

COCHRANE CANADA

FIVE-YEAR ACHIEVEMENT REPORT 2005 - 2010



Cochrane Canada

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Denise Thomson, Field Administrator and
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Lucy Turner, Co-ordinator

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Jessie McGowan, Trials Search Co-ordinator

WHO WE ARE

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University of New Brunswick
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Memorial University
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NOVA SCOTIA

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Michael Graven
Jill Hayden

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University of Ottawa
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Currently vacant

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France Légaré

Université de Montréal
Nils Chaillet

Université de Sherbrooke
Currently vacant

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University of Saskatchewan
Vanina Dal Bello-Haas

WHO WE ARE

PARTNERS

HEALTH POLICY ORGANIZATIONS

Pan American Health Organization
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HEALTH PROFESSIONAL ASSOCIATIONS

Canadian Association of Occupational Therapists
Mary Egan

Canadian Association of Speech-Language Pathologists and Audiologists
Rosemary Martino

The Canadian Chiropractic Association
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Canadian Dental Association
Euan Swan

Canadian Dental Hygienists Association
Judy Lux

Canadian Medical Association
Sam Shortt

Canadian Nurses Association
Carole Estabrooks

Canadian Pharmacists Association
Carol Repchinsky

Canadian Physiotherapy Association
Carol Miller

The College of Family Physicians of Canada
Walter Rosser

Dietitians of Canada
Jayne Thirsk

The Royal College of Physicians and Surgeons of Canada
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HEALTH RESEARCH ORGANIZATIONS

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Canadian Institute for Health Information
Anne McFarlane

Canadian Institute for the Relief of Pain and Disability
Marc White

Canadian Partnership Against Cancer Corporation
Melissa Brouwers

Canadian Task Force on Preventive Health Care
John Feightner

Institute for Clinical Evaluative Sciences
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Seniors Health Research Transfer Network
Jan Figurski

CONSUMER ORGANIZATIONS

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Canadian Cancer Society
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Canadian Women's Health Network
Madeline Boscoe

HEALTH AND SAFETY ORGANIZATIONS

WorkSafeBC, Evidence Based Practice Group, Clinical Services
Craig Martin

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**“The world's leading
independent assessor of
medical interventions and
medical research.”**

- BBC News

INTRODUCTION

The Cochrane Collaboration is an international, independent health research organization that prepares Cochrane Systematic Reviews and aims to update them regularly with the latest health research evidence. Cochrane Systematic Reviews (CSRs) are undertaken by more than 18,900 international experts, almost all volunteers, who gather and review the existing research on a health care or health systems topic to provide quality-assessed, synthesized evidence to help people make well-informed decisions.

The Cochrane Collaboration is like no other research organization in the world. It is a global, shared commodity. The financial contributions of 27 nations and a few organizations and individuals, ensure its existence and productivity to benefit the world. It does not accept funding from commercial health corporations in relation to review production to help protect its independence from vested interests. National funders, including the Canadian Institutes of Health Research (CIHR), support Cochrane by ensuring active components in their country have required funds to contribute to the Collaboration and *The Cochrane Library*, the main product of the Collaboration.

Cochrane Canada is the Canadian arm of this global organization, composed of almost 2,300 people (12.2 per cent of the overall population of the Collaboration) in Canada who contribute to the growth of this body of knowledge. Cochrane Canada is composed of: one Cochrane Centre, six Review Groups, two Methods groups and one Field, in addition to at least 22 Canadian editors of other Cochrane Review Groups and about 1,448 Cochrane review authors. The Canadian Centre is one of 14 independent Cochrane Centres that support Cochrane activities in their country and other reference countries. These Canadian groups work with volunteer authors and contributors in Canada and around the world to produce CSRs, supported by only about 30 paid staff in Canada. This leverage model is remarkably efficient and allows Cochrane Canada to produce a large number of systematic reviews for a relatively small investment.

The Canadian Centre is unique in that it has

developed partnerships with 26 national organizations [health professional associations, research organizations, patient advocacy organizations and health and safety organizations, and 18 Regional Sites (17 universities and one health authority)]. Cochrane's reach throughout Canada has greatly expanded through these key relationships.

FUNDING

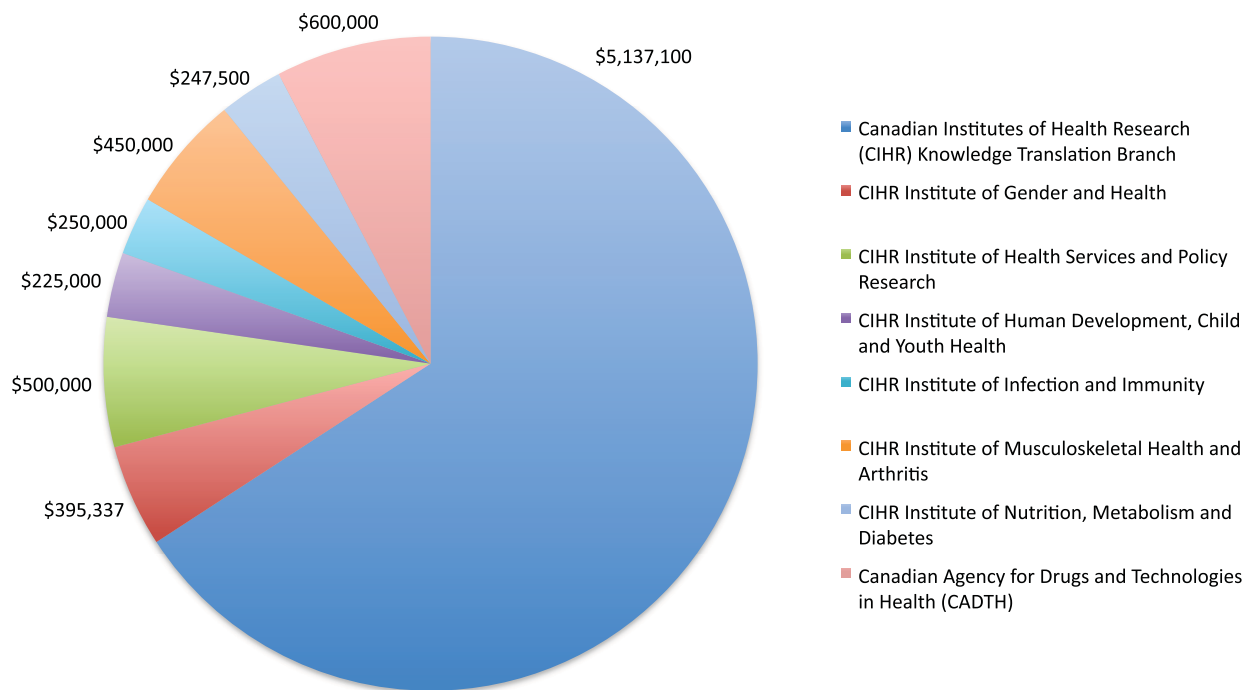
Wiley-Blackwell, *The Cochrane Library* publisher, pays the Collaboration Trading Company Limited 500,000 UK pounds per annum to support the central secretariat and priority projects; none of these funds routinely come to Canada. Additional public funding is required to secure the activities of Cochrane in each country as the Collaboration does not accept funding from private industry and *The Cochrane Library* sales do not cover the infrastructure costs of the Collaboration globally. However, many review authors undertake reviews and conduct training without the need for additional resources due to the available support from their Cochrane groups nationally and internationally. Thus, the infrastructure funding of Cochrane in Canada benefits significantly from leveraging considerable resources attained worldwide.

The initial funding proposal Cochrane Canada submitted to CIHR in 2005 requested a total of just over \$10 million for five years to support the activity levels outlined therein; we gratefully received a total of \$7.8 million.

Additional funding has also been received from:

- Health Canada
- The Canadian Agency for Drugs and Technologies in Health (CADTH)
- The Canadian Chiropractic Association
- The Canadian Chiropractic Examining Board
- The Canadian Chiropractic Protective Association

The Cochrane Canada grant totalled \$7,804,937 for five years, with contributions from:



EXECUTIVE SUMMARY

Cochrane Canada activities were (and continue to be) funded by the Canadian Institutes of Health Research (CIHR) through a grant from October 2005 to September 2010. This Five-Year Achievement Report summarizes Cochrane Canada's progress towards attaining these three main objectives:

- Support for the preparation and updating of high-quality Cochrane Systematic Reviews, including training to build the capacity of Canadians to conduct reviews;
- Further development of methods of systematic review and research synthesis; and
- Facilitation of knowledge transfer of high quality healthcare evidence through formal and informal partnerships with relevant stakeholders, including the provision of training in critical appraisal and the use of systematic reviews for Canadian researchers, policy-makers, clinicians and consumers.

Cochrane Canada has made significant strides in achieving its overall objectives. Each Canadian Cochrane group contributed to the objectives to varying degrees based on individual targets.

The Cochrane Library houses over 4,432 Reviews and nearly 10 per cent of these, or 405 reviews, have been produced by Canadian Cochrane groups – a significant contribution to this body of knowledge. During the past five years Canadian Review Groups contributed 235 new protocols, 178 new reviews and 127 updated reviews to the *Library*. The number of review authors more than doubled from 666 to 1,448.

Cochrane Canada also contributed to the culture of health evidence in Canada by training nearly 1,200 people in critical appraisal and the conduct of systematic reviews and training more than 3,300 people in how to use Cochrane evidence, well exceeding our targeted training goals. We increased the number of volunteer trainers from 24 to 44 through Train The Trainer sessions.

Canadian Cochrane groups contributed significantly to the evolution of systematic review methodology by publishing 15 Cochrane papers on methods. The development a new tool to assess bias was published in the *Cochrane Handbook for Systematic Reviews of Interventions* and is being rolled out through the Collaboration and adopted by other organizations.

The presence of Cochrane in Canada has increased significantly with six new affiliate organizations, an increase in our consumer network from 80 to 132 individuals, relationships with 13 new patient organizations and significant partnerships with organizations such as the Pan American Health Organization (PAHO). These active relationships allow us to continue to disseminate Cochrane Reviews and develop the perspective of evidence-based practice. Our Canadian groups participated in novel means of knowledge translation including the use of storytelling, producing reviews selected for podcasts by the Collaboration and an internationally recognized journal in child health, delivering training through webinars to reach people across Canada, and piloting a new product for physicians in French, *Courriels Cochrane*, based on Cochrane Reviews.

And finally, for the first time, Canadians had full access to *The Cochrane Library* through a pilot license negotiated with our publisher. We continue to explore funding opportunities to continue and expand the excellent work of Cochrane in Canada and to maintain a national subscription to *The Cochrane Library* so that all practitioners and the general public have access to this important resource.

"I use Cochrane reports to aid in conversations with health care professionals about drugs being prescribed to elders in my family. Over-medication of the elderly is a serious problem in Canada. For patients, it has serious side-effects, both mentally and physically. It also has significant implications on our health care system. Hospital admissions due to adverse drug reactions or drug interactions are extremely costly, not to mention the costs of drugs themselves! Using hard evidence in discussions with doctors helps raise credibility when questioning prescribing decisions and asking certain drugs to be removed."

- Health consumer

SUPPORT FOR THE PREPARATION AND UPDATING OF COCHRANE SYSTEMATIC REVIEWS

The primary output of The Cochrane Collaboration is Cochrane Systematic Reviews (CSRs), often regarded as the gold standard in systematic reviews. The preparation of reviews includes protocols (reviews underway), new reviews and updates of existing reviews. Cochrane Canada's main objectives include:

- producing reviews, protocols and updates;
- building the central registers of controlled (and other) trials in *The Cochrane Library*; and
- building the capacity of Canadians to conduct Cochrane Systematic Reviews.

The following five tables illustrate this progress.



ADRIENNE STEVENS (CCC EDUCATION COORDINATOR) AND LISA MCGOVERN (CCC ADMINISTRATIVE ASSISTANT) IN FRANCE; FREIBURG COLLOQUIUM

REVIEW PRODUCTION AND CAPACITY BUILDING

TABLE 1

Review Group Protocol, Review and Update production by fiscal year															
	Apr 05 - Mar 06		Apr 06 - Mar 07		Apr 07 - Mar 08		Apr 08 - Mar 09		Apr 09 - Mar 10		Apr 10 - Sept 10		Totals added to Library in period		
	T	A	T	A	T	A	T	A	T	A	T	A	T	A	
Back Review Group (BRG)															
Protocols	5	5	5	2	5	4	5	3	5	7	2	5	27	26	
Reviews	7	4	6	5	5	5	5	2	5	7	3	2	31	25	
Updates	4	3	4	1	5	8	5	8	4	4	3	1	25	25	
Effective Practice and Organisation of Care (EPOC) Group															
Protocols	5	5	5	16	5	8	5	6	5	9	2	2	27	46	
Reviews	4	6	4	1	4	5	4	9	4	8	2	4	22	33	
Updates	4	4	4	2	4	5	4	8	4	5	2	3	22	27	
Hypertension (HTN) Group															
Protocols	4	0	4	1	8	7	6	11	8	14	4	7	34	40	
Reviews	6	1	4	4	4	3	6	3	5	10	3	7	28	28	
Updates	3	1	2	5	3	3	2	6	3	3	1	3	14	21	
Inflammatory Bowel Disease and Functional Bowel Disorder (IBD/FBD) Group															
Protocols	8	4	6	7	6	10	6	10	4	7	2	3	32	41	
Reviews	10	3	6	8	6	10	6	7	4	5	2	2	34	35	
Updates	5	4	4	3	4	4	4	9	3	2	1	1	21	23	
Musculoskeletal Group (MSG)															
Protocols	6	17	6	17	6	10	6	13	8	17	4	8	36	82	
Reviews	6	6	6	7	6	13	6	4	8	18	4	9	36	57	
Updates	5	7	5	3	5	9	5	2	7	7	3	3	30	31	
Total all Groups															
Protocols	28	31	26	43	30	39	28	43	30	54	14	25	156	235	
Reviews	33	20	26	25	25	36	27	25	26	48	14	24	151	178	
Updates	21	19	19	14	21	29	20	33	21	21	10	11	112	127	

T = TARGET
A = ACTUAL

Review Groups also add clinical trials to CENTRAL. The Cochrane Central Register of Controlled Trials (CENTRAL) includes details of published articles taken from bibliographic databases (notably MEDLINE and EMBASE), and other published and unpublished sources. CENTRAL records include the title of the article, information on where it

was published (bibliographic details) and, in many cases, a summary of the article.

