



THE COCHRANE
COLLABORATION*

Cochrane Renal Group Newsletter

May 2007

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Narelle Willis

Trial Search Coordinators

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Ruth Mitchell

Regional Coordinator

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RevMan 5

The approaching implementation of RevMan 5 will result in additional changes to the Cochrane Database of Systematic Reviews (CDSR).

Cochrane Methodology Reviews will be integrated with Intervention Reviews, rather than appearing separately as they do now.

In addition, CDSR will include Diagnostic Test Reviews and Overviews of Reviews (previously named 'umbrella' reviews). Review authors will be able to identify a few key forest plots or funnel plots to be displayed in the 'Results' section of the review in addition to being accessible in the 'Analyses' section.

Authors will also have two new types of tables (Risk of Bias Tables and Summary of Findings Tables) available for inclusion in their reviews.

Summary of findings tables

It has been suggested that the accessibility and value of Cochrane reviews could be improved by including a table that would help readers focus quickly on the key results and access information that is needed to inform a decision. In 2004, the Steering Group began planning for inclusion of 'Summary of Findings' tables in Cochrane reviews to address this need.

A small group led by Andy Oxman, Paul Glasziou and Holger Schünemann has been working since that time to develop the idea, in collaboration with the Statistical Methods Group and the Applicability and Recommendations Methods Group. They have made significant progress, and have developed a draft format for Summary of Findings tables. They are also developing software that will read RevMan 5 files and assist authors in preparing Summary of Findings tables that can then be imported into RevMan and incorporated into the review. The use of a separate software program will allow us the flexibility to make changes in the format for these tables in fu-

ture without the need for a new version of RevMan.

In February, the Steering Group Executive approved funding for ongoing work by this group. The funding will support programming of the interface between their new software and RevMan 5 and user testing of the Summary of Findings tables format with a variety of user groups. An advisory group with broad representation from within Cochrane groups and entities is being formed to guide the ongoing process.

Register of diagnostic test accuracy studies

Between October 2004 and March 2006, a proposal was developed for a register of reports of diagnostic test accuracy studies (DTAS). A centrally-managed model was proposed as it was felt that Cochrane Review Groups would not each have the resources to undertake the searching and database management of an additional specialised register.

Last year, the Collaboration agreed to provide two-year funding for the initial development of the register, which is based at the Cochrane Renal Group in Sydney, Australia.

The register is to be clean and comprehensive and will ultimately provide an essential and useful resource for Review Groups undertaking systematic reviews of diagnostic test accuracy studies. It will at the same time limit the amount of extra work for Review Group staff, particularly Trials Search Co-ordinators.

Three main aims

1. To provide support for Review Groups undertaking Cochrane reviews of diagnostic test accuracy
2. To provide a mechanism for retagging diagnostic test accuracy studies with a searchable field name in MEDLINE, e.g. diagnostic accuracy.pt.
3. To provide a tool for methodological research.

Objectives

In support of these aims, a two-year plan has been prepared based around four main objectives:

1. Development of both structure and content of the register
2. Education and training of Trials Search Co-ordinators (TSCs) in recognising DTAS and searching for them on MEDLINE
3. Support for pilot review authors and TSCs with search strategies for individual reviews
4. Retagging of DTAS in MEDLINE

Which studies to include?

One of the main challenges lies in developing protocols for populating the register with relevant studies. The reporting and indexing of these studies tends to be inadequate and inconsistent. This makes it difficult to design a methodological strategy for MEDLINE that is both sensitive enough to find most relevant studies, but specific enough to avoid having to screen out a discouragingly large number of irrelevant ones.

A number of approaches are being taken to identify relevant studies. They include:

- Retrieving primary studies from existing systematic reviews sourced from MEDLINE and databases such as Medion and InfoPOEMS.
- Developing a specific search strategy using methodological MeSH and text words.
- Asking authors of completed pilot reviews to forward details of studies found.

Ruth Mitchell is undertaking the work on the register, and can be contacted at ruthm4@chw.edu.au.

Assistance with comment and advice on the search strategy component is being provided by a voluntary reference group consisting of Mariska Leeftang (Continental European Support Centre for diagnostic test accuracy reviews), and Julie Glanville and Marie Westwood (Centre for Reviews and Dissemination, University of York, UK).

You can find the plan for the register at <http://www.cochrane.org/docs/DiagnosticTestRegisterPlan.doc> and the original proposal at <http://www.cochrane.org/docs/diagnosticproposal.htm>.

New reviews, protocols and titles

New and updated reviews

In Issues 1 & 2 2007 we published five new reviews:

- Continuous ambulatory peritoneal dialysis versus automated peritoneal dialysis for end-stage renal disease
- Correction of chronic metabolic acidosis for chronic kidney disease patients
- Extra-corporeal shock wave lithotripsy (ESWL) versus ureteroscopic management for ureteric calculi
- Fish oil for kidney transplant recipients
- Immunoglobulins, vaccines or interferon for preventing cytomegalovirus disease in solid organ transplant recipients

New and updated protocols

In Issue 1 & 2 2007 we published six new protocols.

- Chinese herbal medicine Huangqi type formulation for nephrotic syndrome
- Chinese medicinal herbs for diabetic kidney disease
- Continuous renal replacement modalities for acute kidney failure in critically ill patients
- Isolation as a strategy for controlling the transmission of hepatitis C virus (HCV) infection in haemodialysis units
- Low molecular weight heparin for diabetic kidney disease
- Pharmacological interventions for preventing recurrent urinary stones in adults and children

New titles

- Androgens for the anaemia of chronic kidney disease in adults
- Bicarbonate versus lactate buffered haemodialysis solutions for acute renal failure
- Bicarbonate versus lactate solutions for acute peritoneal dialysis
- Calcineurin inhibitor withdrawal or tapering for kidney transplant recipients
- Calcium channel blockers versus other medical interventions for acute ureteric colic
- Education programmes for diabetic people with chronic kidney disease

XV Cochrane Colloquium
October, 23 - 27, 2007 | São Paulo - Brazil

Evidence based health care for all

São Paulo Photo Gallery

Contacto

- Extracorporeal shock wave lithotripsy (ESWL) versus laser lithotripsy for kidney and ureteric stones
- Family-based interventions for promoting psychosocial adjustment in solid organ transplant recipients
- Human albumin for intradialytic hypotension in haemodialysis patients
- Interventions for bone disease in children with chronic kidney disease
- Interventions for dialysis patients with hepatitis C
- Peer-group interventions for promoting psychosocial adjustment in solid organ transplant recipients
- Prophylactic angioplasty for extending patency in haemodialysis grafts
- Prostaglandin E1 for preventing the progression of diabetic kidney disease
- Recombinant human insulin-like growth factor I for acute renal failure
- Tidal versus continuous equilibrating peritoneal dialysis for acute renal failure

Potential titles

Authors are required for the following titles:

Acute renal failure

- Catheter type and placement for acute renal failure dialysis
- Continuous veno-venous haemofiltration (CVVH) for treating paraquat poisoning
- Interventions for acute tubular necrosis
Plasma substitutes for preventing acute renal failure
- Peritoneal dialysis for acute renal failure
- Sodium and ultrafiltration modelling for haemodialysis in acute renal failure

Chronic kidney disease (pre-dialysis)

- Anaemia of chronic kidney disease
- CERA (continuous erythropoiesis receptor activator) for chronic kidney disease
- Ibopamine for preventing chronic kidney disease
- Dietary interventions for preventing and treating bone disease in chronic kidney disease
- Erythropoietin for chronic kidney disease
- Interventions for preventing chickenpox in children with chronic kidney disease
- Interventions for preventing the progression of chronic kidney disease
- *L-arginine supplements for chronic kidney disease
Levodopamine for chronic kidney disease
(withdrawn protocol, new authors required)*

Diabetic kidney disease

- Aldosterone blockers for preventing the progression of diabetic kidney disease

End-stage renal failure

- Anabolic steroids for end-stage renal failure
- Amino acids for dialysis-associated hypoalbuminaemia
- Ascorbic acid for patients with end-stage renal failure receiving erythropoietin
- Dietary interventions for lowering cholesterol in dialysis patients
- Early versus delayed erythropoietin for the anaemia of end-stage renal disease
- Erythropoietin versus androgens for long-term dialysis patients
- Growth hormone for end-stage renal failure
- Interventions for hyperkalaemia in end-stage renal failure
- Interventions for improving renal function in end-stage renal disease
- Interventions for preventing erythropoietin-induced hypertension in haemodialysis patients
- Interventions for treating erectile dysfunction in haemodialysis patients
- LDL apheresis treatments for haemodialysis patients
- Nutritional supplements for end-stage renal failure
- *Pharmacologic interventions for uraemic pruritis in dialysis patients
(Withdrawn protocol, new authors required)*
- Pentoxifylline for the anaemia of chronic kidney disease
- Subcutaneous versus intravenous erythropoietin for long-term dialysis patients
- Vitamin B₆ for the anaemia of end-stage renal failure

Haemodialysis

Access

- Catheters for haemodialysis access
- Interventions for monitoring haemodialysis graft access flow
- Interventions for haemodialysis catheter malfunction
- Interventions for treating haemodialysis access blockage
- Needling devices for haemodialysis access
- Vascular access for haemodialysis patients

Dialysate

- Dialysate purity for haemodialysis
- Dialysate solutions for haemodialysis
- Dialysate temperature control for haemodialysis

Dialysers

- Dual dialysers for haemodialysis
- Haemodialysis membranes for end-stage renal failure
- High flux versus superflux haemodialysis membranes in end-stage renal failure

Dose

- Automated versus standard ultrafiltration control for haemodialysis

Infection

- Interventions for treating dialysis-associated exit site and tunnel infections
- Interventions for preventing bacteraemia in haemodialysis patients
- Interventions for preventing infection during haemodialysis

Other

- Amino acid infusions for haemodialysis patients
- Blood volume monitoring for chronic haemodialysis patients
- Contrast agents for haemodialysis access
- Diuretics for dialysis patients
- Interventions for improving fluid restriction compliance in haemodialysis patients
- Interventions for preventing and treating haemodialysis-associated muscle cramps
- Interventions for preventing/treating dialysis-related hypotension
- Interventions for treating elevated ferritin levels in haemodialysis patients
- Interventions for treating xerostomia (dry mouth) in haemodialysis patients
- Subcutaneous versus intravenous erythropoietin treatment for anaemia in maintenance dialysis patients
- Vitamin C infusions/supplements for haemodialysis patients

Thrombosis/Patency

- Anticoagulation for long-term haemodialysis
- Interventions for preventing thrombosis in haemodialysis grafts
- Interventions for preventing haemodialysis access blockage
- Interventions for treating dialysis graft thrombosis (may be overlap with PVD group)
- Pre-emptive correction of AV fistula stenosis
- Priming solutions for haemodialysis
- Prophylactic angioplasty for extending patency in haemodialysis grafts
- Surgical versus endovascular management of thrombosed dialysis access grafts
- **Ultrasound use for the placement of dialysis catheters**
(*withdrawn protocol, authors required*)

Peritoneal Dialysis**Anticoagulation/anti-inflammatory**

- Warfarin for continuous ambulatory peritoneal dialysis
- Intraperitoneal heparin for peritoneal dialysis
- Chinese medicinal herbs for peritoneal dialysis patients

Dialysate

- Dialysis solutions for peritoneal dialysis
- Exchange volumes for peritoneal dialysis

Dose

- Clearance targets for peritoneal dialysis
- Dialysis dose for peritoneal dialysis

Other

- Interventions for preserving residual renal function in peritoneal dialysis patients
- Interventions for preventing hypothermia during peritoneal dialysis
- Interventions for preventing malnutrition in peritoneal dialysis patients
(Interventions for improving nutritional status of peritoneal dialysis patients)
- Interventions for preventing/correcting metabolic acidosis in peritoneal dialysis patients

General nephrology

- Antiplatelet agents for polycystic kidney disease
- **Blood pressure control strategies for autosomal dominant polycystic kidney disease**
(*completed protocol – needs new authors*)
- Dietary interventions for treating hyperlipidaemia in patients with nephrotic syndrome
- Effects of amphotericin B deoxycholate on renal function
- Interventions for acute post infectious glomerulonephritis
- Interventions for congenital lactic acidosis
- Interventions for retroperitoneal fibrosis
- Manual versus automated kidney biopsies (biopsy guns)
- Needle size for kidney biopsies
- Palpation- versus ultrasound-guided kidney biopsies

Kidney transplantation

- Anticoagulants for kidney transplantation
- Antiplatelet activating factor for kidney transplant recipients
- Atrial natriuretic peptide for acute tubular necrosis
- Azathioprine for kidney transplant recipients
- Blood transfusions for kidney transplant recipients
- Conversion regimens for kidney transplant recipients
- Diuretics for preventing early graft dysfunction in kidney transplant recipients
- Donor-specific transfusions for kidney transplantation
- Double versus triple therapy for kidney transplant recipients
- FK778 for kidney transplant recipients
- FTY720 for kidney transplant recipients
- Hepatitis B vaccination for kidney transplant donors
- High versus low dose corticosteroids for preventing acute rejection in kidney transplant recipients
- Immunoabsorption for treating antibody-mediated rejection episodes in kidney transplant recipients
- Immunosuppression timing for kidney transplant recipients

