SYSTEMATIC REVIEWS

(4) PROSPERO Registration

https://www.crd.york.ac.uk/prospero/
"PROSPERO is an international systematic review registry that aims to promote transparency and open science, reduce reporting bias and help prevent unintended duplication and research waste."

It is best practice to prospectively register your review in the PROSPERO database and this has lots of advantages:

- It helps you think in advance through the review process, your research question and critically informs your protocol
- It's an official record of your research work
- It's an expected part of publishing your Systematic Review findings to provide the registration details
- It's free and very straightforward with lots of detailed information and guidance

Below is a fillable document with all the questions you will have to complete on the PROSPERO website. Use it with your team to work up what info to provide.

💡Key point: Register your review early – you cannot register with PROSPERO if your review has progressed beyond the data extraction phase.

*Accurate as of April 2026: PROSPERO is currently updating their website with the ability to register for different types of systematic review - for now all use the option of '**Intervention review**' when asked 'What type of review are you planning?' - but this might change in the future*

SECTIONS OF PROSPERO REGISTRATION FORM
xx indicates where you need to add information / select options

1. REVIEW TITLE AND BASIC DETAILS

1.1. REVIEW TITLE

Give the working title of the review, for example the one used for obtaining funding.
Acronyms may be included in titles, but should also be given in full unless they are regarded as more usual than the expansion (e.g. HIV).
The title must be in English. If the original title is in a different language the English version must be entered here. The non-English version can be given in the field labelled "Other information".
If the final title of the review differs, this can be displayed in the Publication of Final Report Field.
***Example:** Systematic review and meta-analysis of recurrence and survival following pre- versus post-operative radiation in localized, resectable soft-tissue sarcoma.*
Enter the review title* (max 30 words): xx

1.2. CONDITION OR DOMAIN BEING STUDIED

State the disease, condition or healthcare domain being studied.
Note that background/descriptive information about the condition may be provided in the Rationale section
***Example**: Diabetes Mellitus. Physical Activity Level.*

Enter tags that best describe the condition or domain being studied*: xx
Inclusion criteria may be specified either by PICO tags or by text. If you choose PICO tags you do not need to add additional text, but if it helps then please do so.
Re PICO tags: Adding labels to your record enhances discoverability and aids data sharing. PROSPERO also uses labels to help identify similar reviews.
Please choose as many PICO tags as you need to define the condition or domain being studied.

Use this section to say more about healthcare condition or domain if clarification is needed (optional) (max 200 words): xx

1.3. RATIONALE FOR THE REVIEW

Briefly, describe the rationale for the review explaining why it is being done and what it might add to existing knowledge.
This may include information about e.g. the health condition being studied, burden of disease and potential impact of an intervention.
If other reviews have addressed the same or a very similar research question explain why this review is needed.
For example, if previous reviews are out of date, methodologically flawed or better methods are now available; if multiple existing reviews have discordant results; or the current review was commissioned to inform a guideline or policy for a particular organisation.
Running the PROSPERO checking function to identify similar reviews registered in PROSPERO can help identify similar reviews but the rationale should not be restricted to reviews found in PROSPERO.
If this review is an update or replication of an existing review, state this and cite the previous review. If the review builds on a previous review e.g. if it adopts the same methods to carry out a review in a different populations, state this and cite the previous review

Briefly, describe the rationale for the review explaining why it is being done and what it might add to existing knowledge* (max 250 words): xx

1.4. REVIEW OBJECTIVES

Provide an explicit statement of the objective(s) or question(s) to be addressed. This should be stated clearly and precisely. Review questions may be specific or broad. Consider breaking very broad questions down into a series of more specific questions.
***Example**: How does pre-operative chemotherapy impact on survival of early stage non-small cell lung cancer compared to surgery alone?*

Enter review objectives or questions here* (max 200 words): xx

1.5. KEYWORDS

Give words or phrases that best describe the review. Be as specific and precise as possible. Avoid acronyms and abbreviations unless these are in wide use.
MeSH terms will be applied in a later section and do not need to be entered here
PICO terms do not need to be re-entered here.
***Example**: psoriasis; psoriatic arthritis; interleukin 17 inhibitors; secukinumab; ixekizumab;*

Please enter three or more keywords*: xx
(The counts at the end of the terms below show how many times that keyword has been used in PROSPERO. It is usually better to use a keyword that has a larger count.)

