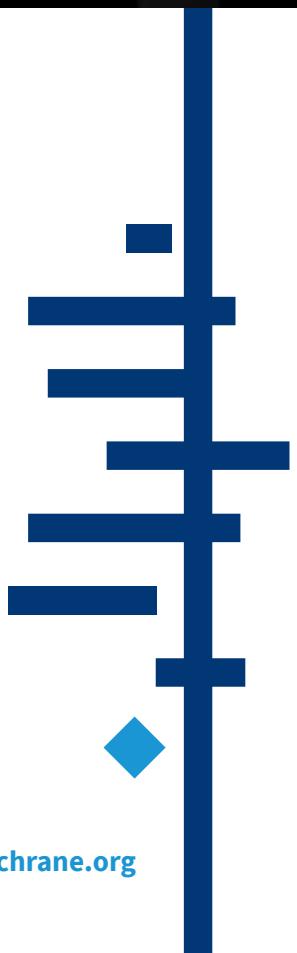




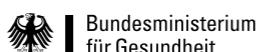
ANNUAL REPORT 2017

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INTRODUCTION

Cochrane Germany (CG) is the representative of Cochrane (formerly known as the Cochrane Collaboration (CC)) in Germany. It is acting as the reference centre for the German speaking part of Switzerland, Liechtenstein, the Czech Republic, Slovakia and Hungary (for branches s. page 27). Cochrane Austria¹ stands now in with an own centre. After being in the status of a scientific working group since 1999 at the university's Institute for Biometry and Statistics, 2014, the Medical Center and the Medical Faculty of the University of Freiburg established a stand-alone center (Center for Evidence in Medicine /Cochrane Germany) and committed to continue providing funds to the Center for the next five years. These funds have been complemented by the Ministry for Science and Art of the federal state Baden-Württemberg. Finally the possibility of establishing an 'Institute for Evidence in Medicine' with a full professorship for systematic reviews was under review in the relevant committees and is now in its final stage. The 'Institute' came into live in January 2018 – the application process for the Cochrane Professorship will presumably be completed by end of 2018.

Throughout the years 2016 and 2017 the University Medical Center, the Medical Faculty and the German Ministry of Health negotiated about the possible institutional funding for Cochrane Germany which resulted in establishing the Cochrane Germany Foundation by the Medical Center Freiburg in October 26, 2017. The Cochrane Germany Foundation will be supported by the Ministry of Health, the Federal Republic Germany respectively with up to one million for Cochrane Work in Germany. This was a historical milestone in the funding history of Cochrane Groups as the establishment of a foundation to secure the sustainable work of Cochrane in a non-english speaking country is unique. The Institute for Evidence in Medicine and the German Cochrane Foundation will work closely together.

Since 25 years Cochrane is an international not-for-profit organization whose "vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence"². This vision is framed and set up in goals by Cochrane's 'Strategy to 2020'³.

¹ austria.cochrane.org

² www.cochrane.org

³ www.cochrane.org/about-us/our-strategy



These goals are:

1. Producing evidence
2. Making our evidence available
3. Advocating for evidence
4. Building an effective and sustainable organisation

To achieve these goals, 10.000 accredited members (the new Membership Scheme was introduced in 2017) and more than 28.000 supporters from over 130 countries work together in preparing, updating and promoting systematic reviews about health care interventions. They are researchers, health professionals, patients, carers and people just passionate about improving health outcomes. To date, over 9,700 Cochrane Reviews and Protocols have been published in the Cochrane Library⁴ and have a strong impact on the global healthcare community. E.g. 80 % of WHO Guidelines are referencing Cochrane Reviews.

⁴ www.cochranelibrary.com

More and more focusing on global dissemination across national language barriers, Cochrane has 14 translation teams which published more than 5.500 new or updated translations of Cochrane Review Abstracts and Plain Language Summaries, summing up to a total of 23.000 now. Cochrane Evidence is available with a free one-click access for 3.66 billion people worldwide by national licences or provision for low- and middle-income countries.

Cochrane Germany acts as a national 'hub' for the dissemination and implementation of international scientific and strategic developments related to knowledge transfer, the concept of evidence-based health care and the role systematic reviews can play for both. It also supports the implementation of methods related to the concepts of evidence-based health research and the grading of evidence according to the GRADE approach as part of systematic reviews and guideline development. Another scientific focus is meta-research, e.g. the investigation of the extent of dissemination bias in medical research and how it affects the reliability of the results of research syntheses.

