

Cochrane Oral Health Group

Newsletter



THE COCHRANE
COLLABORATION®

An international organisation that aims to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions

Cochrane Oral Health Group

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The Cochrane Oral Health Group aims to produce systematic reviews which primarily include all randomised controlled trials (RCTs) of oral health. Oral health is broadly conceived to include the prevention, treatment and rehabilitation of oral, dental and craniofacial diseases and disorders.

Editorial

The Cochrane Oral Health Group reviewers have been very active since the last newsletter was published one year ago. There has been a spectacular increase in the number of reviews from 14 to 32 and protocols from 33 to 37. We are now confident that these reviews are making a contribution to the evidence base for dentistry and hope that readers are enjoying using and disseminating the reviews. This is a tremendous achievement for members of the Group and we are particularly indebted to all the reviewers who have spent many hours of their spare time (often at week-ends and evenings) in undertaking these reviews.

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Editorial

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The excellent series of seven reviews by Valeria Marinho, Aubrey Sheiham, Julian Higgins and Stuart Logan on the effectiveness of topical fluorides for preventing caries in children and adolescents have now all been completed. Five are published on The Cochrane Library and the final two reviews are currently going through the OHG refereeing process and should be published in Issue 1 2004. The reviews looking at the efficacy of toothpaste, mouthrinse, gel and varnish when compared to placebo or no treatment control, summarise information from 66,000 children. The preventive fractions range from 24% for toothpaste, through 26% for mouthrinses and 28% for gels to 46% for fluoride varnishes.

Another review, which hit the news headlines across the world, is the review by Mike Heanue and co-workers on manual versus powered toothbrushing which was published in Issue 1, 2003 of The Cochrane Library. This generated much interest in the press and we hope that it also helped to inform the public about the work of The Cochrane Collaboration.

The OHG has also been active in many other areas including collaboration with the Dental Health Services Research Unit and the Italian Cochrane Centre, inputting into the dental recall guideline being commissioned by the National Institute for Clinical Excellence UK, and the British Dental Association Health and Science Committee. More information about these projects is given in the newsletter.

I am delighted to report that Anne-Marie Glenny and Lee Hooper have agreed to act as editors for the Cochrane Oral Health Group. Many of you will know Anne-Marie and Lee as they have been providing tremendous support for reviewers for several years now. Anne-Marie Glenny is Lecturer in Evidence Based Oral Health Care and Systematic Review, and Lee Hooper is Lecturer in Evidence Based Care and Systematic Review.

Finally I am delighted to have been promoted to a chair in Evidence Based Care at Manchester University and feel that this reflects on the importance placed upon the work of the Cochrane Oral Health Group- thank you.

Best wishes

Helen Worthington, Co-ordinating Editor.

Progress of the Group

The year 2003 has been a busy one for the Oral Health Group (OHG). Since the last newsletter (Summer 2002) the OHG has published 18 reviews. The synopses of these reviews have been placed on pages 3 to 6 of this newsletter. With the release of Issue 4, October 2003 of The Cochrane Library, there are now 32 reviews and 37 protocols published by the Group.

Two reviews that received a large amount of media attention were 'Manual versus powered toothbrushing for oral health' and 'Fluoride toothpastes for preventing dental caries in children and adolescents'. The press releases and media links for these two reviews have been placed on the Group's web site (<http://www.cochrane-oral.man.ac.uk>).

Emma Tavender (Review Group Co-ordinator) has had the fantastic opportunity of an eight month career break, returning July 2003. Many of you may have been unaware of Emma's absence from the editorial base, largely due to the wonderful job Luisa did covering her role.

Emma travelled extensively throughout South East Asia and Australasia. However, she was unable to fully escape Cochrane during her travels, working two months for the Cochrane Menstrual Disorders and Subfertility group on a hysterectomy review and reading extensive press coverage of the toothbrush review in the New Zealand Herald (11th January 2003).

The Oral Health Group would like to welcome Emma back to Manchester and thank Luisa for all her hard work and dedication to the Group during this time.

Bungy jumping in Queenstown, New Zealand



Synopses – Reviews published since OHG Newsletter Issue 7 (July 2002) (The Cochrane Library Issues 1, 2, 3, 4)

Ceramic inlays for restoring posterior teeth

Hayashi M, Yeung CA

More research is needed to determine whether tooth-coloured ceramic inlays compare well over the long term with amalgam, resin or gold inlays.

When tooth decay (caries) has caused cavities in the back (posterior) teeth, various materials can be used as fillings. These include amalgam, gold inlays, composite resin inlays and ceramic inlays. Amalgam is commonly used on back teeth for its longevity, although some are concerned about its dark appearance and mercury content. Other concerns about fillings include relative costs and pain during or after treatment. Ceramic inlays are tooth-coloured, and may be preferred for this reason. The review found that there is not enough strong evidence to compare ceramic inlays with other types of fillings.

Fluoride toothpastes for preventing dental caries in children and adolescents

Marinho VCC, Higgins JPT, Logan S, Sheiham A

Children who brush their teeth at least once a day with a toothpaste that contains fluoride will have less tooth decay.

Tooth decay (dental caries) is painful, expensive to treat and can sometimes lead to serious damage to teeth. Fluoride is a mineral that prevents tooth decay. The review of trials found that children aged 5 to 16 years who used a fluoridated toothpaste had fewer decayed, missing and filled permanent teeth after three years (regardless of whether their drinking water was fluoridated). Twice a day use increases the benefit. No conclusion could be reached about the risk that using fluoride toothpastes could mottle teeth (fluorosis), an effect of chronic ingestion of excessive amounts of fluoride when children are young.

Hyaluronate for temporomandibular joint disorders

Shi Z, Guo C, Awad M

There is insufficient evidence to either support or refute the use of hyaluronate for treating patients with temporomandibular joint disorders.

When the joint between lower jaw and the base

of the skull is not working well it can lead to movement problems, noises (clicking or grating), muscle spasms or pain (temporomandibular joint disorders (TMD)). Arthritis can also affect the joint. A range of treatment options are available including the injection of substances such as glucocorticoids or hyaluronate into the joint. Hyaluronate is sometimes used for osteoarthritis of the knees or hips. The review found that there is not enough evidence to judge whether hyaluronate injections into the joint are helpful for people with TMD. Reported side-effects were mild and transient. No data on quality of life were reported.

Interventions for replacing missing teeth: different times for loading dental implants

Esposito M, Worthington HV, Coulthard P

Some people may be able to have dentures attached to dental implants immediately instead of waiting months, but more research is needed to be sure.

When people have dental implants in their jaws, they wait several months for the implant to heal before a denture is attached (using removable dentures in the meantime). If the denture could be loaded onto the implant immediately, people could start chewing comfortably within days. The review found some evidence from trials in people with healthy lower jaws that immediate or early loading with dentures (in six weeks) had similar outcomes to waiting several months. However, more research is needed to be sure that immediate or early loading is safe and effective, in upper and lower jaws, and for whom.

Interventions for replacing missing teeth: surgical techniques for placing dental implants

Coulthard P, Esposito M, Jokstad A, Worthington HV

There is no strong evidence that any of the variations in surgical technique described in this review for placing implants have superior success rates.

Missing teeth can sometimes be replaced with dental implants into the jaw. A crown, bridge or denture can then be attached to the implant. Many modifications in the surgical techniques for

placing dental implants have been developed to try to improve the success rate of implants and reduce the side effects of surgery. However, this review found there is not enough evidence from trials to demonstrate superiority of any particular surgical technique.

Manual versus powered toothbrushing for oral health

Heanue M, Deacon SA, Deery C, Robinson PG, Walmsley AD, Worthington HV, Shaw WC

Powered toothbrushes with a rotation oscillation action provide slightly better plaque removal and may provide better protection against gum inflammation than manual toothbrushes.

Removing dental plaque by toothbrushing with a fluoride toothpaste helps prevent gum inflammation (gingivitis) and tooth decay. The latter may be largely due to the fluoride. Powered toothbrushes simulate manual toothbrushing in different ways (such as moving side to side or circular motions). The review of trials found that only rotation oscillation (where brush heads rotate in one direction and then the other) is better than manual toothbrushes at removing plaque and reducing gum inflammation, and is no more likely to cause injuries to gums. Long term benefits of this for dental health are unclear.

Occlusal adjustment for treating and preventing temporomandibular joint disorders

Koh H, Robinson PG

There is no strong evidence of benefit from occlusal adjustment (adjusting the teeth's biting surfaces) for problems associated with the joint between the lower jaw and skull.

When the joint between the lower jaw and the base of the skull is not working well (temporomandibular disorders (TMD)), it can lead to abnormal jaw movement or locking, noises (clicking or grating), muscle spasms, tenderness or pain. TMD is very common, and might be caused by occlusion (the way the teeth bite), trauma or stress. Treatments include occlusal adjustment, splints, physiotherapy and surgery. Occlusal adjustment involves adjusting the biting surface of teeth by grinding the enamel (outer layer of the tooth). The review found there is no evidence from trials to show that occlusal adjustment can prevent or relieve temporomandibular disorders.

Pulp treatment for extensive decay in primary teeth

Nadin G, Goel BR, Yeung CA, Glenny AM

Not enough evidence exists to show the effectiveness of pulp treatments for children with dental decay that has reached the tooth's nerve.

