

NIHR Cochrane Review Group Infrastructure Award

Annual Report: 1 Jan 2018 to 31 Dec 2018

Please complete and return this form by email attachment as a **Word document** using the filename format: *[name of Cochrane Review Group] Annual Report 2018*.

Report submission date: by 12th April 2019 (latest).

Please complete the boxes within this word document – these expand to fit text

To reduce duplication please read and review all questions in each section before providing a response.

Name of Cochrane Review Group:	Pain, Palliative and Supportive Care
Name of CRG Network:	Musculoskeletal, Oral, Skin and Sensory Network
Name of host institution:	Oxford University Hospitals Foundation Trust

Contact details:	Name	Email address	Telephone no.
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SECTION 1: STAFFING, LOCATION, SCOPE

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

[150 words max.]

The Managing Editor Anna Erskine returned from maternity leave in August 2018, and Kerry Harding returned to her role as Assistant Managing Editor after covering the ME role. The new role of 'Editorial Assistant and Systematic Reviewer', filled by Emma Fisher, ended in January 2019; Emma has joined the PaPaS editorial board.

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

[150 words max.]

We are expecting to recruit two Network Support Fellows in 2019, for the Musculoskeletal, Oral, Skin and Sensory (MOSS) Network and the Acute and Emergency Care Network. The NSF's will be line managed by the ME, but with input from the Co-Ed, as well as senior members of EMD and the relevant Network.

There are ongoing discussions about potentially moving the topic of fatigue (eg Chronic Fatigue Syndrome) from the Common Mental Disorders Group to PaPaS.

Historically, PaPaS staff have held honorary contracts with the University of Oxford Nuffield Department of Clinical Neurosciences (NDCN), which has provided IT access and support. However, these contracts will be terminated from 31 May 2019. We are working on establishing a new academic home for PaPaS from June onwards.

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

[150 words max.]

The ME reports to the Co-ordinating Editor, and the Information Specialist and Assistant Managing Editor report to the ME. Annual appraisals are held for the ME, Information Specialist and Assistant Managing Editor, and agreed documentation is signed and kept on file. Three-month and six-month reviews are also offered. Any training opportunities identified are discussed and approved by Line Managers as appropriate. OUH provides online Statutory and Mandatory training, to be completed annually/every three years as appropriate. We follow the requirements and recommendations of the employer (Oxford University Hospitals) for all performance review functions.

We are keen to look for opportunities to develop individuals, either in tasks, roles, or specific training. When appropriate, we encourage networking and attendance at Cochrane Meetings and training.

We budget for travel and subsistence costs for staff to attend national and international meetings, training, workshops and conferences relevant to their role with PaPaS.

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

[If yes please provide brief details of this satellite, its location and any additional funding.]

[150 words max.]

We have no satellites. We are discussing the development of satellites in palliative and supportive care in Australia, and a North American satellite.

5. How does your Cochrane Review Group plan to engage with the new Network format?

[150 words max.]

We are hosting two Network Support Fellows from 2019 (one for our Network, and one for the Acute and Emergency Care Network). Our Co-ordinating Editor is Senior Editor for the Mental Health and Neuroscience Network.

We will meet the strategic objective of supporting review production and capacity by providing peer review for our Network colleagues, sharing good practice and guidance, attending web clinics and meetings, utilising the screening service quality checks on our reviews, and engaging with the Network members regularly e.g. via Slack, email.

We will meet the objective of evaluating scope and prioritisation of topics by identifying our priority titles for the Network's list, publishing them in a timely fashion, and ensuring they reflect the priorities of relevant Cochrane Fields and stakeholders such as WHO and NHS.

We will submit any monitoring or activity reports as required.

SECTION 2: TRAINING

1. What formal training in the conduct of systematic reviews has been provided by staff at the editorial base?

[250 words max.]

Members of the editorial board, usually in the role of Contact Editor, provide one-to-one guidance for individual author teams when necessary, and the ME and AME have access to editorial support via the editors, too. Ongoing support and supervision is provided by Professor Eccleston. Professor Eccleston has taught on a variety of courses to provide both introductory and advanced training in systematic review.

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

[250 words max.]

There was no UK Symposium in 2018, although a similar one-day event was hosted by the GNOC group in March, and the ME attended.

The ME, AME, CIS and Co-Ed attended the Cochrane Colloquium in Edinburgh, September 2018.

The ME, Editorial Assistant and CIS attended a South and West CRG meeting in February 2018. The ME, AME and CIS attended a South and West CRG meeting in November 2018.

Two editors attended the NIHR Complex Reviews Support Unit (CRSU) Cochrane Workshop in April 2018.

Staff regularly access relevant Cochrane webinars; examples include: new peer review policy, RevMan Web, Knowledge Translation, Handbook updates.

SECTION 3: COLLABORATION AND ENGAGEMENT

1. Please detail what collaborations your CRG is involved with within Cochrane, or is planning, in order to share resource, best practice and ideas with other CRGs. Noting activities undertaken to date, and their purpose and outcomes.

[350 words max.]

We are excited by the prospect of working more closely with the other CRGs in our Network since the formal launch in September 2018. We collaborate with the Network on Slack, engage with discussion via email, and attend all relevant web clinics and meetings, all of which provide the opportunity to share good practice and ask for advice.

