

Minutes of the TSC Meeting held at the
Cochrane UK Contributors' Meeting 2004
On Thursday 25th March, 9.30 - 12 Noon
In Room Carnegie 2, James Watt Conference Centre, Heriot Watt
University, Edinburgh, Scotland

List of Participants

NAME	ENTITY
Ali Baba-Akbari	<i>Wounds Group</i>
Liz Arnold	<i>Airways Group</i>
Alison Beamond	<i>Epilepsy Group</i>
Sylvia Bickley	<i>Oral Health Group, & Pain, Palliative Care and Supportive Care Group</i>
Karen Blackhall	<i>Injuries Group</i>
Eileen Brunt	<i>Developmental, Psychosocial and Learning Problems Group</i>
Finola Delamere	<i>Skin Group</i>
Caroline Doree	<i>Ear, Nose and Throat Disorders Group</i>
Anne Eisinga	<i>UK Cochrane Centre</i>
Mark Fenton	<i>Schizophrenia Group</i>
Lesley Gillespie	<i>Musculoskeletal Injuries Group</i>
Iris Gordon	<i>Upper Gastrointestinal and Pancreatic Diseases Group</i>
Angela Gunn	<i>Neuromuscular Disease Group</i>
Dymphna Hermans	<i>Dementia and Cognitive Improvement Group</i>
Kate Hicks	<i>Dementia and Cognitive Improvement Group</i>
Carol Lefebvre	<i>UK Cochrane Centre</i>
Mark Lodge	<i>Cancer Network</i>
Vittoria Lutje	<i>Infectious Diseases Group</i>
Hugh McGuire	<i>Depression, Anxiety and Neurosis Group</i>
Anne Oestmann	<i>Gynaecological Cancer Group</i>
Anupa Shah	<i>Eyes and Vision Group, & Anaesthesia Group</i>
Brenda Thomas	<i>Stroke Group (Chair)</i>
Sheila Wallace	<i>Incontinence Group (Minutes)</i>
Karen Welch	<i>Peripheral Vascular Diseases Group</i>

There were also invited speakers present during particular agenda items:

Sally Hopewell: Convener of the MeerKat Working Group
 Deborah Pentesco-Gilbert: Managing Editor, The Cochrane Library, Wiley
 Laura Mellor: Desk Editor, The Cochrane Library, Wiley

		Action
1	<p>Introduction and welcome Brenda welcomed everyone to the meeting.</p>	
2	<p>Minutes of the last UK TSC meeting, Warwick 17 March 2003</p> <ul style="list-style-type: none"> • Lesley pointed out a typo in item 5. The second sentence should read 'Many MeSH in the old....'. • Carol reported that further to the HTA monograph by Egger et al (2003) vol 7 number 1 a similar HTA monograph had also been published by Royle and Waugh (2003) 'Literature searching for clinical and cost-effectiveness studies used in health technology assessment reports carried out for the National Institute for Clinical Excellence appraisal system' HTA, Volume 7, number 34 (http://www.hta.nhsweb.nhs.uk/fullmono/mon734.pdf). A critique of both these HTA reports is currently in preparation by Carol, Julie Glanville and Janette Boynton for presentation at the Health Technology Assessment International (HTAi) (formerly known as ISTAHC) meeting in June 2004. Carol will circulate details to the TSC list. 	Carol
3	<p>The Information Management System (IMS): Implications for TSCs IMS consists of:</p> <ul style="list-style-type: none"> ○ Contact Database; ○ reviews database; ○ topics lists; ○ tracking system/workflow system; ○ entity information ie module document; ○ RevMan; ○ data delivery ie data sent directly to the publisher; ○ repository for unpublished documents eg correspondence between reviewers and trialists; ○ groupware eg email distribution lists. <ul style="list-style-type: none"> • It was noted that UK-based TSCs were fairly well represented at the IMS training day on 24 March 2004 in Edinburgh (more than two-thirds had attended). • The Contact Database could be useful for TSCs who need to contact reviewers especially for CRGs that are split site. Quite a few of the UK-based TSCs were missing or had incorrect roles on the database - Carol kindly volunteered to register all UK-based TSCs, with their current email addresses, on the database. (<i>Post-meeting correction: Carol ascertained that TSCs can register themselves already. TSCs should register themselves on the Contact Database and you should make sure you are assigned</i> 	All TSCs

the TSC role as per Carol's message to the TSCs list 19th May 2004.)

