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Colloquium reflections

The UK Cochrane Centre hosted the XIV Colloquium in Dublin on 23-26 October 2006. For those who attended in person or via web-broadcasting link-ups, we hope that you enjoyed the Colloquium and went away full of enthusiasm to continue the good work of the Collaboration.

The venue for the Colloquium was The Burlington Hotel set in the heart of Georgian Dublin, south of the River Liffey and a stone's throw from the Grand Canal. Dublin is famed for its hospitality (Temple Bar), educational establishments (Trinity College), the local tipple (Guinness) and, for one week only, over 800 Cochranites who descended upon the gates of the city!

A special session was held for over 60 people on the first day of the Colloquium to develop evidence-based policy for better health on the island of Ireland. A consumer satellite event ensured that Cochrane consumers received up-to-date training on issues of relevance.

Newcomers to the Colloquium, or the Collaboration in general, were able to find out more in an introductory session. This explained the history and structure of the Collaboration, current issues and challenges, and how reviews are presented in *The Cochrane Library*.



Ruth Barrington
and Michael Neely

The 'Meet the Entities' session provided an opportunity to meet old friends and make new ones and also to try a selection of confectionery from around the world! The socialising continued into the night with a trip to the GUINNESS STOREHOUSE® and an opening welcome from Mike Clarke, (Director, UK Cochrane Centre), Ruth Barrington (Chief Executive, Health Research Board, Dublin) and Michael Neely (Operational Director, Research and Development Office, Belfast). Everyone had a chance to pour (and drink) a pint of Guinness whilst admiring the 360° panoramic views of Dublin's night time skyline from The Gravity Bar.

Over the next few days the plenary, parallel and workshop sessions took place, along with over 100 business meetings. Over 160 posters were displayed explaining current work and research undertaken by Colloquium participants and their colleagues.

(Continued on page 2)

Colloquium reflections (cont.)

(Continued from page 1)

One of the highlights of the plenary sessions was the thought-provoking talk given by Mary Robinson (former President of Ireland and current President of *Realizing Rights*) on human rights issues related to tackling the AIDS pandemic. People from Papua New Guinea, Tunisia and Uganda joined this debate via remote connections — technology that we hope will be used at future Colloquia to make it easier for more people to participate.

The parallel sessions were all well attended: popular issues this year included searching for the evidence and study quality. Two of the parallel sessions, along with all plenary sessions and the Annual General Meetings, were broadcast on the internet to people logged in all over the world — a Colloquium ‘first’. This was sponsored by Wiley and, if repeated at Colloquia in the future, will support the involvement of people worldwide who are unable to attend in person.



A moving presentation by former Irish President, Mary Robinson.



Members of Plenary 2: Nandi Siegfried and Mike Clarke (Chairs), Mary Robinson, George Rutherford and Gail Kennedy

The conference dinner, complete with Irish dancers and a live band, provided the ideal way to unwind after the buzz of daytime activity, exchange of ideas and training in workshops. Those who enjoy a bit of sport competed in the Colloquium Cup — the winners of 18 competing bowling teams were The Old Road Rollers. There was no better way to say farewell to the Colloquium than over a drink in Buck Mulligan’s Bar, after the final plenary of the Colloquium and the closing session, including Álvaro Atallah’s invitation to welcome us all to Brazil next year.

I think we can all agree that the Dublin Colloquium has provided new challenges, information and subjects for debate. Thank you to everyone who helped to make it a positive and worthwhile event and a wonderful experience. We can now all look forward to São Paulo in 2007!

Lisa Howill
UK Cochrane Centre



The Old Road Rollers sharing a celebratory drink after winning the bowling sporting event at the Colloquium

Letter from the Editor

My first letter as the new Editor of *Cochrane News* is one of thanks. Thank you first to outgoing Editor, Miranda Cumpston, who held this position so effectively over the past year as she balanced this role with many other jobs as sole staff member of the Canadian Cochrane Centre. The Colloquium is highlighted in many pages of this issue, hopefully bringing back memories for those who attended and providing a window into a splendid Colloquium for those unable to be there. I echo the many thanks sprinkled throughout this issue to the organisers, speakers and attendees. Finally, as a newcomer to the Collaboration, thank you to all the people who have made me feel so welcome — it is a challenge for a newcomer to connect names, faces and roles! I look forward to exploring new ideas for *Cochrane News* and welcome your suggestions anytime.

Cheryl Arratoon
Editor, *Cochrane News*

From the Co-Chairs

The Dublin Colloquium saw two new Co-Chairs appointed. Lorne Becker (Co-ordinator of the Primary Health Care Field) replaces Mark Davies, and Adrian Grant (Co-ordinating Editor of the Incontinence Group) takes over from Steff Lewis. We'd like to thank Mark and Steff for all they have done, and look forward to working with them in their ongoing endeavours in the Collaboration.

Congratulations to Mike Clarke and his team for such an enjoyable and smoothly run Colloquium. There was enthusiasm about our progress to date and excitement about new initiatives, such as new journals (Evidence-Based Child Health), new types of reviews (diagnostic test and umbrella reviews), new components to reviews (summary of findings tables) and the coming changes to Archie and RevMan.

