

Governing Board Internal Candidate Statement

Please note that both this Internal Candidate Statement and the Letters of Support you provide **will be published on the Cochrane Community website** during the elections process, and the Internal Candidate Statement will remain on the website against the names of the new members for the duration of their terms on the Board. For this reason, this document template must be used for candidate statements; and full addresses, email addresses and/or unencrypted e-signatures excluded from Letters of Support. Photographs (including personal headshots) must not be included.

Please submit this Internal Candidate Statement in Word format by the stated deadline. It should be shared beforehand with the two nominators writing your Letters of Support.

Family name (surname):	Dellavalle
First name(s):	Robert
Today's date:	9 June 2017

You may expand the boxes in providing your answers to the questions below:

1. Do you have experience or expertise in one or more of the published list of essential areas of expertise for members of the Governing Board?

Yes, I have experience and expertise in several of the areas. My experience includes working as the deputy coordinating editor for *Cochrane Skin*, organising the 2010 Cochrane/Campbell Joint Colloquium in Keystone, serving as GRADE methodologist for World Health Organization (WHO) Guidelines on HIV skin disease in 2014, and conducting research bridging Cochrane with the Institute for Health Metrics and Evaluation.

- Evidence-informed health care or policy

Since 2004 I have led the dermatology service of the Denver Department of Veterans Affairs (VA) Medical Center which treats more than 15,000 patients annually, and since 2010 I have chaired the Dermatology Field Advisory Committee of the VA Health Care System--the largest health care system in the USA with more than 9 million enrolled persons.

In these roles, I help implement evidence-based dermatologic care policies such as determining whether a new medication for psoriasis should be included on the national VA formulary or deciding upon criteria for performing specialized micrographic surgery (Mohs) for skin cancer instead of standard surgical excision.

- Editorial policy and publishing

I have authored more than 225 PubMed cited publications and edit 85 chapters in the most used medical text in the world, *UpToDate*. I also serve as an editor for *Cochrane Skin*, *Journal of the American Academy of Dermatology (JAAD)*, and the third edition of *Evidence-Based Dermatology*. My research team has published research on editorial policy in *Science*, *Nature*, and other academic journals. I serve as the senior editor for selected reviews in the *Cochrane Skin* portfolio of reviews.

- Consumer engagement

I collaborate with consumers to create patient decision aids and develop patient-relevant outcome measures for skin disease. For more than a decade I have endorsed increasing consumer engagement both inside and outside the Collaboration (See: Collier A, et al., “A win-win proposition: Fostering US health care consumer involvement in the Cochrane Collaboration Skin Group.” *J Am Acad Derm* 2005;53:920).

- Systematic review conduct

I have led systematic reviews on a number of dermatology questions including skin cancer prevention, atopic dermatitis genetics, and cannabinoid use for skin disease.

- Systematic review methodology

My research team has characterized the quality and content of *Cochrane Skin* systematic reviews and in 2014 I served as a GRADE methodologist for the WHO guidelines on the treatment of skin and oral HIV-associated conditions in children and adults. See:

http://www.who.int/maternal_child_adolescent/documents/skin-mucosal-and-hiv/en/

- Knowledge translation and communication

Examples of my skills in this realm include disseminating IHME Global Burden of Disease Project findings (<http://methods.cochrane.org/prioritysetting/global-burden-disease-gbd-cochrane-project>), evaluating the use of new medical technology (e.g. teledermatology, direct patient care apps, cross polarized light photography), founding the Facebook page of the *JAAD* with more than 30,000 likes, and developing patient decision aids for the treatment of skin diseases.

- Financial management in the not-for-profit sector

I have served as a trustee of the board of the Denver Botanic Gardens and as president of the Colorado Dermatologic Society and other dermatology societies. All of these organizations maintained a positive budget balance during and after my tenure. The 2010 Cochrane Colloquium I organized garnered one of the largest budget surpluses in the history of the meeting.

- Organisational governance

Over a 3-year period I organized the 2010 Cochrane/Campbell Joint Colloquium in Keystone (800 attendees). Since 2013 I have chaired the Colorado Skin Cancer Task force which coordinates skin cancer prevention efforts for the state of Colorado.

2. How have you contributed to Cochrane’s work during your time as a member?

My Cochrane related efforts have been focused at both US and global levels. They include conducting and evaluating systematic reviews, serving on Cochrane committees, presenting at Colloquia and publishing research, hosting the 2010 Colloquium in Keystone, and serving as a GRADE methodologist for the WHO guidelines on HIV skin and mucosal diseases in 2014.

