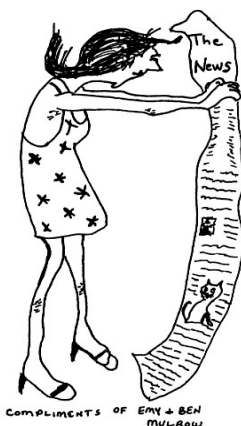


In this issue...

The Cochrane Collaboration in the 21 st Century	1,2
Everything you wanted to know about CRGs	1,2
Neilson joins Steering Group	3
Steering Group's Rome agenda	4, 5
Steering Group's decisions have impact	4
Claire Allen joins Secretariat	6
Steering Group sets priorities	6
Australasian Cochrane Centre changes	7
Nonrandomized Studies Methods Groups initiated	7
Benefits and risks	10
The Chinese Cochrane Centre's first year	12
Library deadlines	12
Cochrane Health Libraries Group Prize winners	13
Email list changes addresses	13
Put Cochrane evidence into action	14
1999 Cochrane Software update	14
Cochrane Centres address list	15

Check out the photos from the Rome Colloquium on pages 3, 10, 11, and 13!



The Cochrane Collaboration in the 21st Century:

Building on enthusiasm while avoiding duplication

Note: This article is adapted from: The Cochrane Collaboration in the 21st century: ten challenges and one reason why they must be met. In: Egger M, Davey Smith G, Altman D. Systematic Reviews in Health Care: Meta-Analysis in Context. 2nd edition of Systematic Reviews. London: BMJ Books 2000.

Preparing and maintaining systematic reviews depends on the enthusiasm of the people who undertake this work. Because there are so few people with the enthusiasm, skills and resources to prepare and then keep up-to-date systematic reviews, it is important to avoid duplication of effort. In addition to being a poor use of scarce resources, undesired duplication can result in confusion and conflict.

Fitting reviewers' enthusiasm into a coherent framework

Unfortunately, peoples' enthusiasms do not fall naturally into non-overlapping sets of problems. In forming CRGs we have, for the most part, tended to rely on the principle of building on enthusiasm. *Continued on page 2...*

Everything you always wanted to know about Collaborative Review Groups

Ever wondered how your own Collaborative Review Group (CRG) functions compared with others? Whether your concerns are much the same or very different?

Beginning below are excerpts from Lisa Bero's recent report monitoring CRGs. The Steering Group's Monitoring and Registration Sub-Group sent out checklists, which had been previously approved by the CRGs, in August 1999. Forty-two of 44 CRGs returned the checklists.

Size. CRGs range in size from 41 to 228 "active" members from 21 countries. The range reported is most likely due to variability in groups' definitions of active members. In the next round of

Continued on page 2...

The Cochrane Collaboration in the 21st Century Contd.

After six years there are approximately 50 review groups that cover most of healthcare with relatively few holes.

Thus far, there has been almost no conflict between review groups as to which group should be responsible for reviews that are of interest to more than one group. This is largely a tribute to the extent to which people adhere to our first principle: collaboration. However, deciding how to form questions that fit together in a coherent framework (with minimal undesired duplication), while responding to and supporting the enthusiasm of individual reviewers who may have questions that do not fit neatly into that framework, is still a challenge.

The mistake of using outcomes to define boundaries

Cochrane reviews should almost never be split up based on outcomes, both because of the duplication of effort that this is likely to involve and because it is unlikely to make sense from the perspective of someone using a review to make a practical decision. For example, someone deciding about hormone replacement therapy is likely to be interested in all its important effects, including possible benefits, such as reducing the risk of fractures and cardiovascular disease, and possible adverse effects, such as increasing the risk of breast cancer. From this perspective, it is unhelpful, as well as inefficient, for each of the many review groups with an interest in this intervention to focus only on the outcomes that they consider within their scope.

