

**Minutes  
US Contributors' Meeting  
2002 Cochrane Colloquium  
Stavanger, Norway**

**Thursday, August 1, 2002  
7:45 - 9:00 AM**

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***Present:***

Lorne Becker (LB)	Cochrane Primary Care Field, Syracuse, NY
Suzanne Brodney (SB)	New England Cochrane Center at Providence, Providence, RI
Priscilla Chew (PC)	New England Cochrane Center at Boston, Boston, MA
Rachel Churchill (RC)	Cochrane DAN Group, London, England
Kay Dickersin (KD)	New England Cochrane Center at Providence, Providence, RI
Jodie Doyle (JD)	Cochrane Public Health Field, Carlton, Australia
Kathleen Dunn (KD)	Mount Sinai Medical Center, New York, NY
Dan Fox (DF)	Milbank Memorial Fund, New York, NY
Bob Graham (BG)	Agency for Healthcare Research and Quality, Silver Spring, MD
Jeff Harris (JH)	University of California at San Francisco, University of Utah, Medical College of Wisconsin
Bill Helm (BH)	University of Kentucky Medical School, Louisville, KY
Ron Koretz (RK)	University of California at Los Angeles Medical Center, Sylmar, CA
Rosanne Leipzig (RL)	Mount Sinai Medical Center, New York, NY
Jeff Lerner (JL)	ECRI, Plymouth Meeting, PA
Eric Manheimer (EM)	New England Cochrane Center at P, Providence, RI
Maryann Napoli (MN)	Center for Medical Consumers, New York, NY
Rick Nelson (RN)	University of Illinois, Chicago, IL
Melissa Ober (OM)	San Francisco Cochrane Center, San Francisco, CA
Gina Petrak (GP)	Consumer, Bloomfield Hills, MI
Janet Piehl (JP)	Australasian Cochrane Center, Sydney, Australia
Drummond Rennie (DR)	San Francisco Cochrane Center, San Francisco, CA
George Rutherford (GR)	University of California at San Francisco, Preventive Sciences Group, San Francisco, CA
Laura Souders (LS)	New England Cochrane Center at P, Providence, RI
Susan Wieland (SW)	New England Cochrane Center at P, Providence, RI
Tim Wilt (TW)	Minneapolis VA Center, Minneapolis, MN
Fred Wolf (FW)	University of Washington, Seattle, WA

## **Minutes of US Contributors' Meeting, (cont'd)**

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### **1. Introductions**

Kay Dickersin (KD) welcomed everyone to the US Contributors' meeting and asked attendees to introduce themselves to the group.

### **2. North American Training Opportunities**

**2.1 Training schedule.** The New England Cochrane Center, Providence Office (NECC@P) reported that they would be providing handsearching training and developing an online handsearch course over the next 1-2 years.

**2.2 Related training.** Fred Wolf (FW) and Dave Davis are in the process of developing protocols for systematic reviews for medical education. Lorne Becker (LB) mentioned that he is teaching information mastery in Virginia and several Cochrane systematic review courses.

Suzanne Brodney (SB) described the US Cochrane website and links to training sessions. She asked that training information be sent to the NECC@P so it can be added to the website.

**2.3 Training needs.** George Rutherford (GR) stated that training is needed in developing protocols; it would be best if this could be done online. It would be ideal to create "live" courses that would be available on each coast. Tim Wilt (TW) opined that an advanced editing workshop is needed in the US like the one given in Copenhagen. SB mentioned courses planned for the Association for Research in Vision and Ophthalmology (ARVO) in 2003 on how to do a review. GR stated that all Canadian courses should be included on the US Cochrane website. People present from the UK stated that they will let us know what their training needs are as they become more apparent. Consensus was that it would be good to learn more about RevMan. Many believe that RevMan software is too difficult and that simple tasks are hard to do. Jodie Doyle (JD) from the Australasian Cochrane Center (ACC) stated that the ACC-UKCC developed a distance learning package on disk, which is available free to Cochrane reviewers. It was added that many existing courses are not Cochrane-specific. US courses touch on Cochrane a bit, but not as much as do Canadian courses.

### **3. Recruiting Reviewers**

**3.1 Recruiting overseas.** GR reported that he focuses on recruiting reviewers from overseas; there is much potential interest in Cape Town because of HIV research being done there. He stated that doing a review could be a requirement for the MPH degree. He also noted that at Berkeley, scientific methods training is on the agenda for the medical school. GR mentioned that the Centers for Disease Control and Prevention (CDC) is another large reservoir for US

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recruitment of reviewers because of their interest in meta-analysis. Mexico is another possible pool for recruitment.