My five most cited, Cochrane-related publications according to Google Scholar are:

[Statins, fibrates, and melanoma risk: a systematic review and meta-analysis](#)

SR Freeman, AL Drake, LF Heilig, M Graber, K McNealy, LM Schilling, RP Dellavalle, Journal of the National Cancer Institute 98 (21), 1538-1546, 2006

[Systematic reviews: grading recommendations and evidence quality](#)

JK Robinson, RP Dellavalle, M Bigby, JP Callen Archives of Dermatology 144 (1), 97-99, 2008

[Cochrane Skin Group systematic reviews are more methodologically rigorous than other systematic reviews in dermatology](#)

A Collier, L Heilig, L Schilling, H Williams, RP Dellavalle British Journal of Dermatology 155 (6), 1230-1235, 2006

[Global burden of skin disease as reflected in Cochrane Database of Systematic Reviews](#)

C Karimkhani, LN Boyers, L Prescott, V Welch, FM Delamere, M Nasser, Amrapali Zaveri, Roderick J Hay, Theo Vos, Christopher JL Murray, David J Margolis, John Hilton, Harriet MacLehose, Hywel C Williams, RP Dellavalle JAMA Dermatology 150 (9), 945-951, 2014

[Assessing evidence-based dermatology and evidence-based internal medicine curricula in US residency training programs: a national survey](#)

RP Dellavalle, DL Stegner, AM Deas, EJ Hester, MH McCeney, LA Crane, LM Schilling Archives of Dermatology 139 (3), 369-372, 2003

My most lasting legacy has been expanding Cochrane outreach to my professional medical association, the American Academy of Dermatology (AAD). During my tenure as AAD guidelines committee chair, the AAD initiated support for a Cochrane AAD Scholarship that pays for two dermatologists a year to attend the Cochrane Colloquium. See: www.aad.org/members/awards/aad-cochrane-scholarship

These Cochrane AAD scholars pledge to work on systematic reviews for AAD guidelines. They network and receive systematic review methodology training at the meeting, and ultimately increase the evidence-based medicine workforce within my medical professional society in key leadership roles.

3. What experience do you have in leadership and/or governance roles within Cochrane and in other relevant contexts? Can you provide examples of successful leadership?

The 2010 Campbell/Cochrane Joint Colloquium I organized had 800 participants, provided accredited continuing medical education credits, and generated a large surplus for the Collaboration. The 2010 *Cochrane Skin* Annual meeting I organized addressed the theme of Comparative Effectiveness Research, had 60 participants, and was funded by a conference grant from the US NIH.

The 2016 World Congress of Dermatoepidemiology I organized had 77 participants, provided accredited continuing medical education credits, was funded by a conference grant from the US NIH, and did not

rely on any industry funding. The dermatology service I lead at the Denver VA Medical Denver has been cited as one of the most efficient dermatology services in the nation.

4. What do you think would make you an effective member of the Board?

I care deeply about Cochrane and its mission, particularly within the US where I see it losing ground. I recognize that Cochrane's prominence is under siege in other countries as well such as Canada. My experience in building support for Cochrane in the challenging, less-friendly US environment may provide insights for broader global approaches.

I greatly enjoy sharing my passion for Cochrane by mentoring and funding resident physicians to present research at Colloquia. I am open-minded, collaborative, and democratic while my medical and research experience provide rich environments for proactively promoting and evaluating evidence-based health care practice.

5. How do you see Cochrane developing or changing in the future (i.e., what is your 'vision' for Cochrane), and why?

I see Cochrane producing and promoting high quality systematic reviews with state of the art methodology using crowd sourcing and artificial intelligence to increase efficiency. Cochrane has been at the front of the curve for a while in this realm and needs to remain there.

I envision Cochrane partnering with and leading a collaborative of global health institutions and funders including the WHO, the Bill and Melinda Gates Foundation, the Guidelines International Network, The Campbell Collaboration, the International Society for Evidence-based Health Care, and the Joanna Briggs Institute to pursue common goals and big data solutions to improve health care outcomes and efficiency and while broadening diversity and outreach.

My vision for the Cochrane Library is to witness its elevation to the level of *Nature* and *Science* while outperforming those scientific standards in the popular press and social media.

6. What do you see as the most important issues to be addressed by the Board during your term of office?

Cochrane must maintain systematic review quality while speeding production and continue to lead development of systematic review methodology in areas such as network meta-analysis, individual patient data analysis, and targeted review updates.

This will include even greater emphasis on prioritisation and working smarter, not harder, on the reviews that evidence users need most.

Cochrane should deepen its international partnerships the WHO, Bill and Melinda Gates Foundation, Campbell Collaboration, the Guidelines International Network, The Campbell Collaboration, the International Society for Evidence-based Health Care, and the Joanna Briggs Institute.

And reach out to other leading international health organizations including the World Bank. United Nations Children's Fund. United States Agency for International Development. Centers for Disease Control and Prevention (CDC), Doctors Without Borders/Medecins Sans Frontieres, and CARE International.

