Medical Evidence Portfolio
Open access

BioMed Central is committed to increasing transparency and efficiency in clinical research. This is reflected in the scope of our Medical Evidence portfolio, which includes a number of innovative journals and a registry of clinical studies, and encourages full and transparent reporting of all clinical trial data including those with ‘negative’ or inconclusive results. We aim to help improve the efficiency of science communication and aid transparency in, and access to, all stages of clinical research, from study registration through to systematic review.
Welcome back to Oxford for Evidence Live 2015

2015 has seen an overwhelming response to the call for abstracts and this year hosts more than 130 presentations, posters and workshops from colleagues around the world all focused on improving the delivery of health care.

Categories under consideration were:

- Evolving methods in EBM: Advancing research methods and analysis
- Diagnosis and consequences of over-diagnosis: Interpreting evidence to inform clinical diagnosis and prevent the problems of too much medicine
- Fixing the problems with EBM: Refocusing on useable evidence that benefits patients in real world settings
- Improving the communication of evidence: Expanding the range of risk communication and shared decision-making tools
- Transforming practice with evidence: Changing clinical practice with the best quality evidence
- Evidence Generation and Synthesis: Synthesising evidence, Health technology Assessments and guidelines
- Patient and public centred evidence: Bringing the Evidence to People and People to the Evidence
- EBM across the globe: How the best evidence can improve global health

Once again we have an international line up of speakers to stimulate thought, debate and action. We would like you to consider throughout the conference Dangerous Ideas for the future of Evidence-Based Health Care. Closing the gap between evidence and clinical practice remains a weighty issue to solve. To improve on the current status quo, we need new, radical and innovative ideas. These important ideas would ensure practitioners are equipped with the totality of evidence and the right tools to fully inform patients about the benefits and harms of effective, or in many cases, ineffective interventions. We are calling these ideas dangerous not because they are likely to cause problems, but because they can often be true and therefore might provide solutions and shorten the gap of translating medical research into clinical practice.

We hope you enjoy the next two days of Evidence Live 2015.

EL2015 Conference Committee
08:00 REGISTRATION

08:50 Introduction: Welcome to Evidence Live 2015
Fiona Godlee, Editor in chief, The BMJ
Carl Heneghan, Director, The Centre for Evidence-Based Medicine

KEYNOTE SESSION - South Room

09:00 Large-scale randomised evidence: how will it inform clinical practice?
Richard Peto, Professor of Medical Statistics & Epidemiology at the University of Oxford

09:30 Diagnostics: where are we now and where are we going?
Patrick Bossuyt, Professor of Clinical Epidemiology, Academic Medical Center, University of Amsterdam

10:00 Guidelines, evidence and shared decision making
Howard Bauchner, Editor in chief of the Journal of the American Medical Association

10:30 Coffee & Posters

11:00 ABSTRACTS WORKSHOP

The GREAT IN Debate
Lunch – Quad Marquee

KEYNOTE SESSION - South Room

12:30 Systematic Reviews of Animal Studies
Emily Sena, Postdoctoral Research Fellow, University of Edinburgh

13:30 Reducing avoidable waste in eczema research
Hywel Williams, Co-director, Centre of Evidence-based Dermatology at the University of Nottingham

14:00 The role of whistleblowers in improving the integrity of the evidence base
Peter Wilmshurst, Consultant Cardiologist at the University Hospital of North Staffordshire

15:00 Coffee & Posters

15:30 PANEL SESSIONS WORKSHOP

17:00 THEMED SESSIONS

18:00 Drinks Reception & Poster Session

19:00 THEMED SESSIONS

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10:30 Coffee & Posters

11:00 ABSTRACTS WORKSHOP

Communicating Evidence into Practice
North Room

Top-Much Medicine/ Overdiagnosis & Global Health
South Room

How to fix EBM for the next generation – students and junior doctors focussed session
Room 10

Main Challenges Faced by EBM
Room 10

Engaging the Public with EBM
Room 10

KEYNOTE SESSION - South Room

09:00 Real vs rubbish EBM: what is the state of evidence-based medicine, and is it broken?
Trish Greenhalgh, Professor of Primary Care Health Sciences at the University of Oxford

09:30 Right of the public to access clinical trials data: a search for legitimacy and trust
Fergal O’Regan, Head of Unit at the European Ombudsman

10:00 Progress and Barriers on Clinical Trials Transparency
Ben Goldacre, Clinical Research Fellow at the University of Oxford

