

NIHR Cochrane Review Group Infrastructure Award

Annual Report for 2014

Reporting period for activity and outputs: 1 Jan 2014 to 31 Dec 2014.¹

Report submission date: by 1 May 2015 (latest).

Please use this form only for your NIHR Infrastructure Award annual report and return it by email attachment as a Word document using the filename format: [abbreviated name of your Cochrane Review Group] Annual Report 2014.

Name of Cochrane Review Group:	Pain, Palliative and Supportive Care
Name of host institution:	Oxford University Hospitals (OUH) NHS Trust at The Churchill Hospital, Oxford

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Host institution Finance Officer	Nuala Donnelly	Nuala.Donnelly@ouh.nhs.uk	01865 572244
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2a. What formal training in the conduct of systematic reviews has been provided by staff at the editorial base? ⁷

PaPaS CRG members provided the following training in 2014:

PaPaS editor, Sheena Derry:

- Teaching at UK Cochrane Centre: two full days on Beginning a Systematic Review Protocol and Methods Section of the Protocol) in March, May and September.

PaPaS editor, Professor Phil Wiffen:

- 6 workshops in China (4 x 3-day and 2 x 1-day)
- 1 1-day workshop in Copenhagen

PaPaS Co-ordinating Editor, Professor Chris Eccleston:

- no formal training. Mentorship, consultation, and advice on a range of titles and to novice authors. Multiple presentations at scientific meetings on PaPaS, Cochrane, and Evidence Based Medicine.

PaPaS editor, Professor Andrew Moore:

- Developed a series of 15 teaching lectures on Change Pain website: <http://www.change-pain.co.uk/videos/prof-andrew-moore-evidence-based-medicine/>

PaPaS editor, Neil O'Connell

- Teaching review methods at Brunel University to post-graduates.
- Talks given to clinical groups on interpreting meta-analysis.

2b. What Cochrane-related training have staff of the editorial base received, and how has it been provided?

The Co-ordinating Editor, Managing Editor, one Assistant ME and the TSC attended the UK and Ireland Symposium, Manchester, UK [April 2014]; training, workshops and plenaries provided on the theme of 'Useful, Useable and Used'.

The ME attended The Cochrane Collaboration Colloquium, Hyderabad [Sept 2014]: training, workshops and plenaries provided on the theme of 'Evidence-Informed Public Health: Opportunities and Challenges', and information given around recent developments within the Collaboration; the ME attended the pre-Colloquium 1-day Tech Symposium, and also co-presented a workshop to the MEs on challenges of translation and dissemination of reviews, and working with authors whose first language is not English.

The newly-appointed AME [Nov. 2014] utilised the Review Manager tutorial, and online videos and presentations from Cochrane meetings, as well as general training (Archie, RevMan, editorial process, Cochrane policy) from the ME.

3. What outputs have been accomplished during the reporting period?

[Please complete the tables A – G provided in the appendix. If your CRG is associated with a NIHR Cochrane Programme Grant, you **must list separately** those reviews and review updates undertaken as part of that programme.]

Please state your 2013 impact factor (as provided by Wiley) here: 7.184.

4. What progress has been made against each objective in your business plan?

[Please provide a short statement under each objective, identifying success against each objective as set out in your Business Plan. Suggested maximum of half an A4 page for each objective]

1. Establishing and maintaining the efficient administration of the CRG's editorial base, including attracting new and maintaining existing funding.

a) Secure a further DH grant to help further support review development.

NIHR Infrastructure funding awarded for 2015-2020: Band 3 £156,236 annually from April 2015.

b) Increase our presence at relevant Pain and Palliative Care meetings worldwide to increase the variety and number of contributors.

In 2014, PaPaS editorial staff attended the following meetings:

The Cochrane Collaboration Mid-Year Meeting

UK and Ireland 22nd Anniversary Symposium, Manchester, UK

The Cochrane Collaboration 22nd Colloquium, Hyderabad

Additional meetings:

PaPaS Co-ordinating Editor, Professor Chris Eccleston:

- 1st invited international speaker at the Society of Pediatric Psychology Annual Conference (SPPAC), Philadelphia, USA, March 2014
- Scandinavian Association for the Study of Pain, Oslo, Norway, April 2014

PaPaS senior editor, Professor Andrew Moore:

- IASP World Congress of Pain, Buenos Aires, October 2014
- Australian Pain Society 34th Annual Scientific Meeting, Hobart, Australia, April 2014
- 7th World Congress of the World Institute of Pain (WIP 2014), Maastricht, the Netherlands, May 2014

PaPaS editor, Neil O'Connell

- IASP World Congress of Pain, Buenos Aires, October 2014
- PainAdelaide 2014, Australia, March 2014
- SEFID 3rd International Congress on Pain and Physiotherapy, October 2014

c) Support the Headache Assistant ME post for at least two days a month to produce Headache reviews, and seek alternative funding when necessary.

Headache Assistant ME resigned in June 2014. Ongoing discussions with International Headache Society regarding new editorial input/resources.

d) Establish an audit system and monitor the timeliness of review production.

The ME continues to develop and circulate the 'Dashboard of Critical Features' report with the core editorial team, which includes total publications per month, actual/expected time scales for phases of the editorial process (i.e. editorial assessment, peer review), and screening report results (none, minor, major comments).

The ME and AME planned a comprehensive, detailed audit for early 2015, using Archie data of target and actual timelines for protocols, reviews, and updates published in 2012, 2013 and 2014. Examples of planned data collection questions:

- a) Time from registration to publication of protocol (target: 12 months)
- b) Time from publication of protocol to publication of review (target: 24 months)
- d) Time from publication of review to publication of first update (target: 30 months)
- e) Time from registration to publication of review (target: 36 months)
- f) Time from initial proposal to registration/rejection (target: 2 weeks)

g) Time in Authoring phase

h) Time in Editorial phase

We will use the results of this audit to help inform our expected targets and timelines, introduce efficiencies where appropriate, and manage author/editor expectations.

