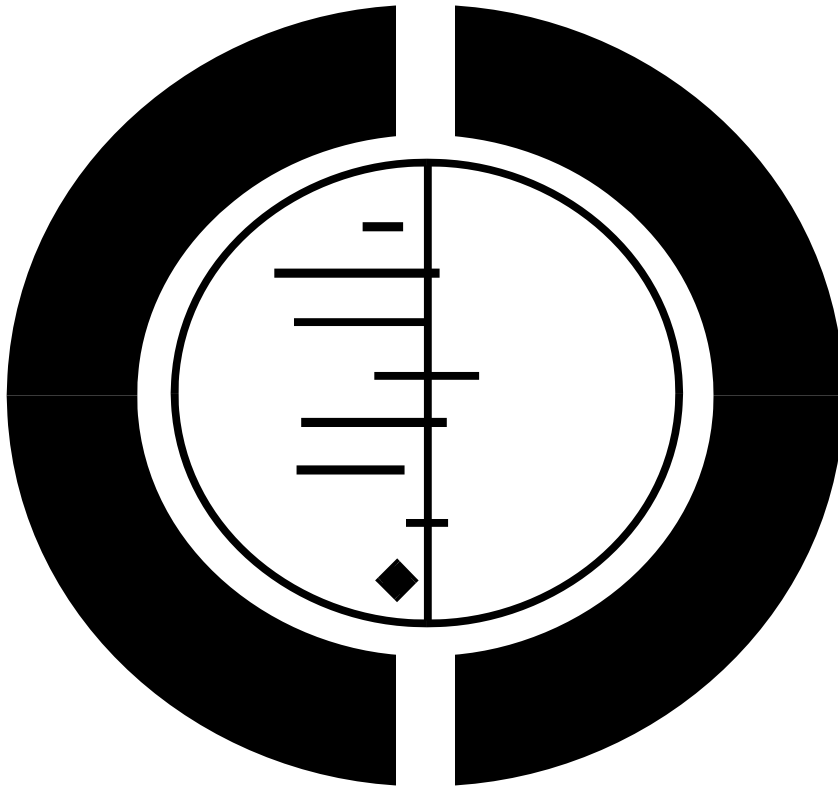




**UNITED STATES  
COCHRANE CENTER**

**ANNUAL REPORT  
2002**

**New England Cochrane Center**  
Providence and Boston Offices



**Annual Report 10/1/01 - 12/31/02**

**The Cochrane Collaboration**

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

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**New England Cochrane Center**  
Contact information

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## Abbreviations used in New England Cochrane Center Annual Report

<b>Abbreviation</b>	<b>Full Name</b>
CCAG	CENTRAL/CCTR Advisory Group
CCT	Controlled Clinical Trial
CCTR	Cochrane Controlled Trials Register
CENTRAL	The Cochrane Central Register of Controlled Trials
Master List	Master List of Journals Being Searched
NECC@B	New England Cochrane Center, Boston Office
NECC@P	New England Cochrane Center, Providence Office
NLM	National Library of Medicine
RCT	Randomized Controlled Trial
RGC	Review Group Coordinator
TSC	Trials Search Coordinator
USCC	United States Cochrane Center

## 1. Directors' Report

The year 2002 was a good one for the New England Cochrane Center (NECC). The Providence Center received two major grant awards that will enable our Center to contribute more fully to Cochrane activities. Indeed, in 2003 the US activities will consolidate in a single US Cochrane Center, located in Providence, Rhode Island, with two branches doing specialized Cochrane work at San Francisco and Boston. Both awards reflect the respect the Cochrane Collaboration is gaining in the US and the increased commitment of the national funding agencies. In addition, the awards represent the hard work and dedication of the NECC staff and others. This report summarizes the accomplishments of the past year and presents targets for 2003.

Section 2 of the Report provides the names of the members of the NECC@P Advisory Group. Our Chair, Frederick Mosteller, has provided encouragement and wise counsel. Dan Fox, an advisory group member, has been especially helpful in the preparation for consolidation to a single US Cochrane Center.

Section 3 lists the NECC staff, a group of individuals who are truly dedicated to the Collaboration goals. As before, students have formed the backbone of the Providence Center's operations, both undergraduate and graduate, and were especially important these past two years. Eric Manheimer, who moved with us from the Baltimore Cochrane Center in 1998, returned to Baltimore and joined the Cochrane Complementary and Alternative Medicine Field in December 2002. Eric served as the Center mainstay for four years and has been an important contributor to the Collaboration generally. Susan Wieland ably assumed responsibility for the MEDLINE Retagging Project and worked with Suzanne Brodney-Folse on revamping the Handsearcher Training Manual. Andrea Alvarez assumed the lead undergraduate staff role after Erin Ferris departed; both have been major longstanding contributors to our many projects. Suzanne Brodney-Folse, mentioned earlier, joined us as a faculty investigator, taking the lead on the Cochrane Eyes and Vision-US Satellite project. Her indefatigable energy has been recognized with the awarding of the new National Eye Institute initiative.

Section 4 lists our funding support for the year. Our funding is diverse, and we hope that each of the funding sources will serve as a model to other institutions of its type. On the federal side, the National Library of Medicine (NLM) has continued its critical support of the NECC@P. We have two exciting new awards this year. One, from the National Eye Institute, was awarded April 1, 2002, and will support hosting of a US satellite of the Cochrane Eyes and Vision Group. Our goal is to develop a critical mass of US-based vision researchers and practitioners who are trained in preparing and using systematic reviews. The other, awarded September 30, 2002, is a large conference grant award from the Agency for Healthcare Research and Quality. It will support multiple courses and workshops for US clinicians and consumers that communicate how to use and interpret systematic reviews and research evidence. Our host

institutions have also played an important support role: the Division of Clinical Care Research at the New England Medical Center has provided in-kind support for NECC@B and Brown University has also provided core support for the NECC@P. Our host institutions' contributions to core support deserves special recognition, as it is indicative of their foresight and their recognition of the importance of the Cochrane Collaboration's work. They serve as a model to other US institutions who could provide leadership in the critical movement toward evidence-based health care. Industry has also recognized the work of the Center. Joseph Lau and Kay Dickersin have both contributed consultant fees to their Centers (listed variously as "gift accounts"), permitting staff travel and other Center activities.

Section 5 of this report lists the NECC/Cochrane Collaboration objectives and Section 6 presents the progress report toward meeting the Center targets.

NECC@B has focused primarily on innovation of tools, methods, and applications for research synthesis. They have also borne the major responsibility for developing our Center's training opportunities relating to systematic reviews.

The work at NECC@P is now focused in three major areas: (1) the MEDLINE Retagging Project and development of the Cochrane Central Controlled Trials Register, "CENTRAL"; (2) the development of a critical mass of vision researchers and practitioners who contribute to and use Cochrane systematic reviews; and (3) coordination of a series of workshops and conferences related to understanding and utilizing systematic reviews and good research evidence. One of our biggest challenges for the coming years is promoting US awareness of accessibility to *The Cochrane Library*.

Section 7 outlines US involvement in the Cochrane Collaboration. This has increased in recent years, and US contributors now comprise over 12% of the total number of contributors to the Collaboration. There are now four US editorial bases for registered Collaborative Review Groups (Eyes and Vision US Satellite, HIV/AIDS, Pain and Palliative Supportive Care—Pain Section, and Prostatic and Urologic Cancers Disease), three Fields (Health Care of Older People, Primary Health Care, and Complementary and Alternative Medicine), and one Methods Working Groups (Screening and Diagnostic Tests).

Perhaps most important for our year end report, and as noted earlier, in December 2002 the NECC@B, the NECC@P, and the SFCC, with approval from the Cochrane Collaboration Steering Group, joined forces as a single US Cochrane Center (in Providence) with two branch offices in Boston and San Francisco. This consolidation of effort should result in new educational opportunities and concentration of the US efforts. We are tremendously excited about the many opportunities ahead for US contributors and our Center in the coming year.

Section 8 refers to Appendix K for our 2003 performance targets. Our major goals have increased in both breadth and depth. As the US Cochrane Center, we will have many new

responsibilities for education of reviewers and users. We will also begin planning for biennial US contributors' meetings, which we will use to energize and to educate our more than one thousand collaborators. We expect to have a very involved Advisory Committee who will guide us with regard to expanding our work and seeking funding opportunities. We will need to recruit additional staff, and we hope our additions will include academic faculty who can help us meet our educational and research objectives.

A broad spectrum of individuals and groups, reflective of the Cochrane Collaboration's worldwide impact, has been essential to the success of the New England Cochrane Center. We wish to thank all our supporters for 2001 and 2002, and look forward to working together in the coming year.



**2. New England Cochrane Center Providence Office Advisory Group**

Frederick Mosteller, PhD, Chair  
*Professor*  
*Harvard School of Public Health*

John Ferguson, MD  
*Medical Consultant*  
*NIH Office of Rare Diseases*

Suzanne Fletcher, MD  
*Professor*  
*Department of Ambulatory Care and Prevention*  
*Harvard Medical School*

Daniel M. Fox, PhD  
*President*  
*Milbank Memorial Fund*

Joseph D. Jackson, PhD  
*Group Director*  
*Outcomes Research*  
*Bristol-Myers Squibb Pharmaceutical Research Institute*

Michael Stoto, MD, Chair  
*Senior Statistical Scientist*  
*Rand Corporation*

Frances Visco, JD  
*President*  
*National Breast Cancer Coalition*

**3. Full and part-time staff at the New England Cochrane Center Offices, 2001-2002**

Co-Directors:	Kay Dickersin, PhD (NECC@P) Joseph Lau, MD (NECC@B)
Associate Co-Director:	Alexia Antczak-Bouckoms, DMD, DSc (NECC@B)
Coordinators:	Deirdre DeVine (NECC@B) Laura Souders (NECC@P)
Methodologist/Coordinator:	Eric Manheimer, MS (NECC@P) (until 11/15/02)
Handsearchers:	17 students (NECC@P)
Specialized Register or Master List Processor:	Andrea Alvarez (NECC@P) Kimberly Miller (NECC@P)
Master List Coordinator:	Erin Ferris (NECC@P)
Workshop Trainers:	Ethan Balk, MD, MPH Priscilla Chew, MPH (NECC@B) Christopher Schmid, PhD (NECC@B) Eric Manheimer, MS (NECC@P) Susan Wieland, MPH (NECC@P)
Coordinator, Electronic Search of MEDLINE:	Susan Wieland, MPH (NECC@P)
Investigator:	Suzanne Brodney-Folse, PhD, RD (NECC@P)

#### **4. Sources of funding and support**

##### **4.1 Contracts and grants**

###### **4.1.1 NECC@P - National Library of Medicine**

Source: National Library of Medicine  
Title: Identification of Randomized Controlled Trials in the Biomedical Literature  
PI: Kay Dickersin, PhD  
Specific Aims: To conduct and coordinate hand and electronic searches of health related literature to identify reports of randomized controlled trials (RCTs) and controlled clinical trials (CCTs) that are not already indexed as such on MEDLINE. The yield of searches is processed by the NECC@P and sent to the National Library of Medicine for indexing as Publication Type RANDOMIZED CONTROLLED TRIAL or CONTROLLED CLINICAL TRIAL.

Sponsor Ref: 467-MZ-200001  
Dates: October 1, 2001 - May 31, 2003  
Funding: \$75,000

Sponsor Ref: 467-MZ-300971  
Dates: March 31, 2003 - March 30, 2004  
Funding: \$75,000

###### **4.1.2 NECC@P - National Eye Institute**

Source: National Eye Institute  
Title: Support for US Activities of the Cochrane Eyes and Vision Group within the Cochrane Collaboration  
PI: Kay Dickersin, PhD  
Dates: April 22, 2002 - April 3, 2009  
Funding: \$5,381,920  
Specific Aims: To develop a critical mass of US-based vision researchers and practitioners who are trained in preparing and using systematic reviews.

**4.1.3 NECC@P - Agency for Healthcare Research and Quality**

Source: Agency for Healthcare Research and Quality  
Title: Training for US Cochrane Contributors and Others  
PI: Kay Dickersin, PhD  
Dates: September 30, 2002 - September 29, 2007  
Funding: \$2,382,644  
Specific Aims: To conduct a series of educational conferences to increase involvement in the Cochrane Collaboration.

