



Cochrane Crowd and Cochrane ClassMate

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On behalf of the Project Transform and Cochrane ClassMate team

Trusted evidence.
Informed decisions.
Better health.





Cochrane Crowd



Cochrane ClassMate

Both support learning

Is this an RCT?

Effectiveness of the parent-mediated intervention for children with autism spectrum disorder in south Asia in India and Pakistan (PASS): A randomised controlled trial.

Background: Autism spectrum disorder affects more than 5 million children in south Asia. Although early interventions have been used for the treatment of children in high-income countries, no substantive trials have been done of the interventions adapted for use in low-income and middle-income countries (LMICs). We therefore assessed the feasibility and acceptability of the parent-mediated intervention for autism spectrum disorder in south Asia (PASS) in India and Pakistan. Methods: A single-blind randomised trial of the comparison of 12 sessions of PASS (plus treatment as usual) with treatment as usual alone delivered by non-specialist health workers was done at two centres in Goa, India, and Rawalpindi, Pakistan. Children aged 2-9 years with autism spectrum disorder were randomly assigned (1:1) by use of probabilistic minimisation, controlling for treatment centre (Goa or Rawalpindi), age (<6 years or >6 years), and functional impairment (Vineland Adaptive Behaviour Scale Composite score <65 or >65). The primary outcome was quality of parent-child interaction on the Dyadic Communication Measure for Autism at 8 months. Analysis was by intention to treat. The study is registered with ISRCTN, number ISRCTN79675498. Findings: From Jan 1 to July 30, 2013, 65 children were randomly allocated, 32 to the PASS group (15 in Goa and 17 in

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Information overload



“Global scientific output doubles every nine years”

[Nature News Blog, May 2014]

Cochrane Crowd



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Why do people sign up?



Why do people sign up?



To help



Why do people sign up?



To help



**To learn and
develop skills**



To learn

to help out a little and
gain some skills"

"to maintain
my skills"

"to help out with a really
important project, but I
**am also learning at
the same time.** So it's
really great"

**To learn and
develop skills**

"wanted to **hone
skills** in identifying
RCTs."

"Better
**understand
RCTs**"

"To **learn, practice**
and to make a tiny
contribution!"

"To **learn**"

"to **gain experience**"

Multimorbidity and risk of mild cognitive impairment

Objectives To determine the association between multiple chronic conditions and risk of incident mild cognitive impairment (MCI) and dementia. **Design** Prospective cohort study. **Setting** Olmsted County, Minnesota. **Participants** Cognitively normal individuals (N = 2,176) enrolled in the Mayo Clinic Study of Aging (MCSA). **Measurements** Participants were randomly selected from the community, evaluated by a physician, and underwent neuropsychometric testing at baseline and at 15-month intervals to assess diagnoses of MCI and dementia. Information on International Classification of Diseases, Ninth Revision codes for chronic conditions in the 5 years before enrollment was electronically captured using the Rochester Epidemiology Project medical records linkage system. Multimorbidity was defined as having two or more chronic conditions, and the association between multimorbidity and MCI and dementia was examined using Cox proportional hazards models. **Results** Of 2,176 cognitively normal participants (mean age +/- standard deviation 78.5 +/- 5.2; 50.6% male), 1,884 (86.6%) had multimorbidity. The risk of MCI or dementia was higher in persons with multimorbidity (hazard ratio (HR) = 1.38, 95% confidence interval (CI) = 1.05-1.82) than in those with one or no chronic condition. The HR was of greater magnitude in persons with four or more conditions (HR = 1.61, 95% CI = 1.21-2.13) than in those with two or three conditions (HR = 1.03, 95% CI = 0.76-1.39) and for men with multimorbidity (HR = 1.53, 95% CI = 1.01-2.31) than for women with multimorbidity (HR = 1.20, 95% CI = 0.83-1.74), compared to those with one or no chronic condition. **Conclusion** In older adults, having multiple chronic conditions is associated with greater risk of MCI and dementia. This is consistent with the hypothesis that multiple etiologies may contribute to MCI and late-life dementia. Preventing chronic diseases may be beneficial in delaying or preventing MCI and dementia.]

Is this describing a randomised trial?

How does Cochrane Crowd support people doing this task?