1.6. COUNTRY

Select the country in which the review is being carried out from the drop down list. For multi-national collaborations select all the countries involved.

The review will be undertaken in the following countries*: xx

2. ELIGIBILITY CRITERIA

2.1. POPULATION

Specify the participants or populations being studied in the review using inclusion and exclusion criteria as appropriate.
***For example**: Inclusion: Adults with schizophrenia (as diagnosed using any recognised diagnostic criteria). Exclusion: Adolescents (under 18 years of age) and elderly people (over 70). Using both inclusion and exclusions criteria is recommended where it provides clarification.*
***For example** a. Inclusion: people with heart failure Exclusion: people who also have other life limiting conditions b. Inclusion: People over 60 years of age Exclusion: Studies that include participants of all ages where data from participants over 60 years are not available separately.*
There is no need to mirror inclusion/exclusion criteria where the exclusion is obvious
For example, where Inclusion: children ≤ 16 years, it is not necessary to state that people > 16 years will be excluded

Enter the population inclusion criteria here* (max 200 words): xx

Enter the population exclusion criteria here* (max 200 words): xx

2.2. INTERVENTION(S) OR EXPOSURE(S)

Describe the interventions or exposures to be reviewed. The preferred format includes details of both inclusion and exclusion criteria (if appropriate)
Give full and clear descriptions or definitions of the nature of the interventions or the exposures to be reviewed. This is particularly important for reviews of complex interventions (interventions involving the interaction of several elements). If appropriate, an operational definition describing the content and delivery of the intervention should be given.
Ideally, an intervention should be reported in enough detail that others could reproduce it or assess its applicability to their own setting. The preferred format includes details of both inclusion and exclusion criteria.
For reviews of qualitative studies give details of the focus of the review.
***Examples** include tobacco crop substitution or diversification, removing subsidies on tobacco production, restricting trade in tobacco products, measures to prevent smuggling, measures to reduce illicit cross-border shopping, restricting advertising of tobacco products, restrictions on selling tobacco products to minors, mandatory health warning labels on tobacco products, increasing the price of tobacco products, restricting access to cigarette vending machines, restricting smoking in the workplace, and restricting smoking in public places. Such approaches could also form part of wider, multifaceted interventions in schools, workplaces or communities.*

Add intervention PICO tags here (either PICO tags or additional information are required): xx
(Options are given as you start typing)
Choose as many labels as you need to define the inclusion criteria for the intervention(s) or exposure(s) being studied.
***Examples**: radiotherapy, drug names, minimum pricing policy*
What are PICO labels? Adding labels to your record enhances discoverability and aids data sharing. PROSPERO also uses labels to help identify similar reviews.

Provide additional relevant information about intervention(s) or exposure(s) inclusion criteria (optional) (max 200 words): xx

Intervention(s) or exposure(s) exclusion criteria (optional) (max 200 words): xx

2.3. COMPARATOR(S) OR CONTROL(S)

Where relevant, give details of the alternatives against which the main intervention will be compared (e.g. another intervention, a placebo or usual care).

Does this review compare the intervention with another treatment or with a control? Select one

- This review does not have any comparator(s) or control(s)
- This review compares intervention(s) with a control or other intervention(s)
- This review includes both comparative and non-comparative studies

Add comparator PICO tags here (either PICO tags or additional information are required) (Options are given as you start typing): xx

Choose as many labels as you need to define the inclusion criteria for the comparator(s) or exposure(s) being studied.

***Examples**: Placebo, Usual Care*

What are PICO labels? Adding labels to your record enhances discoverability and aids data sharing. PROSPERO also uses labels to help identify similar reviews.

Provide additional relevant information about comparator(s) inclusion criteria (optional) (max 200 words): xx

Comparator(s) exclusion criteria (optional) (max 200 words): xx

2.4. STUDY DESIGN

Give details of the types of study (study designs) that will be included in the review. If there are no restrictions on the types of study, or certain study types will be excluded, this should be stated.
If different study designs will be included in different parts of the review, this should be made clear.
***Example**: The review of clinical effectiveness will include only RCTs. The review of patient experience will include focus group and interview studies.*

What kind of studies will be included? (* required) Select all that apply.

