



Be sure to check out the Melbourne Colloquium Website at: <http://www.colloquium.info>

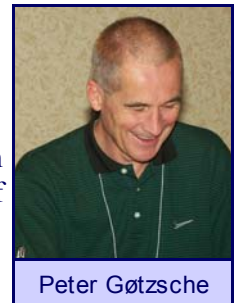
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Reporting bias: any consequences for Methods and Results sections in Cochrane Reviews?

By Peter Gøtzsche

Reporting bias within published trials has long been suspected but had not been well documented before a study published in May 2004 (1) showed that full reporting of trial outcomes - enabling them to be entered into a meta-analysis - was considerably more common when the outcome was statistically significant than when it was not. The study was based on an unbiased cohort of trial protocols approved by a regional scientific-ethical committee and corresponding publications. The study also showed that two-thirds of the trial reports had at least one primary outcome that was changed, introduced, or omitted, compared to the protocol. Finally, 86% of surveyed trialists denied the existence of unreported outcomes in trial reports despite evidence to the contrary. A subsequent study with similar results was recently published in the Canadian Medical Association Journal (2).



Peter Gøtzsche

At the meeting of the Reporting Bias Methods Group in Ottawa we discussed these issues and what possible consequences the findings might have for Cochrane Reviews. Some Cochrane Reviews have very long Results sections, in some cases exceeding 5,000 words, which is about the length of two full articles in a paper journal. Perhaps it is time to consider whether it is a good idea to report all the many outcomes the primary authors selected for their trial report, given that this selection has so often occurred in a biased fashion.

It might be preferable to concentrate on a few outcomes that are commonly used. For example Hamilton's Depression Scale if the disease is depression. In such a case, one should count the number of reports where the scale, or a similar one, was not mentioned at all, and the number of reports where it was mentioned, but where insufficient data had been published to allow them to be entered in a meta-analysis. This could perhaps give the readers a better impression of the scope for bias in the Cochrane Review.

More widespread use of the standardised mean difference could also be considered, e.g. when similar scales to Hamilton's Depression Scale have been used. This could increase the power of the analyses and the chance of detecting bias.

These suggestions could considerably limit the number of outcomes reported in Cochrane Reviews, at the same time increasing the reliability of those that

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COCHRANE NEWS**From the Chair**

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

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Sadly, this message comes not from Co-Chairs but from one Chair. Kathie Clark resigned as Co-Chair at the end of February and I have thanked her elsewhere in this newsletter for her very many contributions to the work of The Collaboration. The Steering Group met recently in Providence, Rhode Island, USA, and hopefully we will soon be back to full complement. The Steering Group has two face-to-face meetings a year – one at the Colloquium (and we are looking forward to what will I know be a really excellent Colloquium in Melbourne in October), and one mid-year. The mid-year meeting is particularly useful for strategic planning as there are no distractions, as there inevitably are at the Colloquia. The hosts of the mid-year meetings also use the presence of Steering Group members and other Centre Directors for their meeting to help support local activities. There are two important meetings organized for Providence – one for consumers and one for potential and actual funders.

The online version of Issue 1 of *The Cochrane Library* 2005 was exclusively hosted on the Wiley Interscience site. The Cochrane Database of Systematic Reviews included 2249 full reviews and 1539 protocols – an enormous resource and a reflection of a huge amount of work by a huge number of people. The logistic challenges of processing so much material are serious, and the importance of the Information Management System, currently in development by The Collaboration, cannot be over-emphasised. Also important, though for different reasons, is the review by the Institute for Scientific Information (ISI) of the Cochrane Database of Systematic Reviews for possible impact factor calculation. Whatever we think of impact factors, this is an important matter for review authors in many academic institutions. Please ensure accurate citation of Cochrane reviews in everything you author, or edit, or review for other journals.

The Collaboration was at its best in responding to the tsunami tragedy of 26th December 2004. A working group quickly formed and has facilitated the production of 'Evidence Summaries' in key health topics for the affected areas – these include infectious diseases, injuries, mental health, rebuilding infrastructure, rehabilitation and nutrition. One-click access to *The Cochrane Library* was made possible in the region. I am very grateful to all of the working group members, inside and outside the region, for their vital contributions. It is very satisfying to see the resource of *The Cochrane Library* used in such an important and practical way.

Jim Neilson, Chair of the Cochrane Collaboration Steering Group

Resignation of Steering Group Co-Chair

After three and a half years, first as Centre representative and latterly as Co-Chair, Kathie Clark has resigned from the Cochrane Collaboration Steering Group with effect from the end of February 2005. We were sorry to see her go. Kathie has been an extremely hardworking contributor to the work of the Steering Group. Thanks to her focus on the need for there to be clear

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

Letter from the Editor

It is hard to believe that it is only four months since the last issue of Cochrane News. As I have grown to understand, change is ever present within Cochrane and the world at large.

Within the Canadian Centre, we were forced to relocate because of a flood in our office and subsequently we have begun the process of moving the Centre to a new city. We are excited about the appointment of our new Director, Jeremy Grimshaw, and we look forward to the new directions his leadership will bring.

