

Statement by Mark Wilson

With Gøtzsche's inserted comments in italics. Wilson's statement submitted to Cochrane's hired Counsel was not dated; I received it as a zip-file 23 August 2018.

Wilson's statement is untruthful in many respects, which is surprising considering that he is the CEO of a scientific organisation that builds on "trusted evidence," one of his own mottos.

I am sorry to add to the already voluminous paperwork linked to these complaints, but think that additional structured comments would be useful.

The First Complaint

What is described as the 'First Complaint' is, to me, a straightforward conclusion on the fundamental question of did Peter Gøtzsche break Cochrane's Spokesperson Policy in the three instances that were raised by external parties. I think the documentation you already have show this clearly, and I remain convinced that my conclusions in respect of the requirements of the Spokesperson Policy and Peter's actions in the two cases where I found he broke the Policy are very simple to confirm by anyone else.

This would be the conclusion, even if the additional requirements of Peter to which he was bound by the Cochrane leadership since his infractions in 2015 and which he so adamantly opposes, are ignored and not brought into the analysis. These additional requirements were also broken by Peter in these instances, but the fact that they are not needed to conclude that Peter broke the Policy in the two cases makes the claimed cancellation of the additional requirements by the Board in Geneva in April 2017 moot. Nevertheless, in an email to the Co-Chairs on 29th March, before I reached my final conclusions, I checked with them that the April 2017 Board meeting had not rescinded the additional requirements still in force for Peter, and they both confirmed that the Board had not done so. As the item raised was ad hoc by Peter at the meeting, and no evidence or previous communication was shared with the Board on why the additional requirements were put in place, it was difficult to see how the Board could have made such a decision, when no Minute, nor any communication to that effect had reached me from the Co-Chairs, but I wanted to make sure.

In contrast to Wilson's claim, these special requirements that only applied to me were annulled at our board meeting in Genève (see 30 August. Gøtzsche's 66-page report submitted to Cochrane's law firm 30 August on <http://www.deadlymedicines.dk/>). Furthermore, also in contrast to Wilson's claim, Counsel did not find that I had broken the Spokesperson Policy in these two cases (see 12 September B. Counsel's report, which exonerates Gøtzsche from all charges on <http://www.deadlymedicines.dk/>).

I am the CEO of Cochrane: and a fundamental part of that job is to ensure that the organization – and the staff, office holders and members of Cochrane – adhere to the policies and the accountability structures and responsibilities approved by its Governing Board. The Central Executive, and the CEO, support the work of the Board by drafting,

designing and recommending policies, but they only come into force following the approval of the Board. The CEO and the Central Executive advise, interpret, support and monitor the Cochrane community in using and abiding by these policies. This is no different from the executive function performed within most national and international organizations. Peter regards this as a concentration of power in the CEO; it is nothing of the sort. We apply all policies, including the Spokesperson Policy, in a consistent and 'low key' manner with all Cochrane collaborators.

This is untruthful. Wilson applies his Spokesperson Policy inconsistently. He exonerates his own staff when they do the same for which he has punished me repeatedly.

Others, including board members, have also observed and criticized the huge power Wilson has. A board member said at the board meeting in 2018 in Edinburgh that co-chair of the board, UK Cochrane Centre Director Martin Burton, is afraid of Wilson, who, as I have documented, practices management by fear and bullies people. Wilson controls the board; the board is weak and does not govern him (see, for example, 20 September C. My appeal to the Cochrane Governing Board. <http://www.deadlymedicines.dk/> and 9 October. Gøtzsche's complaint to the Charity Commission about serious mismanagement of the Cochrane Collaboration. <http://www.deadlymedicines.dk/>).

Nobody else, across the 70+ staff members, 500 people working in Cochrane Groups and thousands of additional volunteer collaborators, has had these problems in understanding or complying with the Spokesperson Policy. The Knowledge Translation (previously the Communications & External Affairs Department), has advised different Cochrane collaborators and answered questions about what to do in different circumstances and where required, worked with them quickly to insert the appropriate statement/disclaimer in media and other external outputs as per the Spokesperson Policy (see Appendix A on an Electronic Cigarettes blog in the Guardian

WUK: <https://www.theguardian.com/science/sifting-the-evidence/2016/sep/14/why-cant-scientists-agree-on-e-cigarettes-vaping>).

This remark is highly misleading. Wilson has harassed me incessantly and have exerted serious injustice by accusing me, wrongly, again and again, for having breached his Spokesperson Policy. I have documented that I have never breached it and Cochrane's own hired law firm (Counsel) did not find that I had breached it. I believe Wilson has targeted me because I have other ideas about the direction of travel than he has. He has abused his power to kick me out of Cochrane via his loyal esquire, Martin Burton. This is clear from the documents I have uploaded on my website, <http://www.deadlymedicines.dk/>. In my reply to Governing Board co-chairs (26 April. Gøtzsche's reply to Board co-chairs' proposal, <http://www.deadlymedicines.dk/>), I explained that it's a huge problem for due process that the same person, the CEO, is responsible for writing the policy; for investigating possible cases of violation of this policy; and for punishing people for alleged violations. No civilized society allows such an enormous concentration of power in one man but have separated these functions to prevent injustice.

Despite this fact, Peter claims that I and my team have a personal vendetta against him. This is not true. Even two close friends of Peter, Gerd Antes (Director of Cochrane Germany) and

Tom Jefferson (see below) who support him and have their reservations about the role of the Central Executive, have been asked and required to give the same or similar disclaimers on external communications to adhere to the Spokesperson, and have done so (see Blog-post with Disclaimer by Gerd Antes: August 2018: <https://community.cochrane.org/news/predatory-journals-and-predatory-publishers-challenges-within-publishing-sector> and correspondence with Tom Jefferson in Appendix A).

I have never used expressions like a “personal vendetta.” A vendetta is a blood feud in which the family of a murdered person seeks vengeance on the murderer or the murderer's family. As noted above, it is clear that Wilson has singled me out, likely because my vision for Cochrane is quite different to his.

It is 100% misleading to use as an argument that Antes published a disclaimer. The disclaimer is inserted automatically because it is part of that particular blog, constructed by Cochrane headquarters. The text is this one: “The Cochrane Official Blog is curated and maintained by the Knowledge Translation Department. To submit items for publication to the blog or to add comments to a blog, please email news@cochrane.org. The Cochrane Blog presents commentary and personal opinion on topics of interest from a range of contributors to the work of Cochrane. Opinions posted on the Cochrane Blog are those of the individual contributors and do not necessarily reflect the views or policies of Cochrane.”

It is also 100% misleading to use as an argument that Jefferson published a disclaimer, as it wasn't his decision. He was forced to do it. He also published on the Cochrane blog, and Jo Anthony from Cochrane headquarters wrote to him (see Appendix A below): “Your blog is being copy-edited by the team one final time and we will include the personal views disclaimer at the top of the piece.” Jefferson was not happy with this. He replied: “One major point is that if you put the disclaimer at the top of the piece it will destroy the credibility of 20 years' work. The message that readers' would take away is ‘don't believe these guys, we don't.’ Disclaimers should be at the bottom, not at the top. Please remember that I have played by the rule book throughout, keeping you updated from day 1. Personally I would prefer the editorial not to come out at all rather than with a disclaimer at the top.”

Context

Instead of any campaign by me against Peter, any analysis of the context (which is not covered in the information you already have) shows that this dispute (and Peter's complaint against me (the second complaint) is entirely in line with the longstanding position Peter has taken of the changes in Cochrane since the launch of *Strategy to 2020*, and the new forms of accountability and the role of the CEO I have introduced since my appointment (and with the backing and support of the Cochrane Steering Group) CSG, now the Governing Board).

