



Join your Cochrane friends and colleagues at the Ottawa Colloquium!
Read more on Pages 9 and 13

Cochrane reviews of diagnostic test accuracy

A progress report

By Jon Deeks, Constantine Gatsonis, Patrick Bossuyt and Gerd Antes

Diagnostic tests are a critical component of health care. Systematic reviews of diagnostic tests are necessary for patients, physicians and policy-makers to define the proper and efficacious use of diagnostic and screening tests in clinical settings, to make decisions about healthcare policy and financing, and to determine areas for further development and evaluation. Results of systematic reviews help health professionals and consumers choose among available alternative tests and correctly interpret test results. Using the wrong test or misinterpreting test results may lead to inappropriate patient management and delays in commencing appropriate interventions, doing more harm than good.

In 2003, The Cochrane Collaboration decided to develop a database of systematic reviews of diagnostic test accuracy that, in time, will complement the *Cochrane Database of Systematic Reviews* (CDSR) on *The Cochrane Library* (Steering Group Meeting, Melbourne, April 2003). Methodology for systematic reviews of test accuracy has progressed during the last decade, and these reviews are now regularly published in medical journals. A working group, led by members of the Screening and Diagnostic Tests Methods Group, with input from the Steering Group and several Collaborative Review Groups (CRGs), has been convened to lead this development. The group includes members of the Bayes' Collaboration [1], who proposed a similar database at the 2000 Colloquium, and the Standards for Reporting of Diagnostic Accuracy (STARD) group [2], who have developed a reporting standard to improve the quality of studies of test accuracy.

Much has to be done before reviews of test accuracy can be included in *The Cochrane Library*. A reporting structure for protocols and reviews has to be developed and agreed upon; RevMan has to be extended to implement the reporting structure and include appropriate statistical methods and graphs; and a *Diagnostic Reviewers' Handbook* has to be written to provide guidance to reviewers and review groups. Luckily, much has been learnt in the Collaboration in the last decade that enables the process to be expedited.

The working group has already made major progress through the enthusiasm and volunteer work of upwards of 40 methodologists and expert reviewers from around the world. The group first met in Barcelona in October 2003, and recently held an exceptionally successful meeting in Freiburg in April 2004 (hosted by the German Cochrane Centre with funds from the German Ministry for Education and Research) to work on a reporting format, the *Diagnostic Reviewers' Handbook* and software specifications. The first draft of the *Handbook* should be complete by the end of 2004, and the Nordic Cochrane Centre will be programming a diagnostic review module as part of RevMan 5 during 2004/5.

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COCHRANE NEWS

From the Co-Chairs

Cochrane News is published by the Canadian Cochrane Centre (CCC).

Outgoing Editor

Daren Spithoff, Canada
Communications Specialist, CCC

Incoming Editor

Angus Muir, Canada
Communications Specialist, CCC

Advisory Committee:

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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

The Cochrane Collaboration has reached several milestones in the last few months and is set to reach more during the next few. Some of these are discussed elsewhere in this Cochrane News. We would like to pick up on a few of the quantitative and qualitative ones here, as we approach the 12th Cochrane Colloquium in Ottawa.

The new version of *The Cochrane Library*, on Wiley InterScience, is reaching the end of its testing and should be launched shortly. It comes at a time when national provisions to *The Cochrane Library* are in place in several countries and are being actively discussed in other places as well. Perhaps 100 million people now have one-click access to Cochrane reviews and we look forward to this increasing rapidly and dramatically.

At the beginning of 1995, the first Cochrane Database of Systematic Reviews included 36 Cochrane reviews. There were 500 in 1999 and 1000 in 2001. There are now more than 2000, and increased attention is being paid to the processes for prioritising both new reviews and the updates of existing ones.

The growth in the number of people actively involved in the preparation and maintenance of Cochrane reviews has also been dramatic. In 2000, 5500 people were listed in the modules of Collaborative Review Groups, about half of whom were reviewers. Four years on, more than 10,000 people are involved, and 6000 of these are reviewers. The Information Management System (IMS), which continues to move forward, will facilitate the collaborative working of these people. The Contact Database now provides a unique resource for people within The Cochrane Collaboration, and the formation of an IMS Support Staff team will help the editorial bases of Collaborative Review Groups as we move to the new IMS during the next two years.

The main event of the Cochrane year is approaching rapidly: the Ottawa Colloquium. If you have not already registered, we urge you to do so soon. The Colloquium organisers have prepared a full programme of plenary sessions, meetings and workshops. They have also ensured that there will be many opportunities to meet and make friends with the other people who make up this Collaboration. We look forward to seeing many of you in Ottawa.

Finally, we would like to thank Daren Spithoff for the wonderful work he has done as editor of Cochrane News. His reminders of the deadline for our contributions have been gentle but firm. We wish him very well for the future.

Mike Clarke and Jim Neilson
Co-Chairs, Cochrane Collaboration Steering Group

ModMan Advisory Group changes name

The ModMan Advisory Group (MAG) has been discussing the appropriateness of its name because the standalone software known as ModMan will not exist in the Collaboration's new Information Management System (IMS). MAG therefore proposed to the IMS Group that its name be changed to 'Editorial Management Advisory Group' (EMAG). The Cochrane Collaboration Steering Group approved this proposal on 22 June 2004. With immediate effect, therefore, the name MAG will be replaced by EMAG. An updated remit to reflect this name change has been posted at:

www.cc-ims.net/IMSG/EMAG/emag-remit

Submitted by Sonja Henderson, EMAG Convenor

Letter from the Editor

As some of you already know, this will be my last issue of Cochrane News. I have been accepted into medical school at McMaster University and will be leaving the Canadian Cochrane Centre on 13 August 2004.

Although I am very excited about this amazing opportunity, I have really enjoyed my time with the Collaboration and will miss working with my many friends and colleagues. As the Communications Specialist with the Canadian Centre and the Editor of Cochrane News, I have been blessed with the opportunity to work with many wonderful people from across the globe. I have been truly inspired by the dedication to excellence, the passion for improving health care and the spirit of true collaboration that my fellow 'Cochranites' demonstrate each and every day. I know that I will take this experience with me in everything that I do.