How does Cochrane Crowd support people doing this task?

**Top 10 features in
Cochrane Crowd that
support learning**



1. Interactive (and brief!) training

Improved Survival with Ursodeoxycholic Acid Prophylaxis in Allogeneic Stem Cell Transplantation: Long-Term Follow-Up of a **Randomized** Study. [2013818057]

We report the long-term results of a prospective **randomized** study on the use of ursodeoxycholic acid (UDCA) for prevention of hepatic complications after allogeneic stem cell transplantation. Two hundred forty-two patients, 232 with malignant disease, were **randomized** to receive (n= 123) or not to receive (n=119) UDCA from the beginning of the conditioning until 90 days post-transplantation. The results were reported after 1-year follow-up. UDCA administration reduced significantly the proportion of patients developing high serum bilirubin levels as well as the incidence of severe acute graft-versus-host disease (GVHD), liver GVHD, and intestinal GVHD. In the UDCA prophylaxis group, nonrelapse mortality (NRM) was lower and overall survival better than in the control group. After a 10-year follow-up, the difference in the survival and NRM in favor of the UDCA-treated group, seen at 1 year, was maintained (survival 48% versus 38%, $P = .037$; NRM 28% versus 41%, $P = .01$). A landmark analysis in patients surviving at 1 year post-transplantation showed no significant differences between the study groups in the long-term follow-up in chronic GVHD, relapse rate, NRM, disease-free survival, or overall survival. These long-term results continue to support the useful role of UDCA in the prevention of transplant-related complications in allogeneic transplantation. © 2014 American



We agree!

We said RCT/CCT. This record describes the follow-up results of a randomised trial. Even if the follow-up extended beyond the initially conceived trial period, the record is eligible if it reports on the outcomes believed to be connected to the intervention or treatment. A follow-up study that looked at something not related to the intervention (such as years of education) would not be eligible.

RCT/CCT

Anyone can sign up; everyone has to do the training: 20 practice records
The training is aimed at the complete beginner

2. Quick Reference guide

Record describes a:	More details	Decision
Randomised controlled trial in human subjects	Sometimes this kind of trial is called a randomised trial or an RCT.	RCT or CCT
A quasi-randomised trial in human subjects	Sometimes the form of randomisation used is not truly random. For example, treatment may have been allocated by date of birth or day of the week. These are what we think of as CCTs but you could also call them quasi-randomised controlled trials.	RCT or CCT
Randomised controlled trial in non-human subjects	Animal studies are out.	Reject
Randomised controlled trial in cadavers	Randomised studies performed on dead bodies are out and this includes studies on specific parts of cadavers.	Reject
Randomised controlled trial on extracted human parts	Extracted parts are not eligible. A randomised trial on teeth not extracted is eligible. If the teeth are removed and then randomised, it's out.	Reject
Randomised controlled trial in parts of a human	For example eyes randomised to receive the intervention or the control.	RCT or CCT

**A reminder
of what
we're
looking for
and what
we're not
looking for**

3. Helpful highlights

Mind-wandering, cognition, and performance: a theory-driven **meta-analysis** of attention regulation. [25089941]

The current **meta-analysis** accumulates empirical findings on the phenomenon of mind-wandering, integrating and interpreting findings in light of psychological theories of cognitive resource allocation. Cognitive resource theory emphasizes both individual differences in attentional resources and task demands together to predict variance in task performance. This theory motivated our conceptual and **meta-analysis** framework by introducing moderators indicative of task-demand to predict who is more likely to mind-wander under what conditions, and to predict when mind-wandering and task-related thought are more (or less) predictive of task performance. Predictions were tested via a random-effects **meta-analysis** of correlations obtained from normal adult samples (k = 88) based on measurement of specified episodes of off-task and/or on-task thought frequency and task performance. Results demonstrated that people with fewer cognitive resources tend to engage in more mind-wandering, whereas those with more cognitive resources are more likely to engage in task-related thought. Addressing predictions of resource theory, we found that greater time-on-task-although not greater task complexity-tended to strengthen the negative relation

The red highlights act as ‘warning’ highlights to indicate the record might be one to Reject