In July 2016 he applied to become CSG Co-Chair. He was not selected, but his 'vision' was the following:

Many people I have talked to who have been active in the Cochrane Collaboration for many years are concerned about recent developments in our organisation. Some of the criticisms are:

Although the officially registered name is still the Cochrane Collaboration, the word “Collaboration” has been dropped, both in internal and external communications. People feel that the Cochrane Collaboration is unique in that it builds on collaboration rather than competition and personal gains. Our collaboration involves generosity, a great deal of unpaid work, and a team spirit, which is virtually unknown in well-established specialist societies.

Many people feel that the CEO office should be serving those people who do the bulk of the work, above all the authors and editors of reviews, but also those working in centres and methods groups. They have noticed, however, that the CEO office has assumed a much more directive role, which has had unfortunate implications for the collaborative spirit and potentially for essential future contributions from those who are the backbone of the Collaboration and are creating the royalties without which there would probably be no Collaboration. Although there was general agreement that more direction and uniformity in the quality of our output was needed, and also that the CEO office has contributed importantly to this, many people feel that the process has gone too far.

In line with this, people have wondered why so many of our resources go to the CEO office where the staff amounts to about 70 people and they worry that volunteers may stop contributing their time for free when they see that people with similar or other tasks at the CEO office get a salary. This worry is particularly pronounced in the methods groups. People have also pointed out that the more staff there is at the CEO office, the more work they will create for themselves and others, which will not always be productive.

The Cochrane Collaboration is now run much more as a business with a brand than it was just a few years ago. Many see this as problematic, as it could lead to lack of funding, e.g. from governments that might think we could do well on our own. The *raison d’être* for the Collaboration is research, not business, and this is also the reason people still want to support us. Our brand has no value of its own but derives its value from our research.

Some centre directors have argued strongly against the CEO’s idea that it should no longer be a priority for centres to carry out methodological research or to be strong in research and thereby be good examples for others to follow. In my experience, one cannot be a good science educator without being a researcher oneself, and I believe this view is pretty universal and prevalent, e.g. at our universities. Methodological research and development is at the heart of our collaboration; it is vital to keeping the work of the Cochrane Collaboration relevant and trustworthy and at the forefront of EBM. Without research being at the top of our agenda, our organisation might lose its ability to attract top researchers and it might also have negative implications for the willingness of governments to support Cochrane centres financially.

I agree with many of these pretty widespread concerns. One issue that has come up repeatedly is: Should the CEO office decide on what centre directors should be doing when it doesn’t provide their salary and when the centres are on government finances, which come with expectations that might not always coincide with what the CEO office would want? I believe we need to avoid that too much decisive power becomes concentrated at the CEO office and if elected, I will work on refocusing on our central values and aims. In particular, I believe that we should always keep the first two of the ten guiding principles for the Cochrane Collaboration in mind:

1. Collaboration, by fostering global co-operation, teamwork, and open and transparent communication and decision-making.
2. Building on the enthusiasm of individuals by involving, supporting and training people of different skills and backgrounds.

Generosity, enthusiasm and a feeling of ownership of decisions are of utmost importance for continued survival and prosperity of the Cochrane Collaboration. I therefore feel it is essential that we continuously consider very carefully whether we have the right balance between what has always been essentially a bottom-up organisation and the recently introduced pyramidal management structure. Even after 23 years, I still see the Collaboration much more as an idealistic grassroots organisation than a business, and we could face deep trouble if we start losing some of our many thousands of unpaid volunteers.

My visions for Cochrane are irrelevant for a dispute about the interpretation of the Spokesperson Policy. Wilson tries to make the issue a war between him and me, also by using the expression "personal vendetta" above, instead of focusing on the issue. In philosopher Arthur Schopenhauer's booklet, "The art of always being right," this deplorable tactic is called diversion: "If you are being worsted, you can make a diversion – that is, you can suddenly begin to talk of something else, as though it had a bearing on the matter in dispute and afforded an argument against your opponent ... it is a piece of impudence if it has nothing to do with the case, and is only brought in by way of attacking your opponent." Apart from this, it is shocking that Wilson cannot see how relevant my statements, which many people share, are, but sees them as a problem.

Other new Board members at the time asked for feedback on the CET headcount – and I responded to this setting out how *Strategy to 2020* and the expansion was endorsed and supported by the Board since 2013 (email to Catherine Marshall, 26/8/2016, available on request).

In late 2016 Peter ran for election to the Governing Board on this platform (see the almost verbatim statements on the Nordic Cochrane Centre (NCC) website: <https://nordic.cochrane.org/news/prof-peter-c-gøtzsche-becomes-member-cochrane-governing-board> and the answer to question 5 in his election statement: https://nordic.cochrane.org/sites/nordic.cochrane.org/files/public/uploads/election_statement_by_peter_gotzsche.pdf).

Wilson is blind to the many serious problems his visions have caused for Cochrane. It is not clear why he mentions my election to the Governing Board. I was elected in January 2017, with the most votes of all 11 candidates. This illustrated the widespread dissatisfaction with Wilson because I was the only candidate that questioned the Cochrane's leadership's actions. My election statement ended thus: "The Cochrane Executive Team (CET) should be serving those people who do the bulk of the work ... however, the CET has assumed a much more directive role, which has had unfortunate implications for the collaborative spirit and potentially for essential future contributions from those who are the backbone of the Collaboration and are creating the royalties without which there would probably be no Collaboration. Although there was general agreement that more direction and uniformity in the quality of our output was needed, and also that the CET has contributed importantly to this, many people feel that the process has gone too far."

Peter's first act, on election to the Board in early 2017, was to write to Lucie Binder at the Central Executive as follows:

From: "Peter C. Gøtzsche" [<mailto:pcg@cochrane.dk>]
Sent: 07 February 2017 11:45
To: Lucie Binder <LBinder@cochrane.org>
Subject: RE: Welcome to the Governing Board - request for information

thanks Lucy. What I am interested in now, in order to prepare for my new assignment as good as I can, is the following:

- election statements for the current members of the governing board, including the two co-chairs and the the three external members (i.e. their applications for the Board).
- the application and c.v. for our CEO, Mark Wilson, when he was appointed four years ago.
- any assessments of Wilson's performance that the Board, formerly the Steering Group, have seen, since we was employed.

bw, Peter

Where does this deep animus by Peter towards me come from? Some important factors are:

Peter's prolonged and determined opposition to *Strategy 2020*, organizational change and the new accountability lines and mechanisms established in which Cochrane Centres report and are accountable to the CEO.

Peter made clear his personal opposition to these proposed accountability changes in my first meeting with him (and other European Centre Directors) in January 2013, two months after I joined Cochrane, and my insistence that they would take place because – in my view – they were essential for a well-functioning complex international organisation in order to protect and maintain Cochrane's reputation, and introduce appropriate leadership and management to its activities and outputs, were rejected by him and have been ever since. He also dislikes the Central Executive team's expansion and greater involvement in leading and supporting Cochrane's work (Tab 2 gives the organogram with accountability lines Peter is opposed to).

Wilson plays the "pity me" card, which is a trick some people use when they are about to be unmasked. I do not have any "deep animus" against Wilson but I do not like getting bullied, which is what he has done to me and others in Cochrane (see 30 August. Gøtzsche's 66-page report submitted to Cochrane's law firm 30 August on <http://www.deadlymedicines.dk/>). Wilson describes it as a "deep animus" against him that I asked for his CV and any assessments of his performance when I had become a board member. It isn't. It is called to behave professionally, as it is one of the board's duties to govern the CEO. But I must say that I was shocked when I read Wilson's CV because his self-praise contrasts starkly with people's assessment of him (see 9 October. Gøtzsche's complaint to the Charity Commission about serious mismanagement of the Cochrane Collaboration. <http://www.deadlymedicines.dk/>).

Wilson's remarks about his visions are irrelevant for the dispute about the Spokesperson Policy. He continues his attempts at describing me as a person who somehow is very different to the rest of the Cochrane members. This is not true. I am the messenger and certainly not the only one who is opposed to Wilson's strategies. Cochrane has become

highly bureaucratic and extremely centralised under Wilson's leadership and by far most centre directors are against this.

