

COCHRANE NEWS

News, information, resources & issues affecting The Cochrane Collaboration

Issue 30

www.cochrane.org

April 2004



Photo by Arne Ohlsson

Two real 'Mounties' in the Canadian Museum of Civilization, site of the Ottawa Colloquium Farewell Party
Read more on Page 14

National provisions to *The Cochrane Library*

A personal view

By Mike Clarke

Most of us know how frustrating it can be to have to remember a user name and password for each of the various ways in which we interact with the Internet. How much easier it is to simply go to a web site and have immediate access to its content. In health care, there is certainly no shortage of web sites that one can enter for free, without a user name and password. Unfortunately, the quality of information these web sites contain is sometimes so bad that it is likely to help people make a worse, not a better, decision about health care. Try typing "health" into your favourite Internet search engine, see how many tens of millions of pages you find, how easy it is to access most of these and whether or not you think that their content is reliable.

One of the challenges facing The Cochrane Collaboration in trying to ensure that Cochrane reviews help people make better decisions about health care, is, therefore, to try to reconcile the ease of accessing healthcare information on the Internet with the potential difficulty of having to do so through a personal or institutional subscription, with the associated user name and password. We also wish to ensure that the people who need Cochrane reviews are able to find them on the Internet, to search through them for something relevant and to be confident that they have the most up-to-date version available. National provisions to *The Cochrane Library* are, in my opinion, the best way to meet these needs.

These national provisions are usually established when a government purchases a subscription to the online version of *The Cochrane Library* that gives access, free at the point of use, to all of their citizens. When governments do this, they allow all the people in a country who are involved in making decisions about their own or someone else's health care to have access to Cochrane reviews of the effects of different interventions. This includes patients, their family, their carers; as well as the policy makers who might decide what should, and should not, be available within a region.

The first national provision covered Ireland and Northern Ireland, and began in February 2002. At its launch, Bairbre de Brún (Minister for Health, Social Services and Public Safety in Northern Ireland) said, "This is a very welcome and important development. Making quality health information available to the general public in an easily accessible way is a key priority". As pointed out by the Minister for Health and Children in Ireland, Micheál Martin: "Anyone on the island of Ireland with access to the Internet will now be able to use what is regarded as the world's best single source of evidence on the effects of different forms of health care".

The importance of national provisions is recognised in the agreement between John Wiley and Sons Ltd and The Cochrane Collaboration. There are now national provisions to *The Cochrane Library* in Australia, Denmark, England,

(Continued on page 6)

In this issue...

National provisions to <i>The Cochrane Library</i>	1
From the Co-Chairs.....	2
Letter from the Editor.....	3
Comings and goings.....	3
Cochrane Collaboration policy on commercial sponsorship.....	4
Featured entity - Cochrane Vaccines Field... ..	7
A new Cochrane entity?.....	8
Challenging issues in Cochrane reviews.....	9
Quality vs quality-of-reporting of RCTs.....	10
<i>The Cochrane Library</i>	11
Copy edit support.....	11
CENTRAL includes EMBASE reports... ..	12
Ottawa Colloquium Update.....	13
Cochrane Collaboration Steering Group.....	14
Cochrane Collaboration Exchange Fellowship announced.....	14
Steering Group elects new Co-Chairs.....	14
Steering Group sponsors Colloquium registrations.....	14
Announcements.....	15
The Cochrane Collaboration honoured with prestigious award.....	15
Report on Needs Assessment Survey for developing countries available.....	15
Cochrane workshops.....	16
Cochrane workshop in India.....	16
Key dates for the Ottawa Colloquium.....	16
Deadlines and dates for <i>The Cochrane Library</i>	16
Cochrane Centres.....	17

COCHRANE NEWS

From the Co-Chairs

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:

Mike Clarke, UK

Jim Neilson, UK

Co-Chairs, Steering Group

Jini Hetherington, UK

Administrator, Cochrane Collaboration Secretariat

Dave Booker, Germany

Centre Representative

Mingming Zhang, China

Centre Representative

Amy Zelmer, Australia

Consumer Representative

Peer Wille-Jørgensen, Denmark

Coordinating Editor Representative

William "Mac" Beckner, USA

Field/Network Representative

Sally Hopewell, UK

Methods Group Representative

Thilo Kober, Germany

Review Group Coordinator Representative

Mark Fenton, UK

Trials Search Coordinator Representative

Arne Ohlsson, Canada

Director, CCN/C

Kathie Clark, Canada

Co-Director, CCN/C

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. The views expressed are those of the authors, and are not necessarily shared by The Cochrane Collaboration, the Editor, or the Advisory Committee.

For more information about

Cochrane News please contact the Editor:

Tel: +1-905-525-9140 x 22124

Fax: +1-905-577-0017

Email: cochrane@mcmaster.ca

We would like to begin by thanking the Italian Cochrane Centre for hosting the recent meeting of The Cochrane Collaboration Steering Group in Bergamo. Several important issues were discussed through the three days of that meeting, including the election of Kathie Clark and Jim Neilson as the co-Chairs of the Steering Group from October this year. The minutes of the Bergamo meeting are available, along with the minutes from previous meetings, at www.cochrane.org/ccsg; and other articles and announcements in this Cochrane News provide more information.

As you will see from pages 4-6 of this issue of *Cochrane News*, one of the major issues that has been addressed by the Steering Group was the need for a revised policy on commercial sponsorship of Cochrane reviews. Following lengthy discussions at the Barcelona Colloquium and a wide consultation in December and January, the Steering Group has given careful and detailed consideration to the responses submitted by more than 150 people or groups. We expect that it is no surprise to anyone that the opinions we received were not unanimous on many issues, and that many of the opposing opinions are strongly held. However, although the new policy document might not please everyone, the Steering Group's intention is that it will provide the basis on which The Cochrane Collaboration can grow as a source of reliable information about the effects of healthcare interventions.

It is clear that this growth will also require more resources than are currently available within The Cochrane Collaboration. Nick Royle, the Chief Executive Officer, has been working on developing a funding strategy for The Cochrane Collaboration and mechanisms to support and enhance funding applications by Cochrane entities. We look forward to the presentation of these initiatives in the coming months. Months that should also see the launch of the new Wiley InterScience version of *The Cochrane Library*.

The next few months will also bring the opportunity for many members of The Cochrane Collaboration, around the world, to meet with each other at regional meetings and Training Days for the new Information Management System. We wish the organisers and participants well for what should be interesting and stimulating meetings. Finally, for those who have not yet registered, we'd like to encourage early registration for the 12th Cochrane Colloquium in Ottawa this October, when The Cochrane Collaboration will meet once again.

Mike Clarke and Jim Neilson

Co-Chairs, Cochrane Collaboration Steering Group

NICS launches first 'Evidence-Practice Gaps Report'

The National Institute of Clinical Studies (NICS) has published a major report detailing 11 areas where gaps currently exist between what we know and what is actually being done in day-to-day practice in Australia.

The first volume of the 32-page Evidence Practice Gaps Report is now available via the NICS web site: www.nicssl.com.au (following the 'Quick Links' to The Gaps Report).

From the original post by Yasmin Standfield in CCInfo (4 March 2004)

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

Letter from the Editor

Dear Readers:

It has been four months, but it seems like only yesterday that I was sending out the last issue of *Cochrane News*. Since that time, there have been many new developments and a plethora of newsworthy items to choose from.

One of the major developments you will read about in this Issue is the Collaboration's new policy on commercial sponsorship, which has been finalized and is based on a wide consultation with many stakeholders. This is a very important document for the Collaboration and we are happy to include the text of the sponsorship policy on page four of this issue.