About three-fifths of the records in CENTRAL are taken from MEDLINE. Also, each Cochrane Review Group maintains and updates a collection of controlled trials relevant to its own area of interest which are called 'Specialized Registers'.

TABLE 2

Child Health Field (CHF) publications					
	2005-06	2006-07	2007-08	2008-09	2009-10
Cochrane Overviews of Reviews published in each issue of <i>Evidence-Based Child Health</i>	0	4	4	4	4
Cochrane Reviews supported by CHF	1	2	2	2	2
Cochrane Reviews using CHF peer reviewer	0	0	3	11	11
'Evidence for Clinicians' columns submitted for journal publication	0	2	2	4	4

TABLE 3

Campbell and Cochrane Equity Methods Group publications [Health Equity Field (HEF) until December 2009]					
	2005-06	2006-07	2007-08	2008-09	2009-10
Cochrane Review titles supported by HEF registered	0	0	1	2	3
Cochrane protocols supported by HEF published	1	2	1	1	4
Cochrane Reviews supported by HEF published	0	1	0	2	2
Other Equity-related publications	6	6	11	13	36

TABLE 4

Additions to specialised registers of trials by Canadian group per fiscal year						
Cochrane Group	Apr 05 - Mar 06	Apr 06 - Mar 07	Apr 07 - Mar 08	Apr 08 - Mar 09	Apr 09 - Mar 10	Apr 10 - Sept 10
BRG	51	49	781	230	398	207
EPOC	589	589	989	265	174	536
HTN	0	651	1,168	225	10,088	1,864
IBD/FBD	334	193	183	580	580	302
CMSG	978	581	3,376	391	1059	- 685
CHF	10,000	19,026	10,947	362	1,666	0
Total new trials identified and added to registers 2005 - Sept 2010 = 68,727						

BUILDING THE CAPACITY OF CANADIANS TO CONDUCT COCHRANE REVIEWS

Part of the mandate of Cochrane in Canada is to build the capacity of review authors in the country. The Canadian Cochrane Centre has been more than successful in this area. Not only has the Centre continued to provide regular training programs, but Adrienne Stevens, Education Coordinator, has embarked on a new initiative of providing training through webinar form. This allows individuals

in multiple cities and time zones to participate, expanding our reach even further. This tool's capacity is even more convenient as webinars are placed on our website's archive page for further viewing and reference. The following figures illustrate the remarkable progress made in this area.

TABLE 5

Cochrane Canada Author Growth								
	Baseline at Oct 05	Oct 05 - Mar 06	Apr 06 - Mar 07	Apr 07 - Mar 08	Apr 08 - Mar 09	Apr 09 - Mar 10	Apr 10 - Sept 10	Total Sept 10
# of Review Authors	666	63	133	135	201	156	94	1,448

GRAPH 1

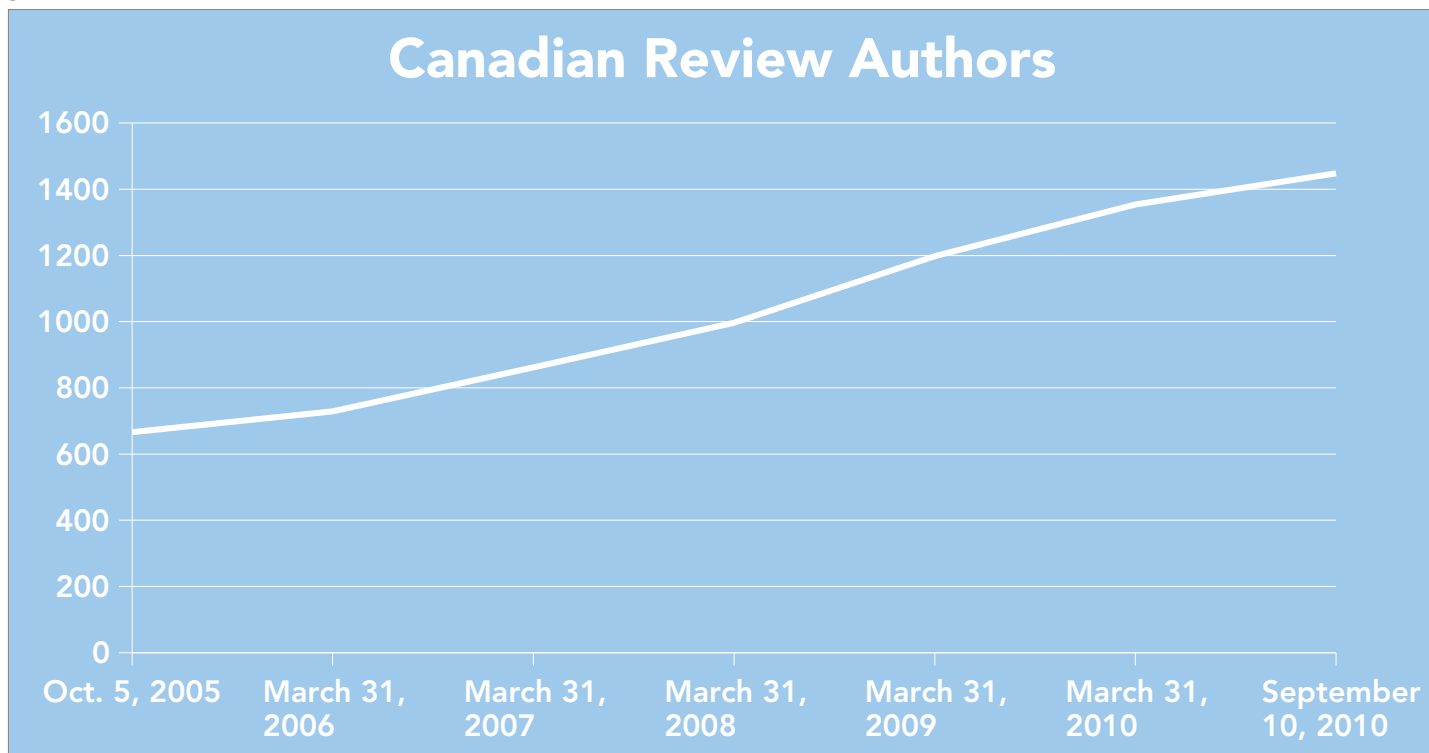


TABLE 6

Centre facilitated author training workshops, October 2005 - September 2010					
Workshop	Target	Date	Partnership	Region*	Participants
Oct 05 - Mar 06 (111 participants)					
Introductory	1	1) 12 Jan	University of Toronto	E	18
		2) 19 Jan	University of Ottawa	E	12
Standard	2	1) 30 Nov - 1 Dec (FR)	Université de Montréal (presymposium)	E	41
		2) 30 Nov - 1 Dec	Université de Montréal (presymposium)	E	15
		3) 29 Mar	University of Toronto Regional Site	E	25
Advanced	1	No activity			
Apr 06 - Mar 07 (389+ participants)					
Introductory	2	1) 4 - 5 May	University of Calgary Regional Site	W	18
		2) 11 May (FR)	Université de Montréal Regional Site	Outside Canada	35
		3) Date unavailable (FR)	Université de Montréal Regional Site	E	Unavailable
		4) 20 - 21 Jun	Université Laval Regional Site	E	40
Standard	4	1) 2 Apr	CADTH	E	32
		2) 26 Jul	Cochrane HIV/AIDS Review Group and Ontario HIV Treatment Network	E	17
		3) 30 - 31 Oct	Cochrane Hypertension Review Group	W	67
		4) 1 - 2 Feb	University of Calgary Regional Site	W	33
		5) 10 - 11 Feb	University of Ottawa (presymposium)	E	26
Advanced	2	1) 13 Jul	Cochrane EPOC Review Group	E	25
		2) 2 Feb (Adv lit search)	University of Calgary Regional Site	W	21
		3) 13 Feb (Stats)	Cochrane Statistical Methods Group (symposium)	E	~75
Apr 07 - Mar 08 (241 participants)					
Introductory	2	1) 8 May	University of New Brunswick Regional Site	A	9
Standard	4	1) 12 Apr	PATH, McMaster University	E	31
		2) 22 Apr	CADTH	E	16
		3) 13 - 14 Dec	NSHRF	A	20
		4) 17 Jan	University of Calgary Regional Site	W	25
		5) 18 Jan	University of Calgary Regional Site	W	25
		6) 5 - 6 Mar	University of Alberta Regional Site (presymposium)	W	48

TABLE 6, CONTINUED

Centre facilitated author training workshops, October 2005 - September 2010					
Workshop	Target	Date	Partnership	Region*	Participants
Advanced	2	1) 19 Dec (RoB) (#1)	University of Ottawa	E	25
		2) 19 Dec (RoB) (#2)	Ottawa Health Research Institute	E	30
		3) 5 Mar (RM5 for entities)	University of Alberta Regional Site (presymposium)	W	12
Apr 08 - Mar 09 (190 participants)					
Introductory	2	1) 3 - 4 Nov	University of Manitoba	W	26
Standard	4	2) 20 - 21 Aug	NSHRF	A	25
		3) 11 - 12 Dec (FR)	Université Laval Regional Site	E	10
		4) 21 - 22 Jan (FR)	Université Laval Regional Site	E	15
		5) 22 - 23 Jan	University of Calgary Regional Site	W	31
		6) 9 - 10 Mar	NSHRF and Dalhousie Regional Site (presymposium)	A	36
Advanced	2	1) 10 Mar (Advanced RM5)	NSHRF and Dalhousie Regional Site (presymposium)	A	2
		2) 10 Mar (Archie Workflows for entities)	NSHRF, Dalhousie Regional Site, and Cochrane IMS Team (North American Support) (presymposium)	A	9
		3) 22 Jan (Adv lit search)	University of Calgary Regional Site	W	31
		4) 11 Mar (RM5 and Archie for authors and editors)	Cochrane IMS Team (North American Support) (symposium)	A	5
Apr 09 - Mar 10 (462 - 354 participants)					
Introductory	2	1) 1 Apr	Health Canada	E	5
		2) 17 Apr	University of Manitoba Regional Site	W	15
		3) 23 Sept (Knowledge synthesis via webinar)	PAHO/WHO and University of Ottawa	Canada+	5

TABLE 6, CONTINUED

Centre facilitated author training workshops, October 2005 - September 2010					
Workshop	Target	Date	Partnership	Region*	Participants
Standard	4	1) 14 - 15 Apr	Iberamerican Cochrane Centre and PAHO/WHO	U.S.	25
		2) 25 - 26 May (DTA Reviews)	Cochrane Infectious Diseases Group, Cochrane DTA Working Group, and McGill University	E	27
		3) 28 and 30 Jul (RM5 via webinar, two-part series)	PAHO/WHO and University of Ottawa	Canada	Part 1=9 Part 2=9
		4) 20 and 27 Aug (RM5 via webinar, two-part series)	PAHO/WHO and University of Ottawa	Canada+	Part 1=15 Part 2=10
		5) 20 and 22 Oct (RM5 via webinar, two-part series)	PAHO/WHO and University of Ottawa	Canada+	Part 1=18 Part 2=20
		6) 8 Dec (Intro to GRADE and Summary of Findings tables via webinar)	PAHO/WHO and Cochrane Applicability and Recommendations Methods Group	Canada+	25
		7) 9 - 10 Dec	Dalhousie University Regional Site and NSHRF	A	15
		8) 22 - 23 Mar (FR)	Université Laval Regional Site	E	19
Advanced	2	1) 14 and 16 Apr (Q devt)	Iberoamerican Cochrane Centre and PAHO/WHO	U.S.	24
		2) 16 Apr (Adv lit search)	Iberoamerican Cochrane Centre and PAHO/WHO	U.S.	24
		3) 27 May (DTA for entities)	Cochrane DTA Working Group and McGill	E	6
		4) Nov (meta-regression via webinar)	PAHO/WHO and Cochrane Statistical Methods Group	Canada+	35
		5) 28 Jan (health equity via webinar)	PAHO/WHO and Campbell & Cochrane Equity Methods Group	Canada+	11
		6) 11 Feb (GRADE via webinar)	PAHO/WHO and Cochrane Applicability and Recommendations Methods Group	Canada+	24
		7) 3 Mar (GRADEPro via webinar)	PAHO/WHO and Cochrane Applicability and Recommendations Methods Group	Canada+	13
Apr 10 - Sept 10 (178 participants)					
Introductory	0	No introductory workshops conducted			
Standard	2	1) 17 - 18 May	Presymposium	E	32
		2) 21 - 22 Jul (FR)	Université Laval Regional Site	E	20

"The personal interaction with the trainers."

