



THE NORDIC COCHRANE CENTRE AND NETWORK

Report 1997 and Strategic Plan for 1998

ADDRESSES

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SUMMARY

The Cochrane Collaboration's basic idea of preparing and updating high-quality systematic reviews of the effects of health care has been readily accepted throughout the world. The reviews are published electronically in *The Cochrane Database of Systematic Reviews* which is part of *The Cochrane Library*. The Cochrane Collaboration, which started in 1993, is growing rapidly. At present, 15 Cochrane Centres are coordinating the Collaboration's activities; The Nordic Cochrane Centre services Denmark, Finland, Iceland, Norway, Sweden, Estonia, Latvia, Lithuania, Poland, Belarus, Russia, Ukraine, and Mongolia.

The Nordic contribution to The Cochrane Collaboration has been a success:

- 9 of the 38 registered *Cochrane Review Groups* have a Nordic editor, despite the fact that most groups have only 3-4 editors; several other groups have Nordic reviewers.
- Two Review Groups with Nordic leadership have been established.
- 17 of the reviews and protocols in *The Cochrane Database of Systematic Reviews* have a Nordic primary author.
- Nordic researchers contribute to all 8 *Methods Working Groups*, 3 of which have Nordic leadership. The aim of these groups is to improve the quality and reliability of Cochrane Reviews.
- The Nordic Centre coordinates the work in the *Methods Working Groups*.
- The Nordic Centre is responsible for coordinating the development of The Cochrane Collaboration *Information Management System*, and for developing *Review Manager* which is used to prepare *Cochrane Reviews*.
- The Nordic Centre is responsible for editing *The Cochrane Collaboration Handbook*.
- During 1997, staff at The Nordic Centre have conducted or contributed to more than 20 courses and workshops, given more than 80 lectures and published 35 papers, book chapters and a book of relevance for the aims of the Collaboration.
- 2023 trials have so far been identified by handsearching; some of these trials are not available in other databases and have already started to become incorporated in Cochrane Reviews.
- The 3 Cochrane Reviews published by staff at The Nordic Centre as primary authors during 1997 have also been published or accepted in the *British Medical Journal*. This demonstrates that it is possible to obtain traditional academic merit by doing Cochrane Reviews.

The work of The Nordic Cochrane Centre is expected to lead to considerable benefits for the Nordic societies. Clinical practice will become more evidence-based, leading to more rational use of health care resources. Clinical research will also become more efficient, not only by

avoiding redundant trials but also by using improved methods, since the process of reviewing the literature systematically often leads to important suggestions of better designs and more relevant outcome variables in future research, and better review methods.

The main objective in the Strategic Plan for 1998 is to facilitate the preparation of high quality, up-to-date systematic reviews across a broad range of health care topics. Since people with the necessary skills to do systematic reviews are still in very short supply, activities in 1998 will focus on courses in evidence-based medicine and training in meta-analysis. We will continue to publish papers and give lectures on the Collaboration as much as time and funding permit. We will also continue to do systematic reviews ourselves, which may serve to educate new collaborators and as examples of the usefulness of this activity. Thus, the reviews published or produced by staff at The Nordic Cochrane Centre during 1997 illustrate that the results of systematic reviews are often at variance with established opinion and practice, as described and recommended in even the most respected journals and textbooks.

We will continue to try to convince relevant institutions that Cochrane Reviews are a merit in themselves and should be regarded as equally valuable as original research - if not more, since the results are directly applicable to patients. Handsearching will still have high priority as an important means of minimizing publication bias in systematic reviews.

The Nordic Cochrane Centre has now existed for four years and is well established. However, external funding provides about 80% of the resources which is not sustainable in the long run. It will therefore be an important goal for 1998 to achieve core funding for The Nordic Cochrane Centre so that the Centre can continue to contribute importantly to the development of an evidence-based health care.

THE COCHRANE COLLABORATION

Background

Reports of original medical research are far too numerous and dispersed to be of practical value to clinicians and other decision makers in health care. Reviews of research therefore occupy a key position in the chain which links research with clinical practice.

The science of reviewing research should be performed with great care. Unfortunately, however, those preparing reviews have only rarely worked systematically. Usually, they have not written formal protocols or have searched systematically for all studies, irrespective of the language of the publication, likely to provide unbiased information - in particular, randomised clinical trials. Because scientific principles have not generally guided reviews of research evidence, useless and even harmful forms of health care have not been distinguished efficiently from useful forms of care. Surveys of treatment recommendations in medical textbooks and review articles have shown that advice on some life-saving therapies has been delayed for about ten years, while other treatments continue to be recommended long after randomised trials have demonstrated them to be either ineffective or actually harmful. Further, proposals for appropriate research have not been distinguished efficiently from proposals for inappropriate, or redundant, research. For example, numerous trials of antibiotic prophylaxis for caesarian sections have been conducted with an untreated control group during the twenty years in which it has been known that prophylaxis effectively prevents serious wound infections.

In 1979, this unfortunate state of affairs made Archie Cochrane, a distinguished epidemiologist, write:

"It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomised controlled trials."

The first specialty to which Cochrane's approach was applied was care during pregnancy and childbirth - an area which was exceptionally poorly grounded in good evidence. Several hundred systematic reviews of primary studies were prepared through an international collaborative effort coordinated by Dr Iain Chalmers in Oxford. In 1987, the year before Cochrane died, he suggested that other specialties should copy the methods used. *Cochrane Reviews* are now published in *The Cochrane Database of Systematic Reviews* which is part of *The Cochrane Library*.

Aims and principles

The Cochrane Collaboration was formally launched in October 1993 in response to Cochrane's criticism. The aim of the Collaboration is to help people make well-informed decisions about health care by preparing, maintaining, and ensuring the accessibility of systematic reviews of the effect of health care interventions. The Collaboration is guided by eight principles: collaboration, building on the enthusiasm of individuals; avoiding duplication; minimising bias; keeping up to date; striving for relevance; promoting access; and ensuring quality.

Collaboration

The shared will to collaborate is essential for three main reasons. First, no single country has sufficient resources to sift through the accumulated evidence about the effects of health care which await synthesis in systematic reviews. Second, individuals with the necessary skills and commitment are in short supply. Efficient international coordination is therefore important. Currently, scarce resources are being wasted because agencies are commissioning reviews of the same evidence, without first assessing whether a relevant systematic review is already available or has been commissioned. Third, collaboration is essential, since any attempt by individuals, institutions, or nations to dominate the activities of the Collaboration would have the very serious practical consequence of alienating people who could make important contributions.

The time required to prepare valid reviews is usually grossly underestimated and lack of experience and time often forces good scientists to produce scientifically inadequate reviews. The key to the success of the Collaboration is therefore to harness the enthusiasm and energy that researchers already devote to keeping up to date in their particular areas of interest, and to provide the support they need to prepare and maintain high-quality systematic reviews.

Organisation

The Cochrane Collaboration is evolving rapidly in an exponential fashion; the estimated doubling time for number of reviews is only about 10 months. The challenge of coordinating the Collaboration is therefore substantial and its structures and working arrangements are under continued review, in particular, at the annual Cochrane colloquia.

Collaborative Review Groups

The front line contributors to the Collaboration are the reviewers. Each reviewer is a member of a *Collaborative Review Group*, which consists of individuals sharing an interest in a particular topic, e.g. stroke or breast cancer. Each Collaborative Review Group is coordinated by an *Editorial Team* which is responsible for assembling an edited module of reviews for incorporation in *The Cochrane Database of Systematic Reviews*. There are currently 38 established and 10 planned review groups, covering almost all aspects of health care.

Handsearchers

Handsearchers search medical journals systematically back to 1948 for clinical trials. Partly because of this important work, *The Cochrane Controlled Trials Register*, which is included in *The Cochrane Library*, now contains more than 150.000 citations to clinical trials. Through collaboration with The US National Library of Medicine, the number of easily identifiable trials on Medline has increased from about 20.000 in 1994 to more than 120.000 in 1997.

