



THE COCHRANE
COLLABORATION*

Cochrane Renal Group Newsletter

May 2008

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New reviews, protocols

New and updated reviews

In Issues 1 & 2, 2008 we published 4 new and 4 updated reviews:

New

- Chinese herbal medicine Huangqi type formulation for nephrotic syndrome
- Interventions for minimal change disease in adults with nephrotic syndrome
- Oestrogens for preventing recurrent urinary tract infection in postmenopausal women
- Treatment for peritoneal dialysis-associated peritonitis

Updated

- Antiviral medication for preventing cytomegalovirus disease in solid organ transplant recipients
- Biocompatible haemodialysis membranes for acute renal failure
- Cranberries for preventing urinary tract infections
- Non-corticosteroid treatment for nephrotic syndrome in children

New and updated protocols

In Issues 1 & 2, 2008 we published 18 new protocols and 1 updated protocol:

New

- Adjunctive therapies for HIV-associated nephropathy
- Aldosterone antagonists for preventing the progression of chronic kidney disease
- Androgens for the anaemia of chronic kidney disease in adults
- Antimicrobial agents for treating uncomplicated urinary tract infection in women
- Bicarbonate versus lactate solutions for acute peritoneal dialysis
- Extracorporeal shock wave lithotripsy (ESWL) for kidney stones
- Fluid and diuretic therapy for preventing cisplatin-induced nephrotoxicity
- Growth factors for chronic kidney disease in adults
- Intensive versus standard haemodialysis water treatment for preventing low grade mineral intoxication in chronic haemodialysed patients

- Interventions for covert bacteriuria in children
- Interventions for dialysis patients with hepatitis C virus (HCV) infection
- Interventions for preventing clotting of extracorporeal circuits during continuous renal replacement therapy
- Interventions for preventing infectious complications in haemodialysis patients with central venous lines
- Preoperative vascular access evaluation for haemodialysis patients
- Prostaglandin E1 for preventing the progression of diabetic kidney disease
- Recombinant human insulin-like growth factor I for acute kidney injury
- Teicoplanin versus vancomycin for proven or suspected infection
- Tidal peritoneal dialysis for acute renal failure

Updated

- Blood pressure control strategies for autosomal dominant polycystic kidney disease

New titles

- Adjunctive medical expulsive therapy for renal and ureteral stone fragments immediately following shock wave lithotripsy
- Angiotensin converting enzyme inhibitors and angiotensin II receptor blockers for preserving residual kidney function in peritoneal dialysis patients
- Calcium dialysate concentration for peritoneal dialysis
- Dopamine for acute kidney injury
- Effect of hydroxyethyl starch (HES) versus other fluid therapies on kidney function
- FTY720 as maintenance immunosuppression for kidney transplant recipients
- Human albumin infusion for nephrotic syndrome
- Oral absorbents for preventing or delaying the progression of chronic kidney disease
- Probiotics for preventing urinary tract infections
- Sodium ferulate for preventing the progression of diabetic kidney disease
- Support interventions for caregivers of patients with chronic kidney disease
- Vascular access surveillance for patients on haemodialysis
- Vitamin D compounds for people with chronic kidney disease not requiring dialysis

Renal group news

In 2007 Jonathan Craig, CRG Coordinating Editor, was elected as Coordinating Editor representative on the Cochrane Collaboration Steering Group for a three year term.

Gail Higgins, a CRG Trial Search Coordinator, was seconded to the World Health Organisation (WHO) in Geneva for a six month period from late 2007 to early 2008. During this time Gail worked on establishing their clinical trials facility. CRG would like to thank Jeremy Cullis who, in Gail's absence, was seconded from the Dentistry Library University of Sydney to work with the Cochrane Renal Group.

Angela Webster has returned to Sydney after completing her training in Edinburgh as a Specialist Renal and Transplant Physician. As well as being a CRG review author, Angela is now CRG Deputy Coordinating Editor and has also become a member of the CRG Advisory Board.