- Training participant

"Small group exercises were an effective learning tool."

- Training participant

TABLE 6, CONTINUED

Centre facilitated author training workshops, October 2005 - September 2010					
Workshop	Target	Date	Partnership	Region*	Participants
Advanced	2	1) 21 Apr (PRISMA via webinar)	PAHO/WHO and EQUATOR Network	Canada+	38
		2) 18 May (GRADE for Cochrane entities)	University of Ottawa and Cochrane Applicability and Recommendations Methods Group	E	12
		3) 18 May (Workflows for Cochrane entities)	University of Ottawa and Cochrane IMS Team	E	11
		4) 17 June (Data extraction for adverse effects via webinar)	PAHO/WHO and Cochrane Adverse Effects Methods Group	Canada+	24
		5) 16 Sept (Adv lit search for adverse effects studies via webinar)	PAHO/WHO and Cochrane Adverse Effects Methods Group	Canada+	32
		6) 29 Sept (Health Equity via webinar)	PAHO/WHO and Campbell & Cochrane Equity Methods Group	Canada+	9

NOTE: ADV LIT SEARCH = ADVANCED LITERATURE SEARCHING; CADTH = CANADIAN AGENCY FOR DRUGS AND TECHNOLOGIES IN HEALTH; PATH = PROGRAMS FOR ASSESSMENT OF TECHNOLOGY IN HEALTH; DTA =DIAGNOSTIC TEST ACCURACY; FR = FRENCH; IMS = INFORMATION MANAGEMENT SYSTEMS; NSHRF = NOVA SCOTIA HEALTH RESEARCH FOUNDATION; PAHO/WHO = PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION; Q DEVT = QUESTION DEVELOPMENT; RM5 = REVIEW MANAGER 5 SOFTWARE.

*REGION: ATLANTIC CANADA (A); ONTARIO OR QUEBEC (E); MID-WEST AND BRITISH COLUMBIA (W); CANADA+ (CANADA AND INTERNATIONAL).

ALL WORKSHOPS WERE CONDUCTED IN ENGLISH UNLESS OTHERWISE SPECIFIED.

"Knowledgeable presenters, clear presentation methods. Uncluttered slides."

- Training participant

"[They] give a comprehensive introduction of conducting a Cochrane Review."

- Training participant

"I wanted to send a quick message to let you know the workshop was a great success as you will see from the evaluations. ___ and ___ were highly regarded by participants and I've had nothing but positive feedback, rave reviews and inquiries about when we are doing another session or an advanced author training!"

- Partner organization member

"The clear format, organization and opportunities for hands-on learning of the software and group discussions were terrific."

- Training participant

"___ and ___ are fabulous instructors - my knowledge [of Cochrane Reviews] increased drastically today."

- Training participant

GETTING THE WORD OUT

FACILITATION OF KNOWLEDGE TRANSLATION THROUGH PARTNERSHIPS

A key objective of Cochrane in Canada is the facilitation of knowledge translation (KT) of high quality healthcare evidence through formal and informal partnerships with relevant stakeholders including: health care professionals, consumers/

patients, policy- and decision-makers; Regional Sites; partner organizations; and the media (to reach the general public). The table below provides a summary of linkage and exchange KT activities used to achieve this objective with our various stakeholders.

TABLE 7

Content overview of Cochrane Canada utilization workshops by audiences				
Session Type	Audience			
	Policy-makers	Clinicians	Consumers	Researchers
Introductory:	Finding the Evidence: An Introduction to The Cochrane Collaboration			
1 hr to ½ day workshop (ALL)	<ul style="list-style-type: none"> • Introduction to evidence-based decisions/practice • Defining an answerable question (PICO - Population, Intervention, Comparison, Outcomes) • <i>The Cochrane Library</i> orientation • Anatomy of a systematic review • Introduction to The Cochrane Collaboration 			
½ day	Additional sessions: Intro to Rx for Change and Health Systems Evidence	Additional sessions: Different kinds of reviews	Additional sessions: Becoming a critical thinker	Additional sessions: How systematic reviews are relevant to basic research Different kinds of reviews
Standard:	Assessing the Evidence			
½ - full day	Critically appraising systematic reviews	Critically appraising systematic reviews How to review a Cochrane protocol/ Review	How to review a Cochrane protocol/ Review	Critically appraising systematic reviews Identifying research gaps
Advanced:	Applying the Evidence			
½ to full day	Using reviews to inform decisions	Applying evidence to practice	How to be a Knowledge Broker for Cochrane Writing plain language summaries	Knowledge for Knowledge Translation: Integrating KT in research

TABLE 8

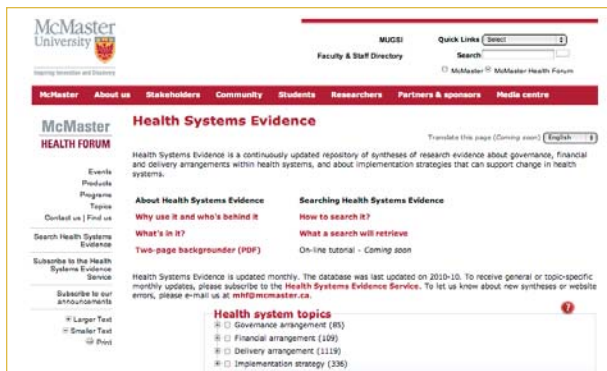
Summary of utilization workshops conducted by Cochrane Canada members 2006-10

Workshop type	Introduction to Cochrane and The Cochrane Library	Standard: Evidence utilization	Consumer	Other and Train the Trainer (librarians and knowledge brokers)	Health Systems Evidence Workshops	Total workshops	Total participants
Required per Year	4	4	2	0	4	14	N/A
Actual Jun 2006-07	16	14	2	1	N/A	33	728+
Actual 2007-08	12	3	4	3	N/A	22	882
Actual 2008-09	15	6	3	2	5	31	1,008+
Actual 2009-10	12	5	2	4	7	30	835+
Apr 10 - Sept 10	2	1	0	1	0	4	418

HEALTH SYSTEMS EVIDENCE - EVIDENCE TO SUPPORT POLICY-MAKING AND MANAGEMENT

In early 2010, the CCC Policy Liaison Office launched a fully redesigned edition of the Program in Policy Decision Making/Canadian Cochrane Network and Centre (PPD/CCNC) database under the leadership of Dr John Lavis, McMaster University [Note: Cochrane Canada was previously known as the Canadian Cochrane Network and Centre]. The PPD/CCNC database, now known as Health Systems Evidence, is a continuously updated and fully searchable repository of syntheses of research evidence about governance, financial and delivery arrangements within health systems, and implementation strategies that can support change in health systems (healthsystemsevidence.org).

The redevelopment of Health Systems Evidence was made possible through the synergies of the funds from CIHR through Cochrane Canada and John Lavis' Program in Policy Decision-making at McMaster University. Health Systems Evidence currently contains details about all policy briefs, overviews of systematic reviews, systematic reviews, and protocols of systematic reviews relevant to health systems, as well as links to user-friendly summaries of these syntheses, scientific abstracts, and full-text reports (when freely available). The syntheses address a broad range of questions, including questions about the effectiveness of particular options for strengthening health systems. It's 1,300 records include 300 Cochrane Reviews and 154 Cochrane Review protocols (as of 30 September 2010). Use of the earlier edition – the PPD/CCNC database - doubled in 2009 compared to 2008. In 2009 the PPD/CCNC database received 740 visits per month on average and over 8,900 visits for the year (as compared to 415 visits per month on average and 4,900 visits for the year in 2008). There were over 21,000 unique views in 2009 (as compared to 7,200 unique views for the year 2008). In the first six months since its launch in March 2010, there were, on average, 1,625 monthly visitors to Health Systems Evidence and in the month of September 2010, over 640 topic-specific Evidence Updates (newly added records related to priority topics) were distributed to subscribers.



HEALTH SYSTEMS EVIDENCE WEBSITE

IMPROVING KNOWLEDGE TRANSLATION PULL APPROACHES

Cochrane Canada is building receptor capacity for pull approaches to finding and using Cochrane Systematic Reviews in decision-making. Cochrane Canada's knowledge brokers have been doing this by: providing different types of workshops tailored to the needs of different stakeholder groups, providing a minimum of four introductory workshops and four evidence utilization workshops annually, and participating in the annual presymposium/symposium offering a diverse program including introductory workshops for stakeholders, training activities for review authors and consumers, and delivering scientific presentations.

The Cochrane Canada utilization training program has become a significant part of its knowledge exchange activities. These workshops introduce the concept of systematic reviews as a basis for knowledge translation to inform policy, practice and patient decisions. Interactive workshops about 'The Cochrane Collaboration and its work in Canada', and 'The Cochrane Library and how to access it, understand and use systematic reviews' have quickly become popular with partner member organizations. Standardized core content was developed for introductory and standard level utilization workshops. In discussion with partner groups, these workshops are tailored to audiences, timeframes and delivery formats (presentations, interactive workshops, or webinars) and have been delivered by trainers within Cochrane Canada to professional, research, patient and policy-maker groups. Additional topics on Cochrane products, different kinds of reviews and critical thinking were developed for specific audiences. Feedback from participants has been overwhelmingly positive and the CCC has received repeat requests for workshops from professional, research and community organizations.

Cochrane Canada has significantly exceeded its annual targets in the number of utilization workshops conducted. A total of 93 utilization workshops were conducted by Cochrane Canada members reaching nearly 2,900 people since the fall of 2006. Examples of feedback from workshop participants indicate the value of these workshops:

"Gave me resources and info appropriate to my profession. I will use this to bring my practice up to speed with evidence-based practise with more confidence." - Dental

hygienist

"More clearly understand that scientific evidence is important for policy decisions, not just clinical." - Policy-maker

RESEARCH EVIDENCE UTILIZATION WORKSHOPS TARGETED TO POLICY- MAKERS

Beginning in 2008, the Policy Liaison Office has succeeded in creating 'pull' to increase policy-makers' use of evidence through delivering training workshops (partnership between CIHR/CCC funds and John Lavis' work) to Ministry of Health senior and front-line policy-makers. In 2008-09, five workshops were conducted for about 80 policy- and decision-makers, in 2009-10, seven workshops were conducted, and plans have been made for four more workshops in 2010-11, as well as for a similar workshop at the federal level. In 2009-10, one training workshop, two conference presentations, and three webinars with 230 participants have been provided to policy- and decision-makers. Comments received from participants in these workshops include:

"Clear presentation, informative and practical, good discussion amongst participants, relevance to ministry work and hands-on search and evaluation exercises." - Workshop participant

". . . just raised the bar for my work! Now I know that even 30 minutes is long enough to find evidence that is relevant when I used to think months would be required. I will develop criteria for reviews and lay summaries based on this material." - Workshop participant

LINKAGE AND EXCHANGE APPROACHES TO KNOWLEDGE TRANSLATION

The degree of partner member engagement has increased over time from activities that require little resources on the partner's part (Cochrane Corners, workshops, disseminating reviews via newsletters and websites) to self-initiated involvement (subscribing to *Relay Cochrane!*, signing a petition in support of a national license for *The Cochrane Library*), to now partnering on knowledge transfer projects and initiating KT grant applications. In addition, three partner members purchased subscriptions to *The Cochrane Library* and access to the Library was offered as a member benefit (Canadian Association of Occupational Therapists,



AL MAYHEW (EPOC MANAGING EDITOR) AND ADRIENNE STEVENS (CCC EDUCATION COORDINATOR) DURING THE 2010 COCHRANE CANADA PRESYMPOSIUM

Canadian Dental Association and Canadian Chiropractic Association). Several partners are committed to collaborating on the delivery of Cochrane webinars and have volunteered speakers and other resources. The Dietitians of Canada partnered with the CCC to apply for a CIHR knowledge translation grant to develop online peer review training for dietitians as a means of engaging practicing dietitians as peer reviewers of Cochrane Reviews. This grant was awarded in September 2009 with very positive reviewer comments, including: "The event proposes to engage dietitians and members of the knowledge synthesis community to promote the engagement of dietitians in knowledge synthesis and use."

CONNECTING WITH CONSUMERS

Cochrane Canada endeavors to connect with health consumers and make them part of the evidence-based health practice. Throughout each year members of the Centre, Review Groups, Fields and Methods Groups reach out to consumers and offer them training and utilization workshops. Many consumers become markedly involved in Cochrane and even submit their own abstracts to symposia and colloquia. The table below illustrates the work completed with consumers over the past five years.

