Morning sessions: 9.00 – 12.45

Introduction

Peter C Gøtzsche, Director, The Nordic Cochrane Centre, Rigshospitalet, Copenhagen, Denmark.

Session: 1 Role of Cochrane reviews for EBM

Co-chairs: Ebba Holme Hansen, Professor of pharmacy, University of Copenhagen, and Mike Clarke, Director, The UK Cochrane Centre.

The Cochrane Collaboration

Lorne A. Becker, MD, Co-Chair, Cochrane Collaboration Steering Group, Emeritus Professor, Department of Family Medicine, SUNY Upstate Medical University, Syracuse NY USA.

Abstract

Since its inception in 1993, The Cochrane Collaboration has grown to include 16,000 members from more than 100 countries throughout the world. This presentation will discuss the principles on which the Collaboration is based and the mechanisms used to make timely, accurate information about the effects of health care readily available in regularly updated systematic reviews. Recent innovations and changes in the Collaboration will be discussed, along with anticipated challenges and opportunities for individuals and organizations to participate in this exciting endeavor.

About the speaker

Dr Becker is a fellow of the American Academy of Family Medicine and the College of Family Physicians of Canada. He was on the faculty of a number of medical schools in Canada and the US, until retiring in 2004 as Family Medicine Chair at Upstate Medical University in Syracuse NY. A Cochrane author since 1997, he is Co-Chair of the Cochrane Steering Group, convenor of the Cochrane Publishing Policy Group, and a member of the Research Committee of the World Organization of National Academies of Family Medicine and the Advisory Board of the Guidelines International Network.

Standards of Cochrane reviews

David Tovey, Editor-in-Chief, The Cochrane Library, London, UK.

Abstract

Maintaining the reputation of Cochrane systematic reviews for high quality and methodological rigour is crucial to the future of the Cochrane Library. Concerns about variability of quality across reviews were a key element in the decision to appoint an Editor in Chief. In addition, taking quality more broadly than the internal validity of the review content, the Library in its present form does not deliver an optimal quality user experience. I will explore how discussions so far with individuals and groups within the Collaboration have highlighted these two elements and discuss how they can be addressed within a strategic vision for the Library.

About the speaker

Dr David Tovey has been the Editor-in-Chief of the Cochrane Library since January 2009. He worked previously as Editorial Director for the BMJ Evidence Centre, which is the division of the BMJ Group that produces *Clinical Evidence* and its counterpart for the public, BestTreatments, BMJ Point of Care, and Best Practice. At the BMJ, he was initially Deputy Editor of *Clinical Evidence*, moving to the Editor role when Fiona Godlee moved to the BMJ. Dr Tovey worked as a General Practitioner in an urban practice in South London for 15 years until 2003. During that time he also undertook roles in continuing professional development for primary care professionals.

Reviews of diagnostic test accuracy

Rob J.P.M. Scholten, MD, PhD, Director, The Dutch Cochrane Centre, Department of Clinical Epidemiology and Biostatistics, Academic Medical Center, Amsterdam, The Netherlands.

Abstract

Since March 2008, reviews of diagnostic test accuracy (DTA) have been included in the scope of The Cochrane Collaboration. The preparation of DTA reviews brings about quite a few challenges. These challenges include question formulation, searching for primary studies, assessment of methodological quality, meta-analysis and the presentation and interpretation of the results. To overcome the challenges, The Collaboration has taken some measures, which I will address in my presentation. The conduct of Cochrane DTA reviews also seems to have some pleasant "side effects". Amongst those are the opportunity for setting standards for the conduct of primary DTA studies and DTA systematic reviews. The current status of Cochrane DTA reviews will be presented.

About the speaker

Rob Scholten is a medical doctor and a clinical epidemiologist. In 2000, he joined The Dutch Cochrane Centre (DCC) and became its director in 2001. He is an active contributor to various Cochrane entities, including the Diagnostic Test Accuracy Working Group. Since 2004, he is one of the elected Centre representatives in the Cochrane Collaboration Steering Group. His main interests are

training and research related to systematic reviews. Since 2007, he is the project leader of the Continental European Support Unit to assist Continental European Cochrane Review Groups and authors with the preparation and implementation of Cochrane Diagnostic test accuracy reviews. He is co-author of the first Cochrane diagnostic test accuracy (DTA) review and has also authored other DTA reviews.

Availability, impact and impact factor of Cochrane reviews

Deborah Pentesco-Gilbert, Associate Editorial Director and Publisher for The Cochrane Library, John Wiley & Sons Ltd., UK.