There remains a large middle ground between reviews that are too large or small where, hopefully, through both experience and methodology, we will find the right balance. The human challenge is more difficult; i.e. how to accommodate the interests of enthusiastic individuals with overlapping interests and avoid any pretence of monopolizing areas. It is unlikely that a permanent fix will be found for this challenge. Ongoing vigilance is required from both within and outside the Collaboration. We must remain open to criticism and responsive to people with new ideas. If we do not, the Collaboration will stagnate.

Andy Oxman

Steering Group Chair

CRGs contd.

monitoring, the CRG guide will ask each group to define its active members.

Consumer participation. We learned that consumer participation was generally low as a proportion of group members. However, **groups with good consumer participation shared tips for increasing consumer input.** These included 1) placing an advertisement in a national consumer newsletter to recruit consumers, 2) requiring consumer input for approval of reviews and protocols, 3) publishing a newsletter for consumers, 4) structuring consumer feedback, and 5) providing tasks for consumers.

Promotional activities. CRGs actively promote their CRG and the Cochrane Collaboration in general. The work that gets done is even more impressive in light of the travel and dissemination conducted by CRG members!

Funding. Not surprisingly, funding is a major concern among CRGs. However, 29 of 40 respondents had a 2-year business plan and 27 of 40 respondents had sufficient money to continue working at their current level of activity for one year.

Updating of reviews is also a major concern for many review groups. About half of the groups indicated that they have reviews waiting to be updated and many groups requested guidance on updating. The Steering Group hopes to develop assistance for CRGs in this area.

Future reports will address progress in the number of reviews and protocols as CRGs are being monitored against their own targets. The Steering Group noted that many CRGs have set ambitious targets for themselves!

Groups were willing to share many of their tools, such as electronic systems for keeping track of reviews and editorial processes, checklists for reviewers and referees, strategic plans, and analyses of methodological issues. It is important to note that there is probably some duplication of effort among CRGs who have developed similar tools or shared similar experiences. Further work is necessary to facilitate the sharing of this information.

Lisa Bero

Former Convenor, Monitoring & Registration Sub-Group of the Steering Group

Neilson joins Steering Group

Thanks to all of you who voted in this election to replace Paul Jones as representative on the Steering Group.

Congratulations to **Jim Neilson** of the Pregnancy and Childbirth Group, and commiserations to Peter Tugwell of the Musculoskeletal Group (the voting was very close!). Jim will serve until the Annual General Meeting in October 2002; he has the option to stand for reelection. Thanks are due to Paul Jones of the Airways Group for his contributions to the work of the Steering Group during the last two years.

Jini Hetherington, Administrator
Cochrane Collaboration Secretariat

WE ARE VERY SORRY!!!

A lengthy list of training opportunities was omitted from this newsletter due to lack of time and space. Please accept our apologies. This information is available on the Web, www.cochrane.org.

Click New/Training & Support
Resources/Workshops

Rome: Fun-filled memories!



Dr. Martin Meremikwu from the University of Calabar in Nigeria studied a poster with interest!



Are these gentlemen celebrating or smoking?



Joao Costa of Lisbon, Portugal and a member of the Movement Disorders Group took in a most creative poster. (Go to page 12 to see a larger photo)



The site of the Sixth Annual Cochrane Colloquium was the seminary where Pope John Paul II once studied.

Steering Group tackles huge agenda in Rome



Decisions have broad impact

The Steering Group addressed more than 30 topics during three meetings in Rome. Read brief summaries of action items below.

Relieve for Reviewers lacking Consumer Synopses:

Some consumer synopses of reviews are included in Issue 1/2000 of the Cochrane Library. Publication of reviews should not be held up for lack of a consumer synopsis, as it will take at least a couple of issues to catch up with the backlog.

