



**Cochrane Canada**

# Annual Report 2013-2014

Trusted evidence. Informed  
decisions. Better health.



# Who We Are

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Cochrane Canada is comprised of all Cochrane groups residing in Canada. This includes:

- Centres: Canadian Cochrane Centre
- Review Groups: Back Review Group, Effective Practice and Organisation of Care Review Group, Hypertension Review Group, Inflammatory Bowel Disease and Functional Bowel Disorders Review Group, Musculoskeletal Review Group, Upper Gastrointestinal and Pancreatic Diseases Review Group
- Fields: Child Health Field
- Methods Groups: Applicability and Recommendations Methods Group (not funded under the current Canadian Institutes of Health Research (CIHR) grant), Bias Methods Group, Campbell and Cochrane Equity Methods Group, Prognosis Methods Group satellite (not funded under the current CIHR grant).
- Regional Sites and our Advisory Board

The Canadian Cochrane Centre (CCC), founded in August 1993, is one of 14 independent, not-for-profit Centres of The Cochrane Collaboration worldwide. The CCC supports the activities of over 3000 members of The Cochrane Collaboration in Canada to promote the Collaboration, *The Cochrane Library* and evidence-based healthcare.

As the central contact point for the Collaboration within Canada, Centre staff aim to:

- Develop relationships with partner organizations in Canada;
- Facilitate national and international linkages;
- Coordinate training activities across Canada;
- Promote awareness, access and use of Cochrane Reviews; and
- Support the other Cochrane groups located in Canada.

The CCC has a partnership of representatives from Canadian universities, health professional organizations, government agencies and consumer groups; essentially the membership of Cochrane located in Canada.

## *Our Vision*

To have individual and system level healthcare decision-makers understand the importance of using Cochrane Reviews to inform practice and that all healthcare decisions in Canada are informed by the best available evidence.

## *Our Mission*

The Canadian Cochrane Centre cultivates evidence-based decision-making by promoting the use and accessibility of Cochrane Reviews. The CCC supports and offers high quality training to those interested in using and producing Cochrane Reviews.

## *Cochrane Canada Members*

### *Canadian Cochrane Centre*

Jeremy Grimshaw, Director

Jordi Pardo Pardo, Acting Executive Director

Chris McCutcheon, Senior Funding Strategy Development Advisor

Lori Tarbett, Communications Specialist

Alicia Marshall, Communications & Multimedia Associate

Lisa McGovern, Office Coordinator

Eileen Vilis, Knowledge Broker

Catherine McNair, Communications Associate (until August 2014)

Adele Pontone, Assistant Education Coordinator (until July 2014)

Kusala Pussegoda, Dr Cochrane Project Coordinator (until March 2014)

Erin Ueffing, Education Coordinator (on maternity leave until 2015)

Mary Ellen Schaafsma, Executive Director (until September 2014)

### *Cochrane Policy Liaison Office*

John N. Lavis, Professor and Director of the McMaster Health Forum

François-Pierre Gauvin, Knowledge Broker

### *Nova Scotia Cochrane Resource Centre*

Jill Hayden, Lead

Jenny Cartwright, Research Coordinator

Sarah Visintini, Evidence Synthesis Coordinator

### *Québec Branch of the Canadian Cochrane Centre*

France Légaré, Scientific Director

Paul Fortin, Co-Director

William Witteman, Information Specialist

Nadine Tremblay, Branch Coordinator (until August 2014)

## *Fields*

### *Child Health Field*

Lisa Hartling, Director  
Denise Thomson, Coordinator  
Marta Oleszczuk, Project Coordinator  
Aireen Wingert, Project Coordinator  
Megan Sommerville, Research Assistant

## *Methods Groups*

### *Bias Methods Group*

David Moher, Convenor  
Alain Mayhew, Coordinator

### *Campbell & Cochrane Equity Methods Group*

Peter Tugwell, Convenor  
Vivian Welch, Convenor  
Jennifer Petkovic, Coordinator

### *Applicability and Recommendations Methods Group (not currently funded by CIHR)*

Holger Schünemann, Convenor  
Gordon Guyatt, Convenor

### *Prognosis Methods Group (not currently funded by CIHR)*

Jill Hayden, Convenor

## *Review Groups*

### *Back Review Group*

Andrea Furlan, Coordinating Editor  
Claire Munhall, Managing Editor  
Shireen Harbin, Trials Search Coordinator  
Allison Kelly, Editorial Assistant  
Teresa Marin, Managing Editor (until August 2014)

### *Effective Practice and Organisation of Care Review Group*

Jeremy Grimshaw, Coordinating Editor  
Julia Worswick, Managing Editor  
Tamara Rader, Information Specialist/Trial Search Coordinator  
Michelle Fiander, Information Specialist/Trial Search Coordinator (until July 2014)

*Hypertension Review Group*

James (Jim) M Wright, Editor  
Ciprian Jauca, Managing Editor  
Douglas M Salzwedel, Trials Search Coordinator

*Inflammatory Bowel Disease and Functional Bowel Disorders Review Group*

Nilesh Chande, Coordinating Editor  
Brian Feagan, Coordinating Editor  
John K MacDonald, Managing Editor  
Claire Parker, Trials Search Coordinator

*Musculoskeletal Review Group*

Peter Tugwell, Coordinating Editor  
Elizabeth Ghogomu, Managing Editor  
Lara Maxwell, Managing Editor  
Jordi Pardo, Managing Editor  
Tamara Rader, Knowledge Translation Specialist & Trials Search Coordinator

*Upper Gastrointestinal and Pancreatic Diseases Review Group*

Grigorios Leontiadis, Coordinating Editor  
Paul Moayyedi, Coordinating Editor  
Karin Dearness, Managing Editor

*Regional Site Representatives*

*Alberta*

University of Alberta, Joanne Homik  
University of Calgary, Diane Lorenzetti & Roger Thomas

*British Columbia*

University of British Columbia, Arminée Kazanjian

*Manitoba*

University of Manitoba, Michael E K Moffatt

*New Brunswick*

University of New Brunswick, Nicole Letourneau & Elizabeth Sloat

*Newfoundland and Labrador*

Memorial University, Stephen Bornstein

### *Nova Scotia*

Nova Scotia Cochrane Resource Centre  
Dalhousie University, Michael Graven & Jill Hayden

### *Northern (Nunavut, NWT, YK)*

The Northern Canadian Cochrane Network  
Yukon College, Susan Chatwood & Kami Kandola

### *Saskatchewan*

University of Saskatchewan, Sandra Webber

### *Ontario*

McMaster University, currently vacant  
Queen's University, Phil Hahn & Tanveer Towheed  
University of Ottawa, Peter Tugwell & George Wells  
University of Toronto, Joseph Beyene & Prakesh Shah  
University of Western Ontario, currently vacant

### *Québec*

McGill University, Pierre Pluye & Jacques Veronneau  
Université Laval, France Légaré  
Université de Montréal, Nils Chaillet  
Université de Sherbrooke, currently vacant

## *Advisory Board*

Krista Connell (Chair), Chief Executive Officer, Nova Scotia Health Research Foundation; Halifax, NS

Timothy Caulfield, Canadian Research Chair in Health Law and Policy; Professor, Faculty of Law and School of Public Health, Health Law Institute, University of Alberta; Edmonton, AB

Heather Davidson, Assistant Deputy Minister, B.C. Health Planning and Innovation Division, Ministry of Health; Vancouver, BC

Christine Fitzgerald, Past Senior Executive at Canadian Institutes of Health Research; Ottawa, ON

David Henry, President and CEO, Institute for Clinical Evaluative Sciences; Toronto, ON (until April 2014)

Jean Légaré, Patient Partner in the Canadian Arthritis Network; Québec City, QC

Mary Catherine Lindberg, Chairperson, Patented Medicine Prices Review Board (PMPRB); Former Executive Director of the Council of Academic Hospitals of Ontario; Toronto, ON

Stuart MacLeod, Senior Clinician Scientist, CFRI; Professor, Division of Administration, Department of Pediatrics, University of British Columbia; Vice President, Academic Liaison and Research Coordinator, Provincial Health Services Authority; Vancouver, BC

Denis Morrice, Ambassador, Bone and Joint Decade; Toronto, ON (until April 2014)

Vasanthi Srinivasan, Interim Executive Director, Ontario SPOR SUPPORT Unit; Toronto, ON

François Rousseau, Professeur (médecin), Unité de recherche en génétique humaine et moléculaire, Université Laval & CHUQ Université Laval; Québec City, QC

Jo Watson, Operations Director in the Women & Babies Programme at Sunnybrook Health Sciences Centre; Nurse Practitioner & Adjunct Faculty member at the Lawrence S. Bloomberg, Faculty of Nursing; Toronto, ON

## *Partners*

### *Health Policy Organizations*

Pan American Health Organization

Representative: Luis Gabriel Cuervo

### *Health Professional Organizations*

Canadian Association of Occupational Therapists

Representative: Mary Egan

Speech-Language & Audiology Canada

Representative: Rosemary Martino

Canadian Chiropractic Association

Representative: Allan Gotlib

Canadian Dental Association

Representative: Euan Swan

Canadian Dental Hygienists Association

Representative: Nancy Gharib

Canadian Medical Association

Representative: Sam Shortt

Canadian Nurses Association  
Representative: Lisa Ashley

Canadian Pharmacists Association  
Representative: Carol Repchinsky

Canadian Physiotherapy Association  
Representative: Carol Miller

The College of Family Physicians of Canada  
Representative: Jamie Meuser

Dietitians of Canada  
Representative: Jayne Thirsk

Royal College of Physicians and Surgeons of Canada  
Representative: Tanya Horsley

Health Research Organizations  
Canadian Agency for Drugs and Technologies in Health  
Representative: Tammy Clifford

Canadian Health Libraries Association  
Representative: Doug Salzwedel

Canadian Institute for Health Information  
Representative: Georgina MacDonald

Canadian Institute for the Relief of Pain and Disability  
Representative: Marc White

Canadian Partnership Against Cancer  
Representative: Louise Zitzelsberger

Canadian Task Force on Preventive Health Care  
Representative: Marcello Tonelli

Institute for Clinical Evaluative Sciences  
Representative: David Henry

Institut national d'excellence en santé et en services sociaux  
Representative: Reiner Banken



Seniors Health Knowledge Network  
Representative: Lindsay Ogilvie

### *Consumer Organizations*

The Arthritis Society  
Representative: Lynn Moore

Canadian Cancer Society  
Representative: Robert Nuttall

### *Health and Safety Organizations*

WorkSafe BC  
Representative: Craig Martin

*Welcome,*

It is my pleasure to present the annual Cochrane Canada report to you. As you will see from reading the report, Canadian Cochranites have once again made significant contributions to the Canadian landscape and the broader Cochrane Collaboration. Our Canadian efforts are possible through the support of the Canadian Institutes of Health Research.

This year, as in previous years, we have continued to produce: we completed 41 Cochrane protocols, 30 completed reviews, and 20 review updates. These are important achievements and reflect a continued dedication of all Canadian Cochrane personnel to the collaboration and to providing Canadians with high quality evidence that can be used in a multitude of ways.

In the last year we have also remained productive with our training and education initiatives. 2339 people have participated in 24 training events (online and in person), including 1 train the trainer workshops.