Abstract

In 2007, a Cochrane review was viewed every 7 seconds of every minute of every day. With over half the world's population having access to The Cochrane Library, we ask ourselves the questions: What is the impact of Cochrane systematic reviews? And how can we measure the impact of Cochrane reviews for all the various types of users?

About the speaker

Deborah Pentesco-Gilbert joined John Wiley& Sons Ltd. in 2003 to manage the publishing activities of The Cochrane Library. She has over 15 year's of experience in the web and electronic publishing industry.

Session 2: Dissemination of EBM

Co-chairs: Peter Qvortrup Geisling, Physician and Journalist, Denmark's Radio, and Gerd Antes, Director, The German Cochrane Centre.

EBM and continuous medical education

Lorenzo Moja, MD, MSc, Dr Public Health (Open University, UK), Italian Cochrane Centre, Mario Negri Institute for Pharmacological Research, Milan, Italy

Abstract

How can we do a better job in the digital age than what public institutions, universities and libraries did in the past? How do we make the best available information about healthcare interventions easily accessible to a large mass of health professionals and speed up the diffusion of EBM? I will describe the realities and potentials of continuous medical education combined with e-learning systems. I will also challenge The Cochrane Collaboration for its sometimes *too* zealous work and will propose new opportunities and commitments to support the lifelong learning needs of the health professionals. Many issues are at stake. It is a business issue, it concerns quality of the contents, it needs dedicated funding, and it affects the diverse interests of a variety of stakeholders.

About the speaker

Dr. Moja is Deputy Director of the Italian Cochrane Centre. He concentrates on research in the areas of knowledge transfer of evidence into practice, adopting new media technologies such as e-learning. He is currently enrolled in a PhD program within the Open University, UK, to assess the effectiveness of an Italian national e-learning program that at its peak phase reached around 150 thousand health professionals.

EBM, Cochrane reviews and academia

Christian Gluud, Editor, Cochrane Hepato-Biliary Group, Rigshospitalet, Copenhagen, Denmark.

Abstract

For sure, systematic reviews including meta-analyses of randomised clinical trials with low risk of bias are at the top of the evidence hierarchy. In accordance, they should be viewed as very important academic activities. For what it is worth, systematic reviews constitute the type of scientific publication receiving most journal citations. Several studies have shown that Cochrane reviews compare well regarding methodological quality with systematic reviews published in paper journals. This is good news and makes our academic glass half full. However, studies also show that some Cochrane reviews can be substantially improved. They may not have accounted fully of the risks of systematic errors ('bias') and the risks of random errors ('play of chance'), may not have been updated in due time, and may have other shortcomings. This is not so good and makes our academic glass half empty. Only increased effort and collaboration can fill the academic glass sufficiently.

About the speaker

Christian Gluud is Head of Department, Copenhagen Trial Unit, Centre for Clinical Intervention Research, Rigshospitalet, Copenhagen University Hospital; Co-ordinating Editor, The Cochrane Hepato-Biliary Group; Associate Professor, Epidemiology, Copenhagen University; Specialist in hepatology, medical gastroenterology and internal medicine.

Guidelines in Denmark for neonatal interventions

Jesper Brok, MD, PhD, Copenhagen Trial Unit and Paediatric Dept., Rigshospitalet, Copenhagen, Denmark.

Abstract

Gaps exist between clinical practice guidelines and research evidence. Recently we compared evidence from the Cochrane Neonatal Group reviews and Danish clinical guidelines for newborns. We found good agreement between Cochrane reviews and neonatal guidelines in Denmark despite the fact that Cochrane reviews were rarely used for guideline

development. We found moderate heterogeneity among guidelines produced by the various neonatal departments in the country.
This presentation will outline the overall results from this study and focus on initiatives to facilitate implementation of research evidence into clinical practice guidelines.

About the speaker

Jesper Brok is a physician currently being trained in paediatrics. He is interested in the teaching and practicing of evidence-based medicine. He is an author of several Cochrane reviews and methodology papers about meta-analyses.

Information to patients

Margrethe Nielsen, PhD Student, The Nordic Cochrane Centre, Rigshospitalet, Copenhagen, Denmark.

Abstract

Informed consent is a requirement by law and it assumes that the patients have been adequately informed about the most important benefits and harms of the available interventions. Patient information is offered by many different providers, and it is not always based on the best existing evidence. This is a challenge for EBM, and I will discuss examples of patient information in my presentation. Many decision aids are available, which may help the patients to improve their knowledge and to reach realistic expectations about the treatment. Public access to The Cochrane Library is of substantial importance, and the plain language summaries in Cochrane reviews are aimed at helping patients. A current proposal from the European Commission that will allow drug companies to provide information to the public on prescription only drugs is going to be processed in the Parliament and the Council. I will discuss the criteria that such information should fulfill and the challenge it represents for EBM.

