Meeting of senior members of Cochrane
22/11/21

Participants
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Meeting aims
We held a one-day face to face meeting in Paris to discuss 1) the consequences of the current situation for Cochrane as an organization, 2) the new model for producing evidence syntheses in Cochrane proposed by Cochrane Editor in Chief Karla Soares-Weiser, 3) the future of evidence synthesis and the possible implications for the new Cochrane model in terms of output, processes, and structure.

This paper is the result of the discussions during and after this meeting.

Summary of the discussions

1) Process: We strongly support **separation between the production of systematic reviews and the editorial decision**. This is key to avoiding conflicts of interest and maintaining the quality and credibility of reviews. We also strongly support strengthening the option for author teams to submit directly to CEU, allowing for a more flexible and agile editorial process. We are conscious that a robust process to manage submissions will need to be developed.

2) Structure: We support a change of the current organizational structure. However, we are concerned if the proposition of a low number of evidence synthesis units (ESU) (i.e., 10 units) does not consider the rich diversity and potential of many current teams, as well as their proven capacity for attracting direct funding. We suggest that Cochrane should consider a more **eclectic, progressive and flexible** approach. It would accommodate the immediate creation of evidence synthesis units in some jurisdictions (e.g., UK). In contrast, in other areas, more time could be necessary for the current groups, or new ones, to decide how to join forces to become an ESU. In all instances, any new or existing Cochrane group/entity should fulfil the pre-established and explicit requirements agreed on.
This approach would allow the implementation of the new production model (separation of editorial work and review production) but would reduce risks and disruption for Cochrane activities.

3) Research and Innovation: Important scientific challenges must be tackled to obtain an impactful evidence synthesis organization. Notably, evidence synthesis should consider including new types and sources of evidence (preprint, CSR, regulatory agencies, individual patient data, large-scale routinely collected data, modelling); developing and evaluating new methods to accelerate review production processes (e.g., living systematic reviews, living network-meta-analyses); exploring new tools to accelerate evidence synthesis process (e.g., automation technologies, etc.); developing approaches for influencing primary research and its quality and developing approaches for implementing a new evidence ecosystem etc.

It is essential that Cochrane also develops a **scientific strategic plan** that should be revised regularly. A think tank involving scientists and various stakeholders (funders, trialists, guideline developers, policymakers) could be committed to horizon scanning of upcoming challenges and developing the scientific strategic plan to overcome them. Specific funding could be dedicated to exploring new concepts, approaches, and methods in proof-of-concept studies.

4) Cochrane identity: The current situation, as expected, results in important questioning within the Cochrane community, which could be perceived as an identity crisis. It is important to collectively reconsider and reaffirm Cochrane's identity and vision in informing health care decisions to improve health and its collaborative approach to doing so. We recommend Cochrane reembrace the notion of '**collaboration**' in both Cochrane's identity (inc. name) and ways of working.

5) From an evidence synthesis ecosystem to a new evidence ecosystem and the consequences for Cochrane

The current crisis in Cochrane was to be expected. Our strategy focusing **only** on producing **evidence syntheses** no longer addresses stakeholders' needs. It has been demonstrated that the level of evidence supporting guidelines is low and not improving over time. (1).
Evidence synthesis depends on the quality of primary research. Nevertheless, evidence generation and synthesis are completely disconnected, and there is no attempt to link the two in the existing nor in the proposed model. Ignoring the evidence production and synthesis relationship results in the production of many Cochrane reviews that conclude with '*more research is needed*' because primary research was inadequately planned, conducted and reported. These results are not useful to guidelines developers and decision-makers.

We need to completely **rethink the *evidence synthesis ecosystem*** and move toward an ***evidence ecosystem*** where Cochrane could be central in **improving the relevance and quality of evidence produced in primary research**, and therefore improving the **impact** of future evidence syntheses and adequately informing stakeholders (2). If Cochrane embraces this model, it will have important consequences on the new structure we want to implement.

1) Fanaroff AC, Califf RM, Windecker S, Smith SC Jr, Lopes RD. Levels of Evidence Supporting American College of Cardiology/American Heart Association and European Society of Cardiology Guidelines, 2008-2018. JAMA. 2019
2) Ravaud P, Créquit P, Williams HC, Meerpohl J, Craig JC, Boutron I. Future of evidence ecosystem series: 3. From an evidence synthesis ecosystem to an evidence ecosystem. J Clin Epidemiol. 2020