CENTRAL/CCTR: The Steering Group adopted the following five recommendations of the CCTR Advisory Group as the new Annexe 2 to the new Special Agreement between the Collaboration and Update Software:

1. Update Software will process specialized registers from CRGs and Fields, and a single file of handsearch results, both submitted from the New England Cochrane Center at Providence (NECC@P) in mutually agreed tagged-text format.
2. Update Software will negotiate with database producers for rights to process and include records for inclusion on CCTR, e.g. MEDLINE.
3. Update Software will set up a timely feedback system with NECC@P to improve the quality of CENTRAL/CCTR.
4. Update Software will designate a named individual to communicate with NECC@P and ensure that the level of communication will be acceptable to both sides.
5. In exchange for performing the above tasks, Update Software will require exclusive rights to publish the electronic form of CENTRAL/CCTR for a period of three years.

Monitoring the Steering Group: Chris Silagy's suggestion to establish a review panel to monitor the Collaboration's Steering Group was heartily endorsed. He has been asked to provide suggested membership and terms of reference for such a review panel.

Surveying Centres (and other entities): It was agreed that requesting financial information in surveys is a sensitive issue and providing it should be entirely optional. People should continue to send requests to conduct surveys of Centres or other entities via the Secretariat to the Executive Group.

Thanks to outgoing members: Andy Oxman thanked the four outgoing members of the Steering Group - Zarko Alfirevic, Lisa Bero, Monica Fischer and Beverley Shea - for their immensely hard work and valuable contribution while on the Steering Group.

New Treasurer: Mike Clarke agreed to take on this role from Monica Fischer.

New Convenor, Monitoring and Registration Group: Gill Gyte agreed to take on this role from Lisa Bero.

New liaison person between the Collaboration and Update Software: Mike Clarke was thanked for agreeing to take over this role from Monica Fischer, in addition to his several other new responsibilities.

Electoral process: A committee has been formed to consider amendments to the whole electoral process. Davina Gherzi and Mark Lodge will recruit people to this committee.

Election of the next Chair: Andy Oxman advised that the new Chair should be elected at the Steering Group's meeting in San Antonio and referred people to the agreed upon process that was attached to the agenda. Possible nominations should be considered in the context of the Collaboration employing a business manager or executive director, and the job description for Chair to be produced by Chris Silagy and Hilda Bastian as soon as possible.

Surplus Colloquia funds: The Steering Group agreed that any surplus funds from Colloquia should go into a fund to support stipends for future Colloquia rather than going into the Collaboration's central funds, as has been the policy in the past, and that the host Centre could keep up to 50% of any surplus.

Future Colloquia: A host is needed for the 2002 Colloquium. Xavier Bonfill's offer to host the event in 2003 in Barcelona, combined with the Scientific Basis of Health Services conference, has been gratefully accepted.

Steering Group sets priorities for 2000-2001

Steering Group decisions, contd.

Cochrane Prizes: As with funds, prizes wanting to have 'Cochrane' in the name need the approval of the Steering Group.

Cochrane News: The Canadian Centre (Kathie Clark) to take on editing Cochrane News from the San Antonio Center (Karen Stamm) after this issue. Steering Group thanks go to Karen for the excellent job she has done, and to Kathie and the Canadian Centre for taking over this responsibility.

Jini Hetherington
Administrator
Cochrane Collaboration Secretariat

Highlights of Rome Meeting to the Steering Group

Coordinating Editors' Meeting

There was strong support for the Collaboration employing a chief executive officer/business manager; it was also suggested that some capital might be set aside to be used as bridging funding for unforeseen contingencies.

Central copy editing was agreed to be a sensible goal, providing the autonomy of editorial teams was protected.

Concern was expressed about poor communication between CRGs, Fields, Methods Groups and Centres, and it was agreed that the next Colloquium should have more cross-entity meetings.

It was agreed that if a reviewer had not responded to a criticism of their review within six months, the criticism should be published with the review. The editorial team could include a comment if they wanted to. This decision should be conveyed to Lisa Bero, criticism editors and RGCs and copied to the Co-ordinating Editors.

Review Group Coordinators' Meeting

An RGC Action Group has formed to work strategically to get things done in between Colloquia.