Fields

The Collaboration addresses interests that may involve several review groups through field coordination. A *Field* may refer to a category of health service consumers, e.g. the elderly, a setting for health care, e.g. primary health care, or a class of interventions, e.g. vaccination. *The Consumer Network* and *The Cancer Network* also serve more general purposes.

Cochrane centres

Cochrane centres help to coordinate and support The Cochrane Collaboration. There are currently 15 centres. Among the shared responsibilities of the centres are:

- helping to establish Collaborative Review Groups
- organising training workshops for reviewers, editors and handsearchers
- organising seminars and colloquia to support and guide the development of the Collaboration
- coordinating the Collaboration's contributions to the creation and maintenance of an international register of completed and ongoing trials
- promoting and undertaking research to improve the quality of systematic reviews
- developing policies and setting standards to maximize the reliability of the reviews
- exploring ways of helping the public, health service providers and purchasers, policy makers and the press to make full use of Cochrane Reviews

Methods Working Groups

Cochrane Methods Working Groups of scientists address the demand for better methods for selection, appraisal, synthesis and dissemination of health care information. For example, methods groups deal with coding and classification of randomised trials and statistical methods for synthesizing the results of trials.

Steering Group

The Cochrane Collaboration Steering Group governs the Collaboration. It has 13 members and is comprised of representatives of review groups, Cochrane centres, fields, Methods Working Groups, and consumers.

The Steering Group concentrates on principles and strategies. It carries out the following key functions: assessment and formal registration of Cochrane entities, for example review groups and centres; periodic evaluation of Cochrane entities and their renewal or deregistration; negotiation of relationships with organisations that can further the Cochrane objectives; and holding of periodic business meetings for members of the Collaboration.

Financial support

The Cochrane Collaboration is registered as a charity and it is the responsibility of all contributors to the organisation to secure their own funding. Since Cochrane Reviews provide information of worldwide relevance, support from a variety of organisations is to be expected. The National Health Service (NHS) Research and Development Programme in the UK has taken the lead through its decision to fund the first Cochrane centre. The Nordic Council of Ministers and the US National Institutes of Health have provided support for the Nordic and Baltimore Cochrane centres, respectively. Other agencies, for example, the Swedish Council for Technology Assessment in Health Care and the European Union have contributed funds to support international coordination of the Collaboration's work.

The Cochrane Library

Because of the obvious advantages of electronic publication for systematic reviews, which require maintenance as new evidence emerges and as mistakes are discovered, *The Cochrane Database of Systematic Reviews* is disseminated online via Internet, on CD-ROM and on floppy disk. Searches are possible both as free text and as indexed terms (MeSH). In addition

to *The Cochrane Database of Systematic Reviews*, *The Cochrane Library* contains *The Cochrane Controlled Trials Register* (CD-ROM version only), *The Database of Abstracts of Reviews of Effectiveness*, *The Cochrane Review Methodology Database* and information about the Cochrane Collaboration, including *The Cochrane Collaboration Handbook* which is a guide to preparing systematic reviews.

Academic merit and derivative publications

Researchers are sometimes uncertain about the academic credit they will get for doing Cochrane Reviews. In the UK, systematic reviews are regarded as an important academic activity when research at university departments is evaluated. Reviewers are also free to publish shortened or elaborated versions of their reviews in paper journals, provided that the relationship to the original Cochrane Review is explained. Concurrent electronic and paper publication has been made possible by agreements between The Cochrane Collaboration and a number of journals, for example, the *British Medical Journal* and *The Lancet*.

THE NORDIC COCHRANE CENTRE AND NETWORK

The Nordic Cochrane Centre opened on 13 October 1993. It services Denmark, Finland, Iceland, Norway, Sweden, Estonia, Latvia, Lithuania, Poland, Belarus, Russia, Ukraine, and Mongolia. A network with collaborators in the five Nordic countries, including national branches of the Centre in Norway and Finland, has been established and contacts have also been made with researchers in Lithuania, Estonia and Russia.

Aims

Each Cochrane centre is obliged to provide some service of general importance to further the aims of the Collaboration. The specific aims of The Nordic Cochrane Centre are to:

- identify and assist people willing to participate in Collaborative Review Groups as reviewers, editors or handsearchers
- organise workshops and seminars and provide advice and support to Collaborative Review Groups
- coordinate software development within the Collaboration
- develop the Information Management System, in particular *Review Manager*, which contains the statistical software used to prepare Cochrane Reviews
- coordinate the Methods Working Groups
- edit *The Cochrane Collaboration Handbook*
- coordinate or conduct full-text searches (handsearching each issue) of randomised and controlled clinical trials in general health care journals published in the Nordic area
- promote methodological research, especially on bias and on non-specific (placebo) effects of health care
- promote awareness and use of the information contained in *The Cochrane Database of Systematic Reviews*

Current staff at The Nordic Cochrane Centre

Peter C. Gøtzsche (50%)	Director
Kirsten Lone Jensen	Administrator/Secretary
Monica Fischer	Software Development Coordinator
Kåre Staahl Jacobsen	Information Specialist and Handsearch Coordinator
Rasmus Moustgaard	Information Technology Manager
Ole Olsen	Statistician, senior researcher
Jacob Riis (50%)	Assistant to Information Technology Manager

Honorary members of staff

Helle Krogh Johansen	Senior researcher
Asbjørn Hrobjartsson	Ph.D. student

Current staff at The Norwegian Branch of The Nordic Cochrane Centre

Andy Oxman (50%)	Coordinator for Norway, Head of Department
Claire Glenton	Administrator/Researcher
Kirsty Loudon Olsen	Administrator/Researcher
Cheryl Carling	Administrator/Researcher
Tor-Arne Bertheussen (50%)	Information Technology Manager

Current staff at The Finnish Branch of The Nordic Cochrane Centre

Marjukka Mäkelä (25%)	Coordinator for Finland, Head of Department
Helena Varonen (20%)	Researcher
Aila Teinilä (10%)	Secretary

The Nordic Cochrane Network

The contact persons in the Nordic Cochrane Network are:

Peter C. Gøtzsche	The Nordic Cochrane Centre (chair)
Arild Bjørndal	National Institute of Public Health, Oslo (contact)
Marjukka Mäkelä	National R & D Centre (STAKES), Helsinki (coordinator)
Mona Britton	Swedish Council for Technology Assessment in Health Care (contact)
Ari Johannesson	Akranes Hospital, Iceland (contact)

Handsearchers

The following individuals have participated as handsearchers during 1997:

Denmark: Peter C. Gøtzsche, Cecilia Hammarquist, Kirsten Lone Jensen, Finn Børllum Kristensen.

Finland: Maxim Cheine, Vesa Jormanainen, Kati Juva, Eero Lehtinen, Marjukka Mäkelä, Iris Pasternack, Osmo Saarela, Yrjo Saarikoski, Sirpa Sairanen, Helena Varonen, Kristian Wahlbeck.

Russia: Vasily V. Vlassov.

Sweden: Ylva Bergman, M. Brissman, Arne Jakobsson, Desmond O'Gorman, Lisbeth Rudin.

Methods Working Groups

Andy Oxman coordinates the Methods Working Groups. There are currently eight groups, all of which have Nordic participation. Three of the groups also have Nordic leadership:

Empirical Methodological Studies (Andy Oxman)
Placebo (Peter Gøtzsche)
Informatics (Rasmus Moustgaard)

Ole Olsen from The Nordic Cochrane Centre is currently exploring the possibility of establishing a group on non-randomised data (observational studies).