10:30 Coffee & Posters

11:00 ABSTRACTS WORKSHOP

EBM into Practice
North Room

Toom-Much Medicine/ Overdiagnosis & Global Health
South Room

Public and Patient Involvement
East Room

Improving Conduct of Research (2)
East Room

Evidence for Diagnostics (2)
East Room

Knowledge into Action
East Room

Critical Appraisal of Systematic Reviews
Room 10

12:30 Open Trials – Room 2
Lunch – Quad Marquee

KEYNOTE SESSION - South Room

13:30 Eminence or evidence-based medicine: why this question is still relevant today
Iona Heath

14:00 Innovative teaching of EBM: GATE; A Graphic Appraisal Tool for EBM
Rod Jackson, Professor of Epidemiology in the Section of Epidemiology & Biostatistics, School of Population Health, University of Auckland

14:30 PANEL SESSIONS WORKSHOP

Global Health & EBM
North Room

EBM in Crisis: Real or Rubbish Part 2
South Room

Evidence for Diagnostics
East Room

EBM into practice: future of evidence synthesis: a new paradigm
Room 10

How to get Published
Room 10

Applied Cinematherapy: The patient audience relationship and the space in between
Room 10

Rapid reviews: A practical Knowledge Synthesis Tool for Decision Makers
Room 10

16:00 Coffee & Posters

18:15 AllTrials - South Room

17:00 Closing Remarks
Fiona Godlee Editor in chief, The BMJ
Carl Heneghan Director, The Centre for Evidence-Based Medicine
Monday 13th April 2015

**KEYNOTE SPEAKER ABSTRACTS**

**Monday 13th April 09:00**

Richard Peto

Large-scale randomised evidence: how will it inform clinical practice?

**Monday 13th April 09:30**

Patrick Bossuyt

Diagnostics: where are we now and where are we going?

The assessment of medical tests has lagged behind the evaluation of pharmaceuticals and other interventions in health care, often making evidence-based (EB) decisions and developing recommendations more challenging for diagnostics. This presentation will highlight some of the challenges in taking an EB approach on medical testing (where we are now), discuss a number of more recent developments that will gradually facilitate the construction of a proper EB (where are going), and look at a few remaining challenges, (where should we be going). Full abstract available at www.evidencelive.org

**Monday 13th April 10:00**

Howard Bauchner

Guidelines, evidence and shared decision making

Guidelines can be controversial. The recent cholesterol recommendations are an excellent example. How to reconcile guidelines with evidence and shared-decision making is becoming increasingly difficult. During this presentation clinical decision making, the Institute of Medicine checklist for guidelines, the recent hypertension and foods guidelines, societal attitudes and shared decision making will be discussed.

**Monday 13th April 13:30**

Emily Sena

Systematic Reviews of Animal Studies

Preclinical studies are often performed with the purpose of improving human health. Discrepancies between the results of preclinical animal studies and human clinical trials have in part been attributed to compromised internal and external validity of animal experiments, and the presence of publication bias. Systematic review and meta-analysis of preclinical studies have proven to be useful tools in quantitatively estimating the impact of study quality and informing the design of clinical trials. Full abstract available at www.evidencelive.org

**Monday 13th April 13:30**

Hywel Williams

Reducing avoidable waste in eczema research

Th eframework that Chalmers and Glasziou(1) proposed for identifying the various stages of waste in the production and reporting of research has influenced us greatly at the Centre of Evidence-Based Dermatology G.2. We have addressed this challenge by applying their principles to the field of eczema—a condition that now affects one in five UK children. Full abstract available at www.evidencelive.org

**Monday 13th April 13:30**

Peter Willsnash

The role of whistleblowers in improving the integrity of the evidence base

Whistleblowers have an important role in drawing attention to all forms of misconduct, including research misconduct. Senior scientists, academic institutions, commercial organisations and journals prefer not to correct the scientific record rather than to admit that research, with which they were associated, is dishonest. Whistleblowers have successfully exposed false research, but it is probable that if exposing misconduct did not have such high risks, much more fraudulent research would be retracted. Full abstract available at www.evidencelive.org

Tuesday 14th April 2015

**KEYNOTE SPEAKER ABSTRACTS**

**Tuesday 14th April 09:00**

Trish Greenhalgh

Real vs rubbish EBM: what is the state of evidence-based medicine, and is it broken?

