Governing Board Elected Member Candidate Statement

Family name (surname):	**Snidvongs**
First name(s):	**Kornkiat**
Today's date:	**19 July 2020**
Are you a current member of the Governing Board standing for re-election?	**No**
Are you a citizen or resident of a Lower- and-Middle-Income Country or Territory	**Yes, Thailand**

Questions 1-5: Experience and Motivation:

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)?

I first involved in Cochrane in 2010 when I was a PhD candidate at Macquarie University, Sydney, Australia. Under supervision of Prof Richard Harvey and Prof Ray Sacks, two proposals were approved by The Cochrane Ear, Nose and Throat Disorders Group and then I attended a Cochrane workshop held in Westmead, Sydney, Australia. In 2011, my first Cochrane review, entitled 'Topical steroids for chronic rhinosinusitis without polyps' was published. This review was highlighted in 2012 by an article 'Cochrane corner: Topical steroids for chronic rhinosinusitis without polyps' which was published in a journal 'Otolaryngology Head &Neck Surgery'. Not long afterwards, my second Cochrane review, entitled 'Topical steroids for chronic rhinosinusitis with polyps' was published. Subsequently, I co-authored three additional Cochrane reviews: (1) Saline irrigation for allergic rhinitis (2018), (2) Intranasal corticosteroids for non-allergic rhinitis (2019), and (3) Biologics for chronic rhinosinusitis (2020). The last review is conducted as a living systematic review which is updated on an ongoing basis when new studies are completed. Additionally, since December 2018, I have served as an Associate editor of The Cochrane Ear, Nose and Throat Disorders Group providing some editorial input for the reviews.

2. What experience do you have serving as a member of a governing board, board of directors, management group 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).

1. Board member of The Asia Pacific Otorhinolaryngologic Surgical Training since 2019. My role is to conduct training education of otolaryngologic surgery with practical value and contemporary principles and techniques in the Asia-Pacific Region.

2. Governing board of Thai Rhinologic Society since 2017. My role is to serve as a coordinating centre of Thai rhinologists for academic and clinical rhinologic practice at international level.

3. Editorial board of International Forum of Allergy &Rhinology (IFAR) since 2016. IFAR has achieved a great success with high impact factor amongst otolaryngology journals. My role is at the peer review process.

4. Deputy Director of King Chulalongkorn Memorial Hospital (KCMH) since 2015. KCMH is a tertiary University hospital with an in-patient capacity of 1,435 beds. It has been a center of academic excellence in various fields of medicine and provides training facilities to Thai doctors of Chulalongkorn University. My role is to ensure that the patient care provided is with the highest quality, and safety.

5. Secretary general of Rural Ear Nose and Throat Foundation since 2001. My role is to provide free services of medical and surgical treatment of chronic ear disorders to rural people in Thailand and neighbouring countries.

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).

During Covid-19 pandemic, there was confusion how the SARS-CoV-2 virus spread from person to person. There was fear if Chulalongkorn Hospital had enough N95 masks for medical personnel. There was an argument whether the hospital should stop or continue the hospital service to non-Covid-19 patients. As a Deputy Director of Chulalongkorn Hospital, I needed to decide how to mobilize the resource from routine hospital service to the service for this emerging infectious disease. Most operations were cancelled, and only timely-sensitive procedures were allowed. It was complicate that surgeons did not want to operate the patients without testing results. Without Covid-19 symptoms, patients who required timely-sensitive procedures did not meet the criteria of Patient Under Investigation so nasopharyngeal swab testing was not free for them. Unfortunately, they refused to pay. I decided that the social welfare department would financially support the patients and nasopharyngeal swab testing should be routinely investigated before surgery. At that time, N95 masks were in shortage crisis but surgeons requested for N95 masks for all procedures no matter what the nasopharyngeal swab testing was positive or negative. This request was rejected. N95 was allowed for personal protection only when operating patients with positive result.

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

I reckon I can be an effective board member because I have a solid background of Cochrane's works with additional non-Cochrane's works regarding evidence. Communication skill is essential. I effectively communicate with people within the Cochrane community and people outside. To communicate, I always open the mind, listen to different idea, and share my new idea and experiences. Communication to the public needs simple language which is brief and simple. The core message should be delivered effectively. Not only the level of evidence is explained, but I will communicate to the public the clinical applicability how the public can use the evidence in real life. The research applicability should be explained with plain language for future research works. In addition, I regularly update my knowledge, not only my specialty but all areas, so that I can have a vision what interventions have a trend to be useful in clinical practice. Therefore, evidence of those selected interventions should be investigated. I support people with less experience to be able to join Cochrane's works. I inspire people and coach people. Lastly, I decide without bias. Decisions made are based on benefits for the public.

5. What do you believe are the most important strategic challenges for Cochrane from 2020 onwards (maximum 200 words)?
To me, the most important strategic challenge for Cochrane from 2020 onwards is the Cochrane's strategies and policies after the recovery of Covid-19 crisis. Since the outbreak of Covid-19 was declared as a Public Health Emergency of International Concern by The World Health Organization in January and recognized as a pandemic in March 2020, there is a big loss in most countries around the world including community health, economy, human resource and time for contribution to charity. I believe when Covid-19 pandemic is under control, people's interest should move away from precision medicine and oncology. Instead, the trend should move toward emerging infectious diseases. It is challenging how the Cochrane's works remains effective and innovative when most Cochrane Groups are at risk of losing their funding. Cochrane strategies may need to reconsider and effectively support the Cochrane Groups to be able to deliver the mission. The commitment to the Cochrane community of Cochrane Groups may be unchanged but the time for contribution, the development and implementation of the strategies and policies may be weakened.

