Cochrane Scientific Committee

Teleconference 8th November 2018

Notes and abbreviations

Members of the CSC present

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
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<tbody>
<tr>
<td>Corinna Dressler (CD)</td>
<td>Apologies</td>
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<tr>
<td>Donna Gilles (DG)</td>
<td>Present</td>
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<tr>
<td>Julian Higgins (JH)</td>
<td>Present</td>
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<tr>
<td>Asbjørn Hróbjartsson (AH)</td>
<td>Present</td>
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<tr>
<td>Ana Marusic (AM)</td>
<td>Present</td>
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<tr>
<td>Jane Noyes (JN)</td>
<td>Present</td>
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<tr>
<td>Tomas Pantoja (TP)</td>
<td>Present</td>
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<tr>
<td>Philippe Ravaud (PR)</td>
<td>Present</td>
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<tr>
<td>Johannes Reitsma (JR)</td>
<td>Apologies</td>
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<tr>
<td>Rebecca Ryan (RR)</td>
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<tr>
<td>Christopher Schmid (CS)</td>
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<tr>
<td>Nicole Skoetz (NS)</td>
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<td>Nichole Taske (NT)</td>
<td>Apologies</td>
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<tr>
<td>David Tovey (DT)</td>
<td>Present</td>
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Other attendees

Louisa Dunn                     Minutes

AGENDA ITEM                      Minutes

1) Welcome and apologies received

Corinna Dressler, Hans Reitsma, Nichole Taske

2) Approval of previous minutes

Minutes dated 5th June approved with minor amendments to Item 5.
   First bullet: edited to “Although this work was based on a set of data from 2008 it is still relevant”.
   Third bullet: changed to “... but the recommendation would be that the methods are likely to have most impact when the number of studies is 10 or fewer”.
   Fourth bullet: changed to “It was agreed that when there is a small number of studies the estimates of heterogeneity are poor, as most authors use the DerSimonian-Laird technique”
   Last bullet: changed to “There are better methods available than in RevMan and this needs to be made clear to authors”.

Notes of the informal meeting at the Edinburgh 2018 Colloquium distributed for information.

3) CSC Business Matters

Full day meeting confirmed 31st March 2019. Funding available from Cochrane Methods if Committee member cannot source other funds.

4) Submissions

None
5) **Methods for CSC Review**

Does the Scientific committee think it should have a role in the approval of methods/guidance for relatively new review types? In particular standalone reviews of qualitative evidence; reviews on prognosis.

**Background:** The Cochrane Public Health & Health Systems Network (PHHSN) contacted the Qualitative and Implementation Methods Group (QIMG) as they wanted a more flexible policy on QES reviews in Cochrane with the option of conducting stand-alone reviews. This initial communication with the PHHSN provided a good opportunity to open discussion but QIMG would have liked more input to develop the wording of the paper subsequently submitted to the Editorial Board and to correct some of the details.

The steer to PHHSN from the Methods Executive was to present the paper to the Scientific Committee for endorsement. The PHHSN however approached the Editorial Board directly and suggested that as the proposal was not a change in policy about the application of methods it could be considered directly by the Editorial Board.

PHHSN submitted the paper to the Editorial Board regarding changing the policy on QES to enable publication of standalone QESs (i.e. not linked to a Cochrane Intervention Review) in the Cochrane Library and to undertake qualitative scoping reviews (a new review type). The paper detailed missed opportunities for publication had the existing policy been more flexible. The Editorial Board agreed to a 2-year pilot study using existing methods expertise within the PHHSN.

At the Edinburgh Colloquium the Methods Executive discussed in detail the process by which agreement for the pilot was obtained and the implementation implications. The Executive recognised there would be implications for Cochrane Methods i.e. development of MECIR standards for QES and scoping reviews; number of reviews expected; lack of evaluation framework all of which could be developed and included in the pilot study. The QIMG is supportive of this paper and is happy to collaborate further to ensure that reviews are of acceptable standard.

This issue has identified a potential problem with methods issues circumventing the Methods Executive/Scientific Committee.

**Discussion:** Discussion highlighted some ambiguity within the SC on the interpretation of Cochrane’s support for qualitative evidence synthesis. However, the 2008 Handbook does state that a synthesis of qualitative research can contribute to Cochrane Intervention Reviews in four ways: to inform, to enhance, to extend, or to supplement (see Chapter 20 [here](#)). The Handbook did not however include templates for standalone qualitative evidence synthesis. It was highlighted that the 2019 Handbook includes the following on QES: A qualitative evidence synthesis can be undertaken and integrated with a corresponding intervention review, or undertaken using a mixed-method design that integrates a qualitative evidence synthesis with an intervention review in a single protocol.

