PaperClic

Systematic Review Manual

How to plan, register, conduct, and report a systematic review, with worked examples from the research question through certainty of evidence.

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Frame the review question

A systematic review uses a prespecified, transparent process to find, select, appraise, and synthesize studies that answer a defined question. [1,2]

What you need before you begin

Agree on the question and eligibility criteria, assign reviewer roles, and write a protocol. Set up a reproducible search, a study-selection and extraction log, and design-appropriate methods for synthesis, risk of bias, and certainty.

Format	What it adds	Worked question
PICO	Population, intervention, comparator, outcome	In adults with hypertension, does home blood pressure telemonitoring, compared with usual care, reduce uncontrolled blood pressure?
PICOT	Adds timing (T)	In adults with hypertension, does home blood pressure telemonitoring, compared with usual care, reduce uncontrolled blood pressure at six months?
PICOTT	Adds timing (T) and type of study (T)	In comparative cohort studies of adults with hypertension, does home blood pressure telemonitoring, compared with usual care, reduce uncontrolled blood pressure at six months?

Define the two Ts in your protocol

In this manual, the first T is the outcome assessment window and the second is the eligible study design. Other guides use different expansions. Set the timing window and eligibility rules explicitly. [1,3]

The telemonitoring example uses fictional data for teaching.

Turn the question into a search

Start with major concepts such as hypertension and telemonitoring. Combine synonyms with OR and link concepts with AND. Add database-specific subject headings and test whether the strategy retrieves known eligible studies. [1,7]

Concept sketch: (hypertension OR high blood pressure) AND (telemonitoring OR remote monitoring)

Types of systematic reviews

Choose the review type by the question you need to answer. The type determines which studies you include, what you extract, and how you synthesize the findings. [1,2]

Review type	Question it answers	Typical method or eligibility
Intervention effects	Does a treatment, program, or policy change an outcome?	Randomized trials or suitable nonrandomized comparisons. Frame the question with PICO.
Exposure and etiology	Is an exposure associated with an outcome?	Cohort or case-control studies, as appropriate. Use PECO: population, exposure, comparator, outcome.
Diagnostic accuracy	How accurately does an index test identify a target condition?	Define the population, index test, reference standard, and target condition. Prespecify relevant thresholds.
Prognosis and prediction	What happens over time, which factors predict it, or how well does a model perform?	Match the design to overall prognosis, prognostic factors, or prediction model performance.
Prevalence and incidence	How common is a condition, or how often does it develop?	Use appropriate surveys or cohorts. Specify the denominator, setting, and period.
Qualitative evidence synthesis	How do people experience a condition or intervention?	Use qualitative studies. Choose a synthesis method, such as thematic synthesis or meta-aggregation.
Mixed methods	What are the effects, and how do people experience them?	Prespecify how you will combine or relate quantitative and qualitative findings.
Umbrella review	What do existing systematic reviews collectively show?	Include systematic reviews and assess overlap in their primary studies.

Special formats. A rapid review streamlines selected methods and reports those choices. A living review updates evidence on a stated schedule or trigger. A scoping review maps the evidence and gaps. It often has a broader question and appraisal depends on its objective. [1,2]

When to pool. Pairwise meta-analysis pools comparable estimates for one comparison. Network meta-analysis compares multiple interventions using direct and indirect evidence when its assumptions are defensible. A systematic review may use a structured synthesis without pooling. [1,11,24]

Write the protocol

Write the protocol early enough to guide decisions, ideally before formal screening. Use PRISMA-P to check what the protocol reports and the relevant methods handbook to plan how the review will be conducted. [1,2,4]

01 **Rationale and question.** Explain the decision or gap that motivates the review. Frame the question and identify the intended audience.

02 **Eligibility.** Define population, intervention or exposure, comparator, eligible designs, setting, and follow-up. Justify restrictions by language, date, and publication status.

03 **Outcomes.** Prespecify primary and secondary outcomes, definitions, measurement instruments, time windows, and rules for selecting among multiple eligible results.

04 **Search.** Name the databases and platforms, registers, and supplementary sources. Include a reproducible draft strategy for at least one database and explain any limits.

05 **Selection and extraction.** State who screens and extracts, how they work independently or verify data, how disagreements are resolved, and how multiple reports of one study are linked.

