

Governing Board Elected Member Candidate Statement

The Candidate Statement, your photograph and names of your nominators will be published on the Cochrane Community website during the elections process, and the Candidate Statement and photograph will remain on the website against the names of new members for the duration of their terms on the Board. For this reason, this Candidate Statement document template must be used; and full addresses, email addresses and/or unencrypted e-signatures excluded.

Please submit this Elected Member Candidate Statement in Word format by the stated deadline. It should be shared beforehand with your two nominators.

Family name (surname):	Robert
First name(s):	Dellavalle
Today's date:	4 November 2018

1. How and when did you first become involved in Cochrane and what has been your subsequent contribution to Cochrane's work (maximum 200 words)?

My Cochrane involvement includes authoring and editing Cochrane reviews, hosting a Colloquium, serving as a guideline methodologist, founding a Cochrane travel scholarship, performing research, and serving as a Joint Co-ordinating editor of the Skin Group.

In 2004, I led a systematic review examining the effects of common cardiac medications on skin cancer (melanoma). In 2006, I became an editor for the Cochrane Skin Group. In 2010, I organized and obtained grant funding for the first joint Cochrane and Campbell Colloquium in Keystone, Colorado, (800 participants). In 2014, I served as a GRADE methodologist for World Health Organization (WHO) guidelines on HIV skin and mucosal diseases. In 2015 I helped found the AAD Cochrane Fellowship (<https://www.aad.org/members/awards-grants-and-scholarships/cochrane-scholarship>) while serving as the American Academy of Dermatology (AAD) Guidelines Committee Chairman---this scholarship increases Cochrane workforce capacity in dermatology by funding two dermatologists' travel to the Colloquium annually.

Over several years I have been involved in Cochrane research prioritization comparing Cochrane content with the global burden of disease (<https://methods.cochrane.org/prioritysetting/global-burden-disease-gbd-cochrane-project>) and Wikipedia dissemination projects that have increased the citation of Cochrane Skin systematic reviews in Wikipedia skin disease chapters (<https://community.cochrane.org/news/get-involved-cochrane-wikipedia-initiative>). In 2018, I was appointed Joint Co-ordinating Editor of Cochrane Skin.

2. What experience do you have serving as a member of a governing board, board of directors or similar? This might be within a non-for-profit or charitable organization, or a hospital or University. Please include the name(s) of the organization(s), the roles you played and other relevant information (maximum 200 words).

I served as a Trustee of the Board of the Denver Botanic Gardens from 1996 to 1998 (annual budget at the time ~\$5 million), as president of the Colorado Dermatologic Society in 2004 (annual budget at the time ~\$150K), as president of the American Dermatopidemiology Network (ADEN) in 2006-2007, and as president of the National Association of U.S. Department of Veterans Affairs Dermatologists in 2009-2010. At the Denver VA Medical Center I have been a member of the Clinical Executive Council (in charge of hospital planning and operation) since 2004 and of the Professional Credentialing Board (in charge of verifying health care provider ability to care for patients) since 2004.

3. Acting as a Board member requires a collaborative approach to decision-making, setting aside personal opinions and group affiliations and acting in the best interests of the charity. Please describe how you would fulfil this obligation, using examples from previous committee or other work (maximum 200 words).

My approach to decision making rests on open communication and transparency. My collaborative approach to problem solving is specifically demonstrated by the communication network I set up more than a decade ago to coordinate communication across the >75 dermatology services in the US Department of Veterans Affairs Health Care System that see more than 400,000 patient visits annually. This communication network is comprised of a no cost listserv with more than 70 VA health care providers that is further supplemented by a toll-free conference call every two months and a once a year in person meeting. The VA Dermatology Communication Network allows VA dermatologists to crowdsource solutions to patient problems and regulatory issues and avoid adverse unintended consequences and individual members needing to reinvent the wheel for solutions to common problems.