At this time, I would also like to introduce Angus Muir, who will be replacing me as the Communications Specialist at the Canadian Cochrane Centre and as the Editor of Cochrane News. Angus has a background in law and computer programming, and has worked on numerous projects with the Health Information Research Unit at McMaster University over the past two years. Angus will be a tremendous addition to the team at the Canadian Centre and I am sure that he will excel in his new position.

Finally, I just want to say thank you to everyone who has worked with me, helped me and advised me over the past few years. You have made my time with Cochrane the overwhelmingly positive experience that it has been.

See you at the Colloquium!

Daren Spithoff
 Editor, Cochrane News
spithd@mcmaster.ca



Photo by France Légaré

Meeting to discuss the proposed Cochrane Francophone Network in Paris, France (February 2004). More on Page 4.

Back row (left to right): Gerd Antes, Thierry Dart, Pierre Durieux, Mike Clarke, Kathie Clark, Philippe Ravaud, Gilles Chatellier, Jean-Pierre Pignon, Alfred Spira, Pierre Chevalier

Front row (left to right): Bernard Burnand, Alessandro Liberati, Catherine Hill, France Légaré, Margaret Haugh, Gérard Bréart

Comings and goings

Gynaecological Cancer Group: New home

The Cochrane Gynaecological Cancer Group has recently relocated to Bath. Please note our new contact details:

Cochrane Gynaecological Cancer Group
 Wolfson Centre
 Royal United Hospital
 Combe Park
 Bath
 BA1 3NG
 UK

Tel: +44 (0)1225 428331 ext 6348

Our email addresses have also changed and are now as follows:

Jill Porthouse, Review Group Co-ordinator
jill.porthouse@ruh-bath.swest.nhs.uk

Anne Oestmann, Trials Search Co-ordinator
gyncan_amo@yahoo.co.uk

Submitted by Jill Porthouse, Review Group Co-ordinator for the Gynaecological Cancer Group

Occupational Health Field: It's official!

I am pleased to announce that the Occupational Health Field was officially registered with the Collaboration on 10 May 2004. Please pass on this information to interested members of your entity. The Co-ordinator is Jos Verbeek from the Netherlands, who is based in Finland. His contact details are as follows:

Dr Jos Verbeek
 Finnish Institute of Occupational Health
 Department of Research and Development in Occupational Health Services
 Neulaniementie 4
 PO Box 93
 FIN-70210 Kuopio
 Finland

Tel. +358 17 201 211
 Fax. +358 17 201 474
 Email. jos.verbeek@ttl.fi

Submitted by Jini Hetherington, Administrator of the Cochrane Collaboration Secretariat

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Submission Deadline

The deadline for submission of articles for *Cochrane News*, Issue 32 is **1 November 2004**. Please email articles (600 words max) to:

cochrane@mcmaster.ca

Proposal for the development of a Cochrane Francophone Network

By Bernard Burnand and Pierre Durieux

This is a short presentation of ongoing attempts to increase the place and role of The Cochrane Collaboration in French-speaking countries. The French Cochrane Centre in Lyon, which was holding, supporting and promoting Cochrane Collaboration-related activities in France and French-speaking countries, was closed in 2002; needs for official recognition and financial support were unmet at this time. The current absence of a French-language Centre does not mean that there are no ongoing Cochrane Collaboration activities in francophone countries. Quite a few people participate in reviews and other tasks.

Since the closure of the former French Cochrane Centre, there have been ongoing discussions and meetings about starting a new entity that could foster the development of the Collaboration and increase the participation of various individuals, groups and bodies in French-language countries. Several exploratory meetings were conducted (e.g. at the 2003 Barcelona Colloquium and in Paris in early 2004). Among the questions raised at these meetings, several were aimed at clarifying the rationale for the redeployment of a Cochrane Collaboration entity in French-speaking countries. Indeed, the products proposed by The Cochrane Collaboration can be widely purchased and used by governmental and other agencies - so why bother? There is, however, a series of arguments that can be used to support the proposal for the development of a new entity for French-language countries. First, French is spoken by a sizable number of people in many countries. Second, initiatives aimed at promoting the development of evidence-based health care are present in many of these countries (e.g. evidence-based training activities, policy making and guidelines). Additional forces are required to develop and regularly update all the systematic reviews that are needed to cover all important domains in health care. Further improvements in methods and quality are also mandatory and important. In addition, individuals and institutions involved in Cochrane Collaboration activities are also often involved in related activities that are most helpful to promote the implementation of evidence-based healthcare systems (healthcare technology assessments, guideline development and implementation, quality of care initiatives, patient information).

The proposal that has emerged from these discussions is to develop a French-language network constituted of several already existing entities (such as the Belgian Branch of the Dutch Cochrane Centre, Canadian Cochrane Network Sites at academic health sciences centres in Quebec), and possible new ones in France and Switzerland and in other countries where interest and contact people have already been identified (e.g. French-speaking countries in Africa, Lebanon). The entity in France (Paris, Université René Descartes – new denomination) may become a new French-language Cochrane Centre if the conditions prove to be favourable.

Such a network may help to foster the implementation of evidence-based health care in many countries around the world. The need for the translation of some material in French (e.g. abstracts of Cochrane reviews) may be useful because of existing language barriers for end users (healthcare professionals, consumers); translations and adaptations may prove useful to improve adoption of healthcare policies and processes that are supported by information derived from Cochrane Collaboration systematic reviews. In addition, a larger diffusion of Cochrane Collaboration products and approaches may not only lead to more reviews being performed, but also to an increase in appropriate studies to evaluate the quality of healthcare interventions and healthcare systems.

Representatives of the proposed Cochrane Collaboration Francophone Network will hold meetings at the Ottawa Colloquium, which will facilitate discussing the relevant issues and developing the proposal further.

