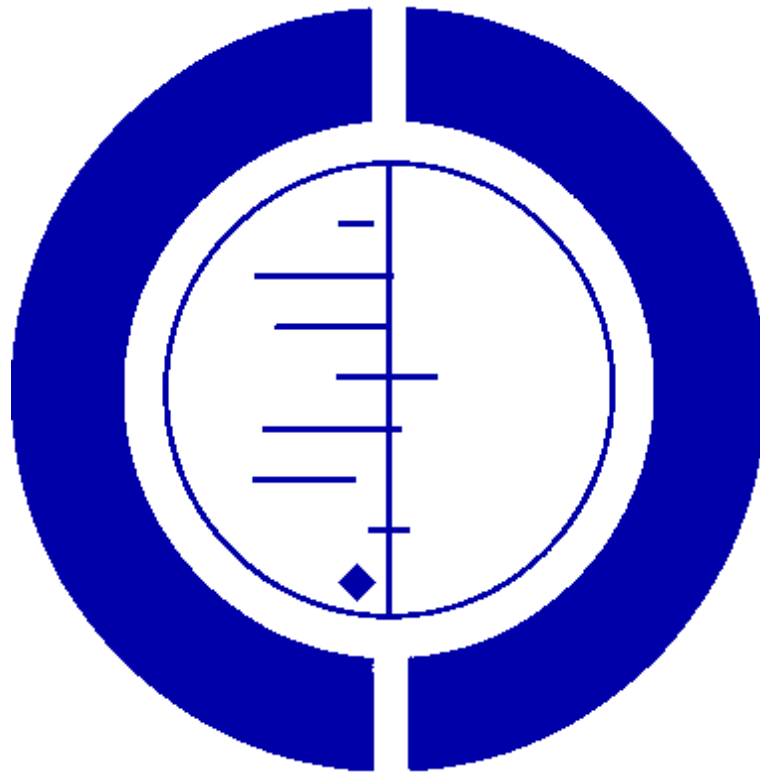


UK Cochrane Centre



Annual Report 2003

2003 Annual Report

UK Cochrane Centre

Background

The UK Cochrane Centre was established at the end of 1992, by the National Health Service Research and Development Programme, "to facilitate and co-ordinate the preparation and maintenance of systematic reviews of randomized controlled trials of healthcare". It is now part of The Cochrane Collaboration, which was launched at the First Cochrane Colloquium in Oxford in October 1993. The UK Cochrane Centre is one of twelve Cochrane Centres, which provide the infrastructure for co-ordinating The Cochrane Collaboration around the world. The UK Cochrane Centre supports contributors to The Cochrane Collaboration in the United Kingdom, Ireland and some other countries; and has a branch in Thailand (the Thai Cochrane Network) during likewise in that country.

Since 1998, the work of the UK Cochrane Centre was focused around six themes, which are discussed in this report, and some of which drew to a close in 2003. In particular, The UK Cochrane Centre focused its efforts on the continual improvement of the quality of Cochrane reviews through the provision of training and support and the establishment of an internationally recognised methodology research programme. In September 2003, there was a review of the UK Cochrane Centre by its main funder, the Department of Health in England. The outcome of that review will be discussed during the first half of 2004 and will lead to a revised programme of work for the UK Cochrane Centre for the period until 2010, focusing mainly on the provision of training and support to contributors to The Cochrane Collaboration. The report begins with a scene-setting introduction to The Cochrane Collaboration as a whole.

The Cochrane Collaboration

The Cochrane Collaboration is the largest organisation in the world engaged in the production and maintenance of systematic reviews. The Collaboration aims to help people make well-informed decisions by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of interventions in all areas of healthcare.

The Cochrane Collaboration is supported by hundreds of organisations from around the world, including health service providers, research funding agencies, departments of health, international organisations, industry and universities. There are currently 10,000 people contributing to the work of The Cochrane Collaboration from more than 80 countries, and this involvement continues to grow at a rapid rate. The number of people involved increased by 20% in the 12 months to the beginning of 2003.