Lake Geneva

CRG Advisory Board members

The following members have retired from the Advisory Board:

- Professor George Rubin (University of Sydney)
- Professor Bruce Robinson (University of Sydney)
- Professor David Harris (Westmead Hospital)
- Mr Jim Dellit (consumer rep)

David Harris and Jim Dellit have contributed on CRG's Advisory Board for nearly seven years, having joined as

foundation members back in 2001. We thank all retiring members for their invaluable support of our group.

We welcome the following new members who have joined the Advisory Board:

- Professor Gavin Becker (Kidney Health Australia representative)
- Mr John Bernardinis (consumer rep)
- Dr Matthew Roberts (ANZSN representative)
- Dr Angela Webster (CRG Deputy Coordinating Editor).

RevMan 5

RevMan 5 was released in March 2008 and has a new, more user-friendly interface, which communicates with the Collaboration's central server, with expanded functionality, and a number of additional elements which will help to make the review process more transparent and findings more accessible. RevMan 5 represents a major advance for the Cochrane Collaboration.

All new Cochrane protocols and reviews and all updates and amendments of existing reviews being submitted for publication must be in the new RevMan 5 format. All remaining Cochrane reviews will be converted to RevMan 5 format between March and December 2008.

Training and support

The software release includes instructions on how to install RevMan 5 and how to make full use of the new features. A self-paced RevMan 5 tutorial and a User Guide are available. A major update of the Cochrane Handbook for Systematic Reviews of Interventions was released at the same time as the software.

Cochrane review authors needing training and support in the use of RevMan, as well as methodological support, should contact their nearest Cochrane Centre. Staff at the editorial base of your Review Group can also facilitate contact with the Group's statistician.

Additional sources of information

Please visit www.cc-ims.net/authors for information and resources, such as:

- Downloading RevMan 5
- Quickstart Guide for authors using Archie
- RevMan 5 FAQ
- RevMan 5 rollout plans
- The Cochrane Handbook for Systematic Reviews of Interventions
- Training workshops offered by Cochrane Centres
- Contact details for support by Cochrane Centres
- Technical instructions for IT Administrators and Systems Managers about installing RevMan 5

Potential titles

This list is constantly being updated and some titles listed here may be under consideration by another group.

If you have a proposal for a review that is not on this list, please check our list of current reviews to make sure you are not proposing a review that has been completed or is currently being written (<http://www.cochrane.org/reviews/en/topics/89.html>)

Below is a list of recently withdrawn protocols. If you are interested in taking over any of these, please contact us at crg@chw.edu.au.

Withdrawn protocols:

- Cysteamine for nephropathic cystinosis
- Loop diuretics for treating acute kidney injury in adults
- Pharmacologic interventions for uraemic pruritis in dialysis patients

Authors are required for the following titles:

Acute kidney injury

- Catheter type and placement for acute renal failure dialysis
- Continuous veno-venous haemofiltration (CVVH) for treating paraquat poisoning
- Interventions for acute tubular necrosis
- Interventions for prolonging circuit life during continuous renal replacement therapy
- Plasma substitutes for preventing acute kidney injury
- Sodium and ultrafiltration modelling for haemodialysis in acute kidney injury

Chronic kidney disease (pre-dialysis)

- CERA (continuous erythropoiesis receptor activator) for chronic kidney disease
- Dietary interventions for preventing and treating bone disease in chronic kidney disease
- Interventions for preventing chickenpox in children with chronic kidney disease

End-stage kidney disease

- Anabolic steroids for end-stage kidney disease
- Amino acids for dialysis-associated hypoalbuminaemia
- Ascorbic acid for patients with end-stage kidney disease receiving erythropoietin
- Blood volume monitoring for long-term dialysis patients
- Dietary interventions for lowering cholesterol in dialysis patients
- Early versus delayed erythropoietin for the anaemia of end-stage kidney disease

- Interventions for preventing erythropoietin-induced hypertension in haemodialysis patients
- Interventions for treating erectile dysfunction in haemodialysis patients
- LDL apheresis treatments for haemodialysis patients
- Pentoxifylline for the anaemia of end-stage kidney disease
- Subcutaneous versus intravenous erythropoietin for long-term dialysis patients
- Vitamin B₆ for the anaemia of end-stage kidney disease

