

# COCHRANE CANADA

## A GROWING BODY OF HEALTH EVIDENCE



ANNUAL REPORT 2011 - 2012

Cochrane Canada is a community of people striving towards the same goal: bringing evidence use into Canada's healthcare system. This past year, not only has the Cochrane community grown in Canada, but our work's influence has grown as well. We have increased our membership by 13 per cent, developed new and existing partnerships, and, most importantly, reached a wider audience than ever before; over 65 Canadian news stories on Cochrane Reviews were generated throughout an eight-month period in 2012. As we collaborate with an increasing number of healthcare professionals, policy-makers, researchers and consumers, the volume of evidence we produce is also expanding. Cochrane Canada is pleased to present you with our 2011 – 2012 annual report, *A Growing Body of Health Evidence*.

**Our Vision** is to have individual and system level health care decision-makers understand the importance of using Cochrane Reviews to inform practice, and that all healthcare decisions in Canada are informed by the best available evidence.

**Our Mission** is to cultivate evidence-based decision-making by promoting the use and accessibility of Cochrane Reviews. The Canadian Cochrane Centre supports and offers high quality training to those interested in using and producing Cochrane Systematic Reviews.

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

**Centres** - Canadian Cochrane Centre

**Review Groups** - Back Review Group, Effective Practice and Organisation of Care Review Group, Hypertension Review Group, Inflammatory Bowel Disease and Functional Bowel Disorders Review Group, Musculoskeletal Review Group, Upper Gastrointestinal and Pancreatic Diseases Review Group

**Fields** - Child Health Field

**Methods Groups** - Applicability and Recommendations Methods Group, Bias Methods Group, Campbell and Cochrane Equity Methods Group, Prognosis Methods Group satellite

**Regional Sites** and our **Advisory Board**

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## GREETINGS FROM OTTAWA,

It is my pleasure to provide the first words for this report as one of the Review and Methods Group beneficiaries of the grant the Canadian Institutes of Health Research has awarded Cochrane Canada. This grant has allowed Canadians to play a major role in contributing to The Cochrane Collaboration maintaining its place as a world leader in the production of high quality systematic reviews of what works in health and health care.

This report celebrates the progress of Cochrane Canada across the country. We have increased the production of Cochrane Reviews with 35 new reviews, seven more than last year, and have trained nearly 200 new Canadian authors. Our dynamic and ever-growing education and training program continued to deliver face-to-face training events and webinars in the last year. Members of Cochrane Canada spend increasing amounts of time establishing and testing innovative and robust knowledge translation strategies for not only providing the evidence, but also facilitating its implementation and adoption. Our active Methods Groups provide advice and methods development to achieve a better understanding of data included in studies and increase the capacity of understanding of our reviews. I invite you to read our full report for the details and success stories behind all these activities.

I would like, however, to take advantage of my privileged position with these first words to highlight two things I'm particularly fond of and make The Cochrane Collaboration, in general, and Cochrane Canada, in particular, so special.

Firstly, when completing Cochrane Reviews, we often synthesize the evidence from dozens of studies, with hundreds or thousands of patients. Despite this magnitude of information, we know it is not enough to simply examine the average. Different populations, especially those in vulnerable situations, may have different results. For these reasons, Cochrane Reviews not only explore the average, but also pay attention to potential differential results between men and women, rich and poor, etc. I hope Canada continues to lead in improving the evidence base for equitable health decisions, not only for Canadians, but for all citizens of the world. Our collaboration with CIHR's Institute of Gender and Health has allowed the Campbell and Cochrane Equity Methods Group to explore which interventions promote health equity, and which, sometimes unintentionally, increase unfair gaps in health. Understanding how these interventions work for vulnerable populations increases our knowledge and also brings more justice in the process.

Secondly, The Cochrane Collaboration is proud to include patients and healthcare consumers as vital stakeholders of the organization. Patient involvement ensures our findings are relevant to the realities of those who live with health conditions, their family members and caretakers. It not only ensures that the organization's priorities are set in the right areas, but also that our reviews can be understood by a wide audience. Over 130 health consumers are involved in Cochrane Canada. We are fortunate to have their enthusiastic input as equal partners. One such example of this is the invitation the Musculoskeletal Review Group was extended to co-organize a "Café Scientifique" with the CIHR Institute of Musculoskeletal Health and Arthritis – a rewarding opportunity to connect with the general public and highlight the value that health research and knowledge synthesis have for the Canadian public.

Sincerely,  
Peter Tugwell  
Co-ordinating Editor  
Musculoskeletal Review Group  
Convenor  
Campbell and Cochrane Equity Methods

## LINKING WITH CIHR

Cochrane Canada works closely with the [Canadian Institutes of Health Research \(CIHR\)](#) to bring the use of research evidence into health care decision-making in Canada.

### Funding

Cochrane Canada groups have received several grants from CIHR to further their work in evidence-based research. The Campbell and Cochrane Equity Methods Group received CIHR funding for a project to increase sex and gender based analyses in systematic reviews, which is currently being piloted with several Cochrane Review Groups. The Bias Methods Group received funding for three ongoing CIHR-funded knowledge synthesis grants, and the Effective Practice and Organisation of Care Review Group received a Knowledge to Action (KTA) grant to develop, pilot and evaluate a training program to encourage use and understanding of [Rx for Change](#). *Rx for Change* is a searchable database containing current research evidence about intervention strategies used to alter professional practice including prescribing and drug use. The intent of this database is to help inform the choice and use of practical, evidence-based interventions. CIHR members are included on the *Rx for Change* project steering group.

The Canadian Institutes of Health Research has awarded the Canadian Cochrane Centre a grant to work in partnership with the Italian Cochrane Centre to use Cochrane Reviews addressing musculoskeletal and gastrointestinal conditions to produce an online series of continuing educational and professional development (CEPD) modules for Canadian family physicians. The modules include a fictional vignette featuring 'Dr Cochrane' and are based on published Cochrane Reviews, with corresponding questions and answers. Family physicians, specialists, and Cochrane Review Groups (Back, Musculoskeletal, Inflammatory Bowel Disease and Functional Bowel Disorders, and Upper Gastrointestinal and Pancreatic Diseases) select the reviews according to quality, relevance, and potential impact. The modules are produced by The Cochrane Collaboration and Wiley-Blackwell, *The Cochrane Library* publishers, with support from the University of Ottawa Continuing Medical Education Office, and will be launched in early 2013. They are high-quality resources for practitioners, especially those in remote and rural settings who may have difficulty accessing traditional CEPD activities. The Canadian Cochrane Centre has positioned itself as a global leader in Cochrane educational activities through its role in the Dr Cochrane development.

### Cochrane Corners

Cochrane Corners provide a key linkage between Cochrane Canada and CIHR. A Cochrane Corner is a space on a partner organization's website dedicated to new Cochrane Reviews relevant to its area of interest. The Corners feature review titles linked to the original review in *The Cochrane Library* and are sometimes accompanied by a short synopsis of the review. Three CIHR Institutes feature Cochrane Corners on their website:

- [CIHR Institute of Gender and Health \(IGH\)](#)  
The Campbell and Cochrane Equity Methods Group added six Cochrane Review summaries to the IGH Cochrane Corner in the past year. Since the Corner was launched in November 2012, it has received an average of 1.5 visits per day and 824 unique visitors as of May 2012.
- [CIHR Institute of Infection and Immunity \(III\)](#)  
The CCC's Knowledge Broker, Eileen Vilis, contributes to this Cochrane Corner regularly by providing reviews relevant to this Institute. The Web Strategy and Services team at CIHR is currently reviewing the III Cochrane Corner to find a more efficient way to present the data with the intent of reaching a larger audience.

- [CIHR Institute of Musculoskeletal Health and Arthritis \(IMHA\)](#)

The Back Review Group (BRG), the Musculoskeletal Review Group (MSG) and the Oral Health Review Group all collaborate to keep the IMHA Cochrane Corner up-to-date. The CCC's Knowledge Broker, Eileen Vilis, also provides reviews for this Cochrane Corner.

### Collaborative Projects

In June 2012 the Canadian Cochrane Centre met with the CIHR Communications and Public Outreach branch to discuss further collaboration to promote the use of Cochrane Reviews in Canada. Lori Tarbett, CCC Communications Specialist, worked with CIHR to produce "[Where's the Evidence? A Top Ten List of Cochrane Reviews](#)," which received nearly 1000 views on CIHR's [website](#) within a one-month period, making it CIHR's most popular web content during May – June 2012.

Individual Cochrane Canada groups are continually making their own efforts to develop and increase collaboration with CIHR:

- The Hypertension (HTN) Review Group held a planning teleconference in December 2011 with the CIHR Institute of Cardiovascular and Respiratory Health to introduce them to the work of the HTN Group and explore possibilities for future collaboration.
- Tamara Rader, Trials Search Co-ordinator for the CMSG, is a member of the IMHA Knowledge Exchange Task Force and IMHA Institute Advisory Board's (IAB) Partnerships and Knowledge Translation (PKT) Committee. She presented an update on the activities of the CMSG at the 30 May 2012 PKT meeting in Kingston, Ontario.

- The CMSG also co-hosted a CIHR Café Scientifique on inflammation with IMHA in Ottawa in March 2012

- The Bias Methods Group co-ordinated the CIHR-funded Knowledge Synthesis Canada Network, continued work as a designated CIHR Evidence on Tap Centre and became a CIHR-designated Drug Safety and Effectiveness Network (DSEN) Collaborating Centre for Network Meta-Analysis.

Cochrane Canada is grateful for CIHR's support which allows us to continue our efforts of making the use of evidence an essential component in Canada's healthcare system. We look forward to further developments in our collaborative ventures.

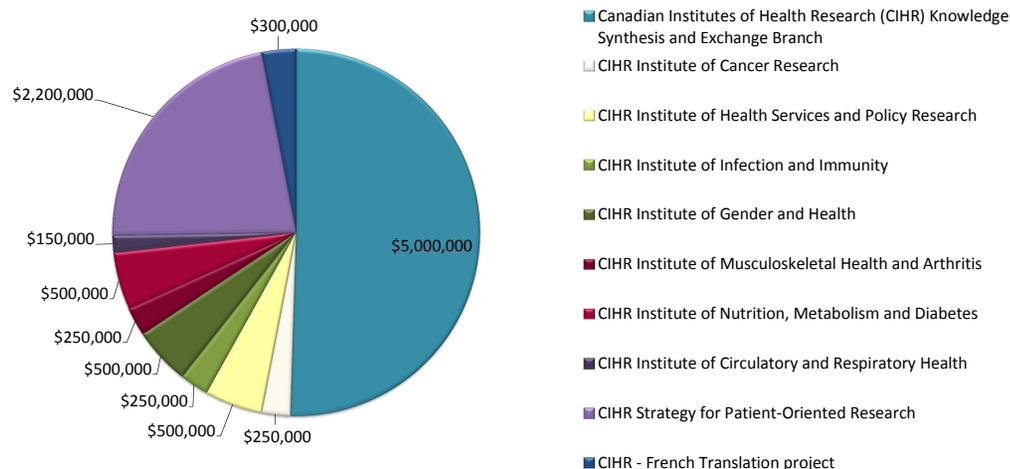
## FUNDING

Approximately 19 per cent of the five-year award granted by the Canadian Institutes of Health Research (CIHR) was used between 1 September 2011 – 31 August 2012.

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

- Canadian Chiropractic Research Foundation
- Canadian Chiropractic Association
- Canadian Chiropractic Protective Association
- Canadian Chiropractic Examining Board
- Ontario Ministry of Health and Long-Term Care
- Ministère de la Santé et des Services sociaux du Québec
- Fonds de la recherche en santé du Québec
- l'Institut national d'excellence en santé et en services sociaux
- CIHR Meetings, Planning and Dissemination Grant
- Canadian Partnership Against Cancer
- Canadian Agency for Drugs and Technologies in Health (*Rx for Change*)

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



“Decision-making for health care is extremely challenging, but would be infinitely more challenging and less satisfying without Cochrane.”