Our 2019 priority setting project (see <https://papas.cochrane.org/resources/prioritisation/priority-setting-project-2019>) is an innovative approach for PaPaS, and we have been in contact with other CRGs who have more experience in this area to request advice and suggestions for best practice.

We routinely seek the input of other CRGs when the scope of our review overlaps with another group's: we are working with the Airways Group on a series of three titles on breathlessness in advanced diseases; we worked with the Developmental, Psychosocial and Learning Problems Group on a new protocol with a population of adults with learning disabilities (now withdrawn, following discussion with the DPLP group); we are preparing a review on sickle cell disease with two editors from the Cystic Fibrosis and Genetic Disorders Group as authors, and have asked the CFGD group for peer review suggestions.

We continue to provide editorial input, advice, guidance and peer review suggestions to any other group preparing a review with some overlap with our scope.

The ME, AME and CIS attended the South and West meetings with other CRGs to discuss good practice and any arising challenges in February and November 2018. Members of the CRGs Dementia, ENT, EPOC, GNOC, Injuries, and TAG also attended. These meetings are a great opportunity to share editorial practice, any good practice examples, and our responses to organisational change and other challenges.

We share updates of our 'MECIR RevMan guidance' documents with the MEs; these are shared as RevMan files so they can be adapted by other groups. We engage with other MEs via the online ME Forum and the mailing list.

We seek input from Cochrane Methods groups for methodological and statistical support for particular reviews where necessary.

2. Please detail what NHS links your CRG has, how NHS engagement is undertaken, or is planned. Noting activities undertaken to date, and their purpose and outcomes.

[350 words max.]

Editors are involved in NHS service development and provision. For example, Dr Peter Cole is consultant anaesthetist and pain management consultant at the Oxford Pain Clinic and an executive member of the UK Faculty of Pain Medicine.

Dr Nick Wilkinson is head of paediatric pain management at the Evelina Hospital London and active in therapy design and development, with a particular focus on paediatric pain.

Dr Adrian Tookman is medical director for Marie Curie Trust, a major UK charity in palliative care, focussing on terminal care. He is also medical director of a North London hospice. In this capacity he has developed novel service, and with Marie Curie helped develop novel service delivery in palliative medicine.

Our annual editorial board meetings provide the opportunity to discuss any current priority topics in NHS practice and how we can meet those priorities in our reviews, for example by identifying the evidence for any new interventions.

We are based in an NHS Pain Unit, so have daily access to NHS staff.

3. Please detail the level of consumer input your CRG has. Noting how you recruit, engage with, and utilise PPI resource.

[250 words max.]

We routinely request the input of consumer reviewers at review and update stage. From January 2019, in line with Cochrane's new peer review policy, we will seek consumer reviewers for protocols.

We request that consumer reviewers have either personal experience of the relevant condition as a patient or by caring for someone else with the condition.

We use standardised checklists, and have created a new checklist for overviews. We are creating new checklists for overview protocols and review updates.

We have updated our website to meet the requirements of the new policy, and to provide clearer information to potential PaPaS consumer reviewers (see <https://papas.cochrane.org/resources-consumers>). We now include a detailed description of the peer review process, and how to access more information, guidance and support. We have simplified our standard 'ticket' emails sent to consumer reviewers upon acceptance of the invitation to review by reducing the amount of information and attachments.

We always send the consumers the published manuscript and the authors' responses to peer review comments; an example of consumer comments and author responses is available on our website for reference.

We identify consumer reviewers via the Cochrane Consumers mailing list, Task Exchange, Twitter, or Archie.

We are hoping to discuss consumer engagement with our colleagues in the MOSS Network, to share best practice, share standard documents (such as our new checklists mentioned above), and to learn how to improve and increase our consumer involvement. We have shared the Cochrane Consumer Group's "Involving People" learning resource with our authors.

4. Has your CRG engaged with the Complex Reviews Support Unit (CRSU) in the past year? If yes, please note how you have utilised this resource.

[250 words max.]

We have not engaged with the CRSU since our 2017 consultation on an unsuccessful programme grant application.

We are aware that one of the highest priorities identified in the Cochrane Content Strategy (2018) is to increase the number of reviews using network meta-analysis. We will produce more NMA reviews if we consider the methodology appropriate for the topic. We have only produced a small number of NMA reviews to date, and so we will approach the CRSU, and the relevant Cochrane Methods groups, for support during the development of these reviews.

We have two grant proposals in progress which involve complex methods and so we will be approaching the CRSU for their input and support. The first is a NMA of anti-depressant medication for chronic pain. The second is an overview review of pharmacological interventions for childhood chronic pain.

5. Please detail if and how your CRG has engaged with the Cochrane Knowledge Translation Initiative.

[250 words max.]

We utilise the learning resources available on the KT website. In particular, we use the KT 'dissemination plan' template document and work with authors to complete this form before sending to the KT team. We plan to adapt this form for every PaPaS review in the future.

We share Cochrane evidence on social media through our Twitter and Facebook accounts, and also via our regular newsletters. We produce blogshots of some of our reviews, following the guidance provided by the KT team and Cochrane UK. Our authors may also record podcasts of their reviews which we circulate with our community.

Our 2019 prioritisation project meets the Cochrane KT team's mandatory standards for identifying priority reviews.

We have worked with the Cochrane KT team in co-ordinating formal press releases for some of our reviews, which sometimes involves the authors engaging with journalists and the media, with KT support.

