Cochrane Library

Cochrane Database of Systematic Reviews

2021 CRG Impact Report for the Gynaecology and Fertility Group

The CRG Impact Report presents information on different measures of 'impact' and aims to support work on publication strategies and prioritisation. The report focuses on citations (including Journal Impact Factor and guidelines), usage and Altmetric attention. The data and respective analysis may evolve in future reports.

> "As a mission-led organization for better health, I am incredibly proud to see the global impact that Cochrane Reviews continue to make, including our important work on COVID, thanks to the outstanding contributions of our community"

Karla Soares-Weiser
Editor-in-Chief, Cochrane Library

Trusted evidence.
Informed decisions.
Better health.

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1. How the Gynaecology and Fertility Group contributes to the *Cochrane Database of Systematic Reviews* (*CDSR*) Journal Impact Factor

Each year in June, Clarivate Analytics publish the Journal Impact Factors (JIFs) of all journals indexed in the Journal Citation Report.

The 2021 Impact Factor for the *CDSR* is **12.008**, which is generated from a calculation that involves dividing the number of citations received in 2021 to reviews published between 2019 and 2020 (13557) by the number of reviews published in 2019 and 2020 (1129).

The 2021 CRG Impact Factor for the Gynaecology and Fertility Group is **8.510** (51 publications cited 434 times). This therefore means that a review published by the Gynaecology and Fertility Group in 2019 and 2020 was cited, on average, 8.510 times in 2021.

When considering the citation data presented below, please be aware of the following:

- The data used to generate Impact Factors for individual Cochrane Review Groups (CRGs) were extracted from the Clarivate Analytics Web of Science[1]. All JIFs (including that of the *CDSR*) are published in the Journal Citation Reports (JCR). The data used to calculate Impact Factors are not made publicly available. Individual CRG Impact Factor data, therefore, should not be quoted as 'official', but can be used internally.
- Cites for individual Cochrane Reviews are allocated by a process of hand-matching. Each year a proportion of cites cannot be matched to citable items due to citing errors (e.g. an omission of the version number or suffix from the DOI). The accuracy of the source data provided by Clarivate Analytics also has an impact on the success rate of the citation matching – for example, this year the source data included 2,369 cites to protocols, editorials, abstracts and other pages on the Cochrane Library that aren't included in the JIF calculation. Table 1 shows the percentage of cites that were successfully matched to individual reviews. This does not impact the JIF calculation; it just means for 2021, 23% of cites were not able to be matched to a specific review. For 2021, the percentage of matched cites is lower than normal; this is under investigation.
- All reviews that have a new citation record (excluding withdrawn reviews) are included in the CDSR JIF calculation. Protocols and editorials are not included.

Table 1: Percentage of 2021 JIF cites matched to individual Cochrane Reviews

Impact Factor Year	Cites received*	Cites matched	% matched cites
2021	13,557	10,356	77%
2020	11,305	9,963	88%
2019	10,975	10,205	93%
2018	12,106	10,844	90%
2017	11,914	11,249	94%
2016	11,520	9,885	86%
2015	11,522	9,397	82%
2014	11,932	11,720	98%
2013	9,859	8,515	86%

*Source – Journal Citation Reports

[1] Other citation databases such as Scopus, *CrossRef, and Google Scholar* capture cites for Cochrane Reviews, but those data are not included here. Citation counts differ between databases.

The Journal Impact Factor is calculated using data from the two previous years (for 2021, the data concerns articles published in 2019 and 2020). For the 2022 Journal Impact Factor, reviews published in 2020 and 2021 will be included and 2019 reviews will drop out of the window and this includes 7 of the top cited group reviews below. It is worth noting that, depending on publication time, some reviews will have longer to collect citations than others i.e. an article published in January will have two full years to collect cites.

The highest-cited reviews from the Gynaecology and Fertility Group contributing to the 2021 Impact Factor are listed in Table 2; Table 3 shows the top highest cited reviews from the whole CDSR. The full list of Cochrane Reviews contributing to the 2021 Impact Factor for the Gynaecology and Fertility Group is provided in the accompanying Excel file.

Table 2: Top highest-cited reviews for the Gynaecology and Fertility Group in the 2021 JIF window

Times Cited	Title	CD Number	Publication Date*
38	Antioxidants for male subfertility	CD007411.pub4	Mar-19
36	Lifestyle changes in women with polycystic ovary syndrome	CD007506.pub4	Mar-19
23	Time-lapse systems for embryo incubation and assessment in assisted reproduction	CD011320.pub4	May-19
20	Laparoscopic entry techniques	CD006583.pub5	Jan-19
18	GM-CSF (granulocyte macrophage colony-stimulating factor) supplementation in culture media for women undergoing assisted reproduction	CD013497.pub2	Jul-20
17	Metformin for ovulation induction (excluding gonadotrophins) in women with polycystic ovary syndrome	CD013505	Dec-19
16	Laparoscopic surgery for endometriosis	CD011031.pub3	Oct-20
15	Surgical treatment of fibroids for subfertility	CD003857.pub4	Jan-20
12	Advanced sperm selection techniques for assisted reproduction	CD010461.pub3	Jul-19
12	Long-term GnRH agonist therapy before in vitro fertilisation (IVF) for improving fertility outcomes in women with endometriosis	CD013240.pub2	Nov-19

Table 3: Top 10 highest-cited reviews for the *CDSR* in the 2021 JIF window

Times Cited	Title	Authors	CD Number	Review Group	Publication Date*	CCA** number
353	Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection	Dinnes J, Deeks JJ, Adriano A, Berhane S, Davenport C, Dittrich S, Emperador D, Takwoingi Y, Cunningham J, Beese S, Dretzke J, Ferrante di Ruffano L, Harris IM…	CD013705	Infectious Diseases Group	Aug-2020	4053
306	Antibody tests for identification of current and past infection with SARS-CoV-2	Deeks JJ, Dinnes J, Takwoingi Y, Davenport C, Spijker R, Taylor-Phillips S, Adriano A, Beese S, Dretzke J, Ferrante di Ruffano L, Harris IM, Price MJ, Dittrich S, Emperador D,	CD013652	Infectious Diseases Group	Sep-2020	3386
233	Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review	Nussbaumer-Streit B, Mayr V, Dobrescu AI, Chapman A, Persad E, Klerings I, Wagner G, Siebert U, Ledinger D, Zachariah C, Gartlehner G	CD013574.pub2	Infectious Diseases Group	Oct-2020	3272, 3273, 3274
159	Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19	Struyf T, Deeks JJ, Dinnes J, Takwoingi Y, Davenport C, Leeflang MMG, Spijker R, Hooft L, Emperador D, Dittrich S, Domen J, Horn SR A, Van den Bruel A, Cochrane COVID-19 Diagnostic Test Accuracy Group	CD013665	Infectious Diseases Group	Nov-2020	3998
142	Convalescent plasma for people with COVID-19: a living systematic review	Chai KL, Valk SJ, Piechotta V, Kimber C, Monsef I, Doree C, Wood EM, Lamikanra AA, Roberts DJ, McQuilten Z, So-Osman C, Estcourt LJ, Skoetz N	CD013600.pub3	Haematology Group	Dec-2020	3673
141	Exercise for preventing falls in older people living in the community	Sherrington C, Fairhall NJ, Wallbank GK, Tiedemann A, Michaleff ZA, Howard K, Clemson L, Hopewell S, Lamb SE	CD012424.pub2	Bone, Joint and Muscle Trauma Group	Jan-2021	2469
121	Barriers and facilitators to healthcare workers' adherence with infection prevention and control (IPC) guidelines for respiratory infectious diseases: a rapid qualitative evidence synthesis	Houghton C, Meskell P, Delaney H, Smalle M, Glenton C, Booth A, Chan XHS, Devane D, Biesty LM	CD013582	Effective Practice and Organisation of Care Group	Feb-2021	3067
116	Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff	Verbeek JH, Rajamaki B, Ijaz S, Sauni R, Toomey E, Blackwood B, Tikka C, Ruotsalainen JH, Kilinc Balci FS	CD011621.pub5	Work Group	Mar-2021	3056
92	Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review	Pollock A, Campbell P, Cheyne J, Cowie J, Davis B, McCallum J, McGill K, Elders A, Hagen S, McClurg D, Torrens C, Maxwell M	CD013779	Effective Practice and Organisation of Care Group	Apr-2021	3392
88	Interventions for preventing obesity in children	Brown T, Moore THM, Hooper L, Gao Y, Zayegh A, Ijaz S, Elwenspoek M, Foxen SC, Magee L, O'Malley C, Waters E, Summerbell CD	CD001871.pub4	Public Health Group	May-2021	2702, 2703, 2704

*The Impact Factor is calculated using data from the two previous years (for 2021, the data concerns articles published in 2020 and 2019). For the 2022 Impact Factor, reviews published in 2021 and 2020 will be included and 2019 reviews will drop out of the 'window'. It is worth noting that, depending on publication time, some reviews will have longer to collect citations than others i.e. an article published in January will have two full years to collect cites.

