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Report from the kick-off meeting of the Cochrane Skin Group Core Outcome Set Initiative (CSG-COUSIN)

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Summary

A major obstacle of evidence-based clinical decision making is the use of non-standardized, partly untested outcome measurement instruments. Core Outcome Sets (COSs) are currently developed in different medical fields to standardize and improve the selection of outcomes and outcome measurement instruments in clinical trials, in order to pool results of trials or to allow indirect comparison between interventions. A COS is an agreed minimum set of outcomes that should be measured and reported in all clinical trials of a specific disease or trial population. The international, multidisciplinary Cochrane Skin Group Core Outcome Set Initiative (CSG-COUSIN) aims to develop and implement COSs in dermatology, thus making trial evidence comparable and, herewith, more useful for clinical decision making. The inaugural meeting of CSG-COUSIN was held on 17–18 March 2015 in Dresden, Germany, as the exclusive theme of the Annual Cochrane Skin Group Meeting. In total, 29 individuals representing a broad mix of different stakeholder groups, professions, skills and perspectives attended. This report provides a description of existing COS initiatives in dermatology, highlights current methodological challenges in COS development, and presents the concept, aims and structure of CSG-COUSIN.

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What's already known about this topic?

- Many different outcomes and outcome measurement instruments are used in clinical trials to assess the benefits and harms of treatments.
- The use of noncomparable outcome measurement instruments, often with unknown measurement properties, makes the combining of results in systematic reviews difficult.
- The inability to compare outcomes across trials hampers evidence-based recommendations and clinical decision making.
- Core Outcome Sets (COSs) have been suggested to standardize the measurement and reporting of study endpoints.

What does this study add?

- The theme of the 2015 Annual Cochrane Skin Group Meeting was the initiation of the international, multidisciplinary Cochrane Skin Group Core Outcome Set Initiative (CSG-COUSIN).
- The mission of CSG-COUSIN is to develop and implement high-quality COSs in dermatology to make trial evidence comparable and more useful.
- The CSG-COUSIN management team and methods group will develop methodological approaches and standards to optimize the COS development procedure and to guarantee high-quality recommendations for outcomes and outcome measurement instruments.

The failure to translate research knowledge rigorously into clinical practice constitutes a major challenge for evidence-based healthcare.[1,2] The Cochrane Collaboration plays a critical role in summarizing and translating research knowledge into clinical practice by identifying, synthesizing and critically appraising clinical trials and by making research evidence accessible on a global level. The choice of outcomes and adequate outcome measurement instruments in clinical trials is essential to make trial results meaningful. The failure to assess the outcomes that are most important to patients (e.g. quality of life, disease severity) and the continued use of different outcome measurement instruments with unclear validity and reliability are frequent, and constitute important barriers towards evidence-based medicine.[3]

The consistent use of the same outcomes across different trials is also a prerequisite to apply the GRADE (Grading of Recommendations Assessment, Development and Evaluation) methodology to provide clear clinical recommendations.[4] In a recently published systematic review on the efficacy and safety of systemic treatments for atopic eczema,[5] the GRADE methodology could not be applied as intended, as the outcome measures used in the different trials were too different. The same problems exist for many other fields of dermatology.[6–8] Very few of the current set of systematic reviews prepared by the Cochrane Skin Group are able to include a meta-analysis, and when possible it is usually only for a few trials.

The development of a Core Outcome Set (COS) is a powerful strategy to overcome problems related to the use of different, nonvalidated or partly validated outcome measures in dermatology trials. A COS is an agreed minimum set of outcome domains and outcome measurement instruments that should be applied and reported in all clinical trials of a specific disease or trial population.[9] A COS does not imply that only the COS should be measured, but simply that the COS should be measured and reported in all future trials of that particular (skin) disease; outcomes additional to the COS can and should be measured as required for the specific research question.[10] The Core Outcome Measures in Effectiveness Trials (COMET) Initiative (www.comet-initiative.org), launched in 2010, summarizes and supports the development, reporting and application of COSs for all medical topics (condition or intervention specific). The majority of the coordinating editors of the Cochrane Review Groups consider COSs useful to improve the quality of systematic reviews.[11]