Those from French-language countries who are interested in joining this initiative are invited to get into contact with Bernard Burnand or Pierre Durieux:

Bernard Burnand, Lausanne, IUMSP, Bugnon 17, CH-1005 Lausanne, Switzerland, Tel: + 41 21 314 7255,
Fax: + 41 21 314 49 54
Email: Bernard.Burnand@hospsvd.ch

Pierre Durieux, Santé Publique et Informatique Médicale, Faculté de médecine Broussais Hôtel Dieu, 15, rue de l'Ecole de médecine, Paris 75006, France, Tel: + 33 1 42 34 69 56, Fax: + 33 1 53 10 92 01; and
Hôpital Européen Georges Pompidou, 20, rue Leblanc, 75908 Paris cedex 15, Tel: + 33 1 56 09 20 43,
Fax: + 33 1 53 10 92 03
Email: pierre.durieux@egp.ap-hop-paris.fr

Bernard Burnand is a review author with the Cochrane Tobacco Addiction Group and Pierre Durieux is a review author with the Cochrane Effective Practice and Organisation of Care Group

Cochrane reviews of diagnostic test accuracy

(Continued from page 1)

We hope that Cochrane reviews of diagnostic test accuracy will set new standards in terms of clinical relevance and quality compared to those published in journals. Each review will address a clinical question, usually directly comparing the performance of alternative diagnostic tests in the relevant population. Electronic publication will ensure that a full description and results from each study are reported (rarely done in paper journals), and the statistical methods programmed in RevMan, supplemented by prescribed analyses in other packages, will ensure that the statistical synthesis is sound.



Members of the Diagnostic Test Accuracy Reviews Working Group at their recent meeting in Freiburg (April 2004)

In 2005 a small number of CRGs already involved in developing the reporting structure and *Handbook* will pilot the materials and methods, and produce the first reviews in the software. Hopefully, later in 2005 the materials will be launched across the Collaboration, supported by training courses, and additional CRGs will be able to commence their first systematic reviews of test accuracy. As these reviews will involve more methodological input than reviews of randomised controlled trials (RCTs), obtaining funding to ensure the availability of methodological support to CRGs is important. Resources will also be sought to assist development of a database of primary studies.

In ten years The Cochrane Collaboration has earned an international reputation for providing the best source of evidence of the effects of healthcare interventions. We look forward to being able to make similar claims about diagnostic tests in years to come.

Jon Deeks, Constantine Gatsonis, Patrick Bossuyt and Gerd Antes are members of the Cochrane Working Group on Reviews of Diagnostic Test Accuracy

References

1. Pewsner D, Bleuer JP, Jüni P et al. Do we need a Bayes Collaboration? Proposal for a Diagnostic Database. <http://www.cochrane.org/colloquia/abstracts/capetown/capetown037.html>
2. Bossuyt PM, Reitsma JB, Bruns DE et al. The STARD statement for reporting studies of diagnostic accuracy: explanation and elaboration. *Intern Med.* 2003;138(1):W1-12.

More comings and goings

Inflammatory Bowel Disease Group: New location

The Cochrane IBD Group has recently moved offices to another location at the University of Western Ontario:

Cochrane Inflammatory Bowel Disease Group
Robarts Clinical Trials
Robarts Research Institute
100 Perth Drive
London, Ontario
N6A 5K8
Canada

Tel: +1 519 685 8300 ext 34763
Fax: +1 519 663 3232

Email addresses and web address will remain the same.

Submitted by John MacDonald, Review Group Co-ordinator for the Inflammatory Bowel Disease Group

Wiley welcomes new Group Marketing Manager

Alistair Blair-Davies joined Wiley on 4 May 2004 as Group Marketing Manager, Databases. He is responsible for marketing *The Cochrane Library* and reports to Alexa Dugan.

Before joining Wiley, Alistair worked with Geneva Bioinformatics in Switzerland where he was responsible for the sales and marketing of their portfolio of databases.

Alistair can be contacted at: ABlairDa@wiley.co.uk. For other Wiley contacts please visit:

www.cochrane.org/contact/wileycontacts.htm

From CCInfo (29 April 2004), as submitted by Deborah Pentesco-Gilbert

Joining, moving, leaving?

Let us know by sending an email to:

cochrane@mcmaster.ca

IMS training and support



For editorial bases of Collaborative Review Groups

By **Monica Kjeldstrøm**

We are moving closer to the piloting of the new Information Management System (IMS) by a number of Collaborative Review Groups (CRGs). If the pilot is successful, we will start to roll out the system to CRGs Collaboration-wide in early 2005.



The IMS development team has held a number of presentations, workshops and training days around the world over the last nine months, starting with the Cochrane Colloquium in Barcelona in October last year. The main focus has been on helping editorial bases to prepare for the upcoming changes. All but two CRGs (for which other arrangements will be made) have been represented at one of the IMS training days held in March, May and June of this year. The feedback from these days has been positive. Participants indicated that they had gained a better knowledge and understanding of the new IMS and welcomed the possibilities the system has to offer them. We also encouraged participants to share their concerns, which we will attempt to address by providing CRGs with accurate information, detailed user documentation and effective support during the transition to the new IMS and beyond.

Introducing the IMS support team

One of the important initiatives this year, approved by the Steering Group at its meeting in February 2004, has been the establishment of an IMS support team to provide regional support to CRGs. This has resulted in the recruitment of four people from editorial bases in Australia, Germany, the UK and the USA, who will be dedicating time to this role. The role of the IMS support team members is to assist in the implementation and smooth transition of editorial bases to The Cochrane Collaboration's new Information Management System and the ongoing use of the IMS, by providing training and support to editorial base staff on the system and related issues.

The IMS support team met in July to agree on how to organise their work to ensure effective support for editorial bases; to plan the preparation of training materials and other IMS-related information; and to prepare for the IMS events at the upcoming Colloquium. You can find out more about the role of the IMS support team members and how to contact them in the 'Training and support' section of the new IMS web site at www.cc-ims.net/Projects/newIMS.

