

Effective Healthcare and The Cochrane Collaboration: The Vision, The Output, The Impact

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With thanks to: Veronica Pitt, PhD
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Australasian Cochrane Centre
Monash Institute of Health Services Research

Outline

The VISION

- Cochrane Collaboration background
- How and why of systematic reviews

The OUTPUT

- *The Cochrane Library*

The IMPACT

- Health professionals
- Researchers
- Policy makers
- Consumers

Getting involved.....



FACTS TO PONDER:

- (A) The number of physicians in the U.S. is 700,000
- (B) Accidental deaths caused by Physicians per year are 120,000
- (C) Accidental deaths per physician is 0.171

(Statistics courtesy of U.S. Dept of Health Human Services)

Now think about this:

- (A) The number of gun owners in the U.S. is 80,000,000 (Yes, that's 80 million..)
- (B) The number of accidental gun deaths per year, all age groups, is 1,500
- (C) The number of accidental deaths per gun owner is 0.000188

(Statistics courtesy of the FBI)

So, statistically, doctors are approximately 9,000 times more dangerous than gun owners.

Remember: "Guns don't kill people, doctors do."

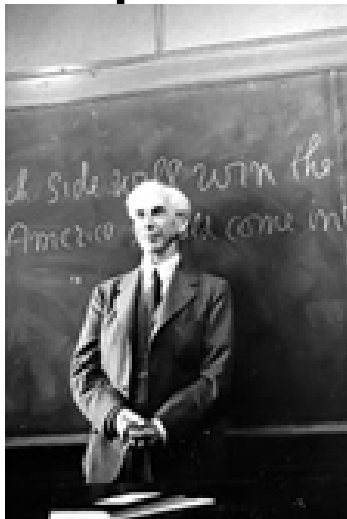
Fact: Not everyone has a gun but almost everyone has at least one doctor.

Please alert your friends to this alarming threat. **We must ban doctors before this gets completely out of hand!!!!**

Out of concern for the public at large, we have withheld the statistics on lawyers for fear the shock would cause people to panic and seek medical attention!

US estimates....

- 1 in 2 pts fail to receive best-evidence care
- 1 in 10 pts receive care that is potentially harmful
- pts receive $\sim\frac{1}{2}$ treatments they need



“The extent to which beliefs are based upon evidence is very much less than the believers suppose.”