Our experiences, however, pale in comparison with our friends in Asia. The tsunami crisis was a tremendous shock to us all. We were, however, comforted by the response of the global community to this event. The Cochrane community is doing what it can. If you have not already done so, please visit <http://www.cochrane.org/docs/asiancrisis.htm>, for more information. In addition, please read the article on the exploratory meeting of the South Asian Cochrane Network last December, which is especially poignant, given the events that would occur later that month.

Change is also evident in my personal life, as I will be becoming a first time father in a couple of months. I am looking forward to this event, as my life will no doubt change for the better at that time. I am also happy to announce that my predecessor, Daren Spithoff, will become a first time father as well in October. Best wishes to him and his wife.

I hope that you will enjoy reading this issue.

Angus Muir
Editor, Cochrane News
 muira@mcmaster.ca

Resignation of Steering Group Co-Chair

(Continued from page 2)

descriptions of the bureaucratic processes within this organisation, as in any other, she has left us a legacy of descriptions of a number of the Collaboration's processes which had been missing, including job descriptions for some of the key positions of officers of the Collaboration. In her time as Co-Convenor of the Monitoring and Registration Group, Kathie put a great deal of effort into refining the entity monitoring process, to the benefit of us all. She brought a similarly meticulous approach to her convenorship of the Publishing Policy Group in recent months. Kathie took her all of her responsibilities extremely seriously, was truly consultative, and assiduous in seeking the views of members of Centres so that she could represent them on the Steering Group. In addition to these qualities, her positive outlook and cheerful disposition will be missed; we wish her all the best in the next stage of her career.

Jim Neilson, Chair of the Cochrane Collaboration Steering Group

News and announcements

German Cochrane Centre:

We are pleased to welcome Baerbel Schaeztle as the new centre administrator and team assistant. Baerbel Schaeztle follows Christa Bast, who left us for maternity leave. Baerbel started in January 2005 and her contact details are:

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 Stefan-Meier-Str. 26
 D -79104 Freiburg, Germany
 schaeztle@cochrane.de
 Tel. +49 761-203-6715
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Submitted by Britta Lang, Co-ordinator, German Cochrane Centre

Cochrane Cancer Network:

The Cochrane Cancer Network has moved its office to Wolfson College in Oxford. The new contact address is:

Cochrane Cancer Network
 Wolfson College
 University of Oxford
 Linton Road
 Oxford OX2 6UD
 Tel +44 (0)1865 284430
 Fax+44 (0)1865 284431
 E-mail: mlodge@canet.org

The Network has also had to say farewell to Viv Garner who has moved away from Oxford to enjoy her retirement. We are very grateful for her support and wish her all the very best.

Submitted by Mark Lodge, Field Co-ordinator, Cochrane Cancer Network

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Submission Deadline

The deadline for submission of articles for *Cochrane News*, Issue 34 is **27 June, 2005**. Please email articles (600 words max) to:
cochrane@mcmaster.ca

Update on the probable Behavioral Medicine Field

By Karina W. Davidson, Kimberlee J. Trudeau, and Louise Falzon

With the generous funding of the Office of Behavioral and Social Sciences Research (OBSSR) and the National Cancer Institute (NCI), we held a Formal Exploratory Meeting in Mainz, Germany, on August 25, 2004. Our meeting-related materials (presenters, invitees, minutes) were received by the U.S. Cochrane Center and our status was changed from 'Possible' Field to 'Probable' Field. A description of our proposed entity was published in issue 3, 2004 of *The Cochrane Library*.

To inform as many individuals within the Behavioral Medicine (BM) Field as possible about the Formal Exploratory Meeting, we submitted an article about this meeting to various society newsletters. It has subsequently been published by the International Society of Behavioral Medicine (ISBM), the Society of Behavioral Medicine (SBM), the American Psychosomatic Society (APS), and the Health Psychology Division of the American Psychological Association (Div 38, APA). Several of these newsletters are published on-line, increasing the likelihood that they will be seen by our colleagues (e.g. ISBM <http://www.isbm.info/newsletter/6-4-2004.html>).

The scope of the Behavioral Medicine Field is a broad one with modalities cutting across many disciplines; therefore, the process of developing a comprehensive search strategy is complex. First, a conceptual map of potential behavioral medicine interventions (core areas, e.g. lifestyle modification) was created based on an analysis of the key MeSH terms and keywords of Cochrane Systematic Reviews. This map has been shared with the Ad Hoc Committee (named below) for feedback. The search strategy will evolve over the next few months as we continue to define the parameters of this proposed Field.

Once the Behavioral Medicine Field is established, Karina W. Davidson, former Chair of the Evidence-Based Behavioral Medicine (EBBM) Committee, will act as the Field Coordinator. She has acquired funding from the National Heart, Blood, and Lung Institute (#HC25197) to disseminate information about behavioral medicine trials (i.e. through the Cochrane BM Field and a related database). With this funding, she has hired the following staff to prepare the registration materials to submit to The Monitoring and Registration Group: Kimberlee Trudeau, former Coordinator of the EBBM Committee (www.sbm.org/ebbm/), is the Probable Field Administrator. Louise Falzon, volunteer Trials Search Coordinator for the Musculoskeletal Group, is the Field Trials Search Coordinator.