There are 50 Cochrane Collaborative Review Groups, responsible for reviews within particular areas of health, and collectively providing a home for reviews in all aspects of healthcare. These Groups are supported by the regional Cochrane Centres. In addition, there are Methods Groups, with expertise in relevant areas of methodology; Fields or Networks, with broad areas of interest and expertise spanning the scope of many Review Groups; and a Consumer Network helping to promote the interests of users of healthcare.

The Cochrane Collaboration has grown quickly since its formation in October 1993. Although there is a great deal of work that remains to be done, much has been accomplished already. *The Cochrane Database of Systematic Reviews*, the main product of the Cochrane Collaboration, now contains the full text of nearly 2000 completed Cochrane reviews, each of which will be kept up-to-date as new evidence accumulates and other ways of improving them are identified. There are also 1400 protocols for reviews in progress. Several hundred newly completed reviews and protocols are added each year, and several hundred reviews are updated.

The Cochrane Database of Systematic Reviews is available on the Internet and CD-ROM in *The Cochrane Library*. The establishment of several national subscriptions means that this is now free at the point of use to people in several countries of the world. The first of these subscriptions was negotiated, with considerable input from the UK Cochrane Centre, for the island of Ireland in January 2002. Similar arrangements now exist in England, Wales, Australia, Denmark, Finland and Norway.

Over the next few years, the Cochrane Collaboration will strive to ensure that its work is sustainable. During 2003 it reached a new publishing arrangement with John Wiley and Sons, agreed a revised Strategic Plan and appointed a Chief Executive Officer. A recent estimate is that approximately 10,000 Cochrane reviews are needed to cover all healthcare interventions that have already been investigated in controlled trials, and these reviews will need to be updated at the rate of 5000 per year. If the growth in The Cochrane Collaboration continues at the pace of the last few years, there will be 10,000 Cochrane reviews during the next decade. However, this will require continuing and evolving partnership and collaboration. The Cochrane Collaboration will need to continue to attract and support the wide variety of people who contribute to its work, and to make it easier for these people to contribute. This will be achieved through, for example, the development of a new Information Management System for The Cochrane Collaboration, to help with the preparation, maintenance and dissemination of Cochrane reviews. The Cochrane Collaboration will also need to work together with funders and with providers of healthcare to ensure that the resources needed for the work grow, and the output of the work is accessible to people making decisions about healthcare.

The UK Cochrane Centre

The current staff of the UK Cochrane Centre are listed in Appendix 1. The programme of work at the Centre, which was approved by the NHS Executive in 1998 focused on ways of improving the quality of Cochrane reviews, and is now being revised following the September 2003 review. The programme's six themes were:

1. Helping to ensure that reports of all relevant controlled trials are made accessible for inclusion in Cochrane reviews.
2. Promoting registration of unpublished trials and trials in progress.
3. Developing and implementing a programme of methodological research to help improve Cochrane reviews.
4. Training and supporting UK contributors to *The Cochrane Database of Systematic Reviews*.
5. Assessing the work of Cochrane Collaborative Review Groups receiving infrastructure funding through the NHS R&D Programme.
6. Promoting the preparation and maintenance of systematic reviews of controlled trials of social and educational interventions

In keeping with the wishes of our main funder, the Department of Health in England, the UK Cochrane Centre's major role in themes 2 and 6 drew to a close in 2003 with the retirement of Iain Chalmers. The major contribution of the UK Cochrane Centre in relation to theme 1 is being scaled down. The Centre's focus for the coming years will concentrate increasingly on improving the quality of systematic reviews through the provision of training and support, and, where possible, methodological research. This work will be pursued in a coordinated way, to increase the likelihood that the findings of methodological research will be implemented by those preparing and maintaining Cochrane reviews.

