

Cochrane Scientific Committee

Teleconference 18th May 2017

Notes and abbreviations

EiC – Editor in Chief

CSC – Cochrane Scientific Committee

CRG – Cochrane Review Group

MG – Methods Group

Members of the CSC

Corinna Dressler (CD)	Present
Donna Gilles (DG)	Present
Julian Higgins (JH)	Present
Asbjørn Hróbjartsson (AH)	Present
Ana Marušić (AM)	Present
Jane Noyes (JN)	Present
Tomas Pantoja (TP)	Present
Philippe Ravaud (PR)	Present
Johannes Reistma (JR)	Present
Rebecca Ryan (RR)	Present
Christopher Schmid (CS)	Present
Nicole Skoetz (NS)	Present
Nichole Taske (NT)	Present
David Tovey (DT)	Present

Other attendees

Louisa Dunn (LD)	Minutes
Hilary Simmonds (HS)	Minutes
Jackie Chandler (JC)	Apology
Jonathan Sterne (JS)	Invited speaker
Christian Gluud (CG)	Invited speaker
Mark Simmonds (MS)	Invited speaker

1. Welcome and introduction

All members introduced themselves. CSC members agreed PR undertake the role of Chair and would do so at subsequent meetings. DT chaired this meeting stepping in on agenda items due to JC's absence. CSC members agreed two Co-chairs were preferable and hoped to identify another chair from the membership before the next meeting.

ACTION: DT and PR to identify another Chair.

All members would complete a 3-year cycle, after which terms of office are staggered to allow continuity up to a maximum of a 5 year term.

ACTION: A reminder to all members to ensure all declaration of interest forms are completed.

2. Approval of previous minutes and matters arising

None

3. CSC Business matters

3.1 Current governance arrangements and where the CSC is positioned

DT outlined the rationale in setting up the CSC within the wider framework of Cochrane's organisational structure. An expert body is required to advise the EiC on methods for use in Cochrane Reviews. The CSC will work with the Governing Board, the new Editorial Board, Cochrane Council, CRGs and MGs to ensure that Cochrane implements best available methods. This involves working strategically to review methodological issues on the horizon. Implementation of methods is a further consideration, but not the responsibility of the CSC. Although, members are asked to consider feasibility and implications of methods recommended. CSC could propose piloting of methods before wholesale implementation. In depth discussions on methods that need additional time can use email discussion or task based (subcommittee) groups.

3.2 Draft terms and conditions

These were agreed. These will adapt with experience.

3.3 Processes for submissions and review

Templates were approved. Their clarity, with clear questions, was appreciated. These will develop as we gain experience with using them.

4. Submissions

Options for submissions can come from CSC members along with an open call inviting submissions from the wider Cochrane community. NS has already provided a list of items of interest including agenda item cumulative meta-analyses. CSC members will need to agree how to manage and prioritise agenda items. The Co-chairs (PR and nominated Co-chair), DT and JC will manage call items initially, forming a waiting list if necessary. Efficient implementation will be aided by methods gaining a CSC recommendation. Such decisions will need to follow through with the *Handbook* editors. JH raised the point that the *Handbook* editors might identify methods that will need CSC approval before publication. This also requires a 'judgement' on their part as to what method or update of a method would need CSC approval. Members discussed conflicts of interests on submitted items, noting that they will recuse themselves from the decision making but not necessarily the discussion.

DT clarified that at this point most enhancements to methods would, unless sufficiently uncontested, come to the CSC for approval. He further elaborated the CSC was an important gateway to implementation, however, the threshold on items for consideration may rise with committee experience.

5. Methods for CSC Review

5.1 Review of the development of the risk of bias tool for non-randomised studies for interventions – ROBINS-I: Presented by Jonathan Sterne – [slides attached](#)

JN raised the concern regarding implementation of this tool and required expertise. JH and JS agreed it needs content and epidemiological expertise. They were also working with Co-Ed Paul Garner to develop a triage tool to assist implementation. This will assist with decision making as to whether to apply assessment of all domains to all studies, if studies are assessed early as high risk of bias. JR asked about the availability of formal piloting results. JS reported piloting feedback was iteratively incorporated into tool and that a formal evaluation report is not available. There was support for the tool and the web version underway welcomed. Future discussions on the harmonisation of assessment tools was also proposed. RR requested guidance on competency to use the tool.

DECISION: The CSC (using GTM chat to confirm) agreed a recommendation that the ROBINS-I tool should be the preferred tool when including nonrandomised studies in Cochrane Reviews. The tool however, is not mandated and other tools could be used in keeping with *Handbook* guidance, such as the Newcastle Ottawa Scale.

ACTION: JS will work on a form of words to advise on review team competency to undertake use of the tool. Wider implementation awaits completion of the web tool. Further guidance will assist with defining the 'Target Trial'.

5.2 Review of approaches to cumulative meta-analyses for systematic reviews:

Presented by Christian Gluud and Mark Simmonds – [CG slides attached/MS slides attached](#).

In summary, there are two distinct approaches to choose from Trials Sequential Analysis and Sequential Meta-Analysis which both address Type I and II errors.

DECISION: The CSC propose an expert panel to peer review these methods and propose recommendations for consideration by the CSC.

ACTION: Members to provide names of potential panellists.

6. Methods for CSC sign off and recommendation

6.1 Review of the updated 'Risk of bias' tool RoB 2.0.

Updates to the revised tool were outlined as in keeping with the ROBINS-I development. Not quite ready for implementation as RevMan needs updating to allow authors access to the tool. Members were positive about the addition of signalling questions.

DECISION: CSC agreed to recommend the mandatory implementation of RoB 2 for new reviews when it is ready for implementation. It will not be applied retrospectively to old reviews and updates.

ACTION: JS & JH to notify Cochrane when final version completed. Co-ordinating Editors need to develop a strategy for its implementation.

7. Special items

No further discussion meeting ran over and closed.

8. Any Other Business

None

9. Meeting schedule

Additional meetings to be scheduled with an increase length of meeting.