**Minutes of the Annual General Meetings of**

**The Cochrane Collaboration and the**

**Collaboration Trading Company Limited**

**on 3 October 2004 in Ottawa, Canada**

***[These minutes were approved on 23 October 2005.]***

**Present** (only the named entity representatives, Steering Group members, Trading Company Directors and Secretariat staff are listed here; other people also attended these meetings): Godwin Aja, Claire Allen, Doug Altman, Gerd Antes, Alison Beamond, Lorne Becker, Sally Bell-Syer, Jesse Berlin, Lisa Bero, Karen Blackhall, Xavier Bonfill, Kathie Clark, Mike Clarke, Rachel Churchill, Jane Cracknell, Mark Davies, Marina Davoli, Jon Deeks, Jane Dennis, Kay Dickersin, Liz Dooley, Carolyn Doree, Susanne Ebrahim, Frances Fairman, Zbys Fedorowicz, Chantelle Garrity, Davina Ghersi, Bill Gillespie, Paul Glasziou, Sally Green, Jeremy Grimshaw, Diane Haughton, Frans Helmerhorst, Sonja Henderson, David Henderson-Smart, Dymphna Hermans, Jini Hetherington (**minutes**), Kate Hey, Ciprian Jauca, Gail Kennedy, Louise Kitchener, Monica Kjeldstrøm, Jos Kleijnen (**Chair, Trading Company AGM**), Toby Lasserson, Tina Leonard, Steff Lewis, Youping Li, Mark Lodge, John MacDonald, Steve McDonald, Tess Moore, Jim Neilson (**Chair, Charity AGM**), Dimitrinka Nikolova, Arne Ohlsson, Jordi Pardo, Sharon Parker, Elizabeth Paulsen, Victoria Pennick, Vanna Pistotti, Jill Porthouse, Michelle Proctor, Barney Reeves, Tracey Remmington, Reive Robb, Caroline Rouse, Nick Royle, Rob Scholten, Silvana Simi, Bernardo Soares, Emma Tavender, Lesley Stewart, Sera Tort, Peter Tugwell, Janet Wale, Elizabeth Waters, Karen Welch, Peer Wille-Jorgensen, Narelle Willis, Timothy Wilt, and Taryn Young.

1. **Welcomes, apologies for absence, and approval of the agenda**Jim Neilson, Co-Chair of the Cochrane Collaboration Steering Group, welcomed everyone to the meeting. Apologies had been received in advance from Peter Langhorne (Trading Company Director), and representatives of the Haematological Malignancies, Movement Disorders, Neuromuscular Disease, Schizophrenia, Upper Gastrointestinal and Pancreatic Diseases Groups. The agenda was approved with the addition of two items of other business: the launch of *The Cochrane Library* on the Wiley InterScience website from Issue 1, 2005, and commercial sponsorship of Cochrane Centres.

**2. Steering Group membership**Jim Neilson thanked the outgoing members of the Steering Group, Gerd Antes, Mike Clarke, David Henderson-Smart and Silvana Simi for their many contributions as members of the Group. Jim welcomed Kathie Clark as Co-Chair of the Steering Group, replacing Mike Clarke. He introduced the incoming new members: Godwin Aja (representing the Consumer Network), Lisa Bero (representing Centres), Zbys Fedorowicz (representing Collaborative Review Groups), Rob Scholten (representing Centres), and Liz Waters and Lorne Becker (in a shared position, representing Fields). Jim explained that Jos Kleijnen would be retiring as Chair of the Trading Company Board of Directors at this meeting. Jos had occupied this position since the Company was established in October 1998, and Jim thanked him for his invaluable input in this capacity over the past six years.

