

**Guide
for
Trials Search Co-ordinators**

Version 5
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Introduction

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The Cochrane Collaboration produces a good number of handbooks, manuals and websites of interest to Review Group Co-ordinators and Trials Search Co-ordinators. It was not the shortage of information that led us to undertake the Beginner's Guide but rather the lack of information that could help us decide how to answer broad questions like which software to use, whether to have trial-based or report-based Registers, whether to emphasize electronic searching or handsearching, whether to try to obtain hard copy of all randomized controlled trials and controlled clinical trials or not.

We felt we needed one single document that contained this type of information, explained at a basic level. At the Rome Colloquium (October 1999) we talked to colleagues and found many thought such a document would be useful. And that's how we came to embark on a Beginners' Guide for TSCs. Over the last three years, many Trials Search Co-ordinators have commented on the Guide and made requests for additional topics to be included. Initially we resisted some of these requests when we thought they were not really topics for beginners. But as the feedback clearly showed that not only 'beginning' TSCs but also more experienced TSCs were using the Guide, we decided to expand Version 4 to become a TSC Guide.

The links have been updated (March 2004) and some new ones added. We have also included in Chapter 7 website search filters which are now available. We are grateful for the contributions of Ruth Mitchell, Mark Fenton and Sally Hopewell of the MeerKat Working Group, who collaborated to add a new chapter (Chapter 9) on MeerKat, study-based Specialised Register software, as more people are using this software now.

Over time the following people contributed to the different versions of the guide: Carol Lefebvre, Information Specialist at the UK Cochrane Centre, Brenda Thomas, Trials Search Co-ordinator of the Stroke Group, Margaret Burke, Trials Search Co-ordinator of the Heart Group, Jenny Bellorini, Review Group Co-ordinator of the ENT Group, Clare Dooley and Phil Alderson, Associate Director – Training at the UK Cochrane Centre. We are very grateful for their constructive comments.

Last but not least, we gratefully acknowledge the contributions of all Trials Search Co-ordinators who took the trouble to give us feedback on the Guide. We hope you will continue to send us your comments and that you will continue to find this guide useful.

1. What does a Trials Search Co-ordinator (TSC) do?

<p><i>Read about the TSC e-mail list on http://www.cochrane.us/tscmail.htm</i></p> <p><i>You can download Signposts from http://www.cochrane.de/cochrane/resource.htm - SIGNP</i></p> <p><i>A list of abbreviations used in the Cochrane Collaboration can be found in Appendix 1</i></p> <p><i>CENTRAL is the Collaboration's Register of randomised and controlled clinical trials</i></p>	<p>The first thing to do is to get in touch with the US Cochrane Center (mailto:cochrane@brown.edu) to have your name added to the Trials Search Co-ordinators e-mail list. This ensures you receive all e-mails that Trials Search Co-ordinators and others send to the list and that you can send e-mails to the list whenever you need answers to questions. This is the main communication for Trials Search Co-ordinators and so it is good to join it straight away.</p> <p>You also need access to the Trials Search Co-ordinators ftp site to upload your Register for the quarterly submissions to CENTRAL. You can find details on how to get there in the CENTRAL Management Plan Appendix 4: FTP 'How To' Manual (http://www.cochrane.us/CENTRALmn.htm - Intro).</p> <p>Signposts, a reference guide for Review Group Co-ordinators and other members of the editorial team is an extremely useful document for looking up where to find information relating to the Cochrane Collaboration and Review Groups.</p> <p>A Trials Search Co-ordinator's primary aim is to support the review process. To this end his or her activities can be split into four main sections:</p> <ul style="list-style-type: none">● <i>Supporting authors:</i> the Trials Search Co-ordinator assists authors with designing search strategies, gives advice about which databases to search, or alternatively, does the searches for them and sends them results of searches from CENTRAL and possibly other databases, on a regular basis, for inclusion in their reviews● <i>Electronic Searching:</i> the Trials Search Co-ordinator is the Collaborative Review Group's (CRG) expert on identifying, collecting and coding randomised controlled trials (RCTs) and controlled clinical trials (CCTs) through searches of electronic health care databases like CENTRAL, MEDLINE, EMBASE, PsycINFO and CINAHL, online trials registers and online grey literature● <i>Handsearching:</i> the Trials Search Co-ordinator is responsible for organising handsearching of journals, books, conference proceedings etc. in their field by volunteer or paid handsearchers. They in turn identify randomised controlled trials and controlled clinical trials and deliver the photocopied results to the Trials Search Co-ordinator for inclusion in the Specialised Register
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<p>You can find the Cochrane Manual at http://www.cochrane.de/cochrane/cc-man.htm</p> <p>All Review Groups submit their Module and Specialised Register to the Cochrane Collaboration quarterly for inclusion in <i>The Cochrane Library</i>.</p> <p>RevMan is software for the writing and management of Cochrane reviews. Download it from: http://www.cochrane.de/cochrane/revman.htm</p> <p>ModMan is used exclusively by the RGC to enter basic information about the Group and its topic list. Linked to RevMan, it is the means by which the 'Module' gets submitted for inclusion in <i>The Cochrane Library</i></p>	<ul style="list-style-type: none"> • Specialised Register: the Trials Search Co-ordinator is responsible for managing their Group's Specialised Register (SR) of reports of randomised controlled trials and controlled clinical trials and for submitting it to the US Cochrane Center every quarter for inclusion in CENTRAL in <i>The Cochrane Library</i> <p>The Trials Search Co-ordinator works alongside the Review Group Co-ordinator and, generally, they are both responsible to their Co-ordinating Editor. All Groups have a Co-ordinating Editor, editors, lay-editors/consumers, peer reviewers and a Review Group Co-ordinator. The longer a Group has been in existence the greater the likelihood that a Trials Search Co-ordinator has been recruited. Some Groups have a part-time Trials Search Co-ordinator and possibly a part-time Assistant Review Group Co-ordinator, while others have a full time Trials Search Co-ordinator and/or a full-time Assistant Review Group Co-ordinator. Whatever the composition of the Group, the following job descriptions are valid for most (not all tasks are listed; more elaborate descriptions can be found in the Cochrane Manual (version to coincide with publication of Issue 1, 2005 of <i>The Cochrane Library</i>, p.80-4):</p> <ul style="list-style-type: none"> • Co-ordinating Editor: is responsible for the running of the Group; ensures that titles, protocols and reviews for submission are appropriate to the Group's scope; accesses funding; develops Group methods; holds grants; identifies new authors, promotes the Collaboration and the Review Group; provides support to the Review Group Co-ordinator; and anticipates conflicts of interest • Editors: comment on titles, protocols and reviews; support the editorial base in ensuring the quality of reviews. Editors should produce a Cochrane Review within two years of becoming an editor • Authors: prepare and maintain systematic reviews for publication in <i>The Cochrane Library</i> with the support of the editorial team • Review Group Co-ordinator: maintains the Group's Module, compiles and maintains e-mail lists; co-ordinates editing of reviews; deals with new titles for reviews; designs generic protocols; designs guideline documents for authors, consumers, peer reviewers and editors; drafts and edits the newsletter; maintains and updates the contents of RevMan and ModMan, submits the Group's Module, tracks progress of reviews, organizes meetings, maintains the website (although in some Groups this is the responsibility of the Trials Search
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<p><i>Learning to identify RCTs and CCTs:</i> http://www.cochrane.us/documents/HSexampl.doc</p> <p><i>Part I Handsearch Manual:</i> http://www.cochrane.org/cochrane/hsmpt1.htm</p>	<p>Co-ordinator)</p> <ul style="list-style-type: none"> ● <i>Trials Search Co-ordinator:</i> manages their Group's Specialised Register; identifies and codes trials; co-ordinates handsearch activities; develops search strategies for the different electronic online databases; downloads search results from databases into the Specialised Register; runs electronic searches for authors and tracks trials sent to them, obtains hard copy of trial reports for retention at the editorial base and arranges filing ● <i>Assistant Review Group Co-ordinators:</i> carries out a wide range of tasks which may include acknowledging funders; mail shots; archiving and filing correspondence; arranging facilities for meetings; arranging teleconferences; compiling circulation lists for newsletters, maintaining information packs for new authors; maintaining membership databases for the Group; ordering stationary. In Groups without an assistant, the Review Group Co-ordinator tends to do most of these things ● <i>Consumers:</i> these are members of the public or particular interest groups who wish to become involved with reviews. As lay editors they read protocols and reviews not only to ensure that they are written in understandable 'lay person's' terms but also to contribute to the contents; they may help with handsearching or get involved with other activities such as the Group's website and newsletter; they may also become authors in their own right ● <i>Peer reviewers:</i> these are experts in the field who comment on the final draft of reviews and in some Groups also on protocols. Each review / protocol is usually reviewed by two external peer referees. Members of the editorial team of the Group who are peer reviewers cannot comment as an editor on their own review. ● <i>Handsearchers:</i> people (paid or unpaid) trained by the Trials Search Co-ordinator to scan health care journals and other literature for randomised controlled trials <p>Being able to identify trials correctly before you embark on any of the tasks mentioned is vital. This is a most important and fundamental skill for a Trials Search Co-ordinator.</p> <p>Excellent training materials are available from the US Cochrane Center. Online you will find a document called '<i>Learning to identify and classify reports of controlled trials in healthcare journals</i>' and Part I of the Handsearch Manual.</p>
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	<p>Part II '<i>Example material, procedures and instructions</i>' and Part III (Training Notes for Handsearchers) '<i>Helping handsearchers distinguish randomised controlled trials and controlled clinical trials from other types of study reports: Examples from the literature</i>' are not available online. These are very useful documents and you should e-mail Cochrane@brown.edu to obtain them. They contain definitions of randomised controlled trials, and controlled clinical trials, which should be included in your Specialised Register and submitted for inclusion in CENTRAL. It also contains examples of other reports which should <i>not</i> be included in CENTRAL such as surveys, follow-up studies, case histories, case-controlled studies, animal studies, systematic reviews, meta-analyses and other background articles. Part III 'Training Notes for Handsearchers' also gives examples of trials for yourself and new handsearchers to practise coding skills.</p>
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2. Which software to use to manage your Specialised Register

