
The Cochrane Collaboration

Preparing, maintaining and
promoting the accessibility of systematic reviews
of the effects of healthcare interventions
## United States Cochrane Center (USCC) Annual Report 1/1/03 to 12/31/03

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<th>Full Name</th>
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<tbody>
<tr>
<td>AAO</td>
<td>American Academy of Ophthalmology</td>
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<td>AHRQ</td>
<td>Agency for Healthcare Research and Quality</td>
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<td>AVSL</td>
<td>Association of Vision Science Librarians</td>
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<td>CAM</td>
<td>Complementary Medicine Field</td>
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<td>CCAG</td>
<td>Cochrane CENTRAL Advisory Group</td>
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<td>CCSG</td>
<td>Cochrane Collaboration Steering Group</td>
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<tr>
<td>CCT</td>
<td>Controlled clinical trial</td>
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<td>CENTRAL</td>
<td>The Cochrane Central Register of Controlled Trials</td>
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<td>CEVG</td>
<td>Cochrane Eyes and Vision Group</td>
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<td>CMP</td>
<td>CENTRAL Management Plan</td>
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<td>CRG</td>
<td>Collaborative Review Group</td>
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<td>EPC</td>
<td>Evidence-based Practice Center</td>
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<td>IMS</td>
<td>Information management system</td>
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<td>Master List</td>
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<tr>
<td>MLA</td>
<td>Medical Library Association</td>
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<tr>
<td>MeSH</td>
<td>Medical subject heading</td>
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<tr>
<td>NECC@P</td>
<td>New England Cochrane Center at Providence</td>
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<td>NEI</td>
<td>National Eye Institute</td>
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<td>NIH</td>
<td>National Institutes of Health</td>
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<td>NLM</td>
<td>National Library of Medicine</td>
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<tr>
<td>PaPaS</td>
<td>Pain, Palliative and Supportive Care Group</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>PT</td>
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<tr>
<td>RCT</td>
<td>Randomized controlled trial</td>
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<td>RGC</td>
<td>Review Group Coordinator</td>
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<td>Trials Search Coordinator</td>
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<td>UKCC</td>
<td>United Kingdom Cochrane Centre</td>
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<td>USCC</td>
<td>United States Cochrane Center</td>
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(ii) USCC Contact Information (2003)

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Directors, San Francisco Branch: Lisa Bero, PhD
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1. Director’s Report

The US Cochrane Center completed its first year as a unified entity in 2003. The main office is located in Providence, Rhode Island, with two branches doing specialized Cochrane work at San Francisco and Boston. This report summarizes the accomplishments of the past year and presents targets for 2004.

First, a big thank you is due to the Chair of the United States Cochrane Center (USCC) Advisory Board, Dr. Daniel Fox. Dan has a vision for evidence-based healthcare and he works tirelessly, supporting projects he believes will bring us closer to that vision. This has been terrific for the USCC and The Cochrane Collaboration as a whole. Dan has assembled a stellar USCC Advisory Board with the experience and credentials needed to provide the leadership and ensure success of the US Cochrane effort.

Accomplishments for 2003 include fulfilling our “core” responsibilities as well as our specialized functions. This would not have been possible without our dedicated USCC staff. At the main office in Providence, we had a special challenge. Suzanne Brodney Folse, Associate Director of the USCC, was on maternity leave for part of the year and I was on sabbatical from January to June. These two absences meant an extra burden to staff who appear not only to have survived but to have thrived. Living in Boston between two periods of living in the UK, Nancy Owens, a Cochrane veteran, agreed to serve as USCC Coordinator for a one-year period. We were extremely fortunate in this regard and the many accomplishments outlined in this report are testament Nancy’s extraordinary organizational, management, and personal skills.

The majority of USCC funding is from the US government, and we hope that this source will increase its support of for Cochrane Collaboration work in the coming years. The work of the main office of the USCC 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. The San Francisco Branch is funded for its work on the Criticism Management System, integrated into the process for review completion and publication. Regardless of the Center or Branch office, our internal Cochrane work concentrates on strengthening the Cochrane products, and our external work on strengthening the uptake and use of Cochrane reviews and evidence-based healthcare.

A broad spectrum of individuals and groups, reflective of The Cochrane Collaboration’s worldwide impact, has been essential to the success of the United States Cochrane Center. Many thanks to all our supporters in 2003. We look forward to working together in 2004.
2. Full and part-time staff at the USCC Offices in 2003

Director: Kay Dickersin, PhD

Director, Boston Branch: Joseph Lau, MD

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

Associate Director: Suzanne Brodney Folse, PhD, RD

Associate Director, Boston Branch: Alexia Antczak-Bouckoms, DMD, Dsc

Coordinators: Nancy Owens (to 12/17/03)
Barbara Fuller, MPH (12/18/03 to 7/20/04)
Deirdre DeVine (Boston Branch)
Melissa Ober (San Francisco Branch)

Coordinators for CENTRAL-Related Activities: Laura Souders (to 5/15/03)
Elena Glatman, MA (from 10/2/03 to present)

Consumer Coalition Coordinator: Susan Kaplan (from 1/13/03 to 8/1/03)

Systematic Reviewers: Joyce Coutu (from 3/10/03 to present)
Milan Mathew (from 9/18/03 to 6/2/04)

Handsearchers: 24 students (Providence)

Specialized Register and Master List Processors: Andrea Alvarez
Kimberly Miller
3. Sources of funding and support

3.1 Contracts and grants

3.1.1 USCC Providence - National Library of Medicine (NLM)

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 USCC and sent to the National Library of Medicine (NLM) 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: $100,000

Sponsor Ref: 467-MZ-300971
Dates: April 1, 2003 - March 31, 2004
Funding: $75,000

3.1.2 USCC Providence - National Eye Institute (NEI)

Source: National Eye Institute
Title: Support for US Activities of the Cochrane Eyes and Vision Group (CEVG) 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.

3.1.3 USCC (Providence) - Agency for Healthcare Research and Quality (AHRQ)

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: $2,383,838
Specific Aims: To conduct a series of educational conferences to increase involvement in The Cochrane Collaboration.

3.1.4 San Francisco Branch of the USCC - Garfield Foundation

Source: Garfield Foundation
Title: The Eugene Garfield Foundation Grant to Support the San Francisco Cochrane Center
PI: Drummond Rennie, MD
Dates: January 1998 - December 31, 2004
Funding: $39,000
Specific Aims: To support personnel and activities of the San Francisco Cochrane Center

3.1.5 Boston Branch of the USCC - None

3.2 Brown University Core Funding (Kay Dickersin, PI)

Dates: July 1, 2002 - June 30, 2003
Brown Ref: 2-41084, FY 2003
Funding: $26,491
Specific Aims: To support personnel efforts and expenses of USCC

4. Acknowledgments

The staff of USCC would like to extend its sincere thanks to all those who have made contributions to the Center. Our funders have provided much needed support without which we would not have been able to carry out the activities listed in this report. We would also like to thank all those who have contributed their time and expertise as members of our Advisory Group, faculty for one of our training programs, investigators on our projects, consumers involved in the
5. Introduction

The USCC was established in December 2002, when the New England Cochrane Center at Boston, the New England Cochrane Center at Providence, and the San Francisco Cochrane Center merged to form a single registered entity with three offices. The Providence office is now the first point of contact for the work of The Cochrane Collaboration in the United States and assumes responsibility for fulfilling the core Center functions. The USCC (Providence office), as well as the Boston and San Francisco Branches continue to perform the same unique tasks they had managed before the merger, as well as sharing a number of joint functions.

5.1 The USCC (Providence office)

The USCC is based in Providence, in Brown University’s Department of Community Health. The core functions performed by the USCC include supporting Cochrane entities with a coordinating base in the US or one of the countries for which the USCC is the reference center; supporting new Collaborative Review Groups (CRGs), Fields, and Methods Groups interested in registering with the Collaboration; and supporting individuals who seek information about the work of the Collaboration.

The Center also assumes a unique role that contributes to the Collaboration as a whole (see Section 8.1). In this regard, the Center maintains CENTRAL, published quarterly on The Cochrane Library. This responsibility encompasses several tasks, including:

- Organizing handsearching of US medical journals;
- Monitoring, collecting and processing electronic search results and handsearch results submitted by Cochrane groups and/or individuals;
- Coordinating the Master List of Journals Being Searched (Master List) worldwide;
- Acting as a clearinghouse for all trial reports identified before submission to CENTRAL, MEDLINE, and other sources;
- Supporting Trials Search Coordinators (TSCs) and others who maintain specialized registers, to offer advice and guidance;
- Maintaining TSC resources (TSC Guide, Handsearcher Manual, FAQs for TSCs); and
- Convening the Cochrane CENTRAL Advisory Group (CCAG) which requires the preparation of meeting agendas, minutes, and relevant documentation.
The Center also offers training on topics related to evidence-based healthcare. For additional information and a comprehensive list of the training workshops, see Section 7.2.8 and Appendix A.

Finally, the Center coordinates a USCC Consumer Coalition that aims to promote evidence-based healthcare among consumer advocacy organizations through training on critical appraisal skills and fostering leadership in that area (see Section 8.3.3 for additional information).

5.2 Boston Branch of the USCC

The Boston Branch has a special focus on research and training. It participates in research on statistical methods for systematic reviews, with emphasis on methods for synthesis, presentation and interpretation of results, and development of software to support systematic reviews. The Branch also provides training and mentoring on how to interpret Cochrane systematic reviews and how to synthesize evidence, and offers methodological assistance to those performing reviews. The office is based at the Division of Clinical Care Research at the New England Medical Center and Tufts University School of Medicine.

5.3 The San Francisco Branch of the USCC

The San Francisco Branch has been involved in transitioning the development and management of Cochrane’s electronic Criticism Management System to John Wiley and Sons, Inc., the new publisher of *The Cochrane Library*. At the 2003 Cochrane Colloquium in Barcelona, staff met with the Criticism Management Advisory Group and representatives from Wiley to initiate the transition. The Branch also supports the HIV/AIDS Collaborative Review Group and is involved in the debate on conflicts of interest within The Cochrane Collaboration. The San Francisco Branch is based at the University of California, San Francisco.

6. USCC objectives

The objectives of the USCC mirror those of The Cochrane Collaboration as a whole:

- To ensure that high quality, up-to-date systematic reviews are available across a broad range of healthcare topics;
- To promote access to Cochrane reviews;
- To develop an efficient, transparent organizational structure and management system for the USCC and promote the same for The Cochrane Collaboration as a whole; and
- To achieve sustainability of The Cochrane Collaboration.
Our targets for 2003 reflect these objectives (see Section 7).

7. Progress report on targets for 1/01/03 to 12/31/03

7.1 Support maintenance and expansion of CENTRAL

The USCC (Providence Office) coordinates all activities related to CENTRAL. CENTRAL is the world’s most comprehensive source of records reporting on controlled trials, and is published quarterly in The Cochrane Library. As of Issue 4, 2003, CENTRAL contained 378,160 citations to reports of trials and other studies potentially relevant to Cochrane systematic reviews. All trials identified by 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 reports of 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, EMBASE, and other sources.

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

The USCC continues to work with NLM to ensure that all controlled trials included on MEDLINE are appropriately indexed with the publication type (PT) field completed as RCT [PT] or CCT [PT]. Cochrane collaborators contribute to the USCC records of trial reports that they have identified and classified as RCT or CCT through the electronic searches and handsearches described below. After completing quality control processing, the USCC sends citations not already tagged as RCT or CCT in MEDLINE to NLM for retagging. A list of materials sent to NLM in 2003 is included in Appendix B.

The citations that are indexed as RCT [PT] or CCT [PT] in NLM’s MEDLINE database are in turn downloaded directly into CENTRAL for quarterly publication. 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 (MeSH) and abstracts.

7.1.2 Continue to work closely with the CCAG, and others to develop CENTRAL

The Cochrane Collaboration Steering Group (CCSG) oversees the CCAG, which in turn oversees the development of CENTRAL. CCAG is convened by Kay Dickersin, Director of the USCC, and includes members of the USCC and other international representatives from the
Collaboration (i.e., two TSCs, a Review Group Coordinator [RGC] a Co-ordinating Editor, a Field/Network representative, a representative from the Collaboration’s publisher, a representative from the United Kingdom Cochrane Centre [UKCC], and two Steering Group representatives).

