Cochrane Musculoskeletal Group:
Plain Language Summary (PLS) Guide for Authors

Cochrane Musculoskeletal Group, October 2011

Contents

1. About Cochrane Plain Language Summaries (PLS)

Who is this guide for?

This guide is meant authors to write a Plain Language Summary (PLS) of their Cochrane review, and who have developed a Summary of Findings table (SoF) for their review

What is a Cochrane PLS?

The plain language summary aims to summarise the review in a straightforward style that can be understood by consumers of healthcare. The main aim of the Plain Language Summary is to summarise the results, not the methods. Similar to the abstract, it should not make recommendations. Plain language summaries are made freely available on the internet at www.cochrane.org/, The Cochrane Library web site from Wiley and on other websites affiliated with Cochrane, so they will often be read as stand-alone documents. According to the *Cochrane Handbook*, Chapter 3.2, a "plain language summary" of a systematic review should be included in all Cochrane systematic reviews. It "aims to summarize the review in an easily understood style which would be understandable by consumers of healthcare."

What are the core guiding principles for Cochrane PLSs?

1. The Cochrane PLS is short, consistently structured, and can be read in 4-5 minutes maximum.
2. The language should be friendly, clear, and concise. Reading level should be similar to "Reader's Digest" or similar popular magazine.
3. The Cochrane PLS is related to clinical outcomes, based on the summary of findings tables and/or forest plots where they exist.
4. The Cochrane PLS concentrates on the results, and our confidence in these, not the methods.
5. The PLS does not make recommendations

Where are they published?

To reach a large audience, these summaries are freely available on the Website of the Cochrane Collaboration at http://www.cochrane.org/reviews.

They are also translated (when needed) and sent to local patient groups for distribution and for publication on their websites.

Who is the target audience?

The general public, consumers, including patients and their families, journalists.

Who will prepare the Cochrane PLS?

Authors will prepare the PLS and they will be peer reviewed and edited with the rest of the review.
The first draft of the plain language summary should usually be written by the review authors and submitted with the review to the relevant CRG. This draft may be subject to alteration, and authors should anticipate one or more iterations. Many CRGs have plain language summary writing skills within their editorial team. Where this is not available, a central support service is available to assist CRGs in their writing and editing. This service is co-ordinated by the Cochrane Consumer Network, but review authors needing assistance with writing a plain language summary should contact their CRG. Further information on the process of finalizing plain language summaries is available in the Cochrane Manual (available from www.cochrane.org/about-us/policy-manual).

How will you ensure consistency with the review conclusions and abstract?

Use the Summary of Findings table as the starting point when writing your Plain Language Summary as it provides information about the most important outcomes to report, the findings, the quality of that evidence, and the limitations. This will ensure it matches the abstract and the review results. We have prepared a Cochrane PLS template. This includes the fixed headings and provides guidance on content, style, and word count.

2. Cochrane PLS format

Format

Use the Content guide with examples below to guide you and use the headings, to ensure consistency.

Length

Each Cochrane PLS must be roughly 400 words, not including the title.

Images

For now, images and tables are not supported in the PLS.

Writing style

- Use the same terms consistently throughout the text (e.g. for outcomes, intervention, condition, etc.)
- When the medical term is difficult, consider using a plain language term with the medical term in parentheses the first time it is used
- Use terms that the target audience is likely to understand (consider visiting consumer organisation web sites to see terms used)
- Refer to the population as 'people', 'women', 'men', or 'children' rather than participants, consumers, subjects, patients, etc.
- Use short sentences.
- Try to avoid using a passive voice
    - Passive: Pain was experienced by many people.
    - Active: Many people experienced pain.
- Use generic drug names (recommended International Non-proprietary Name (rINN)) as standard, but trade names can be included in brackets if used internationally.
- Ask a non-medical person to read through and comment.
- As with other components of a Cochrane review, plain language summaries should follow the format of the Cochrane Style Guide (available from www.cochrane.org/training/authors-mes/cochrane-style-guide/cochrane-style-guide).

