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EvidenceLive

University of Oxford June 22 - 24 2016



NUFFIELD DEPARTMENT OF
PRIMARY CARE
HEALTH SCIENCES



the**bmj**

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EvidenceLive

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“A thoroughly enjoyable experience. I look forward to attending Evidence Live again in the future!”



Carl Heneghan,
Director, Centre for
Evidence-Based Medicine



Fiona Godlee,
Editor in Chief, BMJ

Welcome back to Oxford for **EvidenceLive 2016**

Welcome to Evidence Live 2016. This is our fifth conference, hosted jointly by the Centre for Evidence-Based Medicine (CEBM) at the Nuffield Department of Primary Care Health Sciences, University of Oxford and The BMJ (British Medical Journal).

Due to popular demand, we have extended this years conference to cover 3 full days of discussion and learning around 5 main themes:

- Improving the Quality of Research Evidence
- Disentangling the Problems of Too Much and Too Little Medicine
- Transforming the Communication of Evidence for Better Health
- Training the Next Generation of Leaders in Applied Evidence
- Translating Evidence into Better-Quality Health Services

With a 22% increase on abstract submissions 2016 hosts more than 160 presentations, posters and workshops from 28 countries around the world.

The conference includes an international line-up of world leading speakers whose remit is to stimulate, provoke, entertain and inspire. Evidence Live encourages debate on the current status and future directions of Evidence-Based Medicine.

We are also providing an additional session.

“Better Decisions Require Better Evidence” is an open meeting at 17:15 on Wednesday June 22nd that will start the campaign to prioritise and explore the potential solutions to better evidence for better decisions.

We hope that you are able to join us and you enjoy the next 3 days of Evidence Live 2016.

EL2016 Conference Committee.

08:00	Registration Open
09:00	Evidence Live 2016 Preview, Lecture Theatre Two (L2)
09:45	Introduction: Welcome to Evidence Live 2016 (L1)
10:00	Keynote Session, Lecture Theatre One (L1) Improving the Quality of Research Evidence Fiona Godlee (Session Chair), Hilda Bastian, Ivan Oransky, John Ioannidis
11:15	Tea and coffee break

**WEDNESDAY
22 JUNE
PROGRAMME**

11:45	Improving the Quality of Research Evidence (L2)	Transforming Communication of Evidence for Better Health (L3)	Translating Evidence into Better-Quality Health Services (L5)	Workshops
	<p>Riaz A. Agha: A Systematic Review of the Methodological and Reporting Quality of Case Series in Surgery</p> <p>Seon-Young Lee: Support for Reporting Guidelines in Surgical Journals Needs Improvement: A Systematic Review</p> <p>Seon-Young Lee: Compliance of Systematic Reviews in Plastic Surgery With the PRISMA Statement: A Systematic Review</p> <p>Charmilie Chandrakumar: The Use of Study Registration and Protocols in Plastic Surgery Research: A systematic review</p> <p>Sonia Ratib: Is there an association between study size and study quality in dermatological clinical trials? A meta-epidemiological review</p> <p>Frances Gardner: Enhancing power and transparency and reducing bias through data pooling: Individual Participant Data (IPD) meta-analysis for investigating equity effects of parenting interventions</p>	<p>Clive Adams: Tweeting links to Cochrane Schizophrenia Group reviews: a randomised controlled trial</p> <p>Kim Kristiansen: Developing a Method and System to Evaluate Clinical Usefulness of Findings in Medical Research</p> <p>Anna Brown: CEBIS: Bringing research knowledge to the clinician and patient to inform evidence based practice</p> <p>Tammy Hoffmann: Are patients naively optimistic about health care? A systematic review of expectations of the benefits and harms of treatments, tests, and screens</p> <p>Alison Ford & Alan Lovell: Reaching the patient: how the NIHR Dissemination Centre uses the views of patients and carers</p> <p>Arlene McCurtin: Fostering evidence diversity in decision aid design: philosophy and process</p>	<p>Alys Mathers: Delivering Speech and Language Therapy services to mainstream schools via video-conferencing: a service evaluation</p> <p>Ayesha Memon: Why are we losing our precious blood donors? A systematic review from Pakistan.</p> <p>Moira Godbert-Laird: Syndication of NICE content</p> <p>Pierre La Rochelle: Quantifying the Drug Safety Evidence Deficit: Analysis of the Drugs Withdrawn from the United States Market from 1976 to 2010 for Safety Reasons</p> <p>Ameneh Safarzadeh: Intra Uterine Fetal Death And Some Related Factors: A Silent Tragedy In Southeastern Iran</p> <p>Dylan Collins: Global cardiovascular risk assessment in the primary prevention of cardiovascular disease: overview of systematic reviews.</p>	<p>Dr Khurshid Talukder: Conflicts of Interest in Global Nutrition Research (C2)</p> <p>Dr Peter Oettgen: Rapid Creation of GRADE-labeled recommendations before guidelines are available using systematic multi-expert process (C4)</p>

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13:15	Lunch			
14:00	Improving the Quality of Research Evidence (L2)	Transforming Communication of Evidence for Better Health (L3)	Translating Evidence into Better-Quality Health Services (L5)	Workshops
	<p>Paul Brand: Systematic review of effectiveness of immunotherapy for pediatric asthma: the importance of applicability of research evidence</p> <p>Sally Hopewell: Impact of a web-based tool (WebCONSORT) to improve the reporting of randomised trials: results of a randomised controlled trial</p> <p>Heidi Gardner: Collaborating to combat the inefficiency of randomised trials</p> <p>Paola Rosati: A new scoring method highlights major discrepancies between what clinical trial registries report and paediatric randomised controlled trials publish</p> <p>Jane Lloyd: Biases that affect the quality of research evidence for improving organisational health literacy</p>	<p>Claudia Dobler: Communicating risks and benefits of preventive tuberculosis treatment: Australian physicians' perspectives</p> <p>Fran Toye: Using research based films for effective dissemination of qualitative systematic review – an example of a film used in post-graduate clinical training</p> <p>Rob Cook: NIHR Signals: A system for disseminating important, trustworthy, relevant research for decision makers in the NHS</p> <p>Joanne Jordan: Evidence Flowers: Improving accessibility and engagement with evidence based guidance</p> <p>Sarah Chapman: Evidence for Everyday: getting evidence into people's hands through social media</p> <p>Jean Ryan: Investigation of the influence of patient decision aids on knowledge and informed decision-making: a systematic review and content analysis</p>	<p>Tara Lamont: What does the research say? Developing a themed review of evidence on end of life care for NHS decision-makers</p> <p>Valerie King: Evidence review methods to support evidence-based coverage decisions and the goldilocks principle: too big, too small, just right?</p> <p>Jolita Bekhof: Practice for sensible care: effects of 8-years evidence based practice</p> <p>Tao-Hsin Tung: The effects of aromatherapy massage on improvement of anxiety among patients receiving palliative care: A systematic review of randomised controlled trials</p> <p>Niamh O'Rourke: Development of standards for clinical practice guidance in Ireland</p> <p>Kay Stevenson: Implementing and evaluating an electronic solution to support general practice for patients with low back pain</p>	<p>Dr Clive Adams: Cochrane Reviews: what works and what doesn't for dissemination (C2)</p> <p>Panel: Improving the Evidence for Systematic Reviews (L1)</p> <p>Kamal Mahtani (Session Chair)</p> <p>Jon Brassey</p> <p>Tom Jefferson</p> <p>Gerald Gartlehner</p> <p>Lars Hemkens</p>
15:30	Tea and coffee break			
16:00	Keynote Session (L1)			
	<p>Transforming the Communication of Evidence for Better Health</p> <p>Ben Goldacre (Session Chair), David Spiegelhalter, Julia Belluz, Victor Montori</p>			
17:15	Open Meeting: Prioritising and Exploring the Potential Solutions to Better Evidence for Better Decisions (L1)			
18:15	Fringe: Meet Future Leaders Networking Event (Gibson Building)			
18:30	Drinks Reception (St Lukes Chapel & Radcliffe Primary Care Atrium)			

