

# COCHRANE NEWS

News, information, resources & issues affecting The Cochrane Collaboration

Issue 34

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August 2005



Luna Park, Melbourne

Read more about the  
Melbourne Colloquium  
on page 13

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## In this issue...

Bias susceptibility in Cochrane reviews.....	1
From the Co-Chairs.....	2
Letter from the Editor.....	3
News and announcements.....	3
The Cochrane Collaboration Visiting Fellowship 2004.....	4
Cochrane HIV/AIDS Group in South Africa.....	5
IMS training and support.....	6
The Cochrane Collaboration's policy on commercial sponsorship.....	7
Continental European Entities, Meeting 2005.....	9
Health Equity Field now registered.....	11
From a consumer perspective - input from CCNet.....	12
Lancet demands better support for systematic reviews.....	12
Colloquium fun and awards.....	13
Cochrane top 25 accessed reviews.....	14
2005 Election Results.....	15
Book review: Peer review and publishing.....	15
Deadlines and dates for <i>The Cochrane Library</i> .....	15
Cochrane Centres.....	16

## Bias susceptibility in Cochrane reviews

By Julian Higgins and Sally Hopewell

Assessment of the potential degree of bias in included studies is an important and mandatory part of a Cochrane review. The strength of evidence provided by a review should reflect the strength of evidence from the included studies. This requires that the risk of bias in these studies be fully assessed, presented and incorporated into the analyses and conclusions. Problems in this area were raised as a priority issue during a meeting of the Methods Group convenors, the Handbook Advisory Group and the Quality Advisory Group at a meeting in Oxford, UK, in June 2004.

There is a growing amount of empirical evidence to show large variation in how the quality of included studies is assessed and incorporated in Cochrane reviews. For example, in a sample of 548 Cochrane reviews from Issue 1 2002 of *The Cochrane Library*, only half described how quality assessments were (or were to be) incorporated within the review. A large proportion (44%) of authors did not follow through with their plans.<sup>1</sup> Two studies have specifically targeted assessments of concealment of allocation in Cochrane reviews. A survey of 200 reviews, with 2035 included studies, revealed high miscoding rates and confusion regarding allocation concealment, randomization and blinding.<sup>2</sup> A study in which 122 trial reports that had been included in 23 reviews were re-evaluated found a mismatch in 35% of trial reports between Handbook advice and the code the author used. All of these were overratings.<sup>3</sup>

There is an urgent need to develop a Collaboration-wide strategy for assessing the risk of bias, which needs to be described in the *Cochrane Handbook for Systematic Reviews of Interventions* (formerly the *Cochrane Reviewers' Handbook*) and disseminated to authors in order to improve the quality of Cochrane reviews and their conclusions. The relevant chapter in the Handbook is currently out of date, due to the fast pace of research in this area.

To address this issue, a meeting was held at the Institute of Public Health, Cambridge, UK, from 16 to 18 May, 2005. It was attended by 16 methodologists, experienced Cochrane authors and members of Cochrane Review Groups (Doug Altman, Gerd Antes, Chris Cates, Jon Deeks, Peter Gøtzsche, Julian Higgins, Sally Hopewell, Peter Juni, Steff Lewis, Philippa Middleton, David Moher, Andy Oxman, Ken Schulz, Nandi Siegfried, Jonathan Sterne and Simon Thompson).

The aim of the workshop was to develop a consensus policy on how to assess the risk of bias in Cochrane reviews. This will result in a major revision of Chapter 6 of the *Cochrane Handbook for Systematic Reviews of Interventions* and will contain specific guidance and policies resulting from the discussions.  
*(Continued on page 5)*

**COCHRANE NEWS****From the Co-Chairs**

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

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Mark Davies has joined Jim Neilson as Co-Chair of the Steering Group. Mark is a neonatologist in Brisbane, Australia, and is an active member of the Neonatology Review Group. Steff Lewis takes over from Jim in October at the Annual General Meeting at the Colloquium in Melbourne. Steff is a medical statistician in Edinburgh, Scotland. She has been co-convenor of the Monitoring & Registration Group and therefore has a very sound grasp of the workings of the Collaboration; she is also a member of the Stroke Group.

The Colloquium in Australia will be, we are sure, a great success and we look forward to meeting up with old friends and making new ones in Melbourne.

Last year's Annual General Meeting focussed on the issue of commercial sponsorship - and Centres. The policy on commercial sponsorship has now been amended and circulated. Lisa Bero from San Francisco, USA, is the Funding Arbiter and she and her panel are available to assist Review Groups in making decisions about reviews, which have been prepared in ways that would now conflict with the commercial sponsorship policy. The policy document is readily accessible, along with much else that is useful, on the Collaboration website, maintained by Dave Booker and colleagues at the German Cochrane Centre. We would urge everyone to read it. It isn't long. Complying with this policy is key to ensuring that the hard earned reputation of the Collaboration for high quality and objectivity is maintained.