- Randomised studies
- Non-randomised studies

Enter the types of study that will be included here (optional) (max 200 words): xx

Enter the types of study that will be excluded here (optional) (max 150 words): xx

2.5. CONTEXT

Give summary details of the setting and other relevant characteristics which help define the inclusion or exclusion criteria. Include relevant details if these form part of the review's eligibility criteria but are not reported elsewhere in the PROSPERO record.
***Example**: Studies in hospital accident and emergency departments. Research in low- and middle-income countries only will be included.*

Enter the review context here (* required) (max 250 words): xx

3. SIMILAR REVIEWS

Check for similar records already in PROSPERO
PROSPERO requests that to avoid unintended duplication you check reviews identified as being similar to your own before you can proceed with registration.
Your review title and review question together with condition, intervention and comparator tags and keywords are used to identify similar systematic reviews already registered in PROSPERO (please note, this does not include not yet registered records).
Until registration is complete, each time this record is edited checks will be repeated (to identify any similar reviews registered in PROSPERO since your last session).
PROSPERO does not stop you from registering a similar review but does collect and display your reasons for proceeding. Please check the section preview to see how your decisions will be presented in the published PROSPERO registration

Check similar PROSPERO registrations? (* required) select one

- I do not want to check ANY similar records
- Show similar records *[This is the option to choose!]*

You will then get a list of similar reviews to click on and look at and decide if it is similar or not to your review

4. TIMELINE OF THE REVIEW

REVIEW TIMELINE

These fields may be edited at any time. All edits to published records will appear in the record audit trail.
Dates can be changed if the project schedule changes. Reason for changes will be collected and shown as part of the registration record.
Start date - The start date is any point after the review protocol is completed but before data extraction begins.
End date - A protocol can be considered complete when it is approved by a funder or the person commissioning the review; when peer review is complete; when the protocol is published or when the authors decide that it is complete and they do not anticipate any major revisions to the design of the systematic review.

Systematic reviews usually take several months to complete. If the entered end date is less than 28 days after the start date this will be flagged. When the end date is reached the PROSPERO record owner will receive an email asking them to update the registration record.

Start date: date the review will start (or started) (* required): xx
End date: date the review is expected to finish (* required): xx

5. AVAILABILITY OF FULL PROTOCOL

A PROSPERO registration record is NOT a protocol.
A PROSPERO record provides a short summary of the key aspects of a systematic review's design. Good quality systematic reviews will also produce a full protocol that is made available publicly.
Give the DOI if the protocol is published. Alternatively, an unpublished protocol can be uploaded to PROSPERO in PDF format. The protocol will be made available as part of your record.

Please select from the options below (* required)

- A full protocol has not been written
- A full protocol has been published and I have the DOI
- Upload a full protocol to PROSPERO in PDF format
- A full protocol has been written but is not available

[Depending on your selection you are then asked to provide DOI, pdf or further explanation]

6. SEARCHING AND SCREENING

6.1. SEARCH FOR UNPUBLISHED STUDIES

Please select from the options below (* required)

- We will search for published studies
- We will search for unpublished studies

6.2. MAIN BIBLIOGRAPHIC DATABASES THAT WILL BE SEARCHED

This is intended to cover only the main bibliographic databases and does not need to be an exhaustive list. A full list can be given in your uploaded search strategy or protocol.

Please select from the list below. (* required) Select all that apply.

- ASSIA - Applied Social Sciences Index & Abstracts
- CENTRAL - Cochrane Central Register of Controlled Trials
- CINAHL - Cumulative Index to Nursing and Allied Health Literature
- CLIB - The Cochrane Library

- Embase - Embase via Ovid
- Embase.com
- LILACS - Latin American and Caribbean Health Sciences Literature
- MEDLINE
- PsycInfo
- PubMed
- SCI - Science Citation Index
- Scopus
- SSCI - Social Science Citation Index
- Other important or specialist bibliographic databases

6.3. SEARCH LANGUAGE RESTRICTIONS

Please indicate whether you will restrict the language of publication of the studies you search for.

Will you restrict searching to specific languages? (* required) (select)

- No search language restrictions *[ideally choose this]*
- The review will only include studies published in specified languages *[if you choose this will need to specify languages]*

6.4. SEARCH DATE RESTRICTIONS

Give details of any date restrictions on searches.

Are there any search date restrictions? (* required) (select)

- There are no search date restrictions
- There are search date restrictions *[if choose this need to specify dates in next step]*

6.5. OTHER METHODS OF IDENTIFYING STUDIES

Please indicate the main sources other than bibliographic databases that will be searched.