08:00	Registration Open			
08:00	Breakfast Session: (L2) Better Value Healthcare Muir Gray		Breakfast Session: (L3) Promoting Critical Thinking about Treatment Claims Andy Oxman, Douglas Badenoch, Iain Chalmers, Paul Glasziou	
09:30	Disentangling the Problems of Too Much and Too Little Medicine (L1)	Equipping Future Teachers, Developers and Leaders of Evidence-based Healthcare (L2)	Translating Evidence into Better-Quality Health Services (L3)	Workshops
	<p>Nicola Lindson-Hawley: The Cochrane Tobacco Addiction Group at 20: ensuring our evidence is relevant</p> <p>Benjamin Djulbegovic: Reducing overtreatment by optimizing sequence of diagnostic tests ordering</p> <p>Anke Heida: Evaluating the efficacy of a web-based monitoring program for teenagers with IBD before implementation in clinical practice</p> <p>Bridget Abell: An examination of the characteristics, recommendations and quality of published guidance for exercise and physical activity in cardiac rehabilitation</p> <p>Kate Thomson: Reducing uncertainty in clinical diagnostic genetic testing</p> <p>Maria Congedo: Slow Medicine: the Italian approach to appropriateness cannot be through a law</p>	<p>Guylene Theriault: EBMPICO : a web-based tool for teaching all 4 steps of EBM</p> <p>David Allen: Impact of a community based evidence based medicine (EBM) workshop on participants' clinical practice and teaching of EBM</p> <p>Sietse Wieringa: A qualitative study of medical knowledge creation: how mindlines develop and their link with clinical guidelines</p> <p>Martin Downes: Development of the Appraisal tool for Cross-Sectional Studies (AXIS)</p> <p>Lauren Maggio: Practicing Evidence Based Medicine (EBM): A descriptive analysis of medical student whole-task EBM assignments</p> <p>Gavin Stewart: Identifying Cochrane citation classics</p>	<p>Laila J. Badran: The first pioneer two studies which created the basic evidences behind the need for the reform of the Jordanian Governmental Drug Quality Control Laboratory: Lessons from the past</p> <p>Ulrich Siering: When are tailored interventions for guideline implementation successful? A systematic review of randomized controlled trials</p> <p>Amanda Young: Nurturing the lifecycle of research</p> <p>Hyacinth Faune: Roles and impact of nurses in promoting medication adherence of patients under the tb-dots program in District V, Manila</p> <p>Paul Brand: Achieving adherence: the art of shared decision making, and more</p> <p>Jane Lloyd: A systematic review of evidence-based strategies for developing health literate organisation</p>	<p>Ms Sian Jones & Ms Alison Turner: The good, the bad and the evidence: the challenges of decision making in health service commissioning (C2)</p> <p>Dr Helen Macdonald & Prof Rafael Perera: Communicating actionable evidence (L5)</p> <p>Dr Amitava Banerjee: Big Data and evidence-based medicine – the promises and the pitfalls (L6)</p>
11:00	Tea and coffee break			
11:30	Keynote Session (L1)			
	Disentangling the Problems of Too Much and Too Little Medicine Carl Heneghan (Session Chair), Emily Sena, Paul Glasziou, Rustam Al-Shahi Salman			
12:45	Lunch and Poster Session			

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THURSDAY
23 JUNE
PROGRAMME

14:15	Margaret McCartney: Death, Dying, the Daily Mail – and Evidence Based Medicine (L1)			
15:00	Ice cream break			
15:30	Disentangling the Problems of Too Much and Too Little Medicine/ Future Leaders (L1)	Improving the Quality of Research Evidence (L2)	Transforming Communication of Evidence for Better Health (L3)	Workshops
	<p>Amrita Bose: Can an online, consultant-led advice service accurately diagnose oral cancer? Implications for streamlining the two-week wait referrals pathway</p> <p>Charles Badu-Boateng: Evolution of European Society of Cardiology Guidelines Since 2000: a Systematic Appraisal</p> <p>Sarah Pannell: EBM for under 18s?</p> <p>Azadeh Aletaha: Global collaborative networks on Randomized Control Trials (RCTs) on diabetes mellitus. Published in impact factor medical journals between 2004-2014</p> <p>Dan Mayer & Joseph Wayne: Using Team Based Learning to teach critical evaluation of research studies and clinical practice guidelines</p>	<p>Catherine Meads: Lesbian and bisexual womens' gynaecological disorders: a systematic review</p> <p>Kathryn Wareham: Improving the quality of veterinary randomised controlled trials</p> <p>Jamilla Hussain: Missing data in palliative care randomised controlled trials: beyond statistical palliation</p> <p>Chris Del-Mar: Quantifying common adverse effects of a drug used for any indication from RCTs: the example of amoxicillin</p> <p>Anna Noel-Storr: Cochrane Crowd: The role of citizen science in evidence synthesis</p>	<p>Nicola Di Girolamo: Association between titles of healthcare articles and inclusion in the Altmetric Top 100</p> <p>Neil Pakenham-Walsh: Transforming the communication of evidence for better health: Improving the availability and use of reliable healthcare information for health professionals, citizens, policymakers and researchers</p> <p>Caroline De Brún: The librarian will see you now: The role of information professionals in shared decision-making</p> <p>David Nunan: The evidence of effects page: Refinement of a tool for optimising evidence-based informed treatment decisions In clinical practice (The EEPIC-1 study)</p>	<p>Dr Heather Murray & Dr Melanie Walker: Training the next generation of 'Evidence Creators' and 'Evidence Consumers' - Tips and tricks for curriculum development in EBM (C2)</p> <p>Prof Sharon Mickan: Barriers and Facilitators for Research in Practice (L6)</p> <p>Panel: COMPare – Tracking Switched Outcomes in Clinical Trials</p> <p>Dr Ben Goldacre (L5)</p>
17:00	Keynote Session (L1)			
	Translating Evidence into Better Quality Health Services			
	Fiona Godlee (Session Chair), Catherine Marshall, David Tovey, Regina Kunz			
18:00	Close			
18:15	Fringe: Tom Jefferson: Diary of a Tamiflu Research Parasite, Somerville College Terrace Bar			
19:30	Conference Dinner – Somerville College			