The Steering Group approved these as its top five priorities:

- Work towards ensuring manageable workloads and resources for CRGs
- Encourage the preparation of reviews for high priority topics
- Develop and implement effective editing and quality improvement for reviews
- Develop and implement mechanisms for ensuring reviews are kept up to date
- Develop a business plan and improve the Collaboration's funding base

It was agreed that ten per cent of the royalties should be earmarked as a contingency fund, commencing with the next royalty payment.

Software development, central copy editing and CENTRAL/CCTR should be considered to be at the same level of funding priority at this time, and this decision should be reviewed when costings and, if appropriate, business plans are available for these. It was agreed that the RGCs' Action Group could spend up to a maximum of £1,000 to hold discussions by telephone conference, and to present a strategic plan for that group to the Steering Group. The pilot work on central copy editing should be taken to the CLIB Users' Group for feedback.

The CENTRAL/CCTR Advisory Group could also spend up to a maximum of £1,000 for the purpose of holding discussions by telephone conference. Central funding for CENTRAL/CCTR would be considered on receipt of a business plan should be approved in advance by the Steering Group.

One additional priority has been added: supporting raising awareness of the Collaboration.

Introducing...



By now, many of you have had contact with the Cochrane Secretariat's newest staff member, Claire Allen. She's no stranger to Cochrane; Claire previously worked with the Effective Practice and Organisation of Care Group (EPOC). Claire's e-mail address is callen@cochrane.co.uk.

FYI, the Secretariat now comprises:

Chair: Andy Oxman

Treasurer: Mike Clarke

Administrator: Jini Hetherington

Deputy Administrator: Claire Allen

Company Secretary: Muir Gray

European contribution to *The Cochrane Controlled Trials Register* - an update on the BIOMED project.

Just to help you keep things in perspective...



And you think YOU'RE overworked!!

In the March 1999 issue of Cochrane News, we reported that, under the European Union Biomedical and Health Research Programme (BIOMED), the European Commission had agreed to provide funds for a second handsearching project (1998-2001) to identify reports of controlled trials in *specialized* health care journals published in Europe (contract number BMH4-CT98-3803). The first project (1994-1997, BMH1-CT94-1289) had identified over 17,000 reports of controlled trials in *general* health care journals published in Europe, which were not previously readily identifiable as trials in MEDLINE. The UK Cochrane Centre is co-ordinating this second project with Cochrane Centre partners in Denmark, France, Germany, Italy, the Netherlands and Spain.

During the first 12 months of the project, 83 specialized health care journals from 11 European countries were being handsearched, representing a total of 1,334 journal years. By the end of this first year, 8,776 reports of controlled trials had been identified, of which 6,232 are either not easily identifiable on MEDLINE as randomized controlled trials or are from journals not indexed by MEDLINE. All reports identified will be submitted to *The Cochrane Controlled Trials Register*.

5,194 of the 8,776 have been fully processed and submitted for inclusion in *The Cochrane Controlled Trials Register* for issue 1, 2000 of *The Cochrane Library*.

Carol Lefebvre, Project Co-ordinator

Anne Lusher, Research Assistant

UK Cochrane Centre

Changes at the Australasian Cochrane Centre



It's taken several months, but now the transfer is complete! The main administration of the Australasian Cochrane Centre, and many of its activities, have moved from Adelaide to Melbourne.

The new home of the Centre is the Monash Institute of Public Health and Health Services Research. Several Centre staff will continue to be based in Adelaide; further details of who's where can be found on the Centre's website.