Another example of my collaborative leadership is my organizing the first Cochrane and Campbell Joint Colloquium in Keystone Colorado in 2010. This effort entailed 3 years of international monthly telephone conference calls with more than 30 key personnel and writing hundreds of letters and thousands of emails. These efforts resulted in a financially and academically successful Colloquium for both organizations.

4. What do you think would make you an effective member of the Board (maximum 200 words)?

Cochrane needs Governing Board members who will put the charity above personal agendas. I believe my open-minded, collaborative, and transparent communication style, my broad experience, and my teaching skills (acquired from mentoring hundreds of medical students and promoting state-wide skin cancer prevention initiatives) will be my most valuable assets as a board member. My medical experience and my research in public health provide me with context for proactively using evidence-based practice. My experience with peer review and biomedical publication has prepared me for

thinking about how Cochrane should best promote itself in the ongoing epidemic of predatory journals and poor quality meta-analyses. My work analysing the Global Burden of Disease (funded by the Bill and Melinda Gates Foundation) provides a broad perspective to ground prioritization of public health policy and research resource utilization. Lastly my experience mentoring more than 100 students and hiring staff for the medical service I have led since 2004 will also make me an effective board member.

5. What do you believe are the most important strategic challenges for Cochrane in 2019 (maximum 200 words)?

Our 2020 strategy goals (to produce the best medical evidence, make this evidence more accessible, advocate for the use of this best evidence, and assure the sustainability of Cochrane) all remain crucially relevant-- but above all we need to maintain a laser focus on our central mission of producing the highest quality and most impactful systematic reviews. Cochrane must also continue to lead the development of cutting edge methodological and policy applications of this work (given the proliferation of poorer quality reviews in ever increasing numbers) and push this best evidence into practice.

Questions 6-12: Specific Skills

To function optimally the Governing Board requires a range of experiences, knowledge and expertise amongst its membership. We cannot expect any single Governing Board member to have all the necessary skills and experience. We are looking for diversity.

We do not expect you to answer “yes” to more than one or two of these questions.

If you do answer “yes”, please provide at least one example which best demonstrates your experience or expertise. You may wish to include:

- A description of the situation and the context
- What you did
- What skills and knowledge you deployed
- The outcome and your personal contribution

6. Do you have experience of Charity Governance (in any charitable organization around the world)?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. The largest charity I have helped govern to date has been the Denver Botanic Garden. I served as a trustee from 1996 to 1998. In that role, I attended monthly board meetings and voted on budget and organizational proposals. The toughest decision I had to make during this time was to support the **Board’s strategy to replace its highly qualified Director of the Gardens due to his failure to modify ambitious garden expansion proposals that lacked community support.** These expansion plans largely

came to fruition 15 years later under different leadership with greater community input and involvement.

7. Do you have experience of Organizational Finance and Resource Management?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. As the Chief of the Dermatology Service for the Department of Dermatology at the Rocky Mountain Regional VA Medical Center I have managed the greater than one million dollar annual clinical budget of this division of the hospital for several years.

8. Do you have experience of **People Management (often called ‘Human Resources’ in English) and Organizational Development?**

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. Since 2004 I have led the selection and hiring of dermatologists, physician assistants, licensed nurse practitioners and medical technicians for Dermatology Service of the Denver VA Medical Center and the managing of all staff, health care providers, residents, and students. Since 2001 I have been interviewing and selecting dermatology residency applicants for the University of Colorado School of Medicine.

9. Do you have experience of Consumer and Patient involvement in Evidence Production and Health Policy?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. Consumer Kathy Godfrey served as the skin cancer consumer who contributed to my 2004 systematic review on the effect of cardiac medications on melanoma incidence. I have also provided free educational lectures to consumers on skin diseases and have developed open access patient decision aids for patients with acne (<https://www.informed-decisions.org/acnepda.php>) and psoriasis (<https://www.informed-decisions.org/psoriasispsda.php>) in collaboration with numerous patient and physician focus groups.

