

Pulpit Rock - Stavanger, Norway

10th Cochrane Colloquium

31st July - 3rd August 2002

Stavanger, Norway

Collaborate and Celebrate!

The Norwegian branch of the Nordic Cochrane Centre will host the 10th Cochrane Colloquium at the Stavanger Forum from Wednesday evening, July 31 to Saturday evening, August 3, 2002. Additional meetings can be scheduled on the day preceding and following the Colloquium. The aims of the 10th Colloquium are to:

- Help review groups to achieve the aims of the Collaboration
- Celebrate the 10th year of the Collaboration

How will the 10th Colloquium differ from previous Colloquia?

The 10th Cochrane Colloquium is targeted at active contributors to the Cochrane Collaboration and those interested in contributing. This Colloquium will differ from previous Colloquia in the following ways:

- There will not be any parallel sessions.
- The Colloquium will be three days instead of four.
- Each day there will be one plenary session in the morning, time for meetings in the middle of the day and workshops in the afternoon.
- The workshops will be targeted at different types of contributors to the Cochrane Collaboration, including: reviewers, editors, review group coordinators, trials search coordinators, consumers and methodologists. For each of these groups there will be streams of workshops and meetings aimed at fulfilling their needs.
- The 10th Colloquium will occur during summer holidays for many people, rather than in October. Because of this many participants will want to bring their families, who will be welcome at all of the social events.

The 10th Colloquium is not just a business meeting. It will be similar to previous Colloquia in that it will include plenary sessions, about 100 poster presentations, workshops, meetings and social activities. There will be a total of four plenary sessions and the opportunity to participate in three workshops from a total of 50. During the middle of the day there will be time for people to meet, study and socialise. Social activities in the evenings will include a welcome reception, a fjord cruise and a dinner-dance to celebrate the 10th year of the Collaboration.

The plenary sessions will be interactive and the following questions will be discussed:

- What is the role of the Cochrane Collaboration in informing healthcare decisions made by policy makers?
- Should Cochrane reviews move towards using standardized grades of evidence for each outcome (and what are the implications of this for discussions and conclusions in Cochrane reviews)?
- If you were Editor in Chief of the Cochrane Collaboration what would you do to improve the editing and overall quality of Cochrane reviews?
- What should the Cochrane Collaboration have achieved by the 20th Colloquium and what should we do now to make this happen?

Full details, including a complete list of workshops, are available on the Colloquium website:

<http://www.cochrane.no/colloquium>

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Cochrane News is published by the Canadian Cochrane Centre.

Editor

Daren Spithoff, Canada
Communications Specialist, The Canadian Cochrane Network and Centre (CCN/C)

Advisory Committee:

Peter Langhorne, UK
Chair, Steering Group

Jini Hetherington, UK
Administrator, Cochrane Collaboration Secretariat

Meredith Cameron, Australia
Centre Representative

Mingming Zhang, China
Centre Representative

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Heather Maxwell, UK
Trials Search Coordinator Representative

Arne Ohlsson, Canada
Director, CCN/C

Kathie Clark, Canada
Co-Director, CCN/C

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For more information about *Cochrane News* please contact the Editor.
Tel: +1-905-525-9140 x 22124
Fax: +1-905-546-0401
Email: cochrane@mcmaster.ca

As I write this note the Steering Group and Centre Directors have just returned from their meetings in Chengdu and the 2nd Asia Pacific Conference in Evidence Based Medicine. It was most gratifying to witness the level of interest and activity which the Chinese Cochrane Centre staff have managed to develop in China and SE Asia. I know that all the foreign visitors were delighted with the generosity and hospitality of our hosts.

The Steering Group had another full agenda with many interesting and difficult issues to be discussed. One interesting topic which has arisen concerns the structure of Cochrane reviews. Cochrane reviews were designed to have a standard methodology and structure to improve review quality and to provide readers with easy access to the relevant information. This approach has proved very successful but there are some concerns that the current Cochrane review structure may be too inflexible. In particular, should we allow only one version of one review for a particular topic?

There are several obvious arguments in favour of having only one version of one review. Firstly, the user of the review is not provided with confusing or conflicting information. Secondly, if our review process is sufficiently rigorous and scientific why should we need more than one review? Finally, providing a review has a broad authorship, that should reflect any legitimate diversity of opinion around a topic.

However, there are arguments against having a single version of a review. Legitimate differences of opinion (as opposed to personal bias) can centre around the appropriate inclusion and exclusion criteria for trials, the appropriate interpretation of statistical tests and the appropriate conclusions to draw from the review. Occasionally it may be unreasonable or indeed impossible to force divergent views within a single Cochrane review. If so should we not allow legitimately differing views to be expressed so that the reader of the review is aware of any controversy?

If we were to accommodate a greater diversity of views within The Cochrane Database of Systematic Reviews (CDSR), how might this be achieved? The simplest approach is to encourage a full use of the comments and criticisms function. However, there is a the risk that views expressed in the comments and criticisms section are less prominent than those in the main review. Secondly, we could allow more than one commentary within a Cochrane review. However, this could raise the problems of how to commission an appropriate commentary and how to avoid the concern that the rigorous work of the reviewer is undermined by a less than rigorous commentary. Finally, we could allow more than one review to exist on a topic but, as already discussed, this raises the potential problem of confusing the reader.

The Steering Group agreed to look into the appointment of a Publication Ombudsman to help develop and oversee policies for resolving such editorial conflicts, and Cochrane entities will be sent a discussion paper about this in May 2002. However we also need to consult widely on better ways of accommodating legitimate differences of opinion about the conduct and interpretation of Cochrane reviews. My main purpose here is to open this debate and to encourage you to inform your representatives on the Steering Group of your views on the best ways forward.

Peter Langhorne

Chair, Cochrane Collaboration Steering Group

Submission Deadline

The deadline for submission of articles for Issue 25 of *Cochrane News* is **August 19, 2002**. Please e-mail articles (600 words maximum) for consideration to:
cochrane@mcmaster.ca

Cochrane News is distributed internationally by Cochrane Centres. If you are having problems receiving *Cochrane News* or you would like to be added to the mailing list, please contact your nearest Cochrane Centre (see page 16 for contact details).

Letter from the Editor

Before I do anything else, I would like to thank our former Editor, Diane Gauthier, for the excellent job that she did with *Cochrane News*. Diane has taken a new position with the Department of Surgery at the McMaster University Medical Centre, and she will be greatly missed. On behalf of all of us at The Canadian Cochrane Network and Centre (CCN/C) and the Cochrane News Advisory Committee, I would like to wish Diane all the best in her future endeavours.

As for myself, I am the Communications Specialist with the CCN/C and the new editor of *Cochrane News*. I am excited about taking on this role and I am looking forward to receiving your articles, letters, comments and criticisms.

Finally, because the 2002 Colloquium is early this year, this will be the last *Cochrane News* before the Colloquium. For those of you who will be attending, I hope that this will be the most successful Colloquium to date. Here's to safe travel and a good time.

I hope you enjoy reading this issue as much as I enjoyed putting it together!

