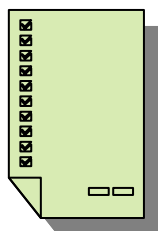


Coming soon - a survey about the usefulness of Cochrane News.



Please take a minute to complete the survey - we need your input!

First steps for the Cochrane Developing Countries Network

The Cochrane Developing Countries Network (CDCN) is a new entity within the Collaboration that intends to raise awareness about the participation of people living in developing countries in the overall activities of the Collaboration.

Following our registration, we are now actively working on the formation of an Advisory Board to gain strategic advice and support and to establish links to Cochrane entities to facilitate the implementation of activities throughout developing countries (DCs).

Aims and activities

- To act as the reference point for Cochrane activities in DCs, particularly in those countries where there is none.
- To increase the number of high quality reviews relevant to DCs and also the number of Cochrane authors in DCs.
- To establish clear mechanisms for networking in DCs and actively promoting synergies with current entities.
- To detect and channel the needs of people living in DCs that may be addressed by The Cochrane Collaboration.
- To promote greater participation and inclusiveness within the Collaboration for people living in DCs.
- To establish strategic alliances with other organisations whose activities are devoted to DCs.
- To identify funding opportunities that are beyond the scope of existing entities.

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Next issue deadline: July 2, 2007

Please email articles (500 words max.) and announcements to:

cochrane@uottawa.ca

Top row, left to right:
Xavier Bonfill (Spain),
Zulma Ortiz (Argentina),
Charles Wiysonge
(Cameroon), Zbys
Fedorowicz (Bahrain).

Bottom row, left to right:
Joy Oliver (South
Africa), Jordi Pardo
(Spain), Sreekumaran
Nair (India)



(Continued on page 2)

CDCN (cont.)

(Continued from page 1)

Currently, we are working on a list of systematic reviews that would be of interest for people from DCs. We would try to include reviews on diseases more prevalent in DCs and those on interventions whose feasibility may differ in DCs or low income settings. A search strategy has been defined; however, any comments and suggestions would be highly appreciated.

Interested in contributing?

Contact us through the web page <http://dcn.cochrane.org/> or subscribe to our e-mail discussion list <http://lists.cochrane.org/mailman/listinfo/devcountries>

You can also contact us directly:

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Zulma Ortiz zulma.ortiz@gmail.com

Administrator:

Paula Toro cochrane.dcn@gmail.com



Paula Toro, Cochrane Developing Countries Network

The Cochrane Library now available across India



All Indian residents now have complementary access to reliable, up-to-date health research evidence on healthcare interventions from *The Cochrane Library*. Thanks to the sponsorship provided by the Indian Council of Medical Research (ICMR), the on-line database is now available to 60 million Internet users in India.

“There is no doubt that this funded provision to *The Cochrane Library* will help bring Evidence Based Medicine to the forefront of medical practice in India,” added Professor Prathap Tharyan from the Professor Bhooshanam V Moses Centre for Clinical Trials and Evidence-Based Medicine at Christian Medical College, Vellore. “The South Asian Cochrane Network is privileged to be actively involved in helping shape the future of medicine in India.”

*Fabienne Reynolds
John Wiley and Sons, Inc.*

Letter from the Editor

As we emerge from the short, cold days of winter here in Canada and delight in the spring bulbs pushing up through the earth, I also see parallels in this issue of Cochrane News. While we have been buried in our own work, it is refreshing to see Cochrane members who have been quietly moving forward issues related to the differences and inequalities that are a challenge in an international organisation. This work is highlighted in articles from The Cochrane Developing Countries Network, the Equity Field, opinions about databases of non-English trials and the wonderful news about access to *The Cochrane Library* in India.

We are also taking a fresh look at Cochrane News to evaluate how effective we are in disseminating the newsletter and providing useful content. It will soon be available on cochrane.org - please take a few minutes to complete our online survey, your feedback is important!

*Cheryl Arratoon
Editor, Cochrane News*

From the Co-Chairs

The upcoming mid-year meeting of the Steering Group (April 20-22) has a very full agenda – reflecting the hard work by so many individuals throughout the Collaboration. Some of the key issues on the agenda are summarized in our second Cochrane Steering Group Bulletin (<http://www.cochrane.org/newslett/index.htm>). We appreciate the feedback we have received from many of you about the issues discussed in these bulletins.

