

**CENTRAL/Cochrane Controlled Trials Register (CCTR) Advisory Group (CCAG)
Summary Minutes
2002 Cochrane Colloquium
August 2 & 3, 2002**

CCAG Colloquium Meeting, Friday and Saturday August 2 & 3, 7:45–9:00 a.m.

Present:

Vittorio Demicheli (VD)	(Field Representative, Vaccines Field, CCSG)
Kay Dickersin (KD)	(New England Cochrane Center)
Davina Ghersi (DG)	(CCSG Representative, Breast Cancer Group)
Bill Gillespie (BG)	(Coordinating Editor Representative, Musculoskeletal Injuries Group)
Carol Lefebvre (CL)	(United Kingdom Cochrane Centre)
Eric Manheimer (EM)	(New England Cochrane Center)
Hugh McGuire (HM)	(TSC Representative, Depression, Anxiety, and Neurosis Group)
Marijke Moll (MM)	(TSC Representative, Rehabilitation and Related Therapies Field)
Laura Souders (LS)	(New England Cochrane Center)
Hazim Timimi (HT)	(Update Software Representative)
Susan Wieland (SW)	(New England Cochrane Center)

Not present:

Karen Robinson (KR)	(<i>ex officio</i>)
Indy Rutks (IR)	(TSC Representative, Prostate Group)
Mark Starr (MS)	(Update Software)

1. Welcome new member—LS

- 2. Review action items from Lyon minutes: 2001 Cochrane Colloquium, Lyon, France, 12 October 2001 and teleconference with CCAG subgroup 26 June 2002** [final version of Colloquium minutes distributed to CCAG E-mail Discussion List 27 February 2002] (all items were reviewed and those not yet accomplished are mainly those discussed and minuted below).

2.1 Naming of CENTRAL

The name change for CENTRAL suggested by CCAG has been agreed by The Cochrane Collaboration Steering Group (CCSG) and Update Software. The official name is the Cochrane Central Register of Controlled Trials, which may be abbreviated to CENTRAL.

Action: The name change will be announced by the NECC@P via email to the entities and the change will be posted by Update on the Cochrane Library “What’s New” page. KD to send HT new wording by early September. The change will be implemented by Update starting with Issue 4, 2002.

2.2 Inclusion of ASCO abstracts in CENTRAL

This issue will not be able to be resolved until after the new publishing arrangement is decided.

2.3 Restoration of handsearch files lost as of Issue 1, 2000

Action: HT reported that he would have a tagged text file of all handsearch records including those with SR tags lost up to Issue 1, 2000 prepared by the end of October 2002, and as discussed in the teleconference of 26 June 2002. This file will be sent to NECC@P for submission to the CENTRAL publisher with the code HS-PRECNTRL.

2.4 Search strategy for identifying trials on MEDLINE

Per a decision at the October 2001 CCAG meeting, CL was to organize a CCAG subgroup (with Eric Manheimer, Steve McDonald, Karen Robinson, and Susan Wieland as members) to discuss the proposed revision of the Cochrane MEDLINE highly sensitive search strategy (see Minute 2.5 Lyon). CL proposed using the results of her research on the topic to decide the strategy. CL was advised by CCAG that her research could be the background for the subgroup's decision-making, but that subgroup should decide together on the best strategy, taking all available evidence into account. There was concern that some groups may have already added or removed terms to the highly sensitive search strategy when they do searches.

Action: CL should convene the subgroup, which will decide the approach and decision making process, and report back to CCAG. CL, on behalf of the CCAG, should inform TSCs that the Cochrane Highly Sensitive Search Strategy (HSSS) is under review for possible revision but has not yet been changed and they should not make any changes to it whilst still referring to it as the Cochrane HSSS. Any terms used in addition to the HSSS should be noted separately.

2.5 Dissemination of the CENTRAL Management Plan (CMP)

The CMP is on the NECC@P website. EM has notified Ruth Jepson that CMP has been completed and should be included on Signposts. It is not yet there. [Post-meeting note from KD: EM should communicate with Ruth directly and work with her to place the CMP information correctly in the Signposts document.

