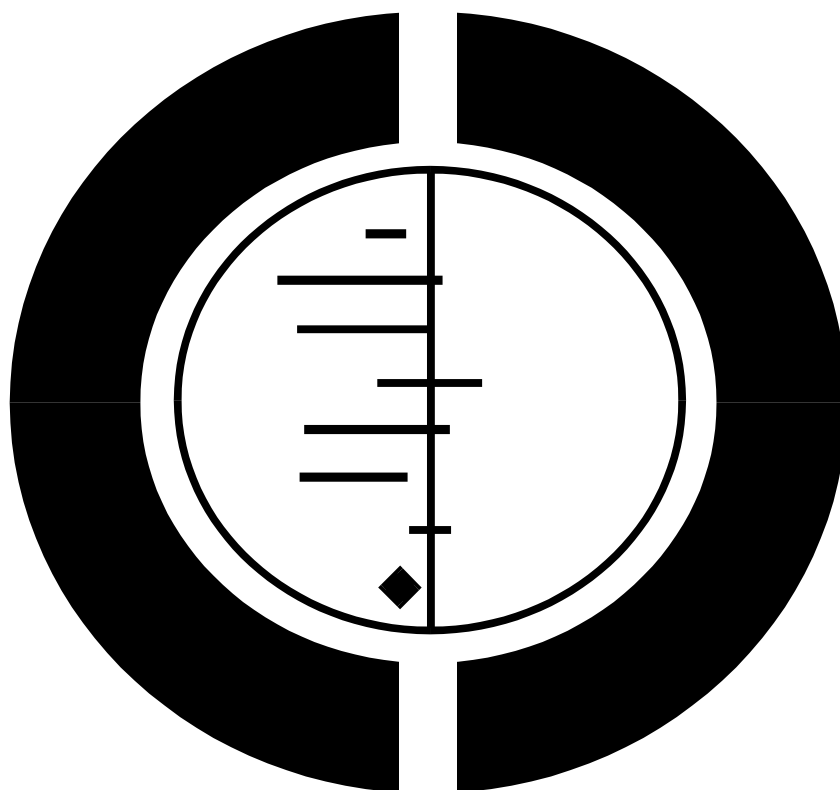


United States Cochrane Center

Combined Annual Report

January 1, 2010 - December 31, 2010

**The Cochrane Collaboration**



*Preparing, maintaining and  
promoting the accessibility of systematic reviews  
of the effects of healthcare interventions*

---

## Table of Contents

(i)	List of Appendices .....	4
(ii)	Abbreviations used in USCC Annual Report .....	5
1.	Introduction .....	6
2.	Mission .....	6
3.	Responsibilities of the USCC .....	6
3.1	Unique functions of the USCC .....	7
3.2	Unique Functions of the San Francisco Branch of the USCC .....	8
4.	Funded projects .....	8
4.1	Agency for Healthcare Research and Quality (AHRQ) USCC conference grant (2007 - 2010) .....	8
4.2	Agency for Healthcare Research and Quality (AHRQ) Consumers United for Evidence-based Healthcare (CUE) conference grant (2009 - 2012) .....	9
4.3	Blue Shield of California Foundation .....	10
4.4	Kaiser Foundation Health Plan, Blue Cross, and Wellpoint, Inc. ....	10
5.	Progress report on targets for 01/01/10 to 12/31/10 .....	10
5.1 Target:	Coordinate, maintain, and regularly update the Master List of Journals Being Searched ( <i>Master List</i> ) as registration forms are received .....	10
5.2 Target:	Provide training and support for reviewers, managing editors, trial search coordinators (TSCs), editors, handsearchers, consumers, those responsible for training activities, and others .....	11
5.3 Target:	Promote awareness of The Cochrane Collaboration and access to Cochrane products .....	15
5.4 Target:	Perform USCC administrative functions .....	18
5.5 Target:	Seek and obtain funding support for USCC activities .....	19
5.6 Target:	Conduct and disseminate research .....	20
5.7 Target:	Facilitate the development and growth of the USCC's consumer coalition, Consumers United for Evidence-based Healthcare (CUE) .....	23
5.8 Target:	Work collaboratively with the CEVG@US satellite office .....	26
5.9 Target:	Contribute to the Planning of the 2010 Cochrane Colloquium .....	26
6.	US-based Cochrane review groups .....	26
6.1	Eyes and Vision CRG - US Satellite (CEVG@US) .....	26

---

6.2 HIV/AIDS CRG .....	27
6.3 Neonatal CRG .....	28
6.4 Prostatic Diseases and Urologic Cancers CRG .....	28
7. US-based Cochrane fields .....	29
7.1 Complementary and Alternative Medicine (CAM) Field .....	29
7.2 Justice Health Field .....	30
7.3 Behavioral Medicine Field .....	31
8. US-based Co-convenors of Cochrane Methods Groups .....	31
8.1 Cochrane Screening and Diagnostic Tests Methods Group (SDTMG) .....	31
8.2 Comparing Multiple Interventions Methods Group .....	32
9. 2011 Performance targets .....	32
10. USCC contact information, current .....	33
10.1 USCC, Baltimore, MD .....	33
10.2 San Francisco Branch .....	33
11. Full and part-time staff at the USCC Offices in 2010 .....	34
12. Sources of funding and support .....	35
12.1 Contracts and grants .....	35
12.1.1 USCC - National Eye Institute (NEI) .....	35
12.1.2 USCC - Agency for Healthcare Research and Quality .....	36
12.1.3 Blue Shield of California Foundation .....	36
12.1.4 Kaiser Permanente Foundation .....	37
12.1.5 Wellpoint, Inc. ....	37
12.1.6 Blue Cross .....	37
12.1.7 USCC San Francisco Branch .....	38
13. Acknowledgments .....	38

**(i) List of Appendices**

Appendix 1 - USCC Conference Chart

Appendix 2 - USCC 2010 Key Performance Indicators

Appendix 3 - USCC and San Francisco Branch Presentations and Papers 2010

Appendix 4 - USCC 2011 Performance Targets

**(ii) Abbreviations used in USCC Annual Report**

<b>Abbreviation</b>	<b>Full Name</b>
AHRQ	Agency for Healthcare Research and Quality
ARCHIE	Cochrane Contact Database
ARVO	Association for Research in Vision and Ophthalmology
CAM	Complementary and Alternative Medicine Field
CCNet	Cochrane Consumers Network and Field
CCSG	Cochrane Collaboration Steering Group
CENTRAL	Cochrane Central Registry of Controlled Trials
CEVG	Cochrane Eyes and Vision Group
CEVG@US	Cochrane Eyes and Vision Group, US Satellite
CRG	Collaborative Review Group
CUE	Consumers United for Evidence-based Healthcare
EBHC	Evidence-based healthcare
Master List	Master List of Journals Being Searched
NEI	National Eye Institute
PaPaS	Pain, Palliative and Supportive Care Group
RCT	Randomized controlled trial
STDMG	Cochrane Screening and Diagnostic Tests Methods Group
UCSF	University of California San Francisco
USCC	United States Cochrane Center
WHO	World Health Organization

## 1. Introduction

The United States Cochrane Center (USCC) was established in December 2002 when the New England Cochrane Center Boston Office, the New England Cochrane Center Providence Office, and the San Francisco Cochrane Center merged to form a single registered entity with a central office (originally in Providence and currently in Baltimore) and two branches (San Francisco and New England Boston). The New England Cochrane Center Boston Office closed in February, 2008.

The central office of the USCC is at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Md.; the Center Director is Professor Kay Dickersin. The San Francisco Branch is based at the University of California San Francisco (UCSF); the Branch Director is Dr. Lisa Bero. The central office is the first point of contact for the work of The Cochrane Collaboration in the United States and is responsible for fulfilling the Center's core functions.

## 2. Mission

The overall mission of the USCC is to further the Collaboration's goal of making widely available systematic reviews of research evidence on the effects of healthcare.

## 3. Responsibilities of the USCC

The core functions of the USCC are to provide support to Cochrane entities with a coordinating base in the US or one of the countries for which the USCC is the reference center; support new Collaborative review groups (CRGs), fields, and methods groups interested in registering with the Collaboration; and support individuals who seek information about the work of the Collaboration.

The USCC shares these same core responsibilities with other Cochrane Centers:

- To promote and represent The Cochrane Collaboration;
- To serve as a source of information about The Cochrane Collaboration;
- To provide or facilitate training and support for review authors, editors, handsearchers, and other contributors to The Cochrane Collaboration;
- To support regional editorial bases of Review Groups, Methods Groups and Fields/Networks;
- To contribute to improving the quality of Cochrane Reviews by performing, supporting or promoting methodological research;
- To promote accessibility to *The Cochrane Library* to healthcare professionals, patients, and others, e.g., by pursuing national subscriptions and translations

- where necessary; and
- To handsearch general healthcare journals in the linguistic area of the Center and to submit the search results to the Collaboration's trial database.

In fulfilling these core functions, Centers are required to

- Ensure effective and efficient communication and mediation between Center members and members of other entities for which the Center is a reference center;
- Maintain their details in the Cochrane contact database (ARCHIE);
- Maintain a description of the Center's activities in The Cochrane Library (Center Module) at least on an annual basis;
- Ensure sustainability and continuity of the Center's program of work; and
- Produce a strategic/business plan with targets, and an annual report which reports progress against these targets.

### 3.1 Unique functions of the USCC

In addition to its core functions, the USCC has had unique functions that advance The Cochrane Collaboration's mission. From 1994 - 2005, the USCC had responsibility for coordination of the Cochrane Central Register of Controlled Trials (CENTRAL), and associated functions. From 2006 - 2010, the USCC continued to develop, update, and maintain the Master List of Journals Being Searched (Master List), which includes 2,406 unique journals that have been or are being handsearched by members of The Cochrane Collaboration. In 2010, because of a suspension in funding support, the USCC stopped soliciting updates to the Master List. However, the USCC does continue to update the Master List when registration forms are received.

The USCC's major unique activities in 2010 were to:

- Coordinate and support Consumers United for Evidence-based Healthcare (CUE), a coalition of US healthcare consumer advocacy groups;
- Host *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates* in Keystone, Colorado, on October 17;
- Monitor the online course, *Handsearching: Identifying and Classifying Controlled Trial Reports*;
- Monitor the online course, *Understanding Evidence-based Healthcare: A Foundation for Action*; and
- Contribute to developing the scientific program and other hosting responsibilities of the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations, which was held in Keystone, Colorado October 18-22, 2010.

### **3.2 Unique Functions of the San Francisco Branch of the USCC**

The San Francisco Branch of the USCC, based at the University of California, San Francisco, (UCSF) supports the HIV/AIDS CRG and helps manage conflicts of interest within The Cochrane Collaboration. The Branch advises on management of Cochrane's electronic Criticism Management System as it has transitioned to Wiley InterScience, Inc., the publisher of *The Cochrane Library*, and to *The Cochrane Library* Editor-in-Chief. The Branch actively promotes The Cochrane Collaboration in the western United States.

In 2010, Lisa Bero was a Center representative on The Cochrane Collaboration Steering Group (CCSG), a member of the CCSG Executive Group, and the CCSG representative to the Cochrane Collaboration Feedback Management Advisory Group. She was the Abstract Committee Chair for the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations in Keystone, Colorado. Dr. Bero was also a plenary speaker on Women and leadership in the Cochrane Collaboration at the 2010 Colloquium.

Dr. Bero is the Cochrane Collaboration representative to the World Health Organization (WHO) as of the January 2011 appointment of the Cochrane Collaboration as a non-governmental organization (NGO) in Official Relations with WHO. She will sit on the World Health Assembly as a representative of the Collaboration. As of 2011, Dr. Bero is no longer a member of the CCSG, but she remains a member of the Funding Arbiter Panel, she is a member of the Center Director Executive, and is a member of *The Cochrane Library* Oversight Committee.

Dr. Lisa Bero and her mentee Beth Hart teach a tutorial on the Cochrane Systematic Reviews Handbook. The tutorial meets once a week for 2 hours for a total of 8 weeks. There are 26 participants consisting of students, fellows and faculty from the Schools of Medicine, Nursing and Pharmacy at UCSF. Each week is dedicated to reviewing one chapter in the Cochrane Handbook for Systematic Reviews of Interventions (available online at: <http://www.cochrane-handbook.org>).

## **4. Funded projects**

### **4.1 Agency for Healthcare Research and Quality (AHRQ) USCC conference grant (2007 - 2010)**

In 2007, the USCC was awarded a 3-year grant from AHRQ to conduct a series of conferences to increase US involvement in and contributions to The Cochrane Collaboration. The complete conference series included three US Cochrane Contributors' Conferences, three meetings of US contributors at the annual Cochrane Colloquium, three training workshops titled



*Evidence-based Healthcare (EBHC) and Critical Appraisal of the Healthcare Literature* (for consumers) at the annual Cochrane Colloquium, and three training workshops titled *Train the Trainers in EBHC and Critical Appraisal* at the annual Cochrane Colloquium. As a result of USCC conferences and workshops, a critical mass of US-based clinicians, educators, researchers, policymakers and consumers has been trained to prepare and use the essential elements of EBHC. This critical mass has increased our effectiveness in dissemination of information about EBHC and about The Cochrane Collaboration.

In 2010, the United States hosted the Joint Colloquium of the Cochrane and Campbell Collaborations (see Appendix 1 - USCC Conference Chart). This meeting, organized by Bob Dellavalle and his team at the University of Colorado, was held October 18 - 22 and included 800 participants. Sessions included 6 plenaries, 127 oral presentations, 101 workshops, 108 meetings and 191 poster presentations.