**Approval of minutes of The Cochrane Collaboration’s previous AGM**No amendments were suggested to the draft minutes of the previous meeting held in Barcelona on 29 October 2003. Janet Wale therefore moved their approval, David Henderson-Smart seconded the motion, and it was carried. The minutes should be put onto the Collaboration website.   
**Action: Jini Hetherington**

**JOS KLEIJNEN TOOK OVER AS CHAIR OF THIS PART OF THE MEETING**

**Approval of minutes of the Trading Company’s previous AGM**No amendments were suggested to the draft minutes of the previous meeting held in Barcelona on 29 October 2003. Monica Kjeldstrøm therefore moved their approval, Jordi Pardo seconded the motion, and it was carried. The minutes should be put onto the Collaboration website.   
**Action: Jini Hetherington**

**Annual Report to Companies House**No questions were asked about the Annual Report to Companies House. Jon Deeks therefore moved its approval, Rob Scholten seconded the motion, and it was carried. A copy of the Annual Report should be sent to Companies House in the UK.   
**Action: Jini Hetherington**

**Financial statements for the year to 31 March 2004**No questions were asked about the financial statements. Mike Clarke therefore moved their approval, Kathie Clark seconded the motion, and it was carried. A copy of these statements should be sent to Companies House with the Annual Report.  
**Action: Jini Hetherington**

**Continuing need for a Trading Company**Nick Royle, Chief Executive Officer, explained that the Collaboration Trading Company is registered under UK company law. He had sought legal advice as to whether there is a continuing requirement for charities such as The Cochrane Collaboration to have a trading company in order to receive the royalties, as a wholly owned subsidiary of The Cochrane Collaboration. The Collaboration’s auditors had confirmed that this continues to be necessary under UK company law.

**Resignation of Jos Kleijnen as Trading Company Director, and appointment of Mike Clarke to replace him; number of Trading Company Directors**Jos Kleijnen resigned as Chair of the Directors of the Trading Company. He explained that no-one had come forward from the entities at the previous Annual General Meeting in 2003 to suggest themselves as Director. Therefore, as an ex-member of the Steering Group and ex-Treasurer, Mike Clarke had been approached to replace Jos and had accepted to do so. Jos moved approval of this appointment, Monica Kjeldstrøm seconded the motion, and it was carried. Companies House should be informed.   
**Action: Jini Hetherington**

**Re-appointment of auditors, Mazars LLP**Steff Lewis moved that the auditors, Mazars LLP, be reappointed; Sally Green seconded this motion and it was carried. Mazars LLP should be advised.  
**Action: Jini Hetherington**

**Approval of accounting policies**No questions were asked about the accounting policies adopted by the auditors. Davina Ghersi moved their approval, Lisa Bero seconded the motion, and it was carried. Mazars LLP should be notified of this decision.  
**Action: Jini Hetherington**

**Updating the Articles of Association of The Cochrane Collaboration**Mike Clarke explained that certain amendments to the Articles of Association had been suggested over the past few years, to reflect the current practice in the Collaboration. A draft of the revised Articles of Association had been circulated to entity representatives in early September, and objections and questions had been called for. There had been no objections or questions, and it was agreed that the suggested amendments should be adopted. A copy of the amended Articles of Association should be deposited at Companies House in the UK.  
**Action: Jini Hetherington**

Jos Kleijnen said that this concluded the part of the meeting necessary to fulfil the legal requirements of UK charity law, and handed back to Jim Neilson to chair the open discussion. Jim reminded everyone that should anything need to be taken to a formal vote, the entities are the ‘members ’ of the Collaboration, and therefore the named entity representatives are the only people entitled to vote.

**Any other business:  
  
12.1 Commercial sponsorship of Centres:** Jim Neilson reminded everyone of the many discussions that had taken place on this issue, during and since the Colloquium in Barcelona in 2003. A consultation document had been disseminated throughout the Collaboration at the beginning of December 2003, with a request for people to express their views by the end of January 2004. 156 responses had been received from individuals or groups. At their meeting in Bergamo, Italy, at the end of February 2004, the Steering Group had discussed this issue again at length. A clear consensus had been reached that it was inappropriate for a Cochrane review to be sponsored by commercial sources (as defined in the draft policy document). Because of their proximity to review production, it was also agreed that Collaborative Review Groups, Fields and the Consumer Network should not accept commercial funding; Methods Groups were permitted to receive such funding because of their distance from review production, with the exception of the Screening and Diagnostic Tests Methods Group.   
  
