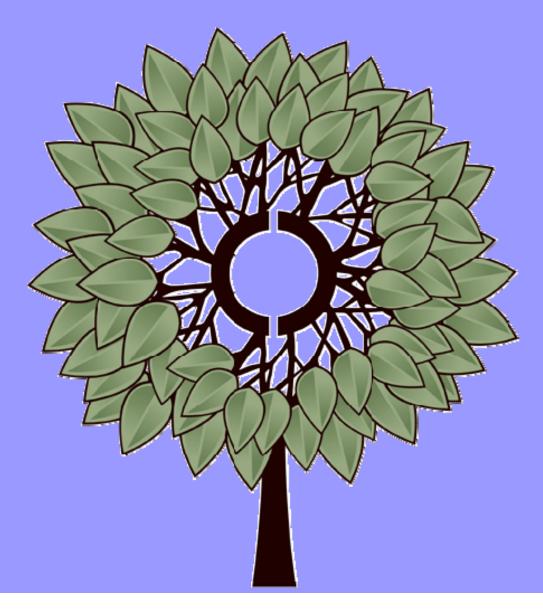
The Canadian Cochrane Le Réseau-centre Network and Centre canadien Cochrane

2006-2007 ANNUAL REPORT



RIGOUR, RELIABILITY, RESULTS



RIGEUR, FIABILITÉ, RÉSULTATS

The Canadian Cochrane Network and Centre

Our Vision

The Canadian Cochrane Network and Centre (CCNC) shares The Cochrane Collaboration's vision:

Healthcare decision-making throughout the world will be informed by high quality, timely research evidence. The Cochrane Collaboration will play a pivotal role in the production and dissemination of this evidence across all areas of health care. The Canadian Cochrane Network and Centre supports the Collaboration's worldwide efforts, with a focus on making this vision a reality in Canada.

Our Mission

The mission of The Canadian Cochrane Network and Centre is to foster evidence-based healthcare decision making by identifying and supporting individuals in Canada who wish to become involved with The Cochrane Collaboration and by promoting the awareness, appreciation, distribution and use of Cochrane systematic reviews of healthcare interventions.

Our Principles

The Cochrane Collaboration's work is based on ten key principles:

- Collaboration
- Building on the enthusiasm of individuals
- Avoiding duplication
- Minimizing bias
- Keeping up to date

- Striving for relevance
- Promoting access
- Ensuring guality
- Continuity
- Enabling wide participation

The Cochrane Collaboration

The Cochrane Collaboration is an international not-for-profit and independent organisation, dedicated to making up-to-date, accurate information about the effects of health care readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions. The Cochrane Collaboration was founded in 1993 and named after the British epidemiologist, Archie Cochrane. The work of the Cochrane Collaboration is done largely through the goodwill of healthcare researchers and people dedicated to furthering evidence-based health care around the world. These people give their time for little to no compensation as they conduct reviews and disseminate the evidence through their networks. (www.cochrane.org/docs/descrip.htm)

CCNC Funding

The CCNC is grateful for its funding support from:

- The Canadian Institutes of Health Research (CIHR)
- The Canadian Agency for Drugs and Technologies in Health (CADTH)
- The CIHR Institute of Gender and Health
- The CIHR Institute of Health Services and Policy Research
- The CIHR Institute of Human Development, Child and Youth Health
- The CIHR Institute of Infection and Immunity

- The CIHR Institute of Musculoskeletal Health and Arthritis
- The CIHR Institute of Nutrition, Metabolism and Diabetes

Additional funding has also been received from:

- Health Canada
- The Canadian Chiropractic Association
- The Canadian Chiropractic Examining Board
- The Canadian Chiropractic Protective Association



Letter from the Director of the Canadian Cochrane Network and Centre

2006-2007 has been an exciting year for Cochrane in Canada. We are now the fifth highest funded Cochrane Centre in the world (behind the UK, Australia, the USA and the Nordic Centre) and there are nearly 1200 Canadians contributing to Cochrane. This confidence shown in the CCNC is reflected by a feeling of momentum and enthusiasm as we meet with partners across the country to discuss innovative ways of working together.

New Centre staff and a renewed advisory board have sharpened our focus on strategies to improve the awareness and understanding of Cochrane and our products. Our priorities in capacity building this year have been: expanding our training in doing and using systematic reviews, reaching out to renew partnerships with our affiliate members to develop knowledge exchange activities and supporting established and new review authors. These activities have been balanced with developing internal infrastructures and processes to improve the efficiency of tracking and coordinating these activities.

Working with our colleagues, we continue to support the growth of Cochrane in Canada. A successful 5th Canadian Cochrane Symposium provided the opportunity for nearly 300 participants in Ottawa to share ideas about Cochrane. In addition, we continue to support the development of the Réseau francophone Cochrane with our network sites in Quebec and we are initiating new contacts to further develop consumer involvement in Cochrane in Canada.

It is only with the strength of the involvement of our allies and partners and the dedication of Cochrane members that we are able to report these accomplishments. I look forward with appreciation and anticipation to our continued growth in the coming year.

Best wishes!

Jeremy Grimshaw

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About the Canadian Cochrane Centre

What We Do

The Canadian Cochrane Network and Centre supports the work of the Cochrane Collaboration in Canada. Canadians contribute over 10% of all Cochrane output - significant given there are twelve Centres and thirteen countries that house review groups.

We fulfill our support role to Cochrane through several programs and activities. First, we support review production by providing training to Canadians who wish to become review authors or enhance their skills in systematic reviewing and critical appraisal. By building capacity in Canada, we increase the contribution we can make to the evidence base in health care.

Second, we do knowledge translation activities. We are working with our partners to tailor products that meet their information needs based on the evidence found in Cochrane systematic reviews. We also raise awareness with Canadians about Cochrane and the resources found in *The Cochrane Library*.