In dermatology, the Harmonising Outcome Measures for Eczema (HOME) initiative (www.homeforeczema.org) set out to develop a COS for eczema trials in 2010. HOME also suggested a roadmap to guide the process of core outcome and core outcome measurement selection and implementation.[12] Recently, other COS initiatives for specific dermatological diseases have been initiated and are listed on the COMET initiative website (Table 1). Other initiatives on developing outcomes in general can be found in the literature, for instance for psoriasis[13] (not registered in the COMET database). These initiatives use several methodological approaches

Table 1 Registered Core Outcome Set (COS) initiatives in dermatology in the COMET (Core Outcome Measures in Effectiveness Trials) Initiative database and their current recommendations (status: June 2015)

Name of the COS initiative and/or references (if available)	Scope of the COS (a) Disease; (b) intervention; (c) application area; (d) setting	Predefined methodological approaches for COS development (a) Team/stakeholders; (b) methods	Recommendations for a COS of outcome domains	Recommendations for a COS of measurement instruments
Harmonising Outcome Measures for Eczema (HOME).[18,25,26] Initiated in 2008	(a) Atopic eczema/dermatitis; (b) no specification; (c) clinical trials and clinical recordkeeping; (d) international	(a) Globally/worldwide: patients, clinicians, methodologists and pharmaceutical industry representatives; (b) nominal group technique, Delphi process, structured process of systematic reviews and international consensus sessions	(i) Clinical signs, (ii) symptoms, (iii) quality of life, (iv) long-term control of flares	(i) Eczema Area and Severity Index (EASI), (ii) Patient Oriented Eczema Measure (POEM), (iii, iv) ongoing
Olliaro.[27] Initiated in 2009	(a) Cutaneous leishmaniasis; (b) no specification; (c) clinical trials; (d) international	(a) International, unknown professional background; (b) 3-day workshop (suggestions were made by an expert group for guidance for the design, conduct, analysis and reporting of clinical trials of treatments)[a]	Area of ulceration, area of induration, thickness of induration, colour of infiltrated border, degree of scaring as a proxy for patient's quality of life, cure, failure	Further work progress unclear
Eleftheriadou.[8,24] Initiated in 2011	(a) Vitiligo; (b) no specification; (c) clinical trials; (d) international	(a) International: dermatologists and researchers with interest in vitiligo, patients with vitiligo (and their carers) and representatives of regulatory agencies and journal editors; (b) systematic review, questionnaire on most desirable outcomes among patients and clinicians, e-Delphi process (three rounds)	(i) Essential core outcome domains: repigmentation, side-effects and harms, maintenance of gained repigmentation. (ii) Recommended core outcome domains: quality of life, cosmetic acceptability of repigmentation, (iii) cessation of spreading of vitiligo, tolerability of treatment	Ongoing
Simpson.[7] Initiated in 2012	(a) Vulval skin disorders; (b) no specification; (c) randomized controlled trials; (d) international	(a) Unknown professional background; (b) systematic review[b]	Patient-rated severity of symptoms, clinician-rated assessment of severity, effects of disease on daily function, overall quality of life	Further work progress unclear
Acne Core Outcomes Research Network (ACORN). Initiated in 2013	(a) Acne vulgaris; (b) no specification; (c) clinical trials; (d) international	(a) International multistakeholder group of experts: clinical experts, consumers (patients), device manufacturer; (b) systematic reviews, Delphi process, method validation, new instrument construction, development of training modules, evaluation of novel technologies	Ongoing	Ongoing

(continued)

Table 1 (continued)