When tooth decay reaches the nerve (pulp), it can cause pain and swelling. When this happens in a child's primary (baby or milk) teeth, teeth are commonly extracted. Extraction of primary teeth can cause problems in the developing dentition and may require general anaesthetic. Various forms of pulp treatment can be tried instead, using various medications and techniques to treat and/or remove the pulp, or to stimulate tooth repair. The review found there is not enough evidence from trials to show which forms of pulp treatment may help children with decay which has reached the nerve.

Adhesives for fixed orthodontic brackets

Mandall NA, Millett DT, Mattick CR, Hickman J, Macfarlane TV, Worthington HV

It is useful for a clinician to know the best adhesive for fixing orthodontic brackets, so they do not fail during treatment.

Bracket failure increases the time spent in surgery for repairs and the overall treatment time. At present orthodontics can choose between four groups of adhesives which may be set with a chemical reaction or curing light. Some adhesives may prevent early decay around brackets because they contain fluoride. There is only weak unreliable evidence that one adhesive may possibly have more failures associated with it and another adhesive may be more protective against early decay.

Enamel matrix derivative (Emdogain®) for periodontal tissue regeneration in intrabony defects

Eposito M, Coulthard P, Worthington HV

Emdogain may have advantages over some other methods of regenerating the tissue supporting teeth lost by gum disease, but has not been shown to save compromised teeth.

Bacteria in plaque can cause gum disease (periodontitis) that breaks down tissue supporting teeth. Surgical cleaning tries to stop the disease to save loose teeth. Bone grafting, guided tissue regeneration and enamel matrix derivatives (such as Emdogain) aim to regenerate support tissues. Emdogain contains proteins (derived from developing pig teeth) believed to regenerate tooth attachment. The review found that Emdogain regenerates more tissue than surgical cleaning,

although this may not save teeth. Emdogain has similar results to tissue guided regeneration, but is simpler to use. It has not been compared with bone grafting. No adverse reactions to Emdogain were reported in trials.

Antibiotics to prevent complications following dental implant treatment

Esposito M, Coulthard P, Oliver R, Thomsen P, Worthington HV

No strong evidence to either recommend or discourage the use of antibiotics to prevent infections when having a dental implant inserted.

Missing teeth can sometimes be replaced with dental implants to which a crown, bridge or denture can be attached. Bacteria introduced during placement of implants can lead to infection. No reliable evidence of the effects of preoperative antibiotics for patients receiving implants was found. Some people are prone to infection, including those with immunodeficiencies or metabolic diseases (like diabetes), people at risk of endocarditis (a heart infection) and people who have received radiotherapy to the head and neck area. For these patients, preoperative antibiotics might be beneficial. These recommendations are not based on evidence from the review, but on subjective clinical sense and experience.

Fluoride mouthrinses for preventing dental caries in children and adolescents

Marinho VCC, Higgins JP, Logan S, Sheiham A

Regular supervised use of fluoride mouthrinses by children would reduce their tooth decay, even if they drink fluoridated water and use fluoridated toothpaste.

Fluoride is a mineral that prevents tooth decay (dental caries). Since widespread use of fluoride toothpastes and water fluoridation, the value of additional fluoride has been questioned. Fluoride mouthrinse is a concentrated solution that needs to be used regularly to have an effect. The review of trials found that regular use of fluoride mouthrinse reduces tooth decay in children, regardless of other fluoride sources. One in two children with high levels of tooth decay (and one in 16 with the lowest levels) would have less decay. However, more research is needed on adverse effects and acceptability of mouthrinses.

Interventions for replacing missing teeth: bone augmentation techniques for dental implant treatment

Coulthard P, Esposito M, Jokstad A, Worthington HV

There is no evidence that some of the different techniques for increasing bone volume for implant placement have superior success rates.

Missing teeth can sometimes be replaced with dental implants placed into the jaw. A crown, bridge or denture can then be attached to the implant. Some patients have insufficient bone present to place dental implants but there are many surgical techniques to increase the bone volume making implant treatment possible. However, this review found few trials and these evaluated only three different techniques. There is not enough evidence to demonstrate superiority of any particular technique other than weak evidence that a membrane may be better than no membrane to allow bone growth around an implant, and that a dissolving membrane over a bone graft may allow healing with less infections than a non-dissolving membrane.

Interventions for replacing missing teeth: dental implants in zygomatic bone for the rehabilitation of the severely deficient edentulous maxilla

Esposito M, Worthington H, Thomsen P, Coulthard P

There is no strong evidence to compare the effectiveness of dental implants into the cheekbone as an alternative to bone grafting or similar procedures.

Sometimes there is not enough bone in the upper jaw in which to secure dental implants. Bone is sometimes grafted from somewhere else in the person's body, involving a series of operations. People have to wait about a year before the implants can then be in use, and one out of four implants may fail. It is expensive and painful. An alternative is a long screw-shaped implant that is inserted into the cheekbone (zygomatic implant). This may mean that bone grafting is unnecessary and implants can be fitted sooner. However, the review found no trials comparing the outcomes of zygomatic implants with conventional bone grafting.

Interventions for preventing oral mucositis for patients with cancer receiving treatment

Clarkson JE, Worthington HV, Eden OB

Several therapies appear to either prevent or reduce the severity of mouth ulcers caused by chemotherapy or radiotherapy for cancer.

Treatment for cancer (including bone marrow transplant) can cause oral mucositis (severe ulcers in the mouth). This can cause discomfort, pain, difficulties in eating, and a longer stay in hospital. Different strategies are used to try and prevent this condition, and the review of trials found that some of these are effective. Effective treatments include several drugs which can be taken as tablets and others which can be added to the cancer treatment regimen. Other interventions that were effective were a mouthwash medicated with allopurinol and sucking ice chips before and during the cancer treatment.

(Please note: This is an update of the Cochrane Review 'Prevention of oral mucositis or oral candidiasis for patients with cancer receiving chemotherapy'. This update concentrates on oral mucositis and the breadth of the review has been extended to include all types of cancer and its treatment, and any interventions and comparisons between them.)

Interventions for replacing missing teeth: different types of dental implants

Esposito M, Worthington H, Thomsen P, Coulthard P

No strong evidence to show that any particular type of dental implant has superior long term success rates.

Missing teeth can sometimes be replaced with dental implants into the jaw, as bone can grow around the implant. A crown, bridge or denture can then be attached to the implant. Many modifications have been developed to try to improve the long term success rates of implants, and different types have been heavily marketed. More than 1300 types of dental implants are now available, in different materials, shapes, sizes, lengths and with different surface characteristics or coatings. However, the review found there is not enough evidence from trials to demonstrate superiority of any particular type of implant or implant system.

(Please note: This update of the review includes four additional included and five excluded randomised controlled trials. Two secondary objectives have been added to the original protocol and the intended subgroup analyses have been specified. No changes in the conclusions.)

Screening programmes for the early detection and prevention of oral cancer

Kujan O, Glenny AM, Duxbury AJ, Thakker N, Sloan P

More evidence needed to find out whether screening programmes could detect oral cancer earlier and reduce the number of deaths from this disease.

Cancer of the mouth and back of the throat (oral cancer) has a low survival rate, largely because the disease is often not diagnosed until it is advanced. Screening the general population for oral cancer might make it possible to detect cases of the disease earlier. The most common method is visual inspection by a clinician, but other techniques include the use of a special blue 'dye' and an imaging technique. The review found that there is not enough evidence to decide whether screening by visual inspection reduces the death rate for oral cancer, and no evidence for other screening methods.

Topical fluoride (toothpastes, mouthrinses, gels or varnishes) for preventing dental caries in children and adolescents

Marinho VCC, Higgins JP, Logan S, Sheiham A

The use of fluoride toothpastes, mouthrinses, gels or varnishes reduces tooth decay in children and adolescents.

Tooth decay (dental caries) is painful, expensive to treat and can seriously damage teeth. Fluoride is a mineral that prevents tooth decay. The review of trials found that children aged 5 to 16 years who applied fluoride in the form of toothpastes, mouthrinses, gels or varnishes had fewer decayed, missing and filled teeth regardless of whether their drinking water was fluoridated. Supervised use of self applied fluoride increases the benefit. Fluoride varnishes may have a greater effect but more high quality research is needed to be sure of how big a difference these treatments make, and whether they have adverse effects.

For the abstracts of all the Oral Health Group reviews please refer to the following web site:

<http://www.cochrane-oral.man.ac.uk/abstracts.htm>



Cochrane Oral Health Group News

Trials Register Project

The Cochrane Oral Health Group in collaboration with the Dental Health Services Research Unit (Dundee) and the Italian Cochrane Centre are undertaking a project to map the Cochrane Oral Health Group's Trials Register. Specific information about each report entered on the register, based on the abstract if present, has been extracted. This has been validated by randomly selecting 100 reports and obtaining the full articles and seeing how well the assessment from the abstract agreed with that from the full paper. It has been found that there was poor agreement for assessment of study type according to the abstract and full paper, however there was good agreement for other items such as dental condition, interventions and outcomes.

The project was initially undertaken to inform the third party insurer for dentistry in Italy and has received funding through the Italian Cochrane Centre. The project is providing useful information to the Cochrane Oral Health Group and to dentistry at large in determining which areas have the majority of the trials. It is apparent from initial results that the majority are in periodontology and are generally short term plaque and gingivitis studies. This may be due to these being short studies on relatively small numbers of patients, which are funded by pharmaceutical companies. It is hoped that we are able to acquire additional funding to continue with this project and assess all the trial reports (18,500) on the register.