06 **Risk of bias and missing evidence.** Choose a tool and version for each design. Specify the effects being evaluated, how judgments will be made, and how they will inform synthesis.

07 **Synthesis and certainty.** Define study groupings, effect measures, conditions for pooling, model and heterogeneity assessments, planned sensitivity analyses, and the certainty framework.

08 **Administration and amendments.** Name the team, sponsor, and funding source. Declare conflicts, date the protocol, and plan how to document deviations and share review materials.

Example eligibility rule

Include comparative cohort studies of adults with hypertension that compare home telemonitoring with usual care. Define the six-month window in advance, for example 5–7 months, and state how you will choose among multiple measurements within that window.

Register the protocol

Save a dated, versioned protocol first. Register prospectively whenever possible. If work is already underway, disclose the actual stage and follow the registry's eligibility rules. [4,8,9]

PROSPERO

Use for eligible systematic reviews with outcomes directly relevant to human health. Check eligibility, sign in, choose the correct record type, complete the form, and attach the full protocol PDF if available. Obtain the required team confirmations and retain the CRD number. Start the process before data extraction. PROSPERO currently excludes scoping reviews. [8]

OSF Registrations

Use the Generalized Systematic Review template for systematic reviews, scoping reviews, or meta-analyses. Start a registration, complete the fields, attach the dated protocol, and submit for public release or use an embargo where available. Keep the registration link and DOI. [9]

Campbell Collaboration

For reviews commissioned or developed through Campbell, follow its editorial pathway. Submit the title registration form first, then proceed to the protocol and full review. [10]

Amendments and publication

Record the date, what changed, why it changed, and the review stage. Update the registry record when supported, preserve earlier versions, and disclose material deviations in the final review. Cite the registration identifier and link to the full protocol. Publish the protocol separately if appropriate. [4,5,8,9]

Example amendment. After piloting extraction, the team added a field for baseline blood pressure adjustment. The team dated the change, logged the reason, and kept both protocol versions.

Classroom exercises. PROSPERO provides a training record option for reviews conducted as part of a course or training exercise. Training records can be shared with supervisors and are kept outside public search. [8]

Conduct and report the review

Keep an audit trail from the search export to the final findings. Use PRISMA 2020 for review reporting and PRISMA-S for reporting the search. [1,5,7]

01 **Scope the review.** Check existing reviews and registrations, then define your question and the contribution of the new review.

02 **Write and register the protocol.** Agree on eligibility, outcomes, search sources, and decision rules before formal screening when feasible.

03 **Search and deduplicate.** Search relevant databases and supplementary sources. Save the exact strategies, dates, limits, and counts by source.

04 **Screen and link reports.** Pilot the criteria. Screen titles and abstracts, then assess full texts with two independent reviewers for eligibility decisions. Record full-text exclusion reasons and link reports from the same study.

05 **Extract and check the data.** Pilot a standard form. Extract key outcome data independently in duplicate. Retain design, sample size, follow-up, effect estimates, precision, and adjustment variables.

06 **Assess bias and synthesize.** Apply design-specific tools. Group studies by question and outcome. Pool only when the studies can answer a meaningful common question.

07 **Rate certainty and report.** Rate key outcomes or findings and explain your judgments. Report the selection flow, full searches, protocol changes, and findings using the appropriate guidance.

Choose a synthesis that fits the evidence

For eligible studies, select an effect measure such as a risk ratio or mean difference. Justify the model, inspect clinical and statistical heterogeneity, and test whether key assumptions change the result. When pooling is unsuitable, report how studies were grouped and how results were synthesized. Use SWiM for reporting applicable syntheses of intervention effects. [1,11]

Work in PaperClic

Open **Tools** in PaperClic to access PROSPERO, RevMan Web, robvis, jamovi, R, IBM SPSS Statistics, and Mermaid. Save your analysis settings and outputs. Use the chart tools for figures, then apply APA, Vancouver, ABNT, or another available style to your manuscript and references.

How to screen studies

Screening applies the protocol in two stages. First check titles and abstracts. Then read the full reports and make the final study eligibility decisions. [5,28]

01 **Import and deduplicate.** Save the search exports and counts by source. Resolve duplicate citations for the same report before screening and retain the duplicate log.