**4.2 Brown University Core Funding (Kay Dickersin, PI)**

Dates: July 1, 2001 - June 30, 2002  
Brown Ref: 2-41084, FY 2002  
Funding: \$19,090  
Specific Aims: To support personnel efforts and expenses of NECC@P.

**4.3 Gifts (Kay Dickersin, PI)**

Source: Milbank Memorial Fund  
Dates: October, 2001  
Funding: \$2,500  
Specific Aims: To support consumer attendance at 9<sup>th</sup> International Cochrane Colloquium.

Source: Merck & Co., Inc.  
Title: Educational Grant  
Dates: October, 2001  
Funding: \$5,000  
Specific Aims: To support consumer attendance at 9<sup>th</sup> International Cochrane Colloquium.

Source: Janssen Pharmaceutical, Inc.  
Title: Educational Grant  
PI: Kay Dickersin, PhD  
Dates: October, 2001  
Funding: \$5,000  
Specific Aims: To support consumer attendance at 9<sup>th</sup> International Cochrane Colloquium.

## 5. NECC objectives

The objectives of the NECC mirror those of the Cochrane Collaboration:

- To ensure high quality, up-to-date systematic reviews are available across a broad range of health care topics;
- To promote access to Cochrane reviews;
- To develop an efficient, transparent organizational structure and management system for the Cochrane Collaboration; and
- To achieve sustainability of the Cochrane Collaboration.

## 6. Progress report on specific targets for 10/01/01 to 12/31/02

### 6.1 Maintain and expand CENTRAL/Cochrane Controlled Trials Register (CCTR)

The NECC@P coordinates all activities related to CENTRAL/the Cochrane Controlled Trials Register (CCTR). “CENTRAL” (which is the term we will use to refer to the register) is the world’s most comprehensive source of records related to controlled trials, and is published quarterly in *The Cochrane Library*. As of Issue 1, 2003, CENTRAL contained 353,809 citations to reports of trials and other studies potentially relevant to Cochrane systematic reviews. All trials identified by Cochrane Review Groups (CRGs), whether relevant to the CRG’s particular area of study or not, are contributed to CENTRAL for general dissemination, as are trials identified by other Cochrane entities. CENTRAL includes trials from CRGs’ specialized trials registers, those identified by page-by-page handsearches of medical journals, and those identified through systematic electronic searches of MEDLINE and EMBASE.

#### 6.1.1 Continue to work closely with the United Kingdom Cochrane Center (UKCC), the CENTRAL/CCTR Advisory Group (CCAG), and others to develop CENTRAL/CCTR

The Cochrane Collaboration Steering Group oversees the CENTRAL/CCTR Advisory Group (CCAG), which in turn oversees the development of CENTRAL. CCAG is convened by Kay Dickersin, Director of the NECC@P, and includes members of the NECC@P, the UKCC, and other international representatives from the Collaboration (ie, two Trials Search Coordinators (TSCs), a Review Group Coordinator (RGC), a Co-ordinating Editor, and a Steering Group representative). Historically, the NECC@P and UKCC have worked on this effort collaboratively, in particular sharing the annual responsibility for searching MEDLINE for previously unindexed trials. In addition, the UKCC has performed EMBASE searches periodically, and has contributed to development of search strategies and portions of the CENTRAL Management Plan.

Currently, the main contributors to CENTRAL are the NECC@P, the UKCC, CRGs, Cochrane Fields (which contribute specialized registers and coordination of handsearching of specialist literature), Cochrane Centers (which undertake coordination of handsearching of the general healthcare literature), and individual handsearchers.

### **6.1.2 Process specialized registers and handsearch results from Cochrane entities**

Each CRG and Field is responsible for the development of a subject-specific specialized register of trials, which serves to ensure that individual reviewers have easy and reliable access to the maximum possible number of trials relevant to their review topic. Specialized registers are maintained by Trials Search Coordinators (TSCs) who submit the registers quarterly as electronic files to the NECC@P for processing and inclusion in CENTRAL. Thus, records included in one CRG's specialized register are accessible to all other review groups through CENTRAL. Specialized registers are processed at the NECC@P, to ensure that they conform to the standards and formats specified by the CCAG, and are subsequently submitted to Update Software for inclusion in *The Cochrane Library*.

All citations identified by individuals and Cochrane entities that do not maintain a specialized register are submitted to the NECC@P as handsearch results. Citations that are added to a CRG's specialized register may *also* be submitted separately as hand search results. The advantage of separately submitting records added to, or included within, specialized registers as handsearch results is that citations submitted as handsearch results will not only be processed for CENTRAL, but MEDLINE records included in handsearch results will be 'retagged' as trials on MEDLINE, as described below. Processing the handsearch results files submitted by Cochrane Groups is a multi-step process that culminates in the NECC@P submitting a cumulative, single handsearch results file on a quarterly basis to Update Software.

The NECC@P staff prepare and disseminate (through the TSCs' E-mail Discussion List) tables describing the NECC@P processing of specialized registers and handsearch results submissions for CENTRAL, *The Cochrane Library*. Summaries of the results of the handsearch processing for *The Cochrane Library* 1999, Issues 2-4; 2000, Issues 1-4; 2001, Issues 1-4; and 2002, Issues 1-4 are presented in Appendix A.

### **6.1.3 Search electronic bibliographic databases to identify citations of trial reports for CENTRAL**

The NECC@P and the UKCC have searched MEDLINE for the years 1966-2000 using phases I and II of the "Cochrane" highly sensitive search strategy. Since 1998, the NECC@P has taken on the responsibility for performing the annual updates of the MEDLINE searching. Hundreds of thousands of records have been retrieved and reviewed to date.

A complete 2001 search of MEDLINE using Phases I and II of the Cochrane Highly Sensitive Search Strategy was completed in Summer 2002. (See Appendix B.) Following completion of this process, search results were reviewed to identify and classify previously unindexed reports of RCTs and CCTs. If, on the basis of the title and abstract, a retrieved citation was judged to meet the Cochrane definition for a report of a RCT or CCT, it was assigned the Publication Type RCT or CCT. Processed records were submitted to the National Library of Medicine (NLM) for retagging in October 2002.

#### **6.1.4 Coordinate the worldwide handsearch of general and specialist health care journals through the *Master List of Journals Being Searched***

The NECC@P coordinates the *Master List* of more than 2,500 journals and conference proceedings being handsearched by the Cochrane Collaboration. (See Appendices C and D.) The *Master List*, which is updated regularly at the NECC@P, enables search progress to be recorded and monitored for each item and also serves to prevent any duplication of effort that might otherwise arise from journals being searched by more than one group or individual. The *Master List* is housed in an Access database. To ensure that the *Master List* is kept as current as possible, the NECC@P has also instituted the annual *Master List* Update Mailing, through which the owners of all registered handsearches are contacted and asked to provide updated information as required.

#### **6.1.5 Continue to work with NLM to ensure that all controlled trials included on MEDLINE are appropriately indexed as Publication Type RANDOMIZED CLINICAL TRIAL (RCT) or CONTROLLED CLINICAL TRIAL (CCT) (MEDLINE Retagging Project)**

The NECC@P continues to work with NLM to ensure that all controlled trials included on MEDLINE are appropriately indexed as publication type RCT or CCT. Cochrane collaborators contribute the controlled trials to NECC@P that they have identified and classified as RCT or CCT through the electronic searches and handsearches described above. After quality control and other processing has been applied by NECC@P, citations not already tagged as RCT or CCT in MEDLINE are sent to NLM for 'retagging'. A list of materials sent in 2001 and 2002 is included in Appendix E.

The citations that are indexed as RCT [PT] or CCT [PT] in the NLM's MEDLINE database are in turn downloaded quarterly directly into CENTRAL. The quality of CENTRAL is thus enhanced because RCTs and CCTs included in MEDLINE-indexed journals are included in CENTRAL, with their associated MEDLINE Medical Subject Headings and abstracts.

#### **6.1.6 In collaboration with CCAG, RGCs, TSCs, the UKCC, and Update Software, develop plans to assure the quality of CENTRAL**

Quality assurance and quality control activities underway or developed in 2002 include:

- Performing quality control checks on results of the searches of US general medical journals before the materials are submitted to NLM and CENTRAL;
- Standardizing journal names on CENTRAL and planning for an audit of CENTRAL for duplicates and errors. NECC@P standardized journal names on CENTRAL using the Issue 4, 2000 version and journal name standardization queries previously developed and run against CENTRAL for a project designed to obtain accurate counts for the most common journal names. The standardization queries have been saved and can be used again to standardize journal names on current and future versions of CENTRAL;
- Working with CCAG to plan an audit of CENTRAL that will provide estimates of the number of duplicate records and the reason for the duplication, and estimates of the numbers of records in CENTRAL which are not correctly classified as CCT or RCT and common reasons for these errors.

**6.1.7 In collaboration with CCAG, RGCs, TSCs, the UKCC and Update Software, develop plans to enhance CENTRAL, including increasing the number of unpublished trials on the register**

The NECC@P worked with CCAG to promote discussion of whether unpublished completed trials, ongoing unpublished trials, and unpublished data should be included on CENTRAL. No decision has been reached.

**6.1.8 In collaboration with CCAG, RGCs, TSCs, the UKCC, and Update Software, develop CCTR**

The original plan in developing a centralized trials register for the Cochrane Collaboration was to build two databases: (1) a database that would be built and updated quickly, on an ongoing basis, so as facilitate the work of the review groups and reviewers (this database is called CENTRAL); and (2) a database that would take longer to develop but which would contain unique records corresponding to controlled trials meeting the Cochrane criteria set in November 1992 (this database would be called the Cochrane Controlled Trials Register or CCTR). Because of resource limitations, only CENTRAL has been developed so far. CENTRAL is rebuilt each quarter using a download of all MEDLINE records indexed as CCT [PT] or RCT [PT]; contribution of the Cochrane specialized registers (n=66 registers submitted to Update Software for Issue 1, 2003); contribution of a file of records of controlled trials included in EMBASE; and contribution of the cumulative handsearch file. Thus, by its nature, CENTRAL contains duplicates and non-trials, and certain aspects of the process (e.g., checking of specialized register contributions) involve few associated quality control activities.



The *CENTRAL Management Plan (CMP)* describes the methods used and work invested in the development of the CENTRAL database. The NECC@P coordinated the development of this document and continues to oversee updates and changes, in consultation with CCAG and other Collaboration colleagues as appropriate. Among other things, the *CMP* outlines plans for developing CCTR; the first step, trying to accurately assess the amount of work required to “clean” CENTRAL, was carried out during 2002. Following this assessment, the CCAG developed a budget for implementing the process and made a request to the Cochrane Collaboration Steering Group for funds. This request was approved by the Steering Group during its annual meeting at the 2002 Cochrane Colloquium in July/August 2002.

Despite the fact that CENTRAL is a relatively “crude” database, certain quality assurance processes are in place and are being refined. For example, the *CMP*, which provides explicit directions for submission of specialized registers and the results of handsearches, is now available on the NECC@P and Cochrane website. Training of TSCs on identification and classification of CCTs and RCTs is held annually at the Cochrane Colloquium. Training is also held on use of the ProCite software on which most registers are currently kept and which facilitates direct downloading to registers from MEDLINE. Quality control processes on submissions are performed at the NECC@P, including monitoring, collecting, and processing the results of individual and group electronic searches of the specialist literature and general health care literature. The NECC@P works closely with the TSCs for each of the review groups and fields to review and correct problems with submissions. Summaries of the problems with the handsearch and specialized register submissions are made available to the TSCs. These summaries of submissions received for *The Cochrane Library* in 2002, (all issues), are available in Appendix F.

**6.1.9 Serve as coordinating center for the CCAG. This involves planning meetings and phone calls, preparing and distributing summary and transcribed minutes, meetings, and maintaining the CCAG E-mail discussion list, and preparing and maintaining the *CENTRAL Management Plan***

As described earlier, the CCAG provides oversight for the development of CENTRAL. Kay Dickersin is convenor of the CCAG, and Eric Manheimer coordinated its activities from 1998 until shortly before his departure from the NECC@P in November 2002, when Laura Souders, as the CENTRAL Activities Coordinator, assumed coordinating responsibilities. Susan Wieland has also been actively involved in the CCAG’s work. The CCAG met at the 2002 Cochrane Colloquium in Stavanger, Norway (August 2 & 3, 2002).

Eric Manheimer of the NECC@P has organized the CCAG meetings and conference calls, agendas, and supporting materials, recorded minutes, and circulated all documents for comments and revisions, and has maintained the CCAG email discussion list.