About the speaker

Margrethe Nielsen is educated as a midwife and a sociologist. She has also worked as health policy advisor for the Danish Consumer Council for 6 years, with a focus on patients' rights and patient information. She is currently a PhD student at the Nordic Cochrane Centre with a project about newer antidepressants.

Cochrane reviews in Ugeskrift for Læger (Journal of the Danish Medical Association)

Jacob Rosenberg, MD, DSc, FRCS, FACS, Professor, Chief Surgeon, Dept. of Surgical Gastroenterology D, Herlev Hospital, Denmark.

Abstract

Ugeskrift for Læger publishes short review articles based on new Cochrane reviews. These reviews in the national medical journal are in Danish, but contain the whole Cochrane abstract in English. They discuss the merits of the review in terms of its rigour and the implications of its findings. Usually, we choose reviews that have a broad target audience, e.g. cover common diseases or conditions, and for which the evidence is strong. We may occasionaly select a review where the data have shown that an intervention has no benefit, especially if the intervention is widely used in our country.

About the speaker

Editor, Ugeskrift for Læger and Danish Medical Bulletin.

Afternoon sessions: 13.15 – 17.00

Session 3: EBM in low- and middle-income countries

Co-chairs: Galina Perfilieva, Regional Adviser, Human Resources for Health, WHO Europe, and Yuping Li, Director, The Chinese Cochrane Centre.

WHO and EBM

Andy Oxman, Director, Norwegian Branch of The Nordic Cochrane Centre, Oslo, Norway.

Abstract

WHO from its inception has focused on research, which is mandated in its constitution, and has been a leading player in the global effort to strengthen ties between research and health development. However, WHOs regulations, dating back to 1951, emphasize the role of expert opinion in the development of recommendations. In 2005 the World Health Assembly asked WHO to assist in the development of more effective mechanisms to bridge the divide between ways in which knowledge is generated and ways in which it is used, including the transformation of health-research findings into policy and practice. The Assembly also urged member states to establish or strengthen mechanisms to support evidence-based public health and health-care delivery systems. In concert, WHO has established a Guideline Review Committee to help ensure that its recommendations are evidence-based and Evidence-Informed Policy Networks to support the use of research evidence in health policymaking in low- and middle-income countries.

About the speaker

Andy Oxman completed his medical training in the USA in 1979 and then moved to Norway where he worked as a general practitioner in northern Norway. From 1984 to 1994 he was at McMaster University in Canada. He moved back to Norway in

1994 and began work at the Health Services Research Unit at the National Institute of Public Health, which subsequent to several redisorganisations is now part of the Norwegian Knowledge Centre for the Health Services. His research interest is in developing and evaluating methods of helping people to make informed choices about healthcare.

Evidence Based Health Care in South Asia with special reference to India

Prathap Tharyan, Director, South Asian Cochrane Network & Centre, Christian Medical College, Vellore, Tamil Nadu, India.

Abstract

South Asia comprises eight countries (Afghanistan, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) with considerable heterogeneity in the languages spoken, religions, cultural beliefs and practices, governance structures, organization, standards, delivery and access to health care. The South Asian Cochrane Network & Centre was established in July 2008 and evolved from the South Asian Cochrane Network that was registered as a Branch of the Australasian Cochrane Centre in January 2005. This presentation will discuss progress in disseminating information about Evidence-Informed Health Care and The Cochrane Collaboration, and promoting access to Cochrane systematic reviews; training people to understand the role of systematic reviews in health care and undertaking systematic reviews of relevance to the region; increasing the uptake of reliable and up to date evidence in health policy and health care; advocating for high quality research in the region and ensuring a sustainable structure for The Collaboration's activities in the region.

About the speaker

Prathap Tharyan is Professor of Psychiatry and Associate Director, and Director, Prof. BV Moses & ICMR Advanced Centre for Research & Training In Evidence Based Health Care, Christian Medical College, Vellore, Tamil Nadu, India. He is an Editor with the Cochrane Schizophrenia Group and a systematic review author with several other Cochrane review groups. He is an Associate Editor with the open access journal *Trials* and of *Journal of Evidence Based Medicine*. He was a member of the erstwhile Scientific Advisory Group of the WHO International Clinical Trials Registry Platform, and is a member of the Steering and Technical Advisory groups of the Clinical Trials Registry in India.

