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C.H.A.I.N is coming to Canada!

C.H.A.I.N. (Contact, Help, Advice and Information Network), a network for people working in health care who are interested in research and evidence based practice was developed in the UK. C.H.A.I.N. began 5 years ago and is a multi-professional mutual support organisation, which enables a sharing of knowledge and experience.

C.H.A.I.N. Canada, an autonomous sister-network is being developed in Canada.

C.H.A.I.N. has become a national resource for health research throughout Britain, and the network has sufficient critical mass, (3,000+ members), to identify contacts with interest and/or experience of most health-related subjects. The web-based *C.H.A.I.N. Directory* contains details of members' experience and interests. Regularly updated, password protected and free to members, the directory facilitates identification of potential contacts. C.H.A.I.N. enables different groups of members to be identified and targeted

with specific messages for disseminating research evidence, publicising research funding opportunities, and inviting colleagues from other organisations to participate in conferences and other relevant events.

The launch of C.H.A.I.N. Canada, later this year is an exciting new development. The Canadian network is led by the Centre for Best Practice, Institute of Population Health, University of Ottawa in collaboration with EPOC.

C.H.A.I.N. Canada will be an independent network with provincial and national levels of operation, and its own identity. However when networking with a wider community is desirable, members will be able to link with C.H.A.I.N. in the UK, and vice versa. It is anticipated that the ability to draw from knowledge and experience on both sides of the Atlantic will further broaden the perspectives of C.H.A.I.N.

For more information

Contact: Nancy Santesso at
santesso@uottawa.ca

EPOC Update

New for issue 4, 2003:

Protocols

Alderson P, Oliver S. Public release of performance data.

Lozano P, Schaefer JK, Finkelstein JA, Stout J, Wagner EH, Weiss KB.

Interventions to improve the management of asthma in primary care settings.

Reviews

Foxcroft DR, Cole N. Organisational infrastructures to promote evidence based nursing practice.

Register:

376 new studies have been added to the Register for a total of 2,805 studies.

Methodology Tips

What is this new 'I²' measure for heterogeneity in Metaview?



Do you have any methodology questions?

Contact
Laura McAuley at
lmcauley@uottawa.ca

We may feature the answer to your question in our next newsletter.

To statistically test for heterogeneity between trials, the current practice in Cochrane reviews is to compute a test statistic called **Cochrane's Q** (it is shown at the bottom left of a meta analysis). If the test is significant ($p < 0.05$), the reviewer concludes that there 'was significant heterogeneity' and therefore some inconsistency in the findings. The Cochrane Q test is known to have very low power to detect heterogeneity when the number of studies is small (as is the case in most reviews!) and therefore is extremely misleading. A new measure called **I²** has been proposed as a replacement.

I² is a quantity that describes the percentage of total variation across studies that is due to heterogeneity rather than chance. It ranges from 0% (no heterogeneity) to 100%. An approximate interpretation is that values less than 25% have low heterogeneity, 50% is moderate and over 75% is high.

The advantages of the I² are:

- Focuses attention on the *effect of* the heterogeneity
- Interpretation is intuitive
- Does not depend on the number of studies in the meta-analysis
- Can be interpreted the same irrespective of the type of outcome data
- Provides a consistent measure *between different* reviews or meta-analyses.

The I² measure is now available in Metaview, and is reported next to the Cochrane Q test.

Further details can be found in Higgins JPT *et al.* Measuring inconsistency in meta-analyses. *BMJ* 2003; **327**:557-60.

Craig Ramsay
EPOC Statistical Editor

New Web Resources

EPOC Information Packages

We recently updated our information packages. Building on the existing EPOC information packages, we developed 5 different packages. These packages aim to help people better understand EPOC and the process of completing an EPOC review. Each package is geared to a different stage;

1. General information about EPOC; this package is intended for anyone who would like to know a bit more about EPOC and how they might become involved.
2. Title package; this package is intended for anyone who is working on a title registration
3. Protocol package; this package is intended to help reviewers work through the development of a protocol and includes links to various resources and a sample EPOC protocol.
4. Review package; this package is intended to help reviewers work through the development of a protocol and includes links to various methods resources including the EPOC data abstraction checklist and template
5. Publishing and Updates Package; this package is intended for anyone who has just published an EPOC review. It includes publication forms and guidelines for updating.