Outlined by strategy 2020 the Cochrane representatives and their structures in geographical areas have been revisited and a full Cochrane Centre should cover the following strands⁵:

- To act as a coordinating centre for Cochrane activities
- To undertake or contribute to methodological or other research
- To expand and diversify funding base of Cochrane Work
- To maintain an advocacy programme
- + one additional, e.g. supporting translation activities

⁵ community.cochrane.org/sites/default/files/uploads/inline-files/Functions%20of%20geographic%20oriented%20Groups.pdf

Functions of Centres

The new functions of Centres and other geographically-oriented Cochrane structures are all directly built on Strategy to 2020 objectives. The functions are in tiered hierarchy. Tier One functions must be performed by any Cochrane Group, however big or small. Tier Two functions must be performed by Associate Centres (formerly Branches) and Centres. Tier Three are functions that Centres must perform as well as those in Tiers One and Two. Tier Four are additional functions that any Cochrane Group would be encouraged to consider, however, Centres must perform at least one Tier Four function. These functions are written as: "It is a core function of Cochrane Centres [to...]"

1.1. The functions at a glance

	Affiliate	Assoc. Centre	Centre + 1 Additional	Additional
Tier Four	To support the work of Cochrane's consumer network	To undertake knowledge translation initiatives locally	To support or lead translation initiatives	To undertake searching of local sources, especially non-English sources
Tier Three		To act as a coordinating Centre for Cochrane activities	To undertake or contribute to methodological or other research	To expand and diversify funding base of Cochrane work
Tier Two			To undertake or contribute to methodological or other research	To maintain an advocacy programme
Tier One	To be Cochrane's official 'Representatives' locally	To build local partnerships with key stakeholders	Contribute to Cochrane's priority setting work	To build capacity for Review production through training
	To promote Cochrane and its work	To support and develop the community of Cochrane members	To disseminate Cochrane Reviews locally	To host local events

Figure 1: Functions of Cochrane Centres

CG OBJECTIVES IN 2017

Our **main goal in 2017** was to negotiate the funding by the German Ministry of Health and to support the establishment of the necessary structure (the foundation) and the goals and targets by this could be realized.

Other objectives have been according to the goals of strategy 2020:



- To fulfill the core functions of a Cochrane Centre
- To successfully apply for research projects and third party funds
- To offer our full range of workshops
- Scientific publications and presentations
- Dissemination of evidence for different target groups and through different channels

GAP – WELL INFORMED COMMUNICATION BETWEEN PHYSICIANS AND PATIENTS (PI DR. SEBASTIAN VOIGT-RADLOFF, PD DR. JÖRG J. MEERPOHL)

Back pain is one of the most frequent causes for health care costs and sick with one year prevalence rates up to 70 % in Germany. While patients increasingly seek for health information on the internet, its quality is difficult to appraise and physicians often experience internet information as irritating for the physician-patient communication. The GAP-trial intends to develop, implement and evaluate an evidence-based, easy-to-understand and trustworthy internet portal on low back pain to be used by general practitioners and patients before, during and after the consultation. Effects of the GAP-portal use compared to routine consultation on communication and informedness of physicians and patients and on health care costs and sick leave will be evaluated. GAP will test an information portal in a prospective multi-centre, cluster-randomized parallel group design including 150 general practitioners and 1,500 patients. The communication quality and informedness of physicians and patients will be evaluated by self-assessment directly before and after the consultation plus one follow-up for patients at three weeks after the consultation and for physicians three months after the consultations of the last study patient. Sick leave and health care costs related to back pain will be compared between intervention and control group using routine data of insuring companies. GAP is funded with 2.3 Million Euros by the Joint Committees 'Innovationsfonds' for a consortium of nine partners from academia, clinical practice and health insurance for three years. The project started in October 2017 and will last until October 2020.

MEDIATE

(PI PD DR. JÖRG J. MEERPOHL, VALÉRIE LABONTÉ, MSC)

In the core of this joint project (in cooperation with the Institute for Science Journalism at the TU Dortmund) is a discourse project with prospective (science) journalists and physicians. It evaluates the quality of medical and health communication about diagnostic testing by means of practical examples and with the assistance of experts from medicine and science journalism. The project explores how molecular and genetic diagnostics are communicated in the media discourse, especially with regard to benefits, risks and empirical evidence as well as ethical conflicts and sociocultural consequences following the introduction of preventive medical examinations and screening programs, but also the autonomous use of self-tests without medical advice. The joint project gathers numerous stakeholders who cooperate in the production and transmission of knowledge about diagnostic testing at various interfaces of science communication – in research, at the hospital or at the doctor's office, in public relations as well as in journalism. In a multi-step, discursive process they get encouraged to discuss the social consequences of these medical advances and developments. The outcome of this discourse will be published online for special target groups as well as for the general public. Subproject 2 in Freiburg enriches the discourse on diagnostic testing from the perspective of physicians and ethics. It will identify the existing evidence on the accuracy of diagnostic tests and scope studies on the psychosocial consequences of the users. MEDiate started in October 2017 and will last until October 2019, funded by the Ministry of Research and Education (BMBF).