Dental Recall Guideline

Jan Clarkson and Helen Worthington are representing the Cochrane Oral Health Group on the Dental Recall Guideline Group which was commissioned by the National Institute for Clinical Effectiveness (NICE) in the UK and is being conducted by the National Co-ordinating Centre for Acute Care. The guideline has a remit "to prepare guidance for the NHS in England and Wales, on the clinical and cost effectiveness of a dental recall examination for all patients at an interval based on the risk from oral disease" and is chaired by Nigel Pitts for Dundee. Two Cochrane Reviews are being undertaken in line with this guideline, one on the time intervals between dental recall intervals and one on time intervals between scale and polish appointments. These

reviews are being undertaken by Paul Beirne (Cork), Andrew Forgie (Dundee), Jan Clarkson (Dundee) and Helen Worthington (Manchester). Paul has received a Cochrane grant specifically to encourage reviewers in Eire. Paul has also undertaken work for the guideline development group in helping to answer some background questions relating to the review.

OHG and British Dental Association (BDA)

Helen Worthington has been invited to join the Health and Science Committee at the British Dental Association as a representative of the Cochrane Oral Health Group to inform the committee of the OHG's activities and reviews. This committee is chaired by Liz Kay and has a remit to develop evidence-based policies on key scientific issues related to dentistry. We feel that this is an important collaboration which will help in the dissemination of Cochrane reviews to the profession.

Meet the new members of the OHG Editorial Team - New Editors



Lee Hooper:

I worked as a dietitian in the health service for 10 years, specialising in the area of dietary advice for people at risk of cardiovascular disease. I was turned on to evidence based practice when a patient asked whether, if he followed my advice, he would be any more likely to live to see his grandchildren grow up. I dashed to the library to find out, and a few years later still have not quite discovered the answer, but am having fun getting closer. (The gentleman in question is still fit and well.) I soon realised that systematic reviews might be useful tools in the search, and was lucky to be awarded a studentship to allow me to attend a one year course at the Systematic Reviews Training Unit (UCL). Following this excellent course I am involved in a range of systematic reviews in health care, some in the area of oral health, and some on diet and cardiovascular disease. I also teach evidence based care and systematic reviewing at the University of Manchester and the Central Manchester Healthcare Trust to a variety of health professionals, am an editor for the Cochrane Oral

Health and Heart Groups, and am widening my interests to consumer involvement in understanding evidence and research, and implementation of evidence in hospitals. I live in Shropshire with two wonderful kids and a very understanding (by necessity) partner.

Anne-Marie Glenny:

I have been a lecturer in Evidence Based Oral Health Care at the University Dental Hospital of Manchester for over four years now. During this time I have worked closely with the Oral Health Group either as a reviewer or contact editor on nearly 30 reviews. Before moving to Manchester I worked for the NHS Centre for Reviews and Dissemination (CRD), University of York, working on systematic reviews in a wide range of clinical areas including the treatment and prevention of obesity, and the use of antimicrobial prophylaxis for preventing surgical wound infections. Not

having a background in dentistry has meant I have spent some of the last four years getting to grips with oral health related terminology (hopefully I'm getting there!!). I have enjoyed seeing the enthusiasm for Evidence Based Dentistry and systematic reviews increase over the years, and am delighted the OHG now has 32 published reviews, with another 37 protocols underway. I am very happy to have been invited to be a member of the OHG Editorial Team. The OHG's Editorial Team really appreciates the time and effort so many reviewers/contributors put into the production of these reviews. The Editorial Team, including myself, hope to support reviewers throughout the whole process, ensuring the (enjoyable!) production of high quality systematic reviews. I look forward to be working with many of you in the future and would value any feedback on how the OHG can continue to meet your 'reviewing' needs.

EVIDENCE BASED PRACTICE IN DENTISTRY

A course for all members of the dental team

by *Stephen Ward, Registrar in Orthodontics, B.D.S., M.Sc., M.Phil., M.Orth., F.F.D.R.C.S.Ire.*

Evidence based dental care is an essential component of the dental undergraduate course, similarly students studying for postgraduate degrees will find research methodology and statistical analysis invaluable tools. If you are a practitioner who qualified a few years ago, where would you look for evidence based dental care? One traditional source of information is a textbook and though the ability to flick through a book at leisure is advantageous, the information it contains could well be out of date.

The techniques required to identify information and interpret data can only be developed through teaching, learning and practice, therefore, a course would appear to be an obvious choice, but which should you attend?

The Cochrane Collaboration is an international not-for-profit organisation. Its aim is to make up-to-date and accurate information about the effects of health care readily available worldwide by preparing, maintaining and promoting the accessibility of systematic reviews. Fortunately The Cochrane Collaboration organise courses on evidence based practice in dentistry for all members of the dental team. This will enable you to identify and interpret data allowing you to answer your own clinical questions. This is my account of one of these courses.

Pre-course preparation

A pre-course exercise requiring access to an Internet connection may sound rather odd, but as you will find the Internet is an invaluable source of information. Some clinicians have already found that patients will frequently use the Internet to seek answers to their questions and it is not unusual for patients to attend with a list of questions having read information gleaned from sites of varying quality. It therefore seems reasonable that clinicians who are required to be up-to-date are able to seek, evaluate and interpret data from electronic databases.

Day 1

Members of the Cochrane Oral Health Group in Manchester give the course and the number of participants is purposefully kept low to encourage group discussion and questioning of tutors. Members of the dental team came from all regions of the country and it was interesting to see how we all had similar concerns about such a course.

As a learning exercise I was required to have thought about an area of dentistry that I would wish to investigate, furthermore I had to think of a clinical question that I would like answering using available evidence. This in itself is difficult and as any researcher will tell you identifying an appropriate question is a very important and often difficult, essential first step.

Following this, additional time was spent discussing what evidence was, what levels of evidence exist and what are appropriate statistical tests to use. At the end of the first day we had therefore learnt some of the skills required to identify and search for appropriate literature, the workshop continued with a session introducing critical appraisal and continued with more time spent on-line searching for relevant literature.

The day ended with a meal at a local restaurant enabling more group interaction.

Day 2

The second day continued with meta-analysis. Although this may initially conjure thoughts of apprehension it was carefully explained as a technique commonly used to integrate findings, pool data and identify overall trends in results.

Following on from this the group was introduced to critical appraisal and systematic review, which like any other process become much easier to do with practice. We were guided through a few examples of critical appraisal and meta-analysis and for the remainder of the day continued to search electronic databases for papers that could help to answer our questions. Once papers were identified we could then reject the irrelevant, appraise the remainder and combine their results to give an answer to our initial questions based on the available literature.

Day 3

The knowledge base behind clinical dental care is continually changing and as the two previous days have demonstrated, it is important to be able to keep up with the literature but also to place more belief in studies that lie higher in the hierarchy of evidence. One additional barrier between the evidence base and patient is the clinician who for various reasons avoids implementation.

The media has unfortunately revealed several significant clinical failings and as a result all clinicians are now subject to mandatory continual professional development, audit, peer review and appraisal. These and many other processes fall under the umbrella of clinical governance. Although one could interpret this as an intrusion into professional freedom perhaps we should regard them as mechanisms allowing clinicians to demonstrate that what they are doing is based on the best available evidence (where it exists). Professional guidelines and care pathways exist but are they evidence based? One would hope so.

Implementation strategies allow the evidence base to be disseminated and implemented. We were introduced to different strategies used to implement change, the lecture, a method used to sit many people in front of a person with something to say (hopefully) is not an efficient method to achieve implementation. On the other hand reflection and interaction are, and it was no coincidence that these two teaching methods were used extensively throughout the Cochrane course. On a practical note a Senior Lecturer from Manchester Dental Hospital gave a talk where he presented the implementation strategy he used to help change dental undergraduate teaching in restorative dentistry from a traditional didactic style to problem based learning.

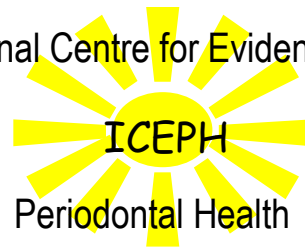
SUMMARY

This was an enjoyable three-day course. The informal, friendly style allowed group discussion and enabled individuals to ask for additional support if required. Unusually we were encouraged to contact the group for problem solving support at any time in the future face to face, by phone or e-mail which is very helpful as frequently participants of courses think of questions after the course has ended.

This course will be of use to anyone who feels they would like to understand the principles of evidence based practice, develop skills allowing them to search and critically appraise relevant literature, interpret their findings and develop implementation strategies.

For further course information visit <http://www.cochrane-oral.man.ac.uk> or contact luisa.fernandez@man.ac.uk

International Centre for Evidence-Based



Periodontal Health

Research synthesis for oral health

ICEPH is a research-based organisation developing the best evidence for prevention, diagnosis and treatment in oral health care with a particular interest in, but not limited to, periodontal diseases and implantology. The director is Dr Ian Needleman and the Deputy Director is Dr David Moles.

ICEPH is a leading authority internationally in conducting systematic reviews in dentistry. This position has been gained by its focus on scientifically rigorous methods and by developing key collaborations between clinical experts and methodologists. Its reviews are designed to answer important questions in health care, questions that are relevant to patients, clinicians and policy makers.

Main activities:

Research: ICEPH research focuses on:

- High quality systematic reviews in oral health care.
- Developing the research methodology of such reviews.