IMS support team members

			
Liz Dooley	Rebecca Gray	Sonja Henderson	Gail Higgins
Review Group Co-ordinator; Acute Respiratory Infections Group, Australia	Assistant Review Group Co-ordinator; Pain, Palliative & Supportive Care Group, USA	Review Group Co-ordinator; Pregnancy and Childbirth Group, UK	Trials Search Co-ordinator; Haematological Malignancies Group, Germany
Total time dedicated to IMS support			
1 day/week	2 days/week	2 days/week	2 days/week

Upcoming IMS workshops

We will again be holding several IMS events at the 12th Cochrane Colloquium in Ottawa, Canada this October. We hope that at least one member of the administrative staff from each Cochrane entity - CRGs in particular - will be able to attend one of the five scheduled training workshops in Ottawa. These will be 'closed' workshops and numbers will be limited, so it is important to book early. In addition, there will be a demonstration and an oral presentation about the new IMS, both of which will be open to everyone without restrictions. You can find out about the dates and times of the IMS workshops and sign up at the Colloquium web site at www.colloquium.info.

If you have questions about training and support, or about the IMS in general, please e-mail Monica Kjeldstrøm at: m.kjeldstrom@cochrane.dk.

Monica Kjeldstrøm is the Director of the Cochrane Information Management System

The dissemination of Cochrane evidence

An inventory of resources that disseminate evidence from *The Cochrane Library*

By Miranda Cumpston

Visitors to The Cochrane Collaboration web site now have access to a brand new section called "Impact", where resources that demonstrate the reach and influence of Cochrane evidence can be found.

The first new resource to be posted in this section is a project recently completed by the Canadian Cochrane Centre, *The Dissemination of Cochrane Evidence*. This resource is an inventory of published resources (print and online) which incorporate and disseminate information from *The Cochrane Library*.

The inventory aims to meet the long-recognized need to demonstrate the effectiveness of the Collaboration in influencing evidence-based health care, and is the first part of a project funded by the Cochrane Collaboration Steering Group.

Cochrane entities have invested a great deal of time and creativity in disseminating Cochrane reviews, as well as translating and interpreting reviews to make them more meaningful for a broad range of users interested in evidence-based health care, including consumers, clinicians, policy-makers, researchers, educators, students and others.

As Cochrane reviews have become known internationally as a source of high-quality health information, other groups (academic, government and private) have also begun to interpret, adapt and disseminate Cochrane evidence. Until now, there has been no coordinated record of these efforts.

The inventory was compiled following an extensive survey of Collaboration contributors and other interested parties all over the world. It currently contains details of more than 70 resources, including textbooks, peer-reviewed journals, online databases, summaries, news bulletins, detailed guidelines, health technology assessment, reports to government and even an educational board game from the South African Cochrane Centre. Resources are listed from 19 countries in 20 different languages.

A range of innovative formats have been found to target clinicians in many specialist areas, consumers, policy-makers, health service administrators, allied health professionals and journalists. Clinical guidelines and textbooks incorporate Cochrane evidence into their advice. Online databases incorporate Cochrane evidence, summarise reviews for specific audiences or include abstracts. Specialist indexes of relevant reviews have been written, and a range of clinical journals publish abstracts, commentaries and full reviews. Bulletins alert users to new reviews and make them accessible to those who need them.

We hope this inventory will be useful to Cochrane contributors looking for ways to disseminate Cochrane evidence to a range of audiences, and also in demonstrating the valuable contribution of The Cochrane Collaboration to international health information resources.

The Canadian Cochrane Centre would like to thank the Steering Group and everyone who contributed to the inventory. The report can be viewed online or downloaded from the Collaboration web site at:

www.cochrane.org/reviews/impact

Anyone who has new examples to add to the collection is welcome to send them to **ccnc@mcmaster.ca**.

The next stage of this project is now under way. After assessing the reach and dissemination of Cochrane reviews, the Canadian Cochrane Centre is now seeking examples to demonstrate the success of Cochrane reviews in effecting change in clinical practice, policy and research decisions. If you know of a good example of the practical influence of one or more Cochrane reviews, we would love to hear from you. You can find further information on this project at:

www.cochrane.mcmaster.ca/recentnews.asp?id=20040601a

Miranda Cumpston is the Education Coordinator with the Canadian Cochrane Centre

Do you know of examples where the work of The Cochrane Collaboration has had a real impact on clinical practice, policy decisions, and/or research?

If so, please contact Miranda Cumpston at **cumpstm@mcmaster.ca**

Featured Entity: Acute Respiratory Infections Group

Building a strong tradition of advocacy: The ARI Group celebrates its first decade

By Carol Wical

The Acute Respiratory Infections (ARI) Group was registered with The Cochrane Collaboration on 17 August 1994, following an exploratory meeting in Baltimore, USA on 26 May 1994. The ARI editorial base relocated from the Australian National University in Canberra to the University of Queensland, Brisbane in 2001. The tenth anniversary will see the editorial base settling into its third home at the Faculty of Health Sciences and Medicine, Bond University, where the Co-ordinating Editor Chris Del Mar has recently taken up the post of Dean.

People

Securing a grant from the Australian Department of Health and Aged Care (as it was then called), Bob Douglas took up the challenging role of the Group's inaugural Co-ordinating Editor, a post he held until 2001. Bob remained on the editorial team until June 2003 and still continues with the Group as a reviewer. In 1996 he was joined by Review Group Co-ordinator (RGC) and Trials Search Co-ordinator (TSC) Ron D'Souza. Together with Liz Chalker, they nurtured the Group, gathering 149 active members by 1998.

Keith Dear, who also retired from the Group in 2003, is another of the Group's founders. Keith's careful assessment of the statistical robustness of all the reviews was invaluable. Other pioneering members of the Editorial Team who have since moved on include Charles Bridges-Webb (Australia), Steven Goodman (USA), Mark Steinhoff (USA), Barbara Treacy (Australia), Elaine Wang (Canada) and Zonghan Zhu (People's Republic of China). Contributing to the Team from the early days and continuing to do so are Chris Del Mar (Australia), Tom Jefferson (UK), Jim Kellner (Canada), Peter Morris (Australia) and Kameshwar Prasad (India).