The Information Management System [IMS] progresses well. Those who have seen it in operation will be enormously impressed by how useful it will be for Review Groups and other entities. There is still much to be done but the potential is huge. The Collaboration and the Nordic Cochrane Centre in Copenhagen via the Rigshospitalet have invested significantly in this project, which is at the heart of the Collaboration's work.

Many consumers seek guidance about health issues from work of the Collaboration. What were called 'synopses' are now known as 'plain language summaries' - with a capability of increasing the size of the summary. These plain language summaries will be posted on the Collaboration website, and the Consumer Network has undertaken to help authors to produce summaries for those reviews currently without them. This will all help to deliver on the Collaboration's seventh principle - promoting access to the contents of Cochrane reviews.

*Mark Davies and Jim Neilson, Co-Chairs, Cochrane Collaboration Steering Group*

**Submission Deadline**

The deadline for submission of articles for *Cochrane News* Issue 35 is **31 October, 2005**. Please email articles (600 words max.) to: [cochrane@mcmaster.ca](mailto:cochrane@mcmaster.ca)

**Please send your announcements and other news items to [cochrane@mcmaster.ca](mailto:cochrane@mcmaster.ca)**

## Letter from the Editor

The anticipation is building as the 2005 Cochrane Colloquium in Melbourne draws closer. It should be a tremendous event. Please read more about it on page 13. For those of you who are attending, I hope that this will be the most successful Colloquium to date. Here's to safe travel and a good time.

One of the other main items in this issue is the Collaboration's updated policy on commercial sponsorship. In addition, please read the lead article on bias susceptibility.

I hope you enjoy this issue of *Cochrane News*. It is the first issue for Gill Rizzello of the Schizophrenia Group as a member of the Cochrane News Advisory Committee. I would like to welcome her as Review Group Coordinator representative and thank Thilo Kober for his work in the past in this capacity. Coincidentally, this is my last issue as Editor. Miranda Cumpston, Education Coordinator at the Canadian Cochrane Centre, will be Acting Editor during the relocation of our Centre to Ottawa. I am sure she will excel in this role. You can reach Miranda at [MCumpston@mtsinai.on.ca](mailto:MCumpston@mtsinai.on.ca).



Editor's son  
Alex

Angus Muir  
Editor, *Cochrane News*  
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## No election for Methods Group representative this year:

Please note that Jon Deeks of the UK has been elected unopposed to the Cochrane Collaboration Steering Group, to represent Methods Groups. This is Jon's second consecutive three-year term, rejoining the Steering Group at the Annual General Meeting during the Melbourne Colloquium on Sunday, 23 October 2005.

Congratulations, Jon!

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

See  
Election Results  
page 15...

## News and announcements

### Dutch Cochrane Centre:

To our regret we hereby announce that on 1 May, 2005, Saskia Middeldorp resigned as Co-Director of the Dutch Cochrane Centre (DCC) to return to the Department of Internal Medicine. Saskia, however, will be staying involved in various DCC activities. Rob Scholten will continue as sole director of the DCC. We would like to thank Saskia for her excellent contribution to date and for her continued involvement.

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

### Applicability and Recommendations Methods Group:

The Applicability and Recommendations Methods Group has new Co-Convenors: Holger Schünemann, MD, PhD, Associate Professor of Medicine, Preventive Medicine, Clinical Epidemiology and Biostatistics, Italian National Cancer Institute, Rome, Italy and Gordon Guyatt, MD, MSc, Professor of Clinical Epidemiology, Biostatistics and Medicine at McMaster University, Hamilton, Canada. We are looking forward to this activity. The group will be based in Rome, Italy, and the Italian Cochrane Centre will serve as reference Cochrane Centre.

Submitted by Holger Schünemann and Gordon Guyatt, Co-Convenors of the Applicability and Recommendations Methods Group

### Cochrane Secretariat:

Please welcome Diana Wyatt as the new Administrative Assistant at the Cochrane Collaboration Secretariat. She is delighted to be part of the organisation, and looks forward to getting to know The Cochrane Collaboration and many of the people who are involved in it.

Submitted by Diana Wyatt ([dwyatt@cochrane.org](mailto:dwyatt@cochrane.org)), Administrative Assistant, the Cochrane Collaboration Secretariat

### New Convenor for EMAG:

Sonja Henderson has stepped down as Convenor of the Editorial Management Advisory Group. She has been replaced by Kate Hey. Kate will now represent EMAG on the IMSG.

Submitted by Sonja Henderson, former Convenor of the Editorial Management Advisory Group

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## The Cochrane Collaboration Visiting Fellowship 2004!

By Karishma Busgeeth

The Cochrane Collaboration Visiting Fellowship, introduced in 2004, aims to facilitate high-quality processes in the production of Cochrane reviews. As the newly appointed Trials Search Co-ordinator (TSC) of the HIV/AIDS Cochrane Review Group (CRG), I applied for the fellowship to learn more about the specific systems required for developing and maintaining an efficient, effective and up-to-date specialised register of studies and was lucky enough to be the first recipient! A memorandum of understanding stating the obligations of the visiting fellow and output requirements was signed by four parties, on behalf of the Steering Group, the Host Entity (the Cochrane Schizophrenia Review Group), the Accommodating Institution (the UK Cochrane Centre) and myself. I still remember how nervous I was on signing the document...



