

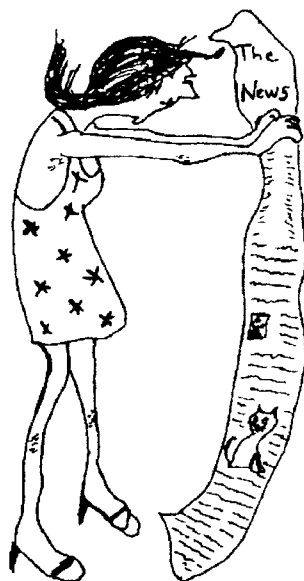
Cochrane NEWS

Issue No. 14

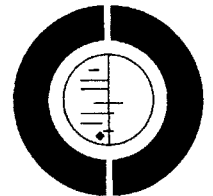
September 1998

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Cochrane Collaboration prompts changes



Examples show worldwide impact

Cochrane collaborators are experiencing widespread success. We are influencing policies, research agendas, methodologies, and clinical practices. Recently collaborators shared examples of this success; brief summaries of many that were submitted follow.

As part of their examples, people shared lessons learned, barriers encountered and facilitating factors for affecting change. These will be explored in detail in a plenary session at the Cochrane Colloquium in Baltimore Sunday, Oct. 25 at 1:30 p.m.



Clinical practice

1. Consultants at St. George's Hospital in London changed their management of acute asthma, with predicted savings of thousands of pounds a year, based on a Cochrane review.
2. A patient-directed handout containing information from a Cochrane systematic review of antibiotics and acute otitis media changed prescription rates in a general practice population in south London.
3. A Cochrane review on the effectiveness of multidisciplinary Stroke Units for acute care helped a Canadian facility minimize the impact of budget cuts on their stroke patients. As a result, a planned cut in occupational therapy staffing was modified.
4. In Denmark, the Cochrane review on the efficacy of routine ultrasound examinations in pregnant women led the National Board of Health to withdraw its recommendation that pregnant women have routine ultrasound exams.
5. An economist and civil servant in Mysore, India used information from a Cochrane review to help establish benchmarks for evaluation of the National Blindness Control Programme.
6. A widely publicized and controversial Cochrane Review suggests that widespread use of albumin in patients with hypoalbuminaemia, burns or hypoproteinaemia results in between 1000 and 3000 excess deaths every year in England and Wales. Clinicians, researchers and policymakers are calling for moratoria on indiscriminate use of albumin.

Preparing, maintaining and promoting the accessibility of systematic reviews of the effects of health care interventions

Colloquium focuses on creating partnerships to act on systematic review evidence

6th International Cochrane Colloquium:

Systematic Reviews: Evidence for Action

**October 22-26
Renaissance Harborplace Hotel
Baltimore, Maryland, USA**

**For details, see the Baltimore Cochrane Center website:
www.cochrane.org**

Request a registration form from Courtesy Associates by phone (1-202-973-8685) or fax (1-202-331-0111).

Make hotel reservations by phone (1-410-547-1200) or fax (1-410-539-5780).

Kay (Taddy) Dickersin
Director
Baltimore Cochrane Center

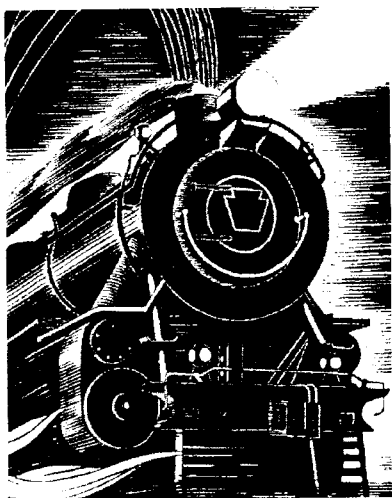
This year's Colloquium is particularly exciting--it represents the fifth anniversary of the Collaboration's inauguration. Together we'll share in the significant achievements and developments of the past five years. This year's theme is designed to highlight the Collaboration's interest in partnering with providers, policymakers and the public to act on the evidence provided by systematic reviews.

The program involves 100 meetings of Cochrane entities, 25 workshops, 35 platform sessions, 80 posters and 12 plenary sessions. Plenary sessions will cover consumer issues, cultural differences in doing and interpreting Cochrane reviews, review quality, established and future partnerships with others, and more. Workshops will be both hands-on and larger didactic sessions.

We have made every effort to respond to your requests and to bring a variety of perspectives to the Colloquium. We hope you will come and share your views as well!