While we generate the registration materials, we will continue to educate our colleagues about The Cochrane Collaboration and our proposed Field through presentations at several professional meetings: APS in Vancouver in March, SBM in Boston, MA in April, and APA in Washington, D.C. in August. Please see <http://www.sbm.org/ebbm/sbmconference.html> for a schedule of these events. Lastly, in addition to participating in a pilot project for the posting of Cochrane entities via the German Cochrane Centre, we have also begun to outline a plan for an on-line database resource for behavioral medicine researchers and practitioners.

If you belong to a Collaborative Review Group or a consumer group that would like to get involved and/or be regularly informed about our activities, please contact Kimberlee J. Trudeau, Mt. Sinai School of Medicine, 50 East 98th St., Box 1030, New York, NY 10029-6574, 212 241 2477, kimberlee.trudeau@mssm.edu. Thank you for your interest in our work.

List of Current Ad Hoc Committee Members:

Arja R. Aro, PhD, DSc, Linda Bauman, Ph.D., Margaret A. Chesney, Ph.D., Karina W. Davidson, Ph.D., Hege R. Eriksen, PhD, MSc, Prof. Victoria Gordillo, Robert M. Kaplan, Ph.D., Peter G. Kaufmann, Ph.D., Theresa M. Marteau, Ph.D., Brian Oldenburg, Ph.D., Lynda H. Powell, Ph.D., Neil Schneiderman, Ph.D., Bonnie Spring, Ph.D., ABPP, Holger Ursin, M.D., Ph.D., Antti Uutela, Ph.D., Evelyn Whitlock, M.D., M.P.H.

Karina Davidson, Kimberlee Trudeau and Louise Falzon are members of the probable Behavioral Medicine Field

The Campbell Collaboration: Origins and progress

By Herbert Turner and Dorothy de Moya



The Campbell Collaboration (C2) is an international volunteer network of policymakers, researchers, practitioners, and consumers who endeavor to prepare, maintain, and disseminate systematic reviews of studies of interventions in the social and behavioral sciences. (<http://campbellcollaboration.org>). These reviews are designed to generate high quality evidence and inform consumers about what interventions help, harm or have no detectable effect. The Campbell Collaboration (C2), established in 2000, is a sibling organization of The Cochrane Collaboration.

In referring to the progress Cochrane made in the 1990s in developing a transparent process for systematically reviewing the evidence on what works (or what doesn't) in medicine, the president of the Royal Statistical Society wrote in his presidential address:

“But what's so special about medicine? We are, through the media, as ordinary citizens, confronted daily with controversy and debate across a whole spectrum of public policy issues. But typically, we have no access to any form of systematic “evidence base”—and therefore no means of participating in the debate in a mature and informed manner. Obvious topical examples include education—what does work in the classroom?—and penal policy—what is effective in penal policy—what is effective in preventing re-offending? (Smith, 1996)”

After reading this address and Robert F. Boruch's excellent book on *Randomized Experiments for Planning and Evaluation*, Sir Iain Chalmers invited Boruch to take up the challenge in developing The Cochrane Collaboration's organizational analog in the social, behavioral, crime, and education sciences (Chalmers, 2003).

The Campbell Collaboration, named after the late Donald C. Campbell (a preeminent social scientist born in the United States), was first explored at planning meetings convened in London in July 1999, and in Stockholm in December 1999. This led to the inaugural meeting in 2000 in Philadelphia, Pennsylvania, in which The Campbell Collaboration's mission was tentatively established. The consensus among the 100 people attending the inaugural meeting from 15 countries was that C2's mission carried powerful, cross-national, and cross-disciplinary appeal. Subsequent annual meetings were held in Philadelphia, Stockholm, and Washington, D. C.

C2 recently celebrated its fifth anniversary by hosting the Fifth Annual Colloquium in Lisbon, Portugal, in which 20 countries and 5 continents were represented at the two and a half-day event (February 23-25, 2005). As a legal nonprofit corporation, The Campbell Collaboration has accomplished a great deal—with limited resources and infrastructure—during its first five years. These accomplishments include creation of a Steering Group to oversee C2 activities; establishment of a Secretariat to serve as C2's administrative hub; development of coordinating groups in Education, Crime and Justice, and Social Welfare and the Developmental, Psychosocial and Learning Problems Group (a Review Group in Social Welfare that is cross-registered with Cochrane and Campbell); establishment of guidelines for protocols and systematic reviews; and a redesigned website. Through the website, visitors can access the Campbell Library where registered reviews and related documents are freely available at <http://www.campbellcollaboration.org/Fralibrary2.html>. In addition, C2 has networked with policy makers and practitioners in many nations, and C2 participants have won prestigious international awards for their reviews including the Pro Humanitate Award. Finally, C2 saw its work recognized internationally by governments and in various publications such as *The Economist*, *Education Week* and, most recently, *APA Monitor*.

For C2 to reach its potential there is still much work to be done. A priority for 2005 is to develop further the organization's administrative infrastructure to increase the efficient and consistent production of systematic reviews that meet the Collaboration's standards. To stay current on C2 activities, sign up to receive our quarterly electronic newsletter, *C2 Quarterly*, and other electronic announcements through the Get Mail section of the C2 website at <http://www.campbellcollaboration.org/Fragetmail.html>.

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Joining, moving, leaving?

Let us know by sending an email to: cochrane@mcmaster.ca

IMS training and support



Meet Archie!

