

# East Asian Cochrane Alliance (EACA) Meeting

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- Objective:** Explore potential collaboration on Cochrane activities among EACA allies following a former consensus of forming regional collaborative alliance
- Time:** 11:15-12:45 Sunday, Oct 11, 2009, 17<sup>th</sup> Cochrane Colloquium
- Location:** Suntec Singapore International Convention & Exhibition Centre, Singapore
- Key Attendees:** The Cochrane Collaboration- Giovanna Ceroni, Toby Lasserson, Harriet MacLehose, Nick Royle  
The Australian Cochran Centre- Miranda Cumpston  
Wiley Blackwell- Deborah Pentesco-Gilbe  
Hong Kong- Jin Ling Tang  
Japan- Kiichiro Tsutani, Naohito Yamaguchi  
Korea- Hyeong Sik Ahn  
Singapore- Edwin SY Chan  
Taiwan- Ken N. Kuo, Ya-Wen Chiu, Chieh-Feng Chen

## Minutes

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### 1. Welcome and Introduction

### 2. Updating Recent Development of EACA Allies

#### A. Japan

- CPGs and Cochrane systematic reviews are distributed through Medical Information Network Distribution Service (Minds). Around 1,000 Cochrane review abstracts related to 59 CPGs on Minds are translated into Japanese to date.
- In order to increase the accessibility of Japanese health journal articles to the world, a project on improving hand and electronic search funded by the Ministry of Education was initiated in 1997.

#### B. Korea

- The National Evidence-based Healthcare Collaborating Agency (NECA) is a national research institute of EBM composed by 50 researchers and would serve as the parallel organization in terms of EBM.

- A guideline information centre has recently been established by the Korean Academy of Medical Sciences (KAMS).

**C. Taiwan**

- A 5-year EBM promotion project was launched by National Health Research Institute (NHRI) in 2007. Promoting strategies include providing regional hospitals the access to the Cochrane Library, translating abstracts of Cochrane Database of Systematic Reviews into Chinese, and holding EBM education programs and workshops.
- Taiwan Evidence-Based Medicine Association (TEBMA) has been cooperating with NHRI closely in developing EBM teaching materials and training health professionals.

**D. Hong Kong**

- A bottom-up approach is taken on promoting EBM and the major efforts are made on convincing policy makers and the public the positivity of EBM and Cochrane database.

**E. Singapore**

- A bottom-up approach is also adopted in Singapore on convincing people about the value of EBM and Cochrane systematic reviews.

**3. Discussion**

**A. Mission and Objective of EACA**

- a. Dr. Chan reminded that instead of justifying the activities EACA should carry out, a clearer idea on “In what way can a network achieve more than the individual national organizations?” should be emphasized. The ultimate aim of EACA should be translate evidence into practice, by being as a network to:
  - Produce evidence either from primary studies or secondary studies/systematic reviews
  - Generate primary studies with its clinical networks
- b. Professor Kuo indicated that while APEBMN is aiming at promoting EBM education and related academic activities, EACA should target on a different aspect.

- c. Professor Tang asserted that EACA activities must be incorporated into Cochrane business with its nature of being a Cochrane entity

**Proposed focus areas of EACA:**

**I. Capacity building & Promoting Cochrane reviews**

- Provide training to researchers, reviewers as well as policy makers on what EBM is and how it can be used
- Promote Cochrane usage and disseminate information by translating Cochrane abstracts into different languages

**II. Conducting Cochrane Reviews**

- Training and supporting contributors on Cochrane reviews
- Having different expertise in different countries as well as bringing resources together for conducting Cochrane review

**III. Registry of trials and translators**

- Setting up a register of trials and/or translators in English
- Building up a structured data extraction format

**IV. Others**

- The growth of interests/needs in medical literature and translation resources, especially in complementary and alternative medicine, is observed in our respective countries.
- There is also a rising need for evidence in nursing practice, thus resulted in a gap waiting to be filled.

