Conclusions This study provides an overview of different methods used to and/or reported on identifying gaps, determining research priorities and displaying both gaps and research priorities. These study findings can be adapted to inform the development of methodological guidance on ways to advance methods to identify, prioritise and display gaps to inform research and evidence-based decision-making.

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35 | EXTRACTING LARGE SETS OF DATA FROM SYSTEMATIC REVIEWS: DEVELOPING A BASIS FOR SEPARATING, STORING AND USING INFORMATION ON TRIALS

[1]Lena Schmidt*, [2]Clive Adams. [1]Hochschule Furtwangen University, Furtwangen im Schwarzwald, Germany; [2]University of Nottingham, Nottingham, UK

Objectives Qualitative and quantitative data relevant to randomised controlled trials (RCT), manually extracted and analysed within Cochrane reviews, are available to those who have access to the Cochrane Library. If, however, one wished to re-use these data, all information has to be extracted from that *review* before that process can start. There are great benefits of widely sharing data – and drawbacks in not sharing. This work explores whether it is possible to i. extract all trial data from the systematic reviews; and prepare these data to be widely accessed. Therefore, the aim is to make the process of transposing data from RCTs into a web-based curated, accessible database easy.

Method Resources for this work are 200 systematic reviews of the Cochrane Schizophrenia Group (Nottingham) and open source software.

We produced a Java-based app with functionality to extract all trial data from a list of systematic reviews. (The reviews, available in ReviewManager5 format, are parsed as the app accesses relevant parts of the reviews; in turn the data within the included studies are parsed into a format that can be downloaded, uploaded and reused).

This creates the possibility for results to be stored in a way that:

- all relevant data are ready to be used by others
- data can be auto–tidied and re–planted back into the source review

Results The product of this work is a simple end-user app. By its use Cochrane groups can create a database with all data they have extracted for their reviews.

Conclusions Supporting auto-extraction, auto-curation, wide dissemination and re-use of well-extracted data has advantages for all. There are many imaginative things that can be done with these data for all categories of end-users.

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36 | GALLSTONE, SNAKE VENOM AND WITCHCRAFT FOR SCHIZOPHRENIA: THE CHALLENGES OF CLASSIFYING [SCHIZOPHRENIA] TRIALS

Farhad Shokraneh*, Clive E Adams. *Cochrane Schizophrenia Group, the Institute of Mental Health, University of Nottingham, Nottingham, UK*

Objectives

Introduction Using a study-based register in the process of systematic reviewing reduces waste and makes it possible to shortcut many processes normally undertaken by review teams. However, this works for simple 'Intervention X vs Intervention Y for Condition Z'-style reviews, but the challenge is to provide the same shortcuts for systematic reviews of classes of interventions, overviews or network meta-analyses. As one might expect an Information Specialist to say, classification is the answer.

Objectives To report experience and progress with specific classification of healthcare conditions, interventions, and outcomes for the purposes of facilitating systematic reviews.

Methods We used the study-based Register of Cochrane Schizophrenia Group (in MS-Access MeerKat 1.6; holds 25 212 reports of 18 105 studies – 28 Feb 2018). The PICO meta-data (health care problems, interventions, comparisons, and outcomes) of each study have been extracted. We used NLM's MeSH, The British National Formulary, and WHO ATC classification system.

Results *Health care problems*: In the 18 105 studies we identified 266 health care problems within schizophrenia trials which were specific focus of the evaluation – amongst which negative symptoms (546 trials), treatment resistance (467 trials), depression (350 trials), tardive dyskinesia (293 trials) and weight gain (260 trials) were the most common.

Interventions: Of the 3910 interventions randomised within these trials, we found 155 classes of drugs with antipsychotics, antidepressants, and benzodiazepines being the most researched. There are 41 additional specific interventions related to some sort of physical/exercise approach. Classifying psychological interventions, and Chinese Traditional Medicine (with its 537 trials with 246 interventions) remains a challenge.

Outcomes: We use seven main classes for outcomes within schizophrenia reviews: Global State, Mental State, Adverse Events, Functioning, Service Use, Quality of Life, and Cost. We propose to use existing classification of outcome tools to clean and curate the 13 187 outcomes. Classification heaven!

Conclusions Better reporting of PICO meta-data would help and improve classification. However, all current classification systems do not really fit the systematic review purpose. New systems, designed with systematic review output in mind, greatly enhance the review process (including prioritisation of titles) and reviewer experience (including prioritisation of effort).

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37 | DISCLOSING THE RESULTS OF CLINICAL TRIALS: HOW IS THE PHARMACEUTICAL INDUSTRY DOING?

[1]Slavka Baronikova, [2]Jim Purvis, [2]Christopher Winchester*, [2]Eric Southam, [2]Julie Beeso, [1]Antonia Panayi. [1]Shire International GmbH, Zugerberg, Switzerland; [2]Research Evaluation Unit, Oxford PharmaGenesis, Oxford, UK

Objectives To evaluate disclosure of clinical trials registered by pharmaceutical companies using an independent, semi-automated tool (TrialsTracker; https://trialstracker.ebmdatalab.net/#/).

Method For the top 50 pharmaceutical companies (2014 global sales; EvaluatePharma, London, UK), registered interventional phase 2–4 clinical trials completed in 2006–2015 were identified in TrialsTracker, which calculates annual disclosure rates for sponsors of over 30 studies registered on ClinicalTrials.gov. The proportion of trials with results disclosed by April 2017 was analysed by company membership of the