We also are focusing on finding ways to ensure that newcomers to the Collaboration feel as comfortable as possible, as quickly as possible. Sessions especially designed for newcomers are scheduled for Thursday from 1 p.m. to 4:30 p.m. These focus on familiarizing participants with the work of the Collaboration, the jargon, systematic reviews, and the Cochrane Library.

The Colloquium site is on Baltimore's Inner Harbor and close to lots of activities for adults and kids, including museums, boating and restaurants. The Baltimore Cochrane Center is honored to host this year's event. We look forward to welcoming you to Baltimore!



Sit among the locomotives in the Roundhouse Friday night banquet at the Baltimore and Ohio Railroad Museum.



Sunday night continues a Colloquium tradition. Participants are randomly assigned to dine at one of Baltimore's great restaurants.



Surround yourself with fish at Thursday night's opening reception at the National Aquarium.

Colloquium Program Preview

THURSDAY

Day for Newcomers
8am-6pm
Registration

1 pm - 3 pm

PLENARY: Introduction to Cochrane
Collaboration
Joseph Lau
Chris Silagy
Andy Oxman
Alexia Antczak-Boukoms
Steven Goodman
Jimmy Volmink
Gill Gyte

3:30 pm - 4:30 pm
PLENARY: The
Cochrane Library for
newcomers
Mark Starr
Alejandro Jadad
Lisa Bero
Rachel Stancliffe



6 pm
Newcomer Reception

7 pm
General Reception

FRIDAY

8 am - 9 am
Breakfast, registration

9 am - 10:30 am
PLENARY: Welcome
Chris Silagy
Andy Oxman

Kay Dickersin
Steven Goodman
Mayor Kurt Schmoke
Wayne B. Jonas
Doug Kamerow

11:00 - 12:30 pm
PLENARY: Quality and
the CC
Hilda Bastian
David Moher
Lisa Bero

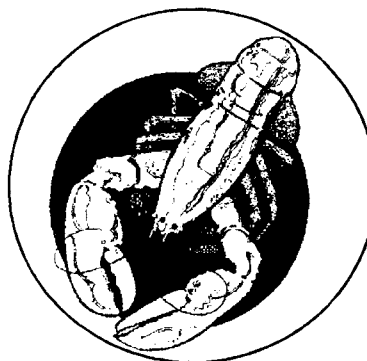


12:30 pm - 1:30 pm
Lunch

1:30 - 3:30 pm
Paper Sessions/Workshops

4 pm - 6 pm
PLENARY: Differing per-
spectives of Cochrane
Carl Kupfer
John Ioannides

7 pm
Conference Banquet



SATURDAY

8 am - 9 am
Breakfast, registration

9 am - 10:30 am
2 large didactic workshops on
statistics for newcomers and con-
flict resolution; 6 concurrent workshops

11 am - 12:30 pm
Paper Sessions/Workshops

12:30 - 1:30 pm
Lunch

1:30 - 2:30 pm
Business meeting: Is the CC succeeding?
Chris Silagy

2:30 - 3:45 pm
PLENARY: Consumers and Evidence-
based Medicine
Fran Visco
Holly Arkinson
Alejandro Jadad
Barbara Meredith
Kimiko Goldberg

7 pm
Concert OR Calypso Sail

SUNDAY

8 am - 9:00 am
Breakfast, registration

11 am - 12:30 pm
Paper Sessions/Workshops

12:30 - 1:30 pm
Lunch

1:30 - 3:00 pm
PLENARY: Putting
Cochrane Evidence into
Action
Cindy Mulrow
Davina Ghersi
Peter Gotzsche
Sandy Oliver

Elaine Chiquette
Valerie Lawrence
Scott Richardson
Karen Stamm

3:30 - 3:45 pm
T. C. Chalmers Award

3:45 - 5:30 pm
PLENARY: Cultural differences in doing and
interpreting systematic reviews
Lynn Payer
Kiichiro Tsutani
Sue Lockwood
Lee Newcomer

7 pm
Randomized Dinner

MONDAY

8 am - 9 am
Breakfast

9 am - 10:15 am
PLENARY: Future Directions

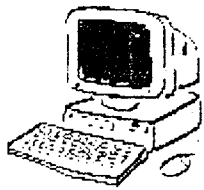
10:45 - 12:00 pm
PLENARY: Partnerships with other
organizations
David Lipman
John M. Eisenberg
Fran Visco
Muir Gray