<p><i>Modules can be found in The Cochrane Library under 'About the Cochrane Collaboration' and then 'Collaborative Review Groups'</i></p> <p>John Wiley & Sons, Ltd. publish The Cochrane Library. They took over from Update Software in March 2003</p> <p><i>The Specialised Register is the database file in which Trial Search Co-ordinator keep their reports of randomised controlled trials and controlled clinical trials</i></p> <p><i>Chapter 8 provides further details of configuration files</i></p>	<p>It is important that you thoroughly familiarise yourself with your Group's Module. The Module is an overview of your Group's work, and includes its history, members, search strategies and handsearch activities, scope and topic list. It is submitted to John Wiley & Sons, Ltd for inclusion in <i>The Cochrane Library</i> every quarter (end February, May, August and November) by the Review Group Co-ordinator. It is also important that you become confident at distinguishing randomised controlled trials from other clinical trials, case control studies, comparative studies etc. before you embark on your Specialised Register. Don't hesitate to spend time on this.</p> <p>When you are ready to start work on the Specialised Register, not all of you will be in the same position. Some of you will inherit an existing up-to-date (or not) Register; some might inherit a Register whose software needs updating. Others might have to start a Register with the software already decided on; others again might have the choice of software left to them. Whatever position you are in, it is good to have an overall view of what software other Trials Search Co-ordinators in the Cochrane Collaboration are using and what the differences between the various types of software are.</p> <p>There are currently 51 Collaborative Review Groups worldwide; each is free to choose the bibliographic software they want to use to organise their references. The bibliographic software most widely used within The Cochrane Collaboration is ProCite (but see Appendix 3 for the range of software used). The latest version is Number 5.</p> <p>Bibliographic software usually contains ready-made configuration files for a number of online databases. These allow you to import citations from databases such as PubMed as text files into a format that is acceptable to your specific software which you use for your Specialised Register. You can create new configuration files or modify them to your own requirements. If you are a beginner at this sort of thing, you may not find this easy. Yet it is essential to make sure you've got the right configuration files to start with.</p> <p>Once you have imported records into your database, you can edit, update, search and retrieve information. All bibliographic software allows you to add information specific to your requirements and you can save and print bibliographies and other lists easily in different formats.</p>
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<p>Study- based Registers versus report- based Registers</p> <p>MeerKat download software and users' installation instructions: http://www.cochrane.co.uk/MeerKat/meerkat.htm</p> <p>Register for the MeerKat discussion list at: http://www.cochrane.co.uk/MeerKat/meerkat.htm</p> <p>Contact mailto:dymphna.hermans@geratology.ox.ac.uk for more info on ProCite study-based Registers</p> <p>The five Cochrane Groups participating to create PsiTri (Mental Health Trials Database) have developed a Coding Manual which you might find useful. E-mail Kristian Wahlbeck (kristian.wahlbeck@stakes.fi) for a copy</p>	<p>Exporting data is usually provided for, although it might not be easy to export in tagged format (see Glossary). Within the Collaboration, most Groups use either ProCite or Reference Manager to maintain their Specialised Register as well as for organising their references. Some use MeerKat, relational database software, which is described in Chapter 9. See Appendix 3 for the range of software used.</p> <p>These Registers contain reports of trials and in many cases Registers will contain multiple reports of the same trial. This has led to thoughts about the creation of Registers that would be study-based rather than report based. Each trial would have one unique study record with multiple references linked to it.</p> <p>This has advantages: you are able to get an accurate figure of the number of trials in your field (which is interesting but not essential for the functioning of the Group) and - more importantly - those Groups that are coding additional fields like outcomes, healthcare condition, intervention, main diagnostic criteria save themselves a lot of work: rather than coding each reference, only the unique trial record is coded. The advantages to authors of getting their search results from the Trials Search Co-ordinator listed by trial are obvious.</p> <p>The first Group to explore and introduce a study-based Register was the Stroke Group in Edinburgh. They use a specially developed software programme called <i>RefTraK</i> for their Specialised Register and management of the supply of references to authors. They use Reference Manager for managing handsearch results, pending references from database downloads etc.</p> <p>Update Software (publishers of <i>The Cochrane Library</i> until 2003), with support from The Cochrane Collaboration, developed a Microsoft Access-based application for the management of study-based Specialised Registers that can also be used for tracking of references to authors. This package is called MeerKat and has been piloted extensively by the Cochrane Schizophrenia Group. MeerKat, like RefTraK is not used on its own: it is easier to manage your records downloaded from CENTRAL, MEDLINE, EMBASE, PsycINFO, CINAHL etc. and the results of handsearching in ProCite or Reference Manager and then to transfer the records into MeerKat for coding. A number of Groups are now using MeerKat. The MeerKat Working Group maintains MeerKat-related web pages. For more detailed information on the functionality of MeerKat, please see Chapter 9.</p> <p>A ProCite study-based Register was developed by five Cochrane Groups who participated in a European Union funded Mental Health project to create a study-based Mental Health Register (PsiTri) (2000-2003). This approach continues to be used by the Cochrane Dementia and Cognitive Improvement Group and the</p>
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<p><i>Or download a copy of the Coding Manual at http://www.psitri.helsinki.fi/</i></p>	<p>Cochrane Depression, Anxiety and Neurosis Group. A coding manual was developed by the EU Coding Manual Group and it is an extremely useful document to read for anybody thinking about converting to a trial-based Register. It can be used with whatever software you have but is written for ProCite and MeerKat.</p> <p>It is important to give some careful thought to these different kinds of software and choose the solution that best suits your Group and its vision for the future.</p>
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*If you move largish numbers of records in and out of ProCite databases regularly, make sure to **rebuild your databases** every now and then: it speeds up the searching considerably (in ProCite go to the menu at the top, choose Tools and then Rebuild database)*

You can create a ProCite Workform using all of the available 45 fields. The advantage of doing so is that it allows you to see all vacant fields available to you for use when coding records for your Group.

submission to CENTRAL as it is, as this constitutes your Specialised Register. Searching in separate databases may be faster because there are fewer records. But the disadvantages are that you might have duplicates across databases that will be hard to discover. You may have to search several databases when you need to find a record; any global edits you might wish to do, will have to be done in all the separate databases; if you decide to change a Workform you will have to do that in all the databases you use.

Whether you use one or more database(s), keep in mind what your goals are: ease of use when searching for trials for authors and submitting randomised controlled trials and controlled clinical trials to CENTRAL without problems.

Once you know where you are going to put your downloaded records, you'll want to pay some attention to the information that each record is going to contain. When you download records from CENTRAL or MEDLINE, you can choose which fields you want to include. If you choose *all* you cannot go wrong. Your configuration file provides another filter: it translates CENTRAL fields into ProCite fields. ProCite generally uses the journal long form to display journal articles (22 fields in total and quite a few are empty and can thus be used for your own coding). ProCite contains many other Workforms (for books, chapters in books, unpublished articles, conference proceedings etc.); you can also create your own. You can change the underlying Workform of each record or, by global edit, of all records as and when required.

You use fields not used by the download from MEDLINE (or any other database you have been searching) to input information specific to your Group. Alternatively, you can create your own ProCite Workform to suit your needs.

Before starting to clean and code your collection of trial references, you need to dispense with the duplicates which will inevitably be sitting in your database. You can configure the duplicate finder in ProCite in different ways and it is generally beneficial to try several different configurations to remove as many duplicates as possible. It is advisable to check the records you wish to delete before actually deleting them, to ensure they are really duplicates.

Coding of records other than for purposes of identifying randomised controlled trials and controlled clinical trials is not done by all Groups and in very different ways by those Groups that do. Coding of details of the trial reports needs to be discussed with your Co-ordinating Editor and Review Group Co ordinator. If you do decide to use a coding 'system'

Don't forget to put in the "/" after each code as they allow you to search effectively for each code. If a reference has been sent to other authors, their review code is input in the same field, again separated by "/".

*It is also possible to achieve the same by using ProCite's **Group** facility. But be careful: when you copy your Register in its entirety and save it under a new name, the Groupings stay intact but when you copy records from the SR into another ProCite database, your Groupings will disappear.*

you need to be clear about the added benefit over searching keywords, titles or abstracts in your Specialised Register.

Coding practices in some of the Cochrane Groups are listed in Appendix 3. A friendly suggestion is to keep coding at a fairly broad level to begin with. The main aim of coding the Register is to enable you to find the appropriate trials to send to authors, or potential authors in your Group.

You may also use fields in your ProCite Specialised Register to input information about where you found the record (handsearching, CENTRAL, MEDLINE, ClinicalTrials.gov etc.), about whether you have a hard copy on file (yes, no, on order) and to keep track of searches done for authors so that you know what you have sent them and when.

Here is an example of how to keep track of searches for authors in a very simple way in ProCite:

- Select all records you found when you searched using the search terms for the review on 'Snoezelen for dementia' and create a Group of these. Mark the Group and then do a global edit to add the code SNO// to e.g. field 37.
- Unmark the records and go through the Group 'Snoezelen' marking the ones you think the author should see. When you are done do another global edit on the marked records to add the code SNO-sent// to e.g. field 37.

Now you know that you have read all records with the SNO// code and that the records with the SNO-sent// code have been sent to the author. When the review comes in you can check the RevMan references list against the SNO-sent// list and see whether the author has dealt with all the references.

When you do an update search for this review,

- First search for all records with the SNO-sent// code and delete the code by global edit
- Then do a search using the search terms and put all records that come in a Group. Then do a search on this Group only and mark the ones that do not have the SNO// code in field 37. These are the new records since your last search.
- Do a global edit to put the SNO// code in field 37 in each of these marked new records.
- Create a Group of these marked records and then unmark. Read the new records and decide which ones you are going to send to the author this time and mark those.

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| | <ul style="list-style-type: none">• When that is done do a global edit to add SNO-sent// in field 37 for all marked records. And so on. |
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Of course, if you have chosen to use MeerKat in addition to ProCite, your coding of trial reports and tracking of new references for sending to authors should be done in MeerKat, not in ProCite. The MeerKat manual provides information on how this is done (<http://www.update-software.com/MeerKat/>)

4. Search Priorities

<p><i>Get your electronic searching on the road before you start handsearching</i></p>	<p>It is up to each individual Group to decide what is best. But when you are new it is not always easy to judge what tasks should be tackled first and what should come later. So for what it is worth, here are our thoughts.</p> <p>We both agree that it is advisable to start with electronic searching before you embark on handsearching activities. Most of your randomised controlled trials and controlled clinical trials are going to come from electronic searching. The results from handsearching will be much slower to come in and will in many cases already be on MEDLINE, CENTRAL or any of the other health care databases anyway (we reckon about 10% of our handsearching results are records we would not have found through electronic searching - but this percentage might be different for other Groups).</p> <p>Of course you could try to do both at the same time but you might find that if your handsearch activities and recruitment go well, you spend such a lot of time on the training, follow-up and checking of search results that you have hardly any time left for electronic searching. We would like to point out that some Trials Search Co-ordinators would not agree with this. They believe that by starting with handsearching you learn to identify trials and that this also helps enormously with developing vocabulary for your search strategy (see Chapter 7), which is undoubtedly true.</p>
<p><i>Start searching CENTRAL and MEDLINE, then EMBASE</i></p>	<p>If you start off with a new Register, you should definitely begin with searching CENTRAL and MEDLINE. EMBASE should be next and is worth searching because it indexes a lot of European journals that MEDLINE does not cover. PsycINFO and CINAHL don't yield nearly as many randomised controlled trials and controlled clinical trials as MEDLINE or EMBASE and depending on the scope of your Group you may or may not choose to search them. See Appendix 3 for which databases are searched by other Cochrane Groups and Fields.</p> <p>If you inherit an existing Register you may wish to continue searching the databases that your predecessor did. If you are not an experienced librarian or information specialist, start off with CENTRAL when a new issue comes out. The Advanced Search screen provides an option under 'Restrict date range to:' for searching 'new this issue'. Only select this option if you are sure the previous issue of CENTRAL was searched and processed by your predecessor.</p> <p>Grey literature (see definition in Chapter 6) is something worth</p>