6. Please detail how your CRG has engaged with NICE.

[250 words max.]

PaPaS reviews were used to inform NICE guidelines as outlined in the separate spreadsheet (table G).

The ME is a registered stakeholder for NICE quality standards and guidelines, and is notified when a relevant new guideline is in development or when an existing guideline is being updated. The ME circulates a request with the editorial board for comments, and returns any feedback to NICE.

As previously reported, two of our editors applied to join a NICE guidance board but were told that being a Cochrane Editor and expert in the evidence to be reviewed was a conflict of interest, so they were rejected. This makes it difficult to know how to engage with NICE.

We welcome advice from NIHR and NICE as to how we can effectively work with NICE in the future.

SECTION 4: PRIORITISATION, DISSEMINATION AND IMPACT

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

[250 words max.]

Our editorial board consists of professionals with expertise within our scope and we discuss any emerging issues as they arise.

We routinely seek input of external peer reviewers with clinical experience for all protocols and reviews, and consumer reviewers with relevant experience (e.g. as a patient or carer) for reviews. From January 2019, we will also seek consumer reviewers for protocols, in line with the new Cochrane peer review policy. The peer review checklists ask for feedback on whether the question is important to consumers, policy makers and healthcare providers, and whether all important outcomes (beneficial and harmful) are considered.

Our ambitious prioritisation plan for 2019 will meet the mandatory standards for identifying priority reviews outlined by the Cochrane KT team. We plan to prioritise the topics within our scope (e.g. chronic pain, acute pain (post-operative, other), palliative care, headache and migraine) and identify one to three priority titles for one or two of the priority topics, by September 2019. We will create a Steering Group for each topic, and will engage with relevant stakeholders including consumers.

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

For example:

- How often does your Editorial Board meet?
- How regularly do you review priority topics?
- How regularly do you review prioritisation processes?
- Have you implemented the update classification tool? If so, to what extent?
- What is your policy on accepting titles?

[350 words max.]

We hold at least one editorial board meeting per year, during which we discuss any emerging priorities. We also often invite senior editors to join PaPaS quarterly team meetings.

In line with the KT mandatory standards for priority setting, our prioritisation process will be repeated per topic as required, at least every 5 years, to ensure our portfolio is up to date. After each priority setting project per topic, we will review the process to identify any opportunities or challenges for future projects.

UCS has been fully implemented to categorise our 300+ reviews in Archie. This system helps us to prioritise updates based on the current evidence base, and is a useful tool in managing our workflow. We involve the author team, editors, and CIS in making updating decisions, using the UCS decision flowchart. We are still keen to see this live on the Cochrane Library as we are aware that the classifications are not yet visible to the readers.

We request that new review proposals address current priorities such as an urgent healthcare need, guideline development, or policy update. We seek input from the editorial team with regards topic expertise when assessing proposals to ensure they meet these priorities.

3. How does your group actively disseminate reviews? Do you have a public dissemination policy/process?

[250 words max.]

Our approach to dissemination is available on our website, and is guided by the KT resources.

We always post new reviews and updates on Twitter (@CochranePaPaS) and Facebook. At January 2019, we have over 4500 followers on Twitter and over 150 on Facebook. We also encourage author teams to share their reviews via Twitter, Weibo, Facebook, and other social media platforms, to increase their reach and impact.

Authors are encouraged to consider their dissemination plans when preparing their Review Proposal Form, and to update these plans during the development of the protocol and review. We collate details of the planned target audience, method(s) of communication, and social media platform(s), and support the authors in their plans.

Following publication, authors are encouraged to send us any 'impact stories' that occur as a result of their review or update.

We work with the Cochrane KT team to prepare key reviews for dissemination. Authors are free to complete a dissemination plan at any time, available to download from our website. We follow the social media policy by Cochrane UK, available on their 'Social media resources' page.

The PaPaS editors and authors also produce blogs, blogshots, podcasts, and review summaries for publication in other journals, e.g. Cochrane Corners.

4. Please detail your three top impact stories from the last 5 years. Please list the research involved, the timeframes and the impact had.

Impact is defined as an effect on, change or benefit to the economy, society, culture, public policy or services, health, research, the environment or quality of life, beyond academia.

1. Olanzapine for the prevention and treatment of cancer-related nausea and vomiting in adults

This Cochrane Review was published on 25 September 2018 (Sutherland A, Naessens K, Plugge E, Ware L, Head K, Burton MJ, Wee B. Olanzapine for the prevention and treatment of cancer-related nausea and vomiting in adults. Cochrane Database of Systematic Reviews 2018, Issue 9. Art. No.: CD012555. DOI: 10.1002/14651858.CD012555.pub2).

Evidence of impact

- The Altmetrics score reached 50 by 2 October 2018. At March 2019, it was 77. For comparison, our median Altmetrics score for all PaPaS reviews in 2017 was 32.
- The lead author, Sutherland, presented the review at the Oxford Advanced Pain and Symptom Management Course in 2018. The course runs on four occasions and she received very positive feedback. Sutherland used Turning Point to capture the views of the audience on the use of olanzapine as an anti-emetic, which showed that the review appeared to have altered practitioners' views already.
- Andrew Davies is president of both the Association for Palliative Medicine (APM) and The Multinational Association of Supportive Care in Cancer (MASCC) (correct in 2018) and the authors discussed dissemination with him. Davies informed the team that Andrew Dickman (Consultant Pharmacist in palliative care) planned to present olanzapine at the Guildford Symptom Control course to highlight it to a wider UK audience.
- Evidently Cochrane requested a blog, and the authors planned to format it as a discussion between Mary Miller at Sobell House, Oxford, and another WHO collaboration site in India where one of the trialists is based. The author team also managed to do a video link-up teaching session with the trialist in 2018.
- Reuters Health USA requested an interview with the lead author for an article highlighting the review.
- Sutherland presented the review at the Hospice UK conference, November 2018.
- Review submitted for the Twycross Prize at the APM conference, March 2019.