Name of the COS initiative and/or references (if available)	Scope of the COS (a) Disease; (b) intervention; (c) application area; (d) setting	Predefined methodological approaches for COS development (a) Team/stakeholders; (b) methods	Recommendations for a COS of outcome domains	Recommendations for a COS of measurement instruments
Improved Measurement of Priority Outcome Variables in Dermatology and Surgery (IMPROVED). Initiated in 2013	(a) Appearance of facial ageing; (b) interventions like cosmetics, cosmeceuticals, minimally invasive cosmetic procedures, laser and energy procedures; (c) unknown; (d) unknown	(a) Clinical experts, consumers (patients), epidemiologists, patient/support group representatives, pharmaceutical industry representatives, regulatory agency representatives; (b) consensus conference, consensus meeting, Delphi process, interview, systematic review	Ongoing	Ongoing
Initiated in 2014	(a) Incontinence-associated dermatitis; (b) no specification; (c) clinical trials; (d) international	(a) Clinical experts, consumers (patients), researchers; (b) integrative and systematic reviews, iterative qualitative analyses, Delphi process	Ongoing	Ongoing
Core Outcome sets for Reporting of clinical trials for the treatment of Venous leg ulceratioN (COREVEN). Initiated in 2015	(a) Venous leg ulceration; (b) no specification; (c) clinical trials; (d) unknown	(a) Unknown; (b) unknown	Ongoing	Ongoing
Outcomes for Pressure Ulcer Trials (OUTPUT). Initiation planned	(a) Ulcers (pressure); (b) prevention and treatment; (c) distinction between early- and late-phase trials; (d) international	(a) Clinical experts, service users, trialists; (b) primary interventions are devices for prevention (e.g. mattresses, cushions), but scope will need to be defined; (c) phase II endpoint definitions: systematic review, statistical modelling and consensus methods; phase III endpoint definitions: systematic review and consensus methods	Ongoing	Ongoing

[a]Evidence-based approaches were not applied; specific recommendations for a COS were not given. [b]Based on a systematic review the authors described heterogeneity in the outcome measures used when reporting therapeutic interventions in vulval disease. They concluded that dermatology in this field would benefit from development of a vulval-specific outcome measure and the establishment of a core outcome measure set.

and challenges in terms of stakeholder involvement, consensus methods and COS implementation.

A platform for COS initiatives in dermatology is needed to support and integrate the different initiatives, to develop methodological approaches and recommendations further, and to set a quality standard for COS development and application in dermatology. Although the challenges of COS development are similar across medical fields, we are convinced that an umbrella initiative for COS development and implementation in dermatology is required, as both strong clinical and strong methodological backgrounds are needed to develop high-quality COSs and to implement COSs in the clinical community.

In response to the described challenges in evidence-based dermatology, the Cochrane Skin Group (CSG) has established the Core Outcome Set Initiative (COUSIN). The Cochrane collaboration plays an extremely important role in the production and dissemination of research evidence on a global level. The CSG is a strong international platform bringing together clinicians, patient representatives and methodologists to improve reviews and clinical decision making. CSG-COUSIN is a work-

ing group within the international Cochrane Skin Group and was initiated in 2014 by Professor Jochen Schmitt (Germany), dermatologist and professor for Social Medicine and Health Services Research and director of the Center for Evidence-Based Healthcare at the University Hospital Carl Gustav Carus Dresden; and Professor Hywel C. Williams, professor of Dermato-Epidemiology and director of the Centre of Evidence Based Dermatology at Nottingham University (coordinating editor of the Cochrane Skin Group, U.K.), supported by the editors of the Cochrane Skin Group.[14,15]

CSG-COUSIN is an international, multidisciplinary initiative that aims: (i) to support the development and strengthen the quality of COSs in dermatology; (ii) to standardize the selection of outcomes and outcome measurement instruments in dermatology clinical trials and thus to make trial evidence comparable and more useful; (iii) eventually to strengthen the quality and interpretability of systematic reviews in dermatology through the implementation of COSs in trials and reviews.

The inaugural meeting of CSG-COUSIN was held on 17–18 March 2015 in Dresden, Germany, as the exclusive theme of the Annual Cochrane Skin Group Meeting. The first meeting day was dedicated to introducing and discussing the CSG-COUSIN initiative and to discuss current efforts and challenges in COS development in dermatology. The second day focused on current CSG reviews and methodological challenges with specific consideration of outcome assessment.

Aim and participants of the meeting

The main aim of the CSG-COUSIN inaugural meeting was to introduce this initiative and to evaluate whether there was sufficient enthusiasm and commitment from the international community to work collaboratively on the development, quality assurance, implementation and dissemination of COSs in dermatology.