<p><i>Conference proceedings are a very good source of randomized and controlled clinical trials, plus so-called negative trials that have not been published</i></p> <p>Download Copernic for free from: http://www.copernic.com/en/index.html</p> <p>Vivisimo: http://vivisimo.com/</p> <p><i>Ongoing trials are entered into RevMan under the heading 'Ongoing trials'; details are added in the table of 'Ongoing studies'.</i></p>	<p>searching, as it is more likely to report negative outcomes than other published sources of trials and therefore contributes to correcting the overestimation and bias of intervention effectiveness. However, theses, unpublished studies, internal reports etc. are hard to come by and the effort involved in tracing and obtaining them might not be in proportion to the results in terms of the numbers of randomised controlled trials and controlled clinical trials which they yield. The exception to this is conference proceedings. Many are published in journals as supplements and thus relatively easy to obtain and often yield a good number of reports of controlled trials. There are also a number of online grey literature sources which can be searched relatively easily (SIGLE, Aslib etc. see Chapter 6) and if you have easy access to them, you might do so. But it would not seem to be something that should have great priority when you first start as a Trials Search Co-ordinator.</p> <p>Surfing the World Wide Web using search engines is another way of trying to find relevant randomised controlled trials and controlled clinical trials. Google or AltaVista are your best options. However there is not much evidence that these are very effective. You can also use Copernic and Vivisimo: they do not index the web but organize the output of other search engines. Surfing the Web to find electronic journals and abstracts of conference proceedings is very worthwhile doing and is discussed in more detail in Chapters 7 and 10.</p> <p>Online trial registers (discussed in Chapter 6) are good sources for finding ongoing trials. We found our authors are very keen to be informed of ongoing trials and we have therefore both made the effort fairly early on to get them on our Registers. Ongoing trials are often put on the Web for recruitment purposes and have a tendency to disappear once recruitment is closed. So make sure to print the record when you find it, as it may not be there next time.</p>
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5. Health care databases: which ones to search, where to find them and how to access them

<p><i>You can find the Cochrane Reviewers' Handbook, version 4.2.2, March 2004 on http://www.cochrane.d/cochrane/hbook.htm</i></p> <p><i>Carol Lefebvre and Mike Clarke's 'Identifying randomised trials' Chapter 5 of Systematic Reviews in Health Care: Meta-Analysis in Context. 2nd Edition of Systematic Reviews. Eds: Egger, Davey Smith, Altman. London. BMJ Books, 2000. A copy of the chapter, for which the authors retained the copyright, can be requested from clefebvre@cochrane.co.uk</i></p>	<p>You should start by reading Chapter 5 of the latest version of the Cochrane Reviewers' Handbook. The chapter is called 'Locating and selecting studies for reviews' and discusses among other things sources for identifying studies, checking of reference lists and electronic databases. It is also available on <i>The Cochrane Library</i>.</p> <p>The following is a list of the most important health care databases. Access to many of them is dependent on whether your organisation subscribes. We obtain most of them through our university networks.</p> <p>If you have problems finding these databases, use a search engine (as said before we both like Google (http://www.google.com) and Copernic (http://www.copernic.com), or e-mail the Trials Search Co-ordinators' list. If you are part of a university network, you will almost certainly find that the university has a subscription to a number of health care databases and provides software to run it (for example, the University of Oxford has a SilverPlatter subscription, using WinSPIRS, to MEDLINE, EMBASE, CINAHL, PsycINFO, SciSearch, AMED and a great many others). We do our online searches always (early) in the morning as the Internet becomes markedly slower by midday (America wakes up and Oxford students as well!).</p> <p style="text-align: center;">MEDLINE</p> <p>MEDLINE is the U.S. National Library of Medicine's premier bibliographic database that contains over 12 million references (http://www.nlm.nih.gov/pubs/factsheets/medline.html) to journal articles in life sciences with a concentration on biomedicine. PubMed contains a further 1.5 million citations on OLDMEDLINE, which covers the years 1950 to 1965. (http://www.nlm.nih.gov/databases/databases_oldmedline.html)</p> <p>The UK Cochrane Centre has developed a highly sensitive search strategy to identify randomised controlled trials and controlled clinical trials in MEDLINE. The UK Cochrane Centre, in collaboration with the New England and US Cochrane Centres has been involved in a retagging project to correctly identify reports of randomised controlled trials and controlled clinical trials in MEDLINE. The identified trials are then forwarded to the National Library of Medicine and are also downloaded into the Cochrane Central Register of Controlled Trials (CENTRAL) every quarter. For the latest information on the years searched, please go to <i>The Cochrane Library/ About The Cochrane Library</i></p>
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<p style="text-align: center;"> <i>PubMed:</i> http://www.ncbi.nlm.nih.gov/entrez/query.fcgi </p> <p style="text-align: center;"> <i>Toxnet:</i> http://toxnet.nlm.nih.gov/ </p>	<p>/ The Cochrane Central Register of Controlled Trials (http://212.49.218.203/newgenMB/WebHelpSpecific/CCTR.htm) There are good reasons to search MEDLINE (all years) as well, in spite of the efforts described above. These are detailed in Carol Lefebvre and Mike Clarke's 'Identifying randomised trials' which you should read before you embark on a search of MEDLINE. Update Software has permission from the U.S. National Library of Medicine to republish MEDLINE citations in CENTRAL in <i>The Cochrane Library</i>. All reports of trials in MEDLINE tagged with the study design Publication Type 'RANDOMIZED-CONTROLLED-TRIAL' or 'CONTROLLED-CLINICAL-TRIAL' (limited to human) are downloaded by Update Software for each issue of <i>The Cochrane Library</i>.</p> <p>There are several ways of accessing MEDLINE and suppliers have different software. You can subscribe to a CD-ROM version of MEDLINE, search the database online, or search it via the Internet for free or for a fee. Sites vary considerably and access and use can be slow. Software varies greatly between them; it is worth checking out several of them. Omni (http://omni.ac.uk/) gives listings of options and brief details of their features.</p> <p><i>MEDLINE for free</i> can be found at the following sites:</p> <ul style="list-style-type: none"> ❖ <i>PubMed</i> has different levels of searching: the basic (text-based) search, the advanced search, which allows search by MeSH terms, and searches using Boolean operators (AND, OR, NOT etc.). The link from each reference to related references can be quite useful, as can the LinkOut facility, which provides access to online resources beyond the PubMed system. LinkOut links with an asterisk indicate the LinkOut provider requires a subscription, membership or fee for access. Only use this after you have checked your institution's e-journal collection and the FreeMedicalJournals website (see Chapter 8). <p>PubMed also has a journal browser (so that you can find out which journals are indexed in MEDLINE), a MeSH browser (to find out which MeSH terms to use) and a citation matcher (give it any info at all and it will try to find the full citation). In addition the PubMed site gives access to the following useful databases:</p> <ul style="list-style-type: none"> ○ <i>TOXNET</i>, a cluster of databases on toxicology, hazardous chemicals and related areas ○ <i>ClinicalTrials.gov</i> which provides access to a great many ongoing trials registers and should certainly be used and searched by Trials Search Co-ordinators (see also Chapter 6) <p>❖ The <i>NLM Gateway</i> is a Web-based system that lets users</p>
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ClinicalTrials.gov:
<http://clinicaltrials.gov/ct/gui>

search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). Currently, users are able to access information from the following collections (most of these can also be searched separately)

- *MEDLINE/PubMed*: journal citations, 1950 to present (includes OLDMEDLINE)
- *DIRLINE*: directory of health organizations
- *NLM Catalogues*: catalogue records for books, serials, audiovisual materials (basic information on journals which comes in handy when you have to fill in Hand Search Registration Forms)
- *MedlinePlus*: consumer health information from NIH and other sources
- *MedlinePlus Drug Information*: generic and brand name drug information
- *MedlinePlus Medical Encyclopedia*: articles about diseases, tests, symptoms, injuries and surgeries

ChemIDplus:
<http://chem.sis.nlm.nih.gov/chemidplus/>

ChemIDplus which is a free, web-based search system that provides access to structure and nomenclature authority files used for the identification of chemical substances cited in NLM databases. Very useful for finding synonyms of drug names for searches for authors or to clear up queries about apparent synonyms

MEDLINE for a fee is available from a number of organizations including:

- *Ovid / SilverPlatter*: <http://www.ovid.com/>
- *Dialog / Dialog DataStar*: <http://www.dialog.com/>

EMBASE

EMBASE is only available on subscription. EMBASE provides access to much of the world's literature on pharmacology and biomedicine. It indexes a large number of non-English language journals, particularly journals published in other European languages going back to 1974. EMBASE contains more than 15 million references including abstracts from MEDLINE (1966 to present). More than 600,000 records are added every year.

The UK Cochrane Centre has completed the first phase of its retrospective search for reports of trials in EMBASE from 1974 to 2003. 70,000 reports of trials, not at the time indexed as reports of trials in MEDLINE, have been added to CENTRAL, with permission of the publishers, Elsevier, under a contract between Wiley and Elsevier. For the latest information on the years searched and search terms used, please go to *The Cochrane Library / About The Cochrane Library / The Cochrane Central Register of Controlled Trials*

(<http://212.49.218.203/newgenMB/WebHelpSpecific/CCTR.htm>).

Use of EMBASE is subject to copyright and licensing restrictions, as are nearly all databases, and Review Groups, Fields and others are, therefore, not entitled to download records from EMBASE and submit them to CENTRAL or publish them, for example as part of your Specialised Register, on your web site or elsewhere. You are entitled to download EMBASE records from CENTRAL, keep them on your Specialised Register for internal use and resubmit them to CENTRAL.

There is something that you could usefully remember about EMBASE: EMBASE uses different controlled vocabulary from MEDLINE, called EMTREE, so you cannot use your MEDLINE search strategy for maximum effect in EMBASE, without 'translating' the MeSH terms into EMTREE terms (see Chapter 7).

CINAHL

CINAHL is designed specifically to meet the information needs of nurses and allied health professionals. It provides access to virtually all English-language nursing journals; publications from the American Nurses' Association and the National League for Nursing and journals from 32 allied health disciplines. Numerous physiotherapy journals are indexed in CINAHL, providing a fruitful source of randomised controlled trials. The database covers the period from 1982 onwards and is updated weekly. Electronic abstracts are available from 1985 onwards and printed matter from 1951. There are currently 29 print journals available online. Not many review Groups are searching CINAHL on a regular basis and some that did in the past have stopped doing so because they found that the results did not justify the work involved. However once the initial search strategy has been written and the backlog been searched, it is very little work to run the search strategy quarterly. And the few unique trials you may find each time you would be very unlikely to have come across in another way.