Although the conflict of interest policy is definitely a highlight, this issue of *Cochrane News* is positively bursting with other news and information that we think you will want and need to know about.

You have probably already read Mike Clarke's front cover article presenting his personal view on the case for national provisions, but please make sure you read about our featured entity, the Cochrane Vaccines Field; the introduction to Health-Related Quality of Life and the challenge of incorporating this concept in Cochrane reviews; our latest Improving your review article; and reports on EMBASE records in CENTRAL, the Copy Edit Project, the Ottawa Colloquium and much more.

As always, I hope that you will enjoy reading this issue as much as I enjoyed putting it together.

Until next time,

Daren Spithoff
Editor, *Cochrane News*
spithd@mcmaster.ca

Submission Deadline

The deadline for submission of articles for *Cochrane News*, Issue 31 is **June 28, 2004**. Please email articles (600 words max) to:
cochrane@mcmaster.ca

Congratulations, Nandi!



Nandi Siegfried

We congratulate Nandi Siegfried, Co-Director of the South African Cochrane Centre (SACC), on receiving the prestigious Nuffield Medical Fellowship for 2003. She leaves the SACC in March 2004 for a 3-year period in Oxford where she will complete her DPhil under the supervision of Mike Clarke, director of the UK Cochrane Centre. All of us at the SACC are very proud of Nandi's fine achievement and wish her well for her stay in the romantic *City of Dreaming Spires*. Jimmy Volmink will return to his former position as sole director of the SACC. He will be based at the Centre one day a week.

Submitted by Joy Oliver, Senior Officer, South African Cochrane Centre

Comings and goings

Australian Cochrane Centre adds New Zealand Branch

The Australasian Cochrane Centre is delighted to announce the establishment of the New Zealand Branch of the Australasian Cochrane Centre. The Branch will be based in Auckland and will promote Cochrane activity throughout New Zealand by providing training, supporting reviewers and promoting use of *The Cochrane Library*. We welcome Cindy Farquhar and Mark Jeffery as the Branch Co-Directors and Vanessa Jordan as the New Zealand Cochrane Fellow.

The official opening took place in Auckland on Monday 23 February following a guidelines implementation workshop organised by the New Zealand Guidelines Group (NZGG). Further details about the Branch can be found on the NZGG website at www.nzgg.org.nz (under Activities and Events).

We would like to thank our New Zealand colleagues for all their work in establishing the Branch and we look forward to partnering with them in representing The Cochrane Collaboration in our region.

From the original post by Sally Green in CCInfo (12 February 2004)

New RGC for Gynaecological Cancer Group

I would like to take this opportunity to introduce myself. My name is Jill Porthouse and from 1 April 2004 I will be taking over as part-time Review Group Coordinator (RGC) for the Gynaecological Cancer Group when Mandy Collingwood leaves, with a second RGC to be appointed as soon as possible. I have been working for the Group since October 2003 as Assistant RGC. My background in research is primarily trial management and systematic reviews, and before that I worked as a podiatrist within the NHS for a number of years.

From the original post by Jill Porthouse in CCInfo (18 March 2004)

New administrative assistant for the Secretariat

We are pleased that Louise Kitchener joined the Secretariat team on 29 March 2004, replacing Kim Pollard as Administrative Assistant. Louise's address, telephone and fax numbers are the same as for Claire Allen, Jini Hetherington and Nick Royle, and her email address is **lkitchener@cochrane.org**.

Submitted by Jini Hetherington, Administrator, Cochrane Collaboration Secretariat

Cochrane Collaboration policy on commercial sponsorship

Introduction

The Steering Group of The Cochrane Collaboration has undertaken a process of consultation on commercial sponsorship. The current debate was stimulated by a letter from several members of The Cochrane Collaboration who felt that existing policy ought to be more restrictive - to provide still greater reassurance that the conclusions of Cochrane reviews were not biased through the influence of funding by commercial entities that stood to benefit financially from the results of reviews.

Commercial sponsorship of health-related research is, of course, not an issue of concern unique to The Cochrane Collaboration.

Many members of The Cochrane Collaboration have pointed out that external perception is also important. Any perception that for-profit commercial organisations, notably but not exclusively, the pharmaceutical industry and medical device manufacturers, were influencing the conclusions of Cochrane reviews would damage a carefully nourished reputation for impartiality and scientific rigour.

This issue was discussed at length at the 11th annual Cochrane Colloquium in Barcelona in October 2003. A consultation document was disseminated during December 2003 with a request for views by 31 January 2004; 156 individuals or groups responded. Most were active members of The Cochrane Collaboration. The Steering Group met in Bergamo, Italy, from 29 February to 2 March 2004 and considered at length the very extensive and detailed documentation. As described below, for some questions, there was very clear consensus; for others, there was not.

Background

Since the decisions taken by The Cochrane Collaboration are also of interest to others it may be helpful to describe, briefly, the structure of The Cochrane Collaboration. It is a highly devolved organisation that involves more than 10,000 people, in different capacities, worldwide. Most do not receive any payment for the work they do within The Collaboration. They are drawn to The Collaboration through a wish to commit, either as a professional or as a consumer, to a movement to provide more sound evidence on which healthcare decisions can be made. The formal structure of The Collaboration comprises Collaborative Review Groups (which produce systematic reviews), Centres (with responsibilities that include support for Collaborative Review Groups within their area of geographical responsibility), Methods Groups, Fields, a Consumer Network, an elected Steering Group, and a small Secretariat. The Secretariat, Steering Group and Advisory Group meetings, and key generic developments (e.g. software for information management, production of the Cochrane Reviewers' Handbook, and development of The Collaboration's web site) are all funded, in part or in whole, through royalties on sales of *The Cochrane Library*. Everything else (including support of Collaborative Review Groups and Centres) is funded through applications to other sources (often government agencies), and these sources are almost all in the country in which the entity is located.

There is substantial variation internationally in the amount of funding for support of Cochrane activity and, in some parts of the world, it is extremely difficult to access government or charitable funds. In some areas, there has recently been an important decrease in financial support for Review Groups and Centres. Therefore, an alternative option, of seeking funding from commercial sources, could be attractive to, say, Co-ordinating Editors of Review Groups, or Centre Directors, who otherwise face the prospect of curtailing productivity and/or making skilled and experienced staff redundant. Setting policy on issues as sensitive and important as sources of funding in as complex an organisation as The Cochrane Collaboration is never an easy matter, and may be even more difficult at this time.

Definitions

- By 'commercial source' we mean any for-profit manufacturer or provider of health care, or any other for-profit source with a real or potential vested interest in the findings of a specific review. Whilst government departments, not-for-profit medical insurance companies and health management organisations may find the conclusions of Cochrane reviews carry financial consequences for them, these are not included in this definition. Also not included are for-profit companies that do not have real or potential vested interests in Cochrane reviews (e.g. banks).
- By 'sponsorship' of a review, we mean a sum of money given to a reviewer or group of reviewers to prepare, or update, a Cochrane review. Such sponsorship could include not only commissioning of specific systematic reviews, but also, for example, funding of a sabbatical period to work on a Cochrane review.

(Continued on page 5)

Cochrane Collaboration policy on commercial sponsorship

(Continued from page 4)

- We used the term ‘firewall’ in the consultation document. By this, we mean, figuratively, a fireproof wall put in place to ensure that, if a fire occurs, it is confined to one area. We used the term to indicate a clear barrier or separation between a source of funding and the use to which that funding is put, so as to prevent any influence by the funding source on the outcome of, say, a Cochrane review.