We hold regular team meetings with core staff to discuss the editorial process. The ME circulates workflow reports for editorial staff on a weekly basis. The editorial team is working to agreed internal targets for timeliness. The website has been updated to inform authors of Cochrane and PaPaS expectations. An Updates Manager supports the ME and Co-Ed to manage and prioritise out of date titles.

e) Annual appraisals to discuss past and future work and to set individual objectives.

Annual appraisals are held for payroll staff (ME, AME), and informal 'catch up' discussions held on regular basis between ME and Co-Ed, ME and AME, and ME and TSC, by email, phone/Skype, and face to face when feasible.

f) Investigate potential sources of funds above those already explored to further support the work of the group.

Additional funding received during 2014

NIHR Programme Grant awarded from 01 June 2014 for 36 months.

Palliative Care Library, an annotated database: 9 month project 2014-15

Annual incentive grant/directly commissioned awards:

2013 (N = 2)

Psychological therapies for the management of chronic pain (internet delivered) in adults
Topical lidocaine for neuropathic pain and fibromyalgia

2014 (N = 5)

Medically assisted nutrition for palliative care in adult patients (update)
Medically assisted hydration for palliative care in adult patients (update)
As required versus fixed schedule analgesic administration schedules for postoperative pain in children
The impact of morphine, fentanyl or codeine (oxycodone) on patient consciousness, appetite and thirst
Palliative pharmacological sedation for terminally ill adults

Successfully applied for 2015 Incentive Award (N = 1)

Opioids for the palliation of refractory breathlessness in adults with advanced disease and terminal illness

g) Prepare Business plan for Department of Health (DH) on an annual basis.

On-going.

2. Selecting and prioritising systematic review topics and titles.

a) Ensure the scope matches current requirements for clinicians in practice and work on seeking priority topic titles that can provide answers for healthcare providers worldwide.

Ongoing collaboration with the International Association for the Study of Pain (IASP) and the International Headache Society.

Initial discussions held with John Hilton, CEU, regarding the Topics List on the Cochrane Library. PaPaS proposed 'Palliative care' replacing 'Cancer' as a main heading, to make it easier for Users to navigate. Other suggestions were proposed regarding headache/migraine, surgery/anaesthetics, and pain management. Ongoing discussions.

PaPaS is a registered stakeholder with NHS England for the following guidelines and quality standards:

- Neuropathic pain - pharmacological management: guideline consultation
- Clinical Reference Group; The Specialised Commissioning Team at NHS England- D08. Specialised Pain
- Osteoarthritis
- Older people with long-term conditions
- Potential future public health quality standard topics
- Proposed static list
- Care of the dying adult/ Care in last days of life
- Children and young people with cancer (quality standard)
- Headaches in young people and adults

Potential contributors can complete the Cochrane Collaboration's approved 'Contact Information Form' or submit a Review Proposal Form for assessment; both forms are available to download from our website. We aim to match the level of expertise and the skills of potential authors to the complexity and relevance of the reviews for which we require additional authors.

We submitted three titles to the 'Cochrane 200 Priorities' list (1 update, 2 new titles).

The Updates Manager works with the Managing Editor, the TSC, and the Co-ordinating Editor to assess our out-of-date reviews. All out of date reviews are now assessed against the Updates prioritisation and classification process flowchart, developed by the ME following involvement in the Cochrane Updates Classification Framework pilot project. The flowchart allows decision-making based on: current/historical question; new research likely or unlikely to change conclusions; research area active/not active. Reviews are stabilised (No Longer Updating) or withdrawn if no longer a priority topic; this significantly reduces the workload of editorial staff and authors. We now routinely ask authors to assess the evidence base at publication, and reviews are stabilised immediately if appropriate. A copy of the flowchart is available online (see <http://papas.cochrane.org/papas-editorial-process>). The flowchart will be revised accordingly in response to the implementation of the Cochrane Updates Classification Framework functionality, expected in 2015.

Clinicians for palliative care, anaesthesia/post-operative pain, and paediatrics are members of our core editorial board and regularly provide feedback on review proposals and review development.

We embrace shared working with other review groups to ensure high quality, relevant reviews. In addition to routine correspondence with CRGs with similar scope, we have worked directly with the following CRGs on shared practice, shared registrations, prioritisation, and shared wording/templates:

- Musculoskeletal Group
- Neuromuscular Disease Group
- Oral Health Group
- Cystic Fibrosis and Genetic Disorders Group

We routinely approach at least two external peer referees for all new protocols and reviews, and updates with major changes (e.g. to the conclusions and/or scope). We routinely expect at least one consumer referee to comment on all new reviews, and on high priority protocols and updates where relevant. Primarily, we utilise the Cochrane Consumer Network mailing list for requests, and Consumer Referees tend to be self-selected.

b) Arrange an annual meeting for the Editors as of 2010 onwards to further support the work of the Editorial base and to advise on direction.

The new term for editors began successfully in April. Plans were initiated in 2014 for a 2015 Editor meeting. These meetings provide the opportunity to discuss the current status of the review group, and emerging issues within Cochrane and our scope.

c) Improve the expertise of review team authors submitting titles to ensure increased quality of reviews published by the PaPaS review group.

We expect at least one author on the team to be experienced in preparing Cochrane reviews, and at least one author whose first language is English: these expectations are clearly stated on our website, on the Review Proposal Form and in response to enquiries.