Training: The Centre provides generic training in conducting systematic reviews in oral health care. Interested parties already include policy makers, clinicians, researchers and industry. Our next four day intensive training course will take place at the Eastman Dental Institute in April 2004.

Database: A central database for collecting and storing the best available evidence in periodontology.

Consultant services: ICEPH provides consulting services for research synthesis and best evidence for stakeholders in periodontology and oral health care.

Collaboration: The Centre is delighted to discuss collaborative research projects with universities, research groups and other organisations internationally. Current collaborations include USA, Europe, Scandinavia and China.

Please visit our web site for further information <http://www.eastman.ucl.ac.uk/iceph> or contact i.needleman@eastman.ucl.ac.uk or d.moles@eastman.ucl.ac.uk.



Consumers Wanted!

Are you with or affected by an oral health condition? Are you from a consumer/community group? Would you like to represent the recipients of oral health care, the patients or carers viewpoint? If so, do join the Oral Health Group as a consumer!

Consumer feedback plays an essential role in making Cochrane reviews more relevant, accessible, and able to improve health care for the people who need it. Consumers can provide a particularly valuable perspective – shaped by knowledge of people's experiences of health issues and health care that researchers may not have, or may forget about. Consumers may also be able to help make sure that the writing can be understood by people who are not highly medically specialised.

If you would like to be included among the experts called on to assess draft protocols and reviews on oral health before publication on The Cochrane Library, to get consumers' perspectives and ideas incorporated or accommodated in the reviews; or if you would like to help identify important questions for review from the point of view of people who have to deal with the health problem, please complete the Group's membership form which can be found on the last page of this newsletter, or contact luisa.fernandez@man.ac.uk for an information pack. We look forward to hearing from you!

Cochrane Oral Health Group's Trials Register

Handsearchers clock up more than 1,000 journal years of searching!!

More than 1,000 journal years of the oral health literature have now been systematically handsearched as part of the Oral Health Group's journal handsearching programme.

This represents a considerable contribution not only to the Oral Health Group and its reviewers by also to the Cochrane worldwide handsearching programme. This ambitious programme has been set up to identify all published Controlled Clinical Trials worldwide by handsearching the literature page by page and is highly organised to ensure that each journal is handsearched only once thereby avoiding duplication of effort and maximising resources.

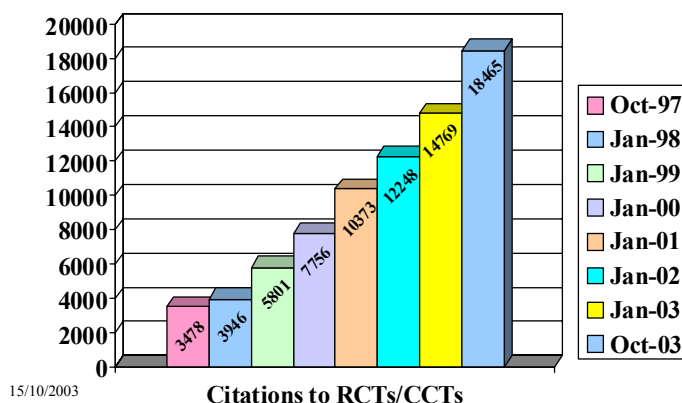
Credit for the OHG's progress with handsearching goes to a very small group of people and includes those who undertake searching on a routine basis and reviewers who, in the spirit of Cochrane, undertake full searches of all topics whilst also searching their own specialist subject. More than 10,600 citations on the OHG's Trials Register have now been recorded as having been verified as controlled clinical trials by handsearching.

Overseeing the OHG's handsearching programme is Sylvia Bickley, Trials Search Co-ordinator, who registers the OHG's searches with the New England Cochrane Center in the USA which takes responsibility for co-ordinating the worldwide handsearching programme. Handsearchers submit their results to Sylvia for checking against the OHG's Trials Register. Records identified only from handsearching are then electronically downloaded or, where there is no electronic record, manually entered into the Trials Register and subsequently uploaded into the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library.

Sylvia's eagerness to progress the handsearching almost got the better of her last summer when the Manchester University Library were disposing of some of their back issue journal stock. Seeing an opportunity here for handsearching material, Sylvia agreed to relieve the library of any oral health journals they were disposing of. In due course she received a phone call from the library advising her that 20 'coffins' were on their way over to her office. This was somewhat disconcerting, having never before heard this term used to describe the receptacles used by the library to store or transport books and not least because there was no way 20 coffins would fit in Sylvia's office! Undaunted however, the contents of the coffins were unpacked and stacked in the office in every available space to be handsearched as time allowed. Thankfully the stacks are now diminishing as they are searched and processed.



**Growth of Oral Health Group Trials Register
October 1997 – October 2003**



Search strategy development help for reviewers

Reviewers who need advice and guidance on searching for trials and/or help with developing search strategies for their review, are invited to contact Sylvia Bickley at the editorial base.

Sylvia.R. Bickley@man.ac.uk

The Cochrane Library

Access to The Cochrane Library

The Cochrane Library is available on a subscription basis. However, there are several countries which have arranged National Provisions enabling free online access:

Australia – All residents of Australia with access to the Internet can access The Cochrane Library for free, thanks to funding provided by the Commonwealth Government of Australia and administered by the National Institute of Clinical Studies. See <http://www.nicsl.com.au/cochrane/index.asp>.

England – Free access is available to all residents of England thanks to funding provided by the National Electronic Library for Health. See <http://www.nelh.nhs.uk/cochrane.asp>.

Wales – All residents of Wales can access The Cochrane Library for free thanks to funding provided by The National Assembly for Wales. NHS members can access it via their internal Internet system.

HE & FE Institutions in the UK – Higher Education and Further Education Institutions can apply for reduced rate access to The Cochrane Library through JISC (Joint Information Systems Committee). All enquiries should go to lorraine.estelle@kcl.ac.uk. Access for HE & FE Institutions is controlled by Athens authentication. To log onto The Cochrane Library with your Athens details see <http://www.update-software.com/cochrane/athenslogon/>.

Scotland – Free access to The Cochrane Library is available to all NHS Scotland staff and partners. Visit <http://www.elib.scot.nhs.uk> for further information.

Ireland – All residents within the Island of Ireland can access The Cochrane Library for free thanks to funding for a national provision by The Health Research Board in Dublin and The Research and Development Office in Belfast.

Finland – Duodecim has provided funding for a national provision for all residents of Finland.

Norway – Free access is available to all residents of Norway thanks to funding from The Norwegian Agency for Health and Social Welfare.

South Africa – Access to The Cochrane Library is available in South Africa for registered members of SA HealthInfo. Visit <http://www.sahealthinfo.org/evidence/evidence.htm> for further information.

There are also several programs (BIREME, HINARI, PERI, TALC) which provide free access in Latin America and low-income countries.

Further details can be found at:

<http://www.update-software.com/clibng/cliblogon.htm>

The Cochrane Library Document Delivery

It is now possible to purchase individual copies of Cochrane reviews even if you are not a subscriber, thanks to a new online document delivery system for Cochrane reviews developed by Update Software.

Having identified the abstract of the review on The Cochrane Library online – <http://www.update-software.com/abstracts/mainindex.htm> - click on 'Order full review' (top right hand corner). This will connect you to an online order form. Each Cochrane Review costs £10. Payment is made online via a secure credit card payment site. As soon as the transaction has been approved, the review in PDF format will be sent to your email address.

Mailed document delivery service: Documents are also available as printed copies. Documents purchased through this system are prepared by Update Software's US office and are delivered by post.

To order documents fill in an order form at http://www.cochranelibrary.com/document_delivery/Doc-delivery.html or alternatively email review@cochranelibrary.com.

New publishing arrangement

The Cochrane Collaboration has reached an agreement with the publisher John Wiley & Sons for the publication of the output of The Cochrane Collaboration. The Cochrane Library will soon be available through Wiley InterScience.

Republishing Cochrane Reviews

New Licence for Publication Form

The new Licence for Publication Form does not require authors to assign any extra rights to The Cochrane Collaboration. It rather states additional authors' rights for what they can do with their review. As previously, authors are required to assign an exclusive licence to The Cochrane Collaboration to publish their review in electronic editions of The Cochrane Library, and to prepare reprints of that review in print form.

The new form also offers authors the opportunity to assign worldwide print rights to The Cochrane Collaboration for publication in print publications. This option has been included since John Wiley & Sons is currently investigating the possibility of launching at least one Cochrane Journal. The Cochrane Collaboration own journal(s) would offer authors the opportunity to gain print citations and even higher profile for their reviews and would possibly become the preferred option for republication of Cochrane reviews in print form. However, since some authors might wish to continue submitting versions of their Cochrane review for print publication elsewhere, the new form allows them to retain the print rights if they so wish.

Forms can be obtained from RevMan 4.2.2 or the Group's Co-ordinator, Emma Tavender.

Permission to republish in print

- If authors wish to republish their review, in complete or shortened form, elsewhere in a print journal, they are required to seek permission from John Wiley & Sons. To make such a request to Wiley a Copyright Permission Request Form (available online at http://media.wiley.com/assets/157/13/Cochrane_copyright.pdf) should be completed and send to the Permissions Department at the address shown on the form. Permission will be granted provided that reference will be made in the republished version to the original publication source, The Cochrane Library. There will be no charge for such a request.
- If another publisher requests permission to republish a Cochrane review then they will be instructed also to seek the permission of the authors. A charge will be levied on the other publisher for such a request to cover administrative costs. A similar charging policy will be adopted if another publisher requests permission to translate and republish a Cochrane review in another journal.