Please select from the list below (optional) (Select all that apply)

- contacting authors or experts
- reference list checking
- searching conference proceedings
- searching dissertation and thesis databases
- searching trial or study registers
- looking through all the articles that cite the papers included in the review ("snowballing")

Other means of identifying studies (optional) (max 50 words): xx

6.6. LINK TO SEARCH STRATEGY

A search strategy may be deposited with CRD in PDF format and will be made available as part of your record.

Please select from the options below (* required)

- A search strategy is not available
- Upload your search strategy to PROSPERO in PDF format
- A full search strategy is available in the full protocol as described in the *Availability of full protocol* section

6.7. SELECTION PROCESS

Please select a method of screening (* required)

- Studies screened by one person (or machine) only
- Studies screened independently by at least 2 people (or person/machine combination) with a process to resolve differences *[this is gold standard]*
- Studies screened by one person (or a machine) and checked by at least one other person (or machine)
- Other screening method

6.8. OTHER RELEVANT INFORMATION ABOUT SEARCHING AND SCREENING

Describe any other relevant information about searching and screening here (optional) max 250 words): xx

7. DATA COLLECTION PROCESS

7.1 DATA EXTRACTION FROM PUBLISHED ARTICLES AND REPORTS

Extracting data from publications or reports (* required) (select)

- Data will not be extracted from publications or reports
- Data will be extracted by one person (or machine) only
- Data will be extracted independently by at least two people (or person/machine combination) with a process to resolve differences
- Data will be extracted by one person (or a machine) and checked by at least one other person (or machine)
- Other data extraction method

+/- follow-on questions:

Will study authors be contacted for further information? (select)

- No, authors will not be contacted
- Yes, authors will be asked to provide any required data not available in published reports

Obtaining study datasets/individual participant data (IPD) (select)

Individual Participant Data (IPD) reviews are a specific type of systematic review that involve the collection, checking and re-analysis of the original data for each participant in each study.
IPD relates to the raw information recorded for each participant in a research study, and can be represented by a dataset containing a separate row per participant and columns containing values for relevant participant-level variables, such as baseline characteristics, treatments received, and follow-up details including any outcome events. In contrast, aggregate data relates to information averaged or estimated across all participants in a study, and can be represented by a dataset containing a single row per study and columns containing aggregated study information such as the intervention effect, the total participants, the mean age, and the proportion male in each treatment group. IPD reviews usually rely on establishing partnerships with study investigators who, in addition to providing IPD, may play an active role throughout the process. Clinical study data repositories and sharing platforms offering another source of obtaining IPD.

- No - IPD will not be sought
- Yes - study datasets/IPD will be obtained from study investigators or via a data repository

7.2. STUDY RISK OF BIAS OR QUALITY ASSESSMENT

Will risk of bias be assessed? (* required) (select)

- Risk of bias/study quality will be assessed *[the usual answer if this is a Systematic review]*
- Risk of bias/study quality will not be assessed *[this is more for scoping reviews]*

What tool(s) will you use to evaluate risk of bias or study quality? (* required) (select)

The LATITUDES website is an excellent source of information on validity assessment tools that can be used to assess risk of bias of studies included in evidence syntheses. It provides information on the study design targeted by each tool, links to the websites and papers associated with individual tools and to training materials on study design and on validity assessment.
The PROSPERO picklist includes the tools that LATITUDES, lists as being key tools plus a small number of others that are in widespread use. The list will be kept under review with new tools added as appropriate.

- AMSTAR-2
- Cochrane RoB-1
- Cochrane RoB-2
- Downs and Black
- Newcastle-Ottawa
- PROBAST
- QUADAS
- QUADAS-2

- QUADAS-C
- QUADPAS
- ROBINS-E
- ROBINS-I
- ROBIS
- Other

How many people will assess risk of bias or study quality? (* required) (select)

- Studies will be assessed independently by at least two people (or person/machine combination) with a process to resolve differences
- Studies will be assessed by one person (or a machine) and checked by at least one other person (or machine)
- Studies will be assessed by one person (or machine) only

Will additional information be sought if required information is unclear or unavailable in the study publications/reports? (* required) (select)

- Yes, additional information will be sought from study investigators
- No, additional information will not be sought from study investigators

7.3. REPORTING BIAS ASSESSMENT

If the study results that are available and can be included in analyses differ systematically from those that are not available/are missing this can introduce bias.
The validity of a synthesis may be threatened when the available results differ systematically from the missing results. This is known as "bias due to missing results" and arises from "reporting biases" such as selective non-publication and selective non-reporting of results.
Direct methods for assessing the risk of bias due to missing results include comparing outcomes and analyses pre-specified in study registers, protocols, and statistical analysis plans with results that were available in study reports.
Statistical and graphical methods exist to assess whether the observed data suggest potential for missing results (such as contour enhanced funnel plots, Egger's test) and how robust the synthesis is to different assumptions about the nature of potentially missing results (such as selection models). PRISMA 2020 explanation and elaboration.