We have updated the bespoke RevMan template for protocols, which is now automatically uploaded in RevMan for all newly registered titles. The guidance document lists all relevant mandatory MECIR standards in the appropriate section, along with preferred/suggested wording and PaPaS guidance. The ME also developed similar documents for new reviews, updates, and updates with no new studies. These guidance documents are available as pdfs on our website (Resource Hub > PaPaS Documents), and they are routinely sent to the Contact Person at the beginning of the editorial process (i.e. after registration, after publication of the protocol, after publication of the review, as appropriate).

We continue to use and develop template ticket emails in Archie to improve efficiencies in communication between editorial staff/workflow managers and all other roles specified in the workflow.

We use the Cochrane Editorial Resource Committee (ERC) approved template documents as the basis for our standard documentation, e.g. Review Proposal Form, Peer Referee Checklist for Reviews. We have developed a proposal form for overviews and peer referee checklists for overviews (these formed the basis for the new resource being developed by the ERC).

We have created several pdfs of screenshots of 'common errors' (e.g. amending personal record in Archie, adding a secondary reference in RevMan) to help the authors 'troubleshoot', and save time at the editorial base.

The ME developed the following Standard Operating Procedures (SOPs) in advance of the new AME starting in post in November:

- Review proposals and title registration
- Protocol development
- External peer review process

These documents support the work of editorial base staff and provide definitive, detailed guidance for each step of the process. An SOP for the review development process is also planned. The ME shared these documents with several other CRGs following direct requests for copies.

The following template protocols have been developed by senior Cochrane editors/authors:

- Drugs for neuropathic pain
- Drugs for fibromyalgia
- Opioids for neuropathic pain
- Drug X for episodic TTH in adults

These templates are made available to other author teams as appropriate. We worked closely with Copy Edit Support with the aim of ensuring a consistent, efficient approach to managing very similar protocols prior to publication.

We circulate newsletters via email, on our website and via Twitter, to inform PaPaS contributors of the latest developments within Cochrane and PaPaS.

There is an open invite to new authors, and authors at update stage, to visit Oxford for supervision and advice when developing a review.

The PaPaS website was updated in 2013 to include the latest information, links and documentation relevant to our contributors. See the 'Resource Hub' for specific guidance documents and links for authors: <http://papas.cochrane.org/resource-hub>

The ME and AME organised an editorial meeting in June with other Cochrane Review Groups based in the local area. This provided the opportunity to share experiences, common practice, and expertise with other CRG staff, e.g. the Updates Classification pilot, the CRG Structure and Function review.

The TSC develops search strategies for new protocols, and runs searches for reviews and review updates. The TSC routinely checks the search sections when the authors submit their first drafts. The TSC submits all eligible references from Included Studies for publication on CENTRAL, and adds references from Included Studies to the group's Trials Register.

We continue to work closely with other review groups, learning from others' good practice. The ME, AME and TSC utilise the ME/TSC forum on the main Cochrane website to share expertise and advice.

d) Co-ordinating Editor to reserve the right to withdraw a title at the draft protocol stage if the author appears not to be writing to the expected standards.

Editorial staff regularly assess and prioritise out of date titles (see 2a).

The Co-ordinating Editor, Managing Editor and Updates Manager may assign reviews for withdrawal where certain criteria are met, e.g. significant delays, no activity in RevMan, consistently below expected minimum standards, authors not responding adequately to feedback, significantly out of date and unreliable, author team no longer available, review to be split. This also applies to newly registered titles ('de-registration') and published protocols where the draft review meets criteria above.

The ME and AME planned an audit of editorial process timelines to identify areas of efficiency and potential improvement: see section 2d.

e) Review and refine the scope of our review group with particular regard to a better definition of Supportive Care and Palliative Care.

Completed 2012/13. See website: <http://papas.cochrane.org/papas-background>.

5a. How has your CRG established plans to ensure priority topics in your topic area are covered and are up to date?

[Please provide a description of the approaches taken to prioritisation of topics and reviews by your group, and identify whether the approach is a) Analytical e.g. looking at trials registers; b) Internal CRG consultation e.g. editorial base/small group analysis of out of date reviews; or c) External CRG consultation e.g. patient organisations/policy makers/clinical experts]

We identify priorities through ongoing internal and external consultation, and a combination of peer group presentations and reviews at national and international congresses. We regularly make use of the IASP NeuPSIG (The International Association for the Study of Pain Special Interest Group on Neuropathic Pain) and our Contact Editors for registering and developing systematic reviews.

We regularly hold meetings with the Musculoskeletal and Neuromuscular Diseases Groups regarding potential scope overlap issues and topic relevance/prioritisation, for example reviews on neuropathic pain and fibromyalgia. Together, we have developed template protocols for shared use, and routinely share working practice and registered titles where appropriate.

We engage with patient forum panels of key constituents, for example professional groups, patients, etc. We also hold discussions with guidelines developers.

See section 2a re. updates prioritisation flowchart.

We continually assess our resources against the availability and capability of the author team.

Our external stakeholders include the following:

The Special Interest Group on Neuropathic Pain (NeuPSIG), of the International Association for the Study of Pain (IASP).

Dr Gavin Stewart, of the Statistical Methods Group.

WHO: World Health Organisation's essential medicines list

IMMPACT (Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials)

OMERACT (Outcome Measures in Rheumatology): an independent initiative of international health professionals interested in outcome measures in rheumatology.

International Headache Society

Marie Curie Cancer Care charity

Sobell House hospice, Oxford

5b. How does your CRG ensure that priority setting plans remain up to date?

[Please provide a description of the approaches taken to ensure that priorities are reviewed and kept up to date.]