Haemodialysis

Access

- Catheters for haemodialysis access
- 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 kidney disease
- High flux versus superflux haemodialysis membranes in end-stage kidney disease

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 removal during haemodialysis
- 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
- Nocturnal haemodialysis for end-stage kidney disease
- Vitamin C infusions/supplements for haemodialysis patients

Thrombosis/Patency

- Anticoagulation for long-term haemodialysis
- Interventions for maintaining patency in haemodialysis grafts/central venous lines
- Interventions for preventing haemodialysis access blockage
- Interventions for treating dialysis graft thrombosis (may be overlap with PVD group)
- Interventions for treating haemodialysis vascular access thrombosis
- 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

Peritoneal Dialysis

Anticoagulation/anti-inflammatory

- Warfarin for continuous ambulatory peritoneal dialysis
- Intraperitoneal heparin for peritoneal dialysis

Dialysate

- Exchange volumes for peritoneal dialysis

Dose

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

Other

- Interventions for preventing hypothermia during peritoneal dialysis
- Interventions for preventing/correcting metabolic acidosis in peritoneal dialysis patients

General nephrology

- Antiplatelet agents for polycystic kidney disease
- Dietary interventions for treating hyperlipidaemia in patients with nephrotic syndrome
- Interventions for acute post infectious glomerulonephritis
- Interventions for congenital lactic acidosis
- Interventions for treating kidney disease in patients with amyloidosis
- 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
- 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
- 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 improving medication compliance in kidney transplant recipients
- Interventions for increasing/improving donations rates for kidney transplantation
- 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 pneumococcal disease in kidney transplant recipients
- Interventions for preventing post-kidney transplant urological complications
- Interventions for preventing thrombotic complications 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
- Nephrectomy techniques for living kidney donors
- 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

- Platelet activation inhibitors for treating acute rejection episodes in kidney transplant recipients
- Protein pump inhibitors for kidney transplant recipients receiving tacrolimus
- 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

Simultaneous pancreas/kidney transplantation

- Donor organ preservation techniques for simultaneous pancreas-kidney transplantation
- 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
- Pidotimod for preventing recurrent urinary tract infection
- S-adenosyl-L-methionine for preventing recurrent urinary tract infection (in women)
- Single dose antibiotics for treating urinary tract infection in children
- Management strategies for lower urinary tract symp-

toms in adults

- Vaccines/immunisation for preventing recurrent urinary tract infection

Urology

- Interventions for renal and ureteric calculi
- Interventions for renal colic
- Lactic acid bacteria for preventing stone formation in patients with idiopathic hyperoxaluria
- 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

- 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 2009)

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



16th Cochrane Colloquium
Evidence in the era of globalisation
Freiburg / Germany · 3 – 7 October 2008
www.cochrane.de/colloquium



Cochrane Collaboration news

Important changes to The Cochrane Library

Improved status flags

The 'Update' flag no longer exists and instead has been replaced with the more accurate flags 'New search', 'Conclusions changed' and 'Major change'.

Changes to the way reviews are displayed

Starting with Issue 2, 2008 The Cochrane Library, Cochrane Reviews will progressively be enhanced with the following additional features to reflect the upgrade to Revman 5:

- Author Affiliations and Contact details are now displayed
- WHAT'S NEW? Section added
- Introduction of Summary of Findings Table
- Introduction of Risk of Bias Table

For full details of the changes, go to www.thecochranelibrary.com and select important changes to The Cochrane Library under What's New in Issue 2, 2008?

Revised Cochrane Handbook

Reminder to all Cochrane review authors and entities - A major revision of the Cochrane Handbook for Systematic Reviews of Interventions (Version 5.0.0) is now available. Details are available at www.cochrane.org/resources/handbook

The browseable version of the Handbook can be accessed directly at www.cochrane-handbook.org

Release of GRADEpro software

We would like to announce that the GRADEprofiler (GRADEpro) was officially launched on 27 March 2008 and is available for download at <http://www.cc-ims.net/gradepro>. With the release of RevMan 5 and the new Cochrane Handbook, review authors are encouraged to include a Summary of Findings Table in their review. The GRADEpro software leads authors through the creation of these Tables. The website provides users with the latest version of the GRADEprofiler 3.1 (Beta Version), resources and support for its use, including introductory materials, FAQs and contacts for support.