One of the exciting tasks for this meeting will be to review proposals submitted to our new Opportunities program. We have set aside £100,000 for four to five projects that address high priority elements of the Strategic Plan and we intend to make a similar amount available each year. We expect to announce the awards soon after the Steering Group meeting.

At each mid-year meeting, we set aside one half day to meet with representatives of Centre Directors and Co-ordinating Editors for a concentrated discussion of a single important issue. Last year's discussion focused on prioritization of Collaboration activities. We subsequently issued a request for proposals to address some of the issues identified and will be reviewing those submissions at this meeting. This year's half-day session will build on the ongoing discussions among the Co-ordinating Editors about specific ways to continually improve the quality of Cochrane reviews.

Details about plans for the upcoming São Paulo Colloquium (now scheduled for October 23-27) continue to come in, and it promises to be another great meeting. We are looking forward to seeing many of you there.

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



Registration is now open!

Please note that the dates of the Colloquium are now two days later than previously announced, due to unforeseen events.

Visit www.colloquiumbrasil.info/ for details

Important dates

14 May	Abstract submission deadline
25 June	Consumer stipend deadline
30 July	Early registration deadline

www.cochrane.org

Your one stop resource for all things Cochrane

Addressing equity issues

The Cochrane Equity Field, co-convened by Mark Petticrew and Peter Tugwell, hosted a two day working session to develop guidelines for Cochrane review authors who are deciding whether and how to assess equity issues as part of their systematic reviews. Participants included representatives from EPOC, HPPH, the Cochrane Musculoskeletal Group, the EPPI-Centre, NICE, WHO CSDH, PAHO, CIET and the World Bank, as well as Cochrane methodologists including statisticians, review authors and librarian scientists.

Defining equity

We defined equity as unfair and avoidable differences in health.¹ We agreed to use the acronym PROGRESS to identify factors across which people might be disadvantaged, accepting that other factors might also be important such as age, HIV/AIDS status, sexual orientation and disability. PROGRESS stands for Place of residence, Race, Occupation, Gender, Religion/Culture, Education, Socioeconomic status, and Social capital.

A preliminary assessment of *The Cochrane Library* found that only 1% of Cochrane reviews assessed or considered potential differences across PROGRESS factors. This is despite the fact that 10% of the included studies from these same reviews reported differences across one or more of the PROGRESS factors.²

Equity factors include:

Place of residence
Race
Occupation
Gender
Religion/Culture
Education
Socioeconomic status
Social capital

Moving ahead with the methodological research agenda

The first Cochrane review on health equity on school feeding for disadvantaged children illustrated many of the methodological issues inherent in assessing impact on health equity as an outcome in systematic reviews.³ Participants of this meeting developed a research agenda of 20 methodological issues including question formulation, registry development, process evaluation and knowledge translation. Outcomes from this meeting will be used to develop guidance for the next version of the Cochrane Handbook on assessing equity. This will include how to assess when interventions are likely to affect health equity, as well as critical appraisal methods specific to assessing impact of interventions on health equity.



This meeting was possible from funding by the Canadian Agency for Drugs and Technology in Health (CADTH).

We invite Cochrane review authors interested in health equity to get involved! Please contact Vivian Robinson at vrobin@uottawa.ca for more information.

References

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Vivian Robinson, Health Equity Field

Report from The 5th Canadian Cochrane Symposium

A winter event

The minus 20 degree chill of an Ottawa winter contrasted sharply with the enthusiasm and energy generated from nearly 300 attendees at the 5th Canadian Cochrane Symposium this past February. Participants from universities, government, health professions and consumer groups gathered under the Symposium's theme *Knowledge for Health* to share experiences, ideas and results about systematic reviews. Although bitter temperatures prevailed, attendees were able to take advantage of skating, viewing the ice and snow sculptures and enjoying other Winterlude activities.



Highlights from Canadian entities

Dr Jeremy Grimshaw, Director of The Canadian Cochrane Centre, opened the Symposium by providing an overview of the Network and Centre's activities in Canada – authoring reviews, providing training workshops across Canada in both English and French, stimulating growth of the Consumer Network, revitalizing relationships with key policy makers and health professional groups, and lobbying for a national licence to *The Cochrane Library*.



Canadian participants; left to right: Nancy Santesso, Lara Maxwell, Vicki Pennick and Leanne Idzerda

Members of local Cochrane entities moderated or presented in sessions including statistics and methodological issues related to systematic reviews (Bias Methods Group), systematic reviews in child health (Child Health Field) and several sessions in French (Quebec Network sites).