**If the review listed has an associate Cochrane Clinical Answer (CCA) published on the Cochrane Library, the number of this will be included in the CCA number column.

2. How the Gynaecology and Fertility Group Impact Factor compares to that of other Cochrane Review Groups (CRGs)

Figure 1 shows the 2021 CRG unofficial Impact Factors for each CRG. Figure 2 shows the number of publications and citations contributing to the 2021 Impact Factors for each CRG as a percentage of the *CDSR*. It is important to remember that these figures have been calculated using hand-matched data from Web of Science and are not 'official' Impact Factors. The comparison is just for information and should not be used as a measure of 'success' regarding other CRGs. The unofficial Impact Factors represent the average number of times that a review, published in 2019 and 2020 by each CRG, was cited in 2021.

Figure 1: 'Impact Factor' for each CRG (i.e. number of citations in 2021 to reviews published in 2019 and 2020, divided by the number of reviews published in 2019 and 2020)

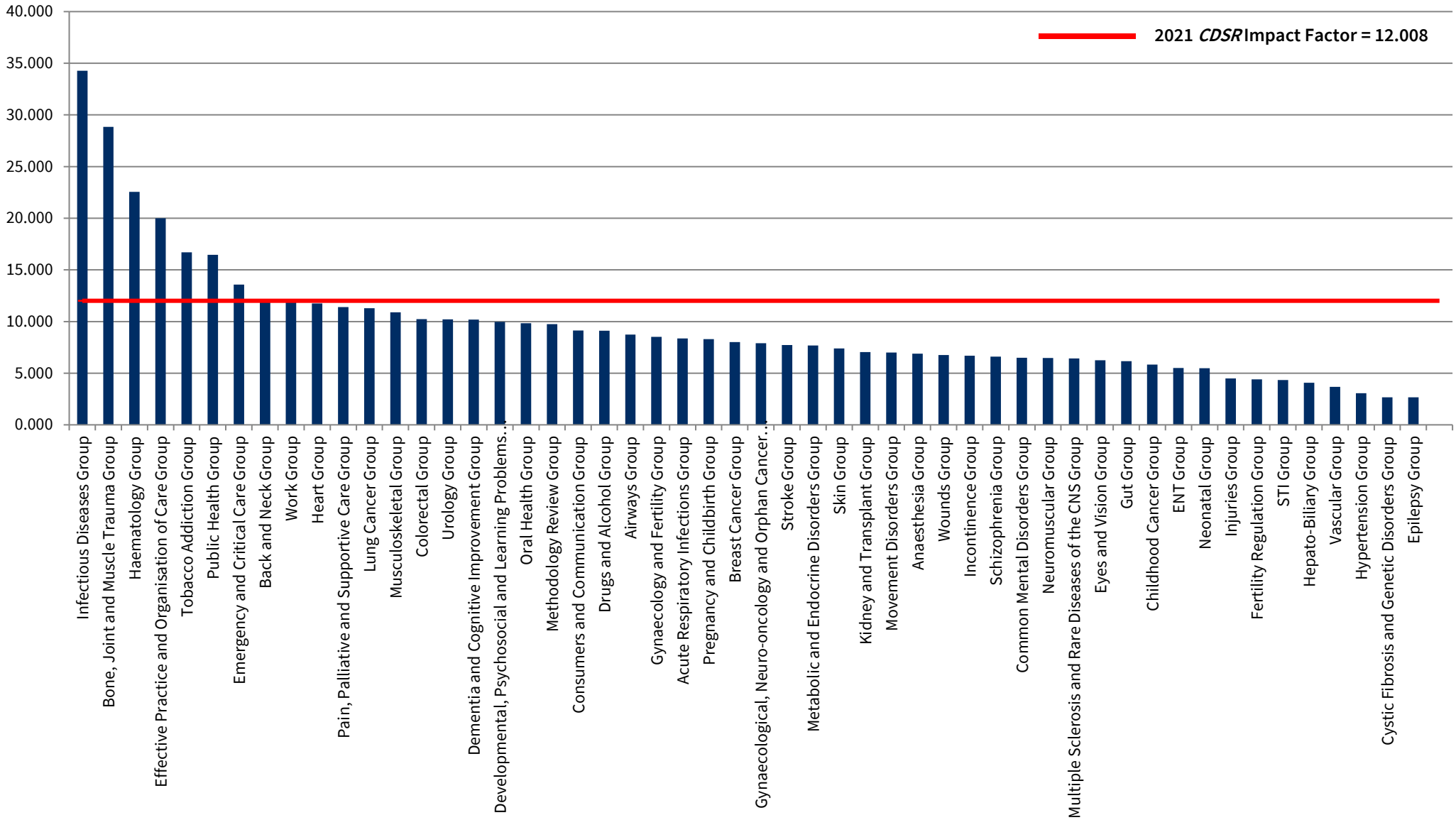
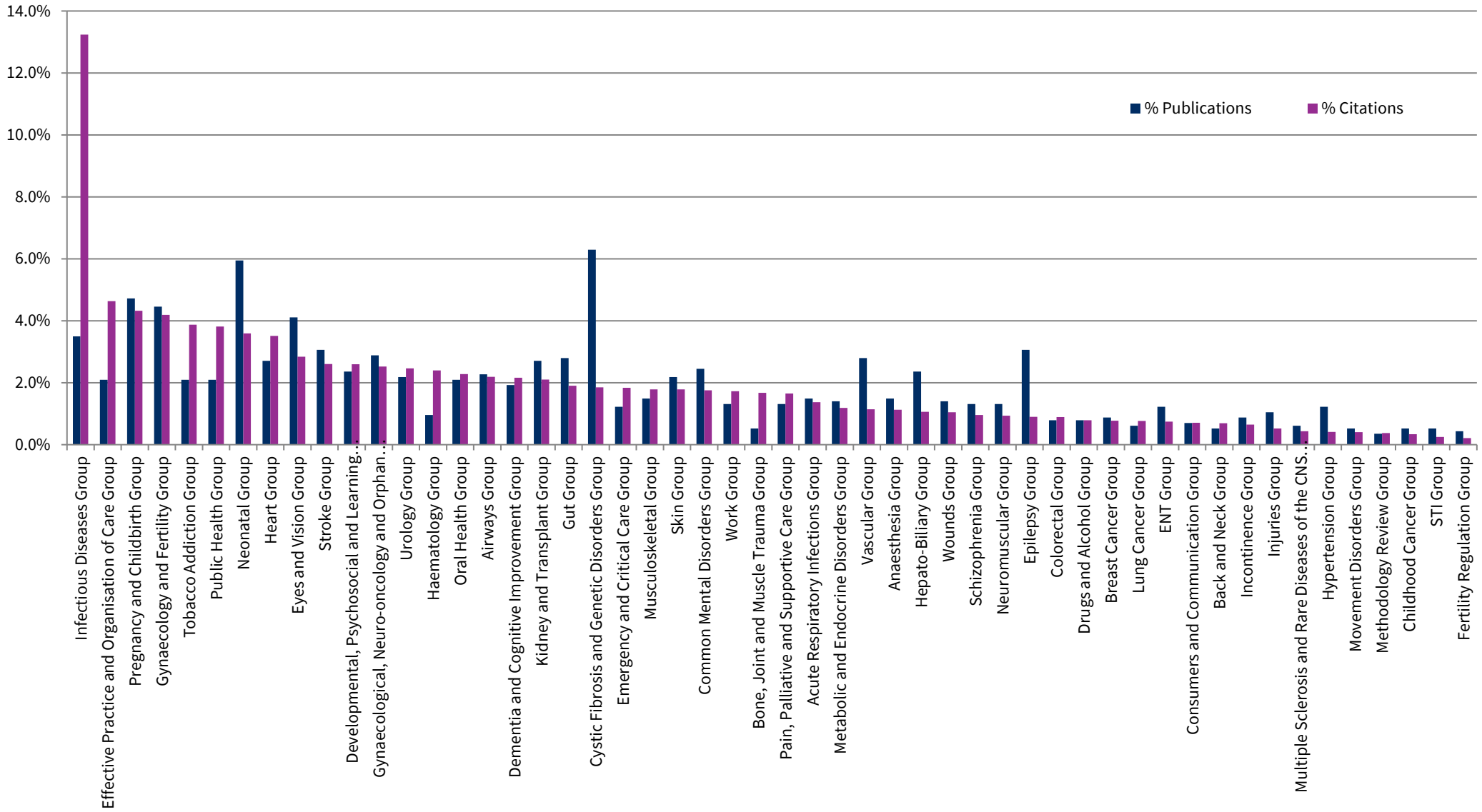