He was determined to stop the establishment of a Memorandum of Understanding (Tab 3) and though he has not involved himself in many other collective Cochrane organisational initiative in the last six years, he quickly joined the Centre Directors Working Group between March and October 2016 in which he tried and succeeded, supported by Joerg Meerpohl, in excluding me from Working Group discussions and in attempting to stop the introduction of the MoU accountability mechanism or failing that, to water down the final version of the template MoU to be signed by the CEO and all Cochrane Centre Directors. Joerg supported him in this (which explains why Peter continues to consider Joerg a bulwark and support). Nevertheless, the MoU still clearly established the CEO-Centre Directors accountability line, was accepted by CDs in October 2016. As a final token protest, whilst having to accept it Peter refused to sign it in early 2017 (Tab 3).

Wilson's account of these events is highly misleading. Again, he tries to make it an issue that only has to do with me, although this time including another centre director, which he calls a "bulwark and support" of me. I have described the events in my complaint over Cochrane to the Charity Commission (9 October. Gøtzsche's complaint to the Charity Commission about serious mismanagement of the Cochrane Collaboration. <http://www.deadlymedicines.dk/>, it is in Appendix 12).

I was a member of a working group of six centre directors that negotiated with Wilson about what a contract between him and centres should look like. We had never had such a contract before, and it was a highly sensitive issue because centres acquire their own funding and thereby are able to offer something of value to the Cochrane Collaboration for free. However, although we are not employed by Wilson, he wanted to treat us as his staff and to micromanage us, even though he denied this when we challenged him. The working group was very pleased that I accepted their invitation to join them, as they felt pretty powerless under Wilson's dominance.

Wilson's suggested Memorandum of Understanding (MoU) was totally unacceptable for us. A huge number of detailed rules demonstrated a fundamental lack of trust and insight into our work and what is important for Cochrane. We were also told not to misuse the "Cochrane Brand or logo," for example to obtain funds that were not used directly to support Cochrane activities. This meant that we could no longer apply for funding using our own letterhead, which would be harmful for Cochrane because centres often survive by obtaining funds for non-Cochrane activities.

Wilson claimed he was a member of our group, which he was not; he was convinced that we had agreed on something radically different to what we had agreed on; his attitude towards other centre directors in our working group was disrespectful (e.g. also towards the Dutch director); and he felt he was in a position to sign off something on our behalf, which he wasn't. When I pointed some of this out to Wilson, he became very angry with me although I was only the messenger for our group. We were the ones who should be upset, not him.

Wilson writes: "As a final token protest, whilst having to accept it Peter refused to sign it in early 2017." This is again Wilson's attempt at isolating me as some kind of outlier. Many centre directors were against signing this. We argued it would involve our own lawyers and months of negotiations, which is why we did not want to sign it. Wilson argues in bad faith, as he knows this was the case because he was in the room when these discussions ran high.

Integration of the IMS team into the CET

This is a very long story that does not need to be shared here. But another critical factor in Peter's opposition to me personally is because I insisted that the Information Management System (IMS) team that had been established in Copenhagen many years ago and become part of the Nordic Cochrane Centre should move to the Central Executive Team. In my view, it was unacceptable for a team that was paid for by Cochrane Central, and part of the Cochrane Central Executive Team providing critical services to the organisation (the provision our IT systems and core software) should not be formally and properly incorporated within the Central Executive. The CSG approved this plan in April 2013 and Peter and the Reijkshospital (the IMS team's formal employer) then began a long campaign of opposition to the move. They were unsuccessful, and the team were moved to become Cochrane's employees. This resulted in Peter's complaint to the Steering Group, in March 2015, asking for £1.1 million in compensation to the Nordic Cochrane Centre for Cochrane taking its IMS team. This claim was considered and rejected by the Steering Group that month – and a reply sent to him by the Co-Chairs.

In January 2013, I tried several times to talk Wilson out of it using the term, "If it ain't broke, don't fix it," but to no avail. He was unable to explain his rationale and said something diffusely about "accountability," to which I responded that the team was accountable to me, which they, and the rest of Cochrane, had always appreciated. Two months later, at the centre directors' meeting in Oxford, Wilson motivated his hostile takeover by saying that my IT team was in crisis. I said it wasn't true, and Wilson didn't clarify what he meant. Cochrane contributors had always valued highly the work of my team.

In 2008, we demonstrated that the Nordic Cochrane Centre had contributed financially four times as much as the Cochrane Collaboration to the IT team over the last 12 years. It took more than a year and involved lawyers on both sides to accomplish Wilson's takeover, for which my hospital had absolutely no sympathy. My hospital encouraged me to seek some economic compensation, and Steering Group member Alvaro Atallah from the Brazilian Cochrane Centre also asked for this, but none was granted. I wrote in my letter: "Our CEO, Mark Wilson, has a business-like approach to matters, and I therefore try to deal with this also in a business-like manner. My investment in Cochrane IT development over all these years has yielded considerable economic value for Cochrane via royalties, e.g. publication of Cochrane reviews has depended on developments of successive versions of Review Manager." I explained that I had donated more than 3.3 million pounds to Cochrane, and I only asked for 1.1 million pounds.

Wilson took what I had built up over 19 years without thanking me for my colossal contribution to Cochrane, neither personally, nor officially, e.g. on the Cochrane website. His leadership resulted in a good deal of unhappiness among the IT staff who appreciated their work when I was their boss. One was brutally fired, and two others left quickly, as they felt they were treated

badly. They described Cochrane's Human Resources department as a "disaster." There were no negotiations about salaries; it was "take it or leave it."

Resentment at the limits imposed on him by Co-Chairs, EiC and the CEO from March 2015

The documentation you have gives only a flavour of the correspondence and examples of his resentment at being disciplined by the Cochrane senior leadership (the Co-Chairs of the CSG/Board, the Editor in Chief and myself – though Peter's main focus of resentment has always been me) since March 2015, including the public statement issued by Cochrane on the 18th September 2015 (<https://www.cochrane.org/news/statement-cochrane>). A vivid and important example of this is the coordinated challenge organized at the Vienna Colloquium AGM, involving questions raised by Tom Jefferson, Carl Henneghan and Peter, see at 1 hour 6:00 minutes:

https://www.youtube.com/watch?v=xDd8IFGzQoM&t=0s&list=PLCo8P5_ppmQgoKI5ofhvBn-0yZnylWoMD&index=4. As you will see, Lisa Bero (Co-Chair) and myself strongly defended the statement made by the Cochrane leadership and Peter's failure to get that changed or to drum up wider support helped fuel his determination to fight against it through other means.

It is no surprise, therefore, that at the first Board meeting he attended following his election, in Geneva in April 2017 he raised the Spokesperson Policy and its application against him. His statements about what I said in that discussion in the Board meeting in Geneva are incorrect. What I raised was the need to incorporate the possibility that a complaint raised by somebody of a Cochrane collaborator may (not would always) have to be kept confidential as per whistleblowing or for other reasons. I also said that complaints under any new procedure would have to complement those already in place for Cochrane employees, and be in line with Cochrane's Charter of Good Management. Peter did not hear these distinctions because, as is common, he only hears, records and reports what he wants to.

Wilson's account is highly misleading and talking about a "coordinated challenge" in Vienna is pure guess-work (there was no such thing). Wilson uses the "pity me" argument again, "Peter's main focus of resentment has always been me," which is extraordinary considering it is the other way around - his documented bullying behaviour towards me for years. In Denmark, we have the expression, "Thieves think everyone steals." When Wilson writes that, "he only hears, records and reports what he wants to," it is an accurate description of himself. I have documented this. I have observed on several occasions that when Wilson doesn't get what he wants when he negotiates with people, he returns 1-2 months later and postulates the exact opposite of what was said and agreed. Sometimes he tries to make people disbelieve their own memories of the events by being aggressive and manipulative, or by tampering with meeting minutes (see 30 August. Gøtzsche's 66-page report submitted to Cochrane's law firm 30 August. 2018. <http://www.deadlymedicines.dk/>).