A special session tailored to journalists, with presentations from the Canadian Cochrane Centre; the School of Journalism and Communication, Carleton University; and Wiley was an effort to raise awareness about Cochrane as a reliable source of evidence for writers of health issues.

An international flavour

While the Symposium had a strong local component, an international flavour was provided by plenary speakers from around the world including Drs Andy Oxman from Norway, Tomas Pantoja from Chile, Elizabeth Waters from Australia, and Mark Petticrew and David Gough from the United Kingdom. A common theme in their presentations was the need for quality evidence in clinical areas and the challenges and success in finding resources to support their work



Left to right: Tomas Pantoja, Andy Oxman and John Lavis

Dr Bernard Burnand of the Université de Lausanne and lead of the Réseau francophone Cochrane – a potential new entity – facilitated a workshop on the development of the Réseau, for which the Canadian Centre is the reference centre. The next steps in the life of the Réseau francophone Cochrane are to finalize registration with The Cochrane Collaboration, build a website and develop and implement a workplan to guide the partners forward.

We look forward to an equally successful Symposium on 6-7 March 2008, hosted by the Child Health Field in Edmonton, Alberta next year! Presentations from the Symposium can be viewed at www.cnc.cochrane.org/en/events.html.

Cheryl Arratoon, The Canadian Cochrane Network and Centre

Establishing a register of diagnostic test accuracy studies

Between October 2004 and March 2006, a proposal was developed for a register of reports of diagnostic test accuracy studies (DTAS). A centrally-managed model was proposed as it was felt that Cochrane Review Groups would not each have the resources to undertake the searching and database management of an additional specialised register. Last year, the Collaboration agreed to provide two-year funding for the initial development of the register, which is based at the Cochrane Renal Group in Sydney, Australia.

The register is to be clean and comprehensive and will ultimately provide an essential and useful resource for Review Groups undertaking systematic reviews of diagnostic test accuracy studies. It will at the same time limit the amount of extra work for Review Group staff, particularly Trials Search Co-ordinators.

Three main aims

1. To provide support for Review Groups undertaking Cochrane reviews of diagnostic test accuracy
2. To provide a mechanism for retagging diagnostic test accuracy studies with a searchable field name in MEDLINE, e.g. diagnostic accuracy.pt.
3. To provide a tool for methodological research.

Objectives

In support of these aims, a two-year plan has been prepared based around four main objectives:

1. Development of both structure and content of the register
2. Education and training of Trials Search Co-ordinators (TSCs) in recognising DTAS and searching for them on MEDLINE
3. Support for pilot review authors and TSCs with search strategies for individual reviews
4. Retagging of DTAS in MEDLINE

Which studies to include?

One of the main challenges lies in developing protocols for populating the register with relevant studies. The reporting and indexing of these studies tends to be inadequate and inconsistent. This makes it difficult to design a methodological strategy for MEDLINE that is both sensitive enough to find most relevant studies, but specific enough to avoid having to screen out a discouragingly large number of irrelevant ones.

A number of approaches are being taken to identify relevant studies. They include:

- Retrieving primary studies from existing systematic reviews sourced from MEDLINE and databases such as Medion and InfoPOEMS.
- Developing a specific search strategy using methodological MeSH and text words.
- Asking authors of completed pilot reviews to forward details of studies found.

Ruth Mitchell is undertaking the work on the register, and can be contacted at ruthm4@chw.edu.au. Assistance with comment and advice on the search strategy component is being provided by a voluntary reference group consisting of Mariska Leeftang (Continental European Support Centre for diagnostic test accuracy reviews), and Julie Glanville and Marie Westwood (Centre for Reviews and Dissemination, University of York, UK).

You can find the plan for the register at <http://www.cochrane.org/docs/DiagnosticTestRegisterPlan.doc> and the original proposal at <http://www.cochrane.org/docs/diagnosticproposal.htm>.

Ruth Mitchell, Cochrane Renal Group

**Joining, moving, leaving?
Let us know by sending an email to cochrane@uottawa.ca**

Tips for effective patient information



A member of the Cochrane Consumer Network, Maxine Whitton, attended the UK-based Patient Information Forum Annual Conference in London recently. The title of the conference was 'Effective Health Information – Key issues', which directly addresses the Network's concern about what makes health information effective for the lay users of health care.