The ’real rubbish’ EBM debate has been going for nearly 18 months. We haven’t resolved it—nor should we. To ask is EBM broken? or is EBM rubbish? is to reduce a complex and important question about the mission and future of the EBM movement to trite soundbites. The real rubbish question must be asked in real time of every EBM decision, not just once about the movement as a whole. It’s a duality (that is, an unresolvable tension that we must forever keep in mind, not a decision that is, a simple question with a you/no answer). Full abstract available at www.evidencelive.org

**Tuesday 14th April 09:30**

Fergal O’Rogan

Right of the public to access clinical trials data: a search for legitimacy and trust

The European Ombudsman has a special role in terms of building trust in EU public institutions. A role of particular importance where the activities of those EU public institutions have a direct impact on the welfare of the public, as it is the case with the EMA, the Agency responsible for granting European marketing authorisations for medicines. It is not surprising that transparency as regards information held by the Agency relating to the safety and efficacy of medicines is a key priority of the European Ombudsman. Clinical trials seek to demonstrate the overall safety and efficacy of medicines. Any error in any trial, or any misinterpretation of any trial, may thus have serious consequences for patient health. Full abstract available at www.evidencelive.org

**Tuesday 14th April 10:00**

Ben Goldacre

Progress and Barriers on Clinical Trials Transparency

The biomedical knowledge supplied by EBM, operating at its best and least corrupted, is an essential foundation for clinical practice but this is always insufficient. Medicine attempts to relieve the suffering of individual human beings who perceive themselves to be sick. Each patient and each illness is unique and a patient’s experience of illness only approximates to the disease descriptions that medicine uses. Medicine needs to approach each patient in the fulness of their humanity and so must draw on knowledge and wisdom from across the full range of human understanding. Full abstract available at www.evidencelive.org

**Tuesday 14th April 13:30**

Iona Heath

Eminence or evidence-based medicine: why this question is still relevant today

The biomedical knowledge supplied by EBM, operating at its best and least corrupted, is an essential foundation for clinical practice but this is always insufficient. Medicine attempts to relieve the suffering of individual human beings who perceive themselves to be sick. Each patient and each illness is unique and a patient’s experience of illness only approximates to the disease descriptions that medicine uses. Medicine needs to approach each patient in the fulness of their humanity and so must draw on knowledge and wisdom from across the full range of human understanding. Full abstract available at www.evidencelive.org

**Tuesday 14th April 14:00**

Rod Jackson

Innovative teaching of EBM, GATE: a Graphic Appraisal Tool for EBM

The Graphic Appraisal Tool for EBM (GATE) is based on one picture, two equations and three acronyms. The picture, or GATE frame, includes a triangle, a circle, a square, two arrows and a cross to graphically represent all epidemiological studies, as well as illustrating the four main steps of EBM. Every epidemiological study can be hung on the GATE frame while the two equations and three acronyms remind users of the key components of study design, analyses and error. Full abstract available at www.evidencelive.org
EBM has been grappling with the problem of effectively communicating risk and the benefits and harms of treatment in an unbiased way to clinicians, patients and the public. This session will aim to highlight some of the problems and potential solutions to improve effective decision making.

Real EBM from a clinician’s perspective could include taking patient values and circumstances into account alongside evidence from guidelines and from an organizational perspective it could also include measures to avoid a managerialist, technocratic approach to promoting guideline adherence. This session builds on the initial meeting, and widely disseminated paper, to debate what Evidence-Based Medicine should be about.

To disseminate EBM more widely we need more teachers with more skills to inform and enthuse the next generation. Come to a session that talks about taking evidence to schools, and also looks at some of the important methods and strategies for developing teaching across different healthcare settings.

The current conduct of research is a threat to the integrity of the evidence base, and through promoting better quality research and reporting we should be able to improve and inform decision making. This session will look at some of the problems and the potential solutions around the conduct of research and its reporting.
Statins in people at low risk of heart disease: How good is the evidence base and how do we fix it?

Answers from
Klim McPherson, Iona Heath, Rod Jackson, Ben Goldacre, Fiona Godlee

Many randomised trials comparing statins with placebo demonstrate a proportional reduction in CVD risk, of around 20%. This benefit seems reasonably robust across the risk range. It follows therefore that for low risk people the absolute benefit of statins is small, approximately reducing a 10% risk in ten years to 8%, which is barely a strong determinant of choice. What we know from pooling these trials is that in spite of this the affect, mortality rates are not convincingly reduced in the statin groups. The question then is what are the disadvantages of taking a pill every day for 10 plus years, which is problematic of itself. Evidence comes from anecdotal experience that statins are associated with muscle problems, pain and stiffness. Stopping them and symptoms tend to vanish, but sometime changing the statin does away with them. Liver dysfunction is another possible side effect. But these are anecdotal because such things were apparently not measured properly in the trials, sadly. Also randomised trials show a clear increase in diabetes (~9%) among statin users.