TABLE 9

Cochrane Consumer Network Growth in Canada				
Canadian Cochrane consumer activities	Jun 2006 - 07	2007 - 08	2008 - 09	2009 - Sept 10
Growth and development of consumer network				
# consumer network members	80	113	126	132
# new contacts with consumer organizations	1*	2**	5***	5****
# consumers attending workshops	20	35	37	~75
Cochrane Canada support of consumer network				
# consumer workshops (target 2/yr)	2	4	3	2
# consumers funded to attend Cochrane Canada Symposium (\$10,000)	8	10	11	8
# consumers funded to attend Cochrane Colloquium (\$15,000)	2.5*****	3	3	2

*CANADIAN BREAST CANCER NETWORK

** NATIONAL EATING DISORDERS INFORMATION CENTRE, ONTARIO HIV TREATMENT NETWORK

*** HEART & STROKE FOUNDATION, CANADIAN PARTNERSHIP AGAINST CANCER, THE LUNG ASSOCIATION, NATIONAL ABORIGINAL HEALTH ORGANIZATIONS, ACTUA

**** CANADIAN WORKING GROUP ON HIV AND REHABILITATION, CROHN'S & COLITIS FOUNDATION OF CANADA, ASTHMA SOCIETY OF CANADA, OVARIAN CANCER CANADA, ALZHEIMER'S SOCIETY

***** HALF OF THE STIPEND PAID BY THE US COCHRANE CENTER

PUSH AND PULL APPROACHES

The following table and section outlines the various push and pull activities Cochrane Canada engages in, in order to connect and engage with stakeholders and further the work of Cochrane in Canada.

TABLE 10

Canadian Cochrane Centre knowledge transfer products and activities by audience						
	Health professionals	Policy-makers	Consumers	Researchers	Media	Advisory Board
KT product or activity						
Push approaches						
CCC Website	X	X	X	X	X	
<i>Relay Cochrane!</i> e-bulletin (quarterly)	X		X		X	
RSS feed: Cochrane Connecting Today (discontinued)	X		X		X	
Cochrane Corners (on stakeholder websites)	X		X	X		
Journal Publications	X	X				
<i>Cochrane Library</i> subscriptions	X					
Conference exhibits	X	X	X			
Pull approaches						
Introductory KT presentations	X	X	X	X		
Standard KT workshops (Using the Evidence)	X		X			
Health Systems Evidence (co-ordinated by Dr John Lavis)		X				
Cochrane Canada Symposium	X	X	X	X	X	X
Conference exhibits, presentations, workshops	X	X	X	X		
Collaboration communications						
CCInfo (biweekly)				X		
<i>Cochrane News</i> (thrice yearly)			X	X		
Annual Report	Faculties of Medicine					X

DISSEMINATION AND COMMUNICATION CONTRIBUTIONS TO THE COCHRANE COLLABORATION

The CCC is responsible for editing and producing Cochrane Collaboration e-newsletters (*CCInfo* fortnightly and *Cochrane News* three times a year) and maintaining the newsletter page of the Collaboration website. *CCInfo* is distributed via email and contains workshop, event and job announcements, etc. relevant to Collaboration members. Alternatively, *Cochrane News* is a more in-depth newsletters which offers articles of Collaboration achievements, changes and so on.

In response to recent a recommendation from a strategic review of The Cochrane Collaboration to define a communications and marketing strategy for the Collaboration, the CCC Executive Director and Communications Specialist have led and participated, respectively, in a Communications and Marketing Working Group (2009-10). The objective of this Group is to scope and develop a strategic approach to the global promotion and marketing of the significant work of Cochrane. The group



COCHRANE NEWS
News, information, resources & issues affecting The Cochrane Collaboration Issue 49 • August 2010 • cochrane.org

Collaboration welcomes 14th Cochrane Centre

Pierre shares Philippe's enthusiasm, saying, "The creation of the French Cochrane Centre will be an incredible opportunity for the development and reinforcement of evidence-based health care in France and French-speaking countries."

The Centre will be funded principally by the Ministère de la Santé et des Sports, with support from Université Paris Descartes, L'École des Hautes Études en Santé Publique and L'Assistance Publique - Hôpitaux de Paris, and in partnership with La Haute Autorité de Santé and L'Institut National de la Santé et de la Recherche Médicale.

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Lavin Jansz
The Cochrane Collaboration Secretariat
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The new cochrane.org: What it means for you
Background

Members of the Centre Cochrane Français from top to bottom: Philippe Ravaud, Director; Ludovic Trinquart, Statistician; Pierre Darius, Scientific Director; Isabelle Boutron, Senior Researcher; Julian Reid, Administrative Director; Daniela Harrois, Secretary; Agnès Declercq, Research Officer; Elia Chan, Research Officer.

On behalf of the Collaboration, the Patient-Reported Outcomes Methods Group, and Pierre as an author for the Effective Practice and Organisation of Care Review Group.

Of the Centre's registration, Philippe says, "We are very pleased that a centre in France has been officially reinstated within

distributed a Request for Proposal for a Marketing and Communications Plan for the Collaboration in August 2010 which garnered immediate response from many communications firms. Final proposals are due January 2011.

THE CANADIAN COCHRANE CENTRE WEBSITE

The CCC website (ccc.cochrane.org) is a stepping stone to the wealth of information about Cochrane and *The Cochrane Library* acting as the central contact point for news about Cochrane activities in Canada. The CCC website also brings together the Cochrane community in Canada through lobbying (a petition for national access to *The Cochrane Library* with almost 2,500 signees), networking (Cochrane symposium information) and training opportunities (workshops and new Cochrane resources for reviewers). Where once was a static, uninviting homepage, now lies a dynamic up-to-date source of information where Cochrane Canada members, and non-members alike, can visit daily for updates on the activities of the Centre and pertinent Collaboration efforts. This includes media releases, Library communiqués and other relevant

TABLE 11

CCC website traffic (ccc.cochrane.org)	
Time period	Monthly average # unique visitors
March 2007	794
2007-08	1,089
2008-09	1,017
2009-10	1,182
Apr - Sept 10	989

information. There is also an effort to increase social media activity through creating a Facebook group representing the Canadian Cochrane Centre. Twitter will also be used to further this area.

RELAY COCHRANE!

A user-friendly, bilingual, e-bulletin, *Relay Cochrane!* was launched in August 2007 for health practitioners, policy-makers and consumers in Canada. It is published quarterly; originally to coincide with the publication of each issue of *The Cochrane Library* (the *Library* is now published on a monthly basis). This newsletter highlights Cochrane activities with stakeholder groups in Canada, provides bottom-line summaries of topical Cochrane Reviews (in various fields such as child health, smoking cessation, policy, practice and more) and promotes tools that package Cochrane Reviews for busy evidence users. It is designed to keep Canadians apprised of relevant Cochrane Canada activities and achievements. *Relay Cochrane!* is distributed to nearly 2,200 individuals across the country. It has highlighted 164 Cochrane Reviews and 27 tools containing Cochrane Reviews since its launch. Past issues can be found at ccc.cochrane.org/stay-connected.

C.H.A.I.N. (CONTACT, HELP, ADVICE AND INFORMATION NETWORKS)

The Canadian Cochrane Centre was no longer able to support C.H.A.I.N. financially, but still offers its support in-kind by making announcements, etc.

FRENCH COCHRANE CENTRE

The Canada Cochrane Centre initially supported Francophones in Canada through the Réseau francophone Cochrane. However, we are pleased to announce that the French Cochrane Centre has been established and will take on the primary role of working with French Canadians and translations activities. The Canadian Centre has offered any help the French Centre may need in this transition.

GOOGLE ALERTS

The CCC is using 'Google Alerts' to flag internet content pertaining to the Canadian Cochrane Centre, Cochrane Canada, The Cochrane Collaboration and Cochrane Reviews. This allows for intimate tracking of where and how information about, and from, Cochrane is being used and is instrumental in learning which reviews are generating the most discussion and, therefore, helps promote pertinent reviews through such means as *Relay Cochrane!* Since the end of May 2010, nearly 650 news, social media, health information, university and 'other' mentions of Cochrane have been tracked.

TABLE 12

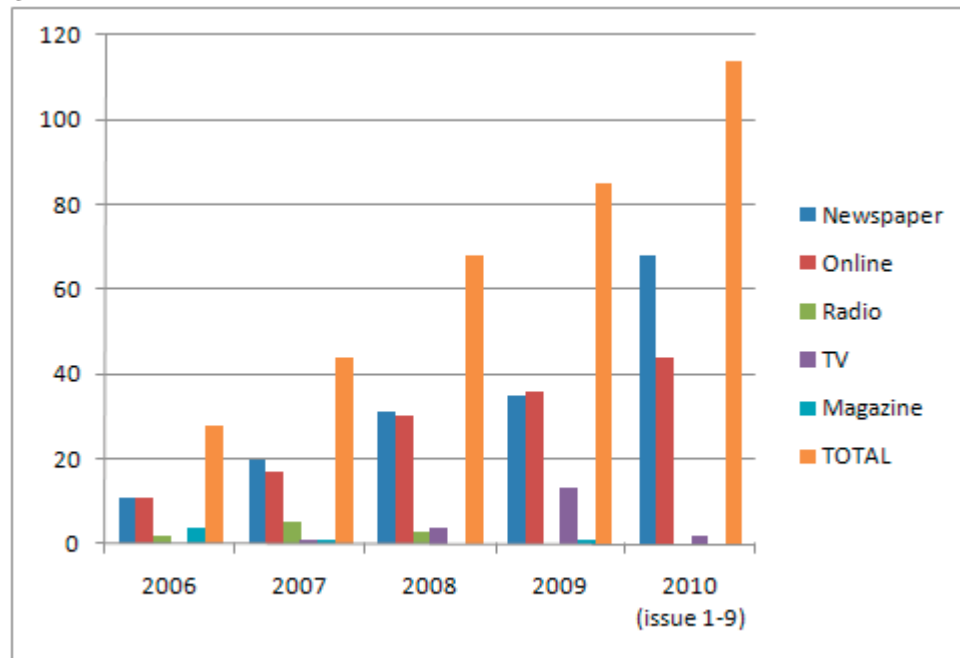
Cochrane Review coverage by mainstream media in Canada*						
Year	Newspaper	Online	Radio	TV	Magazine	Total
2006	11	11	2	0	4	28
2007	20	17	5	1	1	44
2008	31	30	3	4	0	68
2009	35	36	0	13	1	85
2010 (Issues 1 - 9)	68	44	0	2	0	114

* AS REPORTED BY MEDIA SCANNING COMPLETED BY WILEY-BLACKWELL, THE COCHRANE LIBRARY PUBLISHER

MEDIA COVERAGE

Current funding enabled the Centre to explore strategies to promote Cochrane Reviews with the media. As a result, media coverage of Cochrane Reviews more than doubled during this funding period. The Centre’s strategies included partnering with CIHR’s public relations staff to highlight reviews in their monthly e-bulletin to Canadian journalists, disseminating news releases produced by our publisher Wiley-Blackwell to journalists, and piloting an RSS feed from the CCC website. Reflecting the current move to electronic media, reviews are increasingly covered by online news sources and less so by print newspapers.

GRAPH 2



COCHRANE CORNERS

Cochrane Corners are space on partner websites dedicated to Cochrane Reviews relevant to their field. The following five organizations have Cochrane Corners: Canadian Association of Speech-Language Pathologists and Audiologists, Canadian Dental Hygienists Association, National Eating Disorder Information Centre, Emergency Medical Services of Dalhousie University and the CIHR Institute for Infection and Immunity which currently highlight over 200 Cochrane Reviews in total. The Campbell & Cochrane Equity Methods Group is working with the CIHR Institute of Gender and Health to establish a Cochrane Corner pertinent to its research. Additionally, the Musculoskeletal Group is collaborating with the Cochrane Back Group to create a Cochrane Corner for the CIHR Institute of Musculoskeletal Health and Arthritis website.

Organizations are asked to track visitors to their web pages to evaluate the usefulness of Cochrane Corners. An example of the interest is reflected in the web statistics provided for the CASLPA Cochrane Corner webpage – an average of 620 visits per issue of *The Cochrane Library* or 206 visits per month.

In addition to the Cochrane Corners mentioned above, there has been an increased effort to keep the Canadian Institutes of Health Research informed of the work of the Canadian Cochrane Centre and Cochrane Canada. The centre shares notable information such as the *Cochrane Database of Systematic Reviews* (CDSR) 2009 Impact Factor which placed the CDSR seventh out of the world's top medical information sources.