10. Do you have experience of Advocating for Evidence?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes, I advocated for maximum utilization of Cochrane Systematic Reviews in American Academy of Dermatology (AAD) guidelines when I led the AAD guidelines committee from 2015-2017 and for proper GRADEing of evidence in the World Health Organization guidelines on the treatment of skin and oral HIV-associated conditions in children and adults (http://www.who.int/maternal_child_adolescent/documents/skin-mucosal-and-hiv/en/).

11. Do you have experience of Widening Access, Participation, Reach and Impact of Research?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. In 2015 I helped found the American Academy of Dermatology (AAD) Cochrane Fellowship (<https://www.aad.org/members/awards-grants-and-scholarships/cochrane-scholarship>) while serving as the AAD Guidelines Committee Chairman---this scholarship increases Cochrane workforce capacity in dermatology by funding two dermatologists travel to the Colloquium annually. So far 8 dermatologists have received the travel award. Over several years I have directed medical students I teach to contribute to the Cochrane Wikipedia dissemination project. This work has increased the citation of Cochrane Skin systematic reviews in Wikipedia skin disease chapters which are collectively viewed my millions of internet users annually (<https://community.cochrane.org/news/get-involved-cochrane-wikipedia-initiative>).

12. Do you have experience of Fundraising & Development?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. I have served as the Colorado State Chair of the Dermatology Foundation Leaders Society (<https://dermatologyfoundation.org>) for several years. The Dermatology Foundation is a private foundation founded in 1946 that solicits funds to support skin disease research. My success in fundraising has led to my appointment to the Dermatology Foundation's **National Leadership Society** Committee and to expanding my fund-raising region for the Foundation to include multiple US states outside Colorado. I have also served on the Dermatology Foundation Grant Selection Committee for the past 3 years.

13. Is there anything else you would like to say in support of your nomination (maximum 200 words)?

Lastly, I would like to thank all of the members of Cochrane for allowing me to join in the organization's important work for so many years and for so many close friendships along the way. I welcome the opportunity to further contribute in this **concrete way to building and strengthening Cochrane's spirit** of collaboration and its impact on the health of persons across the globe.

Declarations:

To be eligible to stand for election, candidates must confirm the following by putting a 'tick' (✓) or their initials in the boxes below:

I hereby confirm that I:

1. Have accepted the [Terms and Conditions of Cochrane Membership](#) and have been a Cochrane Member for at least 30 days prior to the close of voting in this election

2. Have read the following guidance produced by the National Council for Voluntary Organisations in the UK:	✓
<ul style="list-style-type: none"> • What is a charity • What is a charity trustee • What trustees must do • How trustees look after the charity 	
3. Accept the Governing Board Charter	✓
4. Accept and will adhere to the Code of Conduct for Trustees	✓
5. Have completed the Cochrane ‘Declaration of Interest’ Statement (Annex 1 of this document)	✓
6. Have completed the ‘Trustee Eligibility Declaration’ required by the UK Charity Commission for all Trustees (Annex 2 of this document)	✓
NAME: Robert Dellavalle	
DATE: 4 November 2018	

Annex 1: Cochrane Declaration of Interest Statement

Candidates must make a declaration of conflict of interest, including financial or non-financial relationships with other organizations, professional relationships to other members of the Board, and **other Boards she/he may sit on**. In writing this statement, candidates should refer to Cochrane’s [conflict of interest policy](#) and the [declarations of existing members of the Board](#).

Please answer the following questions:

1. Financial interests	Yes/No (If yes, please provide details)
In the last three years, have you:	
a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from Cochrane or a	Yes- NCI R01CA206569 Walkosz and Dellavalle (Co-PIs)

related organization (i.e. any organization related to health care or medical research) to conduct research?

1/01/2017-12/31/2021

NIH

A national sun safety public education program for the tattoo community

The grant creates and evaluates an educational intervention for promotion of comprehensive skin cancer prevention among tattoo clients nationally.