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

7.1.3 Process specialized registers and handsearch results from Cochrane entities

Each CRG is responsible for 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. Fields may also develop registers, although this is not required. Specialized registers are maintained by TSCs who submit the registers quarterly as electronic files to the USCC 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 USCC to ensure that they conform to the standards and formats specified by the CCAG. The registers 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, or citations that fall outside of a Groups’s scope, are submitted to the USCC as handsearch results. Processing the handsearch results files submitted by Cochrane Groups is a multi-step process that culminates in the USCC submitting a file with the cumulative handsearch results on a quarterly basis to the CENTRAL publisher.

The USCC staff prepare and disseminate (through the TSC email Discussion List) tables describing the USCC 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; 2002, Issues 1-4; and 2003, Issues 1-4 are presented in Appendix C.

7.1.4 Search electronic bibliographic databases to identify citations of trial reports for CENTRAL

The USCC, with the assistance of the UKCC, has searched MEDLINE for the years 1966-2002 using phases I and II of the Cochrane highly sensitive search strategy. Annual updates have been performed by the USCC since 1998.
A complete search of the 2002 records in MEDLINE, using phases I and II of the Cochrane highly sensitive search strategy, was completed in Summer 2003 (see Appendix D). 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 [PT] RCT or CCT. Quality control procedures were followed, the process documented, and processed records were submitted to NLM for retagging (in October 2003). The CENTRAL publisher downloads MEDLINE records tagged RCTs and CCTs quarterly to rebuild CENTRAL.

7.1.5 Coordinate the worldwide handsearch of general and specialist healthcare journals through the Master List

The USCC coordinates the Master List, which includes more than 2,400 journals and conference proceedings being handsearched by The Cochrane Collaboration (see Appendix E). The Master List enables search progress to be recorded and monitored for each journal and also serves to prevent any duplication of effort that may otherwise arise from journals being searched by more than one group or individual. The Master List, housed in an Access database, is updated regularly by the USCC. The USCC conducts an annual Master List Update Mailing, through which the coordinators of all registered handsearches provide updated information.

7.1.6 Develop plans to enhance CENTRAL, including increasing the number of unpublished trials on the register, in collaboration with CCAG

As members of CCAG, the USCC participated in ongoing discussions regarding inclusion of unpublished completed trials, ongoing unpublished trials, and unpublished data in CENTRAL. No action was taken in 2003.

7.1.7 In collaboration with CCAG, work to refine CENTRAL

The original plan in developing a centralized trials register for The Cochrane Collaboration was to build two databases. One database (CENTRAL) would be built and updated quickly, on an ongoing basis, to facilitate the work of the review groups and reviewers. The second database would take longer to develop and would contain unique records corresponding to controlled trials meeting the Cochrane criteria set in November 1992. This database was to be called the Cochrane Controlled Trials Register or CCTR. Due to resource limitations, only CENTRAL has been developed. The CCAG has decided that with the move to a new publisher, which will probably take place within the next few years, the time is right for development of the controlled trials register.

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 assurance
activities. The CENTRAL Management Plan (CMP) provides explicit directions for submission of specialized registers and the results of handsearches, and is now available on the USCC (www.cochrane.us) and Cochrane Collaboration (www.cochrane.org) web sites. The USCC coordinated the development of the CMP and continues to oversee updates, in consultation with CCAG and other Collaboration colleagues as appropriate. The first edition of the CMP was completed and distributed in 2001.

Quality control processes are performed on CENTRAL submissions to the USCC, including monitoring, collecting, and processing the results of individual and group electronic searches of the specialist literature and general healthcare literature. The USCC works closely with the TSCs for each of the review groups and fields to review and correct problems with submissions. A summary of the problems with the handsearch and specialized register submissions is available to the TSCs through the USCC web site.

Training of TSCs on identification and classification of CCTs and RCTs is held annually at the Cochrane Colloquium. Training on ProCite software, on which most registers are currently kept, and which facilitates direct downloading to registers from MEDLINE, is also provided.

7.1.8 Serve as coordinating center for the CCAG. This involves planning meetings and conference calls, preparing and distributing summary and transcribed minutes, maintaining the CCAG Email discussion list, and preparing and maintaining the CMP

As described earlier, the CCAG provides oversight for the development of CENTRAL. Kay Dickersin is the convener of the CCAG, and Laura Souders, the previous CENTRAL Coordinator, managed the group’s activities until her departure in May 2003. Elena Glatman assumed the position in October 2003, including coordinating responsibilities for CCAG. Susan Wieland has also been actively involved in the CCAG’s work. The CCAG met at the 2003 Cochrane Colloquium in Barcelona, Spain (October 28 & 30, 2003). USCC staff organized the CCAG meetings and conference calls, agendas, and supporting materials, recorded minutes, and circulated all documents for comments and revisions. We also prepared CCAG reports for the Steering Group, and maintained the CCAG email discussion list.

The USCC contributes to the completion of CCAG targets. For example, we are examining resource issues related to the establishment of systems for quality checking handsearch and other submissions from non-English language journals. We are also preparing materials to assist with CCAG decision-making on data fields used in CENTRAL records.

7.1.9 Ensure that US general medical journals are handsearched

USCC staff has annually handsearched 16-18 publication years of US general medical
journals, identifying gaps in searching for one or two high-yield journals and making these the focus of the year’s work (see Appendix F). These searches are subjected to quality control processes similar to other searches that the USCC oversees. In 2003, the USCC expanded to 35, the number of publication years to be handsearched. To identify appropriate targets for our handsearching efforts, we examined the USCC’s Master List and NLM’s List of Serials Indexed for Online Users, and identified 35 years from two US journals that publish high numbers of RCTs and CCTs and were thus high priority. We also searched for journals that had already been handsearched, but for which there were gaps that needed to be filled. The American Heart Journal was handsearched from 1984 through 2001, and Neurology was handsearched from 1970 to 1986. From these searches, 622 RCTs and CCTs were identified (456 RCTs and 166 CCTs) for submission to NLM for MEDLINE retagging.

7.1.10 Develop plans to assure the quality of CENTRAL in collaboration with CCAG, RGCs, TSCs, the UKCC, and the CENTRAL publisher

We performed quality control checks on results of the searches of US general medical journals before the materials were submitted to NLM and CENTRAL.

The proposed project to develop systems to standardize journal names in CENTRAL has been put on hold, while the Collaboration is in the process of changing publishers of The Cochrane Library.

7.2 Provide training and support for reviewers, RGCs, TSCs, editors, handsearchers, and those responsible for training

7.2.1 Develop and distribute on the web and elsewhere a Handsearcher Training Manual and an online course for handsearchers

The Handsearcher Training Manual was created in 1994 and was significantly updated in 2002. It serves as written training materials for TSCs and others who perform handsearches of medical journals. The Manual provides information on how to identify and classify trial reports eligible for CENTRAL. The Manual was made available online in March 2003. Plans have been made to update and redesign the web course to be more interactive. This resource is available on the USCC and Cochrane web sites, www.cochrane.us and www.cochrane.org, respectively. Continuing education units are available through the Medical Library Association (MLA) for those completing the online handsearcher training course.
7.2.2 Prepare and distribute on the web and elsewhere a *Guide for Submission of Handsearch Results to CENTRAL* to assist RGCs, TSCs and others in submitting their handsearch results to CENTRAL.

The *Guide for Submission of Handsearch Results* was developed as part of the CMP to provide a set of thorough instructions for TSCs and other members of The Cochrane Collaboration who are handsearching health-related journals to identify RCTs and CCTs. It was first published in 1999, and provides instructions for searching and/or coordinating journal searches and also describes the procedures for submitting citations to the identified reports to the USCC. The CMP and *Guide* are available on the USCC and Cochrane Collaboration web sites.

7.2.3 Update and continue to distribute on the web and elsewhere a *Guide for Submission of Specialized Registers to CENTRAL*, to assist RGC, TSC 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 USCC as part of the CMP. The first edition of the *Guide* was completed in April 1999, and the updated version is available on the USCC and Cochrane Collaboration web sites.

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

At the 2003 Cochrane Colloquium, Eric Manheimer, Susan Wieland, and Elena Glatman presented introductory and advanced handsearching training workshops for TSCs, handsearchers, and others.

Overall, through the dissemination of the *Handsearcher Training Manual*, the online course, the workshops, and individual training, at least 50 people were trained on how to handsearch the health-related literature.

7.2.5 Support collaboration of TSCs through the updating of *The Cochrane Collaboration Directory of Trials Search Coordinators (TSCs) and Contact People at Centers*.

*The Cochrane Collaboration Directory of Trials Search Coordinators (TSCs) and Contact People at Centers* is an electronic directory maintained and updated at the USCC and distributed to TSCs several times a year to provide up-to-date contact information and thus facilitate communication among TSCs.
7.2.6 Support communication on the development and maintenance of CENTRAL through maintenance of the TSC email discussion list

The TSC email listserv enhances communication, coordination, and support among Cochrane TSCs. The listserv is maintained and regularly updated by USCC staff, as new TSCs are appointed or leave their posts.

7.2.7 Update Chapter 5 of the Cochrane Reviewers’ Handbook

The USCC takes primary responsibility for Chapter 5 of the Cochrane Reviewers’ Handbook, which focuses on locating and selecting studies for use in Cochrane systematic reviews. This chapter was extensively revised in 2002, and the updated version was published online on The Cochrane Collaboration’s web site in March 2003.

7.2.8 Provide training workshops on evidence-based healthcare and systematic reviews

The USCC in Providence began development and implementation of a multi-faceted training program in 2003, focused on providing education and training relevant to the interpretation of evidence-based healthcare information and the preparation of systematic reviews. A total of nine workshops were conducted in 2003 on evidence-based healthcare, critical appraisal, developing a protocol for a systemic review, manuscript peer review, and handsearching (see Appendix A). The course evaluations indicated that the sessions were well-received and considered informative. Courses were supported by grants from the National Eye Institute (NEI) and the AHRQ (see Section 3.1). A brief description of each workshop is provided below.

7.2.8.1 Manuscript Peer Review

Two workshops were held on peer review in 2003. On October 4, 2003, we hosted a workshop on peer review titled Translating Critical Appraisal of a Manuscript into Meaningful Peer Review, at Brown University in Providence, RI. The objective of the workshop was to teach clinicians how to critically appraise manuscripts and provide useful feedback to authors and editors. The course, attended by 32 individuals, was targeted to local ophthalmologists, optometrists, and other clinicians interested in evidence-based healthcare. The advantages of piloting the course in Providence were numerous, including building a local cadre of vision and other practitioners involved in evidence-based healthcare.

Frank Davidoff, MD, Editor Emeritus of the Annals of Internal Medicine, was the keynote speaker and served as a co-leader of one of the four small groups. Other faculty members included Suzanne Brodney, PhD, Melissa Clark, PhD, Sean David, PhD, Kay Dickersin, PhD, Charles Eaton, MD, MS, Maureen Phipps, MD, MPH, and Roberta Scherer, PhD. The course was advertised through the Cochrane Eyes and Vision Group (CEVG) web site, the USCC mailing list,
a letter to Rhode Island ophthalmologist and optometrists, emails to Brown University staff and faculty, and word-of-mouth by the workshop faculty. CME units were offered through Brown Medical School. Faculty and participant evaluations were compiled and overall were very positive.

In addition, at the 11th Cochrane Colloquium, on October 28, 2003, Kay Dickersin and Maryann Napoli led a workshop titled Peer Review of Cochrane Systematic Reviews for Consumers Who Educate other Consumers. There were approximately ten participants.

7.2.8.2 Protocol Development

A workshop titled Developing a Protocol for a Systemic Review was held at Brown University in Providence, RI on October 17, 2003. Workshop faculty included Kay Dickersin, PhD, Suzanne Brodney, PhD, Richard Wormald, MD, Coordinating Editor of The Cochrane Collaboration’s Eyes and Vision Group, Lorne Becker, MD, convener of The Cochrane Collaboration’s Primary Healthcare Field, Nancy Owens, Joyce Coutu, and Milan Mathew, MD. Lectures were followed by small group sessions. Twenty participants attended the workshop and provided overwhelmingly positive evaluations. Participants were eligible for CME units, offered through Brown Medical School, for attending the workshop.

7.2.8.3 Evidence-based healthcare and critical appraisal

Three additional workshops on evidence-based healthcare and critical appraisal were presented, each customized for the target audiences, ophthalmologists, optometrists, and vision science librarians. These workshops focused on defining evidence-based healthcare, learning how to identify evidence, and how to evaluate it critically. The workshops generally included didactic and hands-on sessions.