CINAHL (Nursing and Allied Health):
<http://www.cinahl.com/>

BNI/RCN Journals:
<http://www.bnipus.co.uk/>

PsycINFO:
<http://www.apa.org/psycinfo/>

British Nursing Index & RCN Journals Database

CINAHL's British counterpart is the British Nursing Index & RCN Journals Database, which contains citations from over 220 mostly British nursing related journals. Controlled vocabulary terms and abstracts are not available; records go back to 1994 and it is updated monthly.

PsycINFO

PsycINFO is a journal article database that contains summaries of the world's literature in psychology and related disciplines; it covers over 1,900 journals in more than 24 languages from more than 50 countries and is updated weekly. It is obviously of more

<p><i>Science Citation Index</i> http://www.isinet.com/products/citation/sci/</p> <p><i>CHID:</i> http://chid.nih.gov/welcome/welcome.html</p> <p><i>How to search for clinical trials on LILACS:</i> http://www.centrocochranedobrasil.org/</p>	<p>use to some Groups than others. It has abstracts and its own controlled vocabulary terms and covers the years 1827 onwards.</p> <p style="text-align: center;">Science Citation Index</p> <p>The Science Citation Index contains bibliographic references of articles, reports, papers, discussions, editorials, notes, reviews etc. from over 3,700 journals in the fields of natural, physical and biomedical science and technology. The online version <i>SciSearch</i>®, cover more than 5,800 journals. The data, which are updated weekly, consist of articles for the current year, with the other years' data going back to 1945. By 2005 it will be possible to go back as far as 1900 when Thomson ISI launch the Century of Science, which is an extension of the SCI. The data for each index default to the current year plus the three previous years (this can be reset), with searches covering one index at a time. Many of the more recent articles contain abstracts, as well as author, title and journal information, with lists of citations.</p> <p style="text-align: center;">CHID</p> <p>The Combined Health Information Database (CHID) is produced by health-related agencies of the US Federal Government. It provides title, abstracts and availability information for health information and health education resources. CHID is updated four times a year: at the end of January, April, July and October.</p> <p style="text-align: center;">LILACS</p> <p>Latin American Health Sciences Literature consists of 13 databases all to do with health care in Latin America. LILACS is the most important one. It indexes 670 journals published in the region since 1982 with abstracts in English, Portuguese or Spanish and only 41 overlap with those indexed for MEDLINE-EMBASE. It contains more than 150,000 records and other references.</p> <p>The Brazilian Cochrane Centre has published detailed information on how to search for clinical trials on the LILACS database using the Internet. (Chapter 7 contains the direct link to the LILACS search strategy). They are also in the process of conducting a global search for all reports of RCTs in LILACS. It is expected that these will begin to be included in CENTRAL during 2005.</p>
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6. Web surfing in search of ongoing trials and grey literature

<p><i>Print copies of all ongoing trials you find on the internet - they may disappear once recruitment is complete</i></p> <p>http://clinicaltrials.gov/</p> <p>Where can I find information about how you built ClinicalTrials.gov? McCray AT, Ide NC. Design and implementation of a national clinical trials registry. <i>J Am Med Inform Assoc</i> 2000 May-Jun;7(3):313-23</p> <p>How do I cite a trial from ClinicalTrials.gov: http://www.nlm.nih.gov/services/ctcite.html</p>	<h3>Ongoing trials</h3> <p>It is important to keep track of ongoing trials as it allows you to find out what happened to them and whether they led to published articles or not. Fortunately more and more organisations, government agencies and drug companies are making the effort to register their ongoing trials online.</p> <p>You used to have to put a great deal of effort into finding ongoing trials registers and the work involved in searching each separate register was considerable. However both in the USA and the UK important initiatives have ensured that many of these individual registers now submit their ongoing trials to one organisation, which runs a central site and provides search facilities, a move, which is of course beneficial to all parties, involved, not least to Cochrane Trial Search Co-ordinators.</p> <p>Please remember that these ongoing trials may disappear from the website once recruitment has stopped, so remember to print and file all of them. Authors often have trouble finding these trials anyway and so to have copies available to send to them is helpful.</p> <ul style="list-style-type: none">• <i>ClinicalTrials.gov</i> is the main USA site for ongoing trials; it is free and provides patients, family members, health care professionals, and members of the public easy access to information on clinical trials for a wide range of diseases and conditions. The U.S. National Institutes of Health (NIH), through its National Library of Medicine (NLM), has developed this site in collaboration with all NIH Institutes and the Food and Drug Administration (FDA). <p>The site was launched in February 2000 and currently contains approximately 12,000 clinical studies sponsored by the National Institutes of Health, other US federal agencies, and the private industry. Studies listed in the database are conducted primarily in the United States and Canada, but include locations in over 90 countries. Only a proportion of the studies listed are RCTs.</p> <p>Its search facilities are good and include simple searches using Boolean operators; searches within searches; searches by specific information (search by disease, location, treatment, sponsor...); you can browse by condition or sponsor. But you cannot save your search strategy. They do have a 'what's new'</p>
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section now, plus an archive of 'new' reports that date back to July 2002.

ClinicalTrials.gov covers Centerwatch and NIH sponsored specialist ongoing trial databases (like the Alzheimer's disease clinical trials database - ADEAR): I did some spot checks and trials I obtained from Centerwatch and ADEAR in the past are now on ClinicalTrials.gov. But I did not check every single one. I have decided to keep up with USA and Canadian ongoing trials through ClinicalTrials.gov only.

mRCT:
<http://www.controlled-trials.com/>

- Current Science in the UK has developed the *mRCT* (*meta Register of Controlled Trials*). It is a major international searchable database of ongoing randomised controlled trials in all areas of healthcare, built by combining registers held by public, charitable and commercial sponsors of trials. *mRCT* also contains completed trials. The *mRCT* is a free service that allows users to search all participating registers, all of which are asked to submit trial records including specified [essential data items](#) if possible. Where more detailed entries are available in the original register, links are available to the source website. Access to the Current Controlled Trials website is free but you have to register. You can also arrange to have updates sent to you by e-mail.

Register for CCT at:
http://www.controlled-trials.com/your_profile/registration_form.asp

The metaRegister contains randomised controlled trials from the following databases:

- Action Research
- ILEX Oncology Inc.
- Institute of Psychiatry/South London and Maudsley Trust
- Laxdale Limited
- Leukaemia Research Fund
- Medical Research Council (UK)
- NHS Trusts Clinical Trials Register
- National Health Service Research and Development Health Technology Assessment Programme (HTA)
- National Health Service Research and Development Programme 'Time Limited' National Programmes
- National Health Service Research and Development Regional Programmes
- National Institute of Health (NIH) – records held on NIH *ClinicalTrials.gov* website
- The Health Foundation
- UK Co-ordinating Committee on Cancer Research

The US National Institutes of Health (NIH) have allowed searches to include access to randomised trial records held within the NIH *ClinicalTrials.gov* website, so you could just search *mRCT* for all

<p><i>CCT Links to many ongoing trials databases:</i> http://www.controlled-trials.com/links/ - 5</p> <p><i>For further information on SIGLE contact:</i> EAGLE Secretariat, PO Box 90407, NL-2509 LK Den Haag, The Netherlands. Tel (+31) 70 3140506; Fax: (+31) 70 3140651. http://www.cas.org/ONLINE/DBSS/sigless.html</p>	<p>your ongoing trials.</p> <p>Current Controlled trials also provide links (divided in categories) to a great many ongoing trials databases and sites. Not all of them are covered by mRCT or ClinicalTrials.gov so it's worth browsing them.</p> <p>Grey literature</p> <p>Grey literature is best defined as literature that cannot readily be acquired through normal book or journal selling channels and which is therefore difficult to identify and obtain. Examples of grey literature include technical or research reports, doctoral dissertations / theses, conference papers, discussion and policy papers and some official publications. Your best online access to these is through:</p> <ul style="list-style-type: none"> • <i>SIGLE</i> (System for Information on Grey Literature in Europe). SIGLE covers literature from 1976 to present and was established as a document delivery system covering grey literature produced in European Union countries; it combines the resources of major European information and document supply centres who have joined together in an association known as EAGLE (European Association for Grey Literature Exploitation). Each Center is responsible for collecting grey literature produced in its own country and providing details of it. • <i>Aslib Index to Theses</i>. This is a database of theses and dissertations submitted to universities and colleges in the United Kingdom. It covers theses accepted from 1970 to 2003. Access for us is through the University. • <i>Dissertation Abstracts Ondisc</i>, the electronic version of dissertation publications of University Microfilms is a database of dissertations and theses, covering all subject areas, completed at over one thousand colleges and universities throughout the world. Records contain bibliographical details (from 1861 onwards) and abstracts (from 1980 onwards). The database is updated quarterly. Access is through the university. <p>Identifying unpublished and ongoing trials through searching the World Wide Web should probably not have a high priority: a study by Gunther Eysenbach ¹ using different methods and search engines, found AltaVista to be the most efficient.</p>
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¹ Evaluation of the usefulness of Internet searches to identify unpublished clinical trials for systematic reviews. Eysenback G, Tuische J, Diepgen TL. *Medical Informatics and the Internet in Medicine*. 2001;26(No 3):203-18

7. What is a search strategy and how to create them?

*MeSH stands for **Medical Subject Headings** and these are arranged in a hierarchical (tree) like manner. Each article in MEDLINE or EMBASE (and any other database using controlled vocabulary) is indexed using the relevant terms*

*British Library courses:
<http://www.bl.uk/>
go to Search and type 'courses'*

*For courses at the Wellcome Institute: go to
<http://www.wellcome.ac.uk/>*

*For PubMed help files:
<http://www.ncbi.nlm.nih.gov/entrez/query/static/help/pmhhelp.html>*

*How to develop a search strategy:
<http://www.cochrane.dk/cochrane/handbook/hbook.htm>*

A search strategy consists of a series of search terms (MeSH as well as free text terms) which, when applied to the searching of a database like MEDLINE or EMBASE, lead to the selection of a number of citations. For a Cochrane Trials Search Co-ordinator, these terms should ideally lead to only reports of randomised controlled trials and controlled clinical trials within the scope of your Group.

Developing a search strategy for CENTRAL is something you need to do as a priority and should not do on your own: consult your Co-ordinating Editor and other members of the editorial team to find out what the right search concepts and may be. If you are not familiar with MeSH terms you will need to spend some time looking up and down the trees to see where the search terms you have collected fit in the different MeSH trees. Some Cochrane Centres have an Information Specialist who will help you with your search strategy. If not, contact Carol Lefebvre, the Information Specialist at the UK Cochrane Centre (clefebvre@cochrane.co.uk). It is important to ask for help so as not to get bogged down too much when you are a new Trials Search Co-ordinator. The British Library regularly runs MEDLINE workshops in the UK (around £200 for a full day training; we both found them very useful); The Wellcome Institute in London also gives MEDLINE workshops a couple of times a year and these are free. Help files are available for PubMed, including searching tips.