The URL for the CMP still needs to be sent to Dave Booker for addition of a link to the www.cochrane.org and mirror websites. It is currently on the www.cochrane.us website only.

Action: EM will send the CMP details to Ruth Jepson for Signposts. EM and LS will work with Georg Koch and Dave Booker to assure that a link to the CMP URL is added to www.cochrane.org (Documents section) and mirror websites as soon as possible. EM to take overall responsibility for this task.

2.6 Guidance for citations submitted to CENTRAL on the date, title, and source fields, all required fields for publication per Update Software specifications

Currently, when the citation in CENTRAL is to an entire book the name of the book is in title and source fields and this does not correspond with RevMan. It would be desirable to keep RevMan citations and CENTRAL citations consistent.

Action: HT will talk to Tess Moore (RevMan Advisory Group) to make these items consistent. He will bring information back to CCAG at its next meeting.

2.7 Publishing citations to ongoing and unpublished trials

Action: KD to convene small group, including members of the Reporting/Bias Methods Group, to discuss this issue (per 26 June 2002 teleconference minutes). It was agreed DG should also be on this group.

2.8 Assurance of TSC knowledge of CENTRAL procedures

Action: NECC@P will notify the CENTRAL publisher each time a register is submitted for the first time by an entity (SR code and number of records).

2.9 Some Field TSCs did not know they were supposed to send specialized registers to NECC@P

VD sent a message to the Fields E-mail Discussion List to advise that all Fields that maintain a specialized register should submit it regularly for inclusion in CENTRAL.

There was agreement that the NECC@P should be informed when new TSCs begin their positions.

Action: DG will ask Review Group Coordinators (RGCs) to inform NECC@P when a new TSC is hired. She will also send a letter reminding them.

Action: EM reported that Andrea Alvarez at NECC@P sends an E-mail to all newly appointed TSCs that describes how to access the documents and manuals (e.g., the CENTRAL Management Plan and Handsearch Training Manual) necessary for the performance of work related to CENTRAL. The email will be modified to also inform TSCs about the existence of the TSC's Beginner's Guide.

Action: EM will contact Liz Dooley or Dymphna Hermans about listing the TSC's Beginner's Guide on Signposts and will ensure that it is available on all relevant websites including www.cochrane.us. EM will also ensure that www.cochrane.org provides a link to the www.cochrane.us page with the TSC's Beginner's Guide. LS at NECC@P will send out this email to all new TSCs in the future.

2.10 Quality checks on non-English language records

NECC@P has so far not performed quality checks on non-English language records submitted for MEDLINE retagging.

Action: SW estimated the magnitude of the problem (i.e., the size of the current load of non-English citations in MEDLINE) and will circulate her report.

Action: SW to circulate report. LS for the NECC@P will present a plan to the CCAG for addressing this problem.

2.11 Storage of old handsearch submissions

Action: Funds from Steering Group have been received by NECC@P for storage of submissions. Documents have been archived until notice that old handsearch submissions have been reloaded onto CENTRAL.

2.12 Feedback to TSCs about HS and SR submissions problems

LS reported that informal assessments indicate that submission quality has improved.

Action: EM or LS (i.e., whoever is processing submissions) will send TSCs, RGCs, Coordinating Editors, Center Directors, and the CCSG the summary submission logs which cover submission quality. EM will also put summary and detailed lists of problems with specialized register and handsearch submissions on the NECC@P website and inform TSCs, RGCs, Coordinating Editors, Center Directors, and the CCSG that these summaries are available. In the future, LS will send regular summaries to TSCs and CCAG as summaries are developed. (Note added after meeting: after reviewing submission data more formally, it looks like substantial problems still exist. Data will be circulated).

2.13 MEDLINE fields for downloading

It was agreed previously that fields containing MEDLINE data in CENTRAL would be kept “pure,” that is, other items should not be added to those fields by TSCs or others. Currently, MeSH terms are downloaded by the CENTRAL publisher into the KY field for MEDLINE records and Emtree terms are downloaded into the KY field for EMBASE records. Update also uses the KY field for CRG-assigned words when the record is non-MEDLINE/EMBASE.