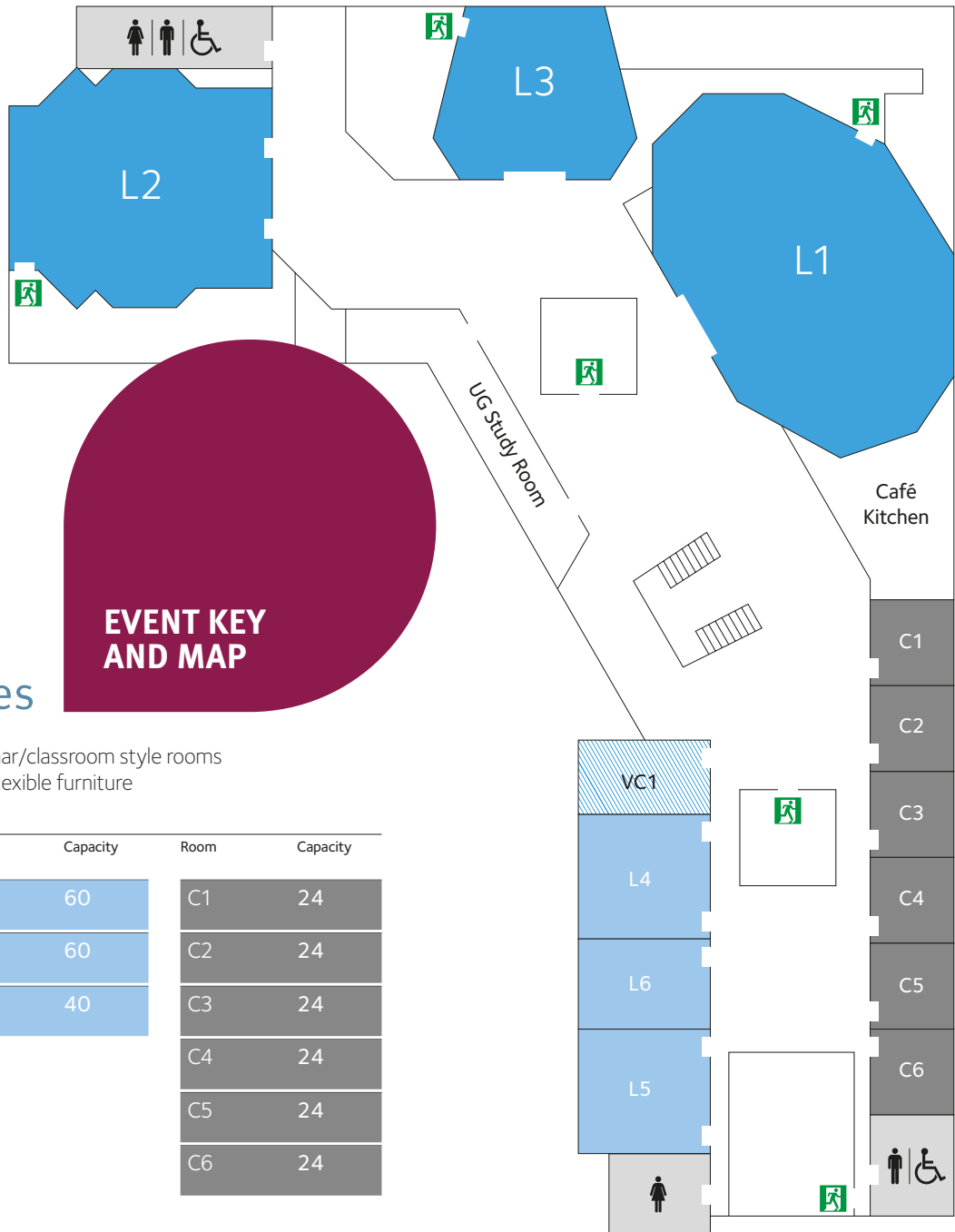


08:00	Registration Open		
09:15	Keynote Session (L1)		
	Disentangling the Problems of Too Much and Too Little Medicine/Improving the Quality of Research Evidence Howard Bauchner (Session Chair), Alan Schwarz, Peter Gøtzsche, Sandra Vernerio		
10:30	Tea and coffee break		
11:00	Improving the Quality of Research Evidence (L2)	Showcase – Future Leaders in EBM (L3)	Workshops
	<p>Daniyal Jafree: The First 500 Registrations of the Research Registry: Advancing the Cause of Research Registration in Compliance with the Declaration of Helsinki 2013</p> <p>Amanda Young: Evidence to inform the National Institute for Health Research Adding Value in Research agenda</p> <p>James Thomas: Project Transform: bringing people and technology together for evidence production</p> <p>Hamid Reza Baradaran: Quality of reporting and method of randomized controlled trials in diabetes in Iran; a systematic review</p> <p>Antonino Cartabellotta: Waste in independent drug research in Italy: a cross-sectional study</p>	<p>Peter Gill & Helen MacDonald (Session Chairs)</p> <p>Hilda Bastian</p> <p>An-Wen Chan</p> <p>Howard Bauchner</p> <p>Kamal Mahtani</p>	<p>Trish Groves & Prof David Moher: How to get published (L5)</p> <p>Dr Eve O’Toole & Dr Niamh O’Rourke: Developing evidence-based clinical guidelines – from clinical questions to implementation (C4)</p> <p>Klara Brunnhuber: BMJ Evidence Centre (C2)</p> <p>Covidence: An Introduction to Covidence, the online tool for systematic review production (L6)</p>
12:30	Lunch		
12:30	Lunch Session: Designing the Cardiovascular Risk Communication Toolkit (L5)		

FRIDAY
24 JUNE
PROGRAMME

13:30	<p>Improving the Quality of Research Evidence (L2)</p> <p>Amanda Hakala: Missing Results for Trials of New Neurological Drugs: A Systematic Analysis</p> <p>Jong-Wook Ban: Is another validation of a clinical prediction rule necessary? A demonstration of research wastes using recursive cumulative meta-analyses</p> <p>Henry Drysdale: COMPare (CEBM Outcome Monitoring Project): Tracking switched outcomes in clinical trials. Authors: Henry Drysdale, Ben Goldacre, Carl Heneghan and the COMPare team</p> <p>Elaine Beller: What do researchers understand when they read the report of a systematic review? A mixed methods study.</p> <p>Hans Lund: How can research become truly evidence-based?</p>	<p>Translating Evidence into Better-Quality Health Services (L3)</p> <p>Azadeh Aletaha: Assessment of the Reporting Quality of Randomized Controlled Trials articles in the field of diabetes, determine the usage of these RCTs in medical guidelines</p> <p>Valerie King: The New Cochrane Rapid Reviews Methods Group: Development, Goals and Linkages</p> <p>Paul Wilson: Supporting evidence-informed decision making by CCGs: what difference does access to a responsive evidence briefing service make?</p> <p>Susan Peirce: Technology identities – why evidence is neither sufficient nor necessary for adopting medical devices</p> <p>Niklas Bobrovitz: An Overview of Systematic Reviews of Interventions to Reduce Unscheduled Hospital Admissions among Adults</p>	<p>Workshops</p> <p>Dr Ben Goldacre & Ben Meghreblian: OpenTrials Workshop (L5)</p> <p>Anne Weist & Fran Wilkie: Training the Next Generation of Leaders in Applied Science: the NICE Evidence search student champion scheme model (L6)</p> <p>Panel: Best paper of all time (L1)</p> <p>Carl Heneghan (Session Chair) Hilda Bastian Peter Gøtzsche John Ioannidis Navjoyt Nadher</p>
15:00	<p>Keynote Session (L1)</p> <p>Training the Next Generation of Leaders in Applied Science Fiona Godlee (Session Chair), An-Wen Chan, Anthony Costello, Nicky Cullum</p>		
16:00	<p>Closing Remarks</p>		
16:15	<p>Tea & Coffee – Safe Journey Home</p>		

SEE PAGE 10 FOR
KEY AND EVENT
LOCATIONS



Room capacities

Lecture Theatres

Room	Capacity
L1	360
L2	210
L3	110

Seminar/classroom style rooms with flexible furniture

Room	Capacity	Room	Capacity
L4	60	C1	24
L5	60	C2	24
L6	40	C3	24
		C4	24
		C5	24
		C6	24



**Map showing walk
from train station**

Taxi numbers

001 Taxis: 01865 240000

Royal Cars: 01865 777333

A1 Taxis: 01865 248000

More online info

evidencelive.org/location/

Train station

KEYNOTE SPEAKERS

Wednesday 22 June, 10:00 - 11:15 L1

Improving the Quality of Research Evidence

Hilda Bastian: Research Nirvana: Getting it Right and Making Life Better



Research doesn't have to be perfect to make life at least a little better. From a user and public interest point of view, though, most research doesn't improve things. We often don't know reliable ways to define and answer a question.

Or how to convert the knowledge gained into usable forms that reach those who need to use it. Research could improve if our knowledge base about research rigour, assessment, and communication was stronger – and that knowledge diffused thoroughly enough to ensure the research ecosystem kept improving. There are many paths to this research nirvana. I will talk about my top 5 practical ones, plus 2 bonus pies-in-the-sky.



Ivan Oransky: Retractions: Why They're Good For The Scientific Record



Retractions have grown nearly 20-fold since 2000. While some have cited this as a sign of growing unreliability of the scientific literature, this presentation will argue the opposite: The increase in retractions is good news. The presentation will cover the growth of post-publication peer review in public and how that is allowing fraudulent and mistaken research to be removed from the scientific record. Which fields – and which journals – retract most often, and what does that mean for clinical evidence? How do retracted findings persist? The presentation will include a discussion of how much work we all still have to do – and how we can do it.

John Ioannidis: Why most clinical research is not useful



Blue-sky research cannot be easily judged on the basis of practical impact – but clinical research is different, and should be useful. It should make a difference for health and disease outcomes, or should be undertaken with that as a realistic prospect. Many of the features that make clinical research useful can be identified, including those relating to problem base, context placement, information gain, pragmatism, patient-centeredness, value-for-money, feasibility and transparency. Many studies, even in the major general medical journals, do not satisfy these features and very few studies satisfy most or all of them. Most clinical research fails to be useful, therefore, not because of its findings but because of its design. The forces driving the production and dissemination of non-useful clinical research are largely identifiable and modifiable. Reform is needed. Altering our approach could easily produce more clinical research that is useful, at the same or even at a massively reduced cost.