- Dymphna Hermans, the TSC rep on the Information Management System Group, reported that a **central study-based register** would be the last part of the IMS to be implemented but is not yet under development. This register would be trial/study-based rather than report-based. There will probably be links between a CRG's topic list, reviews and studies and between reviews and 'used' or potentially relevant trials. There may need to be standardization of registers to achieve this. Of those TSCs present, 6 had full or partial study-based registers (2 using MeerKat). Dymphna warned that it can be very resource intensive to move from a report-based to a study/trials-based register. For Dymphna's group it took one person one and a half years full-time to obtain hard copies and code the 3000 reports of trials on their register. They had had EU funding to do this. Existing reviews already have the necessary information to link and code trial reports and they are a good way to start. It is as yet uncertain which software will be used for this part of the IMS. It was suggested that MeerKat or ProCite might be possible solutions but there may be other possibilities. The Cochrane CENTRAL Advisory Group is presently discussing a study-based version of CENTRAL and the implications of this.
- There are two issues:
 - What are the advantages of linking registers to the IMS?
 - Would registers need to be standardised to link them to the IMS?
- It will be important for the IMSG to work directly with TSCs to develop and implement the central study register. At the moment there are TSC reps on the RevMan and ModMan Advisory Groups. A special IMSG subgroup will be set up to look at trials register development. **TSCs need to ensure that they are represented on this subgroup.**
- IMS wish-list - send in wishes to <http://www.cochrane-net.org/wishlist/ims/>
- **Standardization** could be difficult, not only because of the enormous amount of time and money involved in creating a truly study-based register, but also because TSCs work very differently - and manage their registers differently - some do single searches for reviewers, some have fully coded registers and some groups with very large registers such as the Heart group would find it difficult to fully cover their area with a fully coded register.
- **Tracking system/workflow system.** This system can help to make sure that TSCs are kept in the loop during the editorial base handling of reviews and protocols e.g. some groups reject a review if the search strategy is considered to be

Dymphna will keep an eye on this.

	<p>inadequate.</p> <ul style="list-style-type: none"> • IMSG are planning to employ people to help with training and support for the new system. • It was suggested that before the next IMS training days in Ottawa, TSCs spend time practising with the Contact Database. You can register at http://www.cochrane-net.org/contact/ • We need to add IMS and training for it onto the agenda for the Ottawa TSC meeting. • How will CENTRAL link in with the IMS? This will be discussed by the Cochrane CENTRAL Advisory Group, on which TSCs have two reps: Hugh McGuire and Indy Rutks. 	<p>All TSCs</p> <p>Carol</p>
<p>4</p>	<p>Future MeerKat support and development</p> <p>Sally Hopewell, Convenor of the MeerKat Working Group, was welcomed.</p> <p>Most TSCs present knew about MeerKat.</p> <p>a) Funding - until now MeerKat has never had Collaboration funding - in the past funding and support has come from the UK Cochrane Centre, Update Software and the Schizophrenia Group (a lot of Mark Fenton’s time has been spent on this). The email sent out to the TSC and MeerKat lists on Friday 19 March 2004 by Sally reported that:</p> <p>‘the Steering Group has agreed to provide funds to support existing groups that are using MeerKat to continue to do so. This will also include the development of written documentation (such as a user’s guide) and, where necessary, this would include the costs of bug fixing. Support will also continue to be available for those groups who are currently not using MeerKat but would like to transfer their registers. However, this support will currently be funded by sources other than the Steering Group’.</p> <p>Sally reported that the MeerKat Group had asked the Steering Group for funding support to transfer registers but this was declined. However, Mark Fenton kindly agreed to continue offering support in this area. The Steering Group stated that their reason for not funding this was based on the uncertainty as to what software would be used in future to interface the IMS with our trials registers.</p> <p>b) Other Issues</p> <ul style="list-style-type: none"> • Two of the TSCs present use MeerKat. Worldwide 20% of CRGs use MeerKat to varying degrees. Three groups currently use MeerKat to submit their registers to CENTRAL - Schizophrenia, EPOC and the Renal group. In the past Anupa (Eyes and Vision) has submitted using MeerKat. The feedback from the USCC appears to report fewer errors for those using MeerKat but Mark Fenton suggested that this might be a reflection of Mark cleaning the registers to get 	