The first workshop, Evidence-based ophthalmology: A workshop on finding, synthesizing, and applying clinical evidence, was held at the annual meeting of the American Academy of Ophthalmologists on November 15, 2003, and 30 participants attended. Faculty included Richard Wormald, MD, Kay Dickersin, PhD, Suzanne Brodney, PhD, Anne Coleman, MD, Donald Fong, MD, Henry Jampel, MD, Monte Mills, MD, Donald Minckler, MD, David Musch, PhD, Roberta Scherer, PhD, and Pamela Sieving, MLS. The workshop, which included didactic and small group sessions, was approved for CME credits through Brown University.

The second workshop titled Evidence-based Optometry was held at the annual meeting of the American Academy of Optometry on December 5, 2003. Workshop faculty included Kay Dickersin, PhD, Roberta Scherer, PhD, Pamela Sieving, MA, MS, and Karla Zadnik OD, PhD. CME units were offered through the American Academy of Optometry for workshop participants.
A third workshop, *Critical Appraisal of the Healthcare Literature*, was presented to the Association of Vision Science Librarians (AVSL) on December 5, 2003. Workshop faculty included Kay Dickersin, PhD, Roberta Scherer, PhD, and Karen Robinson, MS.

### 7.2.8.4 Handsearching

Handsearcher training sessions were offered on an ongoing basis at the USCC through paper-based and web-based handsearcher training courses. As of October 4, 2003, five members of the AVSL had successfully completed the handsearcher training. Upon completion of the *Handsearcher Training Manual*, members of the MLA, including those who are also AVSL members, were eligible to receive eight continuing education units from the MLA.

We hosted beginner and advanced handsearcher workshops at the 11th Cochrane Colloquium in October 2003. Sessions had 5 and 20 attendees, respectively. The workshops began with a didactic presentation and continued with small groups for hands-on exercises. The main objective of the workshops was to provide handsearchers with 1) the skills needed to classify study design, and 2) references of where to look and whom to ask for guidance.

### 7.2.8.5 Meta-analysis and systematic reviews

Joseph Lau, MD of the Boston Branch presented an intensive two-day course, *How to Conduct and Interpret Meta-Analysis and (Cochrane) Systematic Reviews*, in August 2003 (see Appendix G). The course integrates training on use of *The Cochrane Library* with methods of translating evidence into practice. Dr. Lau and other faculty at the Evidence-based Practice Center (EPC) in the Institute for Clinical Research and Health Policy Studies at New England Medical Center regularly teach courses on meta-analysis at the Tufts University School of Medicine, introducing students, interns and fellows to the work of the Collaboration. In addition, the EPC provides unique opportunities to individuals interested in gaining evidence synthesis skills and practical training in one-on-one mentoring.

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

The USCC has helped US entities respond to monitoring reports and has also assisted with their core Cochrane responsibilities. During 2003, we worked with the Complementary and Alternative Medicine (CAM) Field, the Health Care of Older People Field, the Primary Health Care Field, the Eyes and Vision CRG (US Satellite), the HIV/AIDS CRG, the Pain and Palliative and Supportive Care (PaPaS) (Pain Section) CRG, the Prostatic and Urologic Diseases CRG, and the Screening and Diagnostic Tests Methods Group. We also provided support and information relevant to requirements for field registration to the possible Behavioral Medicine Field and the possible Skin CRG (US Satellite).
We provided general support to numerous individual Cochrane Collaboration and Campbell Collaboration contributors either based in or visiting the United States. Members of The Campbell Collaboration visited the Center on two occasions to discuss development of their clinical trial register. We also assisted the Prostatic and Urologic and Skin Groups with writing grant proposals. The Center also played a strong advocacy role with the Collaboration, encouraging the inclusion of systematic reviews of screening and diagnostic test accuracy within its scope. The Screening and Diagnostic Tests Methods Group has been significantly strengthened and promises to be one of the exciting developments of The Cochrane Collaboration’s second decade.

Kay Dickersin, PhD is an editor for the UK-based CEVG and in 2003 she and Suzanne Brodney Folse, PhD contributed as peer reviewers of submitted protocols and completed reviews to that group.

The Boston Branch continues to provide methodological support for the Pain Section of the PaPaS, and the San Francisco Branch provides support for the HIV/AIDS CRG.

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

Since 1999, Kay Dickersin has been the course director for Brown Medical School’s first-year course Epidemiology for the Practice of Medicine. This course is dedicated to teaching students how to access and use available resources to practice evidence-based healthcare. Training on how to use The Cochrane Library and how to perform systematic reviews is integrated throughout the course.

During Summer 2003, Kay Dickersin served as faculty for the Fifth Workshop on How to Practice Evidence-Based Health Care, in Keystone, Colorado, USA. This course trains clinicians, 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 Section 7.3, below.

7.2.11 Identify and support individuals wishing to or already working with US-based Cochrane entities in various capacities (eg, editor, chair, member, reviewer)

Throughout 2003, Kay Dickersin, Lisa Bero, Joseph Lau, and Drummond Rennie 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 USCC offices in Providence (see Appendix H). As part of these meetings, the Center Directors frequently distributed demonstration copies of The Cochrane Library on CD or
provided a two-week trial password for the web version of *The Cochrane Library*, to those without access.

Workshops offered at the annual Cochrane colloquia and the annual meeting of US Contributors at the colloquia, also provide a wide range of support for Cochrane entities and their members. For a complete list of 2003 Cochrane-related activities by USCC staff members, see Appendix I.

### 7.3 Promote awareness of The Cochrane Collaboration and access to Cochrane products

#### 7.3.1 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

The USCC Directors and staff use every opportunity available to provide information about The Cochrane Collaboration. During 2003, Kay Dickersin made presentations about the Collaboration at four international meetings, six national meetings, and one local meeting. USCC San Francisco Branch Co-Directors Lisa Bero and Drummond Rennie made Cochrane-related presentations at 13 international meetings, 10 national meetings, and 10 local meetings. Joseph Lau, MD, Director of the USCC Boston Branch, presented information on the Collaboration at five national meetings. Wherever possible, the Directors present *The Cochrane Library* and demonstrate its use (see Appendix I).

General information about the USCC is provided through the Annual Report, the Center Monitoring Report, the USCC module, and the USCC web site. An update of the USCC module is submitted quarterly for publication on *The Cochrane Library*. In 2003, a minimum of 35 requests for general information about The Cochrane Collaboration and Cochrane-related products were documented as received and answered.

As part of the grant provided by the Agency for Healthcare Research and Quality (AHRQ), the USCC began, in 2003, working on the establishment of a USCC Consumer Coalition. The Consumer Coalition Coordinator worked with USCC staff and a range of consumer advocacy groups to identify and develop initiatives intended to provide evidence-based healthcare information and tools to US consumers (see Section 8.3.3).

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

The USCC has worked to promote the accessibility of *The Cochrane Library* through both local and national efforts. For example, as a result of the encouragement from Center staff,
Brown University, the institution that houses the USCC Providence office, provides access to and training on *The Cochrane Library* for faculty, students, and staff. The Boston Branch staff serve 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.

7.3.3 *Encourage institutions and colleagues (e.g., the 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 about a possible regional subscription to *The Cochrane Library* for citizens of the state of Rhode Island in the US. The publisher of *The Cochrane Library* was brought into these negotiations and we look forward to re-establishing discussions about state-wide availability in the future, when the new publisher is installed.

The American Academy of Ophthalmology (AAO) communicated strong interest in obtaining a subscription to *The Cochrane Library* for their members to access via their web site. The initial quote from Update Software was considered too high, and we look forward to re-establishing discussions with the new publisher. Currently the AAO web site has links to The Cochrane Collaboration ([www.cochrane.org](http://www.cochrane.org)), the CEVG ([www.cochraneeyes.org](http://www.cochraneeyes.org)), and the list of Cochrane review abstracts.

Senator Charles Scott, a member of the USCC’s Advisory Board, is actively pursuing a state provision for *The Cochrane Library* in the state of Wyoming. He is currently in negotiations with Update Software for access that would be managed through the state’s library system which includes public, community college and medical libraries. If successful, Wyoming would be the first state in the US to purchase *The Library* and provide free access to its residents.

The Association of Health Care Journalists negotiated free access to *The Cochrane Library* for all its members from Update Software. This agreement was initiated in 2002 and continued in 2003.

7.3.4 *Encourage news media to subscribe to and use The Cochrane Library*

In 2003 Kay Dickersin and Center staff responded to numerous calls with US-based media about the work of The Cochrane Collaboration. The calls came from a variety of individuals including scientific writers and newspaper journalists. Each media representative was informed not only about The Cochrane Collaboration, but also ways in which *The Cochrane Library* can be accessed and subscriptions purchased. News stories discussing The Cochrane Collaboration

7.3.5 **Present The Cochrane Collaboration and distribute informational materials to interested parties**

Information requests received at the Center are logged and responded to in a timely matter. The Collaboration and its products are presented and promoted often by staff members in their training workshops, presentations, publication and teaching activities. For a list of Cochrane-related dissemination activities in 2003 see Appendix I.

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

See Appendix I.

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

See Appendix I.

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

The USCC helped to promote further the accessibility of Cochrane reviews by encouraging and working with the NLM to ensure the availability of citations to Cochrane reviews on PubMed. The citations are now freely available through PubMed, and include abstracts and indexing terms. Cochrane Colloquia abstracts for years 1998-2001 are available on the NLM Gateway (Verity) system in a database specifically for meeting abstracts. During 2003, NLM was in the process of developing new software to store meeting abstract records and was unable to add additional Cochrane abstracts to the database. Once the new software is developed, NLM will contact the USCC and the additional Colloquia abstracts will be added to the database.

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

The USCC undertook an extensive redesign of its web site in 2003. This encompassed developing a new design template for the site, as well as revisiting all of the text currently in use to ensure its accuracy, and incorporating new pages and links to reflect the expanded scope of activities at the Center. The new site was ready for beta testing at the end of 2003 and is expected to be launched in the first half of 2004.
7.3.10 Support consumers to attend Cochrane Colloquia

No money was raised to support consumer attendance at the Cochrane Colloquium in 2003, in part because of governance changes to the Cochrane Consumer Network.

7.4 Funding Support

7.4.1 Continue working with funding agencies that have contributed funding to the USCC in the past

We have continued working with funding agencies that have contributed funding to the USCC in the past. NLM has provided continuous year-to-year funding for the USCC Providence office since 1994.

7.4.2 Continue to identify new sources of funding for the ongoing development and refinement of CENTRAL

One of the USCC’s goals is to secure additional sources of funding. The Center applied to the CCSG in 2002 for funding to support its CENTRAL activities. At the Cochrane Colloquium in July 2002, the CCSG approved a grant of $75,000 for work leading to the continued development and improvement of CENTRAL. These funds will be used to support the CENTRAL Coordinator salary upon completion of NLM funding.

7.4.3 Continue to identify new sources of funding to support Cochrane activity in the United States

No new funding was sought in 2003.

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

As noted in Section 7.2.9, the USCC was involved in assisting the Prostatic and Urologic Diseases CRG and the possible Skin CRG (US Satellite) in the preparation of grant applications. Copies of current grants were provided as examples, and we reviewed drafts and offered feedback.

7.4.5 Ensure continuation of the MEDLINE Retagging Project funding and inclusion of MEDLINE PTs, MeSH terms, and abstracts in CENTRAL

We will work with the CCSG to identify funds for continuing the MEDLINE Retagging
Project without NLM funding, since MEDLINE records form such an important component of CENTRAL.

7.5 Research

7.5.1 Conduct methodological research in systematic reviews and meta-analysis

Susan Wieland and Kay Dickersin prepared and submitted the manuscript “Selective outcome reporting and indexing limit MEDLINE search sensitivity for observational studies of adverse effects”, which has been accepted for publication in the Journal of Clinical Epidemiology. The article reports the results of research summarized in the poster “Designing an Efficient and Precise Search Strategy for Observational Studies”, presented at the 10th Annual Cochrane Colloquium in Stavanger (2002), Norway, by USCC (then the New England Cochrane Center at Providence [NECC@P]) staff members Susan Wieland, Suzanne Brodney Folse, and Kay Dickersin. The research examined construction and testing of a MEDLINE search strategy to identify observational studies assessing the association between oral contraceptives and breast cancer. The main findings indicated that a MeSH search with automatic inclusion of more specific MeSH terms provides both the most precise and maximally sensitive strategy.