Daren Spithoff, *Editor*
spithd@mcmaster.ca

Letter to the Editor

Consumer access to *The Cochrane Library* i.e. to full Cochrane reviews

Following my letter published in the *Cochrane News*, Issue 23, p2, I have found a new need to be able to access full Cochrane Reviews. I have been commenting on the Consumer Network Hot Topics since they began. It was immediately apparent that access to the relevant reviews would be an advantage. When it came to Hot Topic 7 – Dietary Supplements for Arthritis Relief, this need was emphasised. Two of the interventions were glucosamine and chondroitin sulphate. I had several critical comments to make on this and only a couple of old biochemistry textbooks for reference. I didn't know what was in the reviews.

After I had commented on this Hot Topic, Hilda Bastian thanked me for reminding her that it's a good idea to make the reviews available to Consumers commenting on Hot Topics. She offered these as text files but said that they are a bit clumsy to read in this format. (Let's have access to the library!) Hilda did also say that she would look into a mechanism for us to comment on the reviews made available in this way.

At the same time, I was made aware of the offer of temporary free access to the Library (to review the new software) for "people involved in the Collaboration". Thanks to this, I was able to get at the full review on glucosamine.

I found all the information I wanted in the discussion; a summary of the pharmacokinetics of glucosamine (fate of the molecule, radio-labelled and non-labelled administered by different routes, in laboratory animals and man). As a biochemist (retired) who used to carry out such tracer experiments to investigate the fate of industrial and agricultural chemicals, I could spot several things here that I would like to comment on for the reviewers.

David Potter, *Consumer with the Cochrane Skin Group*
dpotter@borlane.freemove.co.uk

Do you have any comments, questions or suggestions on how we can improve *Cochrane News*? Would you like to comment on something that you have read in a Cochrane review or the *Cochrane News*? We'd love to hear about it!

Please send your articles, letters and comments to: cochrane@mcmaster.ca.

Pseuds Corner

By Paul Garner - Infectious Diseases Group

Is *The Cochrane Library* accessible? Have you ever used the word "sub-grouped" or "post-hoc additional analysis" when talking to your friends? Have a look at the quotes in the box, and think, if I were an ordinary person, would I understand what the author was saying? Would I be so impressed with the clarity of expression that I would want to read more?

Extracts from reviews (found through browsing - and includes phrases from Infectious Diseases!)

- "If appropriate, the studies will be sub-grouped for meta-analysis according to the analysis of the items above and also the clinical homogeneity."
- "Several additional post-hoc sensitivity analyses were also evaluated where possible."
- "The outcomes included objectively measured or self reported (validated instrument) patient/client outcomes and reliable (objective or validated subjective) health care process measures."
- "explode "child"/ all subheadings"
- "An improvement in symptomatic amelioration was apparent, as has been reported previously."

Some Review Groups are organising plain writing courses for the editors and it's time we did this to help our reviewers too!

NEXT ISSUE: the ogre of the acronyms. Especially for CRGs, RGCs, TSCs, Co-eds and HAUs (heavy acronym users).

Commentary

Can you mix iconoclasm with collaboration?

A cultural challenge for the Cochrane Collaboration

By Hilda Bastian

There are many different paths that brought people to the Cochrane Collaboration. Indeed, if there are 6,000 of us, then there are probably 6,000 different paths! But being something of an iconoclast – someone who is cheered on for tackling sacred cows - is definitely a major path for many of us. Concern for people's health, critical thinking, collaboration and truth are, I think, the values that are supposed to bring us here. But as time has gone on, I believe more and more that iconoclasm has elements in it that clash with these values.

Have I become conservative, do you think? I actually don't think so. Once, I was proud to think of myself as an iconoclast. Now, though, iconoclasm seems to me to be a multi-headed beast, that is only sometimes to be applauded.

Iconoclasm: (literally and figuratively) Breaking of images.
Iconoclast: (figuratively) One who assails cherished beliefs.
Definitions from The Oxford Concise Dictionary (5th Edition)

I once read a good treatise on the nature of integrity that helps me here*. It was not enough, the author said, for people to stand up for what they believe and fight for it: any number of people who have done absolutely monstrous things on this planet have done *that*. Being brave and fighting for beliefs is easy to applaud. Yet, there is nothing valuable necessarily for humanity in doing it - not in itself. This behaviour does not necessarily have integrity, either. But there is always harm in fighting. It seems to me that in the culture of the Cochrane Collaboration, there is a danger of forgetting that. When people effectively start a war over evidence, there is far too much cheering.

Iconoclasm has a warrior element. The name and deeper meaning come from a religious movement in Eastern Europe that didn't just attack beliefs: it smashed icons. Sometimes when in power, the iconoclasts killed artists and people who venerated the symbolism and beauty of their art. I don't mean to denigrate and oversimplify the continuing spiritual and cultural significance of iconoclasm in Islam and Eastern European Christian orthodoxy. Eastern European Christian orthodoxy is part of my own personal heritage. (And anyone who saw the media film of the Buddhas in Afghanistan being blown up, knows this issue is alive and still tearing apart many communities.) I just want to ponder the significance of the characteristics of iconoclasm and collaboration. Both concepts derive partly from art: the first (iconoclasm), a movement of people who wanted to destroy the artistic creations and beliefs of others, and the second (collaboration), meaning people who join together to create something (generally meaning something literary or artistic). Sound like natural enemies, perhaps? I think they just might be.

What's the point of this ramble? Well, the ongoing war over the mammography review (amongst other things) sharpens into

focus for me what we mean by collaboration. It gives us an opportunity to ask whether this Collaboration is going to be primarily a creative and cooperative energy - or whether it will be a force, based strongly in values of attack and, thus, destruction.

There is the issue of collaboration among us - and also collaborating with the outside world, if we want healthcare decision-making to change for the better. So many elements of what we do are attacking at worst, judgmental at best: of the quality and motivations of other people's decisions, of other styles of research, of the flaws of other people's research. The symbolic arrogance of phrases used so freely and easily in the Collaboration: 'There is *no* evidence' or '*no good* evidence' - when it is only no evidence of a particular sort, done in close to perfect manner. What we communicate symbolically, and unintentionally, matters as much as what we are intending to say. How much collaboration can there be among people who symbolically denigrate each other's motivations and work? How do we use critical analysis creatively, without descending into using intellectualism and science as weapons? Isn't defensiveness, rather than cooperation, the usual human response to attack? So what role does a warrior culture, or a warrior element, have in a collaboration?

Well, I've done plenty of iconoclasm myself, not to mention starting many battles. And although I hope not to, sometimes, sadly, I still will probably slip into it, I suppose. But these days, I'm far slower to applaud it. When the smashing starts, one of the things that gets damaged is collaboration. Even worse, people get damaged. Iconoclasm is often a very easy option. It is always destructive, which can have its place. That place, though, is a last resort, not a first one.

There is something better. I want to vote strongly for the creative, constructive and cooperative nature of collaboration - and against the destructive nature of warrior culture. We need to be warriors only to defend our values and other people, not for attack. Respect for people (in and out of the Collaboration) matters. Collaboration matters. The truth matters. And as we should all know by now, in any war, the first casualty is the truth.

Hilda Bastian
Hilda.bastian@cochraneconsumer.com

* Stephen L Carter. *Integrity*. Basic Books (a division of Harper Collins), New York, 1996.

The views expressed here are my own, and not a communication on behalf of any Cochrane entity with which I am involved.