#### **4.2 Agency for Healthcare Research and Quality (AHRQ) Consumers United for Evidence-based Healthcare (CUE) conference grant (2009 - 2012)**

On September 30, 2009, the USCC was awarded a 3-year conference grant to host two membership conferences and a major Summit in conjunction with CUE. The USCC's role is to host CUE, organizing the educational programs, meetings, and other projects. A major role for the USCC is to serve as a conduit between investigators and other decision makers and consumer organizations in CUE. In this regard, the overall conference grant objective is to host a series of in-person and online conferences, workshops, and meetings related to translating research into practice and policy, with a focus on methodological and technical issues of major importance in the field of health services research. The 2010 CUE Annual Membership Meeting was held April 15, 2010 and the 2010 CUE Advocacy Summit, *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates* on October 17, 2010. The Summit was intentionally held immediately preceding the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations in Keystone, Colorado (October 18 - 22, 2010) to facilitate attendance at the Summit by Cochrane contributors and attendance at the Colloquium by consumer advocates. CUE conferences and workshops have contributed to a critical mass of US-based consumers trained to prepare and use the essential elements of EBHC and to work effectively with clinicians, educators, researchers, and policymakers to promote the use of EBHC.

### **4.3 Blue Shield of California Foundation**

We received a grant from the Blue Shield of California Foundation to enable course developers Kay Dickersin and Musa Mayer to enhance the online course *Understanding Evidence-based Healthcare: A Foundation for Action*. The project goal is to make the course more directly applicable to practicing doctors and researchers by adding a new targeted module and new introductions to existing modules that address the modules' relevance to healthcare providers.

### **4.4 Kaiser Foundation Health Plan, Blue Cross, and Wellpoint, Inc.**

We received three separate grants from Kaiser Foundation Health Plan, Blue Cross, and Wellpoint, Inc. to support the CUE Summit, *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates*, held on October 17, 2010. These grants supported consumers to attend both the Summit as well as the subsequent *Joint Colloquium of the Cochrane and Campbell Collaborations* from October 18 - 22, 2010.

## **5. Progress report on targets for 01/01/10 to 12/31/10**

Based on the USCC mission and responsibilities, performance targets, objectives and activities were developed to guide the work of the USCC in 2010. This section summarizes the achievements related to 2010 performance targets (see Appendix 2 for USCC Key Performance Indicators for January 1, 2010 - December 31, 2010).

### **5.1 Target: Coordinate, maintain, and regularly update the Master List of Journals Being Searched (*Master List*) as registration forms are received.**

#### **5.1.1 Objective: Update the Master List of Journals Being Searched (*Master List*) as registration forms are received.**

The USCC coordinates the *Master List*, which as of January 18, 2010 included 2,406 unique journals and 367 conference proceedings handsearched by members of The Cochrane Collaboration to identify controlled trials. The *Master List* database has been maintained through continuous updating which occurs whenever an entity notifies the USCC of a new search, completion of a search, or discontinuation of a search. To keep the *Master List* current, the USCC has conducted an annual *Master List* update survey, which asks the coordinators of all registered handsearches to provide updated information about their handsearch activities via email. Due to a lack of funding, USCC ceased conducting the *Master List* annual survey starting in 2010. However, the USCC continues to maintain the Master List, making updates when registration forms are submitted.

**5.2 Target: Provide training and support for reviewers, managing editors, trial search coordinators (TSCs), editors, handsearchers, consumers, those responsible for training activities, and others**

**5.2.1 Objective: Develop and facilitate Cochrane training workshops and courses**

The USCC developed and presented training workshops on the following topics in 2010:

- *Developing a good presentation about your consumer organization and its contributions to evidence-based healthcare (EBHC)* (a workshop for consumer advocates), at the Joint Colloquium of the Cochrane and Campbell Collaborations, October 20, 2010, Keystone, Colorado.
- *How to ask an answerable question for health care and health research* (a workshop for consumer advocates) at the Joint Colloquium of the Cochrane and Campbell Collaborations, October 21, 2010, Keystone, Colorado.

In addition to these training workshops, the USCC continues to monitor, revise, and develop web-based distance education courses. Following are courses that were available in 2010.

- *Handsearching: Identifying and Classifying Controlled Trial Reports:*
- *Understanding Evidence-based Healthcare: A Foundation for Action* for consumers
- *Understanding Evidence-based Healthcare: A Foundation for Action* for doctors and researchers
- *Translating Critical Appraisal of a Manuscript into Meaningful Peer Review*

**5.2.2 Objective: Make available on the worldwide web and elsewhere guides for Cochrane procedures**

Training and supporting review authors, trials search coordinators, managing editors, handsearchers and consumer advocates are core functions of the USCC. Training materials are regularly reviewed and modified to ensure that they are accurate, current and useful. The following guides, handbooks, other documents, and Internet links are accessible on the USCC website:

- EBHC and general information including primers, articles, books, and related organizations;

- Cochrane Collaboration background documents including *The Cochrane Policy Manual* and the *Cochrane Handbook for Systematic Reviews of Interventions*, and access to *The Cochrane Library*;
- A full range of resources for reviewers including Cochrane documents (*Cochrane Handbook for Systematic Review Interventions*, RevMan homepage, and GRADEpro software) and outside resources such as the NHS Centre for Reviews and Dissemination's *Undertaking Systematic Reviews of Research on Effectiveness*;
- Handsearcher resources (e.g., *Handsearcher Training Manual* and *Handsearch Training Resource, Capetown Colloquium 2000*);
- The *Master List of Journals and Conference Proceedings Being Searched* as well as forms to use to register a new search for a journal or conference; and
- Trials search coordinator resources including the *Guide for Trials Search Coordinators*.

Information about the following online training programs is also available:

- Online course *Handsearching: Identifying and Classifying Controlled Trial Reports*; and
- Online course oriented to consumers, *Understanding Evidence-based Healthcare: A Foundation for Action*.

The following meeting reports and podcasts of presentations are accessible:

- Current and past USCC Annual Reports, CUE Annual Meeting and Conference Reports, US Contributors' Meeting and Conference Reports and many USCC workshop agendas and/or abstracts;
- Podcasts of the 2010 CUE Summit, *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates*, October 17;
- Podcasts of the 2010 CUE Annual Meeting, April 15;
- Podcasts of the 2009 USCC Conference, *Stakeholder Summit on using Quality Systematic Reviews to Inform Evidence-based Guidelines*, June 4-5; and
- Podcasts of the 2008 USCC Conference, *Priority Setting for Systematic Reviews*, July 11.

In December, 2010, the USCC migrated its website to the content management system of The Cochrane Collaboration. This change will allow us to monitor and analyze website use throughout 2011.

**5.2.3 Objective: Provide ongoing support and training through individual contact, email discussion lists, and directories**

USCC staff communicate regularly with members of various Cochrane entities and provide review authors with ongoing support and training through mentoring and methodological consultation. With support from the NEI, the Center provides US-based authors working on Cochrane systematic reviews related to eyes and vision with a methodologist who prepares materials for and works with authors via email, telephone and in-person consultation. Thirty-one review authors received technical assistance from USCC staff in 2010 (see Section 5.2.1 for additional training and support information).

**5.2.4 Objective: Maintain online distance education course for consumer advocates, *Understanding Evidence-based Healthcare: A Foundation for Action***

We continue to provide training in methodologic subject matter foundational to EBHC by way of our 6-hour online course, *Understanding Evidence-based Healthcare: a Foundation for Action*. The course is available free of charge to the public courtesy of Johns Hopkins Bloomberg School of Public Health. As of December 31, 2010, 3,382 individuals had registered for the course. In the last 6 months of 2010, 479 individuals enrolled, of which 410 (86%) had completed the course at the time we collected the information. Both before and after the course, we asked enrollees to answer the following question, as applied to 11 topics covered in the course, "How confident do you feel about explaining the following concepts or defining the following terms to a friend or fellow consumer advocate (select your level of confidence where 1=low and 5=high)?" For the topic evidence-based healthcare, about one third (34%) of the enrollees expressed a confidence level of 4 or 5 before taking the course. After the course, the proportion doubled, with 68% scoring their confidence as 4 or 5. While increased confidence is not necessarily an indicator of increased knowledge, it is an important first step.

Course objectives are to provide consumer advocates with the tools they need to

- Successfully navigate the world of medical information;
- Critically appraise research studies;
- Influence the creation of responsible public policy in healthcare; and
- Help the people they serve to make healthcare choices based on the best available evidence.

**5.2.5 Objective: Launch updated version of online course *Understanding Evidence-based Healthcare: A Foundation for Action***

The launch of the updated version of the online course, *Understanding Evidence-based Healthcare: A Foundation for Action*, is expected in summer of 2011.

**5.2.6 Objective: Launch updated version of online course *Understanding Evidence-based Healthcare: A Foundation for Action, for healthcare providers and researchers***

In 2010, work was underway to enhance the online course to make it more directly applicable to practicing doctors and researchers. A new module and revised introductions to existing modules were created to highlight the course's relevance to practicing healthcare providers. The course introduction was recorded by Dr. Steven Goodman, M.D., PhD, Professor and Director of Oncology Biostatistics at the Johns Hopkins School of Medicine and Bloomberg School of Public Health. The new offering for physicians is expected to be "live" in the spring of 2011.

**5.2.7 Objective: Maintain online distance education course for handsearchers: *Handsearching: Identifying and Classifying Controlled Trial Reports***

This course was launched online in 2003 and revised in 2004 and 2005. In 2006, the course was transferred to the Johns Hopkins Bloomberg School of Public Health WebCT platform where it remained until November 2010. We are currently transferring the course to the Johns Hopkins School of Public Health distance education platform. Transfer is expected to be complete by fall of 2011.

A tracking system allowed us to monitor registrant "visits" to the course. As of November 10, 2010, 799 individuals had registered for the course, representing a wide cross-section of countries (e.g., Brazil, Norway, Thailand, India and Iran) and diverse professions (e.g., clinicians, informaticians, epidemiologists, nurses, librarians, lawyers, and consumers). The mean number of visits to the training website by the 799 registrants was 44, (range, 0 to 799; median = 11). Of those who accessed the course at least once, the mean number of visits was 72 (median = 42). Seventy-one students have completed the course and passed the online "test" which consists of handsearching an online version of a vision science journal. An additional 53 students are in the process of taking the test.

**5.2.8 Objective: Launch online course *Translating Critical Appraisal of a Manuscript into Meaningful Peer Review***

This course, comprising 12 didactic lectures, was developed in 2010 and is expected to launch in June, 2011. The target audience for the course is clinicians who wish to learn more about serving as a peer reviewer for biomedical journals. The course's learning objectives include

- increasing participants' understanding of available evidence regarding the effectiveness and utility of the peer review process;
- different types of clinical research questions and appropriate designs for studying

them;

- strengths and limitations of various study designs;
- measures used to test association between exposures and outcomes;
- how to apply critical appraisal to manuscripts submitted for peer review; and
- how to provide meaningful feedback to authors and editors that they can use to improve manuscript quality.

### **5.3 Target: Promote awareness of The Cochrane Collaboration and access to Cochrane products**

#### **5.3.1 Objective: Ensure that individuals (including the media and consumers) and institutions within the region served by the USCC are aware of the Cochrane Collaboration and the USCC and understand its products and functions; highlight Cochrane activities in presentations and reports to health professionals, consumers, and others whenever relevant**

Promoting awareness within the US of The Cochrane Collaboration is an important role of the USCC. With the Joint Colloquium of the Cochrane and Campbell Collaborations being held in the US in 2010, the USCC intensified its efforts to spread the word about The Cochrane Collaboration and to promote participation in the Colloquium by US-based consumers, government officials, policy makers, researchers and systematic reviewers.

Of special note was the effort to provide information on the breadth of resources and opportunities The Cochrane Collaboration brings to consumer health advocates. By hosting the CUE Summit, *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates*, October 17, 2010 in conjunction with the Joint Colloquium, we were able to leverage our existing grant support to bring the Cochrane Collaboration to the attention of many consumer advocacy organizations in the US for the first time. Representatives from 36 advocacy groups attended both the Summit and the Colloquium; of these, 45% counted this as their first exposure to the Cochrane Collaboration.

Videographer Richard Davis attended the Summit and the Colloquium and created a new video in Keystone highlighting CUE's accomplishments and the experience of consumers at the Summit and Colloquium. Mr. Davis has previously produced short videos about the Cochrane Collaboration, CCNet and CUE. This new piece will be used to introduce more US consumers and others to the resources and opportunities afforded by CUE and the Collaboration, and will be posted on the USCC website in 2011.

USCC staff make presentations about the Collaboration to relevant audiences to increase understanding of what the Collaboration can provide and to build stronger partnerships with the media and healthcare consumers. In 2010, USCC staff participated in conferences, meetings, and

X:\Cochrane\03 Centers\USCC\3 Reports\Annual Rpt\2010\2010 USCC Ann Report final.wpd

workshops and made presentations highlighting EBHC, The Cochrane Collaboration, Cochrane activities, and consumer advocacy and *The Cochrane Library* (see Appendix 3 for USCC Staff Presentations and Publications).

**5.3.2 Objective: Work to ensure that *The Cochrane Library* is made available and accessible to regional institutions, government agencies, professional organizations, and others.**

Promotional materials for *The Cochrane Library* are distributed to all workshop and meeting participants. To increase the availability and accessibility of *The Cochrane Library* in the US, John Wiley and Sons, Inc. continues to provide free 30-day access to all participants in USCC-sponsored workshops. We were pleased to be able to offer this benefit to the 88 participants at the CUE Summit, *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates*, October 17, 2010. A representative from John Wiley and Sons, Inc., attended the CUE Summit and demonstrated the use of *The Cochrane Library* throughout the day. The USCC also encourages institutions, organizations and colleagues to expand subscriptions to Cochrane products. In addition, all CUE member organizations continue to receive a free subscription to *The Cochrane Library*. We field questions about *The Cochrane Library* on the USCC and CEVG phone lines and e-mail.

