This document guides the knowledge synthesis lead or the expert systematic reviewer on how to complete the PROSPERO registration form ensuring consistency across all PICOSTs.

PROSPERO International prospective register of ILCOR systematic reviews

Review title and timescale

1 Review title

Give the working title of the review. This must be in English. Ideally it should state succinctly the interventions or exposures being reviewed and the associated health or social problem being addressed in the review.

Insert directly from CEE approved PICOST

2 Original language title

For reviews in languages other than English, this field should be used to enter the title in the language of the review. This will be displayed together with the English language title.

n/a

3 Anticipated or actual start date

Give the date when the systematic review commenced, or is expected to commence.

Insert date of TF chair and ILCOR acknowledgment which is time zero on the spreadsheet

4 Anticipated completion date

Give the date by which the review is expected to be completed.

Insert date based on spreadsheet calculation

5 Stage of review at time of this submission

Indicate the stage of progress of the review by ticking the relevant boxes. Reviews that have progressed beyond the point of completing data extraction at the time of initial registration are not eligible for inclusion in PROSPERO. This field should be updated when any amendments are made to a published record.

Review stage	Started	Completed
Preliminary searches		x
Piloting of the study selection process		x
Formal screening of search results against eligibility criteria		x
Data extraction		
Risk of bias (quality) assessment		
Data analysis		

Provide any other relevant information about the stage of the review here.

Review team details

6 Named contact

The named contact acts as the guarantor for the accuracy of the information presented in the register record.

Name of ESR or KSU lead

7 Named contact email

Enter the electronic mail address of the named contact.

Email for contact identified in 6

8 Named contact address

Enter the full postal address for the named contact.

Address for contact identified in 6

9 Named contact phone number

Enter the telephone number for the named contact, including international dialing code.

Telephone number for contact identified in 6

10 Organisational affiliation of the review

Full title of the organisational affiliations for this review, and website address if available. This field may be completed as 'None' if the review is not affiliated to any organisation.

International Liaison Committee on Resuscitation

Website: http://www.ilcor.org

11 Review team members and their organisational affiliations

Give the title, first name and last name of all members of the team working directly on the review. Give the organisational affiliations of each member of the review team.

Title	First name	Last name	Affiliation
ESR or KSU lead			
SR mentee (applicable to SRs completed by ESR only)			
Content expert (will be at least 2)			
Content expert			
Domain lead (if elected to be part of the writing group)			
CEE representative (if elected to be part of the writing group)			
IS SMH (if elected to be a part of the writing group)			

12 Funding sources/sponsors

Give details of the individuals, organizations, groups or other legal entities who take responsibility for initiating, managing, sponsoring and/or financing the review. Any unique identification numbers assigned to the review by the individuals or bodies listed should be included.

This Systematic Review was funded by the American Heart Association, on behalf of The International Liaison Committee on Resuscitation (ILCOR) for manuscript submission to the editor. The following authors received payment from this funding source to complete this systematic review:
XXX as Expert Systematic Reviewer or Knowledge Synthesis Unit Lead
XXX as Information Services, St Michael's Hospital
XXX as etc etc etc

13 Conflicts of interest

List any conditions that could lead to actual or perceived undue influence on judgements concerning the main topic investigated in the review.

Are there any actual or potential conflicts of interest?

Confirm by email from all authors and insert

14 Collaborators

Give the name, affiliation and role of any individuals or organisations who are working on the review but who are not listed as review team members.

Title	First name	Last name	Affiliation
ILCOR TF(s)			
Information Specialist (if they chose not to be an author)			
Domain Lead (if they chose not to be an author)			
CEE representative (if they chose not to be an author)			
Local ESR staff			
Local KSU staff			

Review methods

15 Review question(s)

State the question(s) to be addressed / review objectives. Please complete a separate box for each question.

Insert from CEE approved PICOST

16 Searches

Give details of the sources to be searched, and any restrictions (e.g. language or publication period). The full search strategy is not required, but may be supplied as a link or attachment.

Search strings were developed for the following databases, and databases were searched from their inception date until Month day year: Medline (OVID interface), Embase (OVID interface), Cochrane Central Register of Controlled Trials,

The search is not provided as a link or an attachment.

17 URL to search strategy

If you have one, give the link to your search strategy here. Alternatively you can e-mail this to PROSPERO and we will store and link to it.