- Alison Hoen, professor and healthcare practitioner

### Growth of Cochrane in Canada

Since receiving CIHR grant funding in 2005, Cochrane Canada's capacity to produce systematic reviews has increased, and the number of Canadians getting involved with Cochrane has steadily grown each year. In total, Cochrane Canada has a membership base of 2823 Canadians as of 31 August 2012. That is a growth of 321 members since August 2011. Cochrane Canada groups that have experienced a growth in membership include:

- Hypertension (HTN) Review Group: 42 new members
- Effective Practice and Organisation of Care (EPOC) Review Group: 26 new members
- Campbell and Cochrane Equity Methods Group: 18 new members
- Inflammatory Bowel Disease and Functional Bowel Disorders (IBD/FBD) Review Group: 15 new members
- Cochrane Back Review Group (CBRG): 13 new members
- Upper Gastrointestinal and Pancreatic Diseases (UGPD) Review Group: 9 new members

Membership growth has led to the production of more Cochrane Reviews. In the past year, Canadian Review Groups have published a total of 35 new Cochrane Systematic Reviews in *The Cochrane Library* – a 20 per cent increase from the previous year.

CHIR grant funding has allowed Cochrane Canada groups to become involved in several new projects. This past year, Dr Lisa Hartling, Child Health Field Director, received three separate CIHR grants, and two of which are funding new Cochrane Reviews. The Campbell and Cochrane Equity Methods Group received CIHR funding for two projects, one of which is to determine the influence evidence found in public health-related systematic reviews has on public health decisions about justice, concern for welfare and respect for persons.

Along with initiating their own projects, Cochrane Canada groups have also been collaborating on projects with other health organizations. The Musculoskeletal Review Group is collaborating with The Arthritis Society on a project titled, “Getting a Grip on Arthritis,” which is aimed at developing an inter-professional online learning program for primary healthcare providers in Canada. The HTN Review Group has partnered with the Therapeutics Initiative at

the University of British Columbia to disseminate results of systematic reviews more widely through inclusion in joint publications, as well as delivering joint educational programs.

Through the increased production of systematic reviews, new connections with relevant health care organizations and a rising membership base, Cochrane Canada is achieving its vision of informing both individual and system level health care decision-makers with the best available evidence.



GRIGORIOS LEONTIADIS, JOINT CO-ORDINATING EDITOR, UGPD, PRESENTING AT A STANDARD AUTHOR TRAINING WORKSHOP, MCMASTER UNIVERSITY, HAMILTON, ONTARIO, JULY 2012.

# PRODUCING THE EVIDENCE: COCHRANE SYSTEMATIC REVIEWS

## COCHRANE REVIEWS

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

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

All existing primary research on the topic is thoroughly

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

Below is a table indicating the amount of reviews Canadian Review Groups have produced over the last year, as well as the number of new review authors recruited across Canada.

TABLE 1

Cochrane in Canada			
Year	# of new Cochrane Reviews	# of new Canadian Review Authors	Total # of Canadian Review Authors
2011 - 2012	35	199	1796
2010 - 2011	28	159	1597

## COCHRANE REVIEW GROUPS

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

**Protocol:** The plan or set of steps to be followed in a study. A Protocol for a systematic review should describe the rationale for the review, the objectives, and the methods that will be used to locate, select, and critically appraise studies, and to collect and analyze data from the included studies.

**Review (as previously stated):** The main product of *The Cochrane Library* and are internationally recognized as the highest standard in evidence-based health care information. A Cochrane Review addresses a clearly formulated question regarding a healthcare intervention and investigates whether or not there is conclusive evidence about the efficacy of that intervention.

**Update:** It is important to periodically update reviews to examine whether or not evidence found within the review has changed or more studies have been completed. The Collaboration endeavors to update each Cochrane Review every two years, and these updates sometimes result in review conclusions being changed.

TABLE 2

Review Group Protocol, Review and Update production: Totals added to <i>The Cochrane Library</i>		
September 2011 – August 2012		
	Target	Actual
<b>Back Review Group (BRG)</b>		
Protocols	5	6
Reviews	5	1
Updates	5	2
<b>Effective Practice and Organisation of Care (EPOC) Review Group</b>		
Protocols	4	9
Reviews	4	9
Updates	5	3
<b>Hypertension (HTN) Review Group</b>		
Protocols	5	8
Reviews	5	9
Updates	5	7
<b>Inflammatory Bowel Disease and Functional Bowel Disorder (IBD/FBD) Review Group</b>		
Protocols	5	6
Reviews	6	3
Updates	5	3
<b>Musculoskeletal Review Group (MSG)</b>		
Protocols	6	8
Reviews	6	10
Updates	6	0
<b>Upper Gastrointestinal and Pancreatic Disorders (UGPD) Review Group</b>		
Protocols	6	16
Reviews	6	3
Updates	6	2
<b>Total: All Groups</b>		
Protocols	31	53
Reviews	32	35
Updates	32	17

Please see the Appendix for a list of open access reviews.

## FIELDS

Fields are Cochrane groups that focus on dimensions of health care other than health problems, such as the setting of care (e.g. primary care), the type of consumer (e.g. older people), the type of provider (e.g. nursing), the type of intervention (e.g. complementary medicine), or a broad area of health care (e.g. child health). Fields

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

TABLE 3

Child Health Field (CHF) publications		
September 2011 – August 2012		
	Target	Actual
Cochrane Overviews of Reviews published in each issue of <i>Evidence-Based Child Health</i>	6	6
Cochrane Reviews supported by CHF	10	10

## RESOURCES TO SUPPORT REVIEW PRODUCTION: IDENTIFYING RESEARCH TRIALS FOR SPECIALISED REGISTERS

### Central

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

TABLE 4

Additions to Specialised Registers of Trials by Canadian Groups	
Cochrane Group	September 2011 – August 2012
BRG	227
EPOC	745
HTN	2000
IBD/FBD	210
MSG	0
UGPD	259
Total new trials identified and added to register = 3441	

## RESOURCES TO SUPPORT REVIEW PRODUCTION: DEVELOPING THE METHODS

### Methods Groups

Methods Groups develop scientific procedures that are used in producing Cochrane Reviews and advise The Cochrane Collaboration on how the conduct of Cochrane Reviews can be improved. In addition to doing methodological research, Methods Groups

provide advice, training, and support to Review Groups, Centres and authors around the world. They help monitor the quality of systematic reviews prepared within the Collaboration and serve as a forum for discussion. There are [16 Methods Groups](#), three of which (as well as a satellite of the Prognosis Methods Group) are located in Canada.

TABLE 5

<b>Applicability and Recommendations Methods Group (ARMG) publications</b>		
<i>*While this Methods Group is a part of Cochrane Canada, it was not included in the 2010 – 2015 funding grant from CIHR.</i>		
September 2011 – August 2012		
	Target	Actual
Cochrane Reviews supported by ARMG	0	1
Publications by principle members of the ARMG	10	20

TABLE 6

<b>Bias Methods Group (BMG) publications</b>		
September 2011 – August 2012		
	Target	Actual
Reviews published in <i>The Cochrane Library</i>	2	3
Original or updated methods reviews	2	4

TABLE 7

<b>Campbell and Cochrane Equity Methods Group publications</b>		
September 2011 – August 2012		
	Target	Actual
Cochrane protocols supported by Equity Methods	2	1
Cochrane Reviews supported by Equity Methods	2	3
Other Equity-related publications	4	5
Cochrane Review titles supported by Equity Methods	2	1

## BUILDING THE CAPACITY OF CANADIANS: EDUCATION AND TRAINING

The CCC organizes an extensive training program across Canada in collaboration with local experts at our Regional Sites. We offer a variety of training opportunities, both face-to-face and online, in which participants can meet new colleagues, gain knowledge and develop new skills. Our training sessions help those interested in writing a Cochrane Review, becoming a peer reviewer or simply learning more about The Cochrane Collaboration: there is truly something for everyone.

All of our stakeholders – from policy-makers to healthcare practitioners, from researchers to consumers – deserve the best, most reliable information when making decisions about health, which is why education plays such a significant role in our work. We are supporting the use of evidence-based decision-making for health and health care in Canada by teaching people how to use and produce Cochrane Reviews.

This fall, we launched our first Training and Events Newsletter to highlight recent training activities and upcoming events. Over 750 stakeholders joined our listserv to receive this newsletter twice each year. We also conducted a national survey to gauge stakeholder learning needs and facilitated 17 workshops and 12 webinars for Canadian and international audiences.

### COCHRANE TRAINING SURVEY

An online national survey was conducted by Erin Ueffing, CCC Education Coordinator, to identify the learning needs and preferences of the Cochrane community in Canada. The survey was open from 18 June – 2 July 2012. Results show that respondents are keen to learn about Cochrane methods for conducting systematic reviews.

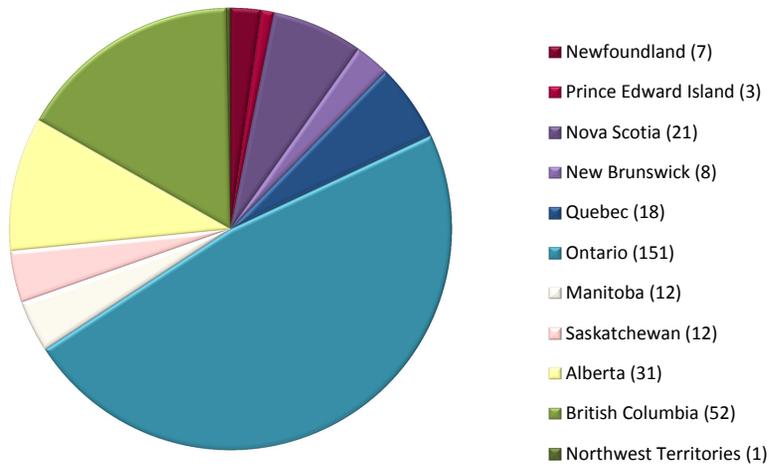
Three hundred and seventeen participants answered at least one of the 30 questions in the survey. Most participants were female, with the majority falling between 30 to 59 years of age. Many were dental hygienists registered with the Canadian Dental Hygienists Association. Most respondents were new to Cochrane, with 85 per cent having not yet published a Cochrane Review. Forty per cent of participants reported attending at least one form of Cochrane training, and more than half indicated an interest in attending training in the future.

TABLE 8

Top Ten Requested Training Topics	
Topic	Percentage of Interested respondents Respondents were able to select more than one topic
Statistics for Meta-Analysis	80%
Summary of Findings	76%
Risk of Bias	76%
Peer Review	74%
Non-Randomized Studies	74%
Qualitative Methods	73%
Using <i>The Cochrane Library</i>	73%
Heterogeneity	72%
Data Extraction	72%
Patient-Important Outcomes	71%

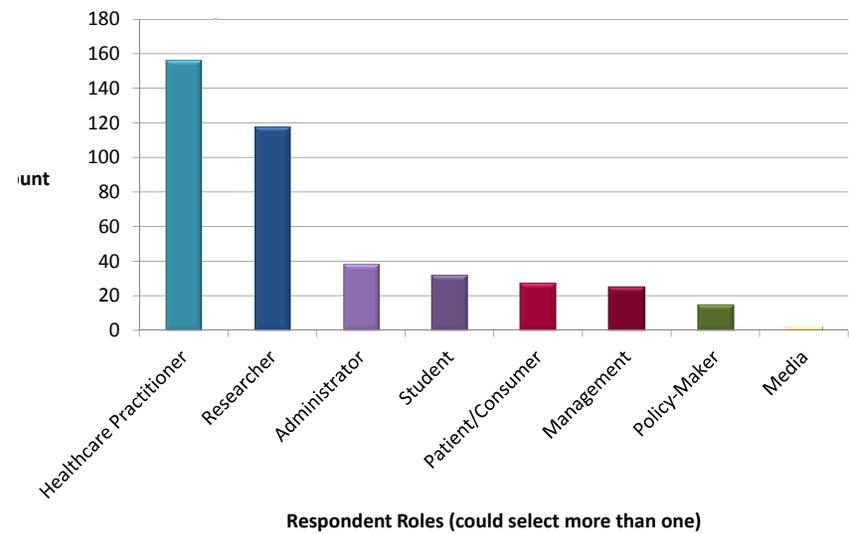
GRAPH 1

**Respondents by Province (n=316)**



GRAPH 2

**Respondent Roles**



## WORKSHOPS

Cochrane Canada trainers offer support across Canada to increase the knowledge and capacity of Canadians to conduct and use Cochrane Reviews. Face-to-face workshops were held throughout the country, from Hamilton to Halifax, Winnipeg to Ottawa. Our Regional sites continue to be very proactive in providing training to local stakeholders. Both the Nova Scotia Cochrane

Resource Centre and the Université Laval site offered workshops this year. Demand for our workshops continues to grow; we are planning workshops for the first time in Newfoundland next year to address an identified need for Cochrane training.

