

The 12th Cochrane Colloquium 2004

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We cordially invite you to come to Ottawa in October 2004 to participate in what will be a most interesting, informative and enjoyable Colloquium.

The mission of The Cochrane Collaboration is to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. The Collaboration has achieved a great deal since its inception in 1993. As this international, not-for-profit volunteer organization has grown and matured, we have identified various gaps that need to be filled. The theme of the 12th Cochrane Colloquium is "Bridging the Gaps". The scientific program of plenary sessions, workshops, papers and posters will address many of these gaps and offer helpful solutions. The numerous meetings of the over 80 Collaboration groups (entities) will provide the opportunity for participants

to learn more about the Collaboration and engage actively in determining its future.

For the international and Canadian participants, we are organizing social events that will enable you to experience, see, hear and taste different aspects of the Canadian culture and cuisine. For those who enjoy recreational sports, there will be a curling bonspiel on the free afternoon. Weather permitting, there will be plenty of opportunity to go for walks around the capital city in the crisp, cool air and enjoy the colours of the Canadian autumn.

We are looking forward to welcoming you to the 12th Cochrane Colloquium from October 2 to 6, 2004 in Ottawa, Canada.

Arne Ohlsson & Kathie Clark
Co-Chairs
Canadian Coordinating Committee

For more information <http://www.colloquium.info/>

Co-ordinating Editors Report - Jeremy Grimshaw

2003-4 has been a busy year. Laura McAuley, our Review Group Co-ordinator, left EPOC to take up a position as Senior Program Officer, Impact and Evaluation, for the Canadian Health Services Research Foundation. I would like to thank her for all her hard work especially in re-establishing the EPOC editorial base following our move to Canada. I'm delighted to report that Al Mayhew has been appointed as her replacement (see page 3 for more information about him). In June 2004, I was guest of Australasian Cochrane Centre (ACC) and gave a training workshop of methods of EPOC reviews with EPOC reviewer Russ Gruen, the Silagy Seminar at Monash University and two workshops on getting research into practice (one for the Commonwealth Government) with Sally Green and Sue Brennan of the ACC. We're looking forward to welcoming everyone to Ottawa for the Cochrane Colloquium in October.



From left to right: Russ Gruen, Sally Green and Jeremy Grimshaw

Methodology Tips - Craig Ramsay, EPOC Statistical Editor

Unit of analysis errors – cluster randomised trials

Unit of analysis errors occur when the data analysed do not correctly reflect the design of the study. The implication is that the number of events or sample size used in the analysis is incorrect, and so the results and conclusions may be wrong.

A unit of analysis error may arise when the unit of analysis is not the same as the unit of randomisation or when individual patients are included more than once in the same (meta) analysis.

Unit of analysis errors frequently arise where

- groups of participants are randomised (eg cluster randomised studies)
- participants get more than one treatment (eg crossover or factorial studies)
- participants are measured more than once on the same outcome (eg repeated measures or recurring events)

To avoid unit of analysis errors in systematic reviews, reviewers should ensure that data from individual studies are free from unit of analysis errors and that unit of analysis errors are avoided when performing meta-analyses.

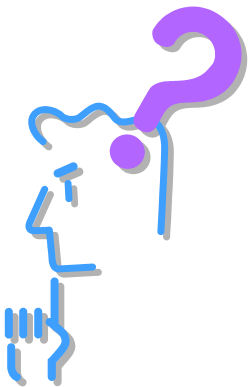
In a cluster randomised trial, a unit of analysis error occurs when clusters of individuals are randomised but the analysis ignores the clustering and treats each individual as 'independent'. If such an error has occurred, reviewers should not put the reported data into a

meta analysis. Two possible approaches are to either obtain a correct analysis from the authors (difficult!) or reduce the size of the 'patient randomised trial' to take into account the clustering (easier!) by dividing by the design effect.

To reduce the size of the 'patient randomised trial' the reviewer requires the average cluster size (usually estimated by dividing the total number of participants by the number of clusters) and an estimate of the intra cluster coefficient (ICC).

Example of correcting a unit of analysis error

- A trial randomised 41 school classes
- Intervention number of children =309/439
- Control number of children=273/418
- ICC of 0.02 was assumed
- Average cluster size = $(439+418)/41=20.9$
- Design effect= $1+(20.9 - 1) \times 0.02=1.4$
- The sample sizes were reduced to 314($439/1.4$) and 299 ($418/1.4$)
- And the number of events was reduced to 221($309/1.4$) and 195($273/1.4$)
- 221/314 and 195/299 are the numbers put into the meta analysis



Do you have any methodology questions?