The screenshot shows the CASLPA website's Resource Centre. At the top, there is a Google search bar and a navigation menu with the following items: Professions, Membership, Certification, Careers/Advertising, Consumers, Resources, Media Centre, Events, and Members Only. The main content area features a large banner for the 'Resource Centre' with a photo of two people. Below the banner, there is a section titled 'Research Resource Centre' and a sub-section for 'Cochrane Collaboration'. The text under 'Cochrane Collaboration' states: 'The Cochrane Collaboration is an international, non-profit organization made up of thousands of volunteer researchers, health professionals and patients in over 50 countries. Cochrane produces and disseminates systematic reviews on the effectiveness of health care interventions. Their key product is the Cochrane Library which is published four times a year. It houses a database of Cochrane reviews, as well as databases of randomized controlled trials, health technology assessments, and economic and methodological studies. **NEW!** The Cochrane Library is available on a trial basis to all Canadians, their physicians and health care practitioners until December 31, 2009'. To the right of the main content is a 'LATEST CASLPA NEWS' section containing a 'November Poll' with the question 'Do you have professional liability insurance?' and five radio button options: 'Yes - through my employer', 'Yes - I purchase my own', 'Yes - through employer and on own', 'No', and 'Not sure'. A 'Vote' button is at the bottom of the poll. Below the poll, it says 'Powered by PollMonkey'. At the bottom of the page, there is a link for 'Find A Professional Database of speech language pathologists and audiologists'.

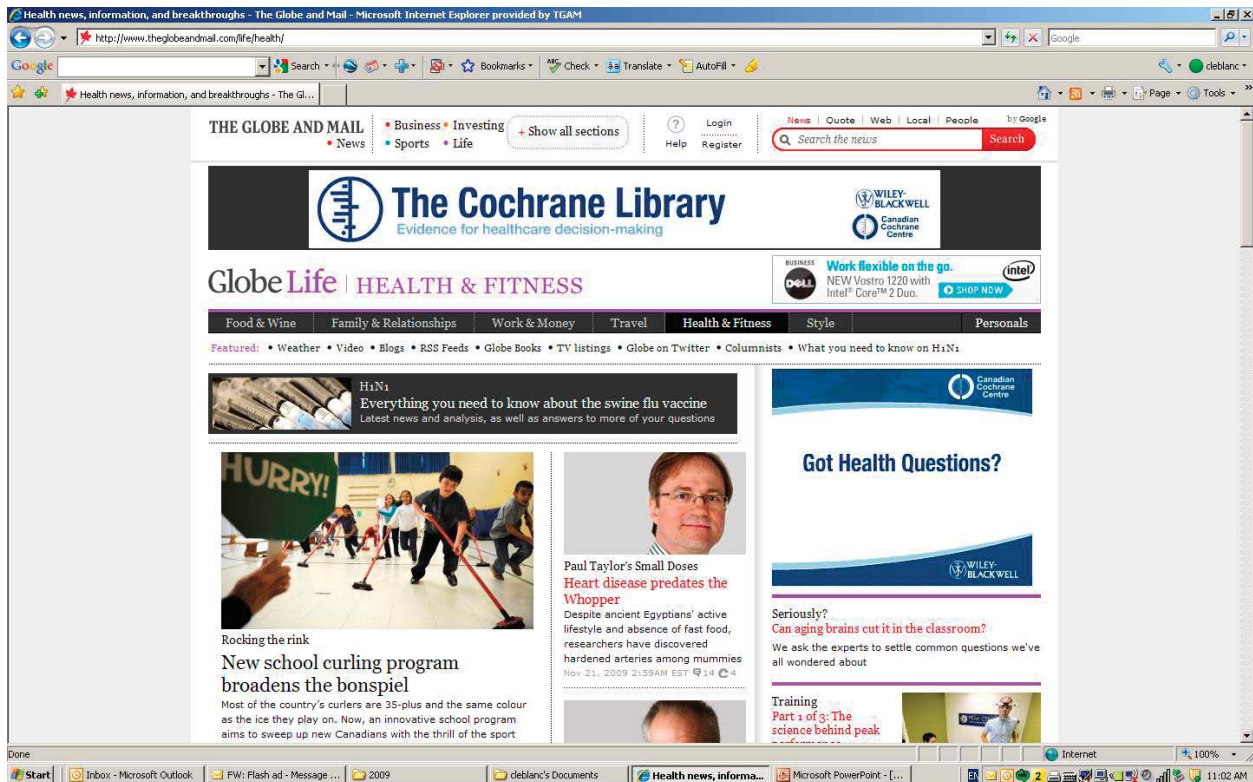
CANADIAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS (CASLPA), WEBSITE

NATIONAL LICENSE PROMOTION

The Canadian Cochrane Centre successfully established a national license pilot project for *The Cochrane Library* from April 2009 to March 2010. During this time, heavy promotion was implemented to help promote the license and use of the *Library*. This included significant promotion to partner organizations and a mail campaign of 10,000 *Cochrane Library* bookmarks to partners and libraries across Canada. The license was also promoted through a *Library* user survey which garnered feedback from over 1,200 *Library* users and their thoughts on the importance of having a national

license to *The Cochrane Library* in Canada. The national pilot license and *The Cochrane Library* were also promoted through an ad campaign (see below) launched with *The Globe and Mail* and financed by Wiley-Blackwell, the *Library's* publisher. The ads were featured on the news and life pages of the online edition and yielded a click through rate of 0.06 per cent (the industry average is 0.07 per cent), which is significant as the ads were geared towards a population who were not yet familiar with the *Library*.

Library usage rose by 90 per cent during the trial period.



SCREENSHOT OF COCHRANE LIBRARY ADS FEATURED IN THE GLOBE AND MAIL DURING THE NATIONAL LICENSE PILOT

WORK WITH STAKEHOLDERS TO ADVOCATE FOR A NATIONAL LICENSE FOR THE COCHRANE LIBRARY

Cochrane Canada and partners have been active in advocating for a national subscription to *The Cochrane Library* (i.e. 'one-click' access) for all Canadians. It was estimated that only about 10 per cent of all Canadians had access to the full-text of Cochrane Reviews – mainly people affiliated with teaching hospitals and universities. As a result, most healthcare providers, especially in rural areas, as well as the general public did not have access. The CCC worked with the Canadian Health Libraries Association (CHLA) in an effort to gain funding for a national licence to the *Library* for Canada. CHLA has been lobbying for a Canadian Virtual Health Library, and was using *The Cochrane Library* as their first target resource.

In February 2008, the CCC, with endorsement from the CHLA, launched an online petition across Canada to give Canadians an opportunity to voice their demand for full access to this important health resource. Within a few months the petition received almost 2,500 signatures. Some examples of the importance of the *Library* to people who work in the healthcare system are displayed below:

"Every citizen has a right to the most up-to-date evidence on health care. We need to join progressive countries." - Health consumer, New Brunswick

"The Cochrane Library contains a wealth of solid evidence that can be used to make good cost-effective decisions for health promotion, health care and use of drugs and other resources." - Resident, Ontario

"This is vital information for small rural hospitals (like the one I work in). We cannot purchase subscriptions to these sites, but are still required to make sound decisions." - Healthcare provider, Alberta

"Je me sers très régulièrement de la librairie Cochrane autant pour le soin de mes patients que pour l'enseignement des étudiants." [I use The Cochrane Library very regularly for the care of my patients as well as for teaching my students.] - Healthcare provider, Quebec

In April 2009, in partnership with the CHLA, a pilot national subscription to *The Cochrane Library* was achieved for the first time. This was made possible through one-time top-up funding combined with subscriptions across Canada to equal the cost of a national subscription. Wiley-Blackwell agreed to open access to all Canadians for the remainder of 2009. This was not a sustainable long-term model, but the pilot demonstrated a clear need for ongoing support for reliable health information for all Canadians. A business case has been developed based on evaluation data gathered during the pilot to convince Canadian federal health organizations in Canada to provide sustainable funding for this valuable resource.

CANADIAN COCHRANE SYMPOSIA

The Canadian Cochrane Symposium is an important annual event providing the opportunity for the Cochrane community in Canada and our stakeholders to learn, network, exchange knowledge and foster new relationships and opportunities. Symposia rotate around the country, with each event hosted by a different Cochrane group or site (2007 CCC, Ottawa; 2008 Child Health Field, Edmonton; 2009 Nova Scotia Health Research Foundation, Halifax; 2010 CCC, Ottawa). A unique feature of the symposium is the two days

of hands-on presymposium workshops for author training, Cochrane methods training, and utilization workshops for consumers, policy-makers and health professionals. Approximately 250 people participate in the symposia to hear presentations on Cochrane methods; new developments in systematic reviews, such as diagnostic test reviews, non-RCT (Randomized Control Trial) and qualitative reviews; and knowledge transfer.

"[The Cochrane Library] is a brilliant service, and is particularly vital in rural areas without access to health sciences libraries. A truly worthy undertaking of enormous value to the general public, patients, and health professionals and planners everywhere. Please continue your generous support of this essential service."

- Medical specialist



MEDIA CONFERENCE FOR PILOT NATIONAL LICENSE FOR THE COCHRANE LIBRARY, APR 2009

IMPACT OF COCHRANE IN CANADA

CLINICAL IMPACT

The volume and breadth of the work of Cochrane has steadily increased in Canada since 2005. We have gathered specific examples to illustrate how Cochrane Reviews are used within the healthcare system and how Cochrane is becoming better known as a reliable source of health information in Canada.

Cochrane Reviews as the basis for clinical information and guidance

Cochrane Systematic Reviews provide a comprehensive synthesis of the current available research. They are, therefore, an important, time-saving base of evidence to inform health care providers and policy-makers about the status of research and the effectiveness of interventions. Many Cochrane Reviews are the basis of the clinical effectiveness component of clinical practice guidelines and health technology assessment reports. As an example, 34 different Back Group reviews were cited in 15 clinical guidelines during this funding period, and, at least 15 knowledge packagers include IBD/FBD reviews in their databases and include links to the reviews (or review abstracts).

A recent inventory of the reports produced by the Common Drug Review (CDR) of the Canadian Agency for Drugs and Technologies in Health (CADTH) found that an increasing number of CDR reports reference Cochrane Reviews. CDR reports are key sources of information used by Canadian provincial drug plans in decisions regarding funding new drugs.

Products based on Cochrane Reviews co-ordinated by Canadians are internationally recognized sources of health information for physicians. For example, the European Paediatric Association made the Child Health Field journal, *Evidence-Based Child Health: A Cochrane Review Journal*, their official journal. As a result of this partnership, a printed copy of each issue of EBCH is now distributed to 30,000 European Paediatric Association members. The production cycle is currently four times a year, but will increase to six times a year in 2011.

The new learning tool in French for physicians,

“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. It has also enabled me to not only draft new protocols but to also have them accepted.”

- Associate professor and government dental consultant

Courriels Cochrane, is subscribed to by more than 1,700 participants who are willing to evaluate the product. Subscription is being offered via the Canadian Medical Association (CMA) website with learning credits offered for involvement. The amount of interest generated in only a few months indicates significant interest by physicians and the potential for impacting their practices.

Cochrane supports the research community by setting standards for higher quality research. Members of the Child Health Field, 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 paediatric clinical research by promoting the use of uniform standards for clinical studies with children.

The work of the Bias Methods Group is aimed to improve the reporting of research and the removal of bias in research. The group’s research, guidance and tools provide researchers with the means to improve quality of research.

The CCC ran an online survey to gather ‘Impact Stories’ from Canadian users of *The Cochrane Library* during the summer of 2009. We wanted to learn how Cochrane is being used, by whom and to what effect, in Canada. We received 64 responses from health care providers, patients and care-givers telling us how Cochrane Reviews helped them improve their decision-making for healthcare

In July 2009, Jason Murdoch, a family physician in Burlington, Ontario, shared his story on using Cochrane Reviews when making medical decisions for his patients:

"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. In 2007, there was a big pharmaceutical push to use Acetyl cholinesterase Inhibitors for Mild Cognitive Impairment (MCI). I was unsure how reliable the data was regarding the effectiveness of this treatment, so I looked up *The Cochrane Library* and the review clearly stated it was unlikely to be helpful - as I felt anyway - so I don't typically prescribe cholinesterase inhibitors for MCI.

Having avoided prescribing drugs with bad side effects and no clear benefit, I now feel that my patients are safer. Less is more!"

(ccc.cochrane.org/ccnc-impact-project). One of the responses is featured above:

Next, the CCC surveyed stakeholders regarding the 2009 'one-click' access to *The Cochrane Library*. The survey received overwhelming response with more than 1,200 participants. Below are some anonymous comments to show the value Canadians place on the evidence in *The Cochrane Library*:

"Cochrane is an essential tool for the family physician. The fact that the reviews are much less influenced by the pharmaceutical industry really helps the credibility." [Note: Cochrane has very strict conflict of interest guidelines and no reviews are associated with industry funding.]

"I use Cochrane for patient care and safety, research and consumer health. I have recently searched several topics for patients and staff at our hospital. After reading the results of the research they felt they were better informed to make a decision regarding their treatments and were able to discuss with their physician."

"Easy access to reliable evidence-based medicine is fundamental to me and the management of my health . . . You help immensely."

GROWTH OF COCHRANE IN CANADA

The number of partners and linkages with stakeholders continues to increase. Through the efforts of Cochrane Canada members, we have doubled the number of review authors from 666 to 1,448, gained six new affiliate organizations, nearly doubled our training capacity from 24 to 44 trainers, increased our consumer network from 80 to 132 individuals and developed relationships with 13 new patient organizations. These linkages have the potential for large impact as the relationships solidify around activities and products based on Cochrane work.