What's new in The Cochrane Library, Issue 2, 2008?

Among the Cochrane reviews that were recently updated or appear for the first time in Issue 2, there are 80 new reviews and 52 updated reviews. These cover antibiotics, youth gangs, Parkinson's disease and Alzheimer's disease to list just a few. The Library now contains more than 3400 full Cochrane Reviews, and the updated and new reviews cover a wide range of health care. Some of these reviews have been highlighted in Evidence Pods that you can listen to www.cochrane.org/podcasts.

Randomised Controlled Trials Course

Course: Randomised Controlled Trials Course: a guide to design, conduct, analysis, interpretation & reporting

Date: 16 - 20 June 2008

Location: Oriel College, Oxford, UK

Details: This course provides a thorough grounding in the principles and practice of randomised controlled trials (RCTs) for the evaluation of healthcare interventions. It will include talks and practicals to give examples and guidance on the methodology of trials using a problem-based learning approach.

Who should attend?

The course is aimed at persons planning or actively involved in trials or individuals interested in furthering their knowledge of trial methodology. Applications are invited from clinical and non-clinical researchers and other professionals allied to medicine.

The course is co-organised by Prof Doug Altman (Director of the Centre for Statistics in Medicine, Oxford), Ed Juszczyk (Head of Trials, National Perinatal Epidemiology Unit, Oxford), Prof John Geddes (Director of the Centre for Evidence-Based Mental Health, Oxford) and Prof Mike Clarke (Director of the UK Cochrane Centre).

Contact: Course Administrator, Tracy Edwards:

Email: tracy.edwards@csm.ox.ac.uk Tel: +44(0)1865

284402, Fax: +44(0)1865 284424 or visit: www.csm-oxford.org.uk/courses

Methods for Evaluating Medical Tests Symposium 2008 - Call for Abstracts

Host: Diagnostic Research Group in the Department of Public Health and Epidemiology, University of Birmingham jointly with the Centre for Evidence Based Medicine, Oxford
Date: 24-25 July 2008

Location: Department of Epidemiology and Public Health, University of Birmingham, UK

Details: The design, execution, analysis, reporting and implementation of evaluations of medical tests present unique methodological challenges, which are currently the

subject of research and development. This two-day conference presents an opportunity to debate practice, methodological issues and current/recent research in the field of medical tests.

Themes for 2008:

1. Methodological Issues in studies of test accuracy
2. Systematic reviews and meta-analyses of diagnostic tests
3. Monitoring, prognosis and other purposes of tests
4. Evaluating impacts of tests on patients and resources
5. Applying evaluations in practice

Contact: Please visit the conference website for registration forms and further information: www.medical-test-res.bham.ac.uk/symposium2008

Systematic reviews of diagnostic test accuracy workshop

Workshop: Cochrane Reviews of Diagnostic Test Accuracy a two-day workshop for Cochrane review authors
Date: 19 - 20 June 2008

Location: Academic Medical Center, Amsterdam, The Netherlands

Details: Hosted by the Continental Europe Support Unit (CESU) and UK Support Unit (UKSU), this workshop is for review authors who are planning to do a Cochrane SRDTA. The objective is to inform the participants about the peculiarities around SRDTAs and to train them to prepare and conduct an SRDTA. The workshop will focus mainly on methodological challenges around SRDTAs.

Contact: <http://srdta.cochrane.org/en/newPage2.html> (or send an e-mail to CESU@amc.uva.nl)

Completing a Cochrane Systematic Review Workshop

Date: 16 - 18 July 2008

Location: Baltimore, Maryland (USA)

Details: This workshop guides participants through the steps of developing a systematic review and includes presentations about Cochrane methodology and hands-on practice using the Cochrane Collaboration's Review Manager (RevMan) software. Priority registration is for those interested in contributing to the Cochrane Eyes and Vision Group. Those with Cochrane registered titles, protocols, and reviews as well as those interested in learning more about systematic reviews are also accepted, space permitting.