When you run your search strategy for the first time on CENTRAL or MEDLINE you will subsequently spend time 'cleaning' the results of that search (identifying the records that don't belong to the scope of your Group or are not randomised controlled trials or controlled clinical trials). It might be a good idea at this point to have a little notebook handy in which you jot down where the search has gone wrong (e.g. if you are Trials Search Co-ordinator for the Dementia Group and you find an article on lung cancer it's worthwhile giving some attention to how it got there. I found in this case that the author's name was Pickering and that the search terms for Pick's disease in my search strategy (Pick*) had not excluded the author field so that any author with pick as part of his/her name turned up in my results). When you are ready to work on your search strategy you'll have a useful lot of notes that will help you to improve your strategy.

An invaluable section on how to develop a search strategy can be found in the Cochrane Reviewers' Handbook, Chapter 5 "Locating and Selecting Studies".

<p><i>To download the search strategy in LILACS:</i> http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-31801999000300011&lng=en&nrm=iso</p> <p><i>For more information on EPOC filters go to:</i> http://www.epoc.uottawa.ca/register.htm</p>	<p>systematic reviews database created by the UK Cochrane Centre before 1995. DARE search filters can be found at http://www.york.ac.uk/inst/crd/faq2a.htm. They are quite a long way down the page, so scroll about three quarters of the way down until you come to the list of search strategies available for viewing in Word.</p> <p>Current Contents via Ovid strategy CINAHL via Ovid strategy ERIC via Ovid strategy Biosis via Dialog strategy Allied and Alternative Medicine (AMED) via Ovid strategy PsycINFO via Silverplatter strategy EMBASE via Ovid strategy</p> <p>The InterTASC Information Specialists Group is developing a search filter resource, whereby a number of filters (or references to them) will be made available at convenient site. This site will be released early in 2005. (InterTASC is the group that creates the health Technical Assessment Reports for the National Institute for Clinical Effectiveness in the UK).</p> <p>A search strategy for the Latin American and Caribbean Health Science Literature (LILACS) can be found in Castro 1997². The aim was to translate the Cochrane Highly Sensitive Search Strategy for randomized controlled trials in MEDLINE into LILACS. This search strategy cannot currently be run from their website but can be copied and pasted and run on the Bireme interface to LILACS. The Health Sciences Descriptors (DeCS) website is a trilingual (English, Portuguese, Spanish) structured vocabulary, created by BIREME for indexing articles in journals, books, conference abstracts and electronic databases such as LILACS and MEDLINE (http://decs.bvs.br/I/new_2003.htm).</p> <p>EPOC was originally registered as the Effective Professional Practice (CCEPP) in 1994. In 1998 the name changed to the Cochrane Effective Practice and Organisation of Care Group (EPOC) to more accurately reflect the Group's scope. The name change was done for a number of reasons; one being that Cochrane Groups are now embarking on reviews pertinent to their scope as well as including organisational facets of health care. EPOC's scope is to take on systematic reviews of educational, behavioural, financial, organisational and regulatory interventions with the focus on improving health practices and the organisation of health care services, prospectively spanning any clinical area. Methodological search filters for interrupted time studies and before and after studies have not yet been designed. EPOC are hoping to secure funding for this work. Currently their filters are very broad and they have to do a lot of screening.</p>
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² Castro AA, Clark OA, Atallah A. Optimal search strategy for clinical trials in the Latin American and Caribbean Health Service Literature Database. Rev. Paul Med 1997. May/June; 115(3):1423-6

<p><i>For more information on SIGN search filters go to: http://www.sign.ac.uk/index.html</i></p>	<p>The Scottish Intercollegiate Guidelines Network (SIGN) was formed in 1993, with the principle objective of improving the quality of health care for patients in Scotland. By developing national clinical guidelines and disseminating recommendations for best practice based on current evidence, the aim was to standardize practice and outcomes. SIGN has a programme of about 80 evidence-based clinical guidelines – at various stages of production. Many of their guidelines share the NHS priority areas: cancer, cardiovascular disease, and mental health.</p> <p>SIGN’s filters (http://www.sign.ac.uk/methodology/filters.html) have been designed to run on the OVID platform over MEDLINE, EMBASE and CINAHL. SIGN provides five categories of filters, created in-house or adapted from other research organisations to retrieve trials in the following study designs:</p> <ul style="list-style-type: none"> • Systematic reviews – emphasizes specificity rather than sensitivity and designed by the Health Information Research Unit of the McMaster University, Ontario. • Randomised controlled trials – adapted from the highly sensitive search strategy used by the Cochrane Collaboration. • Observational studies - developed in-house to recover studies suited to SIGN’s methodological criteria. • Diagnostic studies - the filter is designed by and adapted from the Health Information Research Unit of the McMaster University, Ontario. • Economic studies – this filter was adapted from the strategy created by the Centre for Reviews and Dissemination at the University of York, UK. <p>It is probably fair to point out that SIGN’s searches (and these filters) take a more pragmatic approach than the Cochrane Collaboration. It is however a good source of information and worth spending time navigating this database.</p>
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8. Downloading records into your Specialised Register using ProCite

<p><i>Read the ProCite manual after you have practised a few days</i></p> <p><i>On CENTRAL each reference gets a tag to identify which Group submitted the record. To find out the tag for your Group go to:</i> http://www.cochrane.us/documents/appen dx2_CRG_or_Field_Network_SR_codes.rtf</p> <p><i>See Appendix 2 for description of configuration files</i></p> <p><i>Read the chapter on configuration files in the ProCite manual – it will be a good investment!</i></p>	<p>Whether you use a study-based or report based Register, most of you will have to come to terms with ProCite or other reference management software first. Remember that even if you do all the wrong things, you learn all the time about where things are and how not to do things. This is useful too! Add, edit, code and delete records, find duplicates in as many different ways as you can think of, search for specific records, do global edits, try to make and change a Workform. Then spend time doing these things but now look in the ProCite manual when you get things wrong. You should be getting on top of things pretty quickly this way.</p> <p>If you begin a new Register, do exactly the same: software usually comes with a sample database: use that to play with.</p> <p>You may also consult the Guide for Submission of Handsearch Results to CENTRAL (November 2003), which describes this process (http://www.cochrane.us/hsmain.htm).</p> <p>In order to download files from databases such as CENTRAL and MEDLINE into your Specialised Register, you will need to use configuration files: the one to use for <i>Cochrane Library</i> records is Clib. It is available on the web site of the US Cochrane Center (http://www.cochrane.us). There are separate configuration files for ProCite 4 and ProCite 5 users.</p> <p>Records from other databases can be downloaded with a variety of configuration files available from your bibliographic software (ProCite, Reference Manager, Endnote etc.)</p> <p>You may find that the configuration file you use works but does not import the records in the style that you want (or your Review Group Co-ordinator or Co-ordinating Editor – do ask them for their view just in case they feel strongly about what the output looks like). In that case you can edit the relevant configuration file. Every time you find that you are correcting the contents of certain fields over and over again (taking out the full stop at the end of the title field, or taking out the month that has slipped in with the year), you need to go back to the configuration file and think about how you can change it so that you don't have this extra work.</p> <p>ProCite configuration files can only be edited from a separate bit of software called Biblio-link II (you access it through <i>Start/Programs/ProCite/Biblio-Link II</i>). Upon opening Biblio-</p>
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<p>A more extensive description of searching CENTRAL is given in Carol Lefebvre's 'Searching CENTRAL' which can be found at http://www.cochrane.us/documents/Searching CENTRAL.doc</p>	<p>Link a list of configuration files appears; choose the one you want to edit and open it. A list of databases with which that configuration file can be used appears. You can modify the default settings or the settings for one of the individual databases mentioned. Each field in the configuration file can be modified (press modify button and follow on-screen instructions). To change the format of the author field go to the menu, click configuration and then author field format and make your changes. Close the screen and save your changes and next time you use that particular configuration file the imported records should look the way you and your Group want.</p> <p>So, you have practised searching <i>The Cochrane Library</i>, you have made sure the Clib configuration file has been added to the config folder in ProCite; you have modified Clib in Biblio-Link if you were not happy with the output, and you have a search strategy ready (after checking it over with a specialist, possibly at your reference Cochrane Centre). You are now ready to download your first records into your Specialised Register:</p> <ul style="list-style-type: none"> ❖ In order to save Cochrane Library records into a text file you open <i>The Cochrane Library</i> and click the <i>search</i> button on the top left-hand corner of the screen. Select <i>advanced search</i> and type in your search. Click on <i>search</i>. Go to the bottom bar in the box and click on the <i>show the results of the search in the index window</i> button. Double click on the <i>Cochrane Central Register of Controlled Trials</i> option. Then underneath this, double click on the <i>references</i> button. ❖ Select the reports that you wish to download by ticking the boxes to the left of the reference(s) or select all references. On the left of the screen, click on <i>print and save</i>. A print box comes up. In the top third of the box is a <i>what to output</i> section. Click the <i>selected items</i> option. In the bottom third of the box, click the <i>full document, complete references</i> button. Then <i>save</i>. ❖ The export file references box appears next. <i>Save</i> your file as a text file (.TXT). It doesn't matter where you save the file to as long as you remember where you put it. Check your selections and click on the OK button. Close <i>The Cochrane Library</i>. <p>The next step is to import your text file with Cochrane Library records into ProCite:</p> <ul style="list-style-type: none"> ❖ Open ProCite. Select the <i>tools</i> button at the top of the screen. Select the <i>import text file</i> from the pull down menu. The 'open import file' screen will open. At the 'look in' prompt, select the <i>relevant text file</i>. Click <i>open</i>. The first record(s) of your file will be displayed on the 'import' screen. Be sure the following items are selected: File name: <i>tagged</i>; File format: <i>Clib</i> (You may need to use the box with 3 dots ... just to the
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right to locate it); Target database: *your Specialised Register/whichever database you want the records to go into.*

- ❖ Click on the *transfer* button. The screen showing the records being imported will appear. When the importing process is complete, the number of records successfully imported will appear in a box in the middle of the screen. Close the screen and your Specialised Register with the new records will become visible.

As we pointed out in Chapter 5, CENTRAL does not contain all reports of trials from EMBASE or MEDLINE, as these are projects in process. For the latest information on the years searched and included in CENTRAL, please go to *The Cochrane Library/ About The Cochrane Library / The Cochrane Central Register of Controlled Trials* (<http://212.49.218.203/newgenMB/WebHelpSpecific/CCTR.htm>). For any updates to this information please contact the USCC (e-mail: Cochrane@Brown.edu). There is still a need to search MEDLINE and of course for this database you need to add the highly sensitive methodology search strategy to your topical strategy.

The other reason for searching MEDLINE is to check for the presence of trial reports you obtained through handsearching. In many cases there will be a record in MEDLINE and it is faster and more accurate to download the existing record than to key in all the details yourself (of course you should check handsearched trial reports against your Specialised Register first of all to make sure you do not already have the reference). If the journal being searched is indexed on MEDLINE, all the articles should be included there. They may not have been coded as randomised controlled or controlled clinical trials but they will be there (and eventually these trials submitted to *The Cochrane Library* will be given the randomised controlled trials or controlled clinical trials tag and appear in MEDLINE with the correct coding) but only if you submit them separately as a Handsearch Submission to the US Cochrane Center, in which case you must download them, not hand-key them. They will not be tagged in MEDLINE in future in this way if you simply submit them as part of your Specialised Register.