The *CENTRAL Management Plan*, which provides guidelines and summarizes the work performed to develop CENTRAL, is now available on the New England Cochrane Center website ([www.cochrane.us](http://www.cochrane.us)). The *CENTRAL Management Plan* chapters will be updated as necessary, based on advice from the CCAG and others. (See also 6.1.8 and 6.2.)

**6.1.10 In collaboration with other US centers, ensure that US general medical journals are handsearched**

Each year, NECC@P staff handsearch 16–18 publication years of US general medical journals. These searches are subjected to similar quality control processes as other searches that the NECC@P oversees. In accordance with a strategic shift undertaken last year to try to complete searching and fill in gaps for past years, the NECC@P focused its searching efforts on one US journal. For 2002, we examined the NECC@P's *Master List of Journals Being Searched* and NLM's *List of Serials Indexed for Online Users*, and identified 18 years from a US journal that published high numbers of RCTs and CCTs and were thus high priority. The *American Journal of Clinical Nutrition* was handsearched for 1969 through 1986; 340 RCTs and CCTs were identified (183 RCTs and 157 CCTs) and submitted to the National Library of Medicine for MEDLINE retagging.

**6.2 Provide training and support for reviewers, Review Group Coordinators, Trials Search Coordinators, editors, handsearchers, and those responsible for training**

**6.2.1 Prepare and distribute on the web and elsewhere a *Guide for Submission of Handsearch Results to CENTRAL* to assist Review Group Coordinators/Trials Search Coordinators and others in submitting their hand search results to CENTRAL**

The *Guide for Submission of Handsearch Results* was developed to provide a set of thorough instructions for members of the Cochrane Collaboration who are handsearching healthcare journals to identify RCTs and CCTs. It provides instructions for searching and/or coordinating the search of healthcare journals and also describes the procedures for submitting citations to the identified reports to the NECC@P. The first edition, which was initially distributed, is available as part of the *CMP* on the NECC@P and Cochrane Collaboration websites. It is reviewed periodically to ensure that it remains current, and is updated as necessary.

**6.2.2 Update and continue to distribute on the web and elsewhere a *Guide for Submission of Specialized Registers to CENTRAL*, to assist Review Group Coordinators/Trials Search Coordinators and others in submitting their specialized registers to CENTRAL**

The *Guide for Submission of Specialized Registers* provides instructions for submitting review group and field specialized registers to the NECC@P. The first edition of this Guide was completed in April 1999 and is available on the NECC@P and Cochrane Collaboration websites as part of the *CMP*. It is reviewed periodically to ensure that it remains current, and is updated as necessary.

**6.2.3 Prepare and distribute on the web and elsewhere a CENTRAL Management Plan describing how to search for trials to be included on CENTRAL; submission of specialized registers of trials and handsearch results; plans for how CCTR will be derived from CENTRAL; and the responsibilities of involved entities for each stage of the CENTRAL management process**

The first edition of the *Central Management Plan* was completed and distributed in 2001. It is available on the NECC@P and Cochrane Collaboration websites. It is reviewed periodically to ensure that it remains current, and is updated as necessary.

**6.2.4 Provide searching and submission training workshops for TSCs, RGCs, and others, at the Colloquia and other opportunities, as requested**

At the 2002 Stavanger Colloquium, Eric Manheimer and Susan Wieland presented introductory and advanced handsearching training workshops for TSCs, handsearchers, and others. They also presented a workshop on using ProCite software to submit specialized registers for processing and inclusion in the CENTRAL database.

**6.2.5 Support collaboration of TSCs and Centers through the updating of the *Cochrane Collaboration Directory of Trial Search Coordinators (TSCs) and Centers***

The *Cochrane Collaboration Directory of Trials Search Coordinators (TSCs) and Centers* is an electronic directory maintained and updated at the NECC@P and distributed to TSCs several times a year to provide up-to-date contact information and thus facilitate communication among TSCs and Centers.

**6.2.6 Support communication on the development and maintenance of CENTRAL/CCTR through maintenance of TSCs' e-mail discussion list**

The TSCs' E-mail listserv serves to enhance communication, coordination and support among Cochrane TSCs. The listserv is maintained and regularly updated by NECC@P staff, as new TSCs are appointed or leave their posts.

### **6.2.7 Update Chapter Five of the *Cochrane Reviewers' Handbook***

Chapter Five of the *Cochrane Reviewers' Handbook* was extensively revised by Eric Manheimer during 2002, with input from Kay Dickersin and other Cochrane staff. It was submitted in August 2002, and published in March 2003.

### **6.2.8 Provide training workshops on how to perform systematic reviews**

During 2002, NECC@B conducted 1 two-day course entitled, *How to Conduct and Interpret Meta-Analysis and (Cochrane) Systematic Reviews*. The course was a component of the Evidence-based Practitioner Training Program, and was supported in part by grant R25 HSO9796 for the Agency for Healthcare Research and Quality. (See Appendix G for brochure.) This course integrated training on how to use *The Cochrane Library* and translate evidence into practice; 20 participants attended the 2002 offering.

Since it began offering courses in 1998, the NECC@B has trained over 100 researchers, from American and Canadian universities, academic medical centers, and federal research organizations. The participants have been affiliates of 25 different Cochrane CRGs and 15% of those who have been trained have since published systematic reviews in MEDLINE-indexed journals and *The Cochrane Library*.

### **6.2.9 Provide mentoring and methodological consultation to individual Cochrane collaborators throughout the year**

The NECC@P has helped US CRGs and fields respond to monitoring reports and has also assisted in their regular work. During 2002, we worked with the Complementary Medicine Field, the Health Care of Older People Field, the Primary Health Care Field, the Eyes and Vision Review Group (US Satellite), the HIV/AIDS Review Group, the Pain and Palliative Care (Pain Section), the Prostatic and Urologic Diseases Review Group, and the Screening and Diagnostic Tests Methods Group.

The NECC has also worked with US members of the Cochrane Consumer Network, most directly assisting consumers working on a breast cancer review, and provided a one-day training session for consumers in handsearching. Kay Dickersin is an Editor for the UK-based Cochrane Eyes and Vision Group and in 2001 and 2002 contributed as a peer reviewer for a number of protocols and completed reviews.

### **6.2.10 Provide training to potential users (e.g., health professionals, media, consumers) of *The Cochrane Library***

Kay Dickersin is the course director for the Brown Medical School first-year course Epidemiology for the Practice of Medicine. This course is dedicated to providing tools that will

allow students to practice evidence-based health care. Approximately 65-70 students are enrolled in this course each year. Training in the use of *The Cochrane Library* was introduced in lecture and highlighted in two of the small group sessions in 2002. In these sessions, students were trained using a two-part module developed by Eric Manheimer. Part One provided training in the use of online health-related information resources, including *The Cochrane Library*, and Part Two provided training in the critical appraisal of a Cochrane Review. The Cochrane Review selected was St. John's Wort for Depression. Eric Manheimer also presented Part One of the module in the Brown University graduate course, Introduction to Methods in Epidemiologic Research.

Kay Dickersin taught during Summer 2002 in the course How to Practice Evidence-Based Health Care in Keystone, Colorado, USA. This course trains mainly clinicians, but also potential users of evidence-based healthcare such as policymakers and journalists. Joseph Lau has integrated training on how to use *The Cochrane Library* in two courses he teaches on evidence-based medical practice.

For other examples, see 6.1.2.11 and 6.1.3.1, below.

### **6.2.11 Identify and support individuals to work with Cochrane entities (eg, Eyes and Vision Group, regional entities, US centers, CCAG) in various capacities (eg, editor, chair, member, reviewer) to contribute to Cochrane reviews**

Throughout 2002, Kay Dickersin and Joseph Lau met with numerous individuals, both formally and informally, to discuss the Cochrane Collaboration. Meetings included students, conference attendees, collaborators and colleagues, as well as visitors to the New England Cochrane Center (NECC) offices. (See Appendix H.) During these meetings, the Center Co-Directors either distributed demonstration copies of *The Cochrane Library* to potential subscribers or provided a 2-week trial password for the Internet *Cochrane Library*.

## **6.3 Promote awareness of Cochrane Collaboration and access to Cochrane products**

### **6.3.1 Ensure that individuals (including consumers) and institutions within the region served by NECC are aware of all aspects of the Cochrane Collaboration and the NECC**

The New England Cochrane Center Co-Directors and staff use every opportunity available to provide information about the Cochrane Collaboration. During 2002, Kay Dickersin presented on the Collaboration at 2 international meetings, 8 national meetings, and 3 local meetings. Wherever possible, she presents *The Cochrane Library* and demonstrates its use in didactic sessions, professional meetings, and informal gatherings. Joseph Lau presented on the Collaboration at 1 international meeting, 2 national meetings, and 2 local meetings. (See Appendix I.)

General information about the NECC is provided through the Annual Report, the Center Monitoring Report, the Center module and the Center website. An update of the NECC module was last submitted on May 28, 2003 to Update Software for publication in *The Cochrane Library*, and the next update will be submitted before August 28, 2003. The NECC@P has maintained and paid for the NECC@P web domain (www.cochrane.org), which has been utilized by the Collaboration as a whole, and which links to the main Collaboration web pages. During 2002 oversight of this website was transferred to the Cochrane Collaboration Secretariat.

### **6.3.2 Work to ensure that *The Cochrane Library* is made available and accessible to all regional institutions and governments**

The NECC has worked to promote the accessibility of *The Cochrane Library* through both local and national efforts. For example, as a result of the encouragement of Center staff, Brown University, the institution that houses the NECC@P, makes *The Cochrane Library* available to faculty, students, and staff. The NECC@B staff serves as a resource for the Tufts University School of Medicine students, faculty and researchers who use the Cochrane Database of Systematic Reviews on the OVID Evidence-based Medicine Product, available at the University Sackler Health Sciences Library.

### **6.3.3 Encourage institutions and colleagues [e.g., National Institutes of Health (NIH), professional review organizations, health departments, university libraries] to expand subscriptions to Cochrane products**

Kay Dickersin has been in contact with representatives from the Rhode Island Department of Health to ensure the accessibility of *The Cochrane Library* to individuals in the US state of Rhode Island. The publisher of *The Cochrane Library* was brought into these negotiations in 1999 and we look forward to appropriate contracts being exchanged in the near future so that the *The Cochrane Library* will be available state-wide in 2003.

### **6.3.4 Encourage news media to subscribe to and use *The Cochrane Library***

Kay Dickersin and Center staff are in regular contact with US-based media about the work of the Cochrane Collaboration. News stories discussing the Cochrane Collaboration have appeared in major US newspapers and magazines during the period covered by the Annual Report, including *The New York Times*, *The Washington Post*, *The Chicago Sun-Times*, *The Boston Herald*, *New Scientist*, and *The Economist*. Each media representative is informed not only about the Cochrane Collaboration, but also ways in which *The Cochrane Library* can be accessed.

### **6.3.5 Present the Cochrane Collaboration and distribute informational materials to interested parties**

See Appendix I.

**6.3.6 Highlight Cochrane activities in other presentations and reports to health professionals and consumers, as relevant**

See Appendix I.

**6.3.7 Work with physicians, consumers, government, and others to identify ways in which Cochrane Reviews can better meet their needs**

See Appendix I.

**6.3.8 Act as facilitators, when requested, to aid in the listing and indexing of Cochrane reviews and other products in electronic publications and databases (eg, indexing of reviews in MEDLINE)**

The NECC@P has helped to further promote the accessibility of Cochrane Reviews by encouraging and working with the NLM to ensure the availability on PubMed of citations to Cochrane Reviews. The citations are now freely available through PubMed, and include abstracts and indexing terms. The NECC@P also continues to work with the NLM to ensure that the abstracts from Cochrane Colloquia are published each year in an NLM database system that is accessible worldwide. The NLM has confirmed that the Colloquia abstracts will be added to the NLM Gateway (Verity) system, an NLM database in which all meeting abstracts will reside.

Kay Dickersin has been in contact with representatives from US National Cancer Institute (NCI) and the American Society for Clinical Oncology (ASCO) regarding the inclusion of ASCO abstracts in CENTRAL, *The Cochrane Library*. ASCO records are a subset of records on the NCI's CANCERLIT. Both the NCI and ASCO are willing to have the ASCO abstracts included on CENTRAL, and the NCI may be willing to include in CENTRAL other relevant CANCERLIT citations as well. Furthermore, the NCI has offered to pay for the indexing of the ASCO abstracts with Medical Subject Heading (MeSH) indexing terms, on a per citation basis, provided that NECC@P identify an indexer. To date, no agreement has been reached between ASCO and the publishers of *The Cochrane Library*.