With five Methods groups Cochrane Canada continues to play an important role in developing Methods research relevant to the conduct and reporting of Cochrane reviews. Many of these methods are also used by non-Cochrane groups, demonstrating the extraordinary reach of Cochrane, and its commitment to methods research. One of the main activities keeping the Bias Methods Group, and several other Cochrane entities, busy this year in the development and initial roll out of the new Risk of Bias assessment tool. Formally known as A Cochrane Risk Of Bias Assessment Tool: for Non-Randomized Studies of Interventions (ACROBAT-NRSI), this tool now incorporates assessments of non-randomized trials. ACROBAT-NRSI is concerned with evaluating the risk of bias in the results of non-randomized studies that compare the health effects of two or more interventions. It is broadly based on the Cochrane Risk of Bias tool for RCTs, launched in 2008 and modified in 2011. The tool provides a systematic way to organize and present the available evidence relating to risk of bias. Evaluations of risk of bias in the results of non-randomized studies are facilitated by considering each NRS as an attempt to emulate (mimic) a hypothetical RCT to investigate the PICO research question of interest specified in the review protocol. ACROBAT-NRSI provides a consistent approach to indicate whether evidence from non-randomized studies is robust enough to be comparable to RCTs, whether we should be cautious on the interpretation, or whether the studies have serious flaws. The tool has been under development for the past two years and is now ready for application by Review Groups. The ACROBAT-NRSI was presented in September 2014 in Hyderabad.

Best regards,

David Moher  
Co-convenor  
Cochrane Bias Methods Group

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## Greetings

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### *Linking with CIHR*

Cochrane Canada has an active relationship with the Canadian Institutes of Health Research (CIHR), which allows for greater dissemination of evidence-based healthcare research, as well as new opportunities for collaboration with other prominent healthcare organizations in Canada.

Throughout the past year, the Canadian Cochrane Centre has continued to work with the Communications and Public Outreach branch of CIHR to help promote Cochrane Reviews and evidenced-based health information. The goal of the joint communications strategy is to raise awareness among Canadians and CIHR researchers of The Cochrane Collaboration and *The Cochrane Library* as a source of high-quality healthcare evidence. Visit the [Reviews of Health Research Page](#) featured on CIHR's website to see more.

### *Cochrane Corners*

Several Cochrane groups in Canada contribute to a Cochrane Corner with a CIHR Institute. A Cochrane Corner is a dedicated space on an Institute's (or any health organization's) website to promote new Cochrane Reviews that are relevant to that particular area of health. Cochrane Corners are updated at regular intervals ranging from monthly to quarterly.

The following CIHR Institutes feature Cochrane Corners on their websites:

#### CIHR Institute of Gender and Health (IGH)

The Campbell and Cochrane Equity Methods Group works with IGH to showcase Cochrane Reviews that have considered sex and gender in their analyses and discussion. In 2014, a redesigned version of the IGH Cochrane Corner website was launched. Each month the Equity Methods Group reviews the abstracts and full texts of new and updated Cochrane Reviews to determine which have considered sex/gender. These reviews are then featured on the Cochrane Corner website.

#### CIHR Institute of Infection and Immunity (III)

The Inflammatory Bowel Disease and Functional Bowel Disorders Review Group regularly feed reviews of interest to the III Cochrane Corner.

#### CIHR Institute of Musculoskeletal Health and Arthritis (IMHA)

The Back Review Group and the Musculoskeletal Review Group contribute reviews to the IMHA Cochrane Corner. The Back Group also shares news items (e.g., BRG news, author interviews) with IMHA for dissemination in their newsletter. Tamara Rader, Knowledge Translation Co-ordinator for the Musculoskeletal Group, is a member of the IMHA Knowledge Translation Committee.

## *CIHR Grants*

The Child Health Field Director, Dr Lisa Hartling, is a Co-Principal Investigator on a *Knowledge to Action Operating Grant* awarded in 2014 titled, “Knowledge Translation tools for parents with children with croup and gastroenteritis.” The investigators will develop and evaluate three innovative information tools for parents with sick children. Parents will be actively involved in the development and evaluation of the tools. After the evaluation, these tools will be made widely available using digital and social media platforms.

Dr Hartling was awarded a Knowledge Synthesis Grant from the fall 2013 competition titled, “A systematic review of the safety of corticosteroids in pediatric respiratory diseases.” The Field’s Portuguese Director, Dr Ricardo Fernandes, is a Co-Investigator on this grant.

Dr Hartling continues to work on her CIHR New Investigator Award and associated Operating Grant, “Optimizing evidence synthesis for informed decision-making.” Because of her work in this area, she was invited to be a Co-Convenor of the Cochrane Comparing Multiple Interventions Methods Group.

The Effective Practice and Organisation of Care (EPOC) Review Group is nearing the final stages of completion of its CIHR-funded “KT Knowledge to Action” project to develop and evaluate a training programme for Rx for Change. The programme has been developed and the training delivered in three Canadian organizations (23 participants) and two Australian organizations (26 participants) between March and May 2014. The data collection is complete and final data analysis is underway.

Australian and Canadian knowledge users and several grant collaborators have been invited to Ottawa for a two-day “end of grant” event (November 27-28, 2014) to discuss the results of the research project and participate in an educational workshop. The meeting is being held at the Canadian Agency for Drugs and Technologies in Health (CADTH). The workshop is being provided by the McMaster Health Forum team under the direction of John Lavis and is entitled “Finding and Using Research Evidence to inform decision-making in health systems and organizations”. Knowledge users are also participating in meetings during this two-day event with various CADTH staff to encourage collaboration and learning.

The Nova Scotia Cochrane Resource Centre participated in a CIHR funded Café Scientifique in Halifax on February 17, 2014, representing research evidence. The title of the event was, “Coconut Oil Cures and Dentures Cause Dementia: why is the science of dementia so hard to understand?”

The Canadian Cochrane Centre received CIHR funding to host a Café Scientifique in Ottawa in April 2014. The title of the event was, *Of Mice and Men: Making Sense of Health Science in the Media*. Over 80 people attended.

## *Joint Projects*

The Bias Methods Group (BMG) continues to be involved in reviews for the Drug Safety and Effectiveness Network (DSEN), established by CIHR in collaboration with Health Canada and other stakeholders. The projects address specific research questions posed by DSEN stakeholders and provide BMG with opportunities to test new methods and address new risk of bias issues. In the past year we have submitted two DSEN reports; one is in progress.

In 2013-2014, the Cochrane Policy Liaison Office incorporated Health Systems Evidence, which is maintained with support from Cochrane Canada, into the McMaster Optimal Aging Portal (<http://www.mcmasteroptimalaging.org>). This new Portal is an online resource that provides citizens with trusted, evidence-based information about how to stay healthy, active and engaged as we grow older and how to manage their health conditions. The Portal brings together research evidence, including Cochrane Reviews and summaries, about questions related to aging, and presents it in ways that are meaningful to citizens. The Portal also includes links to a wide range of other online resources that have been rated for quality. The Portal has been developed to appeal, first and foremost, to citizens, but also has separate webpages and supports for clinicians, public health professionals and policy-makers.

## Funding

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Approximately 19 per cent of the five-year award granted by the Canadian Institutes of Health Research (CIHR) was used between 1 September 2013 and 31 August 2014.

Cochrane Canada would also like to thank and acknowledge our additional funders:

- Canadian Chiropractic Research Foundation
- Canadian Chiropractic Association
- Canadian Chiropractic Protective Association
- Canadian Chiropractic Examining Board
- Ontario Ministry of Health and Long-Term Care  
(One million over five years to support the work of Cochrane Canada, particularly in Ontario)
- Ministère de la Santé et des Services sociaux du Québec  
(French translation of Cochrane abstracts and Plain Language Summaries)
- Fonds de la recherche en santé du Québec  
(French translation of Cochrane abstracts and Plain Language Summaries)
- L'Institut national d'excellence en santé et en services sociaux  
(French translation of Cochrane abstracts and Plain Language Summaries)
- CIHR Meetings, Planning and Dissemination Grant (July 2011 notification)  
(\$100,000 for "Dr Cochrane: developing online learning modules for Cochrane Reviews")
- CIHR Cafe Scientifique Programme (2013-05-24)  
\$3,000 for "Of Mice and Men: Making Sense of Health Science in the Media"
- CIHR Knowledge Translation Award \$100,000
- CIHR Dissemination Events Grant (21st International Cochrane Colloquium) \$25,000

The Cochrane Canada grant totalled \$9.9 million for five years, with contributions from:

Institution	Contribution
Canadian Institute of Health Research (CIHR) Knowledge Synthesis and Exchange Branch	\$5,000,000
CIHR — French Translation project	\$300,000
CIHR Strategy for Patient-Oriented Research	\$2,200,000
CIHR Institute of Circulatory and Respiratory Health	\$150,000
CIHR Institute of Nutrition, Metabolism and Diabetes	\$500,000
CIHR Institute of Musculoskeletal Health and Arthritis	\$250,000
CIHR Institute of Gender and Health	\$500,000



CIHR Institute of Infection and Immunity	\$250,000
CIHR Institute of Health Services and Policy Research	\$500,000
CIHR Institute of Cancer Research	\$250,000

## Growth of Cochrane in Canada

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### Authors

Since Cochrane Canada's current funding period began in 2010, the Canadian author base has steadily increased. In the past year alone, 145 new Canadians have been added as authors in The Cochrane Collaboration's database. There are now a total of 2041 Cochrane authors in Canada

Canadian authors can be associated with any of the 53 Cochrane Review Groups around the world, and six of these Review Groups are located in Canada. The Back Review Group has seen a 19 per cent increase in its membership over the past year, and now has 110 Canadian authors. Since the Inflammatory Bowel Disease and Functional Bowel Disorders Review Group was first formed in 1994, Canadian authors have contributed to the publication of 34 of its 72 Cochrane Reviews. During the 1 September 2013 to 31 August 2014 reporting period, IBD/FBD recruited 46 new authors including nine new Canadian authors bringing its total of Canadian authors to 108. The Musculoskeletal Review Group now has 189 Canadian authors, and the Upper Gastrointestinal and Pancreatic Diseases Review Group has 78.

### Members

Along with authoring reviews, members of Cochrane can take on many other existing roles within the Collaboration. For example, there are consumer representatives, peer reviewers, Cochrane trainers, etc. Cochrane Canada added 277 new members (including new authors) to its database between 1 September 2013 and 31 August 2014. There is now a total of 3301 active Cochrane Canada members. The Campbell and Cochrane Equity Methods Group has a total membership of 781 people, with about 350 located in Canada. The Hypertension Review Group has 519 members, 125 of which are located in Canada.

### Partnerships

During the last year, several Cochrane Canada groups were approached by individuals or organizations interested in partnering on a project.

The Back Review Group is working with Dr Rajaj Ranpersaud, orthopaedic surgeon, to inform how lower back pain is operationalized in order to increase the clinical relevance of the Back Group's reviews.

The Campbell and Cochrane Equity Methods Group was contacted by a research team in Lanzhou China to collaborate on a paper investigating equity considerations in clinical practice guidelines, the Micronutrient Initiative to collaborate on nutrition reviews, and Dr Soumyadeep Bhaumik, a physician researcher in India is interested in contributing to equity projects. The Equity Methods Group is working with the GRADE Working Group to develop a series of methodological papers on equity. The Migrant

Health Subgroup of the Equity Methods Group has formalized partnerships with the Ontario Ministry of Health and Long-Term Care and Public Health Ontario to develop an extension of the Health Equity Impact Assessment tool for migrants. The Group has also been working with the Public Health Agency of Canada on three rapid reviews over the past year. The Equity Group collaborated with the Centers for Disease Control and the Cochrane Oral Health Review Group for a series of systematic reviews and Community Guide.

The Musculoskeletal Review Group has partnered with the Health Information Research Unit (HIRU) at McMaster University to develop a platform using top journals to early identify clinical trials to be included in reviews. This will provide an early signal of when a review update is due. A grant proposal has been re-submitted to evaluate the impact of this tool.

The Effective Practice and Organisation of Care Group was engaged in August 2014 to provide a scoping review to the World Health Organisation (WHO) on recent evidence on non-clinical interventions to reduce unnecessary C-sections. This work will feed into the update of this EPOC review which was last published in 2011.

## Producing the Evidence: Cochrane Systematic Reviews

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### Cochrane Reviews

Cochrane Reviews are the main product of *The Cochrane Library* and are internationally recognized as the highest standard in evidence-based healthcare. A Cochrane Review addresses a clearly formulated question regarding a healthcare intervention and investigates whether or not there is conclusive evidence about a specific treatment.

