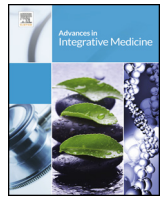




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Rapid Peer Reviewer Checklist for Rapid Reviews – RAPeer

Jennifer Hunter

NICM Health Research Institute, Western Sydney University, Penrith, New South Wales, Australia



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ABSTRACT

A draft rapid peer reviewer checklist for rapid reviews (RAPeer) was developed for the journal *Advances in Integrative Medicine* (AIMED) to assist peer reviewers with making a rapid assessment of the manuscripts submitted for the special edition of World Naturopathic Federation COVID-19 Rapid Reviews of Naturopathic Medicine. The background and rationale for the draft checklist is presented, along with a brief set of instructions and a copy of RAPeer (DRAFT). Feedback from AIMED reviewers will help determine its utility and inform any future development.

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The following draft checklist, RAPeer, has been developed for the journal *Advances in Integrative Medicine* (AIMED) to assist peer reviewers with making a rapid assessment of manuscripts submitted for the special edition of World Naturopathic Federation COVID-19 Rapid Reviews of Naturopathic Medicine.

In response to the COVID-19 pandemic, various types and standards of evidence reviews are being published, some without peer review, which in part reflects the need to rapidly disseminate information [1].

Rapid reviews (RRs), sometimes called restricted reviews, aim to minimise bias and optimise transparency within the given constraints. Restrictions can be applied to the scope of the review question, methods (e.g. inclusion criteria, search strategy, screening, analysis or synthesis) and reporting of results.

Substantive guidance on the conduct of RRs is readily available [2]. The Cochrane Rapid Review Resources set a high standard [3], however, this still may not be appropriate or achievable when there are very tight timelines or limited resources. Members of the Oxford Centre for Evidence Based Medicine (CEBM) have proposed a more flexible framework outlining the core steps, minimum requirements and additional steps that can be taken at each stage to minimise bias, when time and resources allow [4].

The RAPeer (DRAFT) is a 15-item checklist that combines a recently piloted 9-item reporting checklist developed by Hunter et al. [1]. It reflects the minimum RR requirements recommended by CEBM [4] and incorporates the first 5 items on the CASP Checklist for Systematic Reviews [5]. Slight modifications have

been made to the CASP wording and prompts to make them fit-for-purpose. The final question in RAPeer (DRAFT) asks the peer reviewer to confirm that the evidence statements/recommendations are supported by the methods and results.

The reporting checklist differentiates between ideal and minimum reporting standards. Authors are encouraged to undertake their review to the highest standards possible within their time and resource constraints.

To be eligible for publication, it is suggested that the minimum reporting requirements (MMR) are met. The disclaimer at the end of each RR will note that it has been rapidly peer reviewed, the number of peer reviewers and their scores out of 30.

Feedback from AIMED reviewers will help determine the utility and inform any future development of the RAPeer (DRAFT) checklist.

AIMED Rapid Peer Reviewer Checklist for Rapid Reviews – RAPeer (DRAFT)

Authors – ensure manuscript has ‘continuous line numbers’ and submit this checklist with the review title and corresponding line numbers for the first nine questions. NOTE: Details may be placed in the manuscript, appendix, supplementary file etc.

Reviewers – rate the first 9-items in the Reporting Checklist according to adequate, limited or no information, rate then next 6-items in the Quality Appraisal according to yes, partly, no.

The scores give an idea about overall quality. The **bold boxes** signal the minimum requirement that should be met for each item prior to being accepted for publication by AIMED.

NOTE: Unlike systematic reviews, it is acceptable for one reviewer to screen most or all of the title/abstracts and full-texts, and extract, analyse and appraise data. Ideally, processes for calibration and verification of accuracy should be implemented.

E-mail address: jennifer.hunter@westernsydney.edu.au (J. Hunter).