We need to get to the bottom of these matters, by exploring the individual patient data and the trial protocols, before making recommendations.

Klim McPherson

University Club, Mansfield Road, Oxford

Tom Jefferson invites critical debate on all that is Tamiflu and beyond. This session is intended to be a light hearted debate on a real issue. We encourage sceptical thought to generate challenging discussions and good humour.

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- 150 pages per issue of award-winning scholarly content—including original research, editorials, clinical reviews, analysis, research methods, and letters
- Enhanced production—glossy cover, high quality paper, and perfect bound for easy stacking and filing
- Research focused—full text of research papers
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- Easy navigation between sections—front page contents list to make finding content quicker and easier
- Published monthly
- All content available online—visit thebmj.com

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Global health needs a global evidence base. Speakers in this session will aim to talk about important developments relating to global public health and policy as well as EvidenceAid's innovative approach to evidence in disaster management, the role of Open Access in the evidence base, and where medical journals can play a part.

This session continues on from, and reflects on, the session on day 1 and aims to provide some real solutions to the problems with the evidence base as it currently stands.

Diagnostics remains an essential element for all decision making in healthcare. Problems with over diagnosis and too much medicine are a consequence of poor understanding and use of the evidence base for diagnostic tests. This session will aim to improve your understanding of how diagnosis can be improved through better use and interpretation of evidence.
SESSION A5 ROOM 10
Students 4 best Evidence: A global community advocating for evidence

HOLLY MILLWARD, MARTIN BURTON
UK Cochrane Centre, Oxford, UK

INTRODUCTION:
Students 4 Best Evidence (S4BE) is an online community for students interested in evidence-based health care, it aims to help students learn more about evidence-based practice and the methodological concepts underpinning it. S4BE involves students from school age to university through relevant, useful resources as well as being a space for them to communicate their knowledge and interact with fellow students.

AIMs: In April 2015, S4BE will launch a year long campaign to 'advocate for evidence'. The aim of the mission is to ignite student champions globally, to fight for evidence, to spread understanding on the use of evidence and show how it can improve global health. We will do this through a series of mini events and projects throughout the year. We would like to launch this mission at Evidence Live 2015.

RESULTS: We want the mission to result in improved understanding of evidence and the concepts used in evidence-based practice. We seek to strengthen the S4BE community with a new group of student champions, willing to 'advocate for evidence'.

CONCLUSIONS: We would like to build on the success of blogs like, 'A beginners guide to interpreting odds ratios, confidence intervals and p values', that has been viewed over 100,000 times since publication in August 2013 and make sure students know how to campaign successfully for best evidence.

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SESSION B5 ROOM 2
Workshop - Social Media

SOCIAL MEDIA such as Twitter, LinkedIn and Facebook has grown substantially. Researchers are increasingly using social media to promote and disseminate their work. Can you afford not be engaged? This workshop shares tips and techniques to be engage. To share your work and too think about strategies for improving your communication

SESSION B6 ROOM 11
Workshop – understanding Diagnostics

This workshop module will teach attendees the basics of rapid appraisal of diagnostic test evidence and they will also learn how to evaluate and interpret the results from studies of diagnostic accuracy.

Facilitators – ANNETTE PUDDENHANN & ANNE VAN DEN BRIEL

We will use a clinical example to illustrate how the results of studies can inform real-life decisions. Basic concepts of bias will be presented first and will then be applied to a published study. We will work with you to assess whether the design and conduct of the study has introduced a high or low risk of bias. Subsequently we will assess the study findings: What do they mean when you're dealing with a patient? Could bias have affected the results and if so, what is the direction of the effect? Finally we will apply our assessment to the real-life clinical example that we used at the start of the workshop and reach a conclusion on the patient's management.

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**Upcoming Courses Summer/Autumn 2015**

**Introduction to Evidence-Based Medicine**
Friday June 19th & Friday November 20th.
Rewley House, Wellington Square, Central Oxford, UK

This workshop serves as an introduction to Evidence-Based Medicine and is aimed at those that wish to gain a knowledge of critical appraisal.