The Steering Group prepared a policy document following their discussions in Bergamo, and this was sent to all entities in April 2004 with an e-mail from Jim Neilson explaining that the Steering Group had undertaken the consultation process and had based the policy document upon this. He read out the following paragraph from that e-mail: "The situation with regard to Cochrane Centres is more complex than for other Cochrane entities. For example, Centres can be both close to review production (like Fields and the Consumer Network) but can also engage in methodological work (like Methods Groups). It was agreed, therefore, that a further, short, period of consultation should take place specifically in relation to the sponsorship of Cochrane Centres by commercial sources." This further consultation took place in April 2004, when a survey, devised by the four Centre representatives on the Steering Group at the time, was sent to all entities asking questions about acceptability or otherwise of commercial sponsorship to Centres.   
  
Partly based on the results of this survey, the Steering Group had decided to discourage Centres from receiving funding in future from commercial sources because they are the public face of the Collaboration. Review production remains insupportable from commercial funds. It had been agreed that there could be circumstances in which commercial funding might be acceptable for certain activities such as translation and methodological work.

Jim Neilson said that the Centre Directors had met two days ago and prepared a statement which he then read out, signed by most but not all of the Centre Directors:  
  
"1) The Center Directors who met in Ottawa on October 1, 2004 recommend a uniform policy prohibiting commercial sponsorship, as defined in the Cochrane policy, not only for Cochrane review groups but for all Cochrane entities.

2) Only one center and no branches currently take commercial funding for any core function. Two other centers take commercial funding for translation.

3) The Cochrane Collaboration Steering Group should fund Center non-core functions through the central foundation or fund, as described in item 17 of the official Cochrane Policy.

One Center Director, Gerd Antes, dissented from this statement."

Jim Neilson said that one Centre Director [Xavier Bonfill] had asked for his name to be removed from the signed statement; he also pointed out that some Directors had been missing from the Centre Directors’ meeting. He encouraged a free discussion at this meeting, avoiding revisiting the discussions that had been held previously. **Ronald Koretz**, Hepatobiliary Group, said that their Group had no vested interest but that the moment money was accepted there would be the appearance of a conflict of interest, and the Collaboration would lose credibility, which it could not afford to do.  
  
**Drummond Rennie**, San Francisco branch of the US Cochrane Center, strongly endorsed the views expressed by the previous speaker. He disagreed that one should only talk about what Centres should do; he said it was very important to discuss the Methods Groups taking money. He said that he speaks with the media every day, and they aren’t interested in differences between the different kinds of Cochrane entity. The question is simply, "Do you take money or don’t you?"   
  
**Michael Bracken**, Neonatal Group, endorsed the last two speakers and asked how the Steering Group intends to evaluate this policy, given its contentious nature? Jim Neilson responded that this had yet to be worked out, and that production of systematic reviews remains the main criterion. He asked for the evaluation process to be described in detail.  
  
**Jeremy Grimshaw**, Effective Practice and Organisation of Care Group, echoed the views already expressed. He said that Centres are often the first point of contact and this is a perceptual issue which is not easy to overcome. He asked for the new Steering Group to reconsider this issue carefully, and for the Collaboration to vote on it.   
  
**Jim Neilson** said that, as with all policies, this would be kept under continual review.

**Jeremy Grimshaw** emphasized that the concern is with ‘now’.

**Peter Gøtzsche**, Nordic Cochrane Centre, said he thought the process of consultation had been obscure. He considered the survey to have been flawed, and thought it had been delivered in a way such as to lead to bias. He had received no response when he had complained about this; he concluded that decisions based on the survey were based on poor evidence. The Centre Directors had not initially been sent the survey results, and when they eventually did see them they were shocked. He said that the outside world (for example, journalists) should be asked for an independent view, and that the Collaboration had the reputation of being the last resort of people who would respond honestly about treatments; he thought this was a slippery slope for the Collaboration and that it would lose respect very quickly. He said that when we do Cochrane reviews we are trying to correct for the many biases in randomised trials. In a way, we are a sort of judge. Think about a judge who receives money from the accused: this is what people would usually call corruption.   
  