Permission to re-use material from The Cochrane Library

To obtain permission to re-use material from The Cochrane Library, a Copyright Permission Request Form (available online at http://media.wiley.com/assets/157/13/Cochrane_copyright.pdf) should be completed and submitted to John Wiley & Sons at the address shown on the form.

Deadlines dates for publication on



the cochrane library

Issue	Review/Protocol sent to referees		Final version to Editorial base	Editorial base submit Module	Cochrane Library Publication Date
2004	<i>Protocol</i>	<i>Review</i>			
Issue 1	8 th Oct	26 th Sep	21 st November 2003	26 th November 2003	January 2004
Issue 2	5 th Jan	22 nd Dec	18 th February 2004	25 th February 2004	April 2004
Issue 3	9 th Apr	26 th Mar	19 th May 2004	26 th May 2004	July 2004
Issue 4	9 th Jul	25 th Jun	18 th August 2004	25 th August 2004	October 2004
2005	<i>Protocol</i>	<i>Review</i>			
Issue 1	1 st Oct	17 th Sep	10 th November 2004	17 th November 2004	January 2005

Cochrane Collaboration News

RevMan 4.2.2

Review Manager (RevMan) is The Cochrane Collaboration's software for preparing and maintaining Cochrane reviews. A new version of RevMan for Windows has now been released. RevMan 4.2.2 is bundled with RevMan Analyses, which performs statistical analysis of the data entered into RevMan. RevMan 4.2.2 is a non-mandatory upgrade to RevMan 4.1 although it is recommended that all people working on a review switch to RevMan 4.2.2 at the same time. Files can be moved between RevMan 4.1 and RevMan 4.2.2 without any conversion but additional figures or outcomes using the generic inverse variance data type will not be visible in RevMan 4.1. The data are preserved, however, and will reappear if the review is imported back into RevMan 4.2.2. Bold, italics, underline, subscript, superscript, symbols and text marker will be visible on screen in RevMan 4.1 but not on print (will print as plain text).

RevMan 4.2.2 is similar in many ways to RevMan 4.1, but with improved functionality including:

- The ability to add image files as 'additional figures' e.g. funnel plots.
- Bold, italics, underline, subscript and super-script can be used in the main text of the review.
- More symbols (e.g. Greek letters) can be used.
- Text marker can be used to highlight changes (the highlighting is not published).
- A new statistical method: generic inverse variance.
- A new program for statistical analysis with better options for printing and exporting.
- Improved functionality for tables.

RevMan 4.2.2 can be downloaded from:

<http://www.cc-ims.net/RevMan/>

You will find the user guide and a RevMan exercise introducing you to the new functions in RevMan 4.2.2 on this web page also. Please contact Emma Tavender (emma.tavender@man.ac.uk) if you have any questions about installation or the new functions in RevMan 4.2.2.

If you are upgrading from a previous version of RevMan 4 (e.g. RevMan 4.1), the installation program will search for previous versions of RevMan on your hard disk and -if it finds one- suggest this directory for installation. You can either:

- Install in the suggested directory. Existing reviews will NOT be overwritten. Afterwards you should delete any old RevMan 4.1 icons on your desktop.
- Install RevMan 4.2.2 in a new directory (use the Browse button). You will have to export your reviews from the old version and import them into the new version afterwards.

Cochrane Ombudsmen and Publication Arbiter

The role of the Ombudsmen is to help resolve areas of conflict that arise between people or entities within The Cochrane Collaboration, for which the usual process of involving the Directors of the reference Cochrane Centre(s) has not been sufficient.

The role of the Publication Arbiter is to help people to reach a mutually acceptable agreement in areas of dispute between the editorial teams of Collaborative Review Groups (e.g. of the appropriate home for a specific Cochrane review), and between reviewers and their editorial team (e.g. when reviewers are unwilling to make changes suggested by the editors). The Publication Arbiter does not replace The Cochrane Collaboration's Ombudsmen: the role of the Publication Arbiter relates specifically to the publication of Cochrane reviews, whereas the role of the Ombudsmen is to help with disputes and conflict more generally.

Ombudsmen:

Gill Gyte (ggyte@cochrane.co.uk) and Peter Langhorne (p.langhorne@clinmed.gla.ac.uk)

Publication Arbiter:

David Henderson-Smart (dhs@mail.usyd.edu.au)



THE COCHRANE
COLLABORATION®

Cochrane Style Resource

The Cochrane Collaboration is continually improving its copy-editing resources. This includes organising three ongoing copy-editing projects, one of which led to the development of the Cochrane Style Resource which aims to provide general information as well as uniform guidelines for protocols, reviews and documents produced by The Cochrane Collaboration. The Cochrane Style Resource includes the Cochrane Style Guide (CSG) developed to improve the copy editing of Cochrane reviews and other Cochrane documents. Copy editing is understood as making sure the review reads well, is free from spelling and grammatical errors, and that the content agrees with the official Cochrane style. Cochrane style is thus documented in the Cochrane Style Guide. The Cochrane Style Guide details the approved style of presenting all sorts of things, including the correct spelling of Cochrane names, writing and using abbreviations, using and displaying lists, and the correct style for headings and subheadings.

The Cochrane Style Resource and Cochrane Style Guide are updated regularly using feedback (which can be submitted directly through the web site) from editorial base staff and reviewers by the CSG working group. This group is made up of editorial staff from five different Collaborative Review Groups (including the Oral Health Group).

The copy-editing checklists, which are also available on the Cochrane Style Resource, have been designed to help copy editors and reviewers remember to check all the different sections of a review and make sure they correspond to Cochrane style.

The Cochrane Style Resource can be accessed through:

<http://www.liv.ac.uk/lstm/ehcap/CSR/home.htm>.

Alternatively, click on 'Style guide' (under 'Help') in Review Manager 4.2.2 for a direct link to the Cochrane Style Guide.



COCHRANE CENTRES

There have been some changes to the details of some Cochrane Centres (notably the French Cochrane Centre and the US Cochrane Center). An updated list follows:

Australasian Cochrane Centre

Monash Institute of Health Services Research
Monash Medical Centre
Locked Bag 29
Clayton, Victoria 3168
AUSTRALIA
Phone: +61 3 9594 7530
Fax: +61 3 9594 7554
Email: cochrane@med.monash.edu.au
Web: <http://www.cochrane.org.au>

Brazilian Cochrane Centre (Centro Cochrane do Brasil)

Centro Cochrane do Brasil
Rua Pedro de Toledo, 598
Vila Clementino
São Paulo, CEP 04039-001
BRAZIL
Phone: +55 11 5575 2970
Fax: +55 11 5579 0469
Email: cochrane.dmed@epm.br
Web: <http://www.centrocochranedobrasil.org>

Canadian Cochrane Centre

Health Information Research Unit
McMaster University Medical Centre
1200 Main Street West
Hamilton, Ontario, L8N 3Z5
CANADA
Phone: +1 905 525 9140 Ext 22738
Fax : +1 905 546 0401
Email: cochrane@mcmaster.ca
Web: <http://Cochrane.Mcmaster.Ca/>

Chinese Cochrane Centre

The First University Hospital
West China Hospital
Sichuan University
Chengdu 610041
Sichuan
People's Republic of China
Phone: +86 28 8542 2079/2078
Fax: +86 28 8542 2253 /558 2944
Email: cochrane@mail.sc.cninfo.net
Web: <http://www.chinacochrane.org>

Dutch Cochrane Centre

Academic Medical Centre, J2-229
P.O. Box 22700

1100 DE Amsterdam
THE NETHERLANDS
Phone: +31 20 566 5602
Fax: +31 20 691 2683
Email: cochrane@amc.uva.nl
Web: <http://www.cochrane.nl>

**French Cochrane Centre
(Centre Cochrane Français)**

In September 2002, the French Cochrane Centre ceased to be a formal entity within The Cochrane Collaboration, due to lack of funding. Those people from countries that were formally under the responsibility of the French Cochrane Centre (see list* below) who wish to contact a Cochrane Centre should contact either the Italian Cochrane Centre (cochrane@marionegri.it) or the German Cochrane Centre (mail@cochrane.de) until further notice.

*Countries for which the French Cochrane Centre was responsible:
Europe: France, Luxembourg, Monaco, Switzerland.

Elsewhere: Algeria, Central African Republic, Chad, Comoros, Djibouti, Guinea, Guinea-Bissau, Ivory Coast, Madagascar, Morocco, Niger, Senegal, Tunisia.