- Interventions for actinic keratoses in kidney transplant recipients
- Interventions for cyclosporin-induced gingival overgrowth in kidney transplant/solid organ transplant recipients
- Interventions for erythrocytosis in kidney transplant recipients
- Interventions for inducing tolerance in kidney transplant recipients
- Interventions for preventing acute gastroduodenal bleeding in kidney transplant recipients
- Interventions for preventing delayed graft function in kidney transplant recipients
- Interventions for preventing post-kidney transplant urological complications
- Interventions for preventing tuberculosis in kidney transplant recipients
- Interventions for treating acute rejection in kidney transplant recipients
- Interventions for treating oliguric Tacrolimus nephrotoxicity in kidney transplant recipients
- Interventions for treating serum sickness in kidney transplant recipients/solid organ transplant recipients
- Iron supplements for kidney transplant recipients
ISA247 for kidney transplant recipients
- L-arginine supplements for kidney transplant recipients
LEA29Y for kidney transplant recipients
- Mizoribine for kidney transplant recipients
- Mycophenolate mofetil tapering for kidney transplant recipients
- Nutritional supplements for kidney transplant recipients
Pentoxifylline for preventing early graft dysfunction in kidney transplant recipients
- Peri-operative antibiotics for solid organ transplant recipients
- Pharmacological agents for increasing cyclosporin levels in kidney transplant recipients
- Phosphate replacement therapy for post-transplant hypophosphataemia
- Platelet activation inhibitors for treating acute rejection episodes in kidney transplant recipients
- Prednisone versus deflazacort for kidney transplant recipients
- Protein restriction for kidney transplant recipients
- Single versus simultaneous-double kidney transplantation
- Stem cell infusions for kidney transplant recipients
- Steroids for kidney transplant recipients
- Surgical techniques for kidney transplantation
- Thyroid hormone for treating/preventing acute tubular necrosis
- Vitamin C for kidney transplant recipients

Simultaneous pancreas/kidney transplantation

- Steroids for SPK recipients

- Systemic versus portal venous diversion for kidney-pancreas transplant recipients

Urinary tract infection

- Acupuncture for preventing recurrent urinary tract infection
- Antibiotic prophylaxis for routine cystoscopy
- Antibiotics for treating urinary tract infection in adults
- Antibiotics for treating asymptomatic urinary tract infection in pre-menopausal women
- Interventions for treating urinary tract infections in men
- S-adenosyl-L-methionine for preventing recurrent urinary tract infection (in women)
- Management strategies for lower urinary tract symptoms in adults
- Telephone versus in-office management for urinary tract infections
- Vaccines/immunisation for preventing recurrent urinary tract infection

Urology

- Interventions for renal and ureteric calculi
- Interventions for renal colic
Acupuncture
Agonist-antagonists
Glucagon
Nitrates
Non-opiate analgesia
Local warming
- Nephrostomy drainage for nephrosolithotomy
- Radiological investigation after acute renal colic
- Stent lubrication for retrieving ureteral stones
- Ureteral stents for treating ureteral obstruction

Process of care (provisional list for 2008)

- Anaemia management for ESRF
- Antibiotic optimisation for UTI
- End-of-life planning for long-term dialysis patients
- Guideline implementation
- Haemodialysis treatment/adequacy of care
- Guideline-based open access systems
- Pharmacy assisted
- Tele-medicine
- Transplantation
- Psycho-educational interventions for chronic kidney disease patients

Diagnostic tests (provisional list for 2008)

- CMV diagnostics tests
- Iron measurements/targets
- Renal scarring
- Suprapubic urine aspiration
- Ureteric Colic

Cochrane Collaboration news

Cochrane Collaboration Steering Group

Coordinating Editor representative for CCSG

Jonathan Craig, Coordinating Editor for the Cochrane Renal Group, was recently elected Coordinating Editor representative on the Cochrane Collaboration Steering Group. He joins Narelle Willis, Coordinator for the Cochrane Renal Group, on the CCSG.

TSC representative for the CCSG

Ruth Foxlee, Trials Search Co-ordinator of the Wounds Review Group based in the UK, will be immediately joining the Steering Group in the position of TSC representative. Ruth was the only person nominated for the position of TSC representative on the Steering Group. She replaces Dymphna Hermans and her term of office will cease in October 2009, when Dymphna's term of office would have ended.

The Steering Group has very much appreciated Dymphna's input during her time as a member, and will miss her.

Congratulations to Ruth!

Claire Allen [CAllen@cochrane.org]

Workshops and meetings

Australasian Cochrane Centre (ACC) training program for 2007

This year sees the introduction of significant changes to the review process including the release of RevMan 5 and implementation of the new risk of bias tool and summary of findings tables. These changes and other new methods covered in the updated Cochrane Handbook for Systematic Reviews of Interventions will be addressed in a new one-day workshop - Introduction to new Cochrane Handbook methods and RevMan 5 - aimed specifically at experienced review authors. Workshops will be held in Melbourne (August) and Sydney (December) following the release of the updated Handbook and RevMan 5.

As The Cochrane Library approaches the milestone of 3000 reviews, a major priority for the Collaboration is to ensure that reviews are maintained and updated. If this makes you groan then perhaps we can help with the following opportunities to fast-track completion of your update:

- Updating a Cochrane systematic review workshop. Presentations and one-on-one support (Sydney in March; Melbourne in August)

- Cochrane update and review completion program. Set aside a week and receive one-on-one support from ACC staff (Melbourne in November)
- Cochrane advanced review-author support program (CARS). Access up to 10 hours technical support to help towards completing your update.

For new authors, our popular Developing a protocol for a systematic review and Introduction to analysis workshops will be held in cities across the country. In August, the Cochrane EPOC Satellite will again host a one-day workshop on Complex interventions in Cochrane reviews in Melbourne.

Descriptions of all our workshops together with information on dates, locations and how to register can be found on the training pages of the Centre website. (<http://www.cochrane.org.au/training/timetable.php>)

On behalf of the ACC training team, we look forward to helping many of you undertake or complete your reviews and updates in 2007!

Veronica Pitt, Trainer, Australasian Cochrane Centre

Symposium for Australasian Review Authors, Brisbane 12-13 July

To coincide with the major update to the Cochrane Handbook for Systematic Reviews of Interventions and the release of RevMan 5, this year's Symposium will give Cochrane contributors the chance to hear about the latest review methods and implications of the changes to the way reviews are prepared. The Symposium will be held at the George Street Conference Facilities in Brisbane from 12-13 July.

Details are being finalised, but the program outline and highlights are available on the Symposium website http://www.cochrane.org.au/symposium/symposium_.php. Our international guest speaker this year is Rob Scholten, Director of the Dutch Cochrane Centre, who has been an integral contributor to several significant changes included in the Handbook update.

Preceding the Symposium on Wednesday 11 July, there will be hands-on RevMan 5 sessions and a half-day meeting of the Cochrane Qualitative Methods Group.

Mark these dates in your diary and we look forward to seeing many of you there.

Veronica Pitt, Symposium Organising Committee, ACC

Summer Course on Systematic Reviews and Meta-analyses

Course: McGill Summer Course on Systematic Reviews and Meta-analyses

Host: Department of Epidemiology & Biostatistics, McGill University, Montreal

Date: 4 - 22 June 2007, 1 - 4 PM, Monday, Wednesday & Friday

Location: McGill University, Montreal, Canada

Details: This course will provide a detailed description of the systematic review process, discuss the strengths and limitations of the method and provide step-by-step guidance on how to actually perform a systematic review. The course will also cover statistical issues. Several software packages (e.g. STATA) will be discussed, along with tutorials on how to effectively use tools such as PubMed and EndNote for conducting systematic reviews.