EM prepared a table of fields currently recommended, proposed, or used across Cochrane Collaboration Software (discussed at 26 June 2002 teleconference). CL prepared a table on MEDLINE Display Format fields for review by CCAG members to decide about which fields should be downloaded. This table was discussed and fields proposed by CL as “not for inclusion” or “not sure” were reviewed and their inclusion status agreed by consensus.

Action: CCAG to review these two tables. Fields marked “Y,” i.e., suggested for inclusion by CL, were to be reviewed by CCAG members and disagreements reported to CL within two weeks using the CCAG list. CL will draw up final agreed list. Use of KY field decision deferred to future meeting.

2.14 Update Software processes for CENTRAL

CCAG needs to decide whether DE field should be included in CENTRAL and if so, whether guidelines should be set for a standard set of coding rules. (See minutes from 26 June 2002 conference call copied below).

TSCs can use the DE field to indicate their own codes for a study design, as long as terms applied are standardized (e.g., RCT, CCT). TSCs should be reminded that only eligible studies should be submitted for CENTRAL (e.g., NOT reviews, comments, etc.).

Action: NECC@P should update Guide for Submission of Specialized Registers to ensure that exact specifications are provided for what is and is not eligible for inclusion in submitted specialized registers. Appropriate changes should be made regarding use of DE field and types of studies that are included.

TSCs want to use DE field to add information about the study design they have learned from handsearching. This was acceptable to the group but the codes should be standardized.

Action: DG should convey the following to CCAG: TSCs should present to CCAG the rationale for including DE field on CENTRAL (as opposed to just including it on their registers). If it is decided to include the DE field in CENTRAL, the TSCs should decide on a single set of codes and usage. The issue will be brought to the TSC meeting with coordinating editors in Stavanger. TSCs should be reminded of the methods already available for correcting errors in CENTRAL described in the CMP (e.g., the DE field should not be used to record information such as “not a trial”). Also, they should be told that CENTRAL should only

include RCTs, CCTs, interrupted time series, and other studies possibly relevant for inclusion in Cochrane reviews.

HT informed group that EMBASE and MEDLINE IDs are downloaded into separate fields when saving to tagged text from the new version of The Cochrane Library. The new version is currently only available on the web but will be available to all on CD-ROM in the near future.

2.15 How can the handsearch results-associated SR code be revised to enable retrieval of only handsearch results through a search of CENTRAL?

No changes can be implemented until the new publishing arrangements for The Cochrane Library have been finalized. Once arrangements are finalized, the publisher will be asked to replace the SR-HANDSRCH code with the HS-HANDSRCH code and NECC@P will submit the existing handsearch file under the new name of HS-HANDSRCH.

Action: CENTRAL publisher, NECC@P

2.16 Update of CMP

Action: All responsible for a CMP chapter should start preparing updates for version 2. The CENTRAL publisher will update the CMP documents regarding changes to the handsearch codes (noted in 2.15).

2.17 CENTRAL description in *The Cochrane Library*

EM created a Help file describing CENTRAL. He notified Signposts and Co-eds of this fact, and he posted it on CCinfo.

2.18 Decide how to ensure capture of records deleted from specialized registers because they are outside a group's scope, when they might be relevant to another group.

Action: HM to notify TSCs that any non-MEDLINE, nonEmbase record, or record without any other SR tag, if deleted from an SR, must be sent to NECC@P as if it is a handsearch result, so that it is not lost from CENTRAL. [Note, non-MEDLINE/non-EMBASE in this context means any record which does not also appear in CENTRAL with MEDLINE or EMBASE in the AN field].

3.0 New business

Thanks to Mike Clarke and Hazim Timimi for their reports on the CENTRAL audit for duplicates and errors.

Action: Hazim will amend the algorithm for detection of duplicate records and will report back by email to CCAG.

Thanks to CCSG for \$75,000 grant to NECC@P for CENTRAL activities.