**German Cochrane Centre
(Deutsches Cochrane Zentrum)**

Institut für Medizinische
Biometrie und Medizinische
Informatik
Stefan-Meier-Str 26
D-79104 Freiburg i. Br.
GERMANY
Phone: +49 761 203 6715
Fax: +49 761 203 6712
Email: mail@cochrane.de
Web: <http://www.cochrane.de>

**Iberoamerican Cochrane
Centre**

(Centro Cochrane Iberoamericano)
Hospital de la Santa Creu i Sant Pau
Casa de Convalescència
Sant Antoni M Claret 171
08041 Barcelona
SPAIN
Phone: +34 93 291 9527
Fax: +34 93 291 9525
Email: cochrane@cochrane.es
Web: <http://www.cochrane.es>

**Italian Cochrane Centre
(Centro Cochrane Italiano)**

Mario Negri Institute
Via Eritrea 62
20157 Milano
ITALY
Phone: +39 02 3901 4327
Fax: +39 02 355 9048
Email: cochrane@marionegri.it
Web: <http://www.areas.it>

Nordic Cochrane Centre

Rigshospitalet, Dept 7112
Blegdamsvej 9
2100 Copenhagen Ø
DENMARK
Phone: +45 3545 7112
Fax: +45 3545 7007
Email: general@cochrane.dk
Web: <http://www.cochrane.dk/>

**South African Cochrane
Centre**

Medical Research Council
Francie van Zijl Drive
Parow Valley
PO Box 19070
Tygerberg
7505 Cape Town
SOUTH AFRICA
Phone: +27 21 938 0438
Fax: +27 21 938 0836
Email: cochrane@mrc.ac.za
Web: <http://www.mrc.ac.za/cochrane/cochrane.htm>

UK Cochrane Centre

Summertown Pavilion
Middle Way
Oxford OX2 7LG
UK
Phone: +44 1865 516300
Fax: +44 1865 516311
Email: general@cochrane.co.uk

**United States Cochrane
Center**

Brown University School of
Medicine
Department of Community
Health
169 Angell Street, Box G-S2
Providence, Rhode Island 02912
USA
Tel: +1 401 863 9950
Fax: +1 401 863 9944
Email: cochrane@brown.edu
Web: <http://www.cochrane.us>

**United States Cochrane
Center (Boston Branch)**

AHRQ Evidence-based Practice
Center
Division of Clinical Care
Research
New England Medical Center
750 Washington Street, Box 63
Boston MA 02111
USA
Phone: +1 617 636 5133
Fax: +1 617 636 8023
Email: ddevine1@tufts-nemc.org

**United States Cochrane
Center (San Francisco
Branch)**

Department of Clinical
Pharmacy
University of California, San
Francisco
Suite 420
3333 California Street
San Francisco CA 94118
USA
Phone: +1 415 502 8227
Fax: +1 415 502 0792
Email: sfcc@itsa.ucsf.edu
Web: <http://www.ucsf.edu/sfcc>

**Would you like to
visit us?**

We have had several successful visits from reviewers who come to Manchester to work on their review with us. If you would like to come please just call and let us know so we can arrange some desk space for you. In the past our reviewers used their time here to:

- Have 'protected' time away from their busy desks
- Develop, perfect and run search strategies
- Consult statisticians
- Input data into RevMan.

If Manchester, UK, is too far to travel, but a similar set up would be useful, let us know as another Cochrane Group local to you may be able to help.

XI Cochrane Colloquium



EVIDENCE, HEALTH CARE AND CULTURE

The Iberoamerican Cochrane Centre will host the 11th Cochrane Colloquium at Barcelona from Sunday, October 26 to Friday, October 31, 2003. The Colloquium will focus on taking the available scientific evidence, healthcare provision and global sociocultural diversity as a reference. It will aim to study the process of producing quality healthcare information in depth, and at the same time explore its availability and application, bearing in mind the different circumstances faced by citizens, healthcare professionals and governments around the world. The objective is not only to discuss internal organisational and methodological issues, but also to offer an opportunity for academic and scientific debate of issues linked to the aims of The Cochrane Collaboration.

How will the 11th Colloquium differ from previous Colloquia?

The format of the 11th Cochrane Colloquium will be different from that of previous years. The Colloquium will be divided in two parts:

- The *first part* (26th–29th October) will offer anyone who is currently actively involved in the Collaboration or anyone who wishes to understand more about systematic review methodology, a chance to meet and reflect on issues directly related to the internal work of The Cochrane Collaboration. Meetings of the different Cochrane entities and workshops on methodological training will be prioritised. Three plenary sessions and four parallel sessions will also be devoted to issues relevant to The Cochrane Collaboration.
- The *second part* (29th–31st October) will focus on the discussion of the experiences and challenges of applying the scientific evidence in the different health, cultural and economical backgrounds, evaluating the contribution of The Cochrane Collaboration to this process.

The Cochrane Collaboration is not an end in itself, but rather an instrument for enabling the provision of more effective and efficient healthcare services. To achieve this and to ensure the relevance of the Collaboration's work, it is essential to understand better the prevailing needs and mechanisms in healthcare environments. The Barcelona Colloquium therefore intends to be an ideal framework, both for people who are already working in The Cochrane Collaboration, and for those outside the Collaboration who are interested in learning and taking part in discussions on these issues. The first part of the Colloquium will mostly be dedicated to activities of methodological training, co-ordination of groups and committee meetings. The second part will focus on the application of scientific evidence, bearing in mind different needs, circumstances and perspectives.



Full details, including a complete list of workshops and social events, are available on the Colloquium web site:

<http://www.colloquium.info>

Cochrane Training & Events Calendar

Cochrane Collaboration Open Learning Material for Reviewers

The Cochrane Collaboration, based on open learning strategies, has developed open learning material for reviewers in a collaborative project between several Cochrane Centres and the Cochrane Statistical Methods Group.

The material is designed to help train reviewers in the methods and processes of performing a Cochrane review. It includes information about the formulation of appropriate questions, literature searching, critical appraisal, statistical analysis and interpretation and application of findings. The material takes a step-by-step approach to Cochrane reviews, exploring each step individually, sign-posting appropriate links and references and providing examples and activities to help the reviewer make sense of the information.

The material is organised in modules, each module relating to a consecutive section of a review. It can be used with the Cochrane Reviewers' Handbook and as a stand alone training module.

Available online and PDF format at:

<http://www.cochrane-net.org/openlearning>

How can we improve?

Any comments or suggestions on how we can improve any aspect of our newsletter? Please send them to luisa.fernandez@man.ac.uk or post them to us at the address given at the end of the newsletter.

DIARY DATES

12th Cochrane Colloquium
2nd-6th October 2004, Ottawa, Canada
'Bridging the Gaps'



13th Cochrane Colloquium
22nd-26th October 2005, Melbourne, Australia

Australasian Cochrane Centre		
DATE	LOCATION	WORKSHOP
17 October 2003	Singapore	Protocol & Analysis
4-5 Dec 2003	Sydney	Protocol & Analysis
14 March 2004	Sydney	'Work-in' for Reviewers
19-20 April 2004	Malaysia	How to do a Cochrane Review
Canadian Cochrane Centre		
19-20 Nov 2003	Ontario	Cochrane Reviewer Training
German Cochrane Centre		
20-22 Nov 2003	Freiburg	Statistische Methoden in Evidenz-basierter Medizin und Health Technology Assessment
27-29 Nov 2003	Freiburg	Systematische Übersichtsarbeiten
12-13 Dec 2003	Freiburg	Developing a Protocol for a Review and getting a Review into RevMan
Nordic Cochrane Centre		
22 October 2003	Copenhagen	Patienten som forbruger
1-2 & 14-15 June 2004	Copenhagen	Kursus i evidensbaseret klinik
On demand	Copenhagen & Oslo	Individual sessions on writing Protocols/Reviews & using RevMan
UK Cochrane Centre		
10 Nov 2003	Oxford	Developing a Protocol for a Review
11 Nov 2003	Oxford	Introduction to Analysis
1 Dec 2003	Liverpool	Developing a Protocol for a Review
2 Dec 2003	Liverpool	Introduction to Analysis
9 Dec 2003	Dublin	Developing a Protocol for a Review
10 Dec 2003	Dublin	Introduction to Analysis
15 Dec 2003	London	Developing a Protocol for a Review
16 Dec 2003	London	Introduction to Analysis
15 January 2004	Oxford	Developing a Protocol for a Review
16 January 2004	Oxford	Introduction to Analysis
27 January 2004	Bristol	Developing a Protocol for a Review
28 January 2004	Bristol	Introduction to Analysis
US Cochrane Centre		
17 Oct 2003	Providence	Developing a Protocol for a Review
21-22 Jan 2004	Providence	Completing a Cochrane Review

For an up-to-date listing see:

<http://www.cochrane.org/cochrane/workshop.htm>

International Conference on Evidence-Based Advanced Dentistry

31st October-3rd November 2003

Hong Kong Academy of Medicine, Hong Kong
CDSHK (College of Dental Surgeons of Hong Kong)

For more information contact confdept@hkam.org.hk or visit
<http://www.cdshk.org> or

<http://www.espidertech.com/dconference.front>

3rd Canadian Cochrane Symposium

Advancing the knowledge translation of systematic reviews

21st-22nd November 2003

Hamilton, Ontario, Canada

The Canadian Cochrane Network and Centre

For more information visit:

<http://cochrane.mcmaster.ca/symposium>

Evidence based health care on the web: finding the information that matters

4th December 2003

London, UK

CILIP (Chartered Institute of Library and Information Professionals)

For more information contact training@cilip.org.uk or visit

http://www.cilip.org.uk/training_events/cilip_courses/C30574.html

Methodological issues in oral health research: follow-up studies – 1st International meeting

21st-23rd April 2004

Catholic University of Leuven, Leuven, Belgium

For more information contact dental2004@med.kuleuven.ac.be or visit <http://www.kuleuven.ac.be/biostat/dental2004/>

Interested in Systematic Review Training?