Bertrand Russell, Sceptical Essays, 1928

Evidence-based practice

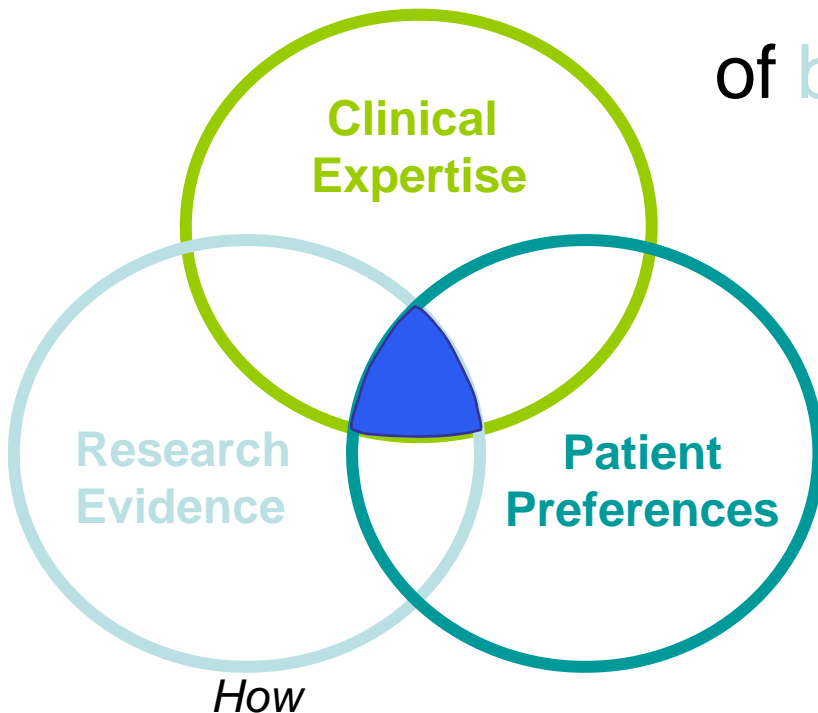
is integration

of best research evidence

with clinical expertise

and patient values

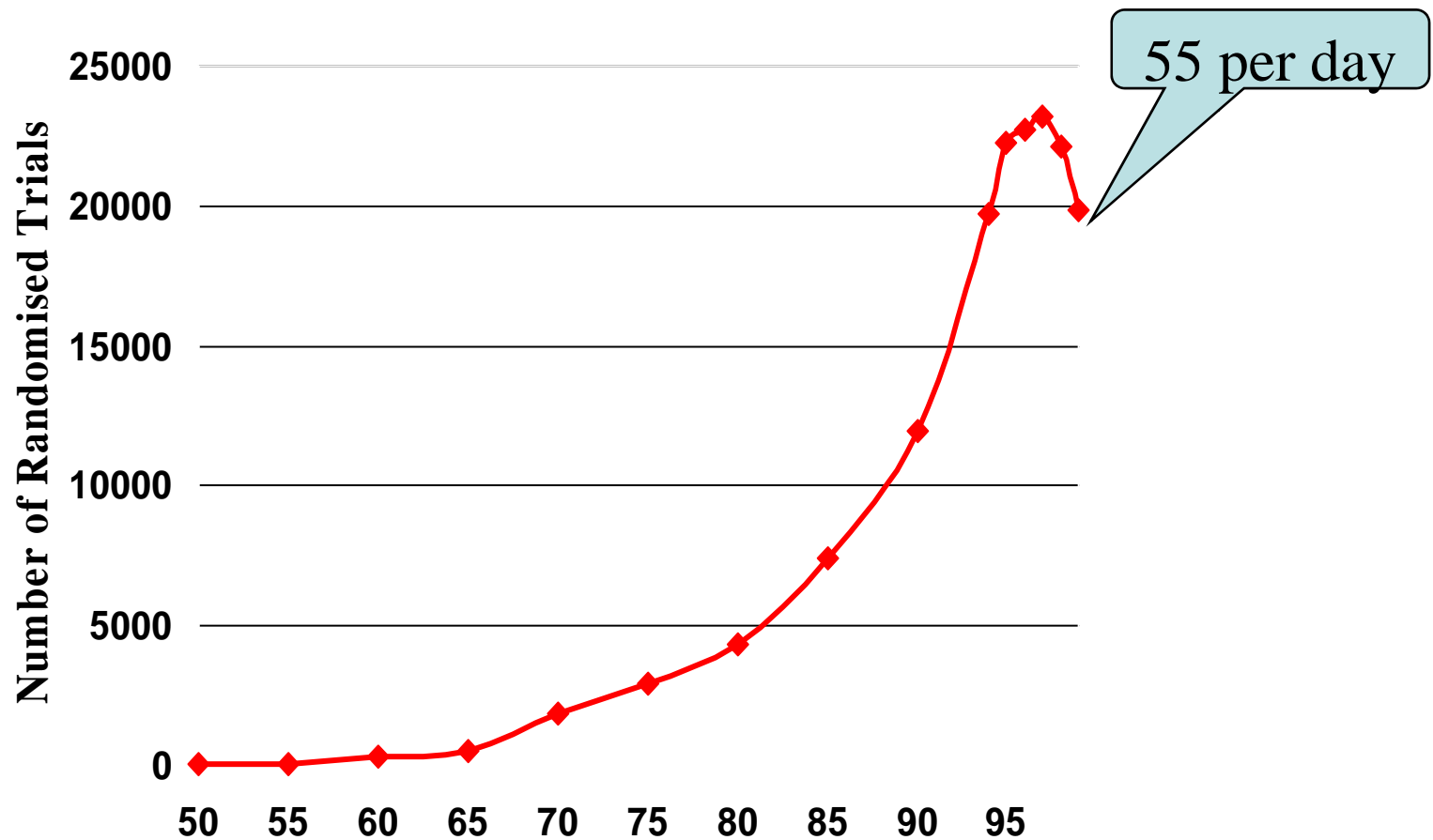
and circumstances



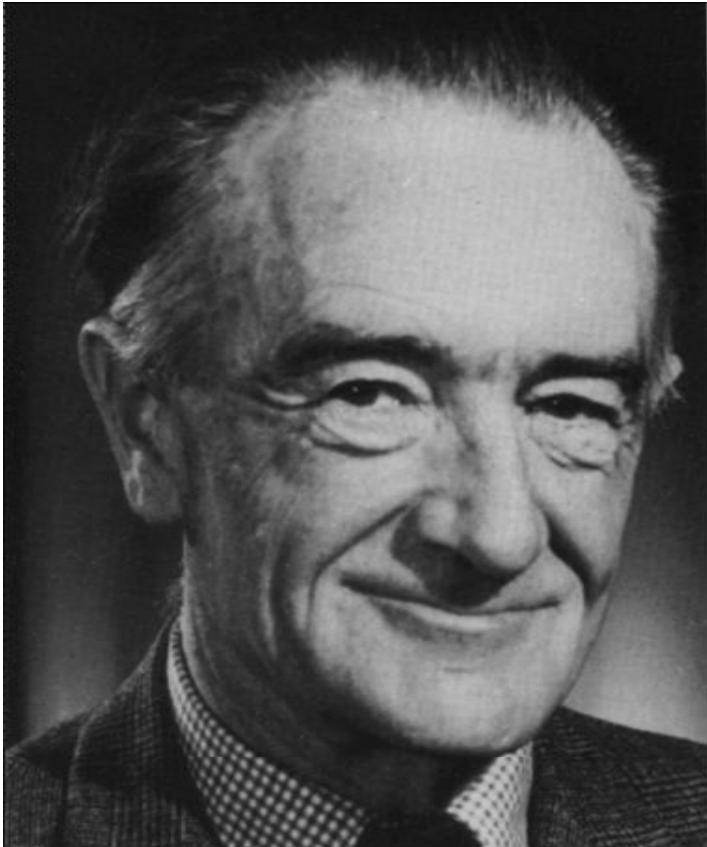
Straus et al. 2005. Evidence based medicine. to practice and teach EBM. Third edition. Churchill Livingstone. London

Purpose of Systematic Reviews*:

* how do we keep on top of the best research evidence?



Archie Cochrane's challenge



***“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.”
(1979)***

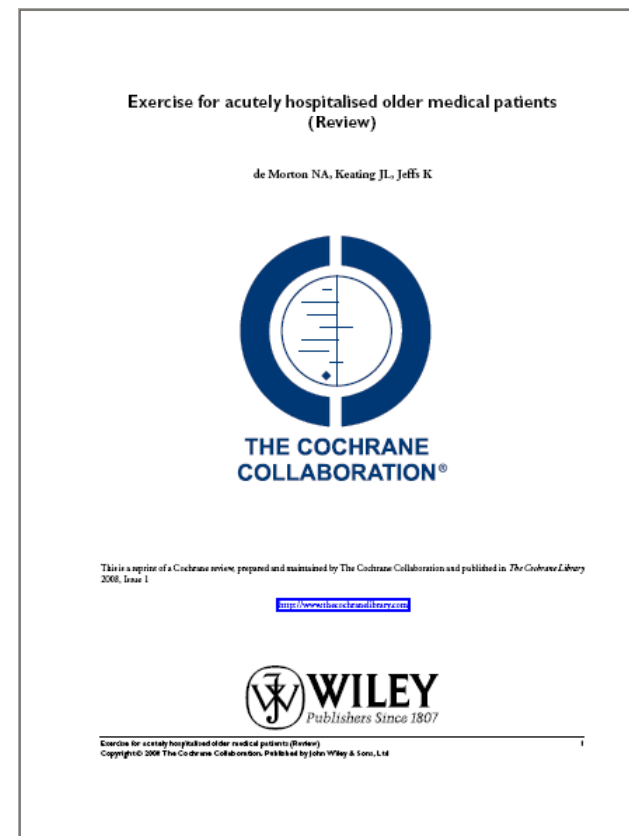
The need for systematic reviews

- We need **reviews** to make sense of unmanageable amounts of research information, to inform both practice and future research
- We need **systematic reviews** to ensure that the information is not treated *selectively* according to the prejudice of the reviewer.
I.e. Narrative reviews

What is a systematic review?



- Scientific tool used to summarise, appraise, and communicate results and implications of otherwise unmanageable quantities of research
- Brings together a number of separately conducted studies (sometimes with conflicting findings) and synthesises their results



THE VISION...