Contact: Ann Ervin (uscevg@jhsph.edu) or go to the website <http://www.cochraneeyes.org/workshops/systematicreview.htm> for more information.

Methods for Evaluating Medical Tests: Symposium 2008

Host: Diagnostic Research Group in the Department of Pub-

lic Health and Epidemiology

Date: 24-25 July 2008

Location: Department of Epidemiology and Public Health, University of Birmingham, UK

Details: www.medical-test-res.bham.ac.uk/symposium2008

Themes for 2008:

1. Methodological Issues in studies of test accuracy
2. Systematic reviews and meta-analyses of diagnostic tests
3. Monitoring, prognosis and other purposes of tests
4. Evaluating impacts of tests on patients and resources
5. Applying evaluations in practice

Registration closes 1 July 2008, early registration until 31 May 2008.

Sixth International Congress on Peer Review and Biomedical Publication

Host: JAMA and BMJ Publishing Group

Date: 10-12 September 2009

Location: Vancouver, Canada

Details: www.jama-peer.org

Training Courses - York, England, UK

Courses:

Introduction to Statistics for Clinical Trials

6-7 October 2008

Introduction to the Design & Conduct of Clinical Trials

8-10 October 2008

Host: The York Trials Unit

Location: University of York, U.K.

Details: The aim of our courses is to equip participants with the basic skills and knowledge for the design, conduct and analysis of randomised controlled trials. The courses should be of interest to nurses, doctors and allied health professionals who are interested in rigorous evaluation of healthcare interventions.

Registration fees on or before 1 August 2008

Introduction to Statistics for Clinical Trials and Introduction to the Design & Conduct of Clinical Trials - £730

Or Introduction to Statistics for Clinical Trials - £290

Or Introduction to the Design and Conduct of Clinical Trials - £490

Link to more information: http://news.cochrane.org/view/item/review_one.jsp?j=1108

Contact: Please contact the Course Administrator for more details. Sue Collins 01904 321727 email address sc27@york.ac.uk

Recent synopses and abstracts

Chinese herbal medicine Huangqi type formulations for nephrotic syndrome W Yuan, J Wang, T Wu

Background

At present, there is a lack of safe and effective drugs for nephrotic syndrome (NS). Huangqi type formulations have been used to treat nephrotic syndrome for years in China, however the effects and safety of these formulations have not been systematically reviewed.

Objectives

To assess the benefits and harms of Huangqi and Huangqi type formulations in treating NS in any age group, either as sole agents or in addition to other drug therapies.

Search strategy

We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, Chinese Biomedicine Database (CBM), CNKI, VIP and reference lists of articles. There was no language restriction. Date of most recent search: June 2006.

Selection criteria

All randomised controlled trials (RCTs) assessing the use of Huangqi or Huangqi type formulations in treating NS in adults and children, either as sole agents or in addition to other drug therapies.

Data collection and analysis

Two authors independently assessed study quality and extracted data. For dichotomous outcomes (remission, side effects and inefficacy rate), results were expressed as relative risk (RR) and 95% confidence intervals (CI). Continuous outcomes (triglycerides cholesterol, plasma albumin) results were expressed as mean difference (WMD) with 95% CI.

Main results

Three studies were identified (n = 128), all comparing Huangqi type formulations with placebo. Huangqi injection had a positive effect on plasma albumin (WMD 6.90, 95% CI 3.60 to 10.20) and cholesterol (WMD 2.13, 95% CI -2.97 to -1.29). Huangqi and red Chinese date reduced some adverse reactions (Cushing's syndrome: RR 0.55, 95% CI 0.32 to 0.94; hormone reduced syndrome: RR 0.58, 95% CI 0.39 to 0.85, respiratory tract infection: RR 0.27, 95% CI 0.08 to 0.88), but no benefit on reducing relapse. Huangqi and Danggui had a positive effect on cholesterol (WMD -0.85, 95% CI -1.70 to 0.00).

Authors' conclusions

Huangqi type formulations may have some positive effects in treating NS by increasing plasma albumin and reducing blood cholesterol, Cushing's syndrome, hormone reduced syndrome and respiratory tract infection. However, limited

by the lack of high quality clinical studies, we are unable to recommend Huangqi type formulations for NS. Large, properly randomised, placebo-controlled, double-blind studies are required.

