



Cochrane News

Issue 16 August 1999

The Cochrane Collaboration

Preparing, maintaining, and disseminating systematic reviews of the effects of health care

Contents

Colloquium organizers close to finalizing 1999 program

As the August 20 deadline nears to register for the 1999 Cochrane Colloquium Oct. 5-9 in Rome, organizers are putting the final touches on a full program of workshops, plenary sessions, group meetings and social events.

What do you get for your registration?

- Four days packed with meetings at a university in the heart of ancient Rome
- Lunch each day except Friday
- Two coffee breaks each day
- Lots of printed material

Satellite events on Oct. 5 cost an additional fee.

Many options exist for our free time, too. Four evening activities are planned, and seven soccer teams have formed for the Colloquium Tournament Cup. Read on to learn why all roads really do lead to Rome!

- [Steering Group Election](#)
- [Want To Raise An Issue With The Steering Group?](#)
- [Steering Group Priorities](#)
- [Colloquium Program](#)
- [Rome 99 satellite, social events](#)
- [Rome 99 travel, soccer tips](#)
- [From the Chair](#)
- [Downloading RevMan 4.0](#)
- [New Centers](#)
- ["Charitable" status](#)
- [Thanks to group coordinators](#)
- [Impact of Cochrane review](#)
- [First-timer reflects](#)
- [Cochrane Library news](#)
- [Library earns praise](#)
- [Clip & save: list of lists](#)
- [Upcoming reviews](#)
- [Training opportunities](#)
- [Updated list of Centers](#)



[Home page](#)

[Link to Cochrane Centres](#)

[Contents](#) **Steering Group Election**

Your votes elected the following people to fill four vacancies on the Collaboration's Steering Group for a three-year term. Members whose terms of service will end in October are Zarko Alfirovic, Lisa Bero, Monica Fischer and Beverley Shea.

The successful candidates take office at the Annual General Meeting at 1:30 p.m. Friday, October 8 during the Rome Colloquium.

Representing reviewers:
RUTH JEPSON

Representing review group coordinators/trials search coordinators:
DAVINA GHERSI

Representing Cochrane Centres (two vacancies):
ELENA TELARO
YOUPIING LI

Congratulations to the successful candidates! Many thanks for their hard work go to the electoral officers and to Jini Hetherington and Phil Alderson, who organized the election and double-checked the results! Thanks also to all the candidates for participating in the election.

Contents**Want To Raise An Issue With The Steering Group At Its Next Meeting?**

September 1 is the deadline to send in agenda items for the Steering Group meeting or the Annual General Meeting October 8 in Rome.

If you have an issue you want addressed, contact your Steering Group representative to raise the issue. Provide your representative with brief background documents (two pages or so) and ask that he or she forward them electronically to Collaboration administrator Jini Hetherington by Sept. 1.

Contents**Steering Group Funding Priorities For Core Functions**

Over the past two years, the Steering Group (CCSG) has had a series of discussions about priorities for funding. This list, which is continually reviewed, determines allocation of central funding to groups that undertake core functions on behalf of the Cochrane Collaboration, and that are not able to secure resources elsewhere. It does not include resource needs for running collaborative review groups, fields, methods groups, and centres. At this time we still do not have adequate funds for those functions listed under “1st priority.” Functions listed “3rd priority” are for the time being the responsibilities of centres. You can bring questions or comments about these priorities to the CCSG through your representative(s).

Andy Oxman Chair, Steering Group

1st priority:

- Running of the Secretariat and the Steering Group
- Building up a reserve of capital
- Database management and production of The Cochrane Library
- Distribution of The Cochrane Library
- Improving indexing and retrieval of material in The Cochrane Library

2nd priority:

- Central professional technical editing of Cochrane reviews
- Marketing The Cochrane Library
- Development of the Information Management System (software programs)
- Management of the Comments and Criticisms System function for Cochrane reviews
- Development and maintenance of business plan - identification and securing of grants
- Management of the Cochrane Controlled Trials Register

3rd priority:

- Reviewers' Handbook
- Managing Internet resources
- Coordination of training (including evaluation and support)
- Maintaining the Contact Directory
- Providing central support to Collaborative Review Groups

4th priority:

- Consumer involvement
- Stipends for attending colloquia
- Cochrane News
- Stipends for reviewers (to work on reviews)

Contents Colloquium Program Preview

Note: Information subject to change

EVERYDAY OCT. 6-9

7:00 am-10:00 am Registration

<p>WEDNESDAY, OCT. 6</p> <p>9:00-10:30 am Plenary session: How can we improve the identification of topics for systematic reviews? <i>Silvio Garattini, Sue Pluck, Sandy Oliver, Tom Jeffrsron, Dan Fox</i></p> <p>11am-12:30 pm 12 parallel sessions on the broad issues of qualitative research and consumer involvement <i>Ros Weston, Sandy Oliver, Deborah Gordon, Karen Roberts, Richard Lilford, Carl Thompson, Heather Goodare, Judi Wallace, Claire Allen, Sue Ziebland, Lia Alewijnse, Paola Rio</i></p> <p>12:30-14:00pm Lunch</p> <p>14:00-16:00pm 16 workshops</p> <p>16:30-18:00 pm Hot topic of the day</p> <p>Introduction <i>Vittorio Demicheli</i></p>	<p>THURSDAY, OCT. 7</p> <p>9:00-10:30 am Plenary session: How to improve existing methodologies for reviews and meta-analysis Jos Kleijnen, Cynthia Mulrow, Roy Pitkin, James Hartley, Hilda Bastian, Douglas Altman</p> <p>11am-12:30 pm 12 parallel sessions on the broad issues of statistics and non-randomized evidence Julian Higgins, Parminder Raina, Luc Duchateau, Christopher Cates, Rob Scholten, Walter Devillé, Ashley Croft, Duncan Saunders, Barnaby Reeves, Graham Mowatt, Fabrizio</p>	<p>FRIDAY, OCT. 8</p> <p>9:00-10:30 am Plenary session: The challenge of relevance for Cochrane reviews Luigi Naldi, Karla Soares, Paul Garner, Kevin Osborne</p> <p>11am-12:30 pm 12 parallel sessions on the broad issues of systematic reviews' relevance and publication bias Debbie Chase, Chris Hyde, David Henderson-Smart, Luc Brion, Martin Eccles, Christopher Maggs, Ba Pham, Laura McAuley, Brenda Thomas, Gunther Eysenbach, Paula Williamson, Raineesh Walia</p>	<p>SATURDAY, OCT. 9</p> <p>9:00-10:30 am Plenary session: How to develop strategies to improve the production and dissemination of reviews in a commercial environment Part I: How to avoid bias Kay Dickersin, Frank Wells, Trevor Gibbs, Thomas Weirauch, Martin Tramér</p> <p>11am-12:30 pm Part II: Potential and problems in collaboration/partnerships Lisa Bero, Clare McGrath, David Henry, Nancy Olivieri, Iain Chalmers</p> <p>12:30-14:00pm Lunch</p> <p>14:00-16:00pm 12 workshops</p>
---	---	---	---