I give permission for this file to be made publicly available

no

18 Condition or domain being studied

Give a short description of the disease, condition or healthcare domain being studied. This could include health and wellbeing outcomes.

Insert from CEE approved PICOST

19 Participants/population

Give summary criteria for the participants or populations being studied by the review. The preferred format includes details of both inclusion and exclusion criteria.

Inclusion and Exclusion criteria
Insert from CEE approved PICOST

20 Intervention(s), exposure(s)

Give full and clear descriptions of the nature of the interventions or the exposures to be reviewed

Included from CEE approved PICOST:

May add Excluded from CEE approved PICOST if considered relevant

21 Comparator(s)/control

Where relevant, give details of the alternatives against which the main subject/topic of the review will be compared (e.g. another intervention or a non-exposed control group).

Insert from CEE approved PICOST

22 Types of study to be included

Give details of the study designs to be included in the review. If there are no restrictions on the types of study design eligible for inclusion, this should be stated.

Included:

- Randomized controlled trials (RCTs)
- Non-randomized studies: non-randomized controlled trials, interrupted time series, controlled before-and-after studies, and cohort studies are eligible for inclusion.
- Add if it applies: It was anticipated in advance of the search that there would be insufficient studies from which to draw a conclusion, and case series of at least XX or more cases were included.(as per PICOST)
- All languages as long as there was an English abstract

Excluded:

- Unpublished studies (e.g., conference abstracts, trial protocols)*
- Animal studies

*please note that the search for unpublished trials was limited to a comprehensive search of three clinical trial registries for unpublished completed trials.

1. International Clinical Trials Registry Platform (www.who.int/ictrp/en/)
2. US clinical trials registry (www.clinicaltrials.gov)
3. Cochrane CENTRAL (http://www.cochranelibrary.com/about/central-landing-page.html)

23 Context

Give summary details of the setting and other relevant characteristics which help define the inclusion or exclusion criteria.

Abstract from PICOST and discussions with the ILCOR priority group - Example: We will include any intervention that can be provided to a person with presyncope symptoms by a first aid provider.

24 Primary outcome(s)

Give the most important outcomes.

Primary outcome: Insert from CEE approved PICOST
*Please note: The outcomes listed in the initial PICOST are not finalized until the literature search is completed and the identified outcomes are compared with the task force suggested outcomes and discussed, then prioritized. For this reason,

the outcomes listed in PROSPERO may not exactly match the original 'suggested' outcomes in the approved PICOST, but they should reflect what was decided in ILCOR priority team and Task Force meetings after identifying what outcomes have been studied.

Give information on timing and effect measures, as appropriate.

Insert from CEE approved PICOST

25 Secondary outcomes

List any additional outcomes that will be addressed. If there are no secondary outcomes enter None.

Insert from CEE approved PICOST
**Please note: The outcomes listed in the initial PICOST are not finalized until the literature search is completed and the identified outcomes are compared with the task force suggested outcomes and discussed, then prioritized. For this reason, the outcomes listed in PROSPERO may not exactly match the original 'suggested' outcomes in the approved PICOST, but they should reflect what was decided in ILCOR priority team and Task Force meetings after identifying what outcomes have been studied.

Give information on timing and effect measures, as appropriate.

Insert from CEE approved PICOST

26 Data extraction (selection and coding)

Give the procedure for selecting studies for the review and extracting data, including the number of researchers involved and how discrepancies will be resolved. List the data to be extracted.

Standardized response

Studies will be selected by two authors independently by screening titles and abstracts in (insert name; i.e. Covidence systematic review management program. The selected studies will be subject to full text screening by applying the selection criteria. Reasons for exclusion will be documented in the program. Reference lists of the included studies will be hand screened for potential studies. Any discrepancies between authors will be adjudicated by a third author.

Two authors will independently extract the following data: study design, study population, outcome measures. Where possible, missing values (e.g. standard deviation) will be calculated from the available data (p-values, t-values, confidence intervals or standard errors). Study authors may be contacted to obtain important missing data.

27 Risk of bias (quality) assessment

State whether and how risk of bias will be assessed, how the quality of individual studies will be assessed, and whether and how this will influence the planned synthesis.

Standardized response
The GRADE approach will be used to determine the certainty in evidence for each outcome deemed critical or important. GRADE assesses the limitations in study design, indirectness, imprecision, inconsistency and publication bias. If possible, funnel plots will be generated to judge publication bias. For experimental studies the limitations in study design of the individual studies will be determined by checking if there is lack of allocation concealment, lack of blinding, incomplete accounting of outcome events, selective outcome reporting and/or other limitations. The relevant risk of bias instrument (insert name i.e. Cochrane risk of bias tool for RCTs, QUADAS II for studies diagnostic tests) will be used.