Prerequisites: Introductory level training in epidemiology and biostatistics, or permission of the instructor. <http://www.mcgill.ca/epi-biostat-occh/summer/courses/>

Contact: Madhukar Pai, Dept. of Epidemiology, Biostatistics & Occupational Health, McGill University, Montreal

Email: madhukar.pai@mcgill.ca

9th Rocky Mountain Workshop on How to Practice Evidence-Based Health Care

Workshop: 9th Rocky Mountain Workshop on How to Practice Evidence-Based Health Care

Date: 5-9 August 2007

Location: Cheyenne Mountain Resort, Colorado Springs, Colorado (USA)

Details: This five-day workshop will focus on teaching the basics of, and developing further insights into, the conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services.

The practical strategies taught at the EBHC Workshop have been developed over the past three decades by clinicians, epidemiologists, biostatisticians, health economists and others working together to combine basic scientific principles with common sense. Our workshop faculty includes leading evidence-based health care researchers and educators. Past participants have included physicians, nurses, policy makers, physical therapists, medical librarians, health care journalists, health care consumer advocates and educators.

Contact: Jennifer McIntyre, Jennifer.mcintyre@uchsc.edu or go to our website <http://ebhc.uchsc.edu> for more information.

Cochrane Library

Impact factor for Cochrane Database of Systematic Reviews (CDSR)

The Cochrane Library gained listing by the Institute for Scientific Information (ISI), now called Thomson Scientific, in 2005. The first impact factor for CDSR will be for 2007 (released in June 2008). It will be a measure of citations in 2007 to articles published in 2005 and 2006.

To date authors have not been able to measure citations to their reviews and have not been able to cite (CDSR) as having an impact factor when listing their publications, when applying for grants, or being evaluated as part of research assessment exercises. This increases the risk that authors will publish their reviews elsewhere.

All authors should cite Cochrane reviews as published in the Cochrane Database of Systematic Reviews, with the issue of publication (not the current issue of the Library).

External link to more information: http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/ISI_FAQs.pdf.

Deborah Pentesco-Gilbert
Publisher, The Cochrane Library
John Wiley & Sons, Ltd

New user training materials

1. New Cochrane e-learning modules launched by Wiley Publishers Wiley InterScience, the publishers of The Cochrane Library have just launched a new range of e-learning modules which are designed to provide quick and informative overviews of products and services. Users can find out more about using and searching The Cochrane Library by visiting one of the following:

The Cochrane Library ? An Introduction (8 minutes)
www.brainshark.com/wiley/cochrane1

Tips on Advanced and MESH searching (7 minutes)
www.brainshark.com/wiley/cochrane2

These modules are extremely quick and easy to use lasting no more than a few minutes each. Please ensure that the audio on your computer is switched on while viewing the module.

2. A new Cochrane Library User Guide has just been launched. Download the new Cochrane Library User Guide or the new Cochrane Library Quick Reference Guide; both are available from www.thecochranelibrary.com under Help.

Fabienne Reynolds [FReynold@wiley.co.uk]

French Introduction to The Cochrane Library

Wiley InterScience has just released a web based demonstration of the features and functionality of The Cochrane Library in French: <http://brainshark.com/wiley/formationcochrane>

This short introduction is simple to navigate and you can fast-forward, pause or rewind at any time. Mock-ups of the product pages are used to explain concepts and to demonstrate the use of various functions. Full English language demonstrations are available at: interscience.wiley.com/tutorials

Fabienne Reynolds [FReynold@wiley.co.uk]

Updates to the Cochrane Manual

Please note the following updates to the Cochrane Man-

ual, which is now also available at www.cochrane.org/admin/manual.htm, and contains the following notable changes:

Section 2.1.4.2 General criteria for Cochrane Colloquia sponsorships (major update)

Section 2.2.4 Rationale for requiring Cochrane authors to publish their review in The Cochrane Library first (rationale withdrawn in November 2006, pending further discussions by the Publishing Policy Group)

Jini Hetherington [JHetherington@cochrane.org]

Wiley acquires Blackwell Publishing

I want to draw your attention to an important Announcement that Wiley and Blackwell Publishing released on Friday 17 November. I am very glad to tell you that Wiley is to acquire Blackwell. It is our intention to merge the resources and expertise of the two companies to be the world's pre-eminent society publisher.

The attached Press Release and Letter from our respective CEOs gives you further information.

I think this will be very good news for The Cochrane Library as the acquisition gives Wiley, as your publishing partner, an even higher profile in medical publishing and more sales and marketing opportunities. Some of you already work with Blackwell Publishing as book and journal authors and it will be a pleasure to have the opportunity to extend our partnership with you to these other products. Your Wiley team continues unchanged and my purpose in contacting you is simply to share this exciting news with you if you are not already aware of these developments.

With very best wishes

Deborah Dixon

VP & Business Development and Editorial Director

John Wiley & Sons, Ltd

Other News

Arabic translation of Cochrane leaflets

I am pleased to inform you that these leaflets have now been translated into Arabic. They are available in MS Word format at www.cochrane.org/resources/leaflet.htm. We hope that Arabic speaking people will find them useful and welcome any comments or suggestions on the translations.

In addition your colleagues at the Bahrain Branch are willing to undertake the translation of any documents, trials or papers from and into Arabic.

For further information or assistance please contact me via email (haljufairi@hotmail.com).

Hamad Aljufairi

Upcoming workshops 2007

Australasian Cochrane Centre/ Cochrane Renal Group*

31 May–1 June	Adelaide	Developing a protocol/Intro to analysis
12-13 July	Brisbane	Australasian Contributors' Meeting
14 July	Brisbane	Protocol workshop
23-24 July	Hobart	Developing a protocol/Intro to analysis
26-27 July	Sydney*	Developing a protocol/Intro to analysis
22-23 August	Melbourne	Developing a protocol/Intro to analysis
24 August	Melbourne	Complex interventions Cochrane Review
27 August	Melbourne	New Cochrane Handbook and RevMan 5
25-26 Sept	Manila	How to conduct a Cochrane review
27-28 Sept	Manila	Review completion workshop
5-6 December	Sydney*	Developing a protocol/Intro to analysis
7 December	Sydney	New Cochrane Handbook and RevMan 5

Brazilian Cochrane Centre

23-27 October	Sao Paulo	15th Cochrane Colloquium (2007)
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South African Cochrane Centre

3rd Thurs every month	Cape Town	Systematic review group meeting
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UK Cochrane Centre

13 June	London	Methodology Workshop
18-19 June	Oxford	Developing a protocol/Intro to analysis
17-18 July	York	Developing a protocol/Intro to analysis
2-4 October	Belfast	Developing a protocol/Intro to analysis
11-12 December	Liverpool	Developing a protocol/Intro to analysis

For more information please go to:
www.cochrane.org/news/workshops.htm

Winner of the Aubrey Sheiham Public Health and Primary Care Scholarship

We are pleased to announce that the winner of the 2007 Aubrey Sheiham Public Health and Primary Care Scholarship is Janaki Vidanapathirana from Nugegoda, Sri Lanka. Janaki's review topic is 'Interventions using the WHO Health Promoting School Framework for improving health status and academic achievement in school-aged children and young people' and it is registered with the Developmental, Psychosocial and Learning Problems CRG. For more information on the scholarship visit: www.cochrane.org/docs/Fellowshipsandscholarships.htm#ASPHPCS

Nicola McDowell [NMcDowell@cochrane.co.uk]

Establishment of the Cochrane Developing Countries Network

We are pleased to announce the establishment of the Cochrane Developing Countries Network (CDCN), a new entity inside the Collaboration that intends to raise awareness about the minor participation of people living in developing countries in the overall activities of the CC.