Additional examples of access to *The Cochrane Library* include:

- The State of Wyoming offers free access to *The Cochrane Library* to its residents; and free online access to the public is offered as follows:
- The National Institute of Child Health and Human Diseases provides the complete text of Cochrane reviews produced by the Cochrane Neonatal Review Group;
- MEDLINE provides abstracts of Cochrane systematic reviews; and
- The Cochrane Collaboration and Wiley Interscience provide Cochrane review abstracts via their webpages.

**5.3.3 Objective: Encourage the news media to use *The Cochrane Library*, provided free of charge through John Wiley and Sons, Inc.**

Interactions with the media include personal contacts by telephone, email, and at meetings. In 2010, the media continued to learn about the high quality evidence supplied by the systematic reviews published in *The Cochrane Library*. We were contacted concerning more than two dozen stories related directly to Cochrane reviews, evidence-based healthcare, or comparative effectiveness research. Every phone call with the media includes information about how the journalist can get access to *Clib*. Reports in the US media related to The Cochrane Collaboration and Cochrane reviews for which the USCC was consulted include:

- CBS TV, (1/2010) interview on eating and drinking during labor;
- *Time* magazine, (2/2010), Do Flu Vaccines Really Work? A Skeptic's View by Eben Harrell;



- *New Scientist*, (3/2010), comments on registration of animal studies
- *LiveScience*, (6/2010), Dark Side of Medical Research: Widespread Bias and Omissions by Jeremy Hsu;
- *Nature Biotechnology*, (9/2010), Cochrane meta-analysis on alpha-1 antitrypsin prompts furor by Mark Ratner;
- Center for Public Integrity (9/2010) project on which interventions are supported by little data;
- *Nature Medicine*, (9/2010), interview on the role of meta-analysis in healthcare; and
- *Washington Post*, (10/2010), interactive session on mammograms in women under 50.

### **5.3.4 Objective: Work with physicians, consumers, government and others to identify ways in which Cochrane reviews can better meet their needs**

The USCC is committed to identifying ways that Cochrane reviews can meet the needs of physicians, consumers, government and other constituencies. We do this in several ways, including one-on-one contact (for example by telephone), presentations at professional conferences, and hosting of conferences by the USCC. In 2010, Janie Gordon, Kay Dickersin, Roberta Scherer and Nancy Fitton had numerous telephone contacts with interested persons; Kay Dickersin presented the Cochrane Collaboration at a variety of conferences (see Appendix 3); and we hosted several conferences and workshops aimed at disseminating information about the Cochrane Collaboration in the context of professional practice and consumer needs.

The USCC actively encourages CUE members to participate in Cochrane review groups to integrate a consumer perspective not only into the Plain Language Summary but into all aspects of review group activities, including priority setting for systematic review production. To help consumers prepare for this role we offer educational programs such as our online course *Understanding Evidence-based Healthcare: A Foundation for Action*, and workshops such as *How to Ask an Answerable Question for Healthcare and Health Research—for consumers* offered at the Keystone Colloquium. Didactic sessions were also included at the *2010 Annual CUE Membership Meeting* held in Washington, DC, April 15, 2010.

Kay Dickersin served on the IOM Standards for Systematic Reviews Committee, which complements their Committee on Standards for Developing Clinical Practice Guidelines (and thus we encourage use of Cochrane reviews in guideline development). She also spoke to the Guidelines International Network (*A seat at the table: The effects of consumer engagement in guideline development.*) at the 7<sup>th</sup> G-I-N Conference - Integrating Knowledge. Improving Outcomes, in Chicago, Illinois on August 27, 2010. Kay served as co-chair with CUE member Carol Sakala (Childbirth Connection) at the G-I-N Public Pre-conference Workshop, *Interested But Challenged by Patient and Public Involvement? Practical Ways to Develop High-Quality Patient-Oriented Guidelines.*

**5.3.5 Objective: Ensure interest, relevance and accuracy of the USCC's website**

In December, 2010, the USCC migrated its website to the content management system of The Cochrane Collaboration. In 2010, USCC staff made improvements to both the USCC and CUE webpages to facilitate easy navigation for visitors to the site and to increase interest and relevance.

Improvements are:

- Added podcasts from our conferences for ready access to presentations;
- Fewer “clicks” to get to information;
- Continuous monitoring to provide information updates;
- Regular checking for broken links;
- Easier access to The Cochrane Collaboration features;
- Updated EBHC resources;
- Updated listings of workshops, conferences, meetings, announcements and news; and
- Updated posting of conference reports.

**5.4 Target: Perform USCC administrative functions****5.4.1 Objective: Perform handsearching of US medical journals and conference proceedings**

In 2010, a total of 46 journal-years (from US medical journals and conference proceedings) were handsearched by the USCC, resulting in the identification of 544 RCT reports and 98 controlled clinical trial reports. In 2010, a total of 894 RCT reports and 394 controlled clinical trial reports (includes trials identified the previous year and sent for medical subject heading - MeSH - indexing if the article or abstract was not already MeSH indexed) were submitted to Cochrane's CENTRAL Register of Controlled Trials. There were 732 RCT reports and 316 CCT reports that were MeSH-indexed.

**5.4.2 Objective: Participate in annual Collaboration meetings at the 2010 Cochrane Colloquium and midyear meetings**

The USCC hosted a US Contributors' Meeting at the XVIII Colloquium in Keystone, October 19, 2010, which was attended by 37 US contributors. Attendees reported on the work of their entities (eg, Center and Branch, CRGs, Fields, Methods Groups, Consumer Network). US contributors discussed upcoming Cochrane training programs in the US, outreach and dissemination efforts, and funding opportunities and barriers.

In addition to the US Contributors' Meeting, USCC staff participated in the following Center-related meetings during the 2010 Colloquium:

- Meet the Entities exchange;
- Cochrane Center staff meeting where staff from all Cochrane Centers and Branches met to exchange information and ideas and to hear CCSG and Center Director updates;
- Cochrane Consumer Network (CCNet) and Field meetings;
- Cochrane Center Directors meeting;
- Colloquium Policy Advisory Group meeting; and
- Colloquium 2010 debriefing session.

#### **5.4.3 Objective: Perform general Center administrative functions**

The USCC performed general Center administrative functions:

- Performed comprehensive maintenance and updates of the US Cochrane Center Contact Directory. USCC staff added contacts from workshops and meetings, *The Cochrane Library*, ARCHIE, and other sources to update the Directory, which includes names, postal and email addresses, phone numbers, and other relevant information;
- Completed and submitted to the Cochrane Secretariat documentation regarding the Center's activities, including the Center's bi-annual monitoring report and Annual Report.. This Annual Report describes the USCC's progress on 2010 targets (see Appendix 2); and
- Responded to inquiries from healthcare professionals, consumers, journalists, and others about the USCC, The Cochrane Collaboration, *The Cochrane Library*, CUE and EBHC.

#### **5.5 Target: Seek and obtain funding support for USCC activities**

##### **5.5.1 Objective: Continue working with funders to support USCC activities.**

AHRQ awarded the USCC a three-year grant in 2009 (R13 HS017668) to host a series of in-person and online conferences and meetings for consumer advocates and others related to translating research into practice and policy, with a focus on methodological and technical issues of major importance in the field of health services research.

We completed a grant from AHRQ (1R13 HS016868-1) which took place over a 3-year period (2007 - 2010). The overall objective of this project and the series of conferences, was to

X:\Cochrane\03 Centers\USCC\3 Reports\Annual Rpt\2010\2010 USCC Ann Report final.wpd

facilitate translation of research into policy and practice. To meet this objective, The USCC (1) framed conference agendas with the aim of increasing the quality and relevance of systematic reviews; (2) disseminated information about systematic reviews and their appropriate use widely; and (3) provided a forum for methodologic education and communication of advances in EBHC across a broad base of investigators and users. Included in this grant was the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations in Keystone.

Support was granted for meeting expenses and travel stipends for the 2010 Summit and Colloquium from Blue Cross Blue Shield Association, Kaiser Family Foundation, and Wellpoint, Inc.

Additional support to the Center in 2010 was provided by NEI to support the CEVG US satellite, which aims to develop and strengthen a critical mass of US-based vision researchers and practitioners trained in preparing and using systematic reviews. The long-term goal is to increase awareness of EBHC in eyes and vision and use of systematic reviews in clinical practice guidelines.

Blue Shield of California Foundation provided support to enhance and extend the Johns Hopkins online course, *Understanding Evidence-based Healthcare: A Foundation for Action*, to appeal directly to practicing doctors and clinical researchers.

**5.5.2 Objective: Work with USCC branches and US-based entities to identify sources of funding and to leverage combined efforts to obtain funding.**

The USCC works with all Cochrane US-based entities to identify potential funding sources and to leverage our combined efforts. US contributors discuss upcoming opportunities at a special meeting at the annual Cochrane Colloquium and throughout the year as opportunities arise. We have worked with Bob Dellavalle of the Cochrane Skin Group, Justice Health, and UCSF on funding initiatives. We also submitted a grant for the USCC which was declined.

**5.6 Target: Conduct and disseminate research**

**5.6.1 Objective: Conduct methodological research on issues of importance to systematic reviews, reporting biases, trials registers, and evidence-based healthcare.**

A core objective of the USCC is to conduct methodological research related to systematic reviews, trials registers, and meta-analysis. To date, a modest program is ongoing with studies funded in targeted subject areas (e.g., eyes and vision, trials of the drug gabapentin) and on broadly applicable methodologic topics.

### **5.6.1.1 Evidence-based Priority-Setting for New Systematic Reviews and Clinical Trials Project**

The overall objective of the Evidence-based Priority-Setting for New Systematic Reviews and Clinical Trials Project, funded by The Cochrane Collaboration Prioritisation Fund, was to test a framework for setting priorities for randomized controlled trials and systematic reviews related to interventions for primary open angle glaucoma and ocular hypertension. We translated guideline statements into answerable clinical questions and asked clinicians to rank the importance of each question. We then examined existing evidence, summarized in reliable systematic reviews, to identify remaining evidence gaps. This framework is being applied to setting research priorities on other topics. Tianjing Li has published the first phase of this project (Li T, Ervin A, Scherer R, Jampel H, Dickersin K., Setting Priorities for Comparative Effectiveness Research: A Case Study Using Primary Open-Angle Glaucoma. *Ophthalmology* 2010 Oct;117(10):1937-45). The second manuscript has been submitted for publication. The priority setting framework has now been adapted for primary angle closure glaucoma, and phase one is underway. Similar projects are in the initial stages for diabetic retinopathy.

### **5.6.1.2 Can information provided in clinicaltrials.gov supplement that found in conference abstracts? (CEVG@US)**

In 2006, the Association for Research in Vision and Ophthalmology (ARVO) announced that any investigator submitting a 2007 abstract describing a controlled clinical trial must have registered that trial with an appropriate trials register. This provided an opportunity to examine whether clinicaltrials.gov could be used to supplement the often scanty information presented in conference abstracts. All abstracts presented at the 2007, 2008, and 2009 ARVO meetings and that described an RCT or provided registration information were identified. Information on study participants, intervention, sample size, and primary outcome was abstracted from abstracts and compared with similar information abstracted from clinicaltrials.gov. Currently, funding sources and secondary outcomes reported in abstracts are being compared with those reported in clinicaltrials.gov.

### **5.6.1.3 Commercial relationships, funding and full publication of randomized controlled trials initially reported in conference abstracts (CEVG@US)**

We aim to assess the concordance of reported commercial conflicts of interest and publication of randomized controlled trials initially presented as conference abstracts at ARVO meetings. Abstracts describing RCTs that were presented at ARVO meetings in 2001, 2002, and 2003 have been identified. We extracted data from each abstract, including “author commercial interest” (as defined by ARVO), study funding, and direction of results of primary outcome. Commercial relationships and funding sources were not mutually exclusive. Using PubMed (latest search March 2009) and direct author contact, we identified full reports associated with included abstracts. Preliminary results for 2001 include identification of 130 abstracts with

X:\Cochrane\03 Centers\USCC\3 Reports\Annual Rpt\2010\2010 USCC Ann Report final.wpd

results reported for a primary outcome. Sixty-nine (53%) had been published in full. Abstracts noting commercial relationships had a higher full publication rate when the primary outcome result favored the experimental group. Further research is needed to explore this association. This work was presented at the Sixth International Congress on Peer Review and Biomedical Publication, held in September 2009 at Vancouver, Canada (see Appendix 3).

#### **5.6.1.4 Survey of systematic reviews and meta-analyses in glaucoma (CEVG@US)**

We aim to identify and characterize published systematic reviews relevant to glaucoma to further the Evidence-based Priority-Setting for New Systematic Reviews and Clinical Trials Project, and to identify authors of non-Cochrane reviews interested in converting their reviews to the Cochrane format. In collaboration with information specialists at the William H. Welch Medical Library at Johns Hopkins University, Drs. Tianjing Li and Roberta Scherer searched PubMed, *The Cochrane Library*, and EMBASE up to September 2009 to identify eyes and vision systematic reviews.

To date, we have identified over 547 systematic reviews on eyes and vision topics, and have classified them by publication date, condition, and type of research question addressed (e.g., etiology, prevention, diagnosis, or intervention). For intervention reviews, we completed abstraction. Abstractions included the research question (study population, interventions being compared, and outcomes), databases searched, search date, criteria for including studies into the systematic review, risk of bias assessment, analytic methods, and funding sources for primary open angle glaucoma reviews, and have begun to abstract the same information for diabetic retinopathy and primary angle closure glaucoma reviews (Li T, Dickersin K, Scherer R. Re: Registering systematic reviews. *CMAJ*. 2010 Jan 12;182(1):13-14. Available at: <http://www.cmaj.ca/cgi/eletters/182/1/13#324055> ).

#### **5.6.1.5 Develop an open access study-based eyes and vision trials register (E-Trials) (CEVG@US)**

We aim to develop a study-based eyes and vision trials register, rather than a citation-based register, to assist systematic reviewers and other investigators. Dr. Tianjing Li and Ms. Elizabeth Ssemenda began development of the study-based register by reviewing existing study-based specialized registers from other Cochrane review groups. The next steps include design of the database, development of a procedures manual, and execution of the database design in a Filemaker Pro database. Work continued in 2010.