<p>Priority setting for review topics in Cochrane Heart Group <i>Shah Ebrahim</i></p> <p>Consumer setting priorities for Cochrane Review Groups <i>Gail Kennedy</i></p> <p>Should we review single interventions or all comparators in a decision making context? <i>Vittorio Demicheli</i></p> <p>Should topics for Cochrane reviews be prioritized? <i>Tom Jefferson</i></p> <p>General debate <i>Douglas Altman</i></p> <p>20:30 pm Concert OR Disco Party</p>	<p>Faggiano 12:30-14:00pm Lunch 14:00-16:00pm 18 workshops 16:30-18:00 pm Hot topic of the day: Why medical journals are and are not publishing systematic reviews Debaters; John Bailar (NEJM), Richard Smith (BMJ) Chair: Drummond Rennie 20:30 pm Conference Banquet</p>	<p>12:30-13:30 pm Open business meeting. Please bring your own lunch. 13:30-13:50 pm Annual General Meeting (for entity representatives only) 15:30-19:30pm Soccer Tournament 20:30 pm Randomized dinner</p>	<p>16:30-18:00 pm Hot topic of the day: The contribution of systematic reviews to the research agenda Kent Woods, Andy Oxman, Mike Clarke, Arne Ohlsson, Ian Roberts, Jeremy Grimshaw</p>
--	---	--	---

Contents Photos, photos



Jesse Berlin, Methods Working Group, accepts the Tom Chalmers award on behalf of a winning paper by himself and Jon Deeks. Looking on are Tom's daughter Francie Chalmers and Joe Lau, New England Cochrane Center



Elizabeth Pienaar, Patrice Matchaba
South African Cochrane Centre



Chris Silagy addresses the Colloquium as outgoing chair of the Steering Group.



Miriam Jaffe, Karen Robinson, and
Lauren Spioch, Baltimore Cochrane Center



Chris Williams, Cochrane Cancer Network, shares a laugh with Chris Kettle, Pregnancy & Childbirth Group

Contents Friendly Fire

“Friendly fire” at Colloquia: a need for more sensitive internal criticism of reviews?

“Quality” was the dominant theme of the last Colloquium in Baltimore. Plenary sessions emphasized the importance of the review abstract as a tool to engage the potential reader. This is of particular importance since agreement has been reached that MEDLINE will shortly start to index Cochrane Library review abstracts. Workshops highlighted ways in which editorial input could improve the standard of prose in reviews. The merits of professional copyediting were discussed.



However, some delegates expressed unhappiness that reviewers’ hard work was exposed to ridicule to illustrate deficiencies in abstracts and reviews. We do not, for a second, suggest that plenary speakers or workshop organizers intended ridicule. These sessions made critically important points and the speakers appeared as embarrassed by laughter from the audience as were many onlookers. Nor do we suggest that reviews that are in the public domain be immune from internal criticism. Indeed, criticism from within the Collaboration may be especially important. However, there must be more sensitive ways of achieving this.

If reviewers become de-motivated through insensitive routes of criticism, then one index of quality—ensuring that reviews are up-to-date—invariably will suffer. We suggest the following guidelines to help ensure that internal criticism is given and received constructively:

- **It would be courteous to inform the reviewer in advance** if a review is to be used to illustrate deficient content at future Colloquia. It should be essential that feedback be given about the perceived flaw or flaws.
- **Inform the coordinating editor of criticisms** if poor quality reviews are published within that review group; the editor is at least as responsible as the reviewer.
- **When possible, compose and use 'simulated' reviews to illustrate points at plenary sessions** rather than named work.
- **Feed criticisms back to reviewers** if a member of the Collaboration uses the reviews of others to illustrate what are seen to be defective statistical or analytical methods. If a paper publication follows, a copy should be sent to the reviewer. Not everybody reads *The Lancet* or *JAMA* each week.

We believe that these simple courtesies fit well with the collaborative ethic of our enterprise, and will ultimately contribute more to the development of higher quality reviews than 'friendly fire' at Colloquia.

Jim Neilson Coordinating Editor, Pregnancy & Childbirth Group Andy Oxman, Steering Group Chair

Contents From the Chair

FROM THE CHAIR **Andy Oxman Steering Group** **Chair**



Constructive criticism is important. Most of us also like to be told when we get things right.

Positive feedback is not just a matter of patting ourselves on the back: it is a question of balance.

This year review groups need to rewrite their modules, edit completed reviews, and upgrade to a new version of Review Manager. This is on top of the stress of preparing new reviews, updating existing reviews and the deadline brinkmanship that occurs every three months trying to get things into the next issue of *The Cochrane Library* at the last minute. Not surprisingly, there is a fair amount of panic.