12 pm
Farewell Lunch



Cochrane reviews affect clinical practice, research, policy and education

Continued from P. 1



Research

- 7.** In Australia, the National Health and Medical Research Council is examining ways to ensure that all clinical trials are prospectively registered "to facilitate the activities of the Cochrane Collaboration."
- 8.** The "Implications for research" section of Cochrane reviews help the UK's Health Technology Assessment Programme identify evidence gaps each year.
- 9.** The Scottish Intercollegiate Guidelines Network uses the Cochrane Library for literature searches.
- 10.** A Nordic scientist calculated the number of hypertensives needed to treat per year to prevent cardiovascular events in the elderly based on figures in a Cochrane review. He's working on a short report of the review to promote the Cochrane Library and its important results to Danish general practitioners.
- 11.** In India, the journal *Indian Pediatrics* has agreed to publish reviews from the Acute Respiratory Infections Collaborative Review Group. It's hoped that local experts will comment on the reviews and stimulate interest in generating local data to determine whether reviews based on results of trials done in other countries are valid locally.

- 12.** Evidence from the Cochrane Library on stroke and behavior change shaped the content of two national newsletters in the U.S. for Veterans Administration physicians and managers.
- 13.** The Nordic Cochrane Centre successfully recommended a regulation that every investigator in Denmark requesting approval for a protocol must have reviewed all relevant literature.
- 14.** Before funding new trials, the UK Medical Research Council now requires applicants for trials to answer whether a systematic review has been done and what were its findings. They also ask authors of systematic reviews to referee applications for new research.
- 15.** Authors in many countries are using Cochrane reviews in developing chapters for medical textbooks.



Policy

- 16.** Peter Langhorne's review on stroke units influenced national policy in Scotland. The Acute Services Review now states, "There is evidence that organised stroke care with coordinated multidisciplinary rehabilitation results in better outcomes for patients."
- 17.** Obstetricians in Oxfordshire, England rewrote the delivery suite policy for corticosteroid use in women delivering babies prematurely after hearing evidence from a

Cochrane review presented at a lunchtime seminar.

- 18.** The newly constituted Cochrane Collaborative Review Group on Breast Cancer recently assisted in developing evidence-based guidelines for advanced breast cancer in Australia.
- 19.** The Dutch Cochrane Centre regularly meets with a support organization for Dutch specialty societies to advise literature searches for guideline development.
- 20.** Cochrane reviews were used to prepare national asthma guidelines in Britain, Canada, India and Australia, and to inform the Effectiveness Protocols produced by the Welsh Office.
- 21.** In North America, government-funded Evidence-based Practice Centers are using the Cochrane Library to identify information for their evidence reports. They also are collaborating with Cochrane Collaborative Review Groups and Cochrane Centers.
- 22.** In the UK, Cochrane reviews have been used in the production of national guidelines for osteoporosis.
- 23.** In Australia, drug companies increasingly use results of Cochrane reviews to apply to the state system for reimbursement coverage.
- 24.** The National Health Service (NHS) in England made clear in an official document that NHS Trusts and Health Commissions are expect-

Cochrane reviews

Continued from P. 4

ed to use Cochrane Library research evidence to guide decisions about health care provision. NHS staff train librarians and other users in how to use the Cochrane Library.

25. The UK National Childbirth Trust is lobbying to encourage use of a suture material associated in a Cochrane review with reduced pain following perineal repair.

26. In the Netherlands, Cochrane collaborators have helped develop interdisciplinary guidelines for ankle sprains.



Education

27. Cochrane reviews are being added to an intuitive informatics program to support clinical decision-making being tested at Stanford University in the U.S. The program will be used to provide on-line continuing education to community physicians trying to answer patient-specific questions.

28. Multiple countries are involved in informatics projects that include the

Cochrane Library and that aim to deliver evidence-based information at the time of clinical decision-making.

29. In Brazil, the Cochrane Centre is helping foster an evidence-based medical culture. It starred in 550 television shows broadcast nationwide on Evidence-based Medicine.

30. The UK's Medical Royal Colleges has agreed to address the issue of all doctors being trained and appraised in skills related to critical appraisal of research evidence, prompted by a recommendation from the UK Cochrane Centre.

31. The Italian Cochrane Centre actively promotes making evidence-based health care a reality. They collaborate with the Regional Health Agency of Emilia Romagna to aid guideline production, local adaptation and implementation.

32. Some health organizations who use the Cochrane Library have identified central knowledge officers to help keep members of their systems up-to-date.

33. The British Medical Journal and American College of Physicians are using Cochrane reviews in their planned Clinical Effectiveness Directory, which will be a compendium of therapeutic information for the general practitioner.