**6.3.9 Maintain and expand a Cochrane Collaboration web presence**

Based on a report from April to September 2001 for The Cochrane Collaboration's website, there were a total of 73,507 total substantive hits which translates to access by an average of 405 users per day. Because of its domain name ([www.cochrane.org](http://www.cochrane.org)), the NECC@P website serves as a major gateway to the Cochrane Collaboration. When US specific domain names became available in 2002, we applied to change our name to [www.cochrane.us](http://www.cochrane.us), and the dot org name was transferred to the Collaboration as a whole.

### **6.3.10 Support consumers to attend Cochrane Colloquia**

No money was raised to support consumer attendance at the Stavanger Colloquium in 2002, in part because of possible network governance changes under consideration at that time.

## **6.4 Funding Support**

### **6.4.1 Continue working with funding agencies that have contributed funding to the NECC in the past**

We have continued working with funding agencies that have contributed funding to the NECC in the past. NLM has provided continuous year-to-year funding for the NECC@P since 1994.

### **6.4.2 Continue to identify new sources of funding for the ongoing development and refinement of CENTRAL/CCTR**

One of the NECC's goals is to secure additional sources of funding. At the request of the Cochrane Collaboration Steering Group (CCSG), the NECC@P applied to the CCSG in 2002 for funding to support its CENTRAL/CCTR activities. At the Stavanger Colloquium in July 2002, the Steering Group approved a grant of \$75,000 for work leading to the continued development and improvement of CENTRAL.

### **6.4.3 Continue to identify new sources of funding to support Cochrane activity in the United States**

In March 2002, the NECC@P submitted a revised 5-year proposal to the National Eye Institute (NEI) of the National Institutes of Health to support US activities of the Cochrane Eyes and Vision Group within the Cochrane Collaboration. The overall objective is to develop a critical mass of US evidence-based vision researchers and practitioners who are trained in preparing and using systematic reviews in order to help people make well informed decisions about healthcare. We aim to increase US-based contributions to the critical appraisal and interpretation of vision healthcare literature in NEI priority areas. The proposal was accepted and funding awarded.

### **6.4.4 Work with other Cochrane Centers in the US to identify sources of funding and to leverage our combined efforts to obtain funding**

In 2000, the four US Cochrane Centers proposed to consolidate their efforts and become a single US Cochrane Center and the Cochrane Steering Group accepted this proposal. Under the new plan, the NECC@P agreed to assume leadership of a single US Cochrane Center with Boston and San Francisco branches. (San Antonio closed in 1999.) The plan took effect in October 2002,



when the NECC@P was successful in securing funding for a US Cochrane Center Coordinator position. This funding came as part of a large conference grant from the Agency for Healthcare Research and Quality (AHRQ), a 5-year award to increase awareness of and contributions to evidence-based healthcare research in the United States through conferences, meetings, and training workshops.

#### **6.4.5 Ensure continuation of the MEDLINE Retagging Project funding to ensure that MEDLINE Publication Types, MeSH terms, and abstracts are included in CENTRAL**

We submitted progress reports to NLM in February, May, and July 2002. Proposals for continued funding were submitted in February 2002. We will work with NLM to ensure continuation of the MEDLINE Retagging Project.

### **6.5 Research**

#### **6.5.1 Conduct methodological research in systematic reviews and meta-analysis**

Much of the methodological research conducted over the past couple of years has focused on searching for trials and developing trials registers. Karen Robinson and Kay Dickersin completed work on translating the Cochrane highly sensitive search strategy for OVID to be used to search for trials on PubMed. A paper describing this work has been published in the *International Journal of Epidemiology* (2002; 31:150-153).

Eric Manheimer, with oversight by Kay Dickersin, has conducted a study to assess whether complete information about industry-funded ongoing clinical trials could be identified using publicly available online trials registers. They found that despite the existence of hundreds of predominantly online registers of drug trials, information is incomplete, with non-standardized language, and is unlikely to meet the needs of users. This study, which has further demonstrated the clear need for a comprehensible, comprehensive register of ongoing trials, was published in *BMJ* (2002; 325: 528-531).

The NECC@P staff also completed an article that describes the development and current contents of CENTRAL. The article provides a comprehensive account of all activities involved in the development of CENTRAL. It includes a description of CENTRAL eligibility criteria and classifications of eligible trial reports; an accounting of the Collaboration's electronic search of MEDLINE, EMBASE, LILACS, and other databases to identify controlled trials; and a report on the procedures and strategies for handsearching the world's medical literature for controlled trials. It also describes the results of a recent analysis of the current composition of CENTRAL. Results presented included the total number of RCTs and CCTs in CENTRAL overall and the number for each five-year publication year period; the number of RCTs and CCTs in CENTRAL for each year since 1996, the first year of publication; and the fifty journal titles in CENTRAL with the

largest number of RCTs and the fifty titles with the most CCTs. The paper was published in a special issue of *Evaluation and the Health Professions* (2002 Mar; 25(1): 38-64).

“Designing an Efficient and Precise Search Strategy for Observational Studies” was presented at the 10<sup>th</sup> Annual Cochrane Colloquium in Stavanger, Norway, by NECC@P staff members Susan Wieland, Suzanne Brodney, and Kay Dickersin. The poster presentation outlined the necessary steps in constructing and testing a precise MEDLINE search strategy for identifying relevant observational studies needed to assess the relationship between an exposure and disease. This project concluded that a MeSH search with automatic inclusion of more specific MeSH terms is both the most precise and maximally sensitive strategy. An article describing this effort has been submitted and is awaiting publication.

## 7. US Involvement in the Cochrane Collaboration

As mentioned in the Directors’ Report, final steps were taken in 2002 to consolidate the existing New England and San Francisco Cochrane Centers into one US Cochrane Center. This will be based in Providence, Rhode Island, with the existing offices in Boston and San Francisco continuing to function as branches. This consolidation will provide a focal point for Cochrane activity in the United States and enable Center and Branch staff to coordinate their activities more effectively.

During 2002, the NECC@P undertook extensive work to develop a database of US contributors, to allow us to quantify accurately (and maintain contact with) the number of US participants in the various CRGs, fields, and methods groups. The database currently numbers about 750 US contributors; it requires ongoing maintenance to ensure that contact information is current and accurate.

In July 2002, Mike Clarke and Claire Allen presented an abstract at the Cochrane Colloquium using information in Issue 2, 2002, *The Cochrane Library* to describe the international activity in The Cochrane Collaboration (Allen C, Clarke M, Gliddon L, International activity within Collaborative Review Groups. 10<sup>th</sup> International Cochrane Colloquium 2002, poster 67, <http://www.cochrane.org/colloquiua/abstracts/stavanger/posters.doc>). These data were presented to illustrate the international contribution by review groups in the Cochrane Collaboration by role. Overall, US contributors represent more than 12% of all Cochrane contributors. US contributors represent 14% or more of referees, editors and advisors and smaller percentages of reviewers, consumers, handsearchers, translators, and others. (See Appendix J for more details.)

In addition to the unique tasks assumed by each Office and noted in preceding sections, the two offices of the NECC share many joint tasks aimed at furthering the US involvement in the Cochrane Collaboration, including:

- A. Support Cochrane entities with a coordinating base in the US:
- Eyes and Vision Review Group, US Satellite
  - HIV/AIDS Review Group
  - Pain, Palliative, and Supportive Care Review Group, Pain Section
  - Prostatic Diseases and Urologic Cancers Review Group
  - Complementary and Alternative Medicine Field
  - Health Care of Older People Field
  - Primary Health Care Field
  - Screening and Diagnostic Tests Methods Group

As mentioned in 6.2.9 above, the NECC@P has helped US review groups and fields respond to monitoring reports and also assisted in their regular work. In addition, the NECC@P was very active in the development of the Sexually Transmitted Diseases Review Group (now based in Switzerland), the Child Health Field (now based in Canada) and helped in the development of the groups' specialized registers. Joseph Lau has assisted members of the Primary Health Care Field on various methodological issues; he has also assisted the Pain Trials editor, Dr. Daniel Carr, in his work related to preparing systematic reviews for the Pain, Palliative and Supportive Care Review Group. In addition, NECC staff meet formally and informally with staff from US-based Cochrane entities, both at Cochrane Colloquia and North American Contributors meetings.

- B. Support new review groups, fields, and methods groups seeking to register with the Collaboration

There were no new requests during 2002. See also section 6.2.11.

- C. Support individuals who seek information about the Collaboration

See section 6.2.11 and section 6.3.

## 8. Performance Targets

Please refer to Appendix K for the 2003 USCC Targets.

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**Appendix A**  
**Merged Files of Cochrane Collaboration Handsearch Results Submitted to Update Software**  
**from the New England Cochrane Center, Providence Office (NECC@P)**  
**for *The Cochrane Library* 1999, Issues 2-4; 2000, Issues 1-4; 2001, Issues 1-4; and 2002, Issues 1-4**

Date file Submitted to Update Software	Cochrane Library submission deadlines for NECC@P		Method of file transfer and location of transferred file	File Description		No. of records in submitted file	NECC@P ID #s of handsearch submissions added to cumulative handsearch register <sup>1</sup>
	Issue	Deadline		Name of submitted file	Format of submitted file		
Feb 24, 1999	Issue 2, 1999	Feb 24, 1999	File transferred to Update using FTP; Location: Handsrch directory on NECC@P FTP site	Handsearch	ASCII tagged-text export file	6,067	176-180; 183-191
May 24, 1999	Issue 3, 1999	May 26, 1999	File transferred to Update using FTP; Location: Handsrch directory on NECC@P FTP site	HSCL2an3	ASCII tagged-text export file	7,907 <sup>2</sup>	176-181; 183-200 <sup>2</sup> (submission 182 contained only UKCC EMBASE citations and was sent directly to Update Software)
July 8, 1999	Issue 4, 1999	July 14, 1999	File transferred to Update using FTP; Location: Handsrch directory on NECC@P FTP site	HSCL1an4	ASCII tagged-text export file	5,504 <sup>3</sup>	169-174; 201-203;205;207-208 (submission 204 resubmitted with 217; 206 resubmitted with 256 and/or 272)

Date file Submitted to Update Software	Cochrane Library submission deadlines for NECC@P		Method of file transfer and location of transferred file	File Description		No. of records in submitted file	NECC@P ID #s of handsearch submissions added to cumulative handsearch register <sup>1</sup>
	Issue	Deadline		Name of submitted file	Format of submitted file		
October 27, 1999	Issue 1, 2000	October 27, 1999	File transferred to Update using FTP; Location: Handsrch directory on NECC@P FTP site	HSCL1,2000	ASCII tagged-text export file	7,306 <sup>4</sup>	196; 209-226; Submission jap196 from JANCOC was added to this submission though it was previously submitted for CL Iss 3, 1999; JANCOC staff requested changes to the citations (n-119 citations) they had submitted that were published in CL Iss 3, 1999. Changes were made and citations resubmitted with this merged database.
February 10, 2000	Issue 2, 2000	February 18, 2000	File transferred to Update using FTP; Location: cctr directory on Update Software's FTP site	HSCL2200	ASCII tagged-text export file	25,646 <sup>5</sup>	227-240
May 19, 2000	Issue 3, 2000	May 26, 2000	File transferred to Update using FTP; Location: cctr directory on Update Software's FTP site	HSCL32000	ASCII tagged-text export file	31,882 <sup>6</sup>	241-258

Date file Submitted to Update Software	Cochrane Library submission deadlines for NECC@P		Method of file transfer and location of transferred file	File Description		No. of records in submitted file	NECC@P ID #s of handsearch submissions added to cumulative handsearch register <sup>1</sup>
	Issue	Deadline		Name of submitted file	Format of submitted file		
August 17, 2000	Issue 4, 2000	August 18, 2000	File transferred to Update using FTP; Location: cctr directory on Update Software's FTP site	SR-Handsrch.txt	ASCII tagged-text export file	42,702 <sup>7</sup>	259; 261-277; Submission 260 was duplicate of submission 267
October 4, 2000	Issue 1, 2001	October 5, 2000	File transferred to Update using FTP; Location: cctr directory on Update Software's FTP site	SR-Handsrch.txt	ASCII tagged-text export file	45,491 <sup>8</sup>	278-283
February 23, 2001	Issue 2, 2001	February 23, 2001	File transferred to Update using FTP; Location: cctr directory on Update Software's FTP site	SR-Handsrch.txt	ASCII tagged-text export file	58,714 <sup>9</sup>	284-299
April 27, 2001	Issue 3, 2001	April 27, 2001	File transferred to Update using FTP; Location: cctr directory on Update Software's FTP site	SR-Handsrch.txt	ASCII tagged-text export file	62,928 <sup>10</sup>	300-314