Improving Your Review

Diamonds are not always forever:

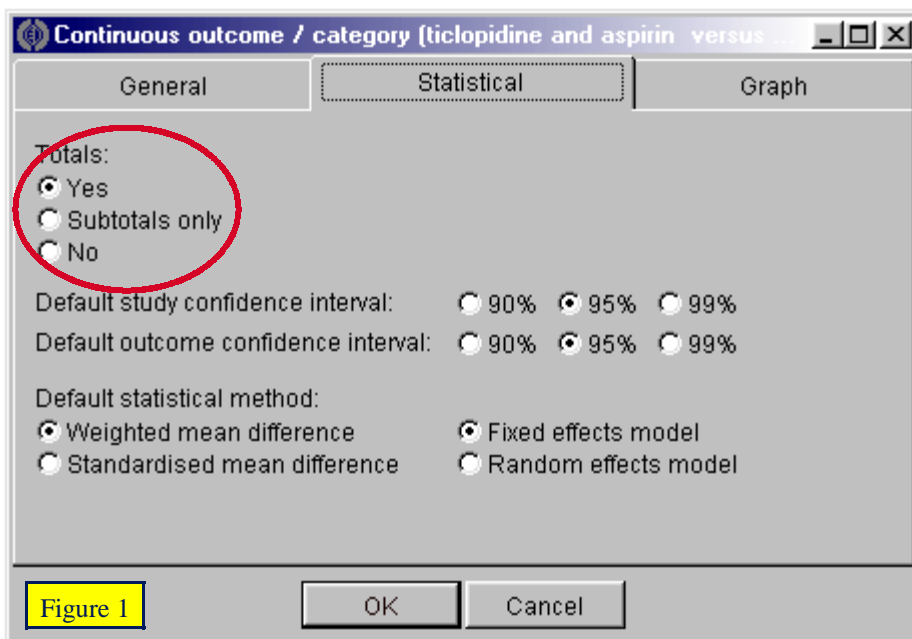
Choosing to combine data in meta-analyses on RevMan (MetaView)

By Sally Green, Jon Deeks, Philippa Middleton

When you enter a new outcome in the Table of Comparisons in RevMan, the software allows you to make several choices about statistical methods. One of these choices is whether or not to calculate a total effect measure for your outcome. As shown below (figure 1), the current default is for a total (and subtotals if applicable). However there has been some recent discussion amongst the Handbook Advisory Group members and others about changing the default so that totals are not calculated unless a reviewer specifically chooses to do so.

Selecting 'yes' (the current default) will result in all data from studies being combined to give a summary estimate, whether or not data are organised within subgroups (i.e. a subtotal for each subgroup and a total including all subgroups). Selecting 'subtotals only' will give a combined result for each subgroup, but will not combine subgroups to give an overall estimate of effect. Selecting 'no' will give the individual summary statistic for each included trial, with no meta-analysis.

The current default gives a red diamond, representing the summary estimate, on the forest plot. But diamonds are not always a reviewer's best friend, and inappropriate selection of the statistical method used for each outcome has the potential to bias the results of your review.



When to select 'no': times when it is inappropriate to perform a meta-analysis

Reviewers will sometimes decide to present the results of all included trials separately on a forest plot, but not to conduct a meta-analysis (i.e. they decide not to 'turn the diamond on'). Examples of when this may be appropriate include:

- When there is methodological or clinical heterogeneity to a level where it does not make sense to combine studies. Choosing not to combine the results of these differing studies will prevent the citing of a single, and possibly misleading, pooled effect measure.
- When not all of the included studies addressing the outcome are represented in the meta-analysis and there may be differences between the results of those represented and those not (e.g. if you are aware of some studies missing due to unavailability or suppressing of known trials), or if some of your included studies have skewed data and so are in the additional tables and not represented on the forest plot. In these cases you may have a biased subset of studies and hence meta-analysis is not appropriate.
- When there is only one study contributing data to the outcome. Selecting 'totals' in this case will attribute a pooled estimate (which will equal the summary estimate of the lone trial) and will appear as a meta-analysis result, although the effect estimate is based on only one trial.

When to select 'subtotals only': times when it is inappropriate to combine subgroups

There are many examples of the appropriate dividing up of included studies into subgroups. Some of these subgroups are appropriate to combine in an overall meta-analysis (for example sub-grouping by quality of the included trials may lend itself to a subgroup estimate for high quality trials, lesser quality trials and then an overall estimate of all trials (i.e. both subgroups)). There are times, however, when it is appropriate to combine trials within a subgroup, but inappropriate to perform meta-analysis across subgroups. In these cases 'subtotals only' should be selected. Some examples include:

- To prevent double counting (e.g. in three-arm trials) when the data from a placebo group are entered twice, one subgroup comparing placebo to intervention 1, the second subgroup comparing placebo to intervention 2. To combine these two groups would result in participants in the placebo arm being counted twice.

(Continued on page 6)

(Continued from page 5)

- The same outcome at different time points. It may be useful to present subgroups of the results of an outcome at varying time points, but if these groups were combined, participants would be counted twice. Instead, 'subtotals only' should be selected resulting in a forest plot such as the one below (figure 2).
- Subgroups of varying methods of generating results. For example, subgroups may be set up to allow results of trials with missing data to be imputed in various ways (best case/worse case subgroups or intention to treat analysis/completers analysis subgroups). Combining these subgroups again results in double counting some participants.
- Adverse effects. Many reviews list different adverse outcomes as subgroups of one forest plot. While this gives an overall picture of the adverse effects reported in the included trials, failing to select 'subtotals only' may result in double counting participants as some may have experienced more than one adverse effect. Selecting 'subtotals only' will correctly result in a meta-analysis for each individual adverse effect, such as the forest plot below (figure 3).