Current Advisory Board

The Advisory Board of The Nordic Cochrane Centre provides overall guidance in all matters related to the work of the Centre to accomplish, as efficiently as possible, the goals of The Cochrane Collaboration within the Nordic area. In addition to the Advisory Board, the Steering Group of The Cochrane Collaboration monitors the work of the Centre on an annual basis. The annual Advisory Board meeting was held 18 January 1997 in Oslo and 29 January 1998 in Helsinki. Until January 1998, the members were:

Professor Henrik R. Wulff, University of Copenhagen (Oct 93, chairman since Jan 97)
Dr Ari Johannesson, Akranes Hospital, Iceland (Jan 97)
Dr Arild Bjørndal, National Institute of Public Health, Oslo (Oct 93)
Dr Mona Britton, Swedish Council for Technology Assessment in Health Care (Jan 97)
Ms Ellen-Margrethe Skou, Central Research Ethics Committee, Copenhagen (March 95)

Ex-officio members:

Dr Peter C. Gøtzsche, Nordic Cochrane Centre
Dr Marjukka Mäkelä, Finnish Branch of the Nordic Cochrane Centre
Dr Andy Oxman, Norwegian Branch of the Nordic Cochrane Centre

From January 1998, two new members have joined the Board:

Mr Claus Juhl, Danish Ministry of Health
Dr Martti Kekomäki, Helsinki University Central Hospital

Replacements will be found for Wulff and Skou, who have retired.

Current sources of funding support

Apotekerfonden (1991 Danish Pharmacy Foundation)
Copenhagen Hospital Corporation
Central Library for Medical Sciences, Finland
Danish Medical Research Council
Duodecim, Finland
European Union
Finnish Medical Association
Glaxo Wellcome, Norway
Institute for Occupational Health, Finland

Ministry of Health and Social Affairs, Norway
National Institute of Public Health, Norway
Nordic Council of Ministers
Pfizer, Norway
Rigshospitalet, Denmark
Stakes (National R&D Centre for Welfare and Health), Finland
Sygekassernes Helsefond, Denmark
Swedish Council for Technology Assessment in Health Care

Acknowledgements

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Professor Henrik R. Wulff (chair since 1996) and other members of the Advisory Board of the Centre; Chief Editor Liselotte Højgaard, Ugeskrift for Læger; Managing Director Jørgen Jørgensen and Medical Director Helle Ulrichsen, Rigshospitalet; Managing Director Erik Juhl, Copenhagen Hospital Corporation; Medical Director Einar Krag, National Board of Health; General Secretary Jan Lindgren, Finnish Medical Society Duodecim; Chief Librarian Mariam Ginman, Finnish Central Library for Health Sciences; and Chief Librarian Arne Jakobsson, Swedish Institute for Health Services Development.

Nordic Review Groups and reviews

Two review groups with a base in the Nordic area have been established:

The Hepato-Biliary Group with Christian Gluud, Denmark, as coordinating editor was registered with the Collaboration on 29 March 1996. Two systematic reviews and 9 protocols from the group appeared in the first issue of The Cochrane Library 1998. A further 7 protocols have been submitted to the Editorial Team and an additional 44 titles registered. Handsearching of specialist journals is rapidly progressing; 34 journals have been completed or are being searched. The group's specialised register contains about 9,000 citations, half of which are also available as hard copies. For further information, see The Cochrane Library and the group's annual report which is included in the Annual Report of the Copenhagen Trial Unit, available from:

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The Colorectal Cancer Group with Peer Wille-Jørgensen, Denmark, as coordinating editor started its preparations in May 1996, had an exploratory meeting on 12-13 September 1997 and was registered 26 January 1998. It has already started working and the first protocol as well as the first review are ready. A list of relevant journals to handsearch has been prioritised,

based on the number of randomised trials they contain. For further information, see The Cochrane Library and the group's annual report which is available from:

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In addition to these two groups, the following Review Groups have Nordic editors:

Back Sub-Group (Alf Nachemson, Sweden)
Depression, Anxiety and Neurosis (Per Bech, Denmark)
Effective Professional Practice (Andy Oxman, Norway)
Incontinence (Steinar Hunskaar, Norway)
Inflammatory Bowel Disease (Jørgen Rask Madsen, Denmark)
Peripheral Vascular Diseases (Lars Janzon, Sweden)
Wounds (Christina Lindholm, Sweden)

Nordic researchers participate in many additional review groups and fields, see The Cochrane Library for information. In the October issue of 1997 of The Cochrane Library, 7 reviews and 10 protocols were listed with Nordic contributors as primary authors, which amounts to 3% of the 559 reviews and protocols. Staff at The Nordic Cochrane Centre have published 3 reviews as primary authors. A considerable number of additional reviews have Nordic coauthors.

RESULTS IN RELATION TO "OBJECTIVES AND TARGETS FOR 1997-1999"

Objective 1. To facilitate the preparation of high quality, up-to-date systematic reviews across a broad range of health care topics.

Target 1.1. Offer at least two workshops a year to support members of registered review groups to develop protocols and use the Review Manager software. *Done, protocol development, Copenhagen, 13 Nov (10 participants); Review Manager, Copenhagen, 14 Nov (short instruction, 4 participants). Two workshops in the spring were cancelled because of poor demand.*

Target 1.2. Offer one training workshop for handsearchers each year. *Done, Copenhagen, 12 Nov (18 participants).*

Target 1.3. Conduct a week-long course on evidence-based health care each year. *Done, Oslo, 1-5 June. Andy Oxman arranged the course; several tutors participated from The Nordic Centre and its branches in Oslo and Helsinki.*

Target 1.4. Identify possible new reviewers and editors, filling the gaps in the current coverage of the scope of review groups. *Done, in collaboration with the UK Cochrane Centre; only two orphan areas now remain: Endocrine diseases apart from diabetes and anaesthesia. The review groups' scopes and topic lists have been reviewed and a draft proposal for a uniform structure, with MeSH codes, has been distributed for comments. An exploratory meeting for a possible Colorectal Cancer Review Group was chaired in Copenhagen, 12-13 Sept; the group was registered 26 January 1998 with a Danish coordinating editor.*

Target 1.5. In collaboration with the UK Cochrane Centre finish the preparatory work and submit an application for an orphan trials review group by the end of 1998 which may provide a temporary home for reviewers with an interest not covered by existing groups. *Target for 1998, not relevant for this report.*

Target 1.6. Update and disseminate revised editions of *The Cochrane Collaboration Handbook*. *Done, version 3.0.1 released in March and 3.0.2. in October 1997.*

Target 1.7. In collaboration with Update Software, update and release a new version of Review Manager each year which is as user-friendly as possible and incorporates necessary new statistical methods. *Done, version 3.01 was released in 1997.*

Target 1.8. Establish a support system for users of Cochrane software in 1997. *Done, still being developed.*

Target 1.9. Establish a searchable catalogue of examples for teaching and learning review methods in 1997. *Done as a pilot project, will be incorporated in The Cochrane Handbook.*

Target 1.10. Publish 4th edition of: Wulff HR, Gøtzsche PC. Rationel klinik. København: Munksgaard (this book is obligatory reading for medical students in Copenhagen; the revised edition will describe systematic reviews and The Cochrane Collaboration). *Done.*

Target 1.11. Handsearch the remaining Norwegian and Finnish general journals by the end of 1997 and 1998, respectively. *Done for Finnish journals, partly for the Norwegian Medical Journal. Citations to 2023 trials in Nordic general journals have so far been identified. This work is important, and some of the early trials which are not in Medline have already been incorporated in Cochrane Reviews, e.g. a Danish trial from 1951 appears in a review of sore throat. Handsearching of general medical journals has started in Russia. A list of handsearched journals appears in Appendix 1.*

Target 1.12. Translate titles of all trials identified by handsearching which are not in Medline into English, ongoing process. *Done.*

Target 1.13. Update prospective handsearches annually and send citations for all new trials to The Baltimore Cochrane Center for inclusion in Medline and *The Cochrane Controlled Trials Register*. *Done.*

Target 1.14. Publish Cochrane reviews on antifungal agents, somatostatin, and asthma during 1997. *Done, apart from asthma which is transferred to 1998.*

Target 1.15. Prepare and maintain Cochrane reviews performed by staff members. *Done, in addition to the reviews mentioned under target 1.14, a review of short-term low-dose prednisolone for rheumatoid arthritis has been published.*

Target 1.16. To promote publication in Nordic specialist journals describing The Cochrane Collaboration, ongoing activity. *Done.*

Target 1.17. During 1997 to explore the possibilities of commissioning Cochrane Reviews by medical technology assessment agencies in the Nordic region. *Done in Denmark, Finland and Sweden. Agreement in principle has been reached for close collaboration with the Swedish Council for Technology Assessment in Health Care, the State Institute for Medical Technology Assessment in Denmark and FINOHTA in Finland. The Nordic Centre coordinates contacts with the WHO; negotiations with the European Office in Copenhagen are ongoing concerning a project on the organisation of emergency services in Europe, in collaboration with the Cochrane Effective Professional Practice Group. Talks are also ongoing with the United Nations' International Atomic Energy Agency in Vienna about reviews of radiation therapy and therapy with nuclear isotopes; the responsibility for this contact has been transferred to the newly established German Cochrane Centre and the Cochrane Cancer Network is also involved.*

Objective 2. To promote awareness of, access to and use of Cochrane Reviews.