The aims of the fellowship were to:

1. Transfer all current HIV/AIDS records in CENTRAL (*The Cochrane Central Register of Controlled Trials*) to MeerKat;
2. Acquire skills to maintain and update the HIV/AIDS trials register (SR-HIV) with studies retrieved from searches conducted on PUBMED, EMBASE, AIDSearch and other databases identified as relevant;
3. Finalise the EMBASE and AIDSearch comprehensive HIV/AIDS search strategy;
4. Acquire skills to effectively and efficiently prepare the register for regular submission to CENTRAL;
5. Code studies appropriately using a comprehensive coding sheet; and
6. Procure full-text articles for the trials in the register.

I was to spend five weeks at the UK Cochrane Centre (UKCC) and, to ensure that the aims were met, a day-to-day programme was developed. Regular meetings were held and all decisions about the register were documented. Mark Fenton, the Schizophrenia Group's TSC, assisted me with using the Cochrane highly sensitive search strategy to download 5952 HIV/AIDS records from CENTRAL. Using configuration files, the records were transferred to MeerKat. Decisions were made on which studies to include and, using a comprehensive, user-friendly and pragmatic coding sheet, all records relating to publications in 2003-2004 were coded and quality checked by the HIV/AIDS CRG Deputy Co-ordinating Editor, Nandi Siegfried. During this process a "Help" file specific to the register was created for future use. In addition, Anne Eisinga, information specialist at the UKCC, assisted with finalising the comprehensive HIV/AIDS search strategy for EMBASE and AIDSearch. Meetings were also arranged with Carol Lefebvre, information specialist at the UKCC, who provided much insight into the submission of the SR-HIV. Being based in Oxford also afforded me the opportunity to attend relevant seminars at the Nuffield Department of Medicine, University of Oxford. Before leaving Oxford, Nandi and I prepared a six-month plan of implementation.

The first submission to CENTRAL was made in March 2005 and, as of June 2005, the register contains 6083 records published between 1980-2005, of which 1079 have already been coded.

The fellowship provided an ideal opportunity to develop and implement the HIV/AIDS specialized register. It owes its success to a clear daily programme, meticulous documentation of discussions and meetings, and the generosity of the host entities. I feel the need to acknowledge the following people who ensured that I made the most of this fellowship. I acknowledge the assistance, help and support of Nandi Siegfried throughout the fellowship. Many thanks for the conversations that clarified my thinking and for the thoughtful and creative comments. I am particularly grateful to Mark Fenton for his advice, guidance and suggestions regarding the HIV/AIDS trials register. Special thanks go to Jini Hetherington for ensuring the success of the fellowship. Anne Eisinga and Carol Lefebvre graciously made time for me, helped me to consolidate my information management skills and provided me with the necessary TSC skills. Thank you to the South African Cochrane Centre and the Cochrane Collaboration Secretariat for their financial support for the fellowship. Last but not least, thank you to the UKCC staff for being so nice and accommodating.

(Continued on page 9)

## Bias susceptibility in Cochrane reviews

(Continued from page 1)

and recommendations of the meeting. Recommendations will also be made to the RevMan Advisory Group regarding possible changes to the RevMan software in line with the new guidance. A draft version of the chapter will be available in time for the 13th Cochrane Colloquium in Melbourne in October 2005 where a special session is planned to discuss and present the new guidance.

### References:

1. Moja P, D'Amico R, Telaro E, Battaglia A, Bianco E, Calderan A et al. Assessing the methodological quality of primary studies in systematic reviews: improvements are needed within and outside the Cochrane world. *XI Cochrane Colloquium: Evidence, Health Care and Culture*; 2003 Oct 26-31; Barcelona, Spain: 8.
2. Middleton P. How allocation concealment is handled in Cochrane reviews. *Chinese Journal of Evidence-Based Medicine* 2004; 4:711-713.
3. Pildal J, Hróbjartsson A, Jørgensen K, Hilden J, Altman D, Gøtzsche P. How often do positive conclusions drawn from meta-analyses remain substantiated if only data from randomised trials with adequate allocation concealment are considered? *12th Cochrane Colloquium: Bridging the Gaps*; 2004 Oct 2-6; Ottawa, Ontario, Canada: 175-176.

Submitted by Sally Hopewell and Julian Higgins, on behalf of participants of The Bias Susceptibility Workshop

### Did you know?

As approved by The Cochrane Collaboration Steering Group in April 2005, in Providence:

**The term CRG will now mean Cochrane Review Group instead of Collaborative Review Group, because the word 'collaborative' is problematic in languages other than English.**

## Cochrane HIV/AIDS Group in South Africa

The Cochrane HIV/AIDS Group is pleased to announce and to make 'official' something which has already existed 'unofficially' for a couple of years; the establishment of a satellite editorial base at the South African Cochrane Centre (SACC).