A poster “Status of MEDLINE Records Classified as CCT on the Basis of Abstracts” was presented at the 11th Annual Cochrane Colloquium in Barcelona, Spain by two USCC staff members, Susan Wieland and Suzanne Brodney Folse, and former staff member Eric Manheimer. The research examined whether a) MEDLINE records classified as RCTs and CCTs based solely on their titles and abstracts were found to be truly trials eligible for CENTRAL after reading the full article; b) information on MEDLINE provided clues to the true trial design, and c) phase I of the Cochrane Search Strategy correctly identifies more RCTs and CCTs than phase II results. The conclusions were:

• Most records classified as CCTs, based solely on information in their title and abstract, were indeed eligible for CENTRAL;
• The title and abstract words, MeSH headings, PT, and Cochrane search strategy are of limited utility in discerning the correct classification of records; and
• Eligible RCTs and CCTs are more likely to be retrieved in phase I of the Cochrane Search Strategy than in phase II.

Roberta Scherer, Suzanne Brodney Folse, and Kay Dickersin presented another poster at the 11th Annual Cochrane Colloquium on “Estimating the Yield of Handsearching the Vision Science Literature: Conference Proceedings”. They sought to assess the potential yield of handsearching ophthalmology and optometry conference proceedings to identify RCTs and CCTs. Twenty-six proceedings-years of three vision science association conferences were searched by five hand
searchers and 1,480 abstracts reporting RCTs and CCTs were identified. Assuming that only 66% (976) of these trials will be published, the remaining 504 will potentially be available only as abstracts. The study underlines the importance of handsearching activity and recommends all Cochrane Review Groups to systematically search conference proceedings.

The USCC anticipates developing a protocol for a project to compare handsearching the paper version of a journal with the online version of the same journal. No action was taken on this initiative in 2003, however, and it remains a future research goal.

8. US involvement in The Cochrane Collaboration

8.1 US involvement in CRGs

In October 2003, Mike Clarke and Claire Allen presented a poster at the Cochrane Colloquium using information in Issue 1, 2003 of The Cochrane Library to describe international activity in The Cochrane Collaboration (Allen C, Clarke M, International activity within Collaborative Review Groups. 11th International Cochrane Colloquium 2003, Poster 48). Specifically the study examined the international contribution by CRGs by role. Overall, US contributors represent more than 10% of active Cochrane contributors, including 16% or more of referees and advisors, and smaller percentages of editors, reviewers, consumers, handsearchers, translators, and others (see Appendix J for more details).

8.2 USCC core function activity

As noted in Section 5, 2003 was the first full-year in which the US Cochrane Center functioned as a single entity. The Providence office became the first point of contact for all Cochrane activity in the US and took the lead on administrative tasks, while the Boston and San Francisco Branches focused on their unique tasks and provided assistance to entities with whom they had a longstanding relationship.

The USCC staff met regularly throughout the year to maintain the Center task list that drives the day-to-day operations of the office. We performed handsearching, convened a new Advisory Board, developed a database of all US contacts, took the lead in organizing the US contributors’ meeting, and prepared standard reports providing information and support to existing and potential collaborators, the media, and CRGs.
8.2.1 Handsearching

In 2003, handsearching, another core function, was carried out for 35 publication-years of two high yield US journals (see Section 7.1.9 for details and Appendix F).

8.2.2 USCC Advisory Board

An Advisory Board of prominent stakeholders in different aspects of evidence-based healthcare was convened and will be chaired by Dan Fox, PhD (see Appendix K). During 2003, the Center worked to assemble and finalize the membership for the USCC’s new Board and began preparations for its first meeting. Teleconference meetings were held with a planning committee to discuss the first in-person meeting scheduled, to take place in July 2004 in Washington, DC.

8.2.3 Contact Database

The USCC continued its work on developing a database of US Cochrane contributors, intended to help us to quantify accurately, and maintain contact with, US participants in the Cochrane CRGs, fields, networks and methods groups. The database numbered about 950 US contributors at the end of 2003. It requires ongoing maintenance to ensure that contact information is current and accurate. The future goal is to integrate this database with the Contact Database in the new Cochrane IMS.

8.2.4 Organizing the US Contributors’ meeting at the 2003 Colloquium

On October 28, 2003, a US Contributors’ Meeting was held at the 11th Cochrane Colloquium in Barcelona, Spain. Members of all US-based entities of the Collaboration received advance email notification of the time and location, and the meeting was advertised during the Colloquium to encourage attendance. Thirty-four participants discussed progress on training programs, protocol and review development, and plans for the first USCC-hosted national meeting scheduled for April 2004.

8.2.5 Module, Monitoring and Annual Reports

Required documentation as to the Center’s activities, including the Center’s module and annual monitoring report, has been completed and submitted. The module continues to be updated quarterly, or as needed. This Annual Report lists our progress on 2003 targets and presents our targets for 2004 (see Appendix L).
8.2.6 Providing information and support to existing and potential collaborators, the media, and CRGs

As the main point of contact for requests for general information on The Cochrane Collaboration, the USCC responds to all types of requests from the media and potential collaborators, (see Section 7.2.11 and 7.3 for additional information on how we support individuals seeking information about the Collaboration). Specifically, we support the eight Cochrane entities with a coordinating base in the US (Eyes and Vision CRG-US Satellite; HIV/AIDS CRG; Pain, Palliative, and Supportive Care CRG - Pain Section; Prostatic Diseases and Urologic Cancers CRG; Complementary Medicine Field; Health Care of Older People Field; Primary Health Care Field; and the Screening and Diagnostic Tests Methods Group), based on their needs. In addition, three facilitators of subgroups (Ralph Schumaker and Naomi Schlesinger of the Gout subgroup, and Dan Furst of the Rheumatoid Arthritis subgroup and one editor (Maria Suarez-Almazor) of the Musculoskeletal CRG are based in the US. USCC staff meet formally and informally with staff from US-based Cochrane entities, both at Cochrane colloquia and other meetings.

The USCC has helped US entities in a variety of capacities, ranging from advice on grant applications to practical assistance on how to respond to monitoring reports. Joseph Lau, MD has assisted members of the Public Health Care Field on methodological issues; he has also assisted the PaPaS - Pain Trials editor, Daniel Carr, MD in his work related to preparing systematic reviews.

In an effort to support new CRGs, fields, and methods groups seeking to register with the Collaboration, the USCC provided support and information to two specific groups in 2003, the possible Skin CRG-US Satellite and the possible Behavioral Medicine Field. Members of the USCC have hosted members of the Campbell Collaboration for two day-long meetings to discuss the development of their trials register.

In addition, a US Contributors’ meeting is held annually at the Cochrane Colloquium and provides an opportunity for all US contributors to meet, network, and discuss their needs. Kay Dickersin attended the Canadian Cochrane Symposium in Ontario, Canada on November 21 and 22, 2003, where she attended sessions and met jointly with Canadian Cochrane Centre staff and funders from North America.

8.2.7 Training

Online and in-person training for handsearchers, reviewers, consumers, and Cochrane trainers is offered through the USCC. In 2003, nine training workshops were given by USCC staff (see Section 7.2.8 for additional information on training workshops and courses).
8.3 The USCC’s unique contributions to The Cochrane Collaboration

The USCC strives to achieve not only the essential core Center functions outlined by the Collaboration (see Section 8.2) but also is responsible for several unique functions that contribute to the Collaboration as a whole. Many of these activities are reported in other sections of the Annual Report. These activities include but are not limited to:

- Coordinating the development of CENTRAL (see Section 7.1),
- Creating and updating of Chapter 5: Locating and Selecting Studies for Reviews in the Cochrane Reviewers’ Handbook (see Section 7.2.7),
- Administering the Thomas C. Chalmers, MD Award (see Section 8.3.1),
- Helping to develop and maintain Methods Groups (see Section 8.3.2),
- Developing and supporting the USCC Consumer Coalition (see Section 8.3.3),
- Contributing to workshops and research presentations at the annual Cochrane colloquia (see Appendix A),
- Contributing to CRG editorial activity (see Section 8.3.4),
- Contributing to the Information Management System Group (IMSG) (see Section 8.3.5).

8.3.1 Administering The Thomas C. Chalmers, MD Award

The Thomas C. Chalmers, MD Award for 2003 was administered by the USCC, and Kay Dickersin chaired the selection committee. The recipients, Sally Hollis and Carrol Preston, were presented the award at the 11th Annual Cochrane Colloquium, for their oral presentation, *Allowing for uncertainty due to missing data in a binary meta-analysis. Better than best/worst case analysis?* (see www.cochrane.org/docs/uncertainty_abstract.pdf). The study identified a new method of analyzing missing data in meta-analysis and concluded that if data cannot be assumed to be missing randomly, then the “uncertainty method” performs better than complete or best/worse case methods.

8.3.2 Active involvement in development of methods groups

Kay Dickersin has been actively involved in advocating for and assisting in the development of Cochrane Methods Groups. Specifically she was involved in helping to strengthen the
participation of the Screening and Diagnostic Test Methods Group and she also contributes to the Reporting Bias Methods Group (see Section 7.2.9).

8.3.3 Developing and supporting a USCC Consumer Coalition

As noted previously in Sections 5.1 and 7.3.1, the Center received funding from AHRQ for the creation of a USCC Consumer Coalition of consumer advocacy groups that wish to incorporate evidence-based healthcare into their agenda. The objective is to develop the Coalition as a central organization for consumer advocacy groups nationwide, comparable to a professional association, to provide leadership and training for members. Key goals are to develop a web-based course and workshop on critical appraisal skills specifically for consumers. Currently the Coalition meets face-to-face once annually and communicates via conference calls and emails throughout the year. The initiative was started in July 2003 with a one-and-one-half day meeting, held in Washington DC. Fourteen representatives of consumer advocacy groups and observers attended.

8.3.4 Contributions to CRG editorial activity by Center staff

Kay Dickersin is an editor for CEVG. In addition, Suzanne Brodney Folse serves as Project Director for the CEVG US Satellite, and the USCC employs two full-time systematic reviewers, Joyce Coutu and Milan Mathew, who offer methodological assistance to CEVG authors in the US.

8.3.5 Information Management System Group (IMSG)

Kay Dickersin serves as a member of the Cochrane IMSG, representing the CCAG. This group meets up to four times each year to discuss development plans for a new, integrated information management system (IMS).

9. Performance Targets

See Appendix L for the 2004 USCC targets.

10. US Entities (CRGs, Fields and Methods Group) Update

10.1 CRGs in the US
10.1.1 Eyes and Vision CRG-US Satellite (CEVG@US)

The US Satellite of the Cochrane Eyes and Vision Group (CEVG@US) was established in 2002 with funding from the NEI of the NIH. The satellite is a branch of the CEVG which is based in the UK. The overall objective of CEVG@US, directed by Kay Dickersin, is to develop a critical mass of US-based vision researchers and practitioners who are trained in preparing and using systematic reviews. As of the end of Year 02 of the NEI contract, the number of US authors with registered titles, protocols or reviews was 19. Four new titles and four protocols were registered in 2003 and three reviews were in their final stages of preparation for submission.

Also that year, Roberta Scherer, PhD was awarded a subcontract to conduct handsearching efforts for the Group. A web-based version of the handsearcher training course was released in 2003 to the public free of charge. The course was advertised and five AVSL members completed the training and began handsearching. Through their efforts 35 vision science journals and 15 years of conference proceedings were searched and resulted in the identification of 977 RCTs and 492 CCTs. These trials were submitted to the CEVG editorial base for inclusion in their specialized register.

Cora Middlebrook, an experienced NLM indexer, began assigning MeSH indexing terms to the non-MEDLINE articles included in CEVG’s specialized register. Indexing in 2003 focused on conference abstracts for the American Academy of Ophthalmology and the American Academy of Optometry.

In 2003, CEVG@US offered five workshops (Translating Critical Appraisal of a Manuscript into Meaningful Peer Review; Developing a Protocol for a Systematic Review; Evidence-based Ophthalmology: a workshop on finding, synthesizing, and applying clinical evidence; Evidence-based Optometry, Critical Appraisal of the healthcare literature; Handsearching: Identifying Classifying Controlled Trial Reports), and made five presentations at professional meetings introducing CEVG. The 11-member Advisory Group meets by conference calls and communicates via email. They have established subgroups to focus on certain objectives (eg, recruiting new authors) and identified 13 priority topics for reviews. The members have also served as workshop faculty.

The US satellite assumed responsibility for hosting the Group’s web site (http://www.cochraneyes.org) and collaborated with the editorial base in the development of short- and long-term priorities for improving the site’s navigation and layout.