By Monica Kjeldstrøm

In August 2004, a competition to identify a good name for the IMS server was announced. A total of 56 names were proposed by Cochrane people from all over the world. After two rounds of short-listing by the Information Management System Group (IMSG) and the IMS team, six names were finally passed to the members of the Steering Group in December 2004. 'Archie' was chosen as the winning name.

The new name 'Archie' was proposed by Miranda Cumpston, Education Co-ordinator at the Canadian Cochrane Centre, and she is awarded 150 EUR for her winning suggestion. Congratulations to Miranda and commiserations to the many people who also proposed names. We are grateful for the creative thinking they put into the competition.

And Archie is?

Archie is the core component of the new IMS: the central server that Cochrane entities use to manage and store their shared data. Archie is currently being used to:

- maintain contact details of the members of all entities
- maintain and submit the modules published in *The Cochrane Library* for the Consumer Network, Centres, Fields, Methods Groups and the Steering Group
- share documents within some entities

Over the next year, Collaborative Review Groups will also be starting to use Archie for handling the editorial process, and storing and submitting reviews and other information for publication in *The Cochrane Library*. The other major component of the new IMS, RevMan 5, is currently planned to be released in the middle of 2006.

Archie can be accessed at:

archie.cochrane.org (user name and password required)

Please contact your Cochrane entity if you would like a user account. More information about the new IMS is available at www.cc-ims.net.

Monica Kjeldstrøm (mk@cochrane.dk) is Director of the IMS team at the Nordic Cochrane Centre.

Did you know?

We are delighted to announce that the Musculoskeletal Injuries Group has secured four years funding from the Department of Health for England with effect from April 1st, 2005. The funder has requested that the Group change its name and the Monitoring and Registration Group has approved the new name of the Cochrane Bone, Joint and Muscle Trauma Group. The Group's module in *The Cochrane Library* Issue 2, 2005 will appear under the new name which will be implemented elsewhere as soon as feasible.

Submitted by Lesley Gillespie, RGC of the Musculoskeletal Injuries Group

Key dates for the Melbourne Colloquium

Abstract submission deadline:	18 April 2005
Notification of abstract acceptance:	16 May 2005
Consumer and developing country stipend deadline:	30 May 2005
Notification of stipend acceptance:	20 June 2005
Early registration deadline:	15 July 2005
Meeting room request deadline:	1 August 2005
Hotel registration deadline:	16 September 2005
Cancellation refunds deadline:	23 September 2005
13th Cochrane Colloquium:	22-26 October 2005

What being a 'consumer reviewer' really means

By Janet Wale

Recently I was given the job of consumer reviewing national Australian draft Guidelines on Falls Prevention in Hospitals and Residential Aged Care Facilities. It was difficult to specify in words what I was being asked to do – easier to say what I was not to do.



The process leading up to the draft I was to look at (which has informed this third draft of the Guidelines) has been one of literature review, Expert Panel and Taskforce feedback, nationwide consultation with healthcare workers and focus groups held with older people in hospitals and residential aged care facilities. While recognising that fall prevention is the responsibility of many stakeholders, the Guidelines are targeted at staff such as allied health and nursing professionals working in hospitals and residential aged care facilities.

I was, however, supplied with a list of criteria against which to address my comments. Furthermore, the timeline was short – over the Christmas and New Year break – quite a request as this is summer for us as well as reunion time for families.

I began by skimming through the various appendices so that I was familiar with what had been included. I then began on the Guidelines. As I did so, I realized that in the process of commenting on many and varied Cochrane Reviews, I had gained skills that enabled me to provide a fresh perhaps unique viewpoint on the document. I really did have something to give to the process. This was on top of the strong input from consumers on the expert panel and consultations.

How much difference my comments will make to the final Guidelines is yet to be determined. This is a question consumers often ask in relation to how much difference consumers commenting on Cochrane reviews makes to the final reviews. I continue to believe, however, that our role is a vital one. For Cochrane Reviews, I would like to see some identification when a review has been commented on by a consumer before publication. This would enable CCNet to evaluate how effective consumer reviewing is. We too would choose suitable, practical criteria to measure against. Possibilities would include:

- use of terminology/jargon – explanations sufficient to read and understand the document (review question, its importance and relevance to consumers, etc);
- language that is respectful of consumers/patients;
- outcomes considered and review conclusions;
- consideration of long-term effects and possible harms;
- limitations of the review for consumers.

The point I wish to make is this: although commenting on Cochrane Reviews with little apparent or immediate reward, it is actually providing us with valuable skills. We are gaining a unique way of looking at information relevant to health care – whether this information is aimed at healthcare professionals or more generally.

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

Frances Fairman wearing Cochrane earrings as she said goodbye as RGC of the Pain & Palliative Care Group



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 website, please email it to **Angus Muir** at muira@mcmaster.ca

Optimize your use of Cochrane.org

Some tips to help you find what you need:

For entity staff:

- ◆ Keep up-to-date on the newest administrative news, important dates, and links to critical services and contacts by making the 'Administrative resources page' (cochrane.org/internal) your browser's homepage!

For review authors:

- ◆ Visit the Review production resources page at cochrane.org/resources/revpro.htm for the training resources, handbooks, and tutorials you need.