In response to feedback from workshop participants, we are now expanding our Standard Author Training

workshops over three days instead of two. This will give participants the chance for more hands-on work with The Cochrane Collaboration's systematic review software (Review Manager) and time to reflect on the course content.

Below are the workshops that have taken place over the past year.

TABLE 9

Centre-facilitated Author Training Workshops									
September 2011-August 2012									
Type*	Target	Actual	Date	Title	Partnership	Region*	Participants		
A	1	6	14 Oct 2011	Review Manager 5.1	Canadian Agency for Drugs and Technologies in Health	E	11		
			15 Apr 2012	Presenting and Communicating the Evidence in Systematic Reviews	Cochrane Applicability and Recommendations Methods Group	E	17		
			15 Apr 2012	Finding the Evidence for Systematic Reviews	Cochrane Musculoskeletal Review Group	E	11		
			8 May 2012	Meta-bias in systematic reviews: Rethinking fundamental and evolving concepts	Cochrane Bias Methods Group	W	14		
			8 May 2012	Using the GRADE approach to evaluate and present evidence	Cochrane Applicability and Recommendations Methods Group	W	11		
			9 May 2012	Logic Models in Systematic Reviews: Improving Processes, Transparency, and Relevance	Campbell and Cochrane Equity Methods Group, Cochrane Public Health Review Group	W	20		

TABLE 9 CONT.

Centre-facilitated Author Training Workshops								
September 2011-August 2012								
Type*	Target	Actual	Date	Title	Partnership	Region*	Participants	
1	2	6	19 Oct 2011	Introduction to Cochrane Reviews (Face-to-Face & Video link to Dalhousie Medicine New Brunswick)	Nova Scotia Cochrane Resource Centre; Dalhousie University Faculty of Medicine Undergraduate Medical Education Program	A	130	
			4 Jan 2012	Introduction to Writing a Cochrane Review (distance learning)	The Hospital for Sick Children	E	20	
			19 Jan 2012	Introduction to completing a Cochrane Systematic Review	Nova Scotia Cochrane Resource Centre, Dalhousie University School of Information Management	A	8	
			21 Mar 2012	Introduction to completing a Cochrane Systematic Review	Nova Scotia Cochrane Resource Centre, Dalhousie University Integrated Health Research Training Partnership	A	20	
			22 Apr 2012	Introduction to completing a Cochrane Systematic Review & Knowledge Translation Synthesis	Nova Scotia Cochrane Resource Centre, Dalhousie University Integrated Health Research Training Partnership	A	12	
			3 Jul 2012	Introduction to completing a Cochrane Systematic Review	Nova Scotia Cochrane Resource Centre, Dalhousie University Integrated Health Research Training Partnership	A	35	

TABLE 9 CONT.

Centre-facilitated Author Training Workshops								
September 2011-August 2012								
Type*	Target	Actual	Date	Title	Partnership	Region*	Participants	
Sp	1	1	18-22 Jun 2012	Cochrane Update Completion Course	Cochrane Statistical Methods Group, Nova Scotia Cochrane Resource Centre	A	9	
St	3	4	28-29 Feb 2012	Author Training	Cochrane Applicability and Recommendations Methods Group, Cochrane Bias Methods Group, Cochrane Musculoskeletal Review Group	E	15	
			14-15 Mar 2012	Author Training	Université Laval	E	16	
			7-8 May 2012	Author Training	Cochrane Applicability and Recommendations Methods Group, Cochrane Bias Methods Group, Cochrane Inflammatory Bowel Disease and Functional Bowel Disorders Review Group	W	18	
			7-8 Jul 2012	Author Training	Cochrane Applicability and Recommendations Methods Group, Cochrane Effective Practice and Organisation of Care Review Group, Upper Gastrointestinal and Pancreatic Diseases Review Group (lead)	E	24	
Total training participants 2011 - 2012							391	

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

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

## WEBINARS

Cochrane Canada presented The Cochrane Collaboration's first webinar series in 2009. Webinar attendance has grown exponentially since then, and webinars are now the preferred delivery option amongst training participants. The Cochrane Canada Live! program has been adapted by The Cochrane Collaboration and has informed the development of webinar programming internationally. The CCC focusses on a wide range of topics that are relevant to people with beginner to advanced knowledge of The Cochrane Collaboration, Cochrane Reviews and *The Cochrane Library*. This past year, the CCC developed a special webinar series in partnership with leading international methodologists. This was initiated in

response to The Cochrane Collaboration's increasing focus on efficiency and reducing duplication through prioritization of Cochrane Review titles and updates. The webinar series introduced the new Cochrane Agenda and Priority Setting Methods Group, and offered guidance to those setting priorities for health care research topics. The CCC plans to expand our resources for Francophones by offering webinars in French in the coming year.

*Cochrane Canada thanks the Pan American Health Organization/World Health Organization for providing use of the Blackboard Collaborate™ platform to make these webinars possible. Thank you to Dr Luis Gabriel Cuervo for his work in creating YouTube videos of each of our webinars for our [Webinar Archive](#).*

... Interesting topic, great sequencing and well-organized. Great blend of theory and practical/concrete examples to support it and make it come to life. Very interactive, and the contributions of the participants added even more depth to the presentation.

*-Participant of the Fridays in February: 2012 Priority Setting webinar series*



THE COCHRANE COLLABORATION HAS MADE UPDATING COCHRANE REVIEWS A PRIORITY, AS REFLECTED IN THE TARGETED DELIVERABLES OF THE COCHRANE REVIEW GROUPS IN CANADA. THE CANADIAN COCHRANE CENTRE AND THE NOVA SCOTIA COCHRANE RESOURCE CENTRE OFFERED A COCHRANE UPDATE COMPLETION COURSE TO CANADIAN REVIEW AUTHORS TO SUPPORT OUR CANADIAN COLLEAGUES IN MEETING THESE DELIVERABLES. THIS FIVE-DAY COURSE (18 – 22 JUNE 2012) WAS DELIVERED AT DALHOUSIE UNIVERSITY IN NOVA SCOTIA, AND PROVIDED AUTHORS WITH A COMBINATION OF INDEPENDENT WORK TIME, ONE-ON-ONE CONSULTATIONS, AND PRESENTATIONS BY COCHRANE METHODOLOGISTS AND EXPERIENCED REVIEW AUTHORS.

TABLE 10

Centre-facilitated Webinars						
September 2011-August 2012						
Target	Actual	Date	Title	Partnership	Region*	Participants
9	12	15 Sep 2011	Communicating Using Graphs	Pan American Health Organization (PAHO)/World Health Organization (WHO)	Canada+	12
		9 Nov 2011	Mapping It Out with Logic Models	Campbell and Cochrane Equity Methods Group, Cochrane Public Health Review Group, PAHO/WHO	Canada+	25
		7 Dec 2011	A primer to Cochrane Diagnostic Test Accuracy Reviews	PAHO/WHO, Cochrane Screening and Diagnostic Tests Methods Group	Canada+	13
		9 Jan 2012	Train the Trainer for webinars: Speakers	PAHO/WHO	Canada	6
		12 Jan 2012	Train the Trainer for webinars: Moderators	PAHO/WHO	Canada	8
		3 Feb 2012	Priority Setting: Meet the Methods Group: An introduction to the Cochrane Priority and Agenda Setting Methods Group	PAHO/WHO, Cochrane Agenda and Priority Setting Methods Group	Canada+	20
		10 Feb 2012	Priority Setting: An Equity Lens for Priority-Setting Approaches in Systematic Reviews	PAHO/WHO, Cochrane Agenda and Priority Setting Methods Group, Campbell and Cochrane Equity Methods Group	Canada+	21
		17 Feb 2012	Priority Setting: Prioritization for Updating Cochrane Reviews	PAHO/WHO, Cochrane Agenda and Priority Setting Methods Group, French Cochrane Centre, Cochrane Editorial Unit	Canada+	18
		24 Feb 2012	Priority Setting: Priority Setting for Cochrane Review Groups: Tips, Tricks, and Case Studies	PAHO/WHO, Cochrane Agenda and Priority Setting Methods Group, Cochrane Airways Review Group, Cochrane Eyes and Vision Review Group, Cochrane Gynecological Cancer Review Group	Canada+	21

TABLE 10 CONT.

Centre-facilitated Webinars						
September 2011-August 2012						
Target	Actual	Date	Title	Partnership	Region*	Participants
9	12	12 Mar 2012	Evidence and Interventions: Equity 101	University of the West Indies, US Cochrane Center, WHO Collaborating Center for Knowledge Translation and Health Technology Assessment in Health Equity, Campbell and Cochrane Equity Methods Group	LMIC (Jamaica)	55
		27 Mar 2012	Incorporating Equity in Health Technology Assessment & Evidence-Based Decision-Making	PAHO/ WHO, Canadian Society for International Health, Campbell and Cochrane Equity Methods Group	Canada+	20*
		17 Jul 2012	Searching Methods for Cochrane Reviews		LMIC (Namibia)	20*
Total training participants 2011 - 2012						*239

\*Estimates, as formal registrations were not required and groups of participants used single log-ins/workstations together

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

## CAPACITY BUILDING TO USE REVIEWS: AN UPDATE FROM COCHRANE CANADA GROUPS

### BACK REVIEW GROUP (BRG)

#### Capacity Building to produce Reviews

Back Review Group (BRG) Co-ordinating Editors, Maurits van Tulder and Claire Bombardier, led Systematic Review Workshops at the Institute for Work and Health in November 2011 and April 2012. The workshops were designed to teach participants how to plan, conduct and communicate systematic review results, and they highlighted the work of The Cochrane Collaboration. Teresa Marin, BRG Managing Editor, assisted participants as they worked through an exercise in Review Manager (software developed for The Cochrane Collaboration to assist authors in preparing Cochrane Reviews). Sixteen participants attended the November workshop and 12 participants attended the April workshop.

The BRG is now partnering with the Methodological Development in Systematic Reviews Group at the Institute for Work and Health (IWH). The Groups are currently collaborating to update two BRG reviews on multidisciplinary interventions for back and neck pain. Additionally, Andrea Furlan, a member of the BRG Editorial Board, is now the liaison between the BRG and the International Association for the Study of Pain Special Interest Group on Systematic Reviews.



THE CBRG STAFF CELEBRATING THE HOLIDAYS. FROM LEFT TO RIGHT: RACHEL COUBAN, TRIALS SEARCH CO-ORDINATOR; QUENBY MAHOOD, LIBRARY SERVICES MANAGER AT IWH; ALLISON KELLY, ADMINISTRATIVE EDITORIAL ASSISTANT; TERESA MARIN, MANAGING EDITOR AND ANDREA FURLAN, EDITOR.

Over the course of the past 12 months, the BRG has started working with 64 new authors, including 13 Canadians. Expanding the size of the BRG author network is important as this allows the Group the capacity to produce more reviews, while contributing to the diversity of the Group. Having a diverse group

of authors and consumers is essential to producing reviews that have international relevance.

## Knowledge Translation: helping people use Reviews

Over the past 12 months the BRG has distributed eight electronic newsletters to its members, which highlighted Cochrane and BRG-specific news, as well as interviews with review authors. Subscription has grown by 109 people over the past year, which is nearly double the previous year. The BRG team also used the Collaboration's Entity Website Builder to redesign the BRG [website](#), which went live in December 2011. Over the past year, the BRG website has had approximately 4000 unique visits and 16,000 page views.

The BRG has also taken on a social media initiative with the goal of widening its reach beyond authors and members. In June of 2012, the BRG activated a [Twitter](#) account and has since sent out more than 200 tweets. The Group's Twitter content highlights BRG reviews and activities, as well as other relevant research findings in the field of back and neck pain. The BRG now has more than 200 Twitter followers, and posted links receive an average of 219 clicks per month. The Group's Twitter feed is located on both its website and [Facebook](#) page in hopes of attracting an increasing number of viewers to these sites.