Target 2.1. Inform ethical review committees, drug agencies and medical research councils in the Nordic countries during 1997 of the need to refer to a recent systematic review in proposals for new clinical trials to avoid redundant and unethical clinical research (in the UK, the Medical Research Council has made reviews obligatory in applications for funding for trials). *Done in Denmark, Norway and Sweden; will be done in Finland and Iceland in 1998. The annual meeting for The Nordic Cochrane Centre and Network, which was held 17 January 1997 in Oslo, addressed this issue. The Danish Research Ethics Committee system has made it explicit that all relevant literature must have been reviewed, usually in connection with a global search in relevant databases. This decision is very helpful as an example for others to follow.*

Target 2.2. Inform universities and other institutions in the Nordic countries during 1997 of *The Cochrane Library* and suggest it be used in curricula of problem-based learning. *Done in Copenhagen, problem-based learning will be introduced.*

Target 2.3. During 1997 promote publication of papers which summarise important Cochrane reviews in the Nordic medical associations' journals (such publications, labelled status articles on evidence-based medicine, were introduced in 1996 in *Ugeskrift for Læger*). *Done in Denmark and Finland, 4 papers published in Ugeskrift for Læger, 3 in Suomen Lääkärilehti.*

Target 2.4. Translate information brochure on the Cochrane Collaboration, especially directed at policy makers, funders, and patients, into the Nordic languages during 1997. *Done, leaflets describing The Cochrane Collaboration and The Nordic Cochrane Centre and Network have been prepared in Danish, Finnish, Norwegian and Swedish. The Cochrane Collaboration brochure has been translated into Danish; it is available in print and on our home page*

Target 1.15. Prepare and maintain Cochrane reviews performed by staff members. *Done, in addition to the reviews mentioned under target 1.14, a review of short-term low-dose prednisolone for rheumatoid arthritis has been published.*

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Target 2.4. Translate information brochure on the Cochrane Collaboration, especially directed at policy makers, funders, and patients, into the Nordic languages during 1997. *Done, leaflets describing The Cochrane Collaboration and The Nordic Cochrane Centre and Network have been prepared in Danish, Finnish, Norwegian and Swedish. The Cochrane Collaboration brochure has been translated into Danish; it is available in print and on our home page*

(www.cochrane.dk).

Target 2.5. Convene a consumers meeting during 1997 and discuss which reviews and outcomes consumers want most. *Done in Denmark, representatives from more than 30 organisations were present. They will be invited to participate in a workshop during 1998.*

To increase general awareness and interest, staff at the Centre and its branches have given more than 80 lectures (not listed in this report), conducted more than 20 courses and workshops and published 35 papers, book chapters, and a book (see Appendix 2) which have addressed issues of relevance for our objectives.

The Centre has finished a project in collaboration with the Department of Obstetrics at Rigshospitalet in Copenhagen about initiating evidence-based guidelines for doctors and midwives with reference to Cochrane Reviews when feasible. The project identified a number of deficiencies in Cochrane Reviews, which have been brought to the attention of the relevant review groups, and many discrepancies between the recommendations at the department and the best available evidence. An extensive report is available in Danish.

Objective 3. To provide central coordination and a focus for Cochrane activities within the countries serviced by The Nordic Cochrane Centre.

Target 3.1. Provide accurate and accessible information on Cochrane activities in the region and elsewhere, ongoing activity. *Done by means of The Cochrane Library and newsletters.*

Target 3.2. Maintain an up-to-date directory of names, contact details and areas of interest and expertise of people in the region who have expressed interest in contributing to the Cochrane Collaboration, ongoing activity. *Done, via the Cochrane Directory at the Australasian Cochrane Centre.*

Target 3.3. Deal with conflicts in a fair, consultative and nonjudgmental manner, ongoing activity. *Done, one such conflict occurred and was resolved in collaboration with the UK Cochrane Centre.*

In addition to these targets, the Nordic collaboration was strengthened during 1997 by formally creating Norwegian and Finnish branches of The Nordic Cochrane Centre, at the same time specifying the demands which should be met in order to obtain a status as a national branch of The Nordic Cochrane Centre (see Appendix 3 for details).

Objective 4. To continue to provide central coordination for software development within The Cochrane Collaboration.

Target 4.1. Establish a register of software projects within The Cochrane Collaboration during 1997. *Transferred to 1998 because of maternity leave.*

Target 4.2. Establish a change control system for The Cochrane Collaboration Information Management System (Review Manager, Module Manager and the Parent Database) and for MetaView (in collaboration with Update Software) during 1997. *Done as a pilot version,*

ongoing process. Provided the basis for a collaboration-wide consultation regarding specifications for RevMan 4.0, which concluded with a set of recommendations to the Steering Group for future development.

Objective 5. To contribute to research relevant to systematic reviews, especially on bias and on non-specific (placebo) effects of health care.

Target 5.1. Complete section on Methods Working Groups for inclusion in *The Cochrane Library* during 1997. *Done.*

Target 5.2. In collaboration with the Dutch Cochrane Centre establish during 1997 and maintain a searchable register of important papers on non-specific effects of interventions (placebo effects). *Done, as a pilot project.*

Target 5.3. Convene an exploratory meeting of the Observational Data Methods Working Group in 1997. *Done, as a pre-exploratory meeting.*

Target 5.4. Convene an exploratory meeting of the Empirical Methodological Studies Working Group in 1997. *Not relevant, since the group was formed in 1997 based on meetings already held. Progress has been made towards setting up a Review Group which will review empirical studies of methodological questions.*

Target 5.5. Update and improve the Cochrane Review Methodology Database, ongoing. *Done.*

Target 5.6. Produce a newsletter for the Methods Working Groups, ongoing. *Done.*

Objective 6. To contribute to the efficient operation and sustainable growth of The Cochrane Collaboration.

Target 6.1. To obtain funding for central coordination of software development within The Cochrane Collaboration for 1997 to 1999. *Done, achieved from Apotekerfonden (1991 Danish Pharmacy Foundation) and the Danish Medical Research Council.*

Target 6.2. To obtain funding for development of Review Manager for 1997 to 1999. *Done, see target 6.1.*

The work and achievements of the Hepato-Biliary Group were evaluated in May, 1997, when the group had existed in 14 months. The conclusion of the evaluation was that the group's performance seemed to compare well with other Cochrane groups; the register of trials being built up was impressive and the editors were all engaged in doing their own reviews.

Objective 7. To achieve financial sustainability for The Nordic Cochrane Centre.