Recognizing that there are many activities in the Collaboration addressed to or conducted by people from developing countries, the CDCN will take advantage of existing experiences and resources and the potential of a better coordination. In the CDCN we look forward to working collaboratively with everyone interested so we can move this important initiative forward. For further information, you can contact: cochrane.dcn@gmail.com <http://dcn.cochrane.org/>

Paula Toro [cochrane.dcn@gmail.com]

4th Annual Conference - Guidelines International Network

Date: 22-25 August 2007

Location: Toronto Conference Centre, Toronto, Canada

Details: www.gin2007.org

On-line registration is now open.

Abstract Submission Deadline: March 29, 2007

Plenary 1: Knowledge Transfer to Professionals

Plenary 2: Collaboration through G-I-N

Plenary 3: Guidelines to Help Policy Makers

Plenary 4: Successful Implementation Programs

Plenary 5: Fitting Guidelines into the Real World

POST COURSE 4-day Implementation Institute - for further information, visit the website

Contact: Office of Continuing Education & Professional Development, University of Toronto

Phone: 416.978.2719

Toll-Free: 1.888.512.8173 (North America only)

ce.med@utoronto.ca



Nephrology Conferences 2007



May 29 16th International Vicenza Course on Critical Care Nephrology. Vicenza, Italy
www.vicenzanephrocourses.com/programma_2007.htm

June 11-13 British Renal Society Conference 2007. Birmingham, UK. www.britishrenal.org

June 21-24 XLIV ERA/EDTA Congress. Barcelona, Spain.
www.eraedta2007.org.

June 23 9th Banff Conference on Allograft Pathology. La Coruña, Spain.
<http://cybernephrology.ualberta.ca/Banff/2007>

June 24 17th Scientific Meeting - International Bone and Mineral Society. Montreal, Canada
www.ibms2007.com/site/

September 15 -18 2007 EDTNA/ERCA 36th International Conference 'Caring Together: Managing the Complications of Chronic Kidney Disease'. Florence, Italy.
www.edtna-erca-florence2007.com/news.html

September 28 Prevention in Renal Disease – 6th Annual Conference. Toronto, Canada
www.nephrorevention.com/

October 31– November 5 American Society of Nephrology - Renal Week . San Francisco, California. www.asn-online.org

December 1 CAST 2007 - 10th Congress of the Asian Society of Transplantation. Pattaya, Thailand.
www.cast2007.org

Recent synopses and abstracts

Continuous ambulatory peritoneal dialysis versus automated peritoneal dialysis for end-stage renal disease
Rabindranath KS, Adams J, Ali TZ, MacLeod AM, Vale L, Cody J, Wallace SA, Daly C.

Background

Peritoneal dialysis (PD) can be performed either manually as in continuous ambulatory peritoneal dialysis (CAPD) or using mechanical devices as in automated PD (APD). APD has been considered to have several advantages over CAPD such as reduced incidence of peritonitis, mechanical complications and greater psychosocial acceptability.

Objectives

To assess the comparative efficacy of CAPD and APD in patients who are dialysed for end-stage renal disease (ESRD).

Search strategy

We searched MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials (CENTRAL), Cochrane Renal Group's specialised register and CINAHL. Authors of included studies were contacted, reference lists of identified RCTs and relevant narrative reviews were screened.
Date of most recent search: May 2006

Selection criteria

RCTs comparing CAPD with APD in patients with ESRD.
Data collection and analysis
Data were abstracted independently by two authors onto a standard form. Relative risk (RR) for dichotomous data and a mean difference (MD) for continuous data were calculated with 95% confidence intervals (CI).

Main results

Three trials (139 patients) were included. APD did not differ from CAPD with respect to mortality (RR 1.49, 95% CI 0.51 to 4.37), risk of peritonitis (RR 0.75, 95% CI 0.50 to 1.11), switching from original PD modality to a different dialysis modality (RR 0.50, 95% CI 0.25 to 1.02), hernias (RR 1.26, 95% interval 0.32 to 5.01), PD fluid leaks (RR 1.06, 95% CI 0.11 to 9.83), PD catheter removal (RR 0.64, 95% CI 0.27 to 1.48) or hospital admissions (RR 0.96, 95% CI 0.43 to 2.17). There was no difference between either PD modality with respect to residual renal function (MD -0.17, 95% CI -1.66 to 1.32). One study found that peritonitis rates and hospitalisation were significantly less in patients on APD when results were expressed as episodes/patient-year. Another study found that patients on APD had significantly more time for work, family and social activities.

Authors' conclusions

APD has not been shown to have significant advantages

over CAPD in terms of important clinical outcomes. APD may however be considered advantageous in select group of patients such as in the younger PD population and those in employment or education due to its psychosocial advantages. There is a need for a RCT comparing CAPD with APD with sufficiently large patient numbers looking at important clinical outcomes including residual renal function, accompanied by an economic evaluation to clarify the relative clinical and cost-effectiveness of both modalities.

Correction of chronic metabolic acidosis for chronic kidney disease patients Roderick P, Willis NS, Blakeley S, Jones C, Tomson C

Background

Metabolic acidosis is a feature of chronic kidney disease (CKD) due to the reduced capacity of the kidney to synthesise ammonia and excrete hydrogen ions. It has adverse consequences on protein and muscle metabolism, bone turnover and the development of renal osteodystrophy. Metabolic acidosis may be corrected by oral bicarbonate supplementation or in dialysis patients by increasing the bicarbonate concentration in dialysate fluid.

Objectives

To examine the benefits and harms of treating metabolic acidosis in patients with CKD, both prior to reaching end-stage renal disease (ESRD) or whilst on renal replacement therapy (RRT), with sodium bicarbonate or increasing the bicarbonate concentration of dialysate.

Search strategy

We searched CENTRAL (The Cochrane Library, issue 4 2005), Cochrane Renal Group's specialised register (October 2005), MEDLINE (1966 - October 2005) and EMBASE (1980 - October 2005).

Selection criteria

Randomised controlled trials (RCTs), crossover RCTs and quasi-RCTs investigating the correction of chronic metabolic acidosis in adults or children with CKD.