This is an on-going assessment and forms part of our frequent team meetings as a standing item, and we are in regular discussions with stakeholders and collaborators to monitor our progress.

The Managing Editor was invited to be a member of the Data Assessment Group for The Palliative and End of Life Care Priority Setting Partnership (PeolcPSP), a project run by the James Lind Alliance and Marie Curie. The results of the prioritisation project were published in 2015 (<http://www.palliativecarepsp.org.uk/finalreport/>) as a list of Top 10 questions; we are planning to consult with other relevant Cochrane review groups to map these opportunities to new potential Cochrane reviews.

Tweetchat: patient-preferred fibromyalgia outcomes

In December, we initiated, planned and co-hosted an hour-long Tweetchat for patients and clinicians to explore outcomes for use in template protocols for Cochrane systematic reviews on interventions for fibromyalgia in adults. Co-hosted with Cochrane Musculoskeletal and Neuromuscular Diseases Groups. Due to a lack of engagement with the intended audience, we are planning to host this again in 2015. The Storify is available here (hashtag #CCFibro): <https://storify.com/CochranePaPaS/cochrane-and-fibromyalgia-tweetchat>. We also intend to expand the topic area for additional Tweetchats, e.g. neuropathic pain.

6. What arrangements have been in place over the past year for development and appraisal of editorial base staff employed using NIHR funding?

Salaried CRG staff (on Oxford University Hospital NHS Trust (OUH) payroll): Managing Editor (ME) and Assistant Managing Editor (AME).

The ME reports to the Co-ordinating Editor, and the AME reports to ME. Annual appraisals are held for the ME and AME, and agreed documentation is signed and kept on file. Appraisal forms are based upon the templates from Oxford University and OUH NHS Trust policy.

Any training opportunities identified are discussed and approved by Line Managers as appropriate. OUH Trust provides online Statutory and Mandatory training, to be completed annually/every three years as appropriate.

Informal 'catch up' meetings between TSC (external consultant, works from home) and ME, and Co-Ed and ME, when opportunity arises.

Funding made available for travel and subsistence costs for all staff to attend meetings and conferences relevant to role with PaPaS.

7a. Have there been any important changes to your staff, location or scope over the last year?

The Co-ordinating Editor was voted onto the Cochrane Steering Group in September 2014.

There were significant staff changes in 2014 which required substantial administrative input and close management from the Managing Editor and Co-ordinating Editor:

- Rebecca Gray, Assistant Managing Editor for PaPaS headache and migraine reviews, resigned in June.
- Professor Timothy Steiner, Contact Editor for PaPaS headache and migraine reviews, resigned in June.
- Assistant Managing Editor Yvonne Roy resigned in September.
- Additional members of the editorial board joined from April: Nick Wilkinson (paediatric pain), Neil O'Connell (physical therapies), Peter Cole (anaesthetics), Adrian Tookman (palliative care).
- New Assistant Managing Editor, Kerry Harding, started in post in November.

There were also significant administrative changes within the host organisation, OUH NHS Trust, resulting in time-consuming correspondence to clarify expectations and policies. Changes included: claiming expenses online; booking annual leave online; reporting sickness through external company; online purchase ordering; restrictions on employment of external consultants and associated expense claims; online booking of stationery, travel, and accommodation through approved providers. Communication from OUH was poor, and we were not given the necessary information/resources/facilities to implement all of the above as a third party. Lack of direct access to the intranet exacerbated these issues. Discussions are ongoing, e.g. request to install direct network point to access OUH intranet ongoing since August 2014 (to April 2015) (the PaPaS office currently only accesses the Oxford University IT network directly).

7b. Do you anticipate any important changes to your staff, location or scope over the next year that you would like to bring to our attention?

NIHR Programme Grant, start date 01 June 2014, will fund a part time systematic reviewer. Interviews to take place May 2015.

Ongoing planning for prioritisation within the topic area of palliative care/frailty/dementia. Exploratory work began in 2014 in seeking support for a programme of work in palliative and supportive care, in particular for end of life care.

8. Does your Cochrane Review Group have a satellite or multiple satellites?

[If yes please provide brief details of this satellite and its location.]

None.

9. Please provide any further information you wish to give that is not covered elsewhere in the report

Evidence of our impact on health guidelines and the wider community are listed below.

October 2014

Contributed as a registered stakeholder during the updating of the NICE guideline CG150 'Diagnosis and management of headaches in young people and adults' (2012), Evidence Update 67

Professor Andrew Moore was invited to be an Honorary Member of International Association for the Study of Pain (IASP) for his 'outstanding contributions in pain-related fields to advance the mission of the association'. As part of the Neuropathic Pain Special Interest Group (NeupSIG), Professor Moore helped inform their neuropathic pain (NP) guidance, which in turn informed the series of Cochrane intervention reviews for NP.

Also see Table G for a list of PaPaS reviews in guidelines, in the Annual Reporting 2014 Spreadsheet Template document (submitted separately).

Care in last days of life guideline

May 2014

Dr Bee Wee (Senior Clinical Lecturer in Palliative Care, Head of Research, Consultant Physician, Fellow and Unit Director at Churchill Hospital, Oxford; National Clinical Director, End of Life Care, NHS England), introduced some colleagues from the National Clinical Guidelines Centre commissioned to develop the NICE Clinical Guidelines for Care of Dying People (which is part of the NICE response to the Neuberger report).

June 2014

NIHR funding identified to support completion of 'Palliative pharmacological sedation for symptom relief in terminally ill adults' review by end 2014, prioritised in order to inform guideline development.

July 2014

ME attended the NICE 'Care of the Dying Adult Clinical Guideline' scoping meeting in London on 16th July 2014.

