



Annual Report 2012-2013

Canadian Cochrane Centre

Trusted evidence. Informed decisions. Better health.



Who We Are

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, Bias Methods Group, Campbell and Cochrane Equity Methods Group, Prognosis Methods Group satellite
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 health care.

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 health care decision-makers understand the importance of using Cochrane Reviews to inform practice and that all health care 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.



Canadian Cochrane Centre Staff, from left to right.

Top row: Jeremy Grimshaw, Director; Lisa McGovern, Office Coordinator; Kusala Pussegoda, Dr Cochrane Project Coordinator; Lori Tarbett, Communications Specialist;

Bottom row: Erin Ueffing, Education Coordinator; Catherine McNair, Communications Associate; Eileen Vilis, Knowledge Broker; and Mary Ellen Schaafsma, Executive Director.

Welcome

It's a great honour to say a few words about Cochrane Canada.

I remember attending my first Cochrane Colloquium, the annual gathering of the tribes that takes place in autumn each year in a different place around the globe. It was 2004 and Ottawa was the host that year - the second time that Canada had hosted the Colloquium, and in addition to being treated to the incredible palate of fall colours, the participants at that conference were in for a treat. It was an incredible gathering that felt like a cross between a high level-scientific meeting and an international hoedown with friends, sprinkled with laughter, camaraderie and dancing.

A decade later I find that The Cochrane Collaboration is an organization that is hard to stay away from. Celebrating its 20th year, the Canadian Cochrane Centre hosted this year's Colloquium in Québec City and despite its tremendous growth and professionalization, the Collaboration still attracts and engages remarkable people, luring new minds and new ideas to an enterprise that has been likened to the Human Genome Project in terms of its contribution to humanity.

Canadians have always played a central part of The Cochrane Collaboration. We helped organize and lead it from its very early days, growing the pool of researchers and consumers to produce high quality, reliable, systematic evidence. Canada has been central to the Collaboration's prodigious output which includes one of the world's best libraries on the effects of healthcare interventions, but the group's reputation for high quality, has seen the term "Cochrane Standard" enter the lexicon as meaning "the best there is."

Over the last two years I helped create a video series to celebrate the 20 year anniversary of the Collaboration and in interviews with more than 160 people – consumers, health professionals and researchers from every corner of the earth – I listened to their stories of struggles and triumphs, of small victories and occasional defeats. Above all I heard the sense of mission which inspires many Cochrane people, these engaged and optimistic people who like to get together to share ideas and laughter, but also know how to get things done.

As a journalist I am proud to see Cochrane raising the journalistic bar. Everyday new headlines are reporting on high quality research produced by The Cochrane Collaboration, where consumers and health policy-makers are asking more sophisticated questions, and demanding more evidence-based answers.

As this annual report freshly illustrates, Cochrane Canada has much to brag about, being on the cutting edge when it comes to training others to produce systematic reviews, harnessing the energies of volunteers and spreading the word on the best use of health evidence. This work doesn't just affect Canadians, but is magnified globally thanks to being an integral part of a strong, respected, international brand.

Participants who support this enterprise have a lot to be proud of. Those funding Cochrane Canada should feel confident that this group is not just contributing to a massive and evolving store of vital human knowledge but they are opening doors for others to be part of that commitment.

One of my interviewees may have best captured the essence of The Cochrane Collaboration by telling me: "Don't ask what Cochrane can do for you, ask what you can do for Cochrane!"

ALAN CASSELS

Pharmaceutical policy and Canadian medical reporting researcher

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Greetings

Linking with CIHR

Cochrane Canada has an active relationship with the Canadian Institutes of Health Research (CIHR) that 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 been working closely with the communications department at CIHR to develop a joint communications strategy. The strategy's goal 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. More on this collaboration can be found on page 37.

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 highlight Cochrane Reviews that have considered sex and gender in their analyses and discussion. Over the past year, the IGH website has been undergoing a redesign, which will help the Cochrane Corner better highlight Cochrane Reviews. Once the new IGH website is ready, the Cochrane Corner will be re-launched with a joint communications strategy between IGH and the Equity Methods Group.

The screenshot shows the website for the Canadian Institutes of Health Research (CIHR) Institute of Gender and Health (IGH) Cochrane Corner. The page features a blue header with the CIHR logo and a search bar. Below the header is a navigation menu with links for Funding, Institutes, Strategies, Initiatives, Collaboration, and Research highlights. The main content area is titled "IGH Cochrane Corner" and includes a welcome message, a description of the corner, and a list of new Cochrane reviews. The reviews are categorized into Medication, Prevention, Primary care, Sexual and reproductive health, Violence, and Work and health. The page also includes a sidebar with links for About us, Events, News, Publications, and Funding.

CIHR Institute of Infection and Immunity (III)

The Inflammatory Bowel Disease and Functional Bowel Disorders Review Group regularly feeds reviews of interest to the III Cochrane Corner. The review, “Probiotics for the prevention of *Clostridium difficile*-associated diarrhea”, was chosen to be highlighted on the Cochrane Corner and was also featured in the III newsletter (Volume 12, Number 2, July 2013).

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 received a CIHR operating grant through the Institute of Health Services and Policy Research to examine methodological issues in overviews of reviews. The results will enhance the methodological rigour of this relatively new form of knowledge synthesis.
- The Effective Practice and Organisation of Review Care Group continues its CIHR-funded “KT Knowledge to Action” project to encourage use and understanding of [Rx for Change](#). The development of a training program is currently underway.

Rx for Change

[show all](#)

What is the best way to bring about behaviour change in health care? Does evidence show that some intervention strategies are better than others? *Rx for Change* is a searchable database containing current research evidence about intervention strategies used to alter behaviours of health technology prescribing, practice, and use. The intent of this database is to help inform the choice and use of practical, evidence-based interventions.

[Search Rx for Change Database](#)

- The Canadian Cochrane Centre received CIHR funding to host a Café Scientifique in Ottawa on 5 March 2013. The title of the event was, *Why ‘Google’ your health questions when you can ‘Cochrane’ them? Health Information in the age of the internet*. Over 70 people attended, and the Centre has received CIHR funding to host another Café Scientifique in April 2014.

Joint projects

- The Bias Methods Group (BMG) is carrying out projects for the Drug Safety Evaluation Network (DSEN), which was established by CIHR in collaboration with Health Canada and other stakeholders. The projects address specific research questions posed by CIHR and provide BMG with opportunities to test new methods and address new risk of bias issues.
- In 2012, the Cochrane Policy Liaison Office added the Evidence-Informed Healthcare Renewal Portal to the Health Systems Evidence database. The Portal is managed by the McMaster Health Forum and the Canadian Institutes of Health Research. It is a continuously updated repository of policy-relevant documents that support transformation and innovation in healthcare renewal. These documents address priority areas such as primary health care and patient safety.



Cochrane Canada is always looking for new opportunities to collaborate with CIHR and is looking forward to continuing its working relationship. Through the implementation of the CCC and CIHR Joint Communications Plan, more individuals will become aware of the evidence-based research that is available to them and, together, we can better the healthcare treatments and services provided to Canadians.

Web Stats



The Canadian Cochrane Centre's website, ccc.cochrane.org, received 18,023 unique visits throughout September 2012 – August 2013, a 45 per cent increase from the previous year. In the past year, the most popular pages on ccc.cochrane.org were:

1. Cochrane Canada Live Webinars
2. Training and Events
3. 20th Anniversary Merchandise Form*

*This temporary form allowed online ordering of Cochrane merchandise being sold as part of The Cochrane Collaboration's 20th anniversary celebrations.

The Canadian Cochrane Centre is becoming increasingly more active in social media. In September 2012 – August 2013, 936 visits to ccc.cochrane.org were linked from the CCC's Facebook account — a 238 per cent increase from the previous year.

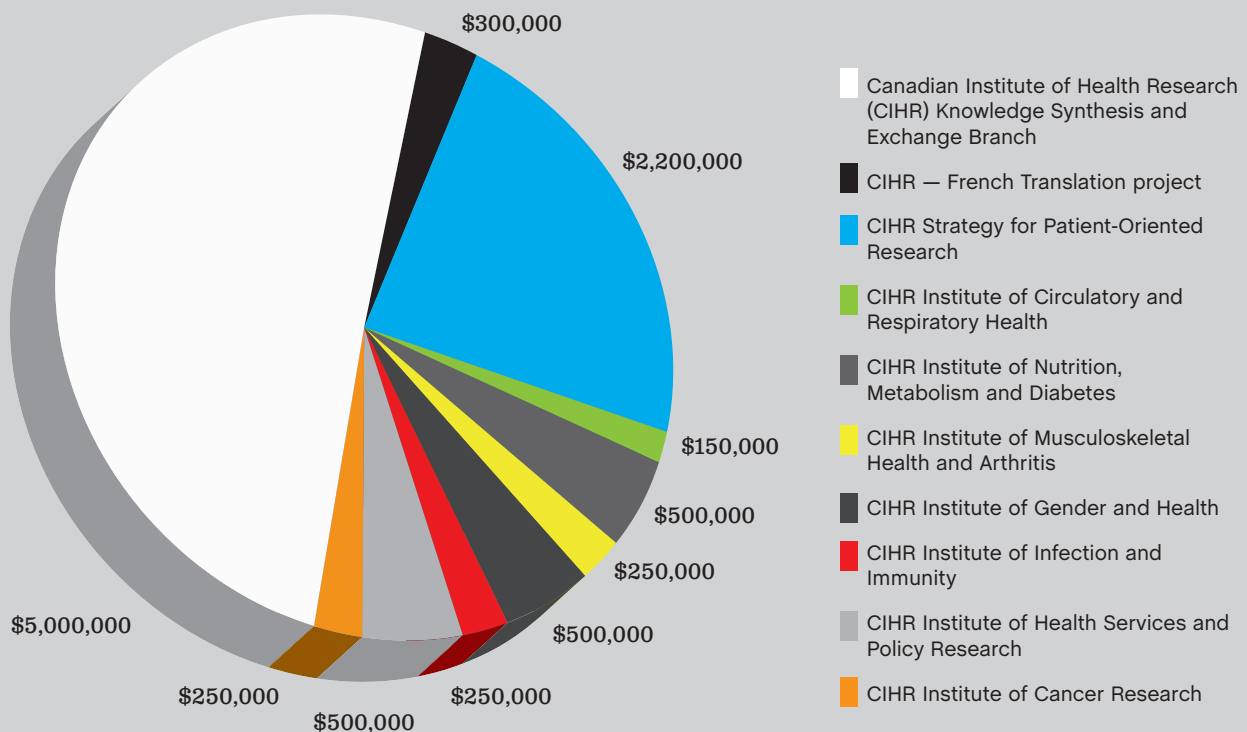
Funding

Approximately 19 per cent of the five-year award granted by the Canadian Institutes of Health Research (CIHR) was used between 1 September 2012 – 31 August 2013.

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
- Ministère de la Santé et des Services sociaux du Québec
- Fonds de la recherche en santé du Québec
- L'Institut national d'excellence en santé et en services sociaux
- CIHR Meetings, Planning and Dissemination Grant
- Canadian Partnership Against Cancer
- Canadian Agency for Drugs and Technologies in Health (Rx for Change)

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

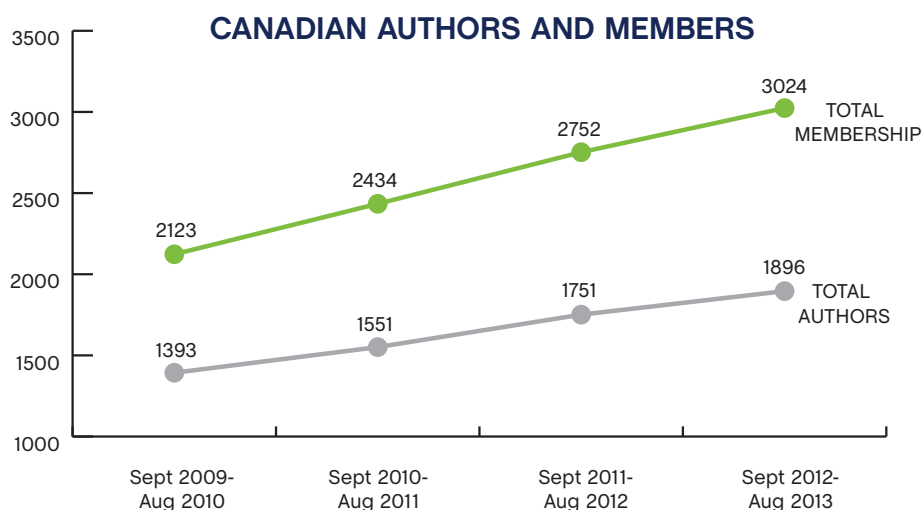


Growth of Cochrane in Canada

Authors

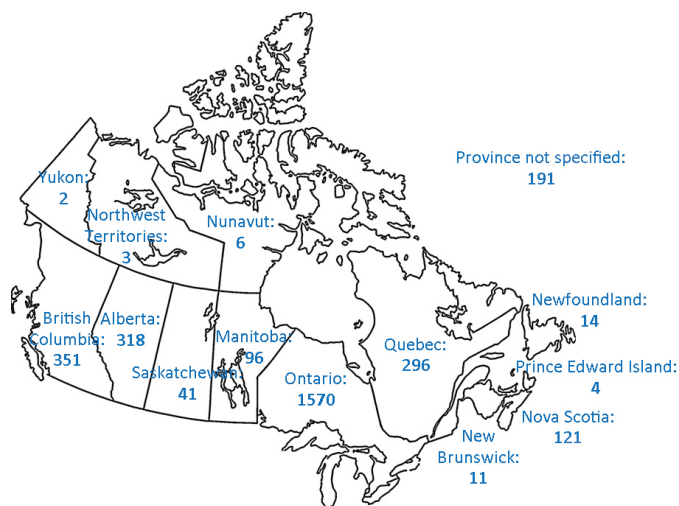
Since Cochrane Canada's current funding period began in 2010, the Canadian author base has steadily increased. In the past year alone, 145 new Canadians have been added as authors in The Cochrane Collaboration's database. There are now a total of 1896 Cochrane authors in Canada (see figure below).