In addition, the pattern of aggressive language, bullying approaches and offending others inside and outside Cochrane belongs to Peter, not to me

I do not want to get into this in any detail, because I have tried in all of my dealings with Peter and with every Cochrane collaborator to be professional, measured, considerate but

where necessary firm and robust. Peter's complaint about our argument during the Lisbon Governance meetings earlier this year is the only example where I have raised my voice and been vehement with him. This was because two days earlier (see the Minutes of the meeting held in Lisbon taken by Sarah Watson) Peter had – it seemed to me – accepted that his behaviour was at fault and needed to change. I was still in the process of gathering all of the information I needed to make my final conclusions on the three complaints, and after having listened to Peter's account and appeared to have been successful in getting him to understand how he should behave, his approach in which he said that everything should be sorted out by me finding for him and against all the complainants was astonishing. His refusal to accept on that Friday that he had recognised two days previously that he had made mistakes was for me, yet another example of Peter recalling and registering only what is in his own interests. I spent weeks following a meeting David Tovey and I held with Peter in London in July 2015 arguing in emails with Peter over commitments he had made in the meeting but then not acknowledged when he left, and the Minutes were only agreed by excising things that Peter said but then denied subsequently (if necessary, David can attest to this). My frustration was greater because I had been urged by Sarah Watson to tape the meeting with Peter (and Joerg and Karsten) but rejected that because I thought it would drive Peter to be more inflexible and feel more threatened I was anxious to try to get an accommodation with him. It was then obvious on the Friday that this was not going to happen.

Wilson is untruthful. There is nothing in Counsel's report about that I have bullied others and the board have not given any convincing examples of my so-called bad behaviour towards other people, which was their fabricated excuse for expelling me from Cochrane after Cochrane's own law firm had exonerated me from the charges raised. Wilson's account of our meeting in Lisboa is totally misleading. I brought witnesses and have documented that Wilson tampered seriously with the minutes to his own advantage (see 30 August. Gøtzsche's 66-page report submitted to Cochrane's law firm 30 August. 2018. <http://www.deadlymedicines.dk/>). Therefore, the one who is "recalling and registering only what is in his own interests," which Wilson alleges is me, is clearly himself. What happened in relation to our meeting in London is irrelevant. I was alone, with no witnesses, and I asked for the minutes to be changed, as they were not correct, and this was respected.

There is, on the contrary, a longstanding and well-known pattern of aggressive communication, bordering on and I would say sometimes qualifying as bullying of Cochrane collaborators and other external stakeholders by Peter over many years. On my first day in office I was sent by the CSG Co-Chair what was only the latest example of a complaint received from external parties about PG's communication and approach (see Appendix 2: letter of November 2012). There are numerous examples (including, for instance within the folder you have, the letter to Julie Wood, then Head of Communications & External Relations, Tab) which any interviews with Co-Chairs (past as well as present), SMT members, Central Executive staff members and many others (names provided upon request) will attest.

This is mendacious, and Wilson turns things on their head, too. My so-called bullying and aggressive communication over many years are simply not true.

Appendix 2 that Wilson refers to is about a letter from people who had published an article where they claimed – using highly flawed methods - that mammography screening reduces breast cancer mortality by 38% to 48%. I documented in detail in the BMJ what was wrong with their methods (<https://www.bmj.com/content/345/bmj.e6155/rr/607799>). I also posted a comment on our website because many people had asked me to do so. In this comment, my Deputy and I concluded that the paper presented “wishful thinking and inappropriate extrapolations far beyond the data, not what has been observed in terms of a reduction in breast cancer mortality. What is perhaps even more important is that they must have cherry-picked the data they liked.” We took down this message long ago when we pruned our website, but I stand by our conclusion. We have shown in our Cochrane review of the randomised trials and in other research we have published that mammography screening does not lower total mortality, or total cancer mortality, and it is even unlikely to lower breast cancer mortality. These people also played the “pity me” card: “In today’s atmosphere, after Professor Gøtzsche’s 2001 publication, accusations of dishonesty, incompetence and conflict of interest are routine responses from anti-mammography polemicists. Such is the unpleasant atmosphere that scientists may be deterred from publishing results favourable to screening for fear of further such accusations.” However, our publication from 2001 was our Cochrane review, which was carefully peer reviewed by the Cochrane Breast Cancer group before it was published. So, no reason for the pitying.

My letter to Julie Wood was not aggressive at all but very well argued whereas Wood’s letter to me demonstrated an arrogance and lack of respect that I and many other senior Cochrane contributors have often experienced from the CEO and his senior management, e.g. by Wood’s use of the word “disheartening” (see 30 August. Gøtzsche’s 66-page report submitted to Cochrane’s law firm 30 August. 2018. <http://www.deadlymedicines.dk/>).

Peter is a complex and very difficult individual. He is Cochrane’ when it suits him; and not when it does not. His latest actions on Cochrane’s HPV Review attest to this once again. As does any viewing of the Nordic Cochrane Centre website – and the text within it uploaded by the NCC –which does not reflect and promote Cochrane, nor the outputs of the Cochrane Library and the evidence we produce; but almost completely those of Peter himself and his research interests (<https://nordic.cochrane.org>).

In the lack of good arguments, Wilson turns to character assassination again, which he has also tried above. The way we used our website was relevant and it is irrelevant for the dispute about the Spokesperson Policy

There is much more that could be said – but hopefully this statement provides a little more background, context and information for you to evaluate the issues raised and which you are investigating.

Mark Wilson
23 August 2018

Appendix A:

Example of interaction and agreement by Cochrane Collaborators with Cochrane's Central Executive to add the appropriate disclaimers to their press work to clarify for whom they are speaking. This one is with Dr Suzi Gage, on a blog on the electronic cigarettes Cochrane Review.

I fail to see the relevance of all these emails for the dispute about the Spokesperson Policy. I have provided no further comments in this document.

<https://www.theguardian.com/science/sifting-the-evidence/2016/sep/14/why-cant-scientists-agree-on-e-cigarettes-vaping>

Jamie - thanks again for writing it, it's a really lovely piece, and being well received so far!

Suzi

On 12 September 2016 at 16:13, Jamie Hartmann-Boyce <jamie.hartmann-boyce@seh.ox.ac.uk> wrote:

Hi Suzi,

Just a quick note to let you know that the publication date has been pushed forward a day, so it will now publish tomorrow night at 23:30 – Guardian welcome to publish the blog any time after that.

Thanks again!

Jamie

From: Suzanne Gage [mailto:Suzi.Gage@bristol.ac.uk]

Sent: 12 September 2016 09:16

To: Jo Anthony <janthony@cochrane.org>

Cc: Jamie Hartmann-Boyce <jamie.hartmann-boyce@seh.ox.ac.uk>; Julie Wood <jwood@cochrane.org>; Muriah Umoquit <mumoquit@cochrane.org>

Subject: Re: Draft EC blog

Hi Jo, Jamie,

The disclaimer is fine, and the article will almost certainly go up as is, although I can't fully guarantee as I have to run it by SEO at the Guardian and a sub-editor for house style, so it might alter ever-so-slightly. But the content will not be changed. Is that ok?

I will aim to launch it at 7.45am Thursday 15th if that suits? I think it'll be a popular one.

Suzi

On 9 September 2016 at 09:22, Jo Anthony <janthony@cochrane.org> wrote:

Hello there Suzi,

Good to make contact with you, and I'd like to echo Jamie's words of thanking you for hosting this on your Guardian blog.

I can confirm that the updated Cochrane Review: Electronic cigarettes for smoking cessation will publish at 00.01 Thursday 15 September so the blog, along with any other form of dissemination is also under embargo until this publication release time.

Thank you for your support and agreement in carrying the disclaimer. Can I agree that this is final version and we can share with my Cochrane comms colleagues for linking to, via our main Cochrane.org website next week?