Date file Submitted to Update Software	Cochrane Library submission deadlines for NECC@P		Method of file transfer and location of transferred file	File Description		No. of records in submitted file	NECC@P ID #s of handsearch submissions added to cumulative handsearch register <sup>1</sup>
	Issue	Deadline		Name of submitted file	Format of submitted file		
July 24, 2001	Issue 4, 2001	July 27, 2001	File transferred to Update using FTP; Location: cctr directory on Update Software's FTP site	SR-HANDSRCH.txt	ASCII tagged-text export file	71,329 <sup>11</sup>	315-319; 321-332
October 16, 2001	Issue 1, 2002	October 26, 2001	File transferred to Update using FTP; Location: cctr directory on Update Software's FTP site	SR-Handsrch.txt	ASCII tagged-text export file	74,746 <sup>12</sup>	333; 335-344
February 7, 2002	Issue 2, 2002	February 8, 2002	File transferred to Update using FTP; Location: cctr directory on Update Software's FTP site	SR-Handsrch.txt	ASCII tagged-text export file	77,451 <sup>13</sup>	345-348; 350-356
May 10, 2002	Issue 3, 2002	May 10, 2002	File transferred to Update using FTP; Location: cctr directory on Update Software's FTP site	SR-Handsrch.txt	ASCII tagged-text export file	79,108 <sup>14</sup>	357-358; 360-363

Date file Submitted to Update Software	Cochrane Library submission deadlines for NECC@P		Method of file transfer and location of transferred file	File Description		No. of records in submitted file	NECC@P ID #s of handsearch submissions added to cumulative handsearch register <sup>1</sup>
	Issue	Deadline		Name of submitted file	Format of submitted file		
July 26, 2002	Issue 4, 2002	August 2, 2002	File transferred to Update using FTP; Location: cctr directory on Update Software's FTP site	SR-Handsrch.txt	ASCII tagged-text export file	82,217 <sup>15</sup>	359; 364; 366; 368-377; 379

<sup>1</sup> See table "Handsearch and Specialized Register Submissions Received by NECC@P" to see which submissions corresponding to ID numbers below.

<sup>2</sup> Per request of Update Software, citations submitted to NECC@P for *The Cochrane Library* Issue 3, 1999 were combined into this single file that also contains citations that had been previously submitted for Issue 2, 1999. After combining files, 10 duplicates were deleted.

<sup>3</sup> This submission combines handsearches submitted to the NECC@P for *The Cochrane Library* Issue 4, 1999 with those submitted to the Baltimore Cochrane Center for Issue 1, 1999.

<sup>4</sup> A total of 7,317 records were processed at NECC@P for Issue 1, 2000. After removal of 11 duplicates, 7,306 citations were submitted in final file to Update Software.

<sup>5</sup> A total of 5,965 records were newly processed at NECC@P for Issue 2, 2000. Per request of Update Software, these 5,965 records were combined with previous submissions (i.e., 7,907 records from Issue 2-3, 1999, 5,504 records from Issue 4, 1999, and 7306 records from Issue 1, 2000) for a total of 26,682 records. After removal of 1,036 duplicates, 25,646 records were in final file submitted to Update Software.

<sup>6</sup> A total of 8337 records were newly processed at NECC@P for Issue 3, 2000. After merging all newly submitted citations, three were identified as duplicates and deleted, leaving 8334 new records. These 8334 records were combined with the 25,646 records submitted for Issue 2, 2000 for a total of 33,980. After removal of 2098 duplicates, 31,882 records were submitted to Update Software for inclusion in *The Cochrane Library* Issue 3, 2000. However, this handsearch submission was not loaded on *The Cochrane Library*, Issue 3, 2000. There was a problem with the submission which Update Software reported to NECC@P staff 30 May 2000. NECC@P staff remedied the problem and resubmitted the file the same day with the problem corrected. Due to necessity of meeting testing and production deadlines, the corrected Issue 3, 2000 handsearch submission could not be included on CENTRAL. To avoid future similar problems, NECC@P and Update have agreed that handsearch submission deadlines should be the same time as specialized register deadlines to allow for sufficient time for error correction and turn-around, where necessary.

<sup>7</sup> A total of 12,117 citations were newly processed at NECC@P for Issue 4, 2000. These were added to the 31,882 citations submitted for Issue 3, 2000 for a total of 43,999 citations. After removal of 1,297 duplicates, 42,702 records were submitted to Update Software for Issue 4, 2000.

<sup>8</sup> A total of 6,758 citations were newly processed at NECC@P for Issue 1, 2001. After merging all newly submitted citations, 172 were identified as duplicates and deleted, leaving 6,586 new records. These 6,586 records were combined with the 42,702 records submitted for Issue 4, 2000 for a total of 49,288. After removal of 3,797 duplicates, 45,491 records were submitted to Update Software for Issue 1, 2001.

<sup>9</sup> A total of 19,424 records were newly processed at NECC@P for Issue 2, 2001. After merging all newly submitted citations, 366 were identified as duplicates



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- and deleted, leaving 19,058 new records. These 19,058 records were combined with the 45,491 records submitted for Issue 1, 2001 for a total of 64,549. After removal of 5,835 duplicates, 58,714 records were submitted to Update Software for Issue 2, 2001.
- <sup>10</sup> A total of 9,082 records were newly processed at NECC@P for Issue 3, 2001. After merging all newly submitted citations, 28 were identified as duplicates and deleted, leaving 9,054 new records. These 9,054 records were combined with the 58,714 records submitted for Issue 2, 2001 for a total of 67,768. After removal of 4,840 duplicates, 62,928 records were submitted to Update Software for Issue 3, 2001.
- <sup>11</sup> A total of 14,098 records were newly processed at NECC@P for Issue 4, 2001. After merging all newly submitted citations, 45 were identified as duplicates and deleted, leaving 14,053 new records. These 14,053 records were combined with the 62,928 records submitted for Issue 3, 2001 for a total of 76,981. After removal of 5,652 duplicates, 71,329 records were submitted to Update Software for Issue 4, 2001.
- <sup>12</sup> A total of 3,573 records were newly processed at NECC@P for Issue 1, 2002. After merging all newly submitted citations, 0 were identified as duplicates and deleted, leaving 3,573 new records. These records were combined with the 71,329 records submitted for Issue 4, 2001 for a total of 74,902. After removal of 156 duplicates, 74,746 records were submitted to Update Software for Issue 1, 2002.
- <sup>13</sup> A total of 3,508 records were newly processed at NECC@P for Issue 2, 2002. After merging all newly submitted citations, 4 were identified as duplicates and deleted, leaving 3,504 new records. These records were combined with the 74,746 records submitted for Issue 1, 2002 for a total of 78,250. After removal of 799 duplicates, 77,451 records were submitted to Update Software for Issue 2, 2002.
- <sup>14</sup> A total of 2,634 records were newly processed at NECC@P for Issue 3, 2002. After merging all newly submitted citations, 1 was identified as a duplicate and deleted, leaving 2,633 new records. These records were combined with the 77,451 records submitted for Issue 2, 2002 for a total of 80,084. After removal of 973 duplicates and 3 incorrect;y tagged citations, 79,108 records were submitted to Update Software for Issue 3, 2002.
- <sup>15</sup> A total of 3,143 records were newly processed at NECC@P for Issue 4, 2002. After merging all newly submitted citations, 0 were identified as duplicates, leaving 3,143 new records. These records were combined with the 79,108 records submitted for Issue 3, 2002 for a total of 82,251. After removal of 34 duplicates, 82,217 records were submitted to Update Software for Issue 4, 2002.

## **Appendix B. Summary of Electronic Searching of MEDLINE: MEDLINE Retagging Submissions 2002**

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Electronic searching of bibliographic databases, while not comprehensive, is completed quickly in comparison to searching individual journals and conference abstracts by hand, and is relatively inexpensive. Therefore, the CCAG members, NECC@P staff and others within the Cochrane Collaboration have invested substantial effort in the coordination of the searches of these bibliographic databases. In total, the NECC@P and UKCC have submitted 72,661 records to CENTRAL from MEDLINE searches for 1966-2001. The results of the electronic searches of MEDLINE for the MEDLINE Retagging Submissions (2001) are described below.

### *Electronic Search of MEDLINE for 2001 MEDLINE Retagging Submission:*

Electronic searching of MEDLINE using Phase 1 of the Cochrane optimal MEDLINE search strategy for the PubMed entrez date (EDAT) January 2001 through December 2001 was completed by the NECC@P in summer 2002. The NECC@P staff prepared retagging request files and forwarded these to the National Library of Medicine (NLM) in October 2002.

Table A.1 (see below) documents the process for how the final number of electronic records submitted for retagging was reached. We originally identified 1,087 RCTs and 397 CCTs from Phase I and Phase II searches. Eight of the selected RCTs were already tagged in MEDLINE, reducing the number of newly identified RCTs to 1,079. We added to this 184 RCTs identified in previous searches and not yet submitted, as well as 16 CCTs. The amounts submitted from NECC@P electronic searching activities in 2002 are thus 1,263 RCTs and 413 CCTs, for a combined total of 1,676.

**Appendix B. Summary of Electronic Searching of MEDLINE:  
MEDLINE Retagging Submissions 2002**

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**Table A.1**  
2002 Electronic Search of MEDLINE  
RCTs and CCTs Identified for Submission to NLM

<b>Total records identified from EDAT</b>	
<b>2001 Phase I and Phase II searches</b>	
RCTs	1,087
CCTs	397
<b>Total records eligible for submission to NLM in 2002</b>	<b>1,484</b>
RCTs already tagged in MEDLINE	
RCTs	(8)
CCTs	0
Records from 2000 without MEDLINE UIs <sup>1</sup>	
RCTs	178
CCTs	12
Records from 1998 without abstracts <sup>2</sup>	
RCTs	6
CCTs	4
<b>Total number of records submitted for retagging in 2002</b>	
RCTs	<b>1,263</b>
CCTs	<b>413</b>
<b>Total</b>	<b>1,676</b>

<sup>1</sup>The 190 records without MEDLINE UIs are from the 2000 electronic search and are submitted in 2002 with their PubMed UIs.

<sup>2</sup>The 10 records without abstracts are from the 1998 electronic search. Selected records without abstracts from 1998 were chosen to be reviewed as part of a research project, and 10 of these were identified as appropriate for retagging.

## Appendix C

### Master List Coordination

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The NECC@P maintains a Master List of Journals Being Searched for the Cochrane Collaboration on an Access database. The Master List is posted on the NECC@P web page (<http://www.cochrane.org/necc/frameset.htm>) and is updated weekly. We have made regular updates to the *Master List*, per notification by handsearchers of new or terminated searches. We also continue to obtain responses from our annual *Master List of Journals being Searched* update mailing, and, as appropriate, update the *Master List* to reflect reported changes. The Master List database currently contains searches of over 3,700 journals. This is an increase of nearly 57% above what we reported for 2001.

The Master List may be accessed at the NECC@P/USCC website (<http://www.cochrane.us/cochranemainpage.asp>). The Master List is available through this website for searching interactively and also can be downloaded from the website as Excel spreadsheet files.

The Master List is also available for downloading directly through the Collaboration's website. Information about the content of the Master List files and instructions for importing them into a spreadsheet has also been added to this central website. To access the file, you can either go straight to

<http://www.cochrane.org/cochrane/hsearch.htm>

or

<http://www.cochrane.de/cc/cochrane/hsearch.htm>

or, from the Collaboration home page choose "Guidelines, Manuals and Software" and then "Hand Searching."

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**Appendix D**  
**Journals handsearched by the New England Cochrane Center, Providence Office**  
**1994-2002**

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The New England Cochrane Center, Providence Office has 29 completed searches registered on the Master List of Journals Being Searched. These searches totaled to 710 journal publication years searched. Beginning in 2001, the NECC@P decided to focus its handsearching efforts on important US journals that have small gaps in the handsearching conducted on them thus far. A total of 18 journal years were searched during 2002.