2. Reviews on chronic cancer pain, and chronic non-cancer pain, in children and adolescents

We were awarded an NIHR Programme Grant (2014-17) to address the unmet need of chronic pain. Part of the grant was to produce a series of seven reviews on chronic pain in children and adolescents:





1. Opioids for cancer-related pain in children and adolescents (Wiffen PJ, Cooper TE, Anderson A-K, Gray AL, Grégoire M-C, Ljungman G, Zernikow B. Opioids for cancer-related pain in children and adolescents. *Cochrane Database of Systematic Reviews* 2017, Issue 7. Art. No.: CD012564. DOI: 10.1002/14651858.CD012564.pub2)
2. Non-steroidal anti-inflammatory drugs (NSAIDs) for cancer-related pain in children and adolescents (Cooper TE, Heathcote LC, Anderson B, Grégoire M-C, Ljungman G, Eccleston C. Non-steroidal anti-inflammatory drugs (NSAIDs) for cancer-related pain in children and adolescents. *Cochrane Database of Systematic Reviews* 2017, Issue 7. Art. No.: CD012563. DOI: 10.1002/14651858.CD012563.pub2)
3. Non-steroidal anti-inflammatory drugs (NSAIDs) for chronic non-cancer pain in children and adolescents (Eccleston C, Cooper TE, Fisher E, Anderson B, Wilkinson NMR. Non-steroidal anti-inflammatory drugs (NSAIDs) for chronic non-cancer pain in children and adolescents. *Cochrane Database of Systematic Reviews* 2017, Issue 8. Art. No.: CD012537. DOI: 10.1002/14651858.CD012537.pub2)
4. Antiepileptic drugs for chronic non-cancer pain in children and adolescents (Cooper TE, Wiffen PJ, Heathcote LC, Clinch J, Howard R, Krane E, Lord SM, Sethna N, Schechter N, Wood C. Antiepileptic drugs for chronic non-cancer pain in children and adolescents. *Cochrane Database of Systematic Reviews* 2017, Issue 8. Art. No.: CD012536. DOI: 10.1002/14651858.CD012536.pub2)
5. Antidepressants for chronic non-cancer pain in children and adolescents (Cooper TE, Heathcote LC, Clinch J, Gold JI, Howard R, Lord SM, Schechter N, Wood C, Wiffen PJ. Antidepressants for chronic non-cancer pain in children and adolescents. *Cochrane Database of Systematic Reviews* 2017, Issue 8. Art. No.: CD012535. DOI: 10.1002/14651858.CD012535.pub2)
6. Paracetamol (acetaminophen) for chronic non-cancer pain in children and adolescents (Cooper TE, Fisher E, Anderson B, Wilkinson NMR, Williams DG, Eccleston C. Paracetamol (acetaminophen) for chronic non-cancer pain in children and adolescents. *Cochrane Database of Systematic Reviews* 2017, Issue 8. Art. No.: CD012539. DOI: 10.1002/14651858.CD012539.pub2)
7. Opioids for chronic non-cancer pain in children and adolescents (Cooper TE, Fisher E, Gray AL, Krane E, Sethna N, van Tilburg MAL, Zernikow B, Wiffen PJ. Opioids for chronic non-cancer pain in children and adolescents. *Cochrane Database of Systematic Reviews* 2017, Issue 7. Art. No.: CD012538. DOI: 10.1002/14651858.CD012538.pub2)


These reviews identified a lack of RCTs in this topic area: most had no RCTs, and others only included one or two RCTs.

Evidence of impact

- After the completion of the Programme Grant, the NIHR awarded us some funds to hold a dissemination event. Dr Emma Fisher and Professor Christopher Eccleston planned the event for summer 2018, and invited a small group of influential individuals from policy, funding, charities, researchers and clinicians to pinpoint the gaps in paediatric pain research and generate ideas on how best to move the field forwards. The event was sponsored by PaPaS, the NIHR, Arthritis Research UK, Wellcome Trust and The European Pain Federation.
- Emma worked with the Cochrane Knowledge Translation team on promotion of the event before, during and after. A summary of the event is published on the Cochrane Community page here: <https://community.cochrane.org/news/cochrane-pain-palliative-and-supportive-care-addresses-gap-knowledge-chronic-pain-childhood>

- The primary outcome of this event was to get people talking about this area of research and practice again, and hopefully ignite funding resources in the area. Second, we wanted to generate ideas about how to move this field forwards and how Cochrane could help with that. The round table discussions and feedback to the panel certainly helped with this. Further, we had a tentative offer from a major journal to write some prioritization papers that we are now pursuing (due to be submitted in 2019), which will be impactful in disseminating this message to the field and setting the research agenda for the next 5 - 10 years.
- Dr Rebecca Abbott, Senior Research Fellow at NIHR CLAHRC South West Peninsula, University of Exeter Medical School, attended the event and published a blog here: <https://evidsynthteam.wordpress.com/2018/07/24/evidence-actually-is-all-around/>