34. In the UK, Cochrane reviews and DARE reviews have been used in workshops to illustrate how evidence can be generated and discussed by therapists and consumers working together for evidence-based decision-making. Changes in reviews based on consumer input have been made.

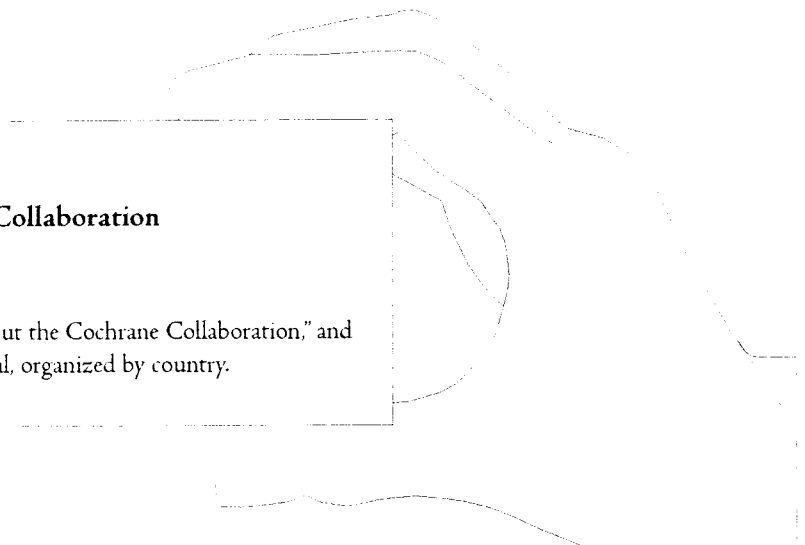
35. The UK's National Health Service Centre for Reviews and Dissemination used Cochrane reviews to prepare a series of informed choice leaflets for women.

36. In China, several different training programs for searching and applying evidence as well as critically appraising evidence will be offered to clinical doctors, information experts, policymakers and editors of Chinese medical journals.

Did you know?

477 organizations
provide funding for the Cochrane Collaboration
in
33 countries.

Source: The Cochrane Library, Issue 2, 1998. Look under "About the Cochrane Collaboration," and then under "Sources of support." List is alphabetical, organized by country.



Thanks, Chris!



"Chris' style is paradoxical: open, relaxed and unpretentious. Yet, behind that calm exterior lurks a highly ambitious and focused mind with the will and energy to get things done - with a patented gentle pushiness."

Andy Oxman

Steps that will be hard to follow

*Andy Oxman
Incoming Chair*

A common phenomenon with elected positions is that the people you want don't run, and the people who run, you don't want. That is not the case with Chris. Chris was so good, in fact, that the Steering Group prevailed upon him to continue as Chair a year beyond his original mandate; a victim of his own success!

The first Steering Group meeting that Chris chaired was an amazing feat. After the first day's meeting when Chris was elected Chair, there remained an agenda that filled half a dozen flip chart pages. Chris managed to organize the agenda during the night and start the meeting appearing fresh and relaxed the next morning. He steered us through the entire agenda with time left over to get in a couple of hours on the streets of San Francisco. How did he do that?

As Chair of the Steering Group, Chris always has kept a steady hand on the helm. He constantly reminds us that every problem does not need to be solved with a new rule or a new committee, helping to keep unnecessary bureaucracy to a minimum. He makes sure that the policies and decisions of the Steering Group reflect the Collaboration's principles.

At the Colloquia, Chris chaired the annual business meetings. I am told they have been clocked at 15 minutes or less. Yet afterward, Chris has been able to provide crystal clear summaries of where the Collaboration is at and engage those present in discussion, always giving the appearance that you

are sitting with him relaxing in the sun at a sidewalk café. How does he do it?

It is hard to imagine someone better suited to represent the Collaboration in meetings around the world, as Chris has done, both on his 'world tour' to meet with people in a wide range of organizations about the Collaboration, and in subsequent trips, of which there have been many. When does he sleep?

Like many successful people Chris operates at a pace that leaves the rest of us exhausted just watching. Unlike many other ambitious people, he somehow manages to keep up this pace and act on his ambition of what the Cochrane Collaboration is all about. The way in which he has tackled his health problems, reflected thoughtfully on these, learned from them and shared this with the rest of us (all without missing a step!) is an inspiration to me and, I know, to many others.

I am not even going to try to follow in Chris' steps when he steps down as Chair of the Steering Group in October, but I am going to try to figure out how he does it, bottle it, and drink from the joy of being blessed with such wonderful colleagues.

