

April 2008 – March 2009
Annual Report



The Canadian Cochrane
Network and Centre

Rigour, Reliability, Results

The Canadian Cochrane Network and Centre

Our Vision

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

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

Our Mission

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

Canadian Cochrane Network and Centre

Institute of Population Health
University of Ottawa
1 Stewart St (229)
Ottawa, ON K1N 6N5
Tel: 613 562 5800 ext. 2954
Fax: 613 562 5659
ccnc.cochrane.org



Director and Executive Director's Message



The Canadian Cochrane Network and Centre (CCNC) has done great work this year and the pay-off for our efforts is becoming more and more evident.

As one of 13 Centres of the internationally renowned Cochrane Collaboration, the CCNC's main functions are to promote and represent The Cochrane Collaboration; to provide or facilitate training and support for review authors, editors, and other contributors to The Cochrane Collaboration; to support regional editorial bases of Review Groups, Methods Groups and Fields/Networks; to contribute to improving the quality of Cochrane reviews by supporting methodological research; and to promote accessibility to *The Cochrane Library* to healthcare professionals, patients and others.



The CCNC has been actively promoting awareness of The Cochrane Collaboration and Cochrane Systematic Reviews found in *The Cochrane Library*. Canadian media usage of Cochrane in their reporting continues to climb and has increased another 35% over 2007-08. As well, the usage statistics for the PPD/CCNC database (a unique database of evidence aimed at making it easier for policy-makers to use evidence in decision-making) is growing almost exponentially.

This year, we have trained an additional 190 people in how to conduct Cochrane Systematic Reviews, in advanced methods and more. We know our training has been effective, since we have almost doubled the number of Canadian Cochrane review authors in the past three years! Our unique training program gets rave reviews and almost always has waiting lists – the demand is there and we are working hard to meet it. The CCNC also offers a different kind of training – not only how to *do* Cochrane reviews, but how to *use* them! We indeed believe that for knowledge to be useful, it needs to be applied. It is not always easy for busy health care providers and decision-makers to access, understand and apply the evidence in Cochrane Reviews, but we have been able to train more than 800 Canadian health care providers, policy-makers, and patients on how to use Cochrane evidence for decision-making!

The Canadian Cochrane Review Groups have also been very productive this year and, combined, have met their targets for new reviews, protocols and updated reviews. They are well on their way to beat their own targets by the end of the current grant (2010). As well, the Fields in Canada have been making huge gains, developing tools, disseminating journals and winning awards! Last but not least, our own Bias Methods Group has been a major contributor to the development and training on new methods and tools to mitigate bias in Systematic Reviews – adding further to the reliability of the evidence in Cochrane systematic reviews.

Finally, we are in discussions with several committed partners to brainstorm ways to make *The Cochrane Library* available to all Canadians! We anticipate success in 2009.

The CCNC is proud of its accomplishments to date and we have more innovative plans for the future. Please check in with us to see what's new in 2009-10!



Jeremy Grimshaw, Director, CCNC



Mary Ellen Schaafsma, Executive Director, CCNC

Table of Contents

Performance Review – Objectives

Objective 1: Cochrane Review Production.....	1
Objective 2: Capacity Building – Passing the Baton	1
Review Groups’ Role.....	5
Canadian Cochrane Symposium.....	7
National License	8
Objective 3: Methods Development.....	8
Objective 4: Knowledge Translation (KT)	9
Group Contributions to KT	12
Policy Précis.....	14
Communications Activities	16
Getting the Attention We Deserve.....	16
Financials – Reviews in Dollars and Cents.....	18
What the Future Holds for the CCNC	19
Appendix A: Complete list of systematic reviews 2008-09	20
CCNC Advisory Board Members and Affiliate Organizations	23



Objective 1: Cochrane Review Production

The Canadian Cochrane Network and Centre continues to work hard to connect with individuals and groups across the country who will benefit from access to *The Cochrane Library*. The library offers reliable evidence-based research derived from systematic reviews produced by researchers from around the world. As part of this effort, Canadian Cochrane Review Groups contribute significantly to the growing number of reviews available.

With 103 reviews, updates and protocols submitted throughout 2008-09, most of the Canadian Review Groups have not only met, but exceeded their production goals. The table below shows the breakdown of the number of Canadian submissions to *The Cochrane Library*. Our projected targets for protocols, reviews and updates this year were 30, 27 and 26 respectively and our output was 47, 28 and 28 – a tremendous success for our review groups.

Table 1 – Review Production

Group	Protocols	Reviews	Updated Reviews
Back	3	2	8
Effective Practice and Organisation of Care	6	9	8
Hypertension	11	3	
Inflammatory Bowel Disease and Functional Bowel Disorders	10	7	9
Musculoskeletal	17	7	3
Total	47	28	28
Overall total		103	

Please see Appendix A for a complete list of systematic reviews produced by Canadian Cochrane Review Groups in 2008-09.

Objective 2: Capacity Building – Passing the Baton

Capacity building is about learning, leadership and leveraging expertise to empower people to develop the confidence and skills to synthesize, access and use evidence in health decisions. Over the past year, the CCNC used several strategies to support capacity building within our stakeholders through training and financial support.

The CCNC Capacity Building Fund was launched in March 2009 to encourage Canadian entities, network sites and affiliate members to apply for funds to host or participate in training and knowledge translation (KT) activities. The CCNC also strives to reach consumers and involve them in our activities; however, consumers often require financial assistance to attend training opportunities. Without assistance

their involvement in Cochrane would be limited. This year, the CCNC provided financial support for 10 consumers to attend the 7th Canadian Cochrane Symposium and for three consumers to attend the 16th Cochrane Colloquium. An engaging discussion during a consumers meeting at our Symposium produced key goals to build capacity within the consumer network including annual in-person training, developing a process and toolkit for consumers in their promotion role, developing the mentoring role, and formalizing orientation for new consumers.

As another approach to building capacity, train-the-trainer workshops serve to train and support experienced Cochrane contributors who are ready to teach others. For example, a train-the-trainer workshop prepared librarians from across Canada to educate and orient professionals and the public to *The Cochrane Library*.