Conclusions

1. There was overwhelming consensus that there should be a clear barrier between the production of Cochrane reviews and any funding from commercial sources with financial interests in the conclusions of Cochrane reviews.
2. Thus, sponsorship of a Cochrane review by any commercial source or sources (as defined above) is prohibited.
3. Other sponsorship is allowed, but:
 - A sponsor should not be allowed to delay or prevent publication of a Cochrane review.
 - A sponsor should not be able to interfere with the independence of the authors of reviews in regard to the conduct of their reviews.
 - The protocol for a Cochrane review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review.
4. These rules also apply to ‘derivative products’ (containing Cochrane reviews) so that commercial sponsors could not prevent or influence what would be included in such products.
5. To ensure the integrity (real and perceived) of the ‘firewall’, it is also prohibited for a commercial source or sources (as defined above) to sponsor Cochrane entities that produce Cochrane reviews, that is, Collaborative Review Groups.
6. It was agreed that these same restrictions should apply to Fields and to the Consumer Network because of the close proximity of these entities to review production.
7. It was agreed that commercial sources of funding to Methods Groups should not be prohibited. However, the Screening and Diagnostic Tests Methods Group needs to be considered as a special case because of its likely close involvement in the preparation and maintenance of Cochrane reviews of diagnostic test accuracy. The Funding Arbiter (see below) should be asked to advise on those situations that are not clear-cut.
8. The situation with regard to Cochrane Centres is more complex than for other Cochrane entities. For example, Centres can be both close to review production (like Fields and the Consumer Network) but can also engage in methodological work (like Methods Groups). It was agreed, therefore, that a further, short, period of consultation should take place specifically in relation to the sponsorship of Cochrane Centres by commercial sources.
9. Some entities may find themselves in financial difficulty because of the need to shed current commercial funding. Therefore, although this policy is mandatory now in relation to any new funding, it will become mandatory in relation to existing sources of funding two years after the date of adoption, to allow time for entities to seek alternative sources of funding. If any entity has contractual obligations that mean that they cannot shed current commercial funding within the next two years, they should discuss this urgently with the Funding Arbiter.
10. The position of ‘Funding Arbiter’ will be established, analogous to the Publication Arbiter. The Funding Arbiter will be a Steering Group member and will convene a standing panel of three to give guidance on difficult cases.
11. The responsible Collaborative Review Group should refer any existing Cochrane reviews that have been produced by a process that would no longer be permissible to the Funding Arbiter. A decision will be taken within the first twelve months of the implementation of this policy to consider what should happen to these

(Continued on page 6)

Cochrane Collaboration policy on commercial sponsorship

(Continued from page 5)

Cochrane reviews (e.g. whether they should be withdrawn from *The Cochrane Library*).

12. Authors of reviews should declare financial support for the review, private clinical practice (if relevant), stocks, legal advice, consultancies, involvement in primary research in the subject area of their review, and any other 'competing interests' that they judge relevant.
13. Such declarations will be described in the review. The declarations will not be published outside of the review itself, for example with the abstract or synopsis.
14. If an author has been actively involved in a study/studies that was/were eligible for their review, they should have, as a co-author, someone who was not involved in the study/studies. The co-author would not necessarily be the contact author for the review, but could act as a 'guarantor'.
15. If a review has been done, or is proposed, by people who are employed by a pharmaceutical or medical devices company that relates to the products of that company, it will be referred to the Funding Arbiter. In such circumstances, The Cochrane Collaboration will insist on a multi-disciplinary review team with a majority of the team of reviewers not being employed by the relevant company.
16. People with a direct financial interest in a particular intervention should not be involved in a review of that intervention, either as reviewers, editors or peer reviewers.
17. It was agreed to establish a central fund or Foundation into which unrestricted donations could be made. It was further agreed that there should not be a prohibition on donations from any single company or type of industry but that all funding of activity in The Cochrane Collaboration should be in keeping with the principles of The Cochrane Collaboration.
18. There is an existing Collaboration policy on sponsorship of Colloquia. The Colloquium Policy Advisory Group will be asked to reconsider this in light of changes to the policy on commercial sponsorship, so that any recommendations can be brought to the next Steering Group meeting in Ottawa in October 2004.
19. Reviewers and Collaborative Review Groups should not receive royalties on sales of reprints of their reviews, since these sales are likely to have been made to commercial sources and might, therefore, be assumed to be equivalent to direct sponsorship of the review or Group. Therefore, the current policy that royalties on reprint sales go to The Cochrane Collaboration centrally, via the Collaboration Trading Company, will continue. When a Foundation is established, the possibility that such income should go into it will be discussed.
20. John Wiley and Sons Limited should continue to be encouraged to make bulk sales of *The Cochrane Library* and derivative products to commercial sources.

All Cochrane Collaboration policies are kept under continual review, but these decisions will be formally reviewed after three years.

Submitted by Jim Neilson, Co-Chair of the Cochrane Collaboration Steering Group

National provisions to *The Cochrane Library* - A personal view

(Continued from page 1)

Finland, Ireland, Northern Ireland, Norway, South Africa, Spain and Wales, with discussions taking place for more. In addition, there are several international initiatives to provide free or reduced price access to *The Cochrane Library* in low- and middle-income countries.

Allowing everyone in a country – not just those lucky enough to have a personal or institutional subscription – direct access to *The Cochrane Library* on the Internet will help ensure that the work of The Cochrane Collaboration and the information in Cochrane reviews is available to all the people who need it: the people who are making decisions about health care; that is, everyone.

Mike Clarke is Co-Chair of the Cochrane Collaboration Steering Group

Featured Entity

The Cochrane Vaccines Field

By Antonella Barale

The Cochrane Vaccines Field (CVF) was registered in 1996 and it has been based in Alessandria, Italy, since 2000. The specific task of the Cochrane Vaccines Field is to promote the preparation and maintenance of systematic reviews on the effects of vaccines, which will facilitate the coverage of the knowledge gaps in vaccinology. It will also form a methodological focus for the systematic gathering and dissemination of information on vaccines and for a population-based assessment of vaccine effectiveness and safety.

Vaccines are one of the most widely used preventive health interventions. They have the potential to protect all members of society, including the most vulnerable, from the effects of diseases. The CVF was founded to facilitate the gathering of evidence on vaccines and their effects (i.e. their ability to prevent the target disease, short- and long-term safety and efficiency), and to encourage the preparation and publication of systematic reviews in this area.

In order to achieve its aims, the CVF formulated and assessed criteria for the evaluation of the effects of vaccines. These criteria should enable decision-makers at all levels, including consumers, to quickly find high quality information on the different available vaccines. As immunisation programmes are mostly publicly funded, the quality of vaccines used should be carefully scrutinized and decisions to immunise populations or groups should be made on the basis of the best available evidence, especially when such practice is regulated by law.

It should be noted that trials alone are unlikely to answer questions related to the long-term effects of vaccines and the incidence of their side effects. Inevitably, important aspects of vaccine quality will also have to be assessed using available observational studies, either of cohort or case-control design.

Targets already achieved by CVF are: handsearching of *Vaccine* and *The Journal of Medical Virology*, updating of an overview on the current status of knowledge on vaccines, and providing assistance with the preparation and maintenance of a number of systematic reviews. Field members have also prepared a number of reviews on unintended events following vaccination, including experimental as well as observational studies. Unfortunately these relevant reviews are not in the *Cochrane Database of Systematic Reviews* because of the current rules of the relevant Collaborative Review Groups.