Chris Silagy leaves office as Chair of the Cochrane Collaboration's Steering Group at the Colloquium in October. Cochrane News solicited letters to thank Chris for his contributions. More follow on the next page.

Thanks, Chris! Thanks, Chris! Thanks, Chris! Thanks, Chris! Thanks, Chris! Thanks, Chris!

From: Jini Hetherington

Collaboration Secretariat

In all our dealings together, Chris always looks for the kind interpretation of someone's actions, appreciates fully the worth of people's contribution to the work of the organization, and has set me a great example to follow in my own daily dealings. It's quite a privilege to be closely associated with someone of such energy, drive and integrity - challenging, but enjoyable too!

From: Philippa Middleton

Australasian Cochrane Centre

Chris Silagy has one of the quickest minds I know. He combines this with a rare ability to effectively communicate his ideas and assessments, no matter who the audience is. Chris embodies what the Cochrane Collaboration is all about - vision, energy, respect and compassion for others and an almost obsessive drive to make a global and worthwhile difference to all of health care.

From: Brian Haynes

Canadian Cochrane Centre

Chris Silagy's predecessor as CG Chair likened Cochrane to a plane that had taken off without the necessary complement of devices: doors, altimeters, ailerons, etc. (I've forgotten the complete list of deficiencies!). Many people predicted Cochrane's early crash and demise. But Chris Silagy has helped us all to find a way for Cochrane to not only stay in the air, but "straighten up and fly right" (most of the time!). Thanks from all of us for keeping us airborne!

From: Iain Chalmers, Dave Sackett

UK Cochrane Centre

The successful evolution of the Collaboration over the past three years owes more to Chris than to any other individual. This debt extends to Jane and their boys for supporting Chris during this very busy time in the life of the Silagy family. We offer our sincere thanks to Chris for ensuring that the article we co-authored with him (to mark the 25th anniversary of publication of Archie Cochrane's Effectiveness and Efficiency) was not simply a progress report. Without everything Chris has done for the Collaboration over the past three years, our paper might simply have been the final report of a project to which, thanks to his leadership, many thousands of people are now contributing.

From: Cindy Mulrow

San Antonio

Cochrane Center

Thank-you Chris Silagy,
- You trailblazer with a penchant for building bridges

- You gracious, broad-minded ecumenical spirit.

Thank you for keeping your feet close to the ground and your vision high in the cloud

-For probably achieving titanium frequent flyer status

- For your dedication and perseverance

Thank you for your good humor and remarkable signature leadership.

From: David Weller

Australasian Cochrane Centre

Chris' colleagues in some of his other roles, such as professor of general practice, are constantly astounded at his capacity for hard work, his skills in encouraging others to reach their highest potential, and his fundamental integrity and decency. One thing is for sure - Chris will have no trouble filling his "spare" time now that his Chairmanship is finishing!

From: Xavier Bonfill

Spanish Cochrane Centre

The most difficult challenge for any brilliant proposal, such as the constitution of the Cochrane Collaboration, is to establish an operational framework in which idealism can be coupled with effectiveness and efficiency...The Collaboration has grown and matured a great deal..It is clear that Chris has shown much more dedication, responsibility and impact than many of us. We should be proud of his exceptional personal and professional contributions.

From: Bev Shea

Musculoskeletal Review Group

His name says it all.

CHRIS SILAGY is a:

Collaborator, continually improving the quality of work!

High builder on the enthusiasm of others!

Reviewer, constantly ensuring relevance!

Interpretative person with an intuitive nature!

Smoking cessation expert! Tries hard to avoid bias!

Spleen free person!

International participant!

Lover of up to date information, always ensuring access for others!

Avid avoider of duplication. Multiplication is his specialty!

Gifted communicator-conflict resolver!

Young hard working individual. A father, husband, doctor, patient, colleague, mentor, and hero-but most of all a friend!

Baltimore Center to close in November

Activities to merge with New England Center

Kay (Taddy) Dickersin
Director
Baltimore Cochrane Center

As some of you know, I accepted a new position effective July 1, 1998 at Brown University in Providence, Rhode Island. Because of the way project funding works in the US, and because no one affiliated with the Baltimore Cochrane Center (BCC) wishes or is able to take a leadership role, the BCC will formally close and merge its activities with the New England Cochrane Center (NECC).