As members of the global Cochrane Collaboration, Canadian Cochrane groups have the credibility to enter into international partnerships that give Canadians access to international opportunities. For example, the Campbell & Cochrane Equity

Methods Group is exploring opportunities with EVIPNet, a WHO initiative that encourages policy-makers in low- and middle-income countries to use evidence generated by research (who.int/rpc/evipnet/en). Equity members have contributed to a survey on knowledge translation of PAHO countries and evaluation plans of EVIPNet of the Americas and are currently exploring how Equity can contribute technical support to the Bolivia EVIPNet project.

Equity is also working with the World Health Organization Collaborating Centre (WHO CC) for Knowledge Translation (KT) and Health Technology Assessment (HTA) in Health Equity to address issues of equity in knowledge translation and HTA that is leading to the development and sharing of toolkits and linkages with the Public Health Agency of Canada.

The Canadian Centre's partnership with PAHO has had concrete outcomes due to PAHO's offer to allow the CCC to use their webinar platform. The cost savings to the Centre are significant and has allowed us to pilot and launch a webinar training series in a very short time. You can learn more about the *Cochrane Canada Live* series at ccc.cochrane.org/cochrane-canada-live-webinars.

"This has allowed a new spectrum of information, previously not available to me. I am now able to make more informed decisions regarding my health care, as well as passing on knowledge to others regarding their needs. *The Cochrane Library* has allowed me to be an active participant in my health care, especially with medications and new treatments. Thank you."

– Patient

THE INCREASING AWARENESS AND USE OF THE COCHRANE LIBRARY BY CANADIANS

As highlighted in the media coverage section and shown in the table on page 19, there has been increasing reference to Cochrane in the mainstream media and reviews from Canadian groups are often selected for press releases by our publisher, Wiley-Blackwell. For example, media articles about 10 IBD/FBD reviews were found during the last five years and media covered 10

"*The Cochrane Library* is essential for Canadians - for discovery and access to authoritative information.

With the volume of information available from blogs to news media to scholarly journals, it is increasingly important to be able to depend on a reliable source of information, especially in health care. I cannot emphasize how vitally useful the Cochrane database can be to population health and to efficient use of scarce health care resources.

[A] valuable tool for a diversity of individuals of varying backgrounds . . . indispensable for students and practitioners. Please keep this resource open for all to help inform decision making at all levels and not just for those who are 'connected' or can afford to find access through others. This open access helps level the playing field for so many."

- University Professor in B.C.

reviews of the CMSG in 2009 alone. A Newsweek article, 'The Case for Evidence Based Medicine', highlighting two CMSG reviews, extols the virtues of Cochrane evaluations of interventions and their importance in showing which treatments work and which do not in the context of the healthcare debate in the US (mobile.newsweek.com/detail.jsp?key=78932&rc=he&p=0&all=1).

Reviews produced by Cochrane groups funded in Canada are highly relevant and many are consistently ranked in the top 50 accessed and downloaded from *The Cochrane Library* internationally and nationally.

The Cochrane Library now holds more than 4,400 reviews. This wealth of reliable information is highly

TABLE 13

<i>Cochrane Library use by Canadians</i>			
Year	# abstracts viewed	# full text downloads	# access denied
2006	N/A	125,959	22,975
2007	204,060	136,402	46,425
2008	227,791	183,464	54,557
2009	284,000	248,438	8,730
2010 (Jan - Jun)	196,494	119,066	28,522

used and referred to by clinical researchers. *The Cochrane Library* earned an Impact Factor of 5.653 for 2009. Similarly, the use of *The Cochrane Library* by Canadians has increased over this funding period. Not only has the number of abstracts and downloads increased, but the number of people trying to access *The Cochrane Library* who did not have subscriptions increased. With the gain of the pilot national licences, those individuals had full access to the *Library*.

New products from Wiley-Blackwell will only serve to increase the accessibility and awareness of Cochrane Reviews as summaries are available in new convenient formats. Reviews supported by Canadian entities are often selected to be promoted as Evidence Podcasts (short audio recordings by the authors of the reviews, summarizing their research results). Many Canadian reviews are available as podcasts in *The Cochrane Library*. The Cochrane Journal Club is an example of another useful evidence tool. The Journal Club encompasses all

the components needed to host a discussion about a Cochrane Review with colleagues. Canadian groups are participating in these new tools as a way to engage and exchange discussions about the evidence with our stakeholders.

The increased awareness, support and use of Cochrane Reviews was reflected in comments by individuals who signed an online petition launched in 2007 by the CCC to gain support for the pursuit of a National License for *The Cochrane Library*. Here are some of the comments from petition signatories:

"The Cochrane Library contains a wealth of solid evidence that can be used to make good cost-effective decisions for health promotion, health care and use of drugs and other resources." - Ontario resident

"With increasing direct to consumer advertising, consumers have a right to high quality information in making their own

choices. Cochrane offers an opportunity for every Canadian to make informed decisions based on the highest quality information.”
- Health consumer, Ontario

“It’s difficult to find unbiased information on healthcare issues. The Cochrane Library attempts to bridge this gap and should be available to all.” - Health consumer, British Columbia

Our partners also have faith in Cochrane Canada and the ability of Cochrane in Canada to make a difference. This is reflected in the letters of support for our 2009 CIHR KT Award nomination:

“[Cochrane Canada] staff disseminated information not only through traditional electronic and print media, but through Cochrane trainers in Canada, and also made significant efforts to engage their audiences through interactive workshops, network development, and webinars. This enabled client groups, particularly smaller organizations, the opportunity to access

evidence-based expertise and resources to expand the evidence-based culture in their profession or area of practice.” – Dr Larry Chambers, Co-Chair, Board of Directors, Ontario Seniors Health Research Transfer Network

“The relationship of [Cochrane Canada] with CDHA (Canadian Dental Hygienists Association) has been an example of how knowledge translation activities can support the development of an evidence-based culture in a profession . . . Workshops provide opportunities for our members to build their skills to use and understand systematic reviews in dental hygiene practice. One Cochrane workshop hosted by a dental hygiene college led to four more immediate requests from other colleges across the country to host similar events – an indication of the value and reputation of Cochrane’s work.” - Dr Susan Ziebarth, Executive Director, Canadian Dental Hygienists Association

“Cochrane provides evidenced-based information that is sorely under-represented for mainstream access. It’s a great source of information to be able to use when providing healthcare information.”

- Medical writer and researcher

KNOWLEDGE TRANSLATION BY CANADIAN COCHRANE GROUPS

Each Canadian group developed push models relevant to specific target groups related to their clinical area to complement the work of the Centre. They have made a significant contribution to Cochrane Canada KT activities, as outlined in the following pages.

BACK REVIEW GROUP

Back Review Group (BRG) reviews continue to be used in clinical practice guidelines (CPGs), and Programs of Care [Ontario's Workplace Safety and Insurance Board's Program of Care for Chronic Musculoskeletal Pain, and clinical decision aids (POCKET)].

As of August 2010, the BRG had 323 authors, editors and peer referees from 30 countries, including 61 contributors from Canada and 25 from eight lower-middle income countries. These numbers are up from 279 contributors from 24 countries, including 59 Canadian contributors, and 16 from three lower-middle income countries in August 2009.

Throughout the past year, the BRG:

- sent a number of 'what's new' bulletins, coinciding with monthly submissions to *The Cochrane Library* to authors, editors, peer referees, and

mailing list members, (approximately 500 people) in place of newsletters.

- produced French translations of abstract and plain language summaries for new/updated publications from January 2010.
- increased the number of trials in its Trials Register from 1,600 to 3,454 – an increase of 1,854 records or 400+ per cent of its target.
- produced three podcasts: podcast with corresponding Wiley media release - 12 media hits from Canada, USA, India; podcast and HBNS alert - seven media hits from UK, USA; podcast and HBNS news alert - five media hits from UK, US.
- saw 12 guidelines and policy documents published which referenced Back Review Group reviews.

EFFECTIVE PRACTICE AND ORGANISATION OF CARE GROUP

From Issue 1, 2005 of *The Cochrane Library* to Issue 9, 2010, EPOC's published reviews and protocols grew from 32 and 25, respectively, to 64 and 45 - a significant increase. The group currently has over 135 authors based in Canada and its specialised register contains 7,135 studies within its scope (including 4,606 randomized trials, 888 controlled before and after studies, 435 controlled clinical trials and 630 interrupted time series studies).

The Effective Practice and Organisation of Care (EPOC) group has delivered over 50 different presentations to external groups and published or contributed to 19 different papers over the past five years.

EPOC workshops serve two major purposes. Firstly, the workshops provide content for authors and serve to encourage potential authors. Secondly, the workshops significantly improve the profile of EPOC and Cochrane both in Canada and abroad. EPOC has presented workshops and abstracts

at five Cochrane Colloquia and four Canadian Cochrane Symposia over the past five years, and has presented numerous oral presentations, workshops (addressing EPOC methods or projects) and posters. In addition to EPOC training, members have participated in eight author training workshops and two Train The Trainer workshops in conjunction with other groups including the Canadian Cochrane Centre, all with greater than 25 attendees. Members have also participated in CIHR funded workshops for Canadian systematic reviewers. Members of EPOC have been on selection committees to determine the best Canadian Cochrane Review and best poster presentation at the Canadian Symposium, as well as planning committees and abstract review committees for Canadian Cochrane Symposia.

EPOC staff has developed a website funded by the Canadian Agency for Drugs and Technologies in Health (CADTH). This website, rxforchange.ca,

summarizes current research evidence about the effects of strategies to improve drug prescribing practices, drug use and other professional behaviour outcomes. The database houses summaries of key findings from systematic reviews that evaluate the effects of strategies targeting professionals, the organization of health care, and consumers.

Currently, the website contains information about 43 interventions and includes 210 reviews. An additional 133 reviews were assessed but excluded from the summary due to low quality. The website was initially launched in April 2006, and was most recently updated in March 2010. During this update, new evidence was found for four of 14 professional interventions, six of eight consumer interventions, and four of 18 organizational interventions. No new evidence was found for financial or regulatory interventions. The next database update will be available December 2010.

EPOC has presented the website results at Canadian Cochrane Symposia, international Cochrane Colloquia and other national and international meetings. A paper describing the process of the project has been submitted to an international journal for consideration for publication. EPOC has secured another two years of funding to continue this project until March 2012 and updates to the Rx for Change database are scheduled for every eight

months.

As a team, EPOC is developing expertise in conducting systematic overviews and has recently completed an overview on interventions to improve the care of diabetes. The group anticipates undertaking similar projects in the future, and further developing optimal methods for conducting systematic overviews.

The group has provided significant content for a published interview describing the role of the managing editor within The Cochrane Collaboration. The interview appeared in *European Science Editing*, journal of the European Association of Science Editors, and is entitled, 'Editorial processes in the Cochrane Collaboration: guiding the authors from beginning to end'.

Members of the EPOC editorial base and its statistical editor participated in a non-randomized studies meeting in June 2010 in Ottawa. This meeting was attended by over 30 people, including national and international attendees, and both Cochrane members and members of other organizations. EPOC has had a great deal of experience incorporating non-randomized studies into systematic reviews and this meeting allowed the group to both share their experiences and learn from the experiences of others with



EPOC EDITORS AND STAFF



KATHLEEN MCGOVERN, SUMMER STUDENT;
AL MAYHEW, MANAGING EDITOR; EPOC

similar issues. Six articles, with significant input from EPOC team members, are expected to be published as a result of this meeting.

EPOC has partnered with organizations such as CADTH, McMaster University, the Ontario Ministry of Health and the Li Ka Shing Knowledge Institute at St. Michael's Hospital to work on joint projects such as the rxforchange.ca database and Health Systems Evidence. EPOC reviews are routinely

BIAS METHODS GROUP

There are 14 Methods Groups within The Cochrane Collaboration. Methods Groups were established to develop methodology and advise the Collaboration on how the validity and precision of systematic reviews can be improved. To achieve this goal, part of the remit of Methods Groups is to conduct methodological systematic reviews. All such reviews are registered with Cochrane's Methodology Review Group, which currently has 143 protocols and 14 systematic reviews published within *The Cochrane Library*. Three of

highlighted in the KUUC (Knowledge Utilization - Utilisation des connaissances, an e-watch bulletin on innovation in health services) dissemination and other sources such as Implementation Science.