02 **Pilot the eligibility criteria.** Have two reviewers screen the same small sample independently. Compare decisions, clarify ambiguous rules, and update the decision guide before the main round.

03 **Screen titles and abstracts.** Make independent decisions before comparing votes. Advance potentially eligible records and records with too little information to exclude. Record the resolved decision for each record.

04 **Retrieve and assess full text.** Find the complete reports and assess them against the protocol. Two reviewers make independent eligibility decisions. Log reports that cannot be retrieved as a separate category.

05 **Resolve disagreements.** Discuss the decision against the protocol. Ask a third reviewer to adjudicate when needed. For each full-text exclusion, record one main reason using a prespecified priority order.

06 **Link reports and check counts.** Assign one study ID to all reports of the same cohort or trial. Retain each report ID, reconcile the counts, and carry the included studies into extraction.

From records to included studies

In the worked example, 200 unique records were screened and 20 full reports were sought. Two were unavailable. Of the 18 reports assessed, 14 were excluded. The four eligible reports described three studies. See the PRISMA flow diagram. [5,28]

Keep reviewer votes, the resolved decision, the full-text exclusion reason, and the record-to-study links. These provide a trail from the screening queue to the PRISMA counts. [5,28]

Same report in two databases

Two imported citations

Keep one citation for screening.

Two reports from one cohort

PC-A01 and PC-A02

Keep both reports under study S-A.

Screening tools in practice

Use the screening workspace in your PaperClic project. Rayyan and Covidence are examples of other tools that organize the same two-stage review process.

Tool	How reviewers work
PaperClic	Start in your project's screening workspace. Use the eligibility rules to review titles and abstracts, then assess the full texts before preparing your included studies for extraction.
Rayyan	Vote Include, Maybe, or Exclude during title and abstract screening. Blind Mode hides other reviewers' votes. Revisit Maybe decisions, check conflicts, and add records to full-text screening. Record exclusion reasons when reviewing the PDFs. [30,31]
Covidence	In dual-reviewer mode, two Yes or Maybe votes advance a citation. A No paired with Yes or Maybe sends it to conflict resolution. In full-text review, choose an exclusion reason when you vote to exclude. [32,33]

A screening decision in practice

TITLE AND ABSTRACT SCREENING — **R-014**

Home blood pressure telemonitoring and six-month control in primary care

Abstract available. The comparator is unclear from the abstract.

Reviewer 1	Reviewer 2	Resolved decision
Advance	**Unclear**	**Seek full text**

Full text: The Methods confirm usual care. Both reviewers include the report and assign it to study S-A.

Illustration A. A sample screening record with fictional votes. The layout illustrates the decision process.

A separate report, R-103, was excluded after full-text review because it used a single-arm design. The workbook logs the independent votes and how the reviewers reached the final exclusion.

How to extract study data

Use a standard form to turn the included reports into a dataset you can verify against the source. Keep study characteristics and outcome results linked by a stable study ID. [29]

01 **Build and pilot the form.** Select a small set of eligible studies with different reporting formats. Ask both reviewers to complete it. Agree on definitions, missing-data codes, and which estimate to use before extracting the rest.

02 **Capture the study once.** Assign a stable study ID and link its report IDs. Record the design, setting, recruitment dates when available, eligibility, group sizes, baseline characteristics, intervention, comparator, follow-up, and funding.

03 **Record the outcomes as reported.** For every result, capture the outcome definition, follow-up, measurement scale, analysis sample, and source location. Keep the original estimate and its precision. For observational studies, record the adjustment variables and identify the selected model.

04 **Check two extractions.** Have two reviewers extract outcome data independently. Compare the entries and reconcile differences against the report. Keep both entries and the final decision in a log, with the page or table that supports it.

05 **Prepare data for analysis.** Keep unit conversions, derived confidence intervals, and other transformations distinguishable from the source data. Check outcome direction and eligible time points before pooling. Document any unresolved missing information.

What you extract	What to record
Binary outcomes	Events and analyzed participants per group, or a reported effect such as a risk ratio with its confidence interval or standard error. Record whether it was adjusted.
Continuous outcomes	Means, standard deviations, and group sizes when available. For a reported mean difference, record its precision, units, and whether it compares follow-up values or changes from baseline.
Missing results	Use NR for results the report does not provide. Leave numerical cells empty and document any request to the authors or derivation you make.