Joseph Lau, Director of the NECC, has graciously offered that I assume the post of Associate Director of that Center, which is about 50 minutes from Brown University. The Steering Group has approved this proposal, ie, that I, as part of the NECC, continue to have the responsibility for the functions related to trials registration that the BCC has had since its inception. These functions include the Master List database and the processing required for CENTRAL and the MEDLINE projects.

Given that the BCC is in the midst of the MEDLINE retagging project and we are hosting the Colloquium in October, the BCC will not physically close until sometime in November. At that time we will distribute information about where to send Hand Search Registration Forms, submissions of search results and any other BCC related correspondence.

Karen Robinson has chosen not to make the move with me to Brown University and will be looking for other employment opportunities. Karen will be sorely missed by me, personally, and I am sure by Cochranites in general, in her BCC role. She has told me that she would like to stay involved in Collaboration activities. I am happy to report that Eric Manheimer, who has been working on Cochrane related activities for about 6 months, and with whom some of you have interacted, has agreed to move with me to Brown University where he will assume many of Karen's current duties.

Dutch Centre under new leadership

Anton de Craen and Martin Offringa are the new co-directors of the Dutch Cochrane Centre. The Steering Group of the Cochrane Collaboration approved the directorship to fill the vacancy created by Jos Kleijnen's move to the Centre for Reviews and Dissemination in York, UK, where he now serves as director.

E-mail contacts for the directors are:
a.j.decraen@amc.uva.nl
m.offringa@amc.uva.nl

New Steering Group members take office at Colloquium

Newly-elected representatives will take office for three years as members of the Steering Group, at the Annual General Meeting being held during the Baltimore Colloquium (1:30 p.m., October 24).

Representing Collaborative Review Groups:

Chris Williams

Gynaecological Cancer Group

Peter Langhorne

Stroke Group

Representing Centres:

Jimmy Volmink

South African Cochrane Centre

Gerd Antes

German Cochrane Centre

Representing Methods Working Groups:

Mike Clarke

Methods Working Group on Reviews using Individual Patient Data

Representing Consumers:

Hilda Bastian (re-elected)

Consumer Network



Spotlight on groups

HIV Infections and AIDS Group

Established

1997

Based at

The University of California at San Francisco

Coordinating Editor

George W. Rutherford, MD

AIDS Research Institute

74 New Montgomery Street, Suite 600

San Francisco, CA USA 94105

Ph: +1-415-597-9108

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Review Group Coordinator

Gail Kennedy, MPH

Ph: +1-415-597-9373

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Email: gkenedy@psg.ucsf.edu

Editors

Carlos Caceres, Lima, Peru

Janet Darbyshire, London, UK

Rikchard Glazier, Toronto, Canada

John Ioannidis, Bethesda, USA

John Kaldor, Sydney, Australia

Greet Peersman, London, UK

Ellen Sogolow, Atlanta, USA

Treatment Co-Editor, to be named

Consumer Representative, Kevin Osborne,

South Africa

Scope of the CRG

Conduct systematic reviews of randomized controlled trials and other interventions with clinical, serologic, behavioral and economic outcomes for the presentation and treatment of HIV infection and AIDS

Sampling of 15 reviews in progress

Effects of chemokine and chemokine receptor genotypes on HIV disease

Cost-effectiveness of HIV behavioral prevention programs

Effectiveness of HIV C&T in changing risk behaviors

Zidovudine for prevention of perinatally transmitted HIV

Cochrane Injuries Group

Established

February 1997 as the Brain and Spinal Cord Injury Group; **name change in November 1997**

Based at

Institute of Child Health, London, UK

Coordinating Editor

Ian Roberts

Institute of Child Health

30 Guilford Street

London, WCIN 1EH UK

Ph: 0171 242 9789 ext 2176

Fax: 0171 242 2723

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Fax: +44 171 242 2723

Email: F.Bunn@ich.ucl.ac.uk

Editors

Phil Alderson, UK

Simon Fleminger, UK

Terry Klassen, Canada

Fred Rivara, USA

Mariangela Taricco, Italy

Graham Teasdale, UK

Expanded scope of the CRG

All controlled trials of interventions in the prevention, treatment and rehabilitation of traumatic injury, including the emergency resuscitation of seriously injured and burned patients.

Excluded are orthopaedic trauma

(Musculoskeletal Injuries Group) and care of burn wounds (Wounds Group).

Sampling of 11 completed reviews

Albumin administration in critically ill patients

Anti-epileptics following brain injury

Barbiturates in the management of severe brain injury

Crystalloids vs. colloids in fluid resuscitation

Hyperventilation in the management of severe head injury

Pool fencing & drowning prevention in children

Mannitol in severe head injury

Bright Idea!