The next key objective of the Cochrane Vaccines Field is to develop "The Vaccines Register" a register comprising all relevant studies on the effectiveness, safety and economical aspects of vaccines. This register aims to be an extensive and up to date reference that will enable those making decisions on the use of human vaccines to make the best use of available evidence. Potential users of the Register include decision-makers, healthcare workers, information professionals and consumers. For these reasons the Register will be an easy-to-access instrument providing structured and synthesised information in both scientific and lay language, covering all dimensions of vaccine performance.

The CVF will actively explore all possible sources of funding to make this project happen in the next few years.

For more information about the Cochrane Vaccines Field please email us at: vaccinefield@asl20.piemonte.it or visit the CVF web site at: www.asl20.piemonte.it/sepi/index_cochrane.html.

Antonella Barale is the Administrator of the Cochrane Vaccines Field

Want to read the latest news from your favourite Cochrane entity?

Find all the latest Cochrane newsletters at:

www.cochrane.org/newslett

To post your entity's newsletter on the Collaboration web site, please email it to Daren Spithoff at spithd@mcmaster.ca

A new Cochrane Field?

An open letter to The Cochrane Collaboration

By Jaap van Binsbergen

The Cochrane Collaboration is considered to have set the gold standard for Evidence-Based Health Care. Most people will agree with that.

Difficulties arise, however, as soon as broad medical topics like nutrition are investigated using the Cochrane approach. Nutrition is a factor that crosses disciplines and is involved in a large number of diagnoses.

The heterogeneity of the populations that have been studied, and the varying amount and composition of food consumed, makes standardized and extensive trials expensive and almost unfeasible. For primary care, it is essential to have good evidence on the effects of nutrition for patients and families from all socio-cultural backgrounds before recommendations can be made for routine care – not just for a few with special nutritional interests or a specific health status. Research should also include the role of the individual provider, for example, of dieticians and family doctors, with regard to nutritional advice.

An additional problem with assessing the effectiveness of nutrition is the amount of time that elapses before the health effects of a nutritional intervention can be seen. This time lag can extend over many years and is difficult to cover in randomized controlled trials, which are often limited to a couple of years. Randomized controlled clinical trials alone will therefore be insufficient to prove the significance of an individual nutritional intervention on the basis of clinical endpoints. Patho-physiological background knowledge leading to the development of intermediary endpoints as well as critical interpretation of observational studies must also be employed.

The extrapolation of the results from population-based nutrition surveys to the consulting room of the general practitioner with his or her individual patient is unlikely to be straightforward.

Altogether, the current Cochrane Collaboration approach seems to be inadequate for conducting meta-analyses with a focus on nutritional issues. The result is that we lack an authoritative entity that can give evidence-based individual guidelines, which can lead to 'nutritional nihilism' - scepticism about the therapeutic value of nutritional interventions.

The establishment of a Cochrane Diet and Nutrition Field could help this situation. The Department of General Practice/Family Medicine of the University Medical Centre Nijmegen, The Netherlands, in cooperation with the Dutch Cochrane Centre and the Heelsumworkshop (a collaboration between nutritionists and family physicians) is planning to establish such a Cochrane Diet and Nutrition Field, either as a separate entity, or as a subgroup of the existing *Primary Health Care Field*. We would like our group to be more than just a platform for answering nutritional questions and for investigating the existing evidence on nutritional content. More specifically, we intend to develop generally accepted templates, gold standards by which we can weigh and translate the evidence of nutritional surveys to the level of the individual in the consulting room.

If you support our initiative in principle, or wish to make a comment, please email Jaap J. van Binsbergen at: jjvbins@knmg.nl or jjvanbinsbergen@zonnet.nl.

Jaap van Binsbergen is a family physician and a professor of Nutrition and Family Medicine with the Department of Family Medicine at the University Medical Centre Nijmegen in the Netherlands

European Contributors' Meeting 2004

By Rob Scholten

From 12-14 May, 2004, the Dutch Cochrane Centre will host the next annual Continental European Contributors' Meeting. The meeting will be held in Amsterdam, the Netherlands, and is directed to members of Cochrane entities located in continental Europe. The first day (Wednesday 12 May) is reserved for a workshop regarding the use of the new Information Management System (IMS), run by Monica Kjeldstrøm. The next two days (Thursday and Friday) will be devoted to the annual meeting itself. Various workshops will be organised. Please contact the Dutch Cochrane Centre for further information (cochrane@amc.uva.nl).

Rob Scholten is the Co-Director of the Dutch Cochrane Centre

Challenging issues in Cochrane reviews:

Health-Related Quality of Life

By Donald Patrick, Catherine Acquadro, Gordon Guyatt

The estimation of Quality of Life (QoL) is receiving steadily increasing attention. Improvement in Health-Related Quality of Life (HRQoL), in particular, is recognised as a valuable outcome indicator of medical and other interventions. Indeed, it is sometimes the primary indicator of outcome and occasionally the only one (e.g. in some psychosomatic or psychiatric conditions; or in general practice, where a specific diagnosis cannot always be established). It is very often, perhaps almost always, the outcome of most significance to the patient.

There is now almost universal agreement about the desirability of incorporating measurements of HRQoL in the overall evaluation of medical, surgical and social interventions. Reports of clinical trials frequently state that HRQoL has been evaluated, although the meaning of this statement varies widely from all psychosocial or patient reported measures to measures previously validated on the population being studied in the clinical trial. Psychometric and other methodological studies are also frequent. Many hundreds of methods and instruments have been, and continue to be, developed and evaluated.

However, there is no final consensus on many important issues, including the DEFINITION of the concept itself. The DOMAINS (e.g. behaviour, cognition, attitude, emotion and belief) that must be considered in an evaluation of HRQoL are less controversial than the primary FACTORS (such as objective physical prowess and subjective appraisal of physical capacity) that enter into them. These are tested by different methods (Sickness Impact Profile, Nottingham Health Profile) and/or described with different terms (such as affect and emotion). This may raise unfamiliar problems for Cochrane review authors who do not wish to neglect HRQoL measurements in their overall assessments.

Cochrane review authors have found that an increasing number of trials include HRQoL data. The time has come to incorporate Patient-Reported Outcomes (PROs) into systematic reviews and to conduct meta-analyses of PROs as the number and quality of studies multiply. The Health-Related Quality of Life (HRQoL) Methods Group was registered with the Collaboration in May 2001. Founding convenors of this Group were Catherine Acquadro, Dick Joyce, and Donald Patrick. Dick Joyce retired as a Convenor in 2003, and Gordon Guyatt joined as a Convenor last October. Support for the administration of the HRQoL Methods Group is provided by the Mapi Research Institute. Information on the HRQL Methods Group can be obtained from Lucile Lapalus at llapalus@mapi.fr or viewed at www.cochrane-hrqol-mg.org.

The main objective of the Methods Group is to advise Cochrane review authors about when and how to incorporate health status and quality of life data into systematic reviews. Some Collaborative Review Groups have encountered difficulties when incorporating HRQoL data, including problems in pooling and interpreting data and in evaluating the validity of HRQoL measures, including responsiveness. The Methods Group aims to refine literature searches on and meta-analyses of HRQoL studies of treatments and to develop methods for systematic reviews of HRQoL and other PROs contained in published articles. Members of the Methods Group are participating in Collaborative Review Groups to advance the use of HRQoL outcomes as part of systematic reviews.