Many more Cochrane reviews are produced by authors from developed countries than by those from developing countries. Reversing or at least equalizing this balance has the potential of resulting in reviews more relevant to the needs of societies with constrained financial resources. In collaboration with the SACC's Reviewers for Africa (RAP) Program, we have developed a productive Mentoring Program for novice authors working to produce HIV/AIDS reviews in sub-Saharan Africa. The goal of this Program is to produce high quality systematic reviews on topics of relevance to this and other hard-hit regions. Judging by the excellent output thus far from the Mentoring Program, we are meeting this goal.

As further emblems of our partnership, the SACC's Dr. Nandi Siegfried has been our Group's Deputy Co-ordinating Editor since 2004. Our Trials Search Co-ordinator, Ms. Karishma Busgeeth, is also based at the SACC, as is one of our two Assistant Co-ordinators, Ms. Joy Oliver. The rest of our editorial base (Dr. George Rutherford, Ms. Tara Horvath, and myself) remain at the University of California, San Francisco's Institute for Global Health, in the USA.

With best regards to all,  
Gail Kennedy

Submitted by Gail Kennedy, Review Group Co-ordinator of the HIV/AIDS Group

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To post your entity's newsletter on the Collaboration website, please email it to Angus Muir at [muira@mcmaster.ca](mailto:muira@mcmaster.ca)

## IMS training and support



### Online resources

By Jacob Riis

You can download the exercises used at the latest IMS training workshops from the IMS website ([www.cc-ims.net](http://www.cc-ims.net)). These exercises are designed to take you through most of the basic steps in your day-to-day use of the system. The exercises are used with our separate test server, where you can experiment without worrying about data loss.

Remember: Always check the website to ensure you have the latest exercises – we will occasionally update these so they match the continuing developments of the system.

*Submitted by Jacob Riis, on behalf of the IMS development team*

### At the Colloquium

By Jacob Riis

- **If you are an author or editor** and curious about what working with the IMS will be like - come to the introductory workshop (Monday 24 October).
- **If you are a Super User from a CRG in phase 2** (i.e. if you use Archie to manage reviews) – come to the advanced workshop (Tuesday 25 October).
- **If you are a Trials Search Co-ordinator** – attend the IMS session that will be part of the TSCs' meeting (Saturday 22 October).
- **If you are responsible for your entity's website** and will be using the new system for generating sites – come to the entity websites workshop (Sunday 23 October).
- **If you have a question about Archie or the IMS in general** - visit the IMS Helpdesk (open select hours throughout the Colloquium). Contact Jacob Riis, [jr@cochrane.dk](mailto:jr@cochrane.dk), if you would like to book a consultation now.



Please visit the Colloquium website, [www.colloquium.info](http://www.colloquium.info) for details on the workshops, and to sign up for them.

*Submitted by Jacob Riis, on behalf of the IMS development team*

#### New and updated documents on the web

*The Cochrane Collaboration Steering Group Minutes*  
<http://www.cochrane.org/ccsg/index.htm>

*The Cochrane Manual*

<http://www.cochrane.org/admin/manual.htm>

*The Cochrane Collaboration Information Leaflets*

<http://www.cochrane.org/resources/brochure.htm>

### Joining, moving, leaving?

Let us know by sending an email to: [cochrane@mcmaster.ca](mailto:cochrane@mcmaster.ca)

# The Cochrane Collaboration's policy on commercial sponsorship

By Jim Neilson

## Introduction

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

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

This issue was discussed at length at the 11<sup>th</sup> Annual Cochrane Colloquium in Barcelona in October 2003. A consultation document was disseminated during December 2003 with a request for views by 31 January 2004; 156 individuals or groups responded. Most were active members of The Cochrane Collaboration. The Steering Group met in Bergamo, Italy, from 29 February to 2 March 2004 and considered at length the very extensive and detailed documentation. An agreed policy document was disseminated on 6 April 2004. At that time, there was, for some questions, very clear consensus; for others, there was not. The Steering Group discussed unresolved issues at their meetings in Ottawa, Canada, on 1 and 4 October 2004, and in Providence, US, on 2 to 4 April 2005. They were also discussed at the annual general meeting during the 12th Cochrane Colloquium in Ottawa on 3 October 2004. Following these discussions, the policy document was amended in April 2005.

## Background

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

There is substantial variation internationally in the amount of funding for support of Cochrane activity and, in some parts of the world, it is extremely difficult to access government or charitable funds. In some areas, there has recently been an important decrease in financial support for Review Groups and Centres. Therefore, an alternative option, of seeking funding from commercial sources, could be attractive to, say, Co-ordinating Editors of Review Groups, or Centre Directors, who otherwise face the prospect of curtailing productivity and/or making skilled and experienced staff redundant. Setting policy on issues as sensitive and important as sources of funding in as complex Continued on page 8

Please visit [www.colloquium.info](http://www.colloquium.info) for more information about the Melbourne Colloquium

## The Cochrane Collaboration's policy on commercial sponsorship

(Continued from page 7)

organisation as The Cochrane Collaboration is never an easy matter, and may be even more difficult at this time.