Data collection and analysis

Outcomes were analysed using relative risk (RR) and weighted mean difference (MD) for continuous measures.

Main results

We identified three trials in adult dialysis patients (n = 117). There were insufficient data for most outcomes for meta-analysis. In all three trials acidosis improved in the intervention group though there was variation in achieved bicarbonate level. There was no evidence of effect on blood pressure or sodium levels. Some measures of nutri-

tional status/protein metabolism (e.g. SGA, NP NA) were significantly improved by correction in the one trial that looked in these in detail. There was heterogeneity of the effect on serum albumin in two trials. Serum PTH fell significantly in the two trials that estimated this, there was no significant effect on calcium or phosphate though both fell after correction. Complex bone markers were assessed in one study, with some evidence for a reduction in bone turnover in those with initial high bone turnover and an increase in low turnover patients. The studies were underpowered to assess clinical outcomes, in the one study that did there was some evidence for a reduction in hospitalisation after correction.

Authors' conclusions

The evidence for the benefits and risks of correcting metabolic acidosis is very limited with no RCTs in pre-ESRD patients, none in children, and only three small trials in dialysis patients. These trials suggest there may be some beneficial effects on both protein and bone metabolism but the trials were underpowered to provide robust evidence.

Extra-corporeal shock wave lithotripsy (ESWL) versus ureteroscopic management for ureteric calculi Nabi G, Downey P, Keeley F, Watson G, McClinton S

Background

Ureteral stones frequently cause renal colic and if left untreated can cause obstructive uropathy. Extracorporeal Shock Wave Lithotripsy (ESWL) and ureteroscopy, with or without intracorporeal lithotripsy, are the two most commonly offered interventional procedures in these patients. ESWL treatment is less invasive but has some limitations such as a high retreatment rate and lack of availability in many centres. Advances in ureteroscopy over the past decade have increased the success rate and reduced complication rates.

Objectives

To examine evidence from randomised controlled trials (RCTs) on the outcomes of ESWL or ureteroscopy in the treatment of ureteric calculi.

Search strategy

We searched the Cochrane Central Register of Controlled Trials (CENTRAL in The Cochrane Library Issue 2, 2006), MEDLINE (1966 - March 2006), EMBASE (1980 - March 2006), reference lists of articles and abstracts from conference proceedings without language restriction.

Selection criteria

RCTs comparing ESWL with ureteroscopic retrieval of ureteric stones were included. Participants were adults with ureteric stones requiring intervention. Published and unpublished sources were considered.

Data collection and analysis

Two authors independently assessed trial quality and ex-

tracted data. Statistical analyses were performed using the random effects model and the results expressed as relative risk (RR) for dichotomous outcomes or weighted mean difference (MD) for continuous data with 95% confidence intervals (CI).

Main results

Six RCTs (833 patients) were included. The stone-free rates were lower in the ESWL group (RR 0.84 95% CI 0.73 to 0.96). The retreatment rates were lower but not significant in the ureteroscopy group (RR 3.34 95% CI 0.82 to 13.62). The rate of complications was lower in the ESWL group (RR 0.48 95% CI 0.26 to 0.91). Length of hospital stay was less for ESWL treatment (MD -2.10 95% CI -2.55 to -1.64).

Authors' conclusions

Ureteroscopic removal of ureteral stones achieves a higher stone-free state but with a higher complication rate and a longer hospital stay.

Fish oil for kidney transplant recipients Lim AKH, Manley KJ, Roberts MA, Fraenkel MB

Background

Calcineurin inhibitors used in kidney transplantation for immunosuppression have adverse effects that may contribute to nephrotoxicity and increased cardiovascular risk profile. Fish oils are rich in very long chain omega-3 fatty acids, which may reduce nephrotoxicity by improving endothelial function and reduce rejection rates through their immuno-modulatory effects. They may also modify the cardiovascular risk profile. Hence, fish oils may potentially prolong graft survival and reduce cardiovascular mortality.

Objectives

To assess the benefits and harms of fish oil supplementation on kidney transplant recipients on a calcineurin inhibitor-based immunosuppressive regimen.

Search strategy

We searched the Cochrane Central Register of Controlled Trials (CENTRAL in The Cochrane Library, issue 2 2005), MEDLINE (1966-April 2005) and EMBASE (1980-April 2005).

Selection criteria

All randomised controlled trials (RCTs) and quasi-RCTs of fish oils in kidney transplant recipients on a calcineurin inhibitor-based immunosuppressive regimen. RCTs of fish oil versus statins were included.

Data collection and analysis

Data was extracted and the quality of studies assessed by two authors, with differences resolved by discussion with a third independent author. Dichotomous outcomes were reported as relative risk (RR) and continuous outcome measures were reported as the mean difference (MD) with

95% confidence intervals using the random effects model. Heterogeneity was assessed using a Chi2 test on n-1 degrees of freedom and the I2 statistic. Data not suitable for pooling were tabulated and described.

Main results

Sixteen studies (733 patients) were suitable for analysis. Fish oil did not significantly affect patient or graft survival, acute rejection rates, calcineurin inhibitor toxicity or renal function, when compared to placebo. Fish oil treatment was associated with a lower diastolic blood pressure (MD 4.5 mmHg; P = 0.004) compared to placebo. Patients receiving fish oil for more than six months had a modest increase in HDL (MD 0.12 mmol/L; P = 0.01) compared to placebo. Fish oil effects on lipids were not significantly different from low-dose statins. There was insufficient data to analyse cardiovascular outcomes. Fishy aftertaste and gastrointestinal upset were common but did not result in significant patient drop-out.

Authors' conclusions

There is insufficient evidence from currently available RCTs to recommend fish oil therapy to improve renal function, rejection rates, patient survival or graft survival. The improvements in HDL cholesterol and diastolic blood pressure were too modest to recommend routine use. To determine a benefit in clinical outcomes, future RCTs will need to be adequately powered with these outcomes in mind.

Immunoglobins, vaccines or interferon for preventing cytomegalovirus disease in solid organ transplant recipients
 Hodson EM, Jones CA, Strippoli GFM, Webster AC, Craig JC

Background

Cytomegalovirus (CMV) is the most common virus causing

disease and death in solid organ transplant recipients during the first six months post-transplant. Previous systematic reviews have demonstrated the efficacy of antiviral medications used prophylactically or pre-emptively in preventing CMV disease. In this review the efficacy of older agents (immunoglobulins (IgG), anti CMV vaccines and interferon) are examined.

Objectives

To assess the benefits and harms of IgG, anti CMV vaccines or interferon for preventing symptomatic CMV disease in solid organ transplant recipients.

Search strategy

We searched the Cochrane Renal Group's Specialised Register, Cochrane Central Register of Controlled Trials (CENTRAL, in The Cochrane Library), MEDLINE, EMBASE, reference lists and abstracts from conference proceedings without language restriction.
 Date of last search: December 2005

Selection criteria

Randomised and quasi-randomised controlled trials comparing IgG, anti CMV vaccine or interferon with placebo or no treatment, IgG alone or combined with antiviral medications with antiviral medications or IgG alone in recipients of any solid organ transplant.