Cochrane Collaboration: mission

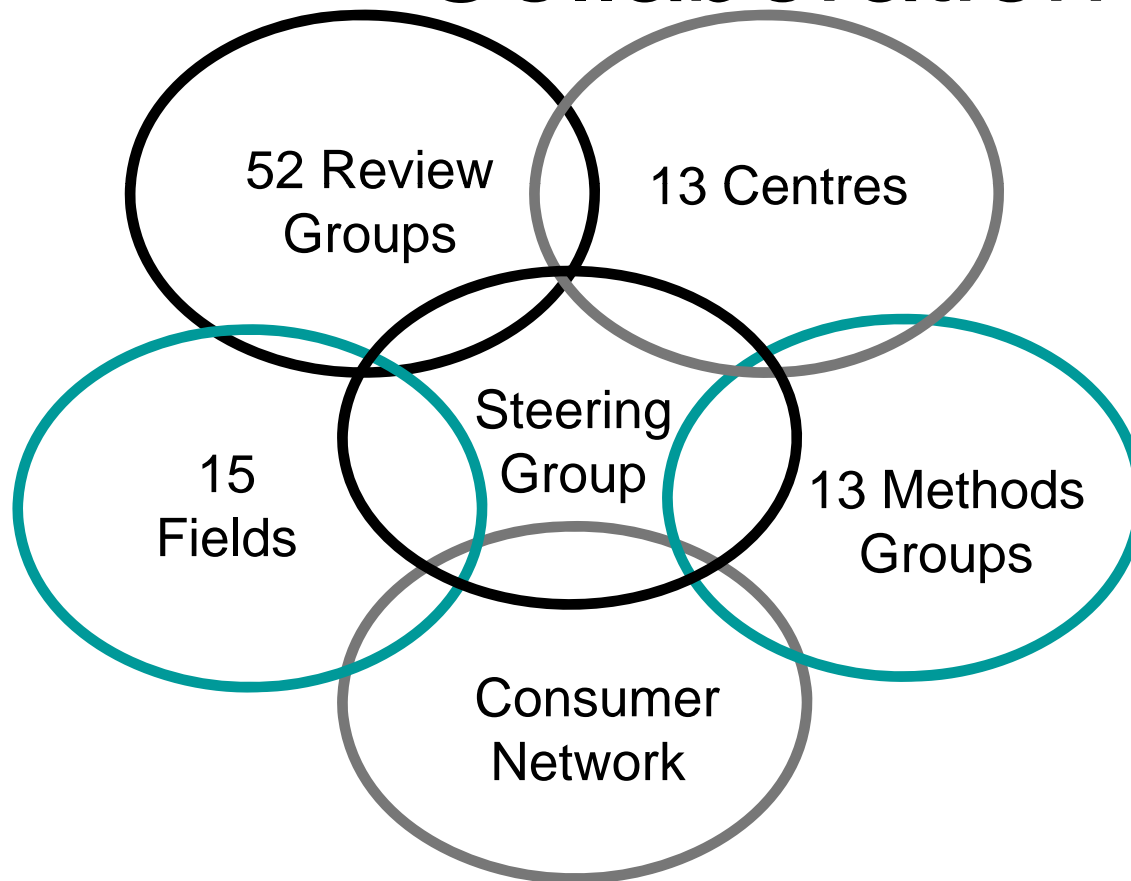
- an international not-for-profit organisation which aims to help people make **well-informed decisions about healthcare** by preparing, maintaining and promoting the accessibility of **systematic reviews** of the effects of health care interventions

Aims of the Cochrane Collaboration

To prepare, maintain and disseminate information that is:

- evidence-based
- easily accessible
- internationally developed
- quality controlled
- clinically useful
- periodically updated

Structure of the Cochrane Collaboration



Cochrane Centres



Australasian Cochrane Centre

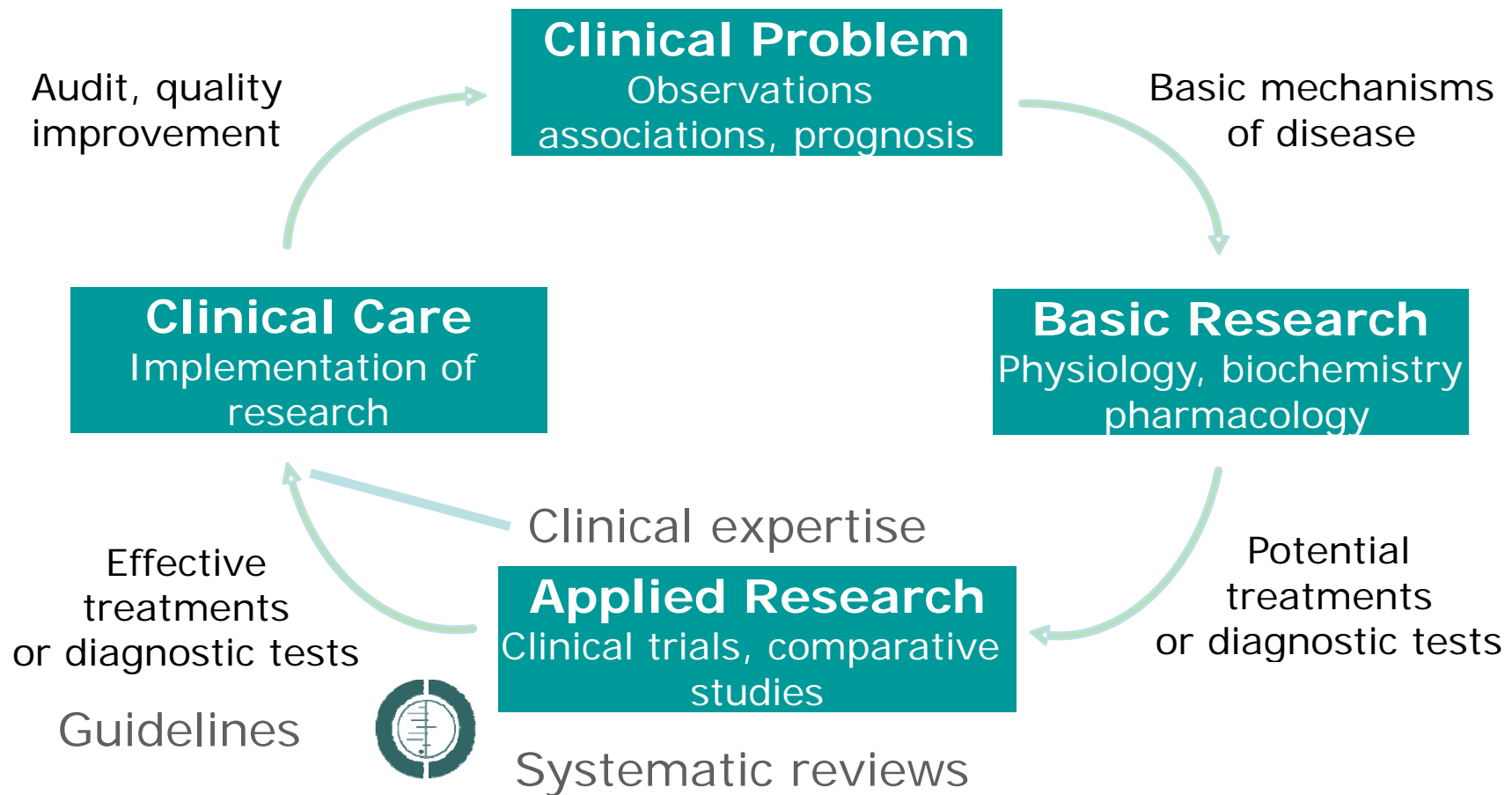
- 
- promotes uptake of Cochrane reviews to inform healthcare decisions
 - trains and supports Australasian review authors
 - conducts research to improve the quality of reviews
 - contributes to the international Cochrane Collaboration
 - **www.cochrane.org.au**