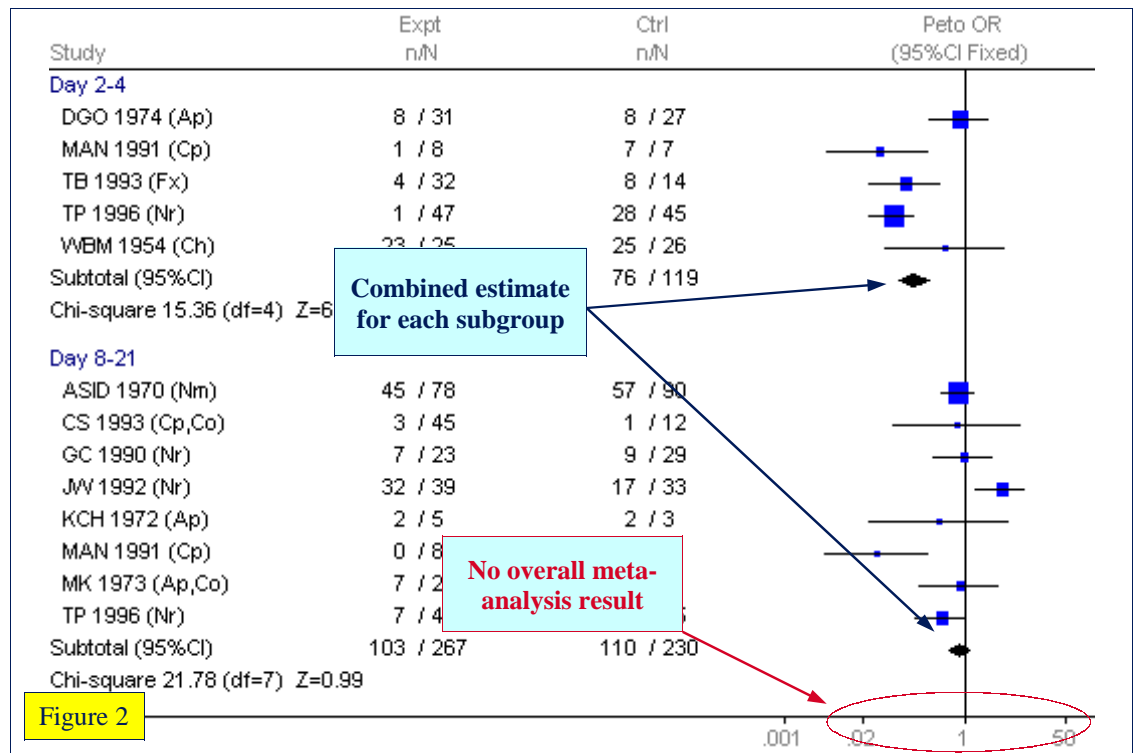


Figure 2

While this gives an overall picture of the adverse effects reported in the included trials, failing to select 'subtotals only' may result in double counting participants as some may have experienced more than one adverse effect. Selecting 'subtotals only' will correctly result in a meta-analysis for each individual adverse effect, such as the forest plot below (figure 3).

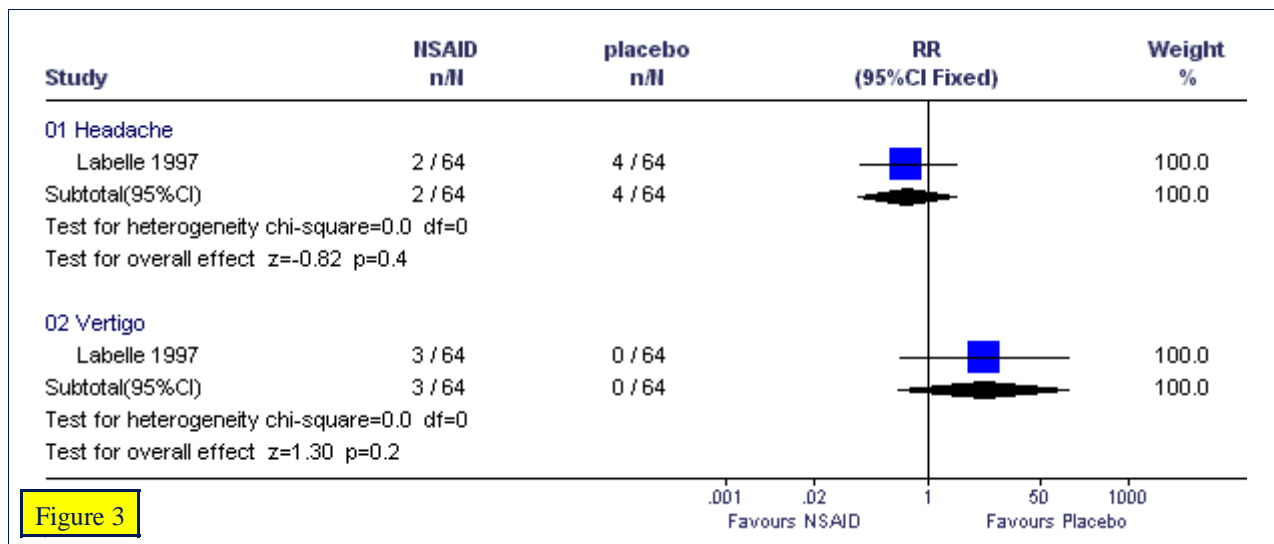


Figure 3

Choosing the totals option will mean the diamonds for the outcome will be displayed on the summary screen as well. Choosing subtotals only invokes the message 'Subgroup analysis only' on the summary screen; and choosing no totals at all gives the message 'No overall analysis'.

WHAT DO YOU THINK? Should we change the default from turning the diamonds on (automatic totals) to turning the diamonds off (reviewers having to make a conscious choice to choose totals or subtotals for each outcome)? If you have any thoughts or comments regarding this issue, please send them to Sally Green (sally.green@med.monash.edu.au) and we will collate them for the RevMan and Handbook Advisory Groups.

Innovations

A web-based interactive abstract review process

An innovative approach to reviewing a large number of abstracts for a Cochrane review

By Anne-Marie Tynan

The Toronto based health services group of the Cochrane Review Group on HIV infection and AIDS (*the Toronto group is a component of the CRG addressing health services issues related to HIV/AIDS*), recently developed an innovative web-based interactive abstract review process for sharing the workload of reviewing articles for inclusion in a systematic review.

The Web site, created by Ahmed Bayoumi, MD, of the Inner City Health Research Unit, St. Michael's Hospital, Canada, was specifically developed to assist with two Cochrane reviews on the topic of antiretroviral adherence in HIV. After a comprehensive search of the literature retrieved well over 1000 citations, the abstracts were uploaded to the Web site where reviewers could then view and assess them.

In order to access the site, each reviewer was given a user name and password and asked to evaluate approximately 300 abstracts using inclusion criteria developed by the research team. A sidebar on each page listed the questions to be answered and included additional information if the reviewer(s) needed more details. The abstracts were each reviewed twice by a different reviewer so that in the end, all abstracts had been looked at and evaluated twice. Where there was disagreement, a third party was asked to adjudicate and the majority decision then determined whether the study should be excluded.

Reviewers and administrators were unanimous in their enthusiasm for reviewing abstracts on-line especially since it cut down considerably on paper costs and administrative organization time. Reviewers could read the abstracts from the privacy of their homes or offices whenever time permitted as long as they had access to a personal computer that supported Internet Explorer. In this way, reviewers did not have to keep track of excessive amounts of paper or assessments. Administrators could check the progress of the review and send out reminders or answer questions by email. Plans are now underway to develop an on-line data abstraction form for the next stage of the review.

For further information on technical or other issues around the project, contact Anne-Marie Tynan, project coordinator, at: tynanma@smh.toronto.on.ca.

Cochrane Adherence Project Abstracts - Microsoft Internet Explorer

HIV+ Humans? [Dropdown]
HAART? [Dropdown]
Adherence? [Dropdown]
Comparison Group? [Dropdown]
Regimens Evaluated? [Dropdown]
Participants Described? [Dropdown]
Retrieve for Interest? [Dropdown]

Is HAART Enough?
 J WITEK , L DEAN, L EVANGELISTA, M GOLD
 Conf Retroviruses Opportunistic Infect. 2000;7th:-.