Third, we support the work of the Cochrane Review Groups, Fields and Methods Group that are based in Canada. We do this by acting as a resource for their activities, offering training to their members in Canada and supporting the dissemination and awareness of their reviews.

Our ultimate goal is to generate, and disseminate reliable health care information, putting it into the hands of people who make decisions about health, such as: consumers and the public; healthcare professionals; decisionand policy- makers; and other researchers and research funding agencies.

In this annual report, you will see how we are living up to the pursuit of our Vision and Mission in Canada and how we are progressing on our goals.

Background

The Canadian Cochrane Network and Centre was officially established in August 1993 at McMaster University in Hamilton, Ontario. The CCNC has been growing steadily since then to today's size of the Canadian Cochrane Centre, five review groups, two fields and one methods group. To better address stakeholder needs over the wide geographic spread that is Canada, we also added the 18 Network Sites and 21 Affiliate organisations. Between 2002 and 2007, Canadian Cochrane active members have grown by 112% - with a current total of 835 Canadian review authors and almost 1200 Canadians involved in Cochrane!

In 2005, Dr. Jeremy Grimshaw took the helm as Director of the Centre and moved its offices to the University of Ottawa. Also in 2005, The Canadian Institutes of Health Research and the Canadian Agency for Drugs and Technology in Health granted the CCNC funding support for five years. For this investment, the CCNC made a commitment to deliver returns of increased knowledge synthesis and knowledge translation work in and for Canada.

It is with this funding that we are able to report a continuous increase in activities and to tell you about the gains we have already achieved on our way to even greater growth for the future. Our current goals and progress for 2006/07 are outlined in this report.

Wikipedia, the popular online community encyclopaedia states that, "Many healthcare journals now publish systematic reviews, but the best-known source is the Cochrane Collaboration, a group of over 6,000 specialists in health care who systematically review randomised trials of the effects of treatments and, when appropriate, the results of other research."

Who We Are: The Network

Canadian Cochrane Entities

There are almost 1200 active members of The Cochrane Collaboration in Canada, including more than 800 review authors. A Cochrane 'entity' is a term we use to identify different types of groups with different functions within Cochrane; review groups, fields, methods groups, consumer networks and centres are all types of Cochrane entities.

In Canada, some Cochrane members are linked with the entities based in Canada - five Review Groups, one Methods Group and two Fields. Others are involved in Cochrane groups based in other countries, but are supported locally by the CCNC and the Canadian Network Sites.

Review Groups

Cochrane Review Groups (CRGs) embody the central purpose of The Cochrane Collaboration because their members prepare and maintain Cochrane reviews. Review Group members can be researchers, healthcare professionals, consumers or anyone who has an interest in a particular health problem or group of problems.

Review Groups in Canada are:

- Back Review Group (BRG) at the Institute for Work and Health, Toronto;
- Effective Practice and Organisation of Care Review Group (EPOC) at the University of Ottawa;
- Hypertension Review Group (HTN) at the University of British Columbia, Vancouver;
- Inflammatory Bowel Disease and Functional Bowel Disorders Review Group (IBD/FBD) at the Robarts Institute, University of Western Ontario, London;
- Musculoskeletal Review Group (CMSG) at the University of Ottawa.

Fields

Cochrane Fields focus on areas of interest that extend across a number of health problems and work with Review Groups to promote the awareness and use of evidence-based practices in their area.

Fields in Canada are:

 Child Health Field at the University of Alberta Health Equity Field at the University of Ottawa



Nancy Santesso (CMSG), Lara Maxwell (CMSG) and Vicki Pennick (BRG)

Methods Groups

Methods Groups provide advice and support to The Cochrane Collaboration in the development of the methods of systematic reviews and play an important role to ensure that the Collaboration's products are continuously improving.

The Methods Group in Canada is:

 Bias Methods Group at the Chalmers Research Group at the Children's Hospital of Eastern Ontario

Partners

The CCNC is very grateful for the support we receive across the country. We have many committed partners who believe in disseminating rigorous, reliable healthcare evidence to their constituents and have joined us in various capacities to help accomplish this. Thanks to our partners for their support!

Network Sites

Network sites are unique to Canada in the Cochrane Collaboration and are located at the 16 Academic Health Sciences Centres, one Regional Health Authority and the University of New Brunswick (UNB). Each Network Site has one or two representatives who provide a provincial or regional presence in support of the CCNC vision and mission. Their activities include: promoting local awareness and understanding of Cochrane and its products; recruiting and supporting local Cochrane review authors and others who wish to be involved in Cochrane; and coordinating and providing training workshops for authors and users of *The Cochrane Library*.

Affiliate Organisations

The CCNC is currently affiliated with 21 healthcare professionals, research and consumer organisations and liaises with them through their designated representative. Our affiliate organisations are an essential part of our mission to foster evidence-based decision making. Through active partnerships and knowledge transfer activities, we work with our affiliates to promote the awareness, understanding and use of Cochrane reviews by their members.

New Perspectives: A Fresh CCNC Advisory Board

In 2006, we re-evaluated and reformed our Advisory Board structure to create a smaller group of external stakeholders to serve in an advisory role to the Centre. This smaller group has a greater capacity to provide high-level strategic and policy advice. The ten new members were selected to provide a balance of perspectives from across the Canadian healthcare landscape, with the capacity to strengthen the development of Cochrane activities, linkages and funding stability in Canada.