**Jos Kleijnen**, PVD Group and ex-Centre Director, said he had been involved in the process that began this debate. He congratulated the Steering Group for the way in which they had dealt with this, and said that there is now a good policy in place for funding of Cochrane reviews. The fluoridation review had been criticised because funding came from the Department of Health in the UK, and he described how publication of that review in the British Medical Journal had been delayed for three weeks at the urging of a senior official because the date of publication coincided with the Labour Party conference; the review had been published three weeks later during the Conservative Party conference instead. Direct production of systematic reviews should have a very clear set of criteria under which any funding can be accepted.  
  
**Alvaro Atallah**, Brazilian Cochrane Centre, said that no money should be accepted from industry or anybody else except a university. He said that the Brazilian Centre had managed without this kind of support and expressed concern that the Collaboration had come to this decision. This funding option is unavailable in developing countries, and we need to search for ways to survive. This is a good opportunity to continue the discussion and decide between good dollars and bad. Five billion dollars a day are spent in the USA on health care. He said he understood the endeavour to define what is ethical and what is unethical, and not just have a split position and loss of support for the Collaboration.  
  
**Bernd Richter**, Metabolic and Endocrine Disorders Group, said he fully supported a ban on commercial funding. With regard to this disagreement between Centre Directors and the Steering Group who made the decision, he was concerned about the democratic structure and the way in which this decision had been reached.  
  
**Gerd Antes**, German Cochrane Centre, said he had been authorised to speak for Alessandro Liberati of the Italian Cochrane Centre who had been unable to come to Ottawa. He said that this discussion was not –evidence-based, more a matter of feeling and emotion. He emphasized two of the Collaboration’s principles: minimising bias and discrimination. He said that the Collaboration website had been developed with commercial funding, and that the Cochrane Prize in Germany had been funded by the same insurance company. He called for transparency rather than decisions based on feelings, consideration of benefit versus harm, and not basing decisions on preconceptions.  
  
**Peter Gøtzsche**, Nordic Cochrane Centre, said that there was plenty of evidence that industry funding is influentia l: one only had to go out and collect it.  
  
**Bert Aertgeerts**, Director of the Belgian branch of the Dutch Cochrane Centre, said that to be truly independent one shouldn’t take any money at all from the pharmaceutical industry.  
  
**Mark Lodge**, Cancer Network, highlighted the fact that while no industrial sponsors were listed on the current Ottawa Colloquium programme, the programmes of most of the eleven previous Cochrane Colloquia clearly showed that they had been supported by the pharmaceutical industry. He said that our organisation is well respected and that its reputation has not been damaged by this sort of sponsorship. It is sometimes possible to go to industry and other areas for funding for meetings to promote Cochrane reviews. We should abide by the policy set by the Steering Group whether we agree or not. However, there is a virtue in having one rule for all entities.

**Xavier Bonfill**, Iberoamerican Cochrane Centre (IbCC), denied that those who accept commercial funding can be called corrupted, as some might extrapolate from Peter's comment about judges. Simplification should be avoided. He said that the IbCC accepts money from a drug company to translate *The Cochrane Library* into Spanish. It got this sponsorship in 1998 and national provision was not given to Spain by the Health Ministry until the Barcelona Colloquium in 2003. Commercial sponsorship for this initiative is explicitly acknowledged, accepted by the Health Ministry, and vital to making the evidence available to Spanish speaking people worldwide. The ideal would be to have non-commercial funding but we need the current funding in order to translate the evidence. He said that the text is translated independent of the sponsor’s interests. This is no different from what happens in the medical journal world: the same process and arguments are followed. He asked the Steering Group to allow everyone to use commercial funding for translating if necessary.  
  