10.1.2 HIV/AIDS CRG

The Cochrane HIV/AIDS CRG was officially registered in 1997, and has its editorial base at the University of California, San Francisco. The Group’s mission is to conduct systematic
reviews of RCTs and other rigorous controlled studies with clinical, serologic, behavioral, economic and other outcomes on the prevention and treatment of HIV infection and AIDS. In 2003, the group published a total of eight new protocols, five new reviews, and one review was substantively updated in The Cochrane Library. The Group’s specialized register contains a total of 1,125 reports, 782 of which are controlled trials and have been submitted to CENTRAL.

A TSC was hired in 2003 and the Group expects this will improve their specialized register as well as assist reviewers with their searches. In partnership with the South African Cochrane Centre, the Group offers a mentoring program for new African reviewers. During 2003, 11 mentees were trained in the program. They also have sponsored several training workshops in Brazil, India, South Africa and in the US, and in 2004 plan to run a review completion course. Additional information on the Group can be found on their web site (http://www.igh.org/Cochrane/).

10.1.3 Prostatic Diseases and Urologic Cancers CRG

The Prostatic Diseases and Urologic Cancers CRG was registered in 1996 and is dedicated to producing reviews of the best available evidence (RCTs or, if unavailable, CCTs) of interventions in the prevention, treatment and rehabilitation of benign and malignant prostate conditions (benign prostatic hyperplasia, prostate cancer, prostatitis) and urologic cancers (bladder, renal, testicular, penile, urethral). The Group has 35 active members and has identified 2,866 reports of studies that are included in their specialized register and CENTRAL. In 2003, the group published one review in The Cochrane Library.

10.1.4 Pain, Palliative, and Supportive Care CRG, Pain Section (PaPaS)

PaPaS was registered with the Collaboration in 1998 and focuses on reviews for the prevention and treatment of pain, the treatment of symptoms at the end of life, and supporting patients, carers and their families through the disease process. PaPaS covers five main topics including; acute pain, chronic pain (non-cancer), chronic cancer-related pain, palliative care, and supportive care.

The CRG’s editorial base is at the Pain Research Unit of Churchill Hospital in Oxford, UK. The group has a ‘split’ editorial site. Phil Wiffen is the Co-ordinating Editor and lead editor for palliative and supportive care reviews. The lead Editor for pain reviews is Dan Carr, MD based at New England Medical Center in Boston, Massachusetts. Douglas McCrory, MD, is the lead Editor for headache reviews and is based at Duke University Center for Clinical Health Policy Research in Durham, North Carolina.

During 2003, PaPaS published 12 new protocols and 10 new reviews in The Cochrane Library. Overall, the Group has a total of 22,556 records on their specialized register, 20,408 of
which have been submitted to CENTRAL. Additional information on the Group can be found on their web site (http://www.jr2.ox.ac.uk/cochrane/).

10.2 Cochrane Fields in US

10.2.1 Complementary Medicine Field

The Complementary Medicine Field was established in 1996 to meet the growing need for evidence-based research in complementary and alternative medical practices. In the seven years since its founding, the Field has identified 7,300 trial reports that have been included in their specialized register and also submitted to CENTRAL. As of Issue 4, 2003 of The Cochrane Library, 28 protocols and 119 reviews relevant to the Field have been published. Members of the Field contributed to the writing of a number of these reviews and provided administrative support, as well as training, for all CAM-related reviewers. Additional information on the Field can be found on their web site (http://www.compmed.umm.edu/Cochrane/index.html).

10.2.2 Health Care of Older People Field

The Health Care of Older People Field was registered in 1994. Field projects and activities are currently coordinated by Rosanne Leipzig, MD, PhD, Vice Chair for Education of the Department of Geriatrics, and Jane E. Sisk, PhD, Professor in the Department of Health Policy Field Co-Coordinators at Mount Sinai School of Medicine, New York City. The aim of the network is to disseminate Cochrane evidence on health problems and issue that predominately affect the elderly. The most common topics include, but are not limited to delirium, dementia, incontinence, cardiovascular disease, healthcare outcomes, hazards of hospitalization, falls and their sequelae, long term care, and osteoporosis. The Field has been involved in handsearching of geriatric journals, setting up a specialized register of relevant trials; evaluating whether the elderly are represented in Cochrane reviews, and promoting The Cochrane Collaboration, The Cochrane Library, and specific reviews that are relevant to the healthcare of older adults.

10.2.3 Primary Health Care Field

The Primary Health Care Field was the first registered field accepted by the Collaboration in 1993. The Field aims to improve the safety and effectiveness of care provided at the primary care level throughout the world by disseminating relevant Cochrane findings to users of such information, including healthcare providers, consumers, and organizations. The scope of interests covered by the Field includes the organization and provision of clinical services (acute, chronic, and preventive) to individuals and their families primarily within the setting of their local community.
The Field is currently channeling its efforts into developing a specialized database of trials and promoting links with professional organizations that will enable the products of the Collaboration to be accepted and adopted into practice. Additional information on the Field can be accessed on their web site (http://www.upstate.edu/fmed/cochrane).

10.3 Methods Groups in the US

10.3.1 Cochrane Screening and Diagnostic Tests Methods Group

The Cochrane Methods Group on Screening and Diagnostic Tests was formed by individuals with experience in medical decision analysis, statistical methods and evaluation of diagnostic procedures.

Although the Group has existed for many years, it has not been active within the Collaboration, largely because systematic reviews of the validity and reliability of screening and diagnostic tests were not included in The Cochrane Library. In early 2003, the CCSG made a formal decision to include these reviews and the Screening and Diagnostic Testing Methods Group became fully active. It is co-convened by Constantine Gatsonis from Brown University and Jon Deeks from Oxford University.
### US Cochrane Center Workshops 2003

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Date</th>
<th>Location</th>
<th>Attendees</th>
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<tr>
<td>CEVG@US Workshop. <em>Translating Critical Appraisal of a Manuscript into Meaningful Peer Review.</em>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>October 4, 2003</td>
<td>Providence, RI</td>
<td>32</td>
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<tr>
<td>CEVG@US Workshop. <em>Developing a Protocol for a Systematic Review Workshop.</em>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>October 17, 2003</td>
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<td>Cochrane Colloquium - <em>Introductory Handsearcher Training</em>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>October 27, 2003</td>
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<td>Cochrane Colloquium - <em>Advanced Handsearcher Training</em>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>October 28, 2003</td>
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<tr>
<td>Cochrane Colloquium - <em>Peer Review of Cochrane Systematic Reviews for Consumers Who Educate other Consumers</em>&lt;sup&gt;2&lt;/sup&gt;</td>
<td>October 28, 2003</td>
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<td>10</td>
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<tr>
<td>American Academy of Optometry. <em>Evidence-based optometry</em>&lt;sup&gt;2&lt;/sup&gt;</td>
<td>December 5, 2003</td>
<td>Dallas, TX</td>
<td>&gt;100</td>
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<tr>
<td>Association of Vision Science Librarians. <em>Critical appraisal of the healthcare literature</em>&lt;sup&gt;2&lt;/sup&gt;</td>
<td>December 5, 2003</td>
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<tr>
<td>USCC Boston Branch - <em>How to Conduct and Interpret Meta-Analysis and (Cochrane) Systematic Reviews</em></td>
<td>August 21-22, 2003</td>
<td>Boston, MA</td>
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<sup>1</sup> National Eye Institute  
<sup>2</sup> AHRQ
### Submissions

#### Hand Search Results

<table>
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<tr>
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<th>RCTs</th>
<th>CCTs</th>
<th>TOTAL</th>
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<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Anaesthesia Group</td>
<td>32</td>
<td>26</td>
<td>58</td>
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<tr>
<td>Breast Cancer Group</td>
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<td>5</td>
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<td>Canadian Cochrane Center</td>
<td>11</td>
<td>6</td>
<td>17</td>
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<td>Depression, Anxiety and Neurosis Group</td>
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<tr>
<td>Dutch Cochrane Center</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Eyes and Vision Group</td>
<td>1</td>
<td>5</td>
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<td>German Cochrane Center</td>
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<td>1</td>
<td>1</td>
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<tr>
<td>Hepato-Biliary Group</td>
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<td>1</td>
<td>5</td>
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<td>Inflammatory Bowel Disease Group</td>
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<td>Nordic Group</td>
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<td>Schizophrenia Group</td>
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<td>Skin Group</td>
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<td>Vaccine Field</td>
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#### Electronic Search Results

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<td>1,860</td>
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<tr>
<td><strong>Total Electronic Search</strong></td>
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<td>1,860</td>
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<td><strong>Total Submitted for retag</strong></td>
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<td>File Description</td>
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## Appendix C

<table>
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<th>Date file Submitted to Update Software</th>
<th>Cochrane Library submission deadlines for USCC</th>
<th>Method of file transfer and location of transferred file</th>
<th>File Description</th>
<th>No. of records in submitted file</th>
<th>USCC ID #s of handsearch submissions added to cumulative handsearch register</th>
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<tr>
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<td>SR-Handsrch.txt</td>
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<td>42,702; 259; 261-277; Submission 260 was duplicate of submission 267</td>
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<td>File Description</td>
<td>No. of records in submitted file</td>
<td>USCC ID #s of handsearch submissions added to cumulative handsearch register&lt;sup&gt;1&lt;/sup&gt;</td>
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<td>74,746&lt;sup&gt;12&lt;/sup&gt; 333; 335-344</td>
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<td>February 7, 2002 Issue 2, 2002</td>
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<td>October 17, 2002</td>
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<td>February 7, 2003</td>
<td>Issue 2, 2003</td>
<td>Dec. 6, 2002</td>
<td>File transferred to Update using FTP; Location: cctr directory on Update Software’s FTP site</td>
<td>HS-Handsrch.txt</td>
<td>ASCII tagged-text export file</td>
</tr>
</tbody>
</table>
| Date file Submitted to Update Software | Cochrane Library submission deadlines for USCC | Method of file transfer and location of transferred file | File Description | No. of records in submitted file | USCC ID #s of handsearch submissions added to cumulative handsearch register

1 |
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<td>March 21, 2003</td>
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<td>HS-Handsrch.txt</td>
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</table>

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1 See table “Handsearch and Specialized Register Submissions Received by NECC@P” to see which submissions corresponding to ID numbers below.

2 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.

3 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.
Appendix C

4 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.

5 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.

6 A total of 8,337 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 8,334 new records. These 8,334 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.

7 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.

8 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.

9 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 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.

10 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.

11 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.

12 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.

13 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.

14 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 incorrectly tagged citations, 79,108 records were submitted to Update Software for Issue 3, 2002.

15 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.

16 A total of 2,557 records were newly processed at NECC@P for Issue 1, 2003. After merging all newly submitted citations, 7 were identified as duplicates, leaving 2,550 new records. These records were combined with the 82,217 records submitted for Issue 4, 2002 for a total of 84,767. After removing 19...
APPENDIX C

duplicates, 84,748 records were submitted to Update Software for Issue 1, 2003.
17 A total of 5,595 records were newly processed at USCC for Issue 2, 2003. After merging all newly submitted citations, 0 were identified as duplicates, leaving 5,595 new records. These were combined with 84,748 records submitted for Issue 1, 2003 for a total of 90,343. After removing 267 duplicates, 90,076 records were submitted to Update Software for Issue 2, 2003.
18 A total of 2,991 records were newly processed at USCC for Issue 3, 2003. After merging all newly submitted citations, 0 were identified as duplicates leaving 2,991 new records. These were combined with 89,331 records submitted for Issue 2, 2003 for a total of 92,322. After removing 261 duplicates, 92,061 records were submitted to Update Software for Issue 3, 2003.
19 A total of 6,173 records were newly processed at USCC for Issue 4, 2003. After merging all newly submitted citations, 0 were identified as duplicates leaving 6,173 new records. These were combined with 92,061 records submitted for Issue 3, 2003 for a total of 98,234. After removing 579 duplicates, 97,655 records were submitted to Update Software for Issue 4, 2003.
Appendix D  
Electronic Searching of MEDLINE 
MEDLINE Retagging Submissions 2003

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, CCAG members, USCC staff, and others within the Cochrane Collaboration have invested substantial effort in the coordination of the searches of these bibliographic databases. In total, the USCC and UKCC have submitted 74,521 records to CENTRAL from MEDLINE searches for 1966-2002.