Figure 2: % Publications (blue) and % citations (purple) of *CDSR* for each CRG (in order of percentage of citations)



3. How the Gynaecology and Fertility Group Impact Factor compares with that of journals publishing in the same category

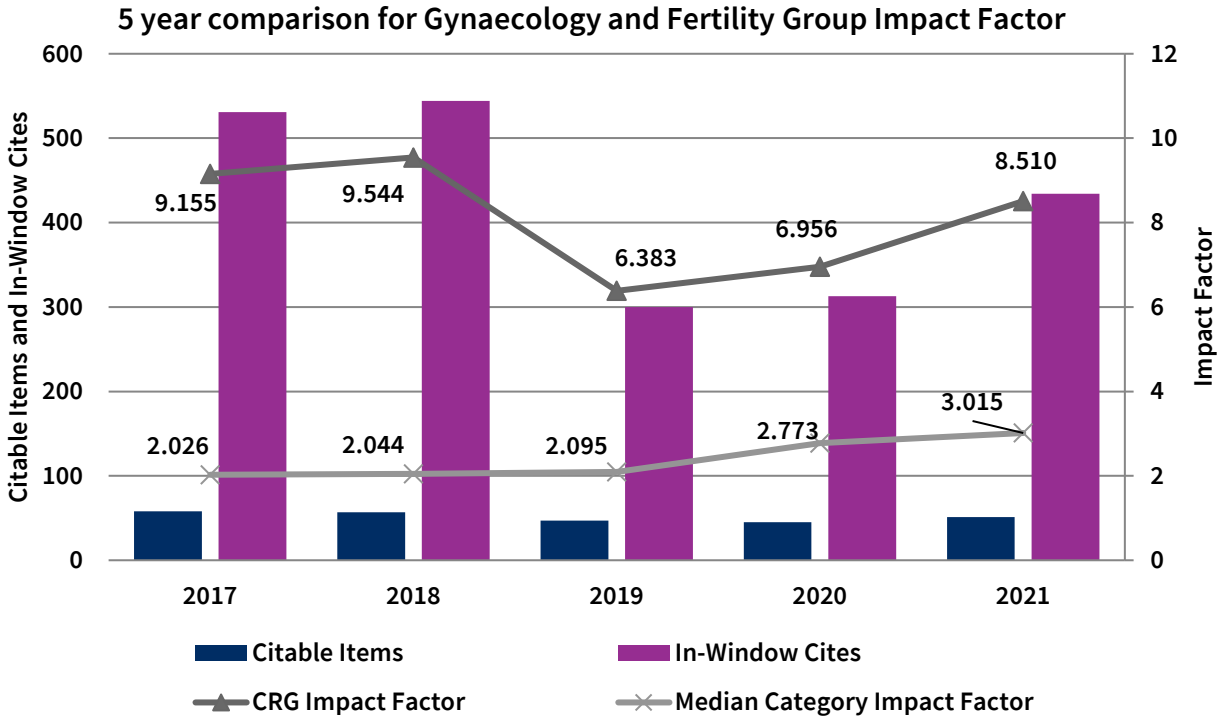
We have compared the CRG data with journals in the relevant Journal Citation Reports subject categories. The journal with the top Impact Factor in the category is not always directly comparable – either because of the scope of the journal, or the number of reviews published. Please contact Cathryn Fowler, cfowler@wiley.com, if you would like to compare your group's Impact Factor to journals other than those included in the table below.

Table 4: Gynaecology and Fertility Group Impact Factor comparison

CRG	Category (Median IF)	IF of journal ranked 10th in the category	Highest ranked journal by IF
Gynaecology and Fertility Group	Obstetrics & Gynecology	Gynecologic Oncology	Human Reproduction Update
8.510	3.015	5.304	17.179

How does the 2021 group Impact Factor compare to previous years?

In he below graph, we show the CRG Impact Factor, the median Impact Factor for the JCR subject category (as above), the number of citable items published, and the number of in-window citations received over the past 5 years. This provides an indication of how the CRG's 'Impact Factor' would compare to similar outputs in its respective JCR category if it were a journal. It also allows the CRG to see trends in articles being published, citations made and the average number of citations that an article receives (CRG Impact Factor). This gives an overview of how authors and their reviews are performing. This data is for information only as other journals in the JCR category are not always directly comparable and the nature of the *CDSR* is different to that of journals.



4. Usage data for the Gynaecology and Fertility Group

When considering the usage data for 2021 presented below, please be aware of the following:

- A proportion of full text accesses (HTML + PDF) to the Cochrane Library cannot be associated with an individual Cochrane Review so the usage data included in this report is an underestimate of overall usage activity.
- Only usage activity related to Cochrane Systematic Reviews hosted on the Cochrane Library platform is included in this report. The report does not include usage activity related to Cochrane Systematic Reviews hosted on third-party platforms.
- The information included below in Tables 5 and 6 may be useful for prioritisation.

Table 5: Top most-accessed active reviews in 2021 (reviews published anytime) for the Gynaecology and Fertility Group

Full text accesses	Review title	CD Number	Publication date
5782	Lifestyle changes in women with polycystic ovary syndrome	CD007506.pub4	Mar-2019
4666	Inositol for subfertile women with polycystic ovary syndrome	CD012378.pub2	Dec-2018
3934	Exercise for dysmenorrhoea	CD004142.pub4	Sep-2019
3196	Laparoscopic entry techniques	CD006583.pub5	Jan-2019
3153	Endometrial resection and ablation versus hysterectomy for heavy menstrual bleeding	CD000329.pub3	Aug-2019
3058	Metformin treatment before and during IVF or ICSI in women with polycystic ovary syndrome	CD006105.pub3	Nov-2014
2998	Laparoscopic surgery for endometriosis	CD011031.pub3	Oct-2020
2982	Non-steroidal anti-inflammatory drugs for heavy menstrual bleeding	CD000400.pub4	Sep-2019
2950	Surgical approach to hysterectomy for benign gynaecological disease	CD003677.pub5	Aug-2015
2816	Metformin for ovulation induction (excluding gonadotrophins) in women with polycystic ovary syndrome	CD013505	Dec-2019

Table 6 shows the top highest cited reviews from the whole CDSR. The full list of Cochrane Reviews accessed in 2021 for the Gynaecology and Fertility Group is provided in the accompanying Excel file.