The Steering Group agenda had many important items. The minutes of the meeting are available at www.cochrane.org/ccsg/index.htm#ccsg. We will be asking for your input on two important issues – the future of CENTRAL and the recently completed review of the Steering Group.

The CENTRAL Vision Group (Gerd Antes, Donna Gillies, Adrian Grant, Gail Higgins, and Karen Robinson) have done a superb job of surveying the Collaboration and synthesising the disparate views they encountered into a paper that maps out an ambitious plan for the future of CENTRAL. The Steering Group accepted their recommendations in principle. Nick Royle will produce a scoping paper to guide our implementation decisions. We agreed to implement an interim plan immediately that will once again allow the incorporation of specialised registers and handsearch results into CENTRAL. We'd like to thank the members of the CENTRAL Vision Group for their tremendous time and effort, and to thank everyone else who has contributed.

We welcome your input on:

- *The future of CENTRAL*

Report available at:

www.cochrane.org/admin/structure.htm#cvg

Send comments to krobin@jhmi.edu

- *The review of the Steering Group*

Report available at:

[www.cochrane.org/docs/](http://www.cochrane.org/docs/ccsg_review_report_21_november_2006.doc)

[ccsg_review_report_21_november_2006.doc](http://www.cochrane.org/docs/ccsg_review_report_21_november_2006.doc)

A review of the Steering Group has just been completed by Alessandro Liberati, Sophie Hill, Cynthia Mulrow, Michael Reich, Trevor Sheldon, Lesley Stewart and Jimmy Volmink. Thanks to all who participated in the review panel's thorough and extensive consultations. Alessandro and his team produced a report that clearly outlined a number of important issues. We accepted their recommendations in principle, and have already begun implementing some of them. However, we would like more input from members of the Collaboration about the conclusions and recommendations of the report. Please go to www.cochrane.org/docs/ccsg_review_report_21_november_2006.doc to see the full report and a link to a short feedback form. Your comments will go back to Alessandro's review team and be de-identified and passed to the Steering Group Executive for discussion in January 2007.

This is truly an exciting time to be a part of *The Cochrane Collaboration*. We look forward to our time as Co-Chairs.

*Lorne Becker and Adrian Grant,
Co-Chairs, Cochrane Collaboration Steering Group*

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

Long distance travellers

Messages from the Chinese Cochrane Centre

A busy and happy experience in Dublin

The Dublin Colloquium was a busy and happy experience for all people who came from across the world, especially for me. Although this was not my first Colloquium, there was still much to learn, many new friends to make, many meetings and workshops to attend. As a member of the Thomas C. Chalmers Award Committee, I experienced the selection process for both the poster and oral presentations. In my other roles in review groups and as a Co-ordinator in the Chinese Cochrane Centre, I participated in meetings to share ideas and solve problems that I cannot solve via email. I also enjoyed social evenings of Guinness beer, 'Riverdance' and bowling. So you see I was busy, but I was happy with different meetings which brought me much laughter and new friends; encouraging my work back home.

Mingming Zhang
Chinese Cochrane Centre

Thank you!

I presented my investigation report about the quality of Chinese "claimed" randomized controlled trials. From the applause after the presentation, I felt that precision and honesty are welcomed by everybody everywhere, particularly by Cochrane people. Cochrane spirit means not only cooperation, but also precision and honesty, all to say: social responsibility. I would like to thank the Colloquium organisers for your perfect arrangements that gave me a very nice stay in Dublin!

Taixiang Wu, Chinese Cochrane Centre
West China Hospital, Sichuan University



Attendees from the Chinese Cochrane Centre (from left to right): Wu Taixiang, Li Youping, Dr Chen An Wen, Wei Maoling and Zhang Mingming

My trip to the Cochrane Colloquium

There is a long road from China to the Colloquium; however, I feel very honored to have participated in the successful 14th Cochrane Colloquium! I'd like to take this opportunity to thank all of the people who helped me along the way and the hard work by all of the Cochrane Colloquium's local organising and scientific committees! The Colloquium is an excellent chance to meet new friends, discuss face-to-face, learn more about collaboration and improve my current daily work. I am writing a brief introduction about my experience at the Colloquium which will be published in the Chinese Journal of Evidence-Based Medicine (www.cjebm.org.cn) and will be uploaded on our Centre's website.

Maoling Wei
Chinese Cochrane Centre

Argentinean impressions from Dublin

The Dublin Colloquium was my second Colloquium. It was exciting to share in all the Cochrane initiatives and enthusiasm. The organisation was perfect; stipend recipients were patiently and kindly treated. Related to my interest and my place in the Argentinean Branch of the Iberoamerican Cochrane Centre, I tried to catch as much as possible about literature searching and retrieval. I attended parallel sessions, workshops and poster sessions related to this subject. It was particularly interesting to see the increasing information about diagnostic test articles. Also sessions about handsearching and electronic publication were extremely stimulating as we look forward to new ways of finding evidence. Dublin was a nice place to meet colleagues from the Iberoamerican Cochrane Centre located in different Latin American countries. Also many Argentinean people living abroad joined us and much collaborative work came from these meetings. Hope to meet all of you in São Paulo!