Contact
Alain Mayhew at
al.mayhew@uottawa.ca

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

Project Update - Anna Farmer

The editorial base at EPOC is continually seeking ways to make systematic reviews of knowledge translation (KT) interventions more informative and as such is currently involved in an exciting project that is funded by the Canadian Coordinating Office of Health Technology Assessment (CCOHTA) entitled: *Systematic reviews of knowledge translation interventions: contributions of process evaluations and contact with authors*. The principal investigator of the project is Jeremy Grimshaw, and co-investigators include: Michelle Driedger, Anna Farmer, Ian Graham, Alain Mayhew, Jessie McGowan, and Kaveh Shojania. Recognising there is a need to complement evidence from robust designs with process evaluation details and contact with authors, the project's aim is to examine the role of process evaluations and direct contact with primary study authors on systematic reviews of (KT) interventions. While the contextual information gathered from these sources will be used to supplement evidence included in the systematic review, there are additional objectives such as: to develop optimal search strategies for identifying process evaluations, to develop methods of appraising quality of process evaluations, to develop a framework for data abstraction from process evaluations and to explore the application of these methods to an on-going of complex KT strategy printed educational materials systematic review. We are hopeful this project will provide the groundwork for the development of a framework for others undertaking reviews of KT interventions or other complex interventions.

Anna has been working with the EPOC team in Ottawa as a Research Fellow on a part-time basis since June, 2002.

Review Group Coordinator (RGC) Report - Alain Mayhew

As you probably know, I am the new RGC for EPOC. I started in this position in May and am starting to feel more comfortable. My background includes working as a physiotherapist, mostly with cardiac patients, and a Masters degree in Epidemiology.

The role of the RGC is multi-faceted, including being the first (and frequent) contact for EPOC members. I find it very different getting to know people by email without actually having met them face-to-face. I am looking forward to the Colloquium in October, so that I can get to know EPOC and other Cochrane members on a different level.

I want to take this opportunity to thank Laura McAuley for her dedication to EPOC over the past two years. Laura has always impressed me with her numerous talents. She has done a wonderful job helping to establish EPOC in Ottawa and has been incredibly helpful to me, answering all my questions. I want to wish her well in her future career.

I am very impressed with how 'welcoming' everyone has been. The other EPOC staff, (Jeremy, Jessie, Nancy, Anna, and Kiavash) editors, and reviewers have all been very patient through my first three months. I've been lucky enough to get assistance from members of the Musculoskeletal group and Institute of Population Health (IPH) staff, both of whom are located physically in the same building as us. And of course, other members of the Cochrane Collaboration have helped me work my way through module submission, the new database, planning the Colloquium and other Cochrane tasks. I really appreciate the support.

Finally, if there is anything I can do to help you with reviews, accessing information or anything else related to the Cochrane Collaboration, don't hesitate to contact me. I am looking forward to working with you all.

New Reviews and Protocols and Register Update

Protocols

Interventions to increase the use of screening and brief intervention programmes for hazardous alcohol consumption by patients in primary care settings. Anderson P, Laurant M, Kaner E, Wensing M, Grol R.

Electronic access to health information and/or knowledge by health professionals to improve practice and patient care. McGowan JL, McAuley LM, Dawes M, Grad R, Hannes K, Judd M, Labrecque M, Leduc Y, Pluye P, Robinson VA, Wells G, Tugwell P.

Effectiveness of shared care across the primary-specialty care interface in chronic disease management. Smith SM, Allwright S, O'Dowd T.

Reviews

Specialist outreach clinics in primary care and rural hospital settings. Gruen RL, Weeramanthri TS, Knight SE, Bailie RS.

Effectiveness of intermediate care in nursing-led in-patient units. Griffiths PD, Edwards MH, Forbes A, Harris RL, Ritchie G.

Telephone consultation and triage: effects on health care use and patient satisfaction. Bunn F, Byrne G, Kendall S.

Register

The Register now has 3,263 studies. The breakdown of study types is: 2086 RCTs, 220 CCTs, 602 CBAs and 355 ITS.

Funding

We have been fortunate to have received funding in the past from the UK National Health Service Research and Development Program and from the Canadian Foundation for Innovation and the Ontario Innovation Trust fund. In the past year, we have successfully applied for grants from the Canadian Institute for Health Research and the Canadian Co-ordinating Office for Health Technology Assessment. We are continuing to explore options for stable funding in conjunction with the Canadian Cochrane Network and Centre along with the other Canadian Cochrane entities.