**B. Academic Cooperation in EACA Regions**

**Proposed strategies:**

**I. CPG development**

Professor Kuo pointed out that closer cooperation between G-I-N and the Cochrane Collaboration had been observed from the two successive G-I-N sessions at 16<sup>th</sup> and 17<sup>th</sup> Cochrane Colloquiums.

**II. Asia Pacific EBM Journal**

- Professor Tang proposed that EACA issue a Cochrane journal summarizing the abstracts or synopsis of the most recently published, important articles in Cochrane Library, in either electronic or paper version.

- Dr Chan mentioned that EACA could set an example of reporting studies by showing people a model, and therefore help to improve the quality of reporting and set a standard for local journals to follow.
- Professor Tsutani suggested EACA collaborate with Asia Pacific Association of Medical Journal Editors (APAME) on standardizing study report in the future.

### **C. Information Exchange Platform**

- a. Professor Kuo demonstrated that NHRI, Taiwan has set up a website for EACA ([www.eacacochrane.org](http://www.eacacochrane.org)) and would like to have assistance from each ally in updating its recent activities.
- b. Nick Royle noted that the Cochrane website building system provides Cochrane-style templates to Cochrane entities for setting up their websites.

### **D. Finance**

#### **Proposed strategies:**

#### **I. Membership fee**

- Professor Kuo stated that at current stage, EACA will not charge any membership fee unless well organized programs are launched.
- Dr Ahn suggested categorizing EACA members into organizational and individual ones, and providing contact information on specialists in other countries to its members.

#### **II. Find local sponsors, governmental or NGO, by each regional activity**

- Professor Kuo suggested the expenditure for convening annual EACA meeting be minimized by collaborating with Asia Pacific EBM network Conference. The traveling expenses should be the responsibility of attendees rather than the hosting country.
- Dr Chan shared fund raising experiences in Singapore and noted that it may be too nebulous for potential funders to support EACA *per se*. However, potential funders could be identified from different focused subjects or interests, for example, traditional Chinese medicine.

### **E. Formation of an East-Asian Language Translation and Retrieval Network**

#### **Proposed strategies:**

#### **I. Informal network of translators and area of expertise**

## **II. Directory of journal resources and a search programme initiative**

### **III. Language translation protocol training**

- Dr Ahn highlighted the need of implementing a systematic way in searching medical literature included only in local language database. The major difficulties in conducting systematic reviews currently are lacking access to local journals and language barriers. Professor Kuo later echoed Dr Ahn's opinion on lowering barriers on literature searching through language translation.
- Dr Chan readdressed that EACA could serve as an information portal by bringing together people with access to their national literature database as well as information on potential translators. This is also the strength of EACA and should be a high priority to be formalized. Moreover, enabling people to access to journals in local languages will stimulate raising the standard of journal quality, and bring the content, methodology and reporting quality to a higher level.
- Professor Tang considered it unnecessary to translate the entire papers. Instead, it would be more realistic to start with translating titles and key words of registered research for searchers, and to request local expertise to facilitate translation if necessary.

## **F. Secretariat**

### **Proposed strategies:**

- I. Professor Kuo stated that, at current stage, NHRI, Taiwan would serve as the secretariat of EACA. Formal organizational structure may be discussed later as EACA fully operated.
- II. Nick Royle reminded EACA secretariat to compile a report of EACA activities, organizational structure, and future action plans and submit to Director Sally Green in Australasian Cochrane Centre.



Front row, left to right: Naohito Yamaguchi, Nick Royle, Ken N. Kuo, Miranda Cumpston, Jin Ling Tang  
Back row, left to right: Hsueh Erh Liu, Kiichiro Tsutani, Chieh-Feng Chen, Hyeong Sik Ahn, Edwin SY Chan, Ya-Wen Chiu, Chun-Ying Wu, Heng-Lien Lo