For everyone:

- ◆ Need that important document fast? Try the 'A-Z index', located just above the search box on every page of cochrane.org.
- ◆ Preparing for the Colloquium? Need a presentation you saw last year? Abstracts and even many PowerPoint presentations can be found at cochrane.org/colloquia.
- ◆ Need more help? Click on the 'help' button above the search box on every page.
- ◆ If you don't see an important workshop or news article listed, click on the 'news.cochrane.org' link at the base of all news and calendar pages, and contribute to the news!

Check out the new version of the Cochrane Manual!

The latest update of The Cochrane Manual (a 255-page document containing the policies and procedures of The Cochrane Collaboration) is now available on the Collaboration website (<http://www.cochrane.org/admin/manual.htm>).

Submitted by Jini Hetherington, Administrator of the Cochrane Collaboration Secretariat

We at the Cochrane.org Web Team wish you success on the site. If you have problems or suggestions, please let us know, at web@cochrane.org. Happy surfing!

Reporting Bias

(Continued from page 1)

are reported. And a shortening of the Results sections would in many cases be more reader-friendly. A good example of this approach is given in a review of 99 trials where the Results section takes up 731 words (3).

Check it out!

bmjupdates+, a new FREE service for evidence-based clinical practice.

<http://ebm.bmjournals.com/cgi/content/full/10/2/35>

Submitted by Angus Muir, Communications Specialist, Canadian Cochrane Centre

Peter C. Gøtzsche, Nordic Cochrane Centre

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2. Chan AW, Kroleza-Jeric K, Schmid I, Altman DG. Outcome reporting bias in randomized trials funded by the Canadian Institutes of Health Research. *CMAJ* 2004;171:735-40.f

3. Geddes JR, Freemantle N, Mason J, Eccles MP, Boynton J. Selective serotonin reuptake inhibitors (SSRIs) versus other antidepressants for depression. *The Cochrane Database of Systematic Reviews* 1999, Issue 4. Art. No.: CD001851. DOI: 10.1002/14651858.CD001851.

Peter Gøtzsche is the Director of The Nordic Cochrane Centre

The Campbell Collaboration: Origins and progress

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Chalmers, I. (2003). Trying to do more good than harm. *The Annals of the American Academy of Political and Social Science*, 589, 22-40.

Smith, A. (1996). Mad cows and ecstasy. *Journal of the Royal Statistical Society*, 159, 367-383.

Herbert Turner is the Scientific Research Project Director and Dorothy de Moya is the Executive Officer of The Campbell Collaboration

More news and announcements

With great dismay we received the message of the sudden death of Marjan Loep on 5 February 2005, due to illness.

Marjan was closely associated with the establishment of the Dutch Cochrane Centre in 1994. For a long time she was the administrator of the Centre and therefore the main contact person. She fulfilled not only the role of administrator but also became increasingly involved in information management. A few years ago Marjan changed jobs and moved to the Medical Library of the Academic Medical Center in Amsterdam to work as a clinical librarian. Recently, she published a very well received Dutch manual for PubMed.

Marjan stayed closely involved with the Dutch Cochrane Centre and The Cochrane Collaboration. She continued to collaborate with us and she made a major contribution to many of our workshops. In addition, Marjan joined the Cochrane Information Retrieval Methods Group, indicating her continuing interest in Cochrane activities.

Our thoughts are very much with her partner, Antoon.

Regards,

Rob Scholten, Saskia Middeldorp, Johan Hamerlynck, Lotty Hooft, Leontien Kremer, Mariska Leeftang, Martin Offringa, Hammi Spitteler

Submitted by Rob Scholten, Co-Director of the Dutch Cochrane Centre

It is with great sadness that we inform the Cochrane community that Jean Jones, long standing member of CCNet, died on March 7, 2005. Jean had been ill for sometime but was an active member of the Advisory Board of the Canadian Cochrane Centre until the time of her passing. She participated on the selection panel for the recruitment of the new Director in November 2004.

Jean was one of the founding members of the Consumer Network. She was a member of the Steering Group from February 1996 to October 1997 and she was Convenor of the Monitoring and Registration Group at the time when Andy Oxman chaired the Steering Group. Most recently, Jean was Co-Chair with Silvana Simi of the 2004 Colloquium Consumer Stipend Committee.

Locally, nationally and internationally, Jean was an energetic, articulate and forceful advocate for consumers. Jean was made a Member of the Order of Canada in 1996 in recognition of her many contributions.

She will be missed by her Cochrane friends and colleagues across Canada and throughout the world.

Kathie Clark, Jeremy Grimshaw and Arne Ohlsson

Submitted by Kathie Clark, Co-Director of the Canadian Cochrane Centre

A Passage To India: exploratory meeting of the South Asian Cochrane Network, 13-14 December 2004

By Steve McDonald



Barriers to implementing evidence come in many different guises. In Mumbai we were already running late when our taxi driver got stuck in mud, an impressive feat in a city which hadn't seen rain in months. And as the car slowly sank so did any hope of catching our flight to Goa. We were lucky though - at the airport we had a short wait for the next flight. Prathap, on the other hand, missed his flight from a traffic-choked Bangalore and had to contend with a shuddering 14-hour overnight bus ride. Fortunately these were only minor setbacks on the way to the main event.

