

Annual Report 2020

Cochrane Nordic



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FOREWORD

The Nordic Cochrane Centre began its life in 1993 at Rigshospitalet as one of the very first Cochrane centres. It was established at the initiative of Peter C. Gøtzsche, who led the Centre throughout the next 25 years, through many successes and challenges. A diverse group of enthusiastic researchers, software developers, and technical staff were affiliated with the Centre over the years. Collectively, they created a thriving, warm and productive team who have been a mainstay of Cochrane internationally over many years.

With the end of 2020, and the end of the period for this annual report of the Centre, this era comes to an end - and another begins. Our Centre is moving from our previous base at Rigshospitalet to a new one at the University of Southern Denmark (SDU), forming a close affiliation with the Centre for Evidence Based Medicine (CEBMO). This also means that our Centre will change its name to Cochrane Denmark, aligning our nomenclature with that of the rest of the Cochrane Collaboration.

Through the collective efforts of our entire staff, our Centre has managed to stay productive and relevant through a challenging period, as this annual report will show. We are handing over a healthy Centre with dedicated staff to a new host institution and a new leadership. We are confident that our new Director, Asbjørn Hrøbjartsson, will lead the Centre to a new, productive and rewarding future, in collaboration with our new colleagues at SDU and the Odense University Hospital (OUH).



Karsten Juhl Jørgensen, MD, MSc
Former Acting Director, Cochrane Nordic

About Cochrane Nordic

Cochrane is a global, independent research network with members and supporters worldwide. Cochrane Nordic (NCC) is a Geographic Centre contributing to evidence-based decision-making in healthcare, by producing and disseminating the findings from high-quality independent research and systematic reviews. Until December 2020, the Centre was hosted by Rigshospitalet in Copenhagen, Denmark. There are Associate Centres referring to us in Finland, Norway, Poland, Russia and Sweden. We also have six Cochrane review groups, one methods group and a new Cochrane Field (launched in December 2019) based in the Nordic region. Cochrane Sweden gained full centre status in 2020 through the impressive efforts of its Director, Dr Matteo Bruschetti.

One important aim at NCC is to synthesize and provide the best available evidence for health professionals, researchers, health decision-makers, media and the public. Producing trusted evidence and working towards enabling informed decisions is our core function. We help maximize the use and visibility of Cochrane systematic reviews primarily in Denmark and across the Nordic region. We assist healthcare professionals and researchers in producing systematic Cochrane reviews, but also through producing evidence in relation to scientific methodology and other topics that influence medical research, such as conflicts of interests. As part of Cochrane, we do not accept commercial or conflicted funding. This is vital for us to generate authoritative and reliable information, working freely and unconstrained by commercial and financial interests.

Systematic Cochrane reviews are published in the Cochrane Library, which is a collection of databases that contain different types of evidence to inform healthcare decision-making. The Library is freely available to everyone in Denmark due to a national licence paid through the Danish Finance Act. This aims to make the results useful for the public through plain language summaries of the reviews, as well as to health care professionals.

Mission of Cochrane Nordic

Cochrane Nordic's vision, mission and goals are aligned with those of the global Cochrane Collaboration.

Our vision as part of Cochrane is a world of improved health where decisions about healthcare are informed by high-quality, independent, relevant, and up-to-date synthesized research evidence.

Our mission is to promote evidence-informed health decision-making by producing and advocating for high-quality, relevant, accessible systematic reviews and other synthesized research evidence.

Cochrane Nordic's strategy

The overall strategy and purpose of our Centre follows that set out by Cochrane internationally in its [Strategy to 2020](#) and through our role as a [Cochrane Geographic Centre](#). Our specific research agenda is set locally, and a core value of our Centre has been our independence to set this agenda. As generally in research, we develop our research direction together with our collaborators, internationally and nationally. Our research agenda is partly defined by the core functions of a Cochrane Geographic Centre to contribute to methods research and production of systematic reviews. In addition, topics for reviews and other types of research performed at our Centre are also formed by the skills set of our team, the needs of collaborating clinicians and governmental institutions, as well as our research collaborators.

GOAL 1: Producing evidence

To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

GOAL 2: Making our evidence accessible

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

GOAL 3: Advocating for evidence

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed healthcare.

GOAL 4: Building an effective & sustainable organization

To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

Our strategic plan for the period 2016 to 2020 is available through our website here:

<https://nordic.cochrane.org/strategic-plan>. As described above, this is aligned with the goals and strategy of Cochrane internationally and we are in dialogue quarterly with the Central Executive Team to co-ordinate our strategy and efforts.

GOAL 1: Producing evidence

To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision making.

During 2020, we worked on producing Cochrane evidence to support decision makers during the COVID19 pandemic. In addition to Cochrane reviews, we produce other types of research and knowledge translation products, such as methodological research to help advance systematic review methods. Our focus on methodological research has been pivotal in driving many of our research efforts in the last few years.