The Advisory Board Members are:

- Andreas Laupacis (Chair), Director of the Li Ka Shing Knowledge Institute
- Mark Bisby, Retired CIHR, KT
- Anne McFarlane, Executive Director of CIHI West
- Krista Connell, CEO Nova Scotia Health Research Foundation
- Denis Morrice, former President and CEO of the Arthritis Society
- Heather Dean, Editor of Diabetes Care, Professor and Clinician
- Jean Rochon, National Institute of Public Health (former Minister of Health, Que)
- Luc Boileau, President and CEO of Monteregie Local Health and Social Services
- Jean Gray, CIHR Institute of Gender Health
- Finlay McAlister, Population Health Investigator of the Alberta Heritage Foundation for Medical Research



Attendees of the Advisory Board meeting, Ottawa, February 12, 2007 (left to right): Jeremy Grimshaw; MaryEllen Schaafsma; Finlay McAlister; Jean Gray; Mark Bisby; Anne McFarlane; Andreas Laupacis; Heather Dean; Krista Connell; Denis Morrice.

Canadian Cochrane Network and Centre Performance

The CCNC has several objectives in the areas of knowledge synthesis (systematic review production and capacity building) and knowledge translation. Outlined below are the objectives and a summary of ways in which we have met them in 2006 - 2007.

Objective 1. Cochrane Review Production

The primary output of the Cochrane Collaboration is Cochrane systematic reviews. Each entity in Canada has committed to a specific number of publications in their particular area of expertise. The table below indicates the number of protocols (outlines of new reviews), reviews and updates (substantive changes to existing reviews) for each Canadian review group for the fiscal year 2006/07:

Review	New	New	Updated
Group	Protocols	Reviews	reviews
Back	3	3	5
EPOC	17	2	1
Hyper- tension	2	5	0
IBD/FBD	7	5	3
Musculo- skeletal	20	8	5

Table 1. CCNC Systematic review output

Reviews done by the Back Review Group and the Musculoskeletal Group are among the top ten accessed reviews in Canada.

49

23

14

New Products

Total

The Child Health Field launched a new online journal Evidence-Based Child Health: A Cochrane Review Journal on May 24, 2006. It contains umbrella reviews of healthcare issues affecting children and they added one new umbrella review to their tally this year¹. An article in the journal Evidence Based Medicine says about the new journal: "It is great to add to the (rather short) list of "push" information

sources ideal for those with an interest in health care for children."²

Review Journal Usage Statistics			
Hits to 🔶	Table of	Abstracts	PDF
In 🖵	Contents		Down-
•			loads
Jan-07	5114	1174	847
Nov-06	5036	785	554
Aug-06	2115	408	698
May-06	1419	146	216

Table 2: Evidence-Based Child Health: A Cochrane
Review Journal Usage Statistics

Who can access Reviews in The Cochrane Library in Canada?

- Saskatchewan, through any public library
- the three Northern territories, from home
- Nova Scotia, through any public library
- New Brunswick, through any public library
- The Canadian Dental Association members
- The Canadian Nurses Association members
- . Healthcare providers who are affiliated with Academic Health Science Centres

Objective 2. Building Capacity

A critical function of the CCNC is that of building capacity. We offer a variety of training workshops targeted to specific audiences to help build capacity to both conduct and use Cochrane systematic reviews.

We continuously strive to meet the needs of our constituents by tailoring the training we offer. For instance, in support of the launch of The Cochrane Library in New Brunswick the CCNC sent a French and an English-speaking trainer to train the librarians in New Brunswick how to search the Library so they can help citizens find the health information they need.

An Author Training was held in February, and two of the participants travelled from out of province to attend. One took the time to contact the CCNC office to thank us for the training and to express how impressed she was by the variety of expertise, interaction and comfort level that the trainers possessed.

Two participants from that same session have since contacted the CCNC office to inquire about connecting with particular Review Groups to start a Cochrane review!

CCNC workshops are in high demand, and we almost invariably have waiting lists for every training session we offer. As well, workshop attendees give us excellent feedback in their evaluations of the workshops. From four Standard Author Training workshops, overall mean ratings were at least 4 out of 5, with 5 representing the most positive rating.

Our training opportunities are provided across Canada. Of the 2006-07 workshops, eight were held in Western Canada (BC and Alberta); one in Central Canada (Saskatoon); nineteen in Ontario and Québec; five in Atlantic Canada; one in the North, in Aklavik; and one internationally (held by a Network Site representative in Lebanon in French).

For the 2006/2007 fiscal year, the training goals of the Canadian Cochrane Centre were met or exceeded.

Workshop Type	Required	Completed
Introductory Author	2	4
Standard Author	4	5
Advanced Author	2	3
Consumer	2	2
Introduction to Cochrane	4	9
Evidence utilisation	4	13

Other CCNC members have provided additional training workshops, presentations at conferences, online modules, and other delivery venues to promote the understanding, conduct and use of Cochrane Reviews:

Table 4: Other training and education	ı.
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CCNC member	Type of
Organisation	Workshop/Presentation
	2 Literature Searching
Network Sites:	
Dalhousie	3 Critical Appraisals
University;	

University of	2 Conducting a
New Brunswick;	Systematic Review
University of	4 Using Systematic
Toronto;	Reviews
Université Laval	1 Consumer Workshop
	· · · · · · · · · · · · · · · · · · ·
Canadian	5 Conducting
Entities: Bias	Systematic Reviews
Methods Group;	Systematic Reviews
Child Health	2 Mathada
	3 Methods
Field;	6 Using Systematic
Back Review	Reviews
Group;	
Musculoskeletal	
Group	
CCNC Affiliates:	
CIRPD ⁱ ;	1 Critical Appraisal
Dietitians of	3 Using Systematic
Canada;	Reviews
Canadian	1 Using The Cochrane
Pharmacists	Library
TOTAL other	
training	31

¹ Canadian Institute for the Relief of Pain and Disability

Using Systematic Reviews in Teaching

- The University of New Brunswick Dean of Graduate Studies has approved the use of a systematic review as a Master Thesis.
- Our representative from the Canadian Nurses Association, Carole Estabrooks, regularly presents Cochrane at the University Of Alberta Faculty of Nursing, as part of her lectures to undergraduates in their research methods courses and as a highlight in a graduate course called Topics in Knowledge Utilization.

