

**Attachment 1**  
**Cochrane CENTRAL Advisory Group (CCAG) Teleconference Summary Minutes**  
**Thursday, 9 December 2004**  
**3:00-4:30 p.m.**

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*Present:*

Kay Dickersin (KD)	(US Cochrane Center)
Davina Gherzi (DG)	(CCSG Representative, Breast Cancer Group)
Elena Glatman (EG)	(US Cochrane Center, CENTRAL Coordinator)
Diane Haughton (DH)	(RGC Neonatal Group)
Carol Lefebvre (CL)	(United Kingdom Cochrane Center)
Steff Lewis (SL)	(CCSG Representative, Stroke Review Group)
Eric Manheimer (EM)	(Complementary Medicine Field)
Hugh McGuire (HM)	(TSC Representative, Depression, Anxiety, and Neurosis Group)
Marijke Moll (MM)	(TSC Representative, Rehabilitation and Related Therapies Field)
Andrew Cullis (AC)	( <i>ex officio</i> , Wiley Representative)
Karen Robinson (KR)	( <i>ex officio</i> , Editor, Cochrane Methodology Review Group)

*Apologies:*

Bill Gillespie (BG)	(Coordinating Editor Representative, Musculoskeletal Injuries Group)
Indy Rutks (IR)	(TSC Representative, Prostate Review Group)
Pauline Howarth (PH)	( <i>ex officio</i> , Wiley Representative)
Deborah Pentesco-Gilbert (DP)	( <i>ex officio</i> , Wiley Representative)
Hazim Timimi (HT)	( <i>ex officio</i> , Update Software Representative)
Susan Wieland (SW)	( <i>ex officio</i> , US Cochrane Center)

- 1. CCAG membership:** A question was raised as to whether the CCSG is supposed to send a new CCSG Field representative to replace Vittorio Demicheli (VD), no longer on the CCSG.

*Action:* KD and EG checked the CCAG remit, and only one Field representative is required. EM agreed to serve as the Field representative.

- 2. Review action items from CCAG Summary Minutes from 2004 Cochrane Colloquium, Ottawa, ON, Canada** (all items were reviewed and those not yet accomplished are discussed and minuted below).

**2.1 Maintenance of CENTRAL and supporting documentation**

**2.1.1 Specialized Register (SR) submissions**

**2.1.1.1 Feedback to TSCs about HS and SR submissions problems**

**Status:** Feedback to TSCs—submission logs have been posted by EG. Very few submissions are error-free. Current policy is that USCC will not accept files needing errors corrected; however, this policy has not been strictly adhered to. EG is working individually with TSCs to help improve quality of submissions. EG giving positive feedback to TSCs as well as message that things need to be fixed. CCAG very concerned about current situation. CCAG requested that EG build an Access database to run reports targeted to different groups and purposes within the Collaboration, including cumulative submission reports over all years. CCAG needs a report on all groups, so it is easy to see which groups are experiencing major problems with specialized registers, and whether the USCC or CRGs fixed the problems occurred in the last CENTRAL submission.

*Action: EG to work with IT specialists at the USCC to build a new relational database for presenting cumulative submission reports, classifying all problems as minor or major.*

### **2.1.1.2 Some Field TSCs did not know they were supposed to send specialized registers to USCC**

**Status:** SL confirmed that fields are not required to submit their Specialized Registers for CENTRAL. For Fields, the core function that relates to specialized registers is as follows: "To identify relevant trials and make them accessible through a Specialized Register."

*Action: SL will request the Monitoring and Registration Group (MRG) to change the policy and make specialized register submission to CENTRAL a requirement for Fields.*

### **2.1.1.3 Update on submissions**

EG reported that the policy on accepting only “error-free” registers is not clearly stated in the current version of the CMP (Sections need revision: SR Guide, pages 7 and 10; HS Guide pages 9 and 14, item 3.8.4, and chapter 5, pages 4 and 5).

*Action: CL to revise and circulate for CCAG approval.*

## **2.1.2 Handsearch (HS) submissions**

### **2.1.2.1 Restoration of handsearch files lost as of Issue 1, 2000**

HT has identified 755 handsearch records of those lost when CENTRAL was rebuilt in 2000.

*Action:* CL to check and confirm the total number of missing records and whether HT is able to recover them.

### **2.1.2.2 Quality checks on non-English language records**

**Status:** KD and EG will estimate the total number of non-English RCTs and CCTs and will use a sample of these to get an estimate on the cost of translating non-MEDLINE and non-English abstracts submitted for CENTRAL inclusion. No quality control of these submissions has ever been done.

EG has obtained estimate for translation which appears high. The USCC needs to get a better estimate of the size of the problem.

*Action:* AC will check into sending CENTRAL database in the most efficient file format to the USCC quarterly, or at least annually. KD and EG to follow up.

### **2.1.3 Development and management of CENTRAL**

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

**Status:** EG contacted HT and confirmed that the source field is not required for publication.

*Action:* EG to update the CMP, removing the source field as a required item.

#### **2.1.3.2 Record origin**

Query was sent to CCAG as to whether country from which record was submitted could be added to CENTRAL. CCAG decided SR codes are sufficient to identify submitting entity. Multiple SR tags are used if record is contributed by more than one group. MEDLINE's AD tag provides country of first author.

*Action:* KD followed up on this matter with Elizabeth Pienaar, who originally sent the query.

#### **2.1.3.3 Standardization of journal names**

**Status:** On hold. Action will depend on the way CENTRAL is going to be built by Wiley (when records are downloaded from PubMed, only abbreviated journal names are

available). Funds likely to be needed. TSCs should thus use either full journal names or MEDLINE abbreviations. RevMan requires full journal name.