PROJECTS IN 2017 (SELECTION)

In 2017 CG started or conducted **a total of seven major funded projects and/or contract work** with an annual budget of 442,597 €. Briefly, the major projects were (listed in alphabetical order):

CEBHA+ - FUNDED BY THE GERMAN MINISTRY OF EDUCATION AND RESEARCH

(PI PD DR. JÖRG J. MEERPOHL)

The objective of the Collaboration for Evidence-Based healthcare and Public Health in Africa (CEBHA+, German title: „Forschungs-Netzwerk für evidenzbasierte Gesundheitsversorgung und Public Health in Afrika“) is to build long-term capacity and infrastructure for evidence-based healthcare and public health in Africa, including primary research, evidence synthesis, and evidence-based policy-and-practice. Cochrane Germany is a partner in this Collaboration and the Ludwig-Maximilians-Universität Munich is the German coordinator. The project runs from 01.12.2016 until 30.11.2021.

EFFECTS OF MILK PROTEIN A1-SS-CASEIN ON HUMAN HEALTH

(PI PD DR. JÖRG J. MEERPOHL, DR. DANIELA KÜLLENBERG)

The objective of this project (German title: „Auswirkungen von A1- β -Casein der Milch auf die Gesundheit beim Menschen“) is to summarize all relevant evidence regarding the effects of milk proteins A1- and A2- β -Casein on human health, for example the incidence of coronary heart diseases, diabetes mellitus or neurological diseases.

The Bavarian State Research Centre for Agriculture (German: Bayrische Landesanstalt für Landwirtschaft, LfL) and the Competence Center for Nutrition (German: Kompetenzzentrum für Ernährung KErn) are the funders of this research project. The project started in March 2016 and lasted until June 2017.

PROPERMED

(PI PD DR. JÖRG J. MEERPOHL, DR. SEBASTIAN VOIGT-RADLOFF, DR. DANIELA KÜLLENBERG DE GAUDRY)

This project is lead by the University Hospital Frankfurt, Dr. Christiane Muth. Aim is the development and validation of the PROPERmed instrument to identify older patients from primary care settings with at least one chronic prescription and one health related problem, which may be at risk for negative health consequences on the basis of individual patient data meta-analysis. This meta-analysis is using individual patient data (IPD) from five cluster-randomized trials (CRT). A prognostic model will predict the outcomes health related quality of life (HQoL), functional status and hospitalization at six months. The project is funded by the Joint Committees 'Innovationsfonds' for 18 months including 10 consortium partners.

SYSTEMATIC REVIEWS AND PROTOCOLS AT CG IN 2017

According to **Cochrane's Goal 1, Producing Evidence**, we build capacity and implemented the methodological developments by conducting systematic reviews at CG. Centre's members were involved in several review projects as lead authors, co-authors or expert advisers.

Full Systematic Reviews

Bollig C, Schell LK, Rucker G, Allert R, Motschall E, Niemeyer CM, Bassler D, **Meerpohl JJ**: Deferasirox for managing iron overload in people with thalassaemia. *Cochrane Db Syst Rev*, 2017; 8 (online): CD007476. : <http://dx.doi.org/10.1002/14651858.CD007476.pub3>

Schmucker C, Blümle A, Schell LK, Schwarzer G, Oeller P, Cabrera L, von Elm E, Briel M, **Meerpohl JJ**: Systematic review finds that study data not published in full text articles have unclear impact on meta-analyses results in medical research. *Plos One* 12(4): e0176210, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5404772/pdf/pone.0176210.pdf>.

Gaertner J, Siemens W, **Meerpohl JJ, Antes G**, Meffert C, Xander C, Stock S, Mueller D, Schwarzer G, Becker G: Effect of specialist palliative care services on quality of life in adults with advanced incurable illness in hospital, hospice, or community settings: systematic review and meta-analysis. *Bmj-brit Med J*, 2017; 357 (online): j2925. : <http://dx.doi.org/10.1136/bmj.j2925>

Hull S, Tailor V, Balduzzi S, Rahi J, **Schmucker C**, Virgili G, Dahlmann-Noor A: Tests for detecting strabismus in children aged 1 to 6 years in the community *Cochrane Db Syst Rev*, 2017 (11) (online). : <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011221.pub2/full#CD011221-bbs1-0001>

Lohner S, **Toews I, Kuellenberg de Gaudry D**, Sommer H, **Meerpohl JJ**: Non-nutritive sweeteners for diabetes mellitus *Cochrane Db Syst Rev*, 2017 (11) (online). : <http://dx.doi.org/10.1002/14651858.CD012885>.

Pottie K, Mayhew AD, Morton RL, Greenaway C, Akl EA, Rahman P, Zenner D, Pareek M, Tugwell P, Welch V, **Meerpohl JJ**, Alonso-Coello P, Hui C, Biggs BA, Requena-Mendez A, Agbata E, Noori T, Schunemann HJ: Prevention and assessment of infectious diseases among children and adult migrants arriving to the European Union/European Economic Association: a protocol for a suite of systematic reviews for public health and health systems. *Bmj Open*, 2017; 7 (9) (online): e014608-e014608. : <http://dx.doi.org/10.1136/bmjopen-2016-014608>

Systematic Review Protocols

Jakob JJ, Schmidt S, Kunath F, **Meerpohl JJ, Blümle A, Schmucker C**, Mayer B, Zengerling F: Degarelix for treating advanced hormone-sensitive prostate cancer (Protocol). Cochrane Database of Systematic Reviews 2017, 2. DOI: 10.1002/14651858.CD012548.