Future Plans in Training and Education

The CCNC plans to increase the training pool across the country. We will hold 'train-thetrainer' workshops to help build capacity in the area of teaching systematic reviewing skills. In addition, the CCNC is collaborating internationally with other systematic review trainers to leverage the expertise across organisations to create a common curriculum that excels in teaching the skills required for conducting systematic review training.

Objective 3. Methods Development

Cochrane has a commitment to continuous improvement of the methods of conducting systematic reviews through research in this area. In Canada, we see this occur through our Bias Methods Group (BMG). The BMG's membership is continually increasing and it added over 30 new members in 2006/2007.

The BMG has provided valuable tools and information to the CCNC, its members and the Cochrane Collaboration:

Training and Advice

The BMG hosted successful and well-attended training events this year:

 The XIV Cochrane Colloquium (Dublin, October 2006): a meeting was hosted where work of BMG members was highlighted; BMG convenors led two workshops for Colloquium attendees:

1) Investigating forms of bias in systematic reviews and methods that are used to detect and account for biases and

2) Providing review authors with an introduction to the problem of outcome selection bias and methods to identify and assess its impact in meta-analysis.

 The Canadian Cochrane Symposium (Ottawa, February 2007): a parallel session on methodological issues in the conduct of systematic reviews.

Providing evidence-based methods guidelines

The BMG is developing a methodology chapter for the *Cochrane Handbook for Systematic Reviews and Interventions*. The goal of this chapter is to alert reviewers to the problem of reporting biases and provide them with an introduction to methods used to detect some forms of bias (e.g. publication bias) and the benefits and limitations of the methods and the initiatives that have been developed to prevent reporting biases (e.g. QUORUM, trial registration).

There is evidence supporting the impact of reporting and publication biases on the *results* of systematic reviews. The development of this

chapter will guide reviewers and is an important way to decrease bias and improve the reliability and rigour of Cochrane Systematic reviews.

A researcher who was conducting a review about the conclusions of 'empty' Cochrane reviews (no studies found that meet the inclusion criteria) contacted us, the BMG and another Methods Group for advice. She has since been asked to disseminate her results in the Cochrane Handbook and has recently published her results in a peer-review journal¹.

In addition, BMG members have published seven other papers on bias and quality issues in systematic reviewing.

Why is this work so important?

There is some evidence of the positive effect that the methodology work of the Cochrane Collaboration is having on the *quality* of systematic reviews. Members of the BMG completed and published a review in *PLoS Medicine* of all systematic reviews indexed in MEDLINE within one month³. Upon analysis, deficiencies were apparent in all review methods and reporting; however, Cochrane reviews were consistently more thoroughly conducted and reported than non-Cochrane reviews.

World-wide Collaboration

This year, the BMG group was given the opportunity to reach out even further, to a training associate named Wim Buysse, who is working on a project called 'Strengthening in research methods' based at the ICRAF-ILRI Research Methods Group in Nairobi, Kenya. To help improve research uptake in Africa, Mr. Buysse is making efforts to raise awareness of the problem. To support this, he asked permission to post two of the resources pages from the BMG website that provide some evidence for developed countries bias.

Objective 4. Knowledge Translation (KT)

A key objective of the CCNC is to facilitate KT of high quality health care evidence through formal and informal partnerships with relevant stakeholders. This means we need to build meaningful interactions, ensure resource and expertise exchanges, and solicit active involvement with our stakeholders.

KT Online

One of the ways we have improved our communication and knowledge translation is to build a better website that is user friendly and has relevant and current information for a variety of users. It is now ready to be tailored to particular groups and have products such as online registration for our workshops and a policy-maker database added as useful tools.

KT for Consumers

Connecting with Consumers: The main consumer events this year were two workshops held in conjunction with our 2007 Cochrane Symposium; the first was an Introduction to The Cochrane Collaboration for Consumers and the second was sponsored by the Institute for Musculoskeletal Health and Arthritis on "Patients' Perspective in Systematic Reviews: Critical Appraisal and Peer Reviewing".

Feedback from participants was very positive and we were encouraged to offer additional hands-on training for protocol review, critical appraisal, dissemination and recruiting other consumers.

The CCNC Knowledge Broker had productive meetings with members of the Canadian Breast Cancer Network and Seniors Health Research Transfer Network to discuss opportunities to disseminate relevant Cochrane reviews to their members and help support better use of evidence-based information. As a result of these meetings, a member of each of the organisations participated in the Cochrane Symposium 2007 and further dissemination and training activities are planned for later in 2007.

The **Back Group** has also been increasing the involvement of consumers in their work and on the suggestion of a long-standing consumer, started to send all new protocols to consumers

for their input. They also developed a CD for consumers with important information on Cochrane and relevant reviews.

The Cochrane Musculoskeletal Group (CMSG) continued to support its long-standing connections with consumers. For instance, consumers peer review all CMSG reviews and protocols and currently they have nine active consumer peer reviewers.

In April 2006, the members of the CMSG presented at the CIHR Knowledge Exchange Task Force (KETF) meeting *Evidence on Pain and Evidence-based Messaging*. The CMSG Knowledge Translation specialist supports the KETF to identify relevant reviews and develop summaries of the results of that evidence for consumers.



Jeremy Grimshaw - translating knowledge!

The Inflammatory Bowel Disease/Functional Bowel Disorder (IBD/FBD) group currently engages five active consumers. The consumers contribute to writing plain language summaries, participate as consumer peer reviewers and assist with handsearching activities. One of these consumers attended the 14th Cochrane Colloquium in Dublin, Ireland and the 5th Canadian Cochrane Symposium in Ottawa.