**3.2 Effective recruitment.** TW noted the effectiveness of review groups with two editorial bases, e.g., the Prostate Group in Minneapolis collaborates with Urologic Cancers in Cardiff. He reported that recruitment of reviewers has been difficult and suggested that efforts might need to expand systematically by profession to include, for example, oncologist and urologists. Partnerships with specialists from other medical fields are needed; currently the majority of reviewers are recruited internally from medical fellows and residents, or randomly by outside people who find Cochrane. TW stated that exposure and dissemination could be improved if current reviewers could be more helpful in identifying others. He suggested that it would be best if reviewers could follow their interests in subject areas and then be steered into doing new reviews once they have completed theirs.

**3.3 Other.** GR reported that there is no lack of reviewers in HIV/AIDS, most of whom are medical fellows who usually have the time available to do reviews.

### **4. Lexis/Nexis Searches**

**4.1. Publicizing Cochrane.** Dan Fox (DF) spoke about the need for a proactive campaign to educate people about the Cochrane Collaboration. He stated that the recent mammography story in the press would be a place to start and suggested targeting a variety of groups. Increased promotion will increase the funding infrastructure. We should get a sense of the impact of Cochrane in the media and involve Cochrane people in talking to the media. Drummond Rennie (DR) stated that, too often, people feel talked down to by Cochranites.

### **5. Collaboration Interactions**

#### **US Contributors**

**5.1 US Contributors' database.** SB described the development of a US Contributors' Database at NECC@P. Contact information will be kept updated to include everyone in the US and provide them with most recent Cochrane information. TW suggested that it would be good to have names categorized by interest area and experience and for addresses to be accessible to others. Consensus was that the directory should not be open to the public.

**5.2 Contact information links.** SB suggested creating a page on the US Cochrane website for journalists to link to relevant articles, e.g., the recent article on randomized trials in Brown University's newspaper, *The George Street Journal*. TW suggested creating a link to the Agency for Healthcare Research and Quality (AHRQ's) information page.

**5.3 Single US Cochrane Center.** KD stated that a single US Cochrane Center still is planned

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and is dependent on new funding. Current funding at NECC@P supports the development of CENTRAL and the Coordinator position.

**5.4 North American contributors' meeting.** It was proposed that North American contributors' meetings should alternate locations between US and Canada.

**5.5 Visitors to US Centers.** DR stated that the San Francisco Cochrane Center has space and resources available for visitors. KD added that grants are needed for individuals from developing countries to come to the US.

## **6. Funding**

**6.1 Funding networks.** NECC@P staff described the process used to obtain NEI funding for a satellite base for the Cochrane Eyes and Vision Group (CEVG). Bob Graham (BG) stated that AHRQ's evidence-based practice centers are essentially parallel paths with Cochrane work. DR noted that entities within Cochrane often have to conform to the funder's guidelines and expectations, which may not satisfy Cochrane needs.

**6.2 Building funding networks.** DF reported that the Funders' Forum will work to devise evidence-based benchmark such as those reported in the document at the South Africa Colloquium. There should be continuing efforts to bring together policy makers and Cochrane leadership in the US. There is support for Cochrane from WHO. It was noted that funders and users are already in an open and free partnership with Cochrane, which is unprecedented in any branch of the scientific community. BG reported that AHRQ may be able to provide funding using the contract rather than the grant mechanism. He emphasized that funding follows relationships; it is a process comprising many stages that develops among people in the public and private sectors who hold the view that a given project is common cause.

**6.3 Funding sponsorships.** TW spoke about industry and pharmaceutical support for Cochrane reviews. No single pharmaceutical company should fund a review. DR stated that the perception of bias would critically harm Cochrane as a product. A question was raised about whether the same guidelines pertain to accepting funding from large corporations such as Ford or Microsoft. Jeff Lerner (JL) stated that the Cochrane Collaboration's strength is the contribution of volunteer reviewers. GR reported that finding stipends to bring students from the developing world to the US is difficult. More grants are available to send students to the UK.

**6.4 Targeting funders.** Rick Nelson (RN) mentioned how specialist societies tend to be "cash rich," have travel stipends, etc. Jeff Harris (JH) warned to be careful about which groups to solicit, giving the example of orthopedic surgeons in the US with a high physician/patient ratio and reported tendency to influence medical research. JL emphasized the need to

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strategize. Concluding statement was that ultimately consumers will have a great effect on the perception of the Collaboration's value.

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