When reports disagree, apply the protocol rule for choosing the source. For example, keep the prespecified 6-month result from the main analysis and log why a secondary result was set aside. [29]

Worked extraction example

The companion Excel workbook follows the fictional telemonitoring review used in the PRISMA, ROBINS-I, and GRADE examples. It links four eligible reports to three distinct cohorts.

Study characteristics

Study ID	Fictional first author	Participants	Eligible reports
S-A	Elena V. Alderwick (2021)	210	PC-A01 and PC-A02
S-B	Marcus J. Veyland (2022)	200	PC-B01
S-C	Priya M. Kestrel (2024)	190	PC-C01

Extracted outcome results

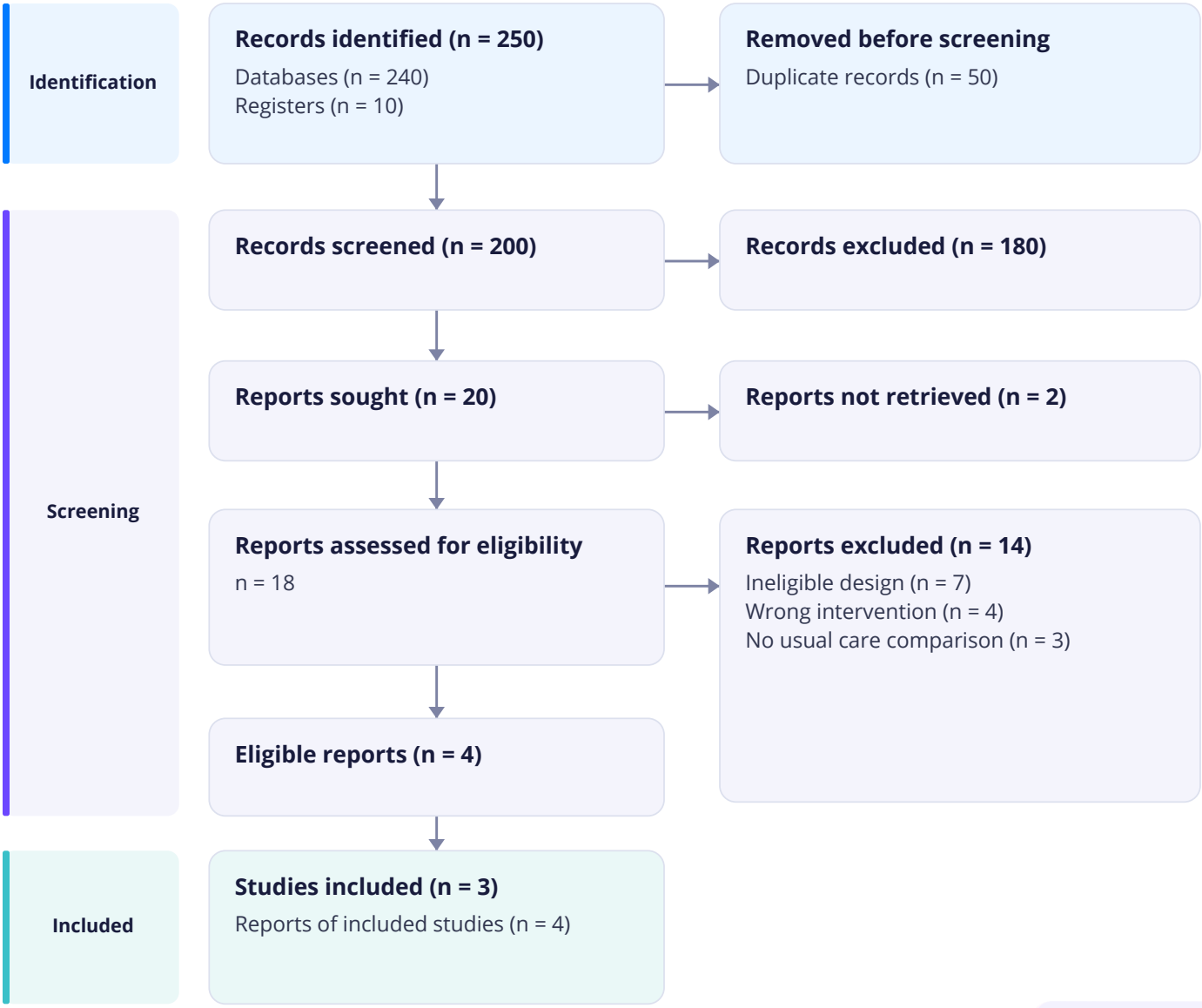
Study	Outcome and timing	Estimate	Derived 95% CI	Source location
S-A	Uncontrolled BP, 6 mo	RR 0.84	0.54 to 1.31	PC-A01, Table 2, model 2
S-B	Uncontrolled BP, 6 mo	RR 0.81	0.52 to 1.27	PC-B01, Table 4, model 2
S-C	Uncontrolled BP, 6 mo	RR 0.72	0.46 to 1.13	PC-C01, Table 3, adjusted model
S-A	Systolic BP, 6 mo	MD -4.0 mm Hg	-6.3 to -1.7	PC-A01, Table 3, model 2
S-B	Systolic BP, 6 mo	MD -5.0 mm Hg	-7.3 to -2.7	PC-B01, Table 2, adjusted model
S-C	Systolic BP, 6 mo	NR	—	PC-C01, Results, pp. 5–6