### **5.6.1.6 A study of internal company documents and publications to identify reporting and other biases in clinical trials of gabapentin for off-label indications**

We are conducting a series of projects aimed at determining the extent and nature of reporting biases in clinical trials of gabapentin related to four off-label indications: migraine prophylaxis, bipolar disorders, neuropathic pain and nociceptive pain. In the first project, we compared internal company documents of trials related to gabapentin, which became public consequent to litigation against Pfizer, with published reports of the corresponding trials. We looked for discrepancies on primary and secondary outcomes in the trial protocol and publication. With Dr. Swaroop Vedula as the lead author, results from this project were published in the *New England Journal of Medicine* in 2009 (see Appendix 3).

In a second study, we examined internal company documents including trial protocols, internal reports, publications, emails and internal memos to identify the details of a publication strategy. In the context of a publication strategy, reporting biases constitute a potent mix because they serve to distort the scientific evidence available to the public. Such distortion is associated with severe consequences in the case of trials related to off-label uses of drugs because trial publications are frequently the only source of trial data available to the public. Findings from this study have been submitted for publication (see Appendix 3).

### **5.7 Target: Facilitate the development and growth of the USCC's consumer coalition, Consumers United for Evidence-based Healthcare (CUE)**

#### **5.7.1 Objective: Support CUE infrastructure and functions**

As the scientist partner of CUE, the USCC encouraged CUE member organizations to develop and implement collaborative projects and to disseminate CUE's EBHC resources to their membership. In addition, the USCC:

- supported CUE in hosting *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates* in Keystone, Colorado on October 17, 2010, in conjunction with The Joint Colloquium of the Cochrane and Campbell Collaborations. Eighty-eight people attended (see section 5.3.1);
- hosted a face-to-face Steering Committee meeting in Keystone;
- supported a one-day CUE Annual Membership Meeting in Washington DC; and
- convened monthly CUE Steering Committee teleconferences.

Other CUE 2010 projects included:

- Maintaining *Understanding Evidence-based Healthcare: A Foundation for Action*, a free of charge online course on EBHC for consumer advocates;
- Continuing to encourage members of CUE's member organizations to register in the

- online EBHC course;
- Teaching consumers about evidence and how to use it in making healthcare decisions;
- Recruiting new CUE member organizations (The ARC of Maryland and California Lyme Disease Association);
- Adding information about EBHC, CUE, and the USCC to CUE member organizations' agendas, meetings, workshops, newsletters, and websites;
- Establishing new relationships and working with existing consumer organization partners to increase dissemination of EBHC;
- Disseminating EBHC through presentations including a workshop entitled: *How to ask an answerable question for health care and health research: A workshop for consumers*, at the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations, October 21, 2010 in Keystone (see section 5.2.1).
- Disseminating EBHC through a workshop for consumers at the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations, October 20: *Developing a good presentation about your consumer organization and its contributions to evidence-based healthcare (EBHC)*;
- Identifying new potential funding sources; and
- Increasing participation of CUE members on advisory committees, peer review panels, and EBHC listservs.

The *2010 Annual CUE Membership Meeting*, April 15, 2010, was hosted by the US Cochrane Center. The goal was to bring CUE's leadership and membership together to engage in a forum on current trends and challenges in EBHC and to discuss administrative matters relevant to the coalition. The meeting provided a forum for CUE members with different advocacy priorities to come together to discuss their work, address common concerns and learn from one another. Recurrent themes included strengthening the CUE infrastructure, obtaining reliable funding for infrastructure and proposed projects, and building upon the coalition's momentum (see online materials and podcasts).

Planning for the CUE Advocacy Summit, *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates*, held on October 17, 2010, began in 2009 and continued in 2010. Because the summit immediately preceded the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations, in Keystone, Colorado, it presented a unique opportunity to bring together an international group of evidence-based consumer advocates and their scientist partners.

The Summit laid the groundwork for partnerships among consumer advocacy groups throughout the United States and globally, as well as new consumer-scientist partnerships. We expect that this Summit, by convening CUE members and those engaged in systematic reviews, will lead to increased participation by attendees in Cochrane activities.



**5.7.2 Objective: Strengthen the ties between CUE and The Cochrane Collaboration Consumer Network (CCNet)**

With the support of the USCC, CUE members have strengthened ties with CCNet by collaborating on activities and projects that address common goals. In 2010, CUE members

- Interacted with their peers at the 18th Cochrane Colloquium in Keystone, participating in workshops with CCNet members, CCNet business meetings and educational sessions;
- Participated in the CCNet moderated e-mail list;
- Participated in CCNet's Geographical Centres Advisory Group (Barbara Warren, CUE Co-chair, and Maryann Napoli);
- Participated in CC Colloquium Stipends Committee (Maryann Napoli); and
- Promoted US consumer involvement with The Cochrane Collaboration.

Ann Fonfa, CUE member and representative of The Annie Appleseed Project, has actively participated with the Adverse Effects Methods Group. Maryann Napoli, CUE and CCNet member and Associate Director of the Center for Medical Consumers, has participated for many years in The Cochrane Collaboration as a consumer peer reviewer. Maureen Corry, CUE Steering Committee member and Executive Director of Childbirth Connection and Barbara Warren, CUE Co-chair and Executive Board Member of the National Coalition for LGBT Health have both served as peer reviewers for Cochrane reviews.

**5.7.3 Objective: Increase CUE Membership**

An outreach coordinator was hired in August to investigate and recruit new CUE member organizations and to recruit Summit attendees. In November 2010, ten new organizations were invited to join CUE. Representatives from 36 advocacy groups that could be eligible to join CUE attended both the Summit and the Colloquium; of these, 45% counted this as their first exposure to the Cochrane Collaboration.

**5.7.4 Objective: Increase partnerships among scientists, policymakers and others with CUE members through providing a “clearinghouse” for those seeking consumer partners****5.7.5 Objective: Sponsor the 2010 Advocacy Summit, *Advocacy in the Era of Evidence: an International Summit for Consumer Advocates*, in conjunction with the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations**

See sections 4.2 and 5.3.1.

**5.8 Target: Work collaboratively with the CEVG@US satellite office****5.8.1 Objective: Share materials and resources related to educational projects**

See Section 6.1 for details regarding the activities of the CEVG@US and Section 5.2.1 for collaborative educational projects.

**5.8.2 Objective: Collaborate with CEVG@US on research projects**

See Section 6.1 for details regarding the activities of the CEVG@US and Sections 5.6.1.2, 5.6.1.3, 5.6.1.4, and 5.6.1.5 for collaborative research projects.

**5.9 Target: Contribute to the Planning of the 2010 Cochrane Colloquium****5.9.1 Objective: Contribute USCC staff time toward the planning process**

Kay Dickersin, Roberta Scherer, and Janie Gordon were involved in the Colloquium planning process. USCC staff actively disseminated information about the upcoming Colloquium and devoted time on the agenda at the US Contributors Meeting, Keystone Colloquium, to an update and discussion. Throughout the year, Kay Dickersin, Roberta Scherer, and Janie Gordon participated in monthly Colloquium Organizing Committee teleconferences. The USCC sought and obtained funding to cover expenses for Colloquium speakers and to cover Colloquium registration fees for consumers.

The USCC played an active role in the development of the scientific program of the Joint Colloquium of the Cochrane and Campbell Collaborations. The program supports the Colloquium theme “Bringing Evidence-Based Decision Making to New Heights.” Kay Dickersin, USCC Director, and Hannah Rothstein, Campbell representative, served as Co-chairs of the Colloquium Scientific Committee. Lisa Bero, Director, USCC, San Francisco Branch, was Chair of the Abstract Committee and Karen Robinson, US contributor, was Chair of the Workshop Committee. The Scientific Committee began its meetings in Spring, 2009.

**6. US-based Cochrane review groups****6.1 Eyes and Vision CRG - US Satellite (CEVG@US)**

The CEVG registered with The Cochrane Collaboration in April 1997. The editorial base is located at the London School of Hygiene and Tropical Medicine, in London, England; the Coordinating Editor is Richard Wormald, FRCS, FRCOphth, a consultant ophthalmologist. CEVG@US members serve as CEVG Editors: Kay Dickersin has been an Editor since the group’s inception, and Roberta Scherer also serves as an Editor. Ann Ervin serves as an Internal Referee.

X:\Cochrane\03 Centers\USCC\3 Reports\Annual Rpt\2010\2010 USCC Ann Report final.wpd

On April 22, 2002, the NEI of the National Institutes of Health funded the CEVG@US (first at Brown University and beginning October 1, 2005 at Johns Hopkins Bloomberg School of Public Health) to develop a critical mass of US-based individuals who would contribute to the CEVG@US. The mission of the CEVG is to prepare systematic reviews of interventions used to prevent or treat eye diseases and/or visual impairment and to offer workshops on how to complete a systematic review. CEVG@US also oversees and coordinates handsearching training, open to The Cochrane Collaboration and others, as well as handsearching efforts for the CEVG (see Section 6.2.1).

The CEVG@US satellite hosts the CEVG website (<http://eyes.cochrane.org>) and has collaborated with the editorial base in the development of short and long-term priorities for improving site navigation and layout. The website includes links from vision-based organizations (including the Association of Vision Science Librarians, the Institute of Ophthalmology, and the American Academy of Ophthalmology), a site map for improved navigation, and a listserv to encourage interested individuals to sign up to receive email notification of newly-published Cochrane titles, protocols, updates and reviews.

For Issues 1 - 12, 2010 of *The Cochrane Library*, CEVG submitted 9 new protocols, 6 new reviews, and 13 review updates. CEVG@US contributed 4 new protocols, 4 new reviews, and 2 review updates to Issues 1-12, 2010. Issue 12, 2010 contains 84 completed reviews and 56 protocols of reviews in progress from CEVG. Of those, CEVG@US has contributed 26 completed reviews and 24 protocols.

CEVG currently has 553 authors/co-authors of reviews, protocols or assigned titles from 21 countries around the world. CEVG@US has approximately 114 US authors and also collaborates with authors from other countries on reviews.

## **6.2 HIV/AIDS CRG**

The Cochrane HIV/AIDS Group is an international network of healthcare professionals, researchers, and consumers working to prepare and maintain systematic reviews on the prevention, treatment and care of HIV infection and AIDS. With its editorial base at the University of California, San Francisco (UCSF), and with a satellite editorial base at the South African Cochrane Centre in Cape Town, the Cochrane HIV/AIDS Group was officially registered with the Cochrane Collaboration in March 1997.

The Cochrane HIV/AIDS Group's mission is to conduct systematic reviews of interventions in the four following areas of HIV/AIDS research: Behavioral, Social, and Policy Prevention; Biomedical Prevention; Therapeutics, Diagnostics, and Prognostics; and Health Services and Care. The Cochrane HIV/AIDS Group is an affiliate of The Cochrane Collaboration, the International AIDS Society, UCSF Global Health Sciences, and the UCSF AIDS Research Institute.

For Issues 1-12, 2010 of *The Cochrane Library*, the HIV/AIDS Review Group submitted 11 new protocols, 11 new reviews, and 1 review update. Issue 1, 2011 contains 72 completed/published reviews and 46 published protocols of reviews in progress from the HIV/AIDS Review Group. We currently have 445 authors/co-authors of reviews, protocols or assigned titles from 39 countries around the world. Fifteen new review titles were registered in 2010.

### **6.3 Neonatal CRG**

The Neonatal Group, registered in April 1993, is currently located at the University of Vermont and is funded through a contract with the National Institute of Child Health and Human Development. Funding covers major editorial as well as administrative needs. Although now US-based, the Neonatal Group has benefitted from strong support in Canada, Australia, and the UK. The work of the Australasian Regional Coordinators has been recognized by the Cochrane Collaboration by the formalizing the group as a recognized Cochrane Satellite of the CNRG. The CNRG will continue to have primary editorial responsibility regarding title assignment, approval of protocols and approval of finished reviews. The Satellite group will assist the CNRG in supporting Australasian authors with ongoing liaison and support from the CNRG. They will help to support Australian reviewers in moving their registered titles on to completion as well as supporting our endeavors to keep our reviews up to date.

For Issues 1 – 12, 2010 of *The Cochrane Library*, the Neonatal Review Group submitted 21 new protocols, 9 new reviews, and 58 review updates. Issue 12, 2010 contained 265 completed reviews and 78 protocols of reviews in progress from the Neonatal Review Group. Fifteen new review titles were registered in 2010. There are currently have 621 authors/co-authors of reviews, protocols or assigned titles from 42 countries around the world.

### **6.4 Prostatic Diseases and Urologic Cancers CRG**

The Department of Veterans Affairs Coordinating Center is the administrative center for the Prostatic Diseases and Urologic Cancers Group and the the Prostatic Diseases and Urologic Malignancies subgroups. The primary aim of the Department of Veterans Affairs Coordinating Center of the Prostatic Diseases and Urologic Cancers Group is to prepare, maintain, and disseminate systematic reviews of randomized controlled trials of interventions for benign prostatic diseases and urologic cancers.

In 2009, systematic reviews were conducted by collaborators from relevant disciplines including urology, oncology, and internal medicine with technical support, as needed, provided by experts in biostatistics, consumer groups and pharmaceutical companies. Dr. Wilt served as the overall Coordinating Editor, but divided his responsibilities with Dr. Mike Shelley. Rod MacDonald was the Feedback Editor, Jim Tacklind the Managing Editor, and Indy Rutks the

X:\Cochrane\03 Centers\USCC\3 Reports\Annual Rpt\2010\2010 USCC Ann Report final.wpd

Trials Search Coordinator. Malcolm Mason, of Cardiff, Wales, served as the Coordinator of the Urologic Malignancies subgroup.