Cochrane News

What the new Information Management System (IMS) means to review authors

In 2005, the Cochrane Collaboration will gradually introduce a new Information Management System (IMS) to improve the process of publishing your reviews.

The new IMS is an internet-based system that among other things will support Cochrane Collaborative Review Groups (CRGs) in preparing, maintaining and publishing Cochrane reviews. It will require small changes in the way review authors work, but will provide big benefits.

The main changes to the way Cochrane protocols and reviews are to be managed, will be dealt with at the CRG level. As a review author, you will basically continue to prepare and maintain protocols and reviews as you do now. To facilitate a smooth transition, we will make available the necessary training and support in the form of workshops and manuals.

- The new IMS is Internet-based, and there will be a central check in/check out system, leading to easier sharing of your reviews
- You will be able to send reviews directly from RevMan without having to locate the correct file and attach it to an e-mail
- Central archiving and backup will protect you from data loss
- There will be improved functionality for tracking changes within your review

If you would like to find out more about the plans for the IMS, an introduction paper is available from www.cc-ims.net/download/imsq/newims.pdf.

A workshop about the IMS will be held at the Ottawa Colloquium, which is open for anyone interested in learning more. The demonstration workshop is scheduled to be held 13:30 – 15:00, 3rd October 2004, and you can sign up now on the Colloquium website (www.colloquium.info/Default.aspx?PageID=256&pid=218&ItemID=284).

EPOC Visitors

I'm Lorenzo Moja, an Italian medical doctor, and I attended the Master Program in Systematic Reviews organized by the Italian Cochrane Centre in collaboration with the University of Milan in 2001. I'm also very much interested in the area of practice guidelines evaluation and implementation. During the 10th Cochrane Colloquium I asked Jeremy Grimshaw if it was possible to spend a few months in Ottawa, with the EPOC. In five minutes he decided that I will stay in Canada for 15 months; quite a couple of winters! I started my research fellow in September 2003 and I'm collaborating with EPOC and the Clinical Epidemiology Programme. I had the great opportunity to start two new research projects: one cumulative meta-analysis about chemotherapeutic agents in meta-static breast cancer and another about the appropriateness of conclusions in experimental and non-experimental quality improvement studies.

My name is Camilla Palmhøj Nielsen and I am a Danish Ph.D. student in political science and public administration from University of Copenhagen, who is currently spending 6 months from July to December 2004 in Ottawa with the EPOC group as a part of my studies. I also have a background in the Danish Health Services working with Health Technology Assessment. My main interests are the use of clinical evidence and health technology assessment in political and administrative decision-making, and knowledge translation and implementation within the health services in general. Besides spending time with the EPOC group I am involved in an international study of health research funding agencies' support and promotion of knowledge translation with Jeremy Grimshaw and colleagues at The Ottawa Health Research Institute. I am happy to have the opportunity of spending my time in a very rewarding environment and am looking forward to get better acquainted with the interesting work of the EPOC.

More Cochrane News

The Cochrane Collaboration supports prospective registration of clinical trials

The Cochrane Collaboration is committed to providing the most reliable evidence of the effectiveness of health care through systematic reviews of randomised controlled trials (RCTs), and recognises the importance of prospectively registering trials to ensure that the evidence assessed is complete and unbiased.

The Cochrane Collaboration recommends that:

- all randomised controlled trials are registered at their inception (at the time of ethical approval and/or funding approval);
- registered information should be potentially accessible to all interested parties;
- registration should be with a register that complies with an appropriate minimum standard of practice;
- prospective registration of trials should be part of ethical guidelines for clinical trials
- government agencies should ensure that adequate mechanisms and infrastructure are provided so that all randomised controlled trials can be registered prospectively
- government agencies should explore legislative and other strategies to mandate prospective registration as a condition of, for example, funding, ethics or regulatory approval.

In addition, The Cochrane Collaboration supports:

- the principle of a global trials register; a unique international numbering system such as the ISRCTN (International Standard Randomised Controlled Trial Number) currently available through the organization Current Controlled Trials (www.controlled-trials.com);
- activities that facilitate the widespread adoption of this unique numbering system: If a fee is charged to obtain this unique number, and this fee is a significant barrier to obtaining a number, The Cochrane Collaboration encourages endeavours that would result in a reduction or removal of this fee;
- the comprehensiveness of the global trials register through the incorporation of the Cochrane Central Register of Controlled Trials (CENTRAL).