Illustration B. All names and results are fictional. NR = not reported. The workbook retains the standard errors and adjustment variables. For S-A, the reviewers selected RR 0.84 from the more fully adjusted model and documented why they set RR 0.82 aside.

Workbook. PaperClic_Data_Extraction_Example.xlsx includes editable Outcomes, Studies, Reports, and Review Log sheets, plus a Guide with field definitions.

PRISMA 2020 flow diagram

Use the diagram to show how many records you identified, which reports you assessed, and how many distinct studies you included. This example covers a new review using databases and registers. [5,6]



Read the counts. A record is a search entry, a report is a document, and a study is the underlying investigation. In this example, one study has two eligible reports.

Figure 1. Adapted from the PRISMA 2020 flow diagram by Page et al. [5,6] under CC BY 4.0. Layout and all counts are illustrative.

If you identify studies through additional sources, such as citation searching, use the PRISMA template with a separate pathway for those sources. [6]

Assess risk of bias

Risk of bias asks whether flaws in a study could systematically distort a result. Choose a tool based on the design and the result you plan to synthesize. Document the evidence and reasoning behind each judgment. [1,2,12–19]

Evidence being assessed	Tool	How to use it
Randomized trials	RoB 2	Choose the parallel, cluster, or crossover version that matches the trial design. [12]
Nonrandomized intervention studies	ROBINS-I	Assess a specified intervention effect, including confounding. State the version used. [13,14]
Nonrandomized exposure studies	ROBINS-E	For effects of exposures in suitable nonrandomized follow-up studies. [12]
Diagnostic accuracy	QUADAS-3	Assess risk of bias and applicability for individual diagnostic accuracy estimates. [15]
Prognostic factors	QUIPS	Assess bias in studies of associations between prognostic factors and outcomes. [16]
Prediction models	PROBAST+AI	Assess issues relevant to model development and evaluation, including applicability. [17]
Prevalence or qualitative evidence	JBI appraisal tools	Use the checklist that matches the study design and purpose. [2]
Included systematic reviews	ROBIS / AMSTAR 2	Use ROBIS for risk of bias in reviews. AMSTAR 2 appraises methods in reviews of health care interventions. [18,19]

Apply the tool consistently. Pilot it with two reviewers, have them assess independently, and resolve disagreements by consensus or a third reviewer. Preserve the rationale for each domain and apply the tool's overall judgment rules. Account for judgments in synthesis, for example through a prespecified sensitivity analysis. [1,12,13]

Check for missing evidence. Compare protocols, registrations, and reports. Use ROB-ME for eligible intervention-effect syntheses. Funnel plot asymmetry can reflect small-study effects from several causes. As a rule of thumb, use asymmetry tests only when the meta-analysis includes at least 10 studies and the studies vary sufficiently in precision. [12,25]

ROBINS-I traffic light plot

This figure summarizes ROBINS-I (2016) judgments for uncontrolled blood pressure at six months across three fictional comparative cohorts. Each row assesses one result. [13,20]