New or updated Cochrane reviews, protocols, editorials and special collections

Cochrane rapid scoping review: Encouraging behaviour change to reduce COVID transmission

In collaboration with the Cochrane Task Force, which included members from the Cochrane Rapid Reviews Methods Group, Cochrane Editorial and Methods Department, Cochrane Sustainable Healthcare and Cochrane Response teams, we performed a scoping review to locate and map the extent of current research on interventions that involve changes to the physical environment that enable behaviours which reduce exposure and transmission of SARS-CoV-2. Some examples of the interventions we were interested in included things like installation of hand washing sinks, hand sanitizer dispensers, signs and posters, or installing barriers in public spaces. These interventions could reduce exposure and transmission by enabling behaviours such as physical distancing, minimal touching of surfaces, or hand hygiene. This scoping review was requested by the Economic and Social Research Council (<https://esrc.ukri.org/>), which is part of UK Research and Innovation (UKRI).

Why did ESRC request it?

ESRC is the major public funder of social science in the UK. COVID-19 and its consequences raise enormous questions about the economy, work and unemployment, mental health, education, social isolation and much more. ESRC commissions evidence briefings which highlights research findings and their relevance to public policy.

What will the scoping review be used for?

The scoping review contributed to an evidence briefing on encouraging behaviour change to reduce COVID-19 transmission: <https://esrc.ukri.org/news-events-and-publications/evidence-briefings/encouraging-behaviour-change-to-reduce-covid-19-transmission-a-summary-of-two-rapid-evidence-reviews/>.

The evidence briefing is a summary of the available evidence and evidence gaps, written for the general public. The brief was used to support the decisions made by the UK Government.

Hand cleaning with ash for reducing the spread of viral and bacterial infections: a rapid review

As part of Cochrane's response to the COVID-19 pandemic, we produced a rapid systematic review examining the evidence for the use of ash as an alternative to soap for reducing the spread of viral and bacterial infections. Although several major NGOs have recommended the use of ash for handwashing, the few studies we identified all had major methodological problems. We therefore concluded that there is no convincing evidence that the benefits of using ash as an alternative to soap outweighs the harms.

Who requested this review?

The review was requested by the WHO, as soap and clean water are not readily accessible in large parts of the world. Thus, convincing evidence that ash could be recommended as a safe and effective alternative would be hugely beneficial; however, methodologically sound primary studies would need to be conducted before such a recommendation would be evidence-based.

Cochrane Editorial: Policy makers must act on incomplete evidence in responding to COVID-19

We were invited by the Editor in Chief of the Cochrane Library, Karla Soares-Weiser, to contribute to this editorial accompanying a high-profile update of the Cochrane review that, amongst other things, assessed the evidence base for recommending mask use in the general public: [Soares-Weiser K, Lasserson T, Jorgensen KJ, Woloshin S, Bero L, Brown MD, et al. Policy makers must act on incomplete evidence in responding to COVID-19. Cochrane Database Sys Rev 2020;11:ED000149.](#)

Cochrane Special Collection update: Diagnosing skin cancer

We updated the Cochrane special collection on diagnosing skin cancer with the newly published Cochrane review on screening for malignant melanoma, which our Centre contributed to: <https://www.cochranelibrary.com/collections/doi/SC000033/full>

Supporting the development of research synthesis methods

NCC has contributed substantially to the development of Cochrane methods. We continue to do so through our research and knowledge translation efforts. Over recent years, NCC has focused on research and training underpinning Cochrane methodological developments. These methodological developments are making the evidence synthesis process increasingly complex. One topic, which we have focused on, is the use of Clinical Study Reports (CSRs) in systematic reviews. At NCC, we have been working with CSRs for more than a decade, and the Centre's efforts to obtain CSRs from the European Medicines Agency (EMA) played a major role in EMA's subsequent decision to routinely release CSRs after approval of new drugs. We continually use our efforts to call for more transparency and making this information publicly available from drug regulators. Aiming to gain information which is an important data source for systematic reviews and thereby ensure high-quality research to healthcare decision-makers.

We currently work on several research projects that are based on CSRs in collaboration with other Cochrane entities and international research institutes.

Collaboration with The Meta-Research Innovation Center, Stanford University

From September 2019 to February 2020, PhD student Kim Boesen stayed six months at the Meta-Research Innovation Center at Stanford University (METRICS) under supervision of Professor John Ioannidis. They worked on a project related to drug regulatory agency guidelines on how to design pivotal psychiatric drug trials. The protocol is published here:

<https://www.medrxiv.org/content/10.1101/2020.01.22.20018499v1>.