 Mentions CochranePaPaS
  




EvidSynthTeam @EvidSynthTeam
6 days ago

News on the blog: What happened at the [#time4change](#) event on [#paediatricpain](#) at [@ExploreWellcome](#) organised by [@CochranePaPaS](#) and [@Chris_Eccleston?](#) [#ReadAllAboutIt](#) [@CochraneUK](#) [@ExeterMed](#) [@PenCLAHRC](#) [@ProfStuartL](#)






bit.ly/2LIUnfW


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Rebecca Stanton @becsta94
6 days ago · Exeter

Want to know what we concluded at the [#time4change](#) [@CochranePaPaS](#) event on paediatric pain? Well you can read all about it here evidsynthteam.wordpress.com


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You Retweeted

Cochrane UK @CochraneUK · Jul 12
It's #Time4Change

Today, @CochranePaPaS are bringing together policy makers, funders, researchers, & clinicians @ExploreWellcome to discuss the lack of evidence on the management & treatment of pain in children

@OfficialNIHR @EFIC_org @ArthritisRUK
@Chris_Eccleston @EmmaFisher1

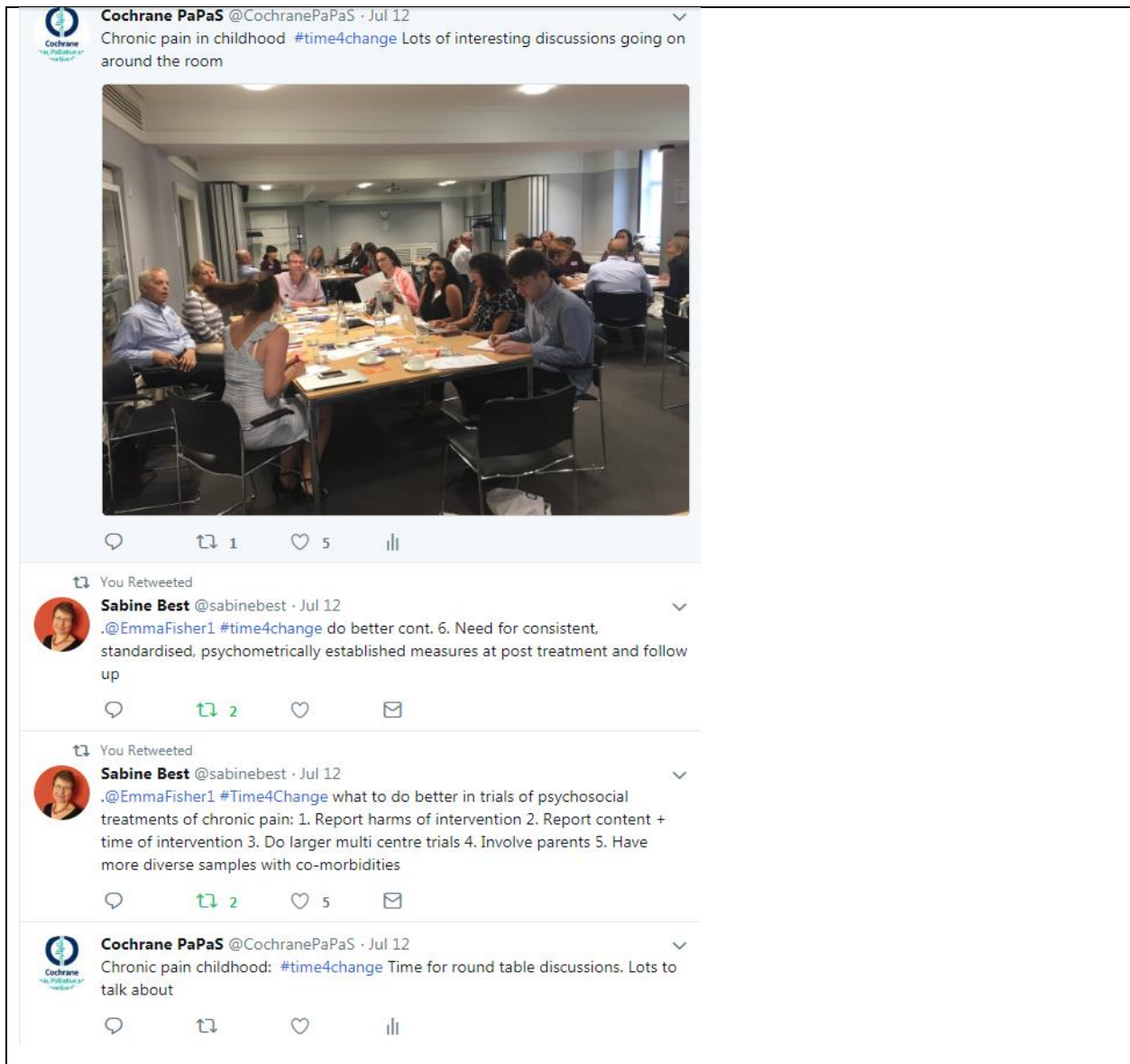


5 10

You Retweeted

Rebecca Stanton @becsta94 · Jul 12
Panel agree that sharing of data across pain research centres is key for making progress in #paediatricpain - @CochranePaPaS #time4change #nomoresilos

5 12



3. Reviews by Winfried Hauser (WH), PaPaS author and editor, contributed to the development and updating of fibromyalgia guidelines, for which WH was on the panel.