December 2014

ME facilitated meeting between members of the NICE 'Care of the Dying Adult Clinical Guideline' group and the author team of the 'Palliative pharmacological sedation for symptom relief in terminally ill adults' review. As a result of this meeting, the technical team at the National Clinical Guideline Centre requested the following information from PaPaS:

- 1) Search strategies;
- 2) Recording results: RIS file;
- 3) Pre-publication draft of the review.

All information provided promptly.

The Leadership Alliance for the Care of Dying People (LACDP)

April/May 2014

The Leadership Alliance for the Care of Dying People (LACDP) prepared a report on a new approach to caring for people in the last few days and hours of life, see <https://www.england.nhs.uk/ourwork/qual-clin-lead/lac/>. The following information was provided to Dr Bee Wee regarding relevant on-going work within PaPaS:

- Professor Andrew Moore shared a slide set for a 25 minute workshop on palliative care and evidence for end of life care pathways at Australian Pain Society (APS) Annual Scientific Meeting (ASM), Hobart from 13 April 2014.
- 'Medically assisted nutrition for adult palliative care patients' and 'Medically assisted hydration for adult palliative care patients': both updates published April 2014.
- 'Impact of morphine, fentanyl, oxycodone or codeine on patient consciousness, appetite and thirst when used to treat cancer pain' rapid review: publication due 5 June 2014.
- The Library of published Palliative Care and end of life research as an annotated bibliography: start date 1 May 2014; delivery date 1 February 2015.

June 2014

PaPaS was acknowledged in The Leadership Alliance's response: One Chance to Get it Right: improving people's experience of care in the last few days and hours of life, in paragraph 106, and Annex B point 6.

PaPaS Editor, Neil O'Connell

"Our Cochrane review of non-invasive brain stimulation techniques [Non-invasive brain stimulation techniques for chronic pain, O'Connell 2014] has achieved substantial international impact. Domestically it has been summarised by the National Institute for Health and Clinical Excellence (NICE) in a document for the Quality Innovation Productivity and Prevention (QIPP) initiative to help the NHS identify practices that could be significantly reduced or stopped completely, releasing cash and/or resources without negatively affecting the quality of NHS care. Similarly it formed a substantial amount of the evidence guiding the recommendations of a commissioning report commissioned by the West Midlands Specialised Commissioning Team. At an international level, last year the South African clinical practice guidelines for the clinical management of neuropathic pain were published. These guidelines are endorsed by the Neurological Association of South Africa (NASA), the South African Society of Anesthesiologists (SASA), the South African Spinal Cord Association (SASCA), Pain Interventions and Regional Anesthesia (PIRA) and pain. They cite our Cochrane review of non-invasive brain stimulation for chronic pain [3.5] as their sole source of evidence regarding these treatment approaches, recommending that the evidence of efficacy is very limited. A number of US health insurance providers have directly used our research to guide policy on whether to fund such treatments and partly as a result of our research do not fund transcranial magnetic stimulation for chronic and neuropathic pain syndromes including fibromyalgia."

- Cochrane Quality and Productivity Topics. Non-invasive brain stimulation techniques for treating chronic pain. NICE <http://arms.evidence.nhs.uk/resources/qipp/958467/attachment>
- Dretzke J, Meadows A, Fry-Smith A, Moore D. (2011) The clinical and cost-effectiveness of neurostimulation for relief of chronic/neuropathic pain: an evidence based review. A West Midlands Commissioning Support Unit Report. <http://www.birmingham.ac.uk/research/activity/mds/projects/HaPS/PHEB/WMCSU/programme/index.aspx> (research mentioned on pages 27, 36-37, 42-43, 89, 91,100, 105, 114, 129, 178, 181, 214, 215)
- Chetty S, Baalbergen E, Bhigjee AI, Kamerman P, Ouma J, Raath R, Raff M, Salduker S. Clinical practice guidelines for management of neuropathic pain: expert panel recommendations for South Africa. S Afr Med J 2012;102(5):312-325 (research cited on page 323)
- ANTHEM policy Med.00108 Transcranial magnetic stimulation for non-behavioural health indications. http://www.anthem.com/medicalpolicies/policies/mp_pw_c131914.htm (research cited on page 2 of 6 and referenced under the heading "Government Agency, Medical Society and Other Authoritative Publications")

- REGENCE Medical Policy Manual. Transcranial magnetic stimulation as a treatment for depression and other disorders. Policy No. 148 <http://blue.regence.com/trgmedpol/medicine/> (research cited on page 5, reference #42)
- United Healthcare Services Inc. Medical Policy. Transcranial Magnetic Stimulation. Policy No. 2012T0536E. https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Medical%20Policies/Transcranial_Magnetic_Stimulation.pdf (research cited page 9)

Plenary addresses, workshops, keynote presentations

Professor Christopher Eccleston

2014 Keynotes

Ist invited international speaker at the Society of Pediatric Psychology Annual Conference (SPPAC) (March 2014: Philadelphia, USA)
 Scandinavian Association for the Study of Pain (April 2014: Oslo, Norway).

Editor Professor Andrew Moore

Acute Pain SIG at IASP Buenos Aires – based on our acute pain suite of reviews and methodological papers.

Two plenaries at APS in Australia – on evidence methods, and chronic and acute pain data from Cochrane.

Talk on palliative care evidence at APS workshop.

Plenary at WIP in Maastricht on evidence of efficacy and harm of pain treatments.