### Definitions

- By 'commercial source' we mean any for-profit manufacturer or provider of health care, or any other for-profit source with a real or potential vested interest in the findings of a specific review. Whilst government departments, not-for-profit medical insurance companies and health management organisations may find the conclusions of Cochrane reviews carry financial consequences for them, these are not included in this definition. Also not included are for-profit companies that do not have real or potential vested interests in Cochrane reviews (e.g. banks).
- By 'sponsorship' of a review, we mean a sum of money given to an author or group of authors to prepare, or update, a Cochrane review. Such sponsorship could include not only commissioning of specific systematic reviews, but also, for example, funding of a sabbatical period to work on a Cochrane review.
- We used the term 'firewall' in the consultation document. By this, we mean, figuratively, a fireproof wall put in place to ensure that, if a fire occurs, it is confined to one area. We used the term to indicate a clear barrier or separation between a source of funding and the use to which that funding is put, so as to prevent any influence by the funding source on the outcome of, say, a Cochrane review.

### Conclusions (April 6th, 2005)

1. There was overwhelming consensus that there should be a clear barrier between the production of Cochrane reviews and any funding from commercial sources with financial interests in the conclusions of Cochrane reviews.
2. Thus, sponsorship of a Cochrane review by any commercial source or sources (as defined above) is prohibited.
3. Other sponsorship is allowed, but:
  - A sponsor should not be allowed to delay or prevent publication of a Cochrane review.
  - A sponsor should not be able to interfere with the independence of the authors of reviews in regard to the conduct of their reviews.
  - The protocol for a Cochrane review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review.
4. These rules also apply to 'derivative products' (containing Cochrane reviews) so that commercial sponsors could not prevent or influence what would be included in such products.
5. To ensure the integrity (real and perceived) of the 'firewall', it is also prohibited for a commercial source or sources (as defined above) to sponsor Cochrane entities that produce Cochrane reviews, that is, Cochrane Review Groups.
6. It was agreed that these same restrictions should apply to Fields and to the Consumer Network because of the close proximity of these entities to review production.
7. It was agreed that commercial sources of funding to Methods Groups should not be prohibited. [*This was reviewed in April 2005: see Amendment 1 below.*] However, the Screening and Diagnostic Tests Methods Group needs to be considered as a special case because of its likely close involvement in the preparation and maintenance of Cochrane reviews of diagnostic test accuracy. The Funding Arbiter (see below) should be

(Continued on page 10)

## The Cochrane Collaboration Visiting Fellowship 2004!

(Continued from page 4)

Ultimately, this fellowship has helped the Collaboration to achieve its goal of wide participation and to promote diversity in its activities to improve quality.

*Karishma Busgeeth is a Trials Search Co-ordinator at the South African Cochrane Centre and with the HIV/AIDS Review Group*

## Continental European Entities, Meeting 2005

By Jordi Pardo

Last April 28<sup>th</sup> and 29<sup>th</sup> the Cochrane Continental European Entities had their annual meeting in Lausanne, in Switzerland. You may be asking yourself what on earth are the Cochrane Continental European Entities. A quick, fast, and easy response is that they are comprised of all the European entities, except the UK-based ones. You may think that the existence of this group suggests that there is a problem between the UK and the other European countries. But there is no problem: it is just that the structure of the different Cochrane Continental European Entities is quite common and we share similar problems. The most obvious example of this is language; we all feel the difficulties imposed by being non-native English speakers.

After this introduction, we need to say that we had a wonderful, productive and well-organised meeting. The Institut Universitaire de Medecine Sociale et Preventive in Lausanne, Switzerland, which is a member of the Cochrane Francophone Network, hosted the meeting. We should thank Bernard Burnand, Myriam Rège Walther and all the other members of the team in Lausanne for their great job dealing with the mandatory changes of rooms and handling the various requirements for the meeting.

There were different sessions that helped us to share our experiences, and to update our knowledge about different Cochrane projects. We had the chance to have a look at the new IMS, and to learn about its future development. Also, we got a presentation of the Cochrane Style Guide from a practical point of view, and the possibilities that the website project could offer for entities. We complemented these "update" issues with an interesting session about strategies to improve the quality of systematic reviews, and also an introductory session on meta-analysis (all the things you wanted to know about odds ratios but never dared to ask were resolved).

We had the opportunity to attend a presentation from Wiley with the latest news on *The Cochrane Library* development, as well as the best ways to co-ordinate synergies to improve dissemination of *The Cochrane Library*.

We then split into small groups. The Trial Search Co-ordinators worked together and shared their experiences and got news about the different projects concerning the identification of trials which are currently taking place in The Cochrane Collaboration. In addition, there was a meeting to explore possible sources of financial support in Europe, and the best ways to help the development of the French Cochrane Network. Finally, Review Group Co-ordinators attended an advanced session about RevMan topics.