INTERNATIONAL ACTIVITIES & NETWORKING

In 2017, staff of CG was involved in the work of several Cochrane entities and other international initiatives:

- Screening and Diagnostic Methods Group & Statistical Methods Group & Working Group 'Evidence Aid' (Gerd Antes)
- Advisory Board of the Joanna Briggs Institute, Adelaide, Australia (Gerd Antes)
- Cochrane Prognosis Methods Group (Daniela Küllenbergs de Gaudry)
- Cochrane Nursing Network (Sebastian Voigt – Radloff)
- Cochrane Rehabilitation Field (Sebastian Voigt-Radloff)
- Cochrane Centre Directors Executive (Jörg J. Meerpohl)
- Cochrane Steering Group (Jörg J. Meerpohl)
- Editor in Cochrane Hematological Malignancies Group (Jörg J. Meerpohl)
- Cochrane Applicability and Recommendations Methods Group (Jörg J. Meerpohl)
- Cochrane Trainers Network (Jörg J. Meerpohl)
- Advisory Board of Cochrane Child Health Field (Jörg J. Meerpohl)
- Member of Cochrane Statistical Network (Jörg J. Meerpohl)
- Cochrane Adverse Effects Methods Group (Christine Schmucker)
- World Health Organisation (WHO) Nutrition Guidance Expert Advisory Group (Jörg J. Meerpohl)

GRADE CENTER

The **German Grade Center in Freiburg** was established in 2013 and is led by PD Dr. Jörg J. Meerpohl. In 2017 the GRADE Center received funding for work commissioned by the WHO regarding guideline development in relation to non-sugar sweeteners and cooperated with other global partners. The GRADE Center belongs to the 'Institute for Evidence in Medicine (IfEM)' at the University Medical Center and Medical Faculty, which came into life from January 1st, 2018.

Since 2013 the German GRADE Center⁶ is hosted by Cochrane Germany. GRADE⁷ is an international collaboration of researchers aiming to support evidence based decision making in healthcare by strengthening guideline development. The GRADE approach consists of an elaborated system for quality assessment ('grading') of the results of clinical trials, and a structured and transparent framework for moving from evidence to trustworthy recommendations. Many international organizations and institutions have endorsed the GRADE approach and use it for guideline development, amongst others the WHO.

The GRADE Center conducted a basic and advanced seminar from 28.09.-29.09.2017 with 12 (basic) and 15 (advanced) participants.

⁶ de.gradeworkinggroup.org

⁷ www.gradeworkinggroup.org

FURTHER ACTIVITIES

Collaboration with the Clinical Trials Unit



- Promoting the need of systematic reviews as part of an evidence-based study planning in lectures and workshops (e.g. courses for investigators and principal investigators)
- Scientific consulting of study investigators concerning clinical study planning in the context of the totality of evidence
- Providing support for investigators in identifying all relevant evidence concerning their specific research question
- Development and implementation of training modules for study investigators concerning systematic literature search and summarizing and presenting the identified evidence

WORKSHOPS, TRAINING AND EVENTS

In 2017 CG conducted four workshops in Freiburg with an overall number of participants of 149



- “Systematic Reviews and Introduction to Evidence based Medicine”
→ 23/03/2017-25/03/2017: 41 participants
- 05/10/2017-07/10/2017: 29 participants
- “Systematic Literature Search”
→ 06/04/2017-07/04/2017 Basic and Advanced course: 40 participants
- “R-Workshop – statistical evaluation beyond RevMan – Meta-analysis with R”
→ 09/11/2017-11/11/2017: 20 participants

We offered a large number of additional workshops and lectures promoting evidence-based medicine and the Cochrane Library upon request



- In-house workshop for pharmaceutical students
- Courses in literature search and methodology in the context of Systematic Reviews
- Workshops for Media using evidence for ‘non-fake’ health care news

We participated in the teaching of medical students in Epidemiology, Biostatistics and a Master Course on ‘Global Urban Health’ as well in a special course on ‘Scientifically thinking and acting for medical students’.