Marcelo García Dieguez
Author, Argentina

Consumers in Dublin



The annual Cochrane Colloquium is a busy time for all members of the Collaboration, especially for those who attend. This is no less so for consumers who this year kicked off with a satellite event organized by Gill Gyte. Amanda Burls ran her amazing Critical Appraisal Skills Programme (CASP) workshop for 18 participants in her usual engaging and informative way.

Officially a Field

The Cochrane Consumer Network (CCNet) is now formally a Field within the Collaboration. It is always easier to consolidate a structure with members physically present, which is what we achieved at our Annual General Meeting in Dublin. The positions of Convenor (Janet Wale, Australia) and Administrator (Jane Nadel, US) have been formalised. The co-ordinating team, with Liz Whamond of Canada as Chair, continue in their role. It is important that any country with strong consumer participation in the Collaboration is represented, and that keen people are able to contribute. This means that the actual people who make up the team can change.

Plain language summaries

Our other area of focus is to ensure that all published Cochrane reviews have an informative plain language summary to guide users of health care. These summaries follow the new guidelines in the *Cochrane Handbook for Systematic Reviews of Interventions*. CCNet writers are working steadily toward this goal and appreciate being able to work with Review Groups to get the summaries into *The Cochrane Library*. An interesting and successful part of this work has been to involve students at the University of Massachusetts who recently wrote summaries as part of their unit on evidence-based health care. This opportunity was offered through the ingenuity of Associate Professor Frank Domino of the Department of Family Medicine and Community Health.



Participants at the Complementary and Alternative Medicine Field meeting share ideas in Dublin

Our work with the Cochrane Complementary and Alternative Medicine Field in preparing summary overviews is progressing and was discussed at length during the Colloquium. Plain language summaries are being used to highlight just what evidence from controlled trials is available for complementary therapies. We are always ready for ideas and offers of assistance in order to strengthen the involvement of patients, consumers and carers in CCNet, the Collaboration and in evidence-based health care.

Participating in reviews

Consumer participation in the Cochrane review process continues to be the core function of CCNet. Our Network now has over 300 subscribers to our e-mail discussion list in approximately 45 countries. Our website (www.cochrane.org/consumers) is an effective way to connect with new consumers. The e-mail discussion list is in many ways the life blood of our organisation. It allows Review Groups to find consumers who are interested in reviewing papers, and it acts as a valuable tool for disseminating articles and other items of special interest to consumers. At present we are conducting a survey so that we can make improvements in these processes from both a consumer and Cochrane Review Group perspective. We look forward to seeing effective consumer involvement in all Cochrane Review Groups.

*Janet Wale,
Cochrane Consumer Network*

Information Management System news

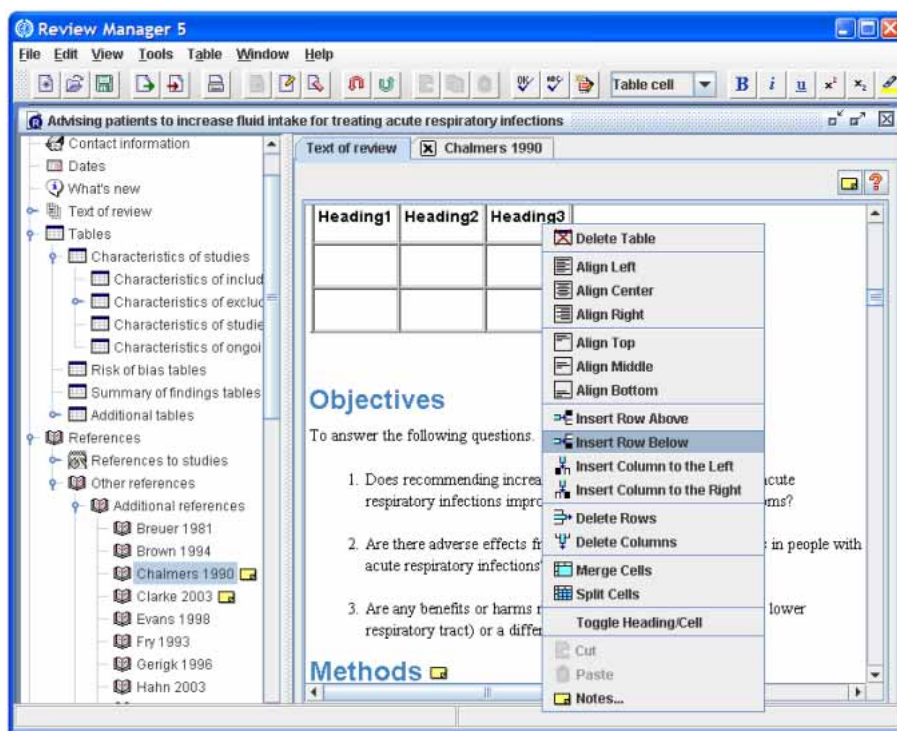


RevMan 5 is coming

The next major release of The Cochrane Collaboration's review writing tool, RevMan 5, is scheduled for mid-2007. You can find information about the improved functionality in RevMan 5 on our website: www.cc-ims.net/RevMan/RevMan5.