**Harms In Health Care *NEW*”**
22nd – 26th June 201
Andrew Wiles Building, Oxford, UK

The workshop will be of interest to medical practitioners from a wide range of backgrounds, including doctors, especially trainees in clinical pharmacology or other medical specialties, pharmacists, nurse prescribers, and graduates working in pharmaceutical companies or in clinical trials.

**Teaching Evidence-Based Medicine**
Friday June 19th & Friday November 20th.
St Hughs college, Oxford, UK

Teaching Evidence-Based Medicine is designed for all health care professionals, who have some knowledge of critical appraisal and experience in practicing evidence-based health care, and who want to explore issues around teaching. Participants will learn educational strategies to develop a curriculum and design evaluation.
Introduction: The future of global health will depend on the delivery of effective, cost-efficient healthcare services which are informed by high-quality, up-to-date evidence-based clinical resources. Timely availability and rapid dissemination of these resources can be better achieved through more efficient sharing/evaluation of relevant primary research and ultimately its expeditious distillation into Systematic Reviews and clinical guidelines. Preliminary screening of searches is the most time-consuming aspect. Systematic Reviewers use a variety of approaches (manual/electronic) but no single method satisfactorily fulfills the principal requirements of speed with accuracy.

Aims: Rayyan (https://rayyan.qcri.org) is a FREE web-based application that helps systematic reviewers expedite their reviews in a simple and intuitive fashion.

Methods: Beta-testing of Rayyan was undertaken by a diverse group of researchers/patient advocacy groups on a wide range of Cochrane reviews (250 to 5.5K citations). Rayyan enables rapid citation screening via ‘on-line’ contemporaneous sharing of decisions by reviewers on studies to be included/excluded, significantly reducing the time required to complete preliminary filtering of searches. Rayyan permits individualized labelling of reviewers’ agreements and disagreements against inclusion criteria and provides real-time automatic suggestions for studies to be considered for inclusion in the review. This built-in prediction feature used in conjunction with the word cloud, further accelerates identification of additional potentially eligible studies until screening is completed.

Results: Rayyan has over 100 users with 100+ reviews. Ease-of-use, ability to quickly sift through large sets of studies, and an intuitive user interface were key features highlighted by the beta-testers. The inclusion/exclusion prediction algorithm was tested on publicly available systematic reviews, demonstrating an average saving of 50% on the time needed for initial screening with a 95% sensitivity (recall).
This NHS-supported research explores my original clinical methodology as formulated over several years working in psychological trauma and as a filmmaker. I call it Applied Cinematherapy (AC).

My aim was to investigate the effects of using film extracts as a supplement to analytic group work with severely traumatised patients who remain in impasse, despite having undergone previous pharmaceutical, cognitive and psychodynamic interventions—all pre-requisite patient inclusion criteria for the clinical trial.

The key innovation of AC is the controlled way film extracts were introduced into a traditional brief, trauma-focused, group psychotherapy setting governed by established psychoanalytic psychotherapy practices.

The thesis examines whether implementation of this form of therapy is possible, what effects it has on the group and individual process, and what indications there are of the mechanisms that might be at work in creating these effects.

When defining the methodology, I conceptualised the Patient-Audience Relationship (PAR) (Manasseh, 2010) to describe the theoretical space created between the patient (as a patient) and the patient as an audience when extracts from films are introduced into therapy. PAR is founded on three established psychoanalytic concepts: Transitional space and object (Winnicott, 1953); Third position and internal triangular space (Britton, 2004); and Reverie (Bion, 1962). My hypothesis was that PAR might help trigger identificatory processes that could be utilised in therapy to enhance the patients’ ability to reflect, without being too overwhelmed.

My findings indicate that AC enabled a containing, transitional space for the patients to gradually work through the more concealed parts of their trauma. From being a central preoccupation, the patients’ trauma became more integrated with other parts of their everyday life.

Applied Cinematherapy potentially offers a way for trauma patients who are in impasse to re-engage in treatment through PAR.

KEYWORDS: PAR, applied cinematherapy, trauma, impasse, film extracts, psychoanalytic psychotherapy.