**Andrew Herxheimer**, DipeX, said he agreed with most of what had been said. Gerd Antes’ example supported the argument that in countries with publicly funded health services it is easier to accept support; the UK Cochrane Centre is supported by the NHS, and similar things happen in various other countries. In Germany, the Netherlands and several other countries the health insurance system is partly privatised, but it is in the interests of all health insurance systems to find and evaluate the best treatments in a responsible and reliable way. There is therefore no conflict of interest between these systems and the Collaboration. Specific situations can be judged in a way that separates conflicts of interest from a congruence of interests, such as in the German situation.  
  
**Drummond Rennie** said that he disagreed totally with Gerd Antes. He said that the influence of money has been thoroughly investigated, and that the pervasive effects of money do bias research.   
  
**Kay Dickersin** moved formally that the Steering Group should reconsider their decision and called for a vote as soon as possible. This was seconded by Liz Whamond.   
***[Post hoc note: The Consumer Network had not nominated anyone to represent them at the AGMs, and therefore Liz Whamond was ineligible to second the motion, but others also expressed their willingness to do so.]*   
  
Jim Neilson** said that the strength of feeling on this issue had already been made very clear to the Steering Group.  
  
**Christian Gluud**, Hepatobiliary Group, said that conclusions in randomised controlled trials are heavily influenced by commercial funding. He said that translations should not be done with support from the pharmaceutical industry as this could certainly have an impact on what was said in the translations. The Collaboration would not like to see the day where we were really corrupted by that industry. He asked the Steering Group to consider this when revisiting their decision.  
  
**Jim Neilson** explained again that there had been very lengthy discussion already on this issue without it being possible to reach universal agreement.  
  
**Jos Kleijnen** reminded everyone that the entity representatives are the only people entitled to vote, but that they might need to have discussions with those they represent before voting on anything.  
  
**Kay Dickersin** asked if the Steering Group represented the points of view of their constituencies when they placed their vote.   
  
**Jim Neilson** said the members of the Steering Group had done their best to do so. He stressed that members of all entities had been free to express their opinion about the funding of Collaborative Review Groups, and had had the same opportunity to do so about the funding of Centres.  
  
**Hywel Williams**, Skin Group, said that this is an emotive issue and that perceived independence is so important. Conflict is a condition, not a behaviour. We will be competing against other initiatives in this important perceived independence.  
  
**Jim Neilson** confirmed that the Steering Group would revisit this issue at their meeting the following day.

**Mike Clarke**, Director of the UK Cochrane Centre, said that everyone should be clear about what the Steering Group is being asked to do. Are they being asked to discuss this issue again, taking account of the comments made here today, as they did in Barcelona last year? Or is the Steering Group being asked to change its decision?   
  
**Kay Dickersin** said there had been a misunderstanding about the survey and who had received the results. She asked whether the Steering Group would reconsider the issue in the light of information that had not been available at the time it was first considered.  
  
**David Henderson-Smart**, Neonatal Group, asked whether the Steering Group was being asked to reconsider the Methods Group decision as well?

**Kay Dickersin** agreed that this was the request.

**Mike Clarke** said that all entities, not just those present at the AGM, might wish to take part in these discussions, and forward the results to the Steering Group. The process had already involved a great deal of discussion in Barcelona, release of a document a few months later, expressions of many views and, on the basis of those views, the Steering Group had discussed the issue and had tackled the difficult task of reaching a decision.  
  
**Kay Dickersin** amended the motion to limit it to Centres.  
  
**Peter Gøtzsche** said he would prefer a uniform policy for all types of Cochrane entity, and asked the Steering Group to abandon the decision they had made two days ago.

**Jeremy Grimshaw** asked whether a Collaboration-wide vote should be called for, and a decision on the sponsorship policy should be suspended. He was concerned that the Collaboration’s good name would be tarnished if Centres were to receive commercial funding.