The Cochrane Collaboration recognises that the registration of trials at their inception will:

1. Help identify health care strategies that require research, and set priorities for research in the light of concurrent studies in progress.
2. Avoid unintentional duplication of clinical trials or allow replication of trials when appropriate.
3. Foster collaboration between investigators considering similar trials.
4. Assist recruitment to trials in progress.
5. Allow patients and patient support groups to be kept informed.
6. Ensure that all trial results do eventually become publicly available (through publication) and are subsequently used in systematic reviews of the evidence.
7. Ensure that more ethical and worthwhile trials are undertaken by better defining the unanswered questions (through systematic reviews of completed trials) and through knowledge of similar trials in progress.

Many clinical trials, especially those with negative or inconclusive results, may fail to be published in medical journals. This risks the unethical use of healthcare resources and participants in trials. To prevent this, ethics committees should promote prospective registration of clinical trials and thus ensure that trial results can subsequently become publicly available.

References:

Antes G, Chalmers I. Under-reporting of clinical trials unethical. *The Lancet*, 2004; 361(9362): 978.

Dickersin K. Why register clinical trials? Revisited. *Controlled Clinical Trials* 1992; 13(2): 170-7.

Dickersin K, Rennie D. Registering clinical trials. *JAMA* 2003; 290: 516-23.

Horton R, Smith R. Time to register randomised trials. *The Lancet* 1999; 354: 1138-9.

Simes RJ. Publication bias: the case for an international registry of clinical trials. *Journal of Clinical Oncology* 1986; 4: 1529-1541.

EPOC at the XII Cochrane Colloquium

Effective Practice and Organisation of Care (EPOC) Meeting

- An open meeting, where information about EPOC will be presented. Topics will include the role of EPOC and how EPOC fits in the Cochrane Collaboration.
Monday Oct 4 0730-0930 AM

Meet The Entities Session

- A chance to mingle and meet members of EPOC editorial base as well as other Cochrane Entities.
Saturday October 2nd 1530 – 1700

Systematic reviewing complex interventions

- A workshop which will be presented by Jeremy Grimshaw and other EPOC members.
Sunday October 3rd 1530 – 1700

Posters & Presentations

- C.H.A.I.N. Canada - Contact, Help, Advice & Information, Network: Linking professions, organisations, researchers, practitioners and policy makers. Nancy Santesso, David Evans, Laura M McAuley, Jessie McGowan, Jeremy Grimshaw.
- A Cochrane registry has multiple functions - Jessie McGowan.

There are many other presentations, posters and workshops that will involve EPOC members. Please check the colloquium program for more information.



CEPs Recipe

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

Mushroom risotto

Thanks to Jessie McGowan for providing the recipe

- ✓ 3 cups vegetable stock
- ✓ 3 Tbs. dried porcini (cep mushrooms) soaked for 30 minutes in 1 cup warm water
- ✓ 2 cups assorted fresh mushrooms (shiitakes, Portobellos, etc) coarsely chopped
- ✓ 2 small shallots
- ✓ 4 Tbs. butter
- ✓ 3/4 cup arborio rice
- ✓ 2/3 cup dry white wine
- ✓ 2 Tbs. freshly grated cheese (such as Parmigiano-Reggiano or asagio)
- ✓ Salt, pepper

In a medium sized pot, heat and simmer the stock with drained porcini mushroom liquid.

In a separate larger pot, sauté shallots and mushroom in 2 Tbs. butter (use more butter if you wish). Stir in rice and cook for 1 min. Add porcini mushrooms and white wine.

When almost all the liquid has disappeared, after about 2 minutes, add just enough hot stock to cover the rice. Lower the heat to maintain a simmer and stir occasionally. When the stock is almost gone, add more stock to cover the rice. Check on the risotto every 3 or 4 minutes, giving it an occasional stir to make sure it isn't sticking to the bottom of the pan and adding just enough stock to cover the rice when the liquid has almost disappeared. Continue this way until the rice is just al dente, about 20 minutes total cooking time.

Remove risotto from the heat. Add the remaining 2 Tbs. butter, cheese, salt and pepper. The risotto should be moist and creamy, not runny.

To plate, I lay a small salad of mixed spring greens on the plate followed by a drizzle of balsamic vinaigrette reduction. Add a serving of risotto (you can use ramekins to keep a nice shape). Finally, I like to drizzle with truffle oil before serving and top with extra cheese.

Please contact Al Mayhew (al.mayhew@uottawa.ca) if you have any questions or a change of address or position so we can keep the contact database up to date.