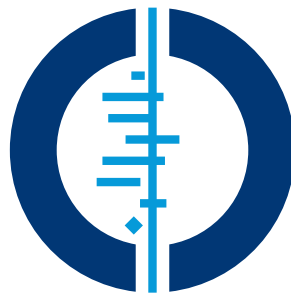


Annual report 2019

Cochrane Sweden

Associate Centre - Nordic Cochrane Centre



Cochrane
Sweden

| | |
|--|----------|
| Introduction | 3 |
| Activities at Cochrane Sweden | 4 |
| Research | 4 |
| Cochrane workshops | 4 |
| Other initiatives related to training and education..... | 5 |
| Cochrane Sweden in the media..... | 6 |
| Cochrane reviews by Swedish authors | 7 |
| Advisory Board for Cochrane Sweden | 7 |
| Acknowledgements | 7 |
| Publications by staff at Cochrane Sweden..... | 8 |

Introduction

Background

Sweden has been one of the first contributors to the establishment of Cochrane since 1992. Cochrane's website reports that in November 1992 there were "additional funds to promote the mission of the Cochrane Centre pledged by the Nuffield Provincial Hospitals Trust and the Swedish Council on Technology Assessment in Health Care." In the following years, the role of the Cochrane Collaboration has been frequently discussed in the main Swedish journals for medical doctors, e.g. in 2000 in the article "Cochranesamarbetets betydelse för evidensbaserad medicin" ("the meaning of the Cochrane Collaboration for evidence-based medicine"). In January 2005, national access to The Cochrane Library in Sweden was provided. However, the national subscription to the Library lasted only up to 2012.

Even though Sweden is well-known for its high-quality scientific studies in most fields of medicine, Sweden did not gain its own Cochrane entity until May 2017. The lack of "Cochrane Sweden" might have negatively impacted on the number of Cochrane reviews produced by Swedish authors. The discrepancy in Sweden between the low number of Cochrane reviews and the high number of randomised clinical trials was described in an article in 2011 (Gøtzsche PC, Tendal B, Clarke M. Review production in The Cochrane Collaboration – where is it happening and why? *Cochrane Methods. Cochrane DB Syst Rev* 2011 Suppl 1:16-9).

Like its neighbours Finland and Denmark, Sweden is highly active in publishing randomised trials, but not as productive in publishing Cochrane reviews. Together with Denmark and Finland, Sweden is highly active in publishing randomised trials, but not in publishing Cochrane reviews.

A lower rating of Cochrane activities and, more generally, any kind of systematic review has long been observed in the Swedish academic world. For example, in some Swedish universities, the application to become associate professor does not allow inclusion of systematic reviews in the list of publications that are to be considered; PhD students are not oftenly encouraged to prepare systematic reviews for their thesis and PhDs very rarely include systematic reviews. Some of the major national funders do not fund systematic reviews, but only basic research and primary studies; and teaching on using and preparing systematic reviews is not normally provided to students of medicine.

Alongside the limited academic recognition of systematic reviews in Sweden, there is and has been a strong move for evidence based medicine at all levels of Swedish health care management. For many decades, Sweden has a deeply rooted tradition for using national systematic reviews from the Swedish Council on Technology Assessment in Health Care (SBU) as a basis for the decision and priorities on new methods. Further, there is a national HTA Network coordinated by SBU with strong impact on national, regional and local health care guidelines. Also, the Swedish National Board for Health and Welfare (Socialstyrelsen) has a continuous process in developing evidence based national guidelines in a wide variety of medical conditions and areas.

Launch of Cochrane Sweden

Cochrane Sweden is an associate centre to the Nordic Cochrane Centre. It was launched in May 2017 in Lund, where the centre is located. Cochrane Sweden is supported by Skåne University Hospital, Region Skåne and Lund University.

Cochrane Sweden has two main priorities:

- To introduce review authors and other contributors to Cochrane methods, and support Swedish authors to prepare, publish and maintain their Cochrane reviews
- To advocate for evidence-informed practice in Sweden, particularly through promoting access to Cochrane content and facilitating the use of Cochrane reviews to inform decision making

Cochrane Sweden's strategic plan was approved in April 2017 and encompasses the goals of the Cochrane "Strategy to 2020", i.e.