Reflecting the growth of the Group's output, the Editorial Team now has 20 members, including five Statistical Editors. In addition to those already named, the Team consists of: Bruce Arroll (New Zealand); Elaine Beller (Australia); Antonio Cunha (Brazil); Tom Fahey (UK); Cheryl Flynn (USA); Paul Glasziou (UK); Leonard Leibovici (Israel); Juan Lozano (Colombia); Richmal Oates-Whitehead (UK); Meenu Singh (India); George Swinger (South Africa) and Statisticians Lize Van Der Merwe (South Africa); Nelcy Rodriguez (Colombia); Sree Nair (India); and Mark Jones and Robert Ware (Australia). The cultural diversity of our Team reflects that of the Group in general and our resolve to adopt a more inclusive policy toward medical cultures and traditions outside of the western model.

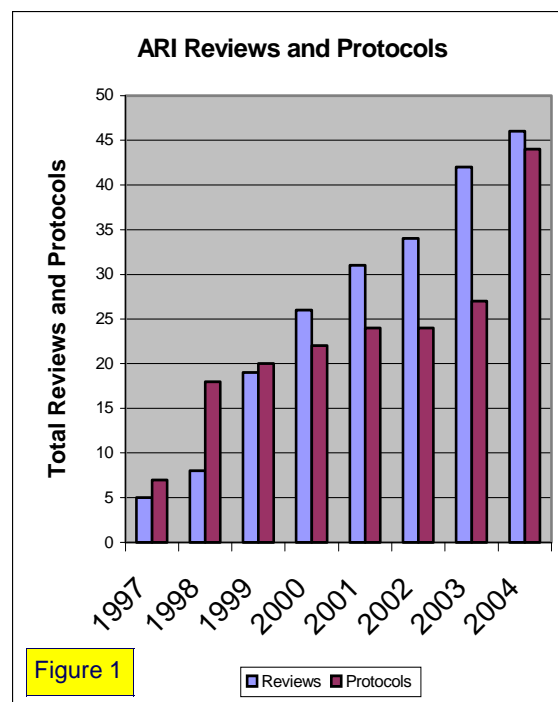
On moving to the University of Queensland in 2001, the Group was co-ordinated by Susan Goodall and Jason Murray, who continues as a reviewer. Health insurer MBF came on board with funding in 2001/2002, in addition to the continued support provided by the newly renamed Department of Health and Ageing. At the end of 2002 the current Editorial Base staff of Liz Dooley (RGC) and Ruth Foxlee (TSC) came on board and were joined shortly after by Assistant RGC Carol Wical. This team has ensured the continued growth of the Group.

Reviews

The ARI Group covers the following topics:

Middle ear infections (otitis media); Sinusitis; Common cold (coryza or non-specific upper respiratory tract infections); Acute tonsillitis/pharyngitis; Laryngitis; Epiglottitis; Bronchiolitis; Bronchitis; Croup; Diphtheria; Influenza; Measles; Whooping cough (pertussis); Pneumonia; Pleurisy; Emphysema; Meningitis and other acute respiratory infections.

At Issue 3 2004 of *The Cochrane Library*, the Group had published 44 protocols and 46 reviews (Fig 1) with a dozen registered titles and draft protocols in process. Recently updated, the review *Antibiotics for acute otitis media in children* was



(Continued on page 11)

Launch of the Australian Cochrane Diabetes Satellite

By Steve McDonald

The Australian Cochrane Diabetes Satellite was launched by Professor Alan Pettigrew, Chief Executive Officer of the National Health and Medical Research Council, on 17 June 2004. The launch was attended by Bernd Richter, Coordinating Editor of the Cochrane Metabolic and Endocrine Disorders Group; Nick Royle, the Collaboration's CEO; and many researchers, consumers and clinicians working in the management of diabetes.

The Australian satellite to the Cochrane Metabolic and Endocrine Disorders Group has been formed to support the work of this review group, particularly its work in diabetes. The satellite was initiated following the award of a grant from the Commonwealth Department of Health and Ageing to be managed by the Australasian Cochrane Centre. The grant aims to facilitate increased involvement in The Cochrane Collaboration among the Australian diabetes community.

Led by Stephen Colagiuri and Ruth Colagiuri, the satellite is based at the Australian Centre for Diabetes Strategies at the Prince of Wales Hospital in Sydney. The role of the Australian Diabetes Satellite is to:

- increase capacity within the Australian diabetes community to prepare and maintain Cochrane reviews;
- support the Metabolic and Endocrine Disorders Group in the production and updating of Cochrane reviews, specifically those related to the management of diabetes;
- facilitate the dissemination of the results of relevant Cochrane reviews to clinicians, consumers and policy makers in the Australian diabetes community;
- identify and facilitate priority reviews relevant to diabetes which are needed to inform practice and policy in Australia;
- promote the use of *The Cochrane Library* for informing practice and research in the Australian diabetes community;
- collaborate with the Australasian Cochrane Centre and other Collaborative Review Groups based in Australia, satellites and entities to further the work of The Cochrane Collaboration in the Australasian region.

Steve McDonald is a Research Fellow with the Australasian Cochrane Centre



Left to right: Alan Pettigrew, Sally Green, Ruth Colagiuri, Bernd Richter, Stephen Colagiuri and Nick Royle

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

The Cochrane Collaboration supports prospective registration of clinical trials

The Cochrane Collaboration is committed to providing the most reliable evidence of the effectiveness of health care through systematic reviews of randomised controlled trials (RCTs), and recognises the importance of prospectively registering trials to ensure that the evidence assessed is complete and unbiased.

The Cochrane Collaboration recommends that:

- all randomised controlled trials are registered at their inception (at the time of ethical approval and/or funding approval);
- registered information should be potentially accessible to all interested parties;
- registration should be with a register that complies with an appropriate minimum standard of practice;
- prospective registration of trials should be part of ethical guidelines for clinical trials;
- government agencies should ensure that adequate mechanisms and infrastructure are provided so that all randomised controlled trials can be registered prospectively;
- government agencies should explore legislative and other strategies to mandate prospective registration as a condition of, for example, funding, ethics or regulatory approval.