Beta-testers wanted

We are now inviting people to sign up as beta-testers of RevMan 5. Since RevMan 5 will run on multiple platforms, we are not only looking for people using Windows, but are also very interested in identifying testers using Mac OS or Linux. Visit the website for instructions on how to sign up.



An early build of RevMan 5, showing how tables can be included directly in the text.

New IMS developers

- Greg Saunders joined the IMS team on 1 August 2006 as System Developer. Greg's main responsibility will initially be for the workflow and tracking component of Archie.
- Martin Seest Christiansen joined the IMS team in November 2005 for two days a week. From 18 September 2006, Martin commenced working full-time as System Developer. Martin will be working on the continuous improvement of Archie.



New members of the IMS team: Greg Saunders (standing) and Martin Seest Christiansen

Jacob Riis
Nordic Cochrane Centre

Closing Cochrane reviews

The Cochrane Infectious Diseases Group approach

In 2005, the Cochrane Infectious Diseases Group (CIDG) piloted a new approach to facilitate updating our reviews. The need for updating a review was assessed against several parameters of relevance and against the number of new trial participants (this process was reported in *Cochrane News*, Issue 36, April 2006).

As of Issue 3, 2006 of *The Cochrane Library*, 29 CIDG reviews (out of 75 published) have undergone this process of prioritization, with various outcomes. In most of the instances where an update was considered necessary, we alerted the authors and an update is now in progress. Other reviews in need of an update were temporarily withdrawn from *The Cochrane Library* as the authors could not commit to a rapid update and policy decisions based on the current version of the review may not be optimal.

For other reviews, however, we reached the strategic decision not to consider further updates, and these were withdrawn from *The Cochrane Library* indefinitely. Authors are involved in the consultation process to close a review and help prepare the justifications for closing each review. These justifications are included in an initial statement and in the authors' conclusions.

Is this the end of the road for a review?

Once a review has been labelled as closed, we will run no further specific searches for the topic, and any new trials or studies describing novel therapeutic approaches will only be detected while conducting general searches within the Group's scope. However, the decision to close a review is not absolute and a review can be reopened if new valid reasons are identified.

What we describe here is a pragmatic approach that we have taken in order to optimize CIDG's editorial and authors' resources, and to enhance the relevance of our published Cochrane reviews.

*Vittoria Lutje, Information Specialist,
Cochrane Infectious Diseases Group*

A new approach – “closed reviews”

Various reasons may lead to the decision not to consider further updates of a review, leading to a closed review:

- The search did not identify any new trials, and in the best judgment of the research team it is unlikely there will be new ones in the future (for instance, when an intervention has been definitely proved to be successful or unsuccessful)
- The research question is no longer of interest (perhaps because treatment for the condition has changed)
- The topic has been incorporated into a wider review.

“Authors are involved in the consultation process to close a review...”

Updated Cochrane manual

Thanks to the help of Nancy Owens, the latest update of *The Cochrane Manual* is now available on the Collaboration website (www.cochrane.org/admin/manual.htm). The *Manual* is about 250 pages long and contains the policies and procedures of The Cochrane Collaboration.

*Jini Hetherington
The Cochrane Collaboration Secretariat*

Providing access to specialised registers on websites?

Promoting access to information is one of the key principles of The Cochrane Collaboration. The past decade has enabled wider access to the internet making it much easier for us to share resources across the world. For the most part this is without complication, but in our enthusiasm to share information we must be aware that sometimes this may bring additional responsibilities and legal implications.

During the monitoring process, the Monitoring and Registration Group became aware that some entities had made, or were planning to make, their specialised registers available from their websites. The purpose of this article is to give a brief overview of some of the responsibilities and legal implications this entails.

Three important issues to consider

- **Author-generated abstracts:** This is usually the intellectual property of the author(s) or sometimes the publisher. Whilst you are entitled to access, and in certain circumstances, to download abstracts as a legitimate use of databases such as MEDLINE, EMBASE etc, you are not entitled to make the abstract publicly available through your own product, such as in a specialised register on a website.
- **Publisher of the electronic record** (e.g. the US National Library of Medicine for MEDLINE; Elsevier for EMBASE): The publisher's indexing is also covered by intellectual property or copyright legislation and you should not include database index terms, such as MeSH, Emtree etc. on your website unless you are sure that you are complying with the relevant legislation and the publisher's licencing policy.
- **Service provider:** Service providers of the platform from which the search was conducted (e.g. Ovid; Dialog) also have their own terms and conditions of use that you must adhere to under the licence agreement that allows you access to the specific databases they offer.

Some database publishers, such as the US National Library of Medicine, may allow downloading of a set number of their records for redistribution, with conditions. These conditions may require an annual update of the records to reflect new indexing and amendments to records in the source database (see www.nlm.nih.gov/databases/download.html for details with respect to MEDLINE).