Find external reviewers for protocols and reviews from other CRGs (Collaborative Review Groups)



Rosalind L. Smyth
Cystic Fibrosis Group

On every abstract and protocol, the Cochrane Cystic Fibrosis Group asks one person to peer review who is unfamiliar with the subject area, but understands the methodological aspects of undertaking a Cochrane review, often a coordinating editor or editor of another CRG.

Says Smyth, "I have been well aware that it is a lot to ask of individuals who already are very busy and whose priorities must lie with their own groups. However, very few have declined and all are acknowledged on our Module. In many instances, it has been a mutual learning process and has highlighted the different challenges that groups face with their reviews...For example, the Infectious Diseases Group has a strong emphasis on making reviews intelligible to lay readers and this also has become our practice."

Two new groups formed

The **Lung Cancer Group** was registered with the Collaboration September 7.

Dr. Xavier Bonfill
Coordinating Editor
Mr. JP Glutting
Review Group Coordinator
c/o Centro Cochrane Espa
Fundacio Park Tauli
08208-Sabadell (Barcelona)
Spain
Tel +34 93 723 4094
Fax +34 93 723 3804
E-mail jzglutting@siberia.chpr.es



The **Heart Group** was registered with the Collaboration July 22.

Prof Shah Ebrahim
Coordinating Editor
Department of Primary Care and Population Sciences
Royal Free & University College London Medical School
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London NW3 2PF
Tel +44 (0)171 830 2239
Fax +44 (0) 171 794 1224
E-mail shah@rfhsm.ac.uk

Cochrane Collaborative Review Groups

Full details in the Cochrane Library, or from the nearest Cochrane Center (see back page)

Acute respiratory infections (Australia)
Airways (UK)
Back sub-group (Canada)
Breast cancer (Australia)
Colorectal cancer (Denmark)
Consumers & communication (Australia)
Cystic fibrosis (UK)
Dementia & cognitive impairment (UK)
Depression, anxiety & neurosis (New Zealand)
Developmental, psychosocial & learning problems (UK)
Drugs & alcohol (Italy)
Ear, nose & throat disorders (UK) **NEW**
Effective practice & organization of care (UK)
Epilepsy (UK)
Eyes and vision (UK)
Fertility regulation (Netherlands)
Gynaecological cancer (UK)
Heart (UK) **NEW**
Hepato-biliary (Denmark)
HIV/AIDS (San Francisco)
Hypertension (San Antonio)
Incontinence (UK)
Infectious Diseases (UK)
Inflammatory bowel disease (Canada)
Injuries (UK)
Lung Cancer (Spain) **NEW**
Menstrual disorders & subfertility (New Zealand)
Movement disorders (Portugal)
Multiple sclerosis (Italy)
Musculoskeletal (Canada)
Musculoskeletal injuries (UK/New Zealand)
Neonatal (Canada)
Neuromuscular disease (UK)
Oral health (UK)
Pain, palliative and supportive care (UK)
Peripheral vascular diseases (UK)
Pregnancy and childbirth (UK)
Prostatic diseases and urologic cancers (USA)
Renal (France)
Schizophrenia (UK)
Skin (UK)
Stroke (UK)
Tobacco addiction (UK)
Upper gastrointestinal & pancreatic diseases (UK) **NEW**
Wounds (UK)



Probable CRGs

Anaesthesia (Denmark)
STD (USA)

Opinion

Publishing reviews with few RCTs still advances science, funding

Limiting systematic reviews to areas where there are lots of trials contributes to the evidence gap

Hywel Williams

Reprinted from the Skin Group Newsletter, May 1998

Publishing a review of a common skin disease or of a widely used skin treatment and finding no RCTs is extremely important - this is our only chance of influencing funding authorities to conduct the trials that should have been done years ago. Most national funding bodies will not entertain a clinical trial these days without a prior systematic review. So the effort is not wasted, especially if the review is coupled with a firm call for a clinical trial.

Physicians, patients benefit from knowing no data exist

Identifying major gaps in our knowledge is helpful not only for the future research agenda, but also for patients and practitioners. As a patient, if I was being bullied by a doctor to have a treatment which I had misgivings about, finding no evidence to support its use would empower me to challenge that doctor and perhaps ask for a second opinion. As a clinical dermatologist, I would find a review that told me no reliable data are available on the treatment of psoriasis of the nails for instance, very helpful. I would feel happier in relying on my "clinical experience" or on colleagues' opinions, and I would feel less paranoid that I might be missing some new and important trial that has been published recently in one of the 102 specialist dermatology journals that I do not have time to read.