- Goal 1: Producing evidence
- Goal 2: Making our evidence accessible
- Goal 3: Advocating for evidence
- Goal 4: Building an effective and sustainable organisation

In late 2019, Cochrane Sweden started to prepare a new strategic plan, with the aim to become a "full centre".

Activities at Cochrane Sweden

Research

The research activity is limited to the production of systematic reviews. Since September 2018, Minna Johanson (Cochrane Sweden Fellow) and Dina Muscat Meng (Communications Consultant) are part of the staff.

Fourteen Cochrane reviews have been published between 2015 and 2019, and 20 protocols and reviews are under preparation. Of these 34 records, 30 are reviews of interventions and 4 are overviews of Cochrane reviews.

The most common research area is neonatology, focusing mainly on respiratory and neurological morbidities in the newborn. The other topics include rheumatology (two protocols at copyedit), epilepsy (full review at copyedit), skin cancer (full review, published in 2019).

In addition, staff at Cochrane Sweden have published an Editorial in the Cochrane Library and a systematic review in a pediatric Journal.

Cochrane workshops

Interest and participation in our Cochrane workshops have been excellent.

Following Cochrane Sweden's launch in May 2017, the most relevant courses and workshops have been organised with the qualified support of Karsten Jørgensen, Director of the Nordic Cochrane Centre, and, from 2018, of Minna Johansson, Director of Cochrane Sustainable Health Care and researcher at Cochrane Sweden.

Here is a list of the events held during 2019:

- February: one-day workshop at Gothenburg University
- May: 40-hour PhD student course on Cochrane methodology for systematic reviews
- September: seminar on Cochrane evidence at Uppsala University
- September: 40-hour PhD student course on Cochrane methodology for systematic reviews
- November: two-day workshop on Cochrane methodology in Lund, in collaboration with Cochrane Norway and Cochrane Nordic
- December: seminar on Cochrane evidence at Linköping University

Other initiatives related to training and education

In February 2018, a fruitful collaboration has been established with Martin Garwicz (who coordinates students' training towards Scientific Scholarship at the Medical Degree Programme) and Maria Björklund (Lund University Library), as reported in press releases in English (<http://www.cochrane.org/news/new-learning-opportunities-evidence-based-health-care-medical-students-sweden-0>) and Swedish (https://www.med.lu.se/nyheter/180221_cochrane).

The initiative consists of providing training in Cochrane methodology to medical students at Lund University. The training and the assessment of the students include the use of the “Cochrane Interactive Learning” (CIL) platform. The CIL modules match the learning objectives of Scientific Scholarship for each semester. Lund University is the first institution in the world to provide unlimited access, free at point-of-use to CIL. Also, thanks to this initiative, more medical students, in particular at Lund University, are now aware of the possibility to develop research projects on Cochrane evidence. One of them, Petter Brattström, received a 4-week training period at Cochrane Austria and then 16 weeks at Cochrane Sweden for the preparation of a systematic review as part of his Master thesis, which has also been published in Acta Paediatrica journal in September 2018. Similarly, Kevin Bengtsson, has spent three weeks at Cochrane Netherlands and 17 weeks at Cochrane Sweden. His systematic review (including more one hundred trials) has been completed on December 2018 and presented on January 2019. Following these positive experiences, Cochrane Sweden launched Cochrane International Mobility.

An additional project consists of 40-hour PhD student courses where CIL usage is integrated with face to face training, in collaboration with the Nordic Cochrane Centre (two editions, April and September 2018).