Peer review training

“[The training] clarified unanswered questions. This is my first symposium and it was very informative.” – *Consumer*

“Thanks! Great presentation - Answered a lot of questions. Reviewing will be easier I hope.” – *Consumer*

“[I liked] the chance to interact with other consumers.” – *Consumer*

Peer reviewing is a way to engage professionals in reading systematic reviews while building their critical appraisal skills. It also provides an opportunity to receive feedback from a frontline provider’s perspective. In partnership with Dietitians Canada, the CCNC applied for research funding to develop online peer review training for dietitians as a knowledge transfer project with the intent of engaging practicing dietitians as peer reviewers of Cochrane reviews. The CCNC also conducted a full-day pre-symposium workshop which was devoted to peer review training for consumers, to be followed by ongoing mentoring with an experienced consumer. Peer reviewing

helps build capacity for critical thinking skills to aid consumers when reading research or discussing their conditions with their health care professionals.

Building Capacity among Review Authors

Training in Cochrane systematic review methods and processes is a fundamental role of the CCNC in order to support review authors and entities in Canada. This year yielded many important method and process changes within the Collaboration with the substantially revised *Cochrane Handbook for Systematic Reviews of Interventions*, along with changes to the Cochrane Information Management System – the integration of Review Manager 5 software for managing Cochrane reviews. These changes and the Education Coordinator’s return from maternity leave have allowed the CCNC to keep pace with curriculum updates and workshop targets in 2008-09 (Table 2). Similar to 2007-08, Standard Author training targets were exceeded, but there was less demand for Introductory Author level training. Our Centre conducted more than double the targeted Advanced Author workshops, with the majority of those related to Review Manager 5.

In addition to Review Manager 5 training, we are also delighted to have met another goal: author training in French. Our Cochrane network site at Université Laval was able to obtain funding to support a part-time coordinator for Cochrane activities in Québec, which included conducting two Standard Author training workshops in a six-week period. We have also had standard author training resources translated into French for on-going use.



A standard component in our author training program is the opportunity for participants to evaluate items such as quality of content, opportunity for interactive learning, audiovisual presentations, and workshop instructors. We received feedback for most workshops, with a minimum score of four out of five. The majority of participants indicated they would recommend the workshops to others.

Some participants involved in a pre-symposium workshop in March were especially pleased with the training and offered the following remarks:

“The two day workshop for Cochrane authors was absolutely packed. I think I learned as much in those two days as if it had been a week. The presenters were experts, but were also animated and clearly passionate about the work Cochrane does. That passion was contagious and at the end of the two days I was very excited to go back to our in-progress protocol and rewrite it with the new understanding I had gained. I suppose most importantly, I understood much better the Cochrane review process . . . In summary, I am very excited to do our review and will be happy to be married happily ever after to it.” - *Registered Nurse, McGill University*

“I was delighted to see how multidisciplinary the group was. Previous to this, as I am fairly new to Cochrane, I thought it was mostly physicians. It was refreshing to see so many other health care providers involved in evidence-based practice. I thoroughly enjoyed the sessions.” - *Registered Nurse, Dalhousie University*



Comments From Other Workshops

“This was a great workshop, I feel very prepared to conduct my own systematic review.”

“The workshop made systematic reviews sound exciting!”

Table 2 – Author Training Workshops 2008-09

Workshop	Required per year	Date	Partnership	Participants
Introductory Author	2	3-4 Nov	U Manitoba	26
Standard Author	4	20-21 Aug	Nova Scotia Health Research Foundation (NSHRF)	25
		11-12 Dec	Laval Site (U Laval)	10
		21-22 Jan	Laval Site (U Laval)	15
		22-23 Jan	Calgary Site (U of C)	31
		9-10 Mar	NSHRF (pre-symposium)	36
Advanced Author	2	Advanced RevMan 5 for authors, 10 Mar	NSHRF (pre-symposium)	2
		Archie workflows for entities, 10 Mar	NSHRF and Cochrane IMS Support (pre-symposium)	9
		Advanced literature searching, 22 Jan	Calgary Site (U of C)	31
		RevMan 5 and Archie for authors and editors, 11 Mar	Cochrane IMS Support (symposium)	5
Other courses	no minimum required	Introduction to systematic reviews (videotaped course), 23 Jan	Nova Scotia Site (Dalhousie U)	N/A
Training Capacity (author)	1	none	Two planned for 2009-10	N/A
Total training participants 2008-09				190

N/A = not available or applicable.



Summary Table 2.1 – Author Training Workshops Conducted by the CCNC 2008-09

Workshop	Required per year	Actual completed	Total number of participants
Introductory Author	2	1	26
Standard Author	4	5	117
Advanced Author	2	4	47

Review Groups' Role

Our Review Groups play a significant role in helping us build capacity throughout the country. Many groups hold workshops and training sessions of their own in an effort to help the CCNC reach its goal of providing quality evidence-based research to Canadians to help them make informed healthcare decisions. Please see the chart below for a summary of the activities our Review Groups, Network Sites and Fields have completed throughout the year.

Table 3 – Review Groups, Network Sites and Fields

Group	# of Workshops	# of Presentations	# of Related Publications
Back	11		
Bias Methods	5		24
Child Health	1	1	5
Health Equity	8	11	8
Inflammatory Bowel Disease and Functional Bowel Disorders	1		11
Musculoskeletal	4		
The Nova Scotia Cochrane Resource Centre	3	6	

Back Review Group

Most of the reviews produced by the Back Review Group (BRG) have been used in evidence-based clinical guidelines, and they continue to enjoy a high profile. Because of this, the group works closely with its review authors to produce a high quality product. The Back Group has recently subscribed to Webex, a web-based program that enables audio-visual virtual meetings, to help facilitate this. The BRG uses these meetings to offer assistance to authors when 'face-to-face' conversation and/or document sharing is the preferred method of resolving an issue. The group plans to produce short videos to demonstrate common difficulties, which will then be posted on its website. Reviews completed by the Back Review Group were cited in five new/updated guidelines about back care.

Bias Methods Group

Bias Methods Group (BMG) convenors participated in a Collaboration wide meeting (28-30 July 2008) to explore approaches and identify solutions to meet the Collaboration's training and support requirements regarding the implementation of new methods in the *Cochrane Handbook for Systematic Reviews of Interventions* and Review Manager 5. Further, BMG convenor David Moher was an invited speaker at the US Cochrane Centre meeting on priority setting in systematic reviews.