*Action: AC, PH, KD, and IMSG to communicate about next steps.*

#### 2.1.3.4 Publishing citations to ongoing and unpublished trials

When CENTRAL is rebuilt as a study-based register, a field will be introduced for unique trial ID.

*Action: KD and EG agreed to look for unpublished trials in CENTRAL, to estimate the current number of unpublished trials. Guide for Submission of Specialized Registers to CENTRAL (SR Guide), page 5, item 2.2.1 will be revised as needed.*

#### 2.1.3.5 MEDLINE fields to be downloaded for CENTRAL

**Status:** AC sent CCAG members details of the development cycle for changes to the Cochrane Library. AC, DP, and PH estimated the impact of including all fields vs. just fields that are currently being used. AC confirmed that it is technically possible to include all the MEDLINE fields at the next annual download, but it will impact number of CDs required to hold CENTRAL. Wiley requests that we limit the number of fields downloaded.

*Action: EG to add CL's suggested fields presented at the 11<sup>th</sup> Cochrane Colloquium, in Barcelona, Spain, 2003, to the current list of fields used in CENTRAL, RevMan and MeerKat; circulate amended field list among CCAG members (two week turnaround requested), and submit decision to PPG in January, 2005.*

#### 2.1.3.6 Update of CMP

EG suggested more guidance is needed in the CMP (both SR and HS Guides) on the format for the following fields: study design, abstract number, page, issue, volume, title and original title, and how to deal with foreign characters (eg, ä, é, ø) in downloaded records.

*Action: EG to draft suggested changes, and circulate for approval. CL to provide feedback from TSCs on study design and abstract number fields. CL suggested drafting a request for PPG to authorize the publication of citations with original titles only, if no English title available.*

AC reported that upon Wiley's request HT at Update Software updated chapter 6, CMP.

*Action: AC circulated an updated version of chapter 6, CMP on 10 December, 2004 for CCAG approval. Feedback is expected to be received by 16 January, 2005.*

#### **2.1.3.7 Indexing of CENTRAL - pilot project with CEVG**

CEVG is currently completing indexing of all SR-EYES register entries using MeSH, including conference abstracts (see Attachment 9). This effort tests the cost and utility of MeSH indexing of all CENTRAL records.

#### **2.1.3.8 Funding for CENTRAL**

Funding for CENTRAL was received by the USCC in 2003 and is currently being used. Funding request will be made to CCSG, as additional funds are needed.

*Action: KD*

#### **2.2 MEDLINE Retagging Project**

KD reported that MEDLINE retagging funding from NLM ended in March, 2004 but NLM would be willing to continue to accept retag submissions. MEDLINE retagging effort is important to providing backbone of CENTRAL.

USCC has calculated how much it costs to do this every year and amount is modest. USCC will request annual budget from CCSG for MEDLINE retagging.

*Action: KD, with assistance from DG, will submit request to CCSG for annual funding of MEDLINE retag. Request will be reviewed by CCAG first.*

#### **2.3 Master List of journals being searched**

EG reported that second round of Master List update mailing took place in October, 2004 (see Attachment 8a). 17 non-respondents will be contacted for the 3d time.

SL confirmed that the MRG is willing to add a question to their CRG, Field, and Center monitoring forms, asking when Master List update information was last sent to the USCC.

***Action:** CCAG representatives should encourage their entities to respond to USCC requests promptly. EG will add a field to Master List noting date the information was last confirmed. HM suggested we add another field to Master List, the date when specific handsearch results were submitted to CENTRAL.*

## **2.4 Chapter 5 of Handbook**

CL waiting for feedback on Silver Platter strategy for revision of Appendix 5C. When revision is received, EG will circulate a revised version of Chapter 5 among CCAG members.

***Action:** CL will revise Appendix 5C and coordinate the process of updating Chapter 5 in the future. The Information Retrieval Methods Group will co-author the chapter in collaboration with CCAG members.*

### **2.4.1 Search strategy for identifying trials on MEDLINE**

CL and Julie Glanville are working on a new MEDLINE search strategy.

***Action:** CL will circulate a draft of the search strategy to CCAG soon.*

## **2.5 New ideas for creation of CENTRAL**

### **2.5.1 Training of TSCs**

Based on register submissions to date, more training, testing and monitoring of TSCs is needed. EG working in collaboration with other USCC staff, created a new help web page for TSCs.

***Action:** The web page will be circulated among CCAG members for feedback.*

### **2.5.2 Proposal for development of a new and improved CENTRAL, for CCSG discussion (see Attachment 6)**

KD drafted remit for the new CENTRAL/controlled trials register advisory group, and received Mike Clarke's and Monica Kjeldstrom's feedback.

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*Action:* KD to circulate draft remit for new advisory group among CCAG members. All TSC representatives (EM, HM, MM, IR) will circulate to TSCs and get feedback.

### 2.6 TSC representatives at the CCAG meeting

CL suggested adding 2 more TSC representatives to CCAG. New members should contribute to the overall diversity of CCAG in terms of country representation. They should also be able to attend CCAG and TSC meetings so that information flow is maximized.

*Action:* All CCAG members to nominate 2 candidates, if possible. KD to request CCSG to add 2 more members to CCAG.

### 3. New business - Issues raised by members and others - agenda setting for next meetings

#### 3.1 Inclusion of Trial IDs into RevMan and CENTRAL

*Action:* KD to check on decision for CENTRAL.