STAFF IN 2017

Scientific Staff

Gerd Antes	Co-Director	100 %
Jörg J. Meerpohl	Co-Director	100 %
Anette Blümle	Senior Researcher & TSC	100 %
Daniela Küllenberg de Gaudry	Senior Researcher	50 %
Britta Lang (until 2.12.2017)	Senior Researcher	100 %
Ralph Möhler	Senior Researcher	75 %
Christine Schmucker	Senior Researcher	100 %
Sebastian Voigt-Radloff	Senior Researcher	50 %
Karin Bischoff (in Maternity leave from 06/2017)	Junior Researcher	100 %
Claudia Bollig	Junior Researcher	100 %
Katharina Kunzweiler	Junior Researcher	100 %
Valérie Labonté	Junior Researcher	80 %
Harriet Sommer	Junior Researcher	20 %
Ingrid Töws	Junior Researcher	100 %
Maren Fendt	Trainee	
Philipp Kapp	Trainee	
Valerie Wandres	Trainee	

Research Associates with external funding

Gabriel Torbahn	Research Associate	25 %
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Administration and Assistance

Gabriel Torbahn	Research Associate	25 %
Christa Bast	Team Assistant, Website Editor	40 %
Stefanie Keller	Team Assistant	100 %
Georg Koch	Systems Administrator	50 %
Inga Nolle (until 06/2017)	Student Assistant (hourly work)	
Laura Rehner (until 04/2017)	Student Assistant (hourly work)	

Staff of the Cochrane Germany Foundation (from November 2017 on)

Gerd Antes	Scientific Director	50 %
Britta Lang	Executive Director	100 %
Claudia Bollig	Workshops and Translations Coordinator Pharmacy	50 %
Daniela Küllenberg De Gaudry	Methods Expert	50 %
Katharina Kunzweiler	Translations and Article Editor, Coordinator Health Professions	50 %
Ute Kszuk	Team Assistant	90 %
Valérie Labonté	Translations and Article Editor	30 %
Kai Nitschke	Statistical Methods Expert	80 %
Andrea Puhl	Media Officer	70 %
Tobias Leiblein	Student Assistant (hourly work)	
Annika Wenzel	Student Assistant	

CG hosts central staff of Cochrane (Collaboration's German Office)

THE CENTRAL EXECUTIVE TEAM

Chris Mavergames	Director of Web Development)
Martin Janczyk	Web Developer
Paolo Rosati	Web Developer
Daan Wilmer	Web Developer
Lucie Binder (cou)	Senior Advisor to the CEO of Cochrane
Juliane Ried (Innovations)	Translations Coordinator

PUBLICATIONS OF CG STAFF IN 2017

In 2017, the overall publications impact factor of Cochrane Germany as a department of the Medical Center/Medical Faculty of the University of Freiburg was 54.605.

Scientific Publications

Abdul-Khalek RA, Darzi AJ, Godah MW, Kilzar L, Lakis C, Agarwal A, Abou-Jaoude E, **Meerpohl JJ**, Wiercioch W, Santesso N, Brax H, Schunemann H, Akl EA. Methods used in adaptation of health-related guidelines: A systematic survey. *Journal of global health*. 2017;7(2):020412. Epub 2018/01/06. doi: 10.7189/jogh.07.020412. PubMed [PMID: 29302318](#).

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Bollig C, Schell LK, Rücker G, Allert R, Motschall E, Niemeyer CM, Bassler D, **Meerpohl JJ**. Deferasirox for managing iron overload in people with thalassaemia. *Cochrane Database of Systematic Reviews* 2017, Issue 8. Art. No.: CD007476. doi: 10.1002/14651858.CD007476.pub3. [PMID: 28809446](#).

Chen Y, Yang K, Marušić A, Qaseem A, **Meerpohl JJ**, Flottorp S, Akl EA, Schünemann HJ, Chan ES, Falck-Ytter Y, Ahmed F, Barber S, Chen C, Zhang M, Xu B, Tian J, Song F, Shang H, Tang K, Wang Q, Norris SL; RIGHT (Reporting Items for Practice Guidelines in Healthcare) Working Group. A Reporting Tool for Practice Guidelines in Health Care: The RIGHT Statement. *Ann Intern Med*. 2017 Jan 17;166(2):128-132. doi: 10.7326/M16-1565. Epub 2016 Nov 22. [PMID: 27893062](#).

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COCHRANE IN GERMANY

Published protocols and reviews

The efforts of CG, the German Review Groups (see below) and the Germany-based Cochrane working groups⁸ as well as the contributing people in Germany lead to the fact that the number of corresponding authors in Germany contributing to Cochrane Reviews increased from 542 in 2010, to 691 in 2013, and to 966 in 2017 (as of March 2017) (Search filter: Country: Germany; Reference centre: CG; Role in group: Author). Therefore the number of corresponding authors in Germany has doubled since 2010. That fact highlights the increased support of German Cochrane personnel in the conduction of reviews.

In End of 2017, CG was listed as reference centre by 4585 persons (2016: 2800: search filter: Reference centre: CG). 1032 (2016: 645) came from Switzerland, 489 (2016: 237) from Austria, and 85 (2016: 43) from Hungary (Source: ARCHIE, Cochrane author's database, search from 03.03.2017). The strong increase is probably related to projects like 'Cochrane Crowd' and 'Cochrane Membership Scheme'.