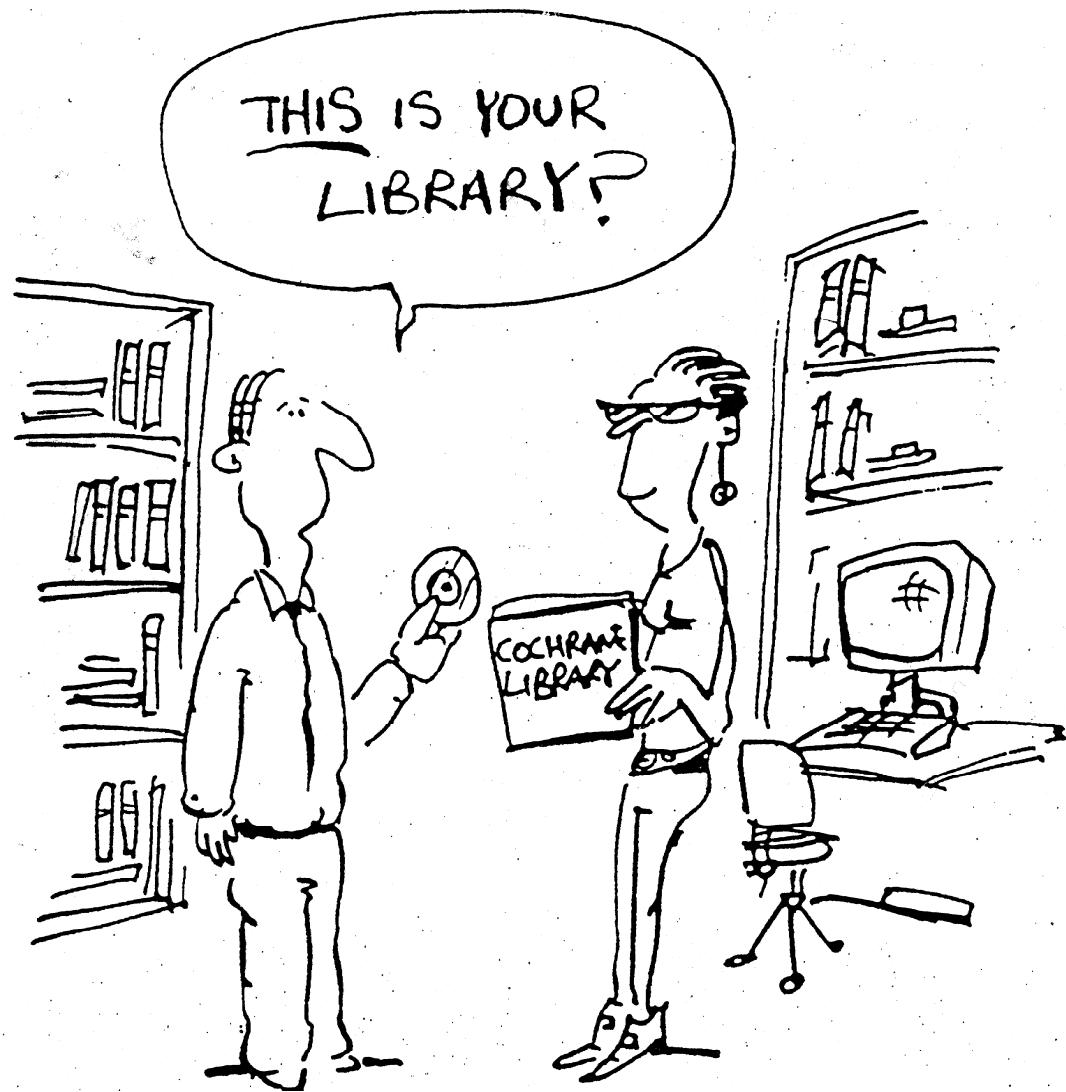
The Collaboration fifteen years on

- 15000 contributors
- 87 countries
- 3500 completed reviews
- 1900 protocols for reviews underway
- 540000 references to completed and ongoing trials in Cochrane Controlled Trials Register

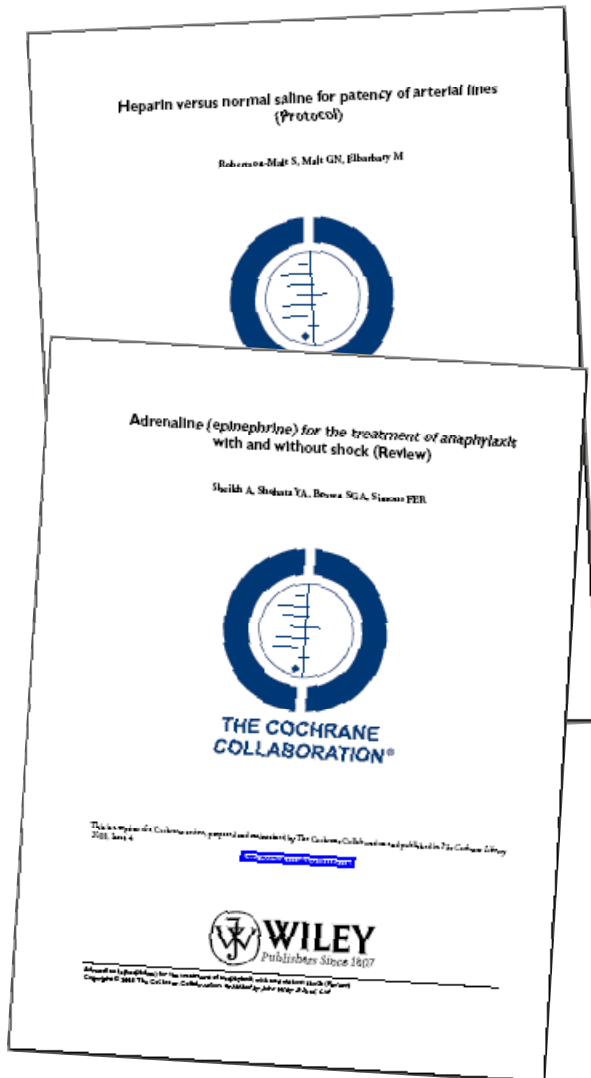
Framework for the use of evidence to solve clinical problems



THE OUTPUT...