Electronic Search of MEDLINE for 2002 MEDLINE Retagging Submission

Electronic searching of MEDLINE using Phase I of the Cochrane optimal MEDLINE search strategy for the PubMed entrez date (EDAT) January 2002 through December 2002 was completed by the USCC in Summer 2003. The USCC staff prepared retagging request files and forwarded these to the National Library of Medicine (NLM) in October 2003.

Table D.1 (see below) documents the process leading to the submission of records for retagging Phase II searches of MEDLINE.

| Table D.1 | 2003 Electronic Search of MEDLINE  
RCTs and CCTs Identified for Submission to NLM |
|---|---|
| 1. Total records identified from EDAT  
2002 Phase I and Phase II searches | | |
| RCTs | 1,280 | |
| CCTs | 580 | |
| Total records potentially eligible for submission to NLM in 2003 | 1,860 | |
| 2. RCTs already tagged in MEDLINE | | |
| RCTs | 0 | |
| CCTs | 0 | |
| 3. Total number of records submitted for retagging in 2003 | | |
| RCTs | 1,280 | |
| CCTs | 580 | |
| Total | 1,860 | |
Appendix E
Master List Coordination

The USCC maintains *The Master List of Journals Being Searched* [for the Cochrane Collaboration] in an Access database. The *Master List* is updated weekly, per notification by handsearchers of new or terminated searches. We administer an annual *Master List of Journals being Searched* update mailing, and, as appropriate, modify the *Master List* to reflect reported changes. As of 2003, the *Master List* database contained registered searches of over 2,440 journals.

The *Master List* can be accessed on the USCC web site (www.cochrane.us/masterlist.asp) for searching interactively and can be downloaded as Excel spreadsheet files. It is also available for downloading directly from the Cochrane Collaboration’s web site. Information about the content of the *Master List* files and instructions for importing them into a spreadsheet can be found on http://www.cochrane.org/resources/hsearch.htm.
Appendix F  
List of Journals handsearched by the US Cochrane Center, Providence Office  
1994-2003

The US Cochrane Center, Providence Office has 30 completed searches registered on *The Master List of Journals Being Searched*. These searches total 745 journal publication years searched. Beginning in 2001, the USCC decided to focus its handsearching efforts on important US journals that have small gaps in the handsearching conducted thus far. A total of 35 journal-years were searched during 2003.

The USCC’s Master List entries are shown in the table below. Items searched during 2003 are indicated by italics.

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<th>Journal Title</th>
<th>Years Searched</th>
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<td>American Heart Journal</td>
<td>1984-2001</td>
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<tr>
<td>American Journal of Cardiology</td>
<td>1966-1968; 1979</td>
<td>4</td>
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<tr>
<td>American Journal of Epidemiology</td>
<td>1948-1998</td>
<td>51</td>
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<tr>
<td>American Journal of Medicine</td>
<td>1948-1998</td>
<td>51</td>
</tr>
<tr>
<td>American Journal of Preventive Medicine</td>
<td>1948-1998</td>
<td>51</td>
</tr>
<tr>
<td>Annals of Internal Medicine</td>
<td>1948-1998</td>
<td>51</td>
</tr>
<tr>
<td>Archives of Internal Medicine</td>
<td>1948-1998</td>
<td>51</td>
</tr>
<tr>
<td>Archives of Ophthalmology</td>
<td>1985-1993</td>
<td>9</td>
</tr>
<tr>
<td>Clinical Infectious Diseases</td>
<td>1979-1998</td>
<td>20</td>
</tr>
<tr>
<td>Clinical Pharmacology and Therapeutics</td>
<td>1966-1968</td>
<td>3</td>
</tr>
<tr>
<td>Current Therapeutic Research, Clinical And Experimental</td>
<td>1966-1977</td>
<td>12</td>
</tr>
<tr>
<td>J A M A</td>
<td>1948-1998</td>
<td>51</td>
</tr>
<tr>
<td>Journal Of Acquired Immune Deficiency Syndromes and Human Retrovirolgy</td>
<td>1988-1997</td>
<td>10</td>
</tr>
<tr>
<td>Journal of Allergy and Clinical Immunology</td>
<td>1971-1979</td>
<td>9</td>
</tr>
<tr>
<td>Journal of Cardiovascular Pharmacology</td>
<td>1979-1980</td>
<td>2</td>
</tr>
<tr>
<td>Medical Care</td>
<td>1973-1998</td>
<td>26</td>
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<tr>
<td>Preventive Medicine</td>
<td>1972-1998</td>
<td>27</td>
</tr>
<tr>
<td>Public Health Reports</td>
<td>1971-1998</td>
<td>28</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
<td>1974-1997</td>
<td>24</td>
</tr>
<tr>
<td>Southern Medical Journal</td>
<td>1948-1998</td>
<td>51</td>
</tr>
</tbody>
</table>
APPLICATION

Mail this completed application, with fee in US dollars, to the

US Cochrane Center, Boston Branch
Tufts New England Medical Center
Division of Clinical Care Research
New England Medical Center
750 Washington Street #63
Boston, MA 02111

Telephone: 617-636-5133
FAX: 617-636-8628
Email: ddevine1@tufts-nemc.org

Make checks or money orders payable to:
Tufts New England Medical Center
We cannot accept credit cards

Name:____________________________
Title:_____________________________
Institution/Health Care Facility:_______________________
Address:________________________________________
_________________________________________________
Phone: ___________________________
Email: ___________________________
Cochrane Review Group Affiliation____________________
Topic of Review________________________

TRAINING EVIDENCE-BASED PRACTITIONERS (EBP).
Since 1998, the Center has conducted eight 2-day workshops and trained over 100 researchers, from American and Canadian universities, academic medical centers, and federal research organizations. The researchers are affiliates of 25 different Cochrane Collaborative Review Groups and 15% percent have since published systematic reviews in MEDLINE-indexed journals and the Cochrane Library. A number of trainees received project mentoring following the workshop, a unique component of the EBP program design. Participants gain the knowledge, skills, and experiences to become effective partners in evidence-based projects or independent evidence-based medicine (EBM) researchers.

The US Cochrane Center, Boston Branch (USCC, Boston) is part of an international effort, the Cochrane Collaboration, formed in 1993, to prepare, maintain, and disseminate systematic reviews of research evidence about the effects of health care.

The Collaboration's work is performed by multiple Collaborative Review Groups (CRGs) that are supported by Cochrane Centers and various Methods Working Groups which function to improve the validity and precision of systematic reviews. The USCC, Boston, has special focus in research on statistical methods for systematic review, with emphasis on methods for synthesis and interpretation of results.

The main product of the Collaboration is the electronic Cochrane Library (CD-ROM and Internet versions). The Library contains regularly updated systematic reviews in which evidence is included or excluded on the basis of explicit quality criteria to minimize bias. The Library also contains the Cochrane Controlled Trials Register, a handbook on critical appraisal and the science of reviewing research and contact information for CRGs. Cochrane Collaboration Website: www.cochrane.org

THE AHRQ EVIDENCE-BASED PRACTICE CENTER (EPC), one of 13 Centers in North America, produces evidence reports on all the relevant scientific literature for selected clinical topics. The reports critically appraise, synthesize, and summarize the results of all studies that have addressed a similar clinical research question. The EPC collaborates with a range of science partners to formulate the questions to be addressed by the evidence report, produce the reports, and facilitate the translation of evidence-based research findings into clinical practice.

AHRQ website: www.ahrq.gov

How To Conduct and Interpret Meta-Analysis and (Cochrane) Systematic Reviews

August 21 -22, 2003
AHRQ Evidence-based Practice Center
US Cochrane Center
Boston Branch
Division of Clinical Care Research
Tufts New England Medical Center
Boston, Massachusetts

The development of the contents of this course was supported in part by grant R 25 HS09796 from the Agency for Healthcare Research and Quality.
COURSE CONTENT

Thursday and Friday,
August 21 – 22, 2003
8:30 am - 4:30 pm

Two days (total of 12 hours of instruction and hands-on experience)

The course will use examples from a wide spectrum of clinical topics to illustrate various methodological issues.

Topics covered

Overview
- Impetus for meta-analysis in medicine
- Conceptual framework of meta-analysis
- Cumulative meta-analysis findings

"Pre-statistics" issues in meta-analysis
- Protocol development, literature search, language bias, critical appraisal, quality assessment, defining outcomes, data extraction

Statistical methods of meta-analysis
- Metrics of analysis of dichotomous data: odds ratio, risk ratio, risk difference (NNT)
- Fixed vs random effects models

Heterogeneity issues
- Meta-regression, baseline risk (control rate effect)

Validity issues
- Large trials vs. meta-analysis, diagnostics, Publication bias

Interpreting meta-analysis results using published Examples

Current issues
- Meta-analysis of literature vs meta-analysis of individual patient data

Intended Audience

Individuals interested in learning how to interpret and conduct meta-analysis and systematic review for publication in the electronic Cochrane Library and other journal media.

REGISTRATION

Register early; course attendance is limited to 20, with priority given to members of the Cochrane Collaboration. Application overleaf.

PARTICIPANTS SHOULD BRING A LAPTOP COMPUTER

COST

Registration fee: $250 (US) for Collaboration members and academic/government entities; $550 for corporations. The registration fee must accompany the application. Make the check payable to the Tufts New England Medical Center. The registration fee covers an in-depth Cochrane training manual and a disc containing the Meta-Analyst software.

FACULTY

Joseph Lau, MD is Director of the AHRQ Evidence-based Practice Center (EPC) and Co-Director of the US Cochrane Center, Boston Branch, based at Tufts New England Medical Center. Dr. Lau is Professor of Medicine, Tufts University School of Medicine. He is known internationally for his work in the field of meta-analysis and its clinical implications. Dr. Lau collaborates extensively with colleagues on meta-analyses of specific clinical problems and on methodological issues of evidence synthesis. Dr. Lau has also developed meta-analysis software, Meta-Analyst and Meta-Test, for the analysis of dichotomous clinical trial data and diagnostic test data respectively. He shares the software freely with investigators worldwide. Dr. Lau was Program Director of a three-year AHRQ Institutional Training Innovation Program Award.

Christopher Schmid, PhD is Senior Statistician at the Biostatistics Research Center in the Division of Clinical Care Research at Tufts New England Medical Center and Associate Professor of Medicine at the Tufts University School of Medicine. Dr. Schmid teaches biostatistics and clinical study design. He has extensive experience both in the development of new statistical methods and their application to medical research with particular emphasis on Bayesian techniques.

Ethan Balk, MD, MPH is Assistant Director of the EPC and Assistant Professor of Medicine at Tufts University School of Medicine and Clinician Investigator in the Division of Clinical Care Research at Tufts New England Medical Center. He has experience in conducting several meta-analyses for AHRQ evidence reports. Dr. Balk also has experience in decision and cost-effectiveness analyses, in conducting randomized controlled trials, and in statistical analysis of clinical datasets.

Additional Faculty will be drawn from pre-eminent researchers within the Cochrane Collaboration and the faculty within the Division of Clinical Care Research.
Appendix H  
Visitors to the USCC January 1, 2003 to December 31, 2003

<table>
<thead>
<tr>
<th>Visitor Name</th>
<th>Affiliation</th>
<th>Date of visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura Adams</td>
<td>Rhode Island Quality Institute</td>
<td>May 28, 2003</td>
</tr>
<tr>
<td></td>
<td>Providence, RI</td>
<td></td>
</tr>
<tr>
<td>Kim Trudeau &amp; Karina Davidson</td>
<td>Mt. Sinai Hospital</td>
<td>July 14, 2003</td>
</tr>
<tr>
<td></td>
<td>New York, NY</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Possible Behavior Medicine Field)</td>
<td></td>
</tr>
<tr>
<td>Laura Coe</td>
<td>Italian Cochrane Centre</td>
<td>August 25, 2003</td>
</tr>
<tr>
<td></td>
<td>Milan, Italy</td>
<td></td>
</tr>
<tr>
<td>Colleen Finley</td>
<td>Wiley Interscience</td>
<td>August 28, 2003</td>
</tr>
<tr>
<td>Nick Royle</td>
<td>CEO, Cochrane Collaboration</td>
<td>September 16, 2003</td>
</tr>
<tr>
<td>Julia Lavenberg &amp; Herbert Turner</td>
<td>Campbell Collaboration</td>
<td>October 14, 2003</td>
</tr>
<tr>
<td></td>
<td>University of Pennsylvania</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Philadelphia, PA</td>
<td></td>
</tr>
<tr>
<td>Ray Moynihan</td>
<td>Free-lance journalist</td>
<td>October 15, 2003</td>
</tr>
<tr>
<td></td>
<td>Washington, DC</td>
<td></td>
</tr>
<tr>
<td>Lorne Becker</td>
<td>Convenor, Primary Health Care Field</td>
<td>October 16, 2003</td>
</tr>
<tr>
<td></td>
<td>SUNY, Syracuse, NY</td>
<td></td>
</tr>
</tbody>
</table>
Appendix I
List of Cochrane-Related Activities
1/1/03 - 12/31/03

KAY DICKERSIN, PhD (on sabbatical January 1, 2003 – June 30, 2003)

Cochrane-related Publications:
Journal Articles and Book Chapters


In press

Invited presentations:

International


National

Appendix I - List of Cochrane-Related Activities, 1/1/03 - 12/31/03 (cont’d)


Local

Contributed presentations:

International

Cochrane-related committee membership:

Director, US Cochrane Center, Providence, RI
Cochrane Cancer Network Charity (UK), Senior Advisor.
Cochrane Collaboration Thomas C. Chalmers, MD Award Committee (Chair 2002-2003)
Cochrane Collaboration, Information Management Systems Group (2003-present)
The Eleventh Annual International Cochrane Colloquium. Scientific Committee.