Finally, members of the BRG editorial staff presented at academic conferences throughout the year. Teresa Marin, Managing Editor, co-led a consumer workshop with Tamara Rader, the Cochrane Musculoskeletal Review Group Trials Search Co-ordinator, at the

Cochrane Canada Symposium in Winnipeg, Manitoba, 9 -10 May 2012. Moreover, Rachel Couban, Trials Search Coordinator, presented posters at two meetings: the Canadian Health Library Association Conference, Hamilton, Ontario, 11 - 15 June 2012, and the Cochrane Canada Symposium in Winnipeg.

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

## COCHRANE EFFECTIVE PRACTICE AND ORGANISATION OF CARE REVIEW GROUP

### Capacity Building to produce Reviews

Effective Practice and Organisation of Care Review Group (EPOC) reviews evaluate interventions designed to improve the delivery, practice, and organization of healthcare services. As a result, the methods used to conduct EPOC reviews tend to be more complex, dealing with issues such as searching for and analyzing studies of different designs and with a variety of outcomes. Subsequently, there is a need to present EPOC methods in workshops at national Cochrane meetings in order to educate Canadians.

Below are the capacity building activities EPOC has conducted throughout the past year:

- Delivered three presentations at the 2012 Cochrane Canada Symposium covering review methods:
  - [Assessing Risk of Bias in Non-Randomized Study Designs for Inclusion in Systematic Reviews](#)
  - Non-randomized studies: Considerations for including in systematic reviews of interventions
  - [Managing Search Strategies & Results: Complying with MECIR and PRISMA.](#)
- Started the process of registering its fourth satellite, based in Paris, France, which will have a focus on patient safety. *International satellites provide resources for additional EPOC activities but continue to have a close working relationship with the EPOC Group's base in Ottawa, Canada.*
- Discussed and approved new [MECIR](#) (Methodological Expectations of Cochrane Intervention Reviews) standards and other EPOC processes at a meeting with two EPOC Co-ordinating Editors, two EPOC editors and three staff.
- Participated, as a trainer, in Cochrane Standard Author Training workshop in Hamilton, Ontario, June 2012.

## Knowledge Translation: helping people use Reviews

Below are the knowledge translation activities EPOC has conducted throughout the past year:

- Met with representative from Canadian Health Services Research Foundation (CHSRF) in August 2012 to discuss use of EPOC reviews to support CHSRF products, including “Myth Busters,” in newsletter
- Held initial meeting with Jon F Kerner, Chair, Primary Prevention with the Canadian Partnership Against Cancer (CPAC) to discuss possible collaboration
- Added Cochrane Reviews to the *Rx for Change* database
  - There are 186 Cochrane Reviews listed in the database; 97 are moderate or high quality (39 of these are EPOC reviews), the data is fully extracted and the results contribute to the intervention summaries
- Updated EPOC’s [website](#) to reflect its ongoing methods development. During this reporting period, the website received 15,432 visits, with 9629 being unique visitors. There were also 42,725 pageviews.
- Published [newsletter](#) in December 2011, which was circulated to 1563 members, including 239 Canadians
- Published two EPOC reviews in other journals:
  - Smith SM, Soubhi HS, Fortin M, Hudon C, O’Dowd T. Managing patients with multimorbidity: systematic review of interventions in primary care and community settings. *BMJ*.

2012-09-03 12:34:34; 345.

- [Ellis G, Whitehead MA, Robinson D, O’Neill D, Langhorne P](#). Comprehensive geriatric assessment for older adults admitted to hospital: meta-analysis of randomised controlled trials. *BMJ*2011;343:d6553
- The Cochrane Editorial Unit chose three EPOC reviews to feature as podcasts:
  - [Interventions to improve outcomes in patients with multimorbidity in primary care and community settings](#)
  - [Interventions to improve the appropriate use of polypharmacy for older people](#)
  - [Comprehensive geriatric assessment for older adults admitted to hospital](#)

## HYPERTENSION (HTN) REVIEW GROUP

### Capacity Building to produce Reviews

Overall, the number of Hypertension (HTN) Review Group contributors (mostly authors, but also referees who provide feedback to reviewers on the content and design of their protocols and reviews through checklists to guide and assist them) has greatly increased this year (a 30 per cent increase from 300 to 400). Almost half of the new contributors are from Canada.

The HTN Group has completed a prioritization exercise aimed at identifying the hypertension reviews that should be given updating priority. Subsequently, the Group recruited new authors to undertake these updates if the original authors were unable to conduct the update. This was very successful, resulting in a

number of new Canadian authors becoming Cochrane contributors and an increased number of updated reviews.

The HTN Group has advertised in the Faculty of Medicine at the University of British Columbia, and more than a dozen medical students were recruited as possible contributors this year. They were offered training and support, and this has resulted in 10 of them completing and publishing a Cochrane protocol during the summer of 2012.

## Knowledge Translation: helping people use Reviews

The HTN Group facilitated the production of three Cochrane podcasts this year, which were published on The Cochrane Collaboration’s [website](#):

- [Effect of cocoa on blood pressure](#)
- [Garlic for the prevention of cardiovascular morbidity and mortality in hypertensive patients](#)
- [Pharmacotherapy for mild hypertension](#)

The HTN Group has summarized five Cochrane Reviews, which have been published in the [Therapeutics Letter, issue #82](#), by the Therapeutics Initiative at the University of British Columbia. This was distributed to over 10,000 physicians, pharmacists and nurses throughout British Columbia.

## INFLAMMATORY BOWEL DISEASE/ FUNCTIONAL BOWEL DISORDERS REVIEW GROUP

### Capacity Building to produce Reviews

The Inflammatory Bowel Disease/Functional Bowel Disorders (IBD/FBD) Review Group recruited 53 new authors who contributed to the publication of three new protocols and two updated reviews throughout 1 September 2011 - 31 August 2012. The IBD/FBD Group recruited 15 new Canadian authors who contributed to the publication of one new protocol and one updated review. Group members delivered eight Cochrane presentations aimed at clinicians and consumer groups at local and international meetings, symposia and conferences (see Knowledge Translation below for further details).

The Managing Editor (ME) assisted the Canadian Cochrane Centre with the CIHR funded project, "Increasing dietitians' roles in knowledge synthesis and use." This project is meant to build capacity for evidence-based practice and critical appraisal of research in dietetic and nutrition areas. The ME participated in a project meeting in Ottawa on 19 November 2011. The purpose of this meeting was to provide input on three modules to be used for training dietitians on how to peer review Cochrane Reviews and discuss strategies for dissemination, use and evaluation of the modules in the dietitian and nutrition research communities in Canada (you can read more about this initiative under '[Putting Evidence into](#)

[Practice: The Application of Knowledge'](#) section of this report). The ME also participated as a trainer for the Cochrane Introductory Author Training Workshop held in Winnipeg at the University of Manitoba on 8 May 2012. During this reporting period the IBD/FBD Group routinely engaged in the following capacity building activities to help facilitate the completion of reviews: providing software support for four different author teams; providing assistance with developing search strategies for 34 reviews; and performing full literature searches for 40 different reviews (both new reviews and updates).

### Knowledge Translation: helping people use Reviews

The IBD/FBD Group presented eight times and published 10 Cochrane related publications in peer reviewed journals throughout 2011 - 2012. The largest of the presentations was the Cochrane Symposium at DDW (Digestive Disease Week) 2012: Prevention and management of IBD related complications – What can Cochrane reviews tell us? 20 May 2012, San Diego, US. The symposium consisted of the following presentations: (1) Collins P. "Strategies for detecting dysplasia and CRC in patients with IBD"; (2) Nelson R. "Treatment of *C. difficile* in patients with IBD"; (3) Moss AC. "Prevention of post-operative recurrence in Crohn's disease"; (4) Chande N. "Prevention of thromboembolic disease in patients with inflammatory bowel disease".

Highlights of the IBD/FBD Group's publications include: (1) Chande N, MacDonald JK, Wang JJ, et al.

Unfractionated or low molecular weight heparin for induction of remission in ulcerative colitis. *Inflamm Bowel Dis* 2011;17(9):1979-86.

- (2) Kaminski A, Kamper A, Thaler K, et al. Antidepressants for the treatment of abdominal pain-related functional gastrointestinal disorders in children and adolescents. *Evidence-Based Child Health* 2012; 7(3):1015-38.
- (3) Manheimer E, Wieland LS, Cheng K, et al. Acupuncture for irritable bowel syndrome: systematic review and meta-analysis. *Am J Gastroenterol* 2012 Jun;107(6):835-47.
- (4) Roth L, MacDonald JK, McDonald JW, et al. Sargramostim (GM-CSF) for induction of remission in Crohn's disease. *Inflamm Bowel Dis* 2012;18(7):1333-9.
- (5) Feagan BG, Macdonald JK. Once daily oral mesalamine compared to conventional dosing for induction and maintenance of remission in ulcerative colitis: A systematic review and meta-analysis. *Inflamm Bowel Dis Epub* 2012 May 29.

## MUSCULOSKELETAL REVIEW GROUP

### Capacity Building to produce Reviews

In collaboration with the Canadian Cochrane Centre, the Musculoskeletal Review Group (MSG) participated in an author training workshop in Ottawa from 28 - 29 February 2012. Two new MSG authors participated.

The MSG also provided support for two of its authors to attend the Cochrane Canada Update Completion

Course, hosted by the Nova Scotia Cochrane Resource Centre from 18 - 22 June 2012.

The CMSG presented at a workshop at the 2012 CADTH Symposium on question development and literature search and retrieval for systematic reviews, entitled, "Evidence Matters: Asking the Questions and Finding the Evidence for Systematic Reviews."

### Knowledge Translation: helping people use Reviews

Musculoskeletal Review Group reviews were used in the special collection on "[Exercise for musculoskeletal conditions](#)," published in *The Cochrane Library* in February 2012.

One of the MSG editors, Professor Tracey Howe, participated in launching the Musculoskeletal ELF, which is a new free service in Scotland, specifically designed to provide the public with key advice and information to help manage musculoskeletal problem themselves. MSG reviews have been used to provide weekly updates with short and concise summaries that highlight evidence-based publications that are relevant to musculoskeletal practice in the UK and further afield. More information can be found at [themusculoskeletalelf.net](http://themusculoskeletalelf.net).

Tamara Rader, Trials Search Coordinator for the MSG, is a member of the [Plain Language Expectations for Authors of Cochrane Summaries Working Group](#)

within The Cochrane Collaboration, aiming to develop and evaluate a plain language summary template to help make the results of Cochrane Reviews more understandable to the general public. Preliminary feedback from consumers has been obtained and used to revise the current format, and the MSG includes this template in their style guide for authors. The MSG team



ELIZABETH TANJONG GHOGOMU, MANAGING EDITOR, CMSG, PRESENTING A POSTER AT THE COCHRANE COLLOQUIUM 2011 IN MADRID, SPAIN.

held a workshop at the 2011 Cochrane Colloquium in Madrid, Spain on writing plain language summaries.

The MSG continues to develop and test patient decision aids that present the benefits and harms of treatments using Cochrane Review evidence. Decision aids describe available options and help people understand these options as well as the possible benefits and harms. This allows patients to consider the options from a personal view (e.g. how important the possible benefits and harms are to them) and prepares them to participate with their health practitioner in making a decision. The MSG is partnering with researchers in Ottawa, Saskatchewan and the US to develop clear, simple ways of conveying evidence to patients about their health decisions.

Sheila Kerr, Colleen Maloney, and Nadia Prestley (arthritis patients involved with the MSG) received stipends from the Canadian Cochrane Centre to attend the Cochrane Canada Symposium 2012 in Winnipeg. They went on to publish a comprehensive report of the event and several key sessions for the Arthritis Research Centre of Canada newsletter, which reaches consumers and researchers across Canada. The full report can be read [here](#).

“The symposium had something for everyone and at every level of research involvement, from beginner to expert.”

– *Consumer Report on the Cochrane Canada 2012 Annual Symposium, Fall 2012, Newsletter, Arthritis Research Centre of Canada*

## UPPER GASTROINTESTINAL AND PANCREATIC DISEASES REVIEW GROUP

### Capacity Building to do Reviews

The Upper Gastrointestinal and Pancreatic Diseases (UGPD) Review Group has put effort into author training activities throughout 2011 - 2012. A two-day Cochrane Standard Author Training workshop was run out of the Group's base at McMaster University for 25 international participants. The Joint Co-ordinating Editor of UGPD gave lectures in Greece on how to use *The Cochrane Library* and how to become involved with The Cochrane Collaboration. A Cochrane symposia was run at a major international gastroenterology conference: United European Gastroenterology Federation in Stockholm.