The following web sites provide various courses on undertaking a systematic review:

- Centre for Statistics in Medicine, Oxford, UK
<http://www.ihf.ox.ac.uk/csm/>
- Systematic Review Training Unit, London, UK
<http://www.ich.ucl.ac.uk/srtu/>

Intensive Systematic Review Training Course

Eastman Dental Institute, University College London, UK

Limited attendance annual intensive course in systematic reviews for clinical and non-clinical professionals in oral health care. The course is aimed both at those who have not yet conducted a systematic review and those engaged in a review and who are seeking guidance. It is provided by staff from the Eastman Dental Institute and the Cochrane Oral Health Group. For more information contact s.goodey@eastman.ucl.ac.uk, or visit <http://www.eastman.ucl.ac.uk/iceph>

Training Course: Evidence Based Practice in Dentistry

A three-day course for all dentists and members of the dental team.

The aim of the course is to facilitate the skills to develop, implement and disseminate an evidence based care approach to effective clinical practice.

The course will be complemented by distance learning, self directed study and mentored support.

By the end of the course you will be able to:

- ◆ Understand the ideas and principles of evidence based practice
- ◆ Identify clinical issues where assessment of the evidence would be helpful
- ◆ Search out and critically appraise relevant dental literature
- ◆ Interpret your findings and develop an implementation strategy
- ◆ Concisely present the evidence on a clinical issue

21 hours verifiable CPD

Three days of workshops will take place in Manchester at the headquarters of the Cochrane Oral Health Group.

Dates for Spring 2004:

- 7, 8 & 9 June.

For further information and an application form visit:

www.cochrane-oral.man.ac.uk or contact:

luisa.fernandez@man.ac.uk.

Cochrane Oral Health Group Reviews

Published Reviews

- Orthodontic treatments for posterior crossbites – *Harrison J, Ashby D [UPDATED JANUARY 2001]*
- Interventions for treating oral lichen planus – *Chan ES-Y, Thornhill M, Zakrzewska J*
- Interventions for preventing oral candidiasis for patients with cancer receiving treatment – *Clarkson JE, Worthington HV, Eden OB [UPDATED JULY 2002]*
- Guided tissue regeneration for periodontal infra-bony defects – *Needleman I, Giedrys-Leeper E, Tucker R, Worthington HV*
- Potassium nitrate toothpaste for dentine hypersensitivity – *Poulsen S, Errboe M, Hovgaard O, Worthington HV*
- Interventions for the treatment of burning mouth syndrome – *Zakrzewska J, Glenny AM, Forssell H*
- Interventions for treating oral leukoplakia – *Lodi G, Sardella A, Bez C, Demarosi F, Carrassi A*
- Interventions for treating oral candidiasis for patients with cancer receiving treatment – *Clarkson JE, Worthington HV, Eden OB*
- Interventions for treating oral mucositis for patients with cancer receiving treatment – *Worthington HV, Clarkson JE, Eden OB*
- Fluoride gels for preventing dental caries in children and adolescents – *Marinho VCC, Sheiham A, Logan S, Higgins J*
- Fluoride varnishes for preventing dental caries in children and adolescents – *Marinho VCC, Sheiham A, Logan S, Higgins JPT*
- Interventions for replacing missing teeth: hyperbaric oxygen therapy for irradiated patients who require dental implants – *Coulthard P, Esposito M, Worthington HV, Jokstad A*
- Interventions for replacing missing teeth: maintaining healthy tissues around dental implants – *Esposito M, Coulthard P, Worthington HV, Thomsen P*
- Interventions for preventing oral mucositis for patients with cancer receiving treatment – *Worthington HV, Clarkson JE, Eden OB [UPDATED JULY 2003]*
- Interventions for replacing missing teeth: different types of dental implants – *Esposito M, Coulthard P, Worthington HV, Jokstad A [UPDATED JULY 2003]*
- Interventions for replacing missing teeth: preprosthetic surgery versus dental implants - *Coulthard P, Esposito M, Worthington HV, Jokstad A*
- Interventions for replacing missing teeth: different loading times for dental implants – *Esposito M, Coulthard P, Worthington HV*
- Ceramic inlays for restoring teeth – *Hayashi M, Yeung CA*
- Manual versus powered toothbrushing for oral health – *Shaw WC, Walmsley A, Deery C, Robinson P, Deacon S, Heanue M, Worthington HV*
- Pulp treatment for extensive decay in primary teeth – *Nadin G, Glenny AM, Goel B, Yeung A*
- Interventions for replacing missing teeth: surgical techniques for placing dental implants – *Coulthard P, Worthington HV, Esposito M, Jokstad A*
- Hyaluronate for the treatment of temporomandibular joint disorders – *Zongdao S, Awad M*
- Occlusal adjustment for treating temporomandibular joint disorders – *Koh H, Robinson P*
- Fluoride toothpastes for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Adhesives for fixed orthodontic brackets - *Mandall NA, Mattick CR, Millett DT, Harrison JE, Davies K, Hickman J, Worthington HV*
- Enamel matrix derivative (Emdogain) for periodontal tissue regeneration in intrabony defects – *Esposito M, Coulthard P, Worthington HV*
- Interventions for replacing missing teeth: bone augmentation techniques for dental implant treatment - *Coulthard P, Esposito M, Worthington HV, Jokstad A*
- Fluoride mouthrinses for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Antibiotics to prevent complications following dental implant treatment – *Esposito M, Coulthard P, Oliver R, Thomsen P, Worthington HV*
- Interventions for replacing missing teeth: dental implants in zygomatic bone for the rehabilitation of the severely deficient edentulous maxilla – *Esposito M, Coulthard P, Thomsen P, Worthington HV*
- Screening programmes for the early detection and prevention of oral cancer – *Kujan O, Glenny AM, Duxbury AJ, Thakker N, Sloan P*
- Topical fluoride (toothpastes, mouthrinses, gels or varnishes) for preventing dental caries in children and adolescents - *Marinho VCC, Higgins JPT, Sheiham A, Logan S*

Reviews in the refereeing process

- Pit and fissure sealants for preventing dental decay in the permanent teeth of children and adolescents - *Ahovuo-Saloranta A, Hiiri A, Nordblad A, Makela M, Murtomaa H*
- Stabilisation splint therapy for temporomandibular pain dysfunction syndrome – *Al-Ani MZ, Gray RJM, Davies SJ, Sloan P*
- Retention procedures for stabilising tooth position after treatment with orthodontic braces – *Littlewood S, Millett D, Bearn D, Doubleday B, Worthington HV*

Published Protocols

- Combinations of topical fluorides (varnishes, gels, rinses, or toothpastes) versus one topical fluoride for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- One topical fluoride (varnishes, gels, rinses, or toothpastes) versus another for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Pit and fissure sealants versus fluoride varnishes for preventing dental decay in children and adolescents – *Ahovu-Saloranta A, Hiiri A, Nordblad A, Makela M, Murtomaa H*
- Psychotherapy for dental anxiety – *Adair P, de Jongh A, Durham R, Bannister J, Levitt J*
- Conscious sedation for dental anxiety – *Adair P, de Jongh A, Durham R, Bannister J, Levitt J*
- Feeding interventions for infants with cleft lip, cleft palate or cleft lip and palate – *Glenny AM, Hooper L, Shaw WC, Reilly S, Reid J*
- Topical fluoride for treating dental caries – *Ferreira de Oliveria MA, Celeste RK, Rodrigues C*
- Orthodontic treatment for children with prominent upper front teeth – *Harrison JE, O'Brien KD, Worthington HV, Bickley SR, Scholey JM, Shaw WC*
- Orthodontic treatment for children with prominent lower front teeth – *Harrison JE, Shaw WC, Worthington HV, Bickley SR, Scholey JM, O'Brien KD*
- Orthodontic treatment for crowded teeth in children – *Harrison JE, Scholey JM, Worthington HV, Bickley SR, O'Brien KD, Shaw WC*
- Interventions for replacing missing teeth: resin bonded bridges and other restorations for the replacement of adult teeth – *Swift B, Jepson NJA, McColl E, Steele JG, Steen IN*
- Antibiotics to prevent complications following tooth extractions – *Lodi G, Sardella A, Bez C, Demarosi F, Carrassi A*
- Complete or ultraconservative removal of decayed tissue in unfilled teeth – *Ricketts DNJ, Kidd EAM, Innes N*
- Fluorides for the prevention of white spots on teeth during fixed brace treatment – *Benson PE, Parkin N, Millett DT, Dyer FE, Vine S, Shah A*
- Interventions for replacing missing teeth: partially absent dentition – *Jokstad A, Carr A, Esposito M, Coulthard P, Worthington HV*
- Interventions for replacing missing teeth: totally absent dentition – *Jokstad A, Carr A, Esposito M, Coulthard P, Worthington HV*
- Penicillins for the prophylaxis of bacterial endocarditis in dentistry – *Oliver R, Hooper L, Roberts G*
- Sedation of anxious children undergoing dental treatment – *Matharu L, Ashley P*
- Interventions for treating trouble-free impacted wisdom teeth in adults – *Mettes TG, van der Sanden W, Verdonschot EH, Plasschaert AJM, van't Hof MA, Nienhuijs M*
- Fluoridated milk for preventing dental caries in children and adolescents – *Yeung A, Tickle M*
- Anterior repositioning splint for temporomandibular joint disc displacement – *Al-Ani MZ, Gray RJM, Davies S, Sloan P*
- Drug interventions for pain relief during orthodontic treatment – *Cooper J, Harrison J*
- Interventions for treating ameloblastomas of the jaws – *Zheng JW, Chen CJ, Wang MG*
- Ozone therapy for the treatment of dental caries – *Davies A, Johnson T, McColl D, Richardson R, Rickard G, Young N*
- Surgical techniques for removal of mandibular third molar teeth – *Coulthard P, Esposito M, Worthington HV*
- Direct versus indirect veneer restorations for intrinsic dental stains – *Wakiaga J, Brunton P, Watts D, Glenny AM*
- Recall intervals for oral health in primary care patients – *Beirne P, Forgie A, Worthington HV, Clarkson J*
- Home-based interventions for whitening teeth in adults – *Hasson H, Ismail A, Sohn S*
- Dental fillings for the treatment of early childhood caries – *Yengopal J, Siegfried N, Patel N*
- Pulp management for caries in adults – *Miyashita H, Qualtrough A*
- Domestic violence screening and intervention programmes for adults with dental or facial injury – *Coulthard P, Yong S, Esposito M, Adamson L, Warburton A, Worthington HV*
- Adhesives for fixed orthodontic bands – *Millett D, Mandall N, Mattick C, Hickman J*
- Ibuprofen for pain relief after surgical removal of lower wisdom teeth – *Afzal Z, Coulthard P, Esposito M, Weil K, Worthington HV, van Wilj A, Hooper L*
- Paracetamol for pain relief after surgical removal of lower wisdom teeth – *Afzal Z, Coulthard P, Esposito M, Weil K, Worthington HV, van Wilj A, Hooper L*