Child Health Field

The Child Health Field helps facilitate Cochrane reviews in a number of ways, one of which is helping Cochrane Review Groups find peer reviewers for reviews and protocols. Throughout 2008-09 the Child Health Field helped groups find reviewers for three reviews and three protocols.

The Child Health Field is also involved in creating partnerships. Dr Terry Klassen, Field Coordinator, and Advisory Board member Dr. Martin Offringa have been involved in establishing the International Forum of Standards for Research with Children (STaR Child Health). This is a new quality improvement initiative that seeks to enhance the quality, ethics and reliability of pediatric clinical research by promoting the use of uniform standards for clinical studies with children. Visit starchildhealth.org to learn more about STaR Child Health.

Health Equity Field

The Health Equity Field (HEF) reviewed the *New Titles Digest* for registered titles with equity relevance and contacted Review Group Co-ordinators and 15 authors to offer field assistance and copies of the equity checklist. The field completed a successful grant application for CAD 100,000 from the Canadian Institutes for Health Research (CIHR) for their research project, *What works for scaling up malaria prevention* (2008), which will eventually become a systematic review. Additionally, the HEF provided graduate student supervision related to equity and Cochrane to two PhD students and one Master's student.

Priority Setting

The Health Equity Field conducted a survey of Cochrane entities (Cochrane Review Groups and Cochrane Fields and Networks) to assess how they set priorities for titles of new and updated Cochrane reviews and whether these methods consider equity in some way (2008). The field also successfully completed a grant for CAD 72,000 from CIHR related to priority-setting and extrapolation (2009). The Health Equity Field was also successful in another grant application to CHIR for CAD 97,000 to explore the use of narrative formats/stories to support decision-making in the applicability of Cochrane Review evidence from general to disadvantaged populations (March 2009).

The Nova Scotia Cochrane Resource Centre

The Nova Scotia Cochrane Resource Centre, generously funded by the Nova Scotia Health Research Foundation (NSHRF), and supported by Capital District Health Authority (CDHA) and the Nova Scotia Health Policy Research Centre initiative, was officially established in June 2009. The centre aims to build local capacity in systematic review research as well as to facilitate evidence-informed health care practice and policy.





Local presenters at the latest Standard Author Training workshop. From left: Tim Ruggles, Leslie Anne Campbell, Dr. Kirk Magee, Dr. Jill Hayden

“I was very impressed in the training session on how the speakers were able to facilitate a hands-on experience of what it is like to conduct a [systematic] review.” - *Standard Author Training participant*

Nine workshops and lectures were presented to the Dalhousie community throughout the year. These included lectures on using and appraising systematic reviews and Cochrane activities to various faculties and departments: graduate nursing students, medical informatics students and faculty, and first year medical students. Other activities included filming a web-based module on systematic reviews and meta-analysis for an online research methods course (researchmethods.dal.ca), and a plenary session on *Systematic review and Evidence-informed decision makin'* at an interdisciplinary research conference at the IWK Health Centre in Halifax, November 2008.

Canadian Cochrane Symposium

The 7th Annual Canadian Cochrane Symposium was hosted by the Nova Scotia Health Research Foundation (NSHRF) in Halifax 11-12 March 2009 and accommodated over 214 participants.

The Symposium, *Wave to the Future*, was a tremendous success. The Symposium's theme, *Navigating Health Connections Among Systematic Reviews, Policies and Practices*, was far-reaching with participants from all over the country.

The two main plenaries examined *A Look to the Future of Cochrane and Systematic Reviews* and *Guideline and Getting the Evidence Straight for Knowledge Translation* while 17 other workshops and sessions explored topics such as:

- *Gender-based analysis: Relevance to Cochrane Systematic Reviews. A Discussion Workshop on a Sex & Gender Appraisal Tool*
- *The Canadian Evidence Based Pre-Hospital Protocols Project: An Exercise in Knowledge Translation for Emergency Medical Services*
- *Population and Public Health Issues in Systematic Reviews*

The CCNC also held pre-symposium workshops from 9-10 March in an effort to build capacity among entity staff, review authors, consumers, healthcare professionals, and policy makers, whether in their contribution to the work of the Collaboration or in using systematic review evidence.

In 2008-2009, Jeremy Grimshaw, Mary Ellen Schaafsma and Lisa McGovern were privileged to be involved in a Strategic Review of the Cochrane Collaboration. After almost 10 months of interviews, surveys and in-person consultation, a series of 26 recommendations were identified to add strength to purpose for the Cochrane Collaboration for the next 10 years.

National License

The CCNC was excited to discover a renewed energy from some partners (including the Canadian Health Libraries Association) in March around obtaining a National License to allow all Canadians one-click access to the information in *The Cochrane Library*. We look forward to having this access in the near future!

Please visit thecochranelibrary.com to check for free access!

Objective 3: Methods Development

Bias Methods Group

As part of an ongoing exploration of the potential for bias in systematic reviews, BMG Convenors and members have been integral to the discovery of what has become known as ‘selective outcome reporting bias’ and methods to detect and deal with this important type of bias. Selective outcome reporting occurs when a subset of the analyses undertaken in a study are selected to be included in a publication on the basis of the outcome, and has the potential to result in misleading conclusions by review authors. BMG members have published numerous papers on this topic and actively facilitate workshops to Cochrane and non-Cochrane authors.

Health Equity Field

In 2009 the Health Equity Field provided input for the National Institute for Health and Clinical Excellence’s (NICE, UK) Consultative Process on two draft guidance papers: *Methods for the development of NICE public health guidance* and *The public health guidance development process: an overview for stakeholders, including public health practitioners, policy makers and the public*. The field also provided input on a data extraction template and a protocol checklist being developed by the Cochrane Procedures Group in March 2009 and it also initiated the development of a checklist for systematic review authors considering equity in their reviews which is ongoing and is being piloted by Campbell and Cochrane review authors.



Social Determinants of Health and Systematic Reviews

Peter Tugwell, co-convenor of the Health Equity Field, and Vivian Welch, research associate, served on the WHO Commission on Social Determinants of Health (CSDH) Measurement and Evidence Knowledge Network (MEKN), thus promoting consideration of Cochrane and Campbell reviews as a source of evidence on social determinants of health. The Field developed seven recommendations to improve the synthesis of evidence relevant to reducing health inequities related to: 1) formulating the review question, 2) defining the population, 3) deciding on the appropriate study design(s), 4) identifying outcomes of interest, 5) process evaluation and understanding context, 6) analyzing and presenting data, and 7) judging applicability of results.