Basically the process of downloading MEDLINE records (or records from any other database) is similar to the one described for downloading from CENTRAL. You download the records from MEDLINE into a text file, and then convert the text file into ProCite records with the help of your configuration files. Most MEDLINE records have an abstract and by reading that you can code the record as RCT or CCT. For more extensive coding you generally need to obtain hard copies of the relevant articles.

*How to download
from MEDLINE:
http://www.cochrane.us/documents/handsearch_guide111903.pdf*

	<p>For those who want a more detailed description of the downloading process from MEDLINE this has been included in the CENTRAL Management Plan in the Guide for Submission of Handsearch Results in section 3.8.1 and its subsections (updated November 2003).</p>
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9. MeerKat

(chapter contributed by the MeerKat Working Group)

<p><i>MeerKat download:</i> http://www.update-software.com/MeerKat/</p> <p><i>Contact Sally Hopewell, Convenor of the MeerKat Working Group</i></p> <p><i>Example of a Study based Register:</i> EU-Psi</p>	<p>MeerKat is a major step forward as a way of managing and developing a study-based Specialised Register. In 1995 the UK Cochrane Centre supported work of the Cochrane Stroke Group in compiling a relational database for their Specialised Register. This pilot study was the foundation for what was to become the MeerKat Working Group (1996 to date). This Group, supported by the UK Cochrane Centre, has worked closely with Update Software to design and implement a Cochrane-specific relational database system called MeerKat (www.update-software.com/MeerKat/), using Microsoft Access.</p> <p>MeerKat has a number of unique features:</p> <p>MeerKat is free software, which enables the building of a study-based Specialised Register, and helps to resolve the problems of multiple publications for authors. For example, a recent study by one of the Renal Group authors showed that for one review, 56 reports were identified for just 14 trials.¹ The author estimates that establishing the identity of these publications added at least an extra four months to the time taken to do the review. It is possible to link individual references to one study (usually the first full publication about a trial), and then generate a report under that study name, showing all the linked references.</p> <p>Individual studies can be directly linked to the Topic List, thus generating lists of potential review topics. This may also show up possible duplicate publications that could be grouped together under one study name.</p> <p>MeerKat has the facility to track what has been sent to which author, and what they have done with these citations and studies. This decreases duplication of effort, particularly in identifying what is already included in or excluded from reviews at the update stage.</p> <p>MeerKat can be set up to generate reports, which can be sent or e-mailed directly to authors notifying them of new studies, which might be relevant to their review. This has the potential to save the Trials Search Co-ordinator or Review Group Co-ordinator a great deal of time, especially when updates are due.</p> <p>Individual MeerKat records can be globally updated to ensure that the records held on each Specialised Register could be more easily kept up-to-date; for example, when MEDLINE indexing is updated.</p>
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<p>To join the MeerKat discussion list: http://www.cochrane.de/mailman/listinfo/MeerKat</p> <p>Cochrane Schizophrenia Group Contact Clive Adams Contact Mark Fenton</p>	<p>MeerKat has a facility to export references to CENTRAL and is fully compliant with the requirements of the CENTRAL Management Plan. But of course MeerKat is fully enabled to assist the evolution of CENTRAL into a study-based register, as in the Mental Health Library, for example (http://www.update-software.com/mhl/mhlogon.htm).</p> <p>MeerKat, as it is a relational database, can relate to other software packages such as Microsoft Outlook, ModMan and RevMan. The potential for this cannot be over emphasised. Additional packages have evolved linking MeerKat's dataset to listings of library holdings, thus automatically generating lists of citations to be acquired locally. The same system can also automatically generate the library request form. MeerKat can also be used to perform additional tasks such as generating reports on the number of studies included in and excluded from reviews, across time.</p> <p>Getting started with MeerKat</p> <p>The best advice for groups thinking about transferring to MeerKat is to download a copy of the software from the UK Cochrane Centre web site and give it a try. You will need to develop a filter for importing references from your current reference management software into Neto@cheo.on.ca Neto@cheo.on.ca MeerKat. You should be able to obtain a suitable filter from one of the Groups currently using MeerKat – join the discussion list and ask them for help. Don't worry too much at this stage about transferring any specialised coding you may have, just concentrate on the main bibliographic information, abstracts etc. Select a number of references to transfer, and then play around to get a feel for what MeerKat can do. If you are located close to another Group that uses MeerKat, you may be able to arrange to go and have a look at how they use it.</p> <p>The Cochrane Schizophrenia Group provides a service to help Groups transfer their Registers into MeerKat. Transferring your Register involves the tidying up of your existing Register within the bibliographic software package used by your Group. This in itself is often a considerable task. Data are then extracted to load into MeerKat. If the records are uncoded, transfer is a very easy task. If coding has been undertaken this too has to be transferred but this involves more time and skill and can be undertaken by Mark Fenton and Clive Adams of the Cochrane Schizophrenia Group. Mark Fenton and Clive Adams also support the MeerKat discussion list (http://www.cochrane.de/mailman/listinfo/MeerKat) and try to give ongoing support to MeerKat users.</p> <p>User support</p> <p>Until now, the Schizophrenia Group has been involved in the</p>
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funding, supporting and development of MeerKat, with a small contribution from the UK Cochrane Centre, and advice from Update Software. The MeerKat Working Group put a proposal for funding to the Steering Group in February 2004, and the Steering Group has agreed to fund support for existing users of MeerKat including workshops at Contributors' meetings and annual Cochrane Colloquia, the development of a Users' Manual, and the fixing of some of the main bugs from the 'wish list'. The Schizophrenia Group has agreed to continue to support groups in the transfer of their Registers to MeerKat and at present this will be funded by sources other than the Steering Group.

Increased support for current users of MeerKat will mean that a body of expertise builds up resulting in increased 'local' support, rather than relying entirely on the Schizophrenia Group.

Development of a Users' Manual will also increase the level of support and information available to both current and potential users.

Another avenue for support is the discussion list, already mentioned above. Any questions asked or issues raised are usually commented on within a day or two, so it is an excellent forum.

Reference

1. Webster A, Heslop L, Chapman J, Craig J. The prevalence and impact of overt and covert duplicate publications of randomized trials in renal transplantation. XI Cochrane Colloquium: Evidence, Health Care and Culture; 2003 Oct 26-31; Barcelona, Spain.

10. Handsearching of printed journals and electronic journals

<p><i>Handsearch Manual Part I:</i> http://www.cochrane.us/documents/TrainingManualforHandsearchersFinal.pdf</p> <p><i>Handsearch training resources can be found at:</i> http://www.cochrane.us/documents/HSexampl.doc</p> <p><i>Search Master List:</i> http://www.cochrane.us/cochranemainpage.asp</p>	<p>Handsearching is full text searching of literature. Every journal or other type of publication within the scope of your Group needs to be handsearched, including those that get indexed in MEDLINE, EMBASE and other health care databases. All randomised controlled trials and controlled clinical trials found in this way, whether they belong to your Group or not, need to be submitted for inclusion in CENTRAL in <i>The Cochrane Library</i>: the ones that do belong to your Group are included in your Specialised Register; those that are indexed in MEDLINE are also submitted separately to the US Cochrane Center as a Handsearch Submission, if you want them to be re-tagged in MEDLINE as a trial; those that do not belong to your Group must be submitted separately as a Handsearch Submission for inclusion in CENTRAL.</p> <p>The principal aim of handsearching for the Cochrane Collaboration is to ensure identification of all reports of randomised controlled trials and controlled clinical trials in journal articles, abstracts, editorials and letters. These trials are in turn, used by authors to report on the effects of health care practices. There are over 20,000 health related journals published annually, which makes the job of keeping abreast with recent discoveries and good practices an immense one.</p> <p>We need not tell you how to go about handsearching here as the Cochrane Collaboration provides excellent guides on this:</p> <ul style="list-style-type: none"> ❖ The <i>Handsearch Manual Part 1</i> provides an overview of searching activities, an in-depth run down of trial eligibility for CENTRAL, and a clear explanation of how a Trials Search Co-ordinator becomes involved in handsearching, right from the outset. It is a very useful piece to read, and worth having a copy close at hand to refer to. ❖ Handsearch training resources from The Cochrane Colloquium, Cape Town (2000) are available on the US Cochrane Center web site. ‘Learning to identify and classify reports of controlled trials in healthcare journals. Examples of various types of study designs and how they should be classified - illustrated with MEDLINE abstracts’ is an extremely useful document for beginners. ❖ On the US Cochrane Center web site you will also find the
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<p><i>E-mail:</i> mailto:cochrane@brown.edu</p> <p><i>USCC Submission guides:</i> http://www.cochrane.us/centralmn.htm - HS</p> <p><i>Recruitment of volunteers: WHO and HOW</i></p>	<p>Master List of journals and conference proceedings, which have been registered to search. You have to check all journals or conference proceedings you plan to handsearch to ensure they have not already been registered with another Group. You need to be aware that although a Cochrane Group may have their name down for handsearching a publication, they may have committed to a limited number of years, which leaves you free to search the unregistered years. They may also have ‘claimed’ titles / years that they have not yet searched and are not likely to search in the foreseeable future, so it is always worth checking with the Group concerned. When you have checked the Master List and found that the journal you wish to search has not been ‘claimed’ by another Group, the next step is to fill in a registration form and fax or e-mail it to the US Cochrane Center. There are currently over 2,200 journals being handsearched by the Cochrane Collaboration.</p> <ul style="list-style-type: none"> ❖ Parts II and III of the Handsearch Manual deal with example material, procedures, instructions, and training notes for handsearchers respectively. These are not available from the Cochrane website - you must contact the US Cochrane Center for copies of these. ❖ Excellent guides for submission of Specialised Registers and Hand Search Results to CENTRAL can also be found in the CENTRAL Management Plan on the US Cochrane Center’s website. You also find Journal Registration Forms there. <p>Most Cochrane Groups work with unpaid volunteers and reimburse expenses such as photocopying, parking, petrol etc. Paid handsearchers generally earn between £5 and £9 per hour.</p> <p>Who do you target when you want to recruit volunteers? When the ENT Group started up, we sent out newsletters with a membership form included to ENT medics in the UK. There was an option to tick if they were interested in handsearching journals for our Group, and luckily, a number of them did. They now have a number of active handsearchers. Authors and editors make important contributions to handsearching in many Groups. Consumers, students, retired doctors and personal contacts are other important sources of handsearchers used by Collaborative Review Groups. It seems it is easier for someone with a personal or professional interest in the subject to maintain the enthusiasm required for handsearching. Many Collaborative Review Groups contact regional and national organisations, which are pertinent to their Group, e.g. British Deaf Association for the ENT Group or the Alzheimer Society for the Dementia Group and ask them for help. Members of these organisations and their relatives may like to get involved not only in handsearching but also in other</p>
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<p><i>Handsearch packs parts II and III: info@cochrane.brown.edu/</i></p> <p><i>Selection of journals for handsearching:</i></p> <p><i>-search for the 'best' journals in MEDLINE and EMBASE</i></p> <p><i>-search for the 'best' journals in your own Specialised Register</i></p> <p><i>-ask your editorial team to list the medical journals they read</i></p> <p><i>- look at the stock of journal titles in your university or local (hospital) library</i></p> <p><i>- find journals and/or supplements</i></p>	<p>activities like appraising and editing systematic reviews.</p> <p>Other enterprising Trials Search Co-ordinators have run adverts in their local papers, on hospital information boards or on their web sites to attract volunteers to handsearch. Some have contacted the University of the Third Age (U3A) - a group for retired professionals, or contacted REACH – an organisation which ‘finds voluntary jobs for experienced managers and professionals’</p> <p>Whether you are able to train your handsearchers in person before they start, or whether this is conducted long-distance, it is helpful to make up an information pack for them to study. Handsearchers should be allowed plenty of time to get to grips with what randomised controlled trials and controlled clinical trials are, and how to identify them correctly. Many Trial Search Co-ordinators use the Handsearcher Packs devised by the Baltimore Cochrane Center (Parts II and III available from the US Cochrane Center and have adapted them for their own use. Most Trials Search Co-ordinators are very willing to share their training packs with anybody who is interested so just write to the TSC list if you want to see what the different training packs look like before you embark on your own.</p> <p>Be sure to check a certain percentage of the work of handsearchers to make sure they are identifying and coding reports of trials correctly. You can also give two handsearchers the same journal and year to code every now and then and check the results against one another. Alternatively, you can carry out your own random checks or ‘quality control’ at yearly intervals for example, to ensure that coding is being done correctly. Remember you must check not only what they present to you as potentially relevant reports of trials but also what they might have missed!</p> <p>Next you need to identify relevant journals for handsearching and prioritise them according to their likelihood of containing randomised controlled trials and controlled clinical trials. You want to search journals with a high incidence of randomised controlled trials and controlled clinical trials first of all, in particular those not already indexed as trials in MEDLINE.</p> <p>As we have stated before, all journals relevant to your Group need to be handsearched whether they have been indexed by online databases or not. To figure out which are the ‘best’ journals to search, go to MEDLINE first and run a search where: PT (publication type) = RANDOMIZED CONTROLLED TRIAL, then type in your most important MeSH term. This should result in a number of randomised controlled trials and controlled clinical trials. Sort them by journal name and see which journals carry the most randomised controlled trials and controlled clinical trials.</p>
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*that are not indexed
on MEDLINE or
EMBASE*