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 10 per cent increase in its membership over the past year, and now has 89 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 31 of its 68 Cochrane Reviews. The Musculoskeletal Review Group now has 175 Canadian authors, and the Upper Gastrointestinal and Pancreatic Diseases Review Group has 67.



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 has added 272 new members (including new authors) to its database between 1 September 2012 and 31 August 2013. There is now a total of 3024 active Cochrane Canada members (see figure above). The Campbell and Cochrane Equity Methods Group has a total membership of 760 people, with 350 located in Canada. The Hypertension Review Group has 488 members, 118 of which are located in Canada. Below is a map of where Cochrane Canada members are located throughout the country.



Partnerships

This year, several Cochrane Canada groups were approached by individuals or organizations interested in partnering on a project. The Back Review Group is working on a project 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 post-doctoral fellow for assistance in developing methods for a systematic review of knowledge translation tools for disadvantaged populations. The Musculoskeletal Review Group has partnered with the Health Information Research Unit (HIRU) at McMaster University to prepare a pilot project on 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 submitted to evaluate the impact of this tool.

Looking forward

Moving forward, the Canadian Cochrane Centre plans to continue to promote the use of evidence-based health care and encourage Canadians from all areas of the country to get involved in the Cochrane Review process. With the Centre's extensive training program, plethora of healthcare experts from across the country (methodologists, statisticians, etc.), and Canada's growing interest in patient-oriented research, the Centre is confident that the reach of Cochrane will continue to grow.

Québec Branch of the Canadian Cochrane Centre

The Canadian Cochrane Centre worked throughout 2012 and 2013 to create the Québec Branch of the CCC in partnership with the Université Laval Faculty of Medicine and the Centre Hospitalier Universitaire de Québec. The Québec Branch's mission is to promote and support Canadian francophone people and communities involved or interested in The Cochrane Collaboration and advocate for evidence-informed decision-making in their areas. The establishment of the Québec Branch of the CCC will provide a distinct French language platform and a focal point for francophone Cochrane activities within Canada. The Branch will also collaborate on global Francophone activities within The Cochrane Collaboration. The Branch's main objectives are to produce and disseminate Cochrane Systematic Reviews within health services and healthcare communities; train young health professionals and review experts in French; and develop new analytical methods to assess evidence, with a particular focus on diagnostic testing and screening. The Branch is directed by Drs Paul Fortin and France Légaré. Dr Légaré is a Cochrane Author and has been working with the CCC as the Université Laval site representative for 14 years. Nadine Tremblay is the Branch Coordinator who has been supporting Cochrane training delivered in French for several years already.



Nadine Tremblay, Branch Coordinator, Québec Branch of the Canadian Cochrane Centre.



Drs France Légaré and Paul Fortin, Directors of the Québec Branch of the Canadian Cochrane Centre.



Producing the Evidence: Cochrane Systematic Reviews

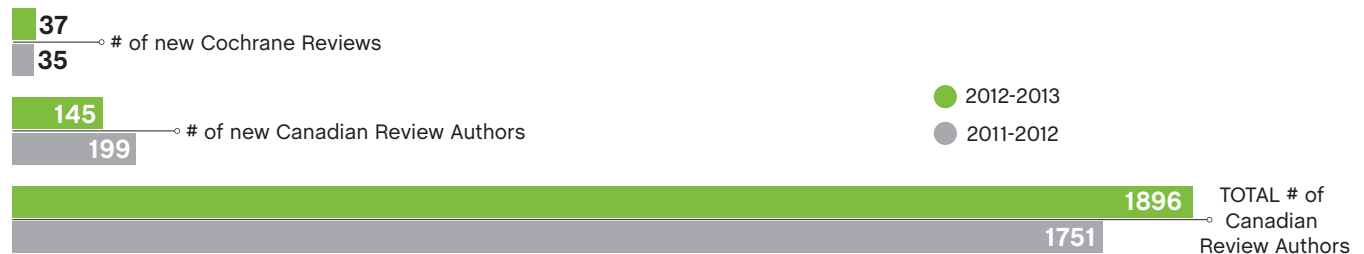
Cochrane Reviews

Cochrane Reviews are the main product of *The Cochrane Library* and are internationally recognized as the highest standard in evidence-based health care. 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 in Canada



COCHRANE IN THE NEWS

Thinking Twice About Health Checkups

By *New York Times* | 22 October 2012

In an analysis of studies including more than 180,000 subjects, researchers have found that general health checkups — like annual physicals or other visits to the doctor by asymptomatic people — are ineffective and possibly harmful.

The investigators found no evidence that an annual physical will prevent death by cancer, cardiovascular disease or any other cause. Nor did they find any effect on hospital admissions, disability, additional visits to the doctor or absences from work.

The researchers, writing in the October issue of [The Cochrane Library], found that health checkups have no effect on clinical events or other measures of morbidity. But one trial found an increased rate of diagnoses of hypertension and high cholesterol, the scientists noted, and another found a 20 percent increase in the number of new diagnoses per patient.

One possible harm, the authors point out, is that the checkups can lead to unnecessary treatment of conditions that would not cause symptoms or death.

The authors acknowledge that most of the studies are old, which may make the findings less applicable to modern health settings.

“We’re not concluding that prevention is useless,” said the lead author, Dr. Lasse Krogsboll, a researcher at the Cochrane Center in Copenhagen. “One possible reason we couldn’t find an effect is that primary care physicians might be doing a good job in preventing illness, so that adding a systematic effort does not add anything except perhaps harms.”

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 2012 – 31 August 2013		1 September 2011 – 31 August 2012	
	Target	Actual	Target	Actual
Back Review Group (BRG)				
Protocols	5	10	5	6
Reviews	5	6	5	1
Updates	5	5	5	2
Effective Practice and Organisation of Care (EPOC) Review Group				
Protocols	4	2	4	9
Reviews	4	6	4	9
Updates	5	6	5	3
Hypertension (HTN) Review Group				
Protocols	5	10	5	8
Reviews	5	1	5	9
Updates	5	4	5	7
Inflammatory Bowel Disease and Functional Bowel Disorder (IBD/FBD) Review Group				
Protocols	5	8	5	6
Reviews	6	3	6	3
Updates	5	5	5	3
Musculoskeletal Review Group (MRG)				
Protocols	6	15	6	16
Reviews	6	13	6	3
Updates	6	4	6	2
Upper Gastrointestinal and Pancreatic Disorders (UGPD) Review Group				
Protocols	6	16	6	16
Reviews	6	8	6	3
Updates	6	6	6	2
Total: All Groups				
Protocols	31	61	31	53
Reviews	32	37	32	35
Updates	32	30	32	17

* The Back Group is currently updating two reviews which will be published in the next funding year

* The HTN Group began enforcing the MECIR standards this year, which has resulted in some delays in getting new reviews published, as the authors required assistance in learning how to create Summary of Findings tables, Risk of Bias tables, etc. Although only one new review was published during this period, an additional 12 reviews were in the final stages of the editorial process on 31 August 2013.

* The IBD/FBD Group currently has eight new reviews in the editorial process.

- “I am satisfied that I am providing the best care I can. Even though I am not living and working in a large city with a large health care network and teaching centre, I can have access to the same information to make good clinical decisions.”

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 2012-August 2013):

	Target	Actual
Cochrane Overviews of Reviews published in each issue of Evidence-Based Child Health	6 (one per issue)	3*
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 2012-2013 issues between overviews and these new products, which includes a Clinical Answer on pediatric migraine evidence, an update of a systematic review on identifying fractures in child abuse, and a guide to CHF overviews.*

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	227	3940
EPOC	436	9148
HTN	4825	24,825
IBD/FBD	275	3149
MRG	156	5212
UGPD	0	20,761
Total new trials identified and added to register		67,035

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	3
Cochrane Reviews supported by Equity Methods	2	4
Other Equity-related publications	4	15

Bias Methods Group (BMG)

	Target	Actual
CLIB Protocols	2	1
CLIB Reviews	2	2
CLIB Updates	0	0
Methods Research publications	1	18
BMG-Led & collaborative workshops	2	2

*The CLIB protocols, reviews and updates in the table above are those published with the Methodology Review Group (dealing specifically with methods issues), which include BMG members. In fact, the 202 members of BMG contributed to over 300 protocols, reviews and updates in The Cochrane Library between September 2012 and August 2013.

COCHRANE IN THE NEWS

CBC World at Six interview with Dr Jeremy Grimshaw and Marilyn Walsh By Pauline Dakin | CBC News, Halifax | 5 March 2013

(Transcript)

From the latest cancer therapy to how not to break a hip, Canadians looking for reliable, online health advice are getting help cutting through the quackery. For years, *The Cochrane Library* has been the go-to site for doctors and medical researchers looking for the best in evidence-based health care. But now, the vast database is being put into plain language and offered up to the public for free. Pauline Dakin Reports.

“It literally saved my sanity.”

When Marilyn Walsh’s mother developed macular degeneration she turned to *The Cochrane Library* It’s an online collection of reviews on health treatments and procedures; analyses of the best evidence in studies, done by an international network of independent researchers without ties to the pharmaceutical industry. Hospitals and universities commonly have subscriptions to *The Cochrane Library* and the full text of its reviews, but many Canadians don’t know they have access to 5300 abstracts and summaries written in plain language, for free.

“It gave me all the information that I needed and none of the scientific jargon that I couldn’t deal with.”

Walsh was aware of *The Cochrane Library* because she’s a volunteer with the Canadian Cochrane Centre. As a patient with inflammatory arthritis, she provides feedback on the reviews, making sure they’re understandable to patients. Dr Jeremy Grimshaw is the director of the Canadian Cochrane Centre. He says the summaries are available for free because the Centre believes that makes for better-informed patients.

“We think it’s important that consumers making decisions about their health care have access to the best quality information to make those judgements about what’s best for them.”

That information includes details of the effectiveness of treatments, side effects and risks. Grimshaw says it’s not just patients that benefit. He says when patients make health decisions based on evidence, they do better, and that reduces costs for the healthcare system.

Building the Capacity of Canadians: Education and Training

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

Colloquium education program

This year, the Canadian Cochrane Centre's education coordinator, Erin Ueffing, was co-chair of both the Abstracts and Workshops Committees for the 2013 Cochrane Colloquium in Québec City. She was responsible for the submission, peer review, and scheduling processes, in addition to final decisions surrounding the scientific program. The work period stretched from January to September 2013, with the final scientific program featuring 176 oral presentations, 73 workshops, and 343 posters.

Workshops

In the past year, the CCC has expanded the number and geographic spread of its face-to-face training sessions, adding sessions in St. John's, NL and Saskatoon, SK for the first time. 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 new Québec Branch of the Canadian Cochrane Centre to build both training and systematic review capacity amongst Canadian Francophones.



Attendees and trainers of the Cochrane Standard Author Training Workshop in St. John's, Newfoundland, 1-3, May 2013.