EXAMPLE: Can antibiotics help in alleviating the symptoms of a sore throat?

All existing primary research on the topic is thoroughly searched, collated and assessed using strict guidelines. Cochrane Reviews are designed to facilitate the choices that practitioners, consumers, policy-makers and others face in health care. Without Cochrane Reviews, people making decisions are unlikely to be able to access and make full use of existing healthcare research.

### Cochrane Review Groups

Review Groups manage the preparation, maintenance and updating of Cochrane Reviews by providing expertise and publishing support to those conducting a review. Six out of 53 Cochrane Review Groups are located in Canada, each focusing on a different area of health.

## Review Production

	1 September 2013 – 31 August 2014		1 September 2012 – 31 August 2013	
	Target	Actual	Target	Actual
<b>Back Review Group (BRG)</b>				
Protocols	5	4	5	10
Reviews	5	2	5	6
Updates	5	1	5	5
<b>Effective Practice and Organisation of Care (EPOC) Review Group</b>				
Protocols	4	8	4	2
Reviews	4	3	4	6
Updates	5	1	5	6
<b>Hypertension (HTN) Review Group</b>				
Protocols	5	0	5	10
Reviews	5	7	5	1
Updates	5	1	5	4
<b>Inflammatory Bowel Disease and Functional Bowel Disorder (IBD/FBD) Review Group</b>				
Protocols	5	6	5	8
Reviews	6	5	6	3
Updates	5	6	5	5
<b>Musculoskeletal Review Group (MRG)</b>				
Protocols	6	15	6	15
Reviews	6	5	6	13
Updates	6	11	6	4
<b>Upper Gastrointestinal and Pancreatic Disorders (UGPD) Review Group</b>				
Protocols	6	8	6	16
Reviews	6	8	6	8
Updates	6	0	6	6
<b>Total: All Groups</b>				
Protocols	31	41	31	61
Reviews	32	30	32	37
Updates	32	20	32	30

\* In the first three years of this grant the Cochrane Hypertension Review Group published a total of 26 protocols, whereas the goal for the five years was 25 protocols. Having already surpassed the five year target for protocols two years early, the HTN Group had a moratorium on new protocols this year and shifted focus towards publishing new reviews. This year has coincided with a rigorous enforcing of the MECIR standards, which has resulted in some delays publishing new reviews as the authors required assistance in learning how to grade the evidence, create Summary of Findings tables and perform thorough risk of bias assessments. In total, seven new reviews were published during this period. An additional five reviews were in the final stages of the editorial process on 31 August 2014. The Hypertension Review Group successfully deployed two strategies to increase

the number of updates: first, the Group began routinely offering search updates (ran by the Trials Search Coordinator) to authors of reviews past due for update; second, the Group continued a prioritization exercise started in the previous year aimed at identifying the hypertension reviews past due for update and matching newly trained authors (including medical students recruited through the Group’s host institutions – the Faculty of Medicine at the University British Columbia) with these reviews in those cases where the original authors were not able to conduct the update. One update was published and seven additional updates were in the final stages of the editorial process on 31 August 2014.

\* The IBD/FBD Review Group currently has eight new reviews and six updated reviews in the editorial process. The Group anticipates publishing at least four updated reviews and between two and four new reviews before the end of 2014. The IBD/FBD Group plans to meet or exceed all of its publication goals for new reviews and updates before the end of the 1 September 2010 to 31 August 2015 CIHR funding period.

## Fields

Fields promote awareness and use of Cochrane Reviews that are relevant to a particular area of health care and communicate the research evidence needs of its population to Review Groups. There are 12 fields in the Collaboration (including the Cochrane Consumer Network, which is categorized as a Field). One Field, the Child Health Field, is located in Canada.

*Child Health Field (CHF) publications (September 2013 - August 2014)*

	Target	Actual
Cochrane Overviews of Reviews published in each issue of Evidence-Based Child Health	4 (one per issue)	1*
Cochrane Reviews supported by CHF	10	10

\* The reason for the discrepancy between the target and actual number is because, at the direction of the Editorial Board, the CHF has been exploring several types of clinician-relevant evidence syntheses; the CHF divided the 2013-2014 issues between overviews and these new products.

## Resources to support review production

### CENTRAL

The Cochrane Central Register of Controlled Trials (CENTRAL) is a database containing information on clinical trials that may be relevant to Cochrane Reviews. Each Review Group maintains a collection of trials that relate to its own area of interest, which are called ‘Specialised Registers’. Submissions to Specialised Registers include the title of the article, where it was published, and often, a summary of the article. Three fifths of the records submitted to CENTRAL are taken from MEDLINE.

## Specialised Register Submissions

New Additions to Specialised Registers of Trials by Canadian Groups		
Cochrane Group	New additions this period	TOTAL in Group's register on 31 August 2013
BRG	2989	6029
EPOC	27	9175
HTN	1827	26,491
IBD/FBD	58*	3207
MRG	156	5212
UGPD	0**	20,761
BRG	2989	6029

Total new trials identified and added to register 67,035

\* The IBD/FBD Group did not have a Trials Search Coordinator (TSC) from January 2014 through most of April 2014. The Group did not devote resources to building the register during the summer of 2014 as its main focus was producing updates. Although IBD/FBD added fewer studies to its register during the 2013-14 reporting period it has likely already met its deliverables for adding new studies to the register. The Group will aim to add more studies during the 2014-15 reporting period.

\*\* Additions to the UGPD register were suspended while the group moved over to a new IT system.

## Developing the Methods

### METHODS GROUPS

Methods Groups develop the set of scientific procedures that are used in Cochrane Reviews and advise The Cochrane Collaboration on how the conduct of Cochrane Reviews can be improved. In addition to doing methodological research, they provide advice, training, and support to Review Groups, Centres and authors around the world. They help monitor the quality of systematic reviews prepared within the Collaboration and serve as a forum for discussion. There are 16 Methods Groups, three of which are located in Canada (the Applicability and Recommendations Methods Group is located in Canada but is not funded by CIHR).

### Campbell and Cochrane Equity Methods Group

	Target	Actual
Cochrane protocols supported by Equity Methods	2	54
Cochrane Reviews supported by Equity Methods	2	745
Other Equity-related publications	4	4

*Bias Methods Group (BMG)*

	Target	Actual
CLIB Protocols	2	2
CLIB Reviews	2	6
CLIB Updates	0	1
Methods Research publications	1	16
BMG-Led & collaborative workshops	2	6

\*The CLIB protocols, reviews and updates include non-Cochrane reviews evaluating methods and as such, have direct relevance to the review conduct for both Cochrane and non-Cochrane reviews. The Methods Research Publications do not overlap with the Protocols, Reviews or Updates.



## Building the Capacity of Canadians: Education and Training

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Cochrane Canada trainers work across the country to increase the knowledge and capacity of Canadians to conduct Cochrane Reviews.

### Workshops

In the past year, the CCC has expanded the number and geographic spread of its face-to-face training sessions, including sessions in London, Hamilton, Toronto, Vancouver, and Halifax. Demand for Cochrane Standard Author Training Workshops continues to outpace the CCC's ability to deliver sessions.

Looking forward, the CCC will work with the Québec Branch of the Canadian Cochrane Centre to build both training and systematic review capacity amongst Canadian Francophones.

#### *2013-2014 Education and Training Workshops*

Title Location City	Province	Region	Dates	Partners	Participants
<b>Cochrane Standard Author Training (SAT)</b>					
Laval	Québec	E	24-25 Sep 2013	Université Laval	17
London	Ontario	E	18-20 Oct 2013	University of Western Ontario	29
Toronto	Ontario	E	02-04 Dec 2013	University of Toronto	32
Ottawa	Ontario	E	13-15 Jan 2014	N/A	31
Vancouver	British Columbia	P	04-06 Nov 2013	University of British Columbia	13
Halifax	Nova Scotia	A	10-11 Feb 2014	N/A	18
<b>Risk of Bias: Train the Trainer</b>					
Ottawa	Ontario	E	8 May 2014	N/A	9

## Webinars

Cochrane Canada released The Cochrane Collaboration's first webinar series in 2009. Webinars have since proven to be a favourite medium of training among Cochrane members both within Canada and internationally. The CCC focuses on a wide range of topics that are relevant to people with beginner or advanced knowledge of The Cochrane Collaboration, Cochrane Reviews and *The Cochrane Library*.

The Nova Scotia Cochrane Resource Centre continues to add a value-added component to the Cochrane Canada Live! webinar programme: each webinar is broadcast live to a group of engaged stakeholders and students who follow the webinar with a face-to-face discussion moderated by Dr Jill Hayden, an experienced Cochrane methodologist and Resource Centre lead.

Cochrane Canada thanks the Pan American Health Organization/World Health Organization for providing the Blackboard Collaborate TM platform to make these webinars possible.

### 2013-2014 Education and Training Webinars

Title	Date	Partners	Participants
Introduction to concepts in network meta-analysis	16 January 2014	PAHO	246
Streamlining your reviews and updates with sustainable priority setting processes	21 January 2014	PAHO	246
An introduction to rapid reviews	30 January 2014	PAHO	246
Cochrane 101: An Introduction to The Cochrane Collaboration	20 March 2014	PAHO	69
The Steps of a Cochrane Review: An Overview	27 March 2014	PAHO	90
Let's Start at the Very Beginning: Getting the Question Right for Your Cochrane Review	4 March 2014	PAHO	387
Cochrane 101	07 May 2014	PAHO	88
Les étapes d'une revue Cochrane: Un survol introduction aux méta-analyses	14 May 2014	PAHO, Québec Branch	142
Introduction aux méta-analyses	21 May 2014	PAHO, Québec Branch	154
Systematic reviews of preclinical animal studies: current state of affairs	19 June 2014	PAHO	66
Systematic reviews of preclinical animal research: who are the potential knowledge users	10 July 2014	PAHO	91
Q & A on the Grade Approach for CBRG Reviews	23 July 2014	PAHO	91
Q & A on Risk of Bias for CBRG Reviews	17 July 2014	PAHO	69
Q & A on Summary of Findings Tables for CBRG Reviews	30 July 2014	PAHO	110

Overview of Selective Outcome Reporting Bias Webinar	20 August 2014	PAHO	74
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### Introduction

Dr Cochrane is an innovative Continuing Medical Education (CME) and Continuing Professional Development (CPD) programme that aims to: 1) connect health care professionals with high-quality educational resources that will contribute to their professional education and development; 2) transfer knowledge about the net benefit of interventions that has been assessed in clinical trials in order to increase clinical competence in diagnosis and therapeutic management; and 3) encourage participants to identify potential changes in knowledge, behaviour, and patient outcomes. Each module is based on a published Cochrane Systematic Review (CSR) from one of the four Canadian Cochrane Review Groups: Back, Musculoskeletal, Inflammatory Bowel Disease and Functional Bowel Disorders, or Upper Gastrointestinal and Pancreatic Diseases. The programme is targeted towards general practitioners and specialists. There is a lack of vested commercial interest in the development and delivery of the programme. The cost of each module is US \$25.

#### *Elements of a Dr Cochrane vignette*

Each module features a set of learning objectives, a memorable vignette, or medical narrative, and five corresponding multiple-choice questions (MCQs). Modules are produced through a multi-step editorial process to ensure scientific, editorial, and educational rigour and quality.

#### *Learning objectives*

Before the start of a vignette, the participant encounters the learning objectives, which are presented in a fixed bulleted structure. This necessary first step, controlled by the e-learning platform, focuses participants on the key messages of the CSR.

#### *Vignette*

Vignettes are an effective teaching tool for CME, which can convey both disease-specific knowledge and basic clinical skills. Dr Cochrane vignettes comprise of an introduction, clinical incident, and conclusion. The main characters include the physician Dr Cochrane, the patient, and other members invested in the patient's well-being such as a guardian or friend. The setting, which ranges from a traditional outpatient clinic or an emergency room to a location as unconventional as a rugby field, contextualizes the clinical incident and invites users to participate directly in the process of diagnosis and treatment. The conclusion can take various courses such as the communication of a solution to the patient or the restoration of the patient's optimal health status. In other circumstances, the uncertainty surrounding the evidence may prevent Dr Cochrane from implementing a solution.

