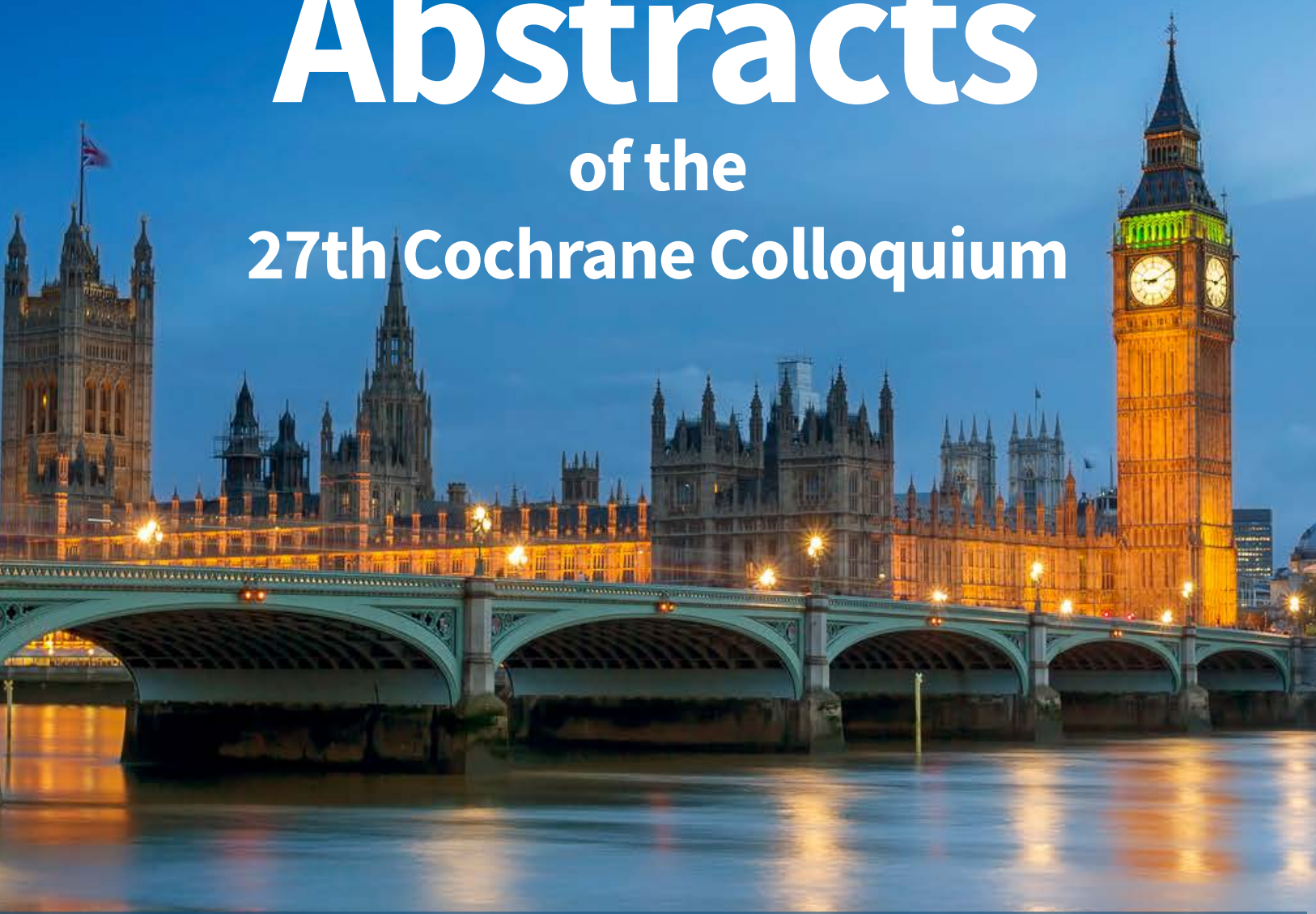
Cochrane
London 2023
4-6 September

Abstracts

of the
27th Cochrane Colloquium



Forward together for trusted evidence

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Abstracts accepted for the 27th Cochrane Colloquium

Cochrane UK is delighted to be hosting the 27th Cochrane Colloquium, at the London QEII Conference Centre, from 4th to 6th September 2023. They have chosen the theme 'Forward together for trusted evidence' to explore the challenges for the future around trustworthiness of healthcare data and information whilst also celebrating 30 years of producing trusted evidence.

The 2023 Colloquium is an event for everyone with an interest in the use of evidence in healthcare decision making including those engaged in evidence production, co-production, dissemination, implementation and policy making, as well as those making individual healthcare decisions.
https://events.cochrane.org/colloquium-2023

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healthcare professionals and consumers agree with this approach and, even more important, whether all retrieve the same conclusions when they look at some specific results.

Objectives: To evaluate how healthcare professionals and consumers interpret results and which preferred reporting style is for them.

Methods: We are conducting an online survey among healthcare professionals and consumers. These stakeholders have to choose the binary or non-binary option that better expresses the results for the following scenario:

After exhaustive literature searches, a systematic review identified only two pivotal randomized controlled trials (RCTs) that evaluated the effectiveness of drug X versus placebo (P) in patients with a rare genetic disease. The risk of bias for all domains was low in both RCTs, and there were no important differences in populations and results between both studies. The combined results were:

Mortality risk: X 26%(10/39) and P 45%(18/40)

Risk difference: X 19% lower (95% CI 40% lower to 1% higher)

Risk Ratio: 0.57 (95% CI 0.30 a 1.08) P = 0.0721

*95% CI: 95% Confidence Interval (represents the range of values you expect your estimate to fall between if you redo your trial, within a 95% level of confidence).