The meeting was widely announced through the CSG and open for everyone with an interest in systematic reviews and COS development in dermatology. In total, 29 individuals (the authors of this report) participated, representing a broad mix of different stakeholder groups, professions, skills and perspectives relevant for the development and application of COSs.

The key points and results from the presentations are summarized below. All slides are available on the Cochrane Skin Group website.[16]

Session 1: Core Outcome Sets and the Cochrane Skin Group

After Professor Hywel Williams and Professor Jochen Schmitt had welcomed all of the participants, Dr Finola Delamere (U.K.), managing editor of the Cochrane Skin Group, gave an introduction to the Cochrane Collaboration and the CSG by showing a concise overview of the rationale, structure and aims of the Cochrane Collaboration. She highlighted a selection of Cochrane reviews and emphasized the situation of varying outcomes in trials and often-reported high risk of bias because of incomplete reporting of outcome data.

Professor Hywel Williams then highlighted the relevance and urgent need for a COS in eczema trials because of the high heterogeneity of existing trial outcomes, with many outcome measurement instruments not tested at all. He referred to further COSs and methodological initiatives in other medical fields such as the Outcome Measures in Rheumatology (OMERACT) (www.omeract.org), the Consensus-based Standards for the selection of Health measurement Instruments (COSMIN) group (www.cosmin.nl) and the Core Outcome Measures in Effectiveness Trials (COMET) Initiative (www.comet-initiative.org), which have already developed general guidance, methodological approaches or recommendations for the selection of outcomes and outcome measurement instruments to be included in a COS. Based on the described barrier towards evidence-based decision making in eczema, he summarized milestones of the work of the HOME initiative that developed a consensus-based set of core outcomes for eczema for inclusion in all clinical trials.[17–20] He then explained the HOME roadmap,[12] which describes the steps that need to be followed when developing a COS, and how it might be applied by other groups developing COSs for the other skin diseases.

In the following presentation, Professor Jochen Schmitt introduced CSG-COUSIN as an international, multidisciplinary research initiative that is open for everyone with an interest in outcomes research and evidence-based dermatology and with enthusiasm to develop and implement COSs in dermatology. The mission of CSG-COUSIN is to develop and implement COSs in dermatology in order to improve and standardize outcome measurement in clinical trials to make trial evidence more useful for clinical decision making. The specific objectives of CSG-COUSIN are: (i) to develop standardized, evidence-based and consensus-derived disease-specific COSs in dermatology, using adequate instruments, for inclusion in all clinical trials to enable meta-analysis; (ii) to provide methodological support for COS developers and Cochrane reviewers; (iii) to enable further development of quality standards for COS development and implementation, such as the HOME roadmap;[12] and (iv) to collect and disseminate COSs in dermatology.

The high relevance of standardizing outcome measurement in clinical trials was further highlighted in the following presentation by Stefanie Deckert (Germany), researcher in the field of COSs. She presented the results of a systematic overview of all 64 CSG reviews (comprising 1566 trials), published until January 2015. This aimed firstly to compare systematically all predefined outcomes in CSG reviews and the reporting of these outcomes in underlying trials in CSG reviews, and secondly to identify disease categories that might benefit from COS development. In total, 402 outcomes were predefined in the 64 included CSG reviews (Fig. 1). Stefanie Deckert highlighted that 131 (33%) of the 402 predefined outcomes were not reported in a single trial included in these