3. Content guide with examples

Title	The plain language title is the same as the review title unless the terms are not easily understandable. The plain language title should not be declarative (it should not reflect the conclusions of the review). It should be written in sentence case (i.e. with a capital at the beginning of the title and for names, but the remainder in lower case), it should not be more than 256 characters in length, and should not end with a period.
Example *Example*	"Abatacept for rheumatoid arthritis" Surgery for thumb (trapeziometacarpal joint) osteoarthritis' might have a plain language title 'Surgery for osteoarthritis of the thumb'**.**
Introduction	Standard text is used to introduce the PLS: In this section, use a standard statement to convey that this is a review from the Cochrane Collaboration and not the results of a single study. Fill in the plain language term for the intervention and the condition, and the number of studies. Researchers in the Cochrane Collaboration conducted a review of the effect of [intervention] for people with [condition]. After searching for all relevant studies, they found [#] studies with up to [#] people. Their findings are summarised below:
Example	Researchers in the Cochrane Collaboration conducted a review of the effect of abatacept for people with rheumatoid arthritis. After searching for all relevant studies, they found 7 studies with up to 2908 people. Their findings are summarised below:
What the research says section	For wording of the individual bullets please see Appendix A at the end of this guide In [population], at [measurement time point], [intervention] compared to [control]: • Xx • Xx • Xx • xx We often do not have precise information about side effects and complications. This is particularly true for rare but serious side effects. Possible side effects may include [add specific harms discussed in the review] . Rare complications may include [add specific harm].
Example	In people with rhuematoid arthritis, • Abatacept probably improves pain, function and other symptoms of rheumatoid arthritis. • Abatacept probably reduces disease activity. • Abatacept probably reduces joint damage as seen on the x-ray. We often do not have precise information about side effects and complications. This is particularly true for rare but serious side effects. Possible side effects may include a serious infection or upper respiratory infection. Rare complications may include certain types of cancer.
Background section	What is [condition] and what is [intervention]? We have developed consistent wording to describe rheumatoid arthritis, osteoarthritis, and osteoporosis in the plain language summary. Please see Appendix B at the end of this guide. Give brief description of: • population/health problem • intervention - provide enough information for readers to judge whether the intervention is comparable to those available to them • the control intervention if necessary • why this review is important (e.g. controversies or doubt)
Example	What is rheumatoid arthritis and what is abatacept? When you have rheumatoid arthritis, your immune system, which normally fights infection, attacks the lining of your joints. This makes your joints swollen, stiff and painful. The small joints of your hands and feet are usually affected first. There is no cure for rheumatoid arthritis at present, so the treatments aim

	to relieve pain and stiffness and improve your ability to move. Abatacept is one of a group of medications called selective costimulation modulators (immunomodulators). It works by blocking the activity of T-cells, a type of immune cell in the body that causes swelling and joint damage in people who have rheumatoid arthritis. Although expensive, if supported by the overall body of evidence, the claims of their benefit upon both symptoms and radiographic progression, and their low rate of short term side effects make them of great interest to patients with RA.
What happens to people section	This section includes the results of the review based on the Summary of Findings table • Include all outcomes from your SoF table in this table, including outcomes with no data, and outcomes related to side effects and complications. • Provide absolute event rates so the reader has a basis for comparison • Include information about the scale used in the study • If necessary, Include additional information about population or intervention/control here. For example, specific dosages, duration of treatment. Use this heading: What happens to people who with [control] or with [intervention]
Example	**What happens to people with rheumatoid arthritis who take abatacept:** **X-rays of the joints** -There was no damage to joints of people who took abatacept after 12 months. -The damage to joints of people who took a placebo was 0.27 units on a scale of 0 to 145 units. **Pain (higher scores mean worse or more severe pain)** - People who took abatacept rated their pain to be 12 points lower on a scale of 0 to 100 after 12 months with abatacept (12% absolute improvement). -People who took abatacept rated their pain to be 37 on a scale of 0 to 100 after 12 months. -People who took a placebo rated their pain to be 49 on a scale of 0 to 100. **ACR 50 (number of tender or swollen joints and other outcomes such as pain and disability)** -20 more people out of 100 experienced improvement in the symptoms of their rheumatoid arthritis after 12 months with abatacept (20% absolute improvement). -37 people out of 100 experienced improvement in the symptoms of their rheumatoid arthritis. -17 people out of 100 who took a placebo experienced improvement. **Physical Function** -25 more people out of 100 had better physical function after 12 months with abatacept (25% absolute improvement). -64 people out of 100 had better physical function. -39 people out of 100 who took a placebo had better physical function. **Disease activity** -32 more people out of 100 were considered to have low disease activity of their rheumatoid arthritis after 12 months with abatacept (32% absolute improvement). -42 people out of 100 were considered to have low disease activity of their rheumatoid arthritis. -10 people out of 100 who took a placebo were considered to have low disease activity of their rheumatoid arthritis.
Source note	This is a Cochrane review abstract and plain language summary, prepared and maintained by The Cochrane Collaboration, currently published in The Cochrane Database of Systematic Reviews [Issue and date] © [year] The Cochrane Collaboration. Published by John Wiley and Sons, Ltd.. The full text of the review is available in The Cochrane Library (ISSN 1464-780X). This record should be cited as: [citation]
Example	This is a Cochrane review abstract and plain language summary, prepared and maintained by The Cochrane Collaboration, currently published in The Cochrane Database of Systematic Reviews 2010 Issue 7, Copyright © 2010 The Cochrane Collaboration. Published by John Wiley and Sons, Ltd.. The full text of the review is available in The Cochrane Library (ISSN 1464-780X). This record should be cited as: Maxwell L, Singh JA. Abatacept for rheumatoid arthritis. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD007277. DOI: 10.1002/14651858.CD007277.pub2

3. Appendix A: Wording for bullet points of key messages

Use the grid below to determine the qualitative statements in following statements when determining the Bullet points of key messages about the conclusions of the review.