By way of positive feedback, there is also a surprising degree of equanimity. As an organization we are growing not only in size, but in ability, including coping skills.

Drowning in email

One ability now so familiar that we take it for granted is email. We depend on it. Yet we have not all mastered it. 1. I apologise, if I have not yet answered something you sent me weeks ago. Part of my problem is finding time to sort through my email to find the messages that need attention.

2. Please think twice before copying messages to lists of people.

3. Please think three times before responding to lists of people. More often than not your answer is simply not of interest to everyone on the list.

4. Please think four times before sending an angry email message to others. Face-to-face, we can quickly correct misunderstandings. Electronically, they can be avoided by checking back with the person involved, preferably by telephone. Most of the time you will discover a simple screw-up rather than a conspiracy.

Things take time

In our haste to answer our email and clean up the mess that pundits, researchers and others have created in the health care literature over the past 50 to 250 years, we can lose perspective. We should avoid complacency, but we should also be cautious about unrealistic expectations. If we do not take time to reflect on what we are doing, our psyches will suffer and so will our work. There is a lot to do, and many of us wonder from time to time if we are crazy to try. Yet, we have accomplished a lot already. It helps to remember: things take time.

Contents

CCinfo: Relevant email

CCinfo, the prime international email list serving Cochrane members, keeps you informed about Collaboration activities and policies. All items are checked for suitability before being distributed; you can subscribe with confidence that you will not waste time with irrelevant material.



To subscribe: send an email from the address you normally use to: listproc@fhs.mcmaster.ca. The content of your message is simple:

Subscribe ccinfo firstname lastname

(Fill in your own name: eg, subscribe ccinfo Jane Smith)

That's it. Don't fill in the subject or add a signature. Send it. CCinfo subscription is free.

Questions? Contact Tom Oliver (email: olivert@fhs.csa.mcmaster.ca)

Contents

Consumer synopses coming soon in RevMan 4 and Cochrane Library

Synopses of reviews written for consumers will make their debut in Issue 1, 2000 on The Cochrane Library.

Reviewers or groups can prepare them, or leave it to us at the Consumer Network to prepare a draft for their comment.

A little history

A discussion paper on the process and use of synopses was circulated to all Collaboration entities in July 1997, with six months for comment. The feedback was discussed at several meetings of the Steering Group, the Consumer Network, and other entities during 1997 and 1998. Briefly, people wanted to be able to do the synopses themselves if they choose, but to have someone else available to do them if they needed it. That is the system we are putting in place.

THE SYNOPSIS

Aim

To serve as a brief summary of a review's results in plain language for consumers and non-specialist readers.
Does not replace the abstract.
To enhance accessibility of reviews
To disseminate findings to a wide community internationally
To aid browsing on The Cochrane Library

Publication

Published on The Cochrane Library, linked to the full review
Published on Collaboration's Web site
Available on paper from the Consumer Network and some other Cochrane entities
Translations in several languages
"Stand alone" publications of Cochrane synopses to include references to full review
Updates of reviews will trigger a flow-on review of synopses products, including non-English translations

Process

Obtain details from the consumer Web site:
<http://www.cochrane.org/cochrane/consumer.htm>

Sample synopses

See the next page.
Download them from the Web site listed above. They will be posted with proper citation information. You don't need permission to reprint.

You can do this in RevMan 4.0

A section for the synopsis will be part of the new version of RevMan, enabling synopses to become part of the routine editorial process if preferred.

If any Collaborative Review Group (CRG) wants to develop a policy and process for synopsis development for its group, I would be happy to help. There is no rush about developing synopses. You don't have to do anything now (although if people want to get stuck into it, they should certainly feel welcome!).

We will draft synopses of all existing reviews to send to reviewers and CRGs gradually through 1999.

Thank you! The synopses are proving very popular in the community, and are sure to be an important way of spreading the word about the findings of Cochrane reviews.

Hilda Bastian
Consumer Network

Synopses make Cochrane reviews accessible to consumers

Natural surfactant improves outcomes for babies at risk of respiratory distress

Surfactant is essential to normal lung function in babies. Respiratory distress syndrome (RDS) is caused by a lack of, or dysfunction in, surfactant. A variety of natural and synthetic surfactants have been formulated and are given to babies at risk to prevent them developing RDS. Natural surfactant can be extracted from animal lungs or human amniotic fluid. The review found that natural surfactant given at birth lowers rates of death in many serious and disabling conditions for babies at risk of RDS, although there was a small increase in lung hemorrhage.

Heparin may prevent deep vein thrombosis after hip fracture surgery, and leg and foot compression may prove to be an alternative

Developing a clot (thrombosis) or other blockage (embolism) in the blood or lungs is a major cause of death or illness after surgery for hip fracture. Several drugs and methods such as leg and foot compression devices are sometimes used to try and prevent this. The review found that heparin significantly decreased the incidence of deep vein thrombosis. There was not enough evidence to reach a conclusion about the effect on lung (pulmonary) embolism, and there was too little information on possible adverse effects. There were also too few data on leg and foot compression, although results show it may be a promising alternative.

No strong evidence about the effectiveness of water therapy for people with arthritis

Balneotherapy (hydrotherapy or spa therapy) is one of the oldest forms of therapy. It aims to soothe pain, improve joint motion, and relieve muscle spasm in people with arthritis. The review found that the trials all showed benefit, but the quality of these studies is poor and so not conclusive.

Vaccination of high-risk health workers against hepatitis B is effective

Hepatitis B infection causes liver disease and cancer. There are two types of vaccine, one derived from human plasma, and the other from yeast. The review found small, short-term trials of plasma-derived vaccine, which showed that the vaccine is safe. It was effective for health workers in high-risk areas (such as dialysis and transplant units). With only small numbers of infections in low-risk workers, some uncertainty of the benefit of vaccination for them remains, although there appears to be some value.