3. Helpful highlights

Effects of low-fat or full-fat fermented and non-fermented dairy foods on selected cardiovascular biomarkers in overweight adults. [2013769292]

The association between consumption of full-fat dairy foods and CVD may depend partly on the nature of products and may not apply to low-fat dairy foods. Increased circulating levels of inflammatory biomarkers after consumption of dairy product-rich meals suggest an association with CVD. In the present study, we tested the effects of low-fat and full-fat dairy diets on biomarkers associated with inflammation, oxidative stress or atherogenesis and on plasma lipid classes. Within full-fat dairy diets, we also compared fermented v. non-fermented products. In a **randomised cross-over** study, twelve overweight/obese subjects consumed during two 3-week periods two full-fat dairy diets containing either yogurt plus cheese (fermented) or butter, cream and ice cream (non-fermented) or a low-fat milk plus yogurt diet, with the latter being consumed between and at the end of the full-fat dairy dietary periods. The concentrations of six inflammatory and two atherogenic biomarkers known to be raised in CVD were measured as well as those of plasma F2-isoprostanes and lipid classes. The concentrations of six of the eight biomarkers tended to be higher on consumption of

The Yellow highlights are for words and phrases frequently found in records we are looking for (RCTs)

4. Help me decide

Intermittent hormone therapy versus continuous hormone therapy for locally advanced prostate cancer: A **meta-analysis**. [2015249574]

Few **randomized** studies have compared intermittent hormone therapy (IHT) with continuous hormone therapy (CHT) for the treatment of locally advanced prostate cancer (PCa). Here, we report the results of a **meta-analysis** of a **randomized controlled trial**, evaluating the effectiveness of IHT versus CHT for patients with locally advanced PCa. Types of intervention were IHT versus CHT. The primary endpoint of this study is overall mortality and the secondary endpoints are any progression of disease, quality of life (QOL) and adverse effects between two groups. Six **randomized controlled trials** totaling 2996 patients were included. Results are as follows: after hormone therapy, patients undergoing IHT demonstrated no significant difference from those undergoing CHT in terms of the overall mortality (OR = 1.0, 95% CI [0.86, 1.17]) and disease progression (OR = 1.16, 95% CI [0.86, 1.57]). Men treated with IHT also reported better QOL, fewer adverse effects and considerable economic benefit for the individual and the community. With no difference in overall mortality and incidence of progression, current clinical studies confirm that both therapeutic **methods** were safe and effective. However, our study also takes into account QOL. When these secondary measures are considered, IHT may be a better option over CHT as patients report a more affordable treatment with improved QOL and fewer adverse effects.

Help me decide

Are the participants in the study living human beings?

- Yes
- No
- Impossible to tell
- Unsure

Next

The Help me decide feature takes a screener through a series of questions to help reach a decision

5. Screen records of interest

Prioritise the records I receive

The records that you receive to screen are chosen by the system. If you would prefer to see records that are of particular interest to you then enter below words or short phrases that identify them and we will prioritise records with those terms in the title or abstract for you. If none are available that match your terms we will just send unprioritised records as normal.



You can choose to work on records in areas of interest to you.

I'm interested in dementia so the records I get contain the word dementia or Alzheimer's...

5. Screen records of interest

37 years of body mass index and **dementia**: Effect modification by the APOE genotype: Observations from the prospective population study of women in Gothenburg, Sweden. [2015491824]

Background: Overweight and obesity in mid- and late-life may increase risk for **dementia**, whereas a decline in body weight or body mass index (BMI) and underweight in years preceding a clinical **dementia** diagnosis are also associated with **dementia**. Little is known about the modifying effect of the APOE genotype, a major susceptibility gene for **Alzheimer's** disease (AD), on the BMI-**dementia** adult life course trajectory. Objective: We evaluated the exposure, BMI, in relationship to the outcome, clinical **dementia**, over 37 years, considering the effect modification of the APOE epsilon4 allele. Methods: The Prospective Population Study of Women (PPSW) in Sweden is a systematic sample of 1462 women born 1908, 1914, 1918, 1922, and 1930 and aged 38-60 years at baseline. Examinations occurred in 1968, 1974, 1980, 1992, 2000, and 2005; 559 women had information on **dementia**, BMI, and APOE epsilon4 allele status, in addition to covariates. Statistical analyses were conducted using mixed effects regression models. Results: Trajectories of BMI over 37 years differed by APOE epsilon4 allele status. While women gained BMI similarly from mid-life to age 70 years, women with at least one APOE epsilon4 allele experienced BMI decline more quickly after age 70 years compared to women without an APOE epsilon4 allele. However, upon stratifying the sample by **dementia** occurrence, it appeared that **dementia** drove the overall BMI-trajectory. There was a main