During the stay, Kim presented three times at the weekly METRICS meetings, once about the current project, and twice about clinical trial registries and outcome requirements. Following the defence of his Ph.D.-thesis, Kim has been employed as a post doc at the METRICS unit in Berlin located at the Charité hospital after successfully applying for this position in 2020.

Collaboration with Cochrane France to further use of CSRs in systematic reviews

The work on a study examining reporting of harms in CSRs compared to other sources of data, which was initiated in 2019, continued during 2020 and the study was published in BMC Medicine in April 2021: [Paludan-Müller, A.S., Créquit, P. & Boutron, I. Reporting of harms in oncological clinical study reports submitted to the European Medicines Agency compared to trial registries and publications—a methodological review. BMC Med 19, 88 \(2021\).](#)

Collaboration with The Centre for Evidence-Based Medicine, Oxford on use of CSRs for randomized trials in statins

Our Centre has supported the work of Professor Tom Jefferson, Associate Tutor and Honorary Research Fellow at The Centre for Evidence-Based Medicine, University of Oxford, and Maryanne Demasi, PhD, to acquire and assess clinical study reports for randomized trials on statins.

PhD collaborations with the Centre for Evidence-Based Medicine, Odense

NCC and the Centre for Evidence-Based Medicine, Odense, are working together on two PhD projects.

The first project, which PhD student David Laursen is currently working on, investigates active placebo control interventions in pharmacological randomized trials. The first of three substudies, which is currently being finished, is a Cochrane Methodology Review estimating the impact of active placebo versus standard placebo interventions using within-trial comparisons. The second substudy, currently underway, is a meta-epidemiological study investigating the impact of active placebo versus standard placebo interventions using between-trial comparisons. The third substudy is planned to examine principles for the development and choice of an active placebo control. Together, the three studies aim to inform the rational use of placebo controls. For drugs with a risk of unblinding due to adverse effects, this may prove helpful for systematic reviewers assessing the risk of bias in trials, as well as for trialists in the process of designing and choosing a suitable control intervention. Furthermore, David is also co-authoring a chapter on placebos in a textbook on evidence-based medicine for medical students.

Publications from 2020:

- [Laursen DRT, Hansen C, Paludan-Müller AS, Hróbjartsson A. Active placebo versus standard placebo control interventions in pharmacological randomised trials \[protocol\]. *Cochrane Database of Systematic Reviews*. 2020;\(7\). doi:10.1002/14651858.MR000055](#)
- [Moustgaard H, Clayton GL, Jones HE, et al. Impact of blinding on estimated treatment effects in randomised clinical trials: meta-epidemiological study. *BMJ*. 2020;368. doi:10.1136/bmj.l6802](#)

We supported the research project by PhD student Camilla Hansen Nejstgaard concerning conflicts of interest in clinical research. Camilla investigated how financial conflicts of interest impact on results and conclusions of two core types of medical research: systematic reviews and randomized trials. Additionally, the project aims to investigate how financial and non-financial conflicts of interest impact on clinical guidelines, reports from advisory committees, opinion pieces such as editorials and commentaries, and narrative (also called non-systematic) reviews. Camilla has now successfully defended her PhD.

Publications from 2020:

- [Nejstgaard CH, Bero L, Hróbjartsson A, Jørgensen AW, Jørgensen KJ, Le M, Lundh A: Association between conflicts of interest and favourable recommendations in clinical guidelines, advisory committee reports, opinion pieces, and narrative reviews: systematic review. *BMJ*2020;371:m4234.](#)
- [Nejstgaard CH, Bero L, Hróbjartsson A, Jørgensen AW, Jørgensen KJ, Le M, Lundh A. Conflicts of interest in clinical guidelines, advisory committee reports, opinion pieces, and narrative reviews: associations with recommendations. *Cochrane Database of Systematic Reviews* 2020;Issue 12: <https://doi.org/10.1002/14651858.MR000040.pub3>](#)

Supporting production of evidence through training

Throughout 2020, our team supported training activities aimed for Cochrane authors, university students, guideline developers and health professionals. Some of these events were in collaboration with Cochrane Sweden and Cochrane Norway as part of our ambition to strengthen a Scandinavian network across the region to enhance facilitation of use of evidence in informing healthcare decisions. We have contributed to several PhD courses and workshops on basic and advanced Cochrane methodology.

1-day workshop on Cochrane Methodology: University of Tartu, Estonia

In January, we ran a 1-day workshop hosted by the Institute of Family Medicine in collaboration with the National Centre of Translational and Clinical Research, Estonia. This was part of a networking and training initiative in partnership with Cochrane Sweden and the Cochrane Musculoskeletal Group and was attended by a total of 46 participants. Policy makers, healthcare researchers, members from EVIPNET WHO Europe and students from Estonia, Latvia and Lithuania were in attendance: <https://tervis.ut.ee/et/teadus/seminar-cochrane-systematic-reviews>

Specialist training for Anaesthesiologists, Eastern Denmark

½ day training in systematic review and meta-analysis methodology for Danish physicians as part of the anaesthesia specialty training in Eastern Denmark. Arranged by the Danish Health Authority. Attended by 15 people.