Other publishers, such as the American Psychological Association (PsycINFO), do not allow their records to be used in this way and stipulate that "search output may be stored temporarily in electronic media for editing or reformatting for the user's internal use or for one-time delivery to a single client for the client's own internal use. All other use requires permission from APA or the Copyright Clearance Center." (see www.ovid.com/site/products/ovidguide/psycdb.htm#copyright).

The Collaboration's policy is that all entities must abide by copyright and any other relevant legislation in their own country.

Entities must also adhere to any additional licensing restrictions, such as annual updating of records.

With respect to EMBASE records, John Wiley & Sons have a contract with the publishers, Elsevier, for the inclusion of EMBASE records, including abstracts and Emtree terms, in CENTRAL only (for a licence fee). The licence does not allow entities to download EMBASE records, either from CENTRAL or from EMBASE directly, and make them publicly available via their own entity websites. Note also that, even if access to the website is password-protected, this is still deemed to be "publicly available".

Given that specialised registers are largely made up of records downloaded from a range of databases and service providers, addressing the intellectual property or copyright legislation requirements and licensing policies of all parties involved in order to include specialised registers on websites is essentially complex.

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Give your website the 'Cochrane look'



After a successful piloting phase and a training workshop at the recent Cochrane Colloquium, the Cochrane Entity Website Builder (EWB) is now available for use free-of-charge by all interested Cochrane entities. This system provides you with a 'ready-built' website, managed by you with a browser-based editor inside 'Archie' (a part of the Collaboration's Information Management System).

You can choose from a variety of content from cochrane.org, Cochrane news feeds, your entity module and your Cochrane reviews. You may also add your own content. It is all presented in a professionally designed, multi-lingual, Cochrane template, with colour/theme of your choice. It is maintained and hosted by the Collaboration's Web Team. You control the content, versioning, and who has editorial access, all through Archie, from any Windows computer, any where.

Getting started

To get started, see www.cochrane.org/entitysites. There, you will see step-by-step instructions, demonstrations and answers to many questions. There's also a link to our email list to keep abreast of further developments of interest to entity webmasters.

Note: 'Activation' of your entity's data is required before using the EWB, so please do read the instructions before starting.

Special thanks to our pilot users, testers and content translators and to Greg Saunders, Peter Friis, Johannes Horstmann, Martin Janczyk and Evgenia Slavianova, who contributed technically to the EWB.

Dave Booker
Cochrane Collaboration Web Development Manager

Specialised registers (cont.)

(Continued from page 8)

Cochrane entities considering providing access to their specialised registers, as a whole or in part, on their websites are advised to consider these issues carefully and obtain the necessary information on intellectual property or copyright legislation, licensing and any other restrictions on terms of use from the relevant parties and obtain permissions where necessary.

The CENTRAL Vision Group report presented to the Cochrane Collaboration Steering Group meeting in Dublin proposed that "The Cochrane Collaboration should centrally negotiate copyright agreements with the different content providers". This should alleviate the situation in the future for those databases for which permissions are negotiated.

The Collaboration's policy is that all entities must abide by copyright and any other relevant legislation in their own country but entities must also adhere to any additional licensing restrictions, such as annual updating of records.

Sylvia Bickley, Trials Search Co-ordinator; Oral Health Group and Pain, Palliative and Support Care Group
Carol Lefebvre, Information Specialist, UK Cochrane Centre

Did you know?

The impact factor for the Cochrane Database of Systematic Reviews will start being calculated as of January 2007. For more information read Wiley's FAQ:

http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/ISI_FAQs.pdf

Assessing quality of included studies

New considerations for data extraction forms

An essential component of a Cochrane review is the assessment of the methodological quality of included studies. At present, the *Cochrane Handbook for Systematic Reviews of Interventions* contains specific guidance on the assessment of concealment of allocation (as 'adequate', 'inadequate' or (unclear') and these assessments can be entered directly into RevMan. However, other aspects of quality, such as blinding and use of intention-to-treat analyses, are covered in different ways by different Review Groups. The Cochrane Collaboration Steering Group funded a quality improvement project to develop a universal quality assessment tool that can be recommended to all authors of Cochrane reviews.¹

A new draft tool has been developed, and is undergoing piloting and further refinement. It will be described in detail in version 5 of the *Handbook*, and a new table is expected to be available in RevMan 5. Here we review some key aspects of the draft tool that may suggest some changes to the way in which information is extracted from study reports in the process of undertaking a Cochrane review.

Table 1: Domains expected to be included in the new risk-of-bias tool, with provisional details of what would be required in a risk-of-bias table

Domain	Description
Sequence generation	Describe the method used to generate the allocation sequence in as much detail as possible.
Allocation concealment	Describe the method used to conceal the random allocation sequence in as much detail as possible, and state confidence with which the allocation sequence was adequately concealed until interventions were assigned.
Blinding of participants, personnel and outcomes	Describe all measures used, if any, to attempt or ensure blinding of trial participants and key trial personnel from knowledge of which intervention a participant had received. Provide any information relating to whether the intended blinding was effective (for each main outcome or class of outcomes).
Incomplete outcome data	Describe the completeness of outcome data for each main outcome, including attrition and exclusions from the analysis. State whether attrition and exclusions were reported, the numbers (compared with total randomised participants), reasons for attrition/exclusions where reported, and any re-inclusions in analyses performed by the review authors (for each main outcome or class of outcomes).
Selective outcome reporting	State how the possibility of selective outcome reporting was examined and what was found.
Other sources of bias	State any important concerns of bias not addressed in the previous five items in the tool. If particular questions/sub-items were pre-specified in the review's protocol, responses should be provided for each question/sub-item.