Many thanks

Best wishes,

Jo

Jo Anthony

Senior Media and Communications Manager

Cochrane Central Executive



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From: Jamie Hartmann-Boyce [mailto:jamie.hartmann-boyce@seh.ox.ac.uk]

Sent: 09 September 2016 07:47

To: Suzi.Gage@bristol.ac.uk

Cc: Jo Anthony <janthony@cochrane.org>

Subject: RE: Draft EC blog

Wonderful, thanks, Suzi. Please find attached with the suggested amendments to those headings, and I've also added in a blurb about myself with a disclaimer –the specific wording in the disclaimer has been agreed with our press office (with Jo in particular, who I've copied in). The review publishes next Thursday (well, midnight Wednesday), so it's important the blog doesn't come out before then. If it could come out on Thursday 15th that would be ideal but if not any time after that is fine – just not before.

Once again, thank you so much for hosting this – it's been so fun to write.

Safe travels back to England today,

Jamie

From: Suzanne Gage [<mailto:Suzi.Gage@bristol.ac.uk>]
Sent: 08 September 2016 13:30
To: Jamie Hartmann-Boyce
Subject: Re: Draft EC blog

Hi Jamie,

On first skim, it looks really, really good. Lots of good links to evidence, really nice style! I love it.

I might shorten the subheadings (take out 'firstly' and 'secondly' etc). But otherwise I reckon it's good.

It needs a sentence or two at the bottom saying who you are (have a look at some of the other guest posts I've hosted).

Remind me when you want it to go live?

Thanks again - it's really brilliant!

Suzi

On 7 September 2016 at 09:15, Jamie Hartmann-Boyce <jamie.hartmann-boyce@seh.ox.ac.uk> wrote:

Hi Suzi,

Please find attached the draft blog, which Cochrane has approved. They still need to

draft a disclaimer for me but content wise are happy as it stands. Would you mind taking a look and letting me know what you think?

Thanks so much and see you in Prague!

Jamie

--

Dr Suzi Gage
Research Associate
MRC Integrative Epidemiology Unit
School of Experimental Psychology
University of Bristol
12a Priory Road

Bristol

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Tel: [+44 \(0\)117 9289943](tel:+441179289943)
@soozaphone
<http://www.theguardian.com/science/sifting-the-evidence>

+++++

Tom Jefferson:

Hi Tom,

Thanks for your email. Apologies for the brevity of this email; we are in the middle of our annual Cochrane Central Executive Team meetings/webinars this week so I am responding between session in the hope I can provide answers and reassurance to your questions/concerns.

I have copied David and Karla in for information. David is travelling internationally from today until February 12th so he may be able to comment further on your latter observations. My responses below are in relation to media enquiries and our process. I hope this is helpful and informative. I will keep in touch in regards dissemination on/after publication.

My very best regards,
Jo

Best wishes,

Jo Anthony

Acting Head of Communications
Cochrane Central Executive



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From: Tom Jefferson [<mailto:jefferson.tom@gmail.com>]

Sent: 31 January 2018 12:51

To: Jo Anthony <janthony@cochrane.org>

Cc: Nancy Owens <NOwens@cochrane.org>; Peter C. Gøtzsche <pcg@cochrane.dk>; Chris Del Mar <CDeIMar@bond.edu.au>

Subject: Re: UPDATE: Post for Cochrane.org - Why have three long-running Cochrane reviews on influenza vaccines been stabilised?

Hi Jo, I am writing down a few random reflections on what I got sent this morning from you, as there are a few points I do not understand (see below). I am copying my boss (Peter Gotzsche), who is interested in my remarks.

1. I do not understand what the difference between a **press advisory** and a **press release** is. I have always worked with releases, never with advisories (unless it was an FDA advisory notice on a particular drug). What is the meaning of the word "advisory" in a media context?

A press release is a formal news release which carries a strict embargo of date and time. It offers an official statement or 'new' piece of information. A media advisory is more 'guidance' to the media or advice note and lacks the 'hard news' angle or 'headline' of a release. In this case, the media advisory/guidance is there as a support for journalists with key, targeted messaging that might inform a news piece. It can be longer and more nuanced and contextualized than a formal press release which (from my experience) journalists prefer to receive in just one side of A4. This is most helpful when you have multiple messages to communicate. Global journalists use both in their news-gathering and planning - both are extremely effective, along with other (mainly social media) sources of information for news outlets/agencies and journalists to use.

2. If they are different, how do you decide whether to go for one instead of the other?

Good question – and at Cochrane we do debate the pros and cons of each as is best placed to support the dissemination plan of a new or updated review (s). Generally speaking, we would recommend a formal, global Cochrane press release depending on its news worthiness? We look at the findings of any review and ask ourselves:

- What's the main top line? What's the news 'hook' for the audience; together with,
- Does it have a strong new 'news' angle that has a wide, global appeal and interest? And if so, what is there *new* to say?

We also have a much wider criteria as part of our dissemination planning and I have attached this, just for information.

In this instance, with three Reviews publishing together, and as you say, the conclusions of each have hardly changed in the last two decades, it is more challenging to find one, clear, and new headline for a global release. We can spread and disseminate our message, arguably more effectively, with key targeted messaging and together with your Blog to the same wide audience without needing to providing a 'news-grabbing' headline that also encapsulates the evidence from three Reviews. Then, it is the job of the journalist to ascertain whether it is a news story they wish to report on.

3. I have never seen an item for the press that does not report the contact details (phone number and email address) of the corresponding or contact author. Why would you want to withhold that? Interested journalists may want to contact the researchers rather than the central office of an organisation (as the central office probably has less insight into the review details compared to the authors).

I take your point. Let's be clear, I am not wishing to withhold anything here. You are correct that it is standard practice to include the lead author (s) contact details in any press release/advisory under Editor's Notes, and, of course, I'm very happy to do that – in fact, in my previous email, I asked for your whereabouts re travelling last week so as to ensure we have the correct email address for you in the event of media enquiries. By offering a pressoffice email address, we are attempting to manage any media activities in a coordinated way and use the expertise of the press team/officers we have here at Cochrane. It also provides journalists with one 'go-to-place'. However, as you wish, I am very happy to copy your email address into the document we share with the press. To confirm, that is Tom Jefferson: jefferson.tom@gmail.com

Many thanks, Tom.

4. I found the wording of the **advisory** overkill in the light of the **Disclaimer** David Tovey asked for.

"In this blog piece, Tom Jefferson shares his personal views on what these reviews tell us"

The Cochrane blog **Disclaimer** says: "this article represents the views of its authors and should not be taken as representing the views of Cochrane".

Thank you – this typo has been corrected.

The feeling that one gets reading all this is that Cochrane is doing us a favour in publishing the reviews but wants to distance itself from any type of discussion that may follow their publication. I may be wrong, but that is how it comes across.

I find this very strange as the "youngest" review is 12 years old and as we show in the Table 1 of all 3 reviews the conclusions have hardly changed in the last two decades.

I always thought that Cochrane was a network of independents with shared goals and shared methods and did not have a corporate view on any conclusions drawn by its basic constituent parts: reviews.

Indeed it is debatable whether Cochrane should have any views, rather than just follow the science.

With best wishes,

Tom.

On 31 January 2018 at 11:12, Nancy Owens <NOwens@cochrane.org> wrote:

Hi all

Just to confirm that Liz and I have coordinated on schedules so that we have everything going live as closely together as possible on the Cochrane Library and on Cochrane organizational sites; this will be sometime around midnight-1am GMT Thursday 1 February, depending on when the reviews actually go live on CL (there is usually a 30-60 minute delay from the scheduled publishing time).

The direct link to Tom's blog post will be: <https://community.cochrane.org/news/why-have-three-long-running-cochrane-reviews-influenza-vaccines-been-stabilised> and will also be featured on the front page of the Cochrane Community site. There will also be a front-page news item on Cochrane.org, highlighting publication of the three updates and including a link to the blog post as well: <https://www.cochrane.org/news/featured-review-three-updated-cochrane-reviews-assessing-effectiveness-influenza-vaccines>. You won't be able to see these at the moment, but both will go live as soon as the reviews publish.