The NECC@P's Master List entries are shown in the table below. Items searched during 2002 are indicated by italics.

<b>Journal Title</b>	<b>Years Searched</b>	<b>Total Years</b>
American Journal of Cardiology	1966-1968; 1979	4
<i>American Journal of Clinical Nutrition</i>	<i>1969-1986</i> ; 1987-1990	22
American Journal of Epidemiology	1948-1998	51
American Journal of Medicine	1948-1998	51
American Journal of Preventive Medicine	1948-1998	51
American Journal of Public Health	1971-1998	28
Annals of Internal Medicine	1948-1998	51
Archives of Internal Medicine	1948-1998	51
Archives of Ophthalmology	1985-1993	9
Australian and New Zealand Journal of Ophthalmology	1985-1993	9
British Journal of Ophthalmology	1985-1993	9
Clinical Infectious Diseases	1979-1998	20
Clinical Pharmacology and Therapeutics	1966-1968	3
Current Therapeutic Research, Clinical And Experimental	1966-1977	12
J A M A	1948-1998	51
Journal Of Acquired Immune Deficiency Syndromes and Human Retrovirology	1988-1997	10
Journal of Allergy and Clinical Immunology	1971-1979	9
Journal of Cardiovascular Pharmacology	1979-1980	2
Journal of General Internal Medicine	1986-1998	13
Journal of Infectious Diseases	1970-1972; 1975-1998	27
M M W R, Morbidity and Mortality Weekly Report	1976-1998	23
Medical Care	1973-1998	26
Neurology	1966-1969	4
New England Journal of Medicine	1948-1998	51
Ophthalmology	1970;1981;1985-1993	11
Preventive Medicine	1972-1998	27
Public Health Reports	1971-1998	28
Sexually Transmitted Diseases	1974-1997	24
Southern Medical Journal	1948-1998	51

## Appendix E

### MEDLINE Retagging Submission 2002

Cochrane Group	RCTs	CCTs	TOTAL
<b>Electronic Search Submission</b>			
<i>New England Cochrane Center, Providence Office</i>	1,263	413	1,676
<b>Total Electronic Search</b>	<b>1,263</b>	<b>413</b>	<b>1,676</b>
<b>Handsearch Submission</b>			
Australasian Cochrane Centre	3	4	7
Breast Cancer Group	21	28	49
Cystic Fibrosis and Genetic Disorders Group	2	1	3
Eyes and Vision Group	20	31	51
Fertility Regulation Group	21	11	32
German Cochrane Centre	120	343	463
Gynaecological Cancers Group	10	2	12
Hepato-Biliary Group	1	0	1
Inflammatory Bowel Disease Group	1	0	1
Neonatal Group	29	2	31
<i>New England Cochrane Center, Providence Office</i>	468	227	695
Pregnancy and Childbirth Group	1	0	1
Skin Group	131	97	228
United Kingdom Cochrane Centre	391	160	551
<b>Total Handsearch</b>	<b>1,219</b>	<b>906</b>	<b>2,125</b>
<b>Total Cochrane Groups Submission</b>	<b>2,482</b>	<b>1,319</b>	<b>3,801</b>

## Appendix F

### Summary of Problems with Specialized Register and Handsearch Submissions

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This form summarizes the various problems with specialized register and handsearch results submitted to the New England Cochrane Center, Providence Office for *The Cochrane Library*, year 2002, all issues. The form was prepared by the New England Cochrane Center, upon request of the Cochrane Collaboration Steering Group. Problems with specialized registers and handsearch results are summarized separately. Each major type of problem is subdivided into categories, with the number of submissions fitting each problem category listed in parentheses.

#### Specialized Registers (131 submissions total)

1. Submission forms
  - a. Incorrect version (2)
  - b. Missing- not submitted (0)
  - c. Incorrectly filled out- did not use field numbers to specify field contents (3)
  - d. Did not fill out separate page 3 for each workform (7)
2. Extra text in field - field not clean
  - a. Text in some records does not match submission form (36)
  - b. Extra text in addition to the data that is supposed to be there according to the submission form (31)
3. Some records not publishable because required fields are missing or not formatted
  - a. Some sources missing (49)
  - b. Some titles missing (22)
  - c. Some dates missing or unacceptable
    - i. Date missing (23)
    - ii. Date in format which cannot be exported by ProCite (15)
4. Parsing problems- groups who submit text files have some records that are incorrectly formatted and cannot be imported (1)
5. Some fields could not be exported- information in field that does not exist in workform (10)

#### Handsearch Results (42 submissions total)

1. Submission forms
  1. Missing- not submitted (1)
  2. Incorrect number of citations listed (4)

**Appendix F**  
**Summary of Problems with Specialized Register and Handsearch Submissions**

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2. Some MEDLINE available records not downloaded from MEDLINE
    1. Missing UI (2)
    2. Missing PT (3)
    3. PT contains other text as well (7)
    4. UI has "19" listed before number (1)
  3. Did not follow format in Handsearch Guide
    1. Journal Long Form not used (5)
    2. Data in wrong fields (14)
    3. Language not formatted correctly (13)
  4. Submitted as a text file (1)
  5. Date formatted incorrectly - some records could not be published (2)
  6. Study design field
    1. Missing (1)
    2. Not clean (6)
    3. Formatted incorrectly (0)
-



**Appendix H**  
**Visitors to the NECC October 1, 2001 to December 31, 2002**

<b>Visitor Name</b>	<b>Affiliation</b>	<b>Date of visit</b>
<b>NECC@B</b>		
Nancy Owens	Cochrane Collaboration Secretariat	Office space provided September 4, 2001 - December 31, 2002
<b>NECC@P</b>		
Lisa Askie	Centre for Perinatal Health Services Research University of Sydney Sydney, Australia	May 8, 2002
Julie Lavenberg	Campbell Collaboration University of Pennsylvania Philadelphia, PA	May 17, 2002
Janet Harris	Health Sciences Program University of Oxford	August 5, 2002
Nancy Owens	Cochrane Collaboration Secretariat	October 10, 2002

**Appendix I**  
**List of Cochrane-Related Activities**  
**10/1/01 - 12/31/02**

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**KAY DICKERSIN, PhD**

**Related Publications:**

*Journal Articles and Book Chapters*

1. **Dickersin K.** Finding the evidence. In: Wormald R, Smeeth L, Henshaw K (eds). *Evidence-based Ophthalmology*. London: BMJ Books (in press, 2002)
2. **Dickersin K**, Manheimer E, Wieland LS, Robinson KA, Lefebvre C, McDonald S and the CENTRAL Development Group. Development of The Cochrane Collaboration's CENTRAL Register of Controlled Clinical Trials. **Eval Health Professions** 25:38-64, 2002.
3. Robinson K, **Dickersin K.** Development of an optimal search strategy for the retrieval of controlled trials using PubMed. **Int J Epidemiol** 31:150-153, 2002.
4. **Dickersin K.** Systematic reviews in epidemiology: Why are we so far behind? **Int J Epidemiol** 31:6-12, 2002.
5. Andejaski Y, Crawford I, **Dickersin K** , Johnson JE, Smith HS, Visco FM, Rich I. Impact of including consumers in the scientific review of breast cancer research proposals. **J Womens Health Gend Based Med** 11:379-388, 2002.
6. Olson CM, Rennie D, Cook D, **Dickersin K**, Flanagan A, Hogan J, Zhu Q, Reiling J, Pace B. Publication bias in editorial decision making. Assessment of reports of controlled trials. **JAMA** 287:2825-2828, 2002.
7. **Dickersin K**, Olson CM, Rennie D, Cook D, Flanagan A, Zhu Q, Reiling J, Pace B. Association between time interval to publication and statistical significance: Reports of controlled trials published in JAMA. **JAMA** 287:2829-2831, 2002.
8. **Dickersin K**, Scherer R, Suci EST, Gil-Montero M. Corporate authorship: Problems with current systems for indexing and citation. **JAMA** 287:2772-2774, 2002.
9. Newman N, Scherer RS, Langenberg P, Kelman SE, Kaufman D, Feldon S, **Dickersin K** for the Ischemic Optic Neuropathy Decompression Trial Research Group. The fellow eye in NAION: Report from the Ischemic Optic Neuropathy Decompression Trial Followup Study. **Am J Ophthalmol** 134:317-328, 2002.
10. Feldon S, Scherer R, Hooper F, Kelman S, Baker RS, Granadier RJ, Kosmorsky GS, Seiff SR, **Dickersin K** for the Ischemic Optic Neuropathy Decompression Trial Research Group. Surgical quality assurance in the Ischemic Optic Neuropathy Decompression Trial (IONDT). **Controlled Clin Trials**. (in press, 2002).
11. **Dickersin K.** Introduction to epidemiology. **MAMM. Women, Cancer and Community**. (in press, 2002).
12. **Dickersin K**, Munro M, Langenberg P, Scherer R, Frick K, Wewber A, Johns A, Peipert J, Clark M, and the STOP-DUB Research Group. Surgical Treatments Outcomes Project for Dysfunctional Uterine Bleeding (STOP-DUB): Design and methods. **Controlled Clin Trials** (in press, 2002).

### **Related Publications - Journal Articles and Book Chapters**

13. Andejaski Y, Breslau ES, Hart E, Lythcott N, Alexander L, Rich I, Bisceglia I, Smith HS, Visco FM, and **the US Army Medical Research and Materiel Command Fiscal Year 1995 Breast Cancer Research Program Integration Panel**. Benefits and drawbacks of including consumer reviewers in the scientific merit review of breast cancer research. **J Womens Health Gend Based Med** 11:119-136, 2002.

### *Editorials, Book Reviews and Letters*

14. Lefebvre C, Lusher A, **Dickersin K**, Manheimer E. Literature searches (letter). **Lancet** 359; 896, 2002.

### *Published Abstracts*

15. **Dickersin K**, Scherer R, Clark M. Moving a coordinating center: A tale of two studies. **Controlled Clin Trials** 23(2S):79S, 2002. Presented at the Twenty-third Annual Meeting of the Society for Clinical Trials, Arlington, Va. May 14, 2002.
16. Verma A, Dickenson A, Zhu Q, Ma F, Yu Z, Clark M, **Dickersin K**. Enrollment of an observational cohort to maximize trial recruitment in the Surgical Treatments Outcomes Project. **Controlled Clin Trials** 23(2S):89S, 2002. Presented at the Twenty-third Annual Meeting of the Society for Clinical Trials, Arlington, Va. May 14, 2002.

### **Invited Presentations:**

#### *International*

1. Assessing trial quality. Second Asian-Pacific Conference on Evidence-based Medicine. Chengdu, Sichuan, China. April 9, 2002.
2. Biased reporting of research evidence. Conference on Beating Biases in Therapeutic Research: Historical Perspectives. Oxford, UK. September 6, 2002.

#### *National*

3. The Cochrane Collaboration: An introduction. Annual Advocacy Training Conference. National Breast Cancer Coalition. Washington, DC. April 28, 2002.
4. Early detection: When does it really make a difference? Annual Advocacy Training Conference. National Breast Cancer Coalition. Washington, DC. April 28, 2002.
5. US participation in the Cochrane Eyes and Vision Group: The National Eye Institute-New England Cochrane Center initiative. Association for Research in Vision and Ophthalmology. Fort Lauderdale, FL. May 7, 2002.
6. Publication bias: New data on the origins of the problem. Statistical Challenges for Meta-analysis of Medical and Health Policy Data. Mathematical Sciences Research Institute Workshop. Berkeley, Ca. May 9, 2002.
7. Evidence-based medicine – An overview. The Drug Information Association. 38<sup>th</sup> Annual Meeting. Chicago, Ill. June 17, 2002.
8. Finding the evidence. Introduction to evidence-based healthcare. Department of Epidemiology, Yale School of Medicine. New Haven, Ct. September 24, 2002.
9. Epidemiology overview: Burden of breast cancer for pre-menopausal women. Era of

Hope. Orlando, Fla. September 27, 2002.

10. How epidemiologists do studies. Era of Hope. Orlando, Fla. September 27, 2002.

**Invited Presentations - National**

11. Evidence-based medicine. Boon or bane? (Debate). Department of Epidemiology, Columbia University Mailman School of Public Health, New York, NY. October 18, 2002.