In collaboration with Chris Watts and Richard Hollis, the innovative use of CIL at Cochrane Sweden has been presented at the meeting of the Centre Directors Board at the Cochrane Governance Meeting (Lisboa, March 2018) and at Cochrane Colloquium (Edinburgh, September 2018), with an oral presentation and a workshop. In addition, Cochrane Sweden is testimonial in CIL website (<https://training.cochrane.org/interactivelearning/about/usecases>) and the Cochrane Youtube channel (<https://www.youtube.com/watch?v=Q4ufiPUsatw>). For the international press release:

https://sweden.cochrane.org/sites/sweden.cochrane.org/files/public/uploads/new_learning_opportunities_in_evidence-based_health_care_for_medical_students_in_sweden_cochrane.pdf

Worldwide, the largest group of CIL users (>500 people) is at Lund University, thanks to the collaboration between the Faculty of Medicine and Cochrane Sweden.

Of note, promoting the use of CIL implies also increasing the numbers of Cochrane accounts.

Numbers of new Swedish Cochrane accounts have consistently increased during 2019, especially through involvement of medical students. Other initiatives have contributed to this result. For example, Cochrane Sweden has obtained access to free use of Covidence, the recommended tool by Cochrane for data screening and extraction. All the people in the Cochrane Sweden network have been informed about this opportunity to facilitate the preparation of systematic reviews. In addition, some authors have been involved in the testing phase of RevMan Web, mainly via teleconference with the Informatics & Knowledge Management Department (IKMD), in Copenhagen. Finally, Cochrane Sweden is the Centre which is collaborating the most for testing the new web-based version of RevMan, through active participation in the webinars and identification of new testers in Cochrane reviews with Swedish authors.

In 2017 and 2018, we had multiple contacts to explore how to restore national access to the Cochrane Library, for all citizens. We had meetings and teleconferences with Wiley, Inera, Kungliga biblioteket and others. We explored also if national institutions would be interested to fund this initiative. However in the last months, following better communication with other Cochrane Centers, we do not consider this as a priority anymore. Instead, we would prefer to accelerate the process to have open access to the Cochrane Library in all countries.

We conducted a survey among the Swedish Universities to assess to which extent systematic reviews are recognised as part of PhD theses and in the applications to become associate professor. The findings have been published on Läkartidningen

(<http://lakartidningen.se/Opinion/Debatt/2019/01/Dags-att-hoja-statusen-for-systematiska-oversikter-i-Sverige/>). The aim was to map the current situation at each Swedish University and to develop targeted initiatives to address this issue in a constructive way.

Cochrane Sweden in the media

Since September 2018, Dina Muscat Meng is part of the staff of Cochrane Sweden (Communications Consultant).

Information about Cochrane Sweden has been reported in the national media also in 2019, e.g.,

- Article **Dags att höja statusen för systematiska översikter i Sverige** by Minna Johansson and Matteo Bruschetti in Läkartidningen, January 2019
- Article **Apropa-Tillforlitlig-evidens-informerade-beslut-och-bättre-halsa** by Arne Ohlsson, March 2019
- Article on Cochrane Sweden in **ÖNH-tidskrift** written by Marie Gisselsson-Solén, Senior Consultant in ENT, Skåne University Hospital, November 2019

We produced a video on our activities: <https://www.youtube.com/watch?v=TqMtloqw27I>

In addition, the following channels have been frequently used with consistent results:

- Website www.sweden.cochrane.org where main activities are described, thanks to the webmaster Dina Muscat Meng.
- Twitter account @CochraneSweden
- Official LinkedIn page (<https://www.linkedin.com/company/cochrane-sweden/>)
- Facebook account has not been activated yet. However, several members of Cochrane Sweden promote most relevant activities in this social media as well.

Major articles about CS are listed on <https://sweden.cochrane.org/about-us/cochrane-sweden-media>.

Cochrane reviews by Swedish authors

We report here the reviews published by contact authors with a Swedish affiliation in Archie. Cochrane review production in Sweden is much lower than in other Nordic Countries. Only 26 full reviews have been published by contact authors with a current Swedish address (including those by Huan Song though during 2019 her primary affiliation was Chinese). Two new review protocols and one update have been published during 2019. Of note, most of these 26 reviews have been conducted by authors who learnt to prepare Cochrane reviews before they moved to Sweden, e.g. Huan Song (China), Alkistis Skalkidou (Greece), Giovanni Ferrara (Italy), Olga Romantsik (Italy) and Matteo Bruschetti (Italy).