Data-driven or question-driven?

But there is an even more important reason why we should not be put off doing reviews where there are few RCTs. If we confine systematic reviews to areas where there are lots of RCTs, then the work of the group becomes data-driven rather than question-driven. Since the clinical trial agenda of a small speciality such as dermatology is heavily governed by the priorities of the pharmaceutical industry, reviewers would be colluding with such an agenda if they just did their reviews in areas where there are lots of data. It is important therefore that the Cochrane Skin Group does not limit itself to areas where there are lots of trials, otherwise we will be contributing to the evidence gap.

Lack of RCTs in dermatology is going to be a recurring issue for the Cochrane Skin Group, but we should publicise it and not hide it out of view. So my final advice is this: if you have a

question that you think is important to people who have a skin condition, then ask it and follow the review through regardless of how much data are out there. And, remember, no more peeping!

Letter

Dedicate Cochrane Library to patients in controlled trials

Jenny Hist, Co-Chair
Insulin Dependent
Diabetes Trust, UK

I strongly support the suggestion that the Cochrane Library is dedicated to all those who have participated in controlled trials.

Not only do those people represent the consumers of health care who actually are the ultimate reason for all medical research, but they help to provide the evidence consumers need to provide the most effective methods of health care. Without these people there would be no trials and we, the consumers, would be at the mercy of assumptions, biases and myths.

Training Activities

September-December

Australasian Cochrane Centre

Sept 14-15 - Auckland, NZ - Consumer Workshop
 Sept 24 - Sydney - Preparing a protocol
 Sept 25 - Sydney - Using RevMan
 December 2-4 Adelaide

Brazilian Cochrane Centre

Sept 14 - Brazilian Cochrane Centre -
 Introduction to the Cochrane Collaboration
 Sept 18 - Brazilian Cochrane Centre -
 Developing a protocol for a systematic review
 Sept 25 - Brazilian Cochrane Centre - Getting a review
 into RevMan

Canadian Cochrane Centre

Sept 3-4 - Dalhousie -
 Introduction to the Cochrane Collaboration
 Teaching, creating, and applying Cochrane reviews
 Sept. 14 - Ottawa - Literature search, statistical methods,
 RevMan

French Cochrane Centre

Sept 23 - French Cochrane Centre - Handsearching
 Sept 24 - French Cochrane Centre - How to write a
 protocol
 Sept 25 - French Cochrane Centre - How to enter data in
 RevMan

Italian Cochrane Centre

Oct 14-15 - Palermo, Sicily

Nordic Cochrane Centre

Sept 23 - Helsinki - Handsearch workshop
 Sept 24 - Helsinki - Preparing a protocol
 Sept 25 - Helsinki - RevMan workshop

San Antonio Cochrane Center

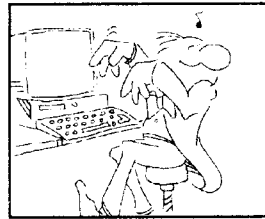
Sept 14-16 - San Antonio, TX -
 Systematic Reviews Workshop

Spanish Cochrane Centre

Oct 14 - Barcelona - Evidence-Based Medicine
 Oct 15-16 - Valencia - Systematic Reviews/RevMan
 Oct 29-30 - Sevilla - Systematic Reviews/Rev Man

UK Cochrane Centre

Sept 14 - Oxford - Developing a Protocol for a Review
 Sept 15 - Oxford - Getting a Review into RevMan



Obtaining the Cochrane Library

The Cochrane Library Online is available on a subscription basis directly from Update Software (<http://www.cochrane.co.uk>), with servers in Oxford and San Diego. Call +44 1865 513902 for details or email Update Software at update@cochrane.co.uk. A CD-ROM version also is available; updates are mailed quarterly.

Prices for the two versions are comparable. As of October, the least expensive license (single user) will cost £120 UK, \$225 US. Prices vary for the other three options: stand-alone workstation, organizational site license and Intranet hosting. Call for details.

Systematic reviews training: a 12 day course over 12 months

Jan-Dec 1999 - Oxford - for health professionals and researchers who wish to undertake a systematic review.

The Oxford Systematic Review Development Programme
 Centre for Statistics in Medicine
 Institute of Health Sciences
 Closing date for applications: October 30, 1998
 More details are provided on our web site:
<http://www.ihs.ox.ac.uk/csm/srdphome.html>

COCHRANE NEWS

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