From now on, all inquiries for the Australasian Cochrane Centre should be directed to: From now on, all inquiries for the Australasian Cochrane Centre should be directed to:

Australasian Cochrane Centre

Monash Institute of Public Health and Health Services
Research

Monash Medical Centre

Locked Bag 29

Clayton Vic 3168

AUSTRALIA

Tel: +61 (0)3 9594 3097,

Fax: +61 (0)3 9594 6800

Email: cochrane@med.monash.edu.au

Website: <http://som.flinders.edu/fusa/cochrane/acc/accbroch.htm>



Non-Randomised Studies Methods Group becomes official

The Non-Randomised Studies Methods Group was officially registered with the Collaboration on Nov. 22. The convenor of this Methods Group is Ole Olsen, whose contact details are:

Mr Ole Olsen

Nordic Cochrane Centre

Rigshospitalet, Dept 7112

E-mail o.olsen@cochrane.dk

Blegdamsvej 9

2100 Copenhagen O

Denmark

Tel +45 35 45 7008

Fax +45 35 45 7007

European contribution to *The Cochrane Controlled Trials Register* - an update on the BIOMED project.

In the March 1999 issue of Cochrane News, we reported that, under the European Union Biomedical and Health Research Programme (BIOMED), the European Commission had agreed to provide funds for a second handsearching project (1998-2001) to identify reports of controlled trials in *specialized* health care journals published in Europe (contract number BMH4-CT98-3803). The first project (1994-1997, BMH1-CT94-1289) had identified over 17,000 reports of controlled trials in *general* health care journals published in Europe, which were not previously readily identifiable as trials in MEDLINE. The UK Cochrane Centre is co-ordinating this second project with Cochrane Centre partners in Denmark, France, Germany, Italy, the Netherlands and Spain.

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Carol Lefebvre, Project Co-ordinator

Anne Lusher, Research Assistant

UK Cochrane Centre



Everyone had a good time at the soccer matches!

Here, to the left is the German Team warming up before their match. The Dutch Cochrane Centre (below left) took the prize for most inventive cheerleading costumes. Professional referees from the Italian Football Association (below right) made sure the games were clean and fair!



Even the spectators had a good time! Cochrane Secretariat Administrator Jini Hetherington (left) caught all the fun and foibles on tape. Christine Aguilar from the San Antonio Cochrane Center showed her allegiance to the North American team.

More soccer photos!



The warm-ups were as much fun to watch as the games!



The Italian Cochrane Centre took first prize after beating North America (shown here) and Spain.



Alex Jadad, North American team, is a former professional soccer player. The money he earned on the field helped put him through medical school. He's shown here with new Cochrane News editor Kathie Clark.



Bribery captured on film at a soccer match! Jos Keijnen (right) makes a deal with ?.

Open letter to reviewers, CRG editors and referees: Benefit and risk have different dimensions

All Cochrane reviews aim to assess the value of an intervention. That involves estimating its positive and its negative outcomes, which we can call benefits and harms. Each of these embraces two concepts that need to be clearly distinguished: **probability** and **magnitude**. We want to know both.

Unfortunately the terms that often are used, like ‘risk-benefit assessment’, ‘risk-benefit ratio’, ‘benefit/ risk evaluation’, tend to muddle these quite separate aspects. ‘Risk’ is a word that refers to the probability of an adverse event, but we don’t have a word for ‘probability of benefit’. **Reviews will be clearer if we stop using**

expressions like ‘risk-benefit’ or ‘benefit/ risk’, and instead use ‘benefit/ harm’ (and contrast likelihood or chance of benefit with risk of harm). Some reviews manage very well without them. An example is Olliaro and Mussano’s review on amodiaquine for treating malaria.

I searched the Cochrane Library 1999 issue 4, using

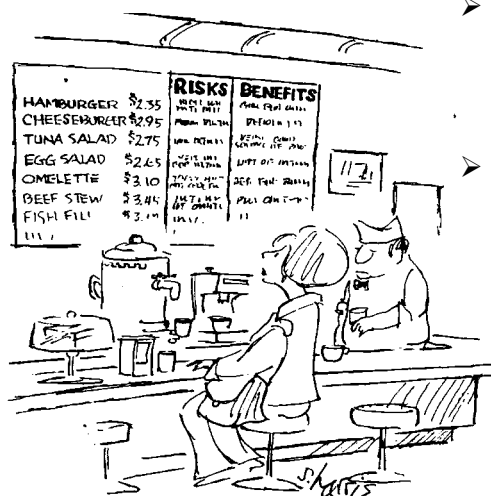
the terms ‘benefit’ AND ‘risk’, and then looking at the mentions of ‘benefit’ in the (alphabetically) first 75 of the 414 full reviews that contained both.