Editor Amanda C de C Williams

Workshop: World Institute of Pain, Maastricht, May 2014

Plenary: German Pain Society, Hamburg, October 2014

Editor Neil O'Connell

Invited speaker, IASP World Congress of Pain, Buenos Aires October 2014 Refresher course

Keynote invitation, Pain Adelaide March 2014

Keynote invitation, SEFID 3rd International Congress on Pain and Physiotherapy October 2014

Publications/editorials (not Cochrane reviews)

Professor Christopher Eccleston, Co-ordinating Editor

- Vowles KE, Rosser B, Januszewicz P, Morlion B, Evers S, Eccleston C. (2014). **Everyday pain, analgesic beliefs, and analgesic behaviours in Europe and Russia: An epidemiological survey and analysis.** European Journal of Hospital Pharmacy, 2014; 21:39-44.

- Verhoeven K, Dick B, Eccleston C, Goubert L, Crombez G. (2014). **The role of executive functioning in children's attentional pain control: An experimental analysis.** Pain, 155: 413-421.

- Keogh E, Cavill R, Moore DJ, Eccleston C. (2014) **The effects of menstrual-related pain on attentional interference.** Pain; 155: 821-827.

- Henderson EM, Keogh E, Eccleston C. (2014). **Why go online when you have pain? A qualitative analysis of teenagers' use of the internet for pain management advice.** Child: Care, Health and Development; 40: 572-579.

- Fisher E, Heathcote L, Palermo TM, Williams A, Lau J, Eccleston C (2014) **Systematic review of psychological therapies for children with chronic pain.** Journal of Pediatric Psychology, 39: 763-782.

- Law EF, Fisher E, Fales J, Noel M, Eccleston C (2014). **Systematic Review of parent and family-based interventions for children and adolescents with chronic medical conditions.** Journal of Pediatric Psychology, 39: 866-886.

- Palermo TM, Law EF, Essner B, Jessen-Fiddick T, Eccleston C. (2014) **Adaptation of problem-solving skills training (PSST) for parent caregivers of youth with chronic pain.** *Clinical Practice in Pediatric Psychology*, 2: 212-223.
- Walsh J, Eccleston C, Keogh E. (2014) **Pain communication through body posture: the development and validation of a stimulus set.** *Pain*, 155: 2282-2290.
- Leake J, Harris N, Keogh E, Eccleston C (2014) **Is photoplethysmography-derived pulse shape useful for fall detection?** In Proceedings of the 7th International Conference on Pervasive Technologies Related to Assistive Environments (PETRA '14). ACM, New York, NY, USA, Article 6, 8 pages. <http://doi.acm.org/10.1145/2674396.2674398>

Editor Neil O'Connell

- Moseley GL, O'Connell NE. **Finding the balance in complex regional pain syndrome: Expertise, optimism, and evidence.** *Neurology*. 2014; 84(1):19-20
- Catley MJ, O'Connell NE, Berryman C, Ayhan FF, Moseley GL. **Is tactile acuity altered in people with chronic pain? A systematic review and meta-analysis.** *J Pain* 2014; 15(10):985-1000
- O'Connell NE, Wand BM, Marston L, Spencer S, DeSouza LH. **Non-invasive brain stimulation for chronic pain in adults** *Cochrane Database of Systematic Reviews* 2014: 4: CD008208
- Wand BM, Stephens SE, Mangharam EI, George PJ, Bulsara MK, O'Connell NE, Moseley GL. **Illusory Touch Temporarily Improves Sensation in Areas of Chronic Numbness: A Brief Communication.** *Neurorehabil Neural Repair*. 2014; 28(8):797-9
- Wand BM, James M, Abbaszadeh S, George PJ, Formby PM, Smith AJ, O'Connell NE. **Assessing self-perception in patients with chronic low back pain: Development of a back-specific body-perception questionnaire.** *J Back Musculoskeletal Rehabil*. 2014; 27(4):463-73
- Wand BM, Catley MJ, Luomajoki HA, O'Sullivan KJ, Di Pietro F, O'Connell NE, Moseley GL. **Lumbar tactile acuity is near identical between sides in healthy pain-free participants.** *Manual Therapy* 2014; 19(5):504-7

PaPaS Editors Professor Andrew Moore, Professor Philip Wiffen, Dr Sheena Derry

Jan 2014

- **Faster, higher, stronger? Evidence for formulation and efficacy for ibuprofen in acute pain.** *Pain*. 2014 Jan;155(1):14-21
- R. Andrew Moore, Sheena Derry, Sebastian Straube, Jocelyn Ireson-Paine, Phillip J. Wiffen

Jan 2014

- **The costs and consequences of adequately managed chronic non-cancer pain and chronic neuropathic pain.** *Pain Pract*. 2014 Jan;14(1):79-94
- Moore RA, Derry S, Taylor RS, Straube S, Wiffen PJ

July 2014

JAMA July 9, 2014 Volume 312, Number 2 JAMA Clinical Evidence Synopsis

Antiepileptic Drugs for Neuropathic Pain and Fibromyalgia

Andrew Moore, Philip Wiffen, Eija Kalso

'summarizes a Cochrane Overview of 10 Cochrane systematic reviews of randomized clinical trials evaluating antiepileptic drugs in the treatment of neuropathic pain or fibromyalgia'

Cochrane review ref:

Wiffen PJ, Derry S, Moore RA, et al. **Antiepileptic drugs for neuropathic pain and fibromyalgia—an overview of Cochrane reviews.** *Cochrane Database Syst Rev*. 2013;11:CD010567.

September 2014

Maturitas

Volume 79, Issue 1, September 2014, Pages 34–40

<http://www.sciencedirect.com/science/article/pii/S0378512214002096>

Treating chronic non-cancer pain in older people – More questions than answers?