We see this as 'our business' in Cochrane because members of the Cochrane Consumer Network (CCNet) comment on many of the protocols and reviews as they are prepared for *The Cochrane Library*. Our main considerations are readability and relevance of the review to the healthcare user.

Patient information can be used in communications between patient and healthcare provider, to provide support to the patient, and to help patients make choices about where they should go to receive care.

- There is a big difference between what the information providers think patients need and what patients really want to know.
- Information needs to be timely, reliable and accessible.
- The use of different channels of communication and formats for the information are important.

- ◆ *Effective information is not telling patients what to do, but helping them to help themselves.*
- ◆ *Information is an essential component of evidence-based, patient-centred health care.*

During the conference, Nancy Wolstenholme of the UK Healthcare Commission referred to input they had received from public groups, including these important suggestions relevant to the work of the Consumer Network:

- Summarise information
- Avoid too much detail too soon
- Use plain English and avoid jargon

At the end of February 2007, a UK Health Technology Assessment was released on the role and effectiveness of written information available to patients about medicines. Some of the messages from this systematic review are:

- People value information about the range of treatments available so that they can make a decision about whether or not to take a medicine.
- Those who want written information want sufficient detail to meet their needs.
- Written information is not to replace verbal communication with their provider.
- There is still a reluctance on the part of some health professionals to provide 'certain' information, particularly on side-effects.

The review authors considered that involving patients at all stages of the preparation of written materials enables their needs to be better reflected (www.hta.ac.uk/project/1404.asp?src=alr).

The message is consistent, that although health consumer involvement is hard work, it is important!

Janet Wale
 Convenor of the Cochrane Consumer Network (CCNet)

Reminder: backing up your RevMan 4 data

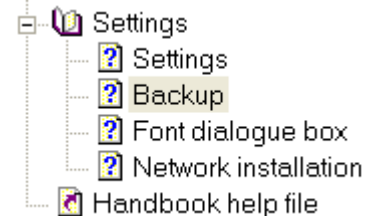


Knowing how RevMan stores data and how to create your own backups is important to prevent data loss if something goes wrong.

To ensure you have a valid backup of your latest RevMan data, you should do one (or both) of the following:

- Ensure that RevMan's Data folder is included in your regular backup routine.
- Regularly save all changes by exporting your reviews to a location that is included in your regular backup routine.

For instructions on how to do this, see the 'Backup' section of RevMan's Help file.



How about RevMan5 and backups?

RevMan 5 will work more like other programs. You can simply save your review as a single file along with your other documents. In addition, you will be able to use the central server, Archie, as a shared drive for storing and exchanging reviews.

For more about RevMan 5, see www.cc-ims.net/RevMan/RevMan5

Jacob Riis, Nordic Cochrane Centre

The 'down side' of e-mail

The meteoric growth of The Cochrane Collaboration is largely thanks to e-mail. Fifteen years on, though, many of us dread opening our e-mail Inbox. Sometimes responding to 'urgent' e-mails takes all day, displacing other things we had hoped to do. Our backlog of less urgent messages just keeps on growing. After being out of the office, even briefly, it's a real scramble to catch up in working hours. Some people have stopped trying. So we re-send our message with 'Urgent' in the subject heading, adding still further to their backlog. To encourage good e-mail habits, perhaps we could try to be a bit more:

Concise, by limiting text to one screen, and explaining why we are copying in particular people/lists

Organised, in using appropriate subject headings, so we can all keep better track of our e-mails

Charitable, if we don't get an immediate response

Humble, in not copying inconsequential responses to mailing lists - or sensitive attachments either

Realistic, in setting deadlines for reply; and helpful by including them in our subject headings

Appreciative, that everyone's time is equally precious; "please" and "thank you" go a long way

Nice to each other: NRN (No Response Necessary) in a subject line means just that (how wonderful)

Expressive, and unambiguous in our wording: who doesn't 'skim read' at times, just to keep up?

Perhaps the most we can hope for is a computer crash, and loss of all our e-mails - what a great excuse for not having responded.