Table 6: Top 10 most-accessed active reviews for the whole *CDSR* in 2021 (reviews published anytime)

Full text accesses	Review title	CD Number	Publication date	CRG	CCA number
407,628	Ivermectin for preventing and treating COVID-19	CD015017.pub2	Jul-2021	Infectious Diseases Group	4030
230,237	Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19 disease	CD013665	Jul-2020	Infectious Diseases Group	3998
134,211	Antibody tests for identification of current and past infection with SARS-CoV-2	CD013652	Jun-2020	Infectious Diseases Group	3386
104,311	Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection	CD013705.pub2	Mar-2021	Infectious Diseases Group	3590
89,151	Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19	CD013665.pub2	Feb-2021	Infectious Diseases Group	3998
68,812	Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19	CD013587.pub2	Feb-2021	Infectious Diseases Group	3553
54,321	Enteral versus parenteral nutrition and enteral versus a combination of enteral and parenteral nutrition for adults in the intensive care unit	CD012276.pub2	Jun-2018	Emergency and Critical Care Group	2278
43,117	Physical interventions to interrupt or reduce the spread of respiratory viruses	CD006207.pub5	Nov-2020	Acute Respiratory Infections Group	-
36,156	Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection	CD013705	Aug-2020	Infectious Diseases Group	3590
25,416	Music therapy for depression	CD004517.pub3	Nov-2017	Common Mental Disorders Group	-

Note: 97,653 full text accesses in 2021 were made to withdrawn reviews

5. How the Gynaecology and Fertility Group contributes to the *CDSR* usage data

Figure 3 shows the average number of full text accesses per review as accessed via the Cochrane Library during 2021 (regardless of publication date). Figure 4 shows the number of publications and full text accesses for each CRG as a percentage of the *CDSR*. The comparison is just for information and should not be used as a measure of 'success' regarding other CRGs.

Figure 3: Average number of full-text accesses received by Cochrane Review Groups in 2021

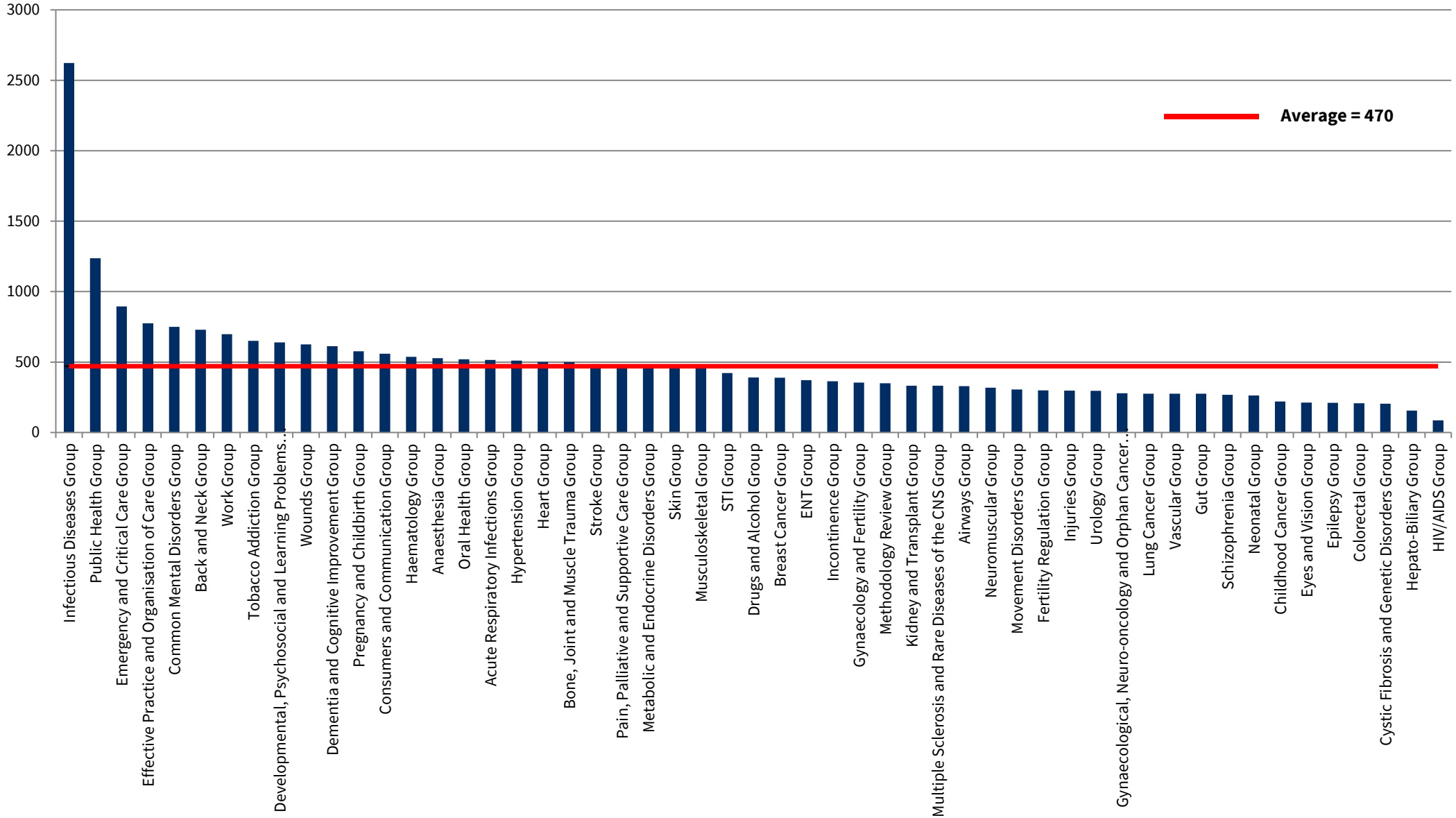
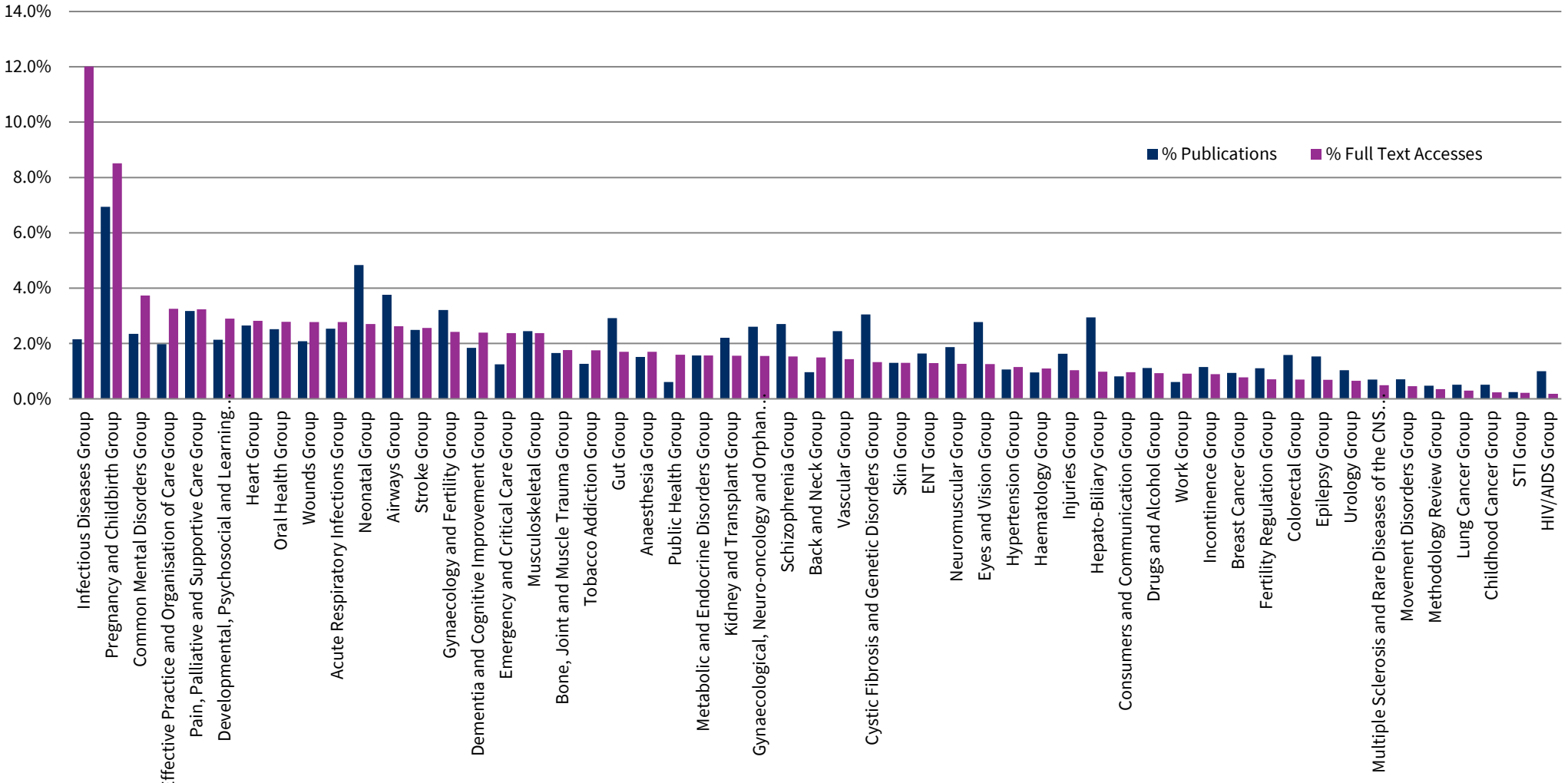