- Walitt B, Klose P, Fitzcharles M-A, Phillips T, Häuser W. Cannabinoids for fibromyalgia. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD011694. DOI: 10.1002/14651858.CD011694.pub2. Available online: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011694.pub2/abstract>

Other reviews by WH were also used:

- Üçeyler N, Sommer C, Walitt B, Häuser W. Anticonvulsants for fibromyalgia. Cochrane Database of Systematic Reviews 2013, Issue 10. Art. No.: CD010782. DOI: 10.1002/14651858.CD010782. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010782/abstract>
- Bernardy K, Klose P, Busch AJ, Choy EHS, Häuser W. Cognitive behavioural therapies for fibromyalgia. Cochrane Database of Systematic Reviews 2013, Issue 9. Art. No.: CD009796. DOI: 10.1002/14651858.CD009796.pub2. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009796.pub2/abstract>
- Häuser W, Urrútia G, Tort S, Üçeyler N, Walitt B. Serotonin and noradrenaline reuptake inhibitors (SNRIs) for fibromyalgia syndrome. Cochrane Database of Systematic Reviews 2013, Issue 1. Art. No.: CD010292. DOI: 10.1002/14651858.CD010292. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010292/abstract>

- Note that these three reviews were produced by Cochrane Musculoskeletal Group; in January 2016 they were transferred to PaPaS to complete the update as it was agreed the topic was better suited to our scope.

Evidence of impact

- WH is a member of the steering committee of the update of the European League Against Rheumatism (EULAR) recommendations on the management of FM which was published recently (Macfarlane GJ, Kronisch C, Dean LE, Atzeni F, Häuser W, Fluß E, Choy E, Kosek E, Amris K, Branco J, Dincer F, Leino-Arjas P, Longley K, McCarthy GM, Makri S, Perrot S, Sarzi-Puttini P, Taylor A, Jones GT. EULAR revised recommendations for the management of fibromyalgia. *Ann Rheum Dis.* 2017 Feb;76(2):318-328). The literature search focussed on systematic reviews (with or without meta-analysis) concerned with the management of fibromyalgia including the Cochrane Library. The recommendations for some of the key recommendations of the guidelines (cognitive behavioral therapies, aerobic exercise, duloxetine, pregabalin and milnacipran) were based on Cochrane reviews.
- WH is also the head of the steering committee of the German interdisciplinary guidelines on fibromyalgia syndrome. The first version was published in 2008 and was updated in 2012 and 2017. For the latest update (www.awmf.org/leitlinien/detail/ll/145-004.html), a literature search for systematic reviews of randomized, controlled trials for FM was run from December 2010 to May 2016 in the Cochrane library, MEDLINE, PsycINFO and Scopus databases. The strength of recommendations was achieved by multiple step formalized procedures to reach a consensus. The recommendations for some of the key recommendations of the guidelines (cognitive behavioral therapies, exercise (aerobic exercise, strength training, duloxetine, pregabalin and milnacipran) were based on Cochrane reviews.

5. Please state your 2017 impact factor (as provided by Wiley) here:

7.286

SECTION 5: FINANCIAL RECONCILIATION

SECTION 6: OBJECTIVES AND OUTPUTS

1. Please list your objectives for the year and progress made against these objectives

Please highlight whether each is considered complete, partially complete, incomplete or ongoing, by deleting as appropriate. Provide a **short** statement [150 max] for each objective.

1. Cochrane Strategy to 2020 objectives: Goal 1: Producing evidence
And NIHR and other local objectives specific to your CRG: A. To establish and publicise the group's methods for prioritising new reviews.

(Complete; Ongoing)

- We continue to work to Cochrane standards and guidelines. We regularly update our 'RevMan MECIR' guidance documents (for protocols, reviews, updates) in response to new or updated Cochrane guidance, and expect author adherence.
- Policies and procedures are available on our website <http://papas.cochrane.org/resources/policies>.
- We continue to attend relevant Cochrane meetings.
- We continue to hold at least one editorial board meeting per year, and regular (core) team meetings.
- We continue to collaborate with policy makers and other external stakeholders to establish priorities and identify important titles.
- We are registered as a stakeholder with NHS England.

- We perform regular audits of review timelines, and these data can be made available to NIHR upon request.
- We have two titles on the Cochrane Priority List, and we plan an ambitious prioritisation project in 2019.

2. Goal 2: Making our evidence accessible

(Ongoing)

- We have reached 4500 followers on Twitter. We continue to re-tweet and share relevant tweets from Cochrane groups.
- We maintain our Facebook page, launched in 2017.
- We work with the Cochrane KT team on dissemination planning and liaising with the media when appropriate.
- We discussed expanding our dissemination and engagement strategy at the 2016 Editor meeting, and we continued to develop this plan in 2018. We are still considering appointing the role of 'advocate' for individual topic areas and LMICs as a means of engaging with specific audiences via social media.
- We continue to work with a wide range of contributors from around the world, who fulfil a variety of roles such as author, editor, peer reviewer, and consumer reviewer.
- We continue to adhere to Cochrane standards and expectations for accessible language, for example adhering to the MECIR standards for Plain Language Summaries, supporting authors to translate potential papers for inclusion in reviews, and re-tweeting translations as circulated by Cochrane Lingual.
- We support author teams to produce blogshots, podcasts and summaries in other journals, to increase the reach of the review.