Characteristics of Cochrane reviews



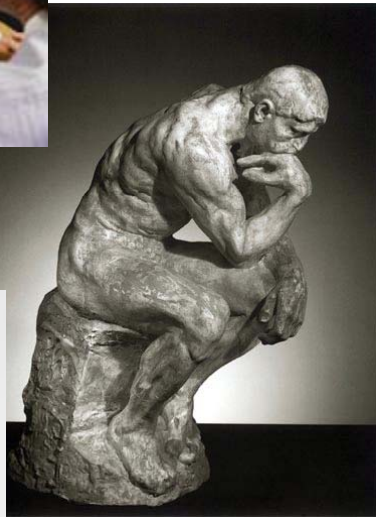
- healthcare interventions
- published protocol
- rigorous & standardised methods
- consistent format
- published in an online database
- updated regularly

Steps of a Cochrane systematic review

- STEP 1: formulate the problem and register the title with CRG
- STEP 2: write protocol, submit for peer review and publish
- STEP 3: locate and select studies
- STEP 4: critically appraise studies for risk of bias
- STEP 5: collect (extract) data
- STEP 6: analyse and present results
- STEP 7: interpret results and write review
- STEP 8: improve and update review



1. Write a protocol



- research plan
- methods
- Ways reduce bias
- access to peer review
- avoid duplication of effort

2. Locate and select studies

- search strategy
 - sensitive
 - minimise bias
 - efficient
- electronic databases
- handsearching
- grey literature
- non-english studies

Appendix I. Search strategy for CENTRAL, *The Cochrane Library*

#1 MeSH descriptor Anaphylaxis explode all trees
#2 anaphylact* near (react* or shock* or syndrom*)
#3 acute near (allergic react*)
#4 anaphylaxis
#5 (#1 OR #2 OR #3 OR #4)
#6 MeSH descriptor Sympathomimetics explode all trees
#7 MeSH descriptor Catecholamines explode all trees
#8 MeSH descriptor Epinephrine explode all trees
#9 MeSH descriptor Norepinephrine explode all trees
#10 sympathomimetic* or Catecholamin* or Adrenalin* or Epinephr
#11 (#6 OR #7 OR #8 OR #9 OR #10)
#12 (#5 AND #11)

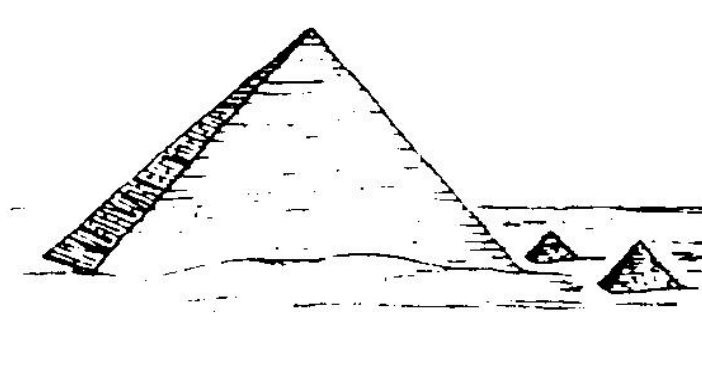


Adrenaline for the treatment of anaphylaxis with and without shock
A Sheikh, Y Shehata, S Brown, F Estelle, R Simons

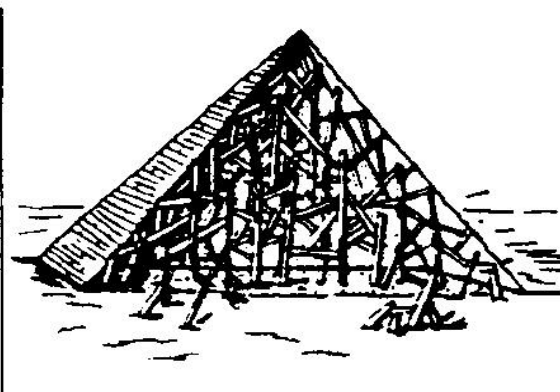
3. Assess the quality of studies

- Determine risk of bias
- Biased primary studies likely to provide misleading results

A. Apparent Structure of Medical Knowledge



B. Rear View



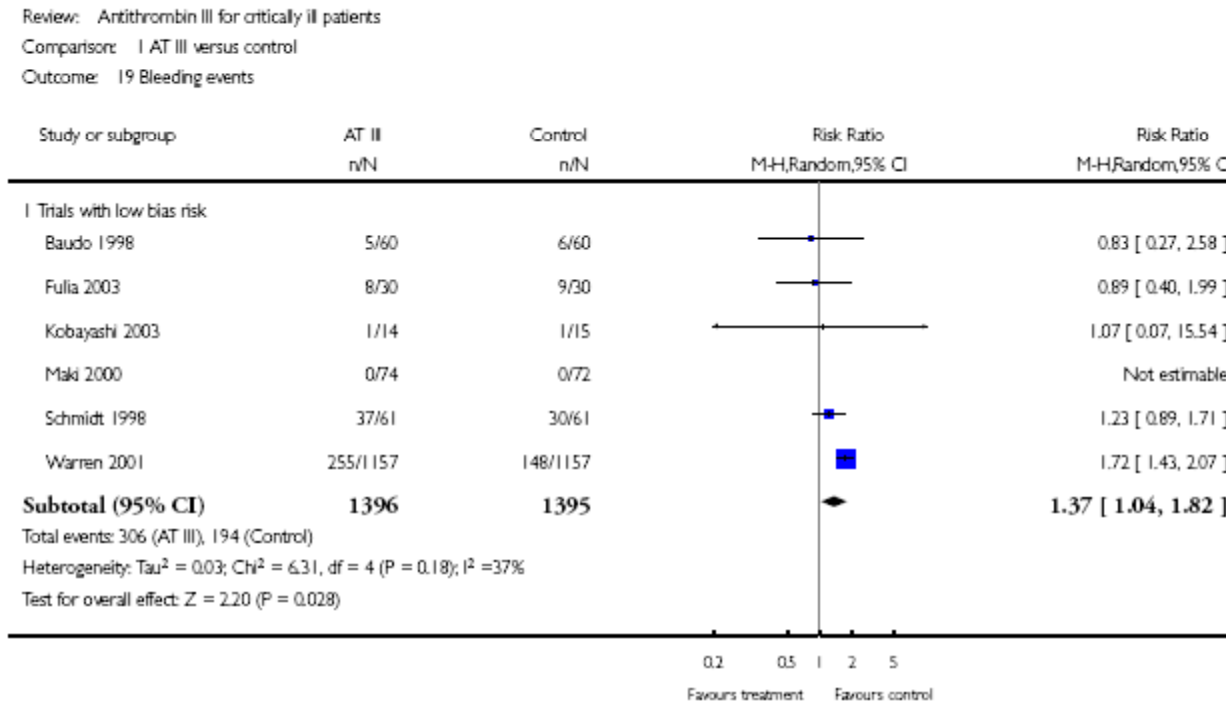
4. Extract data from studies

- Two reviewers
- Description of studies (population, interventions, comparisons, outcomes)
- Outcome data from individual studies



5. Combine and present results

- findings from individual studies are combined
 - qualitative (narrative analysis)
 - quantitative (meta-analysis)



5. Combine and present results

- interpret results

AUTHORS' CONCLUSIONS

Implications for practice

There is insufficient evidence to support the use of AT III in any category of critically ill patients. We did not find a statistically significant effect of AT III on mortality; and AT III increased the risk of bleeding events. Subgroup analyses performed according to duration of intervention, length of follow up, different patient groups, and use of adjuvant heparin did not show differences in the estimates of intervention effects. Thus, based on this finding, we cannot recommend the routine use of AT III. Trial sequential analysis shows that there is sufficient evidence to reject a beneficial effect of more than 10% RRR (5% absolute risk reduction) on mortality and there is still the possibility that use of AT III may be harmful.