Objective 4: Knowledge Translation

Learning the Trade: How to Access and Use Evidence

The main focus of our knowledge transfer activities this year was to develop and deliver utilization workshops in response to high demand. As a result, we held a total of 26 workshops for over 650 people representing practitioners, researchers, journalists, students, managers, librarians and patients (consumers)(Table 4 and 4.1). Workshops were tailored to introductory and intermediate audiences and incorporated interactive learning components. We also piloted two successful interactive webinars with the Seniors Health Research Transfer Network (SHRTN) to assess their interest in this format. We are pleased to report that both were successful and attracted more than the usual interest.

An indication of the need and interest in these types of workshops was reflected in the overwhelming requests for additional workshops after a two-day training for dental hygienists and students at Niagara College. We are now in discussion with the Canadian Dental Hygienists Association to collaborate in providing online learning modules for their members to meet this demand.

“[This workshop] informed on where to get research articles after school because they will no longer be free. It reinforced my knowledge from school; I feel more confident.” - *Dental hygiene student*

“[This workshop] gave me resources and info appropriate to my profession. I will use this to bring my practice up to speed with evidence-based practice with more confidence.” - *Dental hygienist*

“I learned something that was out of my scope. I now feel I have a better understanding of how to research literature. Thank you.” - *Dental hygienist*

“I gained knowledge about how to read studies in order to guide patients better in their oral hygiene.” - *Dental hygienist*

Utilization workshops (CADTH – CCNC workshop in NL):

“[I] more clearly understand that scientific evidence is important for policy decisions not just clinical.” - *Policy maker, NL*

“[I learned] that I need to start to think differently about evidence-based research.” - *Policy maker, NL*

Table 4 – Knowledge Translation Workshops, 2008-09

Required per Year	Date	Partner	Audience type	Participants
Introduction to Cochrane				
4	29 Apr	SHRTN	Program evaluators	20
	28 May	Canadian Chiropractic Association	Chiropractors	9
	10 Jul	SHRTN	Researchers	17
	24 Sept	CADTH - NL site	Mixed audience	77
	24 Sept	CADTH - NL site	Journalists	7
	24 Oct	Niagara College	Dental hygiene students	50
	14 Nov	IWK Health Centre	Professionals, researchers	100
	15 Nov	Canadian Institute of Dental Hygiene	Dental hygienists	18
	30 Jan	U Ottawa	Health science students	50
	4 Feb	U Manitoba	Mixed audience	15
	9 Mar	Canadian Cochrane Symposium	Mixed audience	14
	12 Mar	HRCPC and NS civil servants	Managers, policy makers	15
	31 Mar	SHRTN (webinar)	Managers, librarians	32
	Orientation to <i>The Cochrane Library</i>			
no minimum required	22 Apr	CAOT, CPA, CASLPA	Rehab professionals	5
	24 Sept	CADTH - NL site	Mixed audience	77
Evidence utilisation				
4	19 Apr	CASLPA Conference	Speech language pathologists	20
	20 Aug	CMCC	Chiropractors	70
	24 Sept	CADTH -NL site	Mixed audience	77
	25 Oct	Niagara College	Dental hygienists	53
	9 Mar	Canadian Cochrane Symposium	Practitioners	3
	10 Mar	Canadian Cochrane Symposium	Managers, policy makers	50
Consumer				
2	24 Oct	Optimizing Health Outcomes Conf.	Consumers, professionals	20
	9 Mar	Canadian Cochrane Symposium - Intro	Consumers	17
	10 Mar	Canadian Cochrane Symposium - Std	Consumers	12
Train-the-trainer				
no minimum required	12 Mar	Using the resource of a knowledge broker to build demand for evidence	Researchers, professionals	30
	30 May	Cochrane Library train-the-trainer	Public librarians	approx. 70



Summary Table 4.1 – Knowledge Transfer Workshops Sponsored by the CCNC, 2008-09

Workshop type	Required per Year	Actual completed	Total number participants
Introduction to Cochrane & <i>The Cochrane Library</i>	4	15	406
Evidence utilization	4	6	273
Consumer	2	3	49
Train-the-trainer (librarians and knowledge brokers)	0	2	approx. 100

Broadening Awareness

Strategies such as highlighting Cochrane reviews in e-bulletins, journals and web-based *Cochrane Corners* are proving to be successful approaches to disseminate the results of reviews and continue to attract a growing audience. An example of increased awareness of Cochrane reviews is reflected in the 30% increase on coverage of reviews by Canadian media as compared to 2007-08 (Table 5). Also, member visits to the web-based *Cochrane Corner* of the Canadian Association of Speech-Language Pathologists and Audiologists climbed from 395 visits in 2007 to 2535 visits in 2008 – a six-fold increase in activity. In addition, we hosted exhibits at the annual Canadian Nurses Association and Canadian Physiotherapy Congresses, meeting with professionals who were not familiar with Cochrane and our resources. The network of Canadian consumers involved in Cochrane continues to grow and now stands at 132 members. New connections were made with the National Eating Disorder Information Centre leading to plans for a workshop and *Cochrane Corner* in 2009.

Table 5: Canadian Media Continue to Increase Their Coverage of Cochrane Reviews

Fiscal year	# of hits in Canadian media
2006-07	29
2007-08	53
2008-09	72

Source: Wiley-Blackwell Inc.

Four new organizations joined the Canadian Network and Centre as affiliate members broadening our reach to new audiences for our knowledge translation activities – SEARCH Canada, the Seniors Health Research Transfer Network (SHTRN), The National Aboriginal Health Organization (NAHO) and the Canadian Partnership Against Cancer. Utilization and author training workshops are already being planned with these groups.

Group Contributions to KT

Child Health Field

This year, the field forged a partnership with the European Paediatric Association (EPA), whereby its journal, *Evidence-Based Child Health (EBCH): A Cochrane Review Journal*, became the EPA's official journal. As a result of this partnership, a printed copy of each issue of EBCH is now distributed to all European Paediatric Association members. The partnership also offers the field an important new venue for carrying out its mandate to instruct child health professionals in evidence-based practice, as EBCH editors are now involved in planning EPA workshops and conferences.