Under cloudless December skies and amid gently swaying palm trees, 25 participants from across South Asia gathered at the coastal resort of Cavellsim in Goa for the exploratory meeting of the South Asian Cochrane Network. Outside, a cooling breeze from the Arabian Sea provided some respite from the heat of a Goan winter. Inside, Cochrane contributors from as far afield as Peshawar and Karachi in Pakistan, Colombo in Sri Lanka and Dhaka in Bangladesh (many overcoming considerable logistical hurdles of their own just to be there) gathered to map out the future of The Cochrane Collaboration in the region. The biggest contingent came from India itself, from Calcutta, Delhi, Chennai, Mumbai and many places in between, reflecting a growing and widespread interest in Cochrane activities.

The exploratory meeting was the culmination of a year of activities around increasing awareness of The Cochrane Collaboration. Several workshops had been held for the growing cohort of review authors from the region, including an intensive three-day training workshop in Vellore in July. There are now some 50 review authors and five editors from South Asia representing half of all review groups, and new review titles are being registered every week. To help meet the training and support needs for these and future contributors, discussions at the meeting focused on forming a network of Cochrane sites across the region.



The participants of the meeting

Deliberations on the first day focused on setting the broad goals of the Network and drafting a strategic plan. Working out how to support review authors was one strand of the discussions, but in a region where The Cochrane Collaboration and *The Cochrane Library* are still largely unknown, much of the early work of the Network will focus on awareness raising, promoting access to Cochrane Reviews and advocating for better and more relevant locally-derived research. The day ended with a unanimous vote to establish the South Asian Cochrane Network as a branch of the Australasian Cochrane Centre.

On the second day we turned to the overall structure and operation of the Network. The Christian Medical College in Vellore was chosen as the co-ordinating site with Prathap Tharyan as the



Prathap Tharyan

as the singing legend from the Stavanger Colloquium, and his energy and presence are already in evidence as the Network gets going. During 2005 the structure of the Network will be formalised and a website created to provide contributors in the region with information about local sources of support and training opportunities.

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).

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A Passage to India

(Continued from page 10)

As always with these occasions, it was a privilege to be present at the start of a new and exciting venture, and to share in the enthusiasm and camaraderie of those involved. Following the meeting we travelled down the coast to Manipal to run a workshop at Kasturba Medical College, one of the sites of the Network that has already produced several protocols under the guidance of Sreekumaran Nair. The trip ended a train-ride away on the opposite coast in Vellore as guests of Prathap at the Christian Medical College.

Flying out from Chennai, we reflected on the challenges ahead for the Network, little knowing that four days later a challenge of a very different kind would focus our attention on this region in an unimaginable way.

Thanks are due to Prathap Tharyan for his efforts over many months in organising the meeting, to The Cochrane Collaboration and Wiley for their financial support, and to all those who attended and contributed to the discussions. Sally Green and Steve McDonald are from the Australasian Cochrane Centre and co-chaired the exploratory meeting.

BMJ appoints first woman editor

By Caroline White, BMJ

The *BMJ* has appointed its first woman editor, Fiona Godlee, since the journal was founded in 1840. She replaces Dr Richard Smith, who left the journal in July 2004.

Dr Godlee, who qualified in 1985, trained as a general physician before joining the *BMJ* as an assistant editor in 1990. She spent a year at Harvard University as a Harkness Fellow in 1994.

On her return, she led the development of *Clinical Evidence*, which summarises the best available evidence on the harms and benefits of treatment and now reaches over one million clinicians worldwide.

In 2000, Dr Godlee was appointed editorial director for medicine at the Current Science Group, with a remit to set up the open access online publisher BioMed Central. She returned to the BMJ Publishing Group in 2003.

Dr Godlee has written on a wide range of medical and publishing issues and is a former president of the World Association of Medical Editors. She currently chairs the Committee on Publication Ethics.

"The *BMJ* has an international reputation for independence, innovation, and integrity, all of which are things I want to safeguard and build upon," said Dr Godlee. "We need to make sure that the journal continues to deliver what readers want—high quality information that is accessible and relevant to their lives as doctors and researchers.

◆ Published at <http://bmj.bmjournals.com/cgi/content/full/330/7487/323-a?eaf>

Submitted by Luis Gabriel Cuervo, an author with the Pregnancy and Childbirth Group and Skin Group



Fiona Godlee
Credit: M.Thomas

A Little Gem

One of the pieces of information generated recently within The Cochrane Collaboration came from a check of the nearly 3800 Cochrane protocols and reviews in Issue 1, 2005 of *The Cochrane Library*, by Lorcan Clarke (Oxford, UK). He found that about 500 of the authors in the byline for Cochrane reviews and protocols were not included in the Contacts section of the review, out of more than 10,000 authors. This is just under half the number of inconsistencies he found a year ago for Issue 1, 2004 when there were 400 fewer documents. At least part of the reason for this improvement will be the introduction of the new contacts database for The Cochrane Collaboration and the work of many Collaborative Review Groups and the IMS support on this topic.

Submitted by Mike Clarke, Director, UK Cochrane Centre

Health-evidence.ca

By Kara DeCorby



A research team led by Maureen Dobbins at McMaster University Faculty of Health Sciences has been working to determine how to best meet the needs of decision makers through the dissemination of systematic reviews. A study funded by the Canadian Institutes of Health Research, involving individual interviews and focus groups with public health decision makers at various levels, resulted in the development of a searchable online registry of systematic reviews related to the effectiveness of public health and health promotion interventions. The intent of this registry is to provide relevant, synthesized, quality-rated research evidence to decision-makers to promote evidence-based public health decision-making.