	<p>them into MeerKat.</p> <ul style="list-style-type: none"> • MeerKat can be used for tracking purposes eg which study references have been sent to reviewers and which of those have been incorporated into reviews. • As mentioned above it is a lot of work to convert to a study-based register. • It is important to make sure that the positive features of MeerKat are fed into the IMS and also that the lessons learnt during conversion of registers into MeerKat, by making them study-based, are incorporated into IMS development. • TSCs need to manage their workflows and there is workflow software in the IMS – thanks to Dymphna for ensuring that TSCs tasks appear where appropriate in the drafts of these workflows. • Why aren't more groups using MeerKat?: <ul style="list-style-type: none"> ○ Some thought it couldn't be used to submit to CENTRAL but it can; ○ Lack of commitment of Collaboration funding for the further development of MeerKat and possible impact of this on its future existence / development; ○ The continued need to use Procite anyway to format records before transferring them to MeerKat; ○ Lack of local funds to create a truly study-based register by linking and coding reports of trials; ○ Lack of local expertise in how to transfer registers – although Mark Fenton is willing to help with this; ○ Some are yet to be convinced of the benefits of MeerKat, given the commitment (and resource implications) needed to change. • Sally was thanked for her report. 	<p>Mark Fenton & Carol</p>
<p>5.</p>	<p>Cochrane Information Retrieval Methods Group A Cochrane Information Retrieval Methods Group (Cochrane IRMG) has been proposed to provide advice and support, to conduct research and to facilitate information exchange regarding the information retrieval activities of the Cochrane Collaboration. The emphasis will be on providing practical support for the development of information retrieval techniques and facilities for information searchers.</p> <p>Meetings held during 2002/2003 have developed the proposed remit and activities of the group to include:</p> <ul style="list-style-type: none"> • Offering advice on information retrieval policy and practice • Providing training and support • Conducting empirical research (including systematic 	

	<p>reviews) into information retrieval methods</p> <ul style="list-style-type: none"> • Exploring information retrieval issues for developing countries • Helping to monitor the quality of searching techniques employed in systematic reviews • Liaising with the Campbell Information Retrieval Methods Group • Serving as a forum for discussion <p>The Group is in the process of applying to the Collaboration for registration as a Methods Group. Many TSCs are already signed up as being interested in being involved with the Group. If you are not yet signed up and would like to be kept informed about progress of the Group, please contact Carol. The Group is planning to meet in Ottawa, having previously met in Barcelona in October 2003, and in London in December 2002. There is infrastructure funding for administration for the Group from the Library of the University of Wales College of Medicine, Cardiff.</p>	All TSCs
6	<p>Funding and conflict of interest issues</p> <ul style="list-style-type: none"> • The changes in conflict of interest status may lead to removal of some funding opportunities in the future. • Infrastructure funding. Some of the bigger groups in England and Wales have had their funding cut. It was regretted that the TSCs from the Pregnancy & Childbirth Group (Lynn Hampson), Heart Group (Margaret Burke) and Schizophrenia (Judy Wright) were not at the meeting due to reduced funding. Other groups have also had their funding reduced e.g. Liz Arnold at the Airways Group. Lesley Gillespie's Group (Musculoskeletal Injuries) still receives no infrastructure funding from the NHS and this is becoming increasingly problematic. Some groups have moved to avoid university overheads eg Anne Oestmann's Group (Gynae Cancer). The Scottish Office, which funds 2 of the 3 Scottish groups, is currently making decisions about funding for the PVD and Stroke Groups. The Stroke Group has already lost one full-time post (Trials Register Administrator) and funding is expected to be further reduced by as much as 35% in June 2006. <i>Post-meeting note: PVD has received funding but this has been reduced and they have a zero travel budget.</i> • TSC hours - how many TSC hours per week does each group have? This is difficult to gauge accurately as each TSC and group works differently. There was some concern that if groups are making cuts they might cut TSC-related jobs first - of those present approximately $\frac{3}{4}$ had funding cuts in their group. Sheila volunteered to email the TSC list to get baseline data on the current hours worked by TSCs per week in each group. All those present agreed that this would be helpful but we would 	Sheila