Don't forget to take time changes into account. A journal's brief might change over the years, or the name might change, and it is therefore useful to look at the results of the search over say 5 to 10 year intervals. A journal worth searching between 1979 and 1985 might no longer publish trial reports by 1990. Repeat the same search in EMBASE as it indexes many European journals that MEDLINE does not.

Try to find issues (such as supplements) or entire journals or conference proceedings that are not indexed in MEDLINE or EMBASE. Consult members of your editorial team and ask them to list the health care literature they read in order of importance.

Your own Specialised Register can also be used to produce a list of records by journal. For example, if you use ProCite, go to the *show* box. Click on the arrow to the right of the box and choose *journal*. This will give you a list of journals with the number of records for each journal. Go through this list and make a note of the journals with the highest yields (but again pay attention to time changes).

Out of all these lists of journals you ought to be able to construct a ranked priority list. Ideally you get your handsearchers to start with the 'best' journals (always start them off on the most recent years). But of course this depends on which publications they have ready access to. Having them search a journal that is relevant, if not of very high priority, is better than having them not doing any handsearching at all. Make sure they check that their run of the journal is complete and does not have issues or volumes missing. Also make sure they are on the lookout for special issues and supplements. These should all be searched, but if unavailable, make a note of the missing issues.

If your handsearcher does not have access to a health care library, you need to contact the local hospital library on their behalf to find out the stock of relevant journals for your Group and request that your handsearcher be allowed to use their facilities. Our experience in contacting health care libraries and requesting access to their literature for handsearchers has been very positive.

ELECTRONIC HANDSEARCHING

Relatively new is the possibility to handsearch full text health care journals online. All that is said above applies to electronic handsearching as well as to handsearching of printed journals.

Once you have a priority list of journals to be handsearched, it would be best to see whether they are available online before you set your handsearchers to work on the printed copies: electronic handsearching is a lot quicker and cheaper as you need not fill in

*Find out whether a
journal is available
online:
<http://www.publist.com/>*

<p style="text-align: center;"><i>Visit your University's site of free access e- journals</i></p> <p style="text-align: center;"><i>Visit http://freemedicaljournals.com/</i></p> <p style="text-align: center;">http://locatorplus.gov/</p>	<p>slips and wait to have the relevant volumes brought up from the stacks, you do not need to carry great big volumes around nor to spend time photocopying (or waiting for the photocopier to be free).</p> <p>Many journals are now available online. What limits their potential use is that a lot of journals do not go back any further than 1995 (although the first Serials Directory did come out in 1987), and you need to subscribe to the journal to get access to the electronic version, or pay-per-view. Most Cochrane Groups do not have the level of funding required to take out e-journal subscription for all relevant journals or to buy-per-view at the present price level. Fortunately old issues of health care journals do not have much commercial value and more and more journals now provide free access to issues more than six months or one year old. Some journals allow free access to all. And most journals have a free sample issue.</p> <p>So how do you keep track of which journals and issues are available for free? Going to the website of the journal of your choice directly, going through PubMed's OutLink or through the Publisher's website is in fact not the best way. This is especially true if you are part of a University domain. If you don't take the proper route you will not learn about the passwords and logins you might need, or find the button for Group-logins (although increasingly these sites recognize your computer automatically as belonging to a domain that has a subscription in which case you are let in without passwords).</p> <p>If you belong to a University or Research Institute (and I believe most of us do) you will have access to all the electronic journals your Institution subscribes to on a Group-wide basis. You will have to find the site where the list of subscription to electronic journals is held. In the University of Oxford the list is in alphabetical order and lists for each journal whether or not there is full or partial access and if so since what year.</p> <p>If the journal of your choice is not there or if you don't belong to a University or similar institution with free online access to journals, you should visit http://freemedicaljournals.com. This is a very well maintained site, always up-to-date and rapidly growing. They separate the permanently free journals from the ones that are 'a special offer' and they warn when special offers runs out. They put dates on all their pages (not putting 'last update on</p> <p>Handsearching of electronic copies of journals is done in much</p>
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the same way as handsearching printed copies, although it is also possible to search on keywords as free-text search forms. However many journals put all their issues in a particular year online but **not** their supplements. From the web page you cannot always see whether a journal has supplements or not, and you do need to find this out. There are two sites where you can obtain this information quite easily: <http://www.publist.com> and Locator Plus. You then have to go to the libraries to handsearch the printed copies of the supplements not available through the Internet.

Offering to search electronic journals prospectively is not adding too much to your workload: you often can subscribe to the e-mail alert facility for the relevant journal and you will be e-mailed with the table of contents as soon as the new issue is out.

It does not need saying that these free e-journals are also excellent sources of free full hard copies of your trial reports. At the very least this enables more accurate coding of the study design. One word of warning: if you have the choice between printing a copy straight off the web or printing the .pdf file, go for the .pdf file: if there are graphs and tables they will be included in the .pdf file but not in the printed webpages. If you have to print straight off the web because there is no other choice, click on the graphs and tables and print them separately (they are the ones that authors always want to see).

11. Quarterly submission of the Specialised Register to the US Cochrane Center for inclusion in *The Cochrane Library*

<p><i>For info on SR submission dates look in the CENTRAL Management Plan under 'Deadlines' (2004-5 dates: 23 December 2004, 25 March 2005, 24 June 2005, 02 September 2005)</i></p> <p><i>Guide for submission of the SR:</i> http://www.cochrane.us/documents/handsearch_guide111903.pdf</p>	<p>When the time comes to actually submit your Specialised Register, you will more than likely be very keen to send it off with the minimum of fuss and effort. The process is actually quite straightforward, but to be on the safe side, make an extra back up copy of your Specialised Register just in case, as losing your it somewhere in the bowels of your computer at this stage would be tough.</p> <p>Specialised Registers are submitted quarterly to the US Cochrane Center. Your Review Group Co-ordinator should have the dates, but if not go to <i>The Cochrane Library</i> website http://www.cochrane.org/resources/hsearch.htm - specregdeadlines</p> <p>We do not need to go into details about submission here as the guides provided on the US Cochrane Center website in the CENTRAL Management Plan are all you need.</p> <p>The 'Guide for Submission of Specialised Registers to CENTRAL' explains the process and requirements for submission of the Specialised Register very clearly.</p> <p>The 'Guide for Submission of Handsearch Results to CENTRAL' (at the same web address) gives detailed instructions as to how to submit your handsearch results to the US Cochrane Center.</p> <p>It may be worth pointing out here that Trials Search Co-ordinators use two ftp sites: the first is the one where you put your Register for submission; the second is the one where you find the resources folder. There are different logins and passwords for each. For further details of the ftp sites, refer to the 'FTP "How to" Manual' in the CENTRAL Management Plan on the US Cochrane Center's website.</p>
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12. Filing: the pros and cons of keeping hard copies and how to file them