The **IBD/FBD** group is also negotiating a formal relationship with the Crohn's and Colitis Foundation of America (CCFA). The CCFA will help recruit consumers, authors and peer reviewers interested in working with the IBD/FBD group. The CCFA also plans to include the plain language summaries of published IBD reviews on their website.

New Access for New Brunswick

The Cochrane Library became available to New Brunswickers in the fall of 2006 through their local public library. This was made possible with the hard work of the New Brunswick Canadian Cochrane Network Site in Fredericton, and through a provincial library consortium consisting of the UNB Library System, the eight Regional Health Authority (RHA) libraries, and the NB Public Library Service (NBPLS). Between September 2006 and February 2007 - there have been over 1500 user sessions logged from NB to *The Cochrane Library*!

KT for Policy/Decision-Makers

The CCNC Policy Liaison Office at McMaster University has been developing products that are geared to meet the health care evidence information needs of policy makers. Significant progress has been made on two objectives:

1) Enhancing the climate for research use (and specifically the use of systematic reviews):

- An inventory of 50 articles was compiled and coded - each helping to make the case for the benefits of and challenges associated with using reviews as a source of information for health system managers and policy-makers;
- Created a strategy for disseminating relevant articles, messages and resources to health system managers and policymakers;
- Developed a plan to produce a series of health care policy papers to increase understanding of finding, assessing and using Cochrane systematic reviews.

2) Developing building blocks for <u>push</u> efforts and efforts to facilitate user <u>pull</u>.

Push methods are those that are created and delivered actively to the target user. **Pull** methods involve developing an appetite and the means for the end-user to seek out the information.

The Policy Liaison Office developed a searchable database of Cochrane reviews relevant to decision-makers, using National health care priority areas and research themes. This database, which will become available on the CCNC website this year, holds information addressing questions such as:

- How to fit solutions into health systems (or design them);
- Governance arrangements (e.g., regionalization, public participation);
- Financial arrangements (e.g., financing, funding and remuneration);
- Delivery arrangements (e.g., health human resources mix, outreach clinics);
- How to bring about change in health systems;
- Effectiveness of interventions targeted at clinicians (e.g., academic detailing); and,
- Effectiveness of interventions targeted at organisations.

Where is Cochrane Evidence Used?

- Clinical Guideline development for Paediatrics and Public Health Agencies
- InfoPOEMS a quick delivery service of health intervention evidence for clinicians
- Northern Ontario Virtual Library for clinicians in the North
- Nursing Best Practice Guidelines produced by the Registered Nurses Association of Ontario
- Consumer summaries of Cochrane reviews on treatments for arthritis on The Arthritis Society website
- Health-evidence.ca; a web portal with summaries and links to Cochrane reviews, including plain language summaries.
- The CADTH COMPUS program has used EPOC overviews to inform provinces about interventions to improve prescribing behaviours.

KT and CCNC Affiliate Organisations

Cultivating Partnerships: One of the key knowledge brokering goals for this year was to cultivate relationships with our affiliate member organisations. Through presentations followed by brainstorming sessions, we met with members of eight affiliate organisations this year. Discussion focused on how to use the existing communication networks to improve the dissemination of Cochrane reviews to the affiliate members and how to address any systematic review training needs they might have.

Our affiliates are enthusiastic and supportive! It did not take long for specific actions to evolve from follow-up meetings with each organisation. Some of these are still in the planning stage, but here are some highlights.

Partners Disseminating the Evidence

The Canadian Dental Association (CDA) has purchased a license to *The Cochrane Library* for more than 12,000 members. "We are pleased to provide access to Cochrane reviews as an important way for the Association to support evidence-informed practice for dentists in Canada," comments Dr. Euan Swan, the CDA affiliate representative to the Canadian Cochrane Centre.

The Canadian Medical Association is also addressing the issue of access to full Cochrane reviews for their members. The CMAJ is in the process of determining how they can best profile Cochrane reviews relevant to physicians and general practice.

Other communication venues being used by CCNC affiliates to raise the awareness of Cochrane with their members:

Newsletters:

 The Canadian Physiotherapy Association profiled Cochrane, the Cochrane Rehabilitation and Related Therapies Field and a review related to hamstring injuries in the Best Practice Corner of their enewsletter, *Contact*.

Websites:

• A Research Corner will soon be available on the website of the Canadian Speech and

Language Pathologists and Audiologists to highlight relevant Cochrane reviews.



Cheryl Arratoon: Knowledge Brokering

- The Arthritis Society has a section of their website dedicated to consumer summaries of Cochrane reviews. This year, nine new French summaries and six additional new summaries were posted on their website.
- The Canadian Physiotherapy Association has also included in *Physiotherapy Canada* a feature entitled "What Does the Cochrane Collaboration Say About..."
- The Canadian Chiropractic Association focused on communications to its 6,000 members using *The Journal of the Canadian Chiropractic Association* to highlight "Evidence Based Chiropractic Care: Systematic Reviews from the Cochrane Musculoskeletal Group"⁴.
- Sessions were held at the Canadian Pharmacists Association Annual Conference (Edmonton, June 3-6, 2006), where six Cochrane reviews were referenced by the speaker while practitioners were guided to their practical application in patient care.

Other Publications:

 Cochrane reviews are used in the preparation of topics for *Therapeutic Choices* and *e-Therapeutics* for the Canadian Pharmacists Association. Online Tools & Databases:

- The Canadian Agency for Drugs and Technology in Health (CADTH), through their COMPUS program and in partnership with EPOC RG, launched a new interventions database summarizing current systematic review evidence about the effects of strategies to improve drug prescribing practice and use.
- The Dietitians of Canada has implemented an innovative online decision-support service for dietetic practitioners called Practice-based Evidence in Nutrition [PEN] with an extensive use of Cochrane Systematic Reviews to underpin their practice advice.