Cochrane workshops offered:


Courses/Training in which the Cochrane Collaboration was introduced:


Cochrane meetings/workshops attended:

1. Information Management System Group, Oxford, UK; April, 2003; September 11-13, 2003
2. 11th International Cochrane Colloquium, Barcelona, Spain; October 25 - November 1, 2003
a. Center Directors’ Meeting: October 26, 2003
Appendix I - List of Cochrane-Related Activities, 1/1/03 - 12/31/03 (cont’d)

b. CEVG Editorial Meeting: October 27, 2003
f. Methods Session with Campbell Collaboration: October 30, 2003
g. Information Management System Group Meeting: October 31, 2003

3. 3rd Canadian Cochrane Symposium, Ontario, Canada: November 21-22, 2003
JOSEPH LAU, MD
Invited Presentations:

National


Cochrane-related Workshops Offered:


SUZANNE BRODNEY, PhD, RD

Presentations:

International


National

Cochrane Workshops Offered:


Appendix I - List of Cochrane-Related Activities, 1/1/03 - 12/31/03 (cont’d)

ELENA GLATMAN, MA

Cochrane Committee Membership:

  Cochrane Collaboration, CENTRAL/CCTR Advisory Group (10/03-present).

Cochrane meetings, workshops and parallel sessions attended:

11th International Cochrane Colloquium, Barcelona, Spain; October 25 – October 31, 2003

2. Trials Search Coordinators’ Meeting; October 26, 2003.
4. Centre Staff Meeting; October 27, 2003.
5. Translation Issues Group meeting; October 27, 2003
6. Intro to CC presentation; October 29, 2003
7. Determining study design classification of potential trial reports using MEDLINE abstracts as examples (advanced) workshop; October 27, 2003
8. Train the Trainer workshop; October 28, 2003
9. How and when to include qualitative data in systematic reviews (parallel session); October 27, 2003
10. Software for Meta-Analysis workshop; October 28, 2003
11. Evidence and health care quality assessment (parallel session); October 30, 2003
12. Analyzing, reporting and updating Cochrane reviews (parallel session); October 31, 2003

Hosting of Cochrane/Campbell colleagues:

1. Meeting with Herbert Turner and Julia Lavenburg, U Penn faculty and representatives of the Campbell Collaboration, in November 2003. Most of the day-to-day operations of CENTRAL were discussed, with emphasis on handsearching procedures.
LISA SUSAN WIELAND, MPH

Contributed Presentations:

*International:*


*In Press*

1. Wieland S, Dickersin K. *Selective outcome reporting and indexing limit MEDLINE search sensitivity for observational studies of adverse effects.* Journal of Clinical Epidemiology. Accepted for publication in 2004.

Cochrane Workshops Offered:


Committee Membership:

Cochrane Collaboration, CENTRAL/CCTR Advisory Group (10/01-12/03).

Cochrane meetings/workshops attended:

1. 11th International Cochrane Colloquium, Barcelona, Spain; October – November 1, 2003.
   2. Center Staff Meeting; October 27, 2003.
Appendix I - List of Cochrane-Related Activities, 1/1/03 - 12/31/03 (cont’d)

JOYCE COUTU, MAT

Cochrane Workshops Offered:


Cochrane meetings/workshops attended:

11th International Cochrane Colloquium, Barcelona, Spain October 26 - 31, 2003
   2. Cochrane Eyes and Vision Group Editorial Meeting, October 27, 2003
Appendix I - List of Cochrane-Related Activities, 1/1/03 - 12/31/03 (cont’d)

MILAN MATHEW, MD, MPH

Cochrane Workshops Offered:


Cochrane meetings/workshops attended:

1. 11th International Cochrane Colloquium, Barcelona, Spain October 26 - 31, 2003
   2. Cochrane Eyes and Vision Group Editorial Meeting, October 27, 2003

Appendix I - List of Cochrane-Related Activities, 1/1/03 - 12/31/03 (cont’d)

NANCY OWENS

Cochrane Committee Membership:
Quality Advisory Group (September 2001 – present)

Cochrane workshops offered:

2. Things you are too busy to find out today that will make your life easier tomorrow, 11th Cochrane Colloquium, Barcelona, Spain, October 27, 2003.

Cochrane meetings/workshops attended:
11th International Cochrane Colloquium, Barcelona, Spain; Oct. 25-Nov. 1, 2003
1. Centre Staff Meeting; October 27, 2003
2. US Contributors’ Meeting; October 28, 2003
4. Quality Advisory Group Meeting; October 29, 2003

Hosting of Cochrane/Campbell Colleagues:
Appendix I - List of Cochrane-Related Activities, 1/1/03 - 12/31/03 (cont’d)

LISA BERO, PhD

Cochrane-related Publications:

Peer-reviewed Journal Articles


Invited Presentations:

International


National


Local


Appendix I - List of Cochrane-Related Activities, 1/1/03 - 12/31/03 (cont’d)

Papers or Posters Presented at Meetings (Refereed)


Teaching Activities


Formal Scheduled Classes for UCSF Students

The Cochrane Collaboration is introduced in the following:
Study Design Evaluation (Critical Appraisal), and Informatics

<table>
<thead>
<tr>
<th>Academic Year and Quarter</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Nature of Contribution</th>
<th>Hrs/Qtr of Instruction</th>
<th>Total Students Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter 2003</td>
<td>CP 124</td>
<td>Study Design Evaluation (Critical Appraisal)</td>
<td>Course Coordinator</td>
<td>2</td>
<td>110</td>
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<tr>
<td>Winter 2003</td>
<td>BPS</td>
<td>Informatics</td>
<td>Lecturer</td>
<td>2</td>
<td>50</td>
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</tbody>
</table>

Cochrane-related Committee Membership

Scientific Programme Committee Member for Cochrane Colloquium, Melbourne, 2005 (2003)

Scientific Program Committee member, Cochrane Colloquium, Ottawa, 2004 (2003)

Service to Scholarly and Professional Journals

Editor for: Cochrane Collaboration Database of Systematic Reviews, Effective Professional Practice and Organization of Care Section (1996 – present)

The Effective Professional Practice and Organization of Care Group is conducting systematic reviews of the literature evaluating educational, financial, organizational and regulatory interventions to change the behavior of health care professionals.
Appendix I - List of Cochrane-Related Activities, 1/1/03 - 12/31/03 (cont’d)

DRUMMOND RENNIE, MD

Invited Presentations:
International


Cochrane-related Committee Membership
Publisher Selection Committee (2003)

Cochrane Meetings Attended
Center Directors' Meeting in Melbourne, Australia. March 2003.
Appendix J

Description of the US and Total Contribution to The Cochrane Collaboration using Issue 1, 2003 of *The Cochrane Library*¹

<table>
<thead>
<tr>
<th>Role</th>
<th>US Contributors</th>
<th>Total Contributors</th>
<th>US contribution as a proportion of total contributors (US Total contributors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisors</td>
<td>16</td>
<td>98</td>
<td>16.3%</td>
</tr>
<tr>
<td>Editors (coordinating, criticism, other)</td>
<td>77</td>
<td>599</td>
<td>12.9%</td>
</tr>
<tr>
<td>Consumers</td>
<td>35</td>
<td>366</td>
<td>3.6%</td>
</tr>
<tr>
<td>Referees (internal, external, non-specific)</td>
<td>392</td>
<td>2,385</td>
<td>16.4%</td>
</tr>
<tr>
<td>TSCs</td>
<td>1</td>
<td>43</td>
<td>2.3%</td>
</tr>
<tr>
<td>RGCs</td>
<td>2</td>
<td>47</td>
<td>4.2%</td>
</tr>
<tr>
<td>Handsearchers</td>
<td>29</td>
<td>375</td>
<td>7.7%</td>
</tr>
<tr>
<td>Others²</td>
<td>23</td>
<td>168</td>
<td>13.7%</td>
</tr>
<tr>
<td>Reviewers</td>
<td>410</td>
<td>5,159</td>
<td>7.9%</td>
</tr>
<tr>
<td>Translators</td>
<td>5</td>
<td>209</td>
<td>2.4%</td>
</tr>
<tr>
<td>Total</td>
<td>967</td>
<td>9,281</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

¹ Allen C. and Clarke M. *International activity within Collaborative Review Groups. 11th International Cochrane Colloquium 2003.*

² Other = members of editorial teams e.g., Secretary, Researcher, etc.
## Appendix K

### United States Cochrane Center Advisory Group

**Chair**  
*Daniel Fox, PhD*  
President, Milbank Memorial Fund  
New York, NY

**Lee Akay**  
Lead Partner, Western Region  
Deloitte and Touche  
San Francisco, CA

**Catherine Baase, MD**  
Director, Health Services  
Dow Chemical  
Midland, MI

**John Ball, MD, JD**  
Executive Vice President  
American Society for Clinical Pathology  
Chicago, IL

**Mark Blumenkranz, MD**  
Professor and Chairman, Department of Ophthalmology  
Stanford University School of Medicine  
Stanford, CA

**Robert Brook, MD, ScD, FACP**  
Vice President, RAND Corporation  
Professor of Medicine and Health Services  
University of California at Los Angeles  
Santa Monica, CA

**Christine K. Cassel, MD**  
President  
American Board of Internal Medicine  
Philadelphia, PA

**Catherine DeAngelis, MD, MPH**  
Editor-in-Chief, JAMA  
Chicago, IL

**Jessie Gruman, PhD**  
Executive Director  
Center for the Advancement of Health  
Washington, DC

**Mark Helfand, MD, MS, MPH**  
Assistant Professor, School of Medicine  
Division of Medical Informatics and Outcomes Research  
Oregon Health and Sciences University  
Portland, OR

**Roger Herdman, MD**  
Director, National Cancer Policy Board  
Institute of Medicine  
Washington, DC

**Martha Hill, PhD**  
Dean and Professor  
Johns Hopkins University School of Nursing  
Baltimore, MD

**Andrew Holtz, MPH**  
President  
Association of Health Care Journalists  
Portland, OR

**Clarion Johnson, MD**  
Director, Medicine and Occupational Health Americas  
ExxonMobil  
Fairfax, VA

**Anthony Lehman, MD**  
Professor and Chair, Department of Psychiatry  
University of Maryland School of Medicine  
Baltimore, MD
Christina Farup, MD, MS
Worldwide Vice President, Health Economics and Reimbursement, Ethicon
Somerville, NJ

Sharon Levine, MD
Associate Executive Director
Permanente Medical Group
Oakland, CA

Velvet Miller, PhD
CEO, My Parents’ Concierge
Trenton, NJ

Frederick Mosteller, PhD
Professor (Ret.)
Harvard University
Cambridge, MA

Cynthia Mulrow, MD, MSc
UT Health Sciences Center at San Antonio
Deputy Editor, Annals of Internal Medicine
Austin, TX

Neil Powe, MD, MPH, MBA
Professor of Medicine, Epidemiology and Health Policy and Management
The Johns Hopkins Medical Institutions
Baltimore, MD

Charles Scott
Chair, Labor, Health and Social Services Committee
Wyoming State Senate
Casper, WY

Jeffrey Lerner, PhD
President and Chief Executive Officer
ECRI
Plymouth Meeting, PA