As usual, it was hard to say goodbye, but at least we know we will have the chance to meet again next year in Copenhagen. Don't miss the CEEM 2006!

*Jordi Pardo is the Administrator of the Iberoamerican Cochrane Centre*



Myriam and Bernard from the local organising committee

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## The Cochrane Collaboration's policy on commercial sponsorship

(Continued from page 8)

asked to advise on those situations that are not clear-cut.

8. The situation with regard to Cochrane Centres is more complex than for other Cochrane entities. For example, Centres can be both close to review production (like Fields and the Consumer Network) but can also engage in methodological work (like Methods Groups). It was agreed, therefore, that a further, short, period of consultation should take place specifically in relation to the sponsorship of Cochrane Centres by commercial sources. [*This was reviewed in April 2005: see Amendment 2 below.*]
9. Some entities may find themselves in financial difficulty because of the need to shed current commercial funding. Therefore, although this policy is mandatory now in relation to any new funding, it will become mandatory in relation to existing sources of funding two years after the date of adoption, to allow time for entities to seek alternative sources of funding. If any entity has contractual obligations that mean that they cannot shed current commercial funding within the next two years, they should discuss this urgently with the Funding Arbiter.
10. The position of Funding Arbiter has been established, analogous to the Publication Arbiter. The Funding Arbiter is a Steering Group member and convenes a standing panel of four to give guidance on difficult cases.
11. The responsible Cochrane Review Group should refer any existing Cochrane reviews that have been produced by a process that would no longer be permissible to the Funding Arbiter. A decision will be taken within the first twelve months of the implementation of this policy to consider what should happen to these Cochrane reviews (e.g. whether they should be withdrawn from *The Cochrane Library*).
12. Authors of reviews should declare financial support for the review, private clinical practice (if relevant), stocks, legal advice, consultancies, involvement in primary research in the subject area of their review, and any other 'competing interests' that they judge relevant.
13. Such declarations will be described in the review. The declarations will not be published outside of the review itself, for example with the abstract or plain language summary.
14. If an author has been actively involved in a study/studies that was/were eligible for their review, they should have, as a co-author, someone who was not involved in the study/studies. The co-author would not necessarily be the contact author for the review, but could act as a 'guarantor'.
15. If a review has been done, or is proposed, by people who are employed by a pharmaceutical or medical devices company that relates to the products of that company, it will be referred to the Funding Arbiter. In such circumstances, The Cochrane Collaboration will insist on a multi-disciplinary review team with a majority of the team of authors not being employed by the relevant company.
16. People with a direct financial interest in a particular intervention should not be involved in a review of that intervention, either as authors, editors or peer reviewers.
17. It was agreed to establish a central fund into which unrestricted donations could be made. It was further agreed that there should not be a prohibition on donations from any single company or type of industry but that all funding of activity in The Cochrane Collaboration should be in keeping with the principles of The Cochrane Collaboration.
18. There is an existing Collaboration policy on sponsorship of Colloquia. The Colloquium Policy Advisory

(Continued on page 11)

## The Cochrane Collaboration's policy on commercial sponsorship

*(Continued from page 10)*

Group have been asked to reconsider this in light of changes to the policy on commercial sponsorship, and to bring any recommendations for changes to this policy to the Steering Group.

19. Authors and Cochrane Review Groups should not receive royalties on sales of reprints of their reviews, since these sales are likely to have been made to commercial sources and might, therefore, be assumed to be equivalent to direct sponsorship of the review or Group. Therefore, the current policy that royalties on reprint sales go to The Cochrane Collaboration centrally, via the Collaboration Trading Company, will continue. When a central fund is established, the possibility that such income should go into it will be discussed.
20. John Wiley and Sons Limited should continue to be encouraged to make bulk sales of *The Cochrane Library* and derivative products to commercial sources.
21. All Cochrane Collaboration policies are kept under continual review, but these decisions will be formally reviewed after three years.

Amendments made in April 2005:

1. The position on commercial funding of Methods Groups' activities is being reviewed and will be reconsidered at the Steering Group mid-year meeting in April 2006.
2. As a principle, there should be no direct funding of Cochrane Centres (or Branches of Centres) by commercial sources. This includes the funding of core and non-core functions of Cochrane Centres. Direct funding currently in place can continue, but should be phased out over the next five years. Therefore, from April 2010, any direct funding of Cochrane Centres from commercial sources is prohibited. Non-direct funding of non-core activities (such as translation) would, however, be permitted after 2010 from a central fund – see 17 above.

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

## Health Equity Field now registered

We are delighted to announce that the Health Equity Field was officially registered with The Cochrane Collaboration on 27 June 2005. Many thanks to all who supported us throughout the application process and to the Monitoring and Registration Group for their guidance and assistance. We are continuing to pursue registration with The Campbell Collaboration.

Over the next three months we will be working on developing guidelines for the Field. We look forward to collaborating with many different individuals and groups in achieving our aim to improve the quality of systematic reviews on interventions to reduce health inequalities and to promote their use in the wider community.