The UGPD Group provides daily support to authors and responds to an average of five requests per day for direct software, statistical and methodology support. The number of UGPD authors has grown from 537 to 637 (including nine new Canadian authors, and 38 from developing countries) over the past year. The Group completes an average of four literature searches per month for new or updated reviews.

### Knowledge Translation: helping people use Reviews

The UGPD Group has made progress in using social media over the past year with a presence on [Twitter](#), and the Group migrated its [website](#) to The Cochrane Collaboration's Entity Website Builder system, which

provides a more unified appearance across Cochrane Groups. The UGPD Group also published its annual [newsletter](#) in the spring of 2012.

One of the UGPD Group's reviews falls within the recent call by the World Health Organization (WHO) for input into the [Model List of Essential Medicines](#) (for Antiulcer medicine), and the UGPD Group will begin to update the review with the input of the relevant WHO group.



GRIGORIOS LEONTIADIS, JOINT CO-ORDINATING EDITOR, UGPD REVIEW GROUP, PRESENTING ON REVIEW MANAGER 5.



COCHRANE STANDARD AUTHOR TRAINING WORKSHOP, MCMASTER UNIVERSITY, JULY 2012. SECOND FROM THE LEFT: KARIN DEARNESS, MANAGING EDITOR, UGPD REVIEW GROUP; NINTH FROM THE LEFT: FRANCES TSE, EDITOR, UGPD REVIEW GROUP.

## APPLICABILITY AND RECOMMENDATIONS METHODS GROUP

\*While this Methods Group is a part of Cochrane Canada, it was not included in the 2010 – 2015 funding grant from CIHR.

### Capacity Building to produce Reviews

The Applicability and Recommendations Methods Group (ARMG) has made several presentation on the work of the Group throughout this reporting period. The ARMG has also conducted workshops to train authors and Cochrane Review Groups to GRADE the evidence in Cochrane Reviews and create Summary of Findings (SoF) Tables which provide key information concerning the quality of evidence, the magnitude of effect of the interventions examined, and the sum of available data on all important outcomes:

- GRADE and SRs (systematic reviews): Estonia, August 2012
- GRADE and SoF training workshop for the Back Review Group: Hamilton, August 2012
- GRADE and SoF training of Cochrane Editorial Unit: Madrid, October 2011
- GRADE and SoF training workshop: Lima, Peru, May 2012
- GRADE and SoF training workshop: Paris, April 2012
- Interpreting results of Cochrane Reviews, Cochrane Author Training: Hamilton, July 2012; Winnipeg, May 2012; Ottawa, May 2012; Ottawa, February 2012; Madrid, October 2011; Halifax, June 2011 (delivered online)
- The Grading of Recommendations Assessment,

Development and Evaluation Reliability Study (the GRADERS): Hamilton, March 2012; Winnipeg, May 2012

- Communicating evidence to consumers and patients: an update on plain language summaries: Winnipeg, May 2012
- More than just numbers: understanding statistics in systematic reviews: Winnipeg, May 2012

The ARMG provides individual support for approximately five Cochrane authors and Review Groups per month to produce SoF Tables. Authors and Groups are based around the world.

### Knowledge Translation: helping people use Reviews

Members of the ARMG are currently working on a project to improve the use of Cochrane Reviews by exploring different presentation formats of SoF Tables within Cochrane Reviews. The project, entitled “Enhancing the acceptance and implementation of Summary of Findings Tables in Cochrane Reviews,” has four main objectives:

- Develop guidance on which columns in the current format of SoF Tables are essential for decision-makers.
- Develop guidance on the standardization of comments and footnotes for SoF Tables.
- Develop guidance on what information to include in SoF Tables in diagnostic test accuracy reviews.
- Produce updated training material and tools based on the findings related to this work.

The ARMG is also revising the GRADEpro software, which assists Cochrane Authors to produce SoF Tables, and a new version will be released by December 2012.

## BIAS METHODS GROUP

### Capacity Building to do Reviews

Building capacity continues to be a strength of the Bias Methods Group (BMG). There is a huge demand for bias training, both within and external to The Cochrane Collaboration. Given the experience and accessibility of the BMG executive and its membership, the Group is well placed to provide a variety of training programs and guidance to meet the demand of Canadian systematic review authors. The BMG anticipated providing two training sessions this fiscal year, a target which has been surpassed. The Group has facilitated six introductory training sessions since September 2011 in collaboration with the Canadian Cochrane Centre. All sessions were conducted in Canada to educate new review authors and equip them with the best methodological knowledge to aid completion of high quality research. The BMG also facilitated a core workshop for the Cochrane Colloquium and hosted the Group's AGM in Madrid, October 2011 - three BMG members presented and shared their research with the community. Most notably, the BMG was asked to host the 2012 Annual Methods Training Event for the Collaboration. This was an international two-day advanced training session for Cochrane Review Group Managing Editors and Co-Editors. The meeting was held in Loughborough, UK, facilitated by the BMG



BMG EXECUTIVE ENGAGING WITH CO-ORDINATING EDITORS AND MANAGING EDITORS AT THE ADVANCE RISK OF BIAS TRAINING, ANNUAL METHODS TRAINING EVENT, LOUGHBOROUGH, UK IN MARCH 2012.

PHOTO (LEFT TO RIGHT): DR ISABELLE BOUTRON, CO-CONVENOR, BMG; PROFESSOR DOUGLAS G. ALTMAN, CO-CONVENOR, BMG; PROFESSOR JULIAN HIGGINS, HEAD OF THE COCHRANE METHODS EXECUTIVE AND BMG MEMBER; PROFESSOR JONATHAN STERNE, CO-CONVENOR, BMG.



TWENTY-SEVEN PARTICIPANTS DISCUSSING ISSUES OF BIAS AND BEST PRACTICES FOR ADDRESSING AND INCORPORATING BIAS ASSESSMENTS IN COCHRANE REVIEWS, ANNUAL METHODS TRAINING EVENT, LOUGHBOROUGH, UK, MARCH 2012.

executive. Twenty-seven highly skilled Cochrane editors attended the training and have subsequently formed a network of individuals who provide peer support for Cochrane Review Group authors.

### Knowledge Translation: helping people use Reviews

The BMG has a well established network of review experts, statisticians, methodologists, clinicians, policy-makers and reviewers invested in producing and disseminating methodological research directly and indirectly pertaining to bias and the conduct of systematic reviews. The BMG membership has steadily grown over recent years and now has 187 active members to whom the Group sends regular emails. These bi-monthly emails range in content from research publications of potential interest to news of upcoming events or requests for presentations and discussion.

The BMG is responsible for the guidance in two core chapters of the *Cochrane Handbook for Systematic Reviews of Interventions*. The BMG is involved on an ongoing basis in the methodological development and updating of this work, which is open access. The BMG has also been involved in the development of Methodological Expectations for Cochrane Interventions Reviews (MECIR), which is an extensive guide disseminated Collaboration-wide this year. Similarly, the BMG worked collaboratively with the Training Working Group to develop standardized training materials, which have been disseminated to trainers to enable standardized, accurate and optimal training, globally.



OPEN EQUITY MEETING, COCHRANE COLLOQUIUM 2011, MADRID, SPAIN.

## CAMPBELL AND COCHRANE EQUITY METHODS GROUP

### Capacity Building to produce Reviews

In October 2011 at the Cochrane Colloquium, the Campbell and Cochrane Equity Methods Group held three workshops to introduce the Cochrane community to its ongoing projects, including extrapolating results of systematic reviews, equity 101 (an introduction to the Equity Methods Group and equity methods), and complex interventions. In February 2012, members of the Equity Methods Group held a workshop, “An Equity Lens for Priority-Setting Approaches in Systematic Reviews,” that instructed participants on how to ensure priority-setting exercises address the needs and concerns of disadvantaged populations. At the Cochrane Canada Symposium in May 2012, the Equity Methods Group held a workshop on Equity Evidence Aid, a knowledge translation project that produces friendly front end summaries of Cochrane and Campbell systematic reviews of interventions of importance for policy-makers in low- and middle-income countries.

The Equity Methods Group made new partnerships with representatives at the Micronutrient Initiative, an Ottawa-based organization with the aim of eliminating vitamin and mineral deficiencies in the world’s most vulnerable populations. The Equity team is working closely with the Bruyère Research Institute on many projects, including the development of decision aids for end-of-life care based on Cochrane Systematic Reviews.



DEVELOPING AN EQUITY-EXTENSION FOR PRISMA: BELLAGIO, ITALY, 8 - 10 FEBRUARY 2012.

The Equity Methods Group has developed a partnership with the Ontario Ministry of Health and Long-Term Care; specifically their Health Equity Impact Assessment project. The Equity team is exploring ways for further collaboration that may include submitting a grant application for a joint project that expands the Equity Evidence Aid project to interventions that may be of importance for policy-makers in Canada and other high-income countries.

### Knowledge Translation: helping people use Reviews

In December 2011 and January 2012, the Equity Methods Group conducted a survey on proposed items for an equity extension of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) reporting guidelines. In February, the Equity Methods Group held a face-to-face consensus meeting at the Rockefeller Foundation Bellagio Center in Bellagio, Italy on the reporting guidelines. The Equity Methods

Group invited stakeholders, including systematic review funders, knowledge users, and journal editors. Following this meeting, the equity extension of PRISMA ([PRISMA-E 2012](#)) was finalized and submitted for publication. Equity-focused reviews are promoted and published by groups such as the Cochrane Public Health Review Group, the Cochrane Effective Practice and Organisation of Care Review Group, the Cochrane HIV/AIDS Review Group and the Campbell International Development Coordinating Group. These reviews may have specific methods, participants or settings that need to be reported transparently and completely and are not included in the existing reporting guidelines for systematic reviews. The Equity Methods Group expects that PRISMA-E 2012 will have a positive impact on the quality of reporting of equity-oriented systematic reviews.

The Equity Methods Group has had inquiries from both Cochrane and non-Cochrane systematic review authors interested in using equity methods for their reviews. In the past year, the Equity Methods Group has added 40 new members to its mailing list and has

delivered presentations on the Group and various projects at conferences, such as the Cochrane Canada Symposium 2012 and the International Health Impact Assessment Conference, as well as Ottawa Hospital Research Institute Rounds and for PhD students in the Population and Public Health program at the University of Ottawa.

## CHILD HEALTH FIELD

### Capacity Building to produce Reviews

Child Health Field (CHF) Director, Lisa Hartling, led the planning for and taught the workshop, “Putting Evidence into Practice,” at the Alberta Research Centre for Health Evidence in June, 2012. This three-day workshop had streams in critical appraisal, systematic reviews, GRADE, rapid reviews and knowledge translation.

The CHF also sponsored a workshop, “An Introduction to The Cochrane Collaboration’s Methods for Conducting Systematic Reviews and Meta-Analyses,” at the 2012 Pediatric Academic Societies meeting.

Field Advisory Board members, Drs Virginia Moyer and Tonse Raju, and Field Editorial Board member, Dr Roger Soll, were three of the four teachers of this workshop.

### Knowledge Translation: helping people use Reviews

The CHF’s principal knowledge translation strategy continues to be its bimonthly journal, *Evidence-Based Child Health: A Cochrane Review Journal*, published by Wiley-Blackwell. In each issue of the journal, the CHF publishes an overview of reviews, which synthesizes evidence from two or more Cochrane Reviews on interventions for a particular condition.

The CHF also coordinates an occasional column, “Evidence for Clinicians,” for *Paediatrics and Child Health*, the official journal of the Canadian Paediatric Society. The CHF’s column: “In children with chronic suppurative otitis media, should one prescribe topical or systemic antibiotics?” was published in the August 2012 issue.

“If the Canadian health system wants its consumers to be informed, they must have access to the best information; and that includes *The Cochrane Library*.”

*Alan Cassels, pharmaceutical policy and Canadian medical reporting researcher*

## NOVA SCOTIA COCHRANE RESOURCE CENTRE

The Nova Scotia Cochrane Resource Centre (NSCRC) is a regional site of the Canadian Cochrane Centre based at Dalhousie University in Halifax, Nova Scotia. The NSCRC aims to build local capacity to support systematic review research, and one of their main activities include developing the Cochrane Prognosis Methodology Resource Group – a group of Cochrane researchers interested specifically in prognosis. Below is an update on a project the Cochrane Prognosis Methodology Resource Group has been working on throughout this reporting period.

