

# **CENTRAL Management Plan Introduction**

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### 1. The Cochrane Collaboration's need for a centralized controlled trials register

At the time the Cochrane Collaboration was formed, it was recognized that a centralized trials register was needed to ensure that Cochrane Review Groups had access to all possibly relevant trials. All trials identified by Cochrane Review Groups, whether relevant to the Group's particular area of study or not, would be contributed to this centralized trials register for general dissemination, as would trials identified by other Cochrane entities. The centralized trials register would thus provide a central source of trials to be searched by Review Groups to identify trials for their own specialized registers. These specialized registers, in turn, would serve to ensure that individual reviewers within a Review Group would have easy and reliable access to the maximum possible number of trials relevant to their review topic. Using a collaboratively developed, centralized, register as the primary source of controlled trials for the specialized registers reduces unnecessary duplication of effort and relies on the agreement of all Cochrane entities to use similar search and quality assurance methods.

### 2. CENTRAL: A source of trial reports for the quality assessed Cochrane Controlled Trials Register (CCTR)

A top priority in organizing the centralized trials register has been to incorporate quickly new reports of trials and possible trials. This has resulted in a 'dirty' database, 'CENTRAL', designed as an all-inclusive database that can be added to with rapid turn around. By its nature, it contains duplicates and non-trials, and has had few associated quality control activities. The fine-tuning of this 'dirty' database (e.g., removing duplicates, applying quality assurance procedures, and ensuring that the design criteria described below have been applied) will result in a 'clean' version, 'The Cochrane Controlled Trials Register (CCTR).' CCTR will include only records that meet the eligibility criteria devised and agreed in November 1992, which were published, in 1994, in Section 5 of the Cochrane Handbook. These criteria are now included as Appendix 5b.1 of the Cochrane Reviewers' Handbook. According to these eligibility criteria, a trial is eligible for CCTR if, on the basis of the best available information (usually from one or more published reports), it is judged that:

- the individuals (or other units) followed in the trial were definitely or possibly assigned prospectively to one of two (or more) alternative forms of health care using:
  - random allocation or
  - some quasi-random method of allocation (such as alternation, date of birth, or case record number).

CENTRAL includes records that would be eligible for CCTR, in addition to other studies that may be relevant for inclusion in systematic reviews within the Cochrane Collaboration, but which cannot be confirmed as meeting the Cochrane eligibility criteria agreed in 1992.

### 3. CENTRAL/CCTR Advisory Group (CCAG)

At its February 1998 Capetown meeting, the Cochrane Collaboration Steering Group appointed a CENTRAL/CCTR Advisory Group (CCAG) to advise the Steering Group and coordinate efforts related to development of the Collaboration's trials registers. The predecessor to the CCAG, the Trials Registers Development Group (TRDG), had been working up until February 1998 on methods related to CENTRAL development. Seven major challenges faced the newly formed CCAG:

1. Developing procedures for the successful transfer of reports contained in the Review Groups' specialized registers to CENTRAL,
2. Refining the procedures for the successful transfer of trial reports identified and submitted to CENTRAL as 'hand search results',
3. Developing procedures for the separation of CENTRAL and CCTR and refinement of the latter,
4. Establishing acceptable levels of communication among CCAG members, as well as acceptable and appropriate allocation of responsibility in developing and maintaining CENTRAL,
5. Developing documentation to assist Review Group Coordinators and Trials Search Coordinators performing the above functions,
6. Developing documentation to assist those wishing to access and search CENTRAL, and
7. Ensuring adequate representation of Review Group Coordinators and Trials Search Coordinators on the CCAG.

### 4. CENTRAL Management Plan

The CENTRAL Management Plan describes and documents the work that the CCAG has performed to meet the seven challenges listed above. The first two sections of the Plan contain Guides that have been developed to assist Review Group Trials Search Coordinators and others who submit specialized registers and 'hand search results' to CENTRAL. All the necessary forms and procedures for submission are included in these two Guides. The third section of the Plan describes procedures used to code and correct records and plans for the development of CCTR. The fourth section of the Plan describes the work performed by the US Cochrane Center in the development and management of CENTRAL. The fifth section describes the work performed by Update Software in the development and management of CENTRAL. The sixth and final section of the Plan describes procedures for searching CENTRAL.

## **CENTRAL Management Plan: Introduction (cont'd)**

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The CENTRAL Management Plan has been a 'work in progress' for several years and the CCAG particularly acknowledges the contributions of Karen Robinson and Mike Clarke who contributed to drafts of earlier versions. This version was coordinated by Elena Glatman, and specific contributions were made by Mike Clarke, Carol Lefebvre, Eric Manheimer, and Mark Starr. Comments have been solicited and incorporated into all sections. We are grateful to all those who contributed, and especially for the input of the Review Group Coordinators and Trials Search Coordinators.

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