<p><i>Obtaining hard copies of all your trial reports is a good thing, but might not be practical if your Register contains many thousands of references. In that case you might define priority areas and build you store of hard copies around that</i></p> <p><i>Remind your Co-Ed and RGC to build the cost of obtaining hard copy of trial reports into your next funding proposal</i></p>	<p>Should you obtain hard copies of some or of all your reports of randomised controlled trials and controlled clinical trials? Or should you not bother?</p> <p>There are a number of issues here:</p> <ul style="list-style-type: none"> • The quality of your Register <p>There can be no doubt that a Register containing only randomised controlled trials and controlled clinical trials, which have been checked against the full text article, must be best. When you access your Register, you will come across records where you only have the trial name, no abstract, and few MeSH or key words, which really don't point you in any particular direction. The only way to find out whether this is a randomised controlled trial, controlled clinical trial or not is to obtain the article.</p> <p style="padding-left: 40px;">But should you also obtain the full articles of those citations that have very clearly been indexed as a randomised controlled trials or controlled clinical trials? This will depend on one or more of the following issues:</p> <ul style="list-style-type: none"> • The bibliographic software you use and the coding you are using <p>If you use RefTrak, MeerKat, or ProCite to create a study-based Register where you need to enter information on methods, intervention, participants and outcome as well as bibliographic references, you have no choice but to obtain hard copies of trial reports of randomised controlled trials and controlled clinical trials. You will need to read them to be able to code the reports correctly. Coding of this kind is labour-intensive but may make searching for some reviews much easier and having hard copies of reports of trials available at the editorial base for consultation by staff and visiting authors is a great advantage</p> <ul style="list-style-type: none"> • The cost of obtaining full copies and of buying a storage system <p>The cost of obtaining full text copies of trial reports can be considerable. However with the increasing number of electronic journals that provide free full access to articles, cost can be cut considerably. So the decision may be a difficult one. In the Dementia and Cognitive Improvement Group we had to go ahead with obtaining full articles of all our trial reports as we are converting our report-based Register to a study-based one for a European Union funded project whose aim was the creation of a Mental Health Trials Register. We now have copies of most RCTs and CCTs on our Register. Of a total of around 3000 trial reports, we had to obtain around 700 through interlibrary loans (the more</p>
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<p><i>Filing by Author name seems on the whole the most sensible way to file</i></p>	<p>extensively you search, the more reports are found in languages other than English and published in journals unavailable in the UK) at a cost of between £2 and £12). The Science Library of the University of Oxford was quite enthusiastic about our requests and made them into a project for a student on work experience. For references unobtainable through the British Library, they would offer to do a so-called 'Z-search' (a worldwide search), which costs between £5 and £40 if successful. We let them go ahead with these only if the reference was important for a review. If not, we would make a note that the reference was unobtainable but that a 'Z-search' had not been done. But mostly they were very good at obtaining what we asked for and did some excellent 'detective' work to unearth obscure conference proceedings.</p> <p>The lesson to be learned from this is that it would seem wise to talk to the document supply department of your library before you start sending in tens or hundreds of inter-library loan requests - they normally seem to deal with rather limited numbers (would this point to a language bias?) and it definitely helps to have them on your side. And of course you have to make absolutely sure that the articles you want are not locally available and are not to found in one of the free online health care journals.</p> <p>As to the filing of the hard copies, we have found three ways Trials Search Co-ordinators file: those who file by unique identity number, those who file by intervention/treatment/drug and those who file by author name.</p> <ul style="list-style-type: none">• Filing by intervention has the obvious disadvantage of one article often belonging in two or more places and all the problems that go with that.• Filing by unique identity number would leave you helpless if your computer crashed; it might also leave you in a difficult situation if you want to change your software.• Filing by author's name does not have the previous two disadvantages but has another one in that it might be difficult to find O. Smith among all other O. Smiths. <p>Again the choice is up to you. And of course many of you will find an existing system in place and will probably have to continue with that.</p>
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APPENDIX 1: Abbreviations often used within the Cochrane Collaboration

	<ul style="list-style-type: none">• CC - Cochrane Collaboration• CCT - Controlled Clinical Trial• CENTRAL The Cochrane Central Register of Controlled Trials - the abbreviated name given to the Trials Register within <i>The Cochrane Library</i>. CENTRAL tends to be over-inclusive: it also contains reports of studies that are found on further investigation not to be relevant for inclusion in Cochrane reviews, some duplicates and some items included in error.• CRG - Collaborative Review Group• RCT - Randomised Controlled Trial• RGC - Review Group Co-ordinator• SR - Specialised Register. This is the Register of studies, limited to randomised controlled trials, controlled clinical trials and other studies eligible for inclusion in Cochrane Reviews within the scope of the Review Group, produced by each Trials Search Co-ordinator,• TSC - Trials Search Co-ordinator• UKCC – United Kingdom Cochrane Centre• USCC – US Cochrane Center
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APPENDIX 2: Cochrane Glossary

The Cochrane Library contains:

- Cochrane Database of Systematic Reviews - also includes protocols.
- Database of Abstracts of Reviews of Effects.
- Cochrane Central Register of Controlled Trials (CENTRAL)
- Cochrane Methodology Register
- Cochrane Review Methodology Database.
- Information about the Cochrane Collaboration - this is the Cochrane Collaboration's quarterly product. It is published by John Wiley & Sons, Ltd and contains information on the Steering Group, the Review Groups, Fields, the Methods Groups, and the Centres.
- Other sources of information, such as Health Technology Assessments Database and the NHS Economic Evaluation Database.

Fields **Cochrane Fields –**

A Cochrane Field is an entity which focuses on a dimension of health care other than a specific health care problem - such as the setting of care, the type of consumer, the type of provider, the type of intervention, or a major division of health care which embraces an area too large to be covered by a single Review Group – and represents its interests.

The role of Fields is to facilitate the work of Review Groups and to ensure that Cochrane reviews appropriate to their area of interest are both relevant and accessible to their fellow specialists and consumers. Given the breadth of its area of interest, each Cochrane Field may expect to support, and contribute to, the work of a number of Review Groups. Fields do not prepare or maintain reviews. However, individual members of Fields can, and do, prepare and maintain reviews as members of Collaborative Review Groups. (Cochrane Manual, January 2005).

Centres **Cochrane Centres –**

A Cochrane Centre's primary role is to support active or prospective contributors to The Cochrane Collaboration within a defined geographical or linguistic area. In addition, Cochrane Centres act as a regional focus for the activities of The Cochrane Collaboration in different parts of the world. (Cochrane Manual, January 2005).

Systematic review **Cochrane Systematic Review -** is an up-to-date summary of reliable evidence of the benefits and risks of health care.

A **configuration file** is an electronic interface, which reads a

<i>Configuration files</i>	record from a bibliographic database and transfers/exports it to another database. It allows you to import any number of trials into your Specialised Register in one go without you having to hand-enter the information. This ensures that you don't inadvertently type in any errors and is of course less time-consuming
<i>Module</i>	Module - this is the information each Group submits for publication on <i>The Cochrane Library</i> every quarter. It explains the scope of the Group, the editorial process, the Specialised Register, handsearching activities, explains who the members of the Group are, funders and any protocols and reviews, which are taking place.
<i>SR</i>	Specialised Register: This is the Register of studies, limited to randomised controlled trials, controlled clinical trials and other studies eligible for inclusion in Cochrane Reviews within the scope of the Review Group, produced by each Trials Search Co-ordinator,
<i>Tagged format</i>	Tagged format: as opposed to delimited format. A tagged format is where each bit of bibliographic information in a record, such as Author, Title, Date and Publisher, is preceded by a field tag or field label to identify it. A delimited file format is where each field in a record is in a specific position and is separated by a special character (Comma delimited = contents of each field are enclosed in quotation marks; fields are separated by commas; records are separated by carriage returns. Tab delimited = individual fields are separated by a tab; records are separated by carriage returns).

Appendix 3: Digest of data collected from Trial Search Co-ordinators via the TSC e-mail list (December 2004)

	<p>Does your Group have a dedicated TSC? If so, how many hours a week do they spend on TSC activities?</p> <ul style="list-style-type: none"> • Out of 42 Groups that responded 19 have a full time TSC, 21 have a part time TSC and 2 do not have a TSC • Out of 5 Fields that responded 2 have a full time TSC and 3 have a part time TSC • Out of 4 Centres that responded 2 have a part time TSC and 2 do not have a TSC <p>What bibliographic software does your Group/Field/Centre use to download records from databases such as CENTRAL, MEDLINE and EMBASE?</p> <p>The following databases were cited:</p> <table style="margin-left: 40px;"> <tr><td>WinSpirs</td><td style="text-align: right;">1</td></tr> <tr><td>OVID</td><td style="text-align: right;">5</td></tr> <tr><td>WebSpirs</td><td style="text-align: right;">2</td></tr> <tr><td>PubMed</td><td style="text-align: right;">3</td></tr> <tr><td>CENTRAL</td><td style="text-align: right;">3</td></tr> <tr><td>ProCite</td><td style="text-align: right;">27</td></tr> <tr><td>EndNote</td><td style="text-align: right;">2</td></tr> <tr><td>Dialog Data Star</td><td style="text-align: right;">1</td></tr> <tr><td>Idealist</td><td style="text-align: right;">1</td></tr> <tr><td>Biblioscape</td><td style="text-align: right;">1</td></tr> <tr><td>MEDLINE</td><td style="text-align: right;">2</td></tr> <tr><td>RefMan</td><td style="text-align: right;">8</td></tr> </table> <p>Which software does your Group/Field/Centre use to manage your Specialised Register? (E.g. EndNote, MeerKat, ProCite, Reference Manager etc)</p> <table style="margin-left: 40px;"> <tr><td>ProCite</td><td style="text-align: right;">26</td></tr> <tr><td>EndNote</td><td style="text-align: right;">4</td></tr> <tr><td>RefMan</td><td style="text-align: right;">9</td></tr> <tr><td>MeerKat</td><td style="text-align: right;">3</td></tr> <tr><td>MeerKat and ProCite</td><td style="text-align: right;">4</td></tr> <tr><td>Idealist</td><td style="text-align: right;">1</td></tr> <tr><td>Biblioscape</td><td style="text-align: right;">1</td></tr> <tr><td>ProCite and RefMan</td><td style="text-align: right;">1</td></tr> <tr><td>MeerKat and RefMan</td><td style="text-align: right;">2</td></tr> <tr><td>RefTrak</td><td style="text-align: right;">1</td></tr> <tr><td>Do not have a Specialised Register</td><td style="text-align: right;">3</td></tr> </table>	WinSpirs	1	OVID	5	WebSpirs	2	PubMed	3	CENTRAL	3	ProCite	27	EndNote	2	Dialog Data Star	1	Idealist	1	Biblioscape	1	MEDLINE	2	RefMan	8	ProCite	26	EndNote	4	RefMan	9	MeerKat	3	MeerKat and ProCite	4	Idealist	1	Biblioscape	1	ProCite and RefMan	1	MeerKat and RefMan	2	RefTrak	1	Do not have a Specialised Register	3
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Do not have a Specialised Register	3																																														

Which health care databases do you search on a regular basis for your Specialised Register?

The replies varied and were as follows:

CENTRAL	32
MEDLINE	35
EMBASE	25
AMED	4
CINAHL	4
PsychInfo	7
PDQ	1
PubMed	3
Clinical Trials Gov	1
National Research Register	3
LILACS	5
Sigle	1
ISI Web of Science	3
Zetoc	1
KoreaMed	1
IndMed	1
mRCT	1
AIDSearch	2
Transport	1
Current Controlled Trials	1
Pedro	2
Biosis	2
IndiaMed	1
Psyndex	1
Sociofile	1
Russmed	1
CSA	1
Conference abstracts	1
Derwent Drug File	1
SciSearch	1
Science Citation Index	1
Popline	1
African Health Anthology	1
Biological Abstracts	1
None	4

What interface do you use to search *The Cochrane Library*? CD ROM or online?

CD	23
Online	20
Both	8

What is your professional background?

Librarian	16
No prior profession	3
Nurse	5
Researcher (BA, MA, PhD)	14
IT	4
Biologist	2
Medical Lab. Scientist	3
Administrator	3
Medical doctor	1

Do you assist reviewers by designing and/or conducting search strategies for specific reviews?

Yes	44
No	6
Not responded	1

For what percentage of your Specialised Register do you hold hard copies?

1-5%	3
20%	2
30-45%	7
50-60%	7
60-70%	4
70-80%	1
80-90%	2
Almost 100%	5
100%	8
No hard copies	4
Unknown	5
No response	3
No Specialised Register	2