Wednesday 22 June, 16:00 - 17:15 L1

Transforming the Communication of Evidence for Better Health

David Spiegelhalter: **Balanced communication of the possible harms and benefits of medical interventions and lifestyle choices – is it always the ‘right’ thing to do?**



If we are serious about informed-choice, and respect autonomy to make personal trade-offs between perceived benefits and harms, then there is a duty to provide information in a form that avoids manipulating emotions about the options available. Good research has suggested how this might be achieved, and I will look at whether public information about, for example, cancer screening and alcohol consumption live up to these worthy ideals.

Julia Belluz: **Lessons from the trenches of evidence-based health journalism at Vox.com**



We live in an age of unprecedented scientific exploration. Journalists play a key translation role when it comes to informing the public (including doctors, patients and policy makers) about health science. Yet, too often, we fail. There’s about as much magic and speculation in the health sections of newspapers as there is in many science-fiction novels. At Vox, we’ve been trying to do things differently. Health reporter Julia Belluz will share some of the lessons and challenges that come with moving toward evidence-based health journalism.

Victor Montori: **How do we make evidence care?**



Evidence-based medicine requires the thoughtful application of evidence to the care of the patient. A central task is to use research evidence to determine what is best for each patient. The evolution in this process – from providing information to clinicians and to patients, presenting choices to promote informed choice, to having empathic conversations — challenges the production and dissemination of evidence and the design of the clinical encounter.

Thursday 23 June, 11:30 - 12:45 L1

Disentangling the Problems of Too Much and Too Little Medicine

Emily Sena: **The translational failure of animal research**



Translational failure between many animal studies and clinical trials have been well characterised. The discrepancies between their findings have in part been attributed to compromised internal and external validity of animal experiments, and the presence of publication bias.

We have systematically collated data from over 7000 studies covering 19 different disease models reporting outcome from nearly 200,000 animals. Assessment of publication bias in 499 publications of focal ischaemia identified that 1/6 experiments remain unpublished, which leads to an overstatement of efficacy of at least 30%. Furthermore, only 3% of studies report performing a sample size calculation, and about 1/3 report randomisation and blinded assessment of outcome – both associated with overstatements in reported efficacy. These findings are not unique to experimental stroke.

Lessons from animal studies of the impact of poor conduct and reporting may provide useful insights to address the problems that occur downstream with translational failure between clinical trials and patient care.

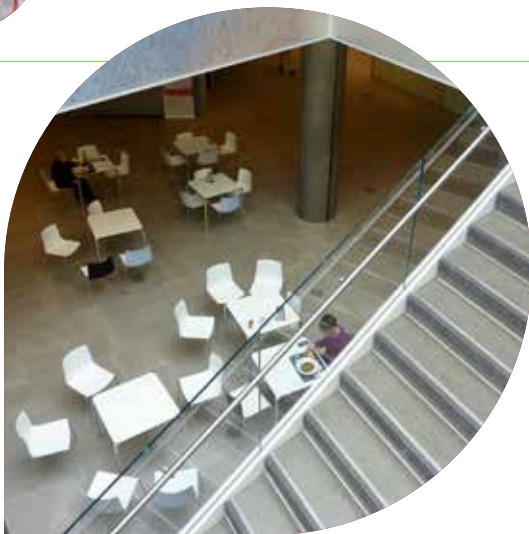


Rustam Al-Shahi Salman: Brain MRI roulette



Even though the brain is Woody Allen's second favourite organ, he – like us – would want to protect it from harm. So, a radiation-free brain magnetic resonance imaging (MRI) scan is obviously the right way to check your brain and know whether to protect it, right? A systematic review of brain MRI found that at least one in 37 people without neurological symptoms has an incidental abnormality of potential prognostic or therapeutic significance. However, most of the “incidentalomas” that are detected may never cause a problem, so over detection with brain MRI is unlikely to be helpful. Furthermore, a randomised trial has shown that treatment of some brain incidentalomas does more harm than good over 3 years of follow-up; this appears to constitute over-treatment, but some people who are not treated do have bad outcomes and they appear to be under-treated. Would you want to play brain MRI roulette?

Paul Glasziou: The growing problem of overuse and over-diagnosis



Thursday 23 June, 14:15 - 15:00 L1

Margaret McCartney: Death, Dying, the Daily Mail – and evidence based medicine



Margaret McCartney is a GP in Glasgow. She is columnist for the BMJ and regular broadcaster for Radio 4's flagship medical programme, Inside Health. She is the author of The Patient Paradox and Living with Dying, with The State of Medicine due to be published in 2016. Her declared interests are at www.whopaysthisdoctor.org/doctor/6 (free to sign up!) and she tweets at @mgmtccartney

Thursday 23 June, 17:00 - 18:00 L1

Translating Evidence into Better Quality Health Services

Catherine Marshall: Getting to the Heart of the Evidence



People involved in the production of systematic reviews, guidelines and other evidence-based tools are usually passionate about their work and believe that their evidence will improve the quality of care of patients and consumers. Evidence by itself, is static, is often hard to locate and rarely tugs at our heart strings. So...

- How do we design evidence-based advice that is easy to understand and follow?
- What factors other than 'scientific' evidence need to be taken into account?
- What is it that special x-factor that can make evidence relevant to the everyday lives of consumers?

Catherine will discuss both personal and policy approaches using examples from her own recent health care journey and her quest for evidence-based advice, along with national guideline implementation projects designed to resonate with consumers.

David Tovey: **How can evidence producers improve practice and policy?**



Cochrane's vision is to provide the high quality evidence to inform decision makers in clinical care and health policy across the world. Evidence is necessary but not sufficient to guide decision making, hence whilst Cochrane Reviews should and do interpret the evidence, extending this to make direct recommendations is inappropriate. These must always be consistent with other factors, such as community preferences, and local conditions.

Similarly, publishing the evidence is not the end of the research process. The evidence to practice gap has many causes and the responsibility to rectify these sits with researchers, not end users.

Creating impact is vital for Cochrane researchers as for all others, but this is necessarily a complex process, and success does not lie with simply finding new ways to lecture end users more forcefully. In my presentation I will describe work within Cochrane aimed at increasing the translation of evidence into better quality health care, and also report on some continuing challenges, and ways that we can be more effective.

Regina Kunz: **Forgotten by evidence – Insurance Medicine**



Disability evaluations affect hundreds of thousands of patients with impaired ability to work worldwide. Many patients need support either as workplace adaptation or benefits. Medical experts make judgments about the eligibility for support because circumstances of disability vary widely. However, our systematic review found these medical judgments on work disability of poor reproducibility leading to unequal and unfair access to social care (disability benefits).

Most medical experts derive their judgments from their individual professional expertise (knowledge and routines) only. Evidence supporting these complex judgments is lacking or little used. Reliability of complex judgments, however, can be improved by standardizing the judgment process.

We are testing the reliability of work disability evaluation for insurers in real life situations using a semi-structured interview about functioning and standardised reporting of functioning. High priority implementation of validated assessment techniques and best available evidence in routine disability evaluation will contribute to deliver urgently needed fair and equitable social care for patients with impaired work ability.

Thursday 23 June, 18:15 - 19:30
Terrace Bar Somerville college

Tom Jefferson: **Diary of a Tamiflu Research Parasite**



Tom is the first author of the only Cochrane review based solely on unpublished on regulatory data. The review of Neuraminidase inhibitors for preventing and treating influenza was seen as a major methodological development in the field of evidence-based medicine. The review challenged opinion across the regulatory, industrial and policy arenas, and has since been added as a landmark within the James Lind Library. It was the most accessed review in the Cochrane Library in 2014. The review was published in April 2014 both on the Cochrane Library and the BMJ and was the culmination of a 4-year campaign to obtain a complete set of previously unseen 107 clinical study reports. The emphasis on clinical study reports to the exclusion of publications was an attempt to address the problems of reporting bias which distorts much of literature on neuraminidase inhibitors.

Despite its notoriety, the review and its findings have not led to any detectable change in government policy to everyday use or stockpiling of the drugs but has spawned a series of indirect replies suggesting that independently reviewed complete evidence is not what high level decision makers want. They seem to prefer industry-sponsored reviews and observational studies to justify their decisions.

Tom will briefly list the responses in chronological order prompting discussion on the complex interplay between governments, public health bodies, industry and its key opinion leaders and journal editors.