A great way to keep up with the latest research being published my area of interest

5. Screen records of interest

“Thanks so much for the *Prioritise the records I receive* feature. I have found research valuable for my everyday work; I had no idea it existed!”

Mersiha Kaknjo, April 2016

7. Add my own highlights

No Effect of Different Stimulation Conditions on Verbal Fluency and Visuospatial Orientation in Patients with Subthalamic Nucleus Deep Brain Stimulation.
[2015369408]

Background: Subthalamic nucleus deep brain stimulation is an effective treatment for the symptomatic treatment of Parkinson's disease. Apart from the obvious motor benefits, some cognitive side effects have been reported, particularly in verbal fluency. Objectives: Our aim was to evaluate the effects of the stimulation on verbal fluency and visuospatial orientation with changing stimulation conditions in 35 patients with Parkinson's disease. **Methods:** Patients were randomized for their stimulation conditions as 'both on', 'both off', 'right on', and 'left on' and underwent verbal fluency and visuospatial orientation tasks during their drug-on periods. Letter and categorical fluency tasks and Benton's Judgment of Line Orientation Test were used for assessment. **Results:** Overall, 6 patients were excluded due to dementia or depression. For verbal fluency, the number of words they produced in 1 min was similar in four stimulation conditions ($p > 0.05$). No significant difference was found between stimulation conditions in the spatial orientation task. Conclusions: We were unable to find any significant changes in verbal fluency and visuospatial orientation task scores with different stimulation conditions. This result suggests that either stimulation has no effect on given domains or the effect is so small that more detailed batteries are required to detect the difference.

I've added some 'directional' highlights to help direct me to certain parts of a structured abstract

8. And I can colour code them!

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Background: Subthalamic nucleus deep brain stimulation is an effective treatment for the symptomatic treatment of Parkinson's disease. Apart from the obvious motor benefits, some cognitive side effects have been reported, particularly in verbal fluency. Objectives: Our aim was to evaluate the effects of the stimulation on verbal fluency and visuospatial orientation with changing stimulation conditions in 35 patients with Parkinson's disease. **Methods:** Patients were randomized for their stimulation conditions as 'both on', 'both off', 'right on', and 'left on' and underwent verbal fluency and visuospatial orientation tasks during their drug-on periods. Letter and categorical fluency tasks and Benton's Judgment of Line Orientation Test were used for assessment. **Results:** Overall, 6 patients were excluded due to dementia or depression. For verbal fluency, the number of words they produced in 1 min was similar in four stimulation conditions ($p > 0.05$). No significant difference was found between stimulation conditions in the spatial orientation task. Conclusions: We were unable to find any significant changes in verbal fluency and visuospatial orientation task scores with different stimulation conditions. This result suggests that either stimulation has no effect on given domains or the effect is so small that more detailed batteries are required to detect the difference.

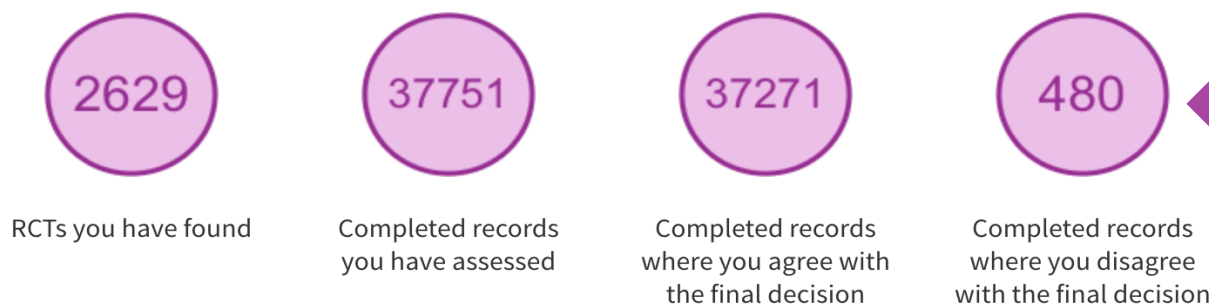
I've made
Background and
Results the
same colour but
left Methods
blue

9. I can view my performance (and learn from it)

Summary

You have assessed **38609** records. Note that some records may still be being assessed by other people.

