Information Retrieval Group (IRG) Business Meeting
12:45-13:45, Tuesday 18th June 2019, Maritim Hotel (Mannheim), Cologne

Attendees (16):
Siw Waffenschmidt (SW), Ingrid Harboe (IH), Tom Macmillan (TM), Marjukka Mäkelä (MM), Kathleen Harkin (KH), Elke Hausner (EH), Julie Glanville (JG), Inger Janssen (IJ), Catherine Meads (CM), Annegrêt Herrmann-Frank (AH-F), Muhammad Lutalo (ML), Shah Alam Khan (SAK), Juan-Antonio Blasco (JAB), Sonia Garcia Gonzalez Moral (SGGM), Rebecca Trowman (RT), Matthew Mitchell (MMi)

Apologies:
Patrice Chalon (PC), Carol Lefebvre (CL), Jaana Isojärvi (JI)

Welcome, approval of minutes from Vancouver, Report from Chair about IRG activities
The minutes from Vancouver were agreed.

SW welcomed attendees gave an update on the executive team and other activities. IH will take over at as chair after the Annual Meeting.

The IRG pre-conference workshop was delivered on Sunday the 16th of June and the annual dinner was held on Monday the 17th of June. This year introductory workshop was not accepted by HTAi, only the advanced session. SW will represent the IRG at the plenary session on Wednesday the 19th of June. There was an oral presentation session on information retrieval (Monday 17th June), which was convened by the IRG. Additionally, there are two vignettes and a poster presentation at different times of the HTAi conference.

There is a new book on systematic searching (“Systematic Searching Practical ideas for improving results”), with chapters written by members of the IRG.

Editions of the IRG newsletter were published in July 2018 and March 2019; the new format includes a short interview with a member.

The IRG’s funding applications for 2018 and 2019 were declined. However, some of this funding will be bundled up with other interest groups and some will go towards changes to the website.

SuRe Info and HTAi Vortal, questions
JG gave an overview of SuRe Info, its purpose, and how it is used and updated. This year there have been two new chapters. One chapter is on clinical effectiveness, which is now congruent with the relevant chapter in the new Cochrane Handbook, and from this point forward the SuRe Info chapter will be updated every six months. The other new chapter is on qualitative research. A chapter on searching for grey literature is planned. The following chapters have been updated:

- Value of using different search approaches
- Strategy development
- Search filters
- Other limits: language, date
Peer reviewing search strategies
• Documenting and reporting the search process
• Health problem and current use of the technology
• Description and technical characteristics of the technology
• Diagnostic accuracy
• Costs and economic evaluation
• Organizational aspects

JG emphasised that the SuRe Info resource is unique and very important and encouraged people to promote it. Website hits are increasing year on year. Funding from HTAi was agreed for 2018 but the IRG does not have a bank account to process any payments, so there has been an impasse on using the money.

We are still looking for new collaborators, specifically:

• someone to market/advocate the resource
• someone to update the chapters written by the late Sigrid Droste (Ethical analysis, Legal aspects)

EH asked if the funding could be used to organise a meeting for authors. RT pointed out that the Patient & Citizen Involvement (PCIG) and Ethics & Disinvestment groups have held a face-to-face meeting, so there is a way to finance this type of activity that does not involve SuRe Info having a bank account. There are ways to do this cost-effectively: for example, PCIG are hosted at another event, i.e. one that members are attending anyway. HTAi could pay venues directly. MM asked about wider distribution of SuRe Info e.g. via the EQUATOR website. JG suggested this type of activity is what a marketing person could do. CM suggested Shona Kirtley (Knowledge and Information Manager and Senior Research Information Specialist for the EQUATOR Network) would be a good person to contact. RT suggested the new HTAi website might be useful for marketing and HTAi have employed a new communications officer who can help promote this kind of activity e.g. LinkedIn page for each IG.

SW updated on the Vortal on behalf of PC. There have been some technical issues with the Vortal but some backend updates have solved this (there is a new webserver). However, in longer term it would be preferable to copy the Vortal content onto the HTAi website. Currently, no functionality updates can take place. The Vortal would ideally be transferred to SuRe Info.

RT noted that HTAi have improved the backend functionality including backups of the existing data. Resources should become better aligned with and linked to the HTAi website (there are also talks with INAHTA about their resources). Funding requests have been received from other interest groups too – the aim is to find a common solution with for all. The HTAi Secretariat will reach out to interest groups over the next few months once capabilities and costs are identified. Funding calls for the face-to-face meetings will happen in July and decision will be made in August. IH welcomed this news as positive. RT suggested that volunteer involvement will still be required, but encouraged working more closely with the HTAi Secretariat.
Cochrane updates
JG updated on behalf of CL. For the Cochrane Library (as of May 2019), the CDSR has 7987 reviews, and 2426 protocols. CENTRAL has over 1.5m records. Cochrane Library also now includes editorials, special collections, clinical answers (growing quickly), and Epistemonikos (replacing DARE).

DARE and the EED database are now archived at CRD (committed to 2021). Cochrane Methodology Register is archived on the Cochrane website. The HTA database will be taken over by INAHTA and hopefully starts again at the end of 2019.

Cochrane Library contains diagnostic test accuracy reviews, prognostic reviews, qualitative evidence reviews, overview of reviews, and special collections (‘best of’).

Cochrane is developing rapidly in terms of the use of information from clinical study reports (CSRs) in reviews. Information on a recent consultation meeting about CSRs can be found here: https://community.cochrane.org/news/using-clinical-study-reports-data-source-cochrane-reviews-consultation-meeting-report-and-next-steps.

Cochrane Library access is on a country-specific basis. It is now available in an iPad-version too.

An ongoing metadata project aims to provide PICO data for all Cochrane reviews.

The new Cochrane Handbook is near completion – chapter 6 is on searching for and selecting studies. The full public release is expected in late 2019. Cochrane members can see new chapters by logging into Archie. MECIR (Methodological Expectations for Cochrane Intervention Reviews) standards are also available as useful guides for expected search standards for Cochrane reviews.

The Cochrane Crowd machine-learning project is still ongoing to identify reports of trials to be added to CENTRAL.

EUnetHTA updates
SW gave an update. There will be an update of the information retrieval methods guideline, based on public consultation starting on Aug/Sep 2019. SOPs have been written (but only available within EUnetHTA), which state the requirement for information specialist involvement in EUnetHTA assessments, which led to the creation of a network of information specialists in Europe. This will also include an information retrieval advisory board.

Upcoming elections
All of the terms for the executive committee members are coming to an end. The board members must be HTAi members. However, it may be possible for David and Lisa to continue and SW could continue as co-chair. The current requirement to attend four consecutive conferences may be waived.
• **Any other business and Questions**

SW announced plans for an information retrieval themed issue of the HTAi journal (“International Journal of Technology Assessment in Health Care”) and invited the submission of relevant publications.

INAHTA took over HTA database, with the IHE in Edmonton now responsible for it.

IH thanked SW for work as chair for the last 2 years.

• **Closing of the meeting**