In addition, The Cochrane Collaboration supports:

- the principle of a global trials register;
- a unique international numbering system such as the ISRCTN (International Standard Randomised Controlled Trial Number) currently available through the organization Current Controlled Trials (www.controlled-trials.com);
- activities that facilitate the widespread adoption of this unique numbering system: If a fee is charged to obtain this unique number, and this fee is a significant barrier to obtaining a number, The Cochrane Collaboration encourages endeavours that would result in a reduction or removal of this fee;
- the comprehensiveness of the global trials register through the incorporation of the Cochrane Central Register of Controlled Trials (CENTRAL).

The Cochrane Collaboration recognises that the registration of trials at their inception will:

1. Help identify health care strategies that require research, and set priorities for research in the light of concurrent studies in progress.
2. Avoid unintentional duplication of clinical trials or allow replication of trials when appropriate.
3. Foster collaboration between investigators considering similar trials.
4. Assist recruitment to trials in progress.
5. Allow patients and patient support groups to be kept informed.
6. Ensure that all trial results do eventually become publicly available (through publication) and are subsequently used in systematic reviews of the evidence.
7. Ensure that more ethical and worthwhile trials are undertaken by better defining the unanswered questions (through systematic reviews of completed trials) and through knowledge of similar trials in progress.

Many clinical trials, especially those with negative or inconclusive results, may fail to be published in medical journals. This risks the unethical use of healthcare resources and participants in trials. To prevent this, ethics committees should promote prospective registration of clinical trials and thus ensure that trial results can subsequently become publicly available.

Submitted by Jini Hetherington, Administrator and Company Secretary with the Cochrane Collaboration Secretariat

References:

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Keep up with the latest news from your favourite Cochrane entity!

Find all the latest Cochrane newsletters at: www.cochrane.org/newsletters

To post your entity's newsletter on the Collaboration web site, please email it to **Angus Muir** at muira@mcmaster.ca

Featured Entity: ARI

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influential in the cessation of antibiotic treatment of middle ear infection, reflecting the Group's strong tradition of advocacy in the field of child health. Other influential ARI reviews include: '*Amantadine and rimantadine for preventing and treating influenza A in adults*', '*Antibiotic prophylaxis to reduce respiratory tract infections and mortality in adults receiving intensive care*', '*Antibiotics for sore throat*', '*Antibiotics for the common cold and acute purulent rhinitis*', '*Vaccines for preventing pneumococcal infection in adults*', '*Vaccines for preventing influenza in healthy adults*' and especially '*Corticosteroids for acute bacterial meningitis*'.

An exciting future awaits the Group with the support of the Department of Health and Ageing, Bond University, the University of Queensland Library and a generous gift from the Perpetual Foundation. Upcoming are some timely Complementary Medicine reviews on topics ranging from traditional Chinese medicines to zinc, from SARS to the common cold.

Carol Wical was the Assistant Review Group Coordinator of the Acute Respiratory Infections Group until the end of July 2004.

Did you know?



Collaborative Review Groups are now required to use the Cochrane Contact Database, one of the key components of the new Cochrane Information Management System (IMS). The new IMS will support more efficient preparation, maintenance and publication of Cochrane reviews. More info at:

www.cc-ims.net/Projects/newIMS

Read more about the new Cochrane IMS and support staff on Page 6.

A profile of Cochrane Consumer Network members

By Janet Wale

One may ask: what does the Cochrane Consumer Network (CCNet) achieve, and who are its members? It was reassuring to be already seeking the answers to these questions when we received an enquiry from a member of the Campbell Collaboration. The issue, what is our policy to ensure that users' experiences and perspectives are integrated into Cochrane reviews and review summaries?

CCNet continues to work hard to achieve its core functions. These are seen as twofold: to work with Cochrane groups to enable effective consumer participation in the development of relevant, timely and readable systematic reviews; and to make information from Cochrane reviews accessible to a wide audience. For CCNet, 'consumers' are defined as people with direct or indirect experiences of health care and who are without specialized medical knowledge or working as health professionals. This term is used more broadly than just for patients actively under treatment.

It is written into the Strategic Plan that The Cochrane Collaboration has a firm commitment to consumer involvement. CCNet works within The Cochrane Collaboration to further an evidence-based approach to informed shared decision-making around health issues that involves researchers, health professionals, service providers, policy makers and citizens. All these groups are potentially consumers within a healthcare system.

So who are the members of CCNet? In May 2004, we sent a brief email survey out to the people on our database to find out. A total of 53 people from a range of countries completed the survey, of the approximately 300 people included in our database. The first question asked was why people joined the Cochrane Consumer Network. The percentage of consumer members who joined because of their work was 65%. This was a similar number to those who became involved because of their own or a family member's health (61%); people were able to respond to both parts of the question. Similarly, 59% of respondents declared a general interest in health issues. Only 18.5% joined as caregivers.

To find out more about how these people use and contribute to The Cochrane Collaboration, we asked if finding information from Cochrane reviews was important; it was for 56% of the people. Some 70% of respondents have contributed to Cochrane reviews, including commenting on reviews before publication. A significant number (44%) have also contributed to review synopses. It is interesting that 46% of respondents affirmed that being involved in The Cochrane Collaboration had helped them to deal with health care on a day-to-day basis (predominantly those who joined for personal reasons); a total of 43% replied in the negative to this question.

The survey went on to ask how CCNet members use Cochrane information; responses were then categorised. Information was used for: promoting the use of evidence in health care and patient involvement (25 people, 47 %); educational purposes as part of evidence-based practice courses (3 people); one individual used the information for both these purposes; and preparing

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A profile of CCNet members

(Continued from page 11)

information for patients (3 people). A further three respondents combined preparation of materials with promotion of the use of evidence. Other uses described were for changes in policy (1); policy, advocacy and education (1); and as a basis for work opportunities (1). What the response to the survey does indicate is a firm commitment by CCNet members to helping people accept responsibility for taking part in healthcare decision-making and in improving their knowledge base so that they can be effective in this process. Reassuring for CCNet was that these respondents are also committed to a role in the development of Cochrane reviews.