Nationwide, the decline in AIDS-related mortality has been attributed to HAART. However, it is unknown if these benefits extend to all segments of the population and will exert a durable impact on the epidemic. The Partnership Comprehensive Care Practice provides comprehensive outpatient and inpatient services to 1,100 adults in urban Philadelphia. The patient population reflects current epidemic trends: 70% African American, 21% White, 9% Hispanic, 63% male, 37% female, 41% heterosexual and 29% IDU. Care from HIV-experienced providers is rendered at a designated Center of Excellence. Patients have access to all FDA approved drugs, expanded access and other clinical trials. There is an active patient adherence program. Methods: A retrospective chart review of all deaths occurring in 1998 and the first nine months of 1999 was performed. Abstracted data included immunologic/virologic data, antiretroviral therapies, OI's/cause of death. Supplemental data was obtained through a practice database maintained since 1994. Results: There were 40 deaths (25 male and 15 female) during the time period examined; 18 in 1998 and 22 from January through September, 1999. Compared to those who died in 1998, patients who died in 1999 presented for care sooner after

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This project is a systematic overview of the literature regarding adherence and HIV.
 For each question, please answer "Yes", "No", or "Unsure". Click on an individual

Research Questions **Using the Mouse and Keyboard** **Open instructions in a new window**

The above screen-shot illustrates the interactive Web-based abstract review process outlined in the article. A full-size poster which describes the process in detail was presented at the 2001 CCN/C Symposium, and can be downloaded from the Cochrane Collaboration Web site at: http://www.cochrane.org/newslett/cnews24_web_review.ppt

The Cochrane Library

Annual Cochrane Library Users' Group Day

By Kate Light

The second annual Cochrane Library Users' Group Day took place in November 2001 at The British Medical Association in London and was attended by over 60 people.

Highlights of the day included:

Getting Research Into Practice: A Personal Experience

Chris Cates (a GP from Hertfordshire) gave us a view of evidence based medicine from the surgery. He and his colleagues have changed their practice policy for treating acute otitis media in response to a Cochrane review which recommends that antibiotics are not always the best first response.¹

Dr. Cates wished to cut down the number of antibiotics prescribed for otitis media. He wanted to persuade parents to defer giving their child antibiotics for three days, in the expectation that, in the vast majority of cases, the infection would subside of its own accord. He produced a patient leaflet outlining the evidence from the Cochrane review which was given to parents along with a prescription for antibiotics, which could be redeemed at any time.

After six months, an audit of antibiotic prescriptions showed that the majority of the prescriptions were not being redeemed and that antibiotic consumption had decreased sharply.

This is a success story on more than just a local level. Dr. Cates has had over 400 requests for copies of the patient leaflet which suggests that other practices are benefiting from his initiative.

Chris Cates' Web site (which includes a copy of the patient leaflet) is at:

<http://www.nntonline.net>

The Cochrane Library Prize

The winners of the 2001 Cochrane - Health Libraries Group Prize were Fiona Knapton & Sally Anne Johnson for their

project: "The development of a falls prevention programme at Gibson Day Hospital, Highbury Hospital, Nottingham." Their librarian was Desmond Conway of Rushcliffe Primary Care Trust Library in Nottingham.

Using the recommendations of the Cochrane review about the prevention of falls in elderly people,² Fiona and Sally Anne took a multidisciplinary approach to developing a falls prevention programme, considering both intrinsic and extrinsic factors. People at risk of falls were enrolled on a five-week programme that included exercise classes and education on hazards in the home and how to deal with falls. The overall results of this project showed that the programme yielded real results but that they would be of limited value if patients did not persist in their new behaviour patterns.

Update on Recent Developments in The Cochrane Library

Mark Starr of Update Software gave a demonstration of the new interface to ***The Cochrane Library***, which became official with Issue 2, 2002.

The content of the library will remain the same, but the interface will be significantly different and will feature improved functionality. For the foreseeable future the new interface will run concurrently with the old one, as the new interface will not work with Windows 3.1 or Windows for Workgroups. The new version is also currently optimised for Internet Explorer rather than Netscape Navigator.

New features will include:

- The ability to browse by review group topic lists.
- MeSH searching will now include qualifiers, and all MeSH terms will have a link to a definition (scope note).
- There will be no limit to the number of searches that can be stored. (Currently there is a 20 search limit on the Internet version.)

Workshops

The afternoon workshops covered Getting The Evidence Into Practice (run by Chris Cates), The Outer Fringes of ***The Cochrane Library*** and Common Searching Problems.

Other Presentations:

An expanded version of this meeting report can be found at:

<http://www.york.ac.uk/inst/crd/clug.htm>

This includes reports of the talks given by Alison Hicks and Catherine Pallister, (of the NHS Information Authority). PowerPoint files for many of the presentations are also available.

2002

At the end of the day attendees were asked to fill in feedback forms. The response was enthusiastic and positive and several helpful suggestions were made which will be taken into account as we plan the 2002 session. Will you be there? Watch the CLUG pages for details of future events:

<http://www.york.ac.uk/inst/crd/clug.htm>

Kate Light
Cochrane Library Trainer
NHS Centre for Reviews and Dissemination,
University of York.

1. Glasziou PP, Del Mar CB, Sanders SL, Hayem M. Antibiotics for acute otitis media in children (Cochrane Review). In: *The Cochrane Library*, Issue 4, 2001. Oxford: Update Software.

2. Gillespie LD, Gillespie WJ, Cumming R, Lamb SE, Rowe BH. Interventions for preventing falls in the elderly (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2001. Oxford: Update Software.

The Cochrane Library in Ireland

Thanks to a unique agreement between the Cochrane Collaboration, Update Software, the Health Research Board in Dublin and the Research and Development Office in Belfast, the Internet version of *The Cochrane Library* is now available, free of charge, to anyone in Ireland. This is the first time that access to *The Cochrane Library* has been made available to all Internet users in a single country.

A fellowship scheme to encourage interested people to produce Cochrane reviews, was also announced by Minister for Health, Social Services and Public Safety, Ms Bairbre de Brún, and Minister for Health and Children, Micheál Martin. Four fellowships will be awarded this year by the Health Research Board and the Research and Development Office. An all-Ireland Cochrane Library Prize will also be awarded every year for the best use of the evidence in *The Cochrane Library* to change health care in Ireland.

For further information, please contact:

Mike Clarke

Tel.: +44-(0)1865-516300

Email: mclarke@cochrane.co.uk

Photos from Chengdu



Photo: Xin Sun



Photo: Arne Ohlsson

Above:

Back Row (Left to Right): Ming Liu, Youping Lee, Kegang Deng, Wei Xiong, Tiejun Tao, Maoling Wei, Mingming Zhang, Jiangping Liu

Front Row (Left to Right): Ruth Jepson, David Henderson-Smart, Nancy Owens, Jini Hetherington, Peter Langhorne, Jim Neilson, Davina Ghersi

Left:

A young panda relaxes at the Panda Research Institute in Chengdu, China.

Journal News

Health Education Journal

Health Education Journal Seeks Cochrane Reviews for Publishing

The Cochrane Health Promotion and Public Health Field recently received a letter from Professor Blinkhorn, editor of Health Education Journal, wishing to offer space to Cochrane reviewers in this journal. *The Cochrane Library* would maintain copyright of the Cochrane review. This is a very exciting opportunity and has the potential to increase the public profile of Cochrane reviews of interventions that have an education and prevention focus. The Field strongly encourages reviewers to take up this offer, and we hope that the coordinators of the CRGs will be equally encouraging to reviewers to whom this would be applicable. Details of the journal can be obtained at: <http://www.hej.org.uk/>

The Field has also had positive feedback from several reputable journals (such as the *American Journal of Health Promotion*, the *Canadian Journal of Public Health*, and *Promotion and Education*) that have offered to publish regular pieces by the Field and its members. This might include opinion pieces and/or summaries of recent Cochrane reviews of interest. Anyone who would like to contribute to an article is most welcome to contact the Field and we can go from there.

