

Evidence Synthesis in Allergy – A call for submissions

This month, we launch a call for studies related to evidence synthesis in allergy. The importance of synthesizing previous and emerging evidence in parallel with making new scientific discoveries has been championed since the late 19th century. However, it was only in the 1970s that the idea of using meta-analysis to achieve this aim started to become a mainstream concept. This was given a significant boost by the formation of the Cochrane Collaboration in 1992, which came to dominate the field of evidence synthesis in subsequent decades. Today, evidence synthesis in health care is a large and sophisticated scientific discipline, with over 10,000 publications per annum covering diverse fields and methodologies. The continued increase in publication volumes means that increasingly complex methods have been developed to appraise and synthesize original articles, synthesize the syntheses and continually update findings to maintain their validity. The evidence synthesis movement has spurred the wider development of meta-research as a discipline, increasing our understanding of how research is prioritized, commissioned, conducted, reported, disseminated and understood. Transparency standards such as mandatory clinical trial registration and reporting, and many methodological advances in the conduct of primary studies, owe much to the evidence synthesis movement for advancing methods

guidance and catalyzing regulatory change. Many of the fundamental failings which currently afflict scientific endeavour have been brought to light, or explicitly addressed and quantified, through evidence synthesis—from basic risk of bias issues such as allocation concealment in clinical trials to the widespread problem of selective reporting in many forms of research and the biases in prioritizing, reporting and framing research which can be exacerbated by commercial or academic pressures.

Evidence synthesis is not, however, a panacea for all the ailments of 21st-century science. As a scientific discipline itself, those working in evidence synthesis have the same pressures as other researchers. Methods to evaluate the risk of bias in the evidence synthesis process are in their infancy. Yet it is already clear that many evidence synthesis publications are deeply flawed, due to inappropriate methods. Commercial and academic pressures can also inhibit rigorous conduct and transparent reporting of evidence syntheses, similar to primary studies.

Our mission for *Clinical & Experimental Allergy* is to publish the most trusted evidence in the field of Allergy. This means we aim to publish transparently reported manuscripts that are free from framing bias that sometimes distorts research findings; we require, for example, all