**Barney Reeves**, Non-Randomised Studies Methods Group, said he was baffled that Methods Groups were exempted from the current policy, as most of them also work with Collaborative Review Groups, and therefore the way they work and are funded is not so distant from the activities of Collaborative Review Groups.

**Luis Gabriel Cuervo**, BMJ Clinical Evidence, asked where one draws the line on what constitutes commercial funding. He asked whether one should work with the World Health Organization? He reminded everyone that we are talking about ceasing to translate The Cochrane Library into Spanish, which would be catastrophic for people in Spanish-speaking countries. He asked for evidence about how the translation system works. He said we would be excluding people in developing countries, and that there was a danger that this decision would be influenced by individuals out of touch with people in those countries.

**Jim Neilson** clarified that organisations such as WHO and BMJ were excluded from the definition of commercial sources.

**Paul Glasziou**, Applicability and Recommendations Methods Group, supported Jeremy Grimshaw ’s suggestion that the decision be suspended. This needs wide representation and discussion. He said that the process should be to take a vote, and moved an amendment to Kay’s motion to ask the Steering Group to suspend their current decision, and to vote on that.

**Mike Clarke** asked for clarification about what people wanted to suspend. He said that the current discussion was about banning sponsorship, but before the existing policy, commercial sponsorship had been allowed and had existed. He said that it continues to be allowed for Centres because there was no decision in the policy document about Centres. The policy agreed in early 2004 had greatly tightened, not relaxed, scope for receiving commercial sponsorship.

**Paul Glasziou** was grateful for the clarification that the policy was a tightening, not a loosening of the position in regard to sponsorship. He said that options should be developed, and a referendum should be held, rather than this decision being left to the Steering Group.

**Gail Kennedy**, HIV/AIDS Group, said that many people in the room would like to have a say on this issue. She called for a clear and overarching policy that includes all entities.   
  
**Mark Lodge** said it had taken many years to develop a democratic system through elected representation on the Steering Group. If we are talking about a referendum this is often a way of absolving oneself from the democratic process. He said that members of Fields did not like the Steering Group decision but would abide by it. The current confusion arose out of a ‘glitch’ with the Centre Directors holding their meeting at the same time as the Cochrane Collaboration Steering Group meeting. No decision should be made in this room that imposes a decision on the Steering Group.

**Jim Neilson** repeated that this issue would be discussed at the Steering Group meeting the following day.

**Kay Dickersin** restated the motion calling for the Steering Group to reconsider the issue of commercial funding as defined in its policy document for all entities other than CRGs (the existing policy, not just Centres). Votes were taken by calling out the names of the authorized entity representatives, and the motion was carried by a clear majority (50 votes for the motion, 5 votes against, and 2 abstentions).   
*[Post hoc note: See the appendix to these minutes for a list of the 57 out of 84 entities who were represented at this meeting.]*

**12.2 Availability of *The Cochrane Library* on Wiley InterScience:** Jim Neilson announced that the Steering Group had given John Wiley and Sons permission to issue three months’ notice to Update Software on 1 October 2004, and that the Internet version of *The Cochrane Library* would be available solely on the Wiley InterScience website, and not the Update Software website, from Issue 1, 2005 onwards. The Update Software CD-ROM version of *The Cochrane Library* will remain available for at least a further issue after their Internet version of *The Library* is 'retired' from use, providing a fall-back position should unexpected problems occur with the Wiley Internet version. The Wiley CD-ROM version of *The Cochrane Library* will ultimately replace the Update Software CD-ROM version when it has been adequately tested by members of Cochrane entities, the Cochrane Library Users' Group and others, and is judged to be ready for sign-off. No date can yet be given for this, as it is dependent on developments with the CD-ROM product and subsequent testing and verification.