Will risk of bias due to missing results be assessed? (* required) (select)

- No - risk of bias due to missing results will **not** be assessed
- Yes - risk of bias due to missing results will be assessed

7.4. CERTAINTY ASSESSMENT

Good quality systematic reviews often use some criteria to decide how certain (or confident) they are in the body of evidence for important review outcomes.
Systematic reviews often use some criteria to decide how certain (or confident) they are in the body of evidence for each important outcome. Common factors considered include precision of the effect estimate (or sample size), consistency of findings across studies, study design limitations and missing results (risk of bias), and how directly the studies address the question. Tools and frameworks can be used to provide a systematic, explicit approach to assessing these factors and provide a common approach and terminology for communicating certainty. For example, using the GRADE approach, the research team will first apply criteria to assess each GRADE domain (imprecision,

inconsistency, risk of bias, and so forth) and then make an overall judgment of whether the evidence supporting a result is of high, moderate, low, or very low certainty. PRISMA 2020 explanation and elaboration.

Will certainty of findings be assessed? (* required) (select)

- No - certainty of findings will **not** be assessed
- Yes - certainty of findings will be assessed

8. OUTCOMES TO BE ANALYSED

8.1 MAIN OUTCOMES

List the main outcomes for which data will be sought here. This should include, where relevant, the outcome definition, acceptable measurement instruments, the time point(s) at which measured. The effect measure to be used in synthesis should also be listed here. Elements to be included in outcome description where relevant include:
Outcome (e.g. quality of life)
Details/definition (e.g. change in quality of life score from baseline)
Timing(s) of measurement(s) (e.g. at 6 months from baseline and end of study)
Measurement (e.g. any validated HRQoL instrument)
Effect measure to be used in synthesis (e.g. standardised mean difference)
*This **example** could be written as: Quality of life: change in quality of life score from baseline measured by any validated HRQoL instrument at 6-months after study entry and at end of study. Data for this outcome will be synthesised using standardised mean difference.*

Enter main outcomes here (* required) (max 250 words): xx

8.2. ADDITIONAL OUTCOMES

List the additional outcomes for which data will be sought here.
This should include, where relevant, the outcome definition, acceptable measurement instruments, the time point(s) at which measured. The effect measure to be used in synthesis should also be listed here.

Enter additional outcomes here (optional) (max 300 words): xx
These should be described in the same way as the main outcomes.

9. PLANNED DATA SYNTHESIS

9.1. STRATEGY FOR DATA SYNTHESIS

Information on how to report methods of synthesis can be found in the PRISMA statement and relevant extensions with more detail provided in the relevant explanation and elaboration documents http://www.prisma-statement.org/
Description should include but not be limited to:

- *Methods to be used to combine data including meta-analysis model (e.g. fixed-effect or random-effects) and methods (e.g. Mantel-Haenszel, inverse variance, DerSimonian-Laird)*
- *How missing data will be handled*
- *Methods to be used to identify or quantify statistical heterogeneity (e.g. visual inspection of results, formal statistical test for heterogeneity, heterogeneity variance (τ2), inconsistency (such as I2), prediction intervals)*
- *Any planned investigation of different subgroups of studies (where each study is included in one subgroup only) or participants (where data on subsets of participants within a study are available, allowing the study to be included in more than one subgroup) with the rationale for these investigations. Give details of which factors are to be explored and levels of those factors (e.g. studies at high risk of bias versus studies at low risk of bias) (e.g. people with stage II, stage III, stage IV cancer) and methods to be used (e.g. subgroup meta-analysis, meta-regression)*
- *Any planned sensitivity analyses to assess robustness of the synthesized results*

Further information on methods of synthesis can be found in the Cochrane handbook Chapter 12 https://training.cochrane.org/handbook/current/chapter-12

Is formal data synthesis planned? (* required) (select)

- No formal data synthesis of is planned - data will be described but not combined. [this is more akin to scoping reviews]
- Formal synthesis is planned. *[and follow-up Q below]*

How will data be combined? (* required) (max 500 words): xx

10. CURRENT REVIEW STAGE

10.1. STAGE OF THE REVIEW AT THIS SUBMISSION

This information must be updated/confirmed as accurate each time you submit an amendment or update to this record until you mark it as completed.