At the moment, just under half of the Cochrane Collaborative Review Groups have editorial bases in the UK. Approximately 40% of the contributors to all 50 Collaborative Review Groups live in the UK. This represented about 4000 people in 2003, and the year on year growth has been around 20% for each of the last four years. At the beginning of 2003, 1909 of the 5179 Cochrane reviewers were in the UK.

Brief reports for each of the UK Cochrane Centre's six themes follow:

Theme 1. Helping to ensure that reports of all relevant controlled trials are made accessible for inclusion in Cochrane reviews

During 2003, the Centre's trial identification programme (co-ordinated by Carol Lefebvre and Anne Eisinga) contributed almost 19,000 reports of trials to *The Cochrane Central Register of Controlled Trials (CENTRAL)*, compared to 12,000 in 2002.

Just over 500 reports of definite or possible randomized or quasi-randomized trials of healthcare have been identified by handsearching journals published in the UK and Ireland. These are available in CENTRAL in *The Cochrane Library*. Over 18,000 reports of trials were identified through electronic searching of the bibliographic biomedical database, EMBASE, using a combination of free-text words and indexing terms and covering the years 1980-2002. The titles and abstracts of the retrieved records were read to determine whether they were reports of controlled trials. Again, these are available in *The Cochrane Library*.

One of the Centre's research projects relates to a re-design of the Cochrane Highly Sensitive Search Strategy for identifying reports of trials in MEDLINE. This strategy was designed in 1993 using traditional methods and is being updated using linguistic analysis to identify frequently occurring words and/or phrases in known reports of trials. This should result in search strategies, which are not only high in sensitivity but also optimised for precision, being available for use within The Cochrane Collaboration and elsewhere in 2004. The results of the project will be submitted for publication at that time. Carol Lefebvre works on this project with Julie Glanville at the Centre for Reviews and Dissemination, University of York.

Another research project under this theme is a methodology review involving Sally Hopewell, Mike Clarke and Carol Lefebvre. This systematic review compares handsearching versus electronic database searching for identifying reports of trials. The review was published for the first time in *The Cochrane Database of Methodology Reviews* in 2003. It shows that comprehensive electronic searching identifies the majority of full reports of trials indexed in journals covered by bibliographic databases but handsearching still has a valuable role to play in attempting to identify as complete and unbiased a set of randomized trials as possible for inclusion in systematic reviews of healthcare interventions. Handsearching was found to be particularly important in identifying trials reported as conference abstracts, letters and those published in languages other than English, as well, of course, as those published in journals not indexed in the main bibliographic databases.

Theme 2. Promoting registration of unpublished trials and trials in progress

Information about randomized trials in progress and unpublished randomized trials is required by research funding agencies; patients, clinicians and other decision makers; and people using research evidence to guide policies and practice. Iain Chalmers and others have used a variety of strategies to promote and help implement registration of all randomized trials at inception, a now widely accepted principle of good scientific and ethical practice. Importantly, the MRC requires all new trials to be registered as a condition of activating grant awards, and the NHS Research Governance Framework now requires registration of clinical trials. Over the past four years, basic information about registered trials has gradually become available through the *metaRegister* of Controlled Trials launched by Current Controlled Trials (www.controlled-trials.com), and the International Standard Randomized Controlled Trials Number (ISRCTN) scheme.

The MRC supported Cath Rounding to work with Iain Chalmers to ensure complete registration of MRC randomized trials. Basic information about 586 MRC randomized trials was assembled and this project proved to be of great relevance to the strategic review of the MRC's work in clinical trials. The quality of registration for trials for which the NHS is the sponsor remains unsatisfactory, but useful progress has been made with the Department of Health's support of Kate Lock to work with Iain Chalmers and the NHS Trials Adviser (Richard Lilford). Kate Lock assembled a register containing basic information for nearly 700 randomized trials funded through the NHS R&D Programme and/or Department of Health,

and information was also assembled on 142 randomized trials funded through the Chief Scientist Office in Scotland.