Implications for research

There is a need for a randomized trial with low risk of bias to evaluate the effectiveness of AT III without heparin before this intervention can be used routinely in critically ill patients. We recognize the heterogeneity in the patient population in the included trials and, as a consequence of the high mortality rate in the septic population, we believe that a new trial should address the effect of AT III in septic patients.

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The Cochrane Library


Evidence for healthcare decision-making



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The Cochrane Library contains high-quality, independent evidence to inform healthcare decision-making. It includes reliable evidence from Cochrane and other systematic reviews, clinical trials, and more. Cochrane reviews bring you the combined results of the world's best medical research studies, and are recognised as the gold standard in evidence-based health care.
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The internet has given us instant access to a huge amount of research, but the large volume of available information is a problem in itself. [More](#)


For Patients
Healthcare consumers and patients need high-quality evidence about the effectiveness of treatments. [More](#)

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Not just Cochrane reviews.....

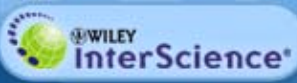
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Product Descriptions

The Cochrane Library is a collection of databases that contain high-quality, independent evidence to inform healthcare decision-making. Cochrane Reviews represent the highest level of evidence on which to base clinical treatment decisions. In addition to Cochrane Reviews, *The Cochrane Library* provides other sources of reliable information: other systematic reviews abstracts, technology assessments, economic evaluations, and individual clinical trials – all the current evidence in one single environment.

Record Counts

Database	Total Records
Cochrane Database of Systematic Reviews (CDSR; Cochrane Reviews) *	5546
Database of Abstracts of Reviews of Effects (DARE; Other Reviews)	9025
Cochrane Central Register of Controlled Trials (CENTRAL; Clinical Trials)	549,336
Cochrane Methodology Register (CMR; Methods Studies)	10,973
Health Technology Assessment Database (HTA; Technology Assessments)	7528
NHS Economic Evaluation Database (NHSEED; Economic Evaluations)	24,451
About The Cochrane Collaboration (About; Cochrane Groups) †	94

* Comprises 3625 complete reviews and 1921 protocols, of which 84 are new reviews, 130 updated reviews (comprises 111 new search and 19 conclusions changed), 134 new protocols and 5 updated protocols (comprises 5 major change).

† The Cochrane Collaboration: 1; Cochrane Review Groups (CRGs): 52; Fields: 14; Methods Groups: 13; Centres: 13; Possible Cochrane entities: 1

RELATED WILEY PRODUCTS

Databases

- [EBM Guidelines: Evidence-Based Medicine](#)
- [HEED: Health Economic Evaluations Database](#)

Journals


- [Evidence-Based Child Health: A Cochrane Review Journal](#)
- [Future Prescriber](#)
- [International Journal of Geriatric Psychiatry](#)
- [The Journal of Law, Medicine & Ethics](#)
- [The Journal of Gene Medicine](#)

Online Books

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- [Emergency Triage \(Second Edition\)](#)
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[Intervention Review]
Target-controlled infusion versus manually-controlled infusion of propofol for general anaesthesia or sedation in adults

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Quick links

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The review

[Intervention Review]
Target-controlled infusion versus manually-controlled infusion of propofol for general anaesthesia or sedation in adults

Kate Leslie¹, Ornella Clavisi², Joshua Hargrove¹

¹Department of Anaesthesia and Pain Management, Royal Melbourne Hospital, Parkville, Australia. ²ANZCA Trials Group, Australian and New Zealand College of Anaesthetists, Melbourne, Australia

Contact address: Kate Leslie, Department of Anaesthesia and Pain Management, Royal Melbourne Hospital, Parkville, VIC, 3000, Australia. kate.leslie@mh.org.au. (Editorial group: [Cochrane Anaesthesia Group](#).)

Cochrane Database of Systematic Reviews, Issue 4, 2008 (Status in this issue: *Edited*)
Copyright © 2008 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
DOI: 10.1002/14651858.CD006059.pub2
This version first published online: 16 July 2008 in Issue 3, 2008. Re-published online with edits: 8 October 2008 in Issue 4, 2008. Last assessed as up-to-date: 13 July 2007. ([Dates and statuses?](#))

This record should be cited as: Leslie K, Clavisi O, Hargrove J. Target-controlled infusion versus manually-controlled infusion of propofol for general anaesthesia or sedation in adults. *Cochrane Database of Systematic Reviews* 2008, Issue 3. Art. No.: CD006059. DOI:




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Target-controlled infusion versus manually-controlled infusion of propofol for general anaesthesia or sedation in adults (Review)

Lolita K, Qvarn O, Hargrove J



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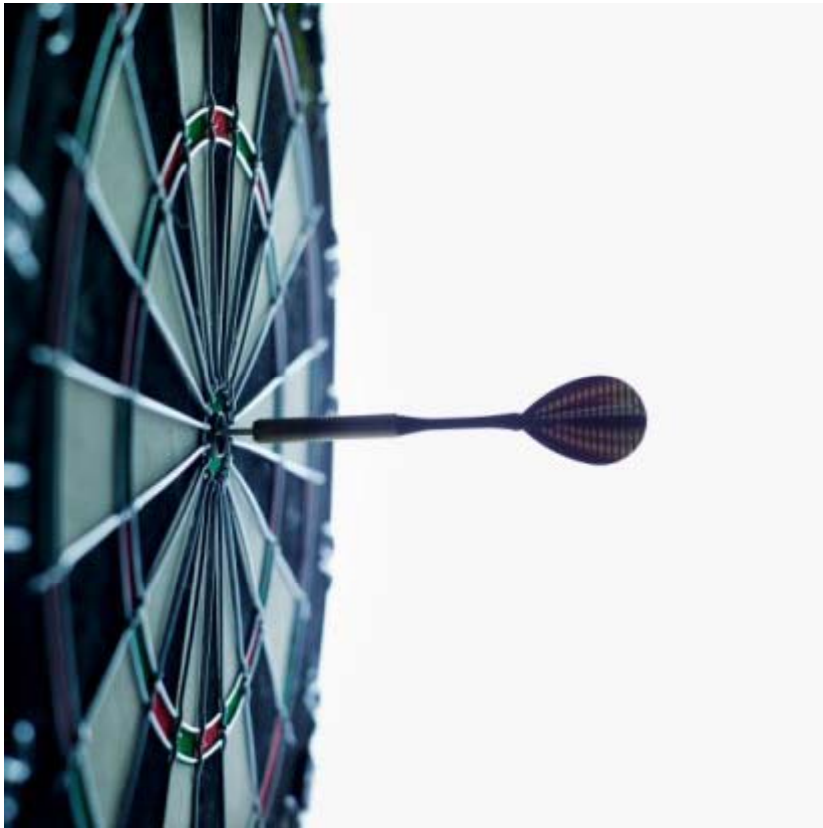
This is a review of a Cochrane online paper prepared and maintained by The Cochrane Collaboration and published in The Cochrane Library 2005, Issue 4