As the PHHSN has now initiated a two-year pilot on the use of standalone QES, it was decided that the pilot results would be
considered by the SC and Methods Executive and they would make the decision as to whether standalone QES not linked to Cochrane Intervention Reviews should be considered in the Cochrane Library (no other Networks should initiate standalone QES not linked to a Cochrane effect review while this pilot is underway).

Although the issue in question was not about introducing new qualitative evidence synthesis methods, but could include introduction of scoping reviews (i.e. using new methods to Cochrane) the ambiguity surrounding this issue presents a good opportunity for the Scientific Committee to play a decisive role in the implementation of changing methods and it was agreed that a formal policy is required regarding the implementation of methods (new or established) which are new to inclusion in Cochrane reviews.

In conclusion, a methodological issue with no consensus should be first reviewed and discussed by the Methods Executive who can then refer to the Scientific Committee if required. (However, the Chairs of the Scientific Committee can be contacted directly for consideration of a method). When considering new methods, the Methods Executive will review, discuss and present to the Scientific Committee to make the judgement. If the issue is not methodological it should go directly to the Editorial Board. Where methods have already been approved then this is an Editorial Board decision about publication in the Cochrane Library. The process by which the Methods Executive refers methods to the Scientific Committee is a work in progress and will depend on implications for methods groups. Likewise, the Scientific Committee needs to further enhance its processes so that it’s remit and application process is clearer.

**ACTIONS:**

*The relationship between the Methods Executive and Scientific Committee needs to be further developed.*

Suggestions for future review 2019/2020. Two new tools in development:

- Risk of Bias due to Missing Evidence (RoBME)
- Tool for Addressing Conflict of Interests in Trials (TACIT): Cochrane has a COI policy in development currently. AH is a member of the working group on the COI policy. He will ensure there will be good co-ordination between the two approaches.
- Semi automation methods
- Prognosis methods
- Standalone qualitative evidence synthesis (following PHHSN two-year pilot)

The Committee agreed that all methods proposed are important and have their merits and looks forward to them returning to the Committee for further development.

6) **Methods for CSC sign off and recommendation**

**Expert panel report on whether using sequential methods to adjust P values is necessary in repeated meta-analyses.**
The Committee endorsed the Expert Panel’s statement; “The Expert Panel recommends against the use of sequential methods for updated meta-analyses in most circumstances within the Cochrane context. They should not be used for the main analyses or to draw the main conclusions.”

This will be communicated throughout Cochrane and the full statement will be made available on the Cochrane Methods website.

**Data based predictive distributions for between study heterogeneity.**

The Committee discussed the need to distinguish whether this is an “optional extra” Cochrane would like authors to consider or whether Cochrane “wishes” authors to do it. The latter has further implications as an implementation package will be needed. JH noted that authors should be “encouraged to consider” this technique and that the new Handbook states that the technique is “particularly advantageous”. Committee agreed that it should be “considered”.

**ACTION:** JH will to circulate a draft copy of the statement for approval by the Committee before it is posted on the Cochrane Methods website.

The Committee subsequently agreed this statement; “The Committee recommends that Cochrane Review authors consider applying Bayesian meta-analysis with prior distributions for the heterogeneity variance alongside the traditional techniques included in RevMan. Such analyses should supplement standard analyses, offering potentially improved estimation of intervention effects and their uncertainty. This approach is particularly helpful when the number of studies is anticipated to be small, in which case the prior distribution can have a tempering impact, especially if a more conventional estimate of heterogeneity variance is very large or very small. The suggestion to consider these methods will be included in the updated Handbook (version 6).”

7) **Any other business**

AM had circulated an email regarding the misconduct section the Handbook. She would like the Scientific Committee to discuss the scientific misconduct policy further following the open session at the Colloquium. She has asked Bryony Urquhart to send her a copy of the draft document.

DT noted that this policy in development for about 2 years and is contested. The current draft policy is in its consultation phase. He will arrange for the Committee to receive a current draft and all explanatory materials supporting it.

PR raised the issue of data sharing referencing a recent paper by Ben Goldacre in the BMJ. He suggested that Cochrane should consider sharing data extracted from trials and systematic reviews. JN noted that this is an issue which should also be discussed by the Methods Executive.

DT believes this is a Governing Board decision as it is a methodological and research issue as well as a commercial issue for Cochrane. He offered to put together a paper for the next meeting to
cover the level of data sharing currently permissible and address the reasons why. The Scientific Committee can discuss this at further meetings.

**ACTION:** DT to develop and present a paper at the next meeting.

The Committee were asked to submit agenda items for next meeting. **ACTION:** Follow up for agenda items.

### 8) Meeting schedule

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<td>31st March 2019 – full day</td>
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<td>2019 Further teleconferences to be scheduled – June/July and November/December.</td>
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