Theme 3. Developing and implementing a programme of methodological research to help improve Cochrane reviews

Staff at the UK Cochrane Centre are authors on three Cochrane methodology reviews that were published for the first time in 2003 in *The Cochrane Database of Methodology Reviews*. In addition to the aforementioned review of studies comparing handsearching with electronic searching, there were reviews of the impact of grey literature on meta-analyses of randomized trials and of editorial peer review. The review of grey literature (Sally and Mike) confirms that published trials show, on average, a greater treatment effect than trials that appear in the grey literature only, and that reviewers need to consider carefully any decision not to search for grey literature for their review. The Cochrane methodology review which examines the effects of editorial peer review for improving the quality of reports of biomedical studies (Phil Alderson) found little empirical evidence to support the use of editorial peer-review as a mechanism to ensure quality of biomedical research. It identifies a need for more comprehensive research in this area.

Appendix 2 contains references for other research studies that were published by UK Cochrane Centre staff during 2003. Among these, is a study assessing how many Cochrane reviews are needed to cover existing evidence on the effects of healthcare interventions and estimates that at least 10,000 more Cochrane reviews are needed to cover a substantial proportion of the studies relevant to healthcare that have already been identified (Mike Clarke). Another study assesses the quality of reports of randomized trials presented at scientific meetings, and how this has changed over the last decade. This study highlights a number of problems in the poor reporting and lack of numerical data available in trials reported in conference abstracts (Sally Hopewell and Mike Clarke). Two other studies published in 2003 examine how many trials initially presented as conference abstracts are subsequently published in full and the potential impact of including trials reported in these abstracts in Cochrane reviews (Sally Hopewell). A further study showed that approximately one fifth of the abstracts for Cochrane reviews made inappropriate claims of 'no effect' or 'no difference of effect' of treatment interventions (Phil Alderson and Iain Chalmers). Finally, a survey of non-commercial randomized trials in the UK showed that the number of such trials had decreased in all three sectors examined without any evidence of a substantial increase in the sample sizes of these studies (Iain Chalmers, Cath Rounding and Kate Lock).

As part of the methodology research programme, Sally Hopewell is doing a D.Phil at the University of Oxford assessing the potential and actual impact of including grey literature in systematic reviews. Several of the above research projects form part of the material for her thesis. This is now in its final year and Sally Hopewell hopes to submit the completed thesis in September 2004.

The Centre is responsible for the production of the annual Cochrane Methods Groups Newsletter. Sally Hopewell and Mike Clarke are editors of this Newsletter, which contains articles about the methodology of healthcare evaluations, structured abstracts and commentaries on published research, details of empirical research within The Cochrane Collaboration, and reports from the Methods Groups. More than 750 copies are distributed annually to Cochrane entities worldwide, as well as to other people and organisations within and outside The Cochrane Collaboration.

With funding from the NHS HTA Programme, the Centre has further enhanced *The Cochrane Methodology Register* during 2003. This Register contains records and abstracts for studies relevant to the methodology of systematic reviews and other healthcare evaluations. Through systematic searching of relevant journals and bibliographic databases (coordinated by Anne Eisinga, Sally Hopewell and Mike Clarke), the Centre identified, indexed and included more than 500 additional records in the Register during 2003.

In June, in association with Luis Gabriel Cuervo of BMJ Knowledge, Stephen Evans (London), Jan Vandenbroucke (Leiden) and The Cochrane Collaboration's Statistical and the Non-randomised Methods Groups, the UK Cochrane Centre organised a 2-day workshop to

discuss the identification, reporting and review of rare and adverse effects of healthcare interventions. This workshop, attended by 25 international experts in this field, will, we hope, spawn several collaborative research projects and a major international conference within the next few years, at which new empirical research will be presented and this important topic discussed. As part of the materials for this workshop, the UK Cochrane Centre produced a bibliography of relevant articles identified within *The Cochrane Methodology Register*.