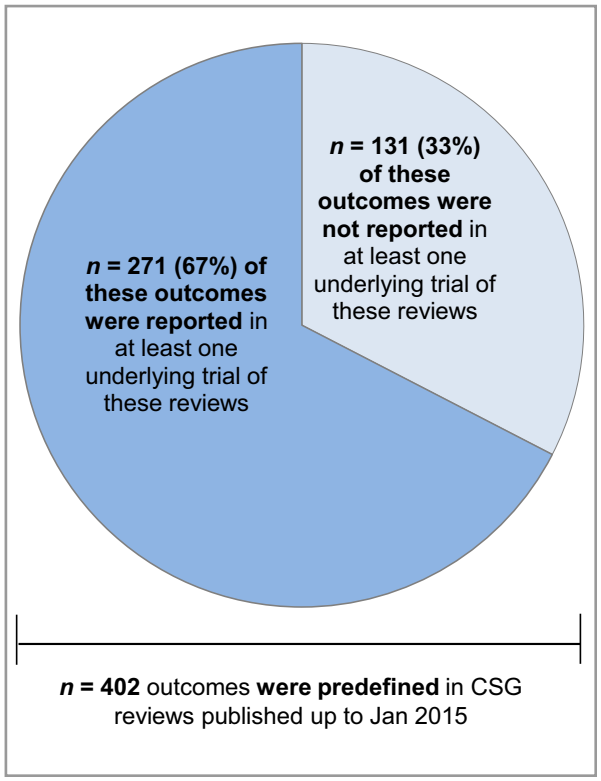

Fig 1. Predefined outcomes of Cochrane Skin Group (CSG) reviews and outcomes reported in underlying trials of these reviews.

reviews. The remaining 271 (67%) outcomes were reported in at least one component trial of the included reviews. She concluded that all skin disease categories (e.g. chronic inflammatory diseases, infectious diseases, skin cancer, autoimmune disease, allergological diseases, benign tumours and others) would critically benefit from COS development and application. It is currently unclear how many trial outcomes are not included in systematic reviews (Fig. 1).

The following presentations described existing COS initiatives in dermatology, demonstrating a variety of different methods, experiences and challenges in current COS development procedures.

Dr Cecilia Prinsen (the Netherlands), clinical epidemiologist and a member of the COSMIN steering committee, presented a proposed project for the development of a multidisciplinary, consensus-based COS for melanoma clinical trials and the instruments to measure the outcomes. She explained in more detail the individual steps that should be applied when developing a COS, including scoping and assessing applicability, identifying and engaging relevant stakeholders and planning the conduct of a Delphi study, followed by the identification and selection of outcome measurement instruments through systematic review of the methodological quality of studies and the quality of the measurement properties. In this context she introduced the COSMIN checklist,[21] a standardized tool for the critical appraisal of the methodological quality of studies on measurement properties (such as validity, reliability and responsiveness) of outcome measurement instruments.[21,22] Dr Cecilia Prinsen presented an overview of the COSMIN definitions for the measurement properties, the taxonomy and its scoring system. In addition, quality criteria to evaluate the quality of the measurement properties were discussed.[23]

As an initial step in the intended development of a COS for melanoma trials, Stefanie Deckert presented data from a systematic review (literature search via the Cochrane CENTRAL database from inception to April 2014) on outcomes and measurement instruments in stage IV melanoma trials. Based on 42 included randomized controlled and open-label extension trials, safety (42 of 42 studies), overall survival (36 of 42) and progression-free survival (PFS) (30 of 42) were the most reported outcomes in stage IV melanoma trials. But in the vast majority of the studies included, different outcome definitions were used or outcomes were not clearly stated and defined. For example, in seven of 30 eligible studies reporting on PFS, a definition was not reported. Based on the remaining 23 trials, a total of 12 different definitions for PFS were extracted by the reviewers. Because of the high heterogeneity of melanoma outcome definitions, an international consensus including patients, clinicians and regulators is necessary to clarify the understanding of melanoma outcomes and to be able to standardize the use of these outcomes in future melanoma trials. Finally, she stressed that it should be discussed whether a COS for melanoma in general or a stage-specific COS is necessary.

Dr Christian Apfelbacher (Germany), the lead of the HOME quality-of-life (QoL) group, presented the results of a systematic review showing which QoL measures have been used in eczema trials. In total, 16 outcome measures were identified that assess QoL of eczema in adults, including five generic, nine skin-disease-specific and two eczema-specific measures. He concluded that the comparability of such instruments was limited and that eczema-specific outcome measures for QoL are only rarely used (proxy reported by carers and adults) or do not exist (self-reported by children). In the discussion that followed, Dr Apfelbacher explained that reasons for using selected QoL instruments are not clearly explained in the literature. In some studies authors described the ease of use, general recommendation, wide application and costs as reasons why a QoL instrument was used.

