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# Improving your Cochrane Review PDF

## *A guide to use alongside the Preview Published PDF service*

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### Introduction

The Preview Published PDF service, introduced in January 2012, allows Cochrane authors and other Archie users to view a proof of the PDF version of a Cochrane Review, as it will appear in the *Cochrane Database of Systematic Reviews (CDSR)*. (Please note, however, that there may be some manual layout adjustments during the production process before publication.) This document provides tips to improve the appearance of a PDF should it not appear satisfactory. These tips refer to making changes to the review in Review Manager (RevMan) that will affect the appearance of the PDF.

**Summary of findings tables:** Note that issues relating to the spacing or orientation of these tables will be handled by Wiley as part of the manual layout adjustments during the production process for new reviews. Please do not try to adjust the layout of the tables if you identify problems with these; instead, the Managing Editors should report these to David Hives, Production Editor, *The Cochrane Library* ([dhives@wiley.com](mailto:dhives@wiley.com)).

For questions regarding the Preview Published PDF service, authors can their Cochrane Review Group (CRG) or CRGs can contact their IMS Support person.

*The three teams who prepared this document are continuing to work together to improve the visual presentation of the PDF versions, and we will update this document in line with the developments.*

### Top 5 tips for improving your PDF

#### 1. Table tips

- 1.1. Keep the number of columns and rows low. (pg 2)
- 1.2. Do not insert symbols, tabs or spaces in a table, to make it 'look nice', as it can be the reason why the final PDF is poorly rendered. (pg 4)
- 1.3. Do not use hyperlinks as the first 'word' in the first column of a table. (pg 4)

#### 2. Text tips

- 2.1. Do not use tabs or multiple spaces within a block of text. (pg 5)
- 2.2. Do not use lists with more than three levels. (pg 5)

# I. Table tips

## I.1. Keep the number of columns and rows low.

Table column widths are automatically calculated during the production process. The column widths will decrease as the number of columns increases. This can mean that columns are narrow and the content may difficult to read (see Figure 1).

Therefore:

- Try and keep the number of columns to a minimum. (A maximum of 10 columns per table is recommended for uncluttered reading. However, a maximum of 25 columns is permitted).
- Try to avoid including lots of text in tables with many columns (see Figure 2).
- Longer text may be allocated in the last column as this usually appears the widest.
- Remove any un-required empty columns or rows (see Figure 3 and Figure 4) because these readers may think text is missing and the text alignment in the PDF versions may be detrimentally affected.

Be aware, the tables will not look the same in RevMan and the published PDF version (see Figure 5).

Figure 1. Example of table with many columns (narrow, cluttered reading and content leaking out on right side of table column)

Chas-198	Bak-198	Boer-198	Brui-2001	Chi-2001	Co-2001	De-2001	Day-2001	Haa-2001	Hira-2001	Hon-198	Hoo-2001	Lap-2001	Mes-198	Nath-198	Nous-198	Nub-2001	Ode-198	Pozz-198	Saur-198	Sch-198	Sloog-2001	Tsui-2001	Wein-2004
6%	100%	Not reported	42%	62%	47%	56%	48%	63%	40%	53%	53%	38%	60%	42%	56%	53%	61%	42%	60%	42%	33%	57%	43%
Age (SD)	To: 24.2	Not reported	To: 38.1	To: 26.8	To: 36.2	To: 10.3	To: 12.5	To: 10.3	To: 43.1	To: 40.4	To: 35.3	To: 37.7	To: 11.2	To: 12.9	To: 31.5	To: 36.6	To: 10.3	To: 11.2	To: 17.9	To: 32	To: 36.5	To: 11.8	To: 36.1
	14.2		14.5	17.9	14.2	10.6	17.9	10.3	40.4	42.9	15.6	12	37	37	32	32	38	12	18.4	19	12.3	11.9	11.9

Figure 2. Truncated text highlighted; due to large volume text content combined with multiple column usage

DESIGN:	N: 58	Part 1: double-blind study (8wks): Tacalcitol 4 mcg/g ointment OD Placebo.	Local AEs: occurrence of adverse events (duration, severity and whether treatment-related)	Local AEs: WA: 0/58 AE(L): 10/58 (29 events)	Sponsorship not reported
Uncontrolled study	TD: <= 60 wks; FU: <= 60 wks	Part 2: open follow up study (4 wk washout period): Tacalcitol 4 mcg/g ointment OD, <= 20 mg/day and < 2000 g per patient over study pe-	assessments of tolerability (4 pt: v. good (3) to insufficient (0))	AE(L)(treatment-related): 8/58 (23%)	Follow-up studies to Van de Kerkhof 1996b - 3 of 15 centres participated
Patient delivery ALLOCATION:	LF: 16 (27.6%)		Systemic AEs: haematology (erythrocytes,	Investigator assessment: 2.60 (0.53SD, N = 58); patient assessment: 2.53 (0.63SD, N = 58).	Scalp excluded
non random Method of randomisation: NA	BC: NA				
Concealment: NA	Age: 45 (range: 19 to 78)				
BLINDING:	Gender (%M): 69.0%				
open	Severity: BSA: 8.3% (1.9SD); TSS (0 to 12): 7.9 (2.1SD). IN-				
WITHDRAWN:					
PROPORTION Described					

Figure 3. Example of PDF version including empty rows

Baseline period		Post-intervention period		Location (page/column/ paragraph or table)
No. with event	Total observed	No. with event	Total observed	
				Intervention
				Control
<b>Total observed:</b> no. of cases in group who were completely monitored for that outcome.				

