** This template is designed to help guide the preparation of a research question by population intervention comparator outcome study design and timeline (PICOST) to guide an evidence update and a systematic or a scoping review pertaining to an intervention. This is the most important step in the design of a systematic (SR) or a scoping review (ScR). This template is used for SRs completed by Task Force members or Expert Systematic Reviewer or Knowledge Synthesis Unit. This template is also used for Scoping Reviews and Evidence Updates completed by Task Force members.

**Task Force based Evidence Update or Systematic or Scoping Review**: The PICOST is to be prepared by the Task Force review team lead with the oversight of the Task Force Scientific Advisory Committee (SAC) representative(s), approved by the Task Force and then forwarded to SAC chair for acknowledgement. This acknowledgement determines the **time zero or start of the SR workflow for the Task Force SR.** The timeline for Evidence Updates is determined by the Task force. Please note that not all sections of the PICOST apply to every type of review.

**ESR or KSU Systematic Review**: The PICOST is prepared by the task force, approved by the Scientific Advisory Committee (SAC) rep on the Task Force prior to SAC chair approval. Post SAC chair approval the PICOST may be edited by the ESR or the KSU lead and returned to the SAC chair for re-approval. This final approval determines the **time zero or start of the SR workflow for the ESR or KSU**

The Task Force SAC representative is the key liaison between SAC and the Taskforce.

Please highlight the options below that are applicable:

* ESR Systematic Review
* KSU Systematic Review
* TF Systematic Review
* TF Scoping Review
* TF Evidence Update
* Need IS assistance with search strategy
* Team will use their own IS

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| PICOST Short Title *(edit)* | **PICOST for (insert short name of PICOST i.e. Adult Vasopressor Dose and Timing PICOST** |

1. **Research Question based on PICOST
(Population, Intervention, Control, Outcomes, Study design and Timeframe)**

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| **PICOST** | **Description** *(with recommended text)* |
| **Population** | Adults and children in any setting (in-hospital or out-of-hospital) with (cardiac arrest) and …….. |
| **Intervention** |  |
| **Comparison** |  |
| **Outcomes** | Any clinical outcome. *(preset text)* |
| **Study Design** | **Evidence Updates and Systematic Reviews**Randomized controlled trials (RCTs) and non-randomized studies (non-randomized controlled trials, interrupted time series, controlled before-and-after studies, cohort studies) are eligible for inclusion. Unpublished studies (e.g., conference abstracts, trial protocols) are excluded. All relevant publications in any language are included as long as there is an English abstract*(preset text)* **Systematic Reviews and Scoping Reviews***If it is anticipated that there will be insufficient studies from which to draw a conclusion, case series may be included in the initial search. The minimum number of cases for a case series to be included can be set by the lead author after discussion with the priority team or task force.* All relevant publications in any language are included as long as there is an English abstract***Evidence Updates only****Systematic Reviews and guideline publications and large case series n>20 are eligible for inclusion.* ***Scoping Reviews only****Randomized controlled trials (RCTs) and non-randomized studies (non-randomized controlled trials, interrupted time series, controlled before-and-after studies, cohort studies) are eligible for inclusion.  Grey literature and social media and non-peer reviewed studies, unpublished studies, conference abstracts and trial protocols are eligible for inclusion.*  |
| **Timeframe** |  ***Default is a***ll years *(preset text)* |

1. **Review Team**
* **This PICOST will involve only one Task Force**

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| **Role** | **Name** | **Notes** |
| \*Lead Task Force Content Experts (1/2):  | TF assigned | (preferably TF members\*) |
| \*Lead Task Force Content Experts (2/2):  | TF assigned | (preferably TF members\*) |
| \*Lead Task Force Content Expert Mentee (1) | TF assigned | (**ESR assigned PICOST only**, preferably TF members\*) |
| \*TF reviewer as the lead | TF assigned | (preferably TF members\*) |
| ^KSU or ESR | SAC assigned | (assigned by SAC) |
| ^ESR Mentee (1) | SAC assigned | (assigned by SAC from roster for **ESR assigned PICOST only**) |
| ^SAC representative (1) | SAC or TF assigned | (assigned by SAC) |

**Nodal TF PICOST**

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| **Role** | **Name** | **Notes** |
| \*Lead Task Force Content Experts (1/2): | TF assigned | (preferably TF members\*) |
| \*Lead Task Force Content Experts (2/2):  | TF assigned | (preferably TF members\*) |
| \*Lead Task Force Content Expert Mentee (1) | TF assigned | (**ESR assigned PICOST only**, preferably TF members\*) |
| \*Nodal TF Content Expert(s) | TF assigned | (when more than one TF involved, 1 per nodal TF): (preferably TF members\*) |
| \*TF Reviewer as the lead | TF assigned | (preferably TF members\*) |
| ^KSU or ESR (1) | SAC assigned | (assigned by SAC) |
| ^ESR Mentee (1) | SAC assigned | (assigned by SAC from roster for **ESR assigned PICOST only**) |
| ^SAC representative (1) | SAC or TF assigned\* | (assigned by TF chair for TF review)(assigned by SAC for ESR or KSU) |