Role: Co-PI

NIH 5R01CA206569-02 Supplement Requested via PA18-586 Walkosz & Dellavalle (Co-PIs) 9/1/18-6/30/19 For Diversity Applicant Dr. Cristian Gonzalez

NIH

Diversity supplement for RO1 Sun Safety Ink!

The grant expands work on Hispanic/Latino tattoo parlours and cultural issues for this NCI grant evaluating implementation of a sun safe educational intervention delivered by tattoo artist to their clients.

Role: Co-PI

E51-FY17Q1-00-P01629 VA Dellavalle and Dunnick (Co-PIs) 10/1/2016-9/30/2019

Dept. of Veterans Affairs Office of Rural Health

Rural Teledermatology

The grant provides for teledermatology to rural community-based outpatient clinics in Colorado, Oklahoma, Wyoming, and Montana delivered via rural VA primary health care providers.

Role: Co-PI

W1227190 Pfizer ASPIRE Grant Dellavalle (PI) 10/1/17-12/1/18 Pfizer Independent Grants

Comprehensive Decision Aids for Hidradenitis Suppurativa (HS)

The grant will create a patient decision aid for HS therapy, pilot this

tool, and provide it openly via the Colorado Dermatologic Society website.

Role: PI

American Association for Acne & Rosacea

Dellavalle (PI)

3/1/17-2/28/19

Global Characterization of Systemic Antibiotic Use for Acne

The project uses the Observational Health Data Sciences and Informatics (OHDSI)

Collaborative (www.OHDSI.org)

collaboration to characterize systemic antibiotic use for acne globally. Role:

PI

NICHD 1R01CA192652-01A1 Buller & Walkosz (Co-PIs) 07/01/2015 – 06/30/2020

NIH

Likes, Pins, and Views: Engage Moms on Teen Indoor Tanning Thru Social Media

This project systematically studies a comprehensive approach to engaging mothers via social media to work for limiting access to indoor UV tanning.

Role: Consultant

128835-PTAPM-15-198-25-PTAPM

DiGuseppi (PI) 1/1/16 – 6/30/19

American Cancer Society

Physician Training Award in Cancer Prevention

The grant provides support for physician training in accredited preventive medicine residency programs that provide cancer prevention and control research and practice opportunities.

Role: Mentor

Pfizer Independent Grants for Learning and Change Norris (PI) 7/1/18-

6/30/20

Inflammatory and Immune-mediated Skin Disease Fellowship

Dermatology Data to Patient Value (DD2PV)

The fellowship will train a dermatology resident 50% time in inflammatory and immune-mediated skin disease outcomes research over the 3rd and 4th year of dermatology residency training.

Role: Fellowship director

Completed in past 3 years

State of CO Cancer, Cardio. Dis., & Chronic Pulm. Dis. Prog. Grant Crane (PI) 10/1/16-8/31/18

State of Colorado

Statewide College Campus Skin Cancer Prevention Program

This public health project promotes skin cancer prevention at college campuses across the state of Colorado by developing campus sun safety education advocates and promoting specialized polarized light facial (REVEAL camera) photography.

Role: Co-Investigator

U. of Colorado School of Medicine 2017 Quality Improvement Projects Newman (PI) 8/1/17-7/31/18

The Reliability and Feasibility of Teledermatology to Diagnose and Triage Patients Referred from the Emergency Department to Outpatient Dermatology

The grant will examine the effectiveness of teledermatology to diagnose and triage patients referred from the emergency department to outpatient dermatology at the University of Colorado.