Helen Gaskell, Sheena Derry, R Andrew Moore

Nov 2014

Evidence for efficacy of acute treatment of episodic tension-type headache: methodological critique of randomised trials for oral treatments. Pain. 2014

Nov;155(11):2220-8

R. Andrew Moore, Sheena Derry, Philip J. Wiffen, Sebastian Straube, Lars Bendtsen

Nov 2014

Overview review: Comparative efficacy of oral ibuprofen and paracetamol (acetaminophen) across acute and chronic pain conditions

R.A. Moore, S. Derry, P.J. Wiffen, S. Straube, D.J. Aldington

European Journal of Pain 2014 doi:10.1002/ejp.649

A non-Cochrane overview using mainly Cochrane reviews comparing efficacy of ibuprofen and paracetamol

Cited by others

Feb 2014

Suma/Naprox was featured in ACP journal club:

[Ann Intern Med.](#) 2014 Feb 18;160(4):JC8. doi: 10.7326/0003-4819-160-4-201402180-02008.

ACP Journal Club. Review: **Sumatriptan plus naproxen improves acute migraine more than placebo, sumatriptan, or naproxen.**

[Chessman AW.](#)

<http://annals.org/article.aspx?articleid=1829815>

“ACP Journal Club summarizes the best new evidence for internal medicine from over 130 clinical journals. Once a bimonthly stand-alone journal, ACP Journal Club is now a monthly feature of Annals of Internal Medicine. Research staff and clinical editors rigorously assess the scientific merit of the medical literature as it is published and a worldwide panel of over 5000 physicians assesses the clinical relevance and newsworthiness of rigorous studies.”

May 2014

Painful diabetic neuropathy BMJ 2014;348:g1799 (Published 06 May 2014)

<http://www.bmj.com/content/348/bmj.g1799?etoc=>

Cochrane PaPaS reviews from editors/authors Wiffen, Derry and Moore were cited:

- Wiffen PJ, Derry S, Lunn MP, Moore RA. **Topiramate for neuropathic pain and fibromyalgia in adults.** Cochrane Database Syst Rev2013;8:CD008314.

- Gill D, Derry S, Wiffen PJ, Moore RA. **Valproic acid and sodium valproate for neuropathic pain and fibromyalgia in adults.** Cochrane Database Syst Rev2011;10:CD009183.

A Library of published Palliative Care and end of life research as an annotated bibliography (completed February 2015)

Lead: Professor Philip Wiffen, senior PaPaS Editor

The project was funded by NIHR under SRP Directly Commissioned Incentive Award – ref.

13/180/11, to create a database of research published internationally that informs the practice of palliative and end of life care. The completed Library is available online: <http://pcl.cochrane.org/>

Invitations to record a podcast of a Cochrane Review

27 January 2014

Interventions for the symptoms and signs resulting from jellyfish stings

19 March 2014

Non-invasive brain stimulation techniques for chronic pain

Cochrane Nursing Care Field - Summary Review Request

February 2014

Nutritional screening for improving professional practice for patient outcomes in hospital and primary care settings

March 2014

Transdermal fentanyl for cancer pain; to be published in Clinical Nurse Specialist.

May 2014

End of life care pathways for improving outcomes in caring for the dying; to be published in Cancer Nursing

Request to review an HTA vignette

April 2014

Request for input from PaPaS editor Adrian Tookman to review an HTA vignette from the Primary Care, Community and Preventative Interventions Panel on End of Life Care in Cancer and Non Cancer Conditions.

Extra-curricular activities (Managing Editor)

- Invited to become Co-Convenor of Cochrane Editorial Resource Committee (ERC); started post in September. Currently involved in and/or overseeing several projects, including Overview Proposal forms and Overview peer review checklist, electronic review proposals, and Editor Checklist.

- Invited to contribute to the Core Project Team (in particular, social media and communications) of the Cochrane Express project; more information <http://community.cochrane.org/news/news-events/current-news/all-aboard-cochraneexpress>

- Blog piece published about attending the Cochrane Colloquium, from an ME's perspective: <http://www.evidentlycochrane.net/behind-scenes-cochrane-colloquium/>

Links with Marie Curie

March 2014

Request from UK Cochrane Centre to describe PaPaS links with Marie Curie charity, to help inform a meeting between UKCC and Marie Curie regarding improving accessibility and understanding of healthcare evidence for lay people and those who access the service of Marie Curie.

- PaPaS originally received funding from the charity when the CRG was first set up in the late 1990s.
- ME member of Data Assessment Group for the priority setting partnership for end of life care (PeolcPSP) with the James Linde Alliance (<http://www.palliativecarepsp.org.uk>).
- PaPaS routinely Tweets new reviews and updates, and connects with Marie Curie on Twitter when relevant.
- Co-ordinating Editor Chris Eccleston met Jane Collins (CEO) to discuss closer working between PaPaS and Marie Curie.
- Adrian Tookman, palliative care editor, is also clinical director of Marie Curie.
- Providing on-going support, e.g. evidence summaries, to the National Clinical Director in palliative care, Dr Bee Wee.

'Feature Review' on cochrane.org

July 2014

The Cochrane Communications Team interested in spotlighting new review, 'Oxycodone for neuropathic pain and fibromyalgia in adults', in a feature on The Cochrane Collaboration's main website (www.cochrane.org).

Australian Palliative Care Research Colloquium

July 2014

Request from Nancy Owens (Cochrane Web Content & Social Media Editor) to provide examples to showcase some of the work that the PaPaS Group has done in using social media (Twitter) for effective communication of healthcare information.

Media

July 2014

Professor Andrew Moore, PaPaS author and senior editor, referenced in

Paracetamol for low back pain 'no better than placebo'

By Smitha Mundasad Health reporter, BBC News

<http://www.bbc.co.uk/news/health-28440007>

September 2014

Commentary published on the Cochrane review Psychological therapies help reduce headache and non-headache pain in children and adolescents.