Figure 4: % Publications (blue) and % full text accesses (purple) of *CDSR* for each CRG (in order of percentage of accesses)



6. Altmetric scores for the Gynaecology and Fertility Group

Using the Altmetric Explorer for Publishers (http://www.altmetric.com/), we are able to report on further measures of the impact of Cochrane Reviews beyond cites and usage. Altmetric have created a cluster of servers that watch social media sites, newspapers, government policy documents and other sources for mentions of scholarly articles. The unique Altmetric Attention Score is available on the abstract page of every Cochrane Review that has achieved a score of one or above. Altmetric has tracked mentions of 13,889 articles from the *CDSR* up to June 2022.

Table 7: Top Altmetric scores for Gynaecology and Fertility Group reviews published in 2021

Score	Review title	CD Number	Publication date	B	T	N	F	W	M
35	Preconception lifestyle advice for people with infertility	CD008189.pub3	Apr-21	0	92	0	3	0	138
23	Endometrial injury in women undergoing in vitro fertilisation (IVF)	CD009517.pub4	Jun-21	1	44	0	2	0	29
18	Oxytocin antagonists for assisted reproduction	CD012375.pub2	Sep-21	0	48	0	1	0	11
15	Fresh versus frozen embryo transfers in assisted reproduction	CD011184.pub3	Feb-21	0	27	0	1	1	72
15	Oocyte activation for women following intracytoplasmic sperm injection (ICSI)	CD014040	Jun-21	0	2	2	0	0	8
13	Levonorgestrel-releasing intrauterine device (LNG-IUD) for symptomatic endometriosis following surgery	CD005072.pub4	Dec-21	0	25	0	0	0	20
12	Agents for ovarian stimulation for intrauterine insemination (IUI) in ovulatory women with infertility	CD005356.pub3	Nov-21	1	9	0	0	0	15
11	Pentoxifylline for the treatment of endometriosis-associated pain and infertility	CD007677.pub4	Aug-21	0	19	0	0	1	21
11	Surgical interventions for the management of chronic pelvic pain in women	CD008212.pub2	Dec-21	0	21	0	0	0	108
11	Endometrial injury for pregnancy following sexual intercourse or intrauterine insemination	CD011424.pub3	Mar-21	1	6	0	1	0	43

B=Bloggers T=Tweeters N=News outlets F=Facebook mentions W=Wikipedia pages M=Mendeley readers

Table 8: Top 10 Altmetric scores for reviews published in 2021 for the whole *CDSR*

Score	Review title	CD Number	Publication date	CRG	CCA number	B	T	N	F	W	M
10057	Ivermectin for preventing and treating COVID-19	CD015017.pub2	28/07/2021	Infectious Diseases Group	3774; 3775	21	19851	323	16	8	279
3909	Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection	CD013705.pub2	24/03/2021	Infectious Diseases Group	3590	19	3353	417	6	2	484
2112	Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19	CD013587.pub2	12/02/2021	Infectious Diseases Group	3553	4	3761	20	7	6	412
779	Ivermectin for preventing and treating COVID-19 (Protocol)	CD015017	20/04/2021	Infectious Diseases Group		2	357	94	1	0	49
516	Remdesivir for the treatment of COVID-19	CD014962	05/08/2021	Haematology Group	3780	4	699	11	5	0	179
450	Electronic cigarettes for smoking cessation	CD010216.pub5	29/04/2021	Tobacco Addiction Group		1	3495	13	5	5	103
432	Smoking cessation for improving mental health	CD013522.pub2	09/03/2021	Tobacco Addiction Group	3567	6	355	33	6	0	127
430	Electronic cigarettes for smoking cessation	CD010216.pub6	14/09/2021	Tobacco Addiction Group	3875; 3703	5	1744	4	2	4	21
407	Vegan dietary pattern for the primary and secondary prevention of cardiovascular diseases	CD013501.pub2	25/02/2021	Heart Group	3844	0	734	0	3	2	98
355	Enteral tube feeding for people with severe dementia	CD013503.pub2	13/08/2021	Dementia and Cognitive Improvement Group	3773	2	515	0	1	0	84

B=Bloggers T=Tweeters N=News outlets F=Facebook mentions W=Wikipedia pages M=Mendeley readers

4% of articles published in 2021 were on the topic of COVID-19 and accounted for 58% of Altmetric attention in 2021

The Altmetric attention Score is a quantitative measure of the attention that a scholarly article has received. It is derived from three main factors:

- **Volume** - The score for an article rises as more people mention it.
- **Sources** - Each category of mention contributes a different base amount to the final score. Further information including a breakdown of sources can be found at www.altmetric.com/about-our-data/the-donut-and-score/.
- **Authors** - How often the author of each mention talks about scholarly articles influences the contribution of the mention.

Altmetric track 'mentions' from different sources including references in policy documents, citations in Wikipedia pages and discussions on peer review sites. Only sources that contributed substantially to the scores of the Cochrane Reviews in the table above have been included.

6. How the Gynaecology and Fertility Group contributes to the *CDSR* Altmetric data

Figure 5 shows the average Altmetric score per review published in 2021 . Figure 6 shows the number of publications and Altmetric scores for each CRG as a percentage of the *CDSR*. The comparison is just for information and should not be used as a measure of 'success' regarding other CRGs.