Please feel free to pass this information on to anyone with an interest in Health Equity. Should you have any suggestions for projects to which the Field may be able to contribute, please do not hesitate to contact us. To start off our discussions, members of the Field have recently been debating the top 10 interventions that have been shown truly to reduce the rich/poor gap – we would welcome hearing your suggestions for this Top 10 list.

Regards,  
Mark Petticrew, Peter Tugwell (Co-convenors)  
Lara Maxwell (Administrator)

*Submitted by Lara Maxwell, Administrator of the Health Equity Field*

## From a consumer perspective — input from CCNet

By Janet Wale

The Cochrane Collaboration is expanding at rather a rapid rate with new Fields, Centre Branches, and Satellites of Review Groups. When this happens, how much do we know about each other's existence and potential roles in The Cochrane Collaboration?



This question is particularly relevant when the role is less definitive, as with the Cochrane Consumer Network (CCNet). What does CCNet see its role as? The answer is, to facilitate consumer participation within the Collaboration, and to support consumers in commenting on Cochrane protocols and reviews during their development. This is in parallel with review authors and groups forming relationships with local consumers and patient groups.

Yet Cochrane reviews are not easy reading at the best of times, let alone for people not well-versed in healthcare research methodologies and medical terminologies. It is helpful, therefore, to recognise that CCNet offers a pool of consumers who can assist in commenting on protocols and reviews. This opportunity took a great step forward earlier in the year when Review Group Co-ordinators including a brief description of the content of the review on which they were asking for consumer input started through the CCNet e-mail list.

Our e-mail list is also proving to be an effective line of communication between people interested in health consumer issues. A healthy discussion has recently taken place as to at what age a person is considered elderly, in different populations; and what makes a website for consumers on clinical research of good value. The latter discussion was useful in informing people about training needs for consumers, as part of their development of a web-based training program. This will be the basis of one of a number of interesting consumer-based workshops to be held at the Melbourne Colloquium. We encourage you to look through the program and note the variety.

*Submitted by Janet Wale, Treasurer for the Cochrane Consumer Network Governing Council*

## Lancet demands better support for systematic reviews and will force trials to report in context

By Mike Clarke

For too long, new trials have been done and then reported outside the context of a systematic review of previous research. This is, at best, bad science and, at worst, harmful - even lethal - to participants in the trial and people treated on the basis of its results. A recent study by Dean Ferguson highlighted this again.<sup>1</sup> The medical journal, The Lancet, has taken note.<sup>2</sup> From August this journal, which is the target for the manuscripts from many randomized trials, will require authors to include a clear summary of previous research findings, ideally by direct reference to a systematic review. This, coupled with the use of systematic reviews to design new trials,<sup>3</sup> will help provide the better evidence we all need to make good decisions about health care. Recognizing the importance of systematic reviews, the Lancet editorial also stated 'investigators and organisations who undertake and coordinate reviews and meta-analyses now need the funding and recognition they deserve if public trust in biomedical research is to be maintained and resources used in an effective way'.

1. Fergusson D, Glass K, Hutton B, Shapiro S. Randomized controlled trials of aprotinin in cardiac surgery: could clinical equipoise have stopped the bleeding? *Clinical Trials* 2005;2:218-32.

2. Young C, Horton R. Putting clinical trials into context. *Lancet* 2005;366:107-8.

3. Clarke M. Doing new research? Don't forget the old. Nobody should do a trial without reviewing what is known. *PLoS Medicine* 2004;1:100-2.

*Submitted by Mike Clarke, Director of the UK Cochrane Centre*

## Colloquium fun



corroboree : : melbourne

### XIII Cochrane Colloquium

22–26 OCTOBER 2005

By Steve McDonald

**Don't forget these dates!!**

**16 September 2005**  
Hotel registration deadline

**23 September 2005**  
No refunds for cancelled registrations after this date

**22-26 October 2005**  
13th Cochrane Colloquium

Come join the fun in Melbourne!

With the Colloquium only a few months away, you can get a full update on the scientific program, including details of over 70 oral presentations and 50 workshops by visiting the Colloquium website.

Check out the 'special sessions' planned for the final morning of the Colloquium. These sessions are opportunities for an in-depth look at specific topics and two of these will feature important new methodological developments in the area of diagnostic reviews and assessing bias. There are also sessions on the media, health economics, IT and trial registers.



Sky line of Melbourne

There'll be plenty of time for socialising too. We can't promise roller-coaster rides at Melbourne's Luna Park but from wine-tasting and boat cruises to lawn bowls and the festivities of the Farewell Party, we think there'll be something for everyone.

To find out more about the Colloquium and to register online, please visit the Colloquium website at: <http://www.colloquium.info>.

We look forward to seeing you all in Melbourne for the Cochrane Corroboree.

*Submitted by Steve McDonald, on behalf of the Melbourne Colloquium Local Organising Committee*

## Colloquium awards

The three awards presented annually at Cochrane Colloquia provide a way for The Cochrane Collaboration to recognise the contributions that people have made over the past year and throughout its history.