“The announcement of the cooperation of the European Paediatric Association (EPA/UNEPSA) with the *Evidence-Based Child Health: A Cochrane Review Journal* was met with great enthusiasm by the member societies of EPA/UNEPSA. We are proud to announce that within a few days from this announcement more than 500 paediatricians from all over Europe joined the readership of the Journal through the EPA/UNEPSA website. We are determined to continue promoting this cooperation to our members and encouraging more scientists to put evidence-based decision-making in their child health practice.” - *The European Paediatric Association*

Effective Practice and Organisation of Care Group

Effective Practice and Organisation of Care Group (EPOC) staff conducted an update of the Canadian Agency for Drugs and Technologies in Health (CADTH) *Rx for Change* online database; rxforchange.ca. The *Rx for Change* database summarizes current research evidence about the effects of strategies to improve drug prescribing practices, drug use and other professional behaviour outcomes. EPOC's contribution included the identification, analysis, and critical appraisal of pertinent systematic reviews. EPOC staff selected reviews, performed quality assessments using a validated tool, summarized key characteristics, added the reviews and supporting findings to the CADTH database, and modified the intervention summaries. During this update, new evidence was found for seven of 14 professional interventions, seven of eight consumer interventions, three of 18 organizational interventions, one of two financial interventions, and no new evidence was found for regulatory interventions. The group also added one new professional intervention and one new organizational intervention.

The *Rx for Change* database has received positive feedback from international healthcare providers, researchers and policy makers about its usability, applicability and quality. Organizations such as the National Prescribing Service in Australia and the BlueCross BlueShield have also shown support. There were 18 677 page views of the database during this period.



Health Equity Field

HEF has been actively involved in a Canadian initiative titled *The Canadian Collaborative on Immigrant and Refugee Health* (CCIRH). CCIRH is a group of clinicians, epidemiologists, methodologists, and public health experts working together to address the health needs of recently-settled refugees and immigrants; this population is often disadvantaged in terms of disease burden and outcomes. CCIRH is developing clinical preventive guidelines for Canadian primary care practitioners who work with immigrants and refugees. The Public Health Agency of Canada (PHAC) has generously funded CCIRH so the guidelines can be published in a special supplement to the *Canadian Medical Association Journal* (CMAJ).

Musculoskeletal Group

The Musculoskeletal Group was awarded the CCNC's Capacity Building Fund and will use the funding to create a Cochrane Promotion Kit for consumers to deliver to their local consumer groups. As well, this group provided reviews for the database used in developing osteoarthritis guidelines for the American College of Rheumatology.



Table 6 – Policy Précis

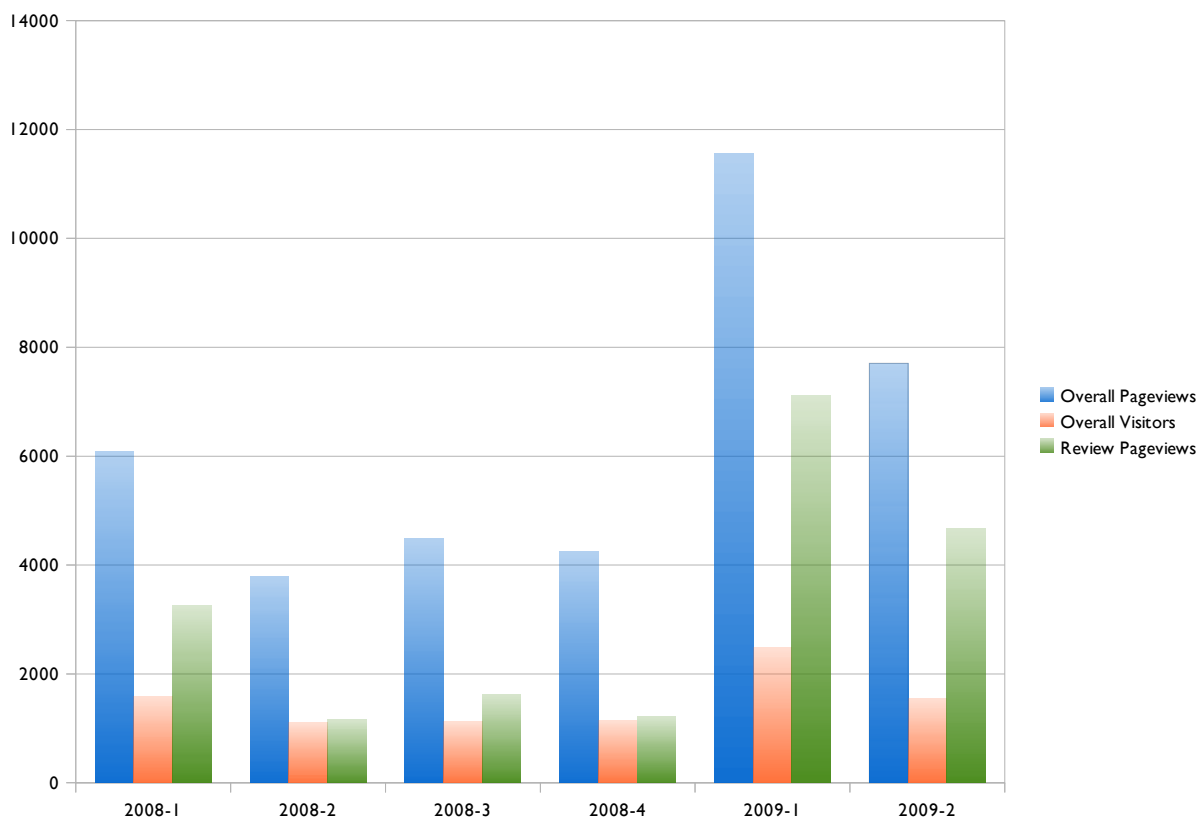
Measure	Annual Targets	Report 08-09
Policy/Decision-makers		
Appropriate resources are identified and made readily accessible to policymakers, e.g. “friendly front ends”	1. Systematic reviews and review-derived products identified and made readily accessible to policymakers	<p>1a. PPD/CCNC database now contains 806 citations for reviews, protocols, policy briefs and overviews of reviews (of which 303 are Cochrane reviews, and 45 of these were added in the current reporting period)</p> <p>1b. PPD/CCNC database now contains links to one or more “friendly front ends” (FfEs) for more than 500 of the 806 citations (all of which were added in the current reporting period)</p> <p>1c. PPD/CCNC database promoted through policymaker-targeted listservs, newsletters, bulletins and conferences (database profiled through two listservs, three newsletters, and seven conferences)</p>
New releases and relevant Cochrane reviews are disseminated to policy/decision makers	2. Reviews disseminated to policy-makers	2. New Cochrane reviews disseminated through policymaker-targeted listservs, newsletters, bulletins and conferences (three new policy-relevant reviews profiled and a list of relevant reviews profiled in a CIHR IHSPR ‘Best Brains’)
Policy/decision makers use Cochrane resources	3. Policy-makers connect increasingly with the CCNC policy office for information, e.g., through the on-line searchable database	3. PPD/CCNC database now used frequently (over 16,000 visits and over 9,900 unique views during the current reporting period, with over 40% of visitors connecting directly to the site and 30% linking from external sites)
Policy/decision makers have the capacity to value, find and use systematic reviews	4. Policymakers participate in training workshops to support their use of systematic reviews in policy/decision making	<p>4a. Training workshops provided for policy/decision makers in Ontario (four workshops conducted for about 80 policy/decision makers in the current reporting period) and plans made for similar workshops at the federal level</p> <p>4b. Evidence-use support tool developed for policy/decision makers in Canada</p>