Still waiting for evidence about the effects of angioplasty for carotid artery stenosis

Carotid artery stenosis is a blockage in a major artery to the brain. Surgery to unblock the artery (carotid endarterectomy) reduces the risk of stroke in people with severe stenosis and symptoms. Percutaneous transluminal angioplasty (PTA) avoids some of the risks of surgery. A balloon is inserted into the artery, and inflated to flatten the blockage against the artery walls. There are concerns about possible adverse effects, and how long the artery will stay unblocked. While other studies look promising, no trials have been completed.

Contents

Unintended reaction to review

Presentation of “Reminiscence Therapy for Dementia: A Systematic Review of the Evidence of the Effectiveness” (1998b) Spector, A., Orrell, M., Davies, S. and Woods, B.

This review examines the effectiveness of Reminiscence Therapy, the process of group discussion of the past, often assisted by aids including objects, pictures and music, as an intervention for dementia. Its presentation in Vienna at the Age Exchange “European Reminiscence Network Conference” (November, 1998) highlighted some important issues, primarily regarding the reactions that some people had towards the outcome of the review, and the more general issue of systematic reviews per se. The conference focused on presenting the outcomes of the project, Remembering Yesterday, Caring Today; undertaken in 1998 in eleven European countries.

Fears about subjecting therapy to scientific analysis

During the plenary session which ended the conference, a heated debate proceeded on the morals and ethics of making Reminiscence Therapy scientific. Some, especially carers, felt that fitting something so personal and so human into the boundaries of scientific analysis could jeopardize all its real qualities, such as intimacy, coping, self-esteem and identity. How could such subjective emotions be measured by scientists in the form of a randomized controlled trial? Some people appeared threatened by the idea of standardizing something which they believed had kept their loved ones going, and argued that the confounding variables are too great for accurate measurement.

Review conclusions misunderstood

Our review stated that there is no empirical research to date which shows benefits of Reminiscence Therapy; and that only when more RCTs have been conducted will there be firm scientific evidence of its effects. It was reported that one person interpreted this as “Reminiscence Therapy does not work.” She also read our Reality Orientation (RO) review, which, after analyzing 6 RCTs, concluded that, “RO has both cognitive and behavioral benefits for dementia sufferers.” Having read the two reviews, we were informed that she contacted various authorities in her borough, advising them to stop any Reminiscence groups, which “don’t work,” and to revert to RO. This was not in any way suggested in our review. Anecdotal evidence suggests that Reminiscence Therapy provides a means of communication, and can affirm identities and even sustain declining relationships. We merely pointed out that at present, there is insufficient scientific evidence on the effects of Reminiscence Therapy, and highlighted the importance of evidence-based health care as we approach the millenium.

I hope that sharing these reactions may help other reviewers, especially those reviewing research of a more psychological nature. It’s important that reviewers are aware of, and sensitive to, the reactions that people may have to their findings. The use of lay summaries for non-scientific readers of Cochrane reviews might reduce ambiguity.

Aimee Spector

Cochrane Dementia and Cognitive Impairment Group

Contents

People in the news

Chris Silagy appointed ombudsman

Chris Silagy has been appointed by the Cochrane Steering Group as an ombudsman to help resolve conflicts when needed and occasionally to act as an ambassador. Chris has agreed to take on this role on the understanding that he be consulted as a last resort only. A deputy will be identified to act for him in situations where there is a possible conflict of interest, who could also step in for Chris if needed.

Dutch Cochrane Centre has new co-director

Pim Assendelft, MD PhD, has joined Martin Offringa as co-director of the Dutch Cochrane Centre. He is replacing Ton de Craen, who left to pursue a career in epidemiology in Leiden at the department of Prof. Vandenbroucke, but will continue to be a CC reviewer. Pim is associate professor of General Practice at the University of Amsterdam. Within the Cochrane Collaboration, he has presented papers at various colloquia, and he participates in Cochrane reviews on low back pain, giardia, diabetes mellitus and tennis elbow. At present, Pim’s main interests are applicability of systematic reviews in primary care and quality assessment in systematic reviews.

Jadad among Canada’s Top 40 Under 40

Alex Jadad, Canadian Cochrane Center, has been selected as one of this year’s Canada’s Top 40 Under 40. This is a national competition for all comers; outstanding individuals are nominated by colleagues as the “best and brightest” young people in Canada

Correction

One success story in the listing of examples that appeared on P. 1 in the Sept. 1998 issue of the Cochrane News described the economist and civil servant in Mysor using a benchmark for evaluating the National Blindness Control Programme. This was a DARE REVIEW, not a Cochrane Review. It is a small point, but it seems to be entering the mythology that this was a Cochrane Review. DARE people work hard and often don't get credit!

Paul Garner

Liverpool School of Tropical Medicine

CCinfo passes 1,000

Dr. Christine Bond of the Foresterhill Health Center, Aberdeen, UK recently became the 1000th subscriber to the CCinfo email list, the prime means of general communication worldwide for everyone in the Collaboration. Christine is a reviewer with the Cochrane Effective Practice and Organization of Care Group.

To mark this milestone, Update Software, publishers of the Cochrane Library, have offered Christine a free annual subscription to the Internet version of the Cochrane Library.

Congratulations, Christine!

David Badger

Australasian Cochrane Centre

Contents

The Cochrane Library

The Cochrane Library is sprouting up all over. Here are some new venues:

University of California at San Francisco

The Cochrane Library is now available through GALEN II, the UCSF Digital Library.

Access to the Cochrane Library is limited to computers connected directly to the UCSF campus network or via dial-up connection using the UCSF Remote Access Service.

Lisa Bero

San Francisco Cochrane Center

Denmark

Dissemination of Cochrane reviews in Denmark took a great leap forward when the Internet version of The Cochrane Library was made freely available to all Danish health care professionals.