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 Knowledge Translation or science communication; and/or in widening access, participation, reach and impact of research?
Yes or No? If Yes, please provide details and examples below (maximum 200 words).
Yes. During 2010-2015, published articles by our group showed that high level of eosinophils in the paranasal sinuses caused persistent inflammation in patients with chronic recalcitrant rhinosinusitis. Intranasal steroids can control this inflammation with safety only when delivered effectively into the paranasal sinuses. Our group applied the knowledge to practice, exchanged our experiences to colleagues, and disseminated our findings through lectures, symposiums, and free paper presentations in academic meetings for both national and international levels. The results of our studies influence other groups and a growing number of studies on this topic strengthen the level of evidence. Before 2010, when patients received sinus surgery, tissue specimens were sent for histopathology assessment to exclude neoplasm. Now tissue specimens were assessed for the number of tissue eosinophils. Pathologists from Mayo clinic in Rochester, USA sent us an email and incorporated the form of histopathologic profiling of chronic rhinosinusitis in their practice. Techniques of sinus surgery for patients with chronic recalcitrant rhinosinusitis have been modified

from the traditional technique to effectively create an access for the maximal penetration of intranasal steroids. Intranasal steroids are currently delivered into the nose after sinus surgery by adding them into nasal saline irrigation, instead of nasal spray.

7. Do you have experience in evidence-informed policy making?

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

Yes. During Covid-19 pandemic, the definition of Patient Under Investigation, defined by the Ministry of Public Health did not include an acute onset of smell loss although several articles reported that Covid-19 patients could present with olfactory loss without any other symptoms. I collected the data from the published articles and performed meta-analysis. It showed that people with smell and taste dysfunction had the odds ratio of 12 for a positive nasopharyngeal swab testing. After my publication, Chulalongkorn hospital has expanded the definition of Patient Under Investigation to include acute smell and taste loss. People with smell dysfunction were recognized as people at risk and received nasopharyngeal swab testing with free of charge.

Additionally, N95 masks were in shortage crisis because of an abrupt increase of demand. The Centres for disease control and prevention (CDC) recommended that healthcare workers should have five pieces of N95 and keep the used N95 in a breathable paper bag. I performed a systematic review on N95 decontamination methods. Evidence did not support CDC recommendation. Instead, it supported Ultraviolet germicidal irradiation. Afterwards, Department of Otolaryngology, Chulalongkorn hospital decided not to follow the CDC and ultraviolet light-C is currently used for N95 decontamination and reuse.

8. Do you have legal experience?

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

No.

9. Do you have experience of advocating for evidence?

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

Yes. After I published eight systematic reviews on rhinosinusitis and seven for allergic rhinitis and the evidence on the effectiveness of medications were accessible, I found the influence of this evidence on practice was unpredictable. I reckon advocacy is required and advocating for evidence should focus on relevant medications which are useful in practice. The information used for advocacy needs to be evidence-based. I advocate the safety of intranasal steroids on the eyes showing that intranasal steroids do not have effects on intraocular pressure and lens opacity. When intranasal steroids are used, simultaneous use of steroids via other routes such as steroid inhaler or oral steroids should be avoided. Evidence-based advocacy was performed through academic meetings for both national and international levels such as The Annual meeting of Thai Rhinologic Society in 2019 and The European Rhinologic Society meeting in 2018. The other example is the disagreement over the combination of intranasal steroids and oral antihistamines for treating allergic rhinitis. This combination is widely used in Thailand although my published meta-analysis shows no evidence. Evidence-based advocacy has been performed through Thai Rhinologic Society, to suggest the use of the combination of intranasal steroids and intranasal antihistamines instead.

10. Do you have knowledge or experience of the issues around Open Access to research output?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).
Yes. As a board member of Thai Rhinologic Society, it is my responsibility to ensure that all members can reach the research output. I reckon there should be an access open so that members can participate and simply reach the newly published evidence with free of charge. The website of Thai Rhinologic Society was created. Members can read and download Thai version of clinical practice guidelines on allergic rhinitis and rhinosinusitis for free. In addition, this open access has been widened to the public to gain evidence-based knowledge which they are interested. There is a full version for physicians and there is a pocket guide for general people. Recently, Thai Rhinologic Society collaborates with other Rhinologic Societies in other countries in Southeast Asia. ASEAN (Association of South East Asian Nations) Rhinologic Society has been established. We decide to create another platform that members of ASEAN Rhinologic Society can share experiences, upload the research findings of their studies, and download any research output which they feel useful with free of charge.

11. Is there anything else you would like to say in support of your nomination (maximum 200 words)?
As a Cochrane member from a middle-income country, I greatly appreciate Cochrane Central Executive for letting one member on the Governing board be a representative from Lower-and-middle-income country. I am certain the view, the data, the need, and the evidence from Lower-and-middle-income country should be better considered. If I am elected, I will not be only a representative from Thailand, but I will be a representative and speak for all members from Lower-and-middle-income country.

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: • 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: Kornkiat Snidvongs	
DATE: 23 July 2020	

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 (for Cochrane Groups) and the declarations of existing members of the Board.

Please answer the following questions:

1. Financial interests **In the last three years, have you:**	**Yes/No (If yes, please provide details)**
a) Received funding: any grant, contract or gift, commissioned research, or fellowship from Cochrane or a related organization (i.e. any organization related to health care or medical research) to conduct research?	No
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	No
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	No
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	No
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)?	No
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?	No
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?	No

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	☑
Understand Cochrane's purposes (objects) and rules set out in its Articles of Association	☑
Am not prevented from acting as a trustee because I: • 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	☑
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	☑
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	☑
Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'	☑