

Cochrane Scientific Committee

Teleconference 28th February 2018

Notes and abbreviations

Members of the CSC present

Corinna Dressler (CD)	Present
Donna Gilles (DG)	Present
Julian Higgins (JH)	Present
Asbjørn Hróbjartsson (AH)	Present
Ana Marusic (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)	Apologies
David Tovey (DT)	Present

Other attendees

Jackie Chandler	Minutes
Peter Doshi	Invited speaker
Tom Jefferson	Invited speaker

AGENDA ITEM	Minutes
1) Welcome and apologies received	
2) Approval of previous minutes	Minutes dated 18 th October 2017
a) Matters arising	List of items
	3. CSC Business matters – Clarifying role of CSC to the wider Cochrane Community
	ACTION: Discussed possible urgent items that might arise from the revisions to the Handbook – none arose so no intermediate action required.
	ACTION: A table of contents for V6 of the Handbook as requested by members was produced.
	ACTION: No items received from members for the attention of the committee or the Handbook Editors. Handbook Editors did not identify any methods warranting CSC sign off at this point.
	5. Methods for CSC Review - Follow up comments for ROBINS I

ACTION: No further update on the development of a competency statement to use ROBINS I. However, competency for complex methods, a wider issue, is under consideration.

7. Special items:

a. Research priorities and strategy

ACTION: Following on from the view that the CSC could not reasonably co-ordinate its own agenda, processes to filter items to the Committee was on the agenda and is reported below.

3) CSC Business matters

Placing the Scientific Committee in Cochrane's new structures.

DT addressed a slide that set out key decision-making structures on methods: Governing Board (GB), Editorial Board (EB), Scientific Committee (SC) and the Methods Executive (ME). GB previously involved in operational activities now assumes a strategic role in providing organisational governance. DT also referred to the role of the Council as a Cochrane community representative body with an advisory role to the GB. The EB provides strategy for the Library setting success criteria to deliver ongoing improvements. EB comprises the Network senior editors and several specialist advisers for methods, knowledge translation and end users. SC decides what methods are appropriate for use in Cochrane, and the EB on how these methods are implemented. The role of the ME as the representative body for the Methods Community actively brings forward methods for consideration at SC level and will make decisions on uncontested improvements or developments. DG proposed an amendment to the SC definition in the slide "Evaluates both new and contested methods for recommendation and endorsement on their *scientific* robustness for implementation". Revision attached.

4) Submissions

We now manage an open call portal for agenda items, although no further submissions received. The process for getting items on the agenda for CSC evaluation now benefits from a recent organisational review. A supporting structure for methodologists, the Methods Executive, will take on the role of filtering methods for implementation and escalate, when appropriate, to the Scientific Committee. This body will also filter proposals from the Methods Groups, other methodologists and any submissions received via the online portal.

5) Methods for CSC Review

1. Interim guidance on how to decide whether to include clinical study reports and other regulatory documents into Cochrane Reviews. Please see CSC report statement appended.

Attachments A and B.

Following a presentation from Peter Doshi and Tom Jefferson a detailed discussion followed in which CSC members acknowledged the important problem of reporting bias and that further investment to develop the necessary tools and methods was warranted if we want to include these types of documents in Cochrane Reviews. For Cochrane to invest requires balancing several challenges as set out in the Content Development Strategy (CDS). The CSC considered use of these documents scientifically important given the principle that

they provided the most complete data from any individual study. Development of better methods for incorporating such documents into reviews will follow when those with expertise and resources use them in reviews. DT reported that currently stakeholders were not demanding this type of information to inform reviews. Proposals for further development would be considered within the CDS. Members also believed such fundamental infra-structure changes resulting from widespread roll out of this type of data acquisition and assessment warranted discussions with both the EB and GB.

2. Expert panel report on whether using sequential methods to adjust P values is necessary in repeated meta-analyses.

This is an interim report based on two panel meetings, panel members would like further time to finesse the final report. Please see CSC report statement appended.

Attachment C

After discussion following CS's report back from the panel. The CSC agreed that these methods could not be recommended and that the expert panel in finalising their report and recommendation are asked to qualify their recommendation to specify that the CSC recommends sequential methods are not used for general use in Cochrane and are only justifiable in particular cases.

ACTION: CS to review and update report

6) Methods for CSC sign off and recommendation	None
7) Special items	
a) Research priorities and strategy	The development of a Cochrane Content Strategy, led by David Tovey, will create processes and structures that include surveillance and monitoring systems for content developments, and regular stakeholder audits to ascertain their evidence needs. Content refers to addressing different types of questions, using multiple types of data, new methods and how these complement end users and those that make health care decisions. New areas of content will also involve technological advancements, such as automation. The Cochrane Scientific Committee along with other bodies in Cochrane plays a key role in supporting this strategy.
8) Any Other Business	JH raised an item regarding scientific misconduct and whether there was an expectation to actively search for any errors or misconduct in study reports rather than respond to items that come to light. Reference was made to MECIR C48. CSC members considered this reflected expected practice. Handbook Editors are updating the Collecting data chapter in the Handbook and wanted to ensure they were in line with current policy and ensure errors or misconduct are recorded in the bias tool when suspicions are raised when extracting data. This is a complex area in identifying as to whether an error or misconduct has occurred, e.g. previous author retraction not relevant to current study. JH to get draft reviewed by AM and DT and

other EMD staff. There is an expectation that authors are vigilant and ensure errors or misconduct are identified.

ACTION: JH to circulate draft section to AM and DT.

9) Meeting schedule

List of meetings:

5th June 2018 @ 12pm BST.

The proposed face to face meeting in Edinburgh is postponed till next year at the midyear governance meeting.

October/November meeting dates circulating.