Jodie Doyle

Field Administrator, Cochrane Health Promotion & Public Health Field

jdoyle@vichealth.vic.gov.au

<http://www.vichealth.vic.gov.au/cochrane>

South African Medical Journal

SAMJ to Co-Publish Cochrane Reviews

We are delighted to announce that the Editorial Board of the *South African Medical Journal (SAMJ)* has agreed to co-publication of Cochrane reviews (new and updates) in the journal, an arrangement that is similar to *The Lancet* editorial policy that was announced in the middle of last year. The *SAMJ* announcement is contained in the January issue of the journal (*SAMJ* 2002; 92 (1):1). We encourage all reviewers to consider submitting their reviews for publication in the *SAMJ* in order to promote dissemination of reviews to a wider audience in South Africa and beyond.

Joy Oliver (on behalf of the South African Cochrane Centre)

cochrane@mrc.ac.za

International Journal of Epidemiology

Systematic Reviews and Meta-Analysis Issue

The current issue of the *International Journal of Epidemiology* is concerned with Systematic Reviews and Meta-Analysis. The issue includes an editorial on the future of meta-analysis, a review article on systematic reviews in epidemiology, and twelve original articles, many with commentaries. For a complete list of contents, please visit the International Journal of Epidemiology at: <http://www.ije.oupjournals.org>.

Matthias Egger (on behalf of the editors)

Professor of Clinical Epidemiology, Department of Social Medicine, University of Bristol

Evaluation and the Health Professions

Special Issue of *Evaluation and the Health Professions*

As advertised in CCInfo, a special issue of *Evaluation and the Health Professions* that focuses on the Cochrane Collaboration and systematic reviews is now available:

The Cochrane Collaboration: Preparing, Maintaining, and Promoting the Accessibility of Systematic Reviews of Health Care Interventions, Volume 25, Number 1, March 2002

This issue can be ordered online from Sage Publications at: <http://www.sagepub.co.uk/>.

Colloquia News

10th Cochrane Colloquium - July 31st - August 3rd, 2002 - Stavanger, Norway

Announcement of a pre-exploratory meeting for a Cochrane Occupational Health Care Field or Review Group in Stavanger.

Occupational health care issues are relevant to many of the existing Review Groups. Still, a closer look at the items in CLIB reveals that only a few reviews are classified as either work or occupationally related. Screening the Master List shows that none of the main occupational health journals are handsearched.

This is a call for discussion for all those who are interested in occupational health care. Should we have a new Cochrane Review Group for Occupational Health Care reviews? Or should we rather start a new Cochrane Field to ensure that occupational aspects will be considered in the existing review groups, and to create a specialized register for trials? What are the possibilities to co-operate with the existing Fields to enhance occupational aspects?

A pre-exploratory meeting will be held at the 10th Cochrane Colloquium in Stavanger, Norway this year. See further details on the Colloquium Web sites at:

<http://www.cochrane.no/colloquium>.

11th Cochrane Colloquium - October 26th - October 31st, 2003 - Barcelona, Spain

The 11th Cochrane Colloquium will be in Barcelona, Spain from October 26th until October 31st, 2003. The theme of this Colloquium will be "Health Care and Culture".

As the 2003 Colloquium approaches, more information will be available on the Iberoamerican Centre Web site at:

<http://www.cochrane.es/colloquium/>

12th Cochrane Colloquium - October 2nd - October 6th, 2004 - Ottawa, Canada

The 12th Cochrane Colloquium will be in Ottawa, Canada from Saturday, October 2nd to Wednesday, October 6th, 2004. The theme of this Colloquium will be "Bridging the Gaps". If there is a "gap" in the Cochrane Collaboration that you would like to see addressed at the 2004 Colloquium, please send it to Kathie Clark, Co-Chair, Colloquium 2004 at:

kclark@mcmaster.ca

13th Cochrane Colloquium - 2005 - Melbourne, Australia

The 13th Cochrane Colloquium will be in Melbourne, Australia in 2005. The exact dates and themes have yet to be determined.

Please check future issues of *Cochrane News* for more information.

Change of Address

Please note that with immediate effect the Cochrane Wounds Group have new contact details although email addresses remain unchanged:

Cochrane Wounds Group
Alcuin Teaching Building
The University of York
Heslington, York
YO10 5DD UK

Our new website can be found at:

<http://www.cochranewounds.org>

Professor Nicky Cullum
Co-ordinating Editor
1st Floor
Telephone: +1904 321343
Fax: +1904 321383

Sally Bell-Syer
*Review Group Co-ordinator/
Trial Search Co-ordinator*
2nd Floor
Telephone: +1904 321342
Fax: +1904 321383

Roz Thompson
Database Secretary
2nd Floor
Telephone: +1904 321351
Fax: +1904 321383

Andrea Nelson
Editor
2nd Floor
Telephone: +1904 321349
Fax: +1904 321383

Did You Know?

Did You Know? Is our way of keeping track of the comings and goings of people within the Cochrane Collaboration. If you would like to introduce yourself (or someone else), update everyone on your situation or say good-bye, just send us a note at:

cochrane@mcmaster.ca

Just a quick note to say hello everyone. I joined the Cochrane Skin Group as assistant RGC, working for Tina, at the beginning of January.

Hoping our paths meet sometime in the near future.

Dr Jay Chapman
Assistant Review Group Co-ordinator
Cochrane Skin Group
jay.chapman@nottingham.ac.uk

Dear all

I'm very pleased to let you know that Esther Coren has started work as a training lecturer at the UK Cochrane Centre. She'll be working on most aspects of the Centre's training work, including reviewer training and support of editorial teams, as well as pursuing methodological research interests.

Best wishes,
Phil Alderson
palderson@cochrane.co.uk

This is just to inform you briefly that by April 30 I leave the Nordic Cochrane Centre to move on to a position in the pharmaceutical industry.

Thank you all for the years in the Cochrane Collaboration. Due to holidays my last day at the centre will be April 25.

Best wishes,
Kirsten Lone Jensen
Trials Search Coordinator,
Administrator
The Nordic Cochrane Centre

The Canadian Cochrane Network and Centre is pleased to announce a new statistical consultation service for Cochrane reviewers in Canada. The Cochrane Collaboration Statistical

Methods Group has endorsed the creation of the CCN/C position of Statistics Consultant.

Our new statistical consultant is Joseph Beyene, PhD, who has kindly and generously agreed to volunteer his time and provide support services to Cochrane reviewers in Canada. Joseph is a Biostatistician in the Division of Neonatology at Mount Sinai Hospital and an Assistant Professor of Biostatistics in the Department of Public Health Sciences at the University of Toronto.

If you are a Cochrane Reviewer in Canada and you do not already have the support of a statistician from your Review Group, you can contact Joseph at:

joseph@utstat.toronto.edu

John M. Eisenberg, M.D., M.B.A., was born in Atlanta, GA, in 1946. He died on March 10, 2002, at his home in Potomac, MD, of a brain tumour.