Data collection and analysis

Two of four authors independently assessed trial quality and extracted data from each trial. Statistical analyses were performed using the random effects model and results expressed as relative risk (RR) for dichotomous outcomes with 95% confidence intervals (CI).

18 June 2007	Notification of abstract acceptance
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25 June 2007	Developing Countries stipends deadline
30 July 2007	Notification of stipends acceptance
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17 September 2007	Hotel registration deadline
15 October 2007	Online registration deadline
23-27 October 2007	Local registration

Main results

Thirty seven trials (2185 participants) were included in this review. There was no significant difference in the risk for CMV disease (16 trials, 770 patients: RR 0.80, 95% CI 0.61 to 1.05), CMV infection (14 trials, 775 patients: RR 0.94, 95% CI 0.80 to 1.10) or all-cause mortality (8 trials, 502 patients: RR 0.57, 95% CI 0.32 to 1.03) with IgG compared with placebo/no treatment. However IgG significantly reduced the risk of death from CMV disease (6 trials, 346 patients: RR 0.33, 95% CI 0.14 to 0.80). There was no difference in the risk for CMV disease (4 trials, 298 patients: RR 1.17, 95% CI 0.74 to 1.86), CMV infection (4 trials, 298 patients: RR 1.16, 95% CI 0.89 to 1.52) or all-cause mortality (2 trials, 217 patients: RR 0.92, 95% CI 0.37 to 2.29) between antiviral medication combined with IgG and antiviral medication alone. There was no significant difference in the risk of CMV disease with anti CMV vaccine or interferon compared with placebo or no treatment.

Authors' conclusions

Currently there are no indications for IgG in the prophylaxis of CMV disease in recipients of solid organ transplants.

Ongoing trials - new listings

Acute Renal Failure

- A Multi-Center, Randomized, Controlled, Double-Blind, Phase II Study To Assess Safety and Efficacy With the Renal Assist Device (RAD) in Patients With Acute Renal Failure [NCT00280072]Source: ClinicalTrials.Gov
- Randomized, Cross Over Study Comparing Standard Hemodialysis to Hemodialysis With a Novel Polyamide Membrane (P2SH) in Patients With Sepsis and Acute Renal Failure [NCT00333593] Source: ClinicalTrials.Gov

Chronic Kidney Disease

- Efficacy and Safety of Tadalafil 20mg for the Treatment of Erectile Dysfunction in Chronic Renal Patients in Hemodialysis [NCT00334477]Source: ClinicalTrials.Gov
- Comparison of the effect of Erythropoietin, L-Carnitine and Erythropoietin plus L-Carnitine in correction of anemia in chronic hemodialysis patients [ISRCTN96315193] Source: Current Controlled Trials
- The Impact of Laboratory-based Prompts on the Management of Patients with Chronic Kidney Disease[ISRCTN26610787] Source: Current Controlled Trials

Dialysis

- Clinical Study on Optimised Removal of Protein-

- Bound Uremic Toxins With Convective Dialysis Treatment [NCT00337831]Source: ClinicalTrials.Gov
- Influence of different types of dialysis membranes on parameters of chronic inflammation [ISRCTN47228763] Source: Current Controlled Trials
- Trisodium citrate versus heparin for locking tunnelled haemodialysis catheters: a randomised controlled trial [ISRCTN27307877]Source: Current Controlled Trials
- Scandinavian Prospective Randomised Outcome Study of Hemofiltration and Hemodialysis in Incident Dialysis Patients [ISRCTN83264534]Source: Current Controlled Trials
- The Effect of Subcutaneous Ghrelin On Appetite And Nutritional Status In Patients Receiving Maintenance Peritoneal Dialysis[ISRCTN93119886] Source: Current Controlled Trials
- The nutritional, cardiovascular and immunological effect of daily subcutaneous ghrelin in dialysis patients with evidence of malnutrition [ISRCTN43319045] Source: Current Controlled Trials
- Efficacy of endoluminal brushes reducing peritonitis in peritoneal dialysis (PD) patients [ISRCTN39675087] Source: Current Controlled Trials
- Influence of glucose degradation products on residual renal function in peritoneal dialysis (PD) patients [ISRCTN71335154] Source: Current Controlled Trials
- Effect of low glucose degradation product peritoneal dialysis solution Gambrosol-Trio on residual renal function in patients receiving peritoneal dialysis - a randomized controlled trial[ISRCTN26252543] Source: Current Controlled Trials

Diabetic Nephropathy

- The Collaborative Study Group Trial: The Effect of Sulodexide in Overt Type 2 Diabetic Nephropathy [NCT00342238]Source: ClinicalTrials.Gov
- A 24-Week Study to Evaluate the Effectiveness of Valsartan in Combination With Hydrochlorothiazide Versus Amlodipine on Arterial Compliance in Patients With Hypertension, Type 2 Diabetes and Albuminuria [NCT00171561]Source: ClinicalTrials.Gov
- Comparative, Open Multicenter Trial Assessing the Effect on Albumin Excretion Rate of 320mg Valsartan (With or Without HCTZ) Vs 40mg Lisinopril (With or Without HCTZ) on Hypertensive Patients With Diabetic and Non-Diabetic Nephropathy and Albuminuria [NCT00171600]Source: ClinicalTrials.Gov
- Double-Blind, Randomized, Placebo-Controlled, Phase 11a, Multicenter Study in Patients With Type 2 Diabetes and Persistent Albuminuria to Evaluate the Safety and Efficacy of a Six Month Regimen of Orally-Administered TTP488[NCT00287183]Source: ClinicalTrials.Gov
- A Randomized, Double-Blind, Placebo-Controlled Study of XL784 Administered Orally to Subjects With