Grumpy Old Woman and Grumpy Old Man, The Cochrane Collaboration

Thoughts about databases from the Eastern edges of Europe

With the future of CENTRAL currently under consideration, it is a good time to highlight emerging issues of references found outside of MEDLINE and EMBASE. Some records of trials from other biomedical databases are excluded from CENTRAL because they contain non-Latin characters. It would be easy for CENTRAL to become simply a subset of MEDLINE and EMBASE. Should this happen, the Collaboration would be drifting from one of its key principles of encouraging a global perspective on the evaluation of care.¹ Ignoring trials from outside these sources would impoverish CENTRAL, and committed review authors and TSCs would have to make great efforts to search for all relevant studies. As it stands, CENTRAL could easily result in some ideas for reviews never coming to light and, as regards existing reviews, ignoring studies from outside of the main databases could introduce unnecessary imprecision and, possibly, systematic bias.

Identifying trials in non-Latin languages

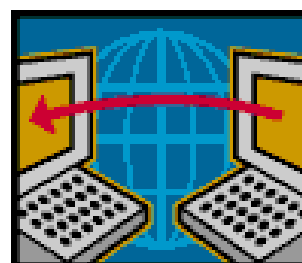
Part of the EU-funded PRACTIHC project (Pragmatic Randomised Controlled Trials in Health Care) sought to identify randomised trials from low- and middle-income countries.² Two of us (AK, AA) trained in Eastern Europe, so we focused on identifying bibliographic biomedical databases from that region (not Russia). Without much difficulty we found four open-access databases (Bulgaria³, Greece,⁴ Hungary⁵, Turkey⁶ and Ukraine⁷), two subscription only (Czechoslovakia⁸ and Poland⁹), and news of one more starting in Romania. We undertook systematic searches for trials in all but the database from Czechoslovakia (lack of funds) and Greece (lack of time). The databases do not contain reports of thousands of trials – but they do contain hundreds. Consistently, only about 25-30%^{8,9} of these reports are found on CENTRAL. The Bulgarian¹⁰ and Ukrainian¹¹ databases are particularly important sources of trials relevant to cardiology, while the Hungarian¹² database had more emphasis on obstetrics and gynaecology.

A challenge for CENTRAL?

The emergence of many bibliographic biomedical databases is a problem for The Collaboration if we are to keep and develop our global perspective. Although some amalgamation of these databases by organisations such as the WHO will help in the medium- to long-term we, The Collaboration, have an immediate problem if we are not to be accused of encouraging a parochial view. CENTRAL should be accepting of non-Latin characters. Guidelines and support are needed for 'if, when and how' multilingual references are translated. This problem is also making an impact on published reviews which are unable to display non-Latin characters. RevMan and John Wiley and Sons, Ltd. need to be more inclusive of non-Western characters to allow full referencing of trials found in these smaller databases. 'Local' Cochrane Centres may need to take on the responsibility for regular searching of these and other databases and the supply of the records to CENTRAL. The Collaboration should not financially undermine these small databases. Countering imprecision and bias is likely to cost – but not to counter will cost more.

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Akhil Abhijnhan, Ajit Kumar, Judith Wright and Clive Adams; Cochrane Schizophrenia Group

A Russian pilot study Extracting data from Russian language trials

I qualified in medicine in the Ukraine where academic text is often in Russian. Now based at the Cochrane Schizophrenia Group (CSG) editorial base in Leeds, UK, I devised a study to investigate the effort and time needed to extract data from Russian language papers. Only 17 reports in the CSG register were in the Russian language. I printed them off, extracted data, entered all relevant data into a single RevMan 'review' per paper and exported each separate RevMan file as HTML. From this I saved only the 'Included Trials table' and all tables that contained numerical data. Finally I converted this file into PDF format and merged it with the original paper. In this way the new PDF contains both the original text and the extracted, tabulated data.

Results

First, three papers that had seemed relevant to the work of CSG were not. Two were not randomised and one was a trial but not relevant to CSG's scope. In four relevant trials I could find no numerical data at all. Seven relevant trials did have some numerical data that could be used for re-analysis but only three studies reported data clearly so all could be re-used in meta-analyses. We have written this up for paper publication.¹ Overall this process took me 20 hours with most of that time spent trying to decipher opaque academic writing. It was not a problem of translation - more of clear communication. Data entry was swift and conversion and merging a matter of minutes.

Conclusions

The conclusion, from the experience with these papers, is that en masse data extraction is tedious and time consuming. However, if data has been extracted already and review authors invest that time to complete their work – that is another matter. The production of a PDF including extracted data is simple and can avoid considerable duplication of effort in future reviews for which that same study may be relevant.

Reference

1. Kumar A, Adams CE, Wright J. Русские Исследования По Шизофрении, Где Они? [Where are Russian Schizophrenia Trials?] Журнал неврологии и психиатрии им. С.С.Корсакова [Korsakov's Journal of Neurology and Psychiatry] - Submitted.