Interventions for minimal change disease in adults with nephrotic syndrome SC Palmer, K Nand, GF Strippoli

Background

Steroids have been used widely since the early 1970s for the treatment of adult-onset minimal change disease. The response rates to immunosuppressive agents in adult minimal change disease, especially steroids, are more variable than in children. The optimal agent, dose, and duration of treatment for the first episode of nephrotic syndrome, or for disease relapse(s) has not been determined.

Objectives

To determine the benefits and harms of interventions for the nephrotic syndrome in adults caused by minimal change disease.

Search strategy

We searched the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, reference articles and abstracts from conference proceedings, without language restriction. Search date: January 2007.

Selection criteria

Randomised controlled trials (RCTs) and quasi-RCTs of any intervention for minimal change disease in adults over 18 years with the nephrotic syndrome were included. Studies comparing different routes, frequencies, and duration of immunosuppressive agents were selected. Studies comparing non-immunosuppressive agents were also assessed.

Data collection and analysis

Two authors independently assessed study quality and extracted data. Statistical analyses were performed using the random effects model and results were expressed as a relative risk (RR) for dichotomous outcomes, or mean difference (WMD) for continuous data with 95% confidence intervals (CI).

Main results

Three RCTs (68 participants) were identified. All treatment comparisons contained only one study. No significant difference was found between prednisone compared with placebo for complete (RR 1.44, CI 0.95 to 2.19) and partial remission (RR 1.00, CI 0.07 to 14.45) of the nephrotic syndrome due to minimal change disease. There was no difference between intravenous methylprednisolone plus oral prednisone compared with oral prednisone alone for complete remission (RR 0.74, CI 0.50 to 1.08). Prednisone, compared with short-course intravenous methylprednisolone, increased the number of subjects who achieved com-

plete remission (RR 4.95, CI 1.15 to 21.26). The lack of statistical evidence of efficacy associated with prednisone therapy was based on data derived from a single study that compared 'alternate-day prednisone' to no immunosuppression' with only a small number of participants in each group. No RCTs were identified comparing regimens in adults with a steroid-dependent or relapsing disease course or comparing treatments comprising alkylating agents, cyclosporine, tacrolimus, levamisole, or mycophenolate mofetil.

Authors' conclusions

Further comparative studies are required to examine the efficacy of immunosuppressive agents for achievement of sustained remission of nephrotic syndrome caused by minimal change disease. Studies are also needed to evaluate treatments for adults with steroid-dependent or relapsing disease.

Oestrogens for preventing recurrent urinary tract infection in postmenopausal women C Perrotta, M Aznar, R Mejia, X Albert, CW Ng

Background

Recurrent urinary tract infection (RUTI) is defined as three episodes of urinary tract infection (UTI) in the previous 12 months or two episodes in the last six months. The main factors associated with RUTI in postmenopausal women are vesical prolapse, cystocele, post-voidal residue and urinary incontinence, all associated with a decrease in oestrogen. The use of oestrogens to prevent RUTI has been proposed.

Objectives

To estimate the efficacy and safety of oral or vaginal oestrogens for preventing RUTI in postmenopausal women.

Search strategy

We searched the Cochrane Renal Group's specialised register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (from 1950), EMBASE (from 1980), reference lists of articles without language restriction. Date of last search: February 2007.

Selection criteria

Randomised controlled trials (RCTs) in which postmenopausal women (more than 12 months since last menstrual period) diagnosed with RUTI received any type of oestrogen (oral, vaginal) versus placebo or any other intervention were included.

Data collection and analysis

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

Main results

Nine studies (3345 women) were included. Oral oestrogens did not reduce UTI compared to placebo (4 studies, 2798 women: RR 1.08, 95% CI 0.88 to 1.33). Vaginal oestrogens versus placebo reduced the number of women with UTIs in two small studies using different application methods. The RR for one was 0.25 (95% CI 0.13 to 0.50) and 0.64 (95% CI 0.47 to 0.86) in the second. Two studies compared oral antibiotics versus vaginal oestrogens (cream (1), pessaries (1)). There was very significant heterogeneity and the results could not be pooled. Vaginal cream reduced the proportion of UTIs compared to antibiotics in one study and in the second study antibiotics were superior to vaginal pessaries. Adverse events for vaginal oestrogens were breast tenderness, vaginal bleeding or spotting, nonphysiologic discharge, vaginal irritation, burning and itching.

