

Governing Board Elected Member Candidate Statement

Family name (surname):	Dellavalle
First name(s):	Robert
Today's date:	21 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	No

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)?

In 2001-2006 I led a Cochrane systematic review that examined clinical trial individual patient adverse event reports that was co-published in *JNCI*. My subsequent contributions to Cochrane's work include:

- 2006-present, *Cochrane Skin* Editor
- 2007-2010, organized first joint Cochrane and Campbell Colloquium
- 2013-2014, served as a GRADE methodologist on World Health Organization (WHO) HIV guidelines (www.who.int/maternal_child_adolescent/documents/skin-mucosal-and-hiv/en/)
- 2013-present, collaborated with the Global Burden of Disease Program in the Cochrane Systematic Review Priority Setting Project (methods.cochrane.org/prioritysetting/global-burden-disease-gbd-cochrane-project)
- 2014, proposed the American Academy of Dermatology (AAD) Cochrane Scholarship (www.aad.org/member/career/awards/cochrane)
- 2018-present, joined Robert Boyle as a *Cochrane Skin* Joint Co-ordinating Editor
- 2018-present, promoted Cochrane systematic reviews on Wikipedia (skin.cochrane.org/our-evidence/cochrane-skin-wikipedia-initiative)
- 2019-present, founded the US Cochrane University of Colorado Affiliate
- 2019-present, elected to Cochrane Council, Co-ordinating Editor representative
- 2020, funded to promote Cochrane consumer contributions to Wikipedia (community.cochrane.org/news/call-proposals-cochrane-geographic-groups-consumer-engagement-and-involvement-challenge-fund).
- 2020 & 2021, organized Annual Meetings of *Cochrane Skin* with NIH funding

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).

- Denver Botanic Gardens
Board of Trustees, Member (1998-2000)
- Colorado Dermatologic Society
President (2004)
- Rocky Mountain Regional VA Medical Center
Health Care Council, Member (2004-)
- National Association of VA Dermatologists (NAVAD)
President (2006-2007)
- American Dermato-Epidemiology Network (ADEN)
President (2008-2010)
- US Department of Veterans Affairs
Dermatology Field Advisory Committee, Chair (2011-)
- Colorado Cancer Coalition
Skin Cancer Task Force, Co-chair (2013-)
- American Academy of Dermatology
Clinical Guidelines Committee, Chair (2015-17)
- University of Colorado School of Medicine
Department of Dermatology Leadership Committee, Member (2019-)
- Cochrane
Cochrane Council, Coordinating Editor Representative (2019-)
- Guidelines International Network (G-I-N) North America
Steering Committee, Member (2020-)

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).

I subscribe to the Servant Leadership philosophy which promotes collaborative problem solving (en.wikipedia.org/wiki/Servant_leadership). I make decisions by defining the problem, collecting data from all stakeholders, seeking advice from trusted counsel, looking for fair and informed compromises, communicating my decision fully and positively, and iteratively receiving feedback. Within Cochrane I have sought the most qualified talent willing to volunteer into crowd sourcing solutions—especially when organizing the 2010 Keystone Colloquium and producing specific *Cochrane Skin* systematic reviews. While decisions generally driven by consensus were often reached, I did encounter obstructionists with whom conducting constructive dialogue was not possible. In these latter cases I firmly cut losses early.

With the COVID crisis, I led changes to our clinical service to protect patients, staff, and health care personnel, and preserve personal protective equipment supplies. These decisions were made after initiating daily care team virtual huddles that maximized information gathering and communication. These huddles provide a concrete example of how I established processes that motivated others and solved problems collectively by recognizing results and effort, communicating openly, and fostering a team culture of trust.

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

My leadership and governance experience acquired over almost 20 years as a frontline rank-and-file Cochrane collaborator will make me an effective Board member. These skills include:

- Governance skills from serving as the president of multiple professional medical organizations, and as Joint Coordinating Editor of *Cochrane Skin*
- Organizational skills from carrying out a successful Colloquium, creating new collaborative research networks, and establishing new academic publishing venues
- Managerial skills from running a research lab and heading a clinical service
- Collaborative skills from working with a) Cochrane authors and consumers b) guidelines developers, and c) large research collaborations
- Cultural skills from training, working, and advocating with an international array of students and collaborators from diverse backgrounds

I would assume Board member responsibilities with enthusiasm in full expectation that the job will be time consuming and difficult, but also fun and rewarding. I am also ready to act in the best interest of Cochrane as required for the professional management of such a charity, and to bear the responsibility for my actions. I would prioritize Cochrane Governing Board activities over other professional activities when necessary to accommodate times when events demand more effort than anticipated.

5. What do you believe are the most important strategic challenges for Cochrane from 2020 onwards (maximum 200 words)?

Internal and external challenges will continue to demand rethinking of how Cochrane positions itself in the knowledge and information environment. Important strategic challenges for Cochrane from 2020 onwards will include:

- Producing and updating the most needed systematic reviews more efficiently
- Maintaining the momentum of the COVID response while continuing Cochrane’s pre-COVID work
- Adding to the complexity and richness of the organization, both in terms of finances and contributors from every race, nationality, and background to better reflect the world
- Promoting open access to the *Cochrane Library* with a successful business model
- Creating living network meta-analysis of the highest priority, rapidly evolving topics and adopting an evidence ecosystem of living network meta-analysis and living guidelines (Ravaud et al. *J. Clinical Epidemiology* March 2020)
- Using new meeting and knowledge dissemination adaptive technologies and approaches
- Collaborating more fully with other leading international organizations and research enterprises
- Increasing responsiveness to all stakeholders

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. I have experience in science communication advocating for evidence-based medicine research findings with more than 100 television, radio, magazine, blog and news agency interviews (see a recent sample interview here: <https://www.youtube.com/watch?v=5OD363VJhKY&feature=youtu.be>). Examples of my communicating successfully with a range of audiences include:

- Testifying in favour of bills proposing increased skin cancer prevention measures (age restrictions and taxation for indoor UV tanning) before the Colorado legislature and in the popular media,
- Appearing with skin cancer survivors on NBC Nightly News promoting new technologies (cross-polarized light photography) for quantifying sun damage of facial skin,
- Redressing a commentary by a leading dermatologist who wrote that a Cochrane systemic review was “fatally flawed”—an attribute ascribed to the review due to the dermatologist’s mistaken assumption that the review’s lack of evidence of effectiveness was evidence for lack of efficacy
- Leading and participating in Cochrane symposia at medical society meetings including DERMACON and the Annual Meeting of the American Academy of Dermatology
- Working with medical students and consumers to add content to Wikipedia to precipitate millions more online views of Cochrane systematic review references

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. I built relationships with professional organizations (e.g. the American Academy of Dermatology), policymakers, consumer/patient advocacy groups, and health systems including:

- As the American Academy of Dermatology (AAD) Clinical Guidelines Committee Chair I helped bring about the organization’s adoption of GRADE for developing and presenting evidence summaries for making clinical practice recommendations, and I helped establish the AAD Cochrane Fellowship.
- As the Chair of the Dermatology Field Advisory Committee to Department of Veterans Affairs Health Administration Central Office I provide input on all aspects of clinical dermatology practice for the largest health care system in the US.
- Serving in 2013-14 as the GRADE methodologist for the World Health Organization (WHO) Guidelines On The Treatment Of Skin And Oral HIV-Associated Conditions In Children And Adults (www.who.int/maternal_child_adolescent/documents/skin-mucosal-and-hiv/en/)
- Serving currently on the Steering Committee of Guidelines International Network (G-I-N) North America

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. I have advocated for evidence. I have built greater recognition, understanding and uptake of high-quality evidence-informed decision-making in health care and public health by raising awareness of Cochrane, *Cochrane Skin* and the US Cochrane Network

- Established and grew a social media presence for *Cochrane Skin*
- Planned and held Cochrane conferences and teleconferences
- Raised awareness to help create community around the US Cochrane Network, its mission, goals, members and activities and the value of synthesized evidence
- Lectured on evidence-informed health care and public health and the uptake of synthesized research evidence in health decision-making and planning and clinical trial transparency
- Helped plan and implement an outreach strategy for the US Cochrane University of Colorado Affiliate and *Cochrane Skin*

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. I have experience publishing open access articles (130/314 of my PubMed cited articles are available as free full text articles). I have reviewed articles for 14 open access journals (including *BMC Medical Informatics and Decision Making*, *BMC Medical Research Methodology*, *bmjlearning.com*, *JAMA Open Access*, and *PLoS ONE*). And I have served on the editorial board of four open access journals (*The Open Dermatology Journal*, *BMC Dermatology*, *BMC Journal of Medical Case Reports*, and *BMC Research Notes*). I have also conducted research on the effects of open access publishing on citation rates (Umstattd LJ, et al. Open Access Dermatology Publishing: No Citation Advantage Yet. *The Open Dermatology Journal* 2008;2:69-72 <https://benthamopen.com/ABSTRACT/TODJ-2-69>).

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

First let me start by saying that I hope all members of Cochrane and their families are safe and healthy, both physically and mentally, in these challenging times posed by the COVID-19 pandemic.

Next let me say that I am running for a position on the Cochrane Governing Board because I am a true believer in our mission to improve health across the globe, and I am always looking for new ways to contribute to this effort. The qualities I would bring to the Governing Board include my open-minded, collaborative, and transparent communication style, and my broad experience as a physician, researcher, editor, and empathic listener. **My experience in science communication, policy making, advocating for evidence, and Open Access, will help me contribute as a new member to the resources of the Board in these areas.**

Our Cochrane 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 I believe we need to maintain a laser focus on our central mission of producing the highest quality and most impactful systematic reviews.

Thank you for your consideration.

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: July 21, 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:

<p>1. Financial interests</p> <p>In the last three years, have you:</p>	<p>Yes/No (If yes, please provide details)</p>
<p>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?</p>	<p>Yes. I have obtained for my institutional employers grants from Cochrane, NIH, VA, and NHS as well as independently awarded and administrated competitive grants funded by Pfizer Pharmaceuticals for directing a dermatology fellowship and developing open access patient decision aids.</p>
<p>b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?</p>	<p>Yes. I served as a medical consultant for Altus Labs and ParaPRO. I ended these consultancies in July 2020.</p>
<p>c) Received honoraria: one-time payments (in cash or kind) from a related organization?</p>	<p>Yes. I received an honorarium for guest lecturing to The Evidence-Based Medicine Society of Taiwan in 2019.</p>
<p>d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?</p>	<p>Yes. I am a dermatology section editor for <i>UpToDate</i>. I am also a Steering Committee member for Guideline International Network (G-I-N) North America.</p>
<p>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)?</p>	<p>Yes. My medical consultancy for Altus Labs was compensated by vestment in the company.</p>
<p>f) Received personal gifts from a related organization?</p>	<p>No.</p>
<p>g) Had an outstanding loan with a related organization?</p>	<p>No.</p>
<p>h) Received royalty payments from a related organization?</p>	<p>Yes. I received royalties from several book publishing companies for editing books & chapters of dermatology textbooks.</p> <p>.</p>
<p>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?</p>	<p>Yes. The hospital system for which I work will gain efficiency from following Cochrane reviews supporting the most evidence-based and cost effective health care recommendations.</p>

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	✓
<p>Am not prevented from acting as a trustee because I:</p> <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 	✓
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)’	✓