Joining, moving, leaving?

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

Assessing quality (cont.)

(Continued from page 10)

- The new tool specifically addresses risk of bias rather than quality.
- The tool focuses on six key domains as listed in Table 1.
- For each domain, the tool will require authors to provide a description of what happened, using verbatim quotes where appropriate. Some initial guidance is included in Table 1.
- Some sources of bias, such as blinding and incomplete outcome data, may differ for different outcomes, so authors will be encouraged to assess them separately for different outcomes.
- Ambiguous terms such as 'double-blind' and 'intention-to-treat' will be discouraged in favour of specific descriptions, eg. *who* was blind, and *how many* were included in the analysis (and why).
- For each domain, a judgment regarding risk of bias will be encouraged ('high risk', 'low risk' or 'unknown risk'), based on the information available in the description. Detailed criteria for these judgments will be included in the *Handbook*.

The key message is that those preparing data extraction forms may wish to include boxes to extract quotes and descriptions for these six domains, so that adoption of the new tool will be straightforward.

Julian Higgins,
Co-Editor, *Cochrane Handbook for Systematic Reviews of Interventions*
Co-Convenor, *Statistical Methods Group*

Doug Altman
Co-Convenor, *Statistical Methods Group and Bias Methods Group*

1. Higgins J and Hopewell S. Bias susceptibility in Cochrane reviews. *Cochrane News* 34, 1,5

Invitation to participate

The CRASH-2 trial, supported by the World Health Organization, is a large international, randomised controlled trial of the effects of the antifibrinolytic agent tranexamic acid on death and transfusion requirements in adult trauma patients with significant haemorrhage. The trial aims to recruit 20,000 patients world-wide.



A Cochrane review of randomised controlled trials of antifibrinolytic agents in elective surgical patients showed that these treatments reduced the numbers of patients needing transfusion by one third, reduced the volume needed per transfusion by one unit, and halved the need for further surgery to control bleeding. These differences were all highly statistically significant. There was also a statistically non-significant reduction in the risk of death.

However, another Cochrane review showed that there has been only one small randomised controlled trial of the effect of antifibrinolytic agents in major trauma. As a result, there is insufficient evidence either to support, or to refute, a clinically important treatment effect. CRASH-2 aims to resolve this uncertainty.

Patient recruitment in CRASH-2 began in May 2005 and is expected to be completed in December 2009. To date, over 2600 patients have been recruited at 60 participating hospitals. A further 60 hospitals have ethics committee approval and many more have applied to take part. However, to achieve the CRASH-2 trial objectives, many more participating hospitals are required. We invite doctors from around the world to join this international collaboration and in this way help to build the evidence base for trauma care. Please spread the word! Visit the trial website for further information: www.crash2.Lshtm.ac.uk

Ian Roberts
Editor, *Cochrane Injuries Group*

Tributes to Iain Chalmers

An honorary doctorate

To celebrate the honorary doctorate of Iain Chalmers, a seminar on the theme “Prospective trial registration: how to proceed?” was held on 19 October 2006 at the Vrije Universiteit Medical Center in Amsterdam, the Netherlands. The former director of the first Cochrane Centre received an honorary doctorate for his outstanding contributions to evidence-based medicine, especially through his efforts in developing and disseminating the principles of systematic reviews in modern-day health care.



After a successful seminar. From left to right Marcel Kenter, Lotty Hooft, Iain Chalmers (with flower bulbs) and Godelieve van Heteren

Professor Lex Bouter, former Co-ordinating Editor of the Cochrane Back Group and currently the Rector Magnificus of the Vrije Universiteit, acted as honorary

promoter. The afternoon event had an intensive schedule of speakers from various backgrounds. The chairman of the event was Dr Rob Scholten, Director of the Dutch Cochrane Centre. The visiting speakers included:

- Dr Lotty Hooft (Director, Netherlands Trial Register), who presented the World Health Organization initiatives and the Dutch current status of trial registration;
- Dr Marcel Kenter (Executive Director, Central Committee on Research Involving Human Subjects), who gave an overview of the Webportal *ReviewOnline* for the public disclosure of medical research and the role of research ethics committees;
- Dr Godelieve van Heteren, MD (Member of Parliament, Dutch Labour Party), who presented several Dutch political views on how to tackle the challenges around mandatory trial registration.

The final speaker was Iain Chalmers (James Lind Initiative, Oxford, UK) who certainly put his finger on the unscientific and unethical behavior of several parties in medical research. Iain ended this seminar by taking a clear stand on how research ethics committees and governments could behave more ethically.

The seminar was attended by about 40 delegates interested in prospective registration of clinical trials, including academic researchers, the pharmaceutical industry, medical journal editors and members of ethical boards.