Other key issues include improving prioritization of research efforts and resource utilization, promoting sustainability while increasing open access and transparency, maintaining diversity in the face of increasing nationalism, and continuing to build on excellent branding and media outreach.

7. For individuals seeking re-election, how have you contributed to the Board during your previous term of office?

Not applicable.

8. Is there anything else you would like to say in support of your nomination?

The Collaboration has meant a great deal to me throughout my personal and professional development. I would be very honoured to now make additional contributions to Cochrane by serving on its the Board of Governors.

I enjoy talking with the media about health care issues. Two recent news clips are:
 REVEAL camera demonstration with Gary Shapiro, Channel 9News, May 9, 2017. <http://www.9news.com/mb/life/what-you-need-to-know-about-skin-cancer/438083060>
 Topical cannabinoids in for skin disease. CBS 4 Kathy Walsh, April 18, 2017. <http://denver.cbslocal.com/2017/04/18/cannabis-creams-skin-disease/>

I look forward to seeing you in Cape Town where my collaborators and I will present an abstract on optimizing observational data with The Observational Health Data Sciences and Informatics (www.OHDSI.org) collaborative.

We hope to conduct workshops on dermatology patient decision aid development and on research prioritization incorporating global burden of disease data. Both workshops are currently still on the waiting list.

Lastly, I would like to thank the Collaboration for allowing me to join its important work for so many years and form so many valuable friendships along the way!

Declaration of Interest statement:

Candidates must make a declaration of conflict of interest, including financial or nonfinancial relationships with other organizations, professional relationships to other members of the Board, and other Boards she/he may sit on. In writing this statement, candidates should refer to Cochrane’s [conflict of interest policy](#) and the [declarations of existing members of the Board](#).

Please answer the following questions:

1. Financial interests In the last three years, have you:	Yes/No (If yes, please provide details)
a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from Cochrane or a related organization (i.e. any organization related to health care or medical research) to conduct research?	Yes. Last 5 years: NIH, CDC, Melanoma Research Foundation, Colorado Cancer Coalition, Colorado Dept. of Health and Environment, University of Colorado, US Dept. of Veterans Affairs, Pfizer Pharmaceuticals (grant to independently develop patient

	decision aids for skin diseases—the grant sponsor has no control over the research design or publication).
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	No.
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	Yes. For lecturing at Northwestern University in 2016. Travel expense reimbursement from WHO (for guidelines work in 2014) and IDEOM and DERMACON in 2017.
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	Yes - I have served as a trustee for the Colorado Dermatologic Society in 2016 and on the editorial board of several medical journals.
e) Possessed share-holdings, stock, stock options, equity with a related organization (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)?	No.
f) Received personal gifts from a related organization?	No.
g) Had an outstanding loan with a related organization?	No.
h) Received royalty payments from a related organization?	Yes. Royalties from <i>UpToDate</i> and for the 3rd edition of the textbook <u><i>Evidence-BasedDermatology</i></u> . Editorial stipends from the <i>Journal of the American Academy of Dermatology</i> and the <i>Journal of Investigative Dermatology</i> .
2. Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest?	Yes. Every health care issue and decision has winners and losers that may in some way affect the care of my patients even though I am a practicing physician on a fixed salary.



Professor Lisa Bero

Chair of Medicines Use and Health Outcomes

Charles Perkins Centre

THE UNIVERSITY OF SYDNEY

2 June 2017

Dear Colleagues,

I suggested to Robert (Bob) Dellavalle that he stand for a seat on the Cochrane Governing Board, and I am writing to support his nomination. Bob is a board-certified, practicing dermatologist keenly interested in public health and providing the best evidence both to his patients and to the larger communities he serves as a Professor of Dermatology and Public Health at the University of Colorado School of Medicine and the Colorado School of Public Health.

I have known Bob since 2001 when we met at the Rocky Mountain Evidence Based Health Care Conference in Vail, Colorado. I enjoyed Bob's thoughtful comments in our small group learning groups, especially when he was successful at using evidence to turn around years of entrenched clinical beliefs. Since then I have seen Bob at Colloquia (we now have a tradition of taking our pictures together at the Colloquium formal gala) and at the Peer Review and Biomedical Publication Congresses. I have followed the growth of his Cochrane-related activities and responsibilities.

From 2008 to 2010 we worked closely in the planning of the Keystone Cochrane/Campbell Joint Colloquium. At the time, I led the US Cochrane West Coast Center and advised Bob not to take on planning the Colloquium! He disregarded that advice and we conferenced monthly to work on attracting the best speakers for the Colloquium and were successful in attracting some real stars including Patricia Schroeder, Ida Sim, and Bob Wachter. These speakers all received very positive evaluations. I was impressed with Bob's easygoing yet efficient management of the Colloquium that highlighted maximal diversity among the speakers and unique opportunities to broaden those attending such as students being able to volunteer at the event to offset part of their registration fees and special outreach to consumer and first time attendees. In recent years Bob has spearheaded collaborative research between Cochrane and University of Washington's Global Burden of Disease (GBD) project funded by Bill and Melinda Gates examining how GBD data can aid research prioritization within the Collaboration.