KT for the Public: Cochrane Reviews Hitting the Canadian Media

More and more Canadian and other media are using Cochrane reviews in their health stories. They recognize that reporting on health news to the public is a huge responsibility and that using Cochrane helps them provide the strongest, most reliable health care evidence possible to their readers.

Where has Cochrane cropped up in the Canadian Media?

Table 5: Canadian Media Hits	Table 5	5:	Canadian	Media	Hits
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When?	Where?	What? (Review Title)
26-Feb-	Stitches for	Interventions for
07	Patients	improving older
		patients' involvement in
		primary care episodes ⁵
29-Jan-	CBC News	Phosphodiesterase
07		inhibitors for erectile
		dysfunction in patients
		with diabetes mellitus ⁶
25-Oct-	Globe and	Screening for breast
06	Mail	cancer with
		mammography ⁷
19-Jul-	World	Vaccines for preventing
06	Fitness	influenza in the elderly ⁸
20-Jul-	World	Breastfeeding or breast
06	Fitness	milk for procedural pain
		in neonates ⁹
19-May-	Chronicle	Herbal medicine for low
06	Herald	back pain ¹⁰
14-May-	Toronto Sun	Compression stockings
06		for preventing deep

		vein thrombosis in airline passengers ¹¹
9-May-	Hamilton	Music for pain relief ¹²
06	Spectator	
30-Mar-	UBC Physio	Epidemiology and
07	InfoBlog	Reporting
		Characteristics of
		Systematic Reviews ¹³
28-Mar-	Wikipedia	Epidemiology and
07		Reporting
		Characteristics of
		Systematic Reviews ¹⁴

Canadian Reviews in the Media, World-wide

Cochrane reviews from the Canadian review groups have received worldwide press attention. Highlighted below are some major press outlets, as well as various countries which have picked up these reviews in their stories.

The influence and use of Cochrane reviews produced in Canada is found not only at home, but across the globe. These include:

- Strontium ranelate for Osteoporosis¹⁵; August 2006, in the Times of London and the Doctor's Guide (UK and US)
- Effects of glucocorticoids on radiological progression in rheumatoid arthritis¹⁶; several times between January and March 2007, in 30 different media sources from the US, UK, India, Mexico and online.
- Calcium supplementation for improving bone mineral density in children¹⁷; April 2006, in five different media sources from the US, UK and Australia.

Other KT Initiatives

Networking:

The Canadian CHAIN [Contact, Help, Advice and Information Networks]: This is a virtual network that provides an easy, reliable and proven way to share in the expertise and experience of a network of colleagues in Canada and around the world. It focuses on using evidence to benefit care and service provision. It is a multi-professional, mutual self-help group designed to break down barriers and facilitate sharing of knowledge and experience. Practitioner Tools: The Back Review Group continues to work with POCKET: Physicians of Ontario Collaborating for Knowledge Exchange and Transfer to develop evidence-based tools for the management of low-back pain. Cochrane reviews are used extensively to provide the evidence base.

Canadian Cochrane Symposia

The 5th Canadian Cochrane Symposium, held in chilly Ottawa on February 12 and 13, 2007, was a huge success. We had a record number of quality abstracts submitted, a record number of attendees (280) and many speakers and attendees from abroad. We had sessions for a variety of audiences including systematic reviewers, knowledge brokers, academics, policy-makers and more. The plenary sessions focused on how Canada is using knowledge for health, global health, public health and broadening the evidence base.

Upcoming Canadian Cochrane Symposia

2008: West - The Child Health Field and the University of Alberta Network Site are hosting the next Symposium in Edmonton!

2009: Maritimes - University of New Brunswick, Memorial University Newfoundland and Dalhousie University Network Sites, with the Nova Scotia Health Research Foundation, host in Halifax.

KT Through Cochrane Collaboration Initiatives

Réseau francophone Cochrane

The Réseau francophone Cochrane is an exciting and fairly new initiative that is being hosted and supported by the CCNC, working in partnership with Cochrane colleagues from Switzerland, Belgium, France and of course, French-speaking Canada. Efforts are underway to help French-speaking Africa and other LMIC countries get involved as well. Some highlights of this initiative are:

- Cochrane Collaboration information such as the Newcomer's Guide has been translated;
- A dossier of information (in French) on the Réseau francophone Cochrane is available;

- The CCNC is building partner support in Québec to grow the Réseau activities in Canada;
- Pilot projects are underway or being planned, such as translating PEARLS for Family Physicians by Dr. Pierre Pluye at our McGill Network Site. PEARLS stands for Practical Evidence about Real Life Situations and are synopses of Cochrane Reviews selected for their relevance in primary health care.



Tomas Pantjoa (Chile), Andy Oxman (Norway) and John Lavis (Toronto) at the 5th Canadian Cochrane Symposium

CCNC Resources

Financial Contributions

We thank our funders and donors for their ongoing commitment to what the CCNC does in and for Canada and the world:

Funding: Our current funding comes from a multi-partner funding agreement in the form of secured stable financing for Cochrane in Canada; this funding continues to enhance Canada's reputation as a leader in health research. These partners include: the Canadian Institutes for Health Research (and six of the institutes within CIHR) and the Canadian Agency for Drugs and Technology in Health (CADTH).

The Canadian Cochrane Network and Centre, CADTH and CIHR have always been natural partners, all committed to supporting informed healthcare decision making in Canada. As well, The First Nations and Inuit Branch of Health Canada has provided funding to the Northern Territories to give access to *The Cochrane Library* and support KT in the North.