As a Cochrane author and senior author of the RIAT declaration, Tom fits the definition of a research parasite recently proposed by Drs Longo and Drazen in the New England Journal of Medicine: "people who had nothing to do with the design and execution of the study but use another group's data for their own ends, possibly stealing from the research productivity planned by the data gatherers, or even use the data to try to disprove what the original investigators had posited".

Friday 24 June, 09:15 - 10:30 L1

Disentangling the Problems of Too Much & Too Little Medicine/ Improving the Quality of Research

Alan Schwarz: Do the math: Probability in Journalism



Alan discusses his use of statistics and probability in his investigations of A.D.H.D. diagnosis rates and concussions in the National Football League. Mr. Schwarz demonstrates his methods and the intense pushback he received from both industries, which simply refused to accept what the numbers plainly indicated.

Peter Gøtzsche: Prescription drugs are the third leading cause of death



Prescription drugs are the third leading cause of death, after heart disease and cancer, and non-steroidal, anti-inflammatory drugs contribute markedly to this. Psychiatric drugs alone are also the third leading cause of death. The elderly in particular tolerate them poorly; they may lose balance, fall, break their hip and die. Antidepressants are a major killer because their use is so prevalent in the elderly, although they seem to have no clinically relevant effect. It is clear that radical changes are needed in a system that is so dysfunctional, with serious deficiencies in the whole causal chain from drug research, publications, drug approval, regulatory oversight, marketing and clinicians' decisions.

Sandra Venero: Italy's Slow Medicine and the campaign "Doing more does not mean doing better – Choosing Wisely Italy".



Slow Medicine^(1, 2), an Italian movement founded in 2011, opened to health professionals, patients and citizens and aimed to promote a Measured, Respectful and Equitable Medicine, launched a campaign named "Doing more does not mean doing better- Choosing Wisely Italy" ^(3, 4) in Italy at the end of 2012, similar to Choosing Wisely ^(5, 6) in the USA.

150 recommendations from 28 professional societies were released and other lists will be created soon. Implementation in hospitals and in community healthcare already started.

1. www.slowmedicine.it
2. Bonaldi A, Venero S. Slow Medicine: un nuovo paradigma in medicina. *Recenti Prog Med* 2015; 106: 85-91
3. Domenighetti G, Venero S. Looking for waste and inappropriateness: if not now, when? *Intern Emerg Med* (2014) 9 (Suppl):S1–S7
4. Venero S, Domenighetti G, Bonaldi A. Italy's "Doing more does not mean doing better" campaign. *BMJ* 2014;349:g4703
5. www.choosingwisely.org
6. Cassel CK, Guest JA. Choosing wisely: helping physicians and patients make smart decisions about their care. *JAMA*. 2012;307:1801-2

Friday 24 June, 11:00 – 12:30 L3

Future Leadership Showcase

Helen McDonald & Peter Gill (Session Chairs)

Get inspired by your Peers, listen to how they have been influenced by a paper/publication/experience and how it has impacted on their career choices.

Confirmed speakers:

Howard Bauchner, Editor-in-Chief of the Journal of the American Medical Association

Hilda Bastian, National Institutes of Health (NIH) in the US, at the National Center for Biotechnology Information (NCBI) in the National Library of Medicine (NLM)

An-Wen Chan, Women's College Hospital in Toronto, Canada

Kamal Mahtani, Deputy Director Centre for Evidence-Based Medicine, University of Oxford

This is a 90 minute session with Q&A. Time permitting we will also take this opportunity to hear from the top 5 submissions in the future leaders in EBM article.



Friday 24 June, 15:00 - 16:00 L1

Training the Next Generation of Leaders in Applied Science

An-Wen Chan: Leap of faith or formula for success: Launching a career in evidence-based medicine



Anthony Costello: Use and Misuse of Evidence



Nicky Cullum: Optimising the Nursing Contribution to Evidence-Based Health Care



Nurses form the largest professional workforce in health care delivery and are ideally placed to facilitate the delivery of care that is evidence-informed and patient-centred. A recent and influential review of the nursing workforce and its education recognises the need for nurses to be able to undertake research and implement its findings*; indeed nursing was an early adopter of evidence-based health care approaches and there is much progress to be celebrated. Now is a good moment to take stock of some of the advances made in “evidence-based nursing” but also to think critically about some of the challenges for the future and how we might truly realise the nursing contribution to evidence-based health care.

*The Shape of Caring Review (Raising the Bar): a Review of the Future Education and Training of Registered Nurses and Care Assistants. Health Education England, March 2015.

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CONFERENCE WORKSHOPS

Wednesday 22 June, 11:45 - 13:00

Dr Khurshid Talukder: **Conflicts of Interest in Global Nutrition Research (C2)**

Global nutrition intervention research has been characterised by conflicts of interest in the past couple of decades. Business Interest NGOs (BINGOs) as opposed to Public Interest NGOs (PINGOs) are increasingly involved in both nutrition advocacy and research funding. They are also in league with private foundations and the UN agencies in making room for these BINGOs in the policy making table for national nutrition programmes in both LMICs and high income countries. Nutrition scientist objectivity is now compromised across the globe due to their funding from industry. In this environment of scientific compromise, there is need for training of health care professionals on conflicts of interest in nutrition research. This workshop aims to provide a short introduction to this important topic for participants of Evidence Live 16.

Dr Peter Oettgen: **Rapid Creation of GRADE-labeled recommendations before guidelines are available using systematic multi-expert process (C4)**

Delays of months to years occur between the publication of practice-changing clinical studies and formal creation or updates of clinical practice guidelines. To overcome this delay and provide GRADE-labeled recommendations for clinical use we developed an 8-step process that includes 1) identification of the need for a recommendation; 2) formulation of clinical questions for all outcomes of interest; 3) systematic searching for evidence; 4) summarization of evidence for each outcome; 5) selection of a recommendation panel with pertinent clinical expertise, methodological expertise, and guideline development experience; 6) disclosure of conflicts of interest (COI) and replacement of panel members if significant COI; 7) panel deliberation to make Strong, Weak, or no recommendation; and 8) transparent

publicly accessible reporting of all documents supporting the recommendation development process and deliberation.

During this workshop we will introduce the process by showing how we have used this process to make a recommendation for the use of sacubitril-valsartan in symptomatic patients with heart failure. Workshop participants will then be provided evidence summaries and guideline summaries related to potential recommendations for or against the screening and treatment of pregnant women with asymptomatic bacteriuria. Workshop participants will be divided into groups of 5-10 and participate in the panel deliberation process. If there is sufficient audience interest, materials can be sent before the workshop and participants can follow up after the workshop to publish an “Evidence Live panel recommendation”

Wednesday 22 June, 14:00 - 15:30

Dr Clive Adams: **Cochrane Reviews: What works and what doesn't for dissemination (C2)**

Large organisations such as NHS Trusts, universities, journals and Cochrane take pride in promoting and disseminating “best health evidence”. Funders specifically request the dissemination of research results in an accessible way for the public. As a consequence, much effort is invested in planning and implementing micro-blogging, blogging, online social networking services, generation of clips for video sharing, and seeding of the popular online encyclopaedias. Although it might lead to wide accessibility, how effective is this investment and could we do it better? Leaders in social media generate large followings and one Tweet, blog or Facebook comment can have enormous impact. For example, a micro-blogged image of Prime Minister David Cameron and Premier Xi Jinping drinking a pint of Greene King IPA in a British pub sent its sales through the roof in China. Such range and immediacy of influence could be of great value for “product placement” of best health evidence, but which technique is best?

Thursday 23 June, 09:30 - 11:00

Ms Sian Jones & Ms Alison Turner: **The good, the bad and the evidence: the challenges of decision making in health service commissioning (C2)**

Commissioning of healthcare varies according to political, economic and social contexts and is complex, [1] which has implications for decision making. The NHS must deliver unprecedented improvements in NHS and productivity by taking into account local need, availability of resources and relevant information and evidence. Within this context, using evidence to get things right first time is key.

This workshop explores, from direct experience, the challenges that commissioning organisations encounter in the use of best available evidence for informed decision making. These challenges include defining what constitutes ‘evidence’ within local contexts; integrating multiple sources and types of evidence; accessibility and applicability of evidence; organisational culture; and capacity and capability issues. Examples will be used to illustrate the multi-layered problems that are faced.