2012-2013 Education and Training Workshops

Introductory Level (I): Target = 2; Actual = 1

Standard Level (S): Target = 3; Actual = 7

Advanced Level (A): Target = 1; Actual = 1

Advanced Level (Special) (Sp): Target = 1; Actual = 1

Title	Province	Region	Level	Dates	Partners	Participants
An Introduction to Clinical Epidemiology Workshop: Building research capacity in the Nova Scotia health professional community[^]						
Halifax	NS	A	I	Nov 2012	Research Methods Unit	NA
Building Capacity with Online Learning: Tips and Tricks for Presenters Canadian Conference on Medical Education						
Québec City	QC	E	Sp	22 Apr 2013	Pan American Health Organization (PAHO)	-30
Putting Evidence into Practice: Chronic LBP Clinical Practice Guidelines in Physiotherapy Practice Discussion[^] Capital Health Outpatient Physiotherapy Department						
Halifax	NS	A	A	Feb 2013		NA
Cochrane Standard Author Training McMaster University						
Hamilton	ON	E	S	16-18 Aug 2013	Cochrane Applicability and Recommendations Methods Group, Cochrane Upper Gastrointestinal and Pancreatic Diseases Review Group (lead group)	22
Cochrane Standard Author Training Memorial University						
St. John's	NL	A	S	1-3 May 2013	Cochrane Applicability and Recommendations Methods Group, Cochrane Statistical Methods Group, Memorial University Newfoundland Regional Site	28
Cochrane Standard Author Training University of British Columbia						
Vancouver	BC	W	S	30-31 Jan 2013 and 1 Feb 2013	Cochrane Hypertension Review Group, University of British Columbia Regional Site	30
Cochrane Standard Author Training University of Toronto, Faculty of Dentistry						
Toronto	ON	E	S	3-5 Dec 2012	Cochrane Applicability and Recommendations Methods Group, Cochrane Back Review Group, Cochrane Statistical Methods Group, University of Toronto Faculty of Dentistry, University of Toronto Regional Site	24
Cochrane Standard Author Training Université Laval						
Québec City	QC	E	S	12-13 Dec 2012	Université Laval Regional Site	9
Cochrane Standard Author Training University of Saskatchewan						
Saskatoon	SK	W	S	1-3 Nov 2012	Cochrane Applicability and Recommendations Methods Group, Saskatchewan Health Information Resources Partnership, University of Saskatchewan	16

2012-2013 Education and Training Workshops

Introductory Level (I): Target = 2; Actual = 1

Standard Level (S): Target = 3; Actual = 7

Advanced Level (A): Target = 1; Actual = 1

Advanced Level (Special) (Sp): Target = 1; Actual = 1

Title	Location	Province	Region	Level	Dates	Partners	Participants
Cochrane Standard Author Training Université Laval	Québec City	QC	E	S	18-19 Sept 2012	Université Laval Regional Site	5
INVITED LECTURES							
Publishing a Cochrane Systematic Review University of Calgary Faculty of Medicine Medical Education Weekly Seminar Series	Calgary	AB	W	I	30 Jan 2013		25
Research in Medicine Program: Systematic Review Pilot Program[^] Dalhousie University	Halifax	NS	A		2013	Undergraduate Medical Education, Dalhousie University	NA
Introduction & Critical Appraisal of Systematic Reviews[^] Capital Health Outpatient Physiotherapy Department Dalhousie University	Halifax	NS	A		2013	Department of Community Health and Epidemiology, Dalhousie University	NA
Review Manager EPI5188: Introduction to Health Technology Assessment University of Ottawa, Faculty of Medicine	Ottawa	ON	E	A	29 Oct 2012	University of Ottawa	16
Introduction & Critical Appraisal of Systematic Reviews[^] Dalhousie University	Halifax	NS	A	E	2012	Department of Community Health and Epidemiology, Dalhousie University	NA
TOTAL PARTICIPANTS:							205+

[^] Planned and delivered by the Nova Scotia Cochrane Resource Centre

* Region: Atlantic Canada (A); Ontario or Quebec (E); Mid-West and British Columbia (W); Canada and international (Canada+); Low- or middle-income country only (LMIC)

* Type: Introduction to completing a Cochrane Review (Introductory = I); More in-depth training for completing a Cochrane Review (Standard = S); Workshops with a focus on specific methods for conducting and assessing Cochrane Reviews (Advanced = A); Specialized training in review completion or trainer training (Advanced Specialized = Sp)



From left to right:

Prakesh Shah, Nancy Santesso and Amir Azarpazhooh; Cochrane Trainers at the Standard Author Training workshop, 3-5 December 2012.

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*.

In the 2012-2013 period, the CCC emphasized Francophone outreach by presenting webinars in French. Though the French webinars were not as popular as the English webinars, it's expected that Francophone participation will increase in the coming years through collaboration with the new Québec Branch of the Canadian Cochrane Centre. The CCC continues to significantly exceed its webinar targets overall and has increased its participation substantially in the last year.

The Nova Scotia Cochrane Resource Centre has developed a value-added component to the *Cochrane Canada Live!* webinar program: 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. This past year, three such sessions were held at Dalhousie University in Nova Scotia.

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

- “It was a great overall review for me. I appreciate the technology with the combination of graphics and audio, plus the ability to ask questions via chat.”

THURSDAYS IN JUNE WEBINAR SERIES PARTICIPANT

Cochrane has Impact

My mother has been dealing with chronic lumbar back pain for a long time and with the lack of information gained from a MRI and the varying advice of doctors, physiotherapists and chiropractors the Cochrane Back Reviews have been a mainstay for us as a source of objective information.

We first turned to *The Cochrane Library* to confirm a doctor's prescription of COX-2 inhibitors, which we found was supposed to provide some benefit. Despite a rather ambivalent review on chiropractic therapy, my mother was referred to one by a friend. The chiropractor turned out to be very professional and empathetic, so she decided to trust the chiropractor's adjustments, assigned stretches and exercises which have been doing her some good.

The chiropractor also offered my mother acupuncture but after reading the Cochrane Review and seeing the lack of validation for the therapy, and because of her uneasiness with needles, she decided to forgo the treatment.

Furthermore, we read the review on exercise and while it didn't really give us much direction, it did turn us onto cognitive behavioural therapy which we hadn't even considered before and which my mother is now pursuing.

Overall, my experience with Cochrane Reviews have reaffirmed my belief that they are an indispensable tool in patient advocacy and will only get better with time.

Cheers,

Andrew



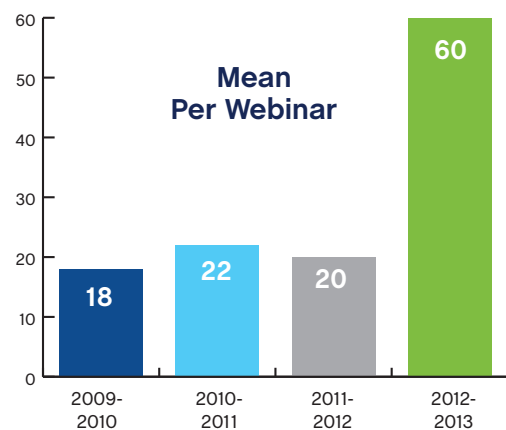
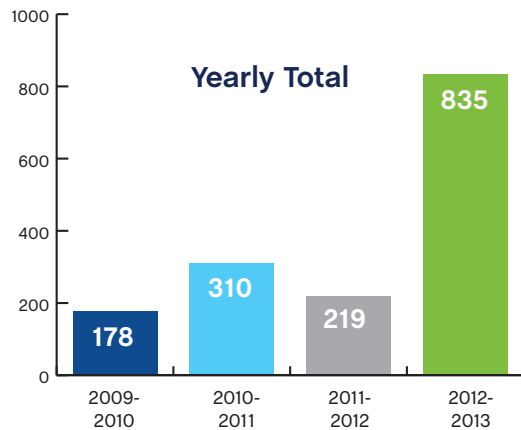
2012-2013 Education and Training Webinars

Target: 8

Actual: 14

Title	Date	Partners	Participants
Bienvenue au Colloque Cochrane! Trucs et astuces pour les nouveaux participants	14 Aug 2013	Cochrane Colloquium Policy Advisory Committee, Pan American Health Organization (PAHO)	12
Welcome to the Cochrane Colloquium! Tips and tricks for newcomers	15 Aug 2013	Cochrane Colloquium Policy Advisory Committee, PAHO	28
Cochrane 101 : Une initiation à la Collaboration Cochrane	15 May 2013	PAHO	21
Les étapes de production d'une revue Cochrane : un survol	22 May 2013	PAHO	23
Posons les bonnes questions dès le départ: établir une question pour votre revue Cochrane	29 May 2013	PAHO	15
Non-Randomised Studies in EPOC Reviews	21 Mar 2013	Cochrane Effective Practice and Organisation of Care Review Group, PAHO	54
Soutenir l'élaboration de politiques publiques informées par des données probantes: Le rôle de Health Systems Evidence, des dialogues avec les parties prenantes et autres initiatives	6 Feb 2013	McMaster Health Forum, PAHO	25
If nothing happens, is everything alright? Assessing validity of adverse effects data	27 Feb 2013	Cochrane Adverse Effects Methods Group, PAHO	63
Decision Aids and Their Uses: Chiropractic Applications	16 Jan 2013	Ontario Chiropractic Association, Cochrane Musculoskeletal Review Group, PAHO	65
Supporting Evidence-Informed Policymaking: the Role of Health Systems Evidence, Stakeholder Dialogues, and Other Initiatives	23 Jan 2013	Cochrane Policy Liaison Office, McMaster Health Forum, PAHO	192
Evidence-Based Health Reporting	30 Jan 2013	PAHO	186
Reporting Guidelines for Equity-Focused Systematic Reviews - PRISMA-E 2012	11 Dec 2012	Campbell and Cochrane Equity Methods Group, PAHO	54
Risk of Bias Assessment of RCTs in Cochrane Reviews	20 Nov 2012	Cochrane Bias Methods Group, PAHO	53
Review Manager 5 for New Authors	30 Oct 2012	Cochrane Inflammatory Bowel Disease and Functional Bowel Disorders Review Group, PAHO	44
		TOTAL PARTICIPANTS:	835

WEBINAR PARTICIPANT TRENDS OVER TIME (SEPT-AUG PERIODS)



Other training and education activities

The Nova Scotia Cochrane Resource Centre is leading an innovative program of capacity-building in systematic reviews at Dalhousie University. Dr Jill Hayden has been instrumental in developing a new blended format, combining both online and face-to-face components, for teaching systematic review methodology. This has expanded the course's scope and accessibility and has been well-received. In addition, the Resource Centre has launched a Systematic Review Pilot Program within the Research in Medicine Program through a collaboration with Undergraduate Medical Education at Dalhousie University.

Cochrane informs Decisions

When I turned 40 I started getting regular mammograms as indicated by my family physician. For a couple of years they were uneventful. Two years ago, after my screening, I was asked to come back for a second mammogram as the test had shown a suspicious area. I dutifully went in for a very painful second mammogram that had me really scared and anxious, particularly due to the lack of communication between the screening program (run by the BC Cancer Agency), my family doctor, and me.

I spent a very anxious time waiting for the results from the second mammogram. Eventually, my doctor contacted me directly to inform me that the second mammogram was still not satisfactory for the screening service to call it a clean test. They were requesting that I come in for a stereotactic core biopsy to completely rule out a cancer diagnosis. Something did not sound right as I was getting conflicting information. On the one hand my physician was doubtful there would be a problem, yet she thought it was absolutely required I undertake the required biopsy.

While waiting for an appointment for the procedure I started doing research and came upon a significant amount of information, but a lot of it sounded biased and guided by a profit motive and not common sense. The definitive piece of information for me was the Cochrane research on mammograms and their lack of effectiveness in detecting actual breast cancer. After reading the Cochrane research I decided to ditch the biopsy. The BC Cancer Agency was appalled. My physician understood my decision as the guidance for breast cancer screening in British Columbia had literally changed the week I had my appointment to convey this decision! I owe it to the Cochrane research that I was empowered to make an informed decision that saved me from unnecessary medical intervention and stress! I am healthy and have shelved mammograms until at least being fifty.

Aurora





Background

The Canadian Cochrane Centre and The Cochrane Collaboration are expanding their involvement in continuing medical education (CME), in collaboration with Wiley-Blackwell Publishing (*The Cochrane Library's* publisher), through the development of Dr Cochrane — Cochrane vignettes. Cochrane evidence is presented in a memorable fictional story, while corresponding multiple-choice questions provide users with the opportunity to explore and understand the clinical applicability of a Cochrane Review in a new way. Dr Cochrane transforms passive reading of a Cochrane Review into a more interactive learning experience to improve the understanding of Cochrane Systematic Reviews and change professional behaviour.

The program aims to:

- Provide healthcare professionals (family physicians and specialists) with the opportunity to access high-quality educational resources contributing to their professional education and development
- Provide accredited Continuous Medical Education (CME)/Continuous Professional Development (CPD) contents
- Promote the use of *The Cochrane Library* as a first-line resource, providing gold standard systematic reviews to inform evidence-based practice
- Encourage learners to identify potential changes in knowledge, behaviour and patient outcomes

Highlights for this year (September 2012 – August 2013):

a. Vignettes:

The Canadian Cochrane Centre, The Cochrane Collaboration and Wiley-Blackwell have developed approximately 60 vignettes based on Systematic Reviews from four Canadian Cochrane Review Groups in the areas of upper gastrointestinal and pancreatic disorders, inflammatory bowel and functional bowel disorders, back and other musculoskeletal conditions.

- Fifty-four vignettes have been rigorously peer reviewed, copy-edited and signed off for publishing by the Cochrane Central Editorial Unit
- Six vignettes were in the final stages of the peer review process and were expected to be signed off by the Central Editorial unit by October
- Fifteen of fifty-four vignettes have been built into the Wiley-Health Learning platform and were expected to launch in September

Please visit wileyhealthlearning.com/cochrane.aspx for examples of the platform and available vignettes.

b. Accreditation:

Dr Cochrane vignettes have/will be accredited for:

- College of Family Physician's Canada (CFPC) MainPro M1 (1 credit/activity)
- Royal College of Physicians and Surgeons (RCPS) Section 3 (3 credit/activity)

Thirty vignettes from the Upper Gastrointestinal and Pancreatic Disorders Review Group and the Back Review Group have been accredited by the Royal College of Physicians and Surgeons and the College of Family Physicians of Canada. The aim is to have the next two sets of vignettes accredited and launched online by December.

c. Pilot test:

A pilot test for the Dr Cochrane program was implemented to assess the content and learning experience of these accredited clinical vignettes in the area of upper gastrointestinal and pancreatic disorders, as part of the grant application requirements in September.