Theme 4. Training and supporting UK contributors to The Cochrane Database of Systematic Reviews

The training programme provided by the UK Cochrane Centre continued to expand during 2003, under the co-ordination of Phil Alderson, Phil Wiffen, Esther Coren, Nicola Thornton and Sarahjayne Sierra. During 2003, there were 14 'Developing a protocol for a review' and 12 'Introduction to Analysis' workshops for Cochrane reviewers in the UK and Ireland, with 425 places filled by 265 people (an increase of about 10% on 2002). Workshops were held in Aberdeen, Belfast, Bristol, Dublin, Liverpool, London, Oxford and York. During 2003, The UK Cochrane Centre also ran the course on systematic reviews that had been developed by the University of Oxford's Centre for Statistics in Medicine.

In January, a two-day training workshop was held for facilitators at Cochrane workshops, both in the subject matter of the new analysis workshop, and in small group teaching skills. In March, a considerably expanded programme of training workshops was offered to participants in the Annual Meeting for UK Contributors to The Cochrane Collaboration, in Warwick. The increased focus on training during this event seems to have been a success and will be repeated at the 2004 Meeting in Edinburgh. In 2004, we are also planning to offer training on peer review and other methodologies such as studies that use a controlled before-and-after studies and interrupted time series design.

To stimulate interest in systematic reviews in Ireland and Northern Ireland, three-day workshops on systematic reviews were held in Belfast, Cork, Dublin and Sligo during 2003. More than 50 people attended these workshops and the feedback has been uniformly positive. This venture is supported by the R&D Office in Northern Ireland and the Health Research Board (HRB) in the Republic of Ireland. Because the number of people able to attend the small group sessions had to be limited, people from the pre-existing waiting list were accommodated first on these workshops. The continued interest is well illustrated by the fact that more than 100 people applied within the first few weeks of the announcement of the workshop programme for 2004. The HRB/R&D Office initiative has also funded a further five Cochrane fellows from the island of Ireland to work on Cochrane reviews for the equivalent of two days per week for a year. The UK Cochrane Centre (Mike Clarke) convened the Selection Panel for these awards in 2003 (as in 2002); and the Fellowships will be offered once again in 2004.

During 2003, after several years, Mike Clarke and Andy Oxman (Oslo) stood down as editors of the Cochrane Reviewers' Handbook. Phil Alderson agreed to take on this role, in collaboration with Sally Green (Melbourne) and Julian Higgins (Cambridge). Phil Alderson is now lead editor and he hopes to enhance the Handbook considerably over the coming year. He has already worked with the Statistical Methods Group to complete an update of the chapter on statistical aspects of systematic reviews.

Theme 5. Assessing the work of Cochrane Collaborative Review Groups receiving infrastructure funding through the NHS R&D Programme

For the last few years, the progress of Collaborative Review Groups receiving infrastructure funding through the NHS R&D Programme has been monitored and summarised by Phil Alderson, in a report for the Director of Reviews Infrastructure in England, Kent Woods. In 2003, the 21 Collaborative Review Groups receiving funding from the English Department of Health were reviewed alongside the UK Cochrane Centre. Each of these Groups prepared a report, which Phil Alderson collated and submitted to the Department of Health, along with an overarching summary setting out the case for an increase in funding for all Groups. Unfortunately, although the Department of Health did accept the UK Cochrane Centre's

recommendation that the funding period for the Groups should be extended (from the current 3 years to 5 years), the amount of funding made available for this period is insufficient to provide adequate support to all of the Groups. The UK Cochrane Centre will continue to work with the Collaborative Review Groups, other Cochrane entities based in the UK and The Cochrane Collaboration to obtain adequate funding for Cochrane Collaboration activity in the UK.