Therapeutics/Prevention: Systematic review with meta-analysis: Psychological therapies help reduce headache and non-headache pain in children and adolescents

Johan W S Vlaeyen, Rena Gatzounis

Evid Based Med ebmed-2014-110047 Published Online First: 2 September 2014

doi:10.1136/ebmed-2014-110047

Blogs

August 2014

Notification from Nadine Paul (MINERVATION LTD, elf@nationalelfservice.net) regarding the publication of a blog piece on '**Psychological therapies for the management of chronic and recurrent pain in children and adolescents**' on mental health blog the Mental Elf, 'which aims to keep busy health professionals up to date with the latest reliable research, policy and guidance.'

Evidently Advent, December 2014

Day 13: updated review on topical rubefacients from Cochrane PaPaS: Derry S, Matthews PR L, Wiffen PJ, Moore R. **Salicylate-containing rubefacients for acute and chronic musculoskeletal pain in adults**. Cochrane Database of Systematic Reviews 2014, Issue 11. Art. No.: CD007403. DOI: 10.1002/14651858.CD007403.pub3

http://www.evidentlycochrane.net/evidently-advent-day-13/?utm_source=evidently%20cochrane&utm_medium=socialmedia&utm_term=blog&utm_campaign=advent13

The British Pain Society (BPS)

September 2014

Request for feedback from Rikke Susgaard-Vigon (BPS Events & Communications Officer) on 'The Assessment of Pain in Older People: National Guidelines 2nd Edition'.

Rapid Reviews: a good news story

September 2014

Professor Christopher Eccleston informed UK CC Director Martin Burton of recent PaPaS work:

- "End of Life Care: we responded to a direct request from David Cox (and so to Tom Walley) to provide support for the review on End of Life Care. In conversation with Bee Wee, the National Clinical Director for End of Life Care, we identified gaps in evidence we could address. These arose from the Government report (attached) which set out clearly some of the evidence needs.

- "Hydration and Nutrition evidence needs: updated existing reviews with help from an NIHR incentive grant and close management.

- "Impact of opioids: An example of a Rapid Review: we were also asked to look at the evidence for the impact of opioids and adverse experiences in cancer pain management. The process was completed rapidly in ~13 weeks, without compromising methodological quality. Rapidity was achieved by a combination of using studies identified by previous and ongoing Cochrane reviews, an experienced review team, thoughtful peer reviewers, and by a prepared and proactive editorial base. I think this review is an excellent example of how Cochrane can respond, and respond quickly and in a highly professional manner, to a pressing government and health policy concern.

"Should you need a good news story about how Cochrane can be responsive, responsible, fleet of foot, and a good use of Tax payers' money I think this is one.

"Christopher Eccleston"

Cochrane Statistical Methods Network

July 2014

Request from Kerry Dwan (Statistician, Cochrane Cystic Fibrosis and Genetic Disorders group) on behalf of the Cochrane Statistical Methods Group (SMG) to provide the name and contact details of the PaPaS statistical editor to help set up the Cochrane Statistical Methods Network.

Social Media: Twitter

We have continued to increase our Social Media presence on Twitter (@CochranePaPaS), from approximately 800 Followers in December 2013 to over 2000 at the end of 2014.

We routinely Tweet our new reviews and updates, links to the Cochrane Library and other Cochrane groups, any relevant news items, and other information that may be useful to our stakeholders.

We encourage and actively participate in Twitter conversations and respond promptly to Direct Messages and Tweets where we are tagged. We developed a Social Media Policy for PaPaS in March to support our work in social media. This can be made available on request.

We are planning monthly themed Tweets in 2015 to increase dissemination of our portfolio of reviews, eg fibromyalgia in January, neuropathic pain in February. Using the hashtag #PaPaSTheme.

@CochranePaPaS Twitter 'Follower' campaign

In November, we planned and implemented a paid Twitter Follower Drive to increase our visibility and number of Followers. Over 1 week, 3 template Tweets were circulated to over 350,000 users and we gained an additional 700 Followers during the campaign. A full report is available on request.

October 2014: Worked with UK Cochrane Centre for their Palliative Care Week tying in with Hospice Care Week, with its theme 'Hospice care, everywhere'. PaPaS reviews cited in the following blog:

Pain relief research for better care

http://www.evidentlycochrane.net/pain-relief-research-better-care/?utm_source=evidentlycochrane&utm_medium=socialmedia&utm_content=blog&utm_campaign=palliativecarepain

Wiffen PJ, Derry S, Moore RA. **Impact of morphine, fentanyl, oxycodone or codeine on patient consciousness, appetite and thirst when used to treat cancer pain.** Cochrane Database of Systematic Reviews 2014, Issue 5. Art. No.: CD011056. DOI: 10.1002/14651858.CD011056.pub2.

Wikipedia

Discussions are ongoing with Sydney Poore, Cochrane Wikipedian-in-residence, regarding Wikipedia page(s) on pain evidence.

⁷ Please include any significant training (eg workshops, courses etc) provided to those contributing to Cochrane reviews and other systematic reviews, but exclude occasional 1:1 support of authors of your reviews.

Certified as correct by:

Coordinating Editor:

Chris Eccleston

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NUALA DONNELLY
Nuala Donnelly
1st May 2015

Date:

Please return the completed form by email attachment to Ria Osborne at NETSCC (SRPinfo@southampton.ac.uk), **by 1 May 2015 at the latest. Due to the deadline for preparing a management report for the Systematic Reviews Programme Advisory Group, extensions to this deadline cannot be granted.**

NB: "wet-ink" signatures and subsequent paper copies of this report form are not required. Electronic or scanned signatures are sufficient for submission.