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- [4] A. Pluddemann, J.K. Aronson, I. Onakpoya, C. Heneghan, KR Mahtani, Redefining rapid reviews: a flexible framework for restricted systematic reviews, *BMJ evidence-based medicine* 23 (6) (2018) 201–203.
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Appendix: RApPeer Reporting Checklist

RR TITLE:					
RAPID REVIEW REPORTING CHECKLIST	Line no.	2 = Adequate	1 = Limited	0 = No /Simple	Y/N
1. Aim: a clearly formulated research question <i>Adequate</i> = statement is in the manuscript <i>Limited</i> = statement is only in the title Comments:	50-6				
2. Protocol <i>Adequate</i> = publicly available or submitted for publication <i>Limited</i> = reports methods that are <i>a priori</i> and <i>post hoc</i> Comments:	175-8, 304, 678-9				
3. Inclusion & exclusion criteria <i>Adequate</i> = reported for the types of studies, populations, intervention, control and outcomes <i>Limited</i> = only some of the above is reported Comments:	160-170				
4. Search strategy <i>Adequate</i> = reports that >1 major database, plus another source was searched AND details of search terms sufficient to replicate the search for one database (e.g. Boolean string) <i>Limited</i> = only 1 source was searched AND/OR narrated search terms only Comments:	185-250 and Supp. file 1.				
5. Screening <i>Adequate</i> = reports the number of authors that screened title/abstract and full-text, AND a process to improve accuracy <i>Limited</i> = only reports the number of authors Comments:					
6. Data extraction <i>Adequate</i> = reports number of authors that extracted data AND a process for calibration / verification of accuracy <i>Limited</i> = only reports the number of authors Comments:					
7. Search flow results <i>Adequate</i> = narrates the number of articles screened and included at title/abstract and full-text, with reasons for excluding full-text articles <i>Limited</i> = only narrates the number articles included, reports basic reasons for excluding full-text articles Comments:					
8. Quality appraisal & certainty of the evidence					

<p><i>Adequate</i> = gold-standard tools (e.g. AMSTAR, Cochrane RoB, ROBINS, GRADE) were used for appraising risk of bias and certainty/quality of evidence <i>Limited</i> = a structured, critical appraisal of the included studies that is narrated +/- informal tools (e.g. CASP) <i>Simple</i> = a narrated, best evidence synthesis reporting the highest level of evidence with little independent critique</p>					
Comments:					
<p>9. Summary tables <i>Adequate</i> = if >3 studies reported in the results, at least one table reporting characteristic of studies, risk of bias AND/OR summary of findings <i>Limited</i> = most of the above information is narrated</p>					
Reporting checklist score (maximum 18) & MMR score (must = 9)					
Comments:					
RAPID REVIEW QUALITY APPRAISAL	Yes = 2	Partly = 1	No = 0	MMR = 1	
<p>10. Did the review address a clearly focused question? HINT: An issue can be 'focused' In terms of <ul style="list-style-type: none"> • the population studied • the intervention given • the outcome considered • the end-user (e.g. who wants the best 'available' evidence) </p>					
Comments:					
<p>11. Did the review look for the right type of papers? HINT: 'The best sort of studies' would <ul style="list-style-type: none"> • address the review's question • have an appropriate study design • a rationale was provided for including indirect evidence (i.e. non COVID-19 studies and other types of research) </p>					
Comments:					
<p>12. Were all the important, relevant studies included? HINT: could missing studies alter conclusions? <ul style="list-style-type: none"> • choice of databases searched • non-English language or data restrictions • updating literature searches of previous reviews • bibliography searches </p>					
Comments:					
<p>13. Did the review's authors do enough to assess the quality of the included studies? HINT: <ul style="list-style-type: none"> • the authors must consider the rigour of the studies they have identified. • lack of rigour may affect the studies' results ("All that glisters is not gold" Merchant of Venice – Act II Scene 7) </p>					

If there are doubts AND Q15 = 2 then score Partly=1, otherwise No=0				
Comments:				
14. If different types of evidence, including indirect evidence are combined, or a meta-analysis was conducted, was it reasonable to do so? HINT: Consider				
<ul style="list-style-type: none"> • heterogeneity (clinical and/or statistical) • results of all the included studies and both positive and negative results are clearly displayed (i.e. no 'cherry picking') • reasons for any variations in results are discussed 				
Comments:				
15. Are the evidence statements/recommendations in the Brief Overview, Verdict and Clinical Significance supported by the results? HINT:				
<ul style="list-style-type: none"> • certainty (quality and directness) of the evidence • limitations of RR methods are noted • potential benefits and risks are noted • no unwarranted speculation (e.g. from non-COVID-19 studies, studies reporting biological plausibility) 				
Comments:				
Quality appraisal score (max. 10) / Minimum standards Y/N				
Reporting checklist score (max. 18)				
Quality appraisal score (max. 12)				
TOTAL (max. 30)				
Minimum standards met? Y/N				
ACCEPT (Minimum standards must be met)				
MINOR REVISIONS				
MAJOR REVISIONS				
REJECT				