Members of the HRQoL Group have formed three subgroups with Chairs for each group: Concepts and Methods Group chaired by Elaine McColl, Review Design Group chaired by Xavier Badia, and Analysis Group chaired by Jeff Sloan. The Concepts Group is nearing completion of a glossary of Patient-Reported Outcomes terms to supplement the glossary in the Cochrane Reviewers' Handbook. The Glossary will be available on the Methods Group web site in 2004. The Design Group is reviewing the Cochrane Protocol in the Reviewers' Handbook to propose text on HRQoL for submission to the Handbook Advisory Committee at its upcoming meeting. The Analysis Group is also examining the Handbook for any supplementary information needed for analyzing

(Continued on page 10)

Upcoming Colloquia

12th Cochrane Colloquium

'Bridging the Gaps'

2-6 October 2004 - Ottawa, Canada

www.colloquium.info



General Program Information

cochrane@meet-ics.com
+1 604 681 2153

Scientific Program Information

ottawa@colloquium.info
+1 905 525 9140 Ext. 22738

13th Cochrane Colloquium - 22-26 October 2005 - Melbourne, Australia

Challenging issues

(Continued from page 9)

Patient-Reported Outcomes in Cochrane reviews. Members of the Analysis Group are also participating with Review Groups to conduct meta-analysis of HRQoL outcomes. For example, Donald Patrick and Peter Fayers are collaborating with the Musculoskeletal Group to conduct a review of one treatment for arthritis. Manoj Pandey has provided some advice to the Cochrane Colorectal Cancer Group on the protocol of a review entitled "Quality of life after rectal resection for cancer, with or without colostomy", which has been approved and published in *The Cochrane Library* 2003, Issue 3.

All interested persons are invited to participate in the HRQoL Methods Group. One particular need is for HRQoL Methods Group members to attend meetings of the different Review Groups at the Ottawa Colloquium to stimulate interest in examining Patient-Reported Outcomes in their reviews. Becoming a member of the Collaborative Review Groups would facilitate the aims and work of the HRQoL Methods Group. Review Group meetings are posted on the Colloquium web site and in the program for the Colloquium in Ottawa. For current members of Review Groups, becoming a member of the HRQoL Methods Group would also facilitate collaboration. All interested persons are invited to attend the meeting of the Methods Group.

Donald Patrick, Catherine Acquadro and Gordon Guyatt are the Co-Convenors of the Cochrane Health-Related Quality of Life Methods Group

A little gem

One of the pieces of information presented to the Steering Group meeting in Bergamo came from a check of the nearly 2000 Cochrane reviews in Issue 1, 2004 of *The Cochrane Library* by Lorcan Clarke (Oxford, UK). He found that about 70% of Cochrane reviews now have a consumer synopsis comprising a headline and a block of text, about 12% contain a synopsis in a different format, and about 17% don't yet have a synopsis.

Submitted by Mike Clarke

Improving your review

Quality vs quality-of-reporting of randomised controlled trials

By Beverley Shea, David Moher and Philippa Middleton

There may be misconceptions about the differences between assessing quality and assessing the quality of reporting. The purpose of this piece is to try and clarify this and provide examples of some of the assessment tools currently available for examining the quality and quality of reporting of randomised controlled trials (RCTs).

In the context of RCTs, the internal validity of a study is the extent to which its design and conduct are likely to prevent systematic errors (i.e. bias). The quality of the study may be very different from the quality of the study report. This has been shown recently in a study by Hill (2002), and Soares and colleagues (2004), who assessed the quality of 58 published reports of terminated phase III RCTs completed by the Radiation Therapy Oncology Group comparing them to the quality of the protocols for which they had complete access. These investigators reported that in six of the seven quality items examined there was a substantially higher quality of reporting in the protocol compared to what was published. For example, only 9% of published reports provided information on the sample size calculation, yet this information was readily available in 44% of the Group's protocols (Soares et al, 2004). Lack of space in journals may be part of the problem. It is often a good idea for review authors to contact trialists for additional information. Radiation oncology trials are likely to be of high quality design and conduct so it may not be surprising that the protocols are of high quality. However, that may not be uniform across the health sector.

Quality assessment of RCTs:

Relevant published papers:

- 1) Moher, Tugwell et al. (1995) identified 25 scales and nine checklists for assessing the quality of RCTs.
- 2) Juni et al. (1999) provided an update and with handsearching identified at least an additional 14. It is estimated that there are now about 40-50 instruments available.

Validated components for assessing quality include: randomisation, blinding and withdrawals, and allocation concealment [A. Blind randomisation (e.g. consecutively numbered, opaque, sealed envelopes), B. Unclear methods of randomisation, C. Quasi-randomisation (e.g. even or odd date of birth)].

Quality of reporting of RCTs

CONSORT (2003) is a guideline that aims to set the standard for the written report of an RCT. To comprehend the results of an RCT, readers must understand its design, conduct, analysis, and interpretation. This is a goal that can be achieved only through total transparency from authors.

The 22-item CONSORT checklist pertains to the content of the Title, Abstract, Introduction, Methods, Results, and Discussion. The revised checklist includes 22 items selected because empirical evidence indicates that not reporting this information is associated with biased estimates of treatment effect, or because the information is essential to judge the reliability or relevance of the findings. The revised flow diagram depicts information from four stages of a trial (enrolment, intervention allocation, follow-up, and analysis).

The CONSORT statement is intended to improve the reporting of an RCT, enabling readers to understand how a trial was conducted and to assess the validity of its results. There have been some initial indications that the use of CONSORT does improve the quality of reporting of RCTs. Moher and colleagues examined 71

(Continued on page 11)