I'll confirm publication of all reviews and news items, as well as live links for the three updated reviews, to this group as soon as the process is complete on Thursday. Please advise of any questions or concerns in the meantime.

Thanks and best
Nancy

Nancy Owens
Senior Communications Manager | Communications & External Affairs Department (CEAD) | UTC
+10
Cochrane Central Executive

-----Original Message-----

From: Abbotts Katie (RTH) OUH [mailto:Katie.Abbotts@cochrane.nhs.uk]

Sent: Wednesday, 31 January 2018 8:51 PM

To: Jo Anthony <janthony@cochrane.org>; Toby Lasserson <TLasserson@cochrane.org>; Tom Jefferson <jefferson.tom@gmail.com>

Cc: Liz Dooley (Bond) <ldooley@bond.edu.au>; David Tovey <DTovey@cochrane.org>; Karla Soares-Weiser <ksoares-weiser@cochrane.org>; Nancy Owens <NOwens@cochrane.org>; vittorio demicheli <vittorio.demicheli@libero.it>; Alessandro Rivetti <alessandro.rivetti@gmail.com>

Subject: Re: UPDATE: Post for Cochrane.org - Why have three long-running Cochrane reviews on influenza vaccines been stabilised?

Dear All

Letting you know I am ready to share with warm journalists - standing by.

Katie

Katie Abbotts
Cochrane UK

Cochrane UK – hosts of the Cochrane Colloquium Edinburgh, 16-18 September 2018

E katie.abbotts@cochrane.nhs.uk T [+44\(0\) 1865 516 300](tel:+44(0)1865516300) M 07810 504380 Cochrane UK,
Summertown Pavilion, 18-24 Middle Way, Summertown, Oxford, OX2 7LG,
UK uk.cochrane.org

From: Jo Anthony <janthony@cochrane.org>

Sent: 31 January 2018 08:59

To: Toby Lasserson; Tom Jefferson

Cc: Liz Dooley (Bond); David Tovey; Karla Soares-Weiser; Nancy Owens; Abbotts Katie (RTH) OUH; vittorio demicheli; Alessandro Rivetti; David Tovey; Karla Soares-Weiser; Abbotts Katie (RTH) OUH

Subject: RE: UPDATE: Post for Cochrane.org - Why have three long-running Cochrane reviews on influenza vaccines been stabilised?

Yes, Nancy is coordinating with Liz and will take it from here, and confirm!

From: Toby Lasserson

Sent: 31 January 2018 08:58

To: Jo Anthony <janthony@cochrane.org>; Tom Jefferson <jefferson.tom@gmail.com>

Cc: Liz Dooley (Bond) <ldooley@bond.edu.au>; David Tovey <DTovey@cochrane.org>; Karla Soares-Weiser <ksoares-weiser@cochrane.org>; Nancy Owens <NOwens@cochrane.org>; Abbotts Katie (RTH) OUH <Katie.Abbotts@cochrane.nhs.uk>; vittorio demicheli <vittorio.demicheli@libero.it>; Alessandro Rivetti <alessandro.rivetti@gmail.com>; David Tovey <DTovey@cochrane.org>; Karla Soares-Weiser <ksoares-weiser@cochrane.org>; Abbotts Katie (RTH) OUH <Katie.Abbotts@cochrane.nhs.uk>

Subject: RE: UPDATE: Post for Cochrane.org - Why have three long-running Cochrane reviews on influenza vaccines been stabilised?

Just to say that since all forms are now received we can publish the reviews whenever we want.

Tom – Ruth applied an extension on the funding as not all the forms had been signed - we had to protect the funding!

Any reason why we can't go for tomorrow? Liz/Jo – you happy with this?

Toby

From: Jo Anthony

Sent: 31 January 2018 08:47

To: Tom Jefferson <jefferson.tom@gmail.com<mailto:jefferson.tom@gmail.com>>

Cc: Liz Dooley (Bond) <ldooley@bond.edu.au<mailto:ldooley@bond.edu.au>>

; Toby Lasserson <Tlasserson@cochrane.org<mailto:Tlasserson@cochrane.org>>

; David Tovey <DTovey@cochrane.org<mailto:DTovey@cochrane.org>>

; Karla Soares-Weiser <ksoares-weiser@cochrane.org<mailto:ksoares-weiser@cochrane.org>>

; Nancy Owens <NOwens@cochrane.org<mailto:NOwens@cochrane.org>>

; Abbotts Katie (RTH) OUH <Katie.Abbotts@cochrane.nhs.uk<mailto:Katie.Abbotts@cochrane.nhs.uk>>

; vittorio demicheli <vittorio.demicheli@libero.it<mailto:vittorio.demicheli@libero.it>>

; Alessandro Rivetti <alessandro.rivetti@gmail.com<mailto:alessandro.rivetti@gmail.com>>

; Toby Lasserson

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<Katie.Abbotts@cochrane.nhs.uk<mailto:Katie.Abbotts@cochrane.nhs.uk>>
Subject: RE: UPDATE: Post for Cochrane.org - Why have three long-running Cochrane reviews on influenza vaccines been stabilised?

Dear Tom, (cc, all),

Many thanks for your note and update. That's good to know.

Attached is the final prepared featured item for the news piece which will appear on Cochrane.org as well as the Community website blog. You will find the URL to the blog attached. Nancy will update this group further on publication with any additional links.

We are not producing as formal press release, more a media advisory which I shared with you last week. Please find attached again for your information.
On publication, this will be sent to a large selection of our media and contacts database including key global health and science correspondents and news agencies/outlets like Guardian and Reuters. Katie and I will manage and supervise media enquiries through the Cochrane press office. pressoffice@cochrane.org<mailto:pressoffice@cochrane.org>

I hope this is clear and we will look forward to publication and supporting subsequent dissemination.

Best wishes,

Jo Anthony
Acting Head of Communications
Cochrane Central Executive

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UK <https://emea01.safelinks.protection.outlook.com/?url=www.cochrane.org&data=02%7C01%7CN Owens%40cochrane.org%7C83e5feac49d44f06153708d568902fd9%7Cb6c2e21e4db74533916398c1451c1caa%7C0%7C0%7C636529890873600386&sdata=S%2Biu2x3pNKAHkIBc5fjL0CrvdMJxWknkA8q sNJJ69Lw%3D&reserved=0<http://www.cochrane.org/>>

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From: Tom Jefferson [mailto:jefferson.tom@gmail.com]
Sent: 31 January 2018 07:52

To: Jo Anthony <janthony@cochrane.org<mailto:janthony@cochrane.org>>
Cc: Liz Dooley (Bond) <ldooley@bond.edu.au<mailto:ldooley@bond.edu.au>>; Toby Lasserson <Tlasserson@cochrane.org<mailto:Tlasserson@cochrane.org>>; David Tovey <DTovey@cochrane.org<mailto:DTovey@cochrane.org>>; Karla Soares-Weiser <ksoares-weiser@cochrane.org<mailto:ksoares-weiser@cochrane.org>>; Nancy Owens <NOwens@cochrane.org<mailto:NOwens@cochrane.org>>; Abbotts Katie (RTH) OUH <Katie.Abbotts@cochrane.nhs.uk<mailto:Katie.Abbotts@cochrane.nhs.uk>>; vittorio demicheli <vittorio.demicheli@libero.it<mailto:vittorio.demicheli@libero.it>>; Alessandro Rivetti <alessandro.rivetti@gmail.com<mailto:alessandro.rivetti@gmail.com>>
Subject: Re: UPDATE: Post for Cochrane.org - Why have three long-running Cochrane reviews on influenza vaccines been stabilised?

Jo, Liz tell me the reviews are out sometime tonight/early morning. Can you give me a URL to the post so I can send it round first thing tomorrow morning when I wake please?
Have you press released the reviews? If so, could I have a look please?
Grateful for a steer.
Best wishes,
Tom.