Objectives:

- Up to 50 family physicians and specialists interested in the area of gastroenterology in Canada are being recruited to participate in a pilot test to evaluate **up to two** Dr Cochrane accredited clinical vignettes and the overall learning experience
- Participants will receive either **CFPC or RCPS credits** for completing each free vignette, depending on which organization they are affiliated with (a value of \$25 USD/activity)

Cochrane signs up to AllTrials initiative to campaign for registration and reporting of all clinical trials

The Cochrane Collaboration has formalized its commitment to the AllTrials: All Trials Registered | All Results Reported initiative to campaign for the registration and reporting of all clinical trials.

The AllTrials campaign aims to draw attention to the crisis of unreported trial data. Hundreds of thousands of clinical trials have been conducted from which no or limited data have been made available; data critical to enabling doctors and regulators to make informed decisions about which treatments to use and fund.

AllTrials was launched in January 2013 by Ben Goldacre, bestselling author, broadcaster and medical doctor, along with the charity, Sense About Science; the Centre for Evidence Based Medicine in Oxford; the James Lind Initiative; and the BMJ (British Medical Journal).

In the first three months of its inception AllTrials gathered more than 47,000 signatures for its petition calling on governments, regulators and research bodies to implement trial registration and reporting measures. The Cochrane Collaboration was one of the earliest organizations to offer support and formalized its involvement as one of the initiative's principal supporters and organizers. The petition now has nearly 60,000 signatures.

Mark Wilson, Chief Executive Officer of The Cochrane Collaboration:

"Patients around the world are being harmed because clinical decisions on their healthcare are skewed by the absence of clinical trials data. For 20 years The Cochrane Collaboration has been working to give clinicians, researchers and patients the best possible evidence-based information to help them make informed decisions, and it is a scandal that we still do not have access to all trials data so that we can be confident in our conclusions. Already many of Cochrane's thousands of contributors and supporters worldwide have signed the AllTrials petition; I am therefore delighted to formalize the organization's support for the AllTrials initiative."



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

Back Review Group (BRG)

COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES

The Back Review Group supported Canadian authors by offering a systematic review workshop in collaboration with its host institute, the Institute for Work & Health. In April of 2013 the BRG co-ordinating editors (Maurits van Tulder and Claire Bombardier) and managing editor (Teresa Marin) led sessions at this workshop. The presentations and activities are designed to teach participants how to plan, conduct and communicate the results of a systematic review, with an emphasis on Cochrane methods. Twenty-six participants attended the April workshop.

In June 2013, Teresa Marin presented a webinar as part of the Cochrane Canada webinar series for new authors. The webinar was titled, “Let’s Start at the Very Beginning: Getting the Question Right for Your Cochrane Review.”

Over the course of the past 12 months the Back Group has started working with 73 new authors, compared to 60 in the previous year; representing an increase of 18 per cent. Expanding the size of the BRG’s author network is important because it increases its capacity to produce more reviews, and it also contributes to the diversity of the Group. Having a diverse group of authors and consumers is essential to producing reviews that have international relevance.

The Back Group is currently working with 89 Canadian authors. The majority (69 per cent) reside in Ontario, but 24 per cent are located in British Columbia and Alberta.

BRG KNOWLEDGE TRANSLATION ACTIVITIES

The BRG held an Open Meeting at the Odense International Low Back Forum XII in October 2012. As part of their “Speed Data-ing” session, six BRG authors presented their review findings in two minutes or less. Moreover, two members of the BRG Associate Editorial Board led discussions on recent methodological advances in the field of back and neck pain care, with a focus on individual participant data analysis and the

smallest worthwhile effect. Approximately 40 authors, editors and members were in attendance.

The Group has had a great deal of success with its social media strategy. The BRG currently has 804 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 395 likes. In addition, the BRG sent out three electronic newsletters to its members. These newsletters highlight Cochrane and BRG-specific news, as well as interviews with review authors. Finally, the Group has improved the visual appeal of its website and added quick links to the homepage to improve ease of navigation. The BRG website had 6492 visits over year three of funding, a figure that is up 36 per cent. Moreover, pageviews are up 34 per cent and the number of returning visitors is up seven per cent. Visitors to the site spend the most time looking at BRG review titles, newsletters, and FAQs. The majority of website visitors are from Canada (17 per cent) and the United States (17 per cent).

The BRG, in collaboration with the Centre for Effective Practice, conducted a pilot survey of clinicians in Ontario to assess the usage and usefulness of Cochrane Reviews of interventions for back and neck pain. A total of 155 family physicians, general practitioners and nurse practitioners in Toronto, Hamilton, and Thunder Bay completed the survey. Findings indicated that 60 per cent of respondents consult BRG reviews; however, there is need for improvement in outreach and knowledge translation. This is the first time the BRG has surveyed an independent sample of clinicians, and the group will use the results as the impetus for knowledge translation activities.

Back problems are among the most common chronic conditions in Canada, with four out of five adults experiencing at least one episode of back pain at some time in their lives. Thus, it is important that both healthcare professionals and patients can use BRG reviews to make well-informed decisions about interventions for back pain.



BRG Left to right:

Rachel Couban, Trials Search Co-ordinator;
Andrea Furlan, Co-ordinating Editor;
Allison Kelly, Editorial Assistant;
Teresa Marin, Managing Editor; and
Maurits van Tulder, Co-ordinating Editor.

Bias Methods Group (BMG)

COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES

The Bias Methods Group, in conjunction with the Canadian Cochrane Centre, presented a webinar, titled, “Risk of Bias Assessment of RCTs in Cochrane Reviews” to a Canadian and international audience. There were 45 attendees; 28 from Canada, including participants from Nova Scotia, British Columbia, Alberta and Ontario. The presentation is available online through the Canadian Cochrane Centre’s website as a resource for authors.

BMG has established a network of individuals to promote dialogue between Methods Groups and Review Groups. There are two main objectives of the BMG network: 1) to enable the BMG executive and BMG membership to disseminate methods practice information with regards to how we assess bias in Cochrane Reviews; and 2) to ensure that when an author or an editor has a question about how to assess bias in a review, there is a contact (supported by a network of others) with a good understanding of the methodology available in order to provide adequate support to authors. The BMG will be evaluating this network and updating a list of Frequently Asked Questions to ensure that Cochrane authors have easy access to common risk of bias issues.

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 and has disseminated 40 tweets to date to over 150 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 2012 issue, BMG submitted a report of ongoing activities and listed relevant publications.

The BMG works with numerous other Cochrane groups, including author teams, Review Groups, Centres, and groups working on special projects, such as the Cochrane Editorial Resource Committee. 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. 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 (23), British Columbia (9), Manitoba (3), Nova Scotia (3), Ontario (47), and Québec (8). 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. The CHF has recently leveraged funding through University of Alberta Research Experience (U ARE), an internship program that provides funding for trainees to conduct research university. The Field had its first intern in the summer of 2013 who was involved in several systematic reviews throughout of the four-month internship.

CHF KNOWLEDGE TRANSLATION ACTIVITIES

The Field has used a variety of mechanisms to communicate its work to stakeholders. The first is a membership drive among authors of child-relevant Cochrane Reviews which resulted in 76 new members from around the world (16 Canadians). Second, the Field has also started a social media presence, using Twitter to disseminate information about child-relevant Cochrane Reviews. Third, the Field has started producing short (3-5 minute) podcasts highlighting findings of its overviews of reviews (syntheses of data from two or more Cochrane Reviews on interventions for a particular

condition). Five podcasts have been uploaded with a total of 729 downloads – comparing favourably with the podcasts produced by The Cochrane Collaboration (average: 116). Fourth, the Field has begun discussions with Minervation, an Oxford-based company with expertise in developing online presences for evidence-based medicine organizations, around the possibility of a website dedicated to child health evidence. Finally, the Field has begun examining alternative forms for summarizing Cochrane Reviews evidence. The Field hired a graphic designer in the summer of 2013 to create infographics that provide a user-friendly and aesthetically pleasing evidence summary in one to two pages. The CHF produces “Cochrane in Context” pieces that contextualize individual reviews with current research and guidelines and produces “Eco-Paediatrics” columns that use Cochrane evidence to highlight current child health practices that should be discontinued.

The Field has been publishing an Evidence for Clinicians column in the journal of the Canadian Paediatric Society, *Paediatrics and Child Health*, for several years. The Field revisited the column's format and assembled an advisory panel of community pediatricians and general practitioners to guide the production of future columns. Working with these clinicians will ensure the selection process for the reviews and the choice of findings to highlight will be contextualized for the Canadian practice environment.

Dr Hartling is the Director of Knowledge Synthesis of Translating Emergency Knowledge for Kids (TREKK), a Canadian initiative funded by the Government of Canada National Centres of Excellence in Knowledge Mobilization. TREKK is set up to support evidence-based care for children in general emergency departments across Canada.

The CHF's principal knowledge translation strategy during this period has been its bimonthly journal, *Evidence-Based Child Health: A Cochrane Review Journal*, published by Wiley Blackwell. The number of full-text downloads from the six month period of January-July 2013 (40,121) exceeded the number of full-text downloads during the entirety of 2012 (39,055). In each year of publication, the overviews of reviews have been the most-often downloaded content, showing a clear demand for this format.



Cochrane Policy Liaison Office (CPLO)

The CPLO currently has two main sites: the McMaster Health Forum (mcmasterhealthforum.org) and Health Systems Evidence (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. Health Systems Evidence includes

three new portals: 1) the Intergovernmental Organizations' Health Systems Documents Portal; 2) Canada's Evidence-Informed Healthcare Renewal Portal, and 3) 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.



John N Lavis
Professor and Director of
the McMaster Health Forum



François-Pierre Gauvin
Knowledge Broker of the CPLO, and Lead Evidence
Synthesis and Francophone Outreach of the
McMaster Health Forum

Type of article	Total in HSE		New articles added to HSE in 2012-2013	
	Total	Cochrane	Total	Cochrane
Reviews	3525	515	1212	130
Protocols	278	194	110	22
Evidence briefs	95	Not applicable	45	Not applicable
Overviews of reviews	47	2	19	0

As of August 2013, HSE had more than 6400 registered users, which is an increase of more than 3000 users for this one-year period. More than 702 policy-makers, 355 managers and 736 professionals registered to HSE in the past year. In addition, HSE has more than 3000

subscribers to the HSE customizable evidence service (1303 new registrations this year alone). From September 2012 to August 2013, there were nearly 20,200 visits to HSE (more than 8400 unique visits).



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:

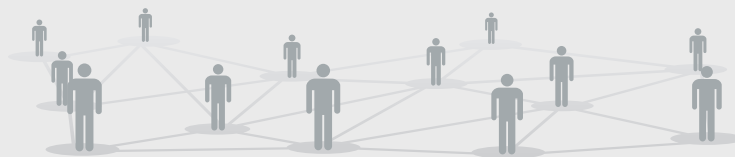
- twitter.com/MacHealthForum
- twitter.com/HSEvidence
- twitter.com/HSEvidenceFr
- twitter.com/EIHRportal
- twitter.com/portailRSSDP

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.

In 2012-2013, the CPLO delivered a great deal of training (including seven webinars) to a wide range of policy-maker and stakeholder audiences on the topic of using evidence (including Cochrane Reviews) in policy-making.

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.



- **“Changing policy and protocols is an up-hill battle. Having sound evidence has certainly made it more convincing and easier to create new policies regarding who and when should receive certain services.”**



Effective Practice and Organisation of Care (EPOC) Review Group

COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES

The Effective Practice and Organisation of Care Group offers opportunities for researchers to write and appraise the rigor of systematic reviews in an innovative and growing area of research. EPOC provides education, training and resources to encourage and attract new authors and members to the entity to facilitate the growth and development of new authors. EPOC participated in a Cochrane Standard Author Training workshop in Hamilton, Ontario in August 2013 and attracted 20 new Cochrane authors and two new consumer participants during this reporting period.

EPOC expanded its international focus with the addition of a satellite office in Bologna, Italy during this reporting period. The research agenda for this new satellite is devoted to knowledge brokering activities to provide evidence of effective interventions for pressing issues related to modernizing healthcare delivery to regional research groups and enterprises.

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. This year, the Review Group made extensive revisions to the website, such as expanding the author resource content to provide supplemental guidance specific to new and existing EPOC authors. Through these efforts, EPOC has added 86 new authors and peer reviewers for a total of 850; seven new authors are Canadian and are located in Québec and Ontario. This brings the current Canadian author content to 151. 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 posts announcements with links to newly published EPOC protocols, reviews and updates on its website and in the PopHealth Newsletter, a

Canadian effort that is produced by the Québec Population Health Research Network. As well, EPOC provides the Health Systems Evidence database with bibliographic details of reviews identified through its work on the Rx for Change project for inclusion in their repository of synthesized evidence to support policy-makers, stakeholders and researchers.

Research is also translated through the publication of research efforts by EPOC and authors in non-Cochrane reviews. EPOC produced and published research in five peer-reviewed publications (*BMJ*, *Systematic Reviews*, *Journal of Clinical Epidemiology*, *Implementation Science*, and *CMAJ*). Topics included improving the quality of care for persons with diabetes, evaluating the effectiveness of reminders in improving healthcare behavior, and managing patients with multi-morbidity. While some of these publications directly reflect work done in EPOC reviews, others are results of collaborative efforts with external stakeholders.