Figure 5: Average Altmetric attention score received by Cochrane Review Groups in 2021

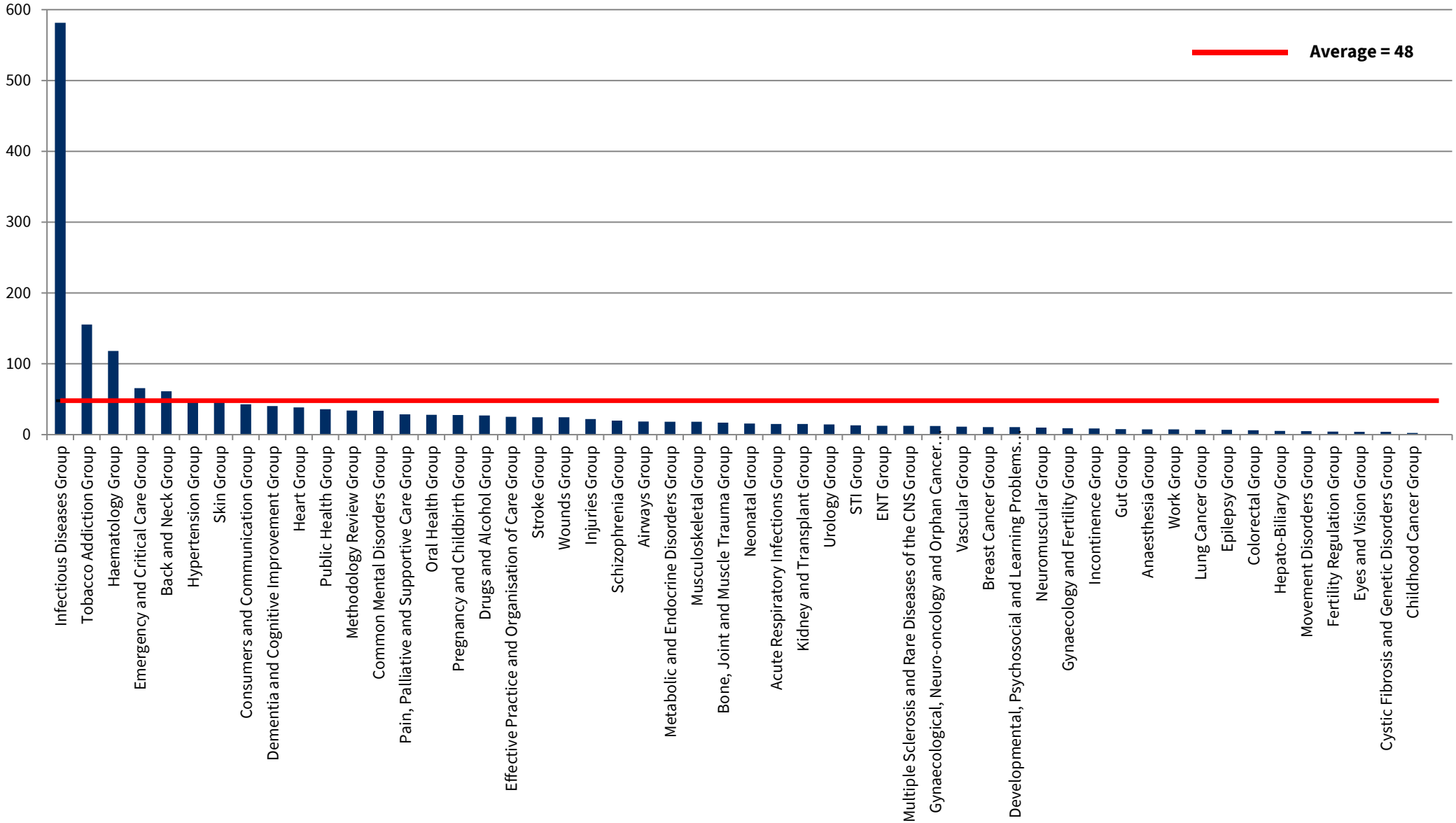
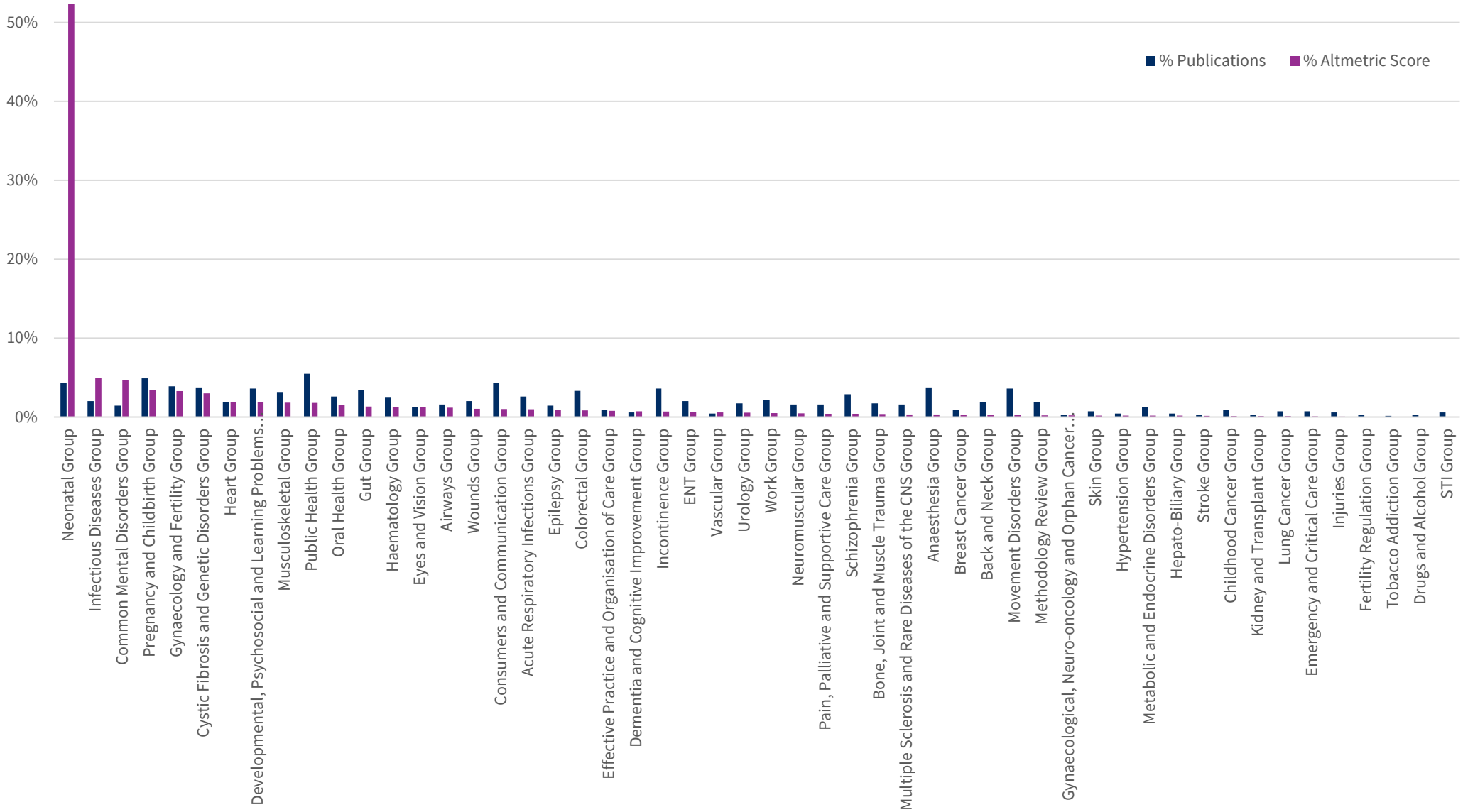


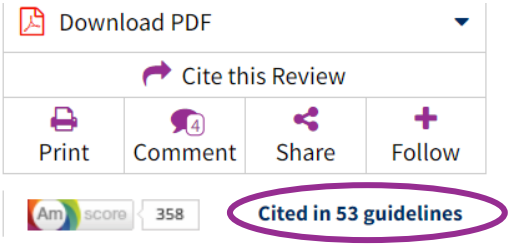
Figure 6: % Publications (blue) and % Altmetric attention (purple) of *CDSR* for each CRG (in order of percentage of Altmetric Attention)



7. Gynaecology and Fertility Group evidence featured in guidelines

A key impact measure of Cochrane Reviews in healthcare decision-making is their inclusion in evidence-based clinical guidelines. With thanks to Cochrane UK, this Impact Report now includes data on the use of Cochrane Reviews in guidelines.

Cochrane UK continually search a wide range of accredited, validated guidelines across the world, in multiple languages, that are open access, check guideline portals (including the Guidelines International Network database (GIN), for example) and regularly run tailored searches in PubMed to help populate a dataset of guidelines that have been informed by Cochrane evidence. The full text of each guideline identified by the searches is checked to see whether Cochrane evidence has been used. Cochrane UK send the guideline data to Wiley on a monthly basis, and the information is presented on the Cochrane Review on the Cochrane Library (see example below). This feature provides an opportunity for Cochrane Review Groups and Cochrane Library users to see up-to-date details of the impact of Cochrane evidence in healthcare decision-making.