Members of The Danish Medical Association can access The Cochrane Library Online from the association's web site, consulted by about 1,000 Danish doctors daily. Two buttons are prominently featured on the front page, one linking to The Cochrane Library; the other to MEDLINE.

In addition, any health care professional or student can get free access through a commercial site, NetDoktor.dk.

Jacob Riis and Peter C. Gøtzsche

Nordic Cochrane Centre

Evidence-Based Medicine Reviews now online at McMaster University

The Cochrane Database of Systematic Reviews is included in this software now available free of charge to faculty, staff and students at McMaster University through the HSLinks System.

Tom Oliver

Canadian Cochrane Centre

TV executive applauds Cochrane Library

In a report to the UK Government on the future of the Patient's Charter (a set of "quality" standards) Greg Dyke, a television executive, includes the following reference to The Cochrane Library. Full text is available from: <http://www.doh.gov.uk/charter.htm>. Section 8.2.ii

"A database pulling together and analysing all the similar research findings from around the world - the Cochrane Database - is now available on CD ROM* to medical professionals if they wish to pay 120 pounds a year.

"It is an enormously useful tool for the overworked doctor who cannot possibly keep up with all the papers being published weekly in medical journals around the world but so far only 5% of British GPs and trusts have subscribed.

"The database is comparatively easy to understand and use. The user identifies a particular condition and the database then supplies the evidence available about that condition and makes recommendations as to effective treatments.

" Not only is this a valuable tool for the medical professionals but I believe that this could be a valuable tool for patients themselves - particularly those who wish to take a more active role in the discussion about their own treatment.

"I would recommend that as part of its overall IT strategy, the National Health Service considers the possibility of funding both the migration of this database to the internet and paying for it to be made available in public libraries, hospital waiting rooms and GPs surgeries and, as a result, extending the accessibility of evidence-based medicine to a wider audience."

*Editor's note: The Cochrane Library also is available online on a subscription basis from Update Software (<http://www.cochrane.co.uk>). Call +44 1865 513902 for details or email Update Software at update@cochrane.co.uk.

Contents

Steering Group sets policy on Cochrane Library distribution, audience for reviews

Some confusion has existed about who the audience is for Cochrane Reviews, and whether or not to stay with commercial distribution for the next five years. So the Steering Group has deliberated carefully, and consulted widely, and produced the following two policy statements:

Who is the audience for Cochrane reviews?

The target audience for Cochrane Reviews is people making decisions about health care. This includes health care professionals, consumers and policy makers with a basic understanding of the underlying disease or problem.

It is a part of the mission and a basic principle of the Cochrane Collaboration to promote the accessibility of systematic reviews of the effects of health care interventions to anyone wanting to make a decision about health care. However, this does not mean that Cochrane Reviews must be understandable to anyone, regardless of their background. This is not possible, any more than it would be possible for Cochrane Reviews to be written in a single language that is understandable to everyone in the world.

Cochrane Reviews should be written so that they are easy to read and understand by someone with a basic sense of the topic who may not necessarily be an expert in the area. Some explanation of terms and concepts is likely to be helpful, and perhaps even essential. However, too much explanation can detract from the readability of a review. Simplicity and clarity are also vital to readability. The readability of Cochrane Reviews should be comparable to that of a well-written article in a general medical journal.

Clear, consistent message to stay with commercial distribution of Cochrane Library for next five years

Promoting access to Cochrane Reviews is a basic principle of the Cochrane Collaboration. However, at this time we cannot afford to make the Cochrane Database of Systematic Reviews available free of charge, nor is it clear that this is the best way to promote access.

It is vital for the Collaboration to act consistently and appear stable in the electronic publishing world. If we are to be a part of digital libraries and evidence-based decision support systems, people need to be able to trust the Collaboration to establish policies and stick with them. Moreover, income from sales of The Cochrane Library is an important source of funds for core functions.

For these reasons we recommend that the Collaboration should make a firm commitment to continue to distribute the Cochrane Database of Systematic Reviews as part of The Cochrane Library for the next five years. Group licences should be promoted to make The Cochrane Library available to large numbers of people at little or no direct cost to individuals. We will continue to strive for wide dissemination of the outputs of the Collaboration by taking advantage of strategic alliances, and by promoting appropriate prices, content and media to meet the needs of users worldwide.

This position should be reconsidered after two years, when it should be decided whether this time commitment should be further extended beyond the initial five years.

Contents Handsearching Update

Reviewers note new external referee policy

All reviews must be refereed by at least two people external to the editors of the CRG, prior to publication. The Steering Group decided to set in place a consistent standard for all Cochrane reviews at the 1998 Colloquium, after learning that some reviews have not been refereed. It maintained its recommendation that these referees have either: 1) methodological expertise, 2) content area expertise, and/or 3) be potential consumers of the review. The San Francisco Cochrane Center, which coordinates review criticism, continues to encourage research on the value of peer review.

Bring on the criticism!

A new Criticism Management System included in the recent release of the Cochrane Library (1999 Issue 1) is designed to make it more efficient for readers to send in criticism and for criticism editors to respond to it.

The major changes include:

- A simplified interface contains a field to enter contact information, a field to enter the criticism, and a

conflict of interest statement.

- The abolition of the former ComCrit web site. Instead the criticism itself is mailed directly to the Criticism Editor.
- Criticism Editors are now responsible for sending a “thank-you” email response to the author of the criticism that includes a summary of the criticism.
- The establishment of a “Current Comments and Criticisms” web page: <http://www.cochrane.org/cochrane/currcrit.htm> It will be used to post incoming comments and criticisms to the public, much like the “Letters to the Editor” section in a journal. Criticism Editors will be responsible for sending their summaries of criticisms to the San Francisco Cochrane Center for posting on the “Current Comments and Criticisms” web page. This will be done by simply “cc’ing” the SFCC (sfcc@sirius.com) into the “Thank-you” email sent to the author of the criticism. . Questions? Contact Melissa Ober at mober@itsa.ucsf.edu.