Target 7.1. To have achieved core funding for The Nordic Cochrane Centre by the end of 1997. *Not achieved, transferred to 1998.*

STRATEGIC PLAN FOR 1998

The Cochrane Collaboration's basic ideas of identifying all randomised trials, building specialised registers of these trials, and of producing and updating high-quality systematic reviews of the effects of all areas of health care have been readily accepted throughout the world. The Nordic Cochrane Centre will continue to collaborate with others, in the countries serviced by the Centre and elsewhere, to facilitate preparation, maintenance, and dissemination of systematic reviews. This is expected to lead to considerable benefits for the Nordic societies. Clinical practice will become more evidence-based, leading to more rational use of health care resources. Clinical research will also become more efficient, not only by avoiding redundant trials but also by using improved methods, since the process of reviewing the literature systematically often leads to important suggestions of better designs and more relevant outcome variables in future research, and better review methods.

As already indicated in this report, the Nordic contribution to The Cochrane Collaboration has been a success. No less than 9 of the 38 registered Review Groups (24%) have a Nordic editor, despite the fact that most groups have only 3-4 editors. Nordic researchers contribute to all nine Methods Working Groups, three of which (38%) have Nordic leadership, and the overall work is coordinated from The Nordic Cochrane Centre. Further, the Centre is responsible for coordinating software development within the Collaboration, for developing the *Information Management System*, in particular *Review Manager*, and for editing *The Cochrane Collaboration Handbook*.

Although there are clear signs of improvement, Nordic researchers contribute less than what might be expected to the production of Cochrane Reviews, compared to their leadership in clinical trials. A Medline search for the last 10 years showed that the proportion of randomised trials with a Nordic primary author is 8.5%, which is very high, since the Nordic population amounts to only about 20 million. In contrast, the proportion of meta-analyses on Medline is only 3.7%, which agrees well with Cochrane Reviews and protocols, where 3.0% of the primary authors are Nordic. We have identified four important obstacles for getting more Nordic researchers involved in The Cochrane Collaboration:

- 1) Despite intensive marketing efforts, which has made The Cochrane Collaboration widely known, many researchers are still uncertain what the particular assets of the Collaboration are and why high-quality systematic reviews are so essential for the practice of rational, economically sound, evidence-based medicine.
- 2) Many researchers believe that systematic reviewing gives little academic credit. This misconception probably stems from the fact that traditional, narrative review articles - for good reasons - are not held in high esteem.
- 3) Many researchers are aware that systematic reviewing is very time consuming. This is correct, but acceptable, since high-quality research doesn't come easy, whatever its nature.
- 4) Although we have a long tradition in the Nordic countries for doing high-quality clinical trials, we do not have a similar tradition for systematic reviewing of clinical trials, which is unfortunate, since individuals with the necessary skills and commitment to do good systematic reviews and to teach others to do them are in short supply.

Accepting the systematic approach to reviewing can be compared to the diffusion of any new technology, where a slow start with innovative early adopters is followed by a rapid expanse when the more conservative users of reviews have also accepted the principles. In fact, our situation is worse than that since we do not only ask researchers to “buy” the principle but also to invest their own scarce time in doing reviews. Only few of the users can be expected to perform reviews themselves, but those who consider doing so may need the moral support of opinion leaders who have a positive attitude toward Cochrane work. It is therefore important to provide training in the principles of evidence-based medicine and systematic reviews and we will intensify this activity in 1998. We will also continue to publish papers and give lectures on the Collaboration as far as our limited resources and other commitments allow.

In order to provide examples of the usefulness of this activity and to educate new collaborators, we will also continue to do systematic reviews in important areas ourselves. It has been shown repeatedly that the results of systematic reviews are often at variance with established opinion and practice, as described and recommended in even the most respected journals and textbooks. The reviews published or produced by staff at The Nordic Cochrane Centre during 1997 may be illustrative in this respect (see appendix 2 for references):

- It seems to be safe to give birth at home, provided skilled assistance is available and that it is not a high-risk pregnancy.
- Treatment with somatostatin or octreotide in acute bleeding oesophageal varices does not appear worthwhile, since there was no effect on mortality and the treatment saved only one unit of blood per patient.
- The use of chemical and physical measures to reduce exposure to house dust mite allergens had no effect on the patients' asthma.
- Low-dose prednisolone for rheumatoid arthritis was shown to be highly effective, based on old studies, and the most recently conducted study had therefore been superfluous.
- In cancer patients with neutropenia, antifungal prophylaxis had no convincing effect on mortality and only a modest effect on fungal invasion.

The three Cochrane Reviews published by staff at The Nordic Cochrane Centre as primary authors during 1997 have also been published or accepted in the British Medical Journal. This demonstrates that it is certainly possible to obtain traditional academic merit by doing Cochrane Reviews. However, we will continue to try to convince relevant institutions that Cochrane Reviews are a merit in themselves and should be regarded as equally valuable as original research - if not more, since the results are directly applicable to patients.

Recent research has demonstrated that the same authors tend to publish trials in English-language journals when they have shown significant results, and in their native language when the results are not statistically significant; and that the quality of trials published in the local language is not poorer than that of trials published in English. This research underlines the importance of handsearching all journals for clinical trials in order to minimize bias in systematic reviews. We will therefore try to make sure that trials published in the Nordic region are not only searched retrospectively, but also prospectively, by assigning volunteers to the journals.

The following objectives and targets relate specifically to staff at the Centre and its two national branches but may, to a varying extent, depending on interest and available resources,

also be relevant for contacts in The Nordic Cochrane Network. Other tasks will be carefully considered in light of these targets.

Objectives and targets for 1998-1999

Objective 1. To facilitate the preparation of high quality, up-to-date systematic reviews across a broad range of health care topics.

Target 1.1. Offer at least two workshops a year and other forms of training to support members of registered Review Groups to develop protocols and use the Review Manager software.

Target 1.2. Offer one training workshop for handsearchers each year.

Target 1.3. Conduct at least one week-long course on evidence-based health care each year and offer shorter courses on demand which are open to researchers who are not Cochrane reviewers.

Target 1.4. Conduct a 2 day course on meta-analysis in 1998.

Target 1.5. Identify possible new reviewers and editors, filling the gaps in the current coverage of the scopes of Review Groups. In particular, we will try to get anaesthetists involved.

Target 1.6. In collaboration with the UK Cochrane Centre finish the preparatory work and submit an application for an orphan trials review group by the end of 1998 which may provide a temporary home for reviewers with an interest not yet covered by existing groups.

Target 1.7. Update and disseminate revised editions of *The Cochrane Collaboration Handbook*.

Target 1.8. In collaboration with the Software Development Group, Review Manager Advisory Group and Update Software release version 3.1 of Review Manager in 1998 which includes, for example, support for individual patient data meta-analysis and context-sensitive help, and release a beta-version of 4.0.

Target 1.9. Maintain and develop the support system for users of Cochrane software.

Target 1.10. Maintain and develop the catalogue of examples for teaching and learning review methods.

Target 1.11. Finish handsearching of Tidsskrift for Den norske lægeforening in 1998.

Target 1.12. Identify prospective searchers for most general Nordic health care journals in 1998.

Target 1.13. Translate titles of all trials identified by handsearching which are not on Medline into English. Compare methods of providing search terms for non-English articles in

collaboration with the Baltimore Cochrane Center.

Target 1.14. Update prospective handsearches annually and send citations for all new trials to the Baltimore Cochrane Center for inclusion in CENTRAL, and by this mechanism also in Medline and in *The Cochrane Controlled Trials Register*.

Target 1.15. Prepare and maintain Cochrane Reviews performed by staff members.

Target 1.16. Develop a database of unpublished data cited in Cochrane Reviews.

Objective 2. To promote awareness of, access to and use of Cochrane Reviews.

Target 2.1. Inform medical faculties at the universities in the Nordic countries during 1998 of *The Cochrane Library* and suggest it be used in curricula of problem-based learning.

Target 2.2. Translate the information brochure on The Cochrane Collaboration into Finnish and Swedish during 1998.

Target 2.3. Continue to collaborate with Ugeskrift for Læger and Suomen Lääkärilehti in publishing articles on evidence-based medicine which summarise important Cochrane Reviews.