- Of the 75 reviews, 12 avoided the use of “risk” in a misleading way, instead using a phrase such as “weighing benefits against adverse effects.”
- 24 reviews, however, used some version of ‘risk-benefit’.

Cochrane reviews are much better at assessing benefits than at estimating harms, because **the trials that they review are designed to measure specified benefits while harmful effects are mostly unexpected and noted only incidentally and unsystematically.** This asymmetry is

inherent in the trials and in our current review process, and leads to a bias that has been insufficiently recognized. We need to consider it explicitly, and to do our best to minimize it, as with other biases.

Andrew Herxheimer
UK Cochrane Centre



This eye-catching poster came from the Department of Health Studies at the University of York (England).



More memories of Rome! (Counterclockwise from top.) Malene Jensen of Denmark rests in the sun between sessions. Old friends say hello again. Alexia Antczak-Boukoms, founding Editor of the Oral Health Group, chats with Bill Shaw, its current Co-ordinating Editor. These exhibitors packed 'em in by offering a workshop in their booth.

COCHRANE NEWS

This is the last issue edited by Karen Stamm of San Antonio Cochrane Center.

Kathie Clark of the Canadian Cochrane Centre is taking over from Karen as Editor, and hopes to produce two issues of the News in 2000. As she manages the CCINFO list, she will advise us via that route of the deadline for copy for her first issue.

Cochrane News is the international newsletter of the Cochrane Collaboration (UK Registered Charity No. 1045921); Registered in England No. 3044323). It is distributed by Cochrane centres 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.

The Chinese Cochrane Centre: the first year

The first step in the paradigm shift of traditional based medicine to evidence based medicine in China came in March 1999 with the official registration of the Chinese Cochrane Centre (ChiCC).

As the only Cochrane Centre in China, the ChiCC serves as the reference centre for individuals and groups in China and Hong Kong who would like to make contributions to the Collaboration. In July 1999, ChiCC Director Dr Youping Li, was elected as a member of the Cochrane Collaboration Steering Group.

More than 70 participants in 12 specialties from different parts of China attended two workshops in November 1999, sponsored by the ChiCC, with the help of the Australasian Cochrane Centre. After the workshops on the introduction to the Cochrane Collaboration and systematic reviews, many participants expressed their desire to begin some basic work toward writing systematic reviews.

In addition to training, other Cochrane activities involve trial searching, translation and dissemination:

- ▶ Nearly 100 Chinese medical journals to be handsearched were registered in the ChiCC.
- ▶ 37 Chinese medical journals were submitted to the Master List of Handsearched Journals.
- ▶ About 200 reports of trials identified by electronic searching were submitted to the Cochrane Controlled Trials Register.
- ▶ More than 20 printed materials for raising awareness about the Cochrane Collaboration have been translated and distributed.

- ▶ More than 10 talks or lectures were given in some cities in China for fostering activities on evidence-based medicine.
- ▶ A ChiCC homepage has been created.
- ▶ The ChiCC plans to create the Chinese Journal of Epidemiology and Evidence-Based Medicine next year.

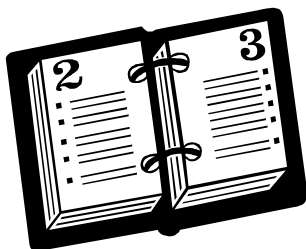
The future is bound to bring us more chances as well as challenges. We will work hard to make our centre first-rate, and are full of confidence to promote the practice of evidence-based medicine in China.