Study result	D1	D2	D3	D4	D5	D6	D7	Overall
Cohort A 210 participants	M	L	L	L	M	L	L	M
Cohort B 200 participants	M	M	L	L	L	L	M	M
Cohort C 190 participants	S	M	L	M	M	L	M	S

L Low M Moderate S Serious C Critical ? No information

D1 Confounding

D2 Selection of participants

D3 Classification of interventions

D4 Deviations from intended interventions

D5 Missing data

D6 Measurement of outcomes

D7 Selection of the reported result

How to read the judgments

Cohort C is rated serious overall because it did not adequately adjust for baseline blood pressure or differences in access to care. Review how much it contributes and test whether the conclusion changes when the cohort is excluded.

Sensitivity analysis. In the fictional synthesis on page 15, excluding Cohort C changes the pooled risk ratio from 0.79 to 0.82 (95% CI 0.60 to 1.13).

Figure 2. Original example using the seven ROBINS-I (2016) domains. The November 2025 ROBINS-I V2 draft for follow-up studies uses six domains. [13,14]

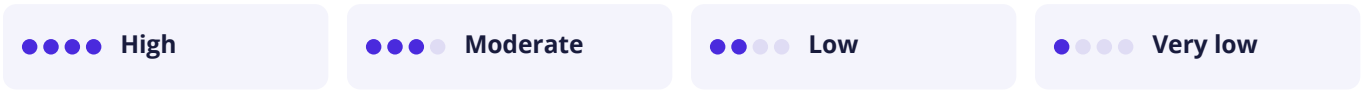
Use **robvis** to turn completed judgments into traffic light plots or weighted summary bars. Check that the template matches your risk-of-bias tool and version. [20,27]

Rate certainty of evidence

Certainty describes how much confidence to place in an estimate or a synthesized finding. Use a framework suited to the review question and make each judgment explicit. [2,21–24]

GRADE for quantitative evidence

For intervention effects, rate each important outcome as **high**, **moderate**, **low**, or **very low** certainty. In the conventional pathway, randomized evidence starts high and nonrandomized evidence starts low. When using Cochrane's ROBINS-I pathway, nonrandomized evidence starts high and is rated down explicitly for bias, including confounding. Document the pathway and its rationale. [21,22]



GRADE domain	Question to ask
Risk of bias	Do limitations in the studies that contribute to this outcome threaten the estimate?
Inconsistency	Do estimates differ in ways that are clinically important and hard to explain?
Indirectness	How closely does the evidence match the population, intervention, comparator, and outcome of interest?
Imprecision	Does the confidence interval cross a prespecified decision threshold, or is the information too limited?
Publication bias	Could missing studies or results materially change the estimate?

When applicable, upgrading may reflect a large effect, a dose-response gradient, or plausible residual confounding that would reduce the observed effect or would have created an effect when none was observed. Explain every rating change. [21,22]

Other evidence frameworks

GRADE-CERQual rates confidence in each qualitative finding using methodological limitations, coherence, adequacy, and relevance. **ConQual** evaluates dependability and credibility for JBI meta-aggregation. **CINeMA** assesses confidence in estimates from network meta-analysis. Diagnostic reviews can use GRADE guidance specific to test accuracy. [2,21,23,24]

GRADE summary of findings

This fictional example compares home blood pressure telemonitoring with usual care for adults with hypertension in outpatient care. [21,22]

Outcome	Participants	Effect estimate	GRADE certainty
Uncontrolled blood pressure at six months	600 (3 cohorts)	**RR 0.79** (95% CI 0.61 to 1.02) Usual care: 400 per 1,000 Telemonitoring: 316 per 1,000 (244 to 408 per 1,000)	**Very low** (1 of 4) See notes a and b
Systolic blood pressure at six months	410 (2 cohorts)	**MD −4.5 mm Hg** 95% CI −6.1 to −2.9 mm Hg	**Low** (2 of 4) See note a

a. Both outcomes start high under the ROBINS-I pathway. The review team rates down two levels for residual confounding across the contributing cohorts. Assess each outcome separately. Figure 2 shows judgments for uncontrolled blood pressure only.

b. Rate down one level for imprecision. The interval includes both a meaningful benefit (prespecified RR threshold of 0.80) and little or no benefit. The comparison risk of 400 per 1,000 is illustrative. CI = confidence interval. MD = mean difference. RR = risk ratio.