The Prostatic Diseases and Urologic Cancers CRG contacted and worked with individuals and other prostate disease organizations throughout the United States and Europe to develop and assist with Cochrane reviews and perform handsearches for trials relevant for reviews. These organizations included Blue Cross Blue Shield, Prostate Trials Office, National Institute for Health Research Centre for Reviews and Dissemination, European Organization for Research and Treatment of Cancer, and Prostate Cancer Trialists' Collaborative Group. The CRG worked closely with the Cochrane Cancer Network and other Cochrane entities for technical and administrative support.

A specialized registry of RCTs in prostatic diseases and urologic malignancies has been developed and submitted for inclusion in *The Cochrane Library*. The specialized registry contains approximately 4,785 references to date (as of 12/10). As of December 31, 2010, we had 30 published Cochrane reviews and 29 published titles and protocols.

## **7. US-based Cochrane fields**

### **7.1 Complementary and Alternative Medicine (CAM) Field**

The CAM Field was established in 1996 to meet the growing need for evidence-based research in complementary and alternative medicine. The field is dedicated to producing systematic reviews of RCTs in areas such as acupuncture, massage, chiropractic, herbal medicine, and homeopathy. The field is based at the University of Maryland, School of Medicine, in Baltimore, Maryland. Brian Berman is Field Coordinator, Eric Manheimer is Field Administrator, and Susan Wieland is Field Methodologist. The CAM Field's work is supported by a grant from the US National Institutes of Health, Center for Complementary and Alternative Medicine.

The CAM Field is active in identifying, reviewing, and disseminating evidence on CAM therapies and staff dedicate much of their effort to preparing Cochrane reviews. For example, Eric Manheimer was the lead author, and Brian Berman and Susan Wieland were co-authors, of a systematic review of acupuncture for osteoarthritis that was published in *The Cochrane Library*, Issue 1, 2010. The CAM Field has also recently completed a Cochrane review of acupuncture for irritable bowel syndrome, which will be submitted for publication in *The Cochrane Library* in early 2011. In addition, the CAM Field contributes to the development of the database of CAM-related reviews by awarding a bursary each year to Cochrane reviews for which substantial progress has already been made and whose completion has been stalled due to a lack of funding. The CAM Field also contributes to review preparation by hosting training workshops for CAM review authors, writing articles about systematic reviews in CAM, and working with international research scholars at the CAM Field base who are undertaking fellowships or

X:\Cochrane\03 Centers\USCC\3 Reports\Annual Rpt\2010\2010 USCC Ann Report final.wpd

sabbaticals with a focus on systematic reviews. Finally, the field facilitates Cochrane CAM review preparation by responding on an *ad hoc* basis to requests for peer-review authors, from Cochrane review group coordinators. The field also maintains a register of CAM trials, which it submits regularly to CENTRAL, as well as a “Topic List” of all CAM-related Cochrane reviews and protocols. As of Issue 1, 2011 of *The Cochrane Library*, the register of trials includes 39,171 reports of CAM trials and the Topic List includes 449 CAM-related Cochrane reviews and 238 CAM-related protocols. The field's National Institutes of Health funding partially supports work on CAM Field-related projects that are undertaken at the Ottawa Hospital Research Institute.

The CAM Field dedicates extensive effort to disseminating Cochrane reviews to the CAM research and practice communities as well as to the general public. The field's ongoing column in the journal *Explore*, for example, is designed to promote awareness of The Cochrane Collaboration and to improve CAM practitioners' and researchers' understanding of randomized trial and systematic review methodology. The field has also worked in collaboration with the Cochrane Consumer Network to effectively and efficiently communicate the message of Cochrane CAM reviews to the general public, by producing streamlined and simplified summary overviews in lay language. Thirty of these summary overviews have been prepared, and they are available on the CAM Field website ([http://www.compmmed.umm.edu/cochrane\\_consumer.asp](http://www.compmmed.umm.edu/cochrane_consumer.asp)), organized according to the therapeutic area, healthcare condition, and treatment. Finally, the CAM Field staff collaborates with the Norwegian branch of the Nordic Cochrane Center to communicate the message of Cochrane reviews to the general public, through the creation of Summary of Findings tables/Plain Language Summaries (SoF/PLS) of CAM-related Cochrane reviews. Nine of these SoF/PLS have been prepared so far, and they are available on the CAM Field website (<http://www.compmmed.umm.edu/cochran-plainlang.asp>). Several other SoF/PLS are now in the final stages of preparation or review. Beginning with the July/August 2009 issue of the journal *Alternative Therapies in Health and Medicine*, the CAM Field launched a new column called *Cochrane CAM Reviews: Summaries of Findings*. Since the launch of this column, five installments have been published or are in press, and the journal editor has agreed to publish a column for each bi-monthly issue of the journal in 2011. The purpose of this column series is to highlight some of the recent ‘Summary of Findings’ tables of CAM-related Cochrane reviews.

## 7.2 Justice Health Field

The Cochrane Justice Health Field was recognized as an official entity of the Cochrane Collaboration September, 2011. The field is concerned with interventions designed to improve the health and well being of people who are incarcerated, or who are under community supervision, in criminal justice systems around the world.

The field aims to organize and disseminate evidence surrounding health care and health issues for justice involved persons. Within Cochrane, the field will support, staff, edit and assist the completion of systematic and umbrella reviews across the review groups as well as sensitize

the collaboration about this population, and the effects incarceration has on the public health of larger communities.

In its first 9 months, the field has linked to several existing regional networks, including the World Health Organization's Health in Prison Project, which links inmate health care providers and decision makers for the WHO European Region, and the newly forming Academic Consortium for Correctional Health in the United States. This is a network of medical schools and other academic institutions with core clinical or research programs concerned with the health care of justice-involved people. Through the linking role, the field aims to solicit clinical questions and to disseminate Cochrane evidence.

Additional outreach efforts in 2010 included a briefing for the US Congress, responding to new legislation that should have an impact on the health care and outcomes of adolescents in the US juvenile justice system. Field members also sit on a Secretarial Advisory Committee for the Department of Health and Human Services created through the Affordable Care Act; the Bureau of Justice Assistance's Second Chance Act Juvenile Advisory Committee; the National Commission on Correctional Health Care's Adolescent Health Committee; and the Commonwealth Medicine's (Massachusetts) Academic and Policy Health Care meetings.

Goals for 2011 include increasing the number of systematic reviews completed, conducting research prioritization exercises, and organizing knowledge for public access. Funding for the field has been obtained from the Agency for Healthcare Research and Quality.

### **7.3 Behavioral Medicine Field**

On May 26, 2010, the Behavioral Medicine Field was deregistered with The Cochrane Collaboration because funding is no longer available.

## **8. US-based Co-convenors of Cochrane Methods Groups**

### **8.1 Cochrane Screening and Diagnostic Tests Methods Group (SDTMG)**

The SDTMG began working on the development and implementation of methods for systematic reviews of screening and diagnostic tests in the 1990s. The group led the initiative to include diagnostic accuracy reviews in *The Cochrane Library* and worked on the development of the consensus approaches and the necessary infrastructure for launching this part of the *Library* in October 2007. A central piece of this effort was the development of the Cochrane Handbook for Diagnostic Test Accuracy Reviews, which is currently in the final stages of editing. Members of SDTMG were instrumental in the formation of Regional Support Units for diagnostic accuracy reviews, which provide methodologic support and guidance to investigators in CRGs and Centers. The Cochrane SDTMG was co-convened in 2010 by Constantine Gatsonis of Brown University, Providence, RI, USA; Petra Macaskill of the University of Sydney, Australia; and Mariska Leeftang of the Academic Medical Center, University of Amsterdam, Netherlands. Roger Harbord of Bristol University, UK, resigned as a co-convenor in mid-2010.

## 8.2 Comparing Multiple Interventions Methods Group

Cochrane reviews on the effects of interventions vary considerably in their scope. Some compare two interventions, while others examine the comparative effectiveness of many or all available interventions for a given condition. The debate between “lumping” and “splitting” has been an ongoing issue for the Collaboration since its early days. In recent years, two important developments have contributed to the discussion. First, statistical methodology, known as network meta-analysis has developed considerably to facilitate simultaneous inference regarding all available treatments for a given condition, and to provide evidence for selecting the best of several treatment options. Second, the Collaboration has introduced the Cochrane Overview of reviews (Overviews) as a means of summarizing the results of multiple systematic reviews covering different interventions for the same clinical condition. The current format for Overviews asks review authors to extract the results as reported in the component systematic reviews without duplicating literature searches, eligibility assessment, bias assessment or statistical synthesis from individual reviews. Yet, at the moment, neither Cochrane Intervention reviews nor Cochrane Overviews are set up to provide a comprehensive and up-to-date answer to the question “which intervention should I use for this condition?”, a typical question that a healthcare decision-maker may have when approaching *The Cochrane Library*.

The Cochrane Comparing Multiple Interventions Methods Group (CMIMG) was successfully registered as a formal entity of The Cochrane Collaboration in September 2010. The CMIMG combines a continuation of the work of the previous “Umbrella Reviews Working Group” with expertise in network meta-analysis. It will consider how we can answer the question “which intervention works best” for optimal healthcare decision-making. The group will focus on methodology for comparing multiple interventions in the context of both Intervention reviews and Overviews. A key aim of the Methods Group is to consider how the aims, methods and processes for Overviews might evolve over time. The Methods Group will also explore considerations of the validity, breadth, structure and interpretation of statistical syntheses across multiple interventions.

The CMIMG is Co-convened by Georgia Salanti, University of Ioannina, Ioannina, Greece; Tianjing Li, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA; Christopher Schmid, Boston University, Boston, Massachusetts, USA; Lorne Becker, Florida, USA, Deborah Caldwell, University of Bristol, Bristol, UK; and Julian Higgins, University of Cambridge, Cambridge, UK.

## 9. 2011 Performance targets

See Appendix 4 for the USCC performance targets for 2011.



## **10. USCC contact information, current**

### **10.1 USCC, Baltimore, MD**

Director, USCC: Kay Dickersin, PhD

Contact Person: Nancy Fitton, MHS

Coordinator, USCC

Johns Hopkins Bloomberg School of Public Health

615 N. Wolfe Street, Room E6012

Mail Room W5010

Baltimore, Maryland, USA 21205

Telephone: +1-410-502-7205

Fax: +1-410-502-4623

Email: [uscc@jhsph.edu](mailto:uscc@jhsph.edu); [nfitton@jhsph.edu](mailto:nfitton@jhsph.edu)

Web page: [us.cochrane.org](http://us.cochrane.org)

### **10.2 San Francisco Branch**

Co-Directors: Lisa Bero, PhD

Drummond Rennie, MD

Contact Person: Erika Campbell, BA

Administrator, San Francisco Branch of the USCC

University of California

Suite 420

3333 California Street

San Francisco, California, USA 94118

Telephone: +1-415-476-4958

Fax: +1-415-502-8227

Email: [campbelle@pharmacy.ucsf.edu](mailto:campbelle@pharmacy.ucsf.edu)Web page: <http://www.ucsf.edu/sfcc>**11. Full and part-time staff at the USCC Offices in 2010**

Director: Kay Dickersin, PhD

Co-Directors, San Francisco Branch: Lisa Bero, PhD  
Drummond Rennie, MD

Associate Director: Roberta W. Scherer, PhD

Coordinators: Janie Gordon, ScM (until October, 2010)  
Nancy Fitton, MHS (since October, 2010)  
Erika Campbell, BA (San Francisco Branch)

Consumer Coalition Coordinator: Janie Gordon, ScM (until October, 2010)  
Nancy Fitton, MHS (since October, 2010)

Systematic Review Methodologists: Ann Ervin, MPH, PhD  
(Project Director, CEVG@US)  
Tianjing Li, MD, MHS, PhD  
Kristina Lindsley, MS  
Satyanarayana (Swaroop) Vedula, MD

Graduate Research Assistants: Isabel Rodriques-Barraquer, MD  
Dolly Chang, MD, MPH  
Kinbo Lee, MHS  
Tsung Yu

*Master List* Processors: Lisa Lassiter, BS  
Roberta Scherer, PhD

Webmaster Nancy Fitton, MHS

**12. Sources of funding and support****12.1 Contracts and grants****12.1.1 USCC - National Eye Institute (NEI)****12.1.1.1**

Source: National Eye Institute contract

Title: Support for US Activities of the CEVG within The Cochrane Collaboration

PI: Kay Dickersin, PhD

Dates: April 22, 2002 - April 3, 2010

Specific Aims: To develop a critical mass of US-based vision researchers and practitioners who are trained in preparing and using systematic reviews

**12.1.1.2**

Source: National Eye Institute grant

Title: Support for US Activities of the CEVG within The Cochrane Collaboration

PI: Kay Dickersin, PhD

Dates: April, 2010 - April, 2015

Specific Aims: To develop a critical mass of US-based vision researchers and practitioners who are trained in preparing and using systematic reviews

**12.1.2 USCC - Agency for Healthcare Research and Quality****12.1.2.1**

Source: Agency for Healthcare Research and Quality  
Title: Training for US Cochrane Contributors and Others  
PI: Kay Dickersin, PhD  
Dates: June 1, 2007 - May 31, 2010  
Specific Aims: To conduct a series of educational conferences to increase involvement in The Cochrane Collaboration

**12.1.2.2**

Source: Agency for Healthcare Research and Quality  
Title: Translating Research into Practice and Policy  
PI: Kay Dickersin, PhD  
Dates: September 30, 2009 - September 29, 2012  
Specific Aims: To host a series of conferences for Consumers United for Evidence-based Healthcare (CUE), related to translating research into practice and policy, with a focus on methodological and technical issues of major importance in the field of health services research. The target audience is health consumer advocacy groups.