EPOC editors in Bologna, Italy.

Evidence of effective interventions to change professional practice and medicines use by consumers is disseminated by EPOC through the [Rx for Change](#) project. EPOC updated the database for a seventh time in April 2013, adding 61 new systematic reviews, of which 25 good quality reviews were fully analyzed and contributed to the overall evidence of intervention effectiveness summaries. Specific Cochrane contributions to this update included 20 reviews, nine of which are EPOC reviews. These new findings have been promoted through poster and oral presentations at six different conferences, locally and internationally.



Campbell and Cochrane Equity Methods Group

COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES

In November 2012, the Campbell and Cochrane Equity Methods Group facilitated a workshop, titled, “PRISMA-equity reporting guideline: How can systematic reviews contribute to increased understanding of equity and health systems research?” at the Global Symposium on Health Systems Research. The workshop introduced a new reporting guideline for equity-focused systematic reviews and discussed how journals can use and endorse the guideline and how it can benefit knowledge users.

In May 2013, Mark Petticrew of the Equity Methods Group facilitated a one-day workshop on Complex Interventions focusing on topics such as non-randomized evaluations of complex interventions and the role of qualitative research. This workshop was funded by the CIHR International Collaboration on Complex Interventions (ICCI).

Mark Petticrew also facilitated a workshop on Meta-Analysis, Complexity and Heterogeneity – the MACH project at the Cochrane Colloquium in September 2012. The goal of the workshop was to explore factors in the decision to conduct a meta-analysis and to compare existing guidance in health and non-health topics. The Equity Methods Group also facilitated a workshop on including equity considerations in evidence synthesis and knowledge translation. Ten people joined the Equity Methods Group and newsletter listserv, which now has over 750 people, including almost 350 Canadians.

Peter Tugwell, Equity Methods Co-Convenor, along with Jeremy Grimshaw, Co-Chair of The Cochrane Collaboration Steering Group, and Mark Wilson, Cochrane CEO, started the ‘Global Evidence Synthesis Initiative’ (GESI) in partnership with organizations from Low- and Middle-Income Countries (LMICs). GESI aims to build the capacity within LMICs to produce systematic reviews and synthesize evidence on health and development subjects. The organizations currently involved include The Cochrane Collaboration, 3ie, the Alliance for Health Policy and Systems Research, the EPPI-Centre, the Campbell Collaboration, Results for Development and the American Institutes for Research. A meeting on GESI was held at the Global Symposium on Health Systems Research in Beijing in November 2012.

EQUITY METHODS GROUP KNOWLEDGE TRANSLATION ACTIVITIES

The Campbell and Cochrane Equity Methods Group has developed “Evidence for Equity” (E4E), a tool aimed to direct summaries of systematic review evidence to policy- and decision-makers who are interested in interventions to reduce health inequities. The Equity Group aims to have 25 E4E Summaries available on its website (equity.cochrane.org/evidence-equity) by the end of 2013.

Peter Tugwell participated in a Fireside Chat (webinar) on “Equity and Systematic Reviews” on 5 February 2013. One hundred and fifty public health practitioners and researchers attended. Audio records and slides are available [online](#).

The Equity Methods Group has signed a Memorandum of Understanding with the Ontario Ministry of Health and Long-Term Care (MOHLTC) to strengthen the methods for “Health Equity Impact Assessments” (HEIA). The MOHLTC has already developed a toolkit to assist the local health units in conducting HEIAs. The Equity Methods Group will work with the MOHLTC to determine what key stakeholders need to make the HEIA process more rapid, rigorous and consistent. This will lead to the development of a checklist that can be used at the local level for program and policy planning.

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 has also engaged consumers throughout the development of the reporting guideline for equity focused systematic reviews (PRISMA-E 2012). Review authors and other stakeholders were surveyed to identify which items of the original PRISMA reporting guideline would benefit from additional guidance for equity-focused reviews.

The Sex and Gender Working Group, a subgroup of the Equity Methods Group, received CIHR funding to create briefing notes to guide review authors on including sex and gender considerations in systematic reviews. The Working Group also contributed to CIHR’s casebook — *What a Difference Sex and Gender Make*.



Hypertension (HTN) Review Group

COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES

The Hypertension Review Group conducted a three-day Cochrane Standard Author Training workshop from 30 January to 1 February 2013. There were 28 participants from British Columbia, Alberta, Ontario and Washington State (US) who were all new to Cochrane methodology. The workshop was highly rated by participants, and over 70 per cent have registered a new title or intend to do so in the near future. Just eight months after the course completion, six of the participants (21 per cent) had registered a new Cochrane title, another six were in the process of doing so, and another eight (29 per cent) intended 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 30 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 2012 to 31 August 2013, the Inflammatory Bowel Disease and Functional Bowel Disorders Group recruited 43 new authors. These new authors contributed to the publication of three new protocols (with four more in the submission process – i.e. in the editorial/peer review stage). The IBD/FBD Group recruited nine new Canadian authors during this reporting period. These new authors contributed to the publication of three new protocols (with two more in the submission process).

Members of the IBD/FBD Group gave three Cochrane presentations at local and international meetings, symposia and conferences (See Knowledge Translation section below for further details). IBD/FBD Group members, including the co-ordinating editors (Drs Brain Feagan and Nilesh Chande), the managing editor (John MacDonald) and some authors, assisted the Canadian Cochrane Centre with the pilot and implementation phases of the Dr Cochrane project. Dr Cochrane is an online continuing medical education and continuing professional

development (CME/CPD) tool that allows clinicians to explore and understand the clinical applicability of Cochrane Reviews. This program provides accredited CME/CPD content and promotes the use of *The Cochrane Library* for providing gold standard evidence-based health care.

John MacDonald presented two training webinars during this reporting period: “Review Manager 5 for New Authors” (30 October 2012) and “The steps of a Cochrane Review” (13 June 2013). This webinar was part of the Canadian Cochrane Centre’s “Thursdays in June” webinar series of Cochrane 101 webinars.

In the past year, the IBD/FBD Group routinely engaged in the following capacity building activities to help facilitate the completion of reviews: providing software support for 10 different author teams; providing assistance with developing search strategies for 12 reviews; and performing full literature searches for 25 different reviews (both new reviews and updates).

- “An ounce of prevention is worth a pound of cure for chronic conditions that need not decrease the quality of life if they can be better controlled with safe and economical ingredients. More people should be encouraged to experiment with foods that heal. Using *The Cochrane Library* helps substantiate a decision to incorporate things into our diet that will help with the symptoms we need to relieve.”

KAREN, HEALTHCARE CONSUMER



IBD/FBD KNOWLEDGE TRANSLATION ACTIVITIES

During this reporting period, members of the IBD/FBD Group gave three 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) 2013. The Symposium, titled “What do Cochrane reviews tell us?” took place on 20 May 2013 in Orlando, FL, USA. The Symposium consisted of the following presentations: (1) Akobeng AK. *Efficacy of TNF-alpha antagonists in Crohn's disease and ulcerative colitis: what are the unanswered questions?*; (2) Bickston SJ. *Safety of TNF-alpha antagonists I: Risk of infection*; and (3) Sandborn WJ. *Safety of TNF-alpha antagonists II: Risk of cancer*. DDW is the largest annual meeting of gastroenterologists in the world, and attendance is usually around 15,000. The symposium was well received, and approximately 700 people attended. Other presentations made by the IBD/FBD Group include:

- City Wide GI Rounds. 5 March 2013, St Joseph's Health Care, London, Ontario, Canada: Chande N. Prevention of thromboembolic disease in patients with inflammatory bowel disease.
- Western University Gastroenterology Fellows Teaching. 10 September 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 2012–31 August 2013, members of the IBD/FBD Group published six Cochrane articles in peer reviewed Gastroenterology journals, five of which appeared in *Inflammatory Bowel Diseases*:

- Once daily oral mesalamine compared to conventional dosing for induction and maintenance of remission in ulcerative colitis: a systematic review and meta-analysis
- Prevention of venous thromboembolism in hospitalized patients with inflammatory bowel disease
- Strategies for detecting colon cancer and dysplasia in patients with inflammatory bowel disease
- Prevention of postoperative recurrence of Crohn's disease: what does the evidence support?
- Are there any differences in the efficacy and safety of different formulations of oral 5-ASA used for induction and maintenance of remission in ulcerative colitis? Evidence from Cochrane Reviews

The sixth publication appeared in *Annals of Internal Medicine*:

- Probiotics for the prevention of *Clostridium difficile*-associated diarrhea: a systematic review and meta-analysis



Musculoskeletal (MSK) Review Group

COCHRANE REVIEW CAPACITY BUILDING: AUTHOR TRAINING ACTIVITIES

Engaging with authors is a pivotal role of the Musculoskeletal Review Group. Peter Tugwell, Co-ordinating Editor, is extremely active in reaching out to the rheumatology field and spreading the word about the activities of the Group at national and international conferences and meetings. In the past year, he has participated in six different events within the rheumatology and rehabilitation community. One key performance indicator of the Group's author engagement activities is the number of new protocols and reviews. The Group has surpassed its targets, demonstrating the success of its approach.

The MSK Group has been active in promoting the creation of regional satellites around the world. This year, a new satellite opened in the US, and three more are preparing to open in Europe. The increased support has translated into better production of reviews in musculoskeletal conditions, most of them having a direct impact on Canadians. For instance, the Group met with the Champlain LHIN working group on orthotics and will be addressing their main priorities in future reviews or ongoing updates by authors in Australia, Europe and Canada. The Cochrane Review, Adverse effects of biologics: a network meta-analysis and Cochrane overview (currently being updated), is pivotal for multiple guidelines and policy documents in Canada and abroad.

The MSK Group has 175 authors from 23 different cities in Canada, located in the provinces of Alberta, British Columbia, Manitoba, Nova Scotia, Ontario, Quebec 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 (in cooperation with the Health Information Research Unit at McMaster University) a tool to monitor trials published in the top journals in the area in order to facilitate and accelerate the number of updates published. The project will be fully operative by the end of the current funding period.

MSK KNOWLEDGE TRANSLATION ACTIVITIES

Working with patients is a key component in the Musculoskeletal Group's activities. The Group's consumer panel is extremely active; their roles range from priority setting to commenting on reviews, and some are even Cochrane Review authors. The Group's consumers are extremely active in disseminating Cochrane products and are involved in many Cochrane activities, such as the annual Cochrane Colloquium. Marilyn Walsh, a consumer with the MSK Group, contributed to a Café Scientifique organized by the Canadian Cochrane Centre in Ottawa on 5 March 2013 to promote the role of consumers.

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.

While developing its current priority list, the MSK Group consulted with its consumers and key clinician editors from around the world in the rheumatology and rehabilitation field. This joint communication with consumers has helped the Group identify key reviews to update, as well as new reviews to develop. The MSK Group plans to repeat this process every two years. The process has identified 20 updates and 14 new reviews as priorities.



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 2012-2013. A three-day author training workshop was run out of the Group's base at McMaster University for 22 participants, two of which were designated *de-gratis* places for Cochrane consumers. Cochrane symposia were run at major international gastroenterology conferences (United European Gastroenterology Federation in Amsterdam and Digestive Disease Week in Orlando).

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 640 to 702 (62 to 67 Canadian authors, 224 to 244 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

Two 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 (180 followers), newsletters and its website.



From left to right:
Racquel Simpson, Grigorios Leontiadis,
Paul Moayyedi, Karin Dearnass and
Sally Kohne of the UGPD Group.

Putting Evidence into Practice: the Application of Knowledge

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.

Cochrane Consumer Network Growth in Canada, September 2012 – August 2013

# of new consumers	8
# of new contacts with consumer organizations	2
# of consumers attending workshops	3*

**The Canadian Cochrane Centre provides stipends to consumers to attend workshops at the Annual Cochrane Canada Symposium. However, due to the heavy planning of the international Cochrane Colloquium in Québec City in September 2013, a symposium was not held during this reporting period. In September 2012, three Canadian consumers received stipends from the Collaboration to attend the 2012 Cochrane Colloquium in Auckland, New Zealand.*

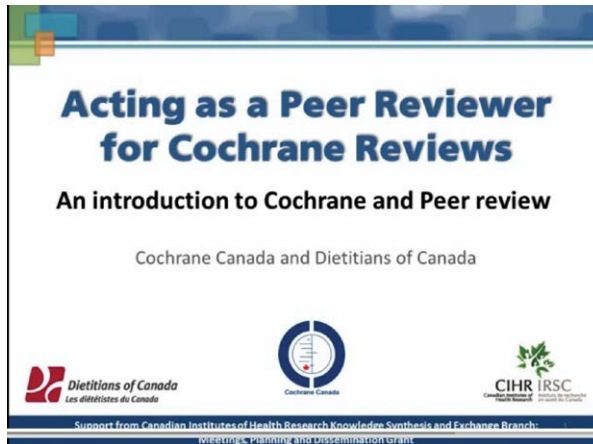
Dietitians Project

Cochrane Canada and the Dietitians of Canada collaborated on a project to develop a new product to increase dietitians' understanding and confidence in knowledge synthesis and use of Cochrane Reviews. The three-part series of self-directed online modules, titled, "Peer Review Training Modules for Dietitians," was launched on 1 October 2012 at ccc.cochrane.org/peer-review-training-modules-dietitians. The webpage has received 2450 unique pageviews this year. Since the launch, 43 dietitians have completed the modules and many have decided to become peer reviewers. They have expressed an interest in being peer reviewers for 14 Cochrane Review Groups and one Cochrane Field. As a result of this peer review training, the Dietitians of Canada's Practice-based Evidence in Nutrition (PEN) has also directly benefited, with dietitians also deciding to contribute to peer review with PEN. Further dissemination and use of the peer review modules was discussed with 21 stakeholders from 15 nutrition-related organizations across Canada. It was suggested that the modules be used in dietetic educational curriculums and continuing education programs.