### The Prognosis Review Database

The Cochrane Prognosis Methodology Resource Group is a subgroup of the Prognosis Methods Group. The Group's responsibilities include:

- developing a database of relevant methodological studies, protocols, and systematic reviews of prognosis
- helping coordinate the conduct of methodological research in the area of prognosis reviews
- supporting training strategies

The Prognosis Review Database is a repository for methodological literature relevant to prognosis systematic review research, including published systematic reviews of prognostic studies. As of June 2012, 4015 citations and 655 likely prognosis systematic reviews have been identified.

To begin populating the database, the top six general medical journals (*BMJ (British Medical Journal)*, *CMAJ (Canadian Medical Association Journal)*, *NEJM (The New England Journal of Medicine)*, *Lancet*, *Annals of Internal Medicine*, and *JAMA (Journal of the American Medical Association)*) were searched along with the top journals within the following topic areas: oncology, cardiology, pediatric, obstetrics, anaesthesiology, psychology, rehabilitation, primary health care, and diabetes.

The selection of citations aims to be inclusive in order for the database to be used as a resource for future prognosis and methodological research. Review citations are included in the database if the focus of the paper is prognosis and the research design is a systematic review (the search strategy uses a transparent approach).



FROM LEFT TO RIGHT: LARA KILLIAN, RESEARCH CO-ORDINATOR, NSCRC; ROBIN PARKER, CLINICAL RESEARCH LIBRARIAN, NSCRC; DR JILL HAYDEN (CENTRE LEAD), PRINCIPAL INVESTIGATOR, NSCRC; AND JESSICA BABINEAU, EVIDENCE SYNTHESIS RESEARCH ASSOCIATE, NSCRC.

# PUTTING EVIDENCE INTO PRACTICE: THE APPLICATION OF KNOWLEDGE

## KNOWLEDGE TRANSLATION

The Canadian Cochrane Centre (CCC) recognizes that researchers and healthcare practitioners must collaborate in order to bridge the gap between research and practice. This is the purpose of Knowledge Translation (KT), which is about applying the best available evidence when making healthcare decisions.

Knowledge Translation activities of the CCC include reaching out to researchers, healthcare professionals, consumers and policy-makers and providing information on the availability and use of Cochrane resources. We present information at conferences, encourage people to sign up for our newsletters and set up Cochrane Corners on the websites of our partner organizations. In the past year, Canadian Cochrane Centre staff presented/exhibited at eight meetings/conferences:

- 61st Annual Refresher Course for Family Physicians, Ottawa
- Canadian Association of Dental Consultants; Annual Meeting, Montreal
- Professional Knowledge building session, Ottawa Children's Treatment Centre, Ottawa
- Introduction to *The Cochrane Library* and Evidence-Based Medicine; Carleton University Science Journalism class, Ottawa
- Canadian Agency for Drugs and Technologies in Health Symposium, Ottawa

- Continuing Medical Education Congress 2012, Toronto
- Nursing Leadership Conference, Saskatoon
- Nursing Leadership Network of Ontario 2012 Conference, Toronto
- Saskatoon Health Care Quality Summit 2012, Saskatoon
- Guidelines International Network Conference 2012

Here is a table displaying the CCC's Knowledge Translation products and activities:

TABLE 11

Canadian Cochrane Centre Knowledge Translation Products and Activities by Audience					
KT Product or Activity	Health Professionals	Policy-Makers	Consumers	Researchers	Media
CCC Website	X	X	X	X	X
Cochrane Corner	X	X	X		
<i>Cochrane Library</i> subscriptions	X	X	X	X	X
Conference Exhibits	X	X		X	
Journal publications	X	X		X	X
<i>Relay Cochrane!</i> e-bulletin (quarterly)	X	X	X	X	X



EILEEN VILIS, CCC KNOWLEDGE BROKER, AND LORI TARBETT, CCC COMMUNICATIONS SPECIALIST, AT THE CANADIAN CONFERENCE ON MEDICAL EDUCATION, 2011. PHOTO BY GUSTAVO TOLEDO PHOTOGRAPHY.

### Integrated Knowledge Translation

Integrated Knowledge Translation (IKT) describes the collaborative process between researchers and research users to produce healthcare evidence that is more likely to be relevant and used by consumers. The CCC uses IKT to engage partnerships, build skill development and encourage understanding and involvement between researchers and healthcare providers.

As an example, the Canadian Partnership Against Cancer (CPAC) and the CCC are working together to map cancer-relevant Cochrane Reviews ranging from prevention to palliative care in order to make them more accessible to patients and practitioners. This project will also identify critical research gaps and opportunities for integrating the evidence into cancer control practice and policy.

Below is a table displaying the CCC's approaches to IKT.

TABLE 12

Canadian Cochrane Centre Integrated Knowledge Translation Products and Activities by Audience					
IKT Product or Activity	Health Professionals	Policy-Makers	Consumers	Researchers	Media
Intro KT Presentations	X	X			
Standard KT W/S (Using the evidence)	X	X	X	X	
Health Systems Evidence (co-ordinated by the CPLO)		X			
Cochrane Canada Symposium	X	X	X	X	X
Conference exhibits, presentations, workshops	X	X	X	X	

### Linkage and Exchange Approaches to Knowledge Translation

Eileen Vilis, CCC Knowledge Broker, has made contact with all 25 of our partner organizations and has planned a Partners Forum to provide an update on Cochrane's expanded resources, highlight examples of completed and ongoing partnership projects and discuss our partners' evidence and training needs. Unfortunately, the National Aboriginal Health Organization has not received renewed funding and we were, therefore, unable to continue this partnership.

Along with strengthening existing partnerships, the CCC is also in the process of developing new ones. We are in contact with the director of Stroke Canada, Heart and Stroke Foundation, to discuss a possible partnership, and the CCC continues to participate in the biannual Citizen Engagement Forum, which is sponsored by the Partnerships and Citizen Engagement, Canadian Institutes of Health Research (CIHR). The Forum is well-attended by government departments and is an opportunity to network and discuss how to engage citizens.

Unfortunately, federal government restructuring has eliminated the Health Canada Office of Consumer and Public Involvement, Health Products and Food Branch, rendering us unable to continue our previously active linkage. The CCC has assisted in promoting two of their Café Scientifiques, sponsored by CIHR, with the purpose of involving the public in the discussion of health issues affecting Canadians.



In the spring of 2011, the [Ontario Chiropractors Association \(OCA\)](#) and the CCC partnered to provide chiropractors with a four-part webinar training series, titled, “Cochrane Basics: 101”. The series and its four corresponding quizzes provided information on The Cochrane Collaboration and the resources that can be found in *The Cochrane Library*. A total of 208 chiropractors completed the series and received a certificate of completion for five hours of continuing education credits. Plans are being made to offer other training opportunities next year.



[Dietitians of Canada](#) is collaborating with the CCC on a peer review project that aims to encourage the involvement of dietitians in the Cochrane Systematic Review process by training them to peer review Cochrane Reviews. Twenty-one stakeholders, representing 15 different organizations, worked with the CCC to develop three online modules, which were pilot tested and evaluated by dietitians across Canada. Participants said they gained a greater understanding of the peer review process, and the modules improved their confidence in their ability to conduct a Cochrane Review. A planning and dissemination meeting of stakeholders took place on 18 November 2011 to discuss how, where and by whom the modules could be used, such as in dietetic and nutrition-related educational curriculums and continuing education programs.



The [Canadian Physiotherapy Association \(CPA\)](#) and the CCC developed two series of live webinars about applying evidence to practice. The second series, presented in November 2011, contained three webinars – each session an hour and a half long. Each webinar had two speakers, one from the CPA and one from Cochrane Canada, who presented, answered questions and interacted with participants. Participants expressed increased confidence in their ability to develop effective clinical questions and recognize quality evidence, and they were more comfortable with seeking and understanding answers to clinical questions.

“ I found many opportunities to network with fellow consumers and other attendees. ”

– *Consumer on the Cochrane Canada Symposium 2012*

### Connecting with Consumers

Cochrane Canada provides support to consumers to assist them in attending international conferences, not only to educate themselves on health care evidence, but to educate others on the importance of the consumer perspective. For example, the CCC provided a letter of support to a Canadian consumer who submitted an abstract to the 2011 Cochrane Colloquium in Madrid, Spain, which was accepted and presented as a poster.

Eleven stipends were offered to consumers to attend the Cochrane Canada Symposium in May 2012, four of which went to individuals who had not previously been involved with Cochrane. Several workshops at the Symposium were specifically targeted to consumers:

- Knowledge translation of arthritis best practices: Getting a Grip on Arthritis
- A combined panel representing the Cochrane Consumer Network speaking to ‘Cochrane Summaries’
- Communicating evidence to consumers and patients: an update on Plain Language Summaries
- More than just numbers: understanding statistics in Cochrane Reviews
- The patient perspective in systematic reviews: Providing feedback on Cochrane Reviews and protocols

Consumers expressed enthusiasm to disseminate the information and tools they acquired at the Symposium with their communities and advocate for additional consumer involvement. Three of the consumers who attended the Symposium are on the Consumer Advisory Board at the [Arthritis Research Centre of Canada](#) and wrote an informative [article](#) about their experience at the conference.

Table 13

Cochrane Consumer Network growth in Canada	
Canadian Cochrane Centre consumer activities	September 2011 – August 2012
# of new contacts with consumer organizations	20
# of consumers attending workshops	135 - 140
# of consumer workshops (target 2)	4

“ Something for all levels of research involvement from beginner to expert. ”

– *Consumer on the Cochrane Canada Symposium 2012*

## COCHRANE FOR POLICY-MAKERS

### Cochrane Policy Liaison Office

The Cochrane Policy Liaison Office (CPLO) is a subgroup of Cochrane Canada and is located at McMaster University within the McMaster Health Forum and the McMaster Program in Policy Decision-Making. The Institute of Health Services and Policy Research funds the PLO directly through our current CIHR directed grant.

Work of the CPLO includes:

- Developing resources and tools to promote the use of evidence in policy decision-making
- Providing education and training programs aimed towards policy-makers and stakeholders
- Creating linkages with relevant organizations

In the past year, the CPLO worked with the World Health Organization (WHO) and four of its regional offices (AMRO/PAHO (Americas/Pan American Health Organization); AFRO (Africa); EMRO (Eastern Mediterranean) and WPRO (Western Pacific)) to support the production of 11 policy briefs. The CPLO team hosted seven workshops and developed eight new online training resources on how to find and use research evidence. This includes three interactive presentations and video tutorials, which had a total of 1028 downloads as of August 2012.

During this reporting period, the CPLO team conducted 22 presentations to promote the use of the [Health Systems Evidence](#) (HSE) database (nearly three times as many as the previous year). Several enhancements were made to HSE, including:

- Full functionality in six other languages: French; Arabic; Chinese; Portuguese; Spanish and Russian
- A new theme: healthy aging
  - Users can receive monthly notifications on any new documents added to HSE that are relevant to the theme
- Completion of an inventory of health systems descriptions and health reform descriptions

## RESOURCES FOR POLICY-MAKERS

### Health Systems Evidence

[Health Systems Evidence](#) is a database of research evidence about governance, financial and delivery arrangements within health systems. It also includes implementation strategies that can support change in health systems.

The CPLO team continuously identifies, codes and enters new systematic reviews that are relevant to health systems into the database. The following numbers of articles were added to HSE within the past two years:

TABLE 14

New articles added to HSE		
Type of article	2011 - 2012	2010 - 2011
Reviews	445	348
Protocols	123	58
Evidence briefs	4	8
Overviews of reviews	0	7

The CPLO team also aims to code all reviews in HSE according to national priorities. This will help when searching the database by priority and it will assess the compatibility of relevant existing reviews. In the past year, 2068 reviews, 243 protocols, 20 evidence briefs and 26 overviews of reviews were coded according to national priorities.

During this reporting period the HSE website received 1220 (497 unique) home page visits. There are 1607 subscribers to the HSE customizable evidence service, which allows users to choose up to 20 topics of interest and receive a monthly update on new relevant documents that have been added to HSE. There have been 948 new subscribers in the past year.

## Evidence-Informed Healthcare Renewal Portal



A new resource to support health system policy-makers and stakeholders across Canada in their efforts to renew and transform healthcare was launched on the [Health Systems Evidence](#) website in July 2012.