3. Goal 3: Advocating for evidence

(Ongoing)

- We continue to use the Cochrane brand and relevant logos, for example in our standard documents such as Review Proposal Forms and Peer Review checklists.
- We continue to maintain our website, and create regular newsletters to circulate news and information from PaPaS, Cochrane and the pain community.
- We continue to attend relevant pain and palliative care meetings worldwide.
- We continue to utilise Twitter and Facebook as tools to advocate for evidence.

4. Goal 4: Building an effective & sustainable organisation

(Ongoing)

- To recognise the contributions of the authors of our Top 10 most cited reviews, we send the teams a certificate on an annual basis.
- By attending Cochrane meetings (UK Symposium, Colloquium, local CRG meetings) we are able to share best practice, discuss challenges, and learn from others. We also attend Network meetings and regularly collaborate with our colleagues on Slack.
- We consider additional grant applications to supplement our core funding, for example NIHR Incentive Grants, Cochrane Support Programme, NIHR Programme Grants, NIHR Health Technology Assessment Programme.
- We work to agreed budgets and complete quarterly and annual reports as required.
- Members of the editorial team respond to Cochrane requests for feedback, for example the update of the conflicts of interest policy.
- At the annual Editor meeting, the ME presents the current status of the group, including details about staff, output, timeliness, funding, meeting Cochrane standards and revised policies, impact stories, annual report summaries, and other relevant information.
- Staff appraisals are held on a regular basis, in line with the host institution expectations.
- We are aware of the need for succession planning for our editorial board and to expand the team to include more methodological and statistical support. In 2019 we will launch a formal review of our board and its functions.

- We keep printing to a minimum, and consider the environmental impact of more than one member attending overseas meetings.

5. NIHR and other local objectives specific to your CRG: B: To detail the criteria and processes for prioritising review updates and the circumstances in which reviews will not be updated.

(Complete)

We have been utilising the new Cochrane Updates Classification System (UCS) in Archie since its soft launch at the end of 2016. This allows us to categorise reviews as either: up to date, update pending, or no update planned. We are eagerly awaiting the full launch of this tool on the Library. We follow the UCS flowchart to aid decision-making and involve author teams and editors in the final decision. Our process and approach to updating or stabilising reviews is outlined on our website. All PaPaS reviews have been categorised using the UCS tool.

Our prioritisation plan for 2019 aims to identify priority titles for one or two priority topics, and these titles may be existing reviews that require updating.

6. NIHR and other local objectives specific to your CRG: C: To contribute to training and other activities to support a culture of evidence based practice in the NHS.

(Ongoing)

In addition to the actions outlined above:

Members of the editorial team continue to provide presentations, workshops and plenary sessions at relevant national and international meetings. See section 3 below.

7. NIHR and other local objectives specific to your CRG: D: To establish and publicise a policy for maintaining reviews and making improvements to the process of review production.

And E: To maximise efficiency of review production whilst ensuring quality of outputs.

(Complete; Ongoing)

In addition to the actions outlined above:

- We regularly assess our editorial processes for efficiency and quality assurance, and introduce any new steps/tasks/guidance documents as required, for example from 2018 we now ask our statistician to check and comment on all of our new protocols. We are planning new editor checklists for 2019 to ensure our process is consistent and effective, and will be partly based on the key items identified in the EMD triage assessment tool.
- Our website clearly outlines our processes and expectations from proposing a title to preparing an update, and includes all of our guidance documents and any useful links.
- We use our regular newsletters to inform our community about new or updated Cochrane guidance, for example training modules, updated MECIR standards.
- We continue to utilise Archie workflows and electronic ticketing to support the development of reviews and monitoring of progress and timeliness.
- We continue to aim to respond to queries promptly.
- We include information about utilising author tools such as Covidence in our 'title registered' email.
- Our Information Specialist is actively annotating our reviews for the PICO annotation project.
- We continue to maintain our helpful screenshots for authors which include instructions for resolving some common issues arising with RevMan and Archie; they are available to download from our website, and we have shared these with other CRGs on occasion. We add new ones as we identify additional common issues.

8. NIHR and other local objectives specific to your CRG: F: To describe and publicise arrangements for disseminating reviews, beyond publication in the Cochrane Library.

(Complete; Ongoing)

- Our website describes our current approach to dissemination.
- We continue to disseminate all new reviews and updates on Twitter and Facebook.
- When we confirm receipt of the first draft we send authors the dissemination checklist and ask them to start thinking about their dissemination plans.
- At publication, we now ask author teams to connect with us on social media, and let us know of their dissemination plans and any impact stories or news reports.
- We include a question in the Consumer Review Checklist requesting their view on where a particular review should be disseminated.
- We include a comment in our protocol guidance document for the authors to consider adding some information about where the finished review should be circulated. Added to the “Why it is important to do this review” section.
- We continue to work with the Cochrane Knowledge Translation team to disseminate important reviews.
- As described above, we work with Evidently Cochrane and other parties to prepare blogs and blogshots to disseminate our work where relevant.

9. NIHR and other local objectives specific to your CRG: G: To establish mechanisms for tracking and measuring the impact of reviews on clinical guidelines, practice and research within the NHS.