*Local*

12. The mammography debate. Rhode Island Breast Cancer Coalition. Providence, RI. March 19, 2002.
13. The development and implementation of Project LEAD. Early Identification Program. Brown University, Providence, RI. June 14, 2002.
14. Controversies in women's cancer screening. Primary Care Update. Rhode Island Academy of Family Physicians. Newport, RI. May 3, 2002.

**Cochrane Committee Membership:**

1. Cochrane Collaboration, CENTRAL/CCTR Advisory Group (Convenor) (2/98-present).
2. Cochrane Cancer Network Charity (UK), Senior Advisor.

**Courses/Training in which the Cochrane Collaboration was introduced:**

1. How to Practice Evidence-based Health Care. Annual Rocky Mountain Workshop. Keystone, Colo. (Summer 2002).

**Cochrane meetings/workshops attended:**

1. Tenth Annual International Cochrane Colloquium. Stavanger, Norway. July 31 - August 3, 2002.
  - a. Cochrane Center Staff Meeting. Stavanger, Norway.
  - b. Cochrane Eyes and Vision Group meeting. Stavanger, Norway.
  - c. CENTRAL/CCTR Advisory Group Meeting. Stavanger, Norway.
2. Faculty for Consumer Network Satellite Program, "Setting up an active consumer panel in a Cochrane Review Group," Stavanger, Norway, August 3, 2002.

**Hosting of Cochrane/Campbell Colleagues:**

1. Visit by Lisa Askie, Centre for Perinatal Health Services Research, University of Sydney. May 8, 2002.
2. Visit by Julie Lavenberg, Campbell Collaboration, University of Pennsylvania. May 17, 2002.
3. Visit by Janet Harris, Health Sciences Program, University of Oxford. August 5, 2002.
4. Visit by Nancy Owens, Quality Improvement Manager, Cochrane Collaboration Secretariat. October 10, 2002.

## **JOSEPH LAU, MD**

### **Invited presentations:**

#### *International*

1. Annual Italian Public Health Association meeting opening lecture. The role of meta-analysis in public health. Reggio Calabria, Italy. July 5, 2002.
2. Evidence-Based Medicine and its Application to Drug Utilization. Vienna School of Clinical Research. Vienna, Austria.. September 30 - October 1, 2002.
3. Evidence-based Medicine and Meta-analysis Course for Clinicians. Hong Kong Hospital Authority, Hong Kong. December 11-13, 2002.

#### *National*

4. Two-day basic systematic review course for staff at Center for Medicare and Medicaid Services (CMS), January 15-16, 2002, Baltimore, MD.
5. Medical Grand Round. "Evidence-Based Medicine: The Evidence and Reality." Tufts-New England Medical Center, Boston. March 8, 2002.
6. Evidence-based Medicine. New Hampshire/Vermont Health Sciences Librarian Association. White River Junction VA Medical Center, Vermont. April 8, 2002.
7. Half-day Systematic Review workshop for faculty of Evidence-based Complementary and Alternative Medicine Program at Tufts University School of Medicine. June 3, 2002.

### **Courses/Training in which the Cochrane Collaboration was introduced:**

1. How to Conduct and Interpret Meta-analysis and Cochrane Systematic Reviews. Two-day workshop, New England Cochrane Center, Boston Office. August 15-16, 2002.
2. Decision Analysis and Meta-analysis. Sackler Graduate School of Biomedical Sciences, Tufts University. Boston, MA. Spring semester, 2002.
3. Systematic Review and Meta-Analysis. One-day workshop for Neonatal Resuscitation Subsection, American Academy of Pediatrics Annual Meeting. Boston. October 17, 2002.

## SUZANNE BRODNEY, PhD, RD

### Invited Presentations:

#### *National*

1. Dickersin K, Wormald R, **Brodney S**, Mowery R, Sieving P, Ejere H. Preparing Cochrane systematic reviews for eyes and vision. Special Interest Group. Association for Research and Vision in Ophthalmology. Ft. Lauderdale, FLA. May 7, 2002.
2. **Brodney S**. The Cochrane Eyes and Vision Group and the American Academy of Ophthalmology: Opportunities for partnerships. American Academy of Ophthalmology Board of Trustees Annual Meeting. Orlando, FL. October 18, 2002.

#### *Local*

1. **Brodney S**. The Cochrane Collaboration: What does it have to offer? Seminar for Brown University School of Medicine, Department of Community Health. Providence, RI. April 3, 2002.
2. **Brodney S**. Cochrane Eyes and Vision Group (CEVG) and plans to increase the US contribution to CEVG. Brown bag seminar for Center for Clinical Trials and Evidence-based Healthcare. Providence, RI. May 20, 2002.
3. Dickersin K, **Brodney S**. Cochrane Eyes and Vision Group – US/NEI project. Cochrane Eyes and Vision Group US Project Steering Group meeting. Providence, RI. July 24, 2002.

### Cochrane meetings/workshops attended:

1. Tenth Annual International Cochrane Colloquium, Stavanger, Norway, July 31 - August 3, 2002
    - Training and Methods Group meeting, August 1, 2002
    - US Contributors Meeting, August 1, 2002
    - Cochrane Eyes and Vision Group Editorial Meeting, August 2, 2002
  2. Cochrane Systematic Review Training Course. Tufts New England Medical Center. Boston, MA. August 15 & 16, 2002.
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## **ERIC MANHEIMER, MS**

### **Related Publications:**

#### *Journal Articles*

1. Dickersin K, **Manheimer E**, Wieland LS, Robinson KA, Lefebvre C, McDonald S and the CENTRAL Development Group. Development of a centralized register of controlled clinical trials: The Cochrane Collaboration's CENTRAL database. *Eval Health Professions* (in press).

#### *Published Abstracts*

1. **Manheimer E**, Wieland S, Robinson K, Lefebvre C, McDonald S, Clarke M, Starr S, Dickersin K. The Cochrane Collaboration's CENTRAL register of controlled trials: Development and current contents. Presented at the Twenty-second Annual Meeting of the Society for Clinical Trials, Denver, Colorado, USA; May 20-23, 2001.
2. **Manheimer E**, Anderson D, Dickersin K. Identifying ongoing clinical trials online: The need for a comprehensible, comprehensive register. To be presented at the Twenty-second Annual Meeting of the Society for Clinical Trials, Denver, Colorado, USA; May 20-23, 2001.
3. Wieland S, **Manheimer E**, Dickersin K. Results of reviewing MEDLINE records without abstracts. Presented at the Ninth Annual International Cochrane Colloquium, Lyon, France; October 9-13, 2001.
4. **Manheimer E**, Wieland S, Dickersin K. The current composition of the Cochrane Collaboration's CENTRAL database of controlled trials of healthcare interventions. Presented at the Ninth Annual International Cochrane Colloquium, Lyon, France. October 9-13, 2001.

### **Documentation Development:**

1. CENTRAL Management Plan (Plan Coordinator and Editor).
2. How the Cochrane controlled trials register is produced ( *The Cochrane Library*, Help file). The Cochrane Library, 2001, Issue 1, Updated quarterly. Oxford: Update Software.

### **Reports for Funding Agencies:**

1. Summary of activities covered by US National Library of Medicine funding to the New England Cochrane Center, Providence Office (NECC@P) for the period May 16, 2000 to October 31, 2000: Electronic search of MEDLINE, handsearch of 18 US general medical journals, coordination of Cochrane Collaboration members' electronic and handsearch activities, and maintenance of the *Master List of Journals Being Searched* (Report Coordinator and Lead Author).

### **Presentations:**

#### *International*

1. Wieland S, **Manheimer E**, Irvin E, Garrity C. Handsearching the healthcare literature to identify randomised controlled trials and controlled clinical trials (advanced). Ninth Annual International Cochrane Colloquium. Lyon, France. October 10, 2001.

**Presentations - International**

2. Irvin E, Garrity C, Wieland S, **Manheimer E**. Handsearching the healthcare literature to identify randomised controlled trials and controlled clinical trials (introductory). Ninth Annual International Cochrane Colloquium. Lyon, France. October 10, 2001.
3. **Manheimer E**, Wieland S, McGuire H. Using ProCite for creating and maintaining trials registers for submission to CENTRAL. Ninth Annual International Cochrane Colloquium. Lyon, France. October 10, 2001.

**Committee Membership:**

1. Cochrane Collaboration, CENTRAL/CCTR Advisory Group (10/98-present).

**Cochrane meetings/workshops attended:**

1. Ninth Annual International Cochrane Colloquium, Lyon, France. October 9-13, 2001.
    - a. CENTRAL/CCTR Advisory Group Meeting. October 11, 2001.
-



## **LAURA SOUDERS, PhD**

### **Committee Membership:**

1. Cochrane Collaboration, CENTRAL/CCTR Advisory Group (7/02 – present).

### **Cochrane meetings/workshops attended:**

1. Ninth Annual International Cochrane Colloquium, Stavanger, Norway. July 29 – August 4, 2002.
  - a. Trials Search Coordinators' Meeting. July 31, 2002.
  - b. CENTRAL/CCTR Advisory Group Meeting. August 2 & 3, 2002.
  - c. Beginning Handsearching Training Workshop. August 1, 2002.
  - d. US Contributors' Meeting. August 1, 2002.
  - e. Advanced Handsearching Training Workshop. August 2, 2002.
  - f. Centre Staff Meeting. August 2, 2002.
  - g. CEVG Meeting. August 2, 2002.
  - h. ProCite Reference Management Training Workshop. August 3, 2002.
2. Cochrane Systematic Review Training Course. Tufts New England Medical Center. Boston, MA. August 15 & 16, 2002.

## LISA SUSAN WIELAND, MPH

### **Related Publications:**

#### *Journal Articles*

1. Dickersin K, Manheimer E, **Wieland S**, Robinson KA, Lefebvre C, McDonald S and the CENTRAL Development Group. Development of the Cochrane Collaboration's CENTRAL Register of controlled clinical trials. *Eval Health Prof.* 2002 Mar;25(1):38-64.

#### *Published Abstracts*

2. **Wieland S**, Brodney S, Dickersin K. Designing an efficient and precise search strategy for observational studies. Presented at the Tenth Annual International Cochrane Colloquium. Stavanger, Norway; July 31-August 3, 2002.

### **Presentations:**

#### *International*

1. **Wieland S**, Manheimer E, Dunn K. Determining study design classification of potential trial reports using MEDLINE abstracts as examples (introductory). Tenth Annual International Cochrane Colloquium. Stavanger, Norway. August 1, 2002.
2. **Wieland S**, Manheimer E, Weir E. Determining study design classification of potential trial reports using MEDLINE abstracts as examples (advanced). Tenth Annual International Cochrane Colloquium. Stavanger, Norway. August 2, 2002.
3. Manheimer E, **Wieland S**, Pienaar E, Hermans D. Creating trials databases for submission to CENTRAL using ProCite reference management software. Tenth Annual International Cochrane Colloquium. Stavanger, Norway. August 3, 2002.

### **Committee Membership:**

1. Cochrane Collaboration, CENTRAL/CCTR Advisory Group (10/01-12/02).

### **Cochrane meetings/workshops attended:**

1. Tenth Annual International Cochrane Colloquium. Stavanger, Norway. July 31 - August 3, 2002.
  - a. CENTRAL/CCTR Advisory Group Meeting. August 2-3, 2002.