#### *MCQs*

Five MCQs are strategically embedded within a vignette. Each question directs participants to a clinically relevant point in the CSR, allowing participants to apply the gained knowledge to a real-life scenario

reflected in the vignette. The goal of MCQs is to provide a valid discriminative measure of learners' knowledge, not of their testmanship.

## Accreditation

Dr Cochrane is accredited by the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians Canada, and the US Accreditation Council for Continuing Medical Education.

## Pilot Test Results

The first pilot test was launched on September 2013 through the Cochrane Learning platform.

- 1,022 accesses to vignettes have been recorded to date across 77 countries.
- Over 50 different health care and allied health professions participated across over 80 specialities.

The rate of access increased considerably in December 2013, reflecting the need for clinicians to complete their annual credit requirements.

Evaluation Item	Mean Participant Rating (0 – poor/strongly disagree to 5 – excellent/strongly agree)
Overall evaluation of the activity	3.93
Quality of the educational content	3.93
I will apply the knowledge/skills I learned	4.20
Activity fulfilled my education needs	4.16
Activity format enhanced achievements of the learning objectives	3.93
Activity will improve my professional effectiveness	3.76

## Conclusion

Dr Cochrane is a promising CME and CPD programme with an international reach and positive participant experience.

## Future Directions

- Collaborate with other Cochrane Review Groups to determine priority CSRs from which to develop new vignettes.
- Update existing vignettes to reflect recent updates in CSRs.
- Increase visibility of the programme through conferences and academic papers.
- Establish educational partnerships with professional societies to increase dissemination.

# Capacity Building to Use Reviews: An Update from Cochrane Canada Groups

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## Back Review Group (BRG)

### *COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES*

The Cochrane Back Review Group (BRG) has a total of 557 authors, 51 of which are new to the group between September 2013 - August 2014. There are 111 authors from Canada, 18 are new to the group during the same period.

The CBRG has made a considerable effort to address common challenges experienced by authors and to share methodological advances. During this period, the CBRG released a presentation for authors about the editorial process and how to avoid common mistakes. Currently this video has had 73 views. Managing Editor Teresa Marin and Trials Search Coordinator Rachel Couban presented a workshop called “Choosing Your Review Topic and Writing Your Topic Proposal” to help new authors get started on a Cochrane review at the 2013 Cochrane Colloquium in Québec City. The CBRG has also presented a webinar series for authors about three challenging aspects of Cochrane reviews: Risk of Bias (led by Al Mayhew and Teresa Marin), GRADE tables (led by Andrea Furlan and Teresa Marin) and Summary of Findings tables (led by Jill Hayden and Teresa Marin) in July 2013.

In collaboration with the Institute for Work & Health, the CBRG delivered a Systematic Review Training workshop in November 2013 and April 2014 for new authors. Coordinating editors Maurits van Tulder and Andrea Furlan and Managing Editor Teresa Marin led sessions at this workshop to teach participants how to plan, conduct and communicate the results of a systematic review with an emphasis on Cochrane methods. A total of 21 participants attended these workshops.

Additionally, CBRG continues to make an effort to share methods developments with authors. For example, Andrea Furlan, Co-ordinating editor of the CBRG, presented a workshop at the Cochrane Colloquium in Québec City in 2013 about the challenges with including harms as outcomes in Cochrane reviews and also published the CBRG’s first protocol on harms in 2013 entitled Impact of long-term opioid use for chronic non-cancer pain on misuse, abuse or addiction, overdose, falls and fractures. Work was also done by editorial board member, Jill Hayden, to publish the CBRG’s first protocol focused on prognostic factors, Individual recovery expectations and prognosis of outcomes in non-specific low back pain: prognostic factor exemplar review, and she will be presenting a methods presentation on challenges faced focusing on prognostic factors in systematic reviews in September 2014.

## *BRG KNOWLEDGE TRANSLATION ACTIVITIES*

The group has had a great deal of success with its social media strategy. The BRG currently has 1,313 Twitter followers, an increase of more than 500 followers over the past 12 months. The Group also has an active Facebook page with a total of 571 likes. In addition, the BRG created a YouTube channel currently with 2 videos but has plans to produce more videos in the coming year. The group sent out two electronic newsletters to its members highlighting Cochrane and BRG specific news.

As well, since 2003, the CBRG has maintained a Utilization page, highlighting specific tools and clinical practice guidelines (CPGs) that use CBRG review evidence. In 2013, seven CPGs utilized evidence from 30 CBRG reviews. In 2014, ten CPGs have so far utilized evidence from 25 CBRG reviews.

The BRG website had 18,213 page views in 7,568 sessions, between September 2013 and August 2014. Of these page views, 75% are new visitors, and 25% are returning visitors, and the average is about 2.5 pages per visit. Website visitors from the U.S. make up about 21%, while Canada and the UK comprise about 15% each of our total visitors.

In August 2014, the BRG released a new knowledge translation product called QuickDecks. These are short, 3-slide PowerPoint presentations on each of the systematic reviews published with the Back Review Group which provides a snapshot of the evidence. Since they were posted, the QuickDecks page has been viewed 3,502 times by 2,924 individuals and the different QuickDecks files have been downloaded between 66 and 615 times.

## **Bias Methods Group (BMG)**

### *COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES*

The Bias Methods Group (BMG), in conjunction with the Canadian Cochrane Centre, presented a one day Train the Trainer workshop focusing on training authors on risk of bias components of Cochrane Reviews. Nine attendees from across the country were invited. Content included adult education theory, specific challenges associated with risk of bias concepts, and presenting webinars. Attendees had the opportunity to discuss issues in either French or English. The workshop evaluations were very positive. Some of the attendees have already met the expectation of teaching risk of bias to interested groups or at a workshop.

BMG has continued to provide education to national and international Cochrane members. At the 2013 Cochrane Colloquium in Québec City, two workshops and another five were offered by BMG members. Over the past year, BMG has presented three webinars, participated in two standard author training workshops, and presented a workshop and a plenary session at the 2014 Canadian Cochrane Symposium.

The BMG has updated our website. We have added over 200 references to our list of relevant references for authors. We carried out a membership survey of our website in the summer of 2014 and generally found that people were happy with the website.

#### *BMG KNOWLEDGE TRANSLATION ACTIVITIES*

The BMG has continued to work on the dissemination of its materials. The BMG established a Twitter account in February 2013 over 200 national and international followers. Twitter followers include journalists, administrators, clinicians, researchers and students. In addition, the BMG listserv has over 200 members.

The BMG is also very actively involved in providing content and editorial support to the Cochrane Methods Journal. This journal, published annually in September, reports on methodological issues within The Cochrane Collaboration. In the 2014 issue, BMG submitted a report of ongoing activities, relevant publication and a report on the Train-the-Trainer workshop.

The BMG has continued to collaborate with other groups. The activities include co-authoring of reviews, peer review for review groups, consulting, co-presenting at Cochrane and other national and international meetings, and providing input on educational or other core materials. We were invited to present the risk of bias issues associated with updating at a workshop focusing on updating Cochrane reviews. The experience gained will continue to help shape BMG priorities and activities.

## **Child Health Field (CHF)**

#### *COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES*

Children are a vulnerable population with distinct physiological and developmental needs, which makes the production of child-relevant evidence crucial to improving health outcomes.

The Child Health Field uses dedicated funding from the Women and Children's Health Research Institute (WCHRI) at the University of Alberta to support the production of child-relevant systematic reviews by WCHRI members. In the last 12 months the Child Health Field (CHF) has worked to increase the number of review authors carrying out child-relevant systematic reviews by completing presentations in Canada (6) and other countries.

Canadian authors of child-relevant reviews are located in Alberta (27), British Columbia (13), Saskatchewan (2), Manitoba (4), Nova Scotia (6), Ontario (68), and Québec (13). The Field supports authors of child-relevant reviews by offering methodological resources, opportunities for peer review, and practical support (e.g. assistance with searching and/or statistical analysis).



Dr Lisa Hartling, Field Director, is one of three members of the Canadian Cochrane Centre’s Training Advisory Panel. Dr Hartling devotes significant time to training and mentoring graduate students carrying out methods work in child health.

#### *CHF KNOWLEDGE TRANSLATION ACTIVITIES*

The Field has used a variety of mechanisms to carry out its knowledge translation mandate. The first is a project funded in 2014 by Alberta Innovates-Health Solutions to investigate the use of social media, specifically a blog and Twitter, for disseminating child-relevant Cochrane evidence. The Field has also partnered with Minervation (a UK-based company which operates a dissemination platform known as the National Elf Service) as well as some other child health researchers in the UK, to launch a Child Elf website and associated Twitter feed, which will focus on disseminating evidence from child health systematic reviews and RCTs.

The Field has continued to publish its journal, Evidence-Based Child Health: A Cochrane Review Journal, although due to a loss of dedicated funding for this project, the frequency of publication was dropped from six to four issues a year. Among the features of this journal are “Cochrane in Context” pieces that contextualise individual reviews with current research and guidelines, and “Eco-Pediatrics,” columns which use Cochrane evidence to highlight current child health practices that should be discontinued.

The Field continues to publish its regular “Evidence for Clinicians” column in the journal of the Canadian Paediatric Society, Paediatrics and Child Health. The production of the columns is guided by an advisory panel of Canadian community paediatricians and general practitioners who select Cochrane reviews to highlight based on their relevance to Canadian medical practice. The columns contextualise the reviews’ findings for the Canadian practice environment. Two columns, “Are salicylic formulations, liquid nitrogen or duct tape more effective than placebo for the treatment of warts in paediatric patients who present to ambulatory clinics?” and, “Beta2-agonists for exercise-induced asthma,” were published during this reporting period.

### **Cochrane Policy Liaison Office (CPLO)**

The CPLO currently has two main sites: the McMaster Health Forum ([mcmasterhealthforum.org](http://mcmasterhealthforum.org)) and Health Systems Evidence ([healthsystemsevidence.org](http://healthsystemsevidence.org)). The CPLO periodically profiles Cochrane-related work on the McMaster Health Forum website. However, Health Systems Evidence (HSE) is the primary site for promoting and disseminating Cochrane Reviews. HSE includes three new portals:

- 1) The Intergovernmental Organizations’ Health Systems Documents Portal;
- 2) Canada’s Evidence-Informed Healthcare Renewal Portal; and
- 3) The Ontario Health System Documents Portal. Integrating these portals within HSE means results of searches for policy-relevant documents will prompt users to view related research evidence, including Cochrane Reviews.

Type of article	Total in HSE		New articles added to HSE in 2013-14	
	Total	Cochrane	Total	Cochrane
Reviews	4075	572	693	80
Protocols	421	197	148	3
Evidence briefs	10	Not applicable	7	Not applicable

\*\*As of August 2014, HSE had more than 9300 registered users, which is an increase of more than 3300 users for this one-year period. There are more than 2200 policy-makers, 1100 managers and 2200 professionals registered to HSE. In addition, HSE has more than 4000 subscribers to the HSE customizable evidence service (more than 1000 new registrations this year alone).