The website, www.health-evidence.ca, is accessible free of charge. Potential users will be asked to register on the site by providing basic demographic information. Once registered, users can arrange to receive regular updates as new research emerges in their specified areas of interest. The value added for users is that the reviews in the registry have all been tested for relevance to public health and health promotion, and rated for methodological quality by two independent reviewers. Users can view the relevance and quality rating tools used by visiting the site.

A comprehensive search strategy was used to locate all synthesized research published since 1985. Six electronic databases were searched: MEDLINE, EMBASE, CINAHL, Sociological Abstracts, PsycInfo, and BIOSIS. The Cochrane Database of Systematic Reviews was handsearched along with 21 journals related to public health and health promotion. In addition, 3-5 content specific journals were searched for each topic area within public health; for example, addiction, mental health, and parenting. The reference lists of all relevant articles were searched for additional reviews. The registry is updated on an annual basis. Two-page summary statements are planned for each review. Our goal over the next few years is to have summary statements written by public health decision-makers who are considered experts in their field. In the meantime there are a small number of summary statements available particularly in areas related to physical activity and healthy body weight. The summaries present a concise synthesis of the research evidence along with practical implications for policy and practice in the Canadian context. In each summary statement, a commentary on the methodological quality of the review is provided.

In order to make the registry user-friendly, reviews are keyworded using common public health and health promotion terms. Users can search for articles by topic headings, focus of the reviews, intervention location, population of interest, or the intervention strategy.

Please visit the site that was launched on March 10th at www.health-evidence.ca. Let us know what you think by providing some feedback through the website. You can also e-mail Kara DeCorby, the project coordinator, at info@health-evidence.ca, or call us at 905-546-2424, x1582. We are making every effort to contact all public health staff in Canada, but if you have access to networks you think should receive free access to the registry, we can coordinate with you to ensure that they are reached. We would be happy to hear from you with any feedback on the site, so that it can be refined better to meet your needs as a decision maker.

Kara DeCorby is part of a research team that includes Helen Thomas, co-investigator, an author with the Pregnancy and Childbirth Group

Did you hear?

David Sackett has been awarded the 2005 Baxter International Foundation for Health Services Research Prize.

Submitted by Angus Muir, Communications Specialist, Canadian Cochrane Centre

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

Cochrane in the news

"P-plater training is useless"

Article published in *The Australian*, December 15th, 2004, by Andrew Leigh

Today the NSW, Victorian and federal governments will announce a compulsory driver education program for P platers. [As part of the graduated driver's licence program, drivers are given a provisional class (P) license. These drivers are, therefore, also known as P-platers.] According to early reports, the scheme will require all new drivers to undergo eight one-hour training sessions. Unfortunately international evidence suggests that it is unlikely to make any impact on the road toll.

Over the past decade, Australia has steadily reduced the number of young people killed in road accidents. Yet because other causes of death have fallen too, motor accidents remain the leading cause of death for those aged 15-24. Each year, one in 6250 youngsters is killed in a motor vehicle crash, with males three times as likely as females to perish.

Surely then, we should celebrate any attempt to reduce the problem? Sadly, no. While they may sound appealing, driver education programs have been subject to a multitude of rigorous studies over the past two decades with little to recommend them.

Reviewing these studies last year, the Cochrane Collaboration, an international non-government organisation that systematically evaluates policy in interventions, sought out all the randomised trials they could find that assessed post-licence driver education.

Combining 19 separate studies with 300,000 participants, the researchers concluded that there was "no evidence that post-licence driver education is effective in preventing road traffic injuries or crashes".

The same researchers also looked at pre-licence driver education (typically conducted in high schools), and arrived at an identical conclusion: driver education doesn't work. Indeed, the evidence on these programs is so poor that it prompted the Cochrane Collaboration researchers to write an article in *The Lancet*, arguing that driver education was "a waste of the scarce resources for road safety", and publicly calling on the Blair Government to abandon its programs. Why, then, are Australian governments so keen to try a program that has done so poorly elsewhere?

Personal experience, it seems, has played a part. Ironically for a government that recently criticised Labor leader Mark Latham for drawing too heavily on his personal story during the election campaign, Deputy Prime Minister John Anderson justifies driver education on the basis that he thinks driver training helped him when he was a young driver. He also notes that car manufacturers support the approach, not surprising, given that one of the mooted alternatives has been to install speed limiters in new cars.

To give the governments some credit, the driver education program to be announced today will not be fully implemented immediately. Instead, it will be evaluated through a randomised trial, with the results to be known by 2007. But given the weight of international evidence suggesting that driver education makes no difference to accident rates, it would be surprising if this trial proved a success. Rather than conducting yet another trial of driver education, state and federal governments would be better to experiment with other ways of cutting the youth road toll. And there is no shortage of alternatives. Several studies have shown that traffic calming devices can work to reduce fatalities, and it would be valuable to know more about what sorts of devices work best.

