible for contact with the Review Group on behalf of the author team. The contact person does not have to be an author themselves. Contact details for this person will be published with the completed protocol or review. For more details, see [Handbook section 4.2.3](http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/index.htm#chapter_4/4_2_3_contact_person.htm).