Reproductive and child health in South East Asia: SEA-ORCHID Project

Steve McDonald, Co-director, Australasian Cochrane Centre, Melbourne, Australia.

Abstract

The burden of mortality and morbidity related to pregnancy and childbirth remains concentrated in developing countries. For the last five years, the SEA-ORCHID project has been investigating whether an educational intervention designed to increase capacity for evidence-based care and research synthesis leads to changes in clinical practice and better health for mothers and babies. The project involved a pre- and post-intervention audit of 19,000 births comparing practices to recommendations from The Cochrane Library and WHO Reproductive Health Library in nine hospitals across Thailand, Malaysia, the Philippines and Indonesia. Components of the educational intervention included fellowships, a range of EBM training programs, and support for Cochrane review activity. The results of SEA-ORCHID demonstrate that practice-change can be achieved through promoting a culture of enquiry that values the role of research synthesis and team-based approaches to support EBM.

About the speaker

Steve McDonald is Co-Director of the Australasian Cochrane Centre and a member of the Cochrane Collaboration Steering Group. He is involved in developing and supporting Cochrane activity and networks in Australia, New Zealand and parts of Asia. He is the co-ordinator of the SEA-ORCHID Project that links Australia with four countries in South East Asia to promote evidence-based practice and research synthesis in the area of pregnancy and childbirth. He has qualifications in social science, information science and international health.

Food security and nutrition in sub-Saharan Africa

Jimmy Volmink, Professor, South African Cochrane Centre, Medical Research Council and Faculty of Health Sciences, University of Stellenbosch, South Africa.

Abstract

Since 2005, the cost of agricultural commodities has increased rapidly, reaching unprecedented levels. Current high food prices have already had serious negative consequences on food- and nutrition-security of the most vulnerable groups, particularly in sub-Saharan Africa. The poor spend between 50 to 70% of their budget on food and are thus worst affected by this crisis. There is therefore an urgent need for African governments to address the realities of increasing levels of malnutrition and hunger and to avoid food riots and other forms of

social unrest. Influences on food security are extremely wide-ranging and a correspondingly broad range of policy and programmatic interventions have been developed in response to these. This presentation reports on a project that has been initiated to map interventions across all sectors, in preparation for a comprehensive programme of research synthesis in food security and nutrition.

About the speaker

Jimmy Volmink is co-director of the South African Cochrane Centre (SACC), which is part of The Cochrane Collaboration. He is also Deputy Dean (Research) of the Faculty of Health Sciences at the University of Stellenbosch, Cape Town, South Africa. He has published widely on a range of topics including TB, HIV, cardiovascular disease and nutrition. In addition, he is actively involved in teaching evidence-based medicine and serves on a number of advisory committees concerned with promoting the use of research in policy and practice.

Session 4: Challenges for EBM

Co-chairs: Finn Børlum Kristensen, Director, Danish Institute for Health Technology Assessment, and Marjukka Mäkelä, Director, Finnish Institute for Health Technology Assessment.

Selective reporting of trials and outcomes

Asbjørn Hróbjartsson, Senior Researcher, The Nordic Cochrane Centre, Rigshospitalet, Copenhagen, Denmark.

Abstract

Reporting bias occurs w study results. Such biases are important in that they distort the knowledge base used for the practice of evidence-based healthcare. The selective reporting of trials is well known. Further research has recently focused on selective reporting of trial outcomes, which has been demonstrated for trials approved by research ethics review committees, for trials funded by the Canadian Institute of Health Research, and for trials submitted to the Food and Drug Administration in support of approval for marketing. In addition, case studies of reporting practices for industry-funded trials have been publicized, as a result of unsealing of legal documents. hen the dissemination of research findings is influenced by the strength and direction of

About the speaker

Asbjørn Hróbjartsson is a physician and senior researcher at The Nordic Cochrane Centre. His research relates to sources of bias in clinical trials and systematic reviews, for example placebo effects, blinding, and publication bias. He received his MPhil in medical philosophy from the University of Glasgow, and a PhD in clinical epidemiology from the University of Copenhagen.

Tainted evidence on drugs

Lisa Bero, Director, The US Cochrane Center, San Francisco Branch, California, USA.

Abstract

There are many potential sources of bias in drug trials, including the framing of the question, design of the study, conduct of the study, and publication (or not) of the full results. Such biases can limit the access that scientists and the public have to clinical trial data, even for approved drugs. I will discuss evidence demonstrating these different biases and describe the impacts of conflicts of interest on the conduct, reporting and withholding of research findings from clinical trials. I will specifically discuss clinical trials from 2001 and 2002, where I found that many trials results remained unpublished or incompletely published 5 years after FDA approval.