Introduction to Cochrane Methodology, Lund (one-week PhD course) 11-15 May

Cochrane Interactive Learning Modules are incorporated as part of the training - 35 people in attendance with participants from around the world.

<https://www.cochrane.org/news/successful-40-hour-online-training-course-hosted-cochrane-sweden>

Cochrane webinar in Gothenburg, Sweden, September

On the 1st of September, we contributed at a Cochrane webinar hosted by the Head of Research from Västra Götland County in Sweden. Over 100 people connected virtually to the event. The topic highlighted how Cochrane manages, quality checks and summarizes non-randomized trials (i.e. observational studies and qualitative studies).

Introduction to Cochrane Methodology, Lund University, Sweden, November 23-27.

This one-week online PhD course held in November on systematic reviews and Cochrane methodology at Lund University was attended by 31 participants from all over Europe and Australia.

Research training for internal medicine and oncology as part of the specialist clinician education programme

This course is coordinated by the Danish Health Authority and we give a lecture three times a year for medical doctors during their training to become specialists.

GOAL 2: Making our evidence accessible

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

As part of our knowledge translation initiatives, we have focused on a coordinated effort to disseminate and support the use of our Cochrane reviews. We regularly maintain and develop our website and translate relevant content to Danish. We also engage and disseminate Cochrane research and activities through several communication channels including our website and Twitter platform [@NordicCochrane](#) in English and Danish, and in collaboration with the Cochrane Knowledge Translation team.

We have focused on developing strategic partnerships and collaborations, supporting healthcare decision-makers on the use of Cochrane methods. This year, we proactively engaged in advocating for evidence and disseminating our work to a wider audience through public debate and through media. We disseminate a number of various Cochrane reviews to Danish press. In 2020, our website had 31,172 visitors, which is an increase of 8,4% from 2019.

Ensuring access to the Cochrane Library for Denmark

A substantial part of our governmental grant is dedicated to finance a national license that allows everyone in Denmark access to the [Cochrane Library](#). Securing this access in 2003 was an important accomplishment for our Centre. This means all healthcare professionals, patients and other stakeholders have open access to all Cochrane reviews, as well as other content in the Library, such as methods reviews and individual randomized studies through the CENTRAL database. All published Cochrane reviews are written with the intention that their results and conclusions are useful in an international perspective. We continue to promote awareness and the use of the Cochrane Library through our training & communication efforts to our stakeholders in Denmark.

The use of Cochrane reviews and methods in Denmark and the Nordic region

Cochrane review methods are implemented and applied within the Danish health system by healthcare decision-makers for the five regions of Denmark and by the Danish Health Department (DHD). We are happy to have been able to assist the DHD in this process and to provide methods assistance for individual guidelines. According to The Danish Medicines Council, the [guide](#) forms the foundation for the joint regional treatment guidelines.

Since 2019, we participated in a working group under the Danish Health Department, which has set out to perform an evidence-based re-evaluation of the evidence for the benefits and harms of breast cancer screening. This re-evaluation, as other evidence assessments at the Department, will be based on the Cochrane and GRADE-methodology. We have supported, publicly and through consultancy, the introduction of national clinical guidelines from the Danish Health Authority based on the GRADE framework. These have been in diverse areas and have been important to build our network and collaboration with clinicians through several publications based on these guidelines. In 2020, this work was largely put on hold due to the COVID-19 pandemic but is expected to resume in 2021.

Examples of Cochrane evidence in Danish health guidelines and policies in 2020

Cochrane reviews informing Danish health guidelines and policy during the COVID19 pandemic

Danish Health Authorities national guidelines on use of face masks:

https://www.sst.dk/-/media/Udgivelser/2020/Corona/Mundbind/Brug-af-mundbind-i-det-offentlige-rum--Dokumentation-og-sundhedsfaglige%20anbefalinger_15_08_20.ashx?la=da&hash=47F101C7F279F9B0808C4E16ECF6B87A1358505B#:~:text=juni%202020.,2020.&text=P%C3%A5%20linje%20med%20Sundhedsstyrelsen%20anbefaler,60%20og%20Feller%20kronisk%20sygdom

Danish Health Authority national guidelines on use of quick tests:

<https://www.ft.dk/samling/20201/spoergsmaal/s852/svar/1747247/2336348.pdf>

Danish Health Authorities national guidelines on Covid-19 Antigen tests:

<https://www.sst.dk/da/Udgivelser/2020/Anbefalinger-vedroerende-anvendelse-af-antigentest>

The National Center for Infection Control guidelines for infection control and prevention:

<https://hygiejne.ssi.dk/NIRoperativ>

Other Danish national guidelines

Danish Health Authorities national guidelines on treatment of hip osteoarthritis:

<https://prodstoragehoeringspo.blob.core.windows.net/121a1942-7b56-4429-bbc2-45ee64d916ad/H%C3%B8ringsudkast,%20Oprt.%20NKR%20for%20hofteartrose.pdf>

Danish Patient Safety Authority report on nontherapeutic child male circumcision:

https://stps.dk/da/udgivelser/2020/ikke-terapeutisk-omskaering-af-drenge/~/_media/C08D154EE830415BBEA6EB17669979BC.ashx

Danish Multi-Disciplinary Cancer Group (DMCG.dk) national guidelines on the investigation of urothelial tumors in upper urinary tract: [https://www.dmcg.dk/siteassets/forside/kliniske-retningslinjer/godkendte-](https://www.dmcg.dk/siteassets/forside/kliniske-retningslinjer/godkendte-kr/dablaca/dablaca_udredn_uroteliale_tum_ov_urinv_admgodk171220.pdf)

[kr/dablaca/dablaca_udredn_uroteliale_tum_ov_urinv_admgodk171220.pdf](https://www.dmcg.dk/siteassets/forside/kliniske-retningslinjer/godkendte-kr/dablaca/dablaca_udredn_uroteliale_tum_ov_urinv_admgodk171220.pdf)

Center for Clinical guidelines (CFKR) on mouth hygiene in adults and patients:

<https://cfkr.dk/media/351666/Mundhygiejne%20til%20voksne%20borgere%20og%20patienter.pdf>

Research meetings and presentations

Knowledge Translation of Cochrane Evidence for health policy, Moscow, Russia:

On the 29th May 2020, Cochrane Nordic contributed to the International online workshop, “Knowledge Translation of Cochrane Evidence for Health Policy” lead by Cochrane Russia and the Russian Medical Academy of Continuing Professional Education (RMANPO) in partnership with WHO EVIPNET Europe, Wiley and Cochrane Sustainable Healthcare:

<https://russia.cochrane.org/news/knowledge-translation-cochrane-evidence-health-policy>. The event was planned as an opportunity to highlight Cochrane and our work in producing and disseminating high quality synthesized research evidence. Cochrane Russia’s Director Liliya Eugenevna kindly invited us to present our work at the Centre in Moscow, however, due to the pandemic, the event became a live webcast, with approx. 500 participants joining. The event was broadcast on YouTube and can be found here: <https://www.youtube.com/watch?v=k99S7k1pj6g>.

Corporate influence on research

On the 1st October, Cochrane Nordic hosted a live webcast with a presentation by Postdoctoral researcher Alice Fabbri on corporate influence on research and strategies to protect research integrity.

Cancelled events due to the Covid-19 pandemic

There are a number of events, which have been cancelled and will be rescheduled when possible due to the Covid19 pandemic:

- Cochrane Dissemination Checklist Training in Oslo – April 2020, Norway - cancelled.
- Conflicts of Interest in Research, September 2020, to be rescheduled in 2021.
- The new Cochrane risk of bias tool (RoB2) to assess risk of bias in randomized trials to be rescheduled in 2021.
- Preparation and completion of a Cochrane review, May and October 2020, to be rescheduled in 2021.
- Patient and public involvement in healthcare research to be rescheduled when possible in 2021.

Examples of Cochrane dissemination products of our reviews

Special Collection Diagnosing Skin Cancer

During skin cancer awareness month in May, we worked on updating a Cochrane Special Collection on skin cancer to include a Cochrane review co-authored by our researchers. The collection can be found here: <https://www.cochrane.dk/news/cochrane-library-special-collection-diagnosing-skin-cancer>.

We worked with the Cochrane Knowledge Translation team to promote the collection during Skin Cancer Awareness Month in May 2020.

Interview article: [Hand cleaning with ash for reducing the spread of viral and bacterial infections: a rapid review](#)

Podcast: [Podcast on the hand cleaning with ash for reducing the spread of viral and bacterial infections: a rapid review.](#)

GOAL 3: Advocating for evidence

To make Cochrane the ‘home of evidence’ to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed healthcare.

NCC takes an active part in advocating to support Cochrane’s advocacy priorities for working towards high-quality evidence synthesis in health decision-making and for transparency and integrity in research. We do this primarily through public debate with the aim of ensuring better healthcare decision-making and working towards making our evidence accessible to all. We also continually insist that decisions in healthcare should be made based on the best available evidence and promote an agenda of open access to data and the need for unconflicted and independent research.