Theme 6. Promoting the preparation and maintenance of systematic reviews of controlled trials of social and educational interventions

Since 1998, staff at the Centre have played a key role in promoting the development of infrastructure for preparing and maintaining systematic reviews of evidence about the effects of social and educational interventions. As a result of these initiatives, a sibling international collaboration to The Cochrane Collaboration - the Campbell Collaboration (www.campbell.gse.upenn.edu) – was established. The Campbell Collaboration is registered in the USA as a non-profit organisation and is chaired by Robert Boruch (Graduate School of Education, University of Pennsylvania, USA). Although staff at the UK Cochrane Centre continue to work with members of the Campbell Collaboration, in particular in relation to the methodology of research synthesis and reviews of educational interventions, the formal involvement of the UK Cochrane Centre ended with Iain Chalmers' keynote address at the Campbell Colloquium in Stockholm (February 2003), where his theme was the need for the Cochrane and Campbell Collaborations to collaborate and avoid unnecessary duplication of effort.

Other activities

Everyday, staff at the UK Cochrane Centre offer advice and support to members of The Cochrane Collaboration and others interested in the evaluation of healthcare. To help quantify this, detailed records were kept for a typical fortnight at the end of June, when there were a total of 21 general enquiries (10 by telephone and 11 by email). The commonest type of enquiry was from people wanting more information about The Cochrane Collaboration and/or how to get involved (9), but there were also several questions about healthcare evaluations (7) and specific reviews (5); as well as requests for information on The Cochrane Library.

Staff have refereed articles for several Collaborative Review Groups and journals (Appendix 3) and made several presentations about the work of the UK Cochrane Centre or The Cochrane Collaboration more generally (Appendix 4). In addition, the UK Cochrane Centre suggests referees for all outline proposals for clinical trials received by the UK Medical Research Council (55 applications in 2003); Phil Alderson chaired the Abstracts committee for the 11th Cochrane Colloquium in Barcelona; and the UK Cochrane Centre has hosted several meetings relating to the Information Management System of The Cochrane Collaboration and an increasing number of Cochrane reviewers who wish to use our facilities to work on their reviews – including the Aubrey Sheiham Cochrane Collaboration Public Health and Primary Care Scholar (Mansur Rabiou). Through 2002, Maggie Westby also continued to organise a series of seminars in the UK Cochrane Centre (Appendix 5).

Details of the considerable activities of the UK Cochrane Centre's branch in Thailand, coordinated by Pisake Lumbiganon, are available on their web site: <http://cdms.kku.ac.th/tcn>

Conclusions

Over the coming years, the UK Cochrane Centre, along with the other UK-based Cochrane entities will continue to provide substantial benefits to the NHS, and national and international healthcare more generally. These benefits will arise through the continued improvement of the quality of systematic reviews, an increased understanding of these reviews, and the provision of reliable evidence on the importance of various elements of the conduct and interpretation of systematic reviews, including their updating.

In addition, the work of the UK Cochrane Centre and The Cochrane Collaboration more widely should continue to provide an example to others engaged in scientific research of how the primary research (i.e. Cochrane reviews) can be continually improved through a high

quality training and support programme, backed up by methodological research informed by the results of high-quality, systematic reviews of empirical methodological studies.

Acknowledgements

The first Director of the UK Cochrane Centre, Iain Chalmers, stepped down as Director in September 2002, and retired in June 2003. Iain's unique contribution to establishing the UK Cochrane Centre and The Cochrane Collaboration more generally and to helping ensure that both have evolved and grown cannot be underestimated. We are grateful to our funders (in particular the NHS Research and Development Programme, Department of Health, England; the Chief Scientist Office, Scottish Home and Health Department; the NHS Wales Office of Research and Development; the Department of Health and Social Services, Northern Ireland; and the Health Research Board, Ireland; and to the Milton Keynes Primary Care Trust with whom the contract for the UK Cochrane Centre is held. We are also grateful to the members of the Steering Committee of the UK Cochrane Centre (Nick Hicks, Barbara Kennedy, Jos Kleijnen, Peter Langhorne, Kay Pattison, Alison Spaul and Kent Woods), which was replaced by the UK Cochrane Infrastructure Advisory Group following the external review. The UK Cochrane Centre is in the process of establishing, and drawing on, an international Advisory Board, whose help we look forward to receiving over the coming years.