*Lotty Hooft
Dutch Cochrane Centre*

The value of partnership

Iain Chalmers' image recently joined fifteen other portraits of people recognised for their significant contribution to health care in a temporary photographic exhibition, *A Picture of Health*, at the National Portrait Gallery in London, UK. Iain's portrait, by Julia Fullerton-Batten, shows him balanced on a stool, stretching up to attach an A4 photo to the ceiling of his office, surrounded by photos of 150 of the many people who have contributed to his achievements, a large number of them members of The Cochrane Collaboration. "This portrait....sends a powerful message of the value of partnership, as exemplified by Chalmers and The Cochrane Collaboration". See the full article in *The Lancet* (Borthwick J. Heroes of health care face to face. *Lancet* 2006;368:19-20).

*Jini Hetherington
The Cochrane Collaboration Secretariat*

Recognizing excellence

Each year at the Cochrane Colloquium the following award and prizes are given to individuals to recognise high quality work and contributions. Congratulations to all recipients!

Thomas C. Chalmers Award recipients

This award is given to the principal authors of the best oral and poster presentations addressing methodological issues related to systematic reviews. The two recipients receive US \$500 each.



Congratulations, Kate!

This year's award was presented to Kate Alldred, Clinical Research Fellow, The University of Liverpool, for her oral presentation 'Comparison of two different search strategies in identifying literature for a diagnostic test accuracy review of Down's Syndrome screening', and to Guido Skipka, Institute for Quality and Efficiency in Health Care, Germany, for his poster 'The inclusion of the estimated inter-study variation into forest plots for random-effects meta-analyses - a suggestion for a graphical representation'.

The Chris Silagy Prize

This prize is awarded to an individual (or team) who has made "an extraordinary contribution to the work of The Cochrane Collaboration".



Monica Kjeldstrøm has made many significant contributions to The Cochrane Collaboration

Monica Kjeldstrøm has contributed to The Cochrane Collaboration for over 13 years, first at the UK Cochrane Centre and subsequently at the Nordic Cochrane Centre. Initially responsible for IT at the UK Cochrane Centre, Monica later became Director of the Collaboration's Information Management System in Copenhagen. In addition to leading the IMS team, Monica tirelessly participates in many other groups within the Collaboration, and communicates with nearly all groups in the organisation. Her relaxed and friendly disposition belies how hard she works, but her commitment to the Collaboration is no secret. Her job is not always easy, but she has responded to criticisms and pressure calmly and collegially, winning the respect of contributors to the Collaboration throughout the world. No doubt Chris [Silagy] would have been as pleased as we are to see Monica receive this prize. She is exactly the sort of person whom he would have wanted to receive it.

The Kenneth Warren Prize

This prize is awarded to the principal author of whichever Cochrane systematic review authored by a national living in a developing country is judged to be both of high methodological quality and relevant to health problems in developing countries.

Jonathan Ipser of the MRC Research Unit for Anxiety and Stress Disorders, University of Stellenbosch, South Africa, received this year's Kenneth Warren Prize for co-authoring the review on 'Pharmacotherapy for post traumatic stress disorder'.



Jonathan Ipser says a few words of appreciation

The top twenty!



Top 20 reviews accessed from *The Cochrane Library*, October 2006

Figures include access from Wiley InterScience online version

	Article Title	Abstracts accessed	Fulltext accessed
1	Screening for breast cancer with mammography	2671	870
2	Interventions for preventing falls in elderly people	1418	737
3	Rimonabant for overweight or obesity	1797	729
4	Interventions for preventing obesity in children	1062	598
5	Exercise for type 2 diabetes mellitus	1462	442
6	Occupational therapy for patients with problems in activities of daily living after stroke	786	339
7	Exercise therapy for low-back pain	705	333
8	Support surfaces for pressure ulcer prevention	599	313
9	Pioglitazone for type 2 diabetes mellitus	988	308
10	Telephone counselling for smoking cessation	920	296
11	Interventions for helping patients to follow prescriptions for medications	560	293
12	Glucosamine therapy for treating osteoarthritis	592	286
13	Nicotine replacement therapy for smoking cessation	536	285
14	Physiotherapy interventions for shoulder pain	578	279
15	Exercise therapy for patellofemoral pain syndrome	656	271
16	Substitution of doctors by nurses in primary care	476	262
17	Acupuncture for neck disorders	951	243
18	Exercise for obesity	575	240
19	Cranberries for preventing urinary tract infections	476	239
20	Physiotherapy treatment approaches for the recovery of postural control and lower limb function following stroke	367	236

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

Deborah Pentesco-Gilbert, Publisher, John Wiley & Sons, Ltd

Deadlines and publication dates for *The Cochrane Library*

<i>The Cochrane Library</i>	Copy Edit Support deadlines	Submission deadlines	Publication dates
Issue 2, 2007	31 January 2007	21 February 2007	18 April 2007
Issue 3, 2007	1 May 2007	23 May 2007	18 July 2007

Note: Submission deadlines are for Cochrane Review Groups (CRGs) and other Cochrane entities. Individual authors should contact their CRGs for editorial deadlines.