The philosophy of CCNet involves a commitment to collaborative involvement between review authors within the review groups and the ultimate benefactors of Cochrane reviews, patients within our healthcare systems. We believe that individuals taking part in the process of developing systematic reviews will, in the process, widen access to the knowledge held within *The Cochrane Library* and the work of The Cochrane Collaboration. This philosophy is, indeed, supported by responses from this recent email survey of CCNet members.

What of the future of CCNet? We would like to open up and extend our pool of active, committed consumers through the email discussion list, so that consumers are available to the full spectrum of Cochrane entities. We, in turn, have a commitment to effective support and communication for consumers and Cochrane entities as we strive to produce relevant, timely systematic reviews of best evidence for health care in a diverse range of cultures and backgrounds.

CCNet is making good progress in setting up its web pages for www.cochrane.org/consumers. These pages aim to assist consumer participation in The Cochrane Collaboration and to support the work of Cochrane entities in providing access to information from Cochrane reviews. We invite Cochrane entities to ensure that their work and the support they provide to consumers are well represented on these web pages.

Janet Wale is the Treasurer for the Cochrane Consumer Network Governing Council

Spam: The Secretariat strikes back

By Louise Kitchener

Spam e-mail. The scourge of the 21st century. Without email, an international organisation such as this would be lost, but with it comes a lot of extra work.

The Cochrane entity email discussion lists are moderated, which means that no email is sent out to those lists until it has been looked at to make sure it is legitimate. As I am the moderator of the entity lists, I have to look at, and approve or discard, every email sent to those lists. Since I started working in the Secretariat at the beginning of April 2004 I have spent more time dealing with spam emails than anything else. The entity email discussion list addresses are publicly available on the web site and are therefore easily harvested. There used to be anything up to 300 emails a day altogether to the entity lists, of which less than a dozen were legitimate.



Louise Kitchener takes a break from fighting spam

My task was particularly soul-destroying after a public holiday: it would take most of the day to trawl through the 1500 emails that had arrived over the three days of my absence. It wasn't a lot of fun.

Now, though, thanks to the wonders of modern technology and the computer wizards at the German Cochrane Centre, that is all a thing of the past. With advice from Georg Koch, Maria Dinkelacker has written a program that reduces the amount of spam enormously. About three-quarters of the spam email has disappeared, and I have regained two hours of my day.

This means legitimate emails are approved more quickly as I can see when they come in. There is less room for error: it is very easy to lose concentration when reading through hundreds of emails. I can also do more work, and hopefully there will now be opportunities to take on more interesting projects.

Of course no spam filter can ever be 100% accurate; if you think an email has gone astray please don't hesitate to contact me as there is a facility to retrieve emails from the filter.

Louise Kitchener is the Administrative Assistant with the Cochrane Collaboration Secretariat

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

Ottawa Colloquium Update

By Daren Spithoff

The official countdown has begun, and at the time of writing, the Ottawa Colloquium is only 74 days away! We have an exciting event planned, with thought-provoking speakers for our opening, closing and plenary sessions, a large number of posters and oral presentations, over 80 workshops and numerous meetings. And just so you don't think it's going to be all business, we also have a fabulous Welcome Reception planned at the National Gallery of Canada; a Curling Bonspiel and a 6K run on the free afternoon; and the always popular highlight of every Cochrane Colloquium, the Farewell Party.

Opening Session

Although there will be workshops, meetings and other sessions on 1 and 2 October, the official start of the Colloquium will be the Opening Session on 3 October. The keynote speaker for the Opening Session 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

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 our diverse group of speakers and discussants.

Workshops

All the Colloquium workshops have now been finalized and have been posted on the Colloquium web site. To sign up for the workshops you are interested in, please log in to the Colloquium web site at www.colloquium.info/?pageid=163.

Meetings

We are still accepting requests for meetings, so if you are planning a meeting at the Colloquium and have not yet booked your meeting time, please do so as soon as possible. To request a meeting or sign up for a meeting, please log in to the Colloquium web site at www.colloquium.info/?pageid=163.

Farewell Party

A highlight of every Colloquium is the Farewell Party. This year's edition will be held at the spectacular Canadian Museum of Civilization and will feature a fantastic 'Canadiana' dinner, followed by the live entertainment provided by the Stevens and Kennedy Band. As in past years, the Farewell Party will feature a song contest: this year's version is the first-ever Cochrane Idol contest, which will feature fabulously talented Cochranites who have written their own "Cochranized" lyrics to popular or well-known songs. If you are interested in participating in this contest, please send an email to contests@colloquium.info.

Registration

If you have not yet registered, please do so before 30 August 2004 to make sure you are eligible for the regular registration rate. To register for the Colloquium, 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.

Daren Spithoff is the Communications Specialist with the Canadian Cochrane Centre and a member of the Canadian Coordinating Committee for the Ottawa Colloquium

Key dates for the Ottawa Colloquium

Regular registration deadline:	30 August 2004
Hotel registration deadline:.....	30 August 2004
Late registration deadline:	21 September 2004
Onsite registration.....	30 September - 6 October 2004
Pre-Colloquium meetings:	1 October 2004
Ottawa Colloquium.....	2-6 October 2004
Welcome Reception.....	2 October 2004
Farewell Party.....	6 October 2004

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

Events and Announcements

Cochrane HIV/AIDS review wins award

In May 2003, a group of investigators from the Inner City Health Research Unit at St Michael's Hospital and the University of Toronto were awarded the Maureen Dixon Memorial Award at the University of Toronto's Department of Health Policy, Management and Evaluation Research Day. This award was given to the scientific poster most likely to make a contribution to the community. The title of the poster was *Aerobic Exercise and HIV/AIDS: A Cochrane Collaboration Systematic Review*. The review was written under the umbrella of the Health Services Delivery Group of the international Cochrane HIV/AIDS Group. The purpose of the poster was to determine the effects of aerobic exercise on the immune system, cardiopulmonary fitness and quality of life in adults living with HIV. The proceeds of the Maureen Dixon Award were generously donated to the Toronto Persons with AIDS Foundation in recognition of TPWAF's ongoing contributions to rehabilitation in the context of HIV. The authors of the poster are: Kelly O'Brien (physical therapist, UofT), Dr Richard Glazier (Scientist, Inner City Health Research Unit, St. Michael's Hospital and Editor, Cochrane HIV/AIDS Health Services Delivery Group), Stephanie Nixon (physical therapist, UofT) and Anne-Marie Tynan (Research Associate, Inner City Health Research Unit St. Michael's Hospital). The abstract for the Cochrane Review can be seen at www.cochrane.org/cochrane/revabstr/ab001796.htm.