Mingming Zhang
Coordinator and translator
Chinese Cochrane Centre

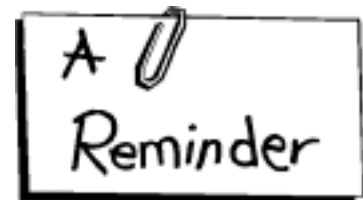


Dr Youping Li (left), Director of the Chinese Cochrane Centre, and her colleagues (shown here with the daughter of Kelly Montgomery of the San Antonio Cochrane Center) travelled to Rome for their first Cochrane Colloquium.

Cochrane Library module deadlines! Don't forget!



Issue 2, 2000: 23 Feb 2000
Issue 3, 2000: 31 May 2000
Issue 4, 2000: 30 Aug 2000
Issue 1, 2001: 29 Nov 2000



Cochrane Library News: Award winner used Cochrane Library evidence to raise levels of thromboembolism prevention from 27% to 75%

Bernadette Kelly, winner of the 1999 Cochrane Health Libraries Group Prize, used evidence-based guidelines to develop a treatment guideline to prevent venous thromboembolism in hospital patients. Bernadette Kelly is Clinical Audit Facilitator at the Glasgow Royal Infirmary in Scotland, and Ann Wales is the Library Services Manager at Glasgow Royal Infirmary.

When traditional methods of disseminating the guideline failed to have any impact on practice, Bernadette returned to the Cochrane Library and, with the help of Ann and her staff, found a key systematic review (published by the NHS Centre for Reviews and Dissemination) on how to achieve changes in clinical practice. As a result of this second evidence-based approach, the proportion of medical patients receiving prophylaxis increased from 27% at the start of the project to 75% after the intervention, remaining high at 63% and 71% one and two years later.

The Cochrane Health Libraries Group prize (worth £5000) is awarded annually for the best example of research evidence from the Cochrane Library being used in the significant improvement of patient care. For further information about the Cochrane Health

Libraries Group Prize please contact Jackie Manners, +44 (0)1903 212414. Fax +44 (0)1903 206031.

¹Implementing clinical practice guidelines: can guidelines be used to change the behaviour of professionals and, if so, how best to introduce them into clinical practice. *Effective Health Care* 1994. 8: pp. 1-12.



Ann Wales (left) and Bernadette Kelly (centre) receive their £5,000 prize from Lord Hunt of Kings Heath at an informal ceremony in London in November 1999. Lord Hunt, Parliamentary Under-Secretary of State for Health (Lords), said the award went some way towards demonstrating that the effective use of information can save lives.



E-mail lists change addresses

Since October 1999 the German Cochrane Centre has been managing the “majordomo” e-mail discussion lists that used to be hosted by the UK server. The change was made as a security precaution after a hacker accessed and possibly damaged the UK server.

This announcement also offers a good opportunity to remind people of a couple rules of e-mail etiquette.

1. Please reply only to the original sender rather than to everyone on the list
2. Please make the Subject heading very clear.

What follows is an amended list of all e-mail discussion lists (as opposed to people’s individual e-mail addresses, which remain unaltered). The lists, which used to end with “cochrane.co.uk,” now end with “cochrane.de.”:

Email lists of the six registered entities in the Cochrane Collaboration:

adminors@cochrane.co.uk has become adminors@cochrane.de

fields@cochrane.co.uk has become fields@cochrane.de
mwgs@cochrane.co.uk has become mwgs@cochrane.de
consumers@cochrane.co.uk has become consumers@cochrane.de
centres@cochrane.co.uk has become centres@cochrane.de
ccsg@cochrane.co.uk has become ccsg@cochrane.de