28 Strategy for data synthesis

Give the planned general approach to be used, for example whether the data to be used will be aggregate or at the level of individual participants, and whether a quantitative or narrative (descriptive) synthesis is planned. Where appropriate a brief outline of analytic approach should be given.

Standardized response
We will use (insert choice i.e. Review Manager 5) for data analysis, data synthesis and creating forest plots. We will report continuous outcomes as standardized mean differences (SMD) with 95% CIs using different scales. Dichotomous outcomes will be reported as Risk Ratios (RR) with 95% CIs. This may require specification by the ESR or KSU lead based on the findings and the question.

Heterogeneity will be assessed by visual inspection of the forest plot, by using the Chi^2-test (significant if $p < 0.10$) and the I^2 statistic (heterogeneity considered significant if $I^2 > 60\%$). In case of heterogeneity, meta-analysis might not be carried out. If two or more studies of similar design on the same intervention and assessing the same outcome and sufficient data are available, meta-analyses will be performed. Since we anticipate variation between studies, meta-analysis will be carried out using the random effects model. The Mantel-Haenszel method will be used for dichotomous outcomes and the Inverse Variance method will be used for continuous outcomes. A p-value < 0.05 will be considered significant. This may require specification by the ESR or KSU lead based on the findings and the question.

29 Analysis of subgroups or subsets

Give any planned exploration of subgroups or subsets within the review. 'None planned' is a valid response if no subgroup

analyses are planned.

Standardized response
The following subgroup analyses could be performed, if sufficient data is available:

- patient gender
- patient age group
- patient race/ethnic background
- likely cause/etiology (presumed or confirmed) – e.g., vasovagal, orthostatic, etc

This may require specification by the ESR or KSU lead based on the findings and the question.

Review general information

30 Type and method of review

Select the type of review and the review method from the drop down list.

Systematic Review and Meta-analysis (if done)

31 Language

Select the language(s) in which the review is being written and will be made available, from the drop down list. Use the control key to select more than one language.

English

Will a summary/abstract be made available in English?

Yes

32 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. Use the control key to select more than one country.

Insert all that apply to the ILCOR priority team conducting the SR

33 Other registration details

Give the name of any organisation where the systematic review title or protocol is registered together with any unique identification number assigned. If extracted data will be stored and made available through a repository such as the Systematic Review Data Repository (SRDR), details and a link should be included here.

Insert www.ilcor.org will be a central repository for the consensus on science and treatment recommendations that are derived from this systematic review. The website will link to the journal of publication for the systematic review.

34 Reference and/or URL for published protocol

Give the citation for the published protocol, if there is one.
Give the link to the published protocol, if there is one. This may be to an external site or to a protocol deposited with CRD in pdf format.

N/A

I give permission for this file to be made publicly available

No

35 Dissemination plans

Give brief details of plans for communicating essential messages from the review to the appropriate audiences.

The results of the systematic review will be discussed within the ILCOR insert TF(s), in order to formulate evidence-based recommendations. The subsequent ILCOR Consensus on Science and Treatment Recommendations (COSTR) will be posted on the ILCOR.org website and summarized annually in a publication in both Circulation and Resuscitation. The information will also help to inform publications of regional Resuscitation Council guidelines.

We also plan to submit the systematic review for publication in a peer-reviewed journal in advance of publication of the COSTR. We will request that, if accepted for publication, that the journal will provide the article as open-access to the public.

Do you intend to publish the review on completion?

Yes

36 Keywords

Give words or phrases that best describe the review. (One word per box, create a new box for each term)

- insert best choices

37 Details of any existing review of the same topic by the same authors

Give details of earlier versions of the systematic review if an update of an existing review is being registered, including full bibliographic reference if possible.

Most likely N/A as only a few of the ILCOR PICOs in the past were registered with prospero

38 Current review status

Review status should be updated when the review is completed and when it is published.

On-going

39 Any additional information

Provide any further information the review team consider relevant to the registration of the review.
As required

40 Details of final report/publication(s)

This field should be left empty until details of the completed review are available.

Give the full citation for the final report or publication of the systematic review.
Give the URL of the publication where available.