Guideline data

The data presented below offers only one of many impressions of the impact of Cochrane Reviews in clinical guidelines - Cochrane Reviews that have been cited in clinical guidelines (published anytime). To date, 6,264 Cochrane Reviews (all versions) have been included in guidelines. Of these citations, 5,576 were to NICE guidelines and 816 to WHO guidelines (note: one review may be cited by more than one guideline, and a guideline may cite multiple versions of the same review). An additional figure provided by Cochrane UK shows that 76% of WHO guidelines published in 2021 were informed by Cochrane Reviews (78 unique Cochrane Reviews were included in 22 of 29 WHO guidelines published in 2021). The top 10 reviews that have received the highest number of guideline citations overall (including all versions) to date for the Gynaecology and Fertility Group and the whole *CDSR* are shown in Tables 9 and 10.

To give an impression of how guideline citations are distributed across Cochrane Review Groups, Figures 7 and 8 provide a view of the number of reviews published per group (all versions) that were included in guidelines (published anytime) alongside the number of guideline citations that those reviews received.

A similar calculation to the Impact Factor (without a publication window) can indicate the average number of guideline citations per group. For example, the data (available in the CRG datapacks) show that for the entire CDSR, 6,264 reviews (all versions) have received at least one guideline citation, and that those reviews have received 34,599 guideline citations in total, giving an average of 5.523 guideline citations per article.

You could consider this a 'guideline factor' of 5.523 for the *CDSR*. The same method has been used to calculate a 'guideline factor' for each CRG. For the Gynaecology and Fertility Group, the 'guideline factor' would be **3.489** (see Figure 7 for all CRGs). Figure 8 shows the percentage of contributing articles per group alongside the percentage of contributing guideline citations. As with citations and usage, these figures are an impression of distribution by CRG within the *CDSR* and should not be used as group-to-group comparison.

Notes on guideline data:

- Guidelines included have been scheduled to be developed and published in this given period and therefore reflect the priorities of individual guideline developers, which may not necessarily reflect national priorities or global burdens of disease.
- Although 'living guidelines' (those continually updated online) are now beginning to be developed, these are in the minority at present.
- Guidelines on common conditions affecting large populations globally covering a broad range of questions, and whose topic is covered by single CRGs (such as asthma (Airways Group) or pregnancy (Pregnancy & Childbirth Group)), are likely to generate a higher ranking for those groups than (a) guidelines on common conditions affecting large populations covering a broad range of questions but whose topic is covered by a range of CRGs (such as diabetes (Metabolic & Endocrine Disorders, Eyes & Vision, Kidney & Transplant, Neuromuscular, Wounds, Pregnancy & Childbirth, Public Health, Heart, Oral Health, Pain, Palliative & Supportive Care)), or than (b) guidelines with a more specific, specialised focus with a narrower remit and fewer questions.
- These data include accredited guidelines that are published as open access; there are likely to be guidelines in sources only accessible via subscription that are not yet included here.
- Data included in this report for each review may differ slightly from the live figure presented on the Cochrane Library due to the format of the data and date of data collection.
- Guidelines may cite multiple versions of a single review (e.g. CD001423 and CD001423.pub2). For this report, we have counted all citations to any version of a review; this means that if a guideline cites two versions of a review, this is counted as two citations.
- The data in Table 9 and Table 10 are available in the datapack files. Editors can use these data to gain insight into where their reviews are being cited; this may be useful for prioritisation.

Table 9: Top reviews (published anytime) for the Gynaecology and Fertility Group ranked by number of cites in guidelines

CD Number	Review title	No. cites in guidelines*	No. review versions cited in guidelines**
CD004143	Long term hormone therapy for perimenopausal and postmenopausal women	48	4
CD002126	Progesterone or progestogen-releasing intrauterine systems for heavy menstrual bleeding	31	3
CD001751	Nonsteroidal anti-inflammatory drugs for dysmenorrhoea	23	3
CD000154	Oral contraceptive pill for heavy menstrual bleeding	22	2
CD001501	Endometrial resection and ablation techniques for heavy menstrual bleeding	22	5
CD002120	Oral contraceptive pill for primary dysmenorrhoea	22	3
CD005073	Uterine artery embolization for symptomatic uterine fibroids	21	4
CD001500	Local oestrogen for vaginal atrophy in postmenopausal women	20	2
CD003677	Surgical approach to hysterectomy for benign gynaecological disease	18	3
CD006586	Oral contraceptives containing drospirenone for premenstrual syndrome	18	2

*No. cites in guidelines includes all versions of the review published in any guideline – it is important to note that multiple versions of one review (pub2, pub 3) may be cited by one guideline and may contribute to this figure.
** No. review versions cited indicates how many versions of each review have been cited in any guideline (pub2, pub3 etc).

NOTE: Some guideline developers tackle a wide range of questions designed to cover all aspects of a condition (e.g prevention, diagnosis, prognosis, treatment) in all populations (e.g. adults, adolescents, children, infants) in a single guideline and these guidelines are therefore more likely to feature more reviews and be ranked higher in the tables than guidelines from developers who tackle a similar range of questions but choose to publish these in a series of separate guidelines targeted for particular stakeholders.

Table 10: Top reviews (published anytime) for the whole *CDSR* ranked by number of citations in guidelines

CD number	Review title	Review Group	No. cites in guidelines*	No. review versions cited in guidelines**	CCA number
CD001431	Decision aids for people facing health treatment or screening decisions	Consumers and Communication Group	94	5	1693
CD000165	Physician advice for smoking cessation	Tobacco Addiction Group	75	3	-
CD000146	Nicotine replacement therapy for smoking cessation	Tobacco Addiction Group	73	5	2197
CD000011	Interventions for helping patients to follow prescriptions for medications	Consumers and Communication Group	71	4	2835
CD007146	Interventions for preventing falls in older people living in the community	Bone, Joint and Muscle Trauma Group	67	3	-
CD002733	Influenza vaccine for patients with chronic obstructive pulmonary disease	Airways Group	60	3	2235
CD006103	Nicotine receptor partial agonists for smoking cessation	Tobacco Addiction Group	57	6	1502
CD004454	Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth	Pregnancy and Childbirth Group	56	3	3534
CD000031	Antidepressants for smoking cessation	Tobacco Addiction Group	53	4	3204, 3205, 3206
CD001800	Exercise-based rehabilitation for coronary heart disease	Heart Group	53	3	3897
CD005305	Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease	Airways Group	53	3	1650

*No. cites in guidelines includes all versions of the review published in any guideline. It is important to note that multiple versions of one review (pub2, pub3) may be cited by one guideline and may contribute to this figure.
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NOTE: Some guideline developers tackle a wide range of questions designed to cover all aspects of a condition (e.g. prevention, diagnosis, prognosis, treatment) in all populations (e.g. adults, adolescents, children, infants) in a single guideline and these guidelines are therefore more likely to feature more reviews and be ranked higher in the tables than guidelines from developers who tackle a similar range of questions but choose to publish these in a series of separate guidelines targeted for particular stakeholders.