Reference will be made to EBM, to consider what commissioning can learn from this approach, recently described as in crisis (Greenhalgh et al 2014 [2]). Case studies will be used to provide examples of how evidence is used to inform commissioning strategy and decision-making. Participants will be actively involved in discussion and a key output from the session will be the development of high level principles that contribute to a Manifesto for Evidence Informed Commissioning.

[1] Chris Ham (2008) World Class Commissioning: a health policy chimera? *Journal of Health Services Research and Policy*13(2): 116-121.

[2] Greenhalgh T, Howick J and Maskrey N (2014) Evidence based medicine: a movement in crisis? *BMJ*; 348 :g3725.

Dr Helen Macdonald & Prof Rafael Perera: **Communicating Actionable Evidence (L5)**

In this workshop participants will get a chance to consider different ways of presenting quantitative results and the impact that these have on the overall message. In particular we will explore in small groups through examples the concepts of risk, the different

ways of quantifying it and ways of comparing risk levels.

We will focus on:

- Risk vs. Odds
- Relative vs. Absolute differences
- Numbers needed to Treat/Harm

Dr Amitava Banerjee: **Big Data and Evidence-Based Medicine - the promises and the pitfalls (L6)**

Clinical practice and biomedical research have historically moved from opinion to EBM, and now the era of precision medicine and personalised medicine is upon us. Regardless of the jargon used, data is at the centre of healthcare and therefore, the age of health informatics is returning us to perhaps the most patient-centred approach of all: “data-centred medicine”.

The volume, variety and value of the data have led to the term “big data” being used in healthcare as well as other sectors and this offers tremendous opportunities for EBM. In the context of the “learning health system”, where science, education and clinical practice mutually feedback, big data has even greater potential to allow a system to continuously evolve and learn. For example, real world data may be used to evaluate the true effectiveness of drugs in populations versus trials and enable better reward mechanisms for pharmaceutical innovation.

Machine learning and big data approaches are already being used to increase the efficiency of performing systematic reviews. There are also global health implications as mobile and internet communications reach ubiquity. However, there are limitations of observational data and legitimate concerns regarding ethics of using large-scale routinely collected data for research. In addition, a large proportion of healthcare “big data” lies in the private sector and so more than for other spheres of EBM, novel public-private partnerships are required. In an interactive workshop, the strengths and limitations of big data with respect to EBM will be analysed. As research and clinical practice become more sub-specialised and exist more and more in silos, EBM can offer approaches which cut across disciplines and big data, used appropriately, is perhaps the strongest tool in the toolbox.

Thursday 23 June, 15:30 - 17:00

Dr Heather Murray & Dr Melanie Walker: Training the next generation of ‘Evidence Creators’ and ‘Evidence Consumers’ – Tips and tricks for curriculum development in EBM (C2)

Over the last 6 years at Queen’s University in Kingston, Ontario, Canada, we created an embedded curriculum in EBM that extends through the four years of undergraduate medical training. The full curriculum consists of a foundational critical appraisal course in year 1, research skills course in year 2 and a series of embedded critical appraisal sessions with increasing complexity across all 4 years. The curriculum culminates in individual student assignments in clerkship, which demonstrate expertise in the process of using EBM by posing and answering a clinical question based on a clinical encounter. Tools such as freestanding modules that reinforce key elements of critical appraisal were developed and used to enhance the curriculum. This highly successful curriculum has recently been acknowledged with a major institutional award for curriculum development. The workshop will focus on the building block of this (and any) EBM curriculum - how to develop effective EBM learning events and accompanying assessments.

Through this workshop, participants will work through the creation of a learning event in a challenging area of EBM, build complexity so that the learning event can be delivered at three levels of training, and employ strategies to increase engagement and align appropriate assessment tools.

Participants will be provided with a summary transcript of the results of the workshop group activities, as well as an outline of the Queen’s University EBM curriculum, including sample learning events and access to online modules used to supplement the curriculum. There will be templates and examples provided for each workshop activity. Contact information for interested participants will be collected to form an interest group with the goal of ongoing connection and support for teaching EBM to students.

Prof Sharon Mickan: Barriers and Facilitators for Implementing Research in Practice (L6)

This interactive workshop – a mix of presentations, discussion, and group work – will investigate how clinicians can systematically and efficiently identify barriers and facilitators in their local context and therefore use research to inform and improve their clinical practice. The Canadian Institute of Health Research’s model of knowledge translation will be reviewed to identify the importance and timing of identifying barriers and facilitators in the sequential knowledge-to-action process. Theories of organisational readiness for change will be introduced along with practical tools for stakeholder analysis.

Practical examples of clear knowledge-practice gaps will be shared as a guide for small group work. Participants will be facilitated to apply research evidence to their local practice; beginning with a critical appraisal of the research evidence, focussing on comparisons to their local context. In order to identify key barriers and facilitators, participants will be guided to identify and analyse the motivation and power of key stakeholders, within a broader analysis of their local context.

Key barriers and facilitators will then be identified and mapped against the Knowledge to Action process. Participants will continue to discuss and compare ways they could maximise the potential impact of facilitators, while managing the identified barriers in applying specific research evidence to their own clinical practice.



Friday 24 June, 11:00 - 12:30

Trish Groves and David Moher: How to get published (L5)

In this workshop journal editors will share their experience and knowledge in publishing peer-reviewed papers. We aim to provide guidance in selecting the right journal for your paper, properly submitting a paper such that it receives due consideration (including attention to instructions for authors, reporting guidelines, structure and sections of papers), and in interpreting editorial decisions and responding to reviewer comments. We also aim to help assure that the research question and results are properly reported in a paper that has the right study design. Finally, guided by participant experience and wishes, time-permitting, we can also address other issues such as predatory journals, authorship, plagiarism, and post-acceptance issues.

Dr Eve O'Toole & Dr Niamh O'Rourke: Developing evidence-based clinical guidelines – from clinical questions to implementation (C4)

In 2011 the national cancer control programme (NCCP) in Ireland commenced developing guidelines for common cancers. These guidelines were to be evidence based rather than consensus based which was a paradigm shift. It necessitated education for Guideline Development Group members in both evidence based healthcare and guideline development. This workshop is designed to address the challenge of developing clinical guidelines, demonstrating how to integrate the best research evidence with clinical expertise to generate recommendations and outlines how to implement those recommendations in practice.

The participants will have the opportunity to convert a knowledge gap in an answerable question in PICO format. They will be introduced to the principles of critical appraisal and appraisal tools. They will simulate the generation of a guideline recommendation including; consideration of the evidence base, the quality of the evidence, its applicability to a population and health care system, benefit and harm to patients and cost implications.

For implementation of clinical guidelines changing clinical behaviour is more likely if the behaviour is identified and clearly specified in the implementation plan. This workshop will discuss the use of theory to identify barriers and facilitators

to implementation of evidence based healthcare including; the Behaviour Change Wheel which uses the COM-B system (capability, motivation, opportunity) to analyse target behaviours and select the appropriate intervention functions. The Theoretical Domains Framework (TDF) can describe these factors in more detail and aid implementation design.

This interactive workshop will combine evidence based practice with implementation science and behaviour change theory, using practical examples to apply evidence to practice and policy.

Klara Brunnhuber: BMJ Evidence Centre (C2)

Come and join the BMJ Evidence Centre for a workshop on evidence-based clinical decision support (CDS) tools for the point of care.

We will focus on three key areas where such tools face major challenges:

- Presenting uncertainty to clinicians
- Supporting shared decision making (SDM)
- Informing the management of complex patients.

Participants will:

- Learn about how leading CDS tools currently address each of these challenges
- In small groups discuss the current limitations of CDS tools and brainstorm potential solutions
- Share the most promising ideas with the larger group

Facilitators – Caroline Blaine, BMJ (Uncertainty) Julie Costello, BMJ (SDM) Klara Brunnhuber, BMJ (Complex patients)

Covidence: An introduction to the online tool for systematic review production (L6)

Objective: To familiarise new users with the features of Covidence and with the support team behind it

Description: Covidence is a new online systematic review production platform, recommended by the Cochrane Collaboration, aimed at improving the efficiency and experience of producing systematic reviews.

Covidence supports import and de-duplication of citations, title / abstract and full text screening, risk of bias assessment and data extraction, and export of data into RevMan.