The [Evidence-Informed Healthcare Renewal Portal](#) (EIHR Portal) is a single window into a continuously updated repository of policy-relevant documents including jurisdictional reviews, stakeholder position papers, and intergovernmental communiqués that can support transformation and innovation in healthcare renewal.

Documents in the easily searchable and accessible EIHR Portal address priority areas identified by federal, provincial and territorial governments. The portal is a collaboration between the [McMaster Health Forum](#) and the [Canadian Institutes of Health Research](#).

Documents and other resources in the portal have been generated and/or contributed by organizations participating in the [Evidence-Informed Healthcare Renewal Roundtable](#).

## *Rx for Change* (completed through the Cochrane Effective Practice and Organisation of Care Review Group)

The *Rx for Change* database contains summaries of systematic review evidence about intervention strategies used to alter prescribing, practice and usage. Below are some of the activities that have taken place with the *Rx for Change* project throughout the past year:

A Knowledge to Action (KTA) CIHR grant was awarded in May 2012 to develop, pilot and evaluate a training program to encourage use and understanding of *Rx for Change*.

In April 2012, a sixth update of the *Rx for Change* database was completed, adding summaries of 21 systematic reviews to the professional intervention component (EPOC) of the database and 16 reviews to the consumer component (Centres and Review Groups)

An “Excluded Reviews” section was added to the database, providing bibliographic details and reasons for exclusion of reviews.

*Rx for Change* has an ongoing collaboration with Health Systems Evidence/McMaster University to exchange systematic review search results.

Findings related to *Rx for Change* have been disseminated through poster and oral presentations at five different conferences, internationally.



JULIA WORSWICK, *RX FOR CHANGE* PROJECT LEAD, PRESENTS *RX FOR CHANGE* POSTER AT THE 2011 CANADIAN AGENCY FOR DRUGS AND TECHNOLOGIES IN HEALTH SYMPOSIUM IN VANCOUVER, BRITISH COLUMBIA.

## COMMUNICATING THE EVIDENCE: PROMOTING THE USE OF COCHRANE REVIEWS

One of the main goals of the Canadian Cochrane Centre is to promote awareness, access and use of Cochrane Reviews in Canada. We disseminate newsletters to both a national and an international audience, send media releases to members of the media and promote Cochrane activities to existing and potential Cochrane members.

### INTERNATIONAL COMMUNICATIONS ACTIVITIES

Lisa McGovern, Office Co-ordinator for the CCC, compiles The Cochrane Collaboration's bi-weekly e-newsletter, *CCInfo*, which contains information on workshops, events and job announcements relevant to Collaboration members. There are currently 2191 *CCInfo* Subscribers.

### MARKETING AND COMMUNICATIONS STRATEGY

In 2011, Lori Tarbett, CCC Communications Specialist, began working for the Collaboration on a secondment as the Marketing and Public Relations Officer (MPRO). Her responsibilities included co-ordinating communications activities and overseeing the implementation of the new marketing and communications strategy.

Delta Media, Ottawa, Canada, was hired in March 2011 to create a Collaboration communications strategy. Delta provided the project board with the framework for the Marketing and Communications Strategy, which outlined seven specific areas which the Collaboration should focus its efforts on.

The areas included:

- Branding
- Web
- Social Media
- Media Relations
- Publications
- Events
- Advertising

The marketing and communications work is currently postponed until the new Collaboration CEO, Mark Wilson, is in post in November 2012. Mark has a substantial background in journalism and communications which will significantly aid in implementing the Collaboration's Marketing and Communications endeavors.

## PROMOTING THE USE OF COCHRANE REVIEWS IN CANADA

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

TABLE 15

Communications Tools 2011 - 2012		
Social Media	<p>Website</p> <ul style="list-style-type: none"> <li>Facebook page</li> <li>Twitter page</li> <li>Google+ Page</li> <li>Pinterest Account</li> </ul>	<ul style="list-style-type: none"> <li>ccc.cochrane.org</li> <li>12,424 unique visitors during Sept 2011 – Aug 2012</li> <li>Facebook.com/CanadianCochraneCentre</li> <li>Twitter.com/CndCochraneCtr</li> <li>Plus.Google.com/CanadianCochraneCentre</li> <li>Pinterest.com/CochraneCanada</li> </ul>
Newsletters	<p><i>Relay Cochrane!</i></p> <ul style="list-style-type: none"> <li>A user friendly, bilingual e-newsletter, published quarterly</li> <li>Includes Cochrane news updates and highlights of recent Cochrane Reviews</li> </ul> <p>Training and Events</p> <ul style="list-style-type: none"> <li>An e-newsletter, published biannually</li> <li>Promotes upcoming training opportunities and highlights past training events</li> </ul>	<ul style="list-style-type: none"> <li>First issue published July 2007</li> <li>4035 Canadians subscribers</li> </ul> <ul style="list-style-type: none"> <li>First issue published August 2012</li> <li>758 Canadians subscribers</li> </ul>
Other	<p>Cochrane Corners</p> <ul style="list-style-type: none"> <li>Space on partner websites dedicated to Cochrane Reviews relevant to their field. Cochrane Corners feature review titles linked to the original review in <i>The Cochrane Library</i> and are sometimes accompanied by a short synopsis of the review.</li> </ul>	<ul style="list-style-type: none"> <li>Cochrane Corners can be found on the following organizations' website: <ul style="list-style-type: none"> <li>Canadian Association of Speech-Language Pathologists and Audiologists</li> <li>CIHR Institute of Gender and Health</li> <li>CIHR Institute of Infection and Immunity</li> <li>CIHR Institute of Musculoskeletal Health and Arthritis</li> <li>National Eating Disorder Information Centre</li> <li>Canadian Prehospital Evidence Based Protocols</li> </ul> </li> </ul>

TABLE 15 CONT.

Communications Tools 2011 - 2012		
Google Alerts	<ul style="list-style-type: none"> <li>Flags internet content related to The Cochrane Collaboration, <i>The Cochrane Library</i> and Cochrane Reviews</li> <li>Allows tracking of where and how information about Cochrane is being used</li> </ul>	<ul style="list-style-type: none"> <li>964 mentions were tracked during this reporting period</li> <li>174 individuals receive this email service</li> </ul>
Media Releases	<ul style="list-style-type: none"> <li>Used to connect with journalists who then disseminate Cochrane evidence to the general public</li> </ul>	<ul style="list-style-type: none"> <li>Three media releases were distributed throughout this reporting period</li> </ul>
Presentations/Exhibits		<ul style="list-style-type: none"> <li>Eight</li> </ul>

### Increasing Awareness of *The Cochrane Library*

The media often report on newly released Cochrane Reviews that may be of interest to a wide population. *The Cochrane Library* tracks the number of times the Collaboration and Cochrane Reviews are referenced within the media, and in 2011, a total of 5277 media clips were tracked. Last year, Canada ranked fourth on the list of countries in the Collaboration with the highest number of media clips, and currently, Canada is now third with a total of 65 clips as of July 2012.

TABLE 16

Cochrane media coverage		
Year	Cochrane coverage – Canada # of media clips	Cochrane coverage – global # of media clips
2012 (as of June)	65	1715
2011	194	5277
2010	123	3958
2009	85	3434
2008	68	2413

Several Cochrane Reviews published by Canadian Review Groups received media attention this year, including two reviews by the Musculoskeletal Review Group (MSG) that were highlighted by Wiley-Blackwell for media dissemination, as well as a review by the Inflammatory Bowel Disease and Functional Bowel Disorders (IBD/FBD) Review Group, titled, "Acupuncture for treatment of irritable bowel syndrome," which was used for an article in Reuters Health.

In 2011, the top five (out of 20) most accessed Cochrane Systematic Reviews were:

1. [Interventions for preventing obesity in children](#)
2. [Statins for primary prevention of cardiovascular disease](#)
3. [Interventions for preventing falls in older people living in the community](#)
4. [Interventions for treating obesity in children](#)
5. [Zinc for the common cold](#)

Two reviews published by the CMSG are also listed in the top 20, along with three reviews from the EPOC Group.

CMSG:

[12. Adverse effects of biologics: a network meta-analysis and Cochrane overview](#)

[18. Stretch for the treatment and prevention of contractures](#)

EPOC:

[10. Interventions to improve hand hygiene compliance in patient care](#)

[11. Discharge planning from hospital to home](#)

[14. Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes](#)

Each year, the Cochrane Database of Systematic Reviews, which is found within *The Cochrane Library*, receives an Impact Factor (IF) calculated by Thomson ICI. The IF is a tool used to measure, rank and compare journals. It's calculated by taking the number of times a journal has been cited in the past two years and dividing it by the number of publications it has released during that time period. The Cochrane Database of Systematic Reviews (CDSR) has a 2011 IF

of 5.912, ranking it in the top 10 out of 153 journals of its category, "Medicine, General & Internal." Cochrane Review Groups also receive IFs calculated by Wiley-Blackwell. The Cochrane Back Group's IF is 3.54, which compares favourably to other journals in its category: Spine – 2.078 and *Orthopaedics* – 1.33. The EPOC Group's 2011 IF of 8.138 ranks tenth out of The Cochrane Collaboration's 53 Review Groups, and the IBD/FBD Group ranks twelfth with its IF of 7.4.

As of August 2012, the Cochrane Database of Systematic Reviews holds 7481 articles: 5222 reviews and 2259 protocols. Out of the 7481 articles, 769 of them have been added to the database within the past year. In January 2012, the Cochrane Central Register of Controlled Trials (CENTRAL) moved to a monthly publication.

### [Increasing use of \*The Cochrane Library\* by Canadians](#)

The Canadian Cochrane Centre is working with colleagues at the French Cochrane Centre in France to translate as many Cochrane Review abstracts and plain language summaries as possible. There are currently 2000 translated abstracts now available on the French Cochrane Centre's [website](#); 1300 of which are also accessible on [summaries.cochrane.org](#). Abstracts and plain language summaries of all Cochrane Reviews

are freely available through [summaries.cochrane.org](http://summaries.cochrane.org) in English, French, German and Spanish translations. They can also be found with each review in *The Cochrane Library*.

Since May 2011, the number of abstracts viewed in *The Cochrane Library* has increased by 24 per cent. The number of full-text downloads of Cochrane Reviews has also increased by more than half. Canadians have access to full-text reviews through subscriptions or one-off review purchases (subscriptions are typically

purchased through provincial or federal governments, health/medical organizations, universities, etc.). While The Cochrane Collaboration and all of its groups, such as Centres, Branches, Review Groups, etc., are not-for-profit institutions, *The Cochrane Library* is accessible via subscription in order to pay costs to our publisher, Wiley-Blackwell. However, 50 per cent of the world's population has free one-click access to full-text reviews (many low-income countries are granted free access to *The Cochrane Library*. Please visit *The Cochrane Library* for more information about this initiative.

TABLE 17

<b>Total Cochrane Library use by Canadians</b>			
Year	# abstracts viewed	# full text downloads	# access denied
1 Jan 2012 – 31 Aug 2012	276,517	160,057	39,468
1 Jan 2011 – 31 Aug 2011	453,694	192,451	80,481
1 Jan 2010 – 31 Aug 2010	382,012	215,358	78,779
1 Jan 2009 – 31 Aug 2009	458,414	258,430	-
1 Jan 2008 – 31 Aug 2008	227,881	183,449	54,606
1 Jan 2007 – 31 Aug 2007	204,060	136,402	46,425

COCHRANITES AT THE FORKS IN WINNIPEG, MANITOBA. FROM LEFT TO RIGHT: JULIA WORSWICK, PROJECT LEAD, *RX FOR CHANGE*; CATHERINE MCNAIR, COMMUNICATIONS ASSOCIATE, CCC; STEFANIE LINKLATER, RESEARCH ADMINISTRATIVE ASSISTANT, EPOC; TERESA MARIN, MANAGING EDITOR, BRG; LISA MCGOVERN, OFFICE CO-ORDINATOR, CCC; ALAIN MAYHEW, MANAGING EDITOR, EPOC.



“Excellent plenary sessions. The workshops were accessible to all levels, from researcher to consumer.”

– *Symposium participant*

FROM LEFT TO RIGHT: MAI PHAM, WINNER OF THE GRADUATE STUDENT POSTER AWARD; JEREMY GRIMSHAW, CCC DIRECTOR; AMIR AZARPAZHOOH, WINNER OF THE COCHRANE CANADA REVIEW OF THE YEAR AWARD.



