



THE UNIVERSITY  
of LIVERPOOL

14<sup>th</sup> April 2003

Dr P Goetzche  
The Nordic Cochrane Centre  
Rigshospitalet  
Dept 7112  
Blegdamsvej 9  
2100 Copenhagen O  
Denmark

CONFIDENTIAL

J F Neilson, BSc, MEd, FRCOG  
Professor of Obstetrics and  
Gynaecology/Head of Department

Department of Obstetrics and Gynaecology

First Floor  
Liverpool Women's Hospital  
Crown Street  
Liverpool  
L8 7SS

Telephone: 0151 702 4100/4101  
Facsimile: 0151 702 4024

Dear Peter

The Steering Group of the Cochrane Collaboration has asked me to write to you. This letter is written in the spirit of friendship, collaboration and openness and I hope that it will be received in that same spirit.

I should say at the outset that Monica Kjeldstrom who attended, as you know, the Steering Group meeting in Melbourne, was absent from the room during all of the discussions that led to this message.

The Steering Group is concerned that yours is a name that has cropped up on a recurring basis in the context of controversies within the Collaboration that have led to tensions between, and upset among, members of the Collaboration. It is not fair to you for discussions to take place about you behind closed doors without giving you frank feedback and the opportunity to respond. However, it is our responsibility to try to minimise discord within the Collaboration so that we can all meet our objectives whilst working to the principles of the organisation.

The three controversies, involving you, that have led to detailed discussions during my time on the Steering Group have been (1) the BMJ paper criticising the quality of Cochrane reviews, (2) the mammography paper in the Lancet, and (3) the pending publication in an unknown journal that duplicates / replicates [you and I have corresponded and differ on this] the 'immunoglobulin treatment for severe sepsis' Cochrane review.

The BMJ and Lancet papers listed the Nordic Cochrane Centre as your professional address. I do not know if that is true of the immunoglobulin paper. Perhaps you could let me know?

The common theme here, it seems to the Steering Group, is a perception that one of the leaders in the Collaboration (a Centre Director) is pursuing his scientific career against the interests of the Collaboration. Thus, many in the Collaboration [not all] felt that the BMJ paper was misleading [because it was out of date], embarrassing, and potentially damaging [one entity almost lost external financial support because of the paper].

The original mammography review in the Lancet gave the impression [because of your address] that this was a Cochrane review, although it preceded the Cochrane Library version and had not been subjected to the peer review processes of the Breast Cancer Review Group. The subsequent paper in 2001, rekindled the controversy and the impression that the Lancet paper was the equivalent of the Cochrane review was made worse [again through the use of your address but also because of the title of the article]. I don't need to tell you about the continuing fall-out from this episode, within the Collaboration.

*Senior Lecturers*  
Z Alfirevic, MD, MRCP  
A S Garden, MRChb, FRCOG  
D I Lewis-Jones, MD  
S M Quenby, BSc, MBBS, MRCP

*Lecturers*  
L Bricker, MRChb, MRCP  
D G Tincello, BSc, MD, MRCP  
K Thomas, MRChb, MRCP

*Mersey Perinatal Epidemiology Unit*  
C A Edwards, PhD, RCN, ADM, CertEd, MEd  
*Cochrane Pregnancy & Childbirth Group*  
S L Henderson, MA

*Mersey Region Group for  
Family Planning and Training*  
C M Furrell

(2)

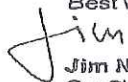
Now we have the immunoglobulin episode, which has enraged another Co-ordinating Editor.

All of us working in academic institutions are very well aware of the pressures of modern academic life, that include a necessity to publish high profile papers in high impact publications. However, the Steering Group feels that for prominent figures within the Collaboration (and that very much includes Centre Directors), this necessity has to be tempered by some sensitivity to the needs of other members of the Collaboration.

Thus, for example, the BMJ report could have been an internal paper; the mammography papers in the Lancet could have coincided with the Cochrane Library publication; and the immunoglobulin paper could have been written in collaboration with the Cochrane reviewers in the Philippines as a joint project.