www.cochrane.org

Your one-stop resource for all things Cochrane

Quality vs quality of reporting of RCTs	The Cochrane Library Copy Edit Support
<p><i>(Continued from page 10)</i></p> <p>published RCTs, in three journals in 1994; allocation concealment was not clearly reported in 61% (n=43) of the RCTs (Moher 2001). Four years later, after these three journals required authors reporting an RCT to use CONSORT, the percentage of papers in which allocation concealment was not clearly reported had dropped to 39% (30 of 77, mean difference = -22%; 95% confidence interval of the difference: -38%, -6%). Devereaux and colleagues reported similar encouraging results in an evaluation of 105 RCT reports from 29 journals (Devareaux 2002). CONSORT 'promoter' journals reported a statistically higher number of factors (6.0 of 11) compared to non-promoter journals (5.1). Egger and colleagues examined the usefulness of the flow diagram by reviewing 187 RCT reports published during 1998 in four CONSORT 'adopting' journals comparing them to 83 reports from a non-adopting journal (Egger et al, 1999). They observed that the use of flow diagrams was associated with better reporting, in general.</p> <p><i>Beverley Shea is a member of the Reporting Bias Methods Group and a review author with the Cochrane Musculoskeletal Group, David Moher is one of the Co-Convenors of the Reporting Bias Methods Group, and Philippa Middleton is an honorary Research Fellow with the Australasian Cochrane Centre</i></p>	<p style="text-align: center;">By Laura Mellor</p> <p>Wiley will take over the administration of the Prospective Copy Edit Support Project from Issue 3, 2004 of <i>The Cochrane Library</i>. The project name has been shortened to "Copy Edit Support".</p> <p>The focus of Copy Edit Support will be helping staff at the review group level to achieve a high standard of copy editing in reviews being prepared for submission. As previously, submissions will be checked against the Cochrane Style Guide, other Cochrane guidelines, and standard biomedical technical editing guidelines where required. Participation remains voluntary. We recognise that submissions are likely to peak in the weeks before the module submission deadline, but we would also encourage groups to send in reviews on a "when ready" basis when this is possible.</p> <p>Wiley is committed to establishing a systematic and consistent approach to copy editing in the <i>Cochrane Database of Systematic Reviews</i>, and recognises that the copy editing done at review group level already plays an important role in achieving this. Copy Edit Support aims to build on the work of the review groups to enhance the clarity and readability of Cochrane reviews.</p> <p>In addition to Copy Edit Support, we are providing review group staff with copy editing training. Workshops, run jointly by Wiley and Collaboration colleagues, will be offered at key meetings and have been proposed for the upcoming Colloquium. Anyone actively involved in copy editing, or who would like to get involved at any stage in the editorial process is encouraged to attend.</p> <p>Wiley extends sincere thanks to all Collaboration colleagues who have worked on copy editing pilot schemes and the Cochrane Style Resource to date. Their continued advice and support is invaluable and greatly appreciated.</p> <p>More info on Copy Edit Support, including the new submission address (cochranecopyedit@wiley.co.uk), is available on the Cochrane Style Resource web site: www.liv.ac.uk/lstm/ehcap/CSR.</p> <p>The Cochrane Style Guide is available at www.liv.ac.uk/lstm/ehcap/CSR/CSG.html</p> <p>If you have any questions on Copy Edit Support, please contact lmellor@wiley.co.uk.</p> <p><i>Laura Mellor is the Desk Editor of The Cochrane Library with John Wiley & Sons, Ltd.</i></p>
<p>References:</p> <p>Devareaux PJ, Manns BJ, Ghali WA, Quan H, Guyatt GH. The reporting of methodological factors in randomised controlled trials and the association with a journal policy to promote adherence to the Consolidated Standards of Reporting Trials (CONSORT) checklist. <i>Control Clin Trials</i> 2002;23:380-8.</p> <p>Egger M, Juni P, Bartlett C, for the CONSORT group. Value of flow diagrams in reports of randomized controlled trials. <i>JAMA</i> 2001;285:1996-9.</p> <p>Hill CL, LaValley MP, Felson DT. Discrepancy between published report and actual conduct of randomized clinical trials. <i>J Clin Epidemiol</i> 2002;55:783-6.</p> <p>Juni P, Altman DG, Egger M. Assessing the Quality of Randomised Controlled Trials. <i>Systematic Review in Health Care Meta-analysis in context</i>. BMJ books. 2001; pages 87-108.</p> <p>Moher D, Jadad AR, Nichol G, Penman M, Tugwell P, Walsh S. Assessing the quality of randomized controlled trials: an annotated bibliography of scales and checklists. <i>Control Clin Trials</i>. 1995;16:62-73.</p> <p>Moher D, Jones A, Lepage L, for the CONSORT group. Use of the CONSORT statement and quality of reports of randomized trials: a comparative before and after evaluation? <i>JAMA</i> 2001;285:1992-5.</p> <p>Moher D, Schulz KF, Altman DG; CONSORT Group. The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomised trials. <i>Clin Oral Investig</i>. 2003 7:2-7. Epub 2003 Jan 31.</p> <p>Soares HP, Daniels S, Kumar A, Clarke M, Scott C, Swann S, Djulbegovic B. Bad reporting does not mean bad methods for randomised trials: observational study of randomised controlled trials performed by the Radiation Therapy Oncology Group. <i>BMJ</i> 2004;328:22-4.</p>	

The Cochrane Library

CENTRAL now includes 60,000 reports of trials from EMBASE

By Anne Eisinga and Carol Lefebvre

Since 1997, the UK Cochrane Centre has been systematically searching the bibliographic, biomedical database, EMBASE, to identify reports of trials for inclusion in the *Cochrane Central Register of Controlled Trials* (CENTRAL), published in *The Cochrane Library* (Paul and Lefebvre 1998). A highly sensitive search strategy was derived by Carol Lefebvre and Steve McDonald (1996) from an analysis of how frequently terms were used in EMBASE records to describe known reports of trials, which had been identified by handsearching the *BMJ* and the *Lancet* for the years 1990 and 1994.

Over 70,000 reports of controlled trials have already been identified in MEDLINE through an electronic search, begun in 1994 by the UK Cochrane Centre and continued by the Baltimore Cochrane Center/New England Cochrane Center and now continued prospectively, on an annual basis, by the US Cochrane Center (Lefebvre and Clarke 2001; Dickersin et al 2002). To avoid duplication in CENTRAL, the reports already tagged in MEDLINE with the Publication Type Randomized-Controlled-Trial or Controlled-Clinical-Trial were excluded by the EMBASE search.

The current search strategy in EMBASE comprises the following free-text terms:

- random\$, crossover\$, cross-over\$, cross over\$, factorial\$, placebo\$, doubl\$ adj blind\$, singl\$ adj blind\$, allocat\$, assign\$, volunteer\$

and the following index terms, which are known in EMBASE as EMTREE terms:

- crossover procedure, double-blind procedure, randomized controlled trial, single-blind procedure.

Approximately 240,000 records have been downloaded from EMBASE, using the above terms for the period 1974-2002. The titles and abstracts of these records have been read and over 60,000 reports of controlled trials have been identified and included in CENTRAL. Just over 18,000 of these have been identified over the last year.

The final part of this project is to undertake an objective analysis of the frequency of the index terms used to describe the reports of trials within this dataset, compared with their frequency across the entire EMBASE database, to estimate their sensitivity and precision as a means of identifying reports of controlled trials. (The original analysis was based on a relatively small dataset and the terms were derived subjectively.) The results of this final analysis together with an analysis of free-text terms used to describe known reports of trials in MEDLINE (which forms part of an ongoing research project to revise the highly sensitive search strategy for identifying trials in MEDLINE, conducted by Julie Glanville, Centre for Reviews and Dissemination, York, UK, and Carol Lefebvre), will be used to generate a highly sensitive search strategy for EMBASE, which will be used to complete the project.

Anne Eisinga and Carol Lefebvre are Information Specialists with the UK Cochrane Centre

References:

Lefebvre C, McDonald S (1996). Development of a sensitive search strategy for reports of randomized controlled trials in EMBASE. Fourth International Cochrane Colloquium; 1996 Oct 20-24; Adelaide, Australia:A28.

Paul N, Lefebvre C (1998). Reports of controlled trials from EMBASE: an important contribution to The Cochrane Controlled Trials Register. Sixth International Cochrane Colloquium; 1998 Oct 22-26; Baltimore, Maryland, USA:85.

Lefebvre C, Clarke MJ (2001). Identifying randomised trials. In: Egger M, Davey Smith G, Altman D, editors. Systematic reviews in health care: meta-analysis in context. London: BMJ Books:69-86.

Dickersin K, Manheimer E, Wieland S, Robinson KA, Lefebvre C, McDonald S and the CENTRAL Development Group (2002). Development of The Cochrane Collaboration's Central Register of Controlled Clinical Trials. *Evaluation & the Health Professions* 25:38-64.

Did you know?

The Cochrane Library is getting a new interface. Check www.cochrane.org regularly for information about the new web interface being introduced by the new publisher of *The Cochrane Library*, John Wiley & Sons Limited.

Ottawa Colloquium Update

By Daren Spithoff

After more than three years of planning by the staff of the Canadian Cochrane Centre, the Ottawa Colloquium is now less than six months away! We can't wait to show off our capital city and we are excited because the Colloquium is really starting to come together. So where are we now and what comes next?

Opening Session

The keynote speaker for the opening session of the Ottawa Colloquium will be Dr. James Orbinsky, a Canadian physician who is the past president of Médecins Sans Frontières (Doctors Without Borders), a Nobel Peace Prize-winning organization that delivers emergency aid to victims of armed conflict, epidemics, and natural and man-made disasters. Dr. Orbinsky is a dynamic speaker with a passion for international health and justice who will help set the tone for the entire Colloquium.

