



Minutes
US Contributors' Meeting
XVIII Cochrane Colloquium, Keystone
Tuesday, October 19, 2010, 7:30 - 8:45 am
Shavano Peak Room

1. Welcome and introductions:

Kay Dickersin (KD), US Cochrane Center (USCC) Director, welcomed everyone to the meeting. The attendees introduced themselves and briefly described ongoing activities.

2. What's happening in the US:

- USCC - KD reported on two online training opportunities through the USCC: "Understanding Evidence-based Healthcare," designed initially for consumer advocacy groups, and now also re-formatted for physicians; and a course of peer review to be launched this winter. KD noted that formal funding for the USCC is winding up in December.
- North American training opportunities - Roberta Scherer (RS), Assistant Director of the USCC, reported on North American training opportunities (see us.cochrane.org). She also described online training resources being developed by the Cochrane Training Working Group for systematic reviewers. A beta version is available at <http://training.cochrane.org/>.
- USCC, San Francisco Branch - Lisa Bero (LB), Co-Director, reported on the Branch's teaching responsibilities. LB is completing 6 years of service on the Cochrane Collaboration Steering Group (CCSG). Currently the USCC, San Francisco Branch does not have funding.
- Eyes and Vision Review Group, US Satellite (CEVG@US) - RS reported that CEVG@US is responsible for shepherding reviews by clinicians to completion, providing methodological expertise. The group is also involved in methodological research, including prioritization of reviews and topics related to network meta-analyses. She noted that a poster describing CEVG@US activities will be presented the following day.
- HIV/AIDS Review Group - Tara Horvath reported on two reviews with imminent publication. A poster will be presented at the Colloquium.

- Neonatal Review Group - Roger Soll, Coordinating Editor, reported that the Neonatal Group has a successful partnership with the National Institute of Child Health and Human Development (NICHD), with its reviews available on the NICHD website. The Neonatal Group is anxious to learn about additional ways to disseminate review results. Because the Neonatal Group was one of the first CRGs, it has a number of reviews that are out-of-date and need updating. In addition, the group is struggling with how to incorporate new methods, such as the Diagnostic Test Accuracy (DTA) reviews. Lastly, Dr. Soll reports that he makes a point of speaking at meetings about the Cochrane Collaboration. He is also developing plans for webinar teaching with Oxford.
- Prostatic Diseases and Urological Cancers Review Group - Tim Wilt reported that this group, working with investigators at Cardiff, has been quite productive this year. Of special interest is an agreement with the *British Journal of Urology* for co-publication of up to six Cochrane reviews with associated podcasts and “uroscopes.” These ventures will highlight Cochrane reviews, and are expected to generate interest by potential authors and editors. The group engages students and fellows to assist with teaching evidence-based healthcare and can award a small stipend for each review.
- Complementary and Alternative Medicine (CAM) Field - Susan Wieland, reporting for the CAM field, stated that the group recently published articles in CAM-related journals; one providing a definition of CAM and a consumer summary, and a second describing critical appraisal of CAM trials. In addition, the CAM field hosts a website and leaders attend numerous conferences. Dr. Wieland also reported that the CAM field has an annual bursary (\$5,000) designed to fund two Cochrane reviews that require funding to complete the final stages of review production.
- Screening and Diagnostic Tests Methods (DTA) Group. Apologies from Gatsonis, who was unable to attend. The DTA group has developed a handbook for DTA reviews. In addition, the DTA group will conduct training of editorial bases in North America upon receiving proposed funds from the CCSG. Training is expected to take place during the first half of 2011.
- Justice Health Field - Adam Dobrin reported that this field, a combined Cochrane-Campbell Group, although registered only 6 weeks ago, has funding from AHRQ, according to Adam Dobrin. Seven to eight members of the group expect to participate in a congressional review related to child, justice health, and criminal issues.
- Consumers United for Evidence-based Healthcare (CUE) - John Santa, CUE Steering Committee co-chair, reported that CUE is in the seventh year, meeting a need in the

US for an organized network of consumer advocates. However, funds for infrastructure support is lacking. Perhaps health care reform, which asks for consumer input, may further unite consumers to action. The CUE Summit on Sunday, Oct. 17, brought nearly 100 consumers together, some of whom chose to stay for the Colloquium.

- Cochrane Steering Group - Lorne Becker reported that he is stepping down as Co-Chair as of the Steering Group. He believes that the impact of the Collaboration has increased over the past several years. He cited the availability of new review workflow in ARCHIE, the increased emphasis on training, and a good financial picture for Cochrane, as indicating positive trends. Lorne also reported that the 2013 Colloquium will take place in Quebec city.
- Cochrane Ears, Nose and Throat Disorders Group. Reporting for the group, Richard Rosenberg described efforts to develop a North American partnership for clinical practice guideline development. Partners include Guidelines International Network (G-I-N), Cochrane, Consumers, and various medical societies or associations producing guidelines.
- Skin Group - Robert Dellavalle (RD) reported that the pre-Colloquium Skin Group conference was successful. He also stated that his group has not been successful so far raising funds to develop a US-based Skin group satellite.
- Gastrointestinal diseases (CGI). Ron Koretz announced a successful presentation at Digestive Disease Week this year. The Cochrane GI group held a formal 1 ½ hour night time symposium with approximately 100 people attending. The GI group developed the symposium by identifying a theme (colon cancer) along with related Cochrane reviews. This approach stimulated discussion and RK believes the symposium has led to increased recognition of Cochrane activities.

3. Funding: Successes, challenges & future plans (All)

- NIH currently has over 200 mechanisms for funding, yet many agencies will report there is “no appropriate mechanism” for Cochrane.
- CEVG@US received U01 (single center cooperative agreement) from the National Eye Institute, so this mechanism is one option.
- Most agencies, including AHRQ, offer small (\$50,000 for one year) and large (\$100,000 per year for up to 3 years) conference grants.
- NIH sole source contracts have been the source of funding for The Cochrane Neonatal CRG.
- Private sources are another option.
- Consideration should be given to starting up US-based CRG satellites.

4. 2010 Colloquium Report

RD reported that all was going well with the 2010 Colloquium and that 820 participants are registered, one-third of whom are from the US.

5. Outreach/Issues/Announcements Comparative effectiveness research initiatives (e.g., PCORI)

We should let the US Congress know about how Cochrane can be leveraged to benefit ongoing projects in the US. The Patient-Centered Outcomes Research Institute (PCORI) will contract with The National Institutes of Health (NIH) and the Agency for Healthcare Research and Quality (AHRQ) who will, in turn, distribute research funds to successful applicants. A Methodology Committee for PCORI is being appointed and nominations are due within the next week. Review groups should consider nominating candidates.