The next presentation was given by Dr Viktoria Eleftheriadou (U.K.), medical doctor and postdoctoral researcher with an interest in vitiligo, the lead of the outcomes consensus for vitiligo, who presented the ongoing work of the vitiligo COS initiative.[8,24] There is a large heterogeneity of outcomes in clinical trials for the treatment of vitiligo. In particular, 24 different outcomes were reported in 52 randomized controlled trials. Although repigmentation was measured in the majority of the trials, 49 different scales were used to measure it. Recently, based on the results of an international e-Delphi study, consensus was reached over the essential and recommended core outcomes for vitiligo. Repigmentation, side-effects and harms of treatment, and maintenance of gained repigmentation were defined as essential outcomes and should

be reported in all clinical trials. Furthermore, cosmetic acceptability of the results, QoL, cessation of spreading of vitiligo and tolerability/burden of treatment were classified as recommended outcomes and should be reported only if these outcomes are relevant to the intervention or trial design. Dr Viktoria Eleftheriadou stated the importance of identifying a unified scale to measure the percentage and characteristics of repigmentation, and the selection of the most suitable instrument to measure the identified core outcomes is currently ongoing.

The choice of stakeholder groups and the number of participants who took part in this e-Delphi exercise were discussed. Despite a large number of participants (101; including 51 dermatologists, 32 patients/carers and 18 journal editors/regulatory authorities) and an excellent response rate (81%), two of the three stakeholder groups were clinically orientated. Therefore, the results of this e-Delphi exercise might have led to an over-representation of outcomes relevant to clinicians. It was further discussed that the current lack of methodological validation of Delphi outcomes generated by different Delphi methods (e.g. computer vs. paper and pencil version vs. face-to-face meetings) currently makes it difficult to identify the most suitable way to define consensus. Finally, the whole group agreed that optimized methods for patients' involvement in the COS development process are needed. In particular, ways of patients' engagement and involvement should be thoroughly thought through. In this context, it became clear that more methodological work in optimizing COS development is necessary.

The final presentation of the first meeting day was dedicated to the needs of COS in skin surgery. Dr Murad Alam (U.S.A.), professor of dermatology, otolaryngology and surgery, and chief of the Section of Cutaneous and Aesthetic Surgery at Northwestern University's Feinberg School of Medicine, introduced the initiative Measuring Priority Outcome Variables in Dermatology Surgery (IMPROVED), initiated in October 2013, which aims 'to standardize measurement of changes in the physical appearance and functions of the skin' associated with cutaneous surgical procedures. Because IMPROVED is based in the U.S.A., the first recommendation was that the initiative should be expanded to be international. Consideration should also be given to the potential importance of ethnic group differences, given the particular salience of such differences in matters pertaining to physical appearance.

Session 2: improving the quality of Cochrane Skin Group reviews

The second day of the meeting started with a resumé of session 1 given by Professor Hywel Williams, followed by a 90-min whole-group discussion on the relevance and intended organizational structure of CSG-COUSIN. The whole group agreed that the initiative is highly relevant both for trialists and reviewers, and will eventually make trial evidence more useful for clinical decision making. Several attendees expressed interest to provide methodological support for COS developers, to undertake methodological research as part of CSG-COUSIN, and to work on the development of a COS for a specific dermatological disease. In addition to the ongoing COS development initiatives on atopic eczema, vitiligo and skin surgery, and the planned COS development for melanoma trials, attendees expressed their interest to develop COSs for urticaria, hand eczema and chronic wounds.

In terms of a working structure of CSG-COUSIN, Professor Hywel Williams suggested to establish a methods group within CSG-COUSIN in addition to the management and coordination group in Dresden, as well as working groups on the development and implementation of specific COSs. The methods group should be linked with established COS and outcomes research initiatives, including COMET, COSMIN and HOME. This suggestion was welcomed by the attendees, and several individuals expressed interest to become part of the CSG-COUSIN methods group or another working group.

Based on this fruitful discussion, the organizational structure of CSG-COUSIN was developed (Fig. 2). CSG-COUSIN is coordinated at the Center for Evidence-Based Healthcare in Dresden, Germany, with support of the CSG editorial base at the University of Nottingham, U.K. In addition to the management team, based in Dresden, COS project groups and a methods group are being established.