	<p>need Collaboration approval first, as this would constitute as a 'survey'.</p>	
<p>7</p>	<p>Policy changes – mandatory or optional and how feasible?</p> <p>(a) Reviews – things that seem to be a good idea!</p> <p>Brenda described examples of ideas put forward at meetings relating to improving the quality and presentation of reviews. Suggestions are made with little clarification as to whether such changes are mandatory or optional. An example is the suggestion to include the search strategies in the additional tables in RevMan. The idea to paste each search strategy into separate cells was considered by the RevMan Advisory Group but proved to be more difficult than at first thought, and long strategies could not be stored in one cell. At least one group spent a considerable amount of time on this. We now know that provision for this feature will be made in the new version of RevMan. Another example is the request to change abbreviated journal titles to the full version. Brenda suggested that proposed changes such as this be treated more cautiously with wider consultation, and incorporated into official guidelines and the Reviewers' Handbook / CENTRAL Management Plan etc as appropriate, before requesting that we take any action. It would also be useful to know who has the authority to sanction such changes. It was agreed that this topic would be added to the TSC meeting agenda in Ottawa for wider discussion, and that our representatives on the relevant Advisory Groups should be asked to ensure that TSCs are fully involved in any such policy changes in future.</p> <p>(b) Submissions to CENTRAL</p> <p>Sylvia Bickley raised concerns about the confusion arising from messages from the US Cochrane Center relating to errors in register submissions. It was noted that the instructions for submitting registers are included in the CENTRAL Management Plan. If the USCC are 'cleaning' registers they need to notify the TSC immediately, to avoid the TSCs adding records and making other changes to the existing register. There was confusion as to how registers previously pronounced 'clean' by the USCC have after two unchanged submissions become 'dirty'. It was felt that we need better communication with USCC and the Cochrane CENTRAL Advisory Group. TSCs felt they would like more input to the CENTRAL Management Plan. Carol suggested that TSCs copy her into their correspondence with USCC about register submissions, so that she can contribute to the discussions and keep other TSCs up to date. It was agreed that this topic would be added to the TSC meeting agenda in Ottawa for wider discussion, and that our representatives on the relevant Advisory Groups should</p>	<p>Carol</p> <p>Carol</p>

	be asked to raise these issues on behalf of TSCs.	
8	<p>The Cochrane Library – the new Wiley Interscience Version Deborah Pentesco-Gilbert and Laura Mellor were welcomed.</p> <p>a) Features of the new interface.</p> <p>From December 2003 full search facilities have been available on the new interface with the ability to save searches and do MeSH searching. Plus all the same search features as available previously:</p> <ul style="list-style-type: none"> • simple and advanced searches; • restrictions; • search history; • save strategy including saving under a new name after edits; • single lines of strategies can be edited; • search lines can be deleted and if this is done the other lines (and within lines) are automatically renumbered; • can run one search then another below and then combine the two. (<i>Post meeting note: this is incorrect, the second search will overwrite the first search.</i>) <p>The Publishing Policy Group (PPG) are setting up a wish-list to improve functionality – this will run on a 12 monthly cycle with wishes collected up to 1st June each year for incorporation, where feasible and accepted, into Issue 1 of the following year. At present the new interface cannot:</p> <ul style="list-style-type: none"> • combine search sets without typing in all the set numbers • insert an extra line into the strategy (you have to add it into the line before). <p>One wish to add to the list was that not only should items be marked new this issue but this should be retrospective ie not just ‘New’ for the current issue but ‘New’ over a range of Cochrane Library Issues. This would be helpful for eg where updates for searches for a review are not done quarterly but once or twice a year and it is therefore necessary to identify all records new in all of the last 2 or 4 issues. This also links in with Wiley’s discussions with ISI to get The Cochrane Library listed in their Journal Citation Reports database, which would allow CDSR records to have an Impact Factor. ISI want a review to be cited with a specific publication date associated with a particular issue of CDSR – which would help with marking it as new for that</p>	