Figure 7: Average number of guideline citations to reviews (published anytime) for each Cochrane Review Group

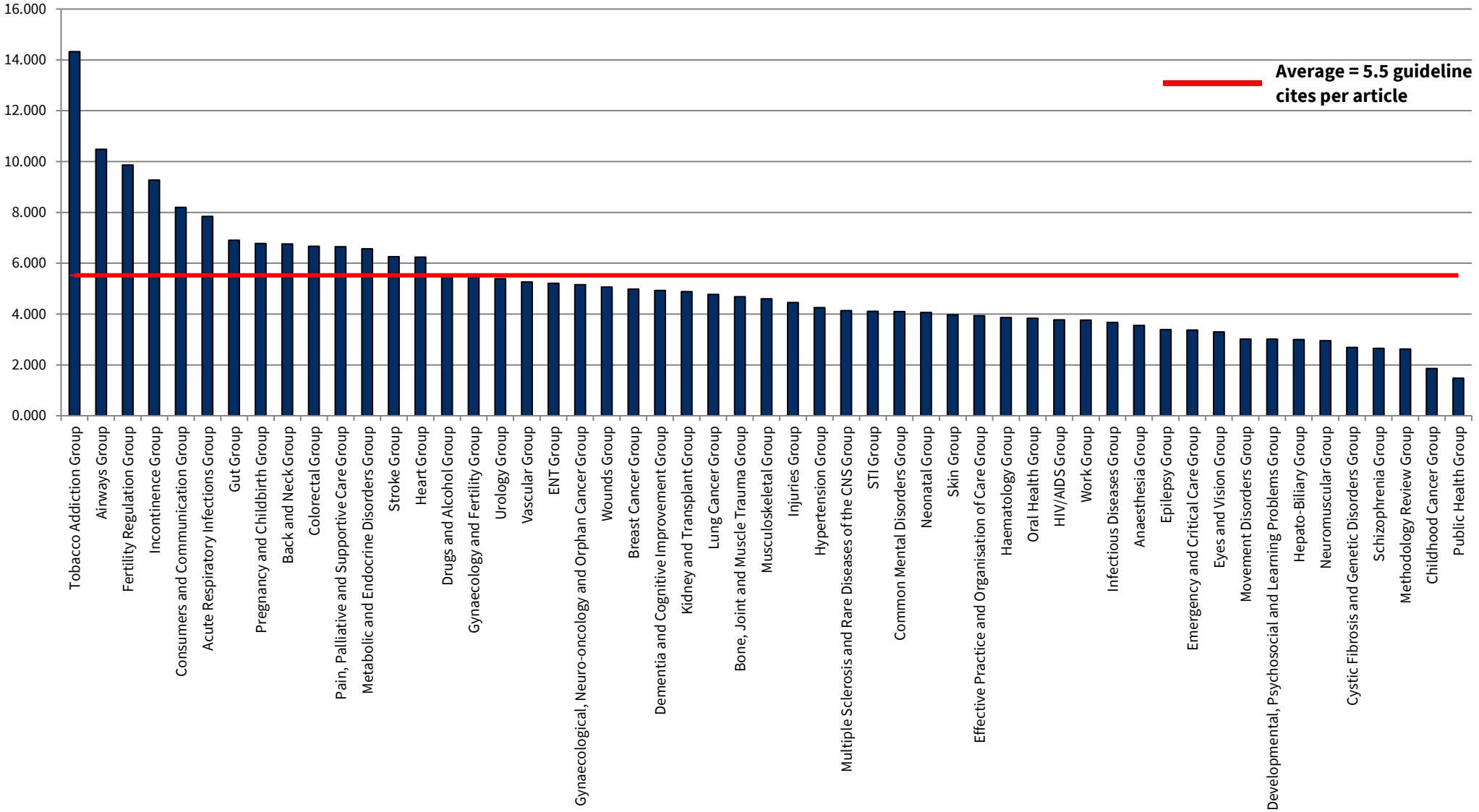
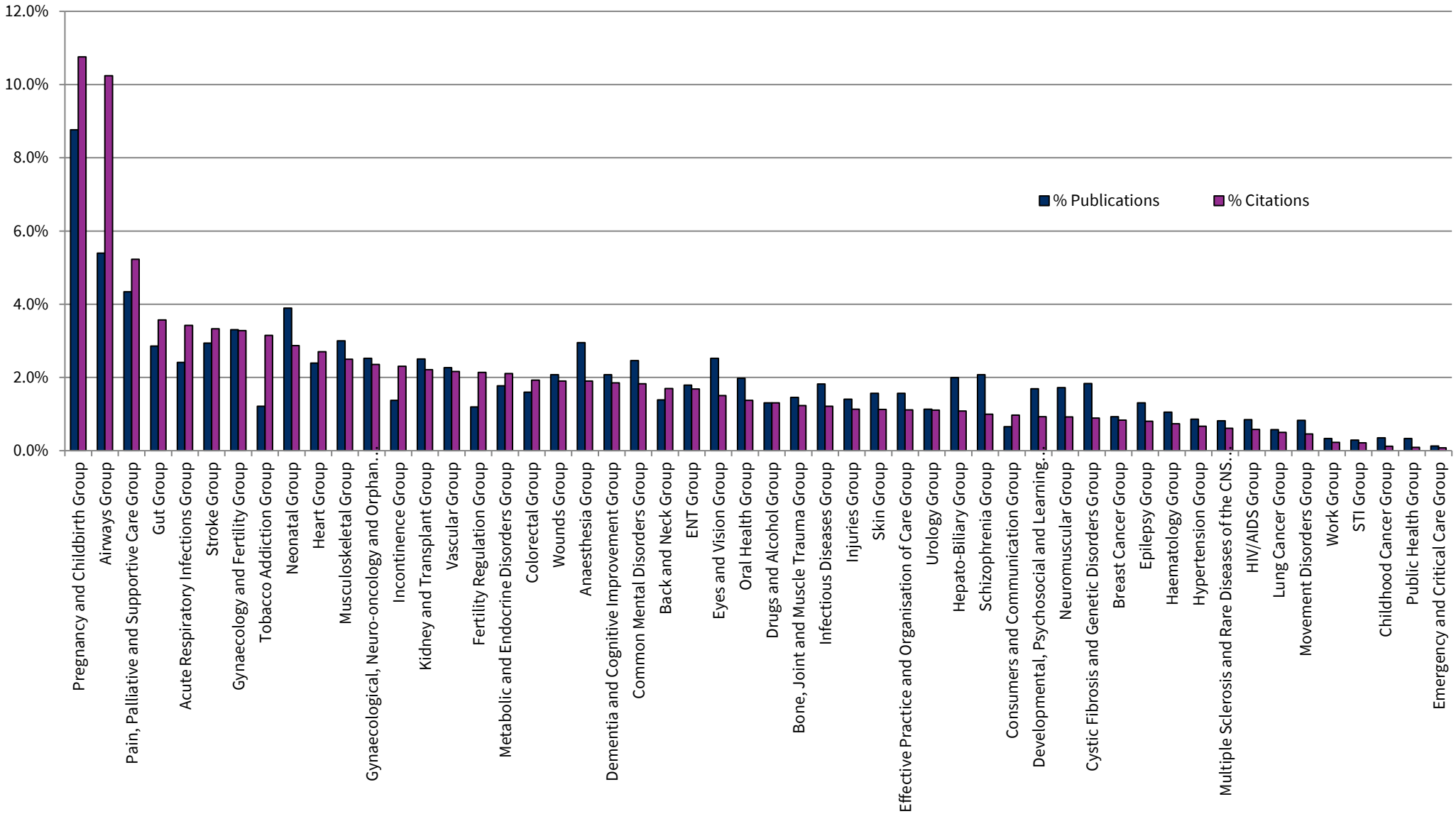


Figure 8: % Publications (blue) and % cites (purple) of reviews included and cited in guidelines for each CRG (in order of percentage of citations)



Additional information

If you have any further queries regarding these data, please contact Cathryn Fowler, Editor, cfowler@wiley.com.

For further details of Cochrane Reviews in the press, please contact Muriah Umoquit, Communications and Analytics Officer at Cochrane mumoquit@cochrane.org.

Useful links

CDSR Impact Frequently Asked Questions document (FAQ)
https://www.cochranelibrary.com/cdsr/about-cdsr

Clarivate Analytics Web of Science Journal Citation Reports
https://clarivate.com/webofsciencegroup/web-of-science-journal-citation-reports-2020-infographic/

The donut and Altmetric Attention Score
www.altmetric.com/about-our-data/the-donut-and-score/.

Cochrane at the WHO: Identifying and charting the impact of Cochrane evidence
https://community.cochrane.org/news/cochrane-who-identifying-and-charting-impact-cochrane-evidence