Figure 4. Example of PDF version including empty columns

Odds ratio	0.50	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00
Baseline %											
10	5	8	10	12	14	16	18	20	22	23	25
20	11	16	20	24	27	30	33	36	38	41	43
30	18	24	30	35	39	43	46	49	52	54	56
40	25	33	40	45	50	54	57	60	63	65	67

Figure 5. Example of layout differences between RevMan and published PDF versions (may occur when tables contain cells that are merged across rows or columns)

RevMan						
Minimum Joint Space Width mm Follow-up: mean 3 years	The mean minimum joint space width in the control group was 2.65 mm	The mean Minimum Joint Space Width in the intervention group was 0.32 higher (0.00 to 0.58 higher)		414 (2 studies)	■■■■ high	MD 0.32 (95% CI 0.00 to 0.58, see outcome 3.6)
Toxicity (Number of Patients Reporting Adverse Events) Follow-up: mean 6 months	Low risk population		RR 0.99 (0.91 to 1.07)	1640 (9 studies)	■■■■ high	I have just added comments here to see how the new spanning works. Hopefully the lines for the corresponding and assumed risk will not be separated by much.
	High risk population					
	93 per 100	92 per 100 (95 to 100)				
Toxicity (Number of Patients Reporting Adverse Events) Follow-up: mean 6 months	Medium risk population		RR 0.78	1205	■■■■	
Published PDF version						
		(0.50 to 1.00 higher)				
Toxicity (Number of Patients Reporting Adverse Events) Follow-up: mean 6 months	Low risk population		RR 0.99 (0.91 to 1.07)	1640 (9 studies)	■■■■ high	I have just added comments here to see how the new spanning works. Hopefully the lines for the corresponding and assumed risk will not be separated by much.
	High risk population					
	93 per 100	92 per 100 (95 to 100)				

**1.2. Do not insert symbols, tabs or spaces in a table, to make it ‘look nice’, as it can be the reason why the final PDF is poorly rendered.**

Avoid inserting symbols (e.g. spaces, dots, dashes) to adjust spacing, column widths, or layout as the effect on the published PDF is unpredictable; see Figure 6.

Figure 6. Symbols inserted into column headings

Out-come' or Subgroup'.....	Studies	Participants	Risk Ratio'..... (M-H, Fixed, 95% CI)
Good neurological outcome by cardiac cause vs non-cardiac cause	3	383	1.54 [1.22, 1.95]
Cardiac cause	3	372	1.51 [1.19, 1.91]
Non-cardiac cause	2	11	3.80 [0.55, 26.29]
Good neurological outcome by	3	382	1.56 [1.23, 1.98]

**1.3. Do not use hyperlinks as the first ‘word’ in the first column of a table.**

Do not use a hyperlink as the first word in the first column of a row. There is a risk that the hyperlink text will ‘bleed’ into other table rows; see Figure 7.

Figure 7. Example showing the hyperlink ‘bleeding’ into other table rows

follow-up = 60 mo. <a href="#">STOPHY- PERTEN- SION.</a>	Enalapril versus con- ventional <sup>a</sup>	1.02 (0.89 to 1.18)	NA	NA
2 1999 N = 4418 % Diabetic = 11.0 Follow-up = 72 mo. <a href="#">STOPHY- PERTEN- SION.</a>	Calcium antagonist versus con- ventional <sup>a</sup>	0.99 (0.87 to 1.12)	NA	NA
2 1999 N = 4409				

## 2. Text tips

### 2.1. Do not use tabs or multiple spaces within a block of text.

Avoid using tabs or spaces to adjust text layout because this will affect the layout and formatting in the published version; see Figure 8 and Figure 9. This could happen unintentionally when you cut and paste text from other sources, so check the text carefully if you notice some extra spaces and either delete the spaces or type the information manually.

Figure 8. Example 1 of tabs or spaces used to adjust text layout

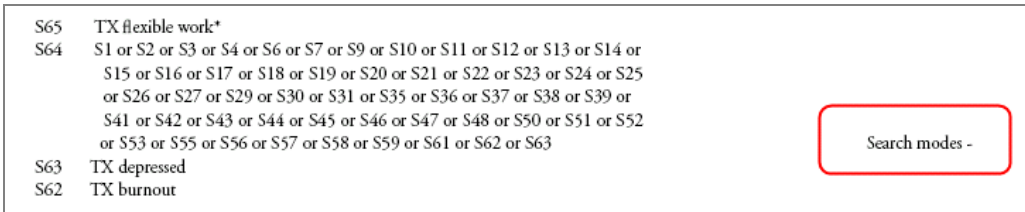
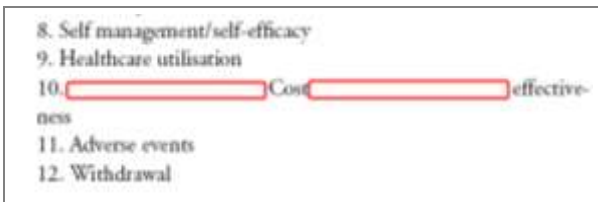


Figure 9. Example 2 of tabs or spaces used to adjust text layout



### 2.2. Do not use lists with more than three levels.

A maximum of three list nesting levels are published in the PDF review versions. Content in list levels greater than three will not reliably display (i.e. they will disappear or only partially appear); see Figure 10. Please note that the html version will display all levels.

Figure 10. Example of list nesting levels

