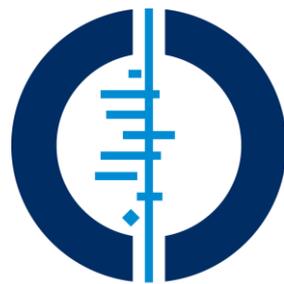


# **Annual report 2014**

**Nordic Cochrane Centre**



**Cochrane**  
Nordic

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# Introduction

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Updated systematic reviews of clinical research are essential for rational decision making in health care and for guiding the planning of new research. The Cochrane Collaboration is a registered charity, founded in 1993. It's major product, The Cochrane Library, contains more than 5,000 regularly updated systematic reviews of interventions in health care.

It is a fundamental right that information that is important to the citizens is transparent and available. Few things are more important than having access to reliable information about the benefits and harms of interventions for preventing and treating diseases. Half of the world's population has free access to Cochrane reviews and the other half has free access to abstracts of Cochrane reviews. Furthermore, everyone in the world has free access to all Cochrane reviews 12 months after they have been published or updated.

Cochrane reviews are indexed in PubMed. In 2014, the impact factor of Cochrane reviews was 5.9.

The Cochrane Collaboration engages over 30,000 people. Its organisational structure is described at <http://www.cochrane.org/>.

We report here the achievements of the Nordic Cochrane Centre for 2014 and the three review groups based in Denmark in relation to our Strategic Plan 2011-15. For general information about the centre, see <http://www.cochrane.dk/>.

The Nordic Cochrane Centre was established on 13 October 1993, the same month the Cochrane Collaboration was launched. The work of the Centre is evaluated by the Cochrane Collaboration Steering Group. There are branches of the Centre in Finland, Norway and Poland, which perform similar work as the Centre but have less formal obligations. Further, we have an affiliated centre in Kazan, Tatarstan, which will likely also become a branch, responsible for Russian speaking countries.

In addition to the centre and its branches, five Cochrane groups are based in the Nordic countries: the Hepato-Biliary Group (Denmark), the Colorectal Cancer Group (Denmark), the Anaesthesia Group (Denmark), the Occupational Health Group (Finland) and the Norwegian satellite of the Effective Practice and Organisation of Care Group (Norway).

The Nordic Cochrane Centre and the three review groups based in Denmark are financed by the Danish Government. Other funders are listed in our Annual Reports (<http://www.cochrane.dk/>). Like other Cochrane groups, we do not accept industry funding.

Citizens in Denmark, Iceland, Norway and Poland, and almost all physicians in Finland, have free access to the Cochrane Library on the Internet, and it is often consulted in these countries.

## Selected achievements in 2014

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The Nordic Cochrane Centre contributes substantially to the Cochrane Collaboration, particularly in research and IT development.

### Research

The Centre is very strong in research and has published numerous papers in the “the big five”: BMJ, Lancet, JAMA, Annals of Internal Medicine, and New England Journal of Medicine. We publish in one or more of these journals every year. Much of this research is of a methodological nature, which contributes to improving the quality and reliability of Cochrane reviews, randomised trials and other types of research.

We regularly update around 20 Cochrane reviews performed by staff members and publish new reviews, focusing on issues of major importance for public health or for our national economies.

Selective reporting of favourable results is by far the biggest threat to evidence-based medicine and to the reliability of Cochrane reviews. Flawed designs, which increase the chance of a particular outcome in favour of the sponsor’s product, is another major threat to the validity of randomised trials and reviews. Published reports of drug trials are not reliable, but generally exaggerate the benefits and downplay or omit the harms. The result of this is unnecessary and harmful treatment of many patients, and we therefore continue to prioritise our work with opening up the unpublished data at drug agencies and elsewhere, e.g. at research ethics committees.

Our biggest achievement was a breakthrough with the European Medicines Agency in 2010 (BMJ 2011;342:d2686), after three years of battle with the agency. The agency stubbornly refused to provide us access to unpublished study reports, claiming it needed to protect the drug industry’s commercial interests, but it was ultimately forced by the European Ombudsman, to whom we had appealed, to open its archives and to change its policy from one of extreme secrecy to openness. However, this is an ongoing battle, and the agency has tried on several occasions since then to wind the clock back.

Another major achievement was obtained in 2014. From 2010 to 2014, the Nordic Cochrane Centre’s director, Peter Gøtzsche, was very active at the political level in the European Parliament as a scientific lobbyist. His primary collaborators were Margrete Auken, MEP for the Greens (Denmark), and David Hammerstein, previous MEP for Spain and currently representing the Trans Atlantic Consumer Dialogue. The European Commission’s proposed revision of the Clinical Trials Directive was pretty poor and generally maintained the secrecy around drug trial results. Through our contacts with leading MEPs and consumer lobby groups, we succeeded – to our great surprise - in influencing the Commission’s proposed revision of the Clinical Trials Directive very substantially. This means that rather detailed reports of all new drug trials will become publicly available at the new EU Portal no later than 12 months after the trial was finished. It was a hard battle to get there but it ended as a major victory for those that put patient survival before profits: The final report was approved by an overwhelming majority on 2 April 2014, with 594 votes to 17, with 13 abstentions.

Because of our success with influencing the policy of the European Medicines Agency, we now have access to 69 full clinical study reports and the corresponding protocols for placebo controlled trials of antidepressants drugs. Two PhD students and several other researchers are working with the files, and we published our first two papers based on this work in the BMJ in 2014. Many of the study reports contain detailed narrative descriptions of the serious adverse effects, and we have found that these events have sometimes been miscoded by the companies so that the main text and the tables of the reports misleadingly downplay the harms, which are further misrepresented for those reports that get published.

As another result of these activities, Peter Gøtzsche published an evidence-based book in 2013 with about 900 references that details the many flaws in drug trials, the widespread corruption of doctors, and the pervasive criminal activities, both in research and marketing, in the drug industry: "Deadly medicines and organised crime: How big pharma has corrupted health care." There are many citations to important Cochrane work in the book (the word Cochrane appears 90 times), and the book has been or will be translated into 13 languages. We have been contacted by more than 30 TV crews from seven countries that wish to make, or already have made, documentaries based on the book. We see the book as a very important contribution to the aims of the Cochrane Collaboration, which include helping the citizens to adopt a critical evidence-based view of the drugs they are being offered by their physicians who generally don't know much about drugs that goes beyond what the drug industry has told them. This is an important reason why our prescription drugs are the third leading cause of death after heart disease and cancer. We must therefore do everything we can to demedicalise our societies and one way to do this is to inform the citizens about how dangerous many drugs are.

We conduct a series of PhD courses of relevance for production of Cochrane reviews and for dissemination of the principles for evidence-based medicine. We also increasingly involve medical students in our research and employed 7 students, each for 6 months, in the beginning of 2014.

A previous PhD from our centre now works full-time at the National Board of Health with clinical guidelines and a senior researcher works part-time as a methods consultant. This means that the guidelines are more evidence-based than previously and also that there are more reservations when the trial evidence is biased.

We continue to expand our research collaboration with colleagues internationally, primarily with researchers in Canada, France, Norway, the UK, and the USA. We co-author guidelines setting standards for good reporting of research: CONSORT for trials, STROBE for observational studies, PRISMA for systematic reviews and SPIRIT for protocols.

The Nordic Cochrane Centre itself is also international. In 2014, our staff came from nine different nations and four continents, Europe, North America, Africa and Asia.

## **IT development**

One of the Nordic Cochrane Centre's core contributions to Cochrane has been to produce two central software tools: RevMan and Archie – together currently known as the Information Management System or IMS. RevMan is the desktop application that gives Cochrane authors a user-friendly interface to write the complex structure of Cochrane reviews. Archie is the central web application where all Cochrane groups manage their members, reviews, documents and

editorial workflows. Archie also handles the data delivery to the Collaboration's publisher and supports the Collaboration's monitoring responsibilities.

During 2014, the IMS team was integrated with the team in Germany that was previously responsible for Cochrane websites, and the teams now operate as one team under the name Cochrane Informatics and Knowledge Management Department (IKMD). A formal organisational change is expected whereby the employment of the team members will be transferred from the Nordic Cochrane Centre to Cochrane's headquarters in the UK.

The IT staff at the Nordic Cochrane Centre currently consists of eight people working in different areas of software management, development, support and testing. We are continuously working on developing new versions of RevMan and Archie, are responsible for the operation of the Archie servers, based in the UK, as well as developing a more user-centric approach for all future technology designs.

The team has set up a new support structure for improvements to technology, called the User Experience Group, and all previous technical committees have been discontinued. We supported the second Cochrane Technical Symposium alongside the 2014 Cochrane Colloquium and plan more symposia (<http://tech.cochrane.org/cochranetech>).

## **Dissemination**

We prioritise highly to disseminate the results of our own research and those in Cochrane reviews widely to the public. We write many newspaper articles and letters to the editors in scientific journals ourselves, and give many interviews in radio and TV in several countries every year. We have more than 200 contacts with journalists every year who often come to us because it is so difficult to find experts in healthcare who do not have conflicts of interest in relation to the drug and device industries or are biased in other ways, e.g. because their income depends on certain activities or because have believed in the value of certain interventions for a long time. Ugeskrift for Læger (the Journal of the Danish Medical Association) often publish comment on Cochrane reviews from a Danish perspective. This was an activity we started long ago. In the beginning, we selected and sent particularly interesting reviews to the journal, but now the editors chose themselves which Cochrane reviews they would like to have comments on.

## **Review Groups in the Nordic region**

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### **Cochrane Hepato-Biliary Group**

The group was registered on 29 March 1996 and is based in Copenhagen. In May 2015, the Cochrane Library contained 179 reviews and 97 protocols. For further information, see the Cochrane Library or <http://ctu.rh.dk/chbg>.

## Cochrane Colorectal Cancer Group

The group was registered on 27 January 1998 and is based in Copenhagen. In May 2015, the Cochrane Library contained 99 reviews and 75 protocols. For further information, see the Cochrane Library or <http://www.cccg.dk/>.

## Cochrane Anaesthesia Group

The Anaesthesia Group (CARG) was registered in February 2000 and is based in Copenhagen. In May 2015, the Cochrane Library contained 139 reviews and 104 protocols. For further information, see the Cochrane Library or <http://www.carg.cochrane.org/>.

## Cochrane Work Group

The Work Group was registered in July 2010 and is based in Kuopio. In May 2015, the Cochrane Library contained 18 reviews and 17 protocols. For further information, see the Cochrane Library or <http://www.ttl.fi/partner/cohf/Pages/default.aspx>.

## Norwegian Satellite of the Cochrane Effective Practice and Organisation of Care (EPOC) Group

The Norwegian EPOC Satellite was launched in Oslo in November 2006. The aim of the satellite is to support review authors in low- and middle-income countries and reviews relevant to such countries, as well as supporting EPOC review authors in the Nordic area. For further information, see The Cochrane Library.

## Nordic Cochrane reviews

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Review production in the Nordic countries is very high (see Peter Gøtzsche, Britta Tendal and Mike Clarke. Review production in The Cochrane Collaboration – where is it happening and why? Cochrane Methods. Cochrane DB Syst Rev 2011 Suppl 1:16-9). Measured as number of reviews per 1 million inhabitants, Denmark was ranked 6, Norway 10 and Finland 11.

In issue 12, 2014 of The Cochrane Library, 150 reviews and 67 protocols were listed with a Nordic contact address:

Country	Reviews	Protocols
DENMARK	86	48
NORWAY	37	14
FINLAND	31	5
SWEDEN	7	8
RUSSIA	4	0
POLAND	3	6
<b>Total</b>	<b>168</b>	<b>81</b>

## Advisory Board for the Nordic Cochrane Centre

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The Advisory Board for the Nordic Cochrane Centre provides advice and support about the strategic direction for activities within the Centre. In 2014, the members were:

Doug Altman, Professor of Statistics in Medicine, Oxford, UK  
Gerd Antes, Director, German Cochrane Centre  
Mike Clarke, former Director, UK Cochrane Centre  
Fiona Godlee, Editor-in-Chief, BMJ  
Sine Jensen, Senior Health Adviser, Danish Consumer Council  
Cindy Mulrow, Editor, Annals of Internal Medicine  
Maryann Napoli, Associate Director, Center for Medical Consumers, USA  
Drummond Rennie, Editor, JAMA  
David Tovey, Editor-in-Chief, The Cochrane Collaboration  
Erick Turner, Department of Psychiatry, Oregon Health & Science University

## Acknowledgements

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The Cochrane Collaboration is registered as a charity and it is the responsibility of all contributors and groups to secure their own funding. The staff at the Nordic Cochrane Centre are grateful for the financial support received from our funders and the voluntary help received from many people and institutions since the Centre was founded in 1993 (see previous Annual Reports and Strategic Plans on <http://www.cochrane.dk/>). Currently, the funders for The Nordic Cochrane Centre are:

- Cochrane Collaboration
- Copenhagen University
- Danish Government
- Free Research Council
- Helsefonden
- Laura and John Arnold Foundation
- Peter Francati
- Rigshospitalet

## Awards

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Peter C Gøtzsche:

Winner of the British Medical Association's Annual Book Award in the category Basis of Medicine for *Deadly Medicines and Organised Crime: How big pharma has corrupted health care.*  
Award from the International Society of Ethical Psychology and Psychiatry for "intellectual honesty and bravery in tackling the biomedical-industrial complex."  
Winner of the Annual LAP Award (psychiatry award), Denmark.

# Publications in 2014 by staff at the Nordic Cochrane Centre

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