The workshop will be a hands-on opportunity to get to know Covidence and the support team. The first half of the workshop will be a real-time demonstration of Covidence's features, with opportunities for specific questions after each area of the tool. Following this, information on support will be provided, including an indication of materials available for trainers and editors. Finally, the workshop will wrap up with time for questions, and an opportunity for participants to use Covidence with the presenter available for one-to-one guidance.

Friday 24 June, 13:30 - 15:00

Dr Ben Goldacre, Anna Powell-Smith, Vitor Baptista: OpenPrescribing and OpenTrials: What open source and open data tools can do for evidence based medicine. (L5)

OpenPrescribing and OpenTrials are live online services developed by the EBM DataLab in Oxford, combining the skills of academics, clinicians, and software developers to produce tools driven by data, rather than only academic papers. This seminar will demonstrate two tools, and discuss this approach. OpenPrescribing.net is a live explorer for prescribing data that allows anyone to examine what is being prescribed by any practice or CCG in England, month by month. It can be used to identify outliers for using more expensive, higher risk, or less evidence-based treatments; time trends can be graphed; and bespoke atlases of variation produced with a single click for any numerator over any denominator. Over 26,000 individual bespoke data analyses have been run by visitors, in the six months since prototype launch. OpenTrials.net is being built in collaboration with Open Knowledge: an open, threaded, collaborative database aiming to aggregate all publicly accessible data and documents on all clinical trials using techniques such as web-scraping and probabilistic record linkage.



Anne Weist & Fran Wilkie: Training the next generation of leaders in applied science: the NICE Evidence search student champion scheme model (L6)

The NICE Student Champion Scheme uses a peer to peer facilitation model to help develop information literacy skills. The Student Champions receive bespoke training on how to use NICE Evidence search to support their study and practice. Their training also enables them to disseminate information about NICE Evidence search and its resources to their fellow undergraduates in structured hands-on learning sessions. NICE Evidence search contains over 300,000 references from more than 800 sources of high quality evidence. An important part of the training that the students receive focuses on which sources of information are appropriate to use in different situations. External evaluation has shown that the peer to peer model works well and that many students take an early leadership role in evidence based practice. The evaluation by partner schools and student reflective reports have also indicated that the scheme can inspire and develop leaders in healthcare improvement.

Following this workshop, participants will have:

- An overview of the NICE Student Champion model, that includes the conclusions from external evaluations, the reported benefits for the student champions and those who attend their cascade sessions
- Participated in a hands-on session on how to find high quality consolidated evidence via NICE Evidence search
- Seen and had an opportunity to use links to information and resources that support the application of evidence in practice
- Discussed the leadership role that student champions may take and the important role that peer to peer teaching can have in applying evidence in practice

There will be a discussion covering:

- How the Scheme uses a peer to peer model to promote the use of quality evidence based information sources via the NICE Evidence search
- The range and type of data that NICE collects
- The external evaluation results
- Applied practice case studies that demonstrate roles that student champions and alumni are undertaking / have undertaken will be shared

There will also be an interactive component focussing on how NICE Evidence search can be used to support evidence-based practice, and the tools that NICE has created in response to students' needs.



PANEL SESSIONS

Wednesday 22 June 14:00 L1

Improving the Evidence for Systematic Reviews

Kamal Mahtani (Session Chair)

Lars Hemkens



Routinely collected health data proliferate tremendously. Systematic reviewers using this novel type of evidence face numerous challenges, some of which are potentiated well-known problems. This includes the reporting of observational routine data studies which is often insufficient and substantially limits the usefulness for evidence syntheses. Even if reporting would be adequate, the inherent biases of any non-randomized research remain. This evidence often does not provide reliable estimates of treatment effects in situations where randomized evidence is lacking.

Gerald Gartlehner



Systematic reviews frequently use grading systems of the quality of evidence to communicate certainties and uncertainties about research findings. Decision makers rely on these assessments to develop clinical practice guidelines or make clinical or health policy decisions. The assumption is usually that bodies of evidence graded as “high quality” provide a solid base for decisions and evidence graded “very low quality” is fraught with uncertainties. Recent research, however, has shown that the predictive value of these grades is questionable and that users of systematic reviews interpret the meaning of different grades of quality of evidence differently. In my presentation, I will discuss whether the current classification of quality of evidence in systematic reviews is misleading and cause for inconsistent interpretation of results.

Tom Jefferson



There is increasing evidence that trial literature is affected by reporting bias. The effects of such bias are seen at single study level and in systematic reviews of pharmaceuticals, biologics and devices. This situation undermines any evidence-based decision making and calls into question the use of most trial evidence for ethical decision-making. Lack of transparency and complex interplay between researchers, grant giving bodies, government and the pharmaceutical and publishing industries exasperate the situation and ultimately call into question the reliability of the EBM movement and its products.

Access to regulatory documents is likely to ameliorate the impact of reporting bias but at present complete sets of trial programme are not easily accessible. I will discuss the implications for each of the parties of this situation.

Jon Brassey: Systematic reviews – evolve or die



Systematic reviews are the cornerstone of EBM yet are increasingly under critical attack. Are they at risk of obsolescence and extinction? Systematic reviews are a technique that has risen to prominence in the last twenty years and in that time they have been, broadly, untouched by external critical analysis. This lack of criticism has seen them, paradoxically, both flourish and be seen as being increasingly problematic. The focus on methodological rigour has seen them becoming increasingly costly and irrelevant. More recently the rise of so called ‘rapid reviews’ should be seen as a sign evolutionary pressure. Are systematic reviews being squeezed out of the niche of usefulness, to be replaced by rapid reviews? To improve systematic reviews (rapid or glacial) we need to go back to first principles and ask the seemingly simple question of ‘Why are we doing the systematic review in the first place?’ From there should lead to a more nuanced approach to evidence synthesis – one that is better able to serve the diverse needs of today’s health systems.

Thursday 23 June 15:30 L5

Tracking Switched Outcomes in Clinical Trials

Ben Goldacre (Session Chair)

Dr Ben Goldacre, Henry Drysdale, Eirion Slade, Ioan Milosevic, Carl Heneghan: The COMPare Trials Project: How do journals respond to corrections on misreported trials?



Discrepancies between prespecified and reported outcomes are a well recognised source of bias in clinical trials. The prevalence of this problem in academic journal reports on trials has been assessed in approximately 30 cohort studies to date, and been found to be high. However over 500 journals, including those covered in many of these prevalence studies, are listed as endorsing detailed guidelines such as CONSORT, which commit journals to best practice in trial reporting, including correct outcome reporting. The COMPare trials project set out to shed light on the reasons for this apparent contradiction. All trials in 5 leading journals listed as endorsing CONSORT (NEJM, Annals, JAMA, Lancet, BMJ) were assessed for outcome discrepancies. Then, rather than only publishing a prevalence figure on the problems found, COMPare sent a correction letter on all misreported trials. Lastly, COMPare monitored the response of both the journal and the trialists, recording time to publication (or non-publication); identifying discrepancies between CONSORT and real-world practice; and documenting misunderstandings about correct outcome reporting among trialists and editors.

In this session you will:

- Learn about the evidence on the prevalence of outcome misreporting.
- Learn about the harms of outcome misreporting.
- Learn about CONSORT guidance on correct outcome reporting.
- Check yourself for outcome reporting on a recently published trial.
- Learn about some of the findings from COMPare, including the responses from journal editors.
- Discuss the opportunities for monitoring and feedback projects on methodological shortcomings.

Friday 24 June 13:30

Best Paper of all time

Carl Heneghan (Session Chair)

Tom Jefferson: Impact of oseltamivir treatment on influenza related lower respiratory tract complications in hospitalisations.



It wasn't a paper. So many papers have influenced me that I cannot select just one. But one book stands out, "Rational Diagnosis and Treatment", published by the Danish physician Henrik R Wulff in 1973. I read it when I was a medical student and it changed my life forever. It was far ahead of its time. It described how difficult it is to define diseases; how large the interobserver variation is when diagnostic tools are used; and how uncertain and biased much medical research is, whether it is about diagnosis or treatment, and whether it is based on randomised trials or other designs. If it hadn't been for Henrik's book, I would not have become a co-founder of the Cochrane Collaboration and I would not have met my wife who attended a course in meta-analysis I held in Copenhagen back then.