Peter, the Steering Group is very keen that such upsets do not occur in the future and make this plea that you apply higher levels of sensitivity to projects in future. We recognise the great strengths and commitment that you bring to the Collaboration, and would be disappointed if your reputation within the Collaboration were to be tarnished by future problems of this type.

Best wishes



Jim Neilson  
Co-Chair, Steering Group, Cochrane Collaboration



Preparing, maintaining and disseminating  
systematic reviews of the effects of health care

The Nordic Cochrane Centre  
Rigshospitalet, Dept. 7112  
Blegdamsvej 9  
2100 Copenhagen Ø, Denmark  
Tel: +45 35 45 7112  
Fax: +45 35 45 70 07  
E-mail: general@cochrane.dk

Professor JP Neilson, BSc, MD, FRCOG  
Head of Department of Obstetrics and Gynaecology  
The University of Liverpool  
Dept. of Obstetrics and Gynaecology  
First Floor  
Liverpool Women's Hospital  
Crown Street  
Liverpool L8 7SS  
UK

-7 MAY 2003

May 5, 2003

CONFIDENTIAL

Dear Jim,

Thank you for your well-considered letter from 14<sup>th</sup> April and the opportunity to respond. I realize why the Steering Group is concerned and I would like to avoid further upsets in future attached to my name, for example by applying more sensitivity as you suggest.

Without detracting from your message, I feel there have been important political issues involved and I would therefore like to make some clarifying comments to the three examples you mention.

1. The BMJ paper about the quality of Cochrane Reviews was Ole Olsen's idea and was conducted by him. I was involved as one of the 11 methodologists Ole asked to participate in the project. I recommended Ole to publish his work for two main reasons. First, I believe research should be published, regardless of its results. Second, it is important for consumers to know that conclusions of Cochrane Reviews should be viewed with caution, i.e. that they need to read more than just the conclusion. We gave some anonymous examples of unjustified conclusions (treatment X for disease Y) in the paper, but the BMJ wanted us to reference these examples, which is a reasonable demand from an editor.

2. I would like to apologize for having titled the research letter in the Lancet: "Cochrane review on screening for breast cancer with mammography". Although it is very clear from the text that the letter is not a Cochrane review (e.g. already the abstract says: "As we discuss here, a Cochrane review..."), this was also a clear error. The reasoning was that since the Cochrane review had been awaited for so long by many policy makers, the title was an announcement that the Cochrane review was now available (like a journalist might have described it in a headline).

We did **not** publish this research letter (and a systematic review on the web site) in The Lancet to pursue our scientific careers against the interests of the Collaboration. The Lancet had earlier offered us a research letter based on the Cochrane review, but we declined as there is so little space in a research letter. However, when the editors of the Cochrane Breast Cancer Group decided, after almost one year of repeated peer review and re-submissions, that they did not want



to publish data on overtreatment, we felt we needed to publish these data in a research letter. These data have been much welcomed by consumers, but not by screening advocates who have consistently ignored them. The Lancet then decided that it wanted a full version of our review on its web site, including these data. We did not take this decision lightly. We consulted prominent figures in the Collaboration and they strongly recommended us to publish a separate version in the Lancet, since they felt (and still do) that the Cochrane Collaboration would benefit from this experience in the long run.

The minutes from The Advisory Board meeting for the Nordic Cochrane Centre in January 2002 says: "Peter Gøtzsche ... explained that the work with the mammography screening review had been very burdensome and stressful, and that there had been political pressures both from people in- and outside the Cochrane Collaboration. He explained the reason why another version of the review was published in the Lancet and that there had been consultation with important people within the Collaboration before this decision was made who strongly supported it. Arild Bjørndal [chairman of the Advisory Board] supported the idea of publishing in the Lancet, in particular since the Cochrane protocol envisaged that data on surgery and radiotherapy should be published (which they were not in the Cochrane version of the review). The Advisory Board felt that such a conflict between authors and editors was bound to occur sooner or later in the Collaboration, and that it would probably be helpful for the Collaboration in the long run to have experienced such a conflict and learned from it."