Submitted by Anne-Marie Tynan, a review author with the Cochrane HIV/AIDS Group

Inaugural Cochrane Symposium a success

Since 2001, the four Cochrane Review Groups involved in gastroenterology have collaborated in manning a display booth and demonstration of *The Cochrane Library* at the annual Digestive Diseases Week (DDW) meeting of the American Gastroenterology Association (AGA). This is the largest gathering of gastroenterologists in the world and usually attracts around 15,000 delegates. Each year has seen a growing recognition of the Collaboration and interest in our activities. After the 2003 meeting, a group of Cochrane editors approached the AGA to suggest a dedicated session at the 2004 event. This was accepted as part of the core conference programme.

On Monday, 17 May 2004, the first official Cochrane Symposium was held at the AGA meeting in New Orleans. This Symposium was arranged by the Upper Gastrointestinal and Pancreatic Diseases Group with a theme of "Managing Dyspepsia". In four talks, chaired by the group's Co-ordinating Editor - David Forman - and AGA member Nick Talley, Cochrane reviewers spoke about dyspepsia, meta-analyses, methodological problems, as well as touching on Cochrane history. Well over 400 delegates attended this symposium! The exhibition booth (thanks to Wiley for assisting with this) was also extremely busy and it is reasonable to assume that several new reviews were founded in New Orleans. For the very first time, we actually ran out of handouts/leaflets, and the work of The Cochrane Collaboration is now becoming established in the US gastroenterological community.

The AGA/DDW Cochrane symposium has come to stay, and in 2005 will be arranged in Chicago by the Colorectal Cancer Group (CCCG). The theme will be: "The surgical GI patient - an evidence-based approach". A preliminary programme is available upon request to the CCCG editorial office.

Submitted by Henning Andersen, Review Group Co-ordinator with the Cochrane Colorectal Cancer Group

First recipient announced for Collaboration's Exchange Fellowship

The Cochrane Collaboration's Exchange Fellowship was advertised for the first time this year (2004) with the aim of facilitating quality processes surrounding the production of Cochrane Reviews. Applications were reviewed by a panel of three members of the Quality Advisory Group with no conflict of interest related to any of the applications, and approved by the Steering Group Executive of 26 July 2004.

We are pleased to announce that this year's Fellowship recipient is Karishma Busgeeth, the Trials Search Co-ordinator from the South African Cochrane Centre and the HIV/AIDS Collaborative Review Group (CRG). Karishma's application aims to build and maintain a comprehensive trials register in HIV/AIDS. For the one-month fellowship Karishma will be based at the UKCC with training and support from Mark Fenton (Schizophrenia CRG) and Carol Lefebvre (UK Cochrane Centre). We congratulate Karishma and look forward to hearing of the results of her Fellowship.

Submitted by Sally Green, Co-Convenor of the Quality Advisory Group

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).

Funding Opportunities Newsletter

By Nick Royle

To help entities in their search for funding, the Secretariat prepares a funding newsletter, which is sent by email to entity contact people on average twice monthly. It lists current funding opportunities by funder, together with basic information about the purpose and amount of funding available, deadlines, contact details, and funding category. Opportunities are drawn from publicly available and subscription web databases, and all are relevant to the health research field. Occasionally opportunities will be included that may be of wider interest to colleagues than for their Cochrane functions, and where funding opportunities are found that are specific to only a very small number of entities, these are sent individually and not included in the Newsletter. The Newsletter also includes items of general information that may be useful to those constructing funding bids.

As the newsletter is an ongoing piece of work, suggestions for style and content are always welcome, particularly with regard to new sources of funding information or requests for items in the information services section. All suggestions are considered. Due to conditions on the subscription source for the newsletter, it is only available to people who are officially involved with The Cochrane Collaboration. To send comments or receive your own copy, please email Louise Kitchener (lkitchener@cochrane.org) with details of your email address, Cochrane role and primary entity.

Entity contact people are free to send either the entire Newsletter or appropriate extracts to entity contributors as they wish.

Nick Royle is the Chief Executive Officer of The Cochrane Collaboration

Steering Group election results

The following are the results of this year's elections to the Cochrane Collaboration Steering Group:

Representing Collaborative Review Groups ('at large' position): Zbigniew (Zbys) Fedorowicz (Bahrain).

Representing Centres (two positions): Lisa Bero (US), and Rob Scholten (Netherlands).

Representing the Consumer Network: Godwin Aja (Nigeria).

Representing Fields: Elizabeth (Liz) Waters (Australia) and Lorne Becker (US). By agreement, Liz will be the person legally responsible as the named trustee of the charity; in a practical sense Liz and Lorne will be jointly responsible for representing Fields on the Steering Group.

Zbys, Lisa, Rob, Godwin, Liz and Lorne will join the Steering Group for three years at the Annual General Meetings during the Ottawa Colloquium, on Sunday 3 October 2004 at 15:30.

Congratulations to the successful candidates, commiserations to the unsuccessful ones, and many thanks for their hard work to the electoral officers of the entities that took part in the election. Thanks also to Louise Kitchener, who acted as my co-electoral officer and checked the counting of the votes.

Submitted by Claire Allen, Deputy Administrator of the Cochrane Collaboration Secretariat

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 4, 2004	25 August 2004	NA	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.

Read ***Cross-cultural team working within The Cochrane Collaboration***, a new paper by Michele Deeks

Available on the Cochrane web site at: www.cochrane.org/docs/crossculturalteamwork.doc

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

NHS R&D Programme
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

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