Examples of our advocacy efforts can be viewed in the Cochrane editorial we were involved in with other members from Cochrane to highlight challenges to informed decision-making due to evidence gaps in responding to the COVID19 pandemic:

Policy makers must act on incomplete evidence in responding to COVID-19:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.ED000149/full>

Advocating for transparency and integrity in Denmark

Our researchers have assessed the medical advertisements published in the Journal of the Danish Medical Association [[Ugeskrift for Læger](#)] during 2015. This work was published on our website in 2018 as a supplement: <https://www.cochrane.dk/sites/cochrane.dk/files/public/uploads/ufl.pdf> Based on this assessment, we concluded that medical advertisements lead to a more expensive and less evidence-based treatment of patients. There were also coincidences of medical advertisements for specific drugs being juxtaposed to scientific articles related to the same drugs. The practice of mixing commercial and scientific content should be avoided according to the [International Committee of Medical Journal Editors](#) and [World Association of Medical Editors](#), both of which have Journal of the Danish Medical Association as a member. The Journal of the Danish Medical Association have since decided (beginning January 2021) to stop publishing medical advertisements.

Cochrane Nordic in the media

An overview of articles and media output in collaboration with journalists

[Virker mundbind? Sådan bruger du evidenspyramiden til at finde svar.](#)

13.12.20//videnskab.dk//Ditte Holst Svane Knudsen

[Hvad lærte vi egentlig af det store danske mundbindsstudie?](#)

24.11.20//www.tv2.dk//Frederik Lange

[Glem alt om det danske studie: Mundbind beskytter i sig selv, men ikke når du er i Netto.](#)

20.11.20//Politiken.dk//Lars Igum Rasmussen

[Omdiskuteret forsøg med mundbind kan ikke konkludere noget.](#)

18.11.2020//www.videnskab.dk//Anne Ringgaard

[Brostrøm efter stort, dansk studie, om mundbind: 'Vi anbefaler dem stadig'.](#)

18.11.2020//www.dr.dk//Kevin Ahrens

[Er tiden løbet fra de videnskabelige tidsskrifter og deres peer review-processer?](#)

30.10.2020//Videnskab.dk//Frederik Guy Hoff Sonne

[Professor: Ophedet debat om dansk mundbindforsøg afspejler uvidenhed.](#)

29.10.2020//videnskab.dk//Anne Ringgaard

[Dansk forsøg med mundbind er endt i stormvejr.](#)

22.10.2020//www.videnskab.dk//Anne Ringgaard

[Fagfolk: Screening for lungekræft kan blive en lappeløsning.](#)

21.10.2020//www.altinget.dk//Karsten Juhl Jørgensen, Anders Beich, Ole Johannes Hartling, Torben Jørgensen, Charlotta Pisinger, Jes Søgaard

[Børn og ældre får medicin, der ikke er godkendt til dem: Kan give voldsomme bivirkninger.](#)

31.08.2020//www.dr.dk//Jeppe Kyhne Knudsen

[Medicin er ofte testet på mænd: Kvinder får dobbelt så mange bivirkninger.](#)

29.8.2020//www.dr.dk//Jeppe Kyhne Knudsen

[Putins Sputnik-vaccine mod corona skal genoplive fortidens røde stolthed.](#)

18.08.2020//www.kristeligt-dagblad.dk//Johan Storgaard Jespersen

[Russisk corona-vaccine mangler de vigtige fase 3 forsøg, som viser om vaccinen virker og er sikker.](#)

13.08.2020//www.videnskab.dk//Marie Barse

[Breast cancer: study claiming that screening women in their 40s saves lives "found the opposite" say critics.](#)

13.08.2020//www.BMJ.com//Jacqui Wise

[Banebrydende behandling af corona vækker begejstring, men "man kan blive skuffet ude på hospitalerne".](#)

23.05.2020//www.dr.dk//Anna Sol Jørgensen

[Læger: Ny teststrategi kan gøre mere skade end gavn.](#)

18.05.2020//Politiken//Jakob Schrøder, Karsten Juhl Jørgensen, Anders Beich

[Sådan bør du forholde dig til nye meldinger om remdesivir mod COVID-19.](#)

30.04.2020//www.videnskab.dk//Anne Ringgaard

[Sløset coronaforskning hypes af præsidenter.](#)

22.04.2020//www.videnskab.dk//Anne Ringgaard

[Researchers Find HPV Vaccine Trials Put Safety on the Back Burner.](#)

11.03.2020//www.slate.com//Frederik Joelving

[Health groups criticise EU funded breast cancer screening study as a "missed opportunity".](#)

03.03.2020//www.BMJ.com//Ingrid Torjesen

[Kronisk træthedssyndrom: Hjælper genoptræning, eller gør det folk mere syge?.](#)

02.03.2020// www.videnskab.dk/ Marie Barse

[Annette Heicks elendige råd kan gøre skade og stjæle din livskvalitet.](#)

01.03.2020// www.berlingske.dk/ Ida Donkin

[EU-tænketank spreder ensidig og uvidenskabelig viden om 5G.](#)