Four hundred and sixty-eight participants from varied backgrounds attended a four-part webinar series about using evidence in healthcare decision-making. Three of the webinars were in English and one was in French. The first webinar was intended for practitioners: "Decision Aids and their Uses: Chiropractic Applications." The second covered "Supporting Evidence-Informed Policymaking: the Role of Health Systems Evidence, Stakeholder Dialogues and Other Initiatives." This webinar was also presented in French in session four. Session three spoke to "Evidence-Based Health Reporting."

● "I loved the modules! They were very helpful to me as a new dietitian. They will really help me better use *The Cochrane Library* in practice. It was a really good review of stats, and I believe I will also watch the other videos listed at the end of the third module. This was a very beneficial leaning activity for me."

DIETITIANS PEER REVIEW MODULES PARTICIPANT



Partners Forum

The Canadian Cochrane Centre (CCC) Partners Forum was held on 19 November 2012 at the Southway Hotel in Ottawa, Ontario. This face-to-face meeting was intended to strengthen the CCC's relationship with its partner organizations and discuss how to work together to have an even greater impact on evidence-based decision-making in Canada. Eighteen of the CCC's 25 partner representatives attended, including healthcare professionals, researchers, policy decision-makers and consumers from across Canada. The partners were updated on new and expanded resources in *The Cochrane Library* and training opportunities offered by the CCC. The brainstorming and discussion session provided a platform for partners to address their organizations' needs, including training needs, and how best to match them with the many Cochrane resources available. The CCC also gathered feedback on how to continue to improve these resources.

Strengthening partner relationships were discussed, including: formalizing partnerships, scheduling annual webinars or teleconferences to update and share partner information, linkages and activities between relevant partner organizations, supporting a national license to *The Cochrane Library* and highlighting Cochrane Reviews pertinent to partners and Canadians. Forum participants gave positive feedback and indicated that they found the experience to be an "excellent opportunity for brainstorming" and a "great opportunity to network and share ideas". Following the Forum, the CCC developed and disseminated a Cochrane Resource Menu, *Build your Cochrane Experience with Cochrane Resources: Knowledge Translation Activities*, which lists all of the resources available to partners and defines how each resource can be used along with its time commitment. A Partner News page is available on the CCC's website for partners to share their news with CCC audiences. The CCC has continued contact with its partner representatives to gather their feedback about their preferred Cochrane resources.

Canadian Partnership Against Cancer (Partnership) Project:

As translational and knowledge translation exchange (KTE) research suggests, research evidence generated in any research paradigm should inform resulting research questions and research funding priorities. While a number of different sources provide reviews of research evidence, well recognized international and national organizations lead the way in contributing to the systematic review of the research literature in general and cancer research in particular. *The Cochrane Library* is one of these reliable sources as it houses research findings and recommendations that are published, updated and disseminated on a regular basis. Cochrane Reviews focus on practice implications as well as research issues. The Canadian Cochrane Centre completed a collaborative project with its partner organization, the Canadian Partnership Against Cancer (CPAC), to identify Cochrane Reviews related to cancer, with a focus on reviews related to cancer risk and prevention. In particular, the Implications for Research section in Cochrane Reviews was analyzed to provide an understanding of gaps in prevention and intervention research in order to guide future research questions and investment.

The collaborative project between the CCC and CPAC began with an environmental scan in *The Cochrane Library* to identify cancer-related reviews. A total of 595 Cochrane Reviews were found using ‘cancer’ as the search term. Seventy-five reviews that focused on risk factors and prevention from 2006-2011 were used for analysis. The analysis pointed out there was a real opportunity to guide future research, not only with respect to the topic area, but also with respect to methodological considerations for improvements in design. Results from the analysis were used as one input into “Cancer Prevention Research in Canada: A Strategic Framework for Collaborative Action,” May 2012, which proposes a pan-Canadian cancer risk and prevention research framework.



Cochrane Corners:

Cochrane Corners are a knowledge translation strategy used to disseminate relevant Cochrane Reviews to a specific organization. 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 the reviews. The CCC completes the review search and provides the organization with relevant new and updated reviews. Six Cochrane Corners have provided links to 254 Cochrane Reviews for a wide range of knowledge users, including government, research, health professionals, 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:

- [Canadian Association of Speech-Language Pathologists and Audiologists](#)
- [CIHR Institute of Gender and Health](#)
- [CIHR Institute of Infection and Immunity](#)
- [CIHR Institute of Musculoskeletal Health and Arthritis](#) (has Cochrane Corners with both the Back Review Group and Musculoskeletal Review Group)
- [National Eating Disorder Information Centre](#)
- [Canadian Prehospital Evidence Based Protocols](#)

The Canadian Medical Association also highlights three new or updated Cochrane Review abstracts in their monthly newsletter, which reaches 20,000 members across Canada.



“It is becoming increasingly difficult to find honest, reliable, and practical information to run my family practice. I have relied on *The Cochrane Library* to inform me what the best non-biased evidence is on many different topics . . . Having avoided prescribing drugs with bad side effects and no clear benefit, I now feel that my patients are safer. Less is more!”

JASON, FAMILY PHYSICIAN

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 at the Partners Forum, the Canadian Conference on Medical Education, the Family Medicine Forum, the Canadian Public Health Association Conference, the 20th Cochrane Colloquium, a community association meeting and a health professional association meeting.

Erin Ueffing, Education Coordinator, CCC, and **Eileen Vilis**, Knowledge Broker, CCC, at the Family Medicine Forum, in Toronto on 15 November 2012.



Probiotics may ease antibiotic side-effects

C. difficile-associated diarrhea can 'wreak havoc' on patients but probiotics may help

CBC News | 31 May 2013

Taking probiotics supplements could help prevent the diarrhea associated with *C. difficile* infections, a new review suggests.

Diarrhea is a common side-effect of many antibiotics, which disturb the mix of beneficial bacteria in our gut.

In patients with *C. difficile*, the harmful bacteria proliferate, leading to diarrhea and severe water loss.

"*Clostridium difficile*-associated diarrhea can really wreak havoc on patients and in hospitals," said Bradley Johnston, a scientist at the Hospital for Sick Children in Toronto.

Probiotics are organisms that are thought to restore the balance of bacteria.

Johnston and his co-authors at McMaster University in Hamilton, Ont., the U.S., the U.K., and Norway assessed data from 23 trials involving more than 4,200 patients who were taking antibiotics for various reasons.

There is moderate quality evidence that probiotics are safe and effective for preventing *C. difficile*-associated diarrhea in otherwise healthy elderly patients, the researchers concluded in this week's Cochrane systematic review.

"If you are given an antibiotic and you're an older adult who is at a higher risk of *C. difficile*, your risk of *C. difficile*-associated diarrhea will be almost six per cent if you just take the antibiotic," said Johnston. "If you take antibiotic plus probiotic, your risk will drop to approximately two per cent."

Johnston cautioned that the best strains and doses of probiotics to use for the best results still aren't known and larger groups of patients need to be followed for longer to accurately determine potential side-effects.

He previously found that probiotics could help prevent diarrhea associated with antibiotics in general.

In the latest studies reviewed, those taking probiotics reported less abdominal cramping, nausea, fever, soft stools, flatulence and taste disturbance compared with those on placebos.

The researchers said it's possible that probiotics may be effective in preventing symptoms of *C. difficile* infection or in limiting its extent rather than stopping the infection itself.

Professor Brendan Wren of the London School of Hygiene and Tropical Medicine studies *C. difficile* bacteria. He did not participate in the review.

"Because *Clostridium difficile* infection is primarily a disease associated with an imbalance of microbes in your gut (due to the indiscriminate effect of taking oral antibiotics) I believe that a targeted approach of taking appropriate probiotics is a good strategy, either before or after *C. difficile* infection, and in any event is unlikely to do any harm," Wren said in an email.

The review group was funded by the Canadian Institutes of Health Research and the Ontario Ministry of Health and Long-Term Care.

Johnston is also an assistant professor at the University of Toronto's Institute for Health Policy, Management and Evaluation.

COCHRANE IN THE NEWS

Communicating the Evidence: Promoting the use of Cochrane Reviews

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 produces systematic reviews of research studies, known as Cochrane Reviews, which aim to help health care 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 program, 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 2012 – 31 August 2013

Social media	Website	ccc.cochrane.org 36,249 unique visitors
	Twitter page	Twitter.com/CndCochraneCtr 1095 followers
	Facebook page	Facebook.com/CanadianCochraneCentre 466 followers
	Google+ Page	Plus.Google.com/CanadianCochraneCentre 105 followers
Newsletters	Relay Cochrane! <ul style="list-style-type: none"> • A user-friendly, bilingual e-newsletter, published quarterly • Includes Cochrane news updates and highlights of recent Cochrane Reviews 	First issue published July 2007 4133 Canadian subscribers
	Training and Events <ul style="list-style-type: none"> • An e-newsletter, published biannually • Promotes upcoming training opportunities and highlights past training events 	First issue published August 2012 1332 Canadian subscribers
	CCInfo <ul style="list-style-type: none"> • The bi-weekly electronic bulletin of The Cochrane Collaboration • Contains news and announcements relevant to Cochrane contributors around the world 	2246 international subscribers
Other	Cochrane Corners <ul style="list-style-type: none"> • Space on partner websites dedicated to Cochrane Reviews relevant to their field. Cochrane Corners feature review titles linked to the original review in <i>The Cochrane Library</i> 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"> • Canadian Association of Speech-Language Pathologists and Audiologists • CIHR Institute of Gender and Health • CIHR Institute of Infection and Immunity • CIHR Institute of Musculoskeletal Health and Arthritis • National Eating Disorder Information Centre • Canadian Prehospital Evidence Based Protocols

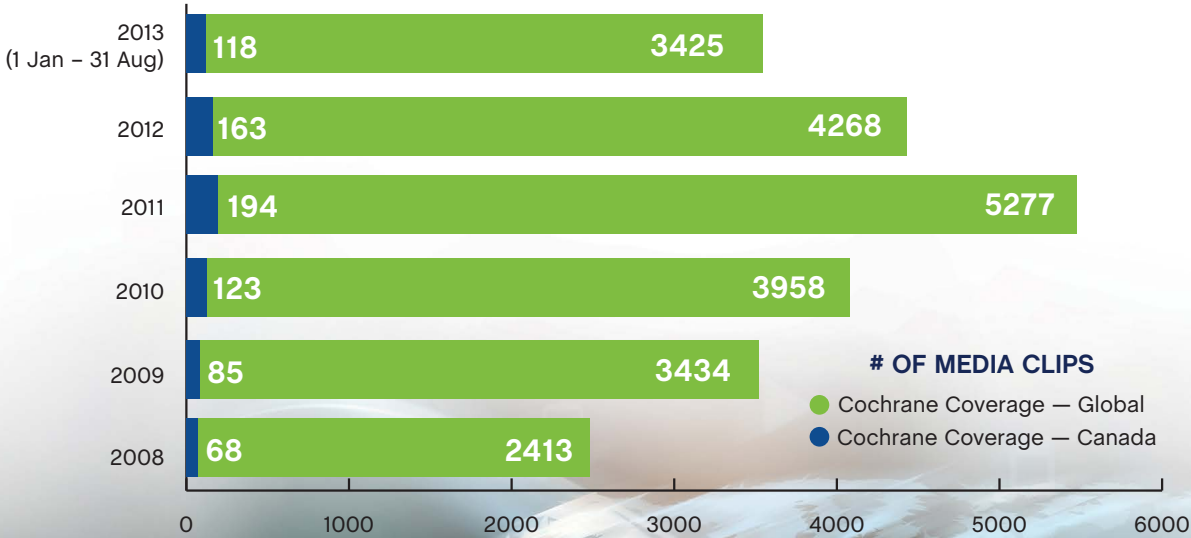
con't.

Other	Google Alerts	676 mentions were tracked during this reporting period 178 individuals receive this email service
	Media Releases	Two media releases were distributed throughout this reporting period: <ul style="list-style-type: none"> • Cochrane Researchers Identify Method to Reduce Incidences of Wrong-site Surgery • Cochrane signs up to AllTrials initiative to campaign for registration and reporting of all clinical trials
	Presentations/Exhibits	17

● “Thank you for providing me with this Canadian Cochrane Centre Newsletter. It is terrific — a summary full of very useful information and links! I hope to see more issues in the future!”

RELAY COCHRANE! SUBSCRIBER

Media coverage by the mainstream media of Cochrane over the past few years:



Increasing Awareness of *The Cochrane Library*

The Cochrane Library tracks how often Cochrane Reviews are mentioned in the media, and in 2012, Canada had the third highest amount of media attention out of more than 80 countries involved in the Collaboration. Cochrane Reviews were mentioned in 163 Canadian news stories in 2012.