- Albuminuria Due to Diabetic Nephropathy [NCT00312780]Source: ClinicalTrials.Gov
- Comparison of a Higher Dose of Ramipril to the Addition of Telmisartan 80 Mg+Ramipril 10 Mg in Patients With Hypertension and Diabetes [NCT00208221]Source: ClinicalTrials.Gov
- The Collaborative Study Group Trial: The Effect of Sulodexide in Patients With Type 2 Diabetes and Microalbuminuria[NCT00130208]Source: ClinicalTrials.Gov
- The Reduction of Microalbuminuria in Japanese Hypertensive Subjects With Type 2 Diabetes Mellitus Treated With Valsartan or Amlodipine: Study Design for the Shiga Microalbuminuria Reduction Trial (SMART)[NCT00202618]Source: ClinicalTrials.Gov
- Optimal Dose of ACE Inhibitor for Treatment of Diabetic Nephropathy in Type 1 Diabetic Patients With Hypertension and Diabetic Nephropathy [NCT00118976]Source: ClinicalTrials.Gov
- Do vitamins for homocyst(e)ine slow progression of diabetic nephropathy?[ISRCTN41332305] Source: Current Controlled Trials
- pus Nephritis[NCT00298506]Source: ClinicalTrials.Gov
- A Randomized, Double-Blind, Placebo-Controlled, Four-Arm, Parallel-Group, Multicenter, Multinational Safety and Efficacy Trial of 100 Mg, 300 Mg and 900 Mg of LJP 394 in Systemic Lupus Erythematosus (SLE) Patients With a History of Renal Disease [NCT00089804]Source: ClinicalTrials.Gov
- Tacrolimus Treatment of Patients With Idiopathic Focal Segmental Glomerulosclerosis[NCT00302536] Source: ClinicalTrials.Gov
- Autoregulation of Glomerular Filtration Rate in Patients With Type 1 Diabetes During Spironolactone Therapy[NCT00335413]Source: ClinicalTrials.Gov
- Sirolimus (Rapamune®) for Patients With Autosomal Dominant Polycystic Kidney Disease (ADPKD): a Randomized Controlled Study[NCT00346918]Source: ClinicalTrials.Gov
- Tacrolimus for the Treatment of Systemic Lupus Erythematosus With Membranous Nephritis [NCT00125307]Source: ClinicalTrials.Gov
- Renal Atherosclerotic Revascularization Evaluation: RAVE Study[NCT00127738]Source: ClinicalTrials.Gov

General Nephrology

- Pirfenidone in Focal Segmental Glomerulosclerosis Phase II Study[NCT00001959]Source: ClinicalTrials.Gov
- Therapy of frequent relapsing, steroid-sensitive nephrotic syndrome in childhood: efficacy of mycophenolate mofetil versus cyclosporin A [ISRCTN61976169] Source: Current Controlled Trials
- Comparison of short course cyclophosphamide followed by mycophenolate mofetil versus long course cyclophosphamide in the treatment of proliferative lupus nephritis[ISRCTN34634478] Source: Current Controlled Trials
- A Prospective, Randomized, Active Controlled, Parallel Group, Multi-Center Trial to Assess the Efficacy and Safety of Mycophenolate Mofetil (MMF) in Inducing Response and Maintaining Remission in Subjects With Lupus Nephritis[NCT00121082]Source: ClinicalTrials.Gov
- Eplerenone, ACE Inhibition and Albuminuria [NCT00315016]Source: ClinicalTrials.Gov
- A Phase III, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study to Evaluate the Efficacy and Safety of Rituximab in Subjects With ISN/RPS Class III or IV Lupus Nephritis[NCT00282347] Source: ClinicalTrials.Gov
- A Randomized Controlled Trial of Mycophenolate Mofetil in Patients With IgA Nephropathy [NCT00318474]Source: ClinicalTrials.Gov
- An Open, Prospective Study to Assess the Efficacy and Safety of Tacrolimus Combined With Mycophenolate Mofetil in the Treatment of Class III/IV/V Lu-

Transplantation

- Sevoflurane-Induced Prevention of Ischemia-Reperfusion Lesions in Renal Allograft Transplants Recipients[NCT00337051]Source: ClinicalTrials.Gov
- A randomized multicenter trial to assess the efficacy of a combined therapy with Sirolimus (Rapamune®), MMF (Cellsept®) and corticosteroids after early elimination of cyclosporin compared to a standard immunosuppression with cyclosporin, MMF and corticosteroids in patients after kidney transplantation [ISRCTN74429508] Source: Current Controlled Trials
- Mycophenolate sodium versus Everolimus or Cyclosporine with Allograft Nephropathy as Outcome [ISRCTN69188731] Source: Current Controlled Trials
- Pre-treatment of deceased organ donors with methylprednisolone versus placebo for the prevention of post-ischemic acute renal transplant failure [ISRCTN78828338] Source: Current Controlled Trials
- Machine perfusion preservation versus cold storage of cadaveric kidneys for transplantation [ISRCTN83876362] Source: Current Controlled Trials
- Does Lisinopril protect transplanted kidneys with chronic vascular rejection (CR) from progressive failure? [ISRCTN76140647] Source: Current Controlled Trials
- Steroid Avoidance in Leeds with Alemtuzumab or Mycophenolate Mofetil (MMF) Immunosuppression [ISRCTN94424606] Source: Current Controlled Trials

Urinary Tract Infections

- Intravaginal LACTIN-V for Prevention of Recurrent Urinary Tract Infections [NCT00305227] Source:

- ClinicalTrials.Gov
- Non-antibiotic versus Antibiotic Prophylaxis for Recurrent Urinary Tract Infections[ISRCTN50717094] Source: Current Controlled Trials
- A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Design, Exploratory Study of Orally Administered ERB-041 in Subjects With Active Interstitial Cystitis [NCT00275379] Source: ClinicalTrials.Gov
- A Phase II, Randomized, Double-Blind, Placebo-Controlled, Multi-Center Study to Evaluate the Efficacy and Safety of Two Dosing Regimens of MN-001 in Patients With Interstitial Cystitis [NCT00295854] Source: ClinicalTrials.Gov
- Botox (Botulinum Toxin A) as a Treatment for Interstitial Cystitis in Women: a Randomized Placebo Controlled Trial[NCT00194610] Source: ClinicalTrials.Gov
- Cranberry product versus low dose trimethoprim in the prevention of recurrent urinary infections in older women: a double blind randomised trial of effectiveness and acceptability [ISRCTN80031108] Source: Current Controlled Trials

Urology

- Prospective randomised trial of tubeless vs conventional percutaneous nephrolithotomy (PCNL) [ISRCTN67807054] Source: Current Controlled Trials

Recent trials

Cognitive function in Stage 5 chronic kidney disease patients on hemodialysis: no adverse effects of lanthanum carbonate compared with standard phosphate-binder therapy. Altmann P, Barnett ME, Finn WF, Lanthanum Carbonate Study Group. [see comment]. *Kidney International* 2007 Feb;71(3):252-9 [PubMed abstract]

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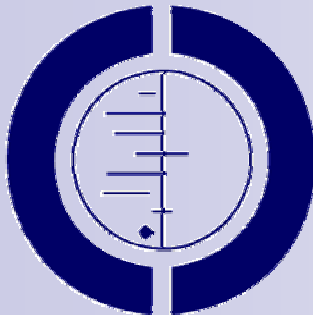
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The Children's Hospital at Westmead
Locked Bag 4001
Westmead NSW 2145
AUSTRALIA
Phone: +61 2 9845 1478, +61 2 9845 1485
Fax: +61 2 9845 1491
E-mail: crg@chw.edu.au
Web: www.cochrane-renal.org

Administration Officer

Leslee Edwards email: leslee@chw.edu.au

Review Group Coordinator

Narelle Willis email: narellw2@chw.edu.au

Trials Search Coordinators

Ruth Mitchell email: ruthm4@chw.edu.au

Gail Higgins email: gailh2@chw.edu.au

Regional Coordinator

Giovanni Strippoli email: gfmstrippoli@alice.it

Endorsed by...



Supported by...



Based at:

the **children's**
hospital at Westmead