European Union gives £250,000 to support handsearching activity

The European Union has agreed to finance a project entitled ‘European contribution to an international register of controlled trials- Phase 2: Handsearching specialized health care journals.’ The UK Cochrane Centre is coordinating the project, with partners from the Dutch, French, German, Italian, Nordic and Spanish Cochrane Centres. This is a followup to the BIOMED1 general health care journal handsearching project. On the basis of the BIOMED1’s success, we expect over the next three years to identify more than 10,000 reports of trials published in European specialized health care journals, which are not currently in CENTRAL/CCTR or identifiable as reports of controlled trials in MEDLINE. All reports found will be included in CENTRAL/CCTR.

UK identifies 29,000 “new” trials in EMBASE

We have searched approximately 90,000 EMBASE electronic records that are not indexed as trials on MEDLINE. This has resulted in the identification of 29,000 “new” reports of trials that were included in Issue 4, 1998 of the Cochrane Library. This ongoing work is funded by the Oxfordshire Health Authority, on the initiative of Muir Gray, and supported by Elsevier Science, publishers of EMBASE.

Nina Paul, Project Manager

Carol Lefebvre, Information Specialist

UK Cochrane Centre

Contents

Scarce RCTs pose dilemma

Difficulty in finding RCTs in vaccine research makes authors consider change in course

In the past four years, we have carried out eight Cochrane reviews on the effects of public health measures aimed at preventing infectious diseases. As faithful followers of the Cochrane ideology, we examined systematic reviews of randomized controlled trials to answer the question of whether these measures work.

At the end of this frenetic activity, we took stock of the results:

- We were unable to find any randomized data in the case of plague vaccines.
- For anthrax vaccine, the largest of the identified studies did not meet the original study inclusion criteria.
- In the case of cholera killed whole-cell vaccine, the application of randomization as an inclusion criteria led to the loss of data on 1.5 million participants.
- In the case of influenza, studies lasted, on average, 87 days and included only around 25,000 participants over a period of 30 years. We found a difference among clinical outcomes between clinically defined and laboratory confirmed cases of influenza, despite deciding to exclude surrogate outcomes, such as a rise in antibody titres for vaccines. Our interpretation of this finding is that the interventions tested (vaccines, antivirals and neuroaminidase inhibitors) are highly efficacious against the influenza virus. This effect on the

virus is not translated into a high effectiveness in preventing the disease in whole adult populations. We became aware that effectiveness and efficacy of antivirals and neuroaminidase inhibitors was a secondary aspect for decision-making purposes, not the main one.

As public health physicians, we need to assess population-based interventions. But we're left with some difficult questions:

- Are cases in which randomized controlled trials give incomplete answers the rule or the exception in public health programs?
- Should we assess surrogate or population-based outcomes?
- Should we rely on the performance of a public health intervention tested in a small sample of individuals under experimental conditions?
- What happens if adverse effects take place over a long term and with a lower incidence? This is unlike the case of influenza vaccines, where the interventions had immediate adverse effects that were readily recognized in randomized controlled trials.

We are well aware that the alternatives to randomized controlled trials to test the effects of interventions are a methodological minefield, despite being more context-specific. We are also aware that estimates of effect of therapeutic interventions show a difference in size related to study design.

However, we wonder if the time has not come to try and open a breach in the minefield of assessing public health interventions. A first opening would come from comparing the results of systematic reviews of randomized and non-randomized data of the same public health intervention.

Tom Jefferson

Vittorio Demicheli

Cochrane Vaccines Field

Email tojl@aol.com.

Contents Putting Cochrane Evidence into Action

From Jeremy Grimshaw, UK

The Effective Practice and Organization of Care (EPOC) CRG contributed an overview of systematic reviews of provider behavior change strategies for an Effective Health Care Bulletin on Changing Professional Behaviour. This will be included in a limited circulation briefing paper (including Ministers) about the Service Frameworks for Coronary Heart Disease. EPOC's contribution should be highlighted.

From Peter Smith, UK

New Zealand's National Guidelines Committee has requested a copy of a Cochrane Dementia and Cognitive Impairment Group review (not yet completed) of rivastigmine, a new treatment for dementia (not yet licensed). I am using this interest to encourage the reviewers to complete as soon as possible, and to provide an early copy of the review once it is approved by our editorial board for submission.

BBC Radio 5, Late Night Live, Fri Feb 5th at 00.42; a phone-in program on why people are turning to alternative forms of faith and religion. Discussion turned to the effect of prayer after someone, who described themselves as an atheist, said they pray regularly and go to church. Another caller (I think from Yale in the USA) then phoned in describing "good, scientific randomized controlled trials on the effect of prayer that are published in the Cochrane Collaboration." The panel was genuinely interested in this, although confessed to not having heard of Cochrane. Despite being unfamiliar with Cochrane, the information was accepted as an authoritative influence.

From Cindy Mulrow, San Antonio USA

Participants' ideas offered during the '98 Colloquium plenary session "Putting Cochrane Evidence into Action" are

on the Web. Go to the Collaboration's Web site at www.cochrane.org. Look under General information / Cochrane documents.

Contents Methods Working Groups

The Health Economics Methods Working Group registered September 21, 1998.

Contact people are Miranda Mugford, Cam Donaldson and Luke Vale.

Dr. Miranda Mugford

Cochrane Health Economics Methods Working Group

School of Health Policy and Practice

University of East Anglia

Norwich, UK

NR47TJ

Tel +44 1603 593583

Fax +44 1603 593604

E-mail m.mugford@uea.ac.uk

The Cochrane Collaboration Coding and Classification Methods Group has undergone a name change!