Protocols in the refereeing process

- Pharmacological interventions for pain in patients with temporomandibular disorders – *Lele S*
- Xylitol containing oral products for preventing dental caries – *Hildebrandt G*
- School dental screening for oral health – *Holden L, Milson K*
- Delayed versus immediate traction for unerupted upper canine teeth – *Thind B, Shah A, Stirrups D*
- Root canal posts for the restoration of non-vital teeth – *Muller-Bolla M, Bolla M, Lupi-Pegurier L, Laplanche Olivier et Leforestier E*
- Full mouth disinfection for the treatment of periodontitis – *Eberhard J, Jepson S, Needleman I, Worthington HV*
- Arthrocentesis and lavage for temporomandibular joint disorders – *Chunlan G, Revington P*
- Extraction of deciduous (baby) canine teeth for unerupted displaced permanent canine teeth in children – *Shah A, Thind B, Benson P, Parkin N*
- Regular scale and polish for periodontal health in adults – *Forgie A, Beirne P, Clarkson JE, Worthington HV*
- Treatment of periodontal disease for glycaemic control in people with diabetes – *Simpson T, Mills E, Needleman I, Wild SH, Moles DR*

Titles registered

- Therapeutic trials for recurrent (aphthous) oral ulcers – *Chan ES-Y, Zak J, Thornhill M*
- Management of orbital blow-out fractures – *Courtney D, Hughes C*
- Replacement of amalgam fillings for reactions in the mouth – *Issa Y, Duxbury J, Brunton P*
- Arthroscopy for temporomandibular joint pain – *Harrison S, Jokstad A*

- Chlorhexidine for the prevention and management of dental caries – *Ricketts D, Hunter L, Clarkson J, Addy M, Uribe S*
- Preparation of teeth for root canal therapy – *Sequeira P, Barbakow F*
- Interventions for replacing missing teeth: denture chewing surfaces – *Sutton F, McCord JF, Jokstad A*
- Interventions for preventing and treating stomatitis caused by dentures – *Jokstad A, Axell T, Esposito M, Coulthard P, Worthington HV*
- Onplant (Implant) reinforced anchorage for patients undergoing orthodontic treatment – *Manara S*
- Panoramic radiography for dental screening in the primary dental care setting – *Rushton V*
- Interventions for caries management in head and neck cancer patients – *Morrow L*
- Interventions for periodontal management in head and neck cancer patients – *Morrow L*
- Bone grafting for periodontal intrabony defects – *Aichelmann-Reidy ME, Branch-Mays G*
- Oral health promotion and education for caries and gingivitis reduction in children and adolescents – *Schroth R, Lavelle CLD, Moffatt MEK*
- Physical therapy for treating temporomandibular disorders – *Craane B, Stappaerts K, Pijlstra P, Stegenga B, De Laat A*
- Ibuprofen versus paracetamol for pain relief after oral surgery – *Coulthard P, Afzal Z, Weil K, Esposito M, Worthington HV*
- Direct composite restorations for posterior teeth – *Schmidlin P, Crevona M, Sequeirz P*
- Local anaesthesia for postoperative pain following third molar surgery – *Joshi A*
- Interventions for the repair of iatrogenic lingual nerve injury in oral surgery – *Renton T, Robinson P*
- Interventions for the repair of iatrogenic inferior alveolar nerve injury in oral surgery – *Renton T, Robinson P*
- Single visit or multiple visits for endodontic treatment – *Gagliani M, Colombo M, Maddalone M, Figini L, Gorni F*
- Carisolv for the treatment of dental caries – *Eberhard J, Jepsen S*
- Local delivery antimicrobials for chronic periodontitis – *Suvan J, Needleman I, Moles D, Tonetti M, Minchuan L*
- Hyperbaric oxygen therapy for osteoradionecrosis in people with oral cancer – *Akhtar S, Edwards A*
- Occlusal management for periodontitis in adults – *Weston P, Needleman I, Moles D*
- Acyclovir for primary herpetic gingivostomatitis in children – *Alkhenizan A, Aljumaah S*
- The management of the fractured edentulous atrophic mandible – *Mckenzie J, Hyde N*
- Mouthrinses for the prevention of complications after dental extraction – *Elassar H, Kilgariff JK, Ibarhim A, Ho-A-Yun J*
- Interventions for preventing dental caries in children under five years – *Gussy M, Love K, Waters L, Kilpatrick N*
- Interventions for the treatment of oral cancer – *Clarkson J, Worthington HV, Glennly AM, Coulthard P*
- Interdental/interspace brushes for oral hygiene in orthodontic patients with fixed appliances – *Goh HH*
- Slow-release fluoride devices for the prevention of dental decay – *Bonner B, Clarkson J*
- Headgear treatment for the movement of molar teeth in orthodontics – *Goh HH*
- Triclosan-contained toothpaste for gingival health – *Yaziz YA, Needleman I, Moles D, Esposito M*
- Perioperative steroids for the prevention of adrenal crisis in oral surgery – *Yong S, Coulthard P, Esposito M*
- Oral hygiene education and instruction for preventing plaque and gingivitis in adults – *Young L, Clarkson J, Needleman I*
- Enamel etching for fixed orthodontic appliances – *Qingsong Y, Zhihe Z, Soma K, Wei SHY, Zongdao S*
- Closed eruption versus apically repositioned flap in the management of impacted canines – *Sanu T*



Collaborators Wanted!

There are several ways in which you can contribute to the work of the Oral Health Group:

Preparing a review as a lead reviewer or assisting as a co-reviewer. If you would like more information or if you have a particular subject area you wish to pursue, please contact Emma Tavender (emma.tavender@man.ac.uk) who will be happy to discuss your ideas.

Peer-reviewing reviews and protocols for the Group.

Handsearching a journal. If you have access to a particular oral health related journal and would be willing to handsearch for trials, please contact Sylvia Bickley (Sylvia.R.Bickley@man.ac.uk).

Offering consumer input commenting on drafts of Cochrane reviews or suggesting questions for review. Representing the recipients of health care (patients or carers) viewpoint, as a consumer you will ensure that reviews are relevant and clear to those affected by the condition, their carers or family members.

Translating articles or parts of articles. Cochrane systematic reviews include all relevant studies regardless of language. Translators are therefore needed to translate these studies from the original language to English.

If you are interested in contributing please complete the OHG's membership form, which can be found on the last page of this newsletter. We look forward to hearing from you!

Registration form for the Cochrane Oral Health Group

Dear Colleague

To register as a member of the Cochrane Oral Health Group (free of charge) please complete the details below and return the form to the address below, by post or by fax, marked for the attention of The Co-ordinator, Cochrane Oral Health Group.

If you know of others who may be interested in joining the group please feel free to photocopy and forward a copy of this form to them for their completion and return.

(Please print your entries clearly)

<u>Last Name:</u>	<u>First name/s:</u>	<u>Title:</u> <small>(Mr; Mrs; Miss; Ms; Dr; Prof)</small>
Address:		
Telephone:	Fax:	
Email:		
<p><u>Participation</u> <i>There are several options for your participation in the Cochrane Oral Health Group. Please tick the appropriate box/es below.</i></p> <p><i>We welcome all those interested in supporting the Oral Health Group. Preparing and maintaining systematic reviews is a very time consuming, arduous but rewarding process. We encourage collaboration between members on reviews. Please indicate by ticking the box/es below the option/s that best suits your available time commitment.</i></p>		
Review subject interest:		
I wish to choose a topic and be responsible for carrying out and maintaining a systematic review.		
I am willing to assist others in carrying out and maintaining a systematic review.		
I am willing to be responsible for handsearching a journal retrospectively and prospectively to maintain surveillance of the journal in the future.		
I am willing to become a referee for the Group, my specialist interests are:		
I am willing to offer consumer input commenting on drafts of Cochrane reviews or suggesting questions for review.		
I am unable to make a practical commitment to the Oral Health Group at the present time but would like to remain on the mailing list to be kept informed of the Group's activities.		

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