The packages are available on our web site <http://www.epoc.uottawa.ca/resources.htm> or from the editorial base.

Analytical approaches for EPOC reviews

In past, some of our reviews have used vote counting methods (add up the number of positive and negative comparisons) to draw conclusions about the interventions effectiveness. Vote counting can count either the number of comparisons with a positive direction of effect (irrespective of statistical significance) or the number of comparisons with statistically significant effects.

These approaches suffer from a number of weaknesses. Vote counting comparisons with a positive direction fails to provide an estimate of the effect size of an intervention (giving equal weight to comparisons that show a 1% change or a 50% change) and ignores the precision of the estimate from the primary comparisons (giving equal weight to comparisons with 100 or 1000 participants). Vote counting comparisons with statistically significant effects suffer similar problems. In addition, comparisons with potential units of analysis errors need to be excluded because of the uncertainty about their statistical significance and underpowered comparisons observing clinically significant. However, statistically insignificant effects would be counted as 'no effect comparisons'.

To overcome some of these problems, we have been exploring more **explicit analytical approaches reporting:**

- the number of comparisons showing a positive direction of effect
- the median effect size across all comparisons
- the median effect size across comparisons without unit of analysis errors, and
- the number of comparisons showing statistically significant effects.

Standardizing EPOC reviews

EPOC is working to standardize our protocol and review presentation as well as our analytical approaches. We aim to have more guidance available mid 2004.

Send any comments to lmcauley@uottawa.ca

This allows the reader to assess the likely effect size and consistency of effects across all included studies and whether these effects differ between studies with and without unit of analysis errors.

There are pros and cons with any method for combining studies. When seeking absolute statistical significance, information is lost from studies with unit of analyses errors. By using these more explicit methods, we are able to include information from all studies, but do not have the same certainty of the effect. Graphical presentation often facilitates understanding as it allows several levels of information to be conveyed concurrently. From: *Qual Saf Health Care* 2003;12:1-6.

Congratulations!

Congratulations to two EPOC review teams who were both successful in bids for funding for their forthcoming EPOC reviews.

- ◆ Susan Smith received a Cochrane fellowship which will provide her with protected time to carry out the review "Effectiveness of structured shared care across the primary secondary care interface in chronic disease management" Susan is leading the review with co-reviewers, Shane Allwright, and Tom O'Dowd.
- ◆ Helmuth Reuter and Jimmy Volmink were awarded a bursary from the Cochrane Health Promotion and Public health field. The bursary was awarded for their current work on the registered title "Interventions for promoting health professionals' choice to practice in rural or other under-served communities"

We look forward to reading these two reviews in due time.

New members of the EPOC team

We wish to welcome and introduce the new members who joined our team since March 2003.

Martin Eccles, joins us as an **editor**

Martin is a Professor of Clinical Effectiveness and the William Leach Professor of Primary Care Research at the Centre for Health Services Research, School of Population and Health Sciences, University of Newcastle upon Tyne, UK.

He runs the Clinical Effectiveness research programme that contains: work on systematic reviewing of the currently available knowledge; hypothesis generating and hypothesis testing studies; and an exploration of theory relevant to this area; plus a programme of national guideline development and research linked to the National Institute for Clinical Excellence for England and



As a practicing general practitioner Martin sees patients 2 afternoons a week in an urban general practice in mid-Northumberland.

He was Chair of the Guidelines Advisory Committee, National Institute for Clinical Excellence (NICE), UK from 2000 to 2003, and is currently a consultant on guideline methods to NICE. He is a member of the commissioning group for the UK NHS R&D Service Delivery and Organisation of Care (SDO) Research Programme.

Danielle Worster joins the editorial base as a MLIS co-op student. Danielle started in September and will be with us until December. While with us, she is working on various projects related to the specialized register.

Lorna McCaslin is a librarian who is volunteering her time to help with coding of articles for inclusion in the register – much appreciated!

Janice Graham was working with us as a co-op student, and has stayed on part time after her placement ended to help with various aspects.

CAN YOU HELP??