PPD/CCNC Database Additions/Changes

The Program in Policy Decision-Making/Canadian Cochrane Network and Centre (PPD/CCNC) database update will be completed in April with an anticipated 109 new systematic reviews. The database now contains 634 systematic reviews of effects (210 are Cochrane reviews), 179 reviews that address questions other than effectiveness (40 are qualitative reviews), 10 overviews of systematic reviews, 9 policy briefs and 93 Cochrane protocols – a total of 925 reviews.

Chart 1 – PPD/CCNC Database Usage Report



Communications Activities

The CCNC has strived to connect Canadians with Cochrane throughout 2008-09. We have created various communications materials and participated in social media to help facilitate capacity building and knowledge transfer activities. Our initiatives include:

- A revised brochure that was sent to our 18 Network Sites and is included in all our training, presentation and conference exhibit packets.
- Poster presentation at Atlantic Centre of Excellence for Women's Health (ACEWH)
- Cochrane promotional material provided for information kits to residents and medical students through Patients as Partners program in southern Ontario
- The creation of a Twitter account and heavy Twitter activity which has allowed us to 'tweet' about CCNC and Cochrane activities/initiatives while following others relevant to the Collaboration or offering information specific to the collaboration.
- Exhibits at three national health conferences

Getting the Attention We Deserve

The systematic reviews The Cochrane Collaboration produces are extremely relevant to the public and are therefore often featured in other health publications/websites and the media. Please read the information below to find out just how popular our systematic reviews are.

Canadians Access Cochrane

Below is a chart of the top 10 reviews accessed by Canadians in 2008

Interventions for preventing obesity in children
Inhaled corticosteroids versus sodium cromoglycate in children and adults with asthma
Beclomethasone versus placebo for chronic asthma
Antioxidant supplements for prevention of mortality in healthy participants and patients with various diseases
Long-acting beta2-agonists versus placebo in addition to inhaled corticosteroids in children and adults with chronic asthma
Inhaled corticosteroids compared to placebo for prevention of exercise induced bronchoconstriction
Anti-IgE for chronic asthma in adults and children
Gastro-oesophageal reflux treatment for asthma in adults and children
Interventions for preventing falls in elderly people
Nedocromil sodium for chronic asthma in children



Back Group

Media attention (strategic reviews): *Lumbar supports for prevention and treatment of low-back pain*; *Massage for low-back pain*; *Individual patient education for low-back pain*; and *Rehabilitation after lumbar disc surgery*.

2008 4th most popular podcast: *Lumbar supports for prevention and treatment of low-back pain*; and *Rehabilitation after lumbar disc surgery*.

2008 top 20 full-text downloads worldwide: *Exercise therapy for treatment of non-specific low back pain*.

2008 top 50 full-text downloads worldwide: *Acupuncture and dry-needling for low-back pain*; *Individual patient education for low-back pain*; and *Non-steroidal anti-inflammatory drugs for low-back pain*.

Reviews cited on:

- Open eOrthopod! (www.eorthopod.com/public/index.php) *Report on Cochrane Review Updates Information on NSAIDs*. Posted 7 August 2008
- Medscape CME; Medscape Medical News website (cme.medscape.com/viewarticle/578129). *NSAIDs May Be Effective for Modest, Short-Term Improvements in Low Back Pain*. CME Released 28 July 2008; Valid for credit through July 28 2009

Inflammatory Bowel Disease and Functional Bowel Disorders Group

2008 top 50 full-text downloads worldwide: *Antibiotic treatment for Clostridium difficile-associated diarrhea in adults*

Musculoskeletal Group

Review cited on:

- Medical News online (www.medpagetoday.com/Geriatrics/Arthritis/12537) *Anakinra for rheumatoid arthritis*

Highlighted by Wiley-Blackwell:

- *Custom-made foot orthoses for the treatment of foot pain*

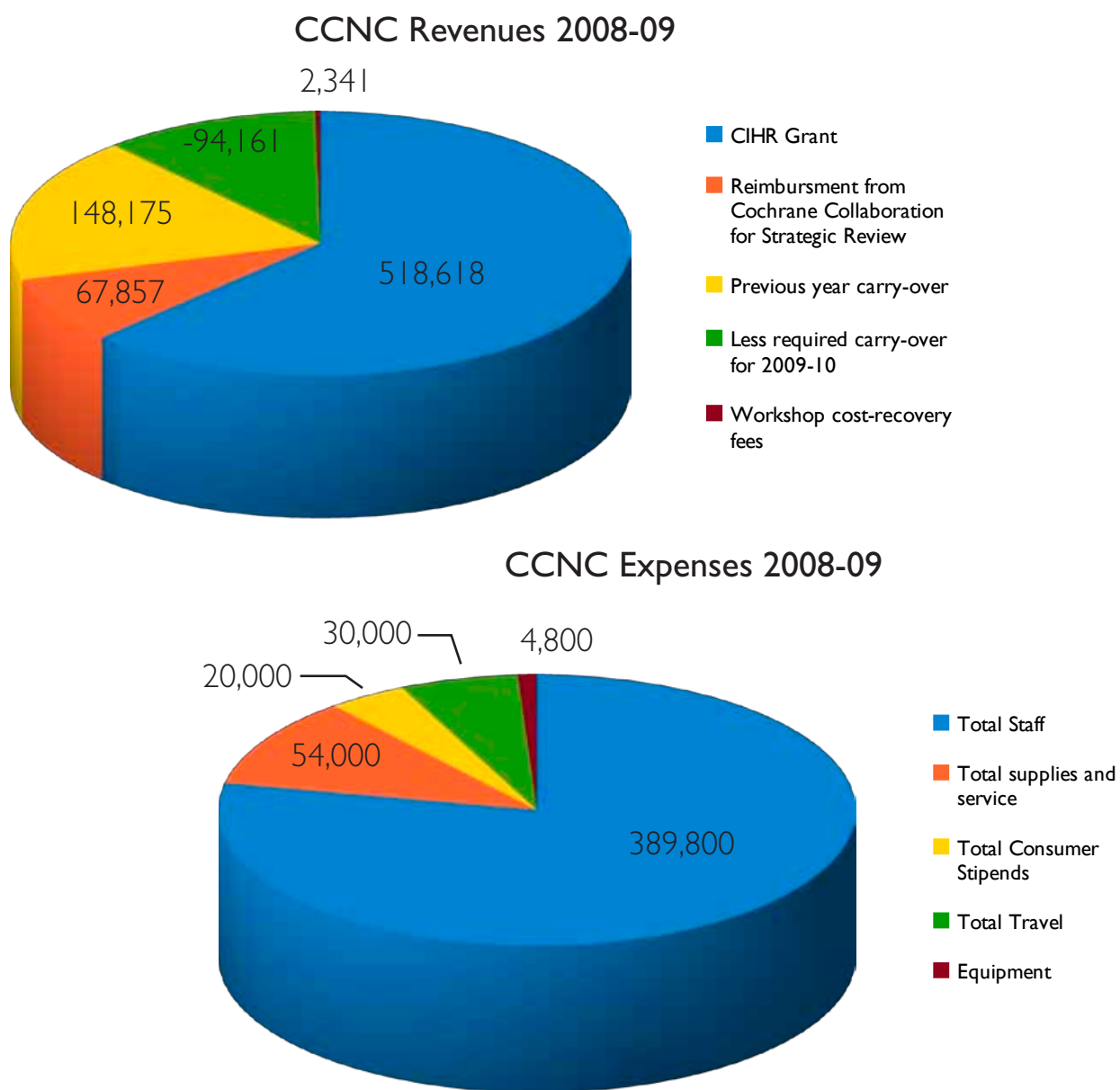
Child Health Field

Scientific American web article mentions reviews on Long-Acting Beta-agonist treatment for childhood asthma: www.scientificamerican.com/blog/60-second-science/post.cfm?id=fda-advisory-panel-strikes-down-com-2008-12-12

Financials – Reviews in Dollars and Cents

The Canadian Cochrane Centre was right on target in spending for most of our budget lines throughout 2008-09. We under-spent in computer support, knowing part of that budget was required for a project in 2009-10. We also incurred fewer travel expenses as a portion of the Director, Jeremy Grimshaw, and the Executive Director's, Mary Ellen Schaafsma, was covered through the Collaboration and their payment to cover costs associated with the Strategic Review. We now have enough additional carry-over to secure a full-time Communications Specialist for 2009-10.

Chart 2 – Canadian Cochrane Centre Financials (est.)





What the Future Holds for the CCNC

We're planning from 2010-15 and we're thinking BIG! We're in the process of creating new training and workshop modalities; we're working more closely with Cochrane internationally to improve systems and communications for all; we're planning a new website for the Centre with improved functionality and design; and we're making moves to increase communications and find new ways of linking with our stakeholders.

What's Next in Capacity Building?

The CCNC will provide webinar training for the first time in 2009-10. We intend to provide continued Review Manager 5 training, with other topics to follow. The webinars will be available through a technical cooperation with the Pan American Health Organization/World Health Organization. We are planning two train-the-trainer workshops in order to increase trainer capacity nationwide. Adrienne Stevens, the Education Coordinator, will actively contribute as a member of the Cochrane Training working group as they oversee the development of core training materials and investigate online learning possibilities.

Future Plans for Knowledge Transfer

Over the coming year, evidence utilization training will continue to expand via webinars offered in partnership with practitioner groups such as rehabilitation professionals and college/university faculty. We will engage with health professional groups at a deeper level, linking with communities of practice, guideline developers and clinical specialists to encourage the use of Cochrane reviews in their practice. Peer review training for professionals will be piloted as a means to engage busy practitioners. The promotional role of consumers in Cochrane will be piloted with the aim of engaging new patient groups. Expanded communications activities will support a broader reach to media, patient groups and the general public to continue to increase the awareness of Cochrane and our products.

Appendix A: CCNC Systematic Review Production, 2008-09

Back

Mechanical traction for neck pain with or without radiculopathy

Injection therapy for subacute and chronic low-back pain

Physical examination for lumbar radiculopathy due to disc herniation in patients with low-back pain

Patient education for neck pain with or without radiculopathy

Massage for low-back pain

Transcutaneous electrical nerve stimulation (TENS) versus placebo for chronic low-back pain

Rehabilitation after lumbar disc surgery

Advice to rest in bed versus advice to stay active for acute low-back pain and sciatica

Insoles for prevention and treatment of back pain

Bias Methods

Publication bias in clinical trials due to statistical significance or direction of trial results

When and how to update systematic reviews

Comparison of protocols to published articles for randomised controlled trials

Is using the consolidated standards of reporting trials (CONSORT) statement associated with improved quality of reporting of randomized controlled trials

EPOC

Printed educational materials: effects on professional practice and health care outcomes

Organising health care services for persons with an intellectual disability

Admission avoidance hospital at home

Interventions for promoting information and communication technologies adoption in healthcare professionals

Alternatives to inpatient mental health care for children and young people

Smart home technologies for health and social care support

Interventions for increasing the proportion of health professionals practising in rural and other underserved areas

The effect of social franchising on access to and quality of health services in low- and middle-income countries

Effects of changes in the pre-licensure education of health workers on health-worker supply