Authors' conclusions

Based on only two studies comparing vaginal oestrogens to placebo, vaginal oestrogens reduced the number of UTIs in postmenopausal women with RUTI, however this varied according to the type of oestrogen used and the treatment duration.

Treatment for peritoneal dialysis-associated peritonitis KJ Wiggins, JC Craig, DW Johnson, GF Strippoli

Background

Peritonitis is a common complication of peritoneal dialysis (PD) and is associated with significant morbidity. Adequate treatment is essential to reduce morbidity and recurrence.

Objectives

To evaluate the benefits and harms of treatments for PD-associated peritonitis.

Search strategy

We searched the Cochrane Renal Group's specialised register, the Cochrane Central Register of Controlled Trials (CENTRAL, in The Cochrane Library), MEDLINE, EMBASE and reference lists without language restriction. Date of search: February 2005

Selection criteria

All randomised controlled trials (RCTs) and quasi-RCTs assessing the treatment of peritonitis in peritoneal dialysis patients (adults and children) evaluating: administration of an antibiotic(s) by different routes (e.g. oral, intraperitoneal, intravenous); dose of an antibiotic agent(s); different schedules of administration of antimicrobial agents; comparisons of different regimens of antimicrobial agents; any other intervention including fibrinolytic agents, peritoneal lavage and early catheter removal were included.

Data collection and analysis

Two authors extracted data on study quality and outcomes. Statistical analyses were performed using the random effects model and the dichotomous results were expressed

as relative risk (RR) with 95% confidence intervals (CI) and continuous outcomes as mean difference (WMD) with 95% CI.

Main results

We identified 36 studies (2089 patients): antimicrobial agents (30); urokinase (4), peritoneal lavage (1) intraperitoneal (IP) immunoglobulin (1). No superior antibiotic agent or combination of agents were identified. Primary response and relapse rates did not differ between IP glycopeptide-based regimens compared to first generation cephalosporin regimens, although glycopeptide regimens were more likely to achieve a complete cure (3 studies, 370 episodes: RR 1.66, 95% CI 1.01 to 3.58). For relapsing or persistent peritonitis, simultaneous catheter removal/replacement was superior to urokinase at reducing treatment failure rates (1 study, 37 patients: RR 2.35, 95% CI 1.13 to 4.91). Continuous IP and intermittent IP antibiotic dosing had similar treatment failure and relapse rates. IP antibiotics were superior to IV antibiotics in reducing treatment failure (1 study, 75 patients: RR 3.52, 95% CI 1.26 to 9.81). The methodological quality of most included studies was suboptimal and outcome definitions were often inconsistent. There were no RCTs regarding duration of antibiotics or timing of catheter removal.

Authors' conclusions

Based on one study, IP administration of antibiotics is superior to IV dosing for treating PD peritonitis. Intermittent and continuous dosing of antibiotics are equally efficacious. There is no role shown for routine peritoneal lavage or use of urokinase. No interventions were found to be associated with significant harm.

Antiviral medications for preventing cytomegalovirus disease in solid organ transplant recipients EM Hodson, JC Craig, GFM Strippoli, AC Webster

Background

The risk of cytomegalovirus (CMV) infection in solid organ transplant recipients has resulted in the frequent use of prophylaxis with the aim of preventing the clinical syndrome associated with CMV infection.

Objectives

To determine the benefits and harms of antiviral medications to prevent CMV disease and all-cause mortality in solid organ transplant recipients.

Search strategy

We searched the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, reference lists and abstracts from conference proceedings without language restriction. Date of last search: February 2007

Selection criteria

Randomised controlled trials (RCTs) and quasi-RCTs comparing antiviral medications with placebo or no treatment, comparing different antiviral medications and comparing different regimens of the same antiviral medications in

recipients of any solid organ transplant.