**12.1.3 Blue Shield of California Foundation**

Source: Blue Shield of California Foundation  
Title: Enhancement of the online course, "*Understanding Evidence-based Healthcare: A Foundation for Action*," for use by practicing doctors and researchers  
PI: Kay Dickersin, PhD  
Dates: June 1, 2009 - January 1, 2011  
Specific Aims: To enhance online course for doctors and clinical researchers.

**12.1.4 Kaiser Permanente Foundation**

Source: Kaiser Permanente Foundation

Title: Support for *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates*

PI: Kay Dickersin, PhD

Dates: October 17, 2010

Specific Aims: To support representatives from CUE organizations to attend *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates* and the Joint Colloquium of the Cochrane and Campbell Collaborations.

**12.1.5 Wellpoint, Inc.**

Source: Wellpoint, Inc.

Title: Support for *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates*

PI: Kay Dickersin, PhD

Dates: October 17, 2010

Specific Aims: To support representatives from CUE organizations to attend *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates* and the Joint Colloquium of the Cochrane and Campbell Collaborations.

**12.1.6 Blue Cross**

Source: Blue Cross

Title: Support for *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates*

PI: Kay Dickersin, PhD

Dates: October 17, 2010

Specific Aims: To support representatives from CUE organizations to attend *Advocacy in the Era of Evidence: An International Summit for Consumer Advocates* and the Joint Colloquium of the Cochrane and Campbell Collaborations.

### **12.1.7 USCC San Francisco Branch**

The USCC San Francisco Branch had no contracts or grants in 2010.

## **13. Acknowledgments**

The USCC staff thanks everyone who has contributed to the success of the Center. Funders have provided support to allow the Center to carry out the activities reported for 2010. Special thanks go to individuals who have contributed their time and expertise serving as faculty for one of our training programs, as an investigator on a project, or as a consumer advocate involved in CUE. Each contribution is recognized and much appreciated.

---

**Appendix 1**  
**US Cochrane Center Conferences, Workshops, and Meetings**  
**2010**

Name of Conference, Workshop, or Meeting	Date	Partner or target audience	Location	No. Attendees
<b>1. Workshops</b>				
Cochrane Colloquium - <i>Developing a good presentation about your consumer organization and its contributions to evidence-based healthcare</i>	10/20/10	consumers	Keystone, Co.	19
Cochrane Colloquium - <i>How to ask an answerable question for health care and health research - for consumers</i>	10/21/10	consumers	Keystone, Co.	27
<b>2. Meetings</b>				
Consumers United for Evidence-based Healthcare (CUE) Meeting	4/15/10	consumers	Washington, DC	25
Cochrane Colloquium - US Contributors' Meeting	10/19/10	US contributors to Cochrane	Keystone, Co.	38
<b>3. Conferences</b>				
<i>Advocacy in the Era of Evidence: An International Summit for Consumer Advocates</i>	10/17/10	Consumer Advocates, Scientists and Policy Partners	Keystone, Co.	88
2010 Joint Colloquium of the Cochrane and Campbell Collaborations, Keystone, Colorado, <i>Bringing Evidence-based Decision-making to New Heights.</i>	10/18 to 10/22/10	Consumer Advocates, Scientists and Policy Partners	Keystone, Co.	800

## Appendix 2 - UNITED STATES COCHRANE CENTER Key Performance Indicators (KPI)

Reporting Period: January – December 2010

Objective 1: To promote and represent The Cochrane Collaboration

Measure	Targets	Actuals (if not applicable, please indicate the reason)
Deliver presentations about Cochrane and Cochrane Systematic Reviews to stakeholder groups	No numeric targets.  Courses, workshops	Relevant courses at Johns Hopkins Bloomberg School of Public Health: <ul style="list-style-type: none"> <li>• Systematic Reviews and Meta-analysis (Kay Dickersin, Course Director; Tianjing Li, Instructor);</li> <li>• Systematic Reviews and Meta-analysis (Kay Dickersin, Course Director; Tianjing Li, Instructor), Fall Institute, Barcelona, Spain.</li> <li>• Lectures on systematic reviews and the Cochrane Collaboration: Introduction to Clinical Trials; Interpreting Epidemiology Workshop; Applied Epidemiology; Current Issues in Public Health; Topics in Clinical Trials; Welch Center Research in Progress (RIP) Seminar; Preparation of Scientific Manuscripts and Proposals; Clinical Epidemiology and Outcomes.</li> <li>• Project LEAD (Leadership, Education, and Advocacy Development), National Breast Cancer Coalition Fund: webinar on comparative effectiveness research.</li> </ul>
	Special meetings for funding agencies	<ul style="list-style-type: none"> <li>• Knowing what works: Are we heading in the right direction? Biomedicine Lecture Series. National Heart Lung and Blood Institute. Bethesda, Md. May 6, 2010.</li> <li>• What's new in publication bias? Evidence-based Practice Centers (EPC) Spring Meeting, Agency for Healthcare Research and Quality (AHRQ). Rockville, Md. May 6, 2010.</li> <li>• Collaboration between Cochrane and AHRQ on Methods Issues, EPC Fall Meeting, November 16, 2010.</li> </ul>
	International/national conferences	The future of evidence-based medicine. 57th Annual Meeting and World Congress on Exercise in Medicine. American College of Sports Medicine. Baltimore, Md. June 5, 2010.
Participate as a representative of Cochrane, in key, strategic external committees in your region	No numeric targets.	<ul style="list-style-type: none"> <li>• National Center for Biotechnology Information, National Library of Medicine, Systematic Review Working Group.</li> <li>• Institute of Medicine of the National Academies, Oversight Committee for the Workshop on Handling Missing Data in Clinical Trials.</li> <li>• Institute of Medicine of the National Academies, Committee on Standards for Systematic Reviews of Clinical Effectiveness Research.</li> </ul>



Measure	Targets	Actuals (if not applicable, please indicate the reason)
		<ul style="list-style-type: none"> <li>NHLBI Value of Information Working Group (December 2010).</li> </ul>
Develop partnerships with key regional organizations to promote Cochrane and systematic reviews (by audience type: e.g. consumers, policy-makers, health care professionals, research organizations).	No numeric targets	<p>National Breast Cancer Coalition.</p> <ul style="list-style-type: none"> <li>Beyond the Guidelines Advisory Committee/Know Breast Cancer Committee.</li> <li>Project LEAD faculty.</li> </ul> <p>Love /Avon Army of Women Scientific Advisory Committee Clinical Trials Transformation Initiative, Steering Committee. Systematic Review Data Depository Advisory Committee (AHRQ).</p>
Disseminate news releases and relevant Cochrane Reviews to media, working with regional contacts to disseminate and make connections with journalists	Respond to media as requested.	<ul style="list-style-type: none"> <li><i>CBS (TV)</i> (1/2010) interview about new Cochrane review (eating and drinking in labor)</li> <li><i>Nature Biotechnology</i> (4/2010) effect of new sunshine laws</li> <li><i>Time</i> magazine (7/2010) article on home birth/Cochrane review</li> <li><i>Wired</i> (8/2010) article on use of placebos</li> <li><i>Nature Medicine</i> (9/2010) article on meta-analysis in medicine</li> <li><i>Center for Public Integrity</i> (9/2010) project on which interventions are supported by little data</li> <li><i>Live Science</i> (6/2010) article on publication bias</li> <li><i>New Scientist</i> (3/29/10) registration of animal studies</li> <li><i>WGN radio</i> (10/25/10) response to Time article on 90% of research is wrong</li> <li><i>Science</i> (11/8/10) AIDS vaccine trial</li> <li><i>Washington Post</i> (10/12/2010) live chat on mammography, 40-49, meta-analysis and guidelines</li> </ul>
Exhibit at key conferences in the region about Cochrane and its work locally	No targets.	

**Objective 2: To serve as a source of information about The Cochrane Collaboration (communications)**

Measure	Targets	Actuals (if not applicable, please indicate the reason)
Center website is up to date and is being used as a resource about Cochrane	Make available on the worldwide web and elsewhere guides for Cochrane procedures. Ensure interest, relevance, and accuracy of the USCC's website.	US Cochrane Center website makes available up-to-date resources for education and training, Cochrane entities, consumers, and interested persons. In addition to providing links and documents, we make available podcasts from our meetings, online courses, videos, and other information.
	Ensure interest, relevance and accuracy of the USCC website	On December 20, 2010, the USCC website was migrated to the Collaboration's content management system, Drupal.

		A new page was created for the 2010 CUE Keystone Summit.
Dissemination of communications tools (such as: Newsletters; RSS feeds; e-Bursts; leaflets) providing information about the CC	Ensure that individuals and institutions within the region served by the USCC are aware of the CC and the USCC and understand its products and functions; highlight Cochrane activities in presentations and reports to health professionals, consumers and others whenever relevant	The USCC took major responsibility for disseminating information in the US about the 2010 Cochrane Colloquium, including development of a flyer and webpages. We also circulate CInfo and other information as relevant.
Respond to requests for information in a timely manner from a variety of stakeholders: media, authors, funders, researchers*	Work to make sure that <i>The Cochrane Library (CLib)</i> is made available and accessible to regional institutions, government agencies, professional organizations and others.	Free <i>CLib</i> access was granted to for 30 days to the 88 attendees of the CUE 2010 Summit in Keystone. All attendees also received the <i>Quick Reference Guide to CLib</i> . All 29 member organizations of CUE have free access as well.
	Encourage the news media to use <i>CLib</i> , provided free of charge through Wiley and Sons	Mention to all media contacts during interviews.
Implement the Marketing and Communications plan of the CC, at the regional level (as indicated)	No target	
Build communications list to distribute Cochrane News and CC Info to relevant stakeholders	Work with physicians, consumers, government, and others to identify ways in which Cochrane reviews can better meet their needs	Maintained and updated USCC contact database, sent regular notices about conferences, workshops, training, and new issues of <i>CLib</i> .

**Objective 3: To provide or facilitate training and support for review authors, editors, handsearchers and other contributors to The Cochrane Collaboration.**

Measure	Annual Targets	Actuals (if not applicable, please indicate the reason)
Author training workshops aimed at Cochrane authors occur as planned, targeted to audiences by (and as recommended by CC TWG): <ul style="list-style-type: none"> <li>- expertise level (introductory to advanced)</li> <li>- geographic area</li> <li>- specialized, as needed</li> </ul>	Develop and facilitate training workshops and courses	None in 2010 (funding gap)
	Provide ongoing support and training through individual contact, email discussion lists, and directories	USCC staff communicate regularly with members of various Cochrane entities and provide review authors with ongoing support and training through mentoring and methodological consultation. With support from the NEI, the Center provides US-based authors working on Cochrane systematic reviews related to eyes and vision with a methodologist who prepares materials for and works with authors via email, telephone and in-person consultation. Thirty-one review authors received technical assistance from USCC staff in 2010.
	Maintain online distance education courses for consumers	As of December 31, 2010, 3,382 individuals had registered for <i>Understanding Evidence-based Healthcare: A Foundation for Action</i> , our 6-hour online course for consumer advocates and others. In the last 6 months of 2010, 479

		individuals enrolled, of which 410 (86%) had completed the course as of 12/31/2010.
Increasing numbers of authors in catchment region	See Objective 1	
Volume of training delivered	See Objective 1	
Other appropriate training to meet needs of stakeholders and use Centre's expertise	Maintain online course for handsearching	This course was developed in 2003 and revised in 2004 and 2005. In 2006, the course was transferred to the Johns Hopkins Bloomberg School of Public Health WebCT platform where it remained until November 2010. We are transferring the course to the Johns Hopkins School of Public Health distance education platform. Transfer is expected to be complete by Spring of 2011 (Roberta Scherer).

**Objective 4: To support regional editorial bases of Review Groups, Methods Groups and Fields/Networks**

Measure	Annual Targets	Actuals (if not applicable, please indicate the reason)
Regional meeting/ symposium	Plan and host the US Contributors Meeting, to be held in conjunction with the 2010 Joint Cochrane and Campbell Colloquium	Thirty-seven attendees participated in the US Contributor's Meeting held October 19, 2010, in Keystone, Colorado.
	Contribute to the success of the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations, held October 18-22 in Keystone, Colorado	We contributed in many ways, including, but not limited to: <ul style="list-style-type: none"> <li>• Kay Dickersin (KD) and Hannah Rothstein (HR), of the Campbell Collaboration, served as Co-chairs of the Scientific Program Committee and planned all plenary sessions for the Colloquium.</li> <li>• Planning activities took place on a daily basis.</li> <li>• KD and HR worked closely with The Scientific Committee to select the program, topics and speakers for the daily plenary sessions.</li> <li>• KD and HR invited speakers, and worked to assure gender, national origin, and other balance.</li> <li>• KD or Roberta Scherer also participated in the monthly Colloquium Organizing Committee teleconferences and worked in tandem with the Colorado team on logistics for the meeting.</li> </ul> There were many other contributions, both of time and other resources.
Quarterly teleconferences with all Entities in catchment area	Not a target	
Long-term: Sustained funding is secured to maintain or enhance the current work of the Center	Continue working with funders to support USCC activities	Three-year USCC grant, ending 12/31/10, supported annual conferences and meetings.
Long-term: Sustained funding is	Work with USCC branch and	NIH grant submitted, but not funded,

secured to maintain or enhance the current work of the Entities for which the Centre is the reference centre	US-based entities to identify sources of funding and to leverage combined efforts to obtain funding	requesting support for US-based entities
Other (as applicable):	Work collaboratively with Cochrane Eyes and Vision US Satellite Office (CEVG@US)	Share materials related to educational projects; develop online course on peer review.
		Collaborate with CEVG@US on research projects
		Worked to adapt online course, <i>Understanding EBHC</i> , for clinicians (funded by Blue Shield California).