Health Equity

Financial benefits for child health and well-being in low income or socially disadvantaged families in developed world countries

Hypertension

Blood pressure lowering efficacy of angiotensin converting enzyme (ACE) inhibitors for primary hypertension

Blood pressure lowering efficacy of angiotensin receptor blockers for primary hypertension

Blood pressure lowering efficacy of renin inhibitors for primary hypertension

Inflammatory Bowel Disease and Functional Bowel Disorders

Probiotics for induction of remission in Crohn's disease

Tacrolimus (FK506) for induction of remission in refractory ulcerative colitis



Type I interferons for induction of remission in ulcerative colitis

Budesonide for induction of remission in Crohn's disease

Glutamine for induction of remission in Crohn's disease

Probiotics for maintenance of remission in ulcerative colitis

Thalidomide for induction of remission in Crohn's disease

Thalidomide for maintenance of remission in Crohn's disease

Corticosteroids for maintenance of remission in Crohn's disease

Cyclosporine A for induction of remission in severe ulcerative colitis

Cyclosporine for induction of remission in Crohn's disease

Transdermal nicotine for induction of remission in ulcerative colitis

Anti-IL-12/23p40 antibodies for induction of remission in Crohn's disease

Antibiotics for the management of constipation predominant irritable bowel syndrome and chronic constipation

Methotrexate for maintenance of remission in ulcerative colitis

Humanized antibody to the alpha4beta7 integrin for induction of remission in ulcerative colitis

Psychological treatments for the management of irritable bowel syndrome

Azathioprine or 6-mercaptopurine for maintenance of remission in Crohn's disease

Budesonide for maintenance of remission in Crohn's disease

Omega 3 fatty acids (fish oil) for maintenance of remission in Crohn's disease

Antibiotics for induction of remission in ulcerative colitis

Oral budesonide for induction of remission in ulcerative colitis

Selective cyclooxygenase 2 inhibitors for the treatment of rheumatological manifestations of inflammatory bowel disease

Thalidomide and thalidomide analogues for induction of remission in Crohn's disease

Unfractionated or low-molecular weight heparin for induction of remission in ulcerative colitis

Musculoskeletal

Exercise for osteoarthritis of the knee

Glucosamine therapy for treating osteoarthritis

Custom-made foot orthoses for the treatment of foot pain

Custom-made foot orthoses for the treatment of foot pain

Anakinra for rheumatoid arthritis

Corticosteroid injection for trigger finger in adults

Effects of different bearing surface materials on aseptic loosening of total hip arthroplasty in patients with osteoarthritis and other non-traumatic diseases of the hip

Rituximab for rheumatoid arthritis

Stretch interventions for contractures

Hypolipidemic and antihypertensive drugs for prevention of cardiovascular complications in patients with rheumatoid arthritis

Arthroscopic lavage for OA

Abatacept for rheumatoid arthritis

Doxycycline for osteoarthritis of the knee or hip

S-Adenosylmethionine for osteoarthritis of the knee or hip

Oral or transdermal opioids for osteoarthritis of the knee or hip

Balance training (proprioceptive training) for patients with rheumatoid arthritis

Certolizumab pegol (CDP870) for rheumatoid arthritis in adults

Biologics for rheumatoid arthritis: an overview of Cochrane reviews

Home-based exercise therapy for rheumatoid arthritis

Interventions for treating osteoarthritis of the big toe joint

Steroid sparing drug treatments for giant cell arteritis



CCNC Advisory Board Members

Andreas Laupacis (Chair), St. Michael's Hospital
Mark Bisby, Canadian Institutes for Health Research (retired)
Luc Boileau, Monteregie Local Health and Social Services
Krista Connell, Nova Scotia Health Research Foundation
Heather Dean, University of Manitoba
Jean Gray, Canadian Institutes for Health Research
Finlay McAlister, Alberta Heritage Foundation for Medical Research
Anne McFarlane, Canadian Institute for Health Information (CIHI) West
Denis Morrice, Bone and Joint Decade
Jean Rochon (former Minister of Health, Quebec), National Institute of Public Health

CCNC Affiliate Organizations

Health Professional Associations

Canadian Association of Occupational Therapists
Representative: Mary Egan

Canadian Association of Speech-Language Pathologists and Audiologists
Representative: Rosemary Martino

The Canadian Chiropractic Association
Representative: Allan Gotlib

Canadian Dental Association
Representative: Euan Swan

Canadian Dental Hygienists Association
Representative: Judy Lux

Canadian Medical Association
Representative: Dr. Sam Shortt

Canadian Nurses Association
Representative: Carole Estabrooks

Canadian Pharmacists Association
Representative: Carol Repchinsky

Canadian Physiotherapy Association
Representative: Carol Miller

The College of Family Physicians of Canada
Representative: Walter Rosser

Dietitians of Canada
Representative: Jayne Thirsk

The Royal College of Physicians and Surgeons of Canada
Representative: Jack McDonald

Health Research Organizations

L'Agence d'évaluation des technologies et des modes d'intervention en santé
Representative: to be determined

Canadian Agency for Drugs and Technologies in Health
Representative: Jill Sanders

Canadian Health Libraries Association
Representative: Jessie McGowan

Canadian Institute for Health Information
Representative: Anne McFarlane

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

Canadian Partnership Against Cancer Corporation
Representative: Melissa Brouwers

Canadian Task Force on Preventive Health Care
Representative: John Feightner

Institute for Clinical Evaluative Sciences
Representative: to be determined

Seniors Health Research Transfer Network
Representative: Jan Figurski

Consumer Organizations

The Arthritis Society
Representative: Lynn Moore

Canadian Cancer Society
Representative: Heather Logan

Canadian Women's Health Network
Representative: Madeline Boscoe

Knowledge Broker Organizations

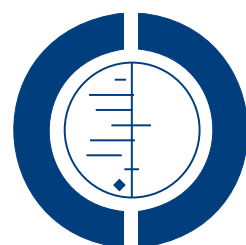
SEARCH Canada
Representative: Cindy Gerdes

Health and Safety Organizations

WorkSafeBC, Evidence Based Practice Group,
Clinical Services
Representative: Craig Martin

The CCNC wishes to express its appreciation for the ongoing commitment, engagement and support from these members over the past year.





THE COCHRANE
COLLABORATION®