Dr. Eisenberg was the director of the Agency for Healthcare Research and Quality (AHRQ), of the U.S. Department of Health and Human Services, from 1997 to 2002. AHRQ is the lead Federal agency charged with supporting research designed to improve the quality of health care, reduce its cost, improve patient safety, address medical errors, and broaden access to essential services.

A highly respected national leader in health care, Dr. Eisenberg's career has been dedicated to ensuring that health care is based a strong foundation of research and that the services provided reflect the needs and perspectives of patients. As Director of AHRQ, Dr. Eisenberg spearheaded the efforts of the Federal Government to reduce medical errors and improve patient safety in American health care.

Dr. Eisenberg also worked to increase research in areas that have been

relatively neglected in the past, especially improving health care quality, health care disparities, and translating evidence-based medicine into improved health care.

A devoted husband and father, Dr. Eisenberg also was a friend, teacher, and mentor to many of this Nation's current and future leaders in health care as well as to his colleagues at AHRQ.

Before his appointment at AHRQ, Dr. Eisenberg was Chairman of the Department of Medicine and Physician-in-Chief at Georgetown University. Previously, he was Chief of the Division of General Internal Medicine at the University of Pennsylvania. From 1986 through 1995, Dr. Eisenberg was a founding Commissioner of the Congressional Physician Payment Review Commission, serving as its Chairman from 1993 to 1995. Dr. Eisenberg also was a member of the Institute of Medicine of the National Academy of Sciences.

He was a magna cum laude graduate of Princeton University (1968) and the Washington University School of Medicine in St. Louis (1972). After his residency in Internal Medicine at the University of Pennsylvania, he was a Robert Wood Johnson Foundation Clinical Scholar and earned a Master of Business Administration degree at the Wharton School with distinction.

Survivors include his wife of 32 years, DD Rudner Eisenberg, originally from Memphis, TN; his mother Roslyn Eisenberg Karesh of Charleston, SC; his sons William Rudner Eisenberg of Philadelphia, PA and Michael Rudner Eisenberg of Potomac, MD; three brothers, Richard Melvin Eisenberg of Arlington, IL; William Charles Eisenberg of Memphis TN; and Jeff David Eisenberg of Bedford NH.

Workshop News

Australasian Cochrane Centre

On behalf of the Australasian Cochrane Centre, I would like to announce the Cochrane Review Completion Program: Providing Dedicated Time and Support to Complete Your Review. Held from 17-21 June 2002 at the Australasian Cochrane Centre, this course is ideally suited for authors with a published Cochrane protocol who are having difficulty completing their review.

This five-day program will begin each day with a targeted lecture about areas of potential difficulty within Cochrane systematic reviews. The participants will then have dedicated work time with access to Australasian Cochrane Centre staff members to discuss issues and problems in the particular review. Each day will conclude with seminar time to discuss issues with colleagues and staff. This seminar time, as well as the catered lunch each day, and two evening social times, will ensure that the program is informal as well as productive.

A brochure containing further details and application instructions is available on the Cochrane Collaboration Web site at: http://www.cochrane.de/newslett/Australian_Reviewer_Training_Brochure.pdf. If you or someone within your organisation would benefit, please do not hesitate to contact us.

With best regards,

Janet Piehl
Australasian Cochrane Centre

Nordic Cochrane Centre

Second Workshop on Cochrane Editing Thursday 12 - Saturday 14 September 2002 in Copenhagen

Arranged by the Nordic Cochrane Centre

This will be an interactive workshop with brief lectures and small group sessions. The emphasis will be on concrete editing based on already published Cochrane Reviews and on problems the participants would like most to discuss with each other. Themes include: "Writing, peer review and ethics", "Results, analyses, conclusions, and other issues", and "Searching, quality assessment and relevance". The course is open to anyone involved in editing or writing Cochrane reviews, but preference will be given to editors and review group co-ordinators.

The cost of running the workshop is 8,000 DKK (1,060 Euros) per participant which includes 3 nights' stay (Wednesday evening to Saturday morning) at a first class hotel, all meals and tuition. For those who do not need a hotel room, the cost is 5,000 DKK. If you wish to stay longer, you will need to arrange this extension yourself with the hotel (please book your room through us as we have pre-booked at substantially reduced rates).

The deadline for registration is June 1, 2002. It would be very helpful if you register your interest as soon as possible at: k.l.jensen@cochrane.dk. For final registration, send a cheque (the only means of payment accepted) addressed to "The Nordic Cochrane Centre" with the amount in Danish Kroner (DKK). Please indicate whether you are an editor or a review group co-ordinator (from which review group) or an author (listing at least one Cochrane Review, if you have one published). If you cancel, you can have the full amount refunded up to June 1, 2002.

For more information, please contact us at: k.l.jensen@cochrane.dk.

Training Workshop Dates

A full list of training workshop dates can be found on pages 14 and 15. For the most up-to-date information on training workshops, please visit the Cochrane Collaboration Web site at: <http://www.cochrane.org/cochrane/workshop.htm>. Further details for each workshop can often be found on the Web site of the hosting Cochrane entity.

Workshop Dates and Locations

HOST	DATE	LOCATION	TYPE OF WORKSHOP
Australasian Cochrane Centre For more information see: http://www.med.monash.edu.au/healthservices/cochrane/workshop.htm	13 May, 2002 23-24 May, 2002 17-21 June, 2002 27-28 June, 2002 16 October, 2002 17-18 October, 2002 28-29 November, 2002	Auckland Adelaide Melbourne Sydney Melbourne Melbourne Brisbane	Protocol Only Protocol & Analysis Review Completion Program Protocol & Analysis Editing Workshop Contributors' Meeting Protocol & Analysis
Brazilian Cochrane Centre For more information see http://www.centrocochranedobrasil.org	28 May, 2002 25 June, 2002 27 August, 2002 24 September, 2002 29 October, 2002 26 November, 2002	Sao Paulo Sao Paulo Sao Paulo Sao Paulo Sao Paulo Sao Paulo	Revisão Sistemática e Metanálise/ Desenvolvimento de Protocolo para Revisão Cochrane
Canadian Cochrane Centre For more information see: http://cochrane.mcmaster.ca	November 2002 November 2002	Ottawa Ottawa	Protocol Review
Dutch Cochrane Centre For more information see: http://www.amc.uva.nl/EN/OtherOrganisations/dcc/ag_dutch.htm	30 May, 2002 26-28 June, 2002 26 September, 2002 28 November, 2002	Amsterdam Driebergen Amsterdam Amsterdam	Protocol & RevMan Systematic Reviews: Theory and Practice Protocol & RevMan Protocol & RevMan
German Cochrane Centre For more information see: http://www.cochrane.de/deutsch/			
Iberoamerican Cochrane Centre For more information see: http://www.cochrane.es/Agenda	10 July, 2002 11 July, 2002	Barcelona Barcelona	Protocol RevMan
Nordic Cochrane Centre For more information see: http://www.cochrane.no	3-4 June, 2002 17-18 June, 2002 12-14 September, 2002 7 October 2002 8 October 2002 On Demand	Copenhagen Copenhagen Copenhagen Copenhagen Copenhagen Copenhagen and Oslo	Kursus I evidensbaseret klinik (In Danish) Kursus I evidensbaseret klinik (In Danish) Workshop on Cochrane Editing Protocol Workshop RevMan Workshop Individual sessions on writing Protocols/Reviews and using RevMan