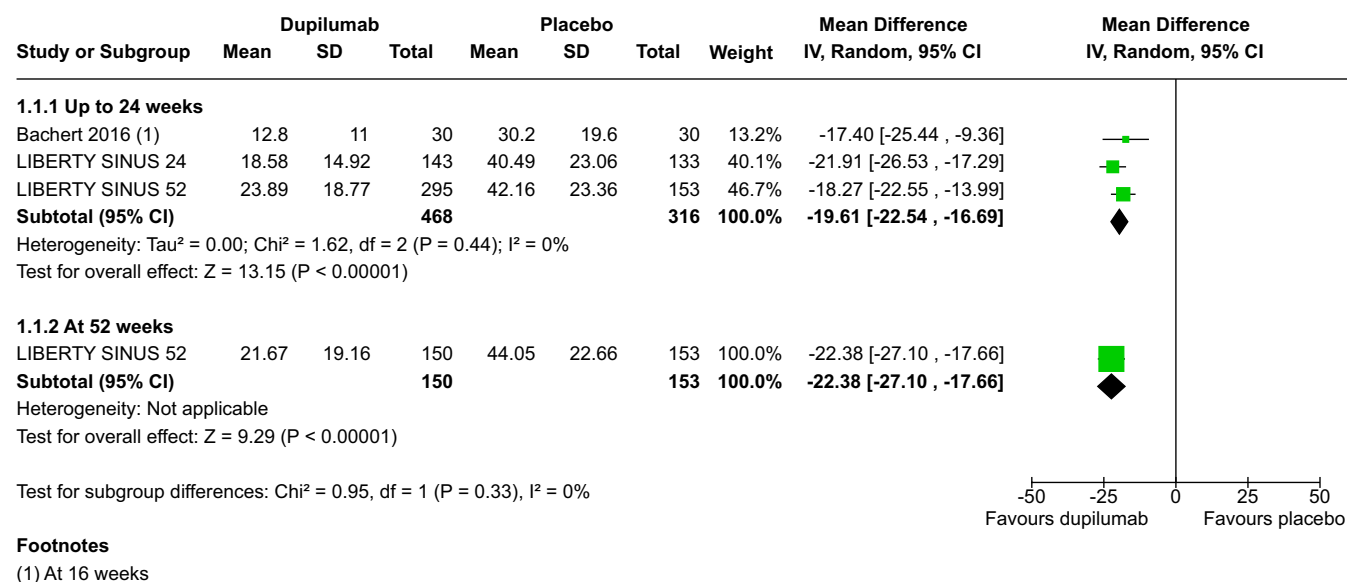


FIGURE 1 Forest plot from the Cochrane Review “Biologics for chronic rhinosinusitis” summarized in this issue's Cochrane Corners. The data show disease-specific quality of life, measured on a scale of 0 to 110, where a lower score means better quality of life, for 3 clinical trials of dupilumab versus placebo in adults with chronic rhinosinusitis and nasal polyps, who were all concomitantly treated with topical steroids (mometasone furoate 100 mcg each nostril twice daily) through the study. Chong, et al,¹¹ permission to reproduce granted

clinical trial publications to publish their protocol in the supplement or another public repository. It is surprising that many high-profile journals still publish clinical trials without any public record of the trial protocol. Our trusted evidence mission means that we are particularly interested in publishing high-quality evidence synthesis work in allergy. Historically, our evidence synthesis publications have mainly been simple systematic reviews of intervention trials or observational studies.¹⁻⁹ However, we published our journal's first individual participant data meta-analysis earlier this year¹⁰ and are interested in receiving submissions of other more sophisticated approaches to evidence synthesis, including network meta-analyses, systematic reviews of prognostic or diagnostic studies, rapid reviews or living systematic reviews. We are also interested in receiving manuscripts that describe other types of meta-research work, for example, work identifying patterns of research prioritization, conduct, reporting and dissemination relevant to the field of allergy. Please get in touch if you would like to discuss your evidence synthesis manuscript prior to submission.

In this issue, we publish the first review in a new series called Cochrane Corners. Cochrane has pioneered many of the modern evidence synthesis methods and continues to lead the field of evidence synthesis on most quality metrics. *Clinical and Experimental Allergy* Cochrane Corners are brief summaries of a recent Cochrane Review relevant to the clinical practice of allergy or a closely related clinical field. They present the Cochrane Review abstract and a short appraisal of the Cochrane Review findings to put them into context for practising clinicians. Cochrane Corners will be published every two months in our journal and are written by clinical trainees in the speciality of allergy, paediatric allergy, clinical immunology or a closely related speciality. Please get in touch with Cherry Alviani if you are in clinical training in one of these areas and would like to write a Cochrane Corner for our journal (cherry-alviani@googlemail.com).

Our first Cochrane Corners summarizes evidence from a living systematic review evaluating biologics for chronic rhinosinusitis. This chronic, troublesome condition causes significant long-term morbidity, and most treatment options have significant limitations. As shown later and summarized in the Cochrane Corners, biologics look to have an important role in chronic rhinosinusitis management for patients who fail to respond to or tolerate more accessible treatments (Figure 1).

Other highlights in this issue include work showing the range and time course of immunosuppressive effects achieved with the interleukin-4 receptor antagonist dupilimab, when used to treat patients with a range of atopic conditions, and a note of caution for clinicians interpreting patch testing for contact dermatitis that dupilumab may interfere with patch test results and lead to false-negative read-outs.

We very much look forward to receiving manuscript submissions in response to our call for evidence synthesis in allergy articles and to sharing the papers in this special collection through our journal in the coming months.

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