News and announcements

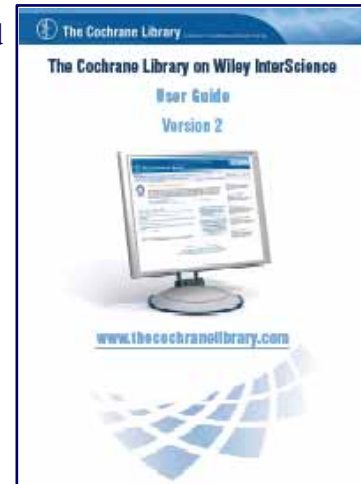
New Cochrane Library User Guide now available

A new revised, upgraded and updated User Guide is now available in the Help section of *The Cochrane Library* (www.thecochranelibrary.com) and on the Cochrane Library User Group website (www.CLUG.jwh.on.ca). This informative and easy-to-understand guide is available in PDF format and can easily be downloaded.

This guide will be of particular interest to people who regularly conduct training sessions or provide information about *The Library*.

A new Quick Reference Guide is also on its way

Providing key reminders on how to browse and search *The Cochrane Library*, this *Quick Reference Guide* will reside as a downloadable PDF alongside the *Cochrane Library User Guide* and will also exist in print format from December 2006.



To download a copy please go to:

<http://www3.interscience.wiley.com/homepages/106568753/UserGuide.pdf>

If you would like to add either of these Guides to your website, please contact me directly at hdynes@wiley.co.uk.

Hannah Dynes
John Wiley & Sons, Inc.

RBMG: Shorter name, expanded role

The Cochrane Reporting Bias Methods Group has recently undergone changes to its mandate. Previously, the RBMG mandate focused on threats to the validity of systematic reviews that arose from reporting biases. The expanded group mandate now includes other methodological biases focusing on internal threats to the validity of results in trials such as bias due to selective reporting of outcomes and bias due to the flawed conduct of primary studies. To reflect the Group's expanded role, the RBMG has undergone a name change to **Bias Methods Group (BMG)**. The BMG received formal approval for these changes from the Monitoring and Registration Group on 16 October 2006.

The BMG scope now includes topics previously encompassed in the remit of the Cochrane Statistical Methods Group (SMG) and the BMG has received full support from all the Statistical Methods Group co-convenors for our remit expansion. We are very pleased to announce at this time that Professor Doug Altman from the SMG has joined the BMG as a co-convenor. Professor Altman will also maintain his role as a co-convenor with the SMG.

A major initiative that now falls within the remit of the BMG is the development of new guidance for assessing risk of bias ('quality assessment') of included studies in Cochrane reviews. A proposed tool is in the advanced stages of development and will be disseminated for discussion in the next few months. This project will continue as a joint initiative of the SMG and BMG.

Our BMG co-convenors and co-ordinators are committed to these changes and we look forward to our future direction and continued collaborations. For further information about the BMG please visit our website www.chalmersresearch.com/bmg.

Tina Hutchinson
Bias Methods Group

COCHRANE NEWS**Events and workshops**

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Submission deadlines

Issue 39: February 26, 2007

Issue 40: July 2, 2007

Please email articles (500 words max.) and announcements to:
cochrane@uottawa.ca

Developing a protocol for a review

9-10 January 2007, Oxford, UK

This workshop is designed for authors who are working on, or planning to start work on, a protocol. It is designed to provide an introduction to the processes of systematic review production. The aim at the end of the two days is that authors will have identified key components of their protocol and begun to prepare a RevMan version. Places in the workshop are limited to authors of Cochrane Review Groups who have registered a review title.

Contact: Lisa Horwill (lhorwill@cochrane.co.uk)

Introduction to analysis

11 January 2007, Oxford UK

This workshop is aimed at participants who are new to systematic reviews within The Cochrane Collaboration. The workshop is intended as an introduction to the methodology of systematic reviews including some introductory statistics.

Contact: Lisa Horwill (lhorwill@cochrane.co.uk)

How to perform a systematic review

26-28 January 2007, Sarasota, Florida

Cochrane Eyes and Vision Group workshop

Details: www.cochraneeyes.org/workshops/systematicreview.htm

5th Canadian Cochrane Symposium: Knowledge for Health

12-13 February 2007, Ottawa, Canada

Contact: Lisa McGovern (cochranesymposium@uottawa.ca)

Introduction to evidence-based nursing

9 March 2007, Brussels, Belgium

A workshop for nurses wishing to learn about the concepts of evidence-based nursing to apply to their practice.

Contact: Ester Vanachter (ester.vanachter@med.kuleuven.be)

12th Annual Meeting for UK and Irish Contributors to The Cochrane Collaboration

19 March 2007, Said Business School, Oxford

Contact: Caroline Rouse (crouse@cochrane.co.uk)

Cochrane review protocol development and RevMan workshop

2-5 April 2007, Cape Town, South Africa

This four-day workshop covers the methodological aspects related to protocol development and technical aspects of using RevMan software.

Contact: Elizabeth Pienaar (elizabeth.pienaar@mrc.ac.za)

For an up-to-date list of training workshops and other events visit:

www.cochrane.org/news/workshops.htm