Laurent Kaiser, MD; Cynthia Wat, MBBS, MRCP; Tracy Mills, MSc; Paul Mahoney, MSc; Penelope Ward, MBBS; Frederick Hayden MD

Peter Gøtzsche



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Hilda Bastian, Navjoyt Ladher

POSTER TITLES

1. Ms Iman El Sayed

A Meta-analysis to Study the Effect of Different Neuro-Protective Drugs in Management of Critically Ill Patients with Traumatic Brain Injury.

2. Ms Sarah Wieten

Expertise in EBM: a Tale of Three Models.

3. Mrs Marie-Caroline Schulte

Why, in medicine, evidence is still more important than narratives or values.

4 Dr Shinichi Tagami

Reducing usage of pain relievers through spiritual care, i.e. utilizing prayer, scripture reading, etc.

5. Prof Ching-Chi Chi

A consensus scale for measuring evidence-searching capability: a modified Delphi study.

8. Dr Richard Colling

Evidence-based diagnostics in surgical pathology: a proposed model for practicing pathologists.

9. Mr Chris Watts

Cochrane Trainers' Week: a virtual con for developing the Cochrane Trainers' Network community of practice.

10. Ms Yea-Pyng Lin

The nurses' Knowledge, self-efficacy, and outcome expectancy in evidence-based practice in Estern Taiwan: A cross-sectional study.

11. Dr Gene Stevenson

Dental Education: Bridging the Gap between Clinical and Behavioral Sciences.

12. Dr Luigia Scudeller

Knowledge and implementation Evidence-based practices among Italian nurse: a cross-sectional study.

13. Mr Gavin Stewart

Analysing the Altmetric scores of articles from the Cochrane Database of Systematic Reviews.

14. Ms Samantha Densem

Protocol: The BETTER Project. Bournemouth: Evidence Training for Therapists to Enhance Rehabilitation. A Protocol for a mixed method feasibility study to appraise the extent a 6-month, work based, educational programme improves the ability of Allied Health Professionals to use the five steps of evidence based practice.

16. Dr Amy Price and Prof Vasily Vlassov

Why Paint EBM Black? Purpose, Power and Practice in EBM.

17. Dr Sohil Khan

Application and retention of evidence based practice skills among students in an Australian School of Pharmacy.

18. Dr Heather Murray & Dr Melanie Walker

Training the next generation of 'Evidence Creators' and 'Evidence Consumers' – Tips and tricks for curriculum development in EBM (24).

19. Ms Harkiran Sagoo

A Systematic Review of the Methodological and Reporting Quality of Case Series in Surgery.

20. Dr Luigia Scudeller

Measure-for-measure: how many outcomes do we need to measure efficacy? An overview of reviews on RCTs on sepsis and/or bloodstream infections.

21. Mr Mark Bovey

Acupuncture research and its use for the NHS.

22. Dr Annalisa De Silvestri

QUAGENS: a tool for QQuality Assessment of GENetic Studies in systematic reviews. A proposal.

23. Dr Hend ElSayed

The effect of dental extraction on increased facial height in adults: another empty systematic review.

24. Dr Fran Toye

How can we effectively involve patients and public in qualitative systematic review? An example using an interactive poster.

25. Mrs Moacyr Nobre

Food choice determinants based on a constructivist approach for the secondary prevention of cardiovascular disease.

26. Dr Jong-Wook Ban

Are needs for a new cardiovascular prediction rule clearly assessed in derivations?: a mixed methods study of derivation studies included in the International Register of Clinical Prediction Rules for Primary Care.

27. Ms Amanda Hakala

Mapping the Clinical Translation of Successful and Unsuccessful Neurological Drugs.

28. Mrs Moacyr Nobre

Evidence Based Clinical Decision Support Systems.

30. Dr Marcin Waligora

Are benefit and toxicity data well reported in pediatric phase 1 cancer trials?

31. Mr Farhad Shokraneh

To Tell the Data the Whole Data and Nothing but the Data: Bias OR Censorship OR Fallacy.

32. Dr Hongyong Deng & Dr. Shanghua Liang

Classification of Interventions in Traditional Chinese Medicine.

33. Mrs Moacyr Nobre

Risc factors for coronary artery disease in patients with rheumatoid arthritis: systematic review.

34. Dr Emilija Todorovic

Diagnostic Accuracy of Bethesda System for FNA cytology evaluation of Thyroid Nodules: Practical Application of the Multi-Level Test Likelihood Ratios.

35. Jithin Thomas & Parel Ruchika

A comparative study to assess the knowledge and attitude towards prevention of tobacco use among nurses working in psychiatric and medical oncology unit in tertiary care hospital in the national capital of India.

36. Parel Ruchika & Jithin Thomas

Catch them young: A study to assess effectiveness of brief counselling session on knowledge regarding alcohol use and refusal skills in adolescents in schools of Delhi.

37. Ms Naomi Fearn

What patients and the public want from patient versions of clinical guidelines: findings from the DECIDE project.

38. Dr Clive Adams

@Cochranecollab – almost one year of postings. A survey.

39. Dr Danilo Garcia

Interaction of Health-Related Personality Profiles (Temperament and Character) in Patients.

40. Dr Christopher Winchester

Professional medical writing support and the quality of randomized controlled trial reporting: a cross-sectional study.

41. Mr Bruce Hugman

A woman is not like a man: why risk communication for women is a whole new game.

42. Ms Dena Zeraatkar

Evaluating the quality of health research reporting in the Canadian media: a protocol.

43. Dr Maria Congedo

Slow Medicine campaign. Doing more does not mean doing better: from plan to action.

44. Ms Karen Pettersen

Cochrane Clinical Answers: filtering the information overload for better clinical decisions.

45. Dr Lindsey Roberts

Transforming Patient Consultations through Cognitive Behavioural Therapy (CBT)-based Techniques in Community Pharmacy.

46. Ms Sharon Stevens

The challenge of high-value interventions.

47. Mr Muhammad Hyder Junejo

A qualitative study to determine the impact of non-melanoma skin cancer (NMSC) requiring reconstruction on patients' health related quality of life.

48. Ms Sian Jones

The Graduate Evidence Assistant – taking the guesswork out of knowing what works.

49. Dr Sandra Venero

Do physiotherapists' practice follow an evidence-based approach? A survey.

51. Ms Alison Turner

How is evidence valued and applied in system transformation?

52. Dr Guylene Theriault

SEKMED: a practical tool truly permitting the use of evidence at the point of care.

53. Dr Maria Congedo

Implementing Choosing Wisely method in an Italian hospital.

54. Dr Hanne Kaae Kristensen

The importance of patient involvement in stroke rehabilitation.

55. Dr Juah Lee

Evaluation for the clinical application of using a leaflet based on clinical practice guidelines for patients with a herniated intervertebral disc-study protocol.

56. Ms Ya-Chin Wang

Effectiveness of Prophylactic Enteral Nutrition (Tube Feeding) Intervention in Head and Neck Cancer Patients.

57. Dr V Abey Suriya

Is the length of hospital stay in the private sector longer if the patient has insurance?

58. Ms Yen-fen Hsu

Does xylocaine jel reduce the pain and discomfort during nasogastric insertion in home nursing patient.

59. Dr Ulrich Siering

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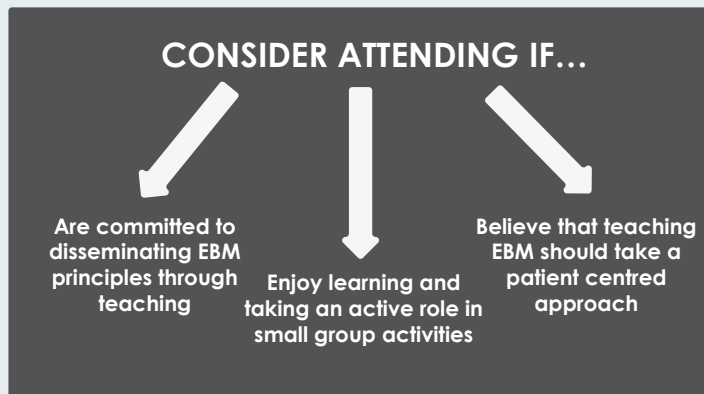
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