Other Cochrane Collaboration email lists:

allcoeds@cochrane.co.uk has become allcoeds@cochrane.de
ukcoeds@cochrane.co.uk has become ukcoeds@cochrane.de
biomed1@cochrane.co.uk has become biomed1@cochrane.de
bmed2jnl@cochrane.co.uk has become bmed2jnl@cochrane.de
ccadmin@cochrane.co.uk has become ccadmin@cochrane.de
comcrits@cochrane.co.uk has become comcrits@cochrane.de
modman-advisory@cochrane.co.uk has become modman-advisory@cochrane.de
rag@cochrane.co.uk has become rag@cochrane.de
clib@cochrane.co.uk has become clib@cochrane.de
training@cochrane.co.uk has become training@cochrane.de
revman@cochrane.co.uk has become revman@cochrane.de

Putting Cochrane Evidence into Practice

This was the message that I brought home on a car sticker from the 1998 Colloquium in Baltimore (which seems a long time ago now). I thought that readers of Cochrane News might be interested in the results of our efforts to do what the sticker said, using the data from a Cochrane Review in the form of a handout to give parents of children with ear infections (acute otitis media).

I work in a practice of 5 family doctors in the UK and in 1997 we introduced the handout to our patients as a way of explaining to them that children with ear infections who were not unduly ill did not need to have immediate antibiotics. We still offered the parents an antibiotic prescription, but suggested that they only cashed it at the chemist if their child was not better in a day or two.

We achieved a major reduction in antibiotic prescribing for these children of 32% in comparison with a control practice that did not use the handout and deferred prescription, who recorded a reduction of 12%. Moreover since this was the commonest condition for which our children received an antibiotic, we recorded a 19% drop in all antibiotic

prescribing for children when the national figure for the same period only fell 3%.

The work was published in the BMJ (1) in March 1999 and I am delighted to see that it had the highest hit-rate on the web site of all the primary research papers in that issue (5921 hits in the week following publication). Over 350 interested correspondents from all over the world have asked for a copy of the handout and many have said they are keen to try the new approach. For those who are interested the handout is now on the BMJ website or can be downloaded from my own site at <http://www.cates.cwc.net> where there are links to the Cochrane abstract and the BMJ paper as well.

This was a simple before and after controlled study which could be replicated by others who have put evidence into practice. It serves as a way of empowering others to change by showing how it can be done. I hope other readers will take up the idea in the new Millennium as a successful method of disseminating all the hard work that goes into Cochrane Reviews.

Chris Cates, Cochrane Airways Group

1. Cates C. An evidence-based approach to reducing antibiotic use in children with acute otitis media: controlled before and after study. *BMJ* 1999; 318:715-6



Release of Cochrane Software in 1999

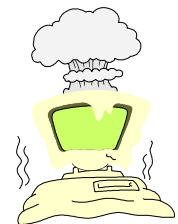
We would like to acknowledge the difficulties experienced last year with the release of the software used to prepare Cochrane Reviews, and to apologise for this. The software was released in good faith and, if we had felt that it was not ready, we would have postponed the release from the middle of July. Unfortunately, as users of the software and those who support them realize, there were problems with it and we are very sorry for the inconvenience this caused.

With hindsight, we have been able to identify mistakes in the processes we followed and we will do what we can to ensure that these mistakes are not repeated when Cochrane software is released in the future. A revised process will be used for the testing of RevMan/MetaView 4.1. This should be available this year, but the release date has not yet been set; it will depend on the satisfactory outcome of the testing. In addition, we intend that future releases of software which involve changes in the structure of a review

will be phased in over a period of up to one year, during which it will be possible for reviewers to use either the new or the old versions of the software.

However, as with all computer software, no matter how extensive our testing, we will not be able to guarantee that it will be “bug-free” or work perfectly on every computer and for every user. What we can guarantee is that we will try very hard to eliminate such problems and that we will learn from the lessons of the last year.

Mike Clarke, Convenor, RevMan Advisory Group; Monica Fischer, Convenor, Software Development Group, and the Nordic Cochrane Centre; Mark Starr, Director, Update Software; on behalf of the members of the RevMan Advisory and Software Development Groups, the Nordic Cochrane Centre, and Update Software.



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