Figure 1 shows the number of reviews and protocols with Germany as the country of origin. In February 2017, there are 178 reviews and 82 protocols from Germany.

⁸ <https://www.cochrane.de/de/cochrane-deutschland>

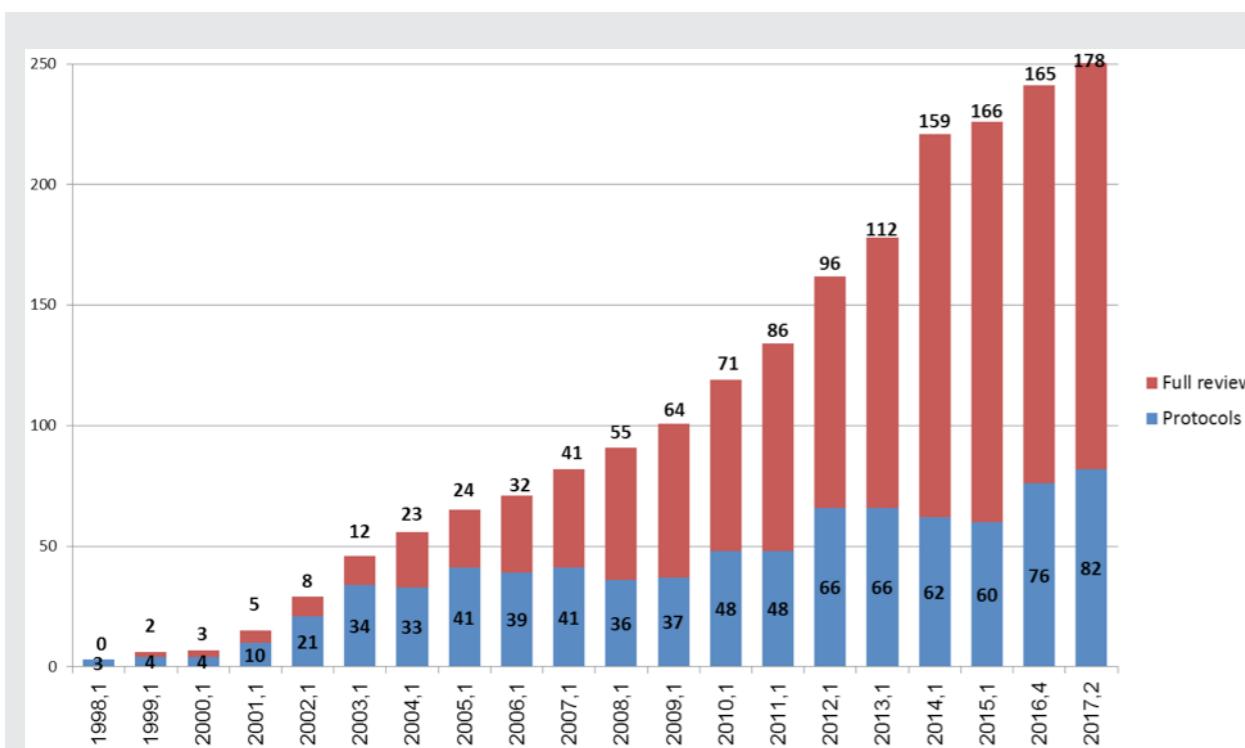


Figure 1: Number of Reviews and Protocols with Germany as 'country of origin' since 1998

The production of reviews with corresponding authors in Germany shows a continuous increase from 1998 until the beginning of 2017. Figure 2 shows the number of published systematic reviews and protocols from Germany, Switzerland, Austria, Liechtenstein, Hungary and the Czech Republic. From the last report there is an increase of published reviews from 178 to 197 in Germany, from 108 to 113 in Switzerland, from 25 to 30 in Austria. No changes in comparison to the last year can be seen in the number of Liechtenstein, Hungary and Slovakia.

Published Reviews by Country Report

The number of Full reviews and Protocols published in The Cochrane Library, Issue 5, 2018 with a contact person from the selected countries.

Country	Published reviews			Published protocols		
	Total	Active	Withdrawn	Total	Active	Withdrawn
Germany	197	192	5	87	75	12
Switzerland	113	111	2	30	25	5
Austria	30	29	1	7	6	1
Liechtenstein	0	0	0	0	0	0
Hungary	2	2	0	1	1	0
Czech Republic	1	1	0	0	0	0
Slovakia	0	0	0	0	0	0
Total for all countries	343	335	8	125	107	18

Figure 2: Number of Full Reviews and Protocols published in the Cochrane Library, Issue 5, 2018.

WEBSITE ACCESS

www.cochrane.de

In 2017, we had 118.627 sessions from 80.192 visitors in total using 386.336 pages. As in previous years, about one third of all visitors were returning.