Role: Co-investigator

R21 CA173654 Walkosz (PI) 4/1/13-3/30/16

NCI : A sun safety public education program for the tattoo community

The grant 1) determined the most effective means of reaching clients of tattoo salons,

2) developed measures to assess sun protection practices of tattooed individuals, and
3) created prototype materials for promotion of comprehensive skin cancer prevention in this venue.
Role: Co-Investigator

NIAMS R13AR069984 Dellavalle and Walkosz (Co-PIs)

09/01/16-8-08/31/17

NIH

Conference Grant for the 7th International Congress of Dermatoepidemiology 9/28-30/16, Aurora, CO

The grant will support bringing the International Congress of Dermatoepidemiology to the US for the first time in its 22-year history with a theme of Global Dermatoepidemiology and Skin Aging.

Role: Co-PI

University of Colorado Cancer Center Box, Crane, Dellavalle (Co-PIs) 7/1/15-6/30/17

Pilot Grant: UV photography results over time in a cohort of Colorado Teenagers

The grant funds the follow up evaluation of facial skin UV damage by UV photography in a cohort of Colorado 17-year-old children first photographed at age 13.

Role: Co-PI

N19-FY14Q1-S1-P01156 VA Dellavalle & Dunnick (Co-PIs) 10/1/13-9/30/16

Dept. of Veterans Affairs Rural Health Grant

Rural Dermatology Education, Learning, & Training

Video conferencing dermatology education program for rural VA primary care providers.

Role: Co-PI

Pfizer Independent Grants for Learning & Change Dellavalle (PI) 2/15/16-

	<p>12/30/17 Pfizer Independent Grants Comprehensive Decision Aids for Psoriasis and Acne Patients The grant will create patient decision aids for acne and psoriasis and pilot these tools via the Colorado Dermatologic Society website. Role: PI</p>
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	Medical consultant for Altus labs, a Colorado company developing cannabinoid therapy for skin disease.
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	Dermatology Grand Rounds lecturer, Chicago Dermatology Society Grand Rounds, Northwestern University, April 27, 2016.
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	I receive annual salary from my job as Professor of Dermatology in the University of Colorado School of Medicine, and Chief of the Dermatology Service at the Rocky Mountain Regional VA Medical Center in Aurora, Colorado. Co-Director of the Colorado Skin Cancer task force (unfunded).
e) Possessed share-holdings, stock, stock options, equity with a related organization (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)?	Vesting shareholder with Altus labs, a Colorado company developing cannabinoid therapy for skin disease, in exchange for medical consulting.
f) Received personal gifts from a related organization?	No
g) Had an outstanding loan with a related organization?	No
h) Received royalty payments from a related organization?	Yes-I receive royalties from Wolters Kluwer for editing ~85 dermatology chapters in UpToDate and from Wiley-Blackwell for editing a section of the 3 rd edition of Evidence-Based Dermatology (Hywel Williams Editor),
2. Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest?	I receive a stipend for serving as a social media editor for the Journal of the American Academy of Dermatology and for serving as the Podcast Editor of the Journal of Investigative Dermatology.

Annex 2: Trustee Eligibility Declaration

As required by the [UK Charity Commission](#)

Please tick or initial in the boxes below to confirm the following:

I declare that I:

Am willing to act as a trustee of The Cochrane Collaboration	Yes
Understand Cochrane’s purposes (objects) and rules set out in its Articles of Association	Yes
Am not prevented from acting as a trustee because I: <ul style="list-style-type: none"> • Have an unspent conviction for one or more of the offences listed here • Have an Individual Voluntary Arrangement, debt relief order and/or a bankruptcy order • Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator) • Have been removed from being in the management or control of any organization in Scotland (under relevant legislation) • Have been disqualified by the Charity Commission • Am a disqualified company director • Am a designated person for the purposes of anti-terrorism legislation • Am on the sex offenders register or equivalent in any country • Have been found in contempt of court for making (or causing to be made) a false statement • Have been found guilty of disobedience to an order or direction of the Charity Commission 	Yes
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	Yes
Understand that it’s an offence under section 60(1)(b) of the Charities Act 2011 to knowingly or recklessly provide false or misleading information	Yes
Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance ‘The essential trustee (CC3)’	Yes