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Target-controlled infusion versus manually-controlled infusion of propofol for general anaesthesia or sedation in adults (Review)
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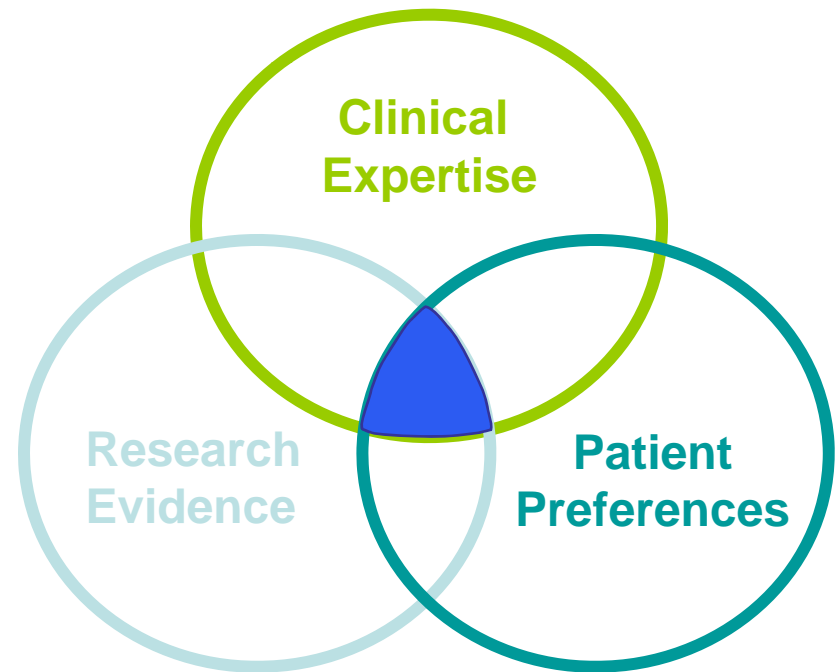
THE IMPACT...



- Health professionals
- Researchers
- Policy makers
- Consumers

Health Professionals

- reliable summary of research
- inform practice
- inform patient



Researchers

‘From August, 2005, we will require authors of clinical trials submitted to *The Lancet* to include a clear summary of previous research findings, and to explain how their trial’s findings affect this summary. The relation between existing and new evidence should be illustrated by direct reference to an existing systematic review and meta-analysis. When a systematic review or meta-analysis does not exist, authors are encouraged to do their own.’

Young, C and Horton, R. *The Lancet* 2005; **366**:107-108



Putting clinical trials into context

May 20, 2005, saw the first ever international clinical trials day,¹ celebrating the contribution of James Lind² to the concept of medical research and recognising that biomedical research can only be done as a partnership between the medical profession and the public. Biomedical research saves the lives of men, women, and children every day, in every nation around the world. However, biomedical research also poses risks.

Part of the danger associated with research is unavoidable: some new diagnostic techniques and treatments will be found to be less effective than the best alternative and some will be found to be harmful. This risk is underlined in consent procedures. It is the price paid for the altruism of participants in clinical research. More troubling are the dangers of research that are avoidable but incurred because of bad research practice. As societal awareness of problems associated with biomedical research grows, there is increasing recognition that bad research involves not only research conducted inappropriately, but also unnecessary research, research which is done but remains unpublished, and research which is published but not in a way that justifies its existence or its relevance. Unpublished research has recently been the focus of efforts to register certain types of clinical trial at, or as soon as possible after, inception.^{3,4} But what of unnecessary and badly presented research?

Dean Fergusson and colleagues⁵ recently illustrated the problems of unnecessary and badly presented research with the example of aprotinin to reduce perioperative blood loss. Using cumulative meta-analysis, they show that although 64 trials investigating the effectiveness of aprotinin were published between 1987 and 2002, its effectiveness, and effect size, were clearly established after the 12th trial in 1992 (figure). The following 52 trials were unnecessary and unethical, and wasted resources that could have been invested in more worthy work. In an associated comment,⁶ Iain Chalmers explains how this is not only a failure in the integrity of the investigators doing those 52 trials, but also of the institutions that funded the research, the ethical bodies which permitted it, and the journals which continued to publish the results despite the fact that they contributed little or nothing to the scientific record. Moreover, this lack of contribution was not apparent from the published results because only a tiny percentage made

any reference at all to the almost identical studies that had preceded them.

Continuing this theme, Ruth Gilbert and colleagues⁷ examined the evidence about positioning sleeping babies on their back rather than their front to avoid sudden infant death syndrome. They found that although widespread advice to place babies on their backs was only disseminated from the early 1990s, the benefits of this strategy could have been apparent if systematic reviews of known risk factors had been done at any point after 1970. Such a review could have prevented around 10 000 deaths in the UK and possibly 50 000 in Europe, the USA, and Australasia.

In recognition that journal editors have a key part to play in ensuring that published research is presented in a way that clearly illustrates why it was necessary and what impact a particular trial has on the existing state of knowledge, *The Lancet* has decided to update its policies in this area. From August, 2005, we will require authors of clinical trials submitted to *The Lancet* to include a clear summary of previous research findings, and to explain how their trial’s findings affect this summary. The relation between existing and new evidence should be illustrated by direct reference to an existing systematic review and meta-analysis. When a systematic review or meta-analysis does not exist, authors are encouraged to do their own. If this is not possible, authors should describe in a structured way the qualitative association between their research and previous findings.

Unnecessary and badly presented clinical research injures volunteers and patients as surely as any other form of bad medicine, as well as wasting resources and abusing the trust placed in investigators by their trial participants. Those who say that systematic reviews and meta-analyses are not “proper research” are wrong;⁸ it is clinical trials done in the absence of such reviews and meta-analyses that are improper, scientifically and ethically. Investigators and organisations who undertake and coordinate reviews and meta-analyses now need the funding and recognition they deserve if public trust in biomedical research is to be maintained and resources used in an effective way.