Its scope and membership will stay the same. But the group has changed its name to reflect the broader interests and expertise of its members. The group is now called the Information Retrieval Methods Group (CCIRMG).

The CCIRMG is devoted to investigating approaches to facilitate computer-based indexing and retrieval of Cochrane information, including trials, people, and reviews.

Specific issues of interest include:

- Indexing vocabularies - MeSH and alternatives
- Indexing techniques - human vs. automated
- Database architecture and indexing for clinical trials registries
- Retrieval techniques and interfaces

The CCIRMG is still led by co-convenors William Hersh (email: hersh@ohsu.edu) and Philippa Middleton (email: philippa.middleton@flinders.edu.au). The group's listserv is ccirmg@ohsu.edu. If anyone is interest in joining, please contact Dr. Hersh at the above email. Experience or expertise not required!

Contents New Review Groups

Ear, Nose and Throat Disorders Group

Coordinating Editor: Dr. Martin J. Burton Review Group Coordinator: Christine Clar Cochrane Ear, Nose and Throat Disorders Group Dept of Otolaryngology - Head & Neck Surgery Radcliffe Infirmary Oxford OX2 6HE UK E-mail christine.clar@physiol.ox.ac.uk

Sexually Transmitted Diseases Group

Coordinating Editor: Dr George Schmid Review Group Coordinator: Charlotta Gavin Ms Charlotta V Gavin Division of STD Prevention National Center for HIV, STD and TB Prevention Centers for Disease Control and Prevention 1600 Clifton Road, Mailstop E-02 Atlanta, Georgia 30333 USA Tel +1 404 639 1811 Fax +1 404 639 8608 E-mail cxg3@cdc.gov

Musculoskeletal Injuries Group

Formerly a sub-group of the Musculoskeletal Group, registered in August 1998 as a separate entity. Coordinating editor: Dr. William Gillespie. Review Group Coordinator: Helen Handoll CRU, Department of Orthopaedic Surgery Princess Margaret Rose Orthopaedic Hospital Fairmilehead Edinburgh EH10 7ED UK Phone: +44 131 536 4669 Fax: +44 131 536 4845 Email: h.handoll@ed.ac.uk

Back Group

(Formerly a sub-group of the Musculoskeletal Group, registered in December 1998 as a separate entity)
Coordinating Editors of this Group: Claire Bombardier, Canada ; Alf Nachemson, Sweden. Review Group Andrea Furlan Review Group Co-ordinator Cochrane Back Group Research Department Institute for Work and Health 250 Bloor Street East, Suite 702 Toronto, Ontario M4W 1E6 CANADA Tel 1 416 927 2027 ext 2171 E-mail afurlan@iwh.on.ca

Cochrane Collaborative Review Groups

Acute respiratory infections (Australia)
Airways (UK)
Back (Canada) NEW
Breast cancer (Australia)
Colorectal cancer (Denmark)
Consumers & communication (Australia)
Cystic fibrosis (UK)
Dementia & cognitive impairment (UK)
Depression, anxiety & neurosis (New Zealand)
Developmental, psychosocial & learning problems (UK)
Drugs & alcohol (Italy)
Ear, nose & throat disorders (UK) NEW
Effective practice & organization of care (UK)
Epilepsy (UK)
Eyes and Vision (UK)
Fertility regulation (Netherlands)
Gynaecological cancer (UK)
Heart (UK)
Hepato-biliary (Denmark)
HIV/AIDS (USA)
Hypertension (San Antonio)
Incontinence (UK)
Infectious diseases (UK)
Inflammatory bowel disease (Canada)
Injuries (UK)
Lung cancer (Spain)
Menstrual disorders & subfertility (New Zealand)
Movement disorders (Portugal)
Multiple sclerosis (Italy)
Musculoskeletal (Canada)
Musculoskeletal injuries (New Zealand) NEW
Neonatal (Canada)
Neuromuscular disease (UK)
Oral health (UK)
Pain, palliative and supportive care (UK)
Peripheral vascular diseases (UK)
Pregnancy and childbirth (UK)
Prostatic diseases and urologic cancers (USA)
Renal (France)
Schizophrenia (UK)
Sexually transmitted diseases (USA) NEW
Skin (UK)

Stroke (UK)
Tobacco addiction (UK)
Upper gastrointestinal & pancreatic diseases (UK)
Wounds (UK)

Contents

COCHRANE CONQUERS CYNICS!

When the idea of forming a Collaborative Review Group on Peripheral Vascular Diseases (PVD), was put to me in 1994, I wasn't sure how to react. I knew Archie Cochrane; the thought of doing something that would further his ideas was appealing. Getting every randomized controlled trial (RCT) that had ever been carried out on PVD onto a register and into a systematic review seemed like a worthwhile challenge.

However, I was apprehensive that this challenge could prove very time-consuming. I decided to seek other opinions on this newly formed Cochrane enterprise. This was where I first encountered the cynics! "It will never be done", "Cochrane was always an idealist", "What's the point - most of the trials are rubbish", "Cochrane will die a death in three years - wait and see."



Disproving the cynics

Now years later, the Cochrane Collaboration has not died - but is alive and kicking! Many journals are citing the Cochrane Library, and giving prominence to published systematic reviews. The results of some Cochrane reviews are even starting to hit the medical headlines, for example the recent controversy about the effect on mortality of administering human albumin to critically ill patients (BMJ 1998; 317:235-240, BMJ 1998;317:882 [letters]).

Impacting the field

Are we as a group making an impact in the field of peripheral vascular diseases? Our trials register will soon be up to date and is proving to be a very valuable information resource. We also have many review protocols in the pipeline and the number of completed reviews is growing steadily.