Plenary Sessions

All the speakers, chairpersons and discussants have been confirmed for the four Colloquium Plenary sessions. We are very excited about our plenary sessions and believe that they will be enriching and rewarding for Colloquium newcomers and veterans alike. We encourage you to visit the Colloquium web site at www.colloquium.info to find out more about the plenary sessions and the diverse group of speakers that we have invited.



The Parliament Buildings - Photo by Arne Ohlsson

Abstracts

With the abstract deadline now past, the Workshop Committee and the Paper and Poster Abstract Committee are currently assessing the abstracts that have been submitted. If you have submitted an abstract, you can expect to receive final confirmation about acceptance of your abstract by **3 May, 2004**.

Stipends

If you are a consumer or a Cochrane contributor from a developing country and you cannot afford to come to the Colloquium, we hope that you will consider applying for a Consumer Stipend or a Developing Country Stipend. Both stipends provide financial assistance for people who would not be able to attend otherwise. The deadline for both stipend applications is **10 May, 2004**. Please visit the Colloquium web site at www.colloquium.info for more information and to download application forms and instructions.

Workshops

Once all Colloquium workshops have been finalized, we will post detailed information on the Colloquium web site. If all goes as planned, you should be able to start signing up online for workshops by the end of May. We will send out announcements through CCInfo and the various Cochrane mailing lists to let you know when this will be available.

Meetings

For those of you who would like to schedule meetings at the Colloquium, you should be able to start requesting meetings on the Colloquium web site by mid-May. We will announce this in an upcoming issue of CCInfo.

For those of you who would like to attend meetings, detailed information will be posted on the Colloquium web site as it is finalized. You will be able to sign up online as soon as information is posted.

Registration

Early registrations have already started rolling in! Make sure you register before **14 June, 2004**, in order to take advantage of the early registration rate. To register, please visit the Colloquium web site at www.colloquium.info, create a user account (if you haven't done so already), and click on the "**Register for the Colloquium**" link.

We would also like to thank the Cochrane Collaboration Steering Group for sponsoring one early registration for each Cochrane entity. This sponsorship covers the cost of one early registration for each entity and is intended to ensure that at least one representative of each entity will be present at the Colloquium. For more information about sponsored entity registrations, please see page 14.

Daren Spithoff is the Communications Specialist with The Canadian Cochrane Network and Centre and a member of the Ottawa Colloquium Organising Committee

Cochrane Collaboration Steering Group

Cochrane Collaboration Exchange Fellowship announced

By Jini Hetherington

The Cochrane Collaboration Steering Group (CCSG) has introduced an Exchange Fellowship as part of a program to facilitate quality processes surrounding the production of Cochrane Reviews. The Fellowship is open to all those working (employed or honorary) in a Cochrane entity towards producing, updating, disseminating or promoting the accessibility of Cochrane reviews. Funds will be made available annually for one successful applicant to travel to and work in another Cochrane entity for a period of up to one month.

Further details of this new Fellowship, are available on The Cochrane Collaboration web site at:

www.cochrane.org/jobs/articles/2004.02.12a.htm.

These details have also been sent to the contact people for all Cochrane entities and published in The Cochrane Manual, which can be downloaded from the Collaboration web site at:

www.cochrane.org/admin/manual.htm.

This year's deadline for application is 4 May 2004.

Jini Hetherington is the Administrator of the Cochrane Collaboration Secretariat

Steering Group elects new Co-Chairs

By Mike Clarke

Jim Neilson and I have been Co-Chairs of The Cochrane Collaboration Steering Group since the Annual General Meeting in Stavanger in August 2002. We are, therefore, due to complete our two-year term of office and step down at the Annual General Meeting in Ottawa on 3 October 2004.

This was discussed by the Steering Group at its recent meeting in Bergamo, and I am very pleased to announce that Jim has agreed to stay on as Co-Chair for one more year, so as to ensure continuity in the chairing of the Steering Group; and Kathie Clark, Co-Director of the Canadian Cochrane Centre, has been appointed by the Steering Group as Co-Chair for two years, with effect from 3 October 2004. This should establish a system for the future, in which the Co-Chairs of the Steering Group will not both step down in the same year.

I congratulate both Kathie and Jim, thank them for offering and agreeing to take on these roles, and wish them very well for the future.

Mike Clarke is Co-Chair of the Cochrane Collaboration Steering Group

Steering Group sponsors Colloquium registrations

By Jim Neilson

At the Steering Group meeting in October 2003, it was agreed that The Cochrane Collaboration's core funds should be used to pay for the registration fee of one person from each Cochrane entity for the Cochrane Colloquium in Ottawa in October 2004. This will not cover travel or accommodation costs. The cost of these registrations has been paid directly to the organizers of the Colloquium by The Cochrane Collaboration, at the 'Early Bird' rate.

Each entity is responsible for deciding who from their entity should take up this sponsored registration. The entity will need to identify this person to the organizers of the Colloquium. However, the principle behind the sponsored registration is to help each entity to be formally represented at the Colloquium and to ensure that someone from the coordinating base of each entity can take part in, for example, the relevant entity meetings during the Colloquium. Therefore, entities are encouraged to make sure that this is the case, regardless of how they decide to use their sponsored registration.

Jim Neilson is Co-Chair of the Cochrane Collaboration Steering Group

Steering Group Minutes

The minutes of the Steering Group meeting held in Bergamo, Italy, on 29 February and 1,2 and 3 March 2004 were approved by the Steering Group Executive on 23 March 2004, and are available online at:

www.cochrane.org/ccsg

Announcements

The Cochrane Collaboration honoured with prestigious award

By Xavier Bonfill

On 8 January, The Cochrane Collaboration was awarded the 2004 Premio Homenot Internacional de la Sanidad for excellence in healthcare research at an Awards Ceremony in the Palau de la Musica Catalana in Barcelona, Spain. The ceremony was attended by both the Spanish and the Catalan Ministers of Health. Previous winners of this prestigious award include the British Medical Journal and the Harvard School of Public Health. In her speech, Sra Ana Pastor, Minister of Health for Spain, praised The Cochrane Collaboration "for its magnificent work and contributions by performing systematic reviews of health interventions and facilitating the accessibility of these to health professionals and to citizens". In his speech of acknowledgement on behalf of all recipients of awards at the ceremony, Dr Felipe Sánchez de la Cuesta, pharmacologist and winner of the Homenot Nacional award for 2003, remarked "we will never be grateful enough to The Cochrane Collaboration for its efforts and initiatives in promoting evidence-based medicine".

The award was accepted on behalf of The Cochrane Collaboration by Mike Clarke, Co-Chair of the Cochrane Collaboration Steering Group and Xavier Bonfill, Director of the IberoAmerican Cochrane Centre.



Xavier Bonfill, Mike Clarke, Ana Pastor and Felipe Sánchez de la Cuesta following the presentation of the 2004 Homenot award - Photo submitted by Jordi Pardo

Xavier Bonfill is the Director of the Iberoamerican Cochrane Centre

Report on Needs Assessment Survey for developing countries available

Following the Collaboration-wide Needs Assessment Survey which took place in 2001, the Cochrane Information Management System Group (IMSG) commissioned a special survey to capture additional information from participants in The Cochrane Collaboration, primarily reviewers, who are based in low- and middle-income countries. This was in recognition of the importance of collecting reliable data from these participants, and from people whose first language was not English, for the development of the IMS, since the number of responses from people in developing countries was relatively low in the Collaboration-wide survey.

The final report of the survey is now available online at:

www.cc-ims.net/Projects/newIMS/Final-Survey-Report.pdf

Any comments or questions may be sent to Elizabeth Pienaar at: epienaar@mrc.ac.za.