	<p>particular issue.</p> <p>b) Process for implementation.</p> <ul style="list-style-type: none"> • There will be a designated, maximum of three months, transition period. • Most TSCs present (all but one) use the CD-ROM version of The Cochrane Library and save the searches locally (eg on their hard drives). • There is a search testing group, set up by the Publishing Policy Group, who will be testing the search functionality of the Wiley product. Carol and Kate Light are on this group and two TSCs will be invited to join them. Other groups are assessing statistical functionality (the replacement for Update Software’s MetaView) and general ‘look and feel’. • Issue 2, 2004 and Issue 3, 2004 will also have the new Wiley interface available on CD-ROM as well as the Internet. Wiley will only send the CD-ROMs, which will be issued in parallel with the Update Software CD-ROMs, to those who request them. The Update Software interface will continue to be the official published version and will continue to be the one sent out by default to everyone normally receiving it, until the Wiley version has received sign-off from the Steering Group. <i>(Post-meeting note: Issue 2, 2004 Wiley CD-ROM version was sent out to all Cochrane entities for evaluation / feedback in May 2004.)</i> • Once the Wiley Internet version has received sign-off, the ‘timer’ will start running as the Update Software Internet version will only continue to be available for 3 months after the sign-off date. Deborah reported that this period might be reduced if so requested by the Steering Group. As yet there are no firm dates for transition. During the transition period the two online versions will run in parallel, but we don’t yet know which issue of The Cochrane Library this will be. It is likely that the CD-ROM version will be introduced after the Internet version. TSCs need to make sure the Steering Group is aware of their need for a full 3-month transition period to transfer their searches from the Update to the Wiley version. Carol will raise this with the TSC representative on the Steering Group, Davina Gherisi. 	<p>Carol</p>
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	<ul style="list-style-type: none"> • It is possible that if all goes to plan only the Wiley interface will be available from approx Sept 2004 – but no definite dates yet. • Training and other information will be made available via the CLUG list <p>Although WebEx training will be provided, the TSCs felt that they would benefit from a hands-on training day aimed specifically at TSCs converting from the Update version to the Wiley version. Deborah agreed to investigate the possibility. (Post-meeting note: it has been suggested that, given the UK funding difficulties, it might be sensible to arrange two separate training days, north and south, so that no overnight stay will be necessary and making use of off-peak travel opportunities. As most TSCs use the CD-ROM version, it would be best to arrange this when the CD-ROM product is signed-off. Carol agreed to work with Wiley on our behalf in organizing these events.)</p> <p>Deborah and Laura were thanked for attending.</p>	Wiley Carol
9	<p>TSC Meeting – Ottawa Colloquium, October 2004</p> <p>Carol recommended that TSCs should advertise their talents more by submitting papers and posters for Ottawa (closing date for submission 29 March 2004) and raise their profile. The meeting proper starts on 2nd October and the TSC and RGC/TSC meetings are likely to be the day before or on the morning of the 2nd. Davina Ghersi will be organising this and Carol will be liasing with her.</p> <p><i>(Post meeting correction as at 21 June 2004 Davina sent this email, this may be subject to change so please keep an eye on your email: ‘RGC/TSC meeting is currently scheduled for Saturday 2nd October from 9.00 am to 3.00 pm, with the Meet-the-Entities session scheduled from 3.30. I understand that the web site lists the starting time as 8.00 am but I had not anticipated starting that early. There will be a joint meeting with the Coordinating Editors on Tuesday 5th October from 11.00 am to 12.30 pm.’)</i></p>	Carol
10	<p>TSC Meeting at the UK Contributors Meeting, Manchester, 14-15 March 2005</p> <p>Sylvia has kindly agreed to chair the TSC meeting and will also be on the UKCC planning group for the Contributors’ Meeting.</p>	
11	<p>Any other business</p> <ul style="list-style-type: none"> • LILACS - the Brazilian Cochrane Centre were searching this centrally but no records have yet been re-tagged in LILACS or included in CENTRAL– Carol will follow up on this. It was suggested that you might copy Carol into any messages that you send to the Brazilian Cochrane Centre about this. • CRG register submissions to CENTRAL – it was clarified that the previously published version is republished if no 	Carol

	<p>new register submission is sent to the USCC</p> <ul style="list-style-type: none">• Comments to Wiley – send wish-list comments to Deborah (Pentesco-Gilbert), other comments for discussion etc should be posted to the CLUG list.	
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