

Cochrane CENTRAL Advisory Group (CCAG) Summary Minutes
2004 Cochrane Colloquium
Ottawa, ON, Canada
Sunday, 3 October 2004

CCAG Colloquium Meeting, Sunday, 3 October 2004, 7:30-9:00 a.m.

Present:

Kay Dickersin (KD) (US Cochrane Center)
Davina Gherzi (DG) (CCSG Representative, Breast Cancer Group)
Bill Gillespie (BG) (Coordinating Editor Representative, Musculoskeletal Injuries Group)
Elena Glatman (EG) (US Cochrane Center, CENTRAL Coordinator)
Diane Haughton (DH) (RGC Neonatal Group)
Carol Lefebvre (CL) (UK Cochrane Center)
Steff Lewis (SL) (CCSG Representative, Stroke Review Group)
Hugh McGuire (HM) (TSC Representative, Depression, Anxiety, and Neurosis Group)
Marijke Moll (MM) (TSC Representative, Rehabilitation and Related Therapies Field)
Andrew Cullis (AC) (*ex officio*, Wiley Representative)
Pauline Howarth (PH) (*ex officio*, Wiley Representative)
Eric Manheimer (EM) (*ex officio*, Complementary Medicine Field)
Deborah Pentesco-Gilbert (DP) (*ex officio*, Wiley Representative)

Apologies:

Vittorio Demicheli (VD) (*ex officio* CCSG Representative, Vaccines Field)
Indy Rutks (IR) (TSC Representative, Prostate Review Group)
Karen Robinson (KR) (*ex officio*, Editor, Cochrane Methodology Review Group)
Hazim Timimi (HT) (*ex officio*, Update Software Representative)
Susan Wieland (SW) (*ex officio*, US Cochrane Center)

- 1. Welcome new CCAG members:** Welcome to Wiley representatives, PH and DP. A question was raised as to whether the CCSG is supposed to send a new CCSG Field representative to replace VD, no longer on the CCSG.

Action: EG to check.

- 2. Review action items from CCAG Summary Minutes from 2003 Cochrane Colloquium, Barcelona, Spain** [CCAG Meeting Agenda and 9 Reports (Attachments 1-9) distributed to CCAG E-mail Discussion List 30 September 2004] (all items were reviewed and those not yet accomplished are discussed and minuted below). Order has been changed and items consolidated as appropriate to make for easier reading.

2.1 Publishing arrangement

Status: Wiley has assumed responsibility for publishing *The Cochrane Library*. Update Software will be subcontractor for CENTRAL until March, 2006 and will continue work as described in Chapter 6 of the Central Management Plan (CMP). HT will remain an *ex officio* member of CCAG. PH has been named as the official Wiley representative to CCAG.

2.2 Maintenance of CENTRAL and supporting documentation

2.2.1 Specialized Register (SR) submissions (see Attachment 4)

2.2.1.1 Feedback to TSCs about HS and SR submissions problems (see Attachment 5)

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 present cumulative submission reports over all years, as in past. CCAG needs report on all groups, so it is easy to see which ones are “in trouble”

Action: *EG to present cumulative submission reports to CCAG and on web. Reports should cover all groups.*

2.2.1.2 Some Field TSCs did not know they were supposed to send specialized registers to USCC

Status: EG prepared a list of CRGs and Fields not submitting Specialized Registers (SRs) (see Attachment 3). CCAG members not sure whether fields are required to submit SRs.

Action: *SL to find out if fields are required to submit their specialized registers and will tell CCAG members. If submission is required, CCAG to remind Monitoring Group, who will work with EG to ensure TSCs/RGCs are contacted when no register submitted for the year.*

2.2.1.3 Update on submissions

EG described types of errors encountered (eg, wrong field data such as information in the wrong field or mixed with other field information and which needs to be separated and pasted into the correct field). EG reported that registers with errors are returned to the TSCs for modification. USCC staff no longer fix most problems since the same

problems were being submitted each quarter. Nancy Owens (USCC) and EG e-mailed TSCs about the policy of accepting only “clean” registers.

Action: EG to check CMP to make sure policy is clearly stated.

2.2.2 Handsearch (HS) submissions

2.2.2.1 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 and HT will work together to see if they can be restored.

KD and the USCC will examine the existing archived paper records to estimate how many are missing and will discuss with Center staff methods for restoring lost records.

Action: KD will discuss issue with Karen Robinson and report to CCAG.

2.2.2.2 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.

Action: KD and EG

2.2.3 Development and management of CENTRAL

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

Status: EG to contact HT to clarify if source field is still required for publication.

Action: EG and HT

2.2.3.2 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 will follow up on this matter with Elizabeth Pienaar, who originally sent the query.