The University of Laval Network Site is proud to announce that they have been granted funding to support Cochrane activities at Laval! The Centre de recherche du CHUQ has committed \$30 000 for 2007-2008 to the Canadian Cochrane Network Site at Université Laval / CRCHUQ.

Donations: The Canadian Chiropractic Association, Canadian Chiropractic Examining Board and Canadian Chiropractic Protective Society continue to provide direct funding support to the Canadian Cochrane Center, in support of its goals and objectives. In addition, we had several financial sponsors for the 5th Canadian Cochrane Symposium.

Optimal Use of Current Funding

2006-2007 was a year of transition and startup. The fiscal year began in April, but until June, there was only one paid staff working for the Centre: Miranda Cumpston. Miranda did a fantastic job holding everything together while assisting in the search and hire of new staff for the Ottawa office and transitioning the CCNC offices from McMaster to the University of

Ottawa. Miranda has since left to return home to her native Australia.

By August, three staff were on board and in January 2007, the CCNC had its full team together - Director, Executive Director, Knowledge Broker, Education Coordinator and Administrative Assistant. In addition, the McMaster Policy Liaison office filled its staff positions and began their work.



Miranda Cumpston, former Education Coordinator of the CCNC and "she who held it all together" THANK YOU!

Due to the late start and fewer expenses in the first half the year as the new office geared up, there is an unanticipated surplus for 2006-2007.

We have targeted plans for these funds in the beginning of the 2007-2008 fiscal year. These plans include:

- Hiring a summer student to support the development of the Cochrane Consumer Network and related KT activities.
- Branding exercise to develop a recognized 'look' to represent the CCNC in our outreach activities to be used in the years ahead.
- Developing promotional CCNC material such as fact sheets, targeted brochures for various audiences, an exhibit booth display to showcase Cochrane work in Canada, French versions of all and more as the need arises.

- Building a CCNC Reference Library of systematic review literature and books as a resource to help review authors.
- Increasing the availability of statistician assistance for reviewers by supporting our statistician based at the University of Toronto in holding workshops.
- Developing a central online registration system to support our workshops across the country that all CCNC entities and network sites can access for Cochrane activities.
- Helping to grow the Réseau francophone Cochrane, especially the francophonie in

sub-Saharan Africa - to help them become more involved in the RFC.

- Translating more Cochrane information into French as opportunities arise.
- Providing limited support to the Network Sites for their Cochrane activities.
- Increase consumer involvement in Cochrane activities, such as the Consumers United for Evidence-based Healthcare (CUE) and the United States Cochrane Center (USCC)'s 2007 Advocacy Summit, "Understanding Evidencebased Healthcare: A Foundation for Action".



The Canadian Cochrane Network and Centre Team (from left to right): Lisa McGovern, Administrative Assistant; MaryEllen Schaafsma, Executive Director; Jeremy Grimshaw, Director; Cheryl Arratoon, Knowledge Broker; Adrienne Stevens, Education Coordinator. Canadian Cochrane Network and Centre 2006 - 2007 Financial Summary

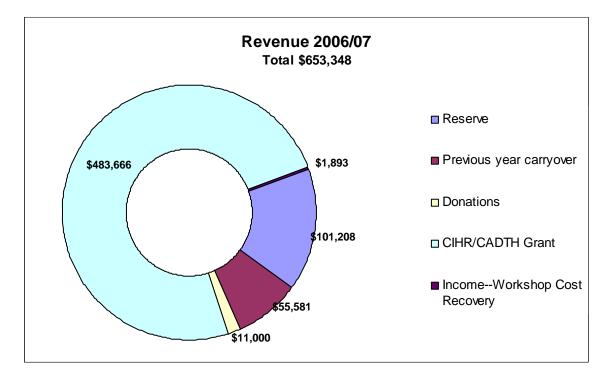
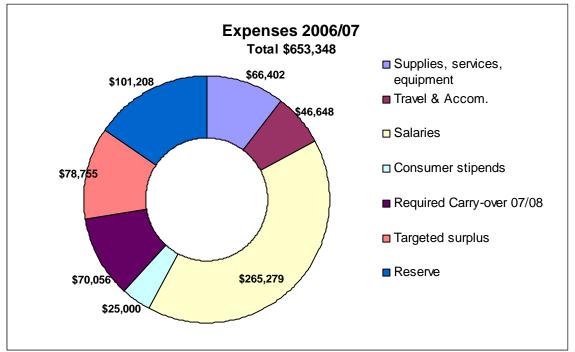


Figure 1: CCNC Revenue by source and amount

Figure 2: CCNC Expenses, by category and amount



Developing Strong Alternative Resource Capacity

"Alternative resources" are people, in-kind contributions, goodwill and advocates willing to promote Cochrane and Cochrane resources to their constituents. In other words, these are our friends committed to the mandate of Cochrane.

This is an enormous strength for the CCNC. With 21 Affiliates and 18 Network Sites and already a few more of each knocking on our door, the CCNC is adept at creating powerful linkages. More partners are required as people across the country help widen the impact and use of Cochrane evidence in practice and decision making.

In-Kind Contributions and Volunteer Resources

In-kind contributions: All the Network Sites provide, at minimum, space for Cochrane activities and time for their Cochrane Site representatives and Committees to do their work. Many have also supported presentations or workshops.

Volunteers: In Cochrane, most of the review authors are on a volunteer basis. At each Network Site and in each Affiliate organisation, there is at least one representative leading a committee of people from the region who also gives their time to promote Cochrane evidence. People frequently come forward to lend a hand to Cochrane. For instance, at the 5th Canadian Cochrane Symposium, there were more than 20 volunteers helping on committees and during the two days of the Symposium.

CCNC Directions 2007-2008

The CCNC continues to pick up speed looking forward to the next year. Our objectives for 2007/08 are similar to those of the last year, but we are taking them to a new level.