Below is a summary of your activity on this task to date. The figures are for records that have been assessed by more than one person and completed their assessments so they may not match up to the total number of records you have assessed.

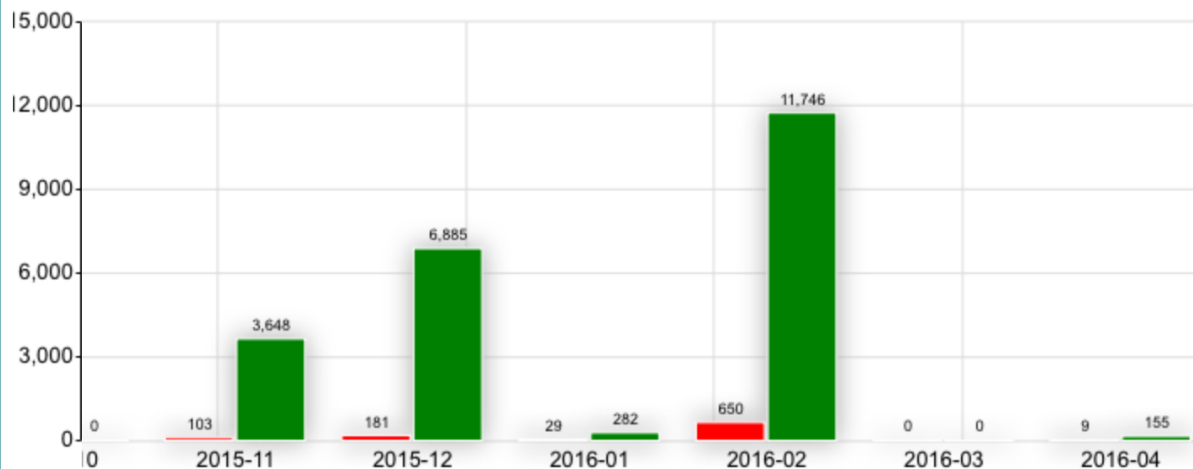


An area we plan to develop quite a bit but still very useful – especially the number on the right

9.I can view my performance (and learn from it)

Accuracy

The green bars in the histogram below show the number of records you screened in any particular month where your decision matched the final decision. Red bars show the number of records where your decision did not match the final decision.



This shows how many records I screen and when, and also how many of those records were in agreement or disagreement with the final decision

10. Where did I go wrong?

Feb 16, 2015

The role of empathic concern, internalized moral principle, and anticipated guilt in college students' intentions to send or read text messages while driving. [2014748316]

Although a growing amount of research has examined the consequences and prevalence of texting while driving, little research has examined the psychological factors that predict intentions to text while driving. Because texting while driving can potentially cause property damages and injure or kill people, it is particularly relevant to the moral aspect of a mobile communication and health behavior. Study 1 was based on a cross-sectional survey of 513 college students who responded to a battery of questions. Results revealed that participants' empathic concern predicted their feelings of anticipated guilt and internalized moral principle of care, which in turn negatively predicted intentions to text while driving. Study 2 was based on an experimental design where participants were randomly assigned to one of the three imagined conditions (i.e., severe car crash with no injuries, severe injuries with no deaths, and control). Results revealed that participants anticipated more guilt feelings in the two experimental conditions than in the control condition. However, there was no difference between the experimental conditions in arousing anticipated guilt. Both theoretical and practical implications related to the psychology of mobile communication and anti-texting while driving are discussed.

Disagree

You said **Reject**, we said **RCT or CCT**

Here I can see that a record I rejected ended up with a final decision of RCT or CCT. Looking at it, I can see that I did indeed make a mistake in rejecting it.