## Appendix J

**Description of the US and Total Contribution to the Cochrane Collaboration using Issue 1, 2002 of *The Cochrane Library* (reference: Clarke M, Allen C. *International activity in Collaborative Review Groups. 10<sup>th</sup> International Cochrane Colloquium 2002.*)**

Role	US Contributors	Total Contributors	US Contribution as a Proportion of Total Contributors (US Total/Total Contributors)
<b>Advisors</b>	27	102	27/102 (26.5%)
<b>Editors (coordinating, other, criticism)</b>	50	340	50/340 (14.7%)
<b>Consumers</b>	42	330	42/330 (12.7%)
<b>Referees (internal, external, non-specific)</b>	300	1696	300/1696 (17.7%)
<b>Handsearchers</b>	26	297	26/297 (8.6%)
<b>Other (RGC, TSG, statistician, etc)</b>	15	212	15/212 (7.1%)
<b>Reviewers</b>	359	3505	359/3505 (10.2%)
<b>Translators</b>	3	99	3/99 (3%)
<b>Total</b>	<b>822</b>	<b>6581</b>	<b>822/6581 (12.5%)</b>

**Appendix K**  
**United States Cochrane Center (USCC)**  
**Performance Targets for January 1, 2003 - December 31, 2003**

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**Anticipated  
Completion Date**

- 1. Support maintenance and expansion of CENTRAL/Cochrane Controlled Trials Register (CCTR)**
- 1.1 Work with National Library of Medicine (NLM) to ensure that controlled trials included on MEDLINE are appropriately indexed as publication type CONTROLLED CLINICAL TRIAL (CCT) or RANDOMIZED CONTROLLED TRIAL (RCT) (MEDLINE Retagging Project)
- 1.1.1 Perform electronic search of MEDLINE
- Complete the 2002 search of MEDLINE using Phases I and II of the Cochrane Highly Sensitive Search Strategy (HSSS) 07/03
  - Review search results and identify unindexed reports of RCTs and CCTs 09/03
  - Complete quality control of the results from electronic search 10/03
  - Submit file of unindexed reports of RCTs and CCTs to NLM for retagging 10/03
  - Submit electronic search results to CENTRAL 11/03
- 1.1.2 Handsearch 35 publication years from US general medical journals and submit identified RCTs and CCTs to CENTRAL and to NLM for retagging
- Identify 35 publication years not yet handsearched from US general medical journals indexed on MEDLINE 01/03
  - Complete the handsearching of 35 publication years 09/03
  - Complete quality control of the results from handsearching 10/03

**Appendix K.**  
**USCC Targets 2003** (cont'd)

**Anticipated  
Completion  
Date**

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<ul style="list-style-type: none"> <li>• Submit file of unindexed reports of RCTs and CCTs to NLM for retagging</li> <li>• Submit handsearch results to CENTRAL</li> </ul>	<p>10/03</p> <p>quarterly</p>	
1.2	Coordinate submission of specialized registers and handsearch results from Cochrane Groups	
1.2.1	Receive and process specialized registers and handsearch results from Cochrane Groups	quarterly
1.2.2	Quality check handsearch results and submit for MEDLINE retagging	quarterly
1.2.3	Submit specialized registers and handsearch results for CENTRAL	quarterly
1.2.4	Produce and disseminate to Cochrane Groups a list of all specialized register and handsearch submissions processed for CENTRAL	quarterly
1.3	Coordinate and maintain the <i>Master List of Journals Being Searched</i> (Master List)	
1.3.1	Maintain and regularly update Master List entries	ongoing
1.3.2	Send a yearly Master List update mailing to all TSCs who have searches registered on the Master List, to seek updated information regarding the journals being searched and years completed	03/03
1.4	Serve as coordinating group for the CENTRAL/Cochrane Controlled Trials Register (CCTR) Advisory Group (CCAG) activities. This involves planning meetings and phone calls, preparing and distributing summary and transcribed minutes, maintaining the CCAG E-mail discussion list, and preparing and disseminating CENTRAL and CCAG related materials	
1.4.1	Convene annual meeting of CCAG at Barcelona Colloquium	10/03

**Appendix K.**  
**USCC Targets 2003** (cont'd)

**Anticipated  
Completion  
Date**

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1.4.2	Distribute to the CCAG list the final minutes for Barcelona meeting of the CCAG	12/03
1.4.3	Convene and produce minutes for CCAG conference calls	1-2 times/year
1.4.4	Produce documents required for CCAG reporting to Steering Group	2 times/year
1.4.5	Decide on storage of paper copies of Cochrane handsearch results	10/03
1.5	In collaboration with the CCAG, Collaborative Review Group (CRG) Coordinators, Trials Search Coordinators (TSCs), the United Kingdom Cochrane Center (UKCC), and Update Software, work to enhance CENTRAL and assure its quality	
1.5.1	Perform quality control on electronic search results before submission to CENTRAL (see 1.1 above)	ongoing
1.5.2	Establish systems for quality checking handsearch submissions from non-English language journals	09/03
1.5.3	Generate accurate counts of trials for most common journal names in high yield journals	11/03
1.5.4	Negotiate with the US National Cancer Institute (NCI) and the American Society for Clinical Oncology (ASCO) regarding the inclusion of ASCO abstracts in CENTRAL (after installation of new publisher of <i>The Cochrane Library</i> )	12/03
1.5.5	In collaboration with the CCAG, decide upon a final set of fields to include in CENTRAL for the new generation of <i>The Cochrane Library</i> software	09/03
1.5.6	In collaboration with CCAG, Reporting Bias Methods Group, CRG coordinators, TSCs, UKCC and Update Software develop plans to register unpublished trials on CENTRAL or elsewhere	ongoing

**Appendix K.**  
**USCC Targets 2003 (cont'd)**

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1.5.7	In collaboration with CCAG, develop systems for changing record coding on CENTRAL to enable searching specifically for records not yet included in any Review Group's specialized register	12/03
1.5.8	In collaboration with CCAG, decide how to manage RCT/CCT records deleted from specialized registers because they are outside of a Group's scope	09/03
1.5.9	In collaboration with CCAG, develop systems for insuring upload to CENTRAL handsearch results that had been removed by Update Software up through Issue 1, 1999 release	09/03
1.5.10	In collaboration with CCAG, begin to develop systems and rules for publishing references to ongoing and unpublished trials	09/03
1.5.11	In collaboration with publisher of the CENTRAL database, begin to develop systems to standardize journal names on CENTRAL	09/03
1.5.12	Update the CENTRAL Management Plan to accommodate any changes to existing systems	once every two years or as needed
<b>2.</b>	<b>Provide training and support for reviewers, Review Group Coordinators, Trial Search Coordinators, editors, handsearchers, and consumers. In addition, provide training and support for others responsible for training activities</b>	
2.1	Maintain, revise and distribute on the worldwide web and elsewhere guides for Cochrane procedures	
2.1.1	Distribute and maintain on the web and elsewhere a <i>Guide for Submission of Specialized Registers to CENTRAL</i> , to assist Review Group Coordinators/Trials Search Coordinators and others in submitting their specialized registers to CENTRAL	10/03
2.1.2	Distribute and maintain on the web and elsewhere a <i>Guide for</i>	10/03

**Appendix K.**  
**USCC Targets 2003** (cont'd)

**Anticipated  
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	<i>Submission of Handsearch Results to CENTRAL, to assist Review Group Coordinators/Trials Search Coordinators and others in submitting their handsearch results to CENTRAL</i>	
2.1.3	Distribute and maintain the CENTRAL Management Plan	ongoing
2.1.4	Revise <i>Locating and Selecting Studies</i> , Chapter Five of the Cochrane Reviewer's Handbook	04/03
2.1.5	Revise and distribute the Cochrane Handsearcher Training Manual	06/03
2.2	Develop and facilitate Cochrane training workshops and courses	
2.2.1	Provide searching and submission training workshops for TSCs, RGCs, and others, at the 2003 Colloquium and other opportunities, as requested	10/03
2.2.2	Develop and facilitate two Colloquium workshops in handsearching the healthcare literature for trial reports and a workshop on using ProCite	10/03
2.2.3	Develop a web-based distance education handsearching course	09/03
2.2.4	Through both the dissemination of the Handsearcher Training Manual and the provision of the handsearching workshops, train 50 individuals to handsearch the medical literature	08/03
2.2.5	Develop and facilitate a workshop in peer review for Fall 2003	10/03
2.2.6	Develop and facilitate a protocol training workshop for Fall 2003	10/03
2.2.7	Develop and facilitate a systematic review training workshop for Winter 2003/2004	12/03
2.3	Provide ongoing support and training through individual contacts, e-mail discussion lists, and directories	
2.3.1	Support communication on the development and maintenance of	ongoing



**Appendix K.**  
**USCC Targets 2003 (cont'd)**

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	CENTRAL/CCTR through maintenance of TSCs' e-mail discussion list	
2.3.2	Support communication and collaboration among TSCs and Centers through the updating and regular distribution of the <i>Cochrane Collaboration Directory of Trial Search Coordinators (TSCs) and Centers</i>	ongoing
2.3.3	Provide mentoring and methodological consultation to individual Cochrane collaborators throughout the year	ongoing
2.3.4	Train health professionals, the media, and consumers to use <i>The Cochrane Library</i>	ongoing
<b>3.</b>	<b>Promote awareness of Cochrane Collaboration and access to Cochrane products</b>	
3.1	Ensure that individuals (including consumers) and institutions within the region served by USCC are aware of all aspects of the Cochrane Collaboration and the USCC	ongoing
3.1.1	Develop and facilitate a two-day workshop with US consumer advocates on  ways to disseminate information on evidence-based healthcare to  consumers of healthcare in the US	07/03
3.2	Work to ensure that <i>The Cochrane Library</i> is made available and accessible to all regional institutions and government agencies	ongoing
3.3	Encourage institutions and colleagues [eg, National Institutes of Health (NIH), professional review organizations, health departments, university libraries] to expand subscriptions to Cochrane products	ongoing
3.4	Encourage news media to subscribe to and use <i>The Cochrane Library</i>	ongoing

**Appendix K.**  
**USCC Targets 2003** (cont'd)

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3.5	Give 2 international and 5 national or local presentations about the Cochrane Collaboration and distribute informational materials to interested parties	09/03
3.6	Monitor media mentions of the Cochrane Collaboration in English language news sources	ongoing
3.7	Highlight Cochrane activities in presentations and reports to health professionals and consumers, whenever relevant	ongoing
3.8	Work with physicians, consumers, government, and others to identify ways in which Cochrane Reviews can better meet their needs	ongoing
3.9	Act as facilitators, when requested, to aid in the listing and indexing of Cochrane reviews and other products in electronic publications and databases (eg, indexing of Cochrane Reviews in MEDLINE)	ongoing
3.10	Maintain and expand a Cochrane Collaboration web presence	ongoing
3.10.1	Develop a website for the US Cochrane Center which is comprehensive and accessible to users	12/03
3.11	Submit an updated USCC module for publication in <i>The Cochrane Library</i>	05/03
3.12	Submit the 2002 NECC Center Monitoring Report	03/03
3.13	Prepare a 2002 NECC Annual Report	08/03
3.14	Administer Thomas C. Chalmers, MD Award	10/03
3.15	Develop and maintain a US contributors' database of postal and email addresses	07/03
3.16	Hold US Cochrane Contributors' meeting at the Barcelona Colloquium	10/03

**Appendix K.**  
**USCC Targets 2003** (cont'd)

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3.17	Monitor and respond to all requests for information about the Cochrane Collaboration and Cochrane related products	ongoing
3.18	Maintain up-to-date USCC Task List	ongoing
3.19	Organize USCC Advisory Board meeting	07/03
3.20	Begin planning a two-day US Contributors' meeting for Spring 2004	11/03
3.21	Develop and facilitate three one-day workshops on concepts and application of evidence-based healthcare and critical appraisal for US clinicians	12/03

**4. Seek and Obtain Funding Support for USCC Activities**

4.1	Ensure continuation of the MEDLINE Retagging Project funding from NLM to ensure that all controlled trials on MEDLINE are indexed appropriately on MEDLINE and included in CENTRAL	
4.1.1	Submit progress reports to NLM	quarterly
4.1.2	Submit proposal for continued funding to NLM	08/03
4.2	Continue working with other funding agencies (eg, Agency for Healthcare Research and Quality, Milbank Memorial Fund) that have contributed funding to the Baltimore Cochrane Center or NECC in the past	ongoing
4.3	Support consumers to attend Cochrane Colloquia	
4.3.1	Raise \$10,000 for consumers to attend colloquia	10/03
4.4	Ensure continuation of AHRQ funding	ongoing
4.4.1	Submit continuation application to AHRQ	06/03

<b>Appendix K. USCC Targets 2003 (cont'd)</b>		<b>Anticipated Completion Date</b>
4.4.2	Provide documentation and reporting to AHRQ as required	ongoing
4.5	Ensure continuation of NEI funding for programs to increase awareness of and involvement in evidence-based healthcare research among US eyes and vision specialists	ongoing
4.5.1	Provide documentation and reporting to NEI as required	
4.6	Continue to identify new sources of funding for the ongoing development and refinement of CENTRAL/CCTR	
4.7	Work with other Cochrane Centers in the US to identify sources of funding and to leverage our combined efforts to obtain funding	ongoing
<b>5. Conduct Research</b>		
5.1	Conduct methodological research in systematic reviews, trials registers, and meta-analysis	
5.2	Develop protocol for a project that compares handsearching the paper version of a journal with the online version of the same journal	09/03