The precise figures of Cochrane registered titles are not reported in this document. However, an increased activity has been observed in 2019, including titles in neonatology and new titles by participants in the Cochrane workshops held in Sweden in 2018 and 2019.

Advisory Board for Cochrane Sweden

We will establish an Advisory Board in 2020.

Acknowledgements

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Also, we acknowledge Ingemar Petersson at Skåne University Hospital for his wise guidance.

Publications by staff at Cochrane Sweden

New or updated Cochrane reviews

- **Bruschettini M**, Romantsik O, Zappettini S, O'Donnell CPF, Calevo MG. Needle aspiration versus intercostal tube drainage for pneumothorax in the newborn. *Cochrane Database Syst Rev.* 2019;2:CD011724.pub3
- **Johansson M**, Brodersen J, Gøtzsche PC, Jørgensen KJ. Screening for reducing morbidity and mortality in malignant melanoma. *Cochrane Database Syst Rev.* 2019;6:CD012352.pub2
- **Bruschettini M**, Romantsik O, Moreira A, Ley D, Thébaud B. Stem cell-based interventions for the prevention of morbidity and mortality following hypoxic-ischaemic encephalopathy in newborn infants. *Cochrane Database Syst Rev.* 2019;9:CD013202.pub2

New protocols

- Galderisi A, **Bruschettini M**, Russo C, Hall R, Trevisanuto D. Continuous glucose monitoring for the prevention of morbidity and mortality in preterm infants. *Cochrane Database Syst Rev.* 2019;4:CD013309

Journal articles and reports

- **Johansson M**, Zahl PH, Siersma V, Jørgensen KJ, Marklund B, Brodersen J. Screening for abdominal aortic aneurysm – Authors' reply(Letter). *The Lancet* 2019;393(10166):28
- Moynihan R, Bero L, Hill S, **Johansson M**, Lexchin J, MacDonald H, Mintzes B, Pearson C, Rodwin MA, Stavdal A, Stegenga J, Thombs BD, Thornton HI, Vandvik PO, Wieseler B, Godlee F. Pathways to independence: Towards producing and using trustworthy evidence. *The BMJ* 2019;367:l6576
- **Johansson M**, Bero L, Bonfill X, **Bruschettini M**, Garner S, Glenton C, Harris R, Jørgensen KJ, Levinson W, Lotfi T, Montori V, **Meng DM**, Schünemann H, Vaz Carneiro A, Woloshin S, Moynihan R. Cochrane Sustainable Healthcare: evidence for action on too much medicine. *Cochrane Database of Systematic Reviews* 2019, Issue 12. Art. No.: ED000143. DOI: 10.1002/14651858.ED000143.
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- Jungner Å, Vallius Kvist S, Romantsik O, **Bruschettini M**, Ekström C, Bendix I, Herz J, Felderhoff-Mueser U, Bibic A, In Apos T Zandt R, Gram M, Ley D. White Matter Brain Development after Exposure to Circulating Cell-Free Hemoglobin and Hyperoxia in a Rat

Pup Model. *Dev Neurosci*. 2019;41(3-4):234-246.

- Van der Veeken L, Grönlund S, Gerdtsen E, Holmqvist B, Deprest J, Ley D, **Bruschettini M**. Long-term neurological effects of neonatal caffeine treatment in a rabbit model of preterm birth. *Pediatr Res*. 2019 Dec 7. doi: 10.1038/s41390-019-0718-8.
- Romantsik O, **Bruschettini M**, Ley D. Intraventricular Hemorrhage and White Matter Injury in Preclinical and Clinical Studies. *Neoreviews*. 2019 Nov;20(11):e636-e652.
- Brattström P, Russo C, Ley D, **Bruschettini M**. High versus low dose caffeine in preterm infants. *Acta Paediatr*. 2019 Mar;108(3):572. doi: 10.1111/apa.14687.
- Brattström P, Russo C, Ley D, **Bruschettini M**. High-versus low-dose caffeine in preterm infants: a systematic review and meta-analysis. *Acta Paediatr*. 2019 Mar;108(3):401-410.