More Workshops on Page 15

Workshop Dates and Locations

HOST	DATE	LOCATION	TYPE OF WORKSHOP
South African Cochrane Centre For more information see: http://www.mrc.ac.za/cochrane/additional.htm	13 May, 2002 9 October, 2002 10 October 2002 15 October 2002	Pretoria Bloemfontein Durban Cape Town	Evidence-Based Health Care and the Cochrane Collaboration Evidence-Based Health Care and the Cochrane Collaboration Evidence-Based Health Care and the Cochrane Collaboration Evidence-Based Health Care and the Cochrane Collaboration
UK Cochrane Centre For more information see: http://www.cochrane.org/cochrane/workshop.htm	13 May, 2002 14 May, 2002 13 June, 2002 14 June, 2002 8 July, 2002 9 July, 2002 26 September, 2002 27 September, 2002 14 October, 2002 15 October, 2002 2 December, 2002 3 December, 2002 12 December, 2002 13 December, 2002	Edinburgh Edinburgh Bristol Bristol London London Oxford Oxford Oxford Oxford Liverpool Liverpool London London	Developing a protocol for a review Introduction to Analysis Developing a protocol for a review Introduction to Analysis Developing a protocol for a review Introduction to Analysis Developing a protocol for a review Introduction to Analysis Developing a protocol for a review Introduction to Analysis Developing a protocol for a review Introduction to Analysis Developing a protocol for a review Introduction to Analysis
Other Evidence-Based Health Workshops:			
University Dental Hospital of Manchester, Manchester, UK For more information please contact Lee Hooper at: lee.hooper@man.ac.uk	13-14 May, 2002	Manchester, UK	Evidence Based Practice in Dentistry
University of Colorado School of Medicine, USA For more information please contact Jennifer McIntyre at: jennifer.mcintyre@uchsc.edu	11-15 August, 2002	Keystone, CO, USA	4th Annual Rocky Mountain Evidence Based Health Care Workshop
University of Texas Continuing Education Network, USA For more information see: http://www.sph.uth.tmc.edu/CEN	8-11 January, 2003 3-6 March, 2003	TBA TBA	Research Synthesis and Meta-Analysis Part 1 Research Synthesis and Meta-Analysis Part 2

2002 CLIB Module Deadlines

Issue	Module Submission Deadlines	Specialised Register Deadlines
Issue 3, 2002	29 May, 2002	29 March, 2002
Issue 4, 2002	28 August, 2002	28 June, 2002
Issue 1, 2003	November, 2002	September, 2002
Issue 2, 2003	February, 2003	November, 2002

Note: These deadlines are for the Collaborative Review Groups and other Cochrane entities. Individual reviewers should contact their Collaborative Review Group for editorial deadlines.

Cochrane Centres

Australasian Cochrane Centre

Monash Institute
of Health Services Research
Monash Medical Centre
Locked Bag 29
Clayton, Victoria 3168
AUSTRALIA
Tel: +61 3 9594 7530
Fax: +61 3 9594 7554
E-mail: cochrane@med.monash.edu.au

Canadian Cochrane Centre

Health Information Research Unit
McMaster University Medical Centre
1200 Main Street West
Hamilton, Ontario L8N 3Z5
CANADA
Tel: +1 905 525 9140 ext 22738
Fax: +1 905 546 0401
E-mail: cochrane@mcmaster.ca

Centro Cochrane do Brasil

Rua Pedro de Toledo 598
Vila Clementino
São Paulo CEP 04039-001
BRASIL
Tel: +55 11 5575 2970
Fax: +55 11 5579 0469
E-mail: cochrane.dmed@epm.br

Centre Cochrane Français *

Centre Léon Bérard
28 Rue Laënnec
69373 Lyon Cedex 08
FRANCE
Tel: +33 478 78 28 34
Fax: +33 478 78 28 38
E-mail: ccf@upcl.univ-lyon1.fr

Centro Cochrane Iberoamericano

Hospital de la Santa Creu i Sant Pau
Casa de Convalescència
Sant Antoni M Claret 171
08041-Barcelona
SPAIN
Tel: +34 93 291 95 27
Fax: +34 93 291 95 25
E-mail: cochrane@cochrane.es

Centro Cochrane Italiano

Mario Negri Institute
Via Eritrea 62
20157 Milano
ITALY
Tel: 39 02 3901 4327
Fax: 39 02 355 9048
E-mail: cochrane@marionegri.it

Chinese Cochrane Centre

West China Hospital
Sichuan University
No. 37 Guo Xue Xiang
Chengdu, 610041
Sichuan
PEOPLE'S REPUBLIC OF CHINA
Tel: +86 28 8542 2079
Tel: +86 28 8542 2078
Fax: +86 28 8542 2253
E-mail: cochrane@mail.sc.cninfo.net

Deutsches Cochrane Zentrum

Abteilung für Medizinische Biometrie und Statistik
Institut für Medizinische Biometrie und Medizinische Informatik
Stefan Meier Str 26
D-79104 Freiburg i. Br
GERMANY
Tel: +49 761 203 6715
Fax: +49 761 203 6712
E-mail: mail@cochrane.de

Dutch Cochrane Centre

Academic Medical Centre
Meibergdreef 15, J2-229
Postbus 22700
1100 DE Amsterdam
THE NETHERLANDS
Tel: +31 20 566 5602
Fax: +31 20 691 2683
E-mail: cochrane@amc.uva.nl

New England Cochrane Center

Boston Office
Division of Clinical Care Research
New England Medical Center
750 Washington Street, Box 63
Boston, MA 02111
USA
Tel: +1 617 636 5133
Fax: +1 617 636 8023
E-mail: cochrane@es.nemc.org

New England Cochrane Center

Providence Office
Brown University School of Medicine
Department of Community Health
169 Angell Street, Box G-S2
Providence, Rhode Island 02912
USA
Tel: +1 401 863 9950
Fax: +1 401 863 9944
E-mail: cochrane@brown.edu

Nordic Cochrane Centre

Rigshospitalet, Dept.7112
Blegdamsvej 9
DK-2100 Copenhagen Ø
DENMARK
Tel: +45 3545 5571
Fax: +45 3545 7007
E-mail: general@cochrane.dk

San Francisco Cochrane Center

Institute for Health Policy Studies
University of California
Suite 420
3333 California Street
San Francisco, CA 94118
USA
Tel: +1 415 502 8227
Fax: +1 415 502 0792
E-mail: sfcc@itsa.ucsf.edu

South African Cochrane Centre

Medical Research Council
Francie van Zijl Drive
Parowvalley
PO Box 19070
Tygerberg
7505 Cape Town
SOUTH AFRICA
Tel: +27 21 938 0438
Fax: +27 21 938 0836
E-mail: cochrane@mrc.ac.za

UK Cochrane Centre

Summertown Pavilion
Middle Way
Oxford OX2 7LG, UK
Tel: +44 1865 516300
Fax: +44 1865 516311
E-mail: general@cochrane.co.uk

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Suite 21, 1070 South Santa Fe Avenue
Vista, CA 92084, USA
Tel: +1 760 631 5844
Fax: +1 760 631 5848
E-mail: info@updateusa.com*

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