24.02.2020// www.mm.dk/tjekdet/ Rasmus Kernn-Jespersen & Andreas Oved Askjær Rasmussen

Radio and podcasts

[Danmarks Radio | P1 Sygt nok - Hvornår kommer Corona-behandlingen?](#)

05.06.2020//www.dr.dk/ Maja Thiele

[Zetland | Zetland Helikopter-](#)

27.05.2020//www.zetland.dk/ Jakob Skaaning Hansen

[Danmarks Radio | Radioavisen](#)

23.05.2020//www.dr.dk/radio

[Radio4 | Morgen Tirsdag kl. 6-7](#)

19.05.2020//www.radio4.dk/ Stine Kromann Dragsted & Dan Grønbech

[Radio4 | Morgen Onsdag kl. 6-7](#)

29.04.2020//www.radio4.dk/ Stine Kromann Dragsted & Dan Grønbech

GOAL 4: Building an effective & sustainable organization

To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

The combination of work restrictions due to the COVID-19 pandemic and simultaneously the Ministry of Health and the Elderly's decision to move our Centre 174 km away from Copenhagen has had a major impact on the Centre's staff, not only on a personal level, but also on a professional level. Interrupting routines and periods where operations have not been smooth has affected our work and productivity importantly, as would any relocation of a publicly funded institution. The cost control factor, downtime, adapting to working in a new space and moving in the middle of a pandemic is not only historic, but has required goodwill, coordination, cooperation, and many working hours. The relocation will enable the expansion of our Centre through a close affiliation with the Centre for Evidence Based Medicine Odense at The University of Southern Denmark.

Cochrane review, Method and Field groups in the Nordics

We have six review groups, one Methods group and one new Field in the Nordics. We host research meetings throughout the year as an opportunity to share knowledge and build our Cochrane community.

[Cochrane Anaesthesia](#)

[Cochrane Emergency and Critical Care](#)

[Cochrane Colorectal Cancer](#)

[Cochrane Effective Practice and Organisation of Care](#)

[Cochrane Hepato-Biliary](#)

[Cochrane Work](#)

[Cochrane Bias Methods](#)

[Cochrane Sustainable Healthcare](#)

Our responsibilities have grown substantially over recent years, most notably, we serve as the Centre supporting and managing other Cochrane Associate Centres in Sweden, Norway and Poland (as well as assisting Cochrane Russia where our Acting Director serves on the Advisory Board (see: <https://russia.cochrane.org/advisory-board>).

Establishing the Cochrane Sustainable Healthcare Field

In December 2019, the new [Cochrane Sustainable Healthcare Field](#) was launched by Editor in Chief of the Cochrane Library, Karla Soares-Weiser, at the Preventing Overdiagnosis Conference in Sydney, Australia. The Field is based at Cochrane Sweden and is financially supported by both Cochrane Nordic and Cochrane Sweden. The objective of the new Field is to advocate and promote the use of evidence to ensure a more sustainable approach to healthcare. The Field will work towards developing a global network for collaboration to more closely integrate the links in the evidence chain, with a renewed focus on tackling medical excess and forging more sustainability within healthcare. The Field's primary goals are to enhance the relevance of primary research and evidence synthesis to tackle medical excess and increase the use of that evidence to enable more sustainable healthcare. Read the Cochrane Editorial:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.ED000143/full>

Building KT capacity and supporting the development of the Cochrane organization

Our Communication Consultant at Cochrane Nordic, Dina Meng, has been invited to join a network of dissemination experts as part of a wider Cochrane Knowledge Translation Project. This project aims to provide an opportunity to connect and learn from colleagues within Cochrane and to develop skills to train and support others within the Cochrane community. Dina participated at the first face-to-face meeting in London with the rest of the group in January 2020. Dina is a part of the Cochrane Knowledge Translation group (Cochrane Dissemination Checklist Community of Practice), which developed a dissemination checklist for Cochrane reviews. Dina will also support the implementation training of the Cochrane Dissemination Checklist with Claire Glenton from Cochrane Norway and others from the Cochrane Knowledge Translation team.

Acting Director Karsten Juhl Jørgensen became a Cochrane elected Board Member in December 2018. This was important for both NCC- and our collaboration in terms of demonstrating internal coherence and continued commitment to Cochrane. During 2020, the Board have focused on the editorial strategy for our organization and has begun the process of setting a new strategy for the collaboration beyond 2020.