### **Chris Silagy Prize**

For an individual (or organisation) who has made an extraordinary contribution to the work of the Collaboration.

### **Kenneth Warren Prize**

For the primary author of the new Cochrane review judged to be most relevant to health problems in developing countries.

### **Thomas C Chalmers Award**

For the best oral presentation and the best poster presentation at the Colloquium.

The presentation of these awards will be held at the Melbourne Colloquium in conjunction with the Annual General Meeting at 4:00pm on Sunday, 23 October 2005.

## Cochrane top 25 accessed reviews

### Top 25 accessed full-text reviews from *The Cochrane Library* during June 2005

*List compiled from access through Wiley InterScience only*

	Article Title	Abstract	Full text (PDF)	Full text (HTML)	Full text (Total)
1	Interventions for preventing falls in elderly people	698	223	171	394
2	Glucosamine therapy for treating osteoarthritis	536	165	112	277
3	Active versus expectant management in the third stage of labour	330	91	135	226
4	Acupuncture for low-back pain	632	118	104	222
5	Alarm interventions for nocturnal enuresis in children	297	86	102	188
6	Abdominal decompression for suspected fetal compromise/pre-eclampsia	439	88	92	180
7	Nicotine replacement therapy for smoking cessation	286	95	66	161
8	Action plans for chronic obstructive pulmonary disease	251	64	93	157
9	Water for wound deansing	244	79	77	156
10	Support surfaces for pressure ulcer prevention	247	78	68	146
11	Interventions for treating obesity in children	258	106	39	145
12	Cognitive behaviour therapy for schizophrenia	220	64	79	143
13	Acupuncture for smoking cessation	307	66	76	142
14	St John's wort for depression	300	62	80	142
15	Acupuncture for depression	331	73	68	141
16	Antidepressants for smoking cessation	263	55	86	141
17	Interventions for preventing obesity in children	242	89	52	141
18	Continuous support for women during childbirth	236	69	67	136
19	Exercise therapy for low-back pain	248	73	60	133
20	20 mcg versus >20 mcg estrogen combined oral contraceptives for contraception	302	74	58	132
21	Acupuncture for acute stroke	326	59	73	132
22	Hyperbaric oxygen for carbon monoxide poisoning	114	114	13	127
23	Antibiotic treatment for Clostridium difficile-associated diarrhea in adults	260	91	35	126
24	Interventions for promoting smoking cessation during pregnancy	205	67	59	126
25	Colloids versus crystalloids for fluid resuscitation in critically ill patients	206	88	37	125

These and other Cochrane reviews can be found at <http://www.thecochranelibrary.com>.

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

## Election Results 2005: Cochrane Collaboration Steering Group

Please note the following results of this year's elections to the Cochrane Collaboration Steering Group:

- Representing Cochrane Review Groups ('at large' position): Hans van der Wouden (Netherlands).
- Representing Cochrane Review Groups (Author position): Donna Gillies (Australia).
- Representing Cochrane Review Groups (RGC/TSC position): Narelle Willis (Australia).
- Representing Cochrane Review Groups (two Co-ordinating Editor positions): Peter Tugwell (Canada) (re-elected for a second term) and Adrian Grant (UK).
- Representing Centres (two positions): Sally Green (Australia), and Jordi Pardo (Spain) - both re-elected for a second term.
- Representing Methods Groups: Jon Deeks (UK) - re-elected unopposed.

Hans, Donna, Narelle, Peter, Adrian, Sally, and Jon will join the Steering Group for three years at the Annual General Meetings during the Melbourne Colloquium, on Sunday 23 October 2005 at 4.00 p.m. Jordi will join the Steering Group at the same time, but has chosen to stand down in October 2006.

Congratulations to those who have been elected, commiserations to the other candidates, and many thanks for their hard work to the electoral officers of the entities that took part in the election. Thanks also to Patricia Atkinson, who acted as my co-electoral officer and checked my counting of the votes.

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

## Book review: Peer review and publishing

By Tom Jefferson

An article in *The Lancet* reviews the book *Getting Research Published: an A-Z of Publication Strategy*. The article may be of interest to many of you.

It can be read online at: <http://www.thelancet.com/journals/lancet/article/PIIS0140673605669681/fulltext>.

*Submitted by Tom Jefferson, Field Co-ordinator of the Vaccines Field*

## Deadlines and publication dates for *The Cochrane Library*

<i>The Cochrane Library</i>	Specialized register deadlines (US Cochrane Center)	Copy Edit Support deadlines (John Wiley and Sons, Ltd.)	Module submission deadlines (Update Software)	Publication dates (John Wiley and Sons, Ltd.)
Issue 4, 2005	NA	NA	24 August 2005	19 October 2005
Issue 1, 2006	2 September 2005	26 October 2005	16 November 2005	25 January 2006
Issue 2, 2006	Dates have not been finalized. Please visit <a href="http://www.thecochranelibrary.com/">http://www.thecochranelibrary.com/</a> for the latest information.			
Issue 3, 2006				

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

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