Over the years I have watched Bob's understanding of the Collaboration expand and mature from his experiences having been a systematic review author,



skin group editor, WHO guidelines consultant, meta-analysis researcher, consumer involvement advocate and regular Colloquium presenter. As his statement and track record clearly demonstrate, Bob ticks many of the boxes that the Governing Board is looking for in terms of expertise:

- Evidence-informed health care or policy
- Editorial policy and publishing
- Consumer engagement
- Systematic review conduct
- Organizational governance

Importantly, Bob also has the personal skills needed to function as a highly effective member of the Governing Board. He is deeply committed to Cochrane, which is demonstrated by his ability to expand his Cochrane activities and recruit others in the often Cochrane-unfriendly environment in the United States. He is a problem solver and good listener. He looks to the future and highly effective in working with diverse communities.

I most highly recommend Bob without reservation and I have every confidence that he will make an excellent and innovative, open-minded and open-hearted Board member.

Sincerely,

Professor Lisa Bero, PhD
Chair, Medicines Use and Health Outcomes

Co-Chair, Cochrane Governing Board



Our ref : HCW/SMW
Your ref :

Tel: +44(0)115 8231048
Fax: +44(0)115 8231046
Email: hywel.williams@nottingham.ac.uk

2nd June 2017

Dear Cochrane Colleagues,

I am proud to support the nomination of **Robert Dellavalle** for a seat on the Cochrane Governing Board.

I first met Bob in 2000 when he led and published a Cochrane systematic review on melanoma chemoprevention with our Cochrane Skin Group. I was impressed by the novel methods his group used that included examining patient level data for revealing a positive unexpected side effect in longstanding commonly used drug therapy. Bob subsequently served the Skin Group as an editor which he still does to this day. He has supported me by acting as the Deputy Co-Ordinating Editor of Cochrane Skin, stepping in to make key editorial decisions when I am conflicted. He has been responsive and has made wise decisions in this capacity. He has shown a genuine interest in the contribution that systematic reviews can make to patient care, and has published work with his group in Denver examining the quality and scope of Cochrane Skin Group systematic reviews and characterizing the emerging role of our consumers. As you see from his application, Bob has also shown a sustained interest in working with patients and in producing decision aids for shared decision-making. Since 2000 he has attended and presented research at all of the annual Cochrane Colloquia.

I think Bob's *breadth* of Cochrane experience gives his application strength and an extraordinary ability to relate to and support others.

Specifically:

- (i) Bob organized a fantastic Joint Cochrane and Campbell Collaborations Colloquium in 2010 in Keystone Colorado that was a scientific, social and financial success
- (ii) He has had hands-on experience in writing reviews and working with other team members
- (iii) He has been a forthright leader of Cochrane Skin Group activities in the US as evidenced by hosting the Skin Group Annual meeting in Denver on the theme of Comparative Effectiveness research in 2010. As Chair of the American Academy of Dermatology's Guidelines Committee, he successfully persuaded his professional medical organization to establish in 2014 a Cochrane training fellowship that pays for two dermatologists to attend the Cochrane Colloquium annually to network, train, and build the systematic review workforce in dermatology especially in the field of guideline development
- (iv) He has a genuine international conscience and has served as a Cochrane Diplomat to other global health institutions including serving as the GRADE methodologist for the WHO HIV skin and oral

mucosa disease guidelines in 2014, and UpToDate skin section editor, and as an Institute for Health Metrics and Evaluation Global Burden of Disease collaborator

(v) Bob has a broad profile of research and interest in new ways of doing things especially regarding scientific communication and the use of social media. These aspects of Bob's expertise are energizing and refreshing for an organization like Cochrane going forward.

I can't think of many who have worked on so many levels in and for the Cochrane Collaboration as Bob. Perhaps most importantly, Bob is a very decent and likeable person who has good ideas, integrity, is solution-oriented, is a good team player and has good listening skills. I am confident that he would do a good job, he would enjoy doing the job, and you would enjoy his contribution.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Hywel', with a stylized flourish at the end.

Hywel C. Williams DSc, FMedSci, NIHR Senior Investigator Emeritus

Professor of Dermato-Epidemiology and Co-Director of the Centre of Evidence-Based Dermatology, and
Co-ordinating Editor of the Cochrane Skin Group
<http://www.nottingham.ac.uk/research/groups/cebd/index.aspx>

and

Director of the NIHR Health Technology Assessment Programme