Target 2.4. Investigate the interest among the editors of the other Nordic medical associations' journals in publishing articles on evidence-based medicine which summarise important Cochrane Reviews (see target 2.3) and start collaboration, if possible.

Target 2.5. By the end of 1998 have obtained that *The Cochrane Library* is available for large numbers of potential users on at least five major networks, e.g. for medical associations, major hospitals, or the WHO.

Target 2.6. Improve the Centre's homepage on Internet (www.cochrane.dk), launch a Norwegian home page, and add a frequently asked questions list, brochures in several languages, and other useful information.

Objective 3. To provide central coordination and a focus for Cochrane activities within the countries serviced by The Nordic Cochrane Centre.

Target 3.1. Provide accurate and accessible information on Cochrane activities in the region and elsewhere.

Target 3.2. Maintain an up-to-date directory of names, contact details and areas of interest and expertise of people in the region who have expressed interest in contributing to The Cochrane Collaboration.

Objective 4. To continue to provide central coordination for software development within The Cochrane Collaboration.

Target 4.1. Maintain the register of software projects within The Cochrane Collaboration.

Target 4.2. Maintain the change control system for The Cochrane Collaboration Information Management System (Review Manager, Module Manager and the Parent Database) and for MetaView (in collaboration with Update Software).

Objective 5. To contribute to research relevant to systematic reviews, especially on bias and on non-specific (placebo) effects of health care.

Target 5.1. Provide support for the Methods Working Groups by establishing discussion lists and provide methodological support to RevMan users.

Target 5.2. Maintain the register of important papers on non-specific effects of interventions (placebo effects).

Target 5.3. Convene or facilitate a workshop on non-randomised data in 1998.

Target 5.4. Update and improve the Cochrane Review Methodology Database.

Target 5.5. Produce the newsletter for the Methods Working Groups.

Target 5.6. Coordinate the development of the Empirical Methodological Studies Group with the aim of getting Cochrane Reviews produced on methodological questions.

Target 5.7. Start collaborative research project to elucidate how best to use data from crossover trials, data on ranking scales and continuous data in meta-analyses, since there is insufficient guidance in the meta-analytic literature on these important subjects.

Objective 6. To contribute to the efficient operation and sustainable growth of The Cochrane Collaboration.

Target 6.1. Produce a final proposal to the Steering Group on coding and organisation of the Review Groups' scopes and topic lists in 1998.

Target 6.2. Strive to ensure that the priorities for the work in Cochrane centres as much as conditions for funding allows reflects the needs of The Cochrane Collaboration; that Cochrane centre directors' meetings become more result oriented in order to meet these needs, and that bureaucracy be kept at a minimum, for example by increased use of delegation, rather than wide consultation.

Target 6.3. Evaluate the performance of the registered Review Groups in the Nordic area annually.

Target 6.4. Prepare a proposal for methods of preventing and solving conflicts within the Collaboration together with other interested members of the Collaboration.

Objective 7. To achieve financial sustainability for Nordic Cochrane activities.

Target 7.1. To have achieved core funding for The Nordic Cochrane Centre by the end of

1998.

Target 7.2. To have achieved core funding for The Norwegian and Finnish branches of The Nordic Cochrane Centre by the end of 1998.

Target 7.3. To have achieved core funding for the Cochrane Hepato-Biliary Group and the Cochrane Colorectal Cancer Group by the end of 1998.

APPENDIX I LIST OF HANDSEARCHED JOURNALS

	Country of publication	Years completed	Still being searched
Acta Pathologica et Microbiologica Scandinavica, Section B, Microbiology	Denmark	-	1975-81
Acta Pathologica, Microbiologica, et Immunologica Scandinavica, Supplementum	Denmark	-	1982-7
Acta Pathologica et Microbiologica Scandinavica, Supplementum	Denmark	-	1948-81
Acta Pathologica, Microbiologica, et Immunologica Scandinavica, Section A, Pathology	Denmark	-	1982-7
Acta Pathologica, Microbiologica, et Immunologica Scandinavica, Section B, Microbiology	Denmark	-	1982-7
Acta Pathologica, Microbiologica, et Immunologica Scandinavica, Section C, Immunology	Denmark	-	1982-7
Acta Pathologica et Microbiologica Scandinavica, Section A, Pathology	Denmark	-	1970-81
Acta Pathologica et Microbiologica Scandinavica, Section C, Immunology	Denmark	-	1975-81
Acta Pathologica et Microbiologica Scandinavica, Section B, Microbiology and Immunology	Denmark	-	1970-4
Acta Pathologica et Microbiologica Scandinavica, Section B, Microbiology and Immunology	Denmark	-	1948-69
Acta Pathologica et Microbiologica Scandinavica	Denmark	-	1948-1977
Acta Allergologica	Denmark	-	-
Acta Oncologica	Sweden	1987-1996	-
Allergy	Denmark	1996-7	1978-95
Annales Chirurgiae Et Gynaecologiae	Finland	1946-96	-
Annales Medicinae Internae Fenniae	Finland	1946-68	-
Annals Clin Research (69-88) Annals Of Medicine (1989-)	Finland	1969-96	-
APMIS Supplementum	Denmark	-	1988-97
APMIS	Denmark	-	1988-97
Bibliotek For Laeger	Denmark	1990-1996	1996-1997
Danish Medical Bulletin	Denmark	1954-1995	1996-1997
Duodecim	Finland	1954-96	1997
Finnish Medical Journal	Finland	1953-96	-
Idrottsmedicin	Sweden	1981-1992	-
Kardiologia	Russia	-	1961-1997
Kunnallislaakari	Finland	1985-96	-
Laeknabladid	Iceland	1950-1994	1995-1997
Lakartidningen	Sweden	1965-1996	1997

Maanedsskrift For Praktisk Laegegerning				
Nordisk Medicin				
Opuscula Medica				
Practicus				
Scandinavian Journal Of Social Medicine				
Sjukgymnasten (Med Vetenskapligt Supplement)				
Social Medicinsk Tidskrift				
Suomen Laakarilehti				
Svensk Medicin				
Svenska Lakarsallskapets Handlinger				
Swedish Dental Journal				
Terapevitcheskii Arkhiv				
Tidsskrift For Den Norske Laegeforening				
Ugeskrift For Laeger				
Upsala Journal of Medical Sciences				
	Denmark	1989-1996	1997	
	Sweden	1950-1995	1996-1997	
	Sweden	1956	1957-1997	
	Denmark	1984-1996	1997	
	Sweden	1980	-	
	Sweden	1967-1996	-	
	Sweden	1988-1996	-	
	Finland	1948-96	-	
	Sweden	1988-1996	-	
	Sweden	1981	-	
	Sweden	1977-1995	-	
	Russia	80, 85, 90, 94, 96	?	
	Norway	72, 77, 78, 80, 85, 88	1960-1997	
	Denmark	1948-1996	1997	
	Sweden	1973-96	-	

APPENDIX 2. PUBLICATIONS, COURSES, AWARDS IN 1997

Publications

(Cochrane Reviews and protocols are published in: The Cochrane Database of Systematic Reviews. The Cochrane Library. The Cochrane Collaboration; Issue #. Oxford: Update Software; 1997)

Publications by staff at The Nordic Cochrane Centre

Cochrane Reviews

Gøtzsche PC, Johansen HK. Antifungal prophylactic or empiric therapy vs placebo or no treatment in cancer patients with neutropenia. Infectious Diseases Module. The Cochrane Library. Issue 2. 1997.

Gøtzsche PC. Somatostatin or octreotide vs placebo in bleeding oesophageal varices. Hepato-Biliary Module. Issue 3. 1997.

Gøtzsche PC, Johansen HK. Short-term low-dose corticosteroids vs placebo and nonsteroidal antiinflammatory drugs in rheumatoid arthritis. Musculoskeletal Module. Issue 3. 1997.

Cochrane protocols

Johansen HK, Gøtzsche PC. Amphotericin B vs fluconazole in neutropenic cancer patients. Infectious Diseases Module. Issue 4. 1997.

Hammarquist C, Burr M, Gøtzsche P. House dust mite control measures in the management of asthma in adults and children. Airways Module. Issue 4. 1997.

Olsen O. Home vs hospital birth. Pregnancy and Childbirth Module. Issue 3. 1997.

Other publications

Christensen PM, Gøtzsche PC, Brøsen K. The sparteine/debrisoquine (CYP2D6) oxidation polymorphism and the risk of lung cancer: a meta-analysis. *Eur J Clin Pharmacol* 1997;51:389-93.

Gerstoft J, Melander H, Bruun JN, Pedersen C, Gøtzsche PC, Berglund O, et al. Alternating treatment with didanosine and zidovudine versus either drug alone for the treatment of advanced HIV infection: the ALTER study. *Scand J Infect Dis* 1997;29:121-8.

Gøtzsche PC, Johansen HK. Meta-analysis of prophylactic or empirical antifungal treatment versus placebo or no treatment in patients with cancer complicated by neutropenia. *BMJ* 1997;314:1238-44.

Gøtzsche PC. Fibigers forsøg om serumbehandling af difteri. *Bibl Læger* 1997;189:143-6.

Gøtzsche PC, Jensen KL, Hammarquist C. Randomiserede kliniske forsøg i *Ugeskrift for Læger* 1948-1995. *Ugeskr Læger* 1997;159:4762-5.

Gøtzsche PC. Cochrane-samarbejdets betydning for evidensbaseret medicin. *Ugeskr Læger* 1997;159:6721-4.

Kleijnen J, Gøtzsche PC, Kunz RH, Oxman A, Chalmers I. So what's so special about randomisation? In: Maynard A, Chalmers I, eds. *Non-random reflections on health services research: on the 25 anniversary of Archie Cochrane's Effectiveness and Efficiency*. London: BMJ Books, 1997:231-49.

Olsen O, Gøtzsche PC. Nødvendigheden af elektronisk opdaterede metaanalyser: Doppler-ultralyd i obstetrikken som eksempel. *Ugeskr Læger* 1997;159:27-8.

Olsen O. Randomiserede kliniske undersøgelser af alternativ behandling og ikke-medicinske interventioner. I: Gannik D, Launsø L, eds. *Den randomiserede kliniske undersøgelse - forsvar, kritik og refleksioner*. København: Netværk for Samfundsvidenskabelig Sygdomsforskning, 1997:19-6. ISBN 87-90503-00-7.

Olsen O. Cochrane samarbejdet og Cochrane databasen - og om vigtigheden af elektronisk opdaterede oversigter. I: *Evidensbaseret Sundhedsvæsen - rapport fra et symposium om evidensbaseret medicin, planlægning og ledelse*. København: Institut for Sundhedsvæsen, DSI rapport 97.02, 1997: 45-52.

Olsen O. Meta-analysis of the safety of home birth. *Birth* 1997;24(1):4-13.

Olsen O, Clausen JA. Routine ultrasound dating has not been proven to be more accurate than the calendar method. *Br J Obstet Gynecol* 1997;104:1221-2.

Olsen O, Gøtzsche P. Videnskabelig dokumentation mangler. Gennemgang af det videnskabelige grundlag for Sundhedsstyrelsens anbefaling vedrørende rutinemæssig ultralydsscanning ved det Nordiske Cochrane Center. *Tidsskrift for Jordemødre* 1997;107(1):24-5. [Let omarbejdet version af "Udvidet notat til Jordemoderforeningen vedrørende det videnskabelige grundlag for Sundhedsstyrelsens arbejdsgruppes anbefalinger vedrørende rutinemæssig ultralydsscanning"].

Olsen O. Proportions of lung cancer attributable to work environment in longitudinal Nordic studies – a critical systematic quantitative review. In: Olsen O, ed. *Impact of work load and work exposures on disease incidence in the Nordic Countries*. TemaNord 1997:571. Copenhagen: Nordic Council of Ministers, 1997:53-65.

Olsen O. Impact of work environment on lung cancer in the Nordic countries. In: Olsen O, ed. *Impact of work load and work exposures on disease incidence in the Nordic Countries*. TemaNord 1997:571. Copenhagen: Nordic Council of Ministers, 1997: 66-78.

Olsen O. Concepts of causality in epidemiology. In: Olsen O, ed. *Impact of work load and work exposures on disease incidence in the Nordic Countries*. TemaNord 1997:571. Copenhagen: Nordic Council of Ministers, 1997:46-7.

Olsen O, Axelson O, Heliövaara M, Kjuus H, Lunde-Jensen P, Stolwijk J. Summary of discussions, conclusions and recommendations. In: Olsen O, ed. *Impact of work load and work exposures on disease incidence in the Nordic Countries*. TemaNord 1997:571. Copenhagen: Nordic Council of Ministers, 1997:48-52.

Olsen O, ed. *Impact of Work Load and Work Exposures on Disease Incidence in the Nordic Countries*. TemaNord 1997:571. Copenhagen: Nordic Council of Ministers, 1997.

Olsen O. *Rationel diagnostik, forebyggelse og behandling ved graviditet og fødsel [Report of implementation project in pregnancy and childbirth]*. Available at The Nordic Cochrane Centre, 1997.

Wulff HR, Gøtzsche PC. Rationel klinik. Evidensbaserede diagnostiske og terapeutiske beslutninger, 4. udgave. København: Munksgaard, 1997, 278 pages.

In press

Gøtzsche PC. Metaanalyse - begreber og metoder. I: Almind G, Andersen D, Bock E, Havsteen B, Hørder M, Riis P. Sundhedsvidenskabelig forskning, 5. udg. København: FADL's Forlag, 1998.

Gøtzsche PC, Johansen HK. Meta-analysis of short-term low-dose prednisolone vs placebo and nonsteroidal, antiinflammatory drugs in rheumatoid arthritis. *BMJ* 1998

Gøtzsche PC. Hjælp til selvhjælp: Hvad kan Cochrane-samarbejdet tilbyde sundhedsvæsenet, og hvad kan sundhedsvæsenet tilbyde Cochrane-samarbejdet? Evidensbaseret sundhedsvæsen. Rapport fra et symposium. København, Institut for Sundhedsvæsen, 1998.

Olsen O, Clausen JA. Terminbestemmelse ved hjælp af ultralyd er ikke vist at være mere præcis end kalendermetoden. *Ugeskr Læger* 1998

Correspondences

Gøtzsche PC, Johansen HK. Prophylactic and empirical antifungal treatment in cancer complicated by neutropenia. *BMJ* 1997;315:489.

Gøtzsche PC. Screening for colorectal cancer. *Lancet* 1997;349:356.

Johansen HK, Gøtzsche PC. Use of odds ratio in calculation of number needed to treat was inappropriate. *BMJ* 1997;315:879.

Olsen O. Rutinemæssig UL-scanning? [letter]. *Ugeskr Læger* 1997;159:5548.

Olsen O. Comments/criticisms on Thacker SB, Stroup DF, Peterson HB. Continuous Electronic Fetal Heart Monitoring during Labor. *Pregnancy and Childbirth Module. Issue 3. 1997 (accepted).*

Olsen O. Comments/criticisms on Neilson JP. Routine ultrasound in early pregnancy. *Pregnancy and Childbirth Module. Issue 4. 1997 (accepted).*

Olsen O. Comments/criticisms on Mahomed K. Routine iron supplementation during pregnancy. *Pregnancy and Childbirth Module. Issue 4. 1997 (accepted).*

Olsen O. Comments/criticisms on Rowe BH, Spooner CH, Ducharme FM, Bretzlaff JA, Bota GW. The effectiveness of corticosteroids in the treatment of acute exacerbations of asthma: a meta-analysis of their effect on relapse following acute assessment. *Airways Module. Issue 4. 1997 (accepted).*

Witt K, Makela M, Olsen O. Likelihood Ratios to Determine "Does This Patient Have Appendicitis?" Comment and Clarification [letter]. *JAMA* 1997; 278:819.

Publications by staff at The Finnish Branch of The Nordic Cochrane Centre

Cochrane Protocols

Varonen H, Mäkelä M. Ultrasonography, radiography and clinical examination in the diagnosis of acute maxillary sinusitis in primary health care. *Acute Respiratory Infections Module*. Issue 4. 1997.

Williams J jr, Aguilar C., Makela M, Cornell J, Hollman D, Chiquette E., Simel D. Antibiotic Therapy for Acute Sinusitis: A Systematic Literature Review. *Acute Respiratory Infections Module*. Issue 4. 1997.

Other publications

Mäkelä M, Kunnamo I: Näyttöön perustuvat hoitosuosituksset [evidence-based guidelines. In Finnish]. *Duodecim* 1997;113:19-22.

Pasternack I, Mäkelä M. Cochranesamarbetet: resultatet av internationellt arbete för dokumentationsbaserad medicin. *Finska Läkaresällskapets Handlingar* 1997;157:6-12.

Varonen H. Miten Suomessa voi tutustua Cochrane-tietokantoihin? [How to get introduced with the Cochrane Databases in Finland. In Finnish]. *Suom Lääkäril* 1997;52:899-900.

Varonen H. Cochrane-katsaus: Sähköshokkihoito skitsofreniassa. [A Cochrane review: Electroconvulsive therapy for schizophrenia. In Finnish]. *Suom Lääkäril* 1997;52:3390.

Varonen H. Nikotiinikorvaushoidon vaikuttavuus: Systemoitu katsaus Cochrane-tietokannassa. [The effectiveness of nicotine replacement therapy: a systematic review in Cochrane database. In Finnish]. *Suom Lääkäril* 1997;52:2563.

Publications by staff at The Norwegian Branch of The Nordic Cochrane Centre

Cochrane Reviews

Thomson MA, Oxman AD, Haynes RB, Davis DA, Freemantle N, Harvey EL. Local opinion leaders to improve health professional practice and health care outcomes. *Effective Professional Practice Module*. Issue 4. 1997.

Thomson MA, Oxman AD, Davis DA, Haynes RB, Freemantle N, Harvey EL. Outreach visits to improve health professional practice and health care outcomes. *Effective Professional Practice Module*. Issue 4. 1997.

Cochrane Protocols

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The Cochrane Collaboration Methods Working Groups (MWG) Newsletter 1997; 1.

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Courses on systematic reviews and evidence-based medicine

(Cochrane workshops are listed under target 1.1. in the main body of the report)

Finish EBM Workshop, Järvenpää, Finland, January 27-28, 1997 (Oxman).

Finish EBM Workshop, Järvenpää, Finland, October 27-28, 1997 (Oxman).

Nordic Cochrane Centre and Network Annual Meeting, January 17, 1997 (Oxman, Gøtzsche).

EBM for Medical Librarians, Oslo, March 14, 1997 (Oxman).

KELA; Social Insurance Institution, Finland, April 23, 1997.

Second Nordic Course in Evidence-based Medicine. Oslo, 1-5 June (Andy Oxman, Ole Olsen, Peter Gøtzsche, Marjukka Mäkelä and others).

Workshop on Systematic Reviews. Amsterdam, 14-16 Aug (Ole Olsen).

SBU Workshop, Saltsjöbaden, Sweden, August 21-22, 1997 (Oxman).

Norwegian Medical Association, Rheumatology Quality Assurance Group, Oslo, Norway, September 26, 1997 (Oxman).

Helsinki University, Department of Public Health, medical students, October 1, 1997.

2nd International Conference on the Scientific Basis of Health Services and 5th Annual Cochrane Colloquium, Amsterdam, Netherlands, October 5-12, 1997 (Oxman member of scientific advisory committee + chair for over 10 workshops, sessions, meetings).

National Institute of Public Health, Finland, October 16, 1997.

Finish EBM Workshop, Järvenpää, Finland, October 27-28, 1997 (Oxman).

Minikursus i Evidensbaseret medicin og Cochrane-biblioteket. Rigshospitalet, 5 Nov (Ole Olsen, Peter Gøtzsche).

Oulu University, Department of Public Health and Primary Care, November 27-28, 1997.

Awards received

On behalf of the Cochrane Collaboration, The Nordic Cochrane Centre was awarded by the fund *En God Start i Livet*.

Ole Olsen was awarded by *Forældre og Fødsel* for his work on home birth.

APPENDIX 3. GUIDELINES FOR ESTABLISHMENT OF NATIONAL BRANCHES OF THE NORDIC COCHRANE CENTRE

Background

The most important functions for Cochrane centres are:

- 1) to provide support to Cochrane review groups and to facilitate the production of Cochrane reviews
- 2) to provide one or more tasks which are essential for the functioning of the Cochrane Collaboration
- 3) to coordinate handsearches of general medical journals within the area serviced by the centre and provide support to handsearchers affiliated with Cochrane review groups searching specialist literature
- 4) to promote awareness and use of Cochrane reviews within the area serviced by the centre

The Steering Group has advised that the total number of Cochrane Centres worldwide should be rather limited, i.e. no more than 15-20. Important reasons for this limitation are to obtain a reasonable balance between funding going to review groups and funding going to centres and to keep management at a low level.

The Steering Group has also advised that institutes and other organizations which have similar objectives as The Cochrane Collaboration may be offered an affiliated status. For international organizations the affiliation will be with the Collaboration; for national ones it will be with the regional Cochrane centre.

Some of the tasks for which Cochrane centres are responsible could more effectively be performed locally, either by individuals or by affiliated institutions. In some cases, the work done at such institutions is of such a character and magnitude that it would be more reasonable to speak of national branches of The Nordic Cochrane Centre which play a central national role rather than of affiliated institutions (of which there could be more than one for each country).

National branches of The Nordic Cochrane Centre

A national branch of The Nordic Cochrane Centre shall agree to perform the following services:

- 1) provide basic information on The Cochrane Collaboration on request, particularly with the aim of facilitating the recruitment of new Cochrane reviewers; it would be a considerable advantage if the centre was also able to provide basic methodological assistance, needed for preparing Cochrane reviews, since methodological help in one's mother tongue can be very useful
- 2) be responsible for retrospective and prospective handsearches of general medical journals published in the country and offer hard copies of these studies to Cochrane reviewers on request, if such copies cannot be obtained otherwise, e.g. via university libraries
- 3) provide translation assistance to Cochrane reviewers so that trials published in a local language may be incorporated most efficiently into Cochrane reviews; such translations need not be

literal, word by word, but could in most cases be provided on selected sections of the text or even verbally

- 4) be willing to accept invitations to give talks on the Cochrane Collaboration within the country
- 5) be willing to host (but not necessarily to conduct) training workshops for handsearchers and Cochrane reviewers and annual meetings for The Nordic Cochrane Centre and Network
- 6) liaise with national funding bodies, ethical review committees, health agencies and similar organizations
- 7) secure funding for their local Cochrane activities
- 8) define yearly targets for their work

Within each national branch, a contact person needs to be identified who can devote at least one day a week for Cochrane activities. This person is allowed to use the Cochrane logo in letters related to Cochrane activities. The person may be titled:

Coordinator for (country)
The (country) Branch of The Nordic Cochrane Centre.

This implies that a fully established Nordic Cochrane Centre and Network may consist of:

- 1) a director and one or more deputy directors for The Nordic Cochrane Centre, and
- 2) a national coordinator from each country (apart from Denmark where the centre is located).

The performance of the national branches will be evaluated at regular intervals like any other Cochrane entity. The Nordic Cochrane Centre is responsible for this evaluation. The Cochrane Collaboration Steering Group will evaluate The Nordic Cochrane Centre itself.

Peter C. Gøtzsche
6 June 1997