**Objective 5: To contribute to improving the quality of Cochrane reviews by performing, supporting or promoting methodological research.**

Measure	Annual Targets	Actuals (if not applicable, please indicate the reason)
Conference presentations of methods (in SR, KT, Education) <ul style="list-style-type: none"> <li>- at Cochrane Colloquia</li> <li>- at other relevant conferences</li> </ul>		<p>We hosted an invitational meeting on network meta-analysis at the Johns Hopkins Bloomberg School of Public Health (JHBSPH), May 19-21, 2010. Various stakeholders (over 70 for the open session, and ~30 for the closed invited session) participated in the meeting. Participants included leading epidemiologists, biostatisticians, clinical trialists internationally, representatives from the FDA, AHRQ Evidence-based Practice Centers, and the Cochrane Collaboration, and various journals.</p> <p>Oral sessions at the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations:  <b>Roberta Scherer</b>, Ann-Margret Ervin, Kay Dickersin.  <i>Correspondence between Cochrane classification of trials and MEDLINE publication type indexing.</i></p> <p><b>Tianjing Li</b>, Swaroop Vedula, Ann-Margret Ervin, Roberta Scherer, Kay Dickersin.  <i>Perpetuation of inappropriate meta-analysis methods?</i>  <i>Analysis of systematic reviews cited by systematic reviews.</i></p> <p><b>Swaroop Vedula</b>, Tianjing Li, Kay Dickersin.  <i>Inconsistent reporting of analyses in selected industry-sponsored clinical trials.</i></p> <p>Poster Sessions at the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations:  <b>Ann-Margret Ervin</b>, Kay Dickersin, Roberta Scherer, Barbara Hawkins, Kristina Lindsley,</p>

		<p>Swaroop Vedula, Tianjing Li. <i>The experience of a Cochrane Review Group Satellite: The Cochrane Eyes and Vision Group US Project.</i></p> <p><b>Janice Gordon</b>, Kay Dickersin <i>Consumers United for Evidence-based Healthcare (CUE): Development of a consumer advocacy coalition in the United States.</i></p> <p>Two workshops for consumers at the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations:</p> <ul style="list-style-type: none"> <li>• <i>Developing a good presentation about your consumer organization and its contributions to evidence-based healthcare (EBHC); and</i></li> <li>• <i>How to ask an answerable question for health care and health research – for consumers - intermediate level.</i></li> </ul>
Center staff participate in support methods group work		<p><b>Kay Dickersin</b></p> <ul style="list-style-type: none"> <li>• Bias methods group</li> <li>• Statistics methods group</li> <li>• Comparison of Multiple Interventions methods group</li> </ul> <p><b>Roberta Scherer</b></p> <ul style="list-style-type: none"> <li>• Bias methods group</li> <li>• Information Retrieval methods group</li> </ul> <p><b>Tianjing Li</b></p> <ul style="list-style-type: none"> <li>• Bias methods group</li> <li>• Co-convenor - Comparison of Multiple Interventions Methods Group (CMIMG)</li> </ul> <p><b>Swaroop Vedula</b></p> <ul style="list-style-type: none"> <li>• Bias Methods Group</li> </ul>
Other methods work (DTAs, new developments, etc)	Conduct methodological research on issues of importance to systematic reviews, reporting biases, trials register, and evidence-based healthcare	<p>Papers describing results from the Cochrane Priority Research Grant:</p> <p><b>Li T</b>, Ervin A, Scherer R, Jampel H, Dickersin K. Setting Priorities for Comparative Effectiveness Research: A Case Study Using Primary Open-Angle Glaucoma. <i>Ophthalmology</i> 2010; 117:1937-45.</p> <p><b>Li T</b> et al. Using systematic reviews to identify evidence gaps and prioritize CER. (submitted)</p> <p>Ongoing research:</p> <p><b>Tianjing Li</b> et al. are developing a database of systematic reviews in vision science. For intervention reviews, we have begun to abstract</p>

		characteristics of the reviews and assess the methodologic quality.
--	--	---

**Objective 6: To promote accessibility to *The Cochrane Library* to healthcare professionals, patients and others, e.g. by pursuing national subscriptions and translations where necessary.**

Measure	Annual Targets	Actuals (if not applicable, please indicate the reason)
Long-term: achieve (or maintain) a national license for catchment regions	Not a target	This is no longer a target as we have been unable to obtain a firm cost estimate from Wiley for a national license, and this is needed for negotiating.
Workshops delivered on using <i>The Cochrane Library</i> and CSRs	See Objective 1	
Resources about <i>The Cochrane Library</i> are available and translated on Center/Branch website	Make available on the worldwide web and elsewhere guides for Cochrane procedures	The US Cochrane Center website (us.cochrane.org) is updated on an ongoing basis.
Respond to media request about <i>The Cochrane Library</i> and CSRs	See Objective 1	

**Objective 7: To handsearch general healthcare journals in the linguistic area of the Center and to submit the search results to the Collaboration's trial database.**

Measure	Annual Targets	Actuals (if not applicable, please indicate the reason)
US-based journals and conference proceedings are handsearched and trials identified and uploaded to Archie	Perform handsearching of US medical journals and conference proceedings	We handsearched 46 journal-years in 2010, and contracted to have RCTs and CCTs indexed using MeSH. 544 RCTs and 98 CCTs were identified, 732 RCTs and 316 CCTs were MeSH-indexed and 894 RCTs and 394 CCTs were submitted to CENTRAL.

**Objective 8: Special Functions for The Cochrane Collaboration**

Measure	Annual Targets	Actuals (if not applicable, please indicate the reason)
Maintain the <i>Master List of Journals Being Searched</i>	Do one annual update of the Master List	To keep the <i>Master List</i> current, the USCC has conducted an annual <i>Master List</i> update survey, which asks the coordinators of all registered handsearches to provide updated information about their handsearch activities via email. Due to lack of funding, beginning in 2010, the USCC no longer coordinates the <i>Master List</i> in the above manner. However, the USCC maintains the <i>MasterList</i> in a limited manner, making updates when registration forms are submitted.
Cochrane Collaboration Committees or working groups in which the Center staff participate	Participate in annual Collaboration meetings at the Cochrane Colloquium and midyear meetings	<b>Kay Dickersin</b> – <ul style="list-style-type: none"> <li>• Publication Arbiter</li> <li>• Colloquium Policy Advisory Group</li> <li>• Center Director midyear and Colloquium meetings</li> </ul>

Measure	Annual Targets	Actuals (if not applicable, please indicate the reason)
		<p><b>Roberta Scherer</b> –</p> <ul style="list-style-type: none"> <li>• Colloquium Policy Advisory Group</li> <li>• Center Director Colloquium meeting</li> </ul> <p><b>Tianjing Li</b></p> <ul style="list-style-type: none"> <li>• Co-convenor, Cochrane Multiple Interventions Methods Group (CMIMG)</li> </ul>
Other (as applicable)	Perform general Center administrative functions	On a daily basis, the USCC fields requests for information about Cochrane reviews, workshops, getting involved in the Cochrane Collaboration, and requests for presentations and conference involvement. Maintenance of USCC website and administrative reporting.
Facilitate the development and growth of the USCC's consumer coalition – Consumers United for Evidence-based Healthcare (CUE)	Support CUE infrastructure and functions	<ul style="list-style-type: none"> <li>• The Consumer Coordinator convenes monthly teleconferences with CUE Steering Committee members.</li> <li>• The USCC, in partnership with the CUE Steering Committee, planned and hosted the Annual CUE Membership Meeting in Washington DC on April 15, 2010.</li> <li>• Ongoing planning for CUE Steering Committee meetings, the CUE Annual Membership Meeting, recruitment of new CUE member organizations, and website updates occur.</li> </ul>
	Sponsor the 2010 Advocacy Summit, <i>Advocacy in the Era of Evidence: An International Summit for Consumer Advocates</i> , in conjunction with the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations	<p>The USCC, in conjunction with the CUE Steering Committee, planned and hosted <i>Advocacy in the Era of Evidence: An International Summit for Consumer Advocates, October 17, 2010 in Keystone, Colorado</i>. Eighty-eight consumer advocates, scientists and policy partners attended. Representatives from 36 advocacy groups attended both the Summit and the Colloquium; of these, 45% counted this as their first exposure to the Cochrane Collaboration.</p> <p>The USCC provided \$40,050 towards implementation of the 2010 Colloquium.</p> <p>The USCC provided travel stipends to 36 consumers to attend the CUE Summit and also provided registration and expenses supporting attendance at the Colloquium in Keystone.</p> <p>The USCC co-led with CCNet two consumer-oriented workshops at the Colloquium:</p> <ul style="list-style-type: none"> <li>• <i>Developing a good presentation</i></li> </ul>

Measure	Annual Targets	Actuals (if not applicable, please indicate the reason)
		<p><i>about your consumer organization and its contributions to evidence-based healthcare (EBHC); and</i></p> <ul style="list-style-type: none"> <li>• <i>How to ask an answerable question for health care and health research.</i></li> </ul>
	Strengthen the ties between CUE and the Cochrane Collaboration Consumer Network	<p>CUE member, Barbara Warren, serves on the CCNet Steering Committee.</p> <p>See previous target on support of 36 consumers to attend 2010 Colloquium.</p> <p>See previous target on CCNet-USCC workshops.</p>
	Increase CUE membership	<p>Activities to increase attendance at the 2010 CUE Advocacy Summit and subsequently increase CUE membership were undertaken. In November, 2010, 10 organizations were invited to join CUE and one joined in December, 2010. Recruitment is ongoing.</p>
	Increase partnerships among scientists, policymakers and others with CUE members through providing a "clearinghouse" for those seeking consumer partners	<p>Requests for trained consumers to participate in EBHC committees were fulfilled throughout the year. For example, CUE member Barbara Warren participated in a panel for Clinical Practice Guidelines Development: Sudden Hearing Loss, for the Academy of Otolaryngology – Head and Neck Surgery.</p>



## Appendix 3

### USCC and San Francisco Branch Presentations and Publications 2010

---

#### 1. US Cochrane Center

##### 1.1 Kay Dickersin

###### 1.1.1 Organization/Planning of International and National Symposia

1. Joint Colloquium of the Cochrane and Campbell Collaborations. Scientific Committee (Co-Chair). Keystone, Colo. October 18-22, 2010.
2. Network Meta-analysis Meeting and Workshop. Baltimore, Md. May 19-21, 2010.

###### 1.1.2 Invited Presentations

###### *Keynote Speaker*

1. Reporting biases and trial registration: two decades of work and more to go. Ruysch Lecture at the Academic Medical Center of the University of Amsterdam. Amsterdam, The Netherlands. December 14, 2010.

###### *International*

2. A seat at the table: The effects of consumer engagement in guideline development. Integrating Knowledge. Improving Outcomes. Guidelines International Network. Chicago, Ill. August 27, 2010.
3. Reporting bias in randomized trials. Ruysch Minisymposium: Publication Bias in Clinical and Laboratory Animal Research. Academic Medical Center of the University of Amsterdam. Amsterdam, The Netherlands. December 14, 2010.

###### *National*

4. Knowing what works: Are we heading in the right direction? Biomedicine Lecture Series. National Heart Lung and Blood Institute. Bethesda, Md. May 6, 2010.
5. What's new in publication bias? Evidence-based Practice Centers Spring Meeting. Rockville, Md. May 6, 2010.
6. The future of evidence-based medicine. 57th Annual Meeting and World Congress on Exercise is Medicine. American College of Sports Medicine. Baltimore, Maryland. June 5, 2010.
7. From evidence to practice: Making CER findings work for providers and patients (panelist). New England Healthcare Institute Roundtable on the Dissemination of Comparative Effectiveness Research (CER). Washington, D.C.. July 8, 2010.
8. Update on the national landscape for comparative effectiveness research. National Health Lung and Blood Institute. Rockville, Md. July 13, 2010.
9. To reform health care, start with systematic reviews. Science of Cancer Research. IOM National Cancer Policy Summit. Washington, D.C. October 25, 2010.

### **1.1.3 Publications**

#### ***Journal Articles***

1. **Dickersin K**, Chalmers I. Recognising, investigating and dealing with incomplete and biased reporting of clinical research: from Francis Bacon to the World Health Organisation. *James Lind Library* (www.jameslindlibrary.org) 2010.
2. **Dickersin K**. To reform US health care, start with systematic reviews (Policy Forum). *Science*. 329: 516-7, 2010.
3. Lindsley K, Nichols JJ, **Dickersin K**. Interventions for acute internal hordeolum. *Cochrane Database of Systematic Reviews* Issue 9. Art. No.: CD007742. DOI: 10.1002/14651858.CD007742.pub2. PMID: 20824865. 2010.
4. Li T, Ervin A-M, Scherer R, Jampel H, **Dickersin K**. Setting priorities for comparative effectiveness research: a case study using primary open-angle glaucoma. *Ophthalmology* 117:1937-1945, 2010.

#### ***Editorials, Book Reviews, and Letters***

5. Sox HC, Helfand M, Grimshaw J, **Dickersin K**, Tovey T, Knotterus JA, Tugwell P. Comparative effectiveness research: Challenges for medical journals (editorial). *Am J Manag Care*. 16(5):e131-3, 2010. *Croat Med J*. 5:191-4, 2010. *J Clin Epidemiol* 63:862-4, 2010; *Med Decis Making* 30:301-3; *Trials* 11. Art. No. 45. *PLoS Med* 7 (4); 2010. *The Cochrane Library* <http://www.thecochranelibrary.com/details/editorial/687971/Comparative-Effectiveness-Research-Challenges-for-Medical-Journals.html>. 2010 (29 April). (Multiple simultaneous publications).
6. Li T, **Dickersin K**, Scherer R, Wieland S. Registering systematic reviews (online letter). *Can Med Assoc J* 6 April 2010.

### **1.2 Roberta Scherer**

#### **1.2.1 Presentations**

1. Correspondence between Cochrane classification of trials and MEDLINE publication type indexing; presented at a workshop for the Joint Colloquium of the Cochrane and Campbell Collaborations. Keystone, Colo. October 22, 2010.