The CPLO made a number of enhancements in 2012-2013 to increase its usability and usefulness for policy-makers, stakeholders and researchers in addition to growing the HSE database with Cochrane content:

- Added a second theme – health promotion/primary prevention –notifying users monthly about new documents related to this theme
- Added a new functionality to search for Cochrane Reviews
- Incorporated HSE in the Virtual Health Library so users in Latin America and the Caribbean can benefit from it in the context of a virtual library with which they are already familiar
- Incorporated HSE in the nascent McMaster Optimal Aging Portal allowing users in Canada to find the best available health systems evidence, clinical evidence (from McMaster PLUS) and public health evidence (from Health Evidence)

The CPLO has iTunesU and YouTube channels to disseminate video tutorials and interviews with stakeholder dialogue participants. It also has a Facebook page and several Twitter accounts to share upcoming events and research evidence recently added to HSE:

- [www.twitter.com/MacHealthForum](http://www.twitter.com/MacHealthForum)
- [www.twitter.com/HSEvidence](http://www.twitter.com/HSEvidence)
- [www.twitter.com/HSEvidenceFr](http://www.twitter.com/HSEvidenceFr)
- [www.twitter.com/EIHRportal](http://www.twitter.com/EIHRportal)
- [www.twitter.com/portailRSSDP](http://www.twitter.com/portailRSSDP)

The CPLO periodically profiles Cochrane-related work on the Health Systems Evidence Twitter accounts.

The CPLO has three types of newsletters:

- 1) A newsletter for McMaster Health Forum’s announcements;
- 2) The McMaster Health Forum Evidence Service which provides monthly updates about topics covered in previous stakeholder dialogues (in English); and
- 3) Health Systems Evidence customizable evidence service which provides monthly updates on newly identified documents related to user’s interests (in Arabic, Chinese, English, French, Portuguese, Russian or Spanish). The CPLO’s two evidence services are its principal newsletter vehicles for bringing Cochrane Reviews to the attention of policy-makers and stakeholders.

The CPLO held five stakeholder dialogues that brought together policy-makers, leaders, citizens and researchers for off-the-record deliberations about pressing health challenges. The stakeholder dialogues were informed by evidence briefs that draw heavily on Cochrane Reviews. Additionally, the CPLO and the Student subcommittee of the McMaster Health Forum organized several public talks, panel discussions and workshops on pressing health challenges. These events aimed to provide opportunities for professional growth, learning, interdisciplinary discussion and collective action among students to address pressing health challenges.

## Effective Practice and Organisation of Care (EPOC) Review Group

### *AUTHOR TRAINING AND SUPPORT ACTIVITIES*

The Effective Practice and Organisation of Care Review Group (EPOC) produces innovative reviews that evaluate interventions designed to improve the implementation, practice, and organization of healthcare services. These reviews tend to be complex and as a result, the methods to conduct these reviews need to be explicit and sensitive to guide review authors. EPOC has developed and continues to update its EPOC specific online resources to help authors address and react to these complexities. As well, EPOC continues to provide highly specialized search support for all review authors. In June 2014, EPOC editors met to revise the EPOC taxonomy to better categorize reviews, highlight priority reviews, minimize potential for duplication and identify evidence gaps. Additionally, the editors agreed to streamlined editorial processes to improve response times to authors. In December 2013 and April 2014, EPOC engaged two new statistical editors to support its authors, one of which is based in Canada.

EPOC enlists new authors locally and internationally through outreach activities in editorial offices located in Ottawa, Paris, Oslo, Melbourne, Oxford and Bologna. Additional authors are often recruited during the review production process in consultation with lead authors and experts in the field. The EPOC website provides resources for authors and a quick access point to register/recruit new authors through its 'get involved' portal. EPOC also engages new authors and reviewers through open meetings held at annual Cochrane Symposia (Ottawa 2014) and Colloquia (Québec City 2013). Through these efforts, EPOC has added 73 new authors and peer reviewers for a total of 923; five new authors are Canadian and are located in Alberta, Ontario, Québec and Saskatchewan. This brings the current Canadian author content to 157. This addition of new Canadian authors increases the Group's Canadian perspective in this area of research and will contribute to the Canadian body of evidence as their work is published in the near future.

### *EPOC KNOWLEDGE TRANSLATION ACTIVITIES*

EPOC disseminates evidence of effective interventions to change professional practice and medicines use by consumers through the Canadian Agency for Drugs and Technologies in Health (CADTH) Rx for Change database ([www.rxforchange.ca](http://www.rxforchange.ca)). EPOC updated the database in March 2014, adding 154 new systematic reviews published to December 2013. Specific Cochrane contributions to this update include

41 reviews, nine of which are EPOC reviews. In August 2014, Health Canada expressed interest in the evidence presented in Rx for Change with a proposal to summarize the current evidence of effectiveness on interventions to reduce prescription drug abuse. As in previous years, EPOC provided Health Systems Evidence with bibliographic details of reviews identified through its work on the Rx for Change for inclusion in their repository of synthesized evidence to support policy-makers, stakeholders and researchers. On a monthly basis, EPOC announced and provided links to newly published EPOC protocols, reviews and updates on its website and through tweets in partnership with the Cochrane Policy Liaison Office/Health Systems Evidence.

EPOC is working to engage public involvement with EPOC reviews. Steps are underway to identify and involve relevant patient groups with the help of Cochrane Consumer advocate Anne Lyddiatt. We anticipate incorporating consumer feedback into the EPOC review process in 2015.

EPOC reviews extend their reach into the literature of our stakeholders to contribute evidence and inform policy, practice and future research. Examples from some highly cited EPOC reviews:

In January 2014, Noah Ivers et al published a paper in Implementation Science on the need for developing an agenda for future research in the area of audit and feedback. The paper, 'No more 'business as usual' with audit and feedback interventions: towards an agenda for a reinvigorated intervention' is fuelled by findings from their EPOC review, 'Audit and feedback: effects on professional practice and healthcare outcomes' and offers an agenda for high-priority research topics based on best practices for designing audit and feedback interventions.

July 2014, the journal of Risk Management and Healthcare Policy published a review article by Thomas Allen et al on 'Impacts of pay for performance on the quality of primary care'. In this paper, two EPOC reviews are cited (Flodgren G et al 'An overview of reviews evaluating the effectiveness of financial incentives in changing healthcare professional behaviours and patient outcomes' and 'Scott A et al 'The effect of financial incentives on the quality of health care provided by primary care physicians'). These reviews contributed to the discussion of the evidence of pay for performance on the quality of primary care and reiterated the need for further and more rigorous evaluation of these schemes.

## **Campbell and Cochrane Equity Methods Group**

### *COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES*

In September 2013, the Equity Methods Group facilitated a workshop on Introducing new guidance to review authors on equity – methods for systematic reviews with a focus on equity at the Cochrane Colloquium. The Sex and Gender Methods Group, a subgroup of the Equity Methods Group, gave an oral presentation on Integrating sex and gender into systematic reviews.

In January 2014, the Equity Methods Group participated in the Standard Author Training organized by the Canadian Cochrane Centre and also presented one webinar in the Cochrane 101 series on Developing a Research Question.

At the Canadian Cochrane Symposium in 2014, the Equity Methods Group provided a workshop on Guidance for conducting and reporting equity related systematic reviews. Peter Tugwell, Co-Convenor of the Group, provided a plenary session on dissemination of systematic reviews and how to increase their impact. The Sex and Gender Methods Group also held a workshop on incorporating sex and gender into systematic reviews.

Members of the Equity Methods Group have led sessions in graduate level courses at the University of Ottawa on methods for including equity in systematic reviews.

#### *EQUITY METHODS GROUP KNOWLEDGE TRANSLATION ACTIVITIES*

The Campbell and Cochrane Equity Methods Group has developed “Evidence for Equity” (E4E), a knowledge translation tool aimed to ensure that policy-makers have access to summaries of systematic reviews on interventions that work to reduce health inequities in five topic areas: HIV/AIDS, malaria, mental health, nutrition, and diabetes/obesity. The Equity Group has developed 25 pilot summaries and posted them on a test website. The Equity Methods Group has been assembling “stakeholder panels” of policy makers and researchers in these areas to participate in user testing of the summaries and the website and to participate in a priority-setting exercise to identify the most important systematic reviews to summarize.

The Equity Methods Groups includes knowledge users in all stages of the review process, from defining the review question to writing the final review. The Group also engaged consumers throughout the development of the a reporting guideline for equity focused systematic reviews (PRISMA-E 2012) published in PLoS Medicine in 2012 and through the development of an accompanying explanation and elaboration paper that will be published in 2015.

The Sex and Gender Methods Group (a subgroup of the Equity Methods Group) developed KT Briefing Notes to provide authors of systematic reviews with guidance for including sex/gender considerations. These briefing notes are posted on the Group’s website (<http://equity.cochrane.org/sex-and-gender-analysis>), linked to from the IGH website, and a paper on their development and evaluation is in press with PLoS One.

The Equity Methods Group publishes a newsletter, the Equity Update, twice per year that is sent to 781 members of the group located all over the world. The Equity Methods Group disseminates its work outside of the Cochrane Collaboration as well. In 2014, Vivian Welch presented webinars on the PRISMA-Equity extension and considering equity in systematic reviews for Public Health Ontario and KT Canada.

Finally, the Equity Methods Group presented to the IGH Institute Advisory Board in June 2014 to highlight the Group's work and discuss successes and challenges. This work was highlighted on the IGH website (<http://www.cihr-irsc.gc.ca/e/48436.html>).

#### AWARDS

Peter Tugwell became an Officer of the Order of Canada in December 2013, earlier this year Vivian Welch received an Early Researcher Award for work related to improving relevance of randomized trials for equity-oriented decisions, and Jennifer Petkovic (nee O'Neil) received a Doctoral Research Award for work related to the development and evaluation of Cochrane systematic review summaries.

## Hypertension (HTN) Review Group

#### COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES

The Hypertension Review Group conducted a 3-day standard Cochrane author training course on 4 – 6 November 2013. There were 14 participants, all of them from British Columbia, all new to Cochrane methodology. The course was highly rated by participants and most of them expressed an intention to register a title in the near future.

The HTN Group holds weekly meetings, allowing attendees to connect in person or via internet videoconference, where authors can present their work, ask questions and receive support from the Group's staff and editors.

#### HTN KNOWLEDGE TRANSLATION ACTIVITIES

Cochrane Reviews published by the HTN Group often have implications for public health and have been used by stakeholders in setting policy and informing the public. For example, reviews on the role of dietary sodium in the prevention and management of hypertension have played a role in the current ongoing debate on this topic. Since hypertension is a condition with large and increasing prevalence in Canada and around the world, another Cochrane Review published by the HTN Group (Pharmacotherapy for mild hypertension) received significant attention and contributed to the debate around over-diagnosis and over-treatment of common chronic conditions, both in Canada and internationally.

The HTN Group developed a mentoring project for students in health disciplines such as medicine, pharmacy and nursing. Students received a course in critical appraisal of systematic reviews and were asked to select a Cochrane Review based on their personal interest. The students were then asked to respond to an online anonymous questionnaire aimed to capture their perception of the quality and reliability of Cochrane Reviews. About 40 students have participated so far, and more than a third have submitted (or are in the process of doing so) feedback for publication in *The Cochrane Library*. Some of

the students who participated in this project expressed interest in becoming Cochrane authors or referees.

## **Inflammatory Bowel Disease and Functional Bowel Disorders (IBD/FBD) Review Group**

### *COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES*

During the period 1 September 2013 to 31 August 2014, the Inflammatory Bowel Disease and Functional Bowel Disorders Group recruited 46 new authors. These new authors contributed to the publication of two new protocols and six updated reviews. The IBD/FBD Group recruited nine new Canadian authors during this reporting period. These new authors contributed to the publication of one new protocol and five updated reviews.

Members of the IBD/FBD Group gave two Cochrane presentations at local and international meetings, symposia and conferences (See section below for further details).

In the past year, the IBD/FBD Group routinely engaged in the following capacity building Knowledge Translation activities to help facilitate the completion of reviews: providing software support for 7 different author teams; providing assistance with developing search strategies for 12 reviews; and performing full literature searches for 30 different reviews (both new reviews and updates).