The management team coordinates CSG-COUSIN and provides technical and organizational support for the methods group and project groups. Tasks of the management team

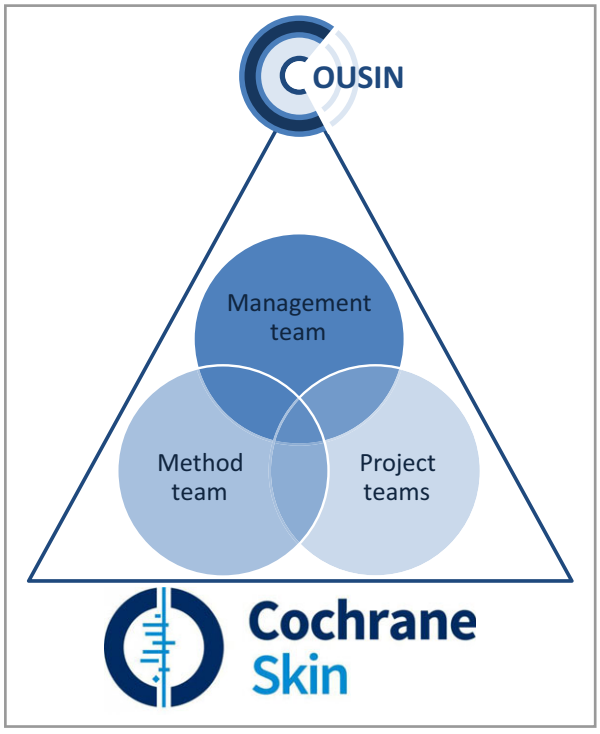

Fig 2. Organizational structure of the Cochrane Skin Group Core Outcome Set Initiative (CSG-COUSIN).

include information management (e.g. set-up of databases of COS development processes and key articles on COSs and outcome measurement instruments in dermatology), support of COS project groups with the provision of a glossary of terms and definitions and with the systematic literature searches, and the development and provision of software to support and standardize systematic reviews for COS development following the HOME roadmap.

The methods group will: (i) provide methodological support and internal peer review for CSG-COUSIN project groups; (ii) aim to conduct methodological studies on outcomes research and COS development; (iii) further validate and possibly further develop methodological standards based on the HOME roadmap; and (iv) set up quality standards for COS development and implementation processes. This is important as an invalid or not widely implemented COS would not help to overcome the current problems, or might even exacerbate the current situation we are facing due to unstandardized and frequently invalid outcome assessments in clinical trials.

The first specific project of the methods group is a metaepidemiological study as a reaction of the results from the systematic overview presented by Stefanie Deckert (Fig. 1). The objective of this study is a systematic assessment and critical evaluation of the degree of concordance between primary and secondary outcomes in CSG reviews and underlying trials. Subsequent methodological projects will explore the validity and reliability of the Delphi process as a tool for consensus decisions and explore the best way to involve patients in the COS development process. Although we decided to focus exclusively on COS in the context of clinical trials, the methods group will explore whether COSs for clinical trials are generalizable for nonrandomized studies or if other/modified methodological approaches should be undertaken. One aspect that needs to be explored further in this regard is the potential need for a core risk adjustment set for COSs for observational studies, because of potential confounding in the absence of randomization.

The CSG-COUSIN project groups will work on the development and implementation of specific COSs in dermatology. Project groups consist of a lead, patient representative, member of the methods group, and other group members representing different stakeholder groups and geographical regions. Based on the overall conclusion that all skin disease categories would benefit from COS development, interested persons could already initiate some COS project groups on the inaugural meeting of CSG-COUSIN.

Currently, CSG-COUSIN is not externally funded and relies on the enthusiasm of those individuals working within this group. Meanwhile, COS initiatives on hidradenitis suppurativa, hand eczema, vascular malformations and urticaria have been initiated within CSG-COUSIN or have been affiliated with CSG-COUSIN. Everyone interested in learning more about the initiative and getting involved is asked please to contact the CSG-COUSIN coordinator Lena Johannsen (COUSIN@uniklinikum-dresden.de).

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