EPOC has started a project to identify systematic reviews of health services and policy research. The group will map these reviews according to priority themes and illustrative questions outlined in the Listening for Directions III (LFDIII) Final Report. LFDIII was a priority setting initiative led by the Canadian Health Services Research Foundation (CHSRF) to determine research needs of Canadian health decision-makers. The objectives of this project are to assess content areas in health services and policy research that are not currently addressed by systematic reviews or systematic review protocols, and to identify priority review topics for the EPOC group. Using Health Systems Evidence (last updated June 2010) and Rx for Change databases, EPOC identified and categorized 1,344 systematic reviews and systematic review protocols to the themes and questions outlined in LFDIII. Preliminary findings suggest that many of the questions in LFDIII have not yet been addressed by reviews or protocols from these databases. Moreover, the questions outlined in LFDIII are often very broad and have numerous components, while the systematic reviews and protocols EPOC identified usually addressed very focused questions. The Australian EPOC site has conducted a similar exercise to assess the research needs of Australian health decision-makers, and the Ottawa-based EPOC group intends to determine how their efforts can be combined.

those protocols (21.4 per cent) and five of those systematic reviews (36 per cent) were led or supported by the BMG, representing a substantial share of Cochrane's methodological research.

Bias Methods Group (BMG) Convenors, David Moher and Doug Altman, attended the 6th International Congress on Peer Review and Biomedical Publication in Vancouver (September 2009) and collectively contributed to nine oral presentations and four poster presentations

regarding the quality and reporting of systematic reviews.

Fifteen thousand and thirty-six publications is testament to the group's substantial progress over the past few years, both within Collaboration focused research projects and those intended for a broader audience [e.g., development of the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) Statement: the update of the QUOROM (Quality of Reporting of Meta-analyses) Statement]. Further, a primary focus over the past few years has been the development and publication of the Risk of Bias Tool (see chapter eight of the *Cochrane Handbook for Systematic Reviews of Interventions*) and its accompanying guidance and training materials. The Risk of Bias Tool is an integral component of all Cochrane Systematic Reviews, as all Cochrane authors are strongly encouraged to use the tool.

In 2010, the *Cochrane Handbook* editors asked the BMG to review all *Handbook* glossary terms specific to the group. An extensive list of terminology and definitions was reviewed by many members, and all BMG convenors. This is yet another example of the groups' dedication to provide consultation and

expertise to the Cochrane community on a large and influential scale.

In accordance with, and exceeding its expectations, the BMG hosted a presymposium workshop in Ottawa in May 2010 in conjunction with the Canadian Cochrane Centre. BMG members, Drs Gordon Guyatt, An-Wen Chan and Joel Gagnier, presented and discussed bias issues related to the stopping of trials early for benefit, outcome reporting bias and the Risk of Bias Tool respectively. The workshop was well received by the 35 attending participants, and was financially profitable to the group.

In addition to those members confirmed in 2009, 19 new members have joined in the last year, an increase of almost 18 per cent in 12 months. The volume of methods support provided to members continues to grow via consultation and dissemination of recent publications by BMG members.

The group's website is currently being updated and continues to provide a basis of communication of concepts, resources and reference to those interested in bias methods concerns in systematic reviews, with an average of 1,000 hits per month.

MUSCULOSKELETAL GROUP

Registered in 1993, the CMSG has become one of the largest Cochrane Review Groups, with over 300 active researchers, health care professionals and consumer representatives from 26 countries (including 13 developing countries) that conduct and disseminate research on musculoskeletal conditions such as osteoarthritis, osteoporosis, pediatric rheumatology, and rheumatoid arthritis.

The Knowledge Translation Officer of the Cochrane Musculoskeletal Group (CMSG), Tamara Rader, is producing 10 decision aids per year, using international guidelines from the Ottawa Patient Decision Support Laboratory. These will be disseminated widely on the CMSG website and to patients through websites of consumer organizations including the Arthritis Society. Plain language summaries of CMSG reviews are available on the Arthritis Society website (56 English summaries and 34 French summaries).

The CMSG is also a leader in knowledge translation and consumer involvement. The group is dedicated

to translating results of reviews into user-friendly formats so clinicians, policy-makers and consumers can integrate this information into health care decisions. Its very active consumer group has led in the development of consumer summaries of systematic reviews which are available on The Arthritis Society website (arthritis.ca). These consumer summaries are also used as the basis for a tool known as a 'decision aid' which guides consumers through the process of making a decision (decisionaid.ohri.ca/deaids.html).

The CMSG has been invited to join forces with The Arthritis Society (TAS), the Canadian Arthritis Patients Alliance, the Institute for Musculoskeletal Health and Arthritis (IMHA) of the Canadian Institutes of Health Research (CIHR), and the Canadian Arthritis Network (CAN) to effectively develop and deliver a national arthritis research strategy that responds to the needs of everyone affected by arthritis in Canada.

The CMSG currently has 863 registered active members (researchers, health care

professionals and consumer representatives). There has been a significant membership increase, from 300 in 2005, to 863 by 2009. The CMSG currently has 77 English and 56 French plain language summaries.

Member summary:

- 167 of the active members are Canadians.
- 682 are authors directly involved in writing reviews and 121 (18.8 per cent) authors are Canadians.
- Consumer membership has increased from 15 to 33.

Activity summary:

- November 2009: The CMSG participated in the CIHR Institute of Musculoskeletal Health and Arthritis (IMHA) Bone Health Research Consensus Conference.

- December 2009: *Cochrane Library*, Train the Trainer for Health Librarians. KT Specialist taught a half day workshop to Health Librarians from the Ottawa Valley Health Library Association at the University of Ottawa.

- March 2010: Tamara Rader was invited to participate at the IMHA Partnerships and Knowledge Translation Committee's first formal Partnership Consultation meeting.

- March 2010: The Alliance for the Canadian Arthritis Program (ACAP) acknowledged members of the CMSG and the Cochrane Consumer Network (Anne Dooley, Joanne Homik, Anne Lyddiatt, Peter Tugwell) on a major report on the impact of arthritis in Canada entitled, 'Life and Economic Burden of Arthritis in Canada: 2010 to 2040' (draft report released March 2010).

- March 2010: Tamara Rader participated and contributed to the planning of a partnership consultation event with stakeholders from across Canada as a member of Partnerships and Knowledge Translation (PKT) Committee of the IMHA Institute Advisory Board (IAB) (CIHR).

- March 2010: The IMHA hosted a partnership consultation on 7 - 8 March 2010 in Vancouver to consult with key stakeholders on options for research partnerships and knowledge translation activities. Nearly 30 representatives from non-government, professional, and research organizations across Canada attended, along with several IMHA Advisory Board members and staff.

- May 2010: Cochrane Canada Consumer Training Day: Workshop on promotion of The Cochrane Collaboration and dissemination of Cochrane Reviews by Consumers.

REVIEWS RECEIVING MEDIA HITS (ISSUE 4, 2009)

- Biologics for Rheumatoid Arthritis Work, But Which Is Best?
- TENS For Osteoarthritis: Not Enough Evidence To Recommend
- New Biologic Drug Is Effective Against Rheumatoid Arthritis
- Exercise Programs Recommended As Standard For Rheumatoid Arthritis
- Oral or transdermal opioids for osteoarthritis of the knee and hip
- New Biologic Drug Is Effective Against Rheumatoid Arthritis (featured in UK *The Telegraph*, 7 October 2009)

FEATURED WILEY-BLACKWELL MEDIA HIGHLIGHT, ISSUE 4, 2009

Newsweek, 'The case for evidence-based medicine' in which CMSG reviews were mentioned (Abatacept for RA, Opioids for OA)

2005 ITEMS OF NOTE

Top Accessed (full-text) reviews (world rank)

- Exercise for osteoarthritis of the hip or knee (#35)
- Physiotherapy interventions for shoulder pain (#39)
- Acetaminophen for osteoarthritis (#45)

- May 2010: Cochrane Canada Consumer Training Day: Workshop on Basic Statistics for Meta-analysis (facilitated by CMSG KT specialist and led by external content experts).
- May 2010: Seven members of the editorial team attended the OMERACT 10 (Outcome Measures in Rheumatology international initiative to determine core outcomes for trials in

rheumatology 2010) meeting in Sabah, Borneo, Malaysia. They worked with international collaborators on three initiatives which will be published in the OMERACT conference proceedings in the *Journal of Rheumatology*.

- May 2010: Tamara Rader was a collaborator on a submission of CIHR meetings grant with Osteoporosis Canada's Scientific Advisory Board entitled, 'Knowledge translation of 2010 Osteoporosis Canada Guidelines for the management of Osteoporosis'.
- May 2010: Awarded a \$50,000 CAN-DAP (Canadian Arthritis Network – Discovery Advancement Program) Grant for the project: Evaluation of a decision aid for multiple medical management of osteoarthritis OA.
- June 2010: Participated in an international meeting to establish guidance on the use of non-randomized studies in systematic reviews. Papers will be published as a result of this meeting, and will inform guidance for the next revision of the *Cochrane Handbook for Systematic Reviews of Interventions*.

IMPACT FACTOR

The top cited CMSG review in 2009 was 'Alendronate for the primary and secondary prevention of osteoporotic fractures in postmenopausal women' based on the Impact Factor (IF) report provided by Wiley-Blackwell, July 2010. The review was cited 23 times in 2009.

The top accessed CMSG review was 'Glucosamine therapy for treating osteoarthritis'. It received 3,869 full-text accesses in 2009.

The Musculoskeletal Group's Impact Factor is 6.409 (22 publications cited 141 times). This was the eight highest IF out of the 52 Cochrane Review Groups in 2009. Reviews published by the Musculoskeletal Group were accessed in full-text format on average 456.60 times during 2009 (188 reviews accessed 85,840 times).

PODCASTS

Abatacept for RA and the Overview on Biologics for RA were both featured in podcasts on *The Cochrane Library*.

2006 ITEMS OF NOTE

Top accessed (full-text) reviews (world rank)

- Glucosamine therapy for treating osteoarthritis (#4)
- Exercise for osteoarthritis of the hip or knee (#29)
- Acetaminophen for osteoarthritis (#35)
- Viscosupplementation for the treatment of osteoarthritis of the knee (#38)

AUGUST 2009 - 10 ITEMS OF NOTE

Among the top 50 most viewed reviews in *The Cochrane Library*:

- Acupuncture for shoulder pain
- Glucosamine therapy for treating osteoarthritis
- Surgery for thumb (trapeziometacarpal joint) osteoarthritis
- Diacerein for osteoarthritis
- Physiotherapy intervention for shoulder pain

AWARDS

Lara Maxwell received the 2009 Cochrane Review of the Year Award for her review entitled, 'Abatacept for rheumatoid arthritis' on 20 May 2010.

- June 2010: The CMSG collaborated with the Cochrane Back Group to help create a Cochrane Corner on the CIHR Institute of Musculoskeletal Health and Arthritis website to help users and, in particular, researchers involved in musculoskeletal health keep up to date with systematic reviews in their field of research. The Cochrane Corner will have titles and links to the abstract and plain language summary of relevant CMSG reviews. Where the user has a subscription, the full-text Cochrane Review will also be available from the Cochrane Corner.

JOURNAL CLUB

The first Cochrane Journal Club on *The Cochrane Library* featured the Biologics for RA overview. Podcasts and slides for journal club discussions on both the clinical and methodological aspects of doing a network meta-analysis were provided for people interested in discussing this topic in their journal club.

- August 2010: The group's KT specialist has drafted 10 decision aids which are being reviewed with clinical experts. They will then be disseminated on the CMSG website and the Ottawa Decision Aid website.
- Sept 2009 - 10: Piloting an updating process using Margaret Sampson's (information specialist) PhD thesis work on 22 priority reviews for updating.

CAMPBELL AND COCHRANE EQUITY METHODS GROUP

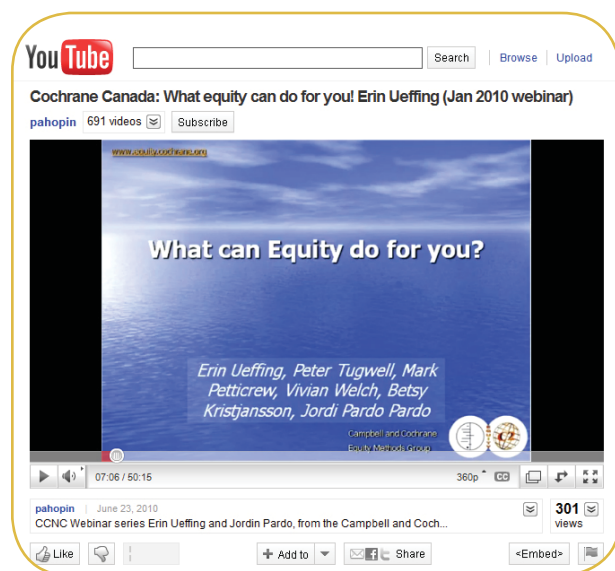
Prior to December 2009, the Campbell & Cochrane Equity Methods Group was known as the Cochrane Health Equity Field. However, it was decided that both the Campbell and Cochrane Collaborations would benefit from a union of each organization's equity groups.

Vision: An evidence-base on interventions that work in the disadvantaged is built and strengthened; it is available for policy-makers, practitioners, the press, the public, the private sector, and patients. This evidence-base increases our capacity to act on health gaps between advantaged and disadvantaged groups (e.g. between the rich and the poor, between men and women, etc.).

Mission: To investigate the effects of interventions upon the disadvantaged and/or their ability to reduce socioeconomic inequalities in health, especially in systematic reviews. To promote the use of equity-relevant reviews to the wider community, including the six 'Ps' described above: public, policy-makers, the private sector, patients, practitioners, and the press. To create a database of interventions that work in the poor or disadvantaged ('Equity Evidence Aid').

