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Meeting Highlight

Cochrane Cancer Clan Gathers in Brussels

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THE COCHRANE COLLABORATION has taken on the gigantic task of carrying out a programme of systematically reviewing, and keeping up to date, the evidence about which treatments work or do not work, in all areas of medicine. The Cochrane Cancer Network, set up in early 1996, is an international confederation that will coordinate the development of a programme of reviews in cancer on behalf of the Collaboration.

The Network has three major aims at present. The first of these is to build an effective database of controlled trials in cancer. Current databases, such as MEDLINE and EMBASE, only contain 50% of the controlled trials found by hand searching journals. Coding and other problems mean that searches of these databases only find half of those trials that are already on these databases, thus, the completeness of electronic searches is severely hampered by current restrictions.

The second aim of the Network is to facilitate the development of Collaborative Review Groups. These are the key working groups in the Cochrane Collaboration — their main role will be to carry out the systematic reviews of trials in cancer. Where there are no really large trials they will provide the best evidence yet available on treatment efficacy.

The other prime goal of the Network is an ambitious plan to produce a Cancer Library. This will bring together for the first time a gold mine of data useful to everyone in the cancer community, from patient to superspecialist. The bedrock of the Library will be a register of controlled trials and a database of systematic reviews in cancer. The Library will be available on CD-ROM and on the Internet.

Organised in conjunction with and hosted by the European Organization for Research and Treatment of Cancer (EORTC), the Brussels meeting, held on 31 January and 1 February 1997, was the first opportunity for everyone working with the Network to meet together. 117 participants, from 14 countries, registered for the meeting. Participants included consumers, clinicians, nurses, statisticians and journal editors. The first day was spent introducing those new to the Network to the concepts of the collaboration and to the structure and role of the Network and its associated Collaborative Review Groups.

The first part of the second day revolved around discussion of the proposed Cancer Library. The register of controlled trials in cancer is already being developed and currently includes 8464 cancer trials and the number is rapidly increasing. Trials will be identified by electronic and hand searches of relevant journals and proceedings of conferences.

As yet, no systematic reviews have been made in the name of the network since the Network and its groups are so new. However, it is expected that there will be a rapid accumulation of reviews in the coming years — the Network has set itself the ambitious target of 10 new reviews a year for each of the review groups. Each review group will also take on the job of updating their reviews, as new evidence is accumulated.

As well as the bedrock Cochrane items, it is intended that the Library will contain up to 30 additional sections providing added value to users. The Network is currently sending out a postal questionnaire to over 2000 individuals: these include consumers, nurses, doctors and a number of other groups. A series of focus groups are also planned to assess the information needs of the main groups who may use the Library. In nine months the Network will have a clear picture of what users of the Library want.

The disparate nature of areas of added information already earmarked include, for example:

1. Consumer-generated synopses that have been agreed with reviewers.
2. List of international consumer support groups.
3. Data sheets of anticancer and other drugs commonly used by cancer patients.
4. Database of non-Cochrane systematic reviews.
5. Instruction for authors for journals commonly used by researchers publishing the results of clinical trials.
6. Regionally based comments by expert groups on the implications for practice of published systematic reviews.
7. Sources of, and links to, guideline publications in cancer.

The rest of the meeting was devoted to discussions of existing and developing Collaborative Review Groups. Some of these include all diseases, including cancer, that occur in an organ or system in the body, whilst others are cancer site specific. The first type of group includes a number already active

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within the Collaboration. Amongst these are the:

1. Hepato-biliary group
2. Oral health group
3. Skin group
4. Oesophageal, gastric and duodenal group
5. Prostate diseases group.

Active cancer site specific groups are:

1. Breast cancer
2. Gynaecological cancer.

One of the important aspects of the meeting was the discussion of formation of further Collaborative Review Groups (CRGs). From these discussions there was a positive decision to develop a number of new groups including colorectal cancer, lung cancer, urological cancer, and pain, palliative and supportive care, and to plan further meetings with a view to full Exploratory Meetings for each of these potential CRGs.

A number of other groups had informal discussions and will be looking for opportunities to develop review groups. These included:

1. CNS malignancy
2. Haematological malignancy
3. Ophthalmic malignancy
4. A morbidity group who plan to hold a workshop.

The meeting concluded on the Saturday afternoon in a very positive spirit — much has already been achieved and there was a real feeling that the next year would see new groups developing and existing groups starting to produce reviews. At the same time the searching of the literature for controlled trials continues apace and the current database is already the most comprehensive to date. By the end of the year there should be Collaborative Review Groups catering for well over half of all cancer patients.

The Network has made a very positive start and is looking for individuals who would like to consider helping the Network and its Collaborative Review Groups. We need clinicians, nurses, consumers, statisticians and many others who want to be part of this vital endeavour to collect together the very best data on the efficacy of the ways that we care for cancer.

Those interested can contact the Network directly, setting out their particular area of interest, and will be placed in contact with the coordinating editor in the appropriate group. Anyone interested in finding out more about the Collaboration in general and the Network in particular is also free to request brochures and details about the aims and goals of the groups. The Network address is:

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