Submitted by Elizabeth Pienaar, Information Scientist with the South African Cochrane Centre and the Developing Country representative on the Information Management System Group

New web site and more for Cochrane HIV-AIDS Group

The Cochrane HIV/AIDS Group is happy to announce that we have updated and improved our web site. It has also been moved to a different server at the University of California, San Francisco. Please visit the new web site and find out about many new and exciting developments at: www.igh.org/Cochrane.

From the original post by Gail Kennedy in CCIInfo (18 March 2004)

Barcelona Colloquium presentations available online

The speaker's slides of the XI Colloquium are available on the Barcelona Colloquium web site at www.colloquium.info/2003. If you were unable to attend the Barcelona Colloquium, you have the opportunity to see what you missed. For the lucky ones who did attend the Colloquium, you can also see photos from the Colloquium on our web site.

From the original post by Jordi Pardo in CCIInfo (18 March 2004)

Please send your announcements and other news items to cochrane@mcmaster.ca

Workshops

Cochrane workshop in India

By Prathap Tharyan

You are invited to attend a 3-day workshop on 'How to do Cochrane systematic reviews' from 5-7 July 2004, that will be held at the Christian Medical College, Vellore, in Tamil Nadu, South India. Vellore is 140 Kms from Chennai (Madras) and well connected by road and rail. I can arrange for people to be picked up at Chennai and brought to our guest house where I have arranged accommodation from 4-8 July 2004.

The workshop is primarily meant for anyone from South Asia (Bangladesh, India, Nepal, Pakistan, Sri Lanka) who has a registered title or protocol with a Collaborative Review Group. If any of you know people who would like to get trained, and fall into this category, please let them know of this workshop. Participants will be registered on a first-come first-served basis and places will be limited to the first 20 registrants. Participants from other neighbouring countries are also welcome depending on availability of places.

The content of the workshop will include theoretical and practical coverage of the Cochrane movement and *The Cochrane Library*, introduction to systematic reviews and meta analysis, writing a protocol, search strategies, retrieving trials, quality assessment, data extraction, data entry and meta-analysis, and report writing. There will be ample opportunity for hands on training in the use of RevMan and Stata, and computers with Internet access will be provided for each participant. There will also be a session devoted to diagnostic reviews. All participants will be given participation certificates, and CDs with resource materials, and I am trying to obtain CME credits. I shall also try and provide participants with a glimpse of the culture of Tamil Nadu and South India during a social event that will be covered in registration costs.

The faculty will include experienced Cochrane review authors, editors, trials search co-ordinators, and statistical advisors from the Cochrane Acute Respiratory Infections, Heart (Cardiology), Epilepsy, HIV/AIDS & Schizophrenia Groups.

For details of the nominal registration charge and application forms, please contact prathap@cmcvellore.ac.in.

Details of the workshop are posted on the South Asian subscribers' web site at: www.cochrane.org.au/region/southasia.htm

Prathap Tharyan is a Contributing Editor with the Cochrane Schizophrenia Group

For an up-to-date list of all training workshops, please visit www.cochrane.org/cochrane/workshop.htm

Key dates for the Ottawa Colloquium

Notification of abstract acceptance:	3 May 2004
Consumer and developing country stipend application deadline:	10 May 2004
Notification of consumer and developing country stipend acceptance:	7 June 2004
Early registration deadline:	14 June 2004
Meeting room request deadline:	14 June 2004
Regular registration deadline:	30 August 2004
Late registration deadline:	21 September 2004
Ottawa Colloquium.....	2-6 October 2004

Please visit www.colloquium.info for more information about the Ottawa Colloquium

Deadlines and dates for *The Cochrane Library*

<i>The Cochrane Library</i>	Module Submission Deadlines (Update Software)	Specialized Register Deadlines (US Cochrane Center)	Publication Dates (John Wiley and Sons, Ltd.)
Issue 2, 2004	na	na	19 April 2004
Issue 3, 2004	26 May 2004	na	19 July 2004
Issue 4, 2004	25 August 2004	5 July 2004	18 October 2004
Issue 1, 2005	17 November 2004	6 September 2004	24 January 2005

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

Cochrane Centres

Australasian Cochrane Centre

Institute of Public Health and Health Services Research
 Monash Medical Centre
 Locked Bag 29
 Clayton, Victoria 3168
 AUSTRALIA
 Tel: +61 3 9594 7530
 Fax: +61 3 9594 7554
 Email: cochrane@med.monash.edu.au
 Web: www.cochrane.org.au

Brazilian Cochrane Centre (Centro Cochrane do Brasil)

Rua Pedro de Toledo 598
 Vila Clementino
 São Paulo CEP 04039-001
 BRAZIL
 Tel: +55 11 5575 2970
 Fax: +55 11 5579 0469
 Email: cochrane.dmed@epm.br
 Web: www.centrocochranedobrasil.org

Canadian Cochrane Centre

Faculty of Health Sciences
 Health Sciences Centre, 2C1 Area
 McMaster University
 1200 Main Street West
 Hamilton, Ontario L8N 3Z5
 CANADA
 Tel: +1 905 525 9140 ext 22738
 Fax: +1 905 577 0017
 Email: cochrane@mcmaster.ca
 Web: www.cochrane.mcmaster.ca

Chinese Cochrane Center

West China Hospital
 Sichuan University
 No. 37 Guo Xue Xiang
 Chengdu, Sichuan 610041
 PEOPLE'S REPUBLIC OF CHINA
 Tel: +86 28 8542 2079/2078
 Fax: +86 28 8542 2253/8558 2994
 Email: cochrane@mail.sc.cninfo.net
 Web: www.chinacochrane.org

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
 Email: cochrane@amc.uva.nl
 Web: www.cochrane.nl

German Cochrane Centre (Deutsches Cochrane Zentrum)

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
 Email: mail@cochrane.de
 Web: www.cochrane.de/deutsch

Iberoamerican Cochrane Centre (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
 Email: cochrane@cochrane.es
 Web: www.cochrane.es

Italian Cochrane Centre (Centro Cochrane Italiano)

Mario Negri Institute
 Via Eritrea 62
 20157 Milano
 ITALY
 Tel: 39 02 3901 4327
 Fax: 39 02 355 9048
 Email: cochrane@marionegri.it
 Web: www.areas.it

Nordic Cochrane Centre

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

South African Cochrane Centre

Medical Research Council
 Francie van Zijl Drive
 Parowvallei,
 PO Box 19070, Tygerberg
 7505 Cape Town
 SOUTH AFRICA
 Tel: +27 21 938 0438
 Fax: +27 21 938 0836
 Email: cochrane@mrc.ac.za
 Web: www.mrc.ac.za/cochrane

UK Cochrane Centre

Summertown Pavilion
 Middle Way
 Oxford OX2 7LG
 UK
 Tel: +44 1865 516300
 Fax: +44 1865 516311
 Email: general@cochrane.co.uk
 Web: www.cochrane.co.uk

US Cochrane Center

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
 Email: cochrane@brown.edu
 Web: www.cochrane.us

To subscribe to *The Cochrane Library, contact:*

Sarah Stevens
 Cochrane Customer Services Adviser
 John Wiley and Sons Limited
 1 Oldlands Way
 Bognor Regis PO22 9SA
 UK
 Tel: +44 (0) 1243 843355
 Email: sasteven@wiley.co.uk

OR

Visit Wiley on the Web at:

www.wileyurope.com/go/cochrane

The Cochrane Collaboration online
www.cochrane.org