#### **1.2.2 Publications**

1. Li T, Ervin A-M, **Scherer R**, Jampel H, Dickersin K. Setting priorities for comparative effectiveness research: a case study using primary open angle glaucoma. *Ophthalmology* 2010 117:1937-45.
2. Crocetti M, Amin DD, **Scherer R**. Assessment of risk of bias among pediatric randomized controlled trials. *Pediatrics*. Published online July 12, 2010. DOI: 10.1542/peds.2009-3121.

## **Appendix 3 - Presentations and Publications 2010 cont'd.**

---

3. Mishra S, **Scherer RW**, Aziz NM, Gotay CC, Baquet CR, Berlanstein DR, Geigle PM. Exercise interventions on health related quality of life for people with cancer during active treatment. (Protocol). *Cochrane Database of Systematic Reviews* 2009, Issue 4. Art. No.: CD008465. DOI: 10.1002/14651858.CD008465.

### **1.3 Ann Ervin**

#### **1.3.1 Publications**

1. **Ervin AM**, Wojciechowski R, Schein O. Punctal occlusion for dry eye syndrome (Review). *Cochrane Database of Systematic Reviews* 2010, Issue 9. Art. No.: CD006775. DOI:10.1002/14651858.CD006775.pub2.
2. Li T, **Ervin AM**, Scherer R, Jampel H, Dickersin K. Setting priorities for comparative effectiveness research: A case study using primary open-angle glaucoma. *Ophthalmology*, 2010 October;117(10):1937-45.
3. **Ervin A**, Dickersin K, Scherer R, Hawkins B, Lindsley K, Vedula S, Li T. The experience of a Cochrane Review Group Satellite: The Cochrane Eyes and Vision Group US Project. 2010 Joint Colloquium of The Cochrane and Campbell Collaborations. October 2010. The Cochrane Library, Supplement 2010.

### **1.4 Tianjing Li**

#### **1.4.1 Presentations**

1. Perpetuation of inappropriate meta-analysis methods? Analysis of systematic reviews cited by systematic reviews. Presented at the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations, Keystone, Colorado, USA. October 19, 2010.
3. Ervin A-M, Dickersin K, Scherer R, Hawkins B, Lindsley K, Vedula S, **Li T**. The experience of a Cochrane review group satellite: the Cochrane Eyes and Vision Group US Project. *Cochrane Library*. 2010 Supplement; 128-9.

#### **1.4.2 Publications**

1. **Li T**, Ervin A, Scherer R, Jampel H, Dickersin K. Setting Priorities for Comparative Effectiveness Research: A Case Study Using Primary Open-Angle Glaucoma. *Ophthalmology* 2010 Oct;117(10):1937-45.
2. **Li T**, Dickersin K, Scherer R. Re: Registering systematic reviews. *CMAJ*. 2010 Jan 12;182(1):13-14. Available at: <http://www.cmaj.ca/cgi/eletters/182/1/13#324055>.

## **1.5 Satyanarayana Vedula**

### **1.5.1 Presentations**

1. Blood pressure control for diabetic retinopathy. Association for Research in Vision and Ophthalmology Summer Eye Research Conferences. National Institutes of Health, Bethesda, MD. 2010 (Poster).
2. Inconsistent reporting of analyses in selected industry-sponsored clinical trials. Presented at the 2010 Joint Colloquium of the Cochrane and Campbell Collaborations, Keystone, Colorado, USA. October 20, 2010.

## **2. San Francisco Branch**

### **2.1 Lisa Bero**

#### **2.1.1 Invited Presentations**

##### ***Keynote Speaker***

1. Conflicts of interest in medical research: Managing the unmanageable. Conference on Research and Innovation. Bologna, Italy. January 18, 2010.
2. An analysis of new models for academic-industry relationships. Workshop on models for pharmaceutical industry and public health department collaborations. Regione Emilia-Romagna. Bologna, Italy. July 7, 2010.

##### ***International***

3. Evidence: Can we Trust it?" at Evidence on Trial: Has it made an impact on health? Auckland, New Zealand. March 22, 2010.
4. Marketing of Medicines: Trends in Pharmaceutical Research, Education and Promotion Policies. University of Modena. Modena, Italy. July 6, 2010.
5. Outcome reporting bias in drug trials: Does it matter? Department of Anesthesiology, Pharmacology and Therapeutics Seminar, University of British Columbia. Vancouver, British Columbia, Canada. September 9, 2010.
6. Outcome reporting bias in drug trials: Does it matter? Therapeutics Initiative Seminar. Vancouver General Hospital. Vancouver, British Columbia, Canada. September 9, 2010.
7. International ethical guidelines regarding inclusion of children in clinical trials. StaR Child Health Conference. Vancouver, British Columbia, Canada. September 10, 2010.

## **Appendix 3 - Presentations and Publications 2010 cont'd.**

---

### ***National***

8. Taming the Beast: Managing Conflicts of Interest in Research. World Health Organization February 26, 2010.
9. Plenary - Light at the top: A vision for Leadership in a changing world. Joint Colloquium of the Cochrane and Campbell Collaborations. Keystone, Colorado. October 22, 2010.

### **2.1.2 Publications**

1. Chen, C, Dhruva, S, **Bero, L** and Redberg, R. Inclusion of training patients in Food and Drug Administration pre- market approval cardiovascular device studies. Arch Intern Med, 2010; doi:10.1001/archinternmed.2010.445.
2. Ridge, AL, **Bero, LA** and Hill, SR. Identifying barriers to the availability and use of Magnesium Sulphate Injection in resource poor countries: A case study in Zambia. BMC Health Services Research 2010. 10: 340-349. Doi: 10.1186/1472-6963-10-340.
3. **Bero, L**, Carson, B, Moller, H, Hill, S. To give is better than to receive: compliance with WHO guidelines for drug donations during 2000–2008. Bulletin of the World Health Organization. 2010. DOI: 10.2471/BLT.10.079764.
4. Cataldo, JK, **Bero, L** and Malone, RE. ‘A delicate diplomatic situation’: Tobacco industry efforts to gain control of the Framingham study. J Clin Epidemiol. 2010; 63: 841-853. doi: 10.1016/j.jclinepi.2010.01.021.
5. Robertson, J, Walkom, E, Moynihan, R, **Bero, L** and Henry, D. Pharmaceutical industry funding of educational events for pharmacists in Australia: An analysis of data from the first 6 months of a mandatory disclosure programme. Int J Pharmacy Practice. 2010; 18: 88-92. doi: 10.1211/ijpp/18.02.0003.
6. White, J, **Bero, LA**. Corporate manipulation of research: Strategies are similar across five industries, Stanford Law & Policy Review. 2010; 21(1):105-134.
7. Nkansah N, Mostovetsky O, Yu C, Cheng T, Beney J, Bond CM, **Bero L**. Effect of outpatient pharmacists' non-dispensing roles on patient outcomes and prescribing patterns for the Effective Practice and Organisation of Care Group, Cochrane Database of Systematic Reviews 1997, Issue 4. Art. No.: CD000336. DOI: 10.1002/14651858.CD000336 (Update completed).
8. Dominic D Montagu<sup>1</sup>, Andrew Anglemeyer<sup>2</sup>, Mudita Tiwari<sup>3</sup>, Katie Drasser<sup>4</sup>, George W Rutherford<sup>6</sup>, Tara Horvath<sup>6</sup>, Gail E Kennedy<sup>7</sup>, **Lisa Bero**<sup>8</sup>, Nirali Shah<sup>9</sup>, Heather S Kinlaw (Protocol). Private versus public strategies for health service provision for improving health outcomes in LMICs.

## **Appendix 3 - Presentations and Publications 2010 cont'd.**

---

9. Andreas Lundh, **Lisa Bero**, Joel Lexchin,, Sergio Sismondo. Pharmaceutical industry sponsorship and research outcomes. Protocol for the Methodology Review Group.

### **2.2 Drummond Rennie**

#### **2.2.1 Publications**

1. **Rennie, D.** Integrity in scientific publishing. Health Services Research 2010; 45: 885-896.

**Appendix 4 - United States Cochrane Center (USCC) Targets for 2011**  
**(Targets are based on the Cochrane Collaboration Key Performance Indicators for Centres)**

**Objective 1: To promote and represent The Cochrane Collaboration**

<b>Measure</b>	<b>Targets 2011</b>
Deliver presentations about Cochrane and Cochrane Systematic Reviews to stakeholder groups	No numeric targets
	Courses, workshops, lectures
	Special meetings for funding agencies
	International/national conferences
Participate as a representative of Cochrane, in key, strategic external committees in your region	No numeric target
Develop partnerships with key regional organizations to promote Cochrane and systematic reviews (by audience type: e.g. consumers, policy-makers, health care professionals, research organizations)	No numeric target
Disseminate news releases and relevant Cochrane Reviews to media, working with regional contacts to disseminate and make connections with journalists	Respond to media as requested
Exhibit at key conferences in the region about Cochrane and its work locally	Not a target

**Objective 2: To serve as a source of information about The Cochrane Collaboration (communications)**

<b>Measure</b>	<b>Targets 2011</b>
Center website is up to date and is being used as a resource about Cochrane	Make available on the worldwide web and elsewhere guides for Cochrane procedures
	Ensure interest, relevance and accuracy of the USCC website
Dissemination of communications tools (such as: Newsletters; RSS feeds; e-Bursts; leaflets) providing information about the CC	Ensure that individuals and institutions within the region served by the USCC are aware of the CC and the USCC and understand its products and functions; highlight Cochrane activities in presentations and reports to health professionals, consumers, and others whenever relevant

#### Appendix 4 - USCC – Targets for 2011 (cont'd)

Measure	Targets 2011
Respond to requests for information in a timely manner from a variety of stakeholders: media, authors, funders, researchers	Work to make sure that <i>The Cochrane Library (CLib)</i> is made available and accessible to regional institutions, government agencies, professional organizations and others
	Encourage the news media to use <i>CLib</i> , provided free of charge through Wiley and Sons
Implement the Marketing and Communications plan of the CC, at the regional level (as indicated)	Not a target
Build communications list to distribute Cochrane News and CC Info to relevant stakeholders	Work with physicians, consumers, government, and others to identify ways in which Cochrane reviews can better meet their needs

#### Objective 3: To provide or facilitate training and support for review authors, editors, handsearchers and other contributors to The Cochrane Collaboration.

Measure	Targets 2011
Author training workshops aimed at Cochrane authors occur as planned, targeted to audiences by (and as recommended by CC TWG): <ul style="list-style-type: none"> <li>- expertise level (introductory to advanced)</li> <li>- geographic area</li> <li>- specialized, as needed</li> </ul>	Develop and facilitate training workshops and courses (No numeric target)
	Provide ongoing support and training through individual contact, email discussion lists, and directories
	Maintain online distance education courses for consumers
Increasing numbers of authors in catchment region	See Objective 1
Volume of training delivered	See Objective 1
Other appropriate training to meet needs of stakeholders and use Centre's expertise	Maintain online course for handsearching

#### Objective 4: To support regional editorial bases of Review Groups, Methods Groups and Fields/Networks

Measure	Targets 2011
Regional meeting/ symposium	Plan and host the US Contributors' Meeting, to be held in conjunction with the 2011 Cochrane Colloquium in Madrid.



#### Appendix 4 - USCC – Targets for 2011 (cont'd)

Measure	Targets 2011
Long-term: Sustained funding is secured to maintain or enhance the current work of the Center	Continue working with funders to support USCC activities
Long-term: Sustained funding is secured to maintain or enhance the current work of the Entities for which the Centre is the reference centre	Work with USCC branch and US-based entities to identify sources of funding and to leverage combined efforts to obtain funding
Other (as applicable):	Work collaboratively with Cochrane Eyes and Vision US Satellite Office (CEVG@US)

#### Objective 5: To contribute to improving the quality of Cochrane reviews by performing, supporting or promoting methodological research.

Measure	Targets 2011
Conference presentations of methods (in SR, KT, Education) - at Cochrane Colloquia - at other relevant conferences	No numeric target
Center staff participate in support methods group work	No numeric target
Other methods work (DTAs, new developments, etc)	Conduct methodological research on issues of importance to systematic reviews, reporting biases, trials register, and evidence-based healthcare

#### Objective 6: To promote accessibility to *The Cochrane Library* to healthcare professionals, patients and others, e.g. by pursuing national subscriptions and translations where necessary.

Measure	Targets 2011
Long-term: achieve (or maintain) a national license for catchment regions	Not a target
Workshops delivered on using <i>The Cochrane Library</i> and CSRs	See Objective 1
Resources about <i>The Cochrane Library</i> are available and translated on Center/Branch website	Make guides for Cochrane procedures available on the internet and elsewhere
Respond to media request about <i>The Cochrane Library</i> and CSRs	See Objective 1

## Appendix 4 - USCC – Targets for 2011 (cont'd)

**Objective 7: To handsearch general healthcare journals in the linguistic area of the Center and to submit the search results to the Collaboration's trial database.**

Measure	Targets 2011
US-based journals and conference proceedings are handsearched and trials identified and uploaded to Archie	Perform handsearching of US medical journals and conference proceedings

## Objective 8: Special Functions for The Cochrane Collaboration

Measure	Targets 2011
Maintain the <i>Master List of Journals Being Searched</i>	Update the <i>Master List of Journals Being Searched</i> as registration forms are received
Cochrane Collaboration Committees or working groups in which the Center staff participate	Participate in annual Collaboration meetings at the Cochrane Colloquium and midyear meetings
Other (as applicable)	Perform general Center administrative functions
Facilitate the development and growth of the USCC's consumer coalition – Consumers United for Evidence-based Healthcare (CUE)	Support CUE infrastructure and functions
	Strengthen the ties between CUE and the Cochrane Collaboration Consumer Network
	Increase CUE membership
	Increase partnerships among scientists, policymakers and others with CUE members through providing a "clearinghouse" for those seeking consumer partners