We appear to have won the public relations battle with health professionals in the PVD field, particularly in Europe; the European Journal of Vascular and Endovascular Surgery is now regularly publishing abstracts of Cochrane reviews, and presentations by members of our editorial staff have been well received at several conferences. Recently, at a conference on venous diseases in Edinburgh, our "advertising" stand on the Cochrane Library was flooded with inquiries.

Cochrane credited with change in angioplasty practice

Within the Vascular Surgery Society of Great Britain and Ireland, my own review on angioplasty for mild/moderate claudication appears to be having an impact. A paper was presented showing that the rapidly increasing number of angioplasties performed in a major vascular unit had peaked last year and has since shown a

decline. The researchers concluded that this decline was probably due to the publication of the Cochrane systematic review demonstrating that after two years of follow up, there was no proven benefit of angioplasty. I calculated that the savings from unnecessary angioplasties could have more than paid for the costs of running the PVD group. So much for the cynics!

Professor Gerry Fowkes
Coordinating Editor, Cochrane PVD Group

Contents Training workshops, materials available

<p>THE CANADIAN COCHRANE SYMPOSIUM The Impact of the Cochrane Collaboration: Past, Present and Future</p> <p>Symposium of papers, posters, mini-workshops and plenary sessions.</p> <p>Friday, November 19 Health Sciences Centre, McMaster University, Hamilton, Ontario.</p> <p>Interested in submitting a paper or poster? Please contact Tom Oliver, Chair of the Selection Committee (olivert@fhs.mcmaster.ca).</p> <p>Something for everyone - consumers, practitioners, funders, policy makers, and researchers; mini- workshops for newcomers and those interested in advanced topics.</p> <p>Preceded by a one-day reviewer training workshop Thursday, November 18. Registration limited to 20 participants. Contact Shari Beal at beals@fhs.mcmaster.ca.</p> <p>1999 CCN/CAnnual General Meeting Nov. 20.</p>	<p>5th Annual Meeting for UK Contributors to Cochrane Collaboration March 22-23 St. Catherine's College, Oxford Catherine O'Connor. Email: coconnor@cochrane.co.uk</p> <hr/> <p><u>Cochrane Workshops</u> <u>1999/2000</u></p>
--	--

Need training materials for the Cochrane Library?

They are available to download free of charge: www.york.ac.uk/inst/crd/cochlib.htm

These are updated for every new version of the Cochrane Library (CLIB) and include the self-teaching guide developed by Ian McKinnell and Jim Elliott in Cambridge. This also has been adapted for the Internet version of the CLIB. Also available from the same site are shorter guides and teaching materials to support those conducting training sessions on the CLIB.

Those who maintain web pages might want to update any links you have to the old site, so that users are accessing the most up to date information. Any feedback or comments would be gratefully received.

Ruth Frankish, Cochrane Library Trainer
University of York, UK

A CRG editor's experience: attending a systematic review course

Having been talked into being an editor for the newly formed Cochrane Oral Health Group, I realized that I did not

feel totally competent to be either refereeing/advising on protocols and reviews, or to be developing editorial procedures. Although I have a strong background in clinical trials, I felt that I needed to know more about the process of systematic reviewing and what the important issues were. So I decided to attend a course. A friend enthusiastically recommended one run by Jon Deeks and Rochelle Seifas from the Centre for Statistics in Medicine, based in Oxford.

The course consisted of seven and a half days in three blocks of time, approximately one month apart. There were 16 people attending the course with a wide range of backgrounds, some travelling from as far as the USA, Chile and Italy. We were encouraged to work together and undertook some of the work on a systematic review of Elizabeth Boxall, on hepatitis B vaccine.

Apart from the interactive seminars, the course consisted of practical sessions where we extracted data, assessed the methodological quality of studies and carried out electronic searches for studies in different databases. Other sessions included discussing why two systematic reviews on the same topic led to very different conclusions and looking at different ways of assessing methodological quality. We finished the course by presenting our RevMan analysis of the data from different parts of the Hepatitis B review.

I now feel competent in my role as a CRG editor and believe all editors would find this course useful. Experienced editors would be introduced to the latest issues in systematic reviewing by seminars and key articles. The experience was totally enjoyable on all levels. The group got on well and I enjoyed going out for evening meals, plays and films. Contact with other members of the group brought home the interdisciplinary nature of systematic reviews, and how many of the problems encountered are common to other reviews. The group will also provide a future network for collaboration and advice. I unreservedly recommend the course to all other CRG editors.

The UKCC occasionally funds places on this course for UK-based editors of CRGs and my place was kindly funded in this way. So I suggest that editors keep their eyes open for further announcements!

Helen Worthington
Cochrane Oral Health Group

Handbook to teach systematic reviews in Spanish

The Cochrane Reviewer's Handbook is now available in Spanish, from the Spanish Cochrane Centre's Website:
<http://www.cspt.es/cochrane/cochrane/default.html>

The Glossary and Appendices are also available in Spanish. Paper copies of this document are being distributed to organizations that have collaborated with the Spanish Cochrane Centre, and to researchers who attend our workshops.

JP Glutting
Spanish Cochrane Centre

COCHRANE NEWS
Karen Stamm, Editor
San Antonio Cochrane Center
Audie L. Murphy Memorial Veterans
Hospital
7400 Merton Minter Blvd. ACOS/AC
(11C6)
San Antonio, TX USA 78284
Ph: +1-210-617-5300 ext. 4266
Fax +1-210-617-5234
Email: kstamm@verdict.uthscsa.edu

Cochrane News is the international newsletter of the Cochrane Collaboration (UK Registered Charity No. 1045921); Registered in England No. 3044323). It will be produced twice in 1999; contributions are welcome. Deadline for the next issue: June 26. It is distributed by Cochrane centers worldwide (listed on back page). The views expressed are those of the authors, and are not necessarily shared by the Cochrane Collaboration, or the editor.

[Home page](#)

© Copyright: The Cochrane Collaboration 1999
This page was last updated on March 17, 1999