3. I have already explained how the third example came about to you and Mike Clarke in an email from 17 Dec 2002, and discussed it with Mike recently. We hope the authors of the two existing Cochrane Reviews on immunoglobulins (Ohlson et al, and Alejandria et al) will welcome our review, knowing that they can make changes to their own review if they wish. If we had collaborated with the contact reviewers, it would not have been an independent replication. We did the review mainly because it is very controversial at our hospital whether immunoglobulins save lives (despite the review by Alejandria et al). Clinical practice varies enormously, and immunoglobulins are the second-largest drug expenditure. This expenditure may be highly justified if immunoglobulins work. The idea of doing a new review came up in a discussion in one of the hospital's drug committees. We hope our work will be helpful to the hospital - which is financing the Nordic Cochrane Centre (but has no saying on its research plans).

Our review is part of Julie Pildal's PhD thesis (I am her supervisor). As such, it is more accurate to think of it as a paper by Julie - a postgraduate student - than by me - a Cochrane Centre Director. The reason for not making the manuscript available to the Cochrane reviewers at this point is to protect Julie's chances of getting it published as a new piece of work. When the manuscript has been accepted, Julie will ask the editors for permission to share the manuscript with the Cochrane reviewers before publication, so that they can update their review if they wish without undue delay, i.e. hopefully in the issue of the Cochrane Library that comes out right after our paper. In addition to sharing the manuscript, we are willing to discuss our review with the Cochrane reviewers and to make available the background material we have gathered.

We make it clear in the manuscript that our paper and the Cochrane review are two independent reviews and have added a disclaimer: "The views expressed in this article represent those of the authors and are not necessarily the views of other members of the Cochrane Collaboration". At the recent centre directors meeting in Melbourne, we agreed that people who are full-time employed at a Cochrane Centre should use this address, since, if not, readers might think that the authors try to hide something by not being honest about their affiliation. I would welcome

guidance on how to possibly improve on this, relevant changes could be made at the proof-stage for the paper.

Replication of the immunoglobulins for sepsis reviews has occurred before. For example, Alejandria et al in 1999, issue 2 of the Cochrane Library, published a review for the Infectious Diseases Group that included all age groups and therefore duplicated completely a Cochrane Review by Ohlson et al from 1998, issue 4, which was in neonates, but there was no cross-reference to Ohlson et al's Cochrane Review when I last checked it in Dec 2002. Since it is the responsibility of the review group to avoid duplication – or, as a minimum, to alert readers to the fact when it has occurred – I wonder whether it is an appropriate reaction for the editor of the Infectious Diseases Group to be “enraged” about our actions, as you describe it.

When a group of Italian researchers embarked on duplication of a Cochrane Review I have published on somatostatin, I recommended to the co-ordinating editor of the review group that they published it on paper. Since my request was ignored and since there is now a published Cochrane Protocol that duplicates my work, I asked the publication arbiter for advice, but he accepted the duplication.

Given these experiences, and several other examples of duplication I am aware of, I wonder a little why our replication has started a discussion at Steering Group level. I hope and trust that the Steering Group will carefully avoid to introduce double standards in the Collaboration.

I am so sorry to learn that our BMJ paper almost caused the loss of external financial support for an entity. Allow me, however, to point out that the single most important factor that enabled me in 2001 – after years of struggle – to secure permanent funding for the Nordic Cochrane Centre, its software development, and for the three Danish review groups, has been our research.

In summary, I accept your plea of applying more sensitivity to projects in future but feel the three examples have involved me for quite different reasons, and certainly not because I wanted to pursue my scientific career against the interests of the Collaboration as you suggest. I hope these examples could be less personalised and that the Steering Group will consider that they could perhaps also be seen, at least to some degree, to reflect a clash between short-term organisational interests (the social dimension) and possible long-term benefits for the Cochrane Collaboration (the scientific dimension and our credibility).

Would you please distribute this letter to those Steering Group members who participated in the discussion in Melbourne, or to all members, if you prefer?

Best wishes,

  
Peter