### *IBD/FBD KNOWLEDGE TRANSLATION ACTIVITIES*

During this reporting period, members of the IBD/FBD Group gave two Cochrane presentations aimed at clinicians and consumer groups at local and international meetings, symposia and conferences. The largest of these presentations was the Cochrane Symposium at Digestive Disease Week (DDW) 2014. The Symposium, titled “What can Cochrane reviews tell us about new applications for traditional agents?” took place on 4 May 2014 in Chicago IL, USA. The Symposium consisted of the following presentations:

- 1) John Marshall: Once daily 5-ASA for induction and maintenance of remission in ulcerative colitis.
- 2) William Sandborn: Azathioprine for induction and maintenance of remission in Crohn’s disease.
- 3) Cynthia Seow: Locally released budesonide for treatment of active ulcerative colitis.
- 4) Brian Feagan: Methotrexate: current status as a therapy for IBD.

The symposium was well received and approximately 800 people attended.

Other presentations made by the IBD/FBD Group include:

- 1) City Wide GI Rounds. 10 September 2013, Western University Gastroenterology
- 2) Fellows Teaching. September 10, 2013, St Joseph's Health Care, London, Ontario, Canada: Chande N. Evidence-based treatment algorithms for Crohn's disease and ulcerative colitis.

During the period 1 September 2013 to 31 August 2014, members of the IBD/FBD Group published two Cochrane articles in the peer reviewed Gastroenterology Journal, Inflammatory Bowel Diseases:

- 1) Once daily oral mesalamine compared to conventional dosing for induction and maintenance of remission in ulcerative colitis: a systematic review and meta- analysis
- 2) Treatment of *C. difficile* in patients with IBD

## Musculoskeletal (MSK) Review Group

### *COCHRANE REVIEW CAPACITY BUILDING & AUTHOR TRAINING ACTIVITIES*

The Cochrane Musculoskeletal Group is extremely active in reaching out to the rheumatology field. Peter Tugwell, the Co-ordinating Editor, is a continuous presence in national and international meetings and conference to disseminate the results of the Cochrane Musculoskeletal Group and engage with stakeholders. In the past year, he has participated in eight different events within the rheumatology and the rehabilitation community. In the last two years the group has put a special emphasis on the production on updates, and this approach has allowed doubling the number of updates compared to the previous year, demonstrating the switch of priorities has produced the desired outcome.

The MSK group has been active in promoting the creation of regional satellites around the world. This year, a new satellite opened in Paris, France, and two more are preparing to open in Europe. The increased support has translated into better production of reviews in musculoskeletal conditions. One of the global challenges is to ensure the relevance for stakeholders of the Cochrane reviews. The group has been engaging with key stakeholders in Canada and abroad to identify key knowledge gaps that can be addressed with new or updated Cochrane reviews. Consumers are a pivotal part of this process to ensure that their needs are fully represented in the priorities of the group. As part of this effort, the Cochrane Musculoskeletal Group has set up a partnership with the James Lind Alliance for identifying knowledge gaps in joint replacement. We aim to reproduce this kind of initiatives for other conditions. The MSK Group has 189 authors from 24 different cities in Canada, located in the provinces of Alberta, British Columbia, Manitoba, Nova Scotia, Ontario, Québec and Saskatchewan. The Group provides a wide range of support services to Canadian authors, from designing and running searches to methodological assistance. Recently, the group has developed a tool to monitor new trials published in top journals to inform authors of new trials in their area and set up a system to alert of the need of new updates. McMaster Plus identifies the trials and staff at the Musculoskeletal Group assigns the studies to the reviews. Automatically, the contact author gets a message alert of the availability of the new study.



### *MSK KNOWLEDGE TRANSLATION ACTIVITIES*

Working with patients is a key component in the Musculoskeletal Group activities. The group's consumer panel is extremely active; their roles range from priority setting to commenting on reviews. Most active consumer organized dissemination activities, and even author Cochrane reviews.

Peter Tugwell is extremely active with the Canadian Rheumatology Association and other provincial rheumatology groups and serves on several committees. He is also a convenor of the Outcome Measures in Rheumatology (OMERACT) group, which aims to identify valid, responsive, feasible health outcomes through an evidence-based multi-stakeholder consensus process.

## **Upper Gastrointestinal and Pancreatic Diseases (UGPD) Review Group**

### *COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES*

The UGPD Review Group has put effort into author training activities throughout 2013-2014. A three-day author training workshop was run out of the Group's base at McMaster University for 20 participants. Cochrane symposia were run at major international gastroenterology conferences (United European Gastroenterology Federation in Berlin and Digestive Disease Week in Chicago).

The UGPD Group supports authors daily by responding to an average of five requests per day for direct software, statistical and methodology support. The number of UGPD authors has grown from 704 to 738 (67 to 78 Canadian authors, 244 to 284 authors from developing countries) over the past year. The Group completes an average of four literature searches per month for new or updated reviews.

### *UGPD KNOWLEDGE TRANSLATION ACTIVITIES*

Three consumers are actively involved with the UGPD Group. They routinely contact relevant patient organizations to form links and share information, in addition to authoring promotional material. They also peer review all protocols and reviews published by the UGPD Group.

The UGPD Group engages with relevant national and international associations regarding the scope and timing of Cochrane Reviews and is currently working with the Canadian Association of Gastroenterology to map content of both organizations to identify priority topics.

The UGPD Group promotes its work and publications through Twitter (346 followers), newsletters and its website.

## Putting Evidence into Practice: The Application of Knowledge

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The Canadian Cochrane Centre (CCC) recognizes that researchers and healthcare practitioners must collaborate in order to bridge the gap between research and practice by applying the best evidence when making healthcare decisions. Knowledge Translation (KT) activities reach out to researchers, healthcare professionals, policy-makers and consumers to provide this information using KT strategies such as dissemination at conferences, face-to-face presentations, webinars attracting participants from across Canada and other countries, and collaborating with partners.

### Dietitians Peer Review Project

The three online peer review modules developed by Cochrane Canada and the Dietitians of Canada and launched October 2012 at <http://ccnc.cochrane.org/peer-review-training-modules-dietitians> continue to be used by dietitians to increase their understanding and confidence in knowledge synthesis and use of Cochrane Reviews with a total of 60 dietitians having completed the modules.

### Knowledge translation webinars and presentations

The Canadian Cochrane Centre coordinated and hosted a series of three webinars for consumers. The series focused on finding, understanding and using high-quality evidence to assist consumers make healthcare decisions: Navigating the healthcare information jungle: Locating and understanding quality healthcare information to inform healthcare decisions; Using Cochrane Reviews in Real Life; Consumer-led knowledge translation: leveraging patient experience and networks to disseminate Cochrane Reviews. The recorded webinars are located at <http://ccnc.cochrane.org/2014-webinars#Navigating>.

Two of the webinars were developed and presented by Cochrane consumers while the other was given by a Cochrane Trials Search Coordinator who provided practical information on where consumers could look to answer their healthcare questions and explain how to identify reliable sources of evidence-based information. Almost 200 participants attended the live webinars. There have been over 1000 online views of the recorded webinars.

STATS: Consumer Series of three webinars focused on finding, understanding and using high-quality healthcare evidence (Navigating the healthcare information jungle (362 views+ 53 attended webinar), Using Cochrane Reviews in Real Life (558 views + 79 attended webinar) and Consumer-led knowledge translation (110 views + 49 attended webinar)

In the last year, the Canadian Cochrane Centre worked with partner organizations to develop and coordinate five webinars. These webinars reached a variety of professionals such as healthcare professionals, primary care physicians, dental hygienists, librarians, public health educators and policy makers. The webinars were viewed by almost 600 participants.

In addition to the webinars, the Canadian Cochrane Centre has delivered 13 face-to-face knowledge translation presentations to a variety of professional, policy and research audiences in the community and at conferences.

## Consumers disseminating and using Cochrane

Consumers from coast to coast play a valuable role in the dissemination of Cochrane resources. They speak with audiences from a variety of disciplines and backgrounds including healthcare professions (physiotherapists, occupational therapists, nurse practitioners, dietitians, medical students and residents), researchers, decision makers and consumer organizations. This year's highlights include:

A workshop at the Cochrane Colloquium in Québec City, Québec, September 2013 on "Consumer Led Knowledge Translation" was led by two consumers and facilitated by two additional consumers and two Cochrane Canada staff.

It has been recognized that consumers involved in disseminating information about Cochrane and its resources would benefit from a standardized knowledge translation presentation template that could be adapted and tailored to various audiences. The Cochrane Canada Symposium offered the opportunity for consumers and healthcare professionals to work together in a workshop called "Consumers Communicating Cochrane Reviews: developing a standardized knowledge translation programme delivered by consumers". The input from this workshop has provided information which is being incorporated into a standardized knowledge translation presentation which is currently being developed with Cochrane KT and education staff and continued consumer involvement.

This spring, a Cochrane consumer and CCNet member has been asked to contribute to the McMaster Health Forum Stakeholder Dialogue "Strengthening Public and Patient Engagement in Health Technology Assessment in Ontario", where she discussed the role Cochrane consumers play in dissemination and using Cochrane Reviews and the support offered by Cochrane Canada staff. This meeting was attended by approximately 20 high profile researchers and policy makers in addition to the consumers who attended.

Cochrane consumers are passionate about informing others about Cochrane and its resources. Another consumer stated "whenever I have an opportunity to inform any of our Manitoba politicians about Cochrane and how important it is, I do!" This past year she has spoken to Jim Rondeau, MLA, and Steven Fletcher, MP at public events. She has also had the opportunity to approach Greg Selinger, the Manitoba Premier, at a charity event, the day after the Cochrane meeting in April.

The Arthritis Research Centre of Canada carried an article "Cochrane Collaboration - Better Knowledge, Better Health" By Colleen Maloney, Marilyn Walsh, Alfretta Vanderheyden, Nicole Prestley and Jenny Leese. Three Cochrane consumers collaborated in the writing of the article. This newsletter is distributed

to 657 subscribers nationally and internationally. <http://www.arthritisresearch.ca/newsletter-cochrane-better-knowledge-better-health>.

“The Cochrane Colloquium: 20 years of patient engagement” was written by Nicole Prestley, Research Coordinator for the Women’s Health Research Institute (WHRI) at British Columbia Women’s Hospital and Health Centre in Vancouver in the November 2013 newsletter <http://womenshealthresearchinstitute.wordpress.com/2013/11/05/the-cochrane-colloquium-20-years-of-patient-engagement/>. This article was born out of her experience at the Colloquium and has been viewed 96 times. One month after the newsletter was released; it was the second most popular link via Twitter.

## Partners Teleconference

On 5 February 2014 the Canadian Cochrane Centre (CCC) Partners held their Annual Teleconference. This teleconference provided an opportunity for our partners to reconnect with the Canadian Cochrane Centre and also with the representatives from our other partner organizations. The teleconference was a platform to update and share information about initiatives over the past year, how partner organizations use Cochrane resources, discuss ways for the CCC to meet our partner organizations’ needs and ways to continue working together to support evidence-based health care. The items discussed included:

- the CCC updating partners on continuing to pursue avenues to fund a national license to *The Cochrane Library* in Canada;
- partner representatives supported a “Partner Terms of Reference” as a symbolic partnership acknowledgement;
- the launch of Dr. Cochrane;
- encouraging partners to join us in person or remotely for a Café Scientifique “Of Mice and Men: Making Sense of Health Science in the Media”;
- Informing partners that Cochrane Canada was awarded the 2013 CIHR Knowledge Translation Award;
- the success of the Cochrane Colloquium in Québec City, Québec;
- And examples of how the CCC works with partners.

Partners shared their organizations news and updates including organizational changes, postings for the Partners Page, use of Cochrane resources and dissemination of Cochrane Reviews to members through social media.

## Partners Forum

### *Canadian Partnership Against Cancer (Partnership) Project:*

The Canadian Cochrane Centre (CCC) and the Canadian Partnership Against Cancer having completed their collaborative project to identify Cochrane Reviews focusing on cancer prevention and risk highlighted this project with an oral presentation “Informing Change: Cochrane Reviews helping to guide cancer prevention research priorities” at the Cochrane Colloquium in Québec City, September 2013 after the Canadian Cancer Research Alliance published the project report in “Cancer Prevention Research in Canada: A strategic Framework for Collaborative Action” <http://www.ccracrc.ca/index.php/publications-en/strategy-related-publications/item/cancer-prevention-research-in-canada-a-strategic-framework-for-collaborative-action-full-report>.