Cochrane media attention from around the world

2012 Rank	2011 Rank	Country	# Stories
1	1	United States	2176
2	2	United Kingdom	956
3	4	Canada	163
4	3	India	105
5	7	Germany	97
6	5	Australia	84
7	9	Italy	44
8	10	Brazil	36
9	6	Spain	32
10	12	China	31

Wiley-Blackwell, publisher of *The Cochrane Library*, issues press releases on new Cochrane Reviews or updated reviews with changed conclusions that are expected to be of special interest to the public. Prominent news sources often show interest in these press releases. In 2012, several reviews from Cochrane Canada Review Groups were chosen by Wiley to promote to the media:

- “General health checks in adults for reducing morbidity and mortality from disease,” Effective Practice and Organisation of Care Group, October 2012.
 - > This review was featured by over 20 online blogs and news sources, including CBC News, CNN, TIME and the New York Times.
- “Probiotics for the prevention of *Clostridium difficile*-associated diarrhea in adults and children,” Inflammatory Bowel Disease and Functional Bowel Disorders Group, May 2013.
 - > This was featured by CBC News Health and BBC News Health.
- “Red flags to screen for malignancy in patients with low-back pain,” Back Group, February 2013.
 - > The results of this review were highlighted by several online health information sources, including Doctors Lounge, Medical Xpress and Pain Medicine News.

The top ten media generating reviews/press releases of 2012 were:

Headline	# Articles
Cochrane Review Finds No Benefit from Routine Health Checks <i>*Based on a review published by the EPOC Review Group</i>	512
Cranberry Juice Now Unlikely to Prevent Cystitis	479
Continuing Uncertainties Surround Anti-Influenza Drug	467
Cocoa Compounds May Reduce Blood Pressure <i>*Based on a review published by the HTN Review Group</i>	372
Role of Omega-3 in Preventing Cognitive Decline in Older People Questioned	337
Cold Water Baths Reduce Muscle Soreness but Evidence Lacking On Safety	313
Cochrane Finds No Reliable Evidence on Effectiveness of Electric Fans in Heatwaves	252
Mobile Phone Services Help Smokers Quit	191
Pain relief: poor evidence for non-drug approaches in labour	144
Cancer: Exercise Reduces Tiredness	139

Impact Factors:

In 2012, the Cochrane Database of Systematic Reviews received an Impact Factor (IF) of 5.785.

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: 8.294** (34 publications cited 282 times)
- **Hypertension Group: 3.133** (15 publications cited 47 times)
- **Inflammatory Bowel Disease and Functional Bowel Disorders Group: 6.438**
(16 publications cited 103 times) This places the Group at 8 out of 53 Cochrane Review Groups.
- **Musculoskeletal Group: 6.071** (28 publications cited 170 times)
- **Upper Gastrointestinal and Pancreatic Diseases Group: 4.080**
(25 publications cited 102 times)



Access to *The Cochrane Library*

There are currently 8088 records in the Cochrane Database of Systematic Reviews (CDSR): 5737 reviews and 2351 protocols. In June 2013, *The Cochrane Library* moved to a continuous publishing model so Cochrane Reviews are added to the database as soon as they are ready, rather than on a monthly basis. 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 thecochranelibrary.com and 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.

In 2012, each Review in the CDSR, regardless of publication date, was accessed in full-text format an average of 715.34 times. This is an increase of 20.6 per cent on the 2011 figure of 567.89.

The Cochrane Library use by Canadians

Year	#abstracts viewed	# full-text downloads	#access denied
1 Sept 2012 – 31 Aug 2013	477,121	165,630	101,355
1 Sept 2011 – 31 Aug 2012	442,231	242,594	67,971

Cochrane provides over 4000 health summaries in French to help people make evidence-based health decisions

The Canadian and French Cochrane Centres have made French translations of over 4000 Cochrane Review abstracts and plain language summaries available to health care users all over the world. All abstracts translated since January 2010 are now available in French. The translation project provides millions of Francophones with access to the highest quality of healthcare evidence.

French translations of the abstracts and summaries are provided by the French Cochrane Centre in Paris, France, and are published on summaries.cochrane.org. This website provides one-click access to health care information written in a clear and concise manner without the typical research jargon found in many health reports. The searchable database was awarded the runner-up trophy for best public website by the Plain English Campaign in 2011.

Free access to the healthcare evidence Cochrane Reviews provide will assist the estimated 67 million French-speaking individuals worldwide in making well-informed decisions about their own health and the care of their loved ones. In September 2013, more than 15 per cent of all summaries.cochrane.org visits were in French.

The French translation project is funded by a \$300,000 grant awarded to the Canadian Cochrane Centre by the Canadian Institutes of Health Research (CIHR), the Fonds de la recherche du Québec-Santé, the Institut national d'excellence en santé et en services sociaux (INESSS) and the Ministère de la santé et des services sociaux du Québec in 2012 and by the Ministère des Affaires Sociales et de la Santé (France).

“Health information from quality sources is very helpful and important . . . Our community faces high mortality rates and much confusion over the literature, both from institutions and the media. Cochrane Reviews help to dispel some of the myths ever prevalent.

Cochrane Reviews continually help me strive for further understanding of medical research and its complicated pathways. More importantly, I pass on pertinent information which I learn and receive to our patient and consumer populations.”

The top 10 most accessed reviews in 2012 were:

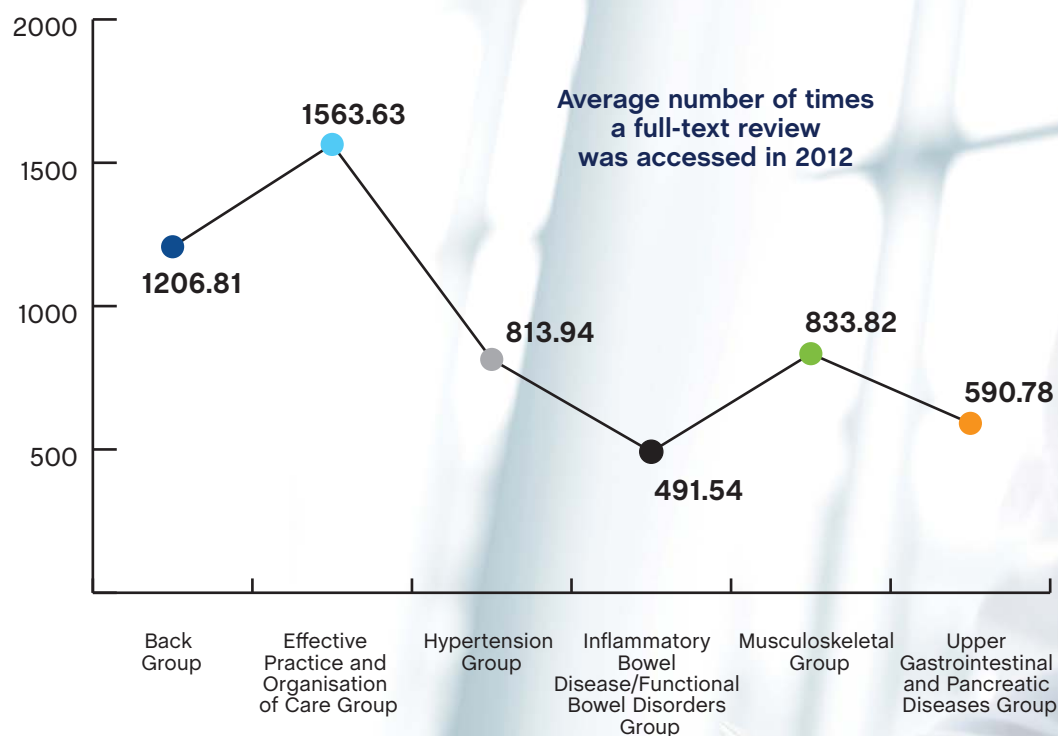
Review Title	Full-Text Accesses	Abstract Accesses	Most Recent Publication Date	Cochrane Review Group
Interventions for preventing obesity in children	21,594	53,933	12/2011	Heart Group
Interventions for preventing falls in older people living in the community	16,673	42,289	9/2012	Bone, Joint and Muscle Trauma Group
Early skin-to-skin contact for mothers and their healthy newborn infants	12,134	19,279	5/2012	Pregnancy and Childbirth Group
Exercise for depression	10,789	21,265	7/2012	Depression, Anxiety and Neurosis Group
Support for healthy breastfeeding mothers with healthy term babies	10,648	11,515	5/2012	Pregnancy and Childbirth Group
Colloids versus crystalloids for fluid resuscitation in critically ill patients	10,460	16,554	6/2012	Injuries Group
Interventions for preventing falls in elderly people	9,977	16,903	4/2009	Bone, Joint and Muscle Trauma Group
Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes	9,541	16,273	7/2009	Effective Practice and Organisation of Care Group
Discharge planning from hospital to home	9,486	19,334	1/2010	Effective Practice and Organisation of Care Group
Support surfaces for pressure ulcer prevention	9,379	19,110	4/2011	Wounds Group

TOP 10

Below is a table outlining access to full-text reviews published by Cochrane Canada Review Groups:

2012 Access to full-text reviews published by Cochrane Canada Review Groups

Review Group	Average number of times a full-text review was accessed in 2012	Number of reviews accessed	Percentage increase/decrease from 2011
Back Group	1206.81	62 articles accessed 74,882 times	17 per cent increase from 2011
Effective Practice and Organisation of Care Group	1563.63	100 articles accessed 156,363 times	30 per cent increase from 2011
Hypertension Group	813.94	47 articles accessed 38,255 times	21 per cent increase from 2011
Inflammatory Bowel Disease/Functional Bowel Disorders Group	491.54	67 articles accessed 32,933 times	11 per cent increase from 2011
Musculoskeletal Group	833.82	162 articles accessed 135,079 times)	13 percent increase from 2011
Upper Gastrointestinal and Pancreatic Diseases Group	590.78	59 articles accessed 34,856 times	4 percent increase from 2011



Cochrane Events

Cochrane Colloquia

AUCKLAND COLLOQUIUM

Canadian Cochrane Centre staff attended the 20th Cochrane Colloquium, held in Auckland, New Zealand, from 30 September–3 October 2012. The theme of the Auckland Colloquium was *Evidence around the Globe*. CCC staff attended workshops, oral presentations, and poster presentations aimed at broadening one's knowledge in evidence-based health information in communications, knowledge translation, and education and training. Furthermore, CCC staff contributed to the scientific program. Erin Ueffing, CCC Education Coordinator, delivered an oral presentation, *Cochrane Canada webinars: building capacity around systematic reviews*, and two posters: *Capacity building and health system strengthening through Cochrane sensitization and training in the Caribbean*, and *The Cochrane corner: a dissemination strategy to increase the impact and relevance of systematic reviews*. Eileen Vilis, the CCC's Knowledge Broker, also presented two posters: *Integrated knowledge translation: an active partnership between researchers and health care providers* and *The Cochrane corner: a dissemination strategy to increase the impact of systematic reviews*. Jeremy Grimshaw and Mary Ellen Schaafsma, the CCC's Director and Executive Director, respectively, attended many meetings regarding the planning of the next Colloquium to be hosted by the Canadian Cochrane Centre and Université Laval in Québec City, Canada. Many other individuals from Cochrane Canada also attended the Auckland Colloquium and delivered various presentations.



Eileen Vilis, CCC Knowledge Broker, and **Lori Tarbett**, CCC Communications Specialist.



Lisa McGovern, CCC Office Coordinator, and **Mary Ellen Schaafsma**, CCC Executive Director.

QUÉBEC CITY COLLOQUIUM

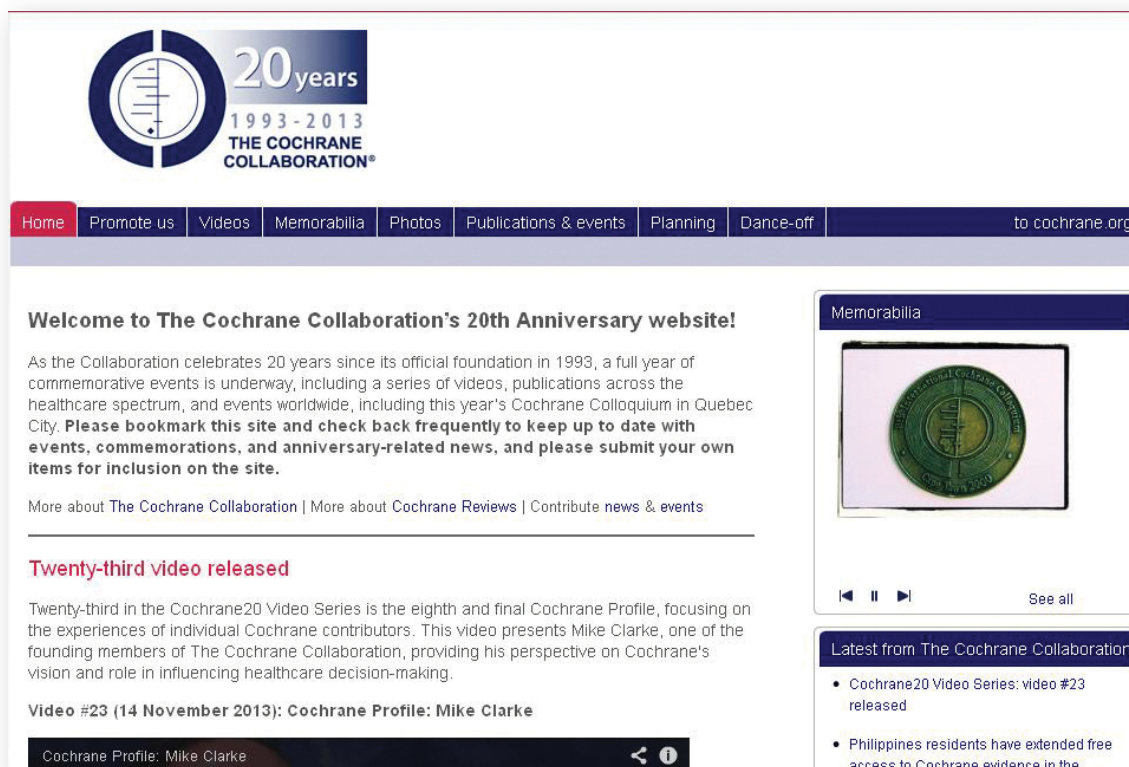
The Canadian Cochrane Centre has spent the majority of its time over the past two years organizing and preparing for the 21st Cochrane Colloquium held in Québec City, Canada from 19-23 September 2013, in partnership with Université Laval. The CCC managed or aided in all of the following aspects: website maintenance, registration payments, scientific program, program 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, and more. CCC staff worked to ensure the 21st Colloquium would be an event to remember. Due to the time commitment required to prepare for the Colloquium, Cochrane Canada did not host a Symposium in 2013.