*The meeting lasted for one and a half hours.*

**Appendix: Entities (members) of The Cochrane Collaboration**

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| **Type of Entity Represented**  **at 2004 AGMs** |
| **Collaborative Review Groups (50):** |
| 1. Airways Group |
| 2. Anaesthesia Group |
| 3. Acute Respiratory Infections Group |
| 4. Back Group |
| 5. Breast Cancer Group |
| 6. Colorectal Cancer Group |
| 7. Consumers & Communication Group Apologies |
| 8. Cystic Fibrosis and Genetic Disorders Group |
| 9. Dementia and Cognitive Improvement Group |
| 10. Depression, Anxiety and Neurosis Group |
| 11. Developmental, Psychosocial and Learning Problems Group |
| 12. Drugs and Alcohol Group |
| 13. Ear, Nose and Throat Disorders Group |
| 14. Epilepsy Group |
| 15. Effective Practice and Organisation of Care Group |
| 16. Eyes and Vision Group Apologies |
| 17. Fertility Regulation |
| 18. Gynaecological Cancer Group |
| 19. Haematological Malignancies Group Apologies |
| 20. Heart Group |
| 21. Hepato-Biliary Group |
| 22. HIV/AIDS Group |
| 23. Hypertension Group |
| 24. Incontinence Group Apologies |
| 25. Infectious Diseases Group |
| 26. Inflammatory Bowel Disease Group |
| 27. Injuries Group |
| 28. Lung Cancer Group |
| 29. Menstrual Disorders and Subfertility Group |
| 30. Metabolic and Endocrine Disorders Group |
| 31. Methodology Review Group |
| 32. Movement Disorders Group Apologies |
| 33. Multiple Sclerosis Group Apologies |
| 34. Musculoskeletal Group |
| 35. Musculoskeletal Injuries Group |
| 36. Neonatal Group |
| 37. Neuromuscular Disease Group Apologies |
| 38. Oral Health Group |
| 39. Pain, Palliative and Supportive Care Group |
| 40. Pregnancy and Childbirth Group |
| 41. Prostatic Diseases and Urologic Cancers Group |
| 42. Peripheral Vascular Diseases Group |
| 43. Renal Group |
| 44. Schizophrenia Group Apologies |
| 45. Sexually Transmitted Diseases Group Apologies |
| 46. Skin Group |
| 47. Stroke Group |
| 48. Tobacco Addiction Group |
| 49. Upper Gastrointestinal and Pancreatic Diseases Group Apologies |
| 50. Wounds Group |
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| **Fields/Networks (11):** |
| 1. Cancer Network |
| 2. Child Health Field Apologies |
| 3. Complementary Medicine Field Apologies |
| 4. Health Care of Older People Field Apologies |
| 5. Health Promotion and Public Health Field |
| 6. Neurological Network Apologies |
| 7. Occupational Health Apologies |
| 8. Pre-hospital and Emergency Health Field Apologies |
| 9. Primary Health Care Field Apologies |
| 10. Rehabilitation and Related Therapies Field |
| 11. Vaccines Field Apologies |
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| **Consumer Network** Apologies |
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| **Methods Groups (10):** |
| 1. Applicability and Recommendations Methods Group |
| 2. Economics Methods Group Apologies |
| 3. Health-Related Quality of Life Methods Group Apologies |
| 4. Individual Patient Data Methods Group |
| 5. Non-Randomised Studies Methods Group |
| 6. Prospective Meta-Analysis Methods Group |
| 7. Qualitative Research Methods Group Apologies |
| 8. Reporting Bias Methods Group |
| 9. Screening and Diagnostic Tests Methods Group Apologies |
| 10. Statistical Methods Group |
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| **Cochrane Centres (12):** |
| 1. Australasian Cochrane Centre  2. Brazilian Cochrane Centre  3. Canadian Cochrane Centre  4. Chinese Cochrane Centre  5. Dutch Cochrane Centre Apologies  6. German Cochrane Centre Apologies  7. Iberoamerican Cochrane Centre  8. Italian Cochrane Centre  9. Nordic Cochrane Centre  10. South African Cochrane Centre  11. UK Cochrane Centre  12. US Cochrane Center |
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| **Total number of entities: 84** |