

Summary Notes
CCAG Meeting at the Baltimore Colloquium
October 26, 1998, 7:30-9:00 AM

Present: Kay Dickersin (KD), Mark Starr, Mark Lodge (ML), Mike Clarke (MC), Carol Lefebvre (CL), Eric Manheimer (EM), Karen Robinson (KR)

Absent: Ellen Sogolow, Joanne Telenta

Mike Clarke 17 July proposal regarding aims and objectives for CENTRAL and CCTR

Agreed

1. There was agreement that all citations should be submitted to the BCC/NECC@P in preferred format.
NB by CL post-meeting: A standardized definition of “preferred format” should be developed or the use of this term should be abandoned.
2. There was agreement that we should avoid words related to “quality” when describing the distinction between CENTRAL and CCTR records.
3. There was agreement that records that meet the Cochrane eligibility criteria for clinical trials in Section 5 of the 1994 Handbook would be eligible for CCTR. Records that cannot be confirmed as meeting these eligibility criteria would be included for CENTRAL only.
4. There was agreement on the management of CENTRAL records submitted in the past. Records that were most likely to be reports of “true” Cochrane trials would be “grandfathered” into CCTR. These include: citations that say “randomized” in the title or abstract; citations that indicate “quasi-randomized” in title or abstract (e.g., alternation); records indexed in MEDLINE as RCT (PT); records identified by the EMBASE Re-tagging Project as reports of trials; and records sent by Cochrane Centers/CRGs/Fields that are specified to be RCTs or CCTs according to the Cochrane eligibility criteria and in English. Specialized registers in which the submitting coordinator can confirm that the register contains only RCTs/CCTs according to the Cochrane eligibility criteria will be handled as follows: a 10% (or as appropriate) sample of each will be taken. If contents appear to meet Cochrane definitions, the register will be included in CCTR. Records that were not certain to meet criteria would not be grandfathered into CCTR. These include: MEDLINE CCTs, RCTs or CCTs not in English, EMBASE CCTs and contents of specialized registers not meeting above criteria. An appropriate method of processing the second group of records will be determined after the group of citations meeting the Cochrane definition of controlled trial is processed.
5. There was agreement that from this point forward, the BCC/NECC@P will coordinate the submission of all specialized registers and transfer the specialized registers to Update in a publishable format. All correspondence regarding the actual submission of an entity’s specialized register for CENTRAL will be between the BCC/NECC@P and the entity’s Trials Search Coordinator/Review Group Coordinator.

Summary Notes
CCAG Meeting, October 26, 1998 (cont'd)

Action

1. For the “grandfathering” in of trials from CENTRAL to CCTR, the following groups will contribute in the following ways:
 - Update: will contribute all currently indexed by MEDLINE as RCTs (Publication Type)
 - BCC: 1) RCTs and CCTs in CRG specialized registers and 2) RCTs and CCTs submitted by Cochrane Centers/CRGs/Fields since July 1995NB by KD post-meeting: It is unlikely that it will be possible to conclusively identify Cochrane trials submitted far in the past. The NECC@P will include all specialized registers meeting criteria and submitted as of January 1, 1999. Centers and Fields will be worked with individually.
 - UKCC: RCTs found by searching EMBASE
2. KD will put together a report of this meeting for the CCSG meeting in Freiburg, and include a detailed statement of need if we decide that hiring a CCTR editor is required.

Issues

1. How should the group of citations not as likely to be Cochrane trials be processed? Should an outside editor be hired to evaluate each of these citations?

Other

Agreed

1. It was agreed that it would be desirable if KR would be willing to remain on the CCAG.
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