(Complete; Ongoing)

In addition to the actions outlined above:

- Some of our Editors work/have worked closely with guideline developers (e.g. Andrew Moore and SIGN; Winfried Hauser with German interdisciplinary guidelines on fibromyalgia syndrome and European League Against Rheumatism (EULAR)).
- Cochrane UK routinely tracks guidelines for citations of our reviews.
- PaPaS is a registered stakeholder for NHS England and we submit comments on any relevant new or updated guidelines or quality standards.
- We have a new web page for impact stories, including a request for new stories about the impact of our reviews.

Please expand as necessary.

2. 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

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

Non-Cochrane publications

R. Andrew Moore, Sheena Derry, Philip J. Wiffen, Samik Banerjee, Rajesh Karan, Ekkehard Glimm, Anna Wiksten, Dominic Aldington, Christopher Eccleston; Estimating relative efficacy in acute postoperative pain: network meta-analysis is consistent with indirect comparison to placebo alone. PAIN. Volume 159(11), November 2018, p 2234-2244
<http://dx.doi.org/10.1097/j.pain.0000000000001322>

Podcasts

- Botulinum toxins for the prevention of migraine in adults
- Cannabis-based medicines for chronic neuropathic pain in adults

- Non-invasive brain stimulation techniques for chronic pain (this was also highlighted on the front page of our Network's website in June 2018)
- Serotonin and noradrenaline reuptake inhibitors (SNRIs) for fibromyalgia

Cochrane Corner summaries of our reviews

- Serotonin and noradrenaline reuptake inhibitors (SNRIs) for fibromyalgia: Cochrane Corner published in the *Journal of Musculoskeletal and Neuronal Interactions (JMNI)* <https://www.ncbi.nlm.nih.gov/pubmed/30511944>
- Acupuncture for neuropathic pain in adults: Cochrane Corner accepted for publication in the *Journal NeuroRehabilitation*.
- Botulinum toxins for the prevention of migraine in adults: Cochrane Corner to be published in the *American Journal of Physical Medicine and Rehabilitation*.
- Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews: to be published in the *American Journal of Physical Medicine & Rehabilitation*

Highlighted review on Cochrane Library

- October 2018: Exercise for reducing falls in people living with and beyond cancer

Most accessed new Cochrane Reviews of all published in 2018

- Our review, Cannabis-based medicines for chronic neuropathic pain in adults, was in the top 5 most frequently downloaded new reviews published in the Cochrane Database of Systematic Reviews in 2018.

Evidently Cochrane blog

- August 2018: PaPaS author Anna Sutherland, palliative medicine doctor, looked at Cochrane evidence on the effectiveness and safety of mu-opioid antagonists for managing opioid-induced constipation in people with cancer and people receiving palliative care for whom laxatives have failed.
<http://www.evidentlycochrane.net/muddled-by-mu-opioid-antagonists-for-opioid-induced-constipation-me-too/>

Wikipedia Edit-a-thon

- Emma Carter, Information and Administration Support Officer at Cochrane UK, requested some information from us to support her Edit-a-thon on 15 October 2018. We provided links to some key PaPaS reviews and suggested relevant Wiki pages.

Co-publication request

- The authors of the PaPaS review, Psychological interventions for needle-related procedural pain and distress in children and adolescents, were approached by the executive editor of the Association of Child Life Professionals' quarterly publication, *Focus*, who wanted to include a summary of the review in their publication.

PaPaS Reviews: Cochrane's Top Ten

- PaPaS reviews are consistently listed in Cochrane’s Top Ten on the main website; example screenshot from December 2018 below.
- The definition of the Top Ten is as follows: the list on the front page of Cochrane.org is automatically updated daily and reflects the top ten English abstracts that were accessed on Cochrane.org according to Google Analytics for the last seven days.

The screenshot shows the Cochrane website interface. At the top, there is a navigation bar with links for 'Our evidence', 'About us', 'Join Cochrane', 'News and jobs', and 'Cochrane Library'. Below this is a banner for 'World AIDS Day' with a red ribbon graphic. A 'Latest News and Events' section contains several news items with dates and 'News' tags. On the right side, there is a 'Top 10' list of evidence, with each item accompanied by a red star icon. The items in the Top 10 list are:

- Gabapentin for chronic neuropathic pain in adults
- Amitriptyline for neuropathic pain in adults
- The effects of antibiotics on toothache caused by inflammation or infection at the root of the tooth in adults
- Treatment for meralgia paraesthetica, a condition causing numbness and sometimes pain in the thigh
- Single dose oral ibuprofen plus oxycodone for acute postoperative pain
- Six-month therapy for people with abdominal tuberculosis
- Duloxetine for treating painful neuropathy, chronic pain or fibromyalgia
- Doppler ultrasound of fetal blood vessels in normal pregnancies
- Cannabis products for adults with chronic neuropathic pain
- Naproxen for acute migraine in adults

Certified as correct by:

Coordinating Editor: Professor Christopher Eccleston

Date: 12 April 2019

Address: Centre for Pain Research, University of Bath, Claverton
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Telephone number: 01225 386439

Institution's Finance Officer: Nigel Byng

Signature:



Date: 10/04/19

Please return the completed form by email attachment to Ria Osborne at NETSCC (SRPinfo@NIHR.ac.uk), **by 12th April 2019 at the latest, 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.