Objective 1. Cochrane Systematic Review Production

We plan to meet or exceed our goals for the production of new reviews, protocols and updates of Cochrane reviews. To do so, we plan

to steadily increase the number of review authors in Canada.

Objective 2. Building Capacity

We are in consultation regarding our training and education framework and developing revised curriculum that meet the high standards of Cochrane. This framework and program will be rolled out across Canada over the next couple of years.

Objective 3. Methods Development

The Methods Group is planning a key Methods Workshop for 2007/08 that will cover specialized and critical topics regarding bias and ways to mitigate bias in conducting a systematic review.

Objective 4. Knowledge Translation

The CCNC is gaining momentum in its KT activities as these activities continue to build on each other. In 2007/08, we will:

- Increase the number of consumers involved in the consumer network.
- Disseminate resources for policy makers such as "friendly front ends".
- Work with a growing number of Network Sites to increase activities and work with them to find funding to support this.
- Continue our pursuit of a national license to *The Cochrane Library* for Canada.
- Increase translation of Cochrane documents and reviews into French.
- Develop a Media Communications Plan.

CCNC Resources

In 2007/08, we will be developing a business case that clearly demonstrates the value of Cochrane to and in Canada, as well as a funding action plan to guide us as we plan ahead.

We will also develop our alternative resource pool by increasing the trainer base in Canada. As well, we are poised to add more affiliate organisations and network sites to help increase Cochrane training and dissemination activities across Canada.

References

¹ Ken Bond, Tara Horvath, Krystal Harvey, Charles Shey Wiysonge, Jennifer S. Read. The Cochrane Library and mother-to-child transmission of HIV: an umbrella review *.Evid.-Based Child Health* **2**: 4–24 (2007) ² http://ebm.bmj.com/cgi/content/full/12/1/29

⁴ JCCA 2006 50(4):238-243. <u>http://www.jcca-online.org/Client/cca/jcca.nsf/objects/jcca-v50-4-238/\$file/jcca-v50-4-238.pdf</u> The authors were Nancy Santesso, RD, MLIS, Lara Maxwell, BSc, Peter S Tugwell, MD, MSc, Rachelle Buchbinder, MBBS(Hons), MSc, Renea Johnston, PhD, and the Editorial Board of the Cochrane Musculoskeletal Group.

⁵ Wetzels R, Harmsen M, Van Weel C, Grol R, Wensing M. Interventions for improving older patients' involvement in primary care episodes. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD004273. DOI: 10.1002/14651858.CD004273.pub2.

⁶ Vardi M, Nini A. Phosphodiesterase inhibitors for erectile dysfunction in patients with diabetes mellitus. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD002187. DOI: 10.1002/14651858.CD002187.pub3.

⁷ Gøtzsche PC, Nielsen M. Screening for breast cancer with mammography. *Cochrane Database of Systematic Reviews* 2006, Issue 4. Art. No.: CD001877. DOI: 10.1002/14651858.CD001877.pub2.

⁸ Rivetti D, Jefferson T, Thomas R, Rudin M, Rivetti A, Di Pietrantonj C, Demicheli V. Vaccines for preventing influenza in the elderly. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD004876. DOI: 10.1002/14651858.CD004876.pub2.

⁹ Shah PS, Aliwalas LL, Shah V. Breastfeeding or breast milk for procedural pain in neonates. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD004950. DOI: 10.1002/14651858.CD004950.pub2

¹⁰ Gagnier JJ, vanTulder M, Berman B, Bombardier C. Herbal medicine for low back pain. *Cochrane Database of Systematic Reviews* 2006, Issue 2. Art. No.: CD004504. DOI: 10.1002/14651858.CD004504.pub3.
¹¹ Clarke M, Hopewell S, Juszczak E, Eisinga A, Kjeldstrøm M. Compression stockings for preventing deep vein

¹¹ Clarke M, Hopewell S, Juszczak E, Eisinga A, Kjeldstrøm M. Compression stockings for preventing deep vein thrombosis in airline passengers. *Cochrane Database of Systematic Reviews* 2006, Issue 2. Art. No.: CD004002. DOI: 10.1002/14651858.CD004002.pub2.

¹² Cepeda MS, Carr DB, Lau J, Alvarez H. Music for pain relief. *Cochrane Database of Systematic Reviews* 2006, Issue 2. Art. No.: CD004843. DOI: 10.1002/14651858.CD004843.pub2.

¹³ Moher D, Tetzlaff JM, Tricco AC, Sampson M, Altman DG. Epidemiology and reporting characteristics of systematic reviews. *PLoS Medicine*. 2007; **4** (3): e78)

¹⁴ Ibid.

¹⁵ O'Donnell S, Cranney A, Wells GA, Adachi JD, Reginster JY. Strontium ranelate for preventing and treating postmenopausal osteoporosis. *Cochrane Database of Systematic Reviews* 2006, Issue 4. Art. No.: CD005326. DOI: 10.1002/14651858.CD005326.pub3.

¹⁶ Kirwan JR, Bijlsma JWJ, Boers M, Shea BJ. Effects of glucocorticoids on radiological progression in rheumatoid arthritis. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD006356. DOI: 10.1002/14651858.CD006356.

¹⁷ Winzenberg TM, Shaw K, Fryer J, Jones G. Calcium supplementation for improving bone mineral density in children. *Cochrane Database of Systematic Reviews* 2006, Issue 2. Art. No.: CD005119. DOI: 10.1002/14651858.CD005119.pub2.

³ Moher D, Tetzlaff JM, Tricco AC, Sampson M, Altman DG. Epidemiology and reporting characteristics of systematic reviews. *PLoS Medicine*. 2007; **4** (3): e78).

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An Entity of the Cochrane Collaboration

