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Introduction

Updated systematic reviews of clinical research are essential for rational decision making in health care and for guiding the planning of new research. The Cochrane Collaboration is a registered charity, founded in 1993. Its major product, The Cochrane Library, contains more than 5,000 regularly updated systematic reviews of interventions in health care.

It is a fundamental right that information that is important to the citizens is transparent and available. Few things are more important than having access to reliable information about the benefits and harms of interventions for preventing and treating diseases. Half of the world's population has free access to Cochrane reviews and the other half has free access to abstracts of Cochrane reviews. Furthermore, everyone in the world has free access to all Cochrane reviews 12 months after they have been published or updated.

Cochrane reviews are indexed in PubMed. In 2013, the impact factor of Cochrane reviews was 5.7.

The Cochrane Collaboration engages over 30,000 people. Its organisational structure is described at http://www.cochrane.org/.

We report here the achievements of The Nordic Cochrane Centre for 2013 and the three review groups based in Denmark in relation to our Strategic Plan 2011-15. For general information about the centre, see http://www.cochrane.dk/.

The Nordic Cochrane Centre was established on 13 October 1993. The work of the Centre is evaluated by The Cochrane Collaboration Steering Group. There are branches of the Centre in Finland and Norway, which perform similar work as the Centre but have less formal obligations. Further, we have affiliated centres in Poland and Tatarstan.

In addition to the centre and its branches, five Cochrane groups are based in the Nordic countries: The Hepato-Biliary Group (Denmark), The Colorectal Cancer Group (Denmark), The Anaesthesia Group (Denmark), The Occupational Health Group (Finland) and The Norwegian satellite of the Effective Practice and Organisation of Care Group (Norway).

The Nordic Cochrane Centre and the three groups based in Denmark are financed by the Danish Government. Other funders are listed in our Annual Reports (http://www.cochrane.dk/). We do not accept industry funding.

Citizens in Denmark, Iceland, Norway and Poland, and almost all physicians in Finland, have free access to The Cochrane Library on the Internet, and The Cochrane Library is often consulted in these countries.
Selected achievements in 2013

The Nordic Cochrane Centre contributes substantially to The Cochrane Collaboration, particularly in research and IT development.

Research

The Centre is very strong in research, e.g. in 2011-13, we published 19 papers in “the big six”: BMJ, Lancet, JAMA, Annals of Internal Medicine, PLoS Medicine and New England Journal of Medicine. Much of this research is of a methodological nature, which contributes to improving the quality and reliability of Cochrane reviews, randomised trials and other types of research.

We regularly update around 20 Cochrane reviews performed by staff members and publish new reviews, focusing on issues of major importance for public health or for our national economies.

Selective reporting of favourable results is by far the biggest threat to evidence-based medicine and to the reliability of Cochrane reviews. Published reports of drug trials are not reliable, but generally exaggerate the benefits and downplay or omit the harms. The result of this is unnecessary and harmful treatment of patients, and we therefore continue to prioritise our work with opening up the unpublished data at drug agencies and elsewhere, e.g. at research ethics committees.

Our work led to a major breakthrough with the European Medicines Agency in 2010 (BMJ 2011;342:d2686), which changed the agency's policy from one of extreme secrecy to extreme openness. We now have access to 69 full clinical study reports and the corresponding protocols for placebo controlled trials of antidepressants drugs and have four full-time researchers working with the files. The study reports contain detailed narrative descriptions of the serious adverse effects, and we have found that these events have sometimes been miscoded by the companies so that the main text and the tables of the reports misleadingly downplay the harms, which are further misrepresented for those reports that get published.

From 2010, we are been very active at the political level in the European Parliament and have, through our contacts with MEPs succeeded in influencing the Commission's proposed revision of the Clinical Trials Directive very substantially. This means that rather detailed reports of all new drug trials will become publicly available at the new EU Portal no later than 12 months after the trial was finished. It was a hard battle to get there but it ended as a major victory for those that put patients before profits: The final report was approved by an overwhelming majority on 2 April 2014, with 594 votes to 17, with 13 abstentions.