Professor Tom Jefferson
Senior Associate Tutor
University of Oxford
Oxford OX2 6GG

On 25 January 2018 at 15:08, Jo Anthony <janthony@cochrane.org<mailto:janthony@cochrane.org>> wrote:
Hi Tom,

Not a problem, of course, happy to move the disclaimer to the bottom of the piece. We will change the line accordingly so it does not read as an introduction, and more just reflecting 'personal views', which is all we are trying to achieve with this.

Many thanks.

Best wishes,

Jo Anthony
Acting Head of Communications
Cochrane Central Executive

[Cochrane_Logo_RGB_200px.png]

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<https://emea01.safelinks.protection.outlook.com/?url=www.cochrane.org&data=02%7C01%7CN0wens%40cochrane.org%7C83e5feac49d44f06153708d568902fd9%7Cb6c2e21e4db74533916398c1451c1caa%7C0%7C0%7C636529890873600386&sdata=S%2Biu2x3pNKAHkIBc5fjL0CrvdMJxWknkA8qsNJJ69Lw%3D&reserved=0<http://www.cochrane.org/>>

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From: Tom Jefferson [mailto:jefferson.tom@gmail.com<mailto:jefferson.tom@gmail.com>]
Sent: 25 January 2018 13:58
To: Jo Anthony <janthony@cochrane.org>>
Cc: Liz Dooley (Bond) <lidooley@bond.edu.au<mailto:lidooley@bond.edu.au>>>; Toby Lasserson <Tlasserson@cochrane.org<mailto:Tlasserson@cochrane.org>>>; David Tovey <DTovey@cochrane.org<mailto:DTovey@cochrane.org>>>; Karla Soares-Weiser <ksoares-weiser@cochrane.org<mailto:ksoares-weiser@cochrane.org>>>; Nancy Owens <NOwens@cochrane.org<mailto:NOwens@cochrane.org>>>; Abbotts Katie (RTH) OUH <Katie.Abbotts@cochrane.nhs.uk<mailto:Katie.Abbotts@cochrane.nhs.uk>>>; vittorio demicheli <vittorio.demicheli@libero.it<mailto:vittorio.demicheli@libero.it>>>; Alessandro Rivetti <alessandro.rivetti@gmail.com<mailto:alessandro.rivetti@gmail.com>>>
Subject: Re: UPDATE: Post for Cochrane.org - Why have three long-running Cochrane reviews on influenza vaccines been stabilised?

Thanks Jo, a very useful summary. I have a number of closed lists of which I am a member but I will disseminate the write up (if you can send it to me in advance, please).

One major point is that if you put the disclaimer at the top of the piece it will destroy the credibility of 20 years' work. The message that readers' would take away is "don't believe these guys, we don't".

Disclaimers should be at the bottom, not at the top. Please remember that I have played by the rule book throughout, keeping you updated from day 1.

Personally I would prefer the editorial not to come out at all rather than with a disclaimer at the top.

Best wishes,
Tom.

Professor Tom Jefferson
Senior Associate Tutor
University of Oxford
Oxford OX2 6GG

On 25 January 2018 at 14:51, Jo Anthony
<janthony@cochrane.org<mailto:janthony@cochrane.org>> wrote:
Dear Tom,

I wanted to drop you a note before your travels begin this weekend. Your blog is being copy-edited by the team one final time and **we will include the personal views disclaimer at the top of the piece.**

In regards timing and dissemination, I am waiting on final publication time and date from Liz and the Group and will publish on Cochrane.org as lead news item on the homepage on publication of the three updated reviews.

In addition, we have prepared a summary of key messaging from each of the review's PLS which we will disseminate as a 'media advisory' to selected news and media outlets, as well as interested and relevant groups and organizations, again on publication. If you have a specific list of people/places you would like to disseminate to, please feel free to share with me. External dissemination of the Reviews and key messaging will also follow through the usual Cochrane channels, Comms Digest, newsletters and social media. We will use the Cochrane press office as the main point of contact for any media/general requests for interview or further comment and information. Once, we publish and disseminate, I will keep in touch with you in regards activity and interest via email.

Many thanks, again, and I wish you safe travels.

Best wishes,

Jo Anthony
Acting Head of Communications
Cochrane Central Executive

[Cochrane_Logo_RGB_200px.png]

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<https://emea01.safelinks.protection.outlook.com/?url=www.cochrane.org&data=02%7C01%7CNOWens%40cochrane.org%7C83e5feac49d44f06153708d568902fd9%7Cb6c2e21e4db74533916398c1451c1caa%7C0%7C0%7C636529890873600386&sdata=S%2Biu2x3pNKAHkIBc5fjL0CrvdMJxWknkA8qsNJJ69Lw%3D&reserved=0><<http://www.cochrane.org/>>

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From: David Tovey
Sent: 24 January 2018 08:32
To: Jo Anthony <janthony@cochrane.org<mailto:janthony@cochrane.org>>>
Cc: Toby Lasserson <Tlasserson@cochrane.org<mailto:Tlasserson@cochrane.org>>>; Tom Jefferson <jefferson.tom@gmail.com<mailto:jefferson.tom@gmail.com>>>
Subject: Re: Post for Cochrane.org - Why have three long-running Cochrane reviews on influenza vaccines been stabilised?

I'm content for this to go now.

Please find attached. Still two comments remaining: we should cite the reviews AND link to them via hypertext. The reference will need editing.

Tom – nothing for you to do – just copying you in because I edited your additional explanation to remove typos. One clean one tracked version.

With best wishes

David

Dr David Tovey FRCGP | Editor in Chief, The Cochrane Library, and Deputy Chief Executive Officer
Cochrane Editorial Unit | Cochrane Central Executive

ORCID ID: 0000-0002-8889-9246

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From: Jo Anthony <janthony@cochrane.org<mailto:janthony@cochrane.org>>>
Date: Wednesday, 24 January 2018 at 08:06
To: David <DTovey@cochrane.org<mailto:DTovey@cochrane.org>>>
Cc: Toby Lasserson <Tlasserson@cochrane.org<mailto:Tlasserson@cochrane.org>>>
Subject: FW: Post for Cochrane.org - Why have three long-running Cochrane reviews on influenza vaccines been stabilised?

Hi David,
Are you OK to approve this as the final version and I will get it prepped for posting online with the team. I will also check with ARI Group on publication date for next week?

Thanks

Jo

From: Tom Jefferson [mailto:jefferson.tom@gmail.com]

Sent: 24 January 2018 06:27

To: David Tovey <DTovey@cochrane.org<mailto:DTovey@cochrane.org>>

Cc: Jo Anthony <janthony@cochrane.org<mailto:janthony@cochrane.org>>

; Toby Lasserson <Tlasserson@cochrane.org<mailto:Tlasserson@cochrane.org>>

; vittorio demicheli <vittorio.demicheli@libero.it<mailto:vittorio.demicheli@libero.it>>

; Chris Del Mar <CDeIMar@bond.edu.au<mailto:CDeIMar@bond.edu.au>>

; Alessandro Rivetti <alessandro.rivetti@gmail.com<mailto:alessandro.rivetti@gmail.com>>

; Liz Dooley (Bond) <lidooley@bond.edu.au<mailto:lidooley@bond.edu.au>>

Subject: Re: Post for Cochrane.org - Why have three long-running Cochrane reviews on influenza vaccines been stabilised?

Dead David, I have addressed your request in the attached version and look forward to seeing the finished item of the web.

Please note that I have deleted your first comment.

Best wishes,

Tom

Professor Tom Jefferson
Senior Associate Tutor
University of Oxford
Oxford OX2 6GG

On 23 January 2018 at 23:06, David Tovey <DTovey@cochrane.org<mailto:DTovey@cochrane.org>>

wrote:

Tom

There was one additional comment later on inviting you to expand on a reference to a seemingly important study.

Best

David
Sent from my iPhone

On 23 Jan 2018, at 03:19, Tom Jefferson

<jefferson.tom@gmail.com<mailto:jefferson.tom@gmail.com>>

wrote:
Guys I have had no response to my email dated the 16th and next week I will not be available. This must be the 7th email request for action by CEU in the last month.