A paper recently published in the *Journal of Political Economy* showed that across US states, lower speed limits save lives. And experiments in NSW, Victoria and Queensland have demonstrated that the use of speed cameras reduces accident rates considerably. If we really want to save lives on the road, then evidence, not anecdotes, should drive policy. The NSW, Victorian and federal governments are to be applauded for using a randomised trial to test an approach for reducing the road toll. Too bad their proposed trial has failed to get underway, and that the randomised trial so far.

www.cochrane.org

Your one-stop resource for all things Cochrane

Submitted by Amy Zelmer, a member of the CCNet

Cochrane Top 25 accessed reviews

Top 25 accessed fulltext reviews from *The Cochrane Library* during February 2005

List compiled from accesses through Wiley InterScience only

	Article Title	Abstracts	Fulltext (PDF)	Fulltext (HTML)	Fulltext (Total)
1	Interventions for preventing falls in elderly people	807	262	202	464
2	Acupuncture for low-back pain	905	196	158	354
3	Antibiotics for acute otitis media in children	430	87	263	350
4	Interferon in relapsing-remitting multiple sclerosis	292	24	232	256
5	Abdominal decompression for suspected fetal compromise/pre-eclampsia	533	143	92	235
6	Interventions for preventing obesity in children	365	137	89	226
7	Cognitive behaviour therapy for schizophrenia	312	125	93	218
8	Action plans for chronic obstructive pulmonary disease	387	81	135	216
9	Nicotine replacement therapy for smoking cessation	375	97	105	202
10	Continuous support for women during childbirth	327	96	104	200
11	Interventions for promoting physical activity	311	137	61	198
12	Advice on low-fat diets for obesity	383	66	127	193
13	Support surfaces for pressure ulcer prevention	316	86	102	188
14	Back schools for non-specific low-back pain	344	109	78	187
15	Acupuncture for smoking cessation	379	84	102	186
16	Behavioural treatment for chronic low-back pain	354	116	65	181
17	Corticosteroid therapy for nephrotic syndrome in children	245	54	124	178
18	Exercise therapy for low-back pain	342	104	65	169
19	Interventions for treating obesity in children	285	105	55	160
20	Decision aids for people facing health treatment or screening decisions	385	90	67	157
21	Cranberries for preventing urinary tract infections	286	96	61	157
22	Physiotherapy interventions for shoulder pain	303	84	72	156
23	Exercise-based rehabilitation for coronary heart disease	239	94	60	154
24	Acetaminophen for osteoarthritis	312	81	71	152
25	Acidovir or valacidovir for Bell's palsy (idiopathic facial paralysis)	318	84	68	152

These and other Cochrane reviews can be found at www.thecochranelibrary.com.

Submitted by Deborah Pentesco-Gilbert, Managing Editor, The Cochrane Library, John Wiley & Sons, Ltd

Comments and Criticisms for *The Cochrane Library*

By Sherri Sheinfeld Gorin

We are thrilled to report that we have launched a new Comments and Criticisms (feedback) site for *The Cochrane Library* that will help to improve the quality of Cochrane Reviews. The house rules that accompany the site were approved by the Publishing Policy Group at their meeting on January 24, 2005. Feedback Editors and Review Group Coordinators have already received a copy of the 'house rules' and a user guide to the site.

This exciting development was founded on the responses to a survey about the current system that we administered in early 2004 to Feedback Editors, Review Group Coordinators, and interested others. Over the past year, we--the CMAG, with advice from the IMSG, members of the CCSG, and Deborah Pentesco-Gilbert and her hard-working team (including, of note, Jennifer Shorten) at John Wiley & Sons, Ltd. ("Wiley")--were successful in integrating most of the findings of the survey with the new site. In particular, in response to the survey's findings:

The site includes the following enrichments:

- **Clearer instructions;**
- **Greater visibility of the comment button—now re-named “Add/View Feedback” with an icon on top and bottom;**
- **Review titles ordered by date;**
- **Voluntary listing of any department affiliations;**
- **Easy to follow;**
- **Cleaner and more user-friendly;**
- **Simpler, with less administration required;**
- **Viewing of all feedback together on-line to encourage “cutting and pasting”;**
- **Feedback author must declare a conflict of interest, and is bound by the house rules, particularly about posting on a public website;**
- **Includes email contact: CochraneFeedback@wiley.co.uk for follow-up if feedback is not posted in 10 days;**
- **Communication patterns about the review, feedback, and acknowledgement are clearer [in conjunction with the Feedback Editor].**

The site enlarges the opportunities for readers to submit and view the feedback to all Cochrane systematic reviews. We will continue to revise it based on user experience.

Sherri Sheinfeld Gorin is Convenor of the Criticism Management Advisory Group

Deadlines and publication dates for *The Cochrane Library*

<i>The Cochrane Library</i>	Specialized Register Deadlines (US Cochrane Centre)	Copy Edit Support Deadlines (John Wiley and Sons, Ltd.)	Module Submission Deadlines (Update Software)	Publication Dates (John Wiley and Sons, Ltd.)
Issue 2, 2005	NA	NA	NA	20 April 2005
Issue 3, 2005	NA	4 May 2005	25 May 2005	20 July 2005
Issue 4, 2005	24 June 2005	3 August 2005	24 August 2005	19 October 2005
Issue 1, 2006	2 September 2005	26 October 2005	16 November 2005	25 January 2006

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

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