Ajit Kumar, Reviewer, Cochrane Schizophrenia Group



The Cochrane Library: Useful links

1. Online Instructor-led training
<https://wiley.webex.com>
2. Online Demos
<http://interscience.wiley.com/training>
(Now available: French & German language introductions to *The Cochrane Library*)
3. User Manuals
www.thecochranelibrary.com, under Help.

Fabienne Reynolds, John Wiley and Sons, Ltd.



Media Coverage Report, 2006

The media profile of *The Cochrane Library* and The Cochrane Collaboration has increased substantially during 2006 with 538 media hits. This is a 63% increase from the previous year. The media coverage is a healthy mix of professional and consumer media. Online coverage continues to grow rapidly and is monitored through Google.

The number of countries that were reached through the proactive publicity continues to expand. Most coverage was in the UK and USA media. Other countries where we are regularly seeing coverage are Australia, Canada, Germany, India and South Africa. We've also seen hits in Armenia, Bangladesh, Denmark, Nigeria, Pakistan and Taiwan. Please note that our searches are limited to English language reporting.

RSS feeds have driven the increase of online coverage of *The Cochrane Library*, especially increasing exposure on blogs.

Top 5 new and updated reviews in 2006

1. Gøtzsche PC et al: Screening for breast cancer with mammography – *69 hits* within two weeks of publication*
2. Shah PS et al: Breastfeeding or breast milk for procedural pain in neonates – *44 hits*
3. Rivetti D et al: Vaccines for preventing influenza in the elderly – *35 hits*
4. Hofmeyr et al: Calcium supplements during pregnancy for preventing hypertensive disorders and related problems – *34 hits*
5. Gallo MF et al: Combination contraceptives: effects on weight – *30 hits*

Of the top 100 reviews by global usage in 2006, 12% were new and updated reviews which received proactive publicity. This illustrates how publicity activity has helped to increase usage of individual reviews and *The Cochrane Library* generally.

*hits: number of times that print media covered this review (English only)

Julia Lampam, John Wiley and Sons, Ltd

Deadlines and publication dates for *The Cochrane Library*

<i>The Cochrane Library</i>	Copy edit support deadlines	Module submission deadlines	Publication dates
Issue 3, 2007	1 May 2007	24 May 2007	18 July 2007
Issue 4, 2007	1 August 2007	23 August 2007	17 October 2007

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

COCHRANE NEWS**News and Announcements**

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The Cochrane Manual Updates

- Section 1.4.6 Criteria for inclusion in Archie and/or access to the Entity Website Builder (new)
- Section 2.2.5.2 Derivative products (update)
- Section 3.2.8.6 Recruitment of a Trials Search Co-ordinator (new)

Change of location: Primary Health Care Field

The General Practice and Primary Care Department of the University of Auckland has become the convener of The Cochrane Collaboration's Primary Health Care Field. This will be done in conjunction with the Departments of General Practice in Dublin and Nijmegen (Netherlands).

Contact Bruce Arroll, Auckland b.arroll@auckland.ac.nz
Floris Van de Laar, Nijmegen F.vandeLaar@hag.umcn.nl

Co-Ed Representative

Jonathan Craig (Co-ordinating Editor of the Renal Group) has been elected to represent Co-ordinating Editors on The Cochrane Collaboration Steering Group.

Co-Ed of IBD/FBD Group

Brian Feagan replaces John (Jack) McDonald as Co-ordinating Editor of the Cochrane Inflammatory Bowel Disease and Functional Bowel Disorders Review Group (effective January 1, 2007). Many thanks to Jack, the originator of the IBD/FBD Group, for his years of dedication, service and continued support.

Events and workshops

The Seventh Annual International Campbell Collaboration Colloquium
Quality, Credibility, Utility:

The Relevance of Systematic Reviews

14 - 16 May 2007, London, England

Registration deadline 1 May 2007

<http://www.campbellcolloquium.org/>

**Annual Meeting for Continental European Contributors**

13-14 June 2007, Oslo, Norway

To register email Aud Urdal: aud.urdahl@kunnskapssenteret.no

Symposium for Australasian Review Authors

12 - 13 July 2007, Brisbane, Australia

Online registration available soon at:

http://www.cochrane.org.au/symposium/symposium_.php

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

www.cochrane.org/news/workshops.htm