Can you help please?

Thanks

Professor Tom Jefferson
Senior Associate Tutor
University of Oxford
Oxford OX2 6GG

On 16 January 2018 at 12:08, Tom Jefferson

<jefferson.tom@gmail.com<mailto:jefferson.tom@gmail.com>>

Dear all, as agreed with David attached please find two final versions of the post with the disclaimer requested by David.

We have taken some of the comments on board, while we disagreed with some others for the reasons given in the commented version or discussed personally.

The URLs to the 3 reviews need to be inserted.

We have debated whether to add the following text but have decided to keep the message private:

These are important reviews on an ever-topical subject, with pressure to extend vaccination to increasing slices of population worldwide. Despite the support of our CRG and the CEU, the reviews have taken 26 months to update and stabilise with partial funding. Given the commercial and government pressure on the use of these vaccines, this is a time frame which would ill suit any future updates, even though each update will only include randomised evidence.

We need to discuss how and when we can produce rapid future updates falling within the decision-making cycle. In our case it looked as if process was the major part of the work. While this may be justifiable for new reviews it is less so for existing reviews.

Please be aware that I will be travelling from Sunday the 28th and will have intermittent access to my email.

With best wishes,

Tom.

Professor Tom Jefferson
Senior Associate Tutor
University of Oxford
Oxford OX2 6GG

Appendix 2:

To the Cochrane Collaboration
Centre Director Representative
Prof. Steve McDonald
School of Public Health & Preventive Medicine
Monash University
99 Commercial Road
Melbourne Victoria 3004
The Alfred Centre
Australia
Email: Steve.McDonald@monash.edu

Dear colleagues of the Cochrane Collaboration,

We are the coordinators of the EUROSCREEN working group, professionals working in the public health sector or carrying out research in universities, with different roles related to service screening. Most of us have had the opportunity of cooperating with members of the Cochrane collaboration and have friendly relationships with many of you. For this reason we feel impelled to write to you about the letter which Professor Gøtzsche recently posted on the Cochrane Centre website. We consider his remarks to be offensive, not only towards us but also to the Editor of the Journal of Medical Screening (JMS), which hosted our supplement presenting a review of the research into outcomes of service breast cancer screening in Europe. We have no problem with disagreements, which routinely arise in science, but with the insults that are prominent in the letter.

Comment on the major points in the letter of Professor Gøtzsche

Choice of journal

We thank again Professor Sir Nicholas Wald for agreeing to publish our supplement and Professor Allan Hackshaw who worked as first guest editor. The criticism by Professor Gøtzsche, characterising the JMS as a journal publishing flawed papers without serious peer review, is completely unfounded. The journal very properly offered the opportunity for a peer reviewed series of papers about service breast cancer screening outcomes in Europe. That this is regarded with such hostility by Professor Gøtzsche says more about his attitudes than it does about the journal.

In Professor Gøtzsche's opinion, the impact factor of JMS somehow confers weakness on the results. We suggest that the content of a publication is more important than the journal in which it is published. The impact factor of the journal is not in itself a certificate of scientific value. Professor Gøtzsche appears to be suggesting that the impact factor is the major indicator of scientific value and valid research. However, many important papers, especially in specialist areas of interest such as screening outcome evaluation, are published in low-medium impact factor journals. It seems perverse to form highly negative conclusions on a series of papers about cancer screening because they were published in a screening journal.

Among the various self-congratulatory points made by Professor Gøtzsche, he makes great play of publishing in the British Medical Journal (BMJ). The BMJ is an important journal, but it is not the only outlet for important research. Further, we are concerned about the fact that the studies published in the BMJ in recent years do not reflect the wide range of quality research results on the topic of mammography screening. We will continue to publish in good quality journals, albeit some with a lesser audience and a lower media profile.

Conflicts of interest

In the JMS supplement we openly declared that we are people working in screening evaluation and management. We know how complex screening evaluation is, especially service screening outcome research. In the past, we did not have problems in relationships with colleagues outside of the screening community; the major discussions about screening efficacy have been between researchers working in this area. We had robust debates about the randomised trial evaluations before the 2001 meta-analysis, and strong disagreements sometimes arose. However there was never a rejection of contributions that were based on serious discussion of the complexity of screening evaluation and its interpretation. In today's atmosphere, after Professor Gøtzsche's 2001 publication, accusations of dishonesty, incompetence and conflict of interest are routine responses from anti-mammography polemicists. Such is the unpleasant atmosphere that scientists may be deterred from publishing results favourable to screening for fear of further such accusations.

We have no problem with scientific criticism, but it is not acceptable that regardless of the content of our research, it should be dismissed because of who we are. We would be happy to discuss outcome research methodology and the complexity of the issues in scientific terms. Competence in screening theory is not an option but a necessity in order to understand the findings of such research. If knowledge and experience of the subject constitutes a conflict of interest, we are happy to admit to it. If one were considering having a knee replacement operation, it would clearly be preferable to be consented to by a member of the orthopaedic team, rather than by a cardiologist, for example, no matter how free of conflict of interest the latter is.

We ask readers to form their own opinion on the contents of our papers, rather than trust the personal opinion of Professor Gøtzsche. He claims that we 'repeated (our) criticism of papers from independent research groups that have been fully addressed and rejected, and failed to mention important criticisms of (our) own papers, which have not'. However, his cited evidence that our criticisms have been fully addressed and rejected is mainly based on publications of which he is author. The accusation of conflict of interest is a distraction from the scientific issues. It would be equally irrelevant for us to cite the BMJ editor's position as a member of the Nordic Cochrane Centre's Advisory Board as a conflict of interest when Professor Gøtzsche publishes in the BMJ.

Scientific issues

Professor Gøtzsche's letter is somewhat eclectic, and mostly deals with personalities and journals rather than the scientific issues. He should submit, as is customary in the field, a letter to the journal about our research. We do not feel that his current letter, starting with an offensive title claiming our results are false, should be met by a detailed scientific response.

General remarks

In his letter, Professor Gøtzsche claims that in our supplement we do not reference and discuss papers by himself and his colleagues, but he refers to only one of the eight analytical papers published by us. We did indeed discuss some of Gøtzsche's work and found it wanting in scientific quality, notably in terms of estimation of overdiagnosis. The issue of mastectomies in the screening era confirming the benefit related to service screening was not discussed in the Supplement nor is the issue of advanced stage disease. There are however more publications in these areas than Professor Gøtzsche puts forward.

We will continue to publish what we consider the correct evaluation and interpretation of mammography service screening, regardless of personal attacks. Indeed, we plan to broaden our evaluation to include other aspects such as the effect of screening on advanced stage cancers and

analysis of interval cancer rates, in order to confirm the already assessed benefit of the use of breast conserving treatment, and other measures of screening quality.

There are many open questions in screening evaluation, but there is no substitute for a scientific, honest debate, conducted in polite and scientific terms. Professor Gøtzsche asserts:

'The authors' summary paper is not science. It is wishful thinking...'

For one thing this is not true. Our figures are based on a comprehensive, published data,. For another, this is not the way scientific debate should be conducted. We invite colleagues to read the papers in our supplement. Afterwards, we shall be happy to engage in scientific rather than personal debate.

Best Regards

Eugenio Paci (1), Mireille Broeders (2), Solveig Hofvind (3), Stephen W. Duffy (4)

1) ISPO Cancer Research and Prevention Institute, Florence, Italy

2) Radboud University Nijmegen Medical Centre & National Expert and Training Centre for Breast Cancer Screening, Nijmegen, The Netherlands

3) Cancer Registry of Norway, Research Department and Oslo and Akershus University College of Applied Science, Norway

4) Wolfson Institute of Preventive Medicine, Queen Mary University of London, United Kingdom

On behalf of the EUROSCREEN Working Group

Correspondence to:

Eugenio Paci, MD

ISPO

Via delle Oblate 2

50144 Italy

Email: e.paci@ispo.toscana.it