As another result of these activities, we published a book in 2013 that details the many flaws in drug trials and the pervasive criminal activities, both in research and marketing, in the drug industry, “Deadly medicines and organised crime: How big pharma has corrupted health care.” The book has been translated into Danish and is currently being translated into French, German, Spanish, Finnish, Russian and Korean. We have been contacted by TV crews from six countries that wish to make documentaries based on the book. We see the book as providing important information to the citizens who will become more able to adopt a critical evidence-based view of the drugs they are being offered by their physicians.
We conduct a series of PhD courses of relevance for production of Cochrane reviews and for dissemination of the principles for evidence-based medicine. We also increasingly involve medical students in our research and employed 7 students, each for 6 months, in the beginning of 2014.

We continue to expand our research collaboration with colleagues internationally, primarily with researchers in Canada, France, Norway, UK, and USA. We co-author guidelines setting standards for good reporting of research: CONSORT for trials, STROBE for observational studies, PRISMA for systematic reviews and SPIRIT for protocols (published in 2013).

The Nordic Cochrane Centre itself is also international. Currently, our staff represents eight different nations and three continents, Europe, Africa and Asia.

**IT development**

One of the Nordic Cochrane Centre’s core contributions to Cochrane is to produce two central software tools: RevMan and Archie – together currently known as the Information Management System or IMS. RevMan is the desktop application that gives Cochrane authors a user-friendly interface to write the complex structure of Cochrane reviews. Archie is the central web application where all Cochrane groups manage their members, reviews, documents and editorial workflows. Archie also handles the data delivery to the Collaboration’s publisher and supports the Collaboration’s monitoring responsibilities.

During 2013, the IMS team started to work more closely with the team in Germany that was previously responsible for Cochrane websites, and the teams now operate as one team under the name Cochrane Informatics and Knowledge Management Department (IKMD). The Head directing the technology development for the whole team is Chris Mavergames, based in Germany. This has meant some rearrangements of job functions amongst those team members that the Nordic Cochrane Centre supported. In 2014, an organisational change is expected whereby the employment of the team members will be transferred from the Nordic Cochrane Centre to the Cochrane’s headquarters in the UK.

The IT staff at the Nordic Cochrane Centre currently consists of eight people working in different areas of software management, development, support and testing. We are continuously working on developing new versions of RevMan and Archie, are responsible for the operation of the Archie servers, based in the UK, as well as developing a more user-centric approach for all future technology designs.

The team has set up a new support structure for improvements to technology, called the User Experience Group, and all previous technical committees have been discontinued. We supported the introduction of the first Cochrane Technical Symposium alongside the 2013 Cochrane Colloquium and plan more symposia (http://tech.cochrane.org/cochranetech).

**Dissemination**

We disseminate the results of our own research and those in Cochrane reviews to the public, most often via journalists with whom we have more than 200 contacts a year. As another
example, many articles in Ugeskrift for Læger (the Journal of the Danish Medical Association) comment on Cochrane reviews from a Danish perspective.

**Review Groups in the Nordic region**

**Cochrane Hepato-Biliary Group**

The group was registered on 29 March 1996 and is based in Copenhagen. Issue 12 of The Cochrane Library 2013 contained 162 reviews and 106 protocols. For further information, see The Cochrane Library or [http://ctu.rh.dk/chbg](http://ctu.rh.dk/chbg).

**Cochrane Colorectal Cancer Group**

The group was registered on 27 January 1998 and is based in Copenhagen. Issue 12 of The Cochrane Library 2013 contained 100 reviews and 73 protocols. For further information, see The Cochrane Library or [http://www.cccg.dk/](http://www.cccg.dk/).

**Cochrane Anaesthesia Group**

The Anaesthesia Group (CARG) was registered in February 2000 and is based in Copenhagen. Issue 12 of The Cochrane Library 2013 contained 103 reviews and 115 protocols. For further information, see The Cochrane Library or [http://www.carg.cochrane.org/](http://www.carg.cochrane.org/).

**Cochrane Occupational Safety and Health Group**

The Occupational Safety and Health Group was registered in July 2010 and is based in Kuopio. Issue 12 of The Cochrane Library 2013 contained 10 reviews and 18 protocols. For further information, see The Cochrane Library or [http://www.ttl.fi/partner/cohf/Pages/default.aspx](http://www.ttl.fi/partner/cohf/Pages/default.aspx).

**Norwegian Satellite of the Cochrane Effective Practice and Organisation of Care (EPOC) Group**

The Norwegian EPOC Satellite was launched in Oslo in November 2006. The aim of the satellite is to support review authors in low- and middle-income countries and reviews relevant to such countries, as well as supporting EPOC review authors in the Nordic area. For further information, see The Cochrane Library.