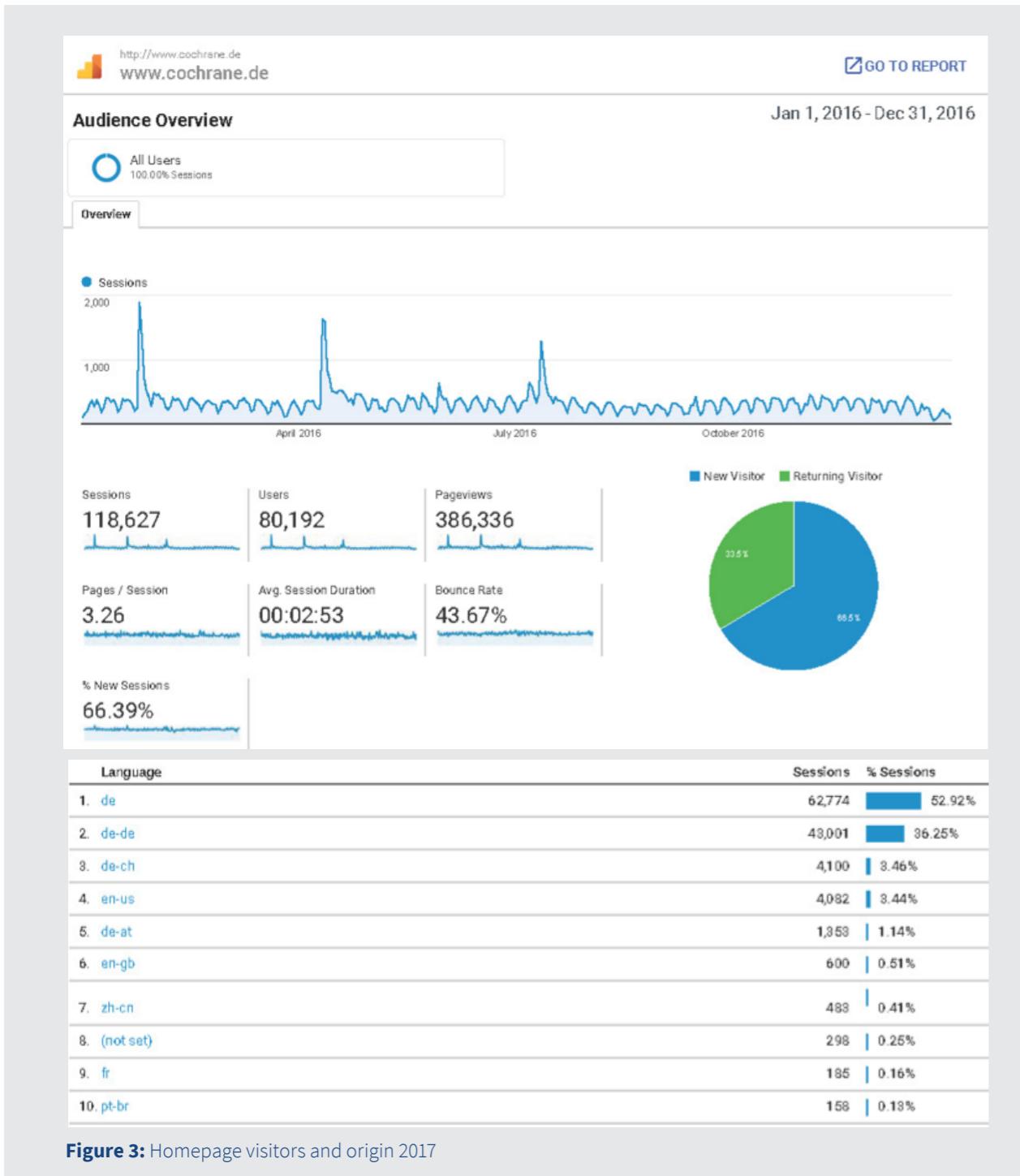


Figure 3: Homepage visitors and origin 2017

Our Top 10 of most visited pages: (ALL PAGES IN GERMAN LANGUAGE)

1. Welcome (see figure 4) – front page
2. What is the Cochrane Library?
3. Who is Cochrane?
4. Redirect to front page (by clicking on logo in header)
5. From evidence to recommendation
6. Events (Workshops)
7. What are Systematic Reviews?
8. Access to Cochrane Library in Germany
9. Team, contact, where to find us
10. Assessing quality or risk of bias in studies



The homepage of the Cochrane Deutschland website features the following elements:

- Header:** Includes the Cochrane Deutschland logo, navigation links (Deutsch, English, Kontakt, FAQs, Impressum, Admin), and a search bar.
- Hero Section:** Headline: "Zuverlässige Evidenz. Informierte Entscheidungen. Bessere Gesundheit." Below it is a large image of hands in gloves holding a small container of pills.
- Navigation Bar:** Über uns, Workshops, GRADE Center, Ressourcen, Cochrane Library.
- Content Area:**
 - Cochrane Blogs:** Links to wissenswirkt.org and evidentlycochrane.net.
 - Cochrane Kompakt:** A section featuring an image of a hand holding a small container of pills and a graphic of a bar chart.
 - Publikationen:** A list of publications and their details, including PMID numbers and abstracts.