### *Cochrane Corners:*

Cochrane Corners are a knowledge translation strategy used to disseminate relevant Cochrane Reviews to members of specific organizations. In August 2014 a new Cochrane Corner was launched on the Canadian Chiropractic Association website to “optimize patient care by ensuring clinical decisions are informed by best evidence” (quote from the CCA website). The Canadian Cochrane Centre has also begun discussions with three additional partner organizations (CPA, CPAC RCPSC) about establishing a Cochrane Corner. The Canadian Cochrane Centre (CCC) collaborates with an organization to develop a search strategy for new and updated reviews relevant to the organization. The partner organization develops a dedicated area on its website to host the Cochrane Corner which highlights relevant reviews. The seven Cochrane Corners have provided links to 296 Cochrane Reviews for a wide range of knowledge users, including government, research, health professionals, and academia and consumer organizations. These collections of reviews are valuable tools for knowledge translation in the field.

Cochrane Corners can be found on the following organizations’ website:

- Speech-Language Audiology Canada (27 reviews posted) (The Corner is found in the members only section of their website)
- Canadian Chiropractic Association (111 reviews posted)
- CIHR Institute of Gender and Health
- CIHR Institute of Infection and Immunity (91 reviews posted)
- CIHR Institute of Musculoskeletal Health and Arthritis (has Cochrane Corners with both the Back Review Group and Musculoskeletal Review Group) (IMHA 48 reviews posted)
- National Eating Disorder Information Centre
- Canadian Prehospital Evidence Based Protocols (19 reviews posted)

## Conference Exhibits/Presentations

The CCC presents information at conferences and encourages people to sign up for its newsletters and encourages partner organizations to host Cochrane Corners on their websites. In the past year, Canadian Cochrane Centre staff presented/ exhibited for:

- Canadian Mental Health Association
- Canadian Association of Substance Abuse
- Canadian Agency for Drugs and Technologies in Health
- Canadian Pharmacists Association

## Communicating the Evidence: Promoting the use of Cochrane Reviews

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One of the main goals of the Canadian Cochrane Centre is to promote awareness, access and use of Cochrane Reviews in Canada. *The Cochrane Library* houses over 5700 Cochrane Reviews on the effects of health treatments, and it is important that the conclusions of these reviews are disseminated so policy-makers, health practitioners, patients and health consumers can use this information to make the best decisions regarding health treatments. The Canadian Cochrane Centre endeavours to communicate the work and messages of The Cochrane Collaboration and Cochrane Canada through various platforms and tools which are outlined below.

### CCC and CIHR Joint Communications Plan

While the Canadian Cochrane Centre (CCC) and the Canadian Institutes of Health Research (CIHR) have been working together informally on communications initiatives over the past few years, a formal strategy was prepared and launched in January 2013. The CCC communications specialist, Lori Tarbett, and communications associate, Catherine McNair, have primarily worked with Andrew McColgan, CIHR Public Affairs Officer, to implement this joint communications strategy to raise awareness among Canadians and CIHR researchers of The Cochrane Collaboration and *The Cochrane Library* as a source of high-quality evidence for health research and healthcare decision-making. The CCC and CIHR share the goal of providing the best available evidence to Canadians to help them make informed decisions about their health and health care. The plan intends to reach Canadians in general, CIHR Researchers, and the media.

#### KEY MESSAGES

- The Cochrane Collaboration is an international network of researchers and consumers that produce systematic reviews of research studies, known as Cochrane Reviews, which aim to help healthcare providers, patients or anyone concerned with their health make informed decisions.
- Cochrane Reviews are published in *The Cochrane Library*, which represents a valuable resource for Canadians, healthcare providers, health researchers, and media across Canada.
- Canada participates in The Cochrane Collaboration through Cochrane Canada, funded by the Canadian Institutes of Health Research as part of its mandate to translate knowledge into better health and health care for Canadians.

Utilizing the existing tools of both the CCC and CIHR (websites, social media platforms including Facebook, YouTube and Twitter, newsletters, and media lists) the groups have:

- Created a new page on the CIHR website that promotes The Cochrane Collaboration and highlights reviews published in *The Cochrane Library* and training opportunities (<http://www.cihr-irsc.gc.ca/e/45333.html>)

- Promoted selected Cochrane Reviews on the CIHR Facebook pages – Health Research in Canada and Show me the Evidence - and on the CCC Facebook page and other social media (three-four reviews per month).
- Prepared and distributed special pitches involving selected Cochrane Reviews and CIHR researchers to Canadian media, and in the process promote The Cochrane Library as a source of information for media (one-two pitches per month).
- Promoted Canadian Cochrane Centre training opportunities, such as the Cochrane Canada Live webinar series, to CIHR researchers (ongoing).
- Promoted special events such as the CCC's Café Scientifique, supported through CIHR's Café funding programme, 21st Cochrane Colloquium in Québec City and The Cochrane Collaboration's 20th anniversary.

*PROMOTING THE USE OF COCHRANE REVIEWS IN CANADA*

Below are the tools the CCC uses to promote awareness, access and use of Cochrane Reviews.

Communication tools 1 Sept 2013 – 31 August 2014		
Social media	<b>Website</b>	<a href="http://www.ccc.cochrane.org">www.ccc.cochrane.org</a> 53,000 unique visitors
	<b>Twitter page</b>	<a href="http://www.twitter.com/CndCochraneCtr">www.twitter.com/CndCochraneCtr</a> 1785 followers
	<b>Facebook page</b>	<a href="http://www.Facebook.com/CanadianCochraneCentre">www.Facebook.com/CanadianCochraneCentre</a> 829 followers
Newsletters	<b>Relay Cochrane!</b>	<ul style="list-style-type: none"> <li>• An e-newsletter, published quarterly</li> <li>• Includes Cochrane news updates and highlights of recent Cochrane Review</li> <li>• 4148 Canadian subscribers</li> </ul>
	<b>Training and Events</b>	<ul style="list-style-type: none"> <li>• An e-newsletter, published biannually</li> <li>• Promotes upcoming training opportunities and highlights past training events</li> <li>• First issue published August 2012</li> <li>• 1672 Canadian subscribers</li> </ul>
	<b>Cochrane Corners</b> Space on partner websites dedicated to Cochrane Reviews relevant to their field. Cochrane Corners feature review titles linked to the original review in The Cochrane Library and are sometimes accompanied by a short synopsis of the review.	Cochrane Corners can be found on the following organizations' websites: <ul style="list-style-type: none"> <li>• Canadian Association of Speech- Language Pathologists and Audiologists</li> <li>• CIHR Institute of Gender and Health</li> <li>• CIHR Institute of Infection and Immunity</li> <li>• CIHR Institute of Musculoskeletal Health and Arthritis</li> <li>• National Eating Disorder Information Centre</li> <li>• Canadian Prehospital Evidence Based Protocols</li> </ul>



Other	<p><b>Google Alerts</b></p> <ul style="list-style-type: none"> <li>• Flags internet content related to The Cochrane Collaboration, <i>The Cochrane Library</i> and Cochrane Reviews</li> <li>• Allows tracking of where and how information about Cochrane is being used</li> </ul>	<ul style="list-style-type: none"> <li>• 178 individuals receive this email service</li> </ul>
	<p><b>Media Releases</b></p> <p>Used to connect with journalists who then disseminate Cochrane evidence to the general public</p>	<p>Two media releases were distributed throughout this reporting period:</p> <ul style="list-style-type: none"> <li>• Counselling and medication delivered in workplace helps people quit smoking, says Cochrane Review (26 Feb 2014)</li> <li>• Cochrane announces partnership initiative with Wikiproject Medicine (11 Feb 2014)</li> </ul>
	<p><b>Presentations / Exhibits</b></p>	<ul style="list-style-type: none"> <li>• 4 conference exhibits</li> <li>• 3 conference presentations</li> </ul>

## Increasing Awareness of *The Cochrane Library*

In 2013, 20 press releases were sent out about reviews publishing in *The Cochrane Library* garnering 2,449 media clips across 52 countries.

The top 10 most popular stories are below, as you can see there is a notable trend for the reviews publicised individually through the Publish When Ready (PWR) model to have done much better in terms of volume of coverage.

### *Cochrane media attention from around the world*

2013 Rank	2012 Rank	Country	# of 2013 Clips
<b>1</b>	1	United States	1390
<b>2</b>	6	Australia	280
<b>3</b>	2	United Kingdom	162
<b>4</b>	4	India	70
<b>5</b>	9	Spain	53
<b>6</b>	3	Canada	45
<b>7</b>	22	Ireland	30
<b>=8</b>	11	France	21
<b>=8</b>	16	New Zealand	21
<b>10</b>	17	South Africa	19

\*\*Please note the use of the equal sign (=) denotes a tie in ranking from the current or previous year.

Of the media outlets which covered Cochrane stories, 31 ran 10 or more pieces (2%) up from 18/0.73% last year. There was a lot of movement in the top 20 media outlets for *The Cochrane Library* in 2013, with a large number of US radio stations providing more coverage. The top 20 for 2013 were:

2014 Rank	2013 Rank	Media Outlet Name	# of stories
1	3	Medical News Today	20
=2	=1	MediLexicon	19
=2	=57	Big News Network	19
4	=1	Science Codex	18
=5	=18	RedOrbit	16
=5	4	ScienceDaily	16
=5	=23	Chicago Tribune	16
=8	=150	WNMT-AM - Online	15
=8	=386	WLMI-FM - Online	15
=8	=23	WTBX-FM - Online	15

\*\*As there are so many media outlets, some of them may appear with slightly different names, and could appear more than once in the overall listing. This analysis is directive but may not be completely comprehensive.

## Impact Factors

In 2013, the Cochrane Database of Systematic Reviews received an Impact Factor (IF) of 5.939. The IF is a tool used for ranking, evaluating and comparing journals. IFs are published annually in the Journal Citation Reports by Thomas Reuters. The IF is calculated by dividing the number of citations a specific journal received that year by the number of items it published in the previous two. Wiley-Blackwell, publisher of *The Cochrane Library*, calculates the Impact Factor of each Cochrane Review Group:

- Back Group: 6.118 (17 publications cited 104 times)
- Effective Practice and Organisation of Care Group: 8.529 (34 publications cited 290 times)
- Hypertension Group: 5.765 (17 publications cited 98 times)
- Inflammatory Bowel Disease and Functional Bowel Disorders Group: 7.000 (16 publications cited 112 times). This places the Group at 10 out of 53 Cochrane Review Groups.
- Musculoskeletal Group: 6.842 (19 publications cited 130 times)
- Upper Gastrointestinal and Pancreatic Diseases Group: 3.333(12 publications cited 40 times)

## Access to *The Cochrane Library*

There are currently 8088 records in the Cochrane Database of Systematic Reviews (CDSR): 5737 reviews and 2351 protocols.

Canadians have access to full-text reviews through subscriptions or one-off review purchases, though all Cochrane Review abstracts and plain language summaries are freely available at [www.thecochranelibrary.com](http://www.thecochranelibrary.com) and [www.summaries.cochrane.org](http://www.summaries.cochrane.org). Many organizations and Canadian provinces, including Saskatchewan, have purchased licenses to *The Cochrane Library*, allowing full access to all of the reviews.