Cochrane Crowd: next steps



Add more tasks

- DTA identification
- RCT/PICO description

<http://crowd.cochrane.org>

“Can I use the task for my students?”

Yes, Please!

Cochrane ClassMate

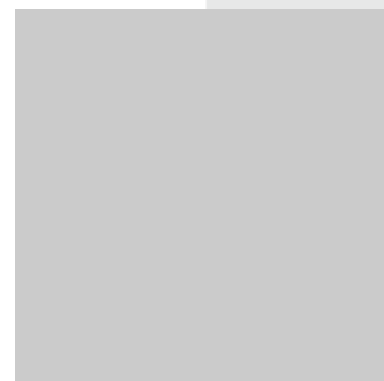
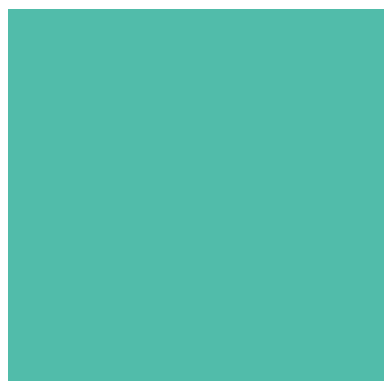
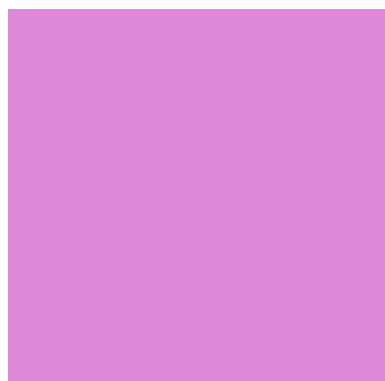
Enable Trainers and Educators to use the micro-tasks

- More guidance
- More structure
- More rewards
- More fun!



How?

Cochrane ClassMate



Modular design

Some using 'known' records; some drawing on 'live' records

Choose a module, or modules that suit your teaching objectives, or create your own

Cochrane ClassMate

**RCT
identification**

**DTA
identification**

**Understanding
PICO**

**Reporting
standards**

Proposed example modules

Cochrane ClassMate: example

The trainer will be able to:

- Create a learning course/activity
- Select the module on ‘identifying RCTs’
- Enter/invite your participants
- Monitor performance
- Feedback
- Reward



Cochrane ClassMate: example

Identifying RCTs:

- Work through different levels of difficulty
- Use known records
- Highly ‘commentated’



A randomised controlled trial of neuronavigated repetitive transcranial magnetic stimulation (rTMS) in anorexia nervosa


Background: Anorexia nervosa (AN) is associated with morbid fear of fatness, extreme food restriction and altered self-regulation. Neuroimaging data implicate fronto-striatal circuitry, including the dorsolateral prefrontal cortex (DLPFC). **Methods:** In this double-blind parallel group study, we investigated the effects of one session of shamcontrolled high-frequency repetitive transcranial magnetic stimulation (rTMS) to the left DLPFC (l-DLPFC) in 60 individuals with AN. A food exposure task was administered before and after the procedure to elicit AN-related symptoms. **Outcomes:** The primary outcome measure was 'core AN symptoms', a variable which combined several subjective AN-related experiences. The effects of rTMS on other measures of psychopathology (e.g. mood), temporal discounting (TD; intertemporal choice behaviour) and on salivary cortisol concentrations were also investigated. **Safety, tolerability and acceptability** were assessed. **Results:** Forty-nine participants completed the study. Whilst there were no interaction effects of rTMS on core AN symptoms, there was a trend for group differences ($p = 0.056$): after controlling for pre-rTMS scores, individuals who received real rTMS had reduced symptoms post-rTMS and at 24-hour follow-up, relative to those who received sham stimulation. Other psychopathology was not altered differentially following real/sham rTMS. In relation to TD, there was an interaction trend ($p = 0.060$): real versus sham rTMS resulted in reduced rates of TD (more reflective choice behaviour). Salivary cortisol concentrations were unchanged by stimulation. rTMS was safe, well-tolerated and was considered an acceptable intervention. **Conclusions:** This study provides modest evidence that rTMS to the l-DLPFC transiently reduces core symptoms of AN and encourages prudent decision making. Importantly, individuals with AN considered rTMS to be a viable treatment option. These findings require replication in multiple-session studies to evaluate therapeutic efficacy. **Trial Registration:** www.Controlled-Trials.com ISRCTN22851337.