Appendix 1. Staff list of the UK Cochrane Centre (as of 7 March 2004).

Director (80%): Mike Clarke
Associate Director (100%): Phil Alderson
Training Director (60%): Phil Wiffen
Administrator (100%): Caroline Rouse

Training Programme

Workshops/Meetings Co-ordinator (80%): Nicola Thornton
Lecturer in Systematic Reviews (80%): Esther Coren
Personal Assistant/Secretary (100%): Sarahjayne Sierra

Research and Trial Identification Programme

Research Assistant (100%): Sally Hopewell
Research Assistant (50%): Maggie Westby
Information Specialist (100%): Carol Lefebvre
Information Specialist (100%): Anne Eisinga
Personal Assistant/Secretary (100%): Sarah Moore

Senior Research Fellow (non stipendiary) (20%): Paul Glasziou

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Appendix 3. Collaborative Review Groups and journals for which articles have been refereed by UKCC staff.

Archives of Medical Research
BioMed Central
BMJ
British Journal of Clinical Pharmacology
Cochrane Developmental, Psychosocial and Learning Problems Group
Cochrane Drugs and Alcohol Group
Cochrane Gynaecological Cancer Group
Cochrane Methodology Review Group
Effective Health Care
European Journal of Cancer
Health Information and Libraries Journal
International Journal of Epidemiology
International Journal of Pharmacy Practice
JAMA
Journal of Clinical Epidemiology
Lancet
Palliative Medicine
Pediatrics

Appendix 4. Presentations made by UKCC staff.

2nd International Evidence-based Librarianship Conference, Edmonton, Canada
3rd Campbell Colloquium, Stockholm, Sweden
11th Cochrane Colloquium, Barcelona, Oslo
19th Annual meeting of the ISTAHC, Canmore, Canada
All Ireland Cancer Conference, Cork, Ireland
American Society of Clinical Oncology, Chicago, USA
Bath Clinical Society, UK
British Small Animal Veterinary Association, Birmingham, UK
Centre for Reviews and Dissemination, York, UK
Cochrane Library Users Day, London, UK
Development and Statistics Directorate, Home Office, London, UK
Euro-American Bioethics Course, Madrid, Spain
European Association of Science Editors, Bath, UK
European Organisation for Research and the Treatment of Cancer, Brussels, Belgium
Faculty of Public Health, Eastbourne, UK
Government Office, West Midlands Seminar Series. UK
Green College, University of Oxford, UK
Institute of Naval Medicine, Alverstoke, UK
International Federation of Social Workers Conference, Copenhagen, Denmark London
School of Hygiene and Tropical Medicine, London, UK
Master's course on methodology of systematic reviews, Milan, Italy
Medical Publishers Association, London, UK
Oxford Brookes University, UK
St Luke's Hospital, Dublin, Ireland
UK Cochrane Contributors' meeting, Warwick, UK
Vlaamse Vereniging voor Obstetrie en Gynaecologie, Brussels, Belgium
World Health Organization, Geneva, Switzerland

Appendix 5. UKCC internal seminars.

Jan Vandembroucke. When do observational studies achieve the same kind of unbiasedness as randomised studies?

Maggie Westby. Making the data more 'Access'ible.

Iain Chalmers and Cath Rounding. The Campbell Collaboration, Registration of Trials and the James Lind Initiative.

Lisa Askie. "PARIS collaborative": an individual patient data review of antiplatelets for the prevention of pre-eclampsia.

Anne Eisinga. Do you know that you have access from your desktop (24 hours a day) to a range of healthcare databases and free full-text journal articles? An overview of these resources with a special focus on how to find freely available full-text journal articles.

Mansur Rabiou. Evidence for trachoma control.