Potential remedies for eliminating incomplete and biased information in the medical literature will be discussed.

About the speaker

Lisa A. Bero, PhD is Professor, Department of Clinical Pharmacy, School of Pharmacy and Institute for Health Policy Studies, School of Medicine, University of California, San Francisco. She has developed and validated methods for assessing bias in research and scientific publication and measures influences on bias, including university-industry relations. Dr. Bero also examines the dissemination and policy implications of scientific publications. She is a member of the World Health Organization Essential Medicines Committee, an elected member of the Cochrane Collaboration Steering Group and serves on several national and international committees related to conflicts of interest and research.

Conflict resolution

Drummond Rennie, MD, Adj. Professor of Medicine, PR Lee Institute for Health Policy Studies, University of California San Francisco, USA.

Abstract

Long, long ago in the Country of Clowns, a legal system was set up on the fatuous assumption that because the human mind might be prone to conscious or unconscious bias, every effort had to be made to separate the various parties when the time came for a legal trial. This primitive system attempted to ensure that the judge was not related to the prisoner, nor the jury paid by the defendant.

Generations later, when citizens opted to test the effects of individual medicines, the citizens, now greatly evolved, made adjustments to this approach. "Trial by Guarantee", ensured that the police, the investigators, the lawyers for the prosecution and defense, the jury, the judge, and even the court reporters, were so closely related that they could be thought of as being one corporate entity. Now these brilliant people even hope to share their profits with those who publish meta-analyses of such trials. Lucky Clowns!

About the speaker

Drummond Rennie received his doctorate at Cambridge University, UK, for work on cyanotic congenital heart disease and has undertaken numerous studies in the Andes, Himalayas, the Yukon and Swiss Alps, on the pathophysiology of hypoxia and high altitude illness. He was deputy editor of the New England Journal of Medicine when at Harvard, and has been deputy editor of JAMA while at UCSF, studying publication, bias, peer review and misconduct. He has worked extensively on issues of research misconduct, and set up and chaired the five Congresses on Peer Review in Biomedical Publication.

Improving professional practice: an overview of reviews

Dr Jeremy Grimshaw MBChB, PhD, FRCGP, FCAHS, Director of the Canadian Cochrane Centre and Network, Ottawa, Canada.

Abstract

Improving quality of care frequently involves changing the behaviours of health care professionals. The Cochrane Effective Practice and Organisation of Care group has undertaken an overview of systematic reviews of professional behaviour change. Over 150 systematic reviews were identified of variable quality. Evidence from the higher quality reviews suggests that a wide range of interventions can be effective to change professional behaviour but that none are uniformly effective. This indicates that greater attention needs to be given to understanding the mediating mechanisms of action and potential effect modifiers (target behaviour, targeted professionals, context) to inform choice of strategies to improve quality of care.

About the speaker

Dr Jeremy Grimshaw, MBChB, PhD, FRCGP, FCAHS, is Director of the Clinical Epidemiology Program, Ottawa Health Research Institute, Ottawa, Canada; Professor of Medicine, University of Ottawa; Canada Research Chair in Health Knowledge Transfer and Uptake; Director of the Canadian Cochrane Centre and Network and Co-ordinating Editor of Cochrane Effective Practice and Organisation of Care group. The overviews project was funded by the Canadian Agency for Drugs and Technology in Health.

Managing non-EMB practices

Jannik Hilsted, Chief Medical Officer, Rigshospitalet, Copenhagen, Denmark.

Abstract

Evidence-based medicine practices (EBM practices) are the mantra for managing modern healthcare. Unfortunately, most of the practices and procedures that we use in today's healthcare are non-EBM practices. In fact, only a minority of even University Hospital procedures and practices are evidence-based. Therefore managing non-EMB practices remains a challenge for today's Hospital management. Evidently, the strategy for management non-EBM practices is first and foremost to convert non-EBM to EBM practices. This is done by a careful process, in which new technologies and treatments are subjected to medical technology assessment procedures before introduction into clinical practice. Furthermore, if additional funding is necessary for particular areas of existing hospital practice, more formal medical technology assessment should be applied as well. This is a process that will require a large span of years to complete. Meanwhile, best practices and national and international guidelines for non-EBM practices should be the cornerstone in non-EBM treatments and technology.

About the speaker

Jannik Hilsted, MD, DrMedSci, Chief Medical Officer, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark.