

Cochrane: the next decade

DAVID TOVEY
EDITOR IN CHIEF

Plan

Why is evidence important?

Introduction to Cochrane

Challenges for systematic review producers

Cochrane Strategy to 2020

Looking forward for evidence informed health care

Conclusion

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Trust in medicine

Compassion

Competence

Shared power

Personal care

Realism



Trust in medicine

Compassion

Competence

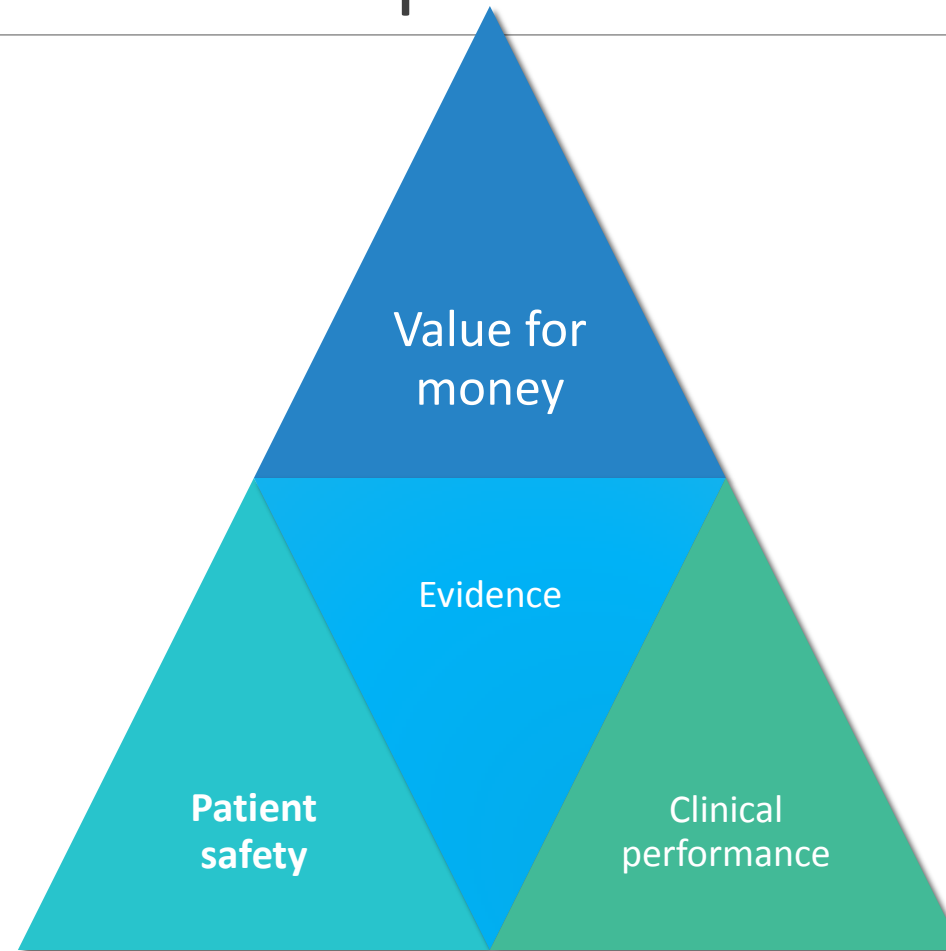
Shared power

Personal care

Realism



Why is evidence important?



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What is Cochrane?



The Cochrane Collaboration is an **international** organisation that aims to help people make **well-informed decisions** about health care by **preparing, maintaining and promoting** the accessibility of **systematic reviews** of the effects of healthcare interventions

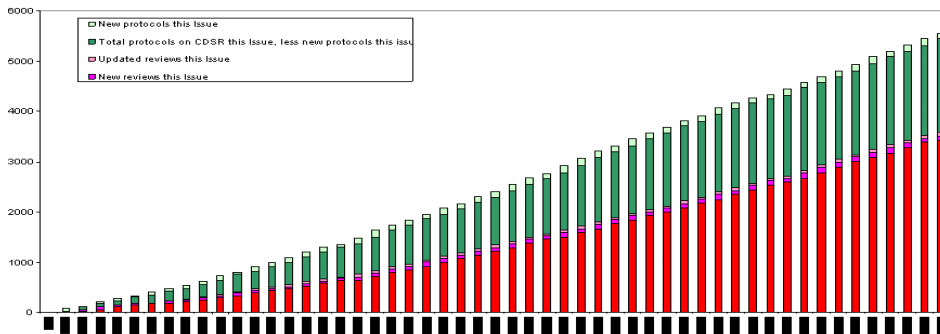
>28,000 people

>100 countries



Advocating for evidence informed decision making

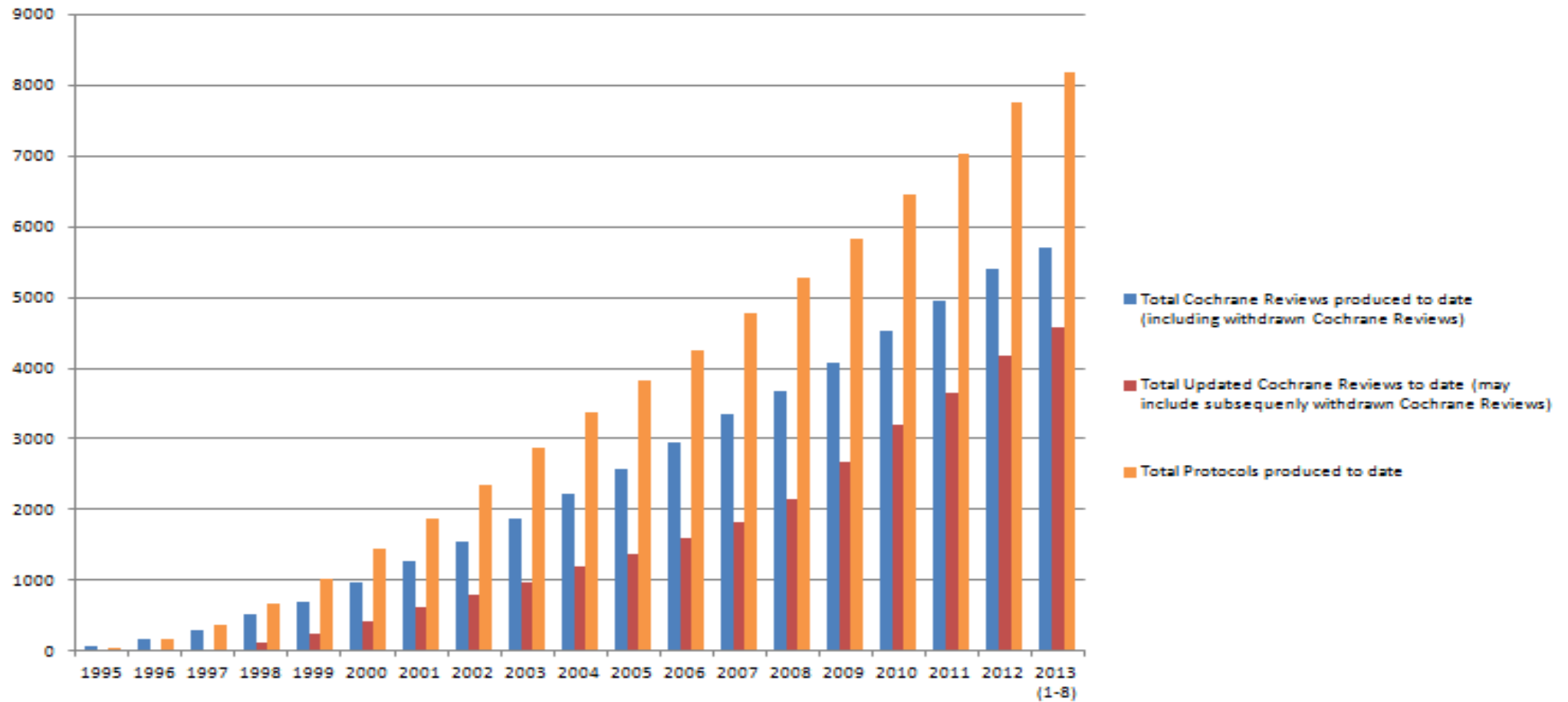
Reviews and protocols for reviews on the Cochrane Database of Systematic Reviews



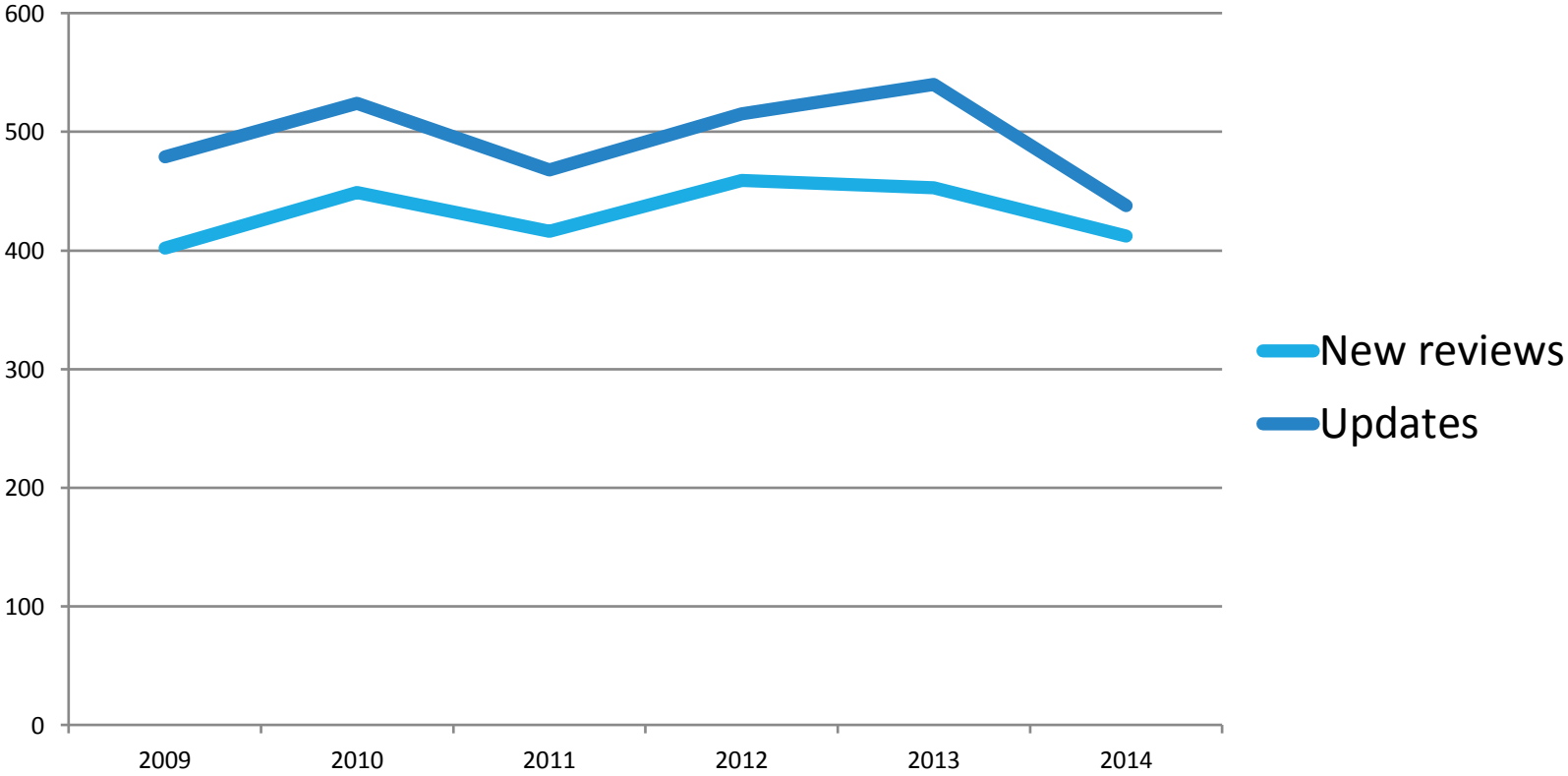
Advancing the **science** of synthesis

Cochrane evidence used worldwide by wide range of stakeholders in diverse products and activities

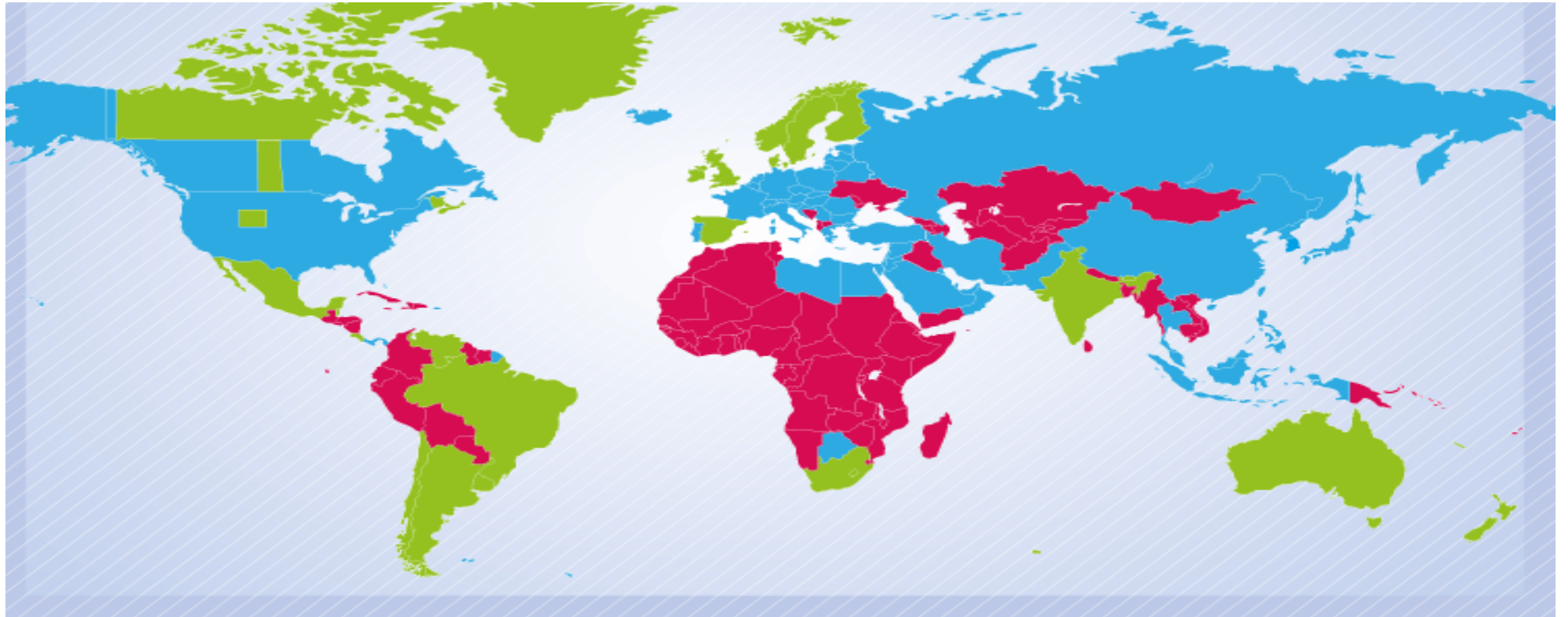
Where are we now?



Metrics



Where are we now: Access



Not just *The Cochrane Library*

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RHL The WHO Reproductive Health Library



Search

[RHL home](#)

[Adolescent sexual and reproductive health](#)

[Fertility regulation](#)

[Gynaecology, infertility and cancers](#)

[HIV](#)

[Improving clinical practice](#)

[Newborn health](#)

[Pregnancy and childbirth](#)

[Sexually transmitted infections](#)

Non-latex versus latex male condoms for contraception



UNAIDS/A. Debiky

NEW - In the trials included in the review, compared with latex condoms, non-latex condoms were more likely to break or slip off during intercourse or withdrawal. However, substantial proportions of study participants reported a preference for non-latex condoms, suggesting that non-latex condoms could be an acceptable alternative for those with a higher need for sensitivity or those who have aversion to latex condoms.

— [See full RHL commentary](#)

New in RHL

[Non-latex versus latex male condoms for contraception](#)

[VIDEO: Laparoscopic sterilization with Falope ring and Filshie clip](#)

[VIDEO: Termination of pregnancy with the manual vacuum aspirator](#)

Resources

Videos



A set of training videos to help clinicians master details of manual or surgical procedures

Effectiveness of interventions

Complete list of interventions in RHL classified by their degree of effectiveness
— [See list](#)

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 World Health Organization

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e-Library of Evidence for Nutrition Actions (eLENA)

eLENA web site now available in Arabic and Chinese

11 March 2013 – WHO has now published the eLENA web site in Arabic and Chinese, providing access to the latest nutrition guidance for millions of Arabic and Chinese readers. These two new language versions add to the English, French, Russian and Spanish sites already published and completes publication in all six of WHO's official languages.

- eLENA web site in Arabic
- eLENA web site in Chinese
- More information on eLENA language versions


WHO/Christopher Black

eLENA

- A-Z list of interventions
- Health conditions
- Life course
- Nutrients
- Interventions
- About eLENA

RHL home
Adolescent sexual and reproductive health
Fertility regulation
Gynaecology, infertility and cancers
HIV
Improving clinical practice
Newborn health
Pregnancy and childbirth
Sexually transmitted infections

E-Textbooks, guidelines.....

Where are we now: Access

OPEN ACCESS

Green OA model:

All new and updated reviews free to access 12 months after publication

Author retains copyright

Reviews will be deposited in PubMed Central or equivalent

Where are we now?

OPEN ACCESS

Gold OA model:

Full OA “author pays” model

Creative Commons licence ie cc-by-nc

Green OA model:

All new and updated reviews will be free to access 12 months after publication

Author retains copyright

Reviews will be deposited in PubMed Central or equivalent

Open access

Green OA:

- 693 reviews
- 385 protocols

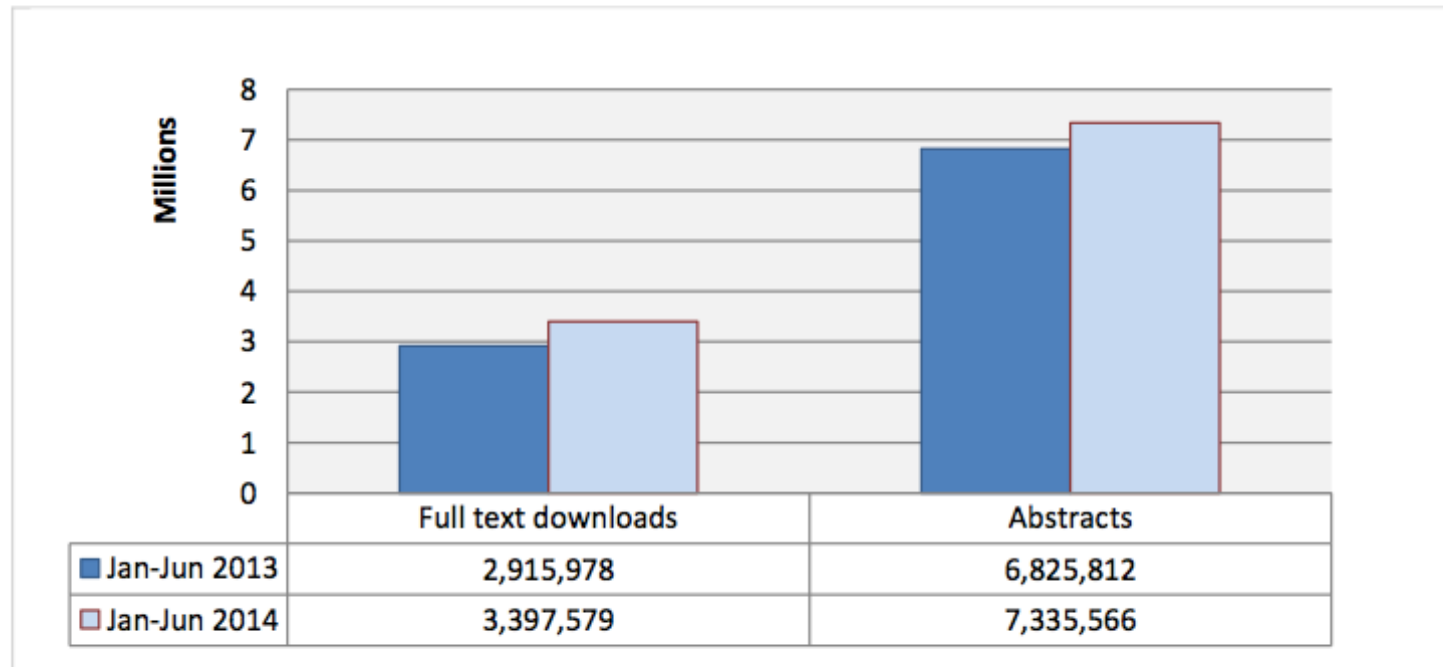
Gold OA:

- 15 reviews
- 1 protocol

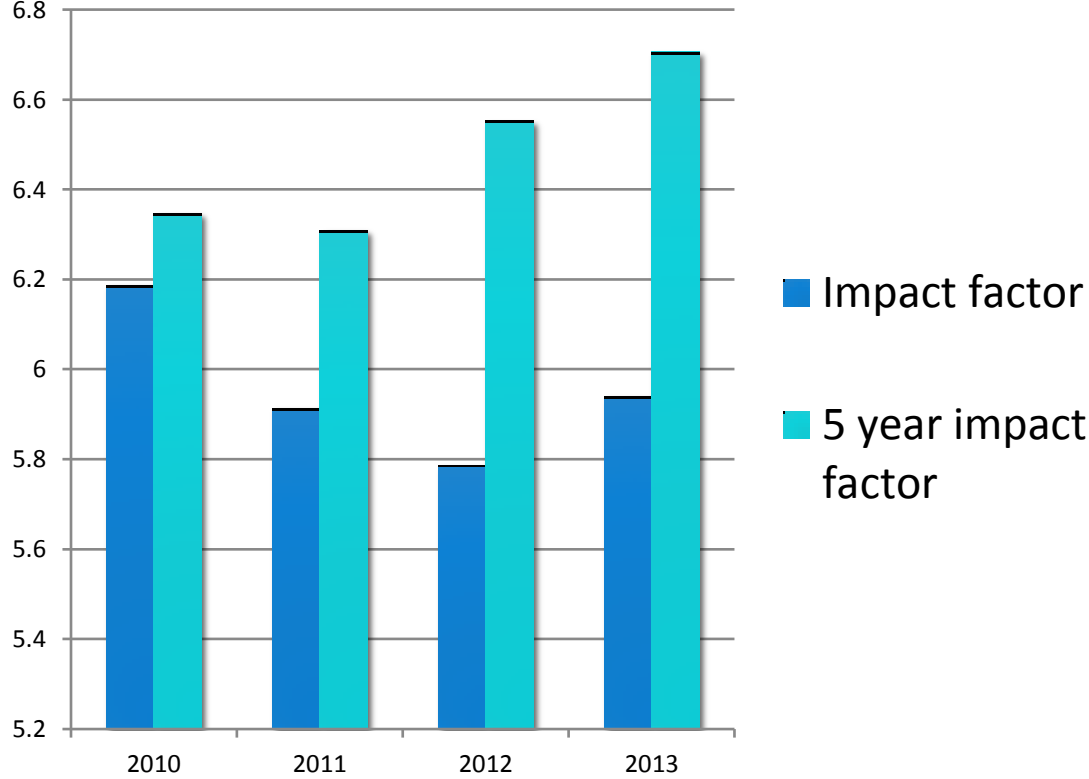
Where are we now: Impact

4.1 Usage

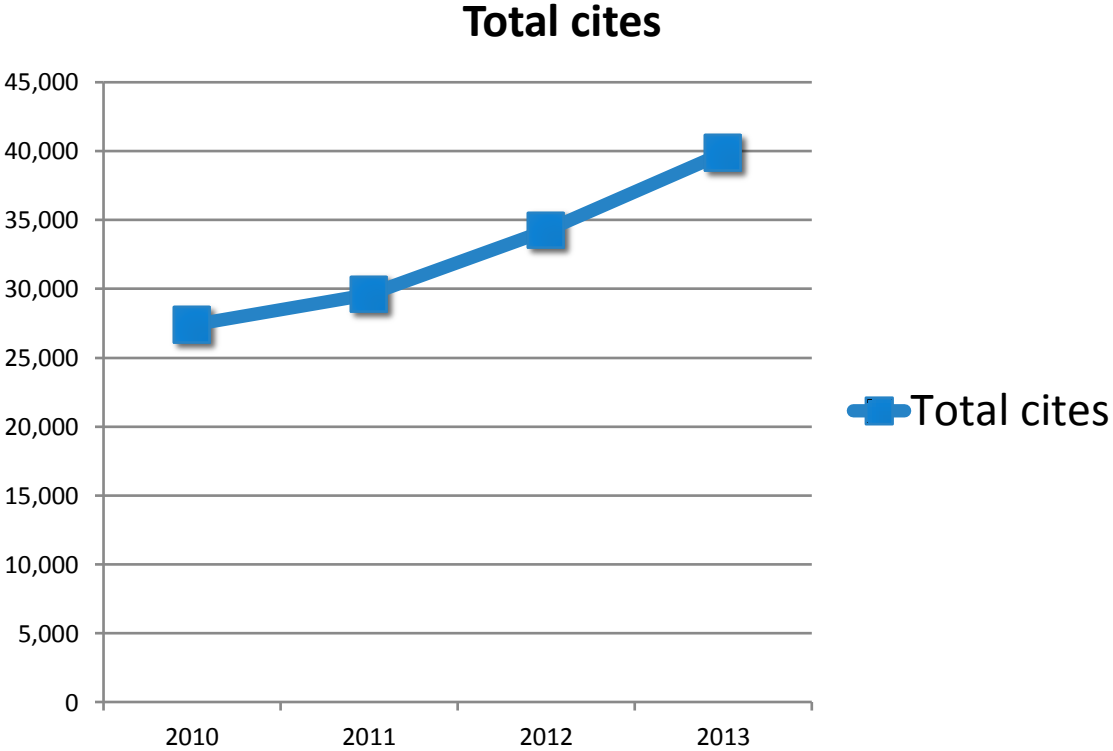
Figure 1. Full-text and abstract downloads of Cochrane Reviews: January to June 2014



Impact



Impact



Impact

Reviews published since 2011¹

- 76 reviews have been published in 3 guidelines
- 20 reviews in 4 guidelines
- 6 reviews in 5 guidelines
- 1 review in 6 guidelines
- 1 review in 7 guidelines

¹Ann Eisinga, UKCC figures

Hungary

Rank	Review Title
1	Spinal manipulative therapy for low-back pain
2	Daily oral iron supplementation during pregnancy
3	Colloids versus crystalloids for fluid resuscitation in critically ill patients
4	Statins for the primary prevention of cardiovascular disease
5	Vaccines for preventing influenza in healthy adults
6	Vitamin D supplementation for women during pregnancy
7	Early skin-to-skin contact for mothers and their healthy newborn infants
8	Vitamin C for preventing and treating the common cold
9	Interventions for preventing obesity in children
10	Interventions for visual field defects in patients with stroke

Two noteworthy reviews

- Tamiflu
- Avastin
- And one very nice email..



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Challenges

Reporting bias

Increased expectations of funders and users

- Complexity
- Timeliness

Open access

Knowledge translation / dissemination

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Our mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence.

PRODUCING EVIDENCE

MAKING OUR EVIDENCE ACCESSIBLE

Our mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence.

ADVOCATING FOR EVIDENCE

BUILDING AN EFFECTIVE AND SUSTAINABLE ORGANISATION



PRODUCING EVIDENCE



Essay

Translating Cochrane Reviews to Ensure that Healthcare Decision-Making is Informed by High-Quality Research Evidence

Erik von Juliane

1 Cochrane S
Publique-Hôp
France, 3 Coc
S Centre for I
Medicine, Liv
Pau), CIBER d

4,5, Paul Garner6,

6, 2 French Cochrane Centre; Assistance
Paris Cité, Paris, France; INSERM U738, Paris,
Master University, Hamilton, Ontario, Canada,
Clinical Sciences, Liverpool School of Tropical
Centre, Institute of Biomedical Research (IB Sant



OPEN ACCESS

Summary of findings for the main comparison. Abatacept (2 and 10mg/kg) + DMARDs/biologic versus placebo + DMARDs/biologic for rheumatoid arthritis [Explanations]

Abatacept (2 and 10mg/kg) + DMARDs/biologic versus placebo + DMARDs/biologic for rheumatoid arthritis						
Patient or population: patients with rheumatoid arthritis						
Settings:						
Intervention: Abatacept (2 and 10mg/kg) + DMARDs/biologic						
Comparison: Placebo + DMARDs/biologic						
Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Placebo + DMARDs/biologic	Abatacept (2 and 10mg/kg) + DMARDs/biologic				
ACR 50% improvement Follow-up: 12 months	168 per 1000	371 per 1000 (291 to 474)	RR 2.21 (1.73 to 2.82)	993 (3 studies)	⊕⊕⊕⊕ moderate ^{1,2,3}	Absolute risk difference= 21% (16% to 27%). Relative percent change=121% (73% to 182%). NNT=5 (4 to 7) ⁴



MAKING OUR EVIDENCE ACCESSIBLE



ADVOCATING FOR EVIDENCE



BUILDING AND EFFECTIVE AND SUSTAINABLE ORGANISATION



Making evidence accessible

Parenteral anticoagulation for patients with cancer

Patient or population: patients with advanced cancer

Settings: Outpatient

Intervention: Parenteral anticoagulation

Outcomes	Absolute risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of evidence (GRADE)	Comments
	Control	Parenteral anticoagulation				
Mortality at 12 months Follow-up: 1-7 years	Study population		RR 0.87 (0.8 to 0.95)	1174 (5 studies)	⊕⊕⊕⊕ high	
	663 per 1000	577 per 1000 (530 to 630)				
	Low risk population					
	500 per 1000	435 per 1000 (400 to 475)				
	High risk population					
	900 per 1000	783 per 1000 (720 to 855)				
Major bleeding Follow-up: 1-7 years	15 per 1000	22 per 1000 (4 to 132)	RR 1.5 (0.26 to 8.8)	814 (3 studies)	⊕⊕⊕⊖ moderate ¹	
Minor bleeding Follow-up: 1-7 years	13 per 1000	27 per 1000 (10 to 72)	RR 2.07 (0.78 to 5.51)	760 (3 studies)	⊕⊕⊕⊖ moderate ¹	
DVT Follow-up: 1-7 years	9 per 1000	5 per 1000 (1 to 44)	RR 0.61 (0.08 to 4.91)	458 (2 studies)	⊕⊖⊖⊖ very low ^{2,3}	

¹ The 95% confidence interval includes both no increased risk of bleeding as well as substantial increased risk of bleeding

² Only 2 events in the placebo group

³ Only 2 trials reported DVT - reporting bias may be present

What are the key elements

Sorted by clinical outcomes that matter

Takes into consideration issues that increase/decrease our confidence in the results

Report “relative” and “absolute” effects

Move away from $p < 0.05$ to “minimum important difference”

Making evidence accessible: translations



COCHRANE SUMMARIES

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Recherche

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Si vous cherchez des informations fiables pour vous aider à faire des choix concernant les soins de santé, ce site est fait pour vous.

Qui sommes nous

- [A propos du site](#)
- [Mode d'emploi du site](#)
- [A propos de la Cochrane](#)
- [Avertissement](#)
- [Confidentialité](#)

Ce que nous faisons

- [Revue systématique](#)
- [Rôles pour les consommateurs](#)
- [Soins médicaux fondés sur des preuves](#)
- [S'impliquer](#)

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- [Nouveautés et mises à jour](#)
- [RSS Nouveautés et mises à jour](#)
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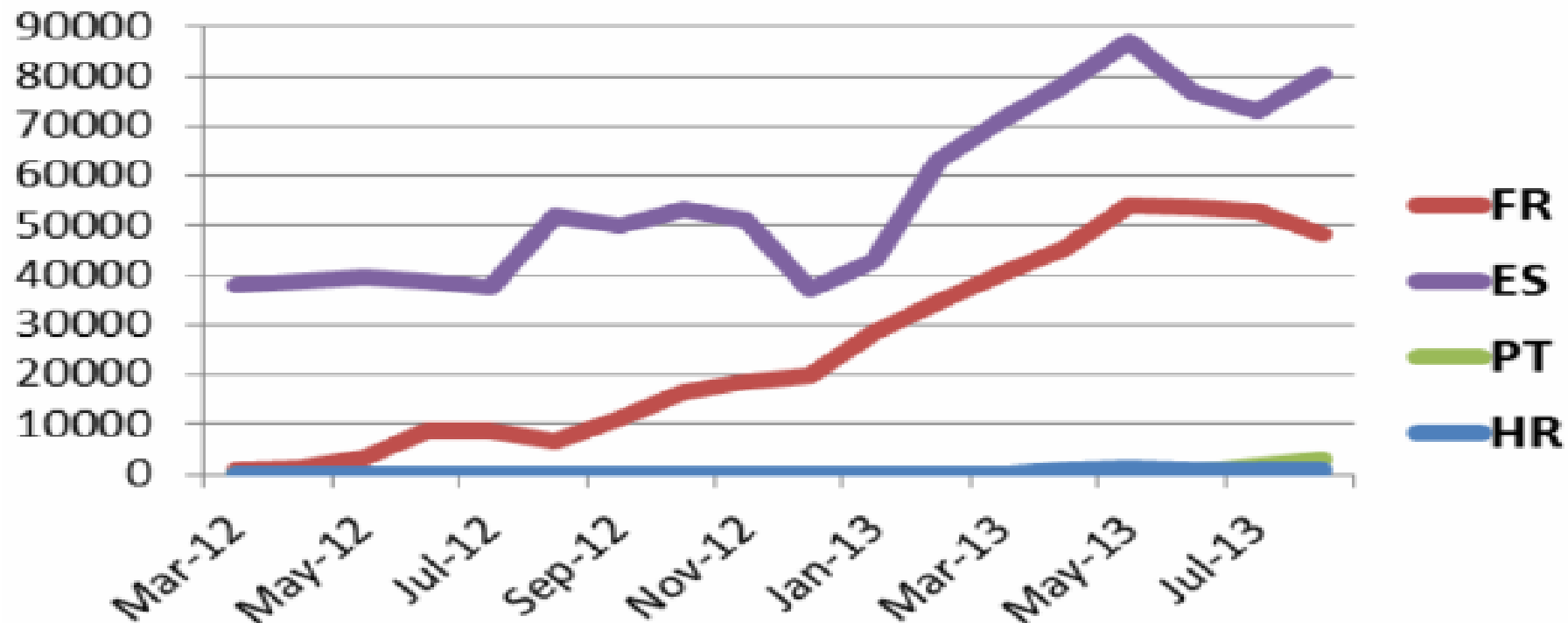
Top 50 Résumés

- [Dernières 24 heures](#)
- [Derniers 7 jours](#)
- [Derniers 30 jours](#)
- [Derniers 3 mois](#)

Les traductions sur ce site ont été réalisées par le [Centre Cochrane Français](#) et ont été rendues possibles grâce à la contribution des organismes suivants pour le Canada : les [Instituts de recherche en santé du Canada](#), le [ministère de la Santé et des Services Sociaux du Québec](#), le [Fonds de recherche du Québec-Santé](#) et l'[Institut national d'excellence en santé et en services sociaux](#) ; et pour la France grâce au [Ministère de la santé](#).

Making evidence accessible: translations

Monthly page views by language



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What does future EBM look like?

Changing Reviews

- Methods and quality
- Enhanced reviews
- New review types

Different ways of producing reviews

Different ways to present and deliver reviews

Different forms of analysis

Reviews of complex interventions

Network meta-analysis

Qualitative synthesis

Economic analyses

Enhanced reviews

Greater inclusion of non randomised studies

Review enhancements: qualitative, economic evidence

New review types

New review types: more diagnosis, reviews of data from clinical study reports

New types of questions: prognosis, mixed methods, qualitative and economic

New models

Combined oral contraceptives: venous thrombosis (Review)

de Bastos M, Stegeman BH, Rosendaal FR, Van Hylekama Vlieg A, Helmerhorst FM, Stijnen T, Dekkers OM



Cardiac testing for coronary artery disease in potential kidney transplant recipients (Review)

Wang LW, Fahim MA, Hayden A, Mitchell RL, Baines L, Lord S, Craig JC, Webster AC



Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: qualitative evidence synthesis (Review)

Glenton C, Colvin CJ, Carlsen B, Swartz A, Lewin S, Noyes J, Rashidian A



Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases (Review)

Lewin S, Mumabi-Babigumira S, Glenton C, Daniels K, Bosch-Capblanch X, van Wyk BE, Odgaard-Jensen J, Johansen M, Aja GN, Zwarenstein M, Scheel IB



New models

Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children (Review)

Jefferson T, Jones MA, Doshi P, Del Mar CB, Heneghan CJ, Hama R, Thompson MJ



The “living review”

Increased use of technology

Data sharing

Wiki reviews and crowd-sourcing

The “living review”



"How much of what you do would be different if we could achieve even a 1 log (90%) reduction in time to produce a review or a review update?"

Julian Elliott

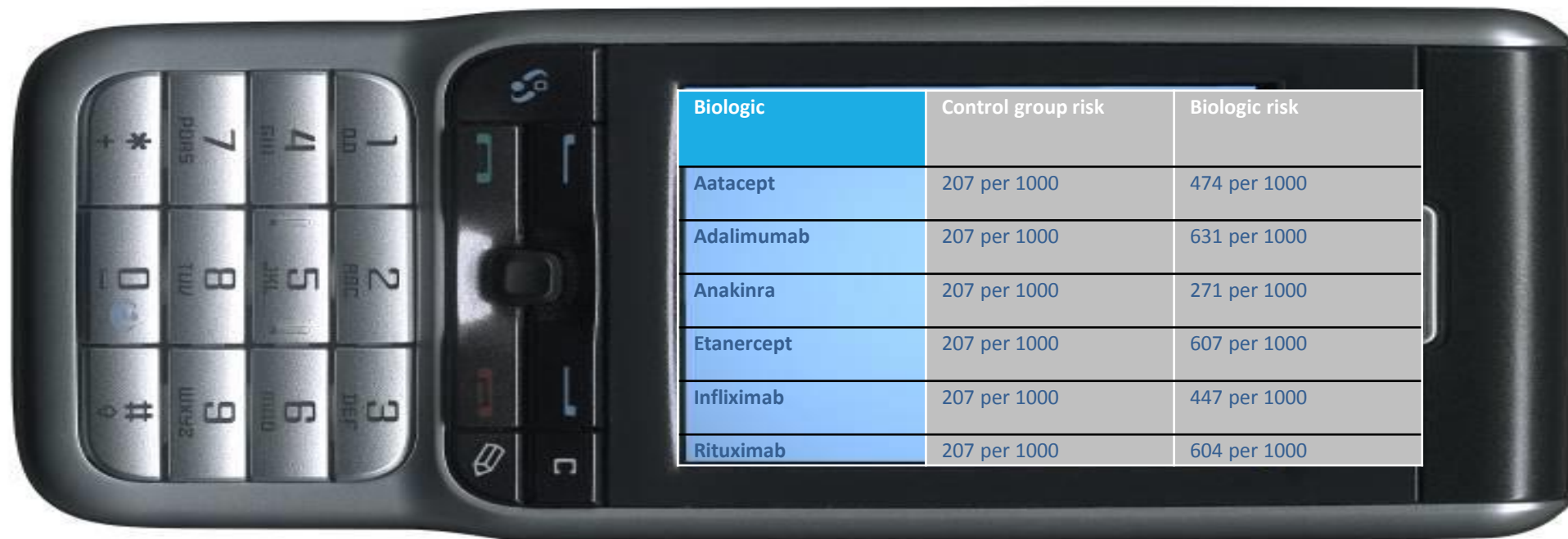
The “living review”

The Living Review Project focuses on work in three areas:

- **Communities of practice** that support large and diverse expert, non-traditional and crowd sourced contribution of linked, open data.
- **Software tools** that make high quality evidence review processes simpler and more efficient.
- **Review and meta-analytical methods** that enable more efficient processes and more frequent updating.

(<http://www.ntri.org.au/knowledge-hub/165?tmpl=component>)

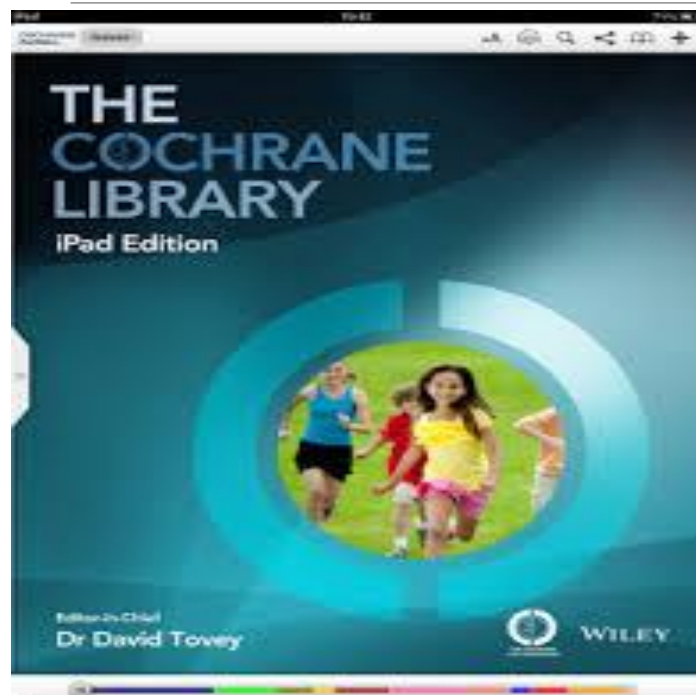
Different vehicles



A black mobile phone is shown with a screen displaying a table. The table compares the risk of biologic treatments versus a control group. The control group risk is consistently 207 per 1000. The biologic risks are: Aatacept (474 per 1000), Adalimumab (631 per 1000), Anakinra (271 per 1000), Etanercept (607 per 1000), Infliximab (447 per 1000), and Rituximab (604 per 1000).

Biologic	Control group risk	Biologic risk
Aatacept	207 per 1000	474 per 1000
Adalimumab	207 per 1000	631 per 1000
Anakinra	207 per 1000	271 per 1000
Etanercept	207 per 1000	607 per 1000
Infliximab	207 per 1000	447 per 1000
Rituximab	207 per 1000	604 per 1000

Different vehicles



Podcasts from The Cochrane Library



Echinacea for preventing and treating the common cold



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Cochrane Collab @cochranecollab · 8h

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Cochrane Collab @cochranecollab · 13h

ICYMI: @CochraneLibrary editorial on context for recently published Overview of 54 #CochraneReviews of #ART: ow.ly/uzyJF

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vaccins pour la grippe

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Filtrer par

Nouveautés et mises à jour ?

Updated (1)

Sujets de santé

- ▶ Anesthésie & lutte contre la douleur (2)
- ▶ Cancer (4)
- ▶ Consommateur et stratégies de communication (1)
- ▶ Cœur et circulation (2)
- ▶ Gastro-entérologie (11)
- ▶ Grossesse et accouchement (7)
- ▶ Gynécologie (1)
- ▶ Maladie infectieuse (48)
- ▶ Maladies du sang (5)
- ▶ Maladies génétiques (9)
- ▶ Maladies rénales (3)
- ▶ Médecine complémentaire et alternative

« Résultats de la recherche: 81

Recherche actuelle:

« Résultats par page: 10 [Inscrivez vous à cette recherche](#)
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« **Les vaccins contre la varicelle et la grippe peuvent réduire la morbidité chez les patients atteints de cancers du sang** 16 mars 2011

« Les infections virales provoquent des maladies significatives et même le décès chez les patients atteints de cancers du sang. Dans la revue systématique actuelle des essais contrôlés randomisés (ECR), nous avons pour objectif d'évaluer l'efficacité et l'innocuité des vaccins viraux chez ces patients. Le principal critère de jugement prédéfini était ...

« **Vaccins pour la prévention de la grippe chez les personnes asthmatiques** 28 févr 2013

« L'asthme est une pathologie qui affecte les voies respiratoires - les petits canaux par lesquels passe l'air entrant et sortant des poumons - et les symptômes sont généralement de la toux, une respiration sifflante, une sensation d'essoufflement et d'oppression thoracique. Les symptômes peuvent être occasionnels ou persistants. Lorsqu'une personne ...

« **Vaccins pour la prévention de la grippe chez les personnes atteintes de mucoviscidose** 10 août 2011

« Les personnes atteintes de mucoviscidose ont les voies respiratoires obstruées, ce qui se traduit par de fréquentes infections des voies respiratoires. Les infections par des maladies virales comme la grippe peuvent aggraver la détérioration des poumons. Les médecins conseillent donc souvent aux personnes atteintes de mucoviscidose de se faire vacciner ...

Conclusion

Exciting times for evidence



Reporting bias

Complexity versus timeliness

Right question

Accessibility & utility

Köszönöm, hogy meghallgattak

dtovey@cochrane.org