Figure 4: Front page Cochrane Germany Website

COCHRANE REVIEW GROUPS BASED IN GERMANY

Cochrane Haematological Malignancies Group (CHMG)



Dr. Nicole Skoetz, Co-ordinating Editor
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The CHMG deals with the evaluation of the diagnosis and treatment of adults with haematological diseases. The main focus is on leukaemia and lymphoma and the care of those suffering from other haematological diseases like aplastic anaemia is also included in the wider scope of the group. In addition, the group evaluates interventions affecting the haematological cell system like stem cell transplantation and haemopoietic growth factors. Finally, supportive care and the management of haematological diseases are also tasks of the Cochrane Haematological Malignancies Group.

Cochrane Metabolic and Endocrine Disorders Group (CMED)



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Since 2000, the CMED has been preparing systematic reviews on the benefits and harms of healthcare interventions for metabolic and endocrine disorders, particularly diabetes mellitus and obesity. The CMED's main area of work is the evaluation of the effects of health care interventions relevant to the prevention, treatment or management, and rehabilitation of metabolic, nutritional and endocrine disorders. The CMED expanded its scope to systematic reviews of diagnostic test accuracy within the same topic areas. The CMED primarily focuses on systematic reviews which evaluate patient-orientated outcome measures. Authors who wish to analyse surrogate outcomes like laboratory parameters may do so but always have to investigate a standard set of patient-orientated endpoints. Exclusive evaluation of surrogate indicators only will not be possible.

GERMAN SPEAKING COCHRANE ENTITIES AND BRANCHES OF CG

AUSTRIAN COCHRANE BRANCH



Cochrane Austria started as Austrian Cochrane Branch in December 2010 as part of [the Department for Evidence-based Medicine and Clinical Epidemiology](#) of the [Danube University Krems](#). Meanwhile it is one of the 19 fully accredited Cochrane Centres.

Main tasks are:

- It provides the basis for evidence-based decisions in the Austrian health system.
- It is supported by Austrian scientists, who provide the means to create science-based and independent medical information in the form of Cochrane Reviews that are available to the Austrian health care and the public.
- It promotes the publication of the Cochrane Collaboration and its importance in the public, aiming at transferring research findings into health care and thereby improving [patient information](#)⁹.
- It organises [workshops](#)¹⁰ for those interested, such as (future, potential) authors of Cochrane reviews as well as employees of the Cochrane Collaboration.
- It is the first point of [contact](#)¹¹ for people interested as well as for employees of the Cochrane Collaboration in Austria.
- It functions as a contact for employees of the Cochrane Collaboration worldwide, and thus facilitates the communication within the Cochrane Collaboration.



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- 9 consumers.cochrane.org
10 www.cochrane.at/workshops
11 www.cochrane.at/team

The Austrian Cochrane Branch is funded by a grant from the [Lower Austrian Health and Social Fund \(NÖGUS\)](#) and supported by the [Danube University Krems](#).

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SWISS Cochrane Branch



The Swiss Cochrane Centre is the branch that is supported by the German, the French, and the Italian Cochrane centres. It is a national network which is located in Lausanne, Switzerland.

The goals of the branch are:



- Promotion of evidence-based medicine and the activities of the Cochrane Collaboration. Cochrane Switzerland supports free access to the Cochrane Library for people in Switzerland
- Information of health care professionals and a broader audience about the usage and the benefits of systematic reviews
- Promotion of projects for creation and updating of systematic reviews referring to questions of the effectiveness of medical interventions

The Swiss Cochrane Branch is funded by the “Institut Universitaire de Médecine Sociale et Préventive (IUMSP), CHUV” and the “Université de Lausanne”.

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Hungarian Cochrane Branch



The negotiations of establishing a Hungarian Cochrane Branch resulted successfully in the official opening of the Branch in October 2014 at the Medical Center of the University of Pécs. Director of the branch is Prof. Dr. Tamás Decsi and the scientific coordinator is Dr. Szimonetta Lohner.

The goals of the branch are:



- To provide information about Cochrane and participate in its international activities
- To train and build capacity for the preparation of systematic reviews, including the preparation and updating of high-quality Cochrane systematic reviews
- To provide language-specific services: e.g. extracting data from Hungarian papers for Cochrane reviews and translating review summaries into Hungarian
- To disseminate the results of Cochrane reviews in Hungary and to support the use of Cochrane reviews by specific user groups
- To facilitate knowledge transfer of high quality healthcare evidence through formal and informal partnerships with relevant stakeholders in Hungary
- To promote access to the Cochrane Library and to Cochrane systematic reviews.

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