A review team undertaking a review on interventions to improve the management of asthma in primary care needs help with 4 non-English language publications.

The papers are published in Japanese, Swedish, Danish and Dutch. The reviewers first need to determine if the studies meet the eligibility criteria.

If you can help please get in touch with lmcauley@uottawa.ca



Upcoming Meetings

The IX Cochrane Colloquium – Evidence, Health Care and Culture Barcelona, Spain, 26 - 31 October 2003

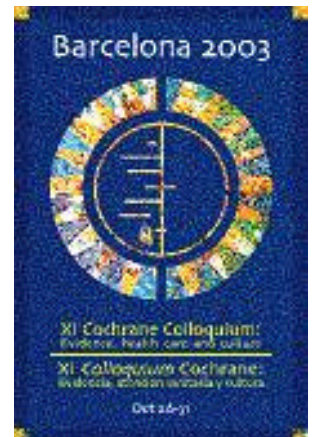
The Iberoamerican Cochrane Centre will host the 11th Cochrane Colloquium at Barcelona from Sunday, October 26 to Friday, October 31, 2003.

Come see us at the Colloquium....

EPOC will be at the entities exchange on Monday October 27th from 9 to 9:30 am at the Hotel Fira Palace, Rossini and Vivaldi rooms – come sample some maple treats from our home!

EPOC is holding an open meeting Wednesday October 29th from 8 to 9am at the Hotel Fira Palace, sala Cristal – yes there will be coffee

EPOC editorial team members are involved in a number of other workshops, presentations and meetings.



Visit the web site at
<http://www.colloquium.info/>

The Canadian Cochrane Symposium – Knowledge Translation Hamilton, Canada, 21 – 22 November, 2003

This is the third bi-annual conference of The Canadian Cochrane Network and Centre. At the conference Cochrane supporters and contributors meet to help promote and develop the work of the Collaboration in Canada, and to help shape the future directions for the CCN/C. More information about this upcoming event can be found soon at <http://cochrane.mcmaster.ca/>.



Upcoming Cochrane Protocol and Reviewer Training Workshops

To view upcoming workshops provided by Cochrane Centres taking place across the world, please visit <http://www.cochrane.org/cochrane/workshop.htm>.



Ottawa in the Fall

Come visit us if you will be in Ottawa:

EPOC is located at the Institute of Population Health at the University of Ottawa on 1 Stewart Street.

Fall is in full bloom – the leaves are vibrant, the air is crisp, come enjoy a walk on one of many trails or paths then warm up with a warm apple cider.

If you would like to contact us, change your contact information or would like to contribute to the EPOC group, please fill out this form and send via post or contact us at the address below.

Name:	
Job/Title Position:	
Address:	Telephone: Fax:
Email:	
Professional Interests:	
Interests relevant to EPOC (if different than above)	
Proposed contribution to EPOC (undertaking a review – give area, literature searching, peer review)	
How would you like to receive future newsletters: By post or by email (indicate address if different than above)	

Contact Us: Cochrane Effective Practice and Organisation of Care Group

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Recipe – In Keeping With Tradition

EPOC was first registered as “Cochrane Collaboration on Effective Professional Practice” or **CCEPP**. CEPs are edible fungi – so here is our traditional CEP recipe.

**Rich Creamed MUSHROOM Soup
(For the cold fall days here and ahead)**

¼ cup Butter
½ cup finely chopped onion
1 clove garlic, finely chopped
2-½ cups sliced fresh mushrooms
¼ cup all-purpose flour
4-½ cups chicken stock
1 small bay leaf
½ tsp salt
¼ tsp pepper
1 cup light cream
3 tbsps finely chopped chives

In a large saucepan, melt butter over medium heat; cook onion and garlic until onions are translucent, 3 to 4 minutes. Add mushrooms and stir well; cook for 3 minutes. Stir in flour to coat vegetables; cook; stirring, for 2 minutes.

Gradually stir in stock; add bay leaf, salt and pepper. Bring to oil; reduce heat and simmer for 15 minutes. Remove bay leaf. Stir in cream and heat through but do not boil. Taste and adjust seasonings if necessary. Garnish with chives.

Makes 6 servings