Ida Sim, MD, PhD
Associate Director for Medical Informatics
Program in Biological and Medical Informatics
University of California San Francisco
San Francisco, CA

Sean Tunis, MD, MSc
Acting Chief Clinical Officer
Centers for Medicare/Medicaid Services
Baltimore, MD (ex-officio)

Senator Leticia van de Putte
Member, Education Committee
Texas State Senate
Austin, TX

Fran Visco, Esq.
President, National Breast Cancer Coalition
Washington, DC

Terrie Wetle, PhD
Associate Dean for Public Health and Public Policy
Brown University
Providence, RI

Michael Whitcomb, MD
Senior Vice President, Division of Medical Education
Association of American Medical Colleges
Washington, DC
Appendix L
United States Cochrane Center
Performance Targets for January 1 - December 31, 2004

1. Target: Coordinate the development and maintenance of the Cochrane Central Register of Controlled Trials (CENTRAL)

1.1 Objective: Perform and compile results of literature searches (MEDLINE search, handsearch results, and specialized register submissions)

Action Items:
• Receive and process submissions of handsearch results from Cochrane entities and submit to CENTRAL publisher [Anticipated Completion Date (ACD): quarterly]
• Receive and process submissions of specialized registers (SRs) from Cochrane entities and submit to CENTRAL publisher (ACD: quarterly)
• Perform quality control on electronic search results before submission to CENTRAL (ACD: 10/04)
• Produce and disseminate on the US Cochrane Center web site a list of all SRs and handsearch submissions processed for CENTRAL (ACD: quarterly)

1.2 Objective: Coordinate, maintain, and regularly update the Master List of Journals Being Searched (Master List)

Action Items:
• Maintain Master List through annual update mailing (ACD: annually in March)

1.3 Objective: Serve as coordinating group for the CENTRAL Advisory Group (CCAG) activities. This involves planning meetings and phone calls, preparing and distributing summary and transcribed minutes, maintaining the CCAG email discussion list, and preparing and disseminating CENTRAL and CCAG related materials

Action Items:
• Convene annual meeting of CCAG at the 2004 Cochrane Colloquium (ACD: 10/04)
• Distribute to the CCAG list the final minutes for the 2004 Colloquium meeting of the CCAG (ACD: 12/04)
• Convene and produce minutes for CCAG conference calls (ACD: 1-2 times annually)
1.4 Objective: In collaboration with the CCAG, Collaborative Review Group (CRG) Coordinators, the Information Management System Group (IMSG), Trials Search Coordinators (TSCs), the United Kingdom Cochrane Center (UKCC), Update Software and Wiley InterScience, prepare for the development of the new CENTRAL.

Action Items:

- Produce documents required for CCAG reporting to Steering Group (ACD: twice annually)
- Decide on how to proceed with stored paper copies of old handsearch results to facilitate retrieval of lost records (ACD: ongoing)
- Pilot tests are required of the following processes:
  - MEDLINE, EMBASE and LILACS downloads (ACD: 6/04)
  - web based data entry (ACD: 2005)
  - transfer of SR in ProCite and Meerkat to relational database (ACD: 9/04)
  - repopulating SRs with “clean” data (ACD: ongoing)
- Decide upon a final set of fields to include in CENTRAL for the new generation of *The Cochrane Library* software (ACD: ongoing - being discussed by CCAG)
- Develop plans to register unpublished trials on CENTRAL or elsewhere (ACD: To be determined by CCAG)
- Develop systems for record coding on CENTRAL to enable searching specifically for records not yet included in any Review Group’s SR (ACD: To be determined by CCAG)
- Develop systems for insuring upload to CENTRAL of the 755 remaining lost handsearch results (ACD: ongoing)
- Develop systems and rules for publishing references to ongoing and unpublished trials (ACD: To be determined by CCAG)
- Create a database list of updated journal names (each journal with its own table of information) (ACD: ongoing)
- Establish systems for quality checking handsearch submissions from non-English language journals (ACD: ongoing)
2. Target: 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)

2.1 Objective: Receive, process, and quality check submissions of handsearch results from Cochrane entities, perform electronic search on MEDLINE, and submit the results to NLM

Action Items:

- Complete the 2003 search of MEDLINE using Phases I and II of the Cochrane Highly Sensitive Search Strategy (HSSS) (ACD: 7/04)
- Review search results and identify unindexed reports of RCTs and CCTs (ACD: 9/04)
- Complete quality control of the results from electronic search (ACD: 10/04)
- Quality check handsearch results and submit for MEDLINE retagging (ACD: once each year)
- Submit file of unindexed reports of RCTs and CCTs to NLM for retagging (ACD: ongoing)
- Phase I, 2001 titles without abstracts to identify potential trials (ACD: ongoing)

3. Target: Provide training and support for reviewers, Review Group Coordinators (RGCs), Trial Search Coordinators (TSCs), editors, handsearchers, and consumers. In addition, provide training and support for others responsible for training activities

3.1 Objective: Maintain, revise and distribute on the worldwide web and elsewhere guides for Cochrane procedures

Action Items:

- Distribute and maintain on the web and elsewhere a Guide for Submission of Specialized Registers to CENTRAL, to assist RGCs/TSCs and others in submitting their specialized registers to CENTRAL (ACD: ongoing)
- Distribute and maintain on the web and elsewhere a Guide for Submission of Handsearch Results to CENTRAL, to assist RGCs/TSCs and others in submitting their handsearch results to CENTRAL (ACD: ongoing)
- Revise, distribute and maintain the CENTRAL Management
3.2 Objective: Develop and facilitate Cochrane training workshops and courses

**Action Items:**

- Provide register and handsearch submission training for TSCs, RGCs, and others, at the 2004 Colloquium and other opportunities, as requested (ACD: 10/04)
- Develop and facilitate two Colloquium workshops in handsearching the healthcare literature for trial reports (ACD: 10/04)
- Develop and facilitate one workshop at the 2004 Colloquium on train-the-trainer (ACD: 10/04)
- Develop a web-based distance education handsearching course (ACD: 4/04)
- Develop a web-based distance education peer review course (ACD: 4/04)
- Develop a web-based distance education consumer course (ACD: 10/04)
- Through both the dissemination of the Handsearcher Training Manual and the provision of the handsearching workshops, train 50 individuals to handsearch the medical literature (ACD: 12/04)
- Facilitate one workshop in peer review for 2004 (ACD: 4/04)
- Facilitate one protocol training workshop for 2004 (ACD: 4/04)
- Facilitate one systematic review training workshop for 2004 (ACD: 4/04)
- Provide one critical appraisal for health care professionals workshop (ACD: 10/04)
• Develop and facilitate one workshop with US consumer advocates on ways to disseminate information on evidence-based healthcare to consumers of healthcare in the US (ACD: 7/04)

3.3 Objective: Provide ongoing support and training through individual contacts, email discussion lists, and directories

Action Items:
• Support communication on the development and maintenance of CENTRAL through maintenance of TSCs’ e-mail discussion list (ACD: ongoing)

• Support communication and collaboration among TSCs and Centers through the updating and regular distribution of the Cochrane Collaboration Directory of Trial Search Coordinators (TSCs) and Contact People at Centers (ACD: ongoing)

• Provide mentoring and methodological consultation to individual Cochrane collaborators throughout the year (ACD: ongoing)

• Train health professionals, the media, and consumers to use The Cochrane Library (ACD: ongoing)

4. Target: Promote awareness of The Cochrane Collaboration and access to Cochrane products

4.1 Objective: 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; highlight Cochrane activities in presentations and reports to health professionals and consumers, whenever relevant

Action Items:
• Give two international and five national or local presentations about The Cochrane Collaboration and distribute informational materials to interested parties (ACD: 9/04)

4.2 Objective: Work to ensure that The Cochrane Library is made available and accessible to all regional institutions and government agencies

Action Items:
• Participate in semiannual conference calls with the North American Cochrane Center Group of Wiley InterScience (Wiley) (ACD: 5/04 and 10/04, twice a year)

• Work with Wiley to negotiate a rate for a provision license for the State of Rhode Island (ACD: ongoing)
• Promote *The Cochrane Library* in presentations, workshops, meetings and distribute promotional materials to participants (ACD: ongoing)

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

**Action Items:**
- Work with Wiley to negotiate a subscription rate on behalf of the American Academy of Ophthalmology (ACD: ongoing)
- Negotiate with Wiley free trial access for the members of the USCC Consumer Coalition (ACD: ongoing)
- Provide free trial access for all participants of USCC sponsored workshops (ACD: ongoing)

### 4.4 Objective:
Encourage news media to subscribe to and use *The Cochrane Library*

**Action Items:**
- Log media contacts (ACD: ongoing)
- Monitor media mentions of The Cochrane Collaboration in English language news sources (ACD: ongoing)

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

**Action Items:**
- Address this topic at meetings, workshops and presentations to gather information (ACD: ongoing)

### 4.6 Objective:
Act as facilitators, when requested, to aid in the listing and indexing of Cochrane reviews and other products in electronic publications and databases (e.g., indexing of Cochrane Reviews in MEDLINE)

**Action Items:**
- Provide assistance to facilitate the process of indexing, if needed (ACD: ongoing)

### 4.7 Objective:
Maintain and expand the USCC’s web presence

**Action Items:**
- Track hits to the site (ACD: ongoing)
- Develop strategies to improve layout, format, navigation and overall design (ACD: ongoing)
5. Target: **Perform USCC administrative functions**

5.1 Objective: Perform handsearching of US medical journals

**Action Item** • Generate accurate counts of trials for most common journal names in high yield journals (ACD: ongoing)

5.2 Objective: Participate in annual meetings at the 2004 Ottawa Colloquium

**Action Items:**
• Hold US Cochrane Contributors’ meeting
• Participate the Meet the Entities exchange
• Participate in the Cochrane Center staff meeting
• Participate in the Center Director meeting
• Participate in the Steering Group meeting
• Administer the Thomas C. Chalmers, MD Award

5.3 Objective: Perform general Center administrative functions

**Action Items:**
• Develop and maintain a US Cochrane contributors’ database of postal and email addresses and update twice yearly (ACD: ongoing)
• Participate in mid-year Steering Group and Center Directors’ Meetings (ACD: 2/04)
• Monitor and respond to all requests for information about The Cochrane Collaboration and Cochrane related products (ACD: ongoing)
• Maintain up-to-date USCC Task List (ACD: ongoing)
• Revise and reformat USCC Handbook (ACD: ongoing)
• Hold a USCC Advisory Board meeting (ACD: 7/04)
• Develop USCC brochure (ACD: 2005)
• Develop USCC newsletter in 2005 (ACD: 2005)
6. Target: Seek and obtain funding support for USCC activities

6.1 Objective: 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

Action Items: • Submit progress reports to NLM (Wrap-up report for 10 years) (ACD: 6/04)

6.2 Objective: Continue working with other funding agencies (e.g., Agency for Healthcare Research and Quality, Milbank Memorial Fund) that have contributed funding to the Baltimore Cochrane Center or NECC in the past, as well as the Cochrane Steering Group

Action Items: • Raise funds for consumers to attend Cochrane Colloquia (ACD: 3/04)

6.3 Objective: Ensure continuation of AHRQ funding

Action Items: • Submit continuation application to AHRQ (ACD: 5/04)
• Provide documentation and reports to AHRQ as required (ACD: ongoing)

6.4 Objective: Ensure continuation of NEI funding for programs to increase awareness of and involvement in evidence-based healthcare research among US eyes and vision specialists

Action Items: • Provide documentation and reports to NEI as required (ACD: 4/04 and 10/04, twice a year)

6.5 Objective: Continue to identify new sources of funding for the ongoing development and refinement of CENTRAL

Action Items: • Submit a request to CCSG for funding (ACD: 12/04)

6.6 Objective: Work with other Cochrane Centers in the US to identify sources of funding and to leverage our combined efforts to obtain funding

Action Items: • Dedicate a plenary and a parallel session at the US Contributors’ Meeting to address funding issues (ADC: 4/04)
• Provide grant writing assistance and informal training to US contributors and entity members, as needed (ACD: ongoing)
7. Target: **Conduct research**

7.1 Objective: Conduct methodological research in systematic reviews, trials registers, and meta-analysis

**Action Items:**

- Submit poster presentations to the 2004 Cochrane Colloquium (ACD: 10/04)
- Submit papers for publication describing research and other work related to The Cochrane Collaboration (ACD: ongoing)
- Develop protocol for a project that compares handsearching the paper version of a journal with the online version of the same journal (ACD: 12/04)