SESSION F7 ROOM 11 14:30
Workshop - Rapid reviews: a practical knowledge synthesis tool for Decision Making

CHANTELLE GARRITT*, VALERIE KING, JULIE POLISENA
*Ottawa Hospital Research Institute (OHRI), Ottawa, Ontario, Canada, 1Center for Evidence-based Policy, Oregon Health & Science University, Portland, Oregon, USA, 2Canadian Agency for Drugs and Technologies in Health (CADTH), Ottawa, Ontario, Canada

INTRODUCTION: Rapid reviews (RRs) are increasingly being employed as a research tool to support evidence-informed decision making in a timely manner. Despite their growing use, there is not universal consensus on how they should be defined, conducted, or utilized.

AIM: This workshop aims to develop an understanding of the need for, and utility of, RRs as a useful knowledge synthesis product, to detail underlying methodology approaches, and to explore practical issues that have emerged based on the collective experiences of three health care organizations that have been providing RR products as part of a suite of knowledge synthesis services for several years.

METHODS: Participants will be introduced to RR methodology as a mode of knowledge synthesis including a look at the RR landscape and an overview of the process of conducting them. Participants will have the opportunity to review sample reports prepared for specific health care contexts and will be encouraged to discuss the methods and report formats. In addition, in small working groups, participants will be presented with an emergent health issue that requires a timely decision and asked to define how they would address this issue using a RR approach from either the perspective of a health authority, or from the vantage point of a team developing a RR protocol.

RESULTS: Participants will need to consider question development, appropriateness of the search strategy and selection criteria, data analysis, type and feasibility of syntheses, report layout and transparency, and policy implications discussed according to the evidence. Logistical considerations and process issues will also be discussed.

CONCLUSIONS: Attendees will better understand the process and practical issues involved the conduct of RRs. The workshop is directly applicable to researchers, policy analysts, and other decision makers wanting to use the results of RRs to inform emergent and urgent decisions.
ROOM 2
Open Trials

Tuesday
14th April 2015

Evidence-based journals from BMJ

Succinct, up-to-date, commentaries across a range of disciplines giving you access to the latest research and saving you time

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OPEN TRIALS

ROOM 2
Open Trials

Led by Ben Goldacre & OPEN KNOWLEDGE

OBJECTIVE: To discuss an early phase of the new Open Trials project: a database and website which aims to gather, link, and present all data and documents on all trials.

DESCRIPTION: The Open Trials project launched on 1 April 2015. It aims to produce an open, easy-to-use, linked database of information about the world’s clinical trials, drawing together information from multiple sources, inviting crowdsourced additions, and presenting the information in various formats to various communities. The overall aim of the project is to improve access to information about trials, and to increase transparency.

Conducted in partnership with the Center for Open Science and supported by the Center’s Open Science Framework, the project will also track whether essential information about clinical trials is transparent and publicly accessible, so as to improve understanding of whether specific treatments are effective and safe.

There are various things a user-friendly database of documents and data on clinical trials can help achieve:
- It helps to identify knowledge gaps, by identifying completed trials without results;
- It helps produce leaderboards on the drugs/investigators/sponsors with the most withheld data;
- It helps to identify biased outcome reporting, by presenting various different reports on a trial’s results side by side;
- It helps to make other documents about a trial, such as consent forms and protocols, more easily discoverable;
- It provides a user-friendly home for existing structured data that has been created about a trial;
- It creates a platform where users can annotate trials with additional information.

This highly interactive workshop invites participation from patients, researchers, doctors, campaigners, regulators and other interested stakeholders. Ben Goldacre will share our plans for the project, and then Open Knowledge will facilitate an interactive workshop aiming to answer the following questions:
- What are we doing right?
- What are we doing wrong?
- How can we do it better?
- What problems might this project help solve for you?
- What features would you like us to implement for you?

Please bring your laptop to this session. No specialised technical knowledge is required.

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12 Cloakroom
11 Skills Workshops
10 Skills Workshops
9 Posters
8 Posters
7 Posters
6 Session Room

EAST Session Room
SOUTH Main Plenary & Session Room
NORTH Session & Exhibition Room

A BMJ
B EBHC
C United Medicine
D NIHR

North School is a Parallel Session Room
Publication School
6-10 July 2015
St Anne’s College, Oxford

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Week-long residential course in heart of beautiful and historic Oxford

Features lectures and many practical sessions including:

- Writing the key sections of your research article
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- Targeting the right journal for your article
- Peer review
- Communication with the public and the media

Course Tutors include:
Dr Elizabeth Wager, Dr Iveta Simera and Professor Doug Altman

Notes