	Important benefit/harm	**Less important benefit/harm**	**No important benefit/harm or null effect**
High Quality evidence	improves	improves slightly	little or no difference in [outcome]
Moderate quality evidence	probably improves	probably improves slightly	probably little or no difference in [outcome]
Low quality evidence	may improve	may improve slightly	may have little or no difference in [outcome]
Very low quality evidence	We are uncertain whether [intervention] improves [outcome]		
No events or rare events	Use comments in SoF in a plainer language or summarise results		
No studies	No studies were found that looked at [outcome]		

Appendix B: Wording for description of condition

Osteoporosis: Bone is a living, growing part of your body. Throughout your lifetime, new bone cells grow and old bone cells break down to make room for the new, stronger bone. When you have osteoporosis, the old bone breaks down faster than the new bone can replace it. As this happens, the bones lose minerals (such as calcium). This makes bones weaker and more likely to break even after a minor injury, like a little bump or fall.

Osteoarthritis: Osteoarthritis (OA) is a disease of the joints, such as your knee or hip. When the joint loses cartilage, the bone grows to try and repair the damage. Instead of making things better, however, the bone grows abnormally and makes things worse. For example, the bone can become misshapen and make the joint painful and unstable. This can affect your physical function or ability to use your knee.

Rheumatoid arthritis: When you have rheumatoid arthritis (RA) your immune system, which normally fights infection, attacks the lining of your joints. This makes your joints swollen, stiff and painful. The small joints of your hands and feet are usually affected first. There is no cure for RA at present, so the treatments aim to relieve pain and stiffness and improve your ability to move.

Sample Cochrane PLS

Abatacept for rheumatoid arthritis

Researchers in the Cochrane Collaboration conducted a review of the effect of abatacept for people with rheumatoid arthritis. After searching for all relevant studies, they found 7 studies with up to 2908 people. Their findings are summarised below:

In people with rheumatoid arthritis:

- Abatacept probably reduces joint damage as seen on the x-ray.
- Abatacept probably improves pain, function and other symptoms of rheumatoid arthritis.
- Abatacept probably reduces disease activity.

We do not have precise information about side effects and complications. This is particularly true for rare but serious side effects. Possible side effects may include a serious infection or upper respiratory infection. Rare complications may include certain types of cancer.

What is rheumatoid arthritis and what is abatacept?

When you have rheumatoid arthritis, your immune system, which normally fights infection, attacks the lining of your joints. This makes your joints swollen, stiff and painful. The small joints of your hands and feet are usually affected first. There is no cure for rheumatoid arthritis at present, so the treatments aim to relieve pain and stiffness and improve your ability to move.

Abatacept is one of a group of medications called selective costimulation modulators (immunomodulators). It works by blocking the activity of T-cells, a type of immune cell in the body that causes swelling and joint damage in people who have rheumatoid arthritis. Although expensive, if supported by the overall body of evidence, the claims of their benefit upon both symptoms and radiographic progression, and their low rate of short term side effects make them of great interest to patients with RA.

What happens to people with rheumatoid arthritis who take abatacept:

X-rays of the joints

-There was no damage to joints of people who took abatacept after 12 months.

-The damage to joints of people who took a placebo was 0.27 units on a scale of 0 to 145 units.

Pain (higher scores mean worse or more severe pain)

- People who took abatacept rated their pain to be 12 points lower on a scale of 0 to 100 after 12 months with abatacept (12% absolute improvement).

-People who took abatacept rated their pain to be 37 on a scale of 0 to 100 after 12 months.

-People who took a placebo rated their pain to be 49 on a scale of 0 to 100.

ACR 50 (number of tender or swollen joints and other outcomes such as pain and disability)

-20 more people out of 100 experienced improvement in the symptoms of their rheumatoid arthritis after 12 months with abatacept (20% absolute improvement).

-37 people out of 100 experienced improvement in the symptoms of their rheumatoid arthritis.

-17 people out of 100 who took a placebo experienced improvement.

Physical Function

-25 more people out of 100 had better physical function after 12 months with abatacept (25% absolute improvement).

-64 people out of 100 had better physical function.

-39 people out of 100 who took a placebo had better physical function.

Disease activity

-32 more people out of 100 were considered to have low disease activity of their rheumatoid arthritis after 12 months with abatacept (32% absolute improvement).

-42 people out of 100 were considered to have low disease activity of their rheumatoid arthritis.

-10 people out of 100 who took a placebo were considered to have low disease activity of their rheumatoid arthritis.

This record should be cited as: Maxwell L, Singh JA. Abatacept for rheumatoid arthritis. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD007277. DOI: 10.1002/14651858.CD007277.pub2