Current stage of the review (* required) (select for each)

Indicate the stage of the review below. Please note, initial PROSPERO registrations are not allowed when the review has progressed beyond the data extraction stage.

Pilot work (pilot searching, testing forms etc.)

- Not started
- Started
- Completed

Formal searching/study identification

- Not started
- Started
- Completed

Screening search results against inclusion criteria

- Not started

- Started
- Completed

Data extraction or receipt of IPD

- Not started
- Started
- Completed

Risk of bias/quality assessment

- Not started
- Started
- Completed

Data synthesis

- Not started
- Started
- Completed

Current review status (* required))(select)

- The review is planned or ongoing
- The review is completed
- The review has been discontinued

10.2. PUBLICATION OF REVIEW RESULTS

Is publication of results planned? (* required) (select)

- We do not plan on publishing the results of this review
- We plan to publish the results of this review

11. REVIEW AFFILIATION, FUNDING AND PEER REVIEW

11.1. REVIEW TEAM MEMBERS

List the review team members. All reviews must have at least two team members. All named team members will be required to confirm the record content before publication of the PROSPERO record. List the main members of the review team. This must include a senior member of the team who will serve as guarantor for the submission. Usually a small number of additional people will also be included and each will appear alongside the review title as PROSPERO record 'authors'. These will usually be the people who have been actively involved in preparing the review protocol and registration record. Team members will receive an email from the PROSPERO system requiring them to approve their participation and review content.
The record owner is responsible for ensuring that all team members complete this task (this is managed from the owner's user account). The record owner does not have to part of the review team, but may be.

If contact details or information about potential conflicts of interest is incorrect for any team member (or if they would like any other amendments to the record) they should ask the record owner to do this on their behalf. Only the record owner is able to edit the registration record.
Each team member is responsible for the accuracy of their own personal information and potential conflicts or perceived conflicts of interest related to this review.
Additional members and collaborators may be listed under additional information at the end of this record.

Review team members (* required):
There must be at least two core team members and one must be a guarantor. There must also be a review contact (who can be the same person) entered in the Named Contact section. You may not remove a member from the team if they are the review guarantor. Allocate that role to another team member first.
You must only include team members who have agreed to being included and must not add any names without the person's consent.
Title, full name, email, institution/organisation, ORCID, country xx
Conflict of interest statement xx
Team role: (select)
All core team members will appear on the published registration as authors of the record. Indicate here whether this team member who should not appear as an author. That might be someone giving administrative support or someone who is acting as the named contact for the registration but not actively working on the review.

- The person is part of the core team and should appear in the team list and citation
- The person is not part of the core team and should not appear in the team list or citation

Review guarantor gets specified in this section
Named contact gets specified in this section

11.2. REVIEW AFFILIATION

State the main organisational affiliation or sponsor for this review.
This can be an organisation (e.g. Campbell) or a host institution (e.g. University of York)

Enter your organisational affiliation here (* required) (max 20 words): xx

11.3. FUNDING SOURCE

Please select from the options below (* required): (select)

- Review has no specific/external funding but is supported by guarantor/review team (non-commercial) institutions
- Review has no funding and no agreed support from an academic institution and is done in authors' own time
- Review is fully or partially funded

Additional details about funding (optional) (max 50 words): xx

11. 4. PEER REVIEW

Has your full review protocol and/or funding application been peer reviewed?

Peer review is a process where one persons scholarly work, research or ideas is scrutinised by others who are experts in the same field. Peer review is intended to improve the quality of research outputs and is used by many journals and research funders.
E.g. If your systematic review is funded by award of a research grant, you will likely have received peer review comment as part of that process.
E.g. If your review is being done within a formal organisational structure e.g. Cochrane or Campbell, peer review is part of the review production process

Peer reviewing (* required) (select)

- Not peer reviewed
- Peer reviewed

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12. ADDITIONAL INFORMATION