Building Capacity

- 2009-10: The group presented six workshops and two webinars on equity and equity methods.
- September 2009: Eleven titles, 20 protocols, and 52 reviews were tagged in Archie as relevant for 'equity'.



- October 2009: Equity presented a workshop on priority-setting at the Cochrane Colloquium in Singapore ('Priority setting for The Cochrane Collaboration: methods, challenges and opportunities').
- October 2009: Equity held a two-day meeting in partnership with the Public Health Agency of Canada to address health impact assessment (HIA), particularly as related to equity. This meeting brought together Canadian and international stakeholders from federal/provincial/territorial governments, research centres, and academia.
- January 2009: Peter Tugwell built a research program on equity at the University of Ottawa with Equity Evidence Aid as one of the pillars of his research. He was granted a seven-year renewal of his Canada Research Chair from the Government of Canada.
- August 2010: Thirteen titles, 29 protocols, and 97 reviews were tagged in Archie as relevant for 'equity'. The group has added a new classification nomenclature, and are now tagging reviews both by review group and PROGRESS-Plus factors [PROGRESS: Place of residence (urban/rural), Race/ethnicity, Occupation, Gender, Religion, Education, Socioeconomic status, and Social capital]. Additional health inequalities may exist across other factors such as age, disability, and sexual orientation, which encompass the Plus). Under this new classification, 13 titles, 14 protocols, and 105 reviews have been tagged.
- August 2010: The group's database of members grew from 325 names (including 162 Canadians) to 514 members, including 234 Canadians, in August 2009.
- September 2010: Equity is writing a review on interventions to increase the uptake and use of malaria prevention strategies (Cochrane Infectious Diseases Group) and has received a grant from CIHR to assist in engaging decision-makers in defining the questions, conducting the review and in knowledge translation of this review. The protocol was submitted in September 2010.
- Equity has given five presentations on Equity Evidence Aid to varied audiences over the past year.
- Equity encourages other Cochrane entities to use the Equity Checklist by approaching authors who register titles relevant to health equity (according to the Cochrane New Titles listserv) and offering assistance, and providing a copy of the checklist.
- Equity will work with four review groups to develop methods for explicitly considering equity in Cochrane Reviews: EPOC, HIV/AIDS, Infectious Diseases and Developmental and Psychosocial Learning Problems.
- The group will also offer to help Collaborative Review Groups identify peer referees with equity expertise for relevant reviews.
- Equity will develop a priority-list for Cochrane Reviews related to equity in LMICs (low- and



EQUITY MEETING, FREIBURG COLLOQUIUM

middle-income countries), based on likelihood of major impact for the poor/disadvantaged.

- Equity has developed a priority list based on Millions Saved (Center for Global Development, US) and Reaching the Poor (World Bank). One of these prioritized topics (Safe Motherhood) was taken up and is currently in progress as a Cochrane Review. The group is working with the Public Health Review Group on priority-setting methods which we will eventually apply to the Equity Methods Group to identify high priority-topics for reviews which focus on LMIC.
 - An Equity member has developed a table comparing the different priority-setting approaches that may be relevant for Cochrane and health equity. A manuscript on this work is planned.
 - January 2010 - August 2010: The group had four teleconferences with the Knowledge Translation Manager, Stephanie Coen, at the Institute of Gender and Health, CIHR to discuss the development of a Cochrane Corner for their newsletter and website.
 - The group has solid relationships and knowledge exchange with international and national stakeholders [including PHAC, Health Canada, WHO, EVIPNet/PAHO (Evidence-Informed Policy Network for better decision making/ Pan American Health Organization), Canadian Society for International Health, Campbell Collaboration, and the GRADE Working Group].
 - Equity is working with the Canadian Broadcasting Corporation (CBC), The Cochrane Collaboration, and the Canadian Medical Association Journal (CMAJ) to disseminate the recommendations from the CCIRH (Canadian Collaboration for Immigrant and Refugee Health) evidence summaries. CBC has generously offered technical and journalistic support for this initiative; Equity is creating podcasts from the evidence summaries for online distribution.
- Logic Models**
- Equity has completed 15 major research projects initiated since 2005.
 - 2009: Equity began work with Laurie Anderson of the Public Health Review Group regarding using logic models to inform systematic reviews on equity and complex interventions.

"The Cochrane Library is the pinnacle of evidence-based, authoritative health information. Restricting access to quality health information, like The Cochrane Library, to only those than can afford to pay for it will only compound the vast health inequalities in this country."

– Librarian

HYPERTENSION GROUP

The Hypertension Group (HRG) has a close relationship with the UBC Therapeutics Initiative and Therapeutics Letter. *The Cochrane Library* and Cochrane Systematic Reviews were highlighted in the Therapeutics Letter, a brief periodical publication produced by the UBC Therapeutics Initiative and distributed in print to approximately 10,000 healthcare practitioners in BC.

While the first year was difficult for the HRG, its productivity has increased steadily since and it has exceeded its targets set out in 2005:

- The HRG exceeded the publication goal for protocols by 31 per cent: target 32, actual 40.
- The group exceeded the publication goal for new reviews: target 26, actual 27.
- During this funding period the Hypertension Group has more than tripled the number of Cochrane Systematic Reviews on hypertension in *The Cochrane Library*, from 10 in 2005 to 35 in 2010.
- The Hypertension Group's output during the first decade of its existence was 39 protocols and reviews. During the past five years, its output was almost double at 68 protocols and reviews.
- The number of authors has tripled, and the number of countries where these authors are located has doubled.
- Two PhD candidates and two MSc candidates obtained their degrees with a thesis consisting of a systematic review of treatments for hypertension and several additional PhD and

MSc candidates are currently working on similar projects with HRG at the University of British Columbia. The group also recruited medical and pharmacy students at the University of British Columbia who are conducting systematic reviews in hypertension-related areas as part of their student work.

- The HRG has established a collaborative relationship with the Fraser Health Authority and contributed to the offering of courses in systematic reviews as part of the Health Authority's mandate to build capacity among local clinicians. One hundred and twenty local clinicians have completed the course and this collaborative relationship is ongoing.
- The group recruited two new consumer members and developed a web-based patient-oriented information resource on hypertension (Research-on-the-Run, ROTR) consisting of a series of modules, which included plain language summaries of the systematic reviews published to date in each area and identifying the areas where evidence is not available. The first module of this web-based resource was published in 2006. This activity did not continue due to lack of funding.
- One of the Hypertension podcasts was among the top five Cochrane podcasts in 2008-09. The podcasts have been very successful and the HRG is committed to produce accompanying podcasts for all systematic reviews on hypertension published from 2010 onwards.

INFLAMMATORY BOWEL DISEASE AND FUNCTIONAL BOWEL DISORDERS GROUP

A highlight for the Inflammatory Bowel Disease and Functional Bowel Disorders (IBD/FBD) group in their knowledge translation to clinicians was the 2007 Digestive Disease Week (DDW). On 21 May 2007, the IBD/FBD group presented a Cochrane symposium at the DDW in Washington, DC entitled, 'Controversies and consensus: how Cochrane reviews guide therapy in inflammatory bowel disease'. The DDW is the largest annual meeting of gastroenterologists in the world. The Cochrane symposium was one of the most popular and well attended sessions at DDW 2007. Approximately 900 people attended the symposium.

Activities and Accomplishments

- Publications targets for the past five years were exceeded for new protocols (target 32, actual 41) and new reviews (target 34, actual 35) as of 31 August 2010.
- The IBD/FBD assists, without charge, clinicians, review authors and consumers to search the specialized register. The specialized register has grown from only 75 trials in 2001 to 3,892 references to controlled trials in August 2010.
- The IBD/FBD has contributed over 6,000

references to the CENTRAL database since handsearching activities were initiated.

- During the past five years the IBD/FBD Trials Search Co-ordinator (TSC) has submitted 992 records for handsearch results for inclusion in CENTRAL and the IBD/FBD specialized register has grown from 2,840 to 3,892 records.
- There are currently 45 active authors from developing countries who are working on 12 reviews.
- The IBD/FBD disseminates printed materials and appropriate web links to health professionals (relevant reviews) and consumers (plain language summaries).
- DDW (Digestive Disease Week) organizers accepted the IBD/FBD proposal for a Cochrane symposium for DDW 2011. The group is currently planning the symposium, 'Controversies and consensus: how Cochrane Reviews guide therapy in inflammatory bowel disease'.
- Since 2005 IBD/FBD group members made 72 presentations aimed at clinicians and consumer groups at local and international meetings, symposia and conferences.
- An Impact Factor of 5.653 was calculated for the *Cochrane Database of Systematic Reviews* (CDSR) in 2009. The Impact Factor for the IBD/FBD review group in 2009 was calculated at 8.609. The IBD/FBD group had the 4th highest Impact Factor out of 52 Cochrane Review Groups in 2009 and had the highest Impact Factor for review groups based in Canada. The group's Impact Factor compares very favourably with other journals in its area including: *The Canadian Journal of Gastroenterology* (IF 2.0), *Inflammatory Bowel Diseases* (IF 4.6), *The American Journal of Gastroenterology* (IF 6.1) and *Gastroenterology* (IF 12.9).
- Over the past five years the IBD/FBD group regularly assessed the impact of IBD/FBD reviews in the academic community and in the community at large. To this end, the following indicators were assessed:
 - 1) news stories and press releases concerning IBD/FBD reviews published during the reporting period;
 - 2) citations of IBD/FBD reviews in the scientific literature (e.g. ISI Web of Knowledge); and



- 3) an assessment of where IBD/FBD reviews are being used (e.g. clinical guidelines, health organizations, other knowledge packagers).

IBD/FBD reviews have had a large impact in both the academic community and the community at large:

- 1) Wiley-Blackwell issued three press releases concerning IBD/FBD reviews. IBD/FBD group reviews published during the reporting period have generated many news stories in the global media.
 - 2) A survey of ISI Web of Knowledge shows that IBD/FBD group reviews have been cited at least 286 times in the scientific literature.
 - 3) Professional organizations including the American College of Gastroenterology, the European Crohn's and Colitis Organization (ECCO) and the German Association of Gastroenterology have used IBD/FBD reviews to develop treatment guidelines for patients with Crohn's disease and ulcerative colitis.
- At least 15 knowledge packagers (groups or organizations that organize knowledge or evidence in a systematic way: e.g. *The Cochrane Library*) include IBD/FBD reviews in their databases and include links to the reviews (or review abstracts). Some examples of these knowledge packagers include: WHO Regional Office for Europe - Health Evidence Network, Essential Evidence PLUS, EvidenceUpdates, Clinical Evidence, National Electronic Library for Medicines, NHS Evidence, Healthinsite – Quality Health Information for Australians, and UpToDate.
 - The group's long-term goal was to have at least 42 published reviews in *The Cochrane Library*

by 2009. This goal was reached as of Issue 2, 2008. As of Issue 10, 2010, 56 reviews have been published in *The Cochrane Library*.

- From 2005 to 2010, the group increased its numbers of: consumers from three to seven; editors from six to nine; handsearchers from five to seven; referees from 11 to 49; and authors from 117 to 285.

CHILD HEALTH FIELD

In 2006, the Field launched the first, derivative journal of *The Cochrane Library*, *Evidence-Based Child Health: A Cochrane Review Journal* (EBCH). This journal, published by Wiley-Blackwell, is a knowledge translation initiative designed to bring child-relevant Cochrane Reviews to a wider audience.

In 2009, the journal was selected as the official journal of the European Paediatric Association, greatly expanding its readership and presenting the field with exciting new opportunities to train Association members in the fundamentals of evidence-based practice.

The last five years saw continued strong progress for the Child Health Field (CHF). The stable, multi-year funding was invaluable for enabling the field to develop the expertise and relationships that are crucial for sustaining its activities.

Some of the CHF's major accomplishments during this period are outlined below:

Moving towards increased production of its journal, Evidence-Based Child Health.

The current contract with Wiley-Blackwell calls for the field to move to producing six issues a year (an increase from four) as of January 2011. This reflects the value of the journal to its principal stakeholder, the European Paediatric Association, and other readers. In preparation for this increase, staff is already working on the content for our 2011 issues.

Obtaining renewal of CIHR infrastructure funding.

This funding application was a main priority of the CHF staff, Co-ordinators and Advisory Board for several months. The planning for the upcoming five years was a very exciting and invigorating process,

and, with the success of this application, the field is very much looking forward to embarking on this ongoing work.

Application to the Cochrane Opportunities Fund.

Field Co-ordinators, Dr Terry Klassen and Katrina Williams, initiated an application to the Cochrane Opportunities Fund to do work in knowledge translation in the area of respiratory child health. The project will develop evidence-based answers to PICO-form questions submitted by clinicians about treatment, diagnosis and prognosis. The CHF invited the Cochrane Editorial Unit and the Cochrane Airways and Acute Respiratory Infections Groups, along with external partners Wiley-Blackwell and the European Paediatric Association, to join the application.





CANADIAN COCHRANE CENTRE STAFF 2005-2010



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