New or updated Cochrane reviews, protocols, and editorials

- Nejtgaard CH, Bero L, Hróbjartsson A, Jørgensen AW, Jørgensen KJ, Le M, et al. Conflicts of interest in clinical guidelines, advisory committee reports, opinion pieces, and narrative reviews: associations with recommendations. *Cochrane Database Sys Rev* 2020;(12):MR000040.
- Paludan-Müller AS, Boesen K, Klerings I, Jørgensen KJ, Munkholm K. Hand cleaning with ash for reducing the spread of viral and bacterial infections: a rapid review. *Cochrane Database Sys Rev* 2020;(4):CD013597.
- Soares-Weiser K, Lasserson T, Jorgensen KJ, Woloshin S, Bero L, Brown MD, et al. Policy makers must act on incomplete evidence in responding to COVID-19. *Cochrane Database Sys Rev* 2020;11:ED000149.

Journal articles and reports

- Demasi M, Gøtzsche PC. Presentation of benefits and harms of antidepressants on websites: A cross-sectional study. *Int J Risk Saf Med* 2020;31:53-65.
- Doshi P, Bourgeois F, Hong K, Jones M, Lee H, Shamseer L, et al. Adjuvant-containing control arms in pivotal quadrivalent human papillomavirus vaccine trials: restoration of previously unpublished methodology. *BMJ Evid Based Med* 2020;25:213-219.
- Hengartner MP, Jakobsen JC, Sørensen A, Plöderl M. Efficacy of new-generation antidepressants assessed with the Montgomery-Asberg Depression Rating Scale, the gold standard clinician rating scale: A meta-analysis of randomised placebo-controlled trials. *PLoS One* 2020;15:e0229381.
- Jefferson T, Demasi M, Doshi P. Statins for primary prevention: what is the regulator's role? *BMJ Evid Based Med* 2020 feb 26.
- Lundh A, Rasmussen K, Østengaard L, Boutron I, Stewart LA, Hróbjartsson A. Systematic review finds that appraisal tools for medical research studies address conflicts of interest superficially. *J Clin Epidemiol* 2020 apr;120:104-115.
- Moustgaard H, Clayton GL, Jones HE, Boutron I, Jørgensen L, Laursen DLT, et al. Impact of blinding on estimated treatment effects in randomised clinical trials: meta-epidemiological study. *BMJ* 2020;368:l6802.
- Munkholm K, Faurholt-Jepsen M, Ioannidis JPA, Hemkens LG. Consideration of confounding was suboptimal in the reporting of observational studies in psychiatry: a meta-epidemiological study. *J Clin Epidemiol* 2020;119:75-84.
- Munkholm K, Winkelbeiner S, Homan P. Individual response to antidepressants for depression in adults-a meta-analysis and simulation study. *PLoS One* 2020;15:e0237950.

- Munkholm K, Jørgensen KJ. No evidence for the effectiveness of IV ketamine for treatment resistant mood disorders in retrospective study. *Bipolar Disord* 2020 dec;22:860-861.
- Nejtgaard CH, Bero L, Hróbjartsson A, Jørgensen AW, Jørgensen KJ, Le M, et al. Association between conflicts of interest and favourable recommendations in clinical guidelines, advisory committee reports, opinion pieces, and narrative reviews: systematic review. *BMJ*. 2020;371:m4234.
- Paludan-Müller AS, Sharma T, Rasmussen K, Gøtzsche PC. Extensive selective reporting of quality of life in clinical study reports and publications of placebo-controlled trials of antidepressants. *Int J Risk Saf Med* 2020;1:1-13.

Other

- Johansson M, Juhl Jørgensen K, Bruschetti M. Is earlier better when it comes giving caffeine to preterm infants or are we risking unnecessary treatment and serious harm? *Acta Paediatr* 2020;109:440-2.
- Jørgensen KJ, Paludan-Müller AS. Breast Cancer Screening and Diagnosis. *Ann Intern Med* 2020;172:838-839.
- Juhl Jørgensen KJ, Auken M, Brinth L, Chandler R, Gøtzsche PC, Jefferson T. Suspicions of possible vaccine harms must be scrutinised openly and independently to ensure confidence. *NPJ Vaccines* 2020;5:55.
- Jørgensen L, Gøtzsche PC, Jefferson T. Benefits and harms of the human papillomavirus (HPV) vaccines: systematic review with meta-analyses of trial data from clinical study reports. *Sys Rev* 2020;9(1):43.
- Paludan-Müller AS, Munkholm K. Sertraline in primary care: comments on the PANDA trial. *Lancet Psychiatry* 2020;7:18-19.

Cochrane Nordic team

An overview of our core team and associated team in 2020.

Title	Name	FTE
Acting Director	Karsten Juhl Jørgensen	1,0
Senior Researchers	Klaus Munkholm Tom Jefferson Maryanne Demasi	1,0 0,5 0,5
PhD students	Anders Klokmoose Asger S. Paludan Müller Kim Boesen Marie Solitander Jensen (maternity leave)	1,0 1,0 0,67
Administration	Jannie Hedegaard Frihild Askham Ingrid Rose Maclean-Nyegaard	0,86 1,0 0,19
Communications Consultant	Dina Muscat Meng	0,86