2.2.3.3 Standardization of journal names

As part of the effort to “clean up” CENTRAL, journal names will be standardized. The Schizophrenia group and others are in the process of doing this for their register. The Cochrane Eyes and Vision Group@US will also do it for the CEVG register, as part of a pilot study to investigate time and resources needed. In the future, TSCs will be asked to amend journal names in their own registers for standardization. EM suggested SQL prompts could be sent to TSCs to help them with retrospective renaming of journal title. “Correct” journal name will be decided using Locator Plus as a guide.

The TSCs had questions about the proposed project to standardize journal titles. The general understanding among the TSCs seemed to be that this project was motivated more by a desire for standardization than for purposes of de-duplication, since duplicate checking at the publisher is done on the article title and year fields. It was suggested that the CCAG may need to discuss the status of this project further (assuming that this project is under CCAG remit).

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.

2.2.3.4 Publishing citations to ongoing and unpublished trials

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

Action: KD agreed to look for unpublished trials in CENTRAL, to see the size of the problem. KD and EG will revise CMP guidelines to assist TSCs wishing to contribute unpublished trial citations.

2.2.3.5 MEDLINE fields to be downloaded for CENTRAL

Status: 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: AC will send CCAG members details of the development cycle for changes to the Cochrane Library. AC, DP, and PH will estimate and circulate the impact of including all fields vs. just fields that are currently being used. CCAG to discuss this issue further.

2.2.3.6 Update of CMP

Status: EG will circulate an updated version of handsearching chapter for CMP (using track changes). Two week turnaround time requested.

EM suggested that the cover page of any revised CMP chapters indicate both the date last revised and also whether the revision is 'a substantive update' or a 'minor update' (ie, using the same notation as that used to indicate updates for Cochrane Reviews)."

Action: All.

2.2.3.7 Indexing of CENTRAL - pilot project with CEVG

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

2.2.3.8 Funding for CENTRAL

Funding for CENTRAL was received by the USCC in 2003 and is currently being used. No funding is needed at this time, but a request will be made to CCSG when additional funds needed.

Action: None.

2.3 MEDLINE Retagging Project

EG reported on 2004 National Library of Medicine (NLM) retagging submission (see Attachment 7).

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 and DG will submit request to CCSG for annual funding of MEDLINE retag. Request will be reviewed by CCAG first.

2.4 Master List of journals being searched

EG reported that the Master List update mailing response rate is very low. Second round of Master List update mailing will take place in October, 2004.

Action: CCAG representatives should encourage their entities to respond promptly. EG to add to Master List a field noting date information confirmed. SL to ask Monitoring and Registration Group to add a question about when updating information last sent to USCC to review group, field and center monitoring forms.

2.5 Chapter 5 of Handbook

Major corrections and changes:

Section 5 and Appendices 5 have been revised and updated in 2002 by EM; with input from KD and members of the Handbook Advisory Group.

CL waiting for feedback on Silver Platter strategy for revision of Appendix 5C. When feedback on Silver Platter search strategy is received, EG will circulate a revised version of chapter 5 among CCAG members. CL suggests Information Retrieval Group should be responsible for chapter 5 if the group is registered.

EM suggested that Chapter 5 may need to be further developed or expanded in some areas to take account of new research evidence, but that it may not necessarily need a complete overhaul at this point as a major redraft was already undertaken for Version 4.2.0. EM volunteered to contribute to any future revisions of the Chapter.

Action: CL to revise Appendix 5C when possible.

Action: KD, EG, and EM in collaboration with possible IRMG to make changes when Handbook next updated.

2.5.1 Search strategy for identifying trials on MEDLINE

CL and Julie Glanville are working on a new MEDLINE search strategy. Expected completion date unsure.

Action: CL

2.6 New ideas for creation of CENTRAL

2.6.1 Training of TSCs

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

Action: CCAG to provide feedback on help page.

2.7 Suggested Increase in Use of MeerKat

CL asked to discuss MeerKat with TSCs and RGCs to see whether they were interested in training, and she found no interest, because of other priorities.

Action: None.

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

CL suggested CCAG members should forward any additional individual comments to KD.

KD will be discussing the process further with Mike Clarke; a new IMS subgroup related to the new CENTRAL will replace CCAG in the future.

Action: KD to draft remit for new IMS subgroup for Mike Clarke (Convenor IMSG). DG and CL will forward TSCs' comments.

2.9 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.

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

Proposed items for next agenda:

- Review of trial registration position statement by CCSG

Cochrane CENTRAL Advisory Group (CCAG) Summary Minutes (cont'd)

- Addition of unique ID# to CENTRAL
- Follow-up of submissions monitoring; what to do about noncompliance
- Master List - follow-up on update mailing
- TSC nominations for CCAG
- IMS subgroup for CENTRAL
- Update on development of new CENTRAL
- Wiley: Dealing with foreign characters (eg, ä, é, ø), records without English titles; where to put abstract number; inconsistent pagination format (247-9 vs 247-249).

Next meeting : November teleconference
