

Cochrane Scientific Committee

Teleconference 18th October 2017

Members of the CSC present

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	
Jackie Chandler	Present

Meeting chaired by Philippe and Ana.

1. No apologies all members present.
2. Minutes of the 18th May approved with no amendments.
 - a. Matters arising
 - i. Reminder to members to complete declarations of interest forms
 - ii. Expert panel on cumulative meta-analyses
We now have a panel with eight members and chaired by CSC member Chris Schmid. Panel members are:
 - Chris Schmid – CSC member and panel Chair, Brown University, US
 - Jo McKenzie – Statistical Methods Group representative, Monash University, Australia
 - Kit Roes – Utrecht University, Netherlands
 - Elena Kulinskaya – University of East Anglia, UK
 - Martin Posch – Medical University of Vienna, Austria
 - Georgia Salanti – University of Bern, Switzerland.
 - Stephen Senn – University of Luxembourg, Luxembourg
 - Jonathan Sterne – Bristol University, UK

The panel will meet on the 6th December, possibly, with a further meeting in January. Following the evaluation of methods conducted by a Cochrane funded Methods Innovation project, led by Mark Simmonds, a meeting on 13-14th November will discuss project findings and recommendations. The

panel **will consider this meeting's output** in December. Clarification on **CSC's expectations of the panel are:**

- Whether there is a problem or not.
- Whether available methods are suitable to address the problem.
- Whether Cochrane should use these methods or not.
- Which method or methods are most suitable and in what circumstances should they be applied?

The expert panel will provide the CSC with their deliberations and recommendations. The CSC membership will make the final decision on recommendations for Cochrane.

Julian Higgins, Handbook Editor, raised an additional point about the criticality of timelines. A Handbook update is underway with plans to include the output of this work on cumulative meta-analyses following expert panel and CSC recommendations. The February meeting is quite tight anticipating the **Handbook's current timeline**.

3. CSC Business matters – Clarifying role of CSC to the wider Cochrane Community
DT outlined organisational changes and the role of the CSC within the changing Cochrane infra-structure. In September, the Governing Board agreed a new review production system to create eight high level health topic editorial networks (clustering current CRGs). Senior editors will lead these Networks and constitute a new editorial board that will also include both methods and knowledge translation advisers. He elaborated on the distinctions between the roles of the CSC and the network Editorial Board and how these two new structures fit together. The CSC determines what methods should be used, when they should be used, and when methods should not be used. These decisions are based on the maturity of methods and their empirical support.

The network Editorial Board's responsibility is to ensure the ongoing success of the Cochrane Library and its key products, the CDSR and Central. Much like a journal the Editorial Board will develop strategies to maintain the progress and performance of the Library. This will include the function of the different production teams (including Networks). Therefore, its role is not primarily involving methods, however, there are methodological implications. So, in summary different but complimentary roles. We need further communication in Cochrane to solidify these roles.

Further discussion involved establishing when a methodological issue should come to the CSC. Previously Methods Groups would highlight aspects of methods warranting a policy response. We need to identify processes that filter trivial from controversial methods developments. DT proposed the impact of implementation as another filter, particularly because previous methods were not implemented effectively. Therefore, he proposed a relatively low threshold to provide a stamp of approval. Thus entail a responsibility and impetus to plan implementation involving communications, training and changes to internal systems. So, no further action needed, if easily implemented and uncontroversial.

JH pointed out raised the Handbook was the authoritative guidance on Cochrane methods and therefore, the CSC should endorse Handbook content. Now the CSC is in place we should consider whether any current published guidance is not supported by any **CSC members. Members' discussion made** the following key points:

- It would help if all members could familiarize themselves with the current Handbook and raise any concerns that might impact on the updated version. However, we are not expected to retrospectively change accepted, well established methods at this stage. Members are asked whether Cochrane is not using the best methods available, in their opinion.
- JH seeks backing from the CSC as the launch of the new version is expected in the last quarter of next year and represents the flagship of Cochrane methods. However, members are not expected to review draft chapters, which are undergoing separate peer review. However, we do ask members highlight areas known to them that might conflict with current or expected practice before publication.
- The next version of the Handbook represents the status of methods at time of publication, thus a baseline, for the CSC. We will produce both a hardcopy and online versions. This version will undergo more regular updating and therefore subsequent refinements are possible in a more agile manner.
- JH with the other editors (including JC) will flag new content deemed necessary for CSC sign off. Overtime processes will develop to align Handbook updates with the CSC agenda programme. JH intimated he has an issue warranting discussion.
- RoB 2.0 and ROBINS I will go into this updated version (V6).
- We will consider future (agile) systems for a wider user (e.g. authors) audience to submit requests for methods or methods review for the Handbook (and CSC). The call suggests this is often an improvement to guidance rather than the method itself.
- JN reminded Cochrane members of the CSC of previous processes where Methods Groups and the Methods Executive would capture the methodological challenges in SRs, and so how will this continue within the new systems.

ACTION: We will use email should any methods issues require urgent discussion for incorporation into the Handbook before our next meeting in February. A meeting will only be called if necessary.

ACTION: Jackie to circulate table of contents for V6 of the Handbook to members.

ACTION: All members are asked to raise issues likely to have implications for the Handbook either now or at a future date.

ACTION: Handbook Editors to identify any methods warranting CSC sign off as soon as possible.

4. Submissions: Please see attached table for summary of discussions and decisions on the six items presented to the Committee for future consideration.
5. Methods for CSC Review - Follow up comments for ROBINS I
PR conveyed concern expressed to him by a Co-chair of the Cochrane Governing Board regarding the **tool's complexity**. **DT affirmed the Committee's decision to indicate this tool** was preferred but not mandated due to the skillset required. The issue is around implementation and the Committee is not expected to revisit their decision. JC noted previous action point requesting Jonathan Sterne to outline the level of competency needed to complete the tool.
ACTION: JC to contact Jonathan Sterne for an update.
6. Methods for CSC sign off and recommendation - Follow up comments for RoB 2.0
No further comments
7. Special items:
 - a. Research priorities and strategy
 - i. Developing future agendas was discussed within the context of discussing the items below.

ii. Future agenda items for consideration and prioritisation:

These items are those identified from current projects that are in process or completed. They were listed to indicate to the CSC likely future agenda items. Key point raised:

- Members felt more information needed on each item to decide on priority or importance for future meetings.
 - Further clarification needed on which items were for general endorsement, priority for inclusion in the Handbook or methodological discussion to consider different approaches or empirical basis etc.
 - Members want clearer procedures to define and filter items (policy/guidance and scientific questions). Also, specifying action e.g. endorsement, judgement on empirical basis etc. DT added that Cochrane needs to ensure a balanced approach to adopting methods, and how they work within the broader context of Cochrane given there are often specific interests, and decisions are binding.
- (a) Intervention Complexity Assessment tool - Jane declared a conflict of interest (Jackie also an author on this work). This item is likely to be incorporated into the Handbook in the complex interventions chapter and not considered contentious.
- (b) **Guidance for when to include Clinical Study Reports and other regularity data in CR's** – the output of this work is important content for the Handbook. CSC review required.
- (c) Methods for prognosis reviews and full roll – Specific methods will need review by the CSC, when ready for roll out.
- (d) Methods for addressing missing participant data awaiting final guidance – JH reported differences of opinion between project leads and others. If not resolved may require CSC input.
- (e) Assessing the quality of evidence and presenting the results of Non-randomised **Studies in CR'**
- (f) Evaluation and validation of the RCT classifier – Discussed issues around whether this warranted review. Discussed as an illustration the RCT classifier. This is a means of **identifying RCT's in large datasets and provides evidence of its effectiveness based on its sensitivity and specificity to identify RCT's. Although, results are good and not likely to be contentious, in principle, the CSC would be asked to make a judgement on whether this viable and ready for use.**

ACTION: Co-chairs, David and Jackie will discuss and propose processes for filtering items for future agendas.

8. Any Other Business - None

9. Meeting schedule:

Teleconference - 28th February 2018 8pm UK GMT

Teleconference – 5th June 2018 @ 12.00pm UK BST

Face to Face – 16th – 18th September 2018, Edinburgh Colloquium, UK – further information shortly.