Response to David Cundiff’s Medscape review

On 6 January 2009, The Medscape Journal of Medicine published a review by Dr David Cundiff titled “A systematic review of Cochrane anticoagulation reviews”. In this review Dr Cundiff described his role as author of a Cochrane Review, and his dispute over editorial control. As a consequence of this experience, he decided to retrieve all Cochrane Reviews that evaluated anticoagulation treatment in a range of different conditions. This led him to submit 57 feedback letters to different Cochrane Review Groups (CRGs). In the review Dr Cundiff describes the handling by the CRGs of the feedback as a process, and also summarises nine categories of possible methodological errors (207 total instances) and four types of biases (18 total instances) included in the reviews.

Importantly, the review declares a potential conflict of interest; specifically that:

“Dr Cundiff withdrew warfarin from a patient with lower-limb deep venous thrombosis, disseminated tuberculosis, alcoholism, liver failure, and anemia on the grounds that the risk for bleeding in the patient seemed to be greater than the benefit of anticoagulant treatment. The patient later died of pulmonary embolism, and Dr Cundiff lost his medical license because of this case.”

The purpose of this document is to review and evaluate the handling of Dr Cundiff’s feedback to the CRGs, and to consider the learning points that emerge. It will concentrate on editorial process issues rather than content.

What Dr Cundiff’s review says

Between February and November 2007, Dr Cundiff wrote 57 feedback letters, and received acknowledgements of all of these. As of Issue 4 2008 of the Cochrane Database of Systematic Reviews, he had received replies to 13 feedback letters. 1.

The Cochrane Handbook for Systematic Reviews of Interventions

Section 3.6 of the Handbook provides a description of the expectations of CRGs in respect of submitted feedback. A “feedback editor” is appointed by each CRG to receive any feedback, ensure that it is appropriate in terms of language, and pass it on to review authors. Authors are usually required to respond within one month.

The feedback and its response should normally be published alongside the review.

The Feedback Management Advisory Group (FMAG), which reports to the Cochrane Collaboration Steering Group, has as its remit to “to advise on policies and procedures for managing comments, criticisms and other feedback on Cochrane Reviews.”
Responses by CRG

Summary

Table 1 shows the overall responses by CRG to Dr Cundiff’s feedback in terms of what has been published in *The Cochrane Library*, up to and including Issue 2, 2009.

**Table 1** Overall responses by CRG

<table>
<thead>
<tr>
<th>Cochrane Review Group</th>
<th>No. of feedback letters from Dr Cundiff</th>
<th>No. of replies cited by Dr Cundiff</th>
<th>No. of feedback published (and responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>12</td>
<td>1</td>
<td>4 (4)*</td>
</tr>
<tr>
<td>Peripheral Vascular Disease**</td>
<td>19</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Heart</td>
<td>9</td>
<td>2</td>
<td>4 (2)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pregnancy &amp; Childbirth</td>
<td>4</td>
<td>1</td>
<td>3 (2)</td>
</tr>
<tr>
<td>Neonatal</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gynaecological Cancer</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Renal</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Bone, Joint and Muscle Trauma</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Withdrawn protocols</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>58</strong></td>
<td><strong>13</strong></td>
<td><strong>18 (9)</strong></td>
</tr>
</tbody>
</table>

*Includes 3 reviews in which the feedback and response were added in Issue 2, 2009 – therefore not included in Dr Cundiff’s Medscape review.

**Please note the specific and atypical circumstances (described below) in relation to the Peripheral Vascular Disease CRG.

Timeliness of response

Work undertaken by Dr John Carlisle, who is the convenor of the Feedback Management Advisory Group, has suggested that in respect of the Cundiff submissions:

- The average response time in relation to publication of the feedback was eight months.
- The feedback that has not yet been responded to was submitted an average of 20 months ago.

In relation to the overall responsiveness of CRGs and authors to feedback, figures compiled by Dr Carlisle appear to indicate that about 80% of submitted feedback is passed on to CRGs. Of this, possibly only one quarter is posted into the “Feedback” section, and there is considerable variation between CRGs in the timing and frequency of this. (J Carlisle, personal communication).
Examples of response to Cundiff by CRG

**Stroke Group**

The response of the Stroke Group was made more difficult as the Group’s Feedback Editor stepped down shortly before Dr Cundiff submitted his feedback to the Group, and could not be replaced for much of the time period. As Co-ordinating Editor, Peter Sandercock took on the task of handling the comments, and replied to Dr Cundiff, explaining the Group’s limited capacity to deal simultaneously with a large number of comments. As it happened, Peter Sandercock was contact author for four of the reviews, and incorporated a response to Dr Cundiff’s comments in planned updates. He also wrote to the authors of two further reviews, but to date they have not responded. Also, he wrote to Dr Cundiff requesting clarification in respect of his feedback of five reviews, but to date has not received a response.