**Nordic Cochrane reviews**

In issue 12, 2013 of The Cochrane Library, 150 reviews and 67 protocols were listed with a Nordic contact address:

<table>
<thead>
<tr>
<th>Country</th>
<th>Reviews</th>
<th>Protocols</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENMARK</td>
<td>75</td>
<td>36</td>
</tr>
<tr>
<td>NORWAY</td>
<td>36</td>
<td>13</td>
</tr>
</tbody>
</table>
Advisory Board for the Nordic Cochrane Centre

The Advisory Board for the Nordic Cochrane Centre provides advice and support about the strategic direction for activities within the Centre. In 2013, the members were:

Doug Altman, Professor of Statistics in Medicine, Oxford, UK  
Gerd Antes, Director, German Cochrane Centre  
Mike Clarke, former Director, UK Cochrane Centre  
Fiona Godlee, Editor-in-Chief, BMJ  
Sine Jensen, Senior Health Adviser, Danish Consumer Council  
Cindy Mulrow, Editor, Annals of Internal Medicine  
Maryann Napoli, Associate Director, Center for Medical Consumers, USA  
Drummond Rennie, Editor, JAMA  
David Tovey, Editor-in-Chief, The Cochrane Collaboration  
Erick Turner, Department of Psychiatry, Oregon Health & Science University

Acknowledgements

The Cochrane Collaboration is registered as a charity and it is the responsibility of all contributors and entities to secure their own funding. The staff at The Nordic Cochrane Centre are grateful for the financial support received from our funders and the voluntary help received from many people and institutions since the Centre was founded in 1993 (see previous Annual Reports and Strategic Plans on http://www.cochrane.dk/). Currently, the funders for The Nordic Cochrane Centre are:

- Cochrane Collaboration  
- Copenhagen University  
- Danish Government  
- Free Research Council  
- Rigshospitalet  
- Wedell Wedellsborg
Publications in 2013 by staff at The Nordic Cochrane Centre

Doctoral thesis


PhD dissertations


Nielsen M. Selective serotonin reuptake inhibitors (SSRI) - sales, withdrawal reactions and how drug regulators reacted to this with benzodiazepines as comparator. København: Eget Forlag, 2013.

Books


New or updated Cochrane reviews and protocols

Christensen M, Lundh A. Medication review in hospitalised patients to reduce morbidity and mortality. Cochrane Database of Systematic Reviews. 2013;2:CD008986.


Journal articles and book chapters


Hróbjartsson A. Why did it take 19 months to retrieve clinical trial data from a non-profit organisation?. BMJ (Online). 2013;347:f6927.


Letters, newspaper articles, book reviews, etc


Gøtzsche PC, Maund E. Re: restoring invisible and abandoned trials: a call for people to publish the findings. BMJ. 2013 jun 21;f2865.

Gøtzsche PC, Skovby Andersen PA, Bilenberg N. [Debat]: Screening for tvangstanker, depression og ADHD?. Ugeskrift for Læger. 2013;175(1):77-78.

Gøtzsche PC. "I don't want the truth, I want something I can tell Parliament!". BMJ. 2013;347:f5222.


Gøtzsche PC. AbbVie considers harms to be commercially confidential information: sign a petition. BMJ (Online). 2013;347:f7569.


Gøtzsche PC. Developing a new drug costs less than $100m, not $900m. BMJ. 2013;346:f398.

Gøtzsche PC. GlaxoSmithKline and Roche won’t disclose their results. BMJ. 2013;346:f819.


Gøtzsche PC. Nye cancermidler er ikke bedre end gamle. Ugeskrift for læger. 2013 sep 9;175(37):2138.

Gøtzsche PC. Roche continues to drag its feet on access to Tamiflu data. BMJ (Online). 2013;346:f3001.


Gøtzsche PC. The drug industry is similary harmful as the tobacco industry. BMJ. 2013;347:f5193.


Gøtzsche PC. Treatment of urinary incontinence with antimuscarinic drugs is pointless. BMJ. 2013;347:f5170.


Gøtzsche PC. Vores forskning om lægemiddelindustrien er veldokumenteret. Ugeskrift for Læger. 2013;175(49):3048-.


Schroll J. Deaths in trials should always be reported. BMJ (Online). 2013;347:f4219.