Charles Young, Richard Horton
The Lancet, London NW1 7BY, UK

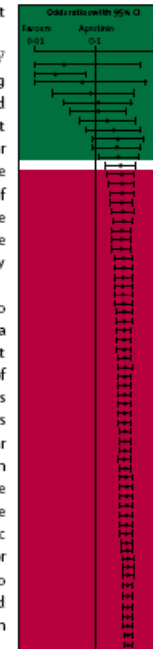


Figure: Cumulative meta-analysis of aprotinin for perioperative bleeding. Odds ratio of benefit in 64 randomised trials. A first trial 12 (white), benefit was clear and subsequent 52 trials (red) were unnecessary. Adapted from reference 5 with permission.

Policy makers

Policy liaison initiative: Relevant and accessible evidence from *The Cochrane Library*



Arthritis & Musculoskeletal

Asthma

Cancer

Cardiovascular

Diabetes

Injury

Mental Health

LINKING HEALTH POLICY TO THE LATEST EVIDENCE

*A collaborative project to make *The Cochrane Library* more accessible for policy makers*

The [Australian Government Department of Health and Ageing](#) and the [Australasian Cochrane Centre](#) have embarked on a collaborative initiative to encourage and support evidence-based approaches to policy making underpinned by Cochrane Reviews.

The project aims to:

- ⊕ help policy makers identify, interpret and apply evidence from [The Cochrane Library](#) by preparing [summaries of Cochrane reviews](#)
- ⊕ inform policy makers about gaps in primary research and review activity
- ⊕ encourage communication between policy makers and [The Cochrane Collaboration](#)

Policy Makers within the Department of Health and Ageing can participate in the initiative by joining the [Evidence-Based Policy Network](#). The Network will be your link to the project. Outputs of the project can be accessed through this website.

This initiative is funded by a grant from the Department of Health and Ageing.

This website is produced and maintained by the [Australasian Cochrane Centre](#) for members of the Evidence-Based Policy Network, Australian Government Department of Health and Ageing. Last updated 11 Apr 2007

RESOURCES ON THIS SITE:

For each Australian National Health Priority Area follow the links above to find:

- summaries of Cochrane reviews
- topics covered by Cochrane and reviews produced so far
- Cochrane people and Australia's contribution
- priority areas for future research
- impact of reviews on health policy

Cochrane work on [Effective Practice and Organisation of Care and Consumers and Communication](#) is also included.

For Evidence-Based Policy Network members:

- [Bulletin - Edition 2 2007](#)
- [Upcoming workshops and seminars](#)
- [Workshop material and slides](#)
- [Helpdesk](#)



Consumers

- well-informed decisions about healthcare
- outcomes important to consumers
- health equity



PLAIN LANGUAGE SUMMARY

Continuous epidural analgesia is superior to intravenous opioid patient-controlled analgesia in relieving postoperative pain for up to 72 hours after abdominal surgery

Continuous epidural analgesia (CEA) is more effective than intravenous opioid patient-controlled analgesia (PCA) in relieving postoperative pain for up to 72 hours after abdominal surgery. CEA is associated with a higher incidence of generalized itching than PCA. There is insufficient evidence to draw comparisons about the other advantages and disadvantages of these two methods of pain relief.

Patient controlled intravenous opioid analgesia versus continuous epidural analgesia for pain after intra-abdominal surgery
T Werawatganon, S Charuluxananan

How do I get involved?

- Got a clinical question about an intervention?
- Check CLib for existing protocols or reviews
- Identify relevant review group (we can help!)
- Contact CRG to discuss registering a title



Title registration

- Review team and roles
 - >1 author
 - Clinician, statistician, methodologist etc
 - 1-page CV per author
- PICO and study designs
 - Population, intervention, comparison, outcomes
 - Randomised controlled trials
- Available resources
- Estimated timeframes
- Agreement to publish on CLib





Dual publication

- All abstracts from CRG submitted
- Some full reviews published
- Some abstracts published in Cochrane's corner

Cochrane Corner



Early Tracheal Extubation for Adult Cardiac Surgical Patients

Hawkes CA, Dhileepan S, Foxcroft D

Background: More than 30 studies have reported that early tracheal extubation (within 8 hours) appears to be safe without an increased incidence of morbidity. A benefit of the practice may be cost savings associated with shorter intensive care unit and hospital stays.

Objectives: To assess the effects of early tracheal extubation and the impact of the extubating clinician's profession on morbidity, mortality, intensive care unit and hospital length of stay, with a subgroup analysis for tracheal extubation within 4 hours or 4-8 hours.

Search strategy: We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (issue 1, 2003), MEDLINE (January 1966 to June 2003), EMBASE (January 1980 to June 2003), CINAHL (Jan-

Stimulation of the Wrist Acupuncture Point P6 for Preventing Postoperative Nausea and Vomiting

Lee A, Done ML

Background: Postoperative nausea and vomiting (PONV) are common complications after surgery and anesthesia. Drug therapy to prevent PONV is only partially effective. An alternative approach is to stimulate a P6 acupoint on the wrist. Although there are many trials examining this technique, the results are conflicting.

Objectives: To determine the efficacy and safety of P6 acupoint stimulation in preventing PONV.

Search strategy: We searched CENTRAL (The Cochrane Library, Issue 1, 2003), MEDLINE (January 1966 to January 2003), EMBASE (January 1980 to January 2003) and the National Library of Medicine

Acknowledgements

With thanks to staff and affiliates of ACC, the Cochrane Collaboration and Professor Rhonda Marriot, Faculty Dean of Health Sciences at Murdoch University for support of Murdoch's involvement in building awareness of the Cochrane collaboration



Resources and support

- The Cochrane Collaboration: www.cochrane.org
- Australasian Cochrane Centre (and link to CLib): www.cochrane.org.au

Further help:

- veronica.pitt@med.monash.edu.au
- Donna.Duyvestyn@med.monash.edu.au
- Upcoming seminars

Australasian Cochrane Centre - Training - Windows Internet Explorer

http://www.cochrane.org.au/training/index.php

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Training and support for Cochrane review authors

Our workshops for review authors are designed to meet the needs of both new and more experienced authors. Core training is based around the Protocol and Analysis workshops. The Review Completion Program is designed to help authors of reviews get their review 'across the line'. There is no charge for attending these workshops provided participants are either in the process of doing a Cochrane review or intend to do a Cochrane review.

From time to time we run special one-off workshops for more advanced review authors and contributors. These have included several Finishing Schools, an editing workshop and most recently a three-day course for statisticians and statistical editors.

We also hold an annual Symposium for Australasian contributors to the Cochrane Collaboration. The purpose of these symposia is to provide an in-depth look at current methodological and organisational issues that affect review authors and staff of Cochrane entities. Meetings have been held annually since 2000 in several locations, including Melbourne, Sydney, Adelaide and [Brisbane](#).

This year the [Symposium](#) was held in Hobart on the 22nd -23rd May 2008.

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Local intranet 100%