**Back up Content Experts (Optional)**

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| **Role** | **Name** | **Notes** |
| \*Back up PICOST content expert | Optional | (preferably TF members\*) |
| \*Back up content expert (Nodal TF) | Optional | (preferably TF members\*) |

Back Up Content Expert recommended for Lead and Nodal task forces but not mandated

Back up Content Experts (1 per TF): (content experts who step in if a content expert becomes unable to complete the work. They are not on the team, nor eligible for authorship unless they are asked by TF chair to step into the role)

**\*All review team members (including non-TF members) are expected to have completed the ILCOR COI documentation.**

**TF chair or delegate will confirm COI through topic specific disclosures prior to assignment.**

**ILCOR COI Policy and the COI Committee are resources to address any questions.**

* **TF Chair attestation: I have checked for fiscal and intellectual conflict of interests and found none**

**OR**

* **I have checked for fiscal and intellectual conflict of interests; Author XXX (eg-has published study on Y and is excluded from study selection and bias assessment and xxxxxxxx**

**^ SAC chair or delegate will confirm COI for SAC assigned roles through up to date disclosures prior to accepting assignment.**

1. **Pre-existing PICOs Related to scope of work for this PICOST:**

*Insert all PICOs as worded on the master document and include PICOST number*

*Please add the categorization and prioritization ranking by lead TF and nodal TF of the PICOs listed above*

*(note: This information is available in the file: ILCOR PICO List on ilcor.org).*

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1. **Definitions:** *(This should include definitions of all the relevant terms identified in the PICOST and in the body of literature related to this topic identified during task force discussion)*

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1. **Background and Rationale for this PICOST: This section feeds directly into the introduction of the manuscript or speaks to the importance of the scope of work (Evidence Update)** *(Why is this review important to complete now and what are the potential clinical implications of completing this review? Include how this new science is anticipated to impact on the existing ILCOR recommendations. References required as per ILCOR format embedded in text (last name first author, year of publication, first page number and list full references at bottom of form).*

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1. **Notes:** *(the nuances and subtleties of the task force discussion; it is important to include anything that doesn’t fit in any other PICOST section but the task force feels this information is contributory to the question)* If it is anticipated by CEs and task force that there will be insufficient direct evidence, and indirect evidence will be used to answer the question the CE or Taskforce needs to document clearly what they mean by indirect and confirm indirect evidence exists.

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1. **Task Force Suggested Outcomes:** *(These may be updated/modified after the Systematic Review search is performed and the total number of* ***critical or important******outcomes should be no more than 7****. This does not apply to Scoping Reviews which by definition map the evidence and reported outcomes. For both consistency in messaging and in approach, it is recommended to report on survival (and morbidity-free survival) preferentially over death (and death and/or disability), where the data in the literature allows this approach.*

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1. **Key recent studies:** (*sentinel papers that are appropriate to answer this PICO***.** *Please insert full references)*

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1. **Recent systematic reviews:** *(directly or indirectly addressing this PICOST. Please insert full references)*

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1. **Review for ongoing clinical trials or unpublished work** *(Use recommend links below)***:**
2. International Clinical Trials Registry Platform ([www.who.int/ictrp/en/](http://www.who.int/ictrp/en/))
3. US clinical trials registry ([www.clinicaltrials.gov](http://www.clinicaltrials.gov))
4. Cochrane CENTRAL (<http://www.cochranelibrary.com/about/central-landing-page.html>)

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| *Please insert ongoing clinical trials or completed trials that are unpublished as identified by the TF members through personal and through web sources.*  |

1. **List *A priori* Subgroup analyses: (*applies to systematic reviews only*** *and defined a priori based on expert opinion. Note: number of comparator tables in systematic review = no. of outcomes x no. of comparison x no. of subgroup, consider focusing* ***absolute essential subgroups only****.* *If paediatrics or neonatal TF are involved a neonatal and/or a paediatrics specific subgroup analysis is required*).

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1. **Is there an existing detailed prior search strategy developed by an Information Specialist?**

Yes ☐ or No ☐

If yes, what year and give reference to the published search strategy or if not published attach the prior search strategy to this PICOST

1. **If no prior search, suggested specific search terms/keywords**

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| Note: it is expected that no language restrictions will be applied as articles may be included if English abstract is provided. |

1. **Anticipated Workload** *(required to guide volume of work estimate for ESR/KSU allocation only):*

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| Approximate number of abstracts to screen based on published SRs or prior ILCOR work | **N=** |
| Approximate number of full manuscripts to review based on published SRs or prior ILCOR work | **N=**  |

1. **Target Peer Reviewed Journals for Publication** *(Required for ESR/KSU allocation only. This is optional for Task Force SRs and Scoping Reviews and not applicable to Evidence Updates*.)

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| 1. First choice journal
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| 1. Second choice
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| 1. Third choice
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1. **References** (list references cited by author, year, first page in the Background and Rational )

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1. **Confirmation of approval steps** (completed by SAC)

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| **Steps** | **Insert Date (day/month/year)** |
| **Submission to SAC chair** | Completed by SAC |
| **Approved by SAC (KSU or ESR)** | Completed by SAC |
| **Acknowledged by SAC chair (TF Systematic or Scoping Review and Evidence Update)** | Completed by SAC |