Forest plot for uncontrolled blood pressure

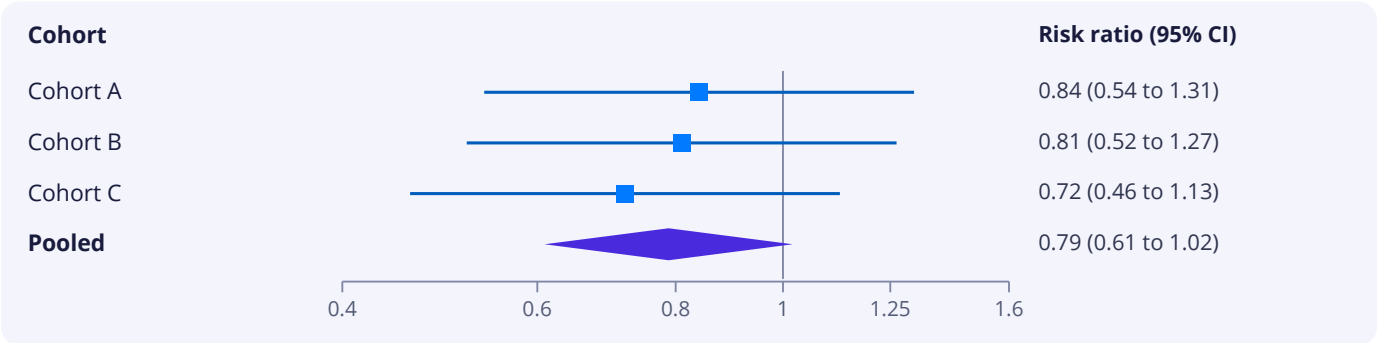


Figure 3. Illustrative common-effect inverse-variance synthesis of three adjusted risk ratios with equal log-scale standard errors. Ratios below 1 favor telemonitoring. The diamond shows the pooled estimate and its 95% CI.

How to report the findings

At six months, telemonitoring may reduce systolic blood pressure compared with usual care (low certainty). The evidence is very uncertain about its effect on uncontrolled blood pressure.

Use **Cochrane RevMan Web** to organize study data and run the planned meta-analysis. In Analyses, open the analysis and use the Graphs tab to download the forest plot as SVG or PNG. [26]

Fillable protocol worksheet

Click a shaded box to type and press Tab to move to the next field. If your preview does not accept typing, download the PDF and open it in a reader that supports forms.

Title, version, and review team

Provisional title, date, lead reviewer, funding or conflicts

Review question and framework

Population, intervention or exposure, comparator, and outcomes

Eligibility and timing

Study designs, setting, exclusions, and follow-up window

Search plan

Databases and platforms, registers, other sources, and a draft strategy

Screening, extraction, and outcomes

Reviewer roles, outcome definitions, instruments, and time points

Risk of bias

Tools and versions, outcome-level judgments, and use in synthesis

Synthesis and certainty

Effect measures, pooling rules, sensitivity analyses, and certainty framework

Registration and amendments

Registry, submission stage, identifier, and change log

Save a copy to keep your entries. Use the worksheet to draft a full, dated protocol and check it against PRISMA-P. [4,8,9]

References

Select a reference to open its publication, handbook chapter, or official guidance.

01 Higgins JPT et al., eds. Cochrane Handbook for Systematic Reviews of Interventions. Version 6.5, 2024.

02 JBI. JBI Manual for Evidence Synthesis. Online edition.

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14 ROBINS-I development group. ROBINS-I V2. Revised draft, November 2025.

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26 Cochrane. RevMan Knowledge Base. Save a figure or forest plot.

27 Risk of Bias Tools. robvis web app and visualization guidance.

28 Cochrane Handbook. Chapter 4: Searching for and selecting studies.

29 Cochrane Handbook. Chapter 5: Collecting data.

30 Rayyan Help Center. How to screen references in Rayyan.

31 Rayyan Help Center. How to complete full-text screening in Rayyan.

32 Covidence Help Center. What does a Maybe vote do?

33 Covidence Help Center. How to create and manage full text exclusion reasons.

Registry and tool links checked November 23, 2026.