20TH ANNIVERSARY

The Cochrane Collaboration celebrated its 20th Anniversary in 2013. Canadian Cochrane Centre staff were 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.



Welcome to The Cochrane Collaboration's 20th Anniversary website!

As the Collaboration celebrates 20 years since its official foundation in 1993, a full year of commemorative events is underway, including a series of videos, publications across the healthcare spectrum, and events worldwide, including this year's Cochrane Colloquium in Quebec City. **Please bookmark this site and check back frequently to keep up to date with events, commemorations, and anniversary-related news, and please submit your own items for inclusion on the site.**

[More about The Cochrane Collaboration](#) | [More about Cochrane Reviews](#) | [Contribute news & events](#)

Twenty-third video released

Twenty-third in the Cochrane20 Video Series is the eighth and final Cochrane Profile, focusing on the experiences of individual Cochrane contributors. This video presents Mike Clarke, one of the founding members of The Cochrane Collaboration, providing his perspective on Cochrane's vision and role in influencing healthcare decision-making.

Video #23 (14 November 2013): Cochrane Profile: Mike Clarke

Cochrane Profile: Mike Clarke

Memorabilia

See all

Latest from The Cochrane Collaboration

- Cochrane20 Video Series: video #23 released
- Philippines residents have extended free access to Cochrane evidence in the

CAFÉ SCIENTIFIQUE

Why 'Google' your health questions when you can 'Cochrane' them? *Health information in the age of the Internet*

5 March 2013

The Canadian Cochrane Centre (CCC), with funding support from the Canadian Institutes of Health Research (CIHR), hosted a Café Scientifique on 5 March 2013, titled, *Health information in the age of the Internet. Why Google your health questions when you can Cochrane them?* The event was a success on all accounts, with 73 individuals in attendance. The Café was moderated by Anne McFarlane, Vice President, Western Canada and Development Initiatives, Canadian Institute for Health Information. Panelists included Dr Jeremy Grimshaw, Director of the Canadian Cochrane Centre and a Tier 1 Canada Research Chair in Health Knowledge Transfer and Uptake; Dr Sam Shortt, Director of Quality Initiatives, Canadian Medical Association; and Marilyn Walsh, a Cochrane Consumer Advocate. Dr Shortt spoke about his time as a physician and how difficult it is to access health evidence. Dr Shortt represents the 78,000 practitioners who are members of the Canadian Medical Association. He presented the problem many physicians face: there are 75 new clinical trials released daily along with 11 new systematic reviews – how does one keep up? Dr Grimshaw offered a solution to the problem identified by Dr Shortt in the way of The Cochrane Collaboration and its production of Cochrane Systematic Reviews. Dr Grimshaw explained what the Collaboration is and does, and how evidence found in Cochrane Reviews can aid physicians, and patients, in making health treatment decisions. Ms Walsh gave a tremendous presentation which captivated the whole audience. She offered a consumer/patient perspective that helped the audience relate to their own health issues as well as their quest to find the most reliable health evidence.

The audience was very pleased with their Café Scientifique experience, which was evident in the event evaluation. As one participant wrote,

“Well done. Thoughtful and thought-provoking presentation and discussion of how to use health care evidence in making decisions about treatment/care. Excellent choice and balance in panel presenters and facilitator.”

Another offered,

“Fabulous speakers and great questions from the audience!”

And yet another wrote,

“Excellent — one of your best,” referring to various Cafés run through the Café Scientifique program funded by CIHR.

The audience was pleased with the speakers' knowledge and the stories they shared. There was also a high level of audience participation as attendees shared their own stories and inquired about Cochrane Reviews and evidence-based medicine in general.

Furthermore, the CCC's website (ccc.cochrane.org) received a significant increase in visitors after the Café with 186 visits on 5 March 2013, 619 visits the day after the Café (6 March), returning to the norm with 174 visits the following day. There were 2036 page views on 6 March, up from the regular 500+. Furthermore, *The Cochrane Library* saw an increased number of Canadian visitors after the Café Scientifique. More information about this can be found in the table on the following page. Each attendee also received a Canadian Cochrane Centre folder which contained information about *The Cochrane Library*, Cochrane Reviews and the 21st Cochrane Colloquium held in Québec City in September 2013. Many participants asked when the CCC's next Café would be held.



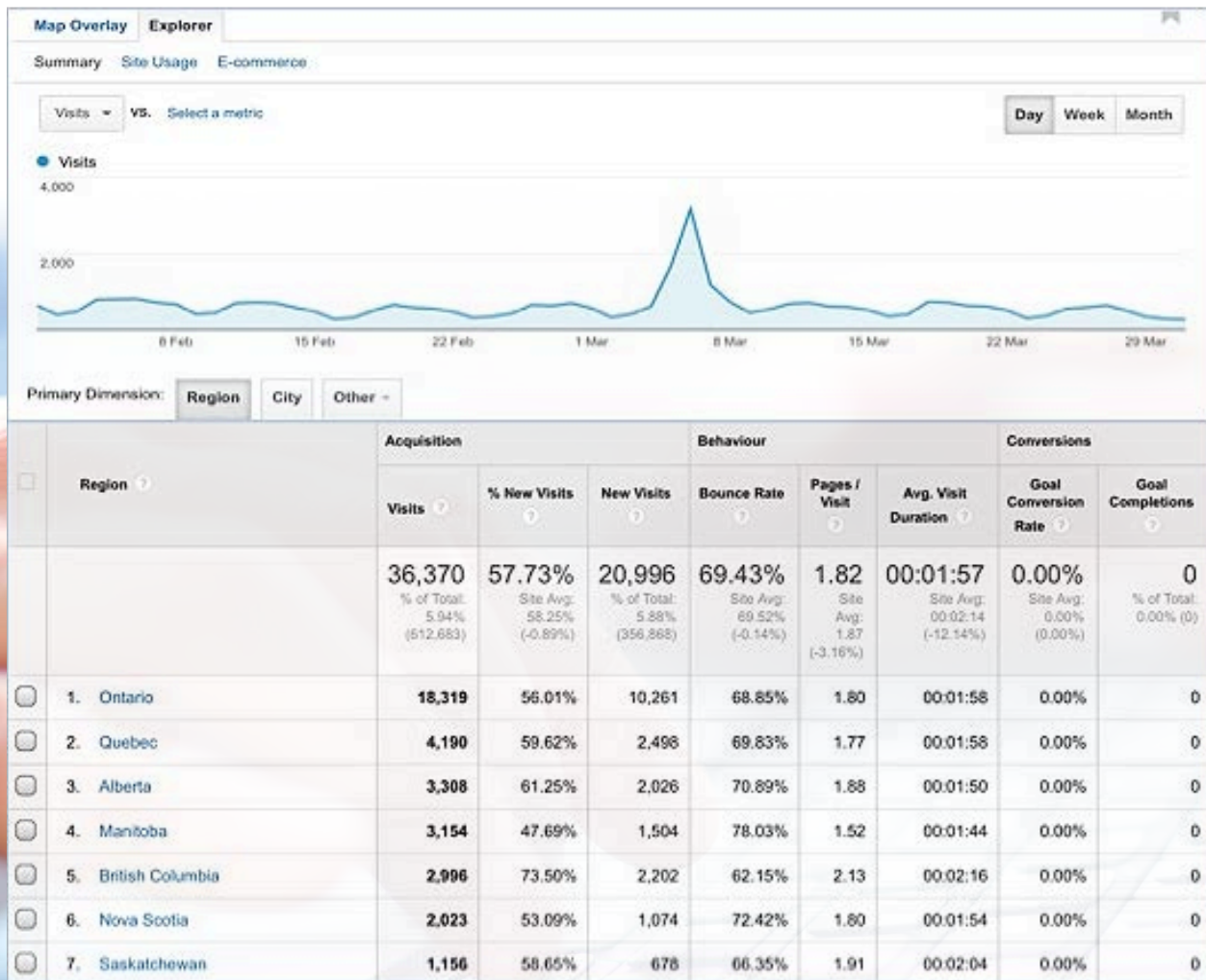
Lori Tarbett, CCC Communications Specialist and Principle Investigator, and Marilyn Walsh, Speaker, of the Café Scientifique, *Why Google your health questions when you can Cochrane them? Health Information in the age of the internet.*



Moderator and Panelists of the Café Scientifique, from left to right: Anne Lydiatt, Dr Sam Shortt, Dr Jeremy Grimshaw and Marilyn Walsh.

TheCochraneLibrary.com traffic

Week beginning	Visits		Day	Visits
03-Feb	4,697		02-Mar	321
10-Feb	3,912		03-Mar	408
17-Feb	3,407		04-Mar	611
24-Feb	3,653		05-Mar	1,662
03-Mar	8,211		06-Mar	3,169
10-Mar	4,012		07-Mar	1,186
17-Mar	3,909		08-Mar	729
24-Mar	3,277		09-Mar	446
			10-Mar	539



Impact of Cochrane in Canada

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 12 CPGs by organizations such as:
 - > World Health Organization
Evidence-based recommendations for other significant emotional and medical unexplained somatic complaints in non-specialized health settings: psychological treatment based on cognitive-behavioural therapy principles for managing medically unexplained somatic complaints
 - > American Medical Association
Management of active Crohn's disease
 - > National Institute for Health and Clinical Excellence, UK
Crohn's disease: management in adults, children and young people
- The following reviews informed by the expertise of the Child Health Field were frequently cited across the body of guidelines and policy statements produced by the Canadian Pediatric Society, the American Academy of Pediatrics and the National Institute for Care and Excellence (UK):
 - > Antibiotics for acute otitis media in children
 - > Fluoride varnishes for preventing dental caries in children and adolescents
 - > Graduated driver licensing for reducing motor vehicle crashes among young drivers
 - > Planned caesarean section for term breech delivery
 - > Decision aids for people facing health treatment or screening decisions
- 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. The Clinical Practice Guidelines and Protocols in British Columbia published a guideline in 2013 on Osteoporosis - Diagnosis and Treatment, highlighting six Cochrane Reviews published by the Musculoskeletal Group.
- Four reviews by the Back Group were cited in the North American Spine Society guidelines for the Diagnosis and Treatment of Lumbar Disc Herniation with Radiculopathy (2012).
- 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.

“With respect to the development of clinical practice standards, I primarily use Cochrane to establish the evidence base for specific physiotherapeutic interventions. This evidence is then used to guide clinical practice for the 100 physiotherapists across our six facilities . . . For example, recent decisions on best practices for management of hemiplegic shoulder were guided by the incorporation of evidence obtained from Cochrane.”

ALISON, PHYSICAL THERAPY KNOWLEDGE BROKER, UNIVERSITY OF BRITISH COLUMBIA

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:

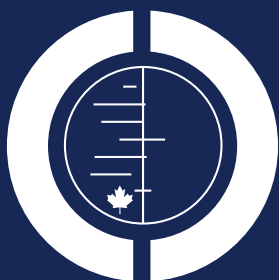
- The Bias Methods Group (BMG) is developing a new Risk of Bias Tool for non-randomized studies that will influence the production of Cochrane Reviews. The BMG is also working with the Cochrane Editorial Unit on the implementation and evaluation of the Methodological Expectations of Cochrane Intervention Reviews (MECIR) standards. The MECIR standards were developed to improve the quality of reporting of Cochrane Reviews.
- The convenors 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. 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.
- The Back Review Group is partnering 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 review will examine the role of individual recovery expectations in the prognosis of low back pain, and it will be a model for conducting Cochrane Reviews of prognostic factors.
- The Inflammatory Bowel Disease and Functional Bowel Disorders Review Group is conducting four Cochrane Reviews that will assess the validation of evaluative indices used to measure disease activity in inflammatory bowel disease. 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.



Founded August 1993



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