MARIE-PIERRE GAGNON LEADING HER ORAL PRESENTATION, “ORGANIZATIONAL READINESS FOR KNOWLEDGE TRANSLATION IN CHRONIC CARE: A SYSTEMATIC REVIEW OF THEORIES,” AT THE COCHRANE CANADA SYMPOSIUM.



## COCHRANE EVENTS

### Cochrane Canada Symposium

The 10th Annual Cochrane Canada Symposium was held in Winnipeg, Manitoba from 9 – 10 May 2012, with Pre-Symposium workshops, including a two-day Standard Author Training workshop, from 7 – 8 May. The theme of this year’s Symposium was “Health Evidence for ALL,” and presentations focused on how to achieve equity in health care evidence, how to engage others with the evidence and how to communicate health care evidence to a broader population. Approximately 170 individuals attended the Symposium and responses from participants were positive.

## Cochrane Colloquium

The Cochrane Collaboration holds annual conferences, known as 'Colloquia', which are open to health practitioners, scientists, researchers, policy-makers, consumers and anyone with an interest in health or the Collaboration. Colloquia are designed to bring people together to discuss, develop and promote our work, and shape the organization's future direction as well as move forward our agenda of evidence-based medicine. Canadian Cochrane Centre staff attended the 20th Cochrane Colloquium, in Madrid, Spain, from 19 – 22 October 2011. Centre staff were involved in the Colloquium in various ways including our Director, Jeremy Grimshaw, and Executive Director, Mary Ellen Schaafsma, attending various Steering Group meetings and making Collaboration level decisions. The CCC's Communications Specialist, Lori Tarbett, delivered an oral presentation outlining intended plans regarding the Collaboration's marketing and communications strategy. The CCC and the Musculoskeletal Review Group provided letters of support for a consumer stipend for a Canadian Consumer who submitted an abstract for the Colloquium. The abstract was accepted and presented as a poster and the consumer was a successful stipend recipient.



MADRID, SPAIN.



FROM LEFT TO RIGHT: ELIZABETH TANJONG GHOGOMU, MANAGING EDITOR, MSG; EILEEN VILIS, CCC KNOWLEDGE BROKER, AND LORI TARBETT, CCC COMMUNICATIONS SPECIALIST, AT THE COCHRANE COLLOQUIUM 2011 IN MADRID, SPAIN.

Cochrane Canada has been chosen to host the Collaboration's 21st Colloquium, which will be held in Québec City, Québec from 19 – 23 September 2013. This event will also be a celebration of The Cochrane Collaboration's 20th anniversary. The Cochrane Canada Annual Symposium will not be held in 2013 as substantial focus and support will be geared towards the Québec City Colloquium. Visit [colloquium.cochrane.org](http://colloquium.cochrane.org) frequently to stay updated throughout the Colloquium planning process.



“I use Cochrane to foster evidence-informed decision-making in all areas of my work: (1) teaching physiotherapy students and clinicians, (2) facilitating the incorporation of evidence into clinical practice standards and (3) informing research.”

– Alison Hoen, professor and healthcare practitioner

## IMPACT OF COCHRANE IN CANADA

Cochrane Reviews present the highest quality evidence on healthcare treatments and interventions. The use of this evidence can improve the way future research is conducted, influence clinical practice guidelines, and most importantly, evidence found by Cochrane Reviews can impact the healthcare decisions made by Canadian consumers. From September 2011 – August 2012, Cochrane Canada has made numerous developments in bringing the use of evidence into Canada’s healthcare system.

Many Cochrane Reviews published by Canadian Review Groups have been used in the development of clinical practice guidelines. In the past year, the Back Review Group has had reviews cited in five different clinical guidelines, two of which were published in the *Journal of Bodywork and Movement Therapies*. During the past year, reviews from the IBD/FBD Review Group were used to inform guidelines developed by the Canadian Association of Gastroenterology. The Applicability and Recommendations Methods Group (ARMG) is working to link The Cochrane Collaboration with the [Guidelines International Network](#) in order to share expertise and discuss the use of Cochrane Reviews in more guideline development.

Cochrane Canada Groups have developed several tools in the past year to increase the impact of Cochrane Reviews:

- The Campbell and Cochrane Equity Methods Group has developed guidelines (PRISMA-E 2012) to improve the conduct and reporting of equity-focused systematic reviews.
- The Hypertension Review Group, in collaboration with the Equity Methods Group, created a knowledge translation tool aimed at applying sex and gender analysis to systematic reviews.
- The Bias Methods Group, in collaboration with the ARMG, is working to extend the existing Risk of Bias Tool to include assessment of all study designs, rather than just randomized controlled trials.

Along with producing high-quality evidence, it is also important that the public is able to access and understand this evidence. Dr David Moher, Convenor of the BMG, was invited to [present](#) at the Senate Committee on Social Affairs, Science and Technology Meeting on 17 May 2012. The meeting agenda was, “Study on prescription pharmaceuticals in Canada,” and the topic of Dr Moher’s presentation was clinical trials. The UGPD Group is evaluating the visual impact

that the presentation of forest plots has on risk of bias perception by review-users, and members of the ARMG are involved in a working group to produce [Plain Language Expectations for Authors of Cochrane Summaries \(PLEACS\)](#). This list of expectations will assist authors to write summaries of their reviews and promote public use.

The Canadian Cochrane Centre is the second out of 14 Centres to have registered with The Cochrane Collaboration in 1993. Since then, Cochrane Canada has produced 468 Cochrane Reviews out of the 5222 reviews that currently exist in *The Cochrane Library*. We have made significant strides in achieving our 2011 – 2012 objectives, and we continue to work diligently to promote the use of evidence in Canada’s healthcare system.

“I feel that I was able to make a very informed and effective healthcare decision based on the evidence in the review. I was grateful that I could make such a good decision and have peace of mind.”

– Louise, consumer

## WHO WE ARE

### CANADIAN COCHRANE CENTRE:

Jeremy Grimshaw  
Director

Mary Ellen Schaafsma  
Executive Director

Eileen Vilis  
Knowledge Broker

Erin Ueffing  
Education Coordinator

Lori Tarbett  
Communications Specialist

Lisa McGovern  
Office Coordinator

Catherine McNair  
Communications Associate

### REVIEW GROUPS, FIELD AND METHODS GROUPS:

#### Back Review Group:

Claire Bombardier  
Co-ordinating Editor

Maurits van Tulder  
Co-ordinating Editor

Teresa Marin  
Managing Editor

Rachel Couban  
Trials Search Co-ordinator

Allison Kelly  
Editorial Assistant – Administration

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

Jeremy Grimshaw  
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Sasha Shepperd  
Co-ordinating Editor

Alain Mayhew  
Managing Editor

Michelle Fiander  
Trials Search Co-ordinator and Information Specialist

Hélène Laberge  
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Sharlini Yogasingam  
Assistant Trials Search Coordinator  
(June 2012-current))

Stefanie Linklater  
Project Assistant (Nov 2011-May 2012)

Julia Worswick  
Project Lead, Rx for Change Project

Katrina Sullivan  
Project Assistant, Rx for Change Project  
(Aug 2011 – March 2012)

#### Hypertension Review Group:

James Wright  
Co-ordinating Editor

Ken Bassett  
Criticism Editor

Ciprian Jauca  
Managing Editor

Doug Salzwedel  
Trials Search Co-ordinator

#### Inflammatory Bowel Disease and Functional Bowel Disorders Review Group:

Brian Feagan  
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Nilesh Chande  
Co-ordinating Editor

John K MacDonald  
Managing Editor

Bev Jasevicius  
Trials Search Co-ordinator

#### Cochrane Musculoskeletal Review Group:

Peter Tugwell  
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Lara Maxwell  
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Elizabeth Tanjong Ghogomu  
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Tamara Rader  
Knowledge Translation Specialist and  
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#### Upper Gastrointestinal and Pancreatic Diseases Review Group

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Co-ordinating Editor

Grigorios Leontiadis  
Co-ordinating Editor

Karin Dearness  
Managing Editor

Racquel Simpson  
Trials Search Co-ordinator

#### Child Health Field:

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Terry Klassen  
Director

Katrina Williams  
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Denise Thomson  
Field Coordinator and Managing  
Editor, Evidence-Based Child Health: A  
Cochrane Review Journal

Marta Oleszczuk  
Project Coordinator

Aireen Wingert  
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Research Assistant

#### Applicability and Recommendations Method Group

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Reem Mustafa  
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#### Bias Methods Group:

David Moher  
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Lucy Turner  
Co-ordinator

#### Campbell and Cochrane Equity Methods Group

Peter Tugwell  
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## APENDIX: OPEN ACCESS REVIEWS

The Canadian Cochrane Centre has an agreement with *The Cochrane Library* publisher, Wiley-Blackwell, to arrange free access to reviews produced by Canadian Review Groups which have a Canadian lead author twelve months after they are published in *The Cochrane Library*. Below is a list of these reviews from this reporting period which have been or will be made available through Pubmed Central Canada.

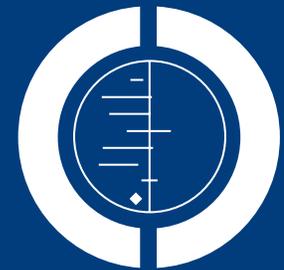
CBRG	Gross A, Forget M, St George K, Fraser MMH, Graham N, Perry L, Burnie SJ, Goldsmith CH, Haines T, Brunarski D. Patient education for neck pain. <i>Cochrane Database of Systematic Reviews</i> 2012, Issue 3. Art. No.: CD005106. DOI: 10.1002/14651858.CD005106.pub4.
CBRG	Kay TM, Gross A, Goldsmith CH, Rutherford S, Voth S, Hoving JL, Brønfort G, Santaguida PL. Exercises for mechanical neck disorders. <i>Cochrane Database of Systematic Reviews</i> 2012 , Issue 8
EPOC	Horsley T, Hyde C, Santesso N, Parkes J, Milne R, Stewart R. Teaching critical appraisal skills in healthcare settings. <i>Cochrane Database of Systematic Reviews</i> 2011, Issue 11. Art. No.: CD001270. DOI: 10.1002/14651858.CD001270.pub2.
HTN	Diao D, Wright JM, Cundiff DK, Gueyffier F. Pharmacotherapy for mild hypertension. <i>Cochrane Database of Systematic Reviews</i> 2012, Issue 8.
HTN	Heran BS, Galm BP, Wright JM. Blood pressure lowering efficacy of alpha blockers for primary hypertension. <i>Cochrane Database of Systematic Reviews</i> 2012, Issue 8.
HTN	Kandler MR, Mah GT, Tejani AM, Stabler SN, Salzwedel DM. Hydralazine for essential hypertension. <i>Cochrane Database of Systematic Reviews</i> 2011, Issue 11.
HTN	Musini VM, Fortin PM, Bassett K, Wright JM. Blood pressure lowering efficacy of renin inhibitors for primary hypertension. <i>Cochrane Database of Systematic Reviews</i> 2011, Issue 9.
HTN	Musini VM, Rezapour P, Wright JM, Bassett K, Jauca CD. Blood pressure lowering efficacy of loop diuretics for primary hypertension. <i>Cochrane Database of Systematic Reviews</i> 2012, Issue 8

HTN	Stabler SN, Tejani AM, Huynh F, Fowkes C. Garlic for the prevention of cardiovascular morbidity and mortality in hypertensive patients. Cochrane Database of Systematic Reviews 2012, Issue 8
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IBD/FBD	Feagan BG, MacDonald JK. Oral 5-aminosalicylic acid for maintenance of remission in ulcerative colitis. Cochrane Database of Systematic Reviews 2012, Issue 10.
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IBD/FBD	Roth L, MacDonald JK, McDonald JWD, Chande N. Sargramostim (GM-CSF) for induction of remission in Crohn's disease. Cochrane Database of Systematic Reviews 2011, Issue 11. Art. No.: CD008538. DOI: 10.1002/14651858.CD008538.pub2.
UGPD	Tse F, Yuan Y. Early routine endoscopic retrograde cholangiopancreatography strategy versus early conservative management strategy in acute gallstone pancreatitis. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD009779. DOI: 10.1002/14651858.CD009779.pub2.



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