### *The Cochrane Library use by Canadians*

Year	# Abstracts Viewed	# Full Text Downloads	# Access Denied
1 Sep 2013 – 31 Aug 2014	493,257	255,278	135,391
1 Sep 2012 – 31 Aug 2013	477,121	165,630	101,355

## Cochrane Events

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### Cochrane Colloquium: *Québec City, Canada*

The Canadian Cochrane Centre hosted the 21st Cochrane Colloquium, held in Québec City, Canada from 19-23 September 2013, in partnership with Université Laval. The CCC managed or aided in all of the following aspects:

- website maintenance
- registration payments
- scientific programme
- programme design
- plenary speaker invitations/travel arrangements
- abstract review process (over 800 abstracts and workshop proposals submitted)
- presenter management
- communications and promotion
- on-site registration
- meal planning
- delegate bags
- developing country and consumer stipends
- financial agreements with service providers
- sponsorships and exhibitors
- hotels and travel discounts
- accreditation

The Colloquium had a substantial impact in Canada and elsewhere. Here there is a snapshot of the results:

- Delegates registered: 1063 (323 Canadian)
- Countries of delegates: 48 different countries
- Consumer Stipends: 10 recipients
- Developing Country Stipends: 21 stipends awarded
- Programme format: 4 full days plus one day before for Business meetings.
- Plenary sessions: 4 sessions, plus 1<sup>st</sup> Annual Cochrane Lecture with Sir Iain Chalmers
- Special (invited) Sessions: 13
- Submitted Abstracts: 826
- Rejected Abstracts: 258
- Oral presentations (accepted): 176
- Poster presentations (accepted): 343

- Workshops (accepted): 73
- Meetings: 113
- Pre- and post-Colloquium events: 5
- A full report of the activities and resources required is available under request.

## 20<sup>th</sup> Anniversary

The Cochrane Collaboration celebrated its 20th Anniversary in 2013. Canadian Cochrane Centre staff was instrumental in the planning and execution of special initiatives designed to celebrate this monumental milestone. Three CCC staff members sat on working group committees created to prepare and celebrate the anniversary. Jeremy Grimshaw, CCC Director, and Lori Tarbett, CCC Communications Specialist, chaired and was a member of the Anniversary Video Working Group, respectively. This group oversaw the creation of 24 videos designed to showcase the ideas, achievements and people that have contributed to The Cochrane Collaboration's growth since 1993. The 3-10 minute videos were released biweekly throughout 2013 and were created based on nearly 100 interviews with Cochrane contributors from all over the world. Mary Ellen Schaafsma, CCC Executive Director, co-chaired the Anniversary Celebratory Events Working Group, which developed posters and materials for Cochrane groups around the world to display at events. This group was also responsible for the many Anniversary events which were planned for the 21st Colloquium, including the Cochrane Anniversary Trivial Pursuit Challenge and the Cochrane Tapestry created through the contributions of 33 Cochrane Groups, representing the Collaboration, entities, and different parts of the world. Lori Tarbett chaired the Anniversary Public Relations Working Group, which developed an Anniversary logo, identified Collaboration key messages to be used in support of the Anniversary, created Anniversary promotional handouts, advertised the Anniversary/Colloquium on online event listings, promoted the Anniversary through social media, and created Anniversary merchandise products to be sold at the Québec City Colloquium to celebrate 20 years of The Cochrane Collaboration.

Jeremy Grimshaw and Lori Tarbett worked with the Canadian Medical Association Journal (CMAJ) to publish three articles in celebration of The Cochrane Collaboration's two decades of producing evidence-based health information. The articles were: Cochrane Collaboration celebrates 20 years with video series (written by Neil Chanchlani), The Cochrane Collaboration celebrates 20 years (written by Alan Cassels), and New CEO transforming The Cochrane Collaboration (written by Neil Chanchlani). Furthermore, a commentary piece titled, The Cochrane Collaboration 20 years in, written by Jeremy Grimshaw, Jonathan Craig, David Tovey and Mark Wilson, was also published by the CMAJ.

## Café Scientifique

The Canadian Cochrane Centre, with the support of the Canadian Institutes of Health Research, hosted a Café Scientifique on 23 April 2014, titled, “Of Mice and Men: Making Sense of Health Science in the Media.”

The event was a success on all accounts. Eighty-one individuals attended the Café at the Heart & Crown Irish Pub, Preston Street in Ottawa, and many individuals who heard about the Café requested that it be live streamed and recorded. With the help of Andrew McColgan, CIHR, we were able to do this. One hundred and twenty-five individuals accessed the live stream, with 34 viewers watching the entire Café (32 in Canada, 1 in the United States, and 1 in Mexico).

The Café was moderated by Kathryn O’Hara, Associate Professor, Carleton University School of Journalism and Communication, and CTV Chair in Science Broadcast Journalism. Kathryn did a wonderful job establishing the topic, setting the flow of the conversation, and engaging the speakers by asking thoughtful questions. The CCC invited Pauline Dakin, Dr David Henry, and Anne Lyddiatt to sit on the panel of speakers.

Pauline Dakin, National health/medical reporter, CBC News, and Host, Atlantic Voice, spoke about her experience as a journalist. She addressed common criticisms of health reporting including presenting unjustified degrees of certainty, reporting on single studies versus multiple studies or systematic reviews, and exaggerated risks.

Dr David Henry, Professor, University of Toronto, and Senior Scientist, Institute for Clinical Evaluative Sciences, reviewed some fundamental weaknesses in current health reporting, but also highlighted examples of good health reporting. According to Dr Henry, there is a decline in traditional media; the number of journalists focusing on specialized reporting, and being paid appropriate salaries to do so, is diminishing. As a result, the quality of health reporting is declining.

Lastly, we heard from Anne Lyddiatt, a Cochrane Collaboration consumer advocate. As someone who deals with chronic illness, Anne was presenting from a health consumer perspective. Anne reminded us that we should not only focus on media in the traditional sense of the word, but to consider media in general terms and visual media’s influence on pop culture.

The audience was pleased with the speakers’ knowledge and the stories they shared. There was also a high level of audience participation as attendees asked a series of questions at the end of the Café which sparked even wider discussion. One participant offered: “This was a wonderful experience! Thank you!” The Canadian Cochrane Centre is thrilled with the outcome of its second Café Scientifique and is grateful to the Canadian Institutes of Health Research for funding this event.

# Impact of Cochrane in Canada

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## Influencing Clinical Practice

Cochrane Review evidence impacts clinical practice and changes the way physicians provide health care to patients. The clinical impact of Cochrane Reviews is reflected in Clinical Practice Guidelines developed by health organizations in Canada and around the world.

Clinical Practice Guidelines (CPGs) are standardized, evidence-based recommendations used by healthcare providers to make informed decisions about patient care. CPGs can range from simple checklists to elaborate decision trees or diagnosis pathways. In November 2012, the Health Council of Canada released a four-part video series called, "Understanding Clinical Practice Guidelines: A Video Series Primer," that is extremely useful in understanding the importance of CPGs. The series features interviews with Dr Jeremy Grimshaw, Director of the Canadian Cochrane Centre.

In the past year, many CPGs have been published that reference Cochrane Reviews. Reviews by the Inflammatory Bowel Disease and Functional Bowel Disorders (IBD/FBD) Group were used in the development of 7 CPGs by organizations such as:

- World Gastroenterology Organization and International Organisation for Inflammatory Bowel Diseases IOIBD
  - A global consensus on the classification, diagnosis and multidisciplinary treatment of perianal fistulising Crohn's disease.
- American Gastroenterological Association
  - American Gastroenterological Association Institute guideline on the use of thiopurines, methotrexate, and anti-TNF- $\alpha$  biologic drugs for the induction and maintenance of remission in inflammatory Crohn's disease.
- European Society of Clinical Microbiology and Infectious Diseases
  - European Society of Clinical Microbiology and Infectious Diseases: update of the treatment guidance document for Clostridium difficile infection.

The Upper Gastrointestinal and Pancreatic Diseases (UGPD) Review Group is currently supporting all Canadian Association of Gastroenterology (CAG) guidelines to ensure methodological rigour. UGPD reviews have also supported American College of Gastroenterology and American Gastroenterology Association guidelines. The following are examples of CPGs that are supported by UGPD reviews:

- Guidelines for the diagnosis and management of gastroesophageal reflux disease
- Management of patients with ulcer bleeding
- Role of esophageal stents in benign and malignant diseases

The Musculoskeletal Group is in a partnership with the National Institute for Health and Care Excellence (NICE) UK to maximize the impact of Cochrane Reviews on their guidelines. Three Australian guidelines (on Osteoporosis, Fibromyalgia, and Rotator Cuff Syndrome) were published in 2013 including CMSG Cochrane Reviews. Two UK guidelines (on Osteoarthritis and Management of Chronic Pain) include Cochrane Reviews too.

Reviews published by the Back Group were used in the development of clinical practice guidelines (CPGs) by organizations such as: Scottish Intercollegiate Guidelines Network (SIGN), The British Pain Society, American Society of Interventional Pain Physicians, and Institute for Clinical Systems Improvement and the Agency for Healthcare research and quality. In 2013, seven CPGs utilized evidence from 30 CBRG reviews. In 2014, ten CPGs have so far utilized evidence from 25 CBRG reviews.

Five reviews by the Hypertension Group were cited in the NICE (UK) guidelines for hypertension (2013). A team of review authors (based in Costa Rica) with the Hypertension Group were chosen by the UK National Institutes of Health Research to receive a £5000 incentive award to expedite the completion and publication of an important review, which explores the evidence for lower blood pressure targets in people with hypertension and diabetes, published in October 2013.

The Upper Gastrointestinal and Pancreatic Diseases (UGPD) Review Group is currently supporting all Canadian Association of Gastroenterology (CAG) guidelines to ensure methodological rigour. UGPD reviews have also supported American College of Gastroenterology and American Gastroenterology Association guidelines. The following are examples of CPGs that are supported by UGPD reviews:

- Guidelines for the diagnosis and management of gastroesophageal reflux disease
- Management of patients with ulcer bleeding
- Role of esophageal stents in benign and malignant diseases
- Role of Upper-GI Biopsy to Evaluate Dyspepsia in the Absence of Mucosal Lesions Diagnosis and; and
- Management of Asymptomatic Neoplastic Pancreatic Cysts

## Developing New Methodology

While Cochrane Reviews have the ability to change clinical practice, they can also impact the way research or systematic reviewing is conducted. Below are examples of projects Cochrane Canada Groups are working on to change research and systematic review methodology:

The Bias Methods Group (BMG) is involved with the development of the new Risk of Bias Tool for non-randomized studies that will influence the production of Cochrane Reviews. There is a pilot version of this tool available online and training and further testing of the new tool will occur over the next year.



The conveners of the BMG are among the founders of the EQUATOR Network, which seeks to improve the quality of scientific publications by promoting transparent and accurate reporting of health research. A launch of EQUATOR Canada is planned for October 2014. The BMG team is working on the development of Preferred Reporting Items for Systematic reviews and Meta-Analyses for Protocols (PRISMA-P), which extends the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) Statement to provide guidance for optimal reporting of systematic review protocols. Members of BMG have also been involved in evaluating current training for editors and peer reviewers and will be working closely with the Cochrane Collaboration on this project. Finally, the BMG supports the ongoing development of rapid reviews; members of the BMG executive and membership continue to be work on this crucial initiative.

The Back Review Group partnered with Jill Hayden, Co-convenor of the Prognosis Methods Group and Lead of the Nova Scotia Cochrane Resource Centre, to produce one of three prognosis exemplar reviews within the Collaboration. The protocol for this exemplar review was registered, peer reviewed and accepted for publication in the Cochrane Library.

The Inflammatory Bowel Disease and Functional Bowel Disorders Review Group is conducting six Cochrane Reviews that will assess the validation of evaluative indices used to measure disease activity in inflammatory bowel disease. Two protocols were published during the 2013-14 reporting period and the first review will be published during the 2014-15 reporting period. Developing a methodological framework for the use of validated outcomes in clinical trials and in systematic reviews will ultimately lead to better quality evidence of the efficacy and safety of interventions used to treat ulcerative colitis and Crohn's disease.

The Effective Practice and Organisation of Care Group is exploring rapid review methods for potential application in EPOC reviews.

The Cochrane Musculoskeletal Group updated their guidance for authors on developing reviews and preparing and implementing a knowledge translation plan for Cochrane Musculoskeletal reviews. The guidance was published in two papers on the Journal of Rheumatology to maximize the impact on their target audience.

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