**Peripheral Vascular Disease Group**

In 2001 Dr Cundiff both registered a title with the Peripheral Vascular Disease (PVD) Group and sent three items of feedback to the Group in relation to the use of anticoagulant agents. When the CRG became aware that Dr Cundiff had an undisclosed conflict of interest, and was involved in impending litigation in relation to this, the Feedback Editor wrote to him to state that the CRG would not agree to publish his feedback until the litigation was resolved. The feedback would be passed on to the relevant review authors, however, and Dr Cundiff was invited to contact the CRG once the litigation had been resolved. In 2007, Dr Cundiff submitted a further 16 items of feedback, all of them several pages in length. After receiving the first five of the 16 in February 2007, the PVD Group requested advice from the Publication Arbiter and the Co-chairs of the Cochrane Collaboration Steering Group.

In relation to the title registered by Dr Cundiff, the publication was delayed considerably as a result of negative feedback from peer reviewers, and detailed negotiation between the author and the Co-ordinating Editor. While Dr Cundiff states in his Medscape review that he was not content with the content of the review (published in 2006), emails show that he was satisfied to have the review updated in 2008 (no new studies), and subsequently he has asked the Cochrane Collaboration to reconsider a decision to withdraw the review.

**Heart Group**

The Cochrane Heart Group received feedback in relation to nine reviews, and in each case has corresponded with Dr Cundiff within three months of receipt. In some cases the Feedback Management Editor, working in collaboration with the Co-ordinating Editor, took an active decision not to publish the comments. The following quotation from a letter to Dr Cundiff from the Co-ordinating Editor on 29 August 2009 describes the situation in relation to the remaining comments:

“The sheer amount of time we have spent on dealing with your feedback is not commensurate with its value to authors or the readers of The Cochrane Library. As you will see, most of your feedback has been processed where we (i.e. our feedback editor and our editorial board) felt it was
appropriate. I think we should call a halt on this stream of feedback letters! We will process these last two ...”

The current Managing Editor acknowledges that the two feedback comments remaining have not been processed as indicated owing to changes in personnel within the CRG.

**Bone, Joint and Muscle Trauma Group**

The Bone, Joint and Muscle Trauma Group received one item of feedback initially (21/6/2007) and responded promptly. The Group subsequently received further, more detailed feedback, to which they again responded within a month.

**Conclusions**

There are undoubtedly lessons for the Collaboration to consider in relation to Dr Cundiff’s feedback, which appears to be unique and unprecedented in its scope and volume, and the number of CRGs affected.

There appears to have been considerable efforts within the CRGs, particularly those who received the most feedback, to provide an appropriate level of response. Many communications were direct emails between Dr Cundiff and individuals within the CRGs – so that the feedback submitted through the website represents only the tip of the iceberg. However, in many cases these efforts are not visible to users of *The Cochrane Library*, so to that extent Dr Cundiff is warranted in his criticism. In addition there is little evidence of co-ordination of responses across CRGs, such that at one end of the spectrum one Group made a positive decision, communicated to Dr Cundiff, not to publish his feedback, whereas other Groups did publish and respond in multiple cases. Dr Cundiff’s acknowledged conflict of interest therefore substantially affected the nature of the published responses.

In respect of the timeliness of responses, the results both in relation to Dr Cundiff and more generally are somewhat disappointing. Undoubtedly this reflects in part the workload of the CRG staff, and the voluntary nature of most contributors and review authors. However, this analysis provides a strong stimulus for the Collaboration to revisit this issue and to work across CRGs, the Feedback Management Advisory Group and the Cochrane Editorial Unit to set and ensure delivery of improved standards of responsiveness. Cochrane initially set a high standard for creating an online-only, interactive knowledge database, but to be consistent with current trends for user-generated content and interactive web platforms, the Collaboration needs to respond to the new challenges, and prioritise improving its overall performance in this area. This will involve sharing of best practice across CRGs, and perhaps allocating some resource centrally to ensure that CRGs have the capacity to reach the agreed targets.

I do not intend here to comment in detail about the content of the feedback, which is more properly addressed by content experts. However, what is clear is that some of Dr Cundiff’s comments were regarded as useful and informed, and led to changes in the relevant reviews. However, in the majority of cases there was simply disagreement on the interpretation of the available evidence.
The issues for the Collaboration therefore seem to be as follows:

1. How can we ensure that legitimate content-related feedback is posted onto *The Cochrane Library* in a timely and appropriate manner?
2. How can we standardise process and practice in relation to managing feedback in general, and in particular, to managing conflict of interest, and appropriateness of content?
3. How can we support CRGs in responding to feedback that in volume and range exceeds the resources available to manage this at the CRG level?
4. How can we encourage authors to be more responsive to feedback?

Ensuring that best practice is followed in this area is rightly seen as a quality parameter for any provider of evidence-based knowledge. Accepting, addressing and responding to feedback are therefore a high priority for CRGs and *The Cochrane Library*. Over the next 12 months, in conjunction with CRGs and the FMAG, the Cochrane Editorial Unit intends to develop more detailed criteria for addressing the issues raised, which will be published and for which we will hold ourselves responsible.

**References**