Results: Will be shown at the colloquium.

Conclusions: It will be interesting to see which preferred reporting statements are for healthcare professionals and for consumers. Besides, we will know the level of agreement or disagreement among these groups, which is critical for the patient-physician communication process.

Patient, public and/or healthcare consumer involvement: Healthcare professionals and consumers responded to the survey.

Communicating evidence including misinformation and research transparency

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Transparency of COVID-19-related research: A meta-research study

Sofi-Mahmudi A[1,2,3], Raittio E[4,5], Uribe S[6,7]

[1]Seqiz Health Network, Seqiz, Kurdistan

[2]Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, ON, Canada

[3]National Pain Centre, Department of Anesthesia, McMaster University, Hamilton, ON, Canada

[4]Institute of Dentistry, University of Eastern Finland, Kuopio, Finland

[5]Department of Dentistry and Oral Health, Aarhus University, Aarhus, Denmark

[6]Department of Conservative Dentistry and Oral Health & Bioinformatics Research Unit, Riga Stradins University, Riga, Latvia

[7]School of Dentistry, Universidad Austral de Chile, Valdivia, Chile

Background: The lack of transparency in COVID-19 research has led the public to mistrust the results of research and public health measures.

Objectives: To assess the adherence to five transparent practices (data availability, code availability, protocol registration and conflicts of interest [COI], and funding disclosures) from open-access COVID-19–related articles.

Methods: We searched and exported all open access COVID-19–related articles from PubMed-indexed journals available in the Europe PubMed Central database published from January 2020 to June 9, 2022. We then detected transparent practices of three article types, namely, research articles, randomized controlled trials (RCTs), and reviews, with a validated and automated tool. Basic journal- and article-related information were retrieved from the database. We used R for the analyses.

Results: The total number of articles was 258,678, of which we were able to retrieve full texts of 186,157 (72%) articles from the database. More than half of the articles (55.7%) were research articles, 10.9% (n=20,229) were review articles, and less than 1% (n=1,202) were RCTs. Approximately nine-tenths of all three article types had a statement to disclose COI. Funding disclosure (83.9%) and protocol registration (53.5%) were more frequent in RCTs than in reviews or research articles. Reviews shared data (2.5%) and code (0.4%) less frequently than RCTs or research articles. Articles published in 2022 had the highest

adherence to all five transparency practices. Most of the reviews (62%) and research articles (58%) adhered to two transparency practices, whereas almost half of the RCTs (47%) adhered to three practices. There were journal- and publisher-related differences in all five practices, and apart from COI disclosure, articles that adhered to transparency practices were published in journals with slightly higher median journal impact factor but received equal citations.

Conclusions: Although most of the articles were freely available and had a COI disclosure, the adherence to other transparent practices was far from the acceptable level. A much stronger commitment to open science practices, particularly to protocol registration and data and code sharing, is needed from all stakeholders.

Patient, public and/or healthcare consumer involvement: NA.

Communicating evidence including misinformation and research transparency

Additional resources: https://colloquium2023-submissions.cochrane.org/sites/2023.colloquium.cochrane.org/files/uploads/users/u17629/Figure%201.tiff

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Consistency of protocol and safety data reporting in clinical trial registrations and corresponding publications of interventions involving 3,4-methylenedioxymethamphetamine (MDMA)

Žuljević MF[1], Mijatović A[1], Gujinović D[2], Duplančić D[1]

[1]Centre for Evidence-Based Medicine, School of Medicine, University of Split, Croatia

[2]Department of Pharmacology, School of Medicine, University of Split, Croatia

Background: The efficacy of 3,4-methylenedioxymethamphetamine (MDMA)-assisted psychotherapy for patients with post-traumatic stress disorder (PTSD) has been demonstrated in clinical trials, although this remains controversial owing to the classified status of the substance in most countries and the vulnerability of patients during dosing

whereby one reviewer abstracted data and a second reviewer checked for accuracy and consistency. Data was analyzed thematically guided by a social frailty conceptual model. Data synthesis involved organizing the data by social frailty intervention type, considering only those that had the best potential for impact. We created and presented a knowledge product (synthesis table) to our knowledge users in a modified Delphi procedure to help them decide which intervention could be considered to help socially frail older adults during difficult situations.

Results: 112 articles containing 170 interventions were included, representing three main intervention categories: (1) social behaviours and activities (n=47), (2) social resources (n=64), (3) self-management (n=59). Data synthesis identified self-management interventions as having the most promise for reducing social frailty-related outcomes in older adults, which informed the knowledge product for our knowledge users (clinicians, researchers, patients).

Conclusions: The resulting knowledge product facilitated swift decision-making, which is a technique that may be ideal for use in rapid reviews where making quick decisions is the priority.

Patient, public and/or healthcare consumer involvement: An integrated knowledge translation team involving researchers, clinicians and patients helped define the scoping review objectives, eligibility criteria, methods, and interpretation of findings.

Understanding and using evidence