RCT/CCT

Reject

Unsure



A randomised controlled trial of neuronavigated repetitive transcranial magnetic stimulation (rTMS) in anorexia nervosa

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Show Commentary

This record reports the trial quite helpfully, for instance, the title begins "A randomised controlled trial...".

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Show Commentary

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Other clues that we are looking at a controlled trial are that this is "...a double-blind parallel group study..." and is "...sham-controlled...".

A randomised controlled trial of neuronavigated repetitive transcranial magnetic stimulation (rTMS) in anorexia nervosa

[Show Commentary](#)

Background: Anorexia nervosa (AN) is associated with morbid fear of fatness, extreme food

restriction and altered self-regulation. Neuroimaging studies have identified abnormalities including the dorsolateral prefrontal cortex (DLPFC). In a randomised controlled group study, we investigated the effects of one session of neuronavigated repetitive transcranial magnetic stimulation (rTMS) to the I-DLPFC compared with AN. A food exposure task was administered before and after rTMS to assess related symptoms. Outcomes: The primary outcome measure was a composite variable which combined several subjective AN-related symptoms (e.g. mood, food choice behaviour) and on salivary cortisol concentration. Secondary outcomes: tolerability and acceptability were assessed. Results: For the primary outcome, there were no interaction effects of rTMS compared with sham for group differences ($p = 0.056$): after controlling for placebo, real rTMS had reduced symptoms post-rTMS and at 24 weeks compared with those who received sham stimulation. Other psychopathology was also reduced by real/sham rTMS. In relation to TD, there was an interaction effect: rTMS resulted in reduced rates of TD (more reflective of binge eating) and concentrations were unchanged by stimulation. rTMS was well-tolerated and considered an acceptable intervention. Conclusions: The results suggest that rTMS to the I-DLPFC transiently reduces core symptoms of AN and improves decision making. Importantly, individuals with AN considered rTMS to be acceptable. These findings require replication in multiple-session studies. Trial Registration: www.Controlled-Trials.com ISRCTN22851337.

This is quite a well-reported trial. In addition to the title stating the study design, it informs us of the participant eligibility, although not their setting. We are given information about the intervention and the control. We know that 60 participants were randomised at the beginning of the study and that 49 completed the study, but we aren't specifically told that the participants are randomised on a 1:1 basis and how many of each group dropped-out. There is a primary outcome defined and conclusions drawn against this. The treatment is described as "...safe, well-tolerated..." although it isn't definitely stated that there were no adverse events. The trial's funding is not reported in the abstract, but it does give the trial registration number so that we can look this information up.

Cochrane ClassMate: rewards



We hope to make the ClassMate modules
CPD accredited



As well as offering certificates of
participation



And to unlock new levels as students
progress



Performance metrics

Trainers would be able to view performance and progress for each learning 'event'

Student	Task	Progress	Last accessed
Joe	RCT identification	Level 1 complete	18/04/16
Sarah	RCT identification	Level 2 complete	18/04/16
Muriah	RCT identification	Level 1 complete	18/04/16
Jean	RCT identification	Level 1 complete	18/04/16
Toby	RCT identification	Level 1 complete	18/04/16

Cochrane ClassMate

**Create your
own module
and share it
with the
community**

We'd like to be able to offer trainers the chance to create their own 'modules' which may combine records from other modules or may use new records in particular healthcare areas

Cochrane ClassMate



Game mode

Run your own 'citation screening challenges'

Remember the 48hr citation screening challenge?
It's time we enabled it so that you can set similar challenges for your students

In summary

Cochrane Crowd is launched:

- You can use it now and recommend your students sign up to help Cochrane identify the RCT evidence
- More tasks are coming soon

Cochrane ClassMate is coming soon:

- It will offer trainers ‘modules’ that help inform about study design and appraisal
- It will use ‘known’ records identified by the crowd and commentated on by experts
- It will enable ‘screening challenges’ on live records
- Version 1 of the toolkit will be released this year

We would love to hear your thoughts
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Thank you!