Data collection and analysis

Statistical analyses were performed using the random effects model and results expressed as relative risk (RR) for dichotomous outcomes with 95% confidence intervals (CI). Subgroup analysis and univariate meta-regression were performed using restricted maximum-likelihood to estimate the between study variance. Multivariate meta-regression was performed to investigate whether the results were altered after allowing for differences in drugs used, organ transplanted and recipient CMV serostatus at the time of transplantation.

Main results

Thirty four studies (3850 participants) were identified. Prophylaxis with aciclovir, ganciclovir or valganciclovir compared with placebo or no treatment significantly reduced the risk for CMV disease (19 studies; RR 0.42, 95% CI 0.34 to 0.52), CMV infection (17 studies; RR 0.61, 95% CI 0.48 to 0.77), and all-cause mortality (17 studies; RR 0.63, 95% CI 0.43 to 0.92) primarily due to reduced mortality from CMV disease (7 studies; RR 0.26, 95% CI 0.08 to 0.78). Prophylaxis reduced the risk of herpes simplex and herpes zoster disease, bacterial and protozoal infections but not fungal infection, acute rejection or graft loss. Meta-regression showed no significant difference in the relative benefit of treatment (risk of CMV disease or all-cause mortality) by organ transplanted or CMV serostatus; no conclusions were possible for CMV negative recipients of negative organs. In direct comparison studies, ganciclovir was more effective than aciclovir in preventing CMV disease (7 studies; RR 0.37, 95% CI 0.23 to 0.60). Valganciclovir and IV ganciclovir were as effective as oral ganciclovir.

Authors' conclusions

Prophylaxis with antiviral medications reduces CMV disease and CMV-associated mortality in solid organ transplant recipients. They should be used routinely in CMV positive recipients and in CMV negative recipients of CMV positive organ transplants.

Biocompatible hemodialysis membranes for acute renal failure A Alonso, J Lau, BL Jaber

Background

Acute renal failure (ARF) is associated with substantial morbidity and mortality. Some studies have reported a survival advantage among patients dialyzed with biocompatible membranes (BCM) compared to bioincompatible membranes (BICM). These findings were not consistently observed in subsequent studies.

Objectives

To ascertain whether the use of BCM confers an advantage in either survival or recovery of renal function over the use of BICM in adult patients with ARF requiring intermittent hemodialysis.

Search strategy

We searched the Cochrane Central Register of Controlled

Trials (CENTRAL, in The Cochrane Library), MEDLINE (from 1966), EMBASE (from 1980), the Mexican Index of Latin American Biomedical Journals IMBIOMED (from 1990), the Latin American and Caribbean Health Sciences Literature Database LILACS (from 1982), and reference lists of articles.

Search date: January 2007

Selection criteria

Randomized and quasi-randomized controlled trials comparing the use of a BCM with a BICM in patients > 18 years of age with ARF requiring intermittent hemodialysis.

Data collection and analysis

Two authors extracted the data independently. Cellulose-derived dialysis membranes were classified as BICM, and synthetic dialyzers were considered as BCM. The main outcomes were all-cause mortality and recovery of renal function by type of dialyzer. We further explored these outcomes according to the flux properties (high-flux or low-flux) of each of these dialyzers. A meta-analysis was conducted by combining data using a random-effects model.

Main results

Ten studies were included in the primary analysis of mortality, with a total of 1100 patients. None of the pooled risk ratios (RRs) reached statistical significance. The pooled RR for mortality was 0.93 (95% confidence interval (CI) 0.81 to 1.07). The overall RR for recovery of renal function, which was inclusive of 1038 patients from nine studies, was 1.09 (95% CI 0.90 to 1.31). The pooled RR for mortality by dialyzer flux property was 1.05 (95% CI 0.81 to 1.37). The pooled RR for recovery of renal function by flux property was 1.30 (95% CI 0.83 to 2.02). A meta-analysis of mortality among kidney transplant recipients was not possible, however the analysis of recovery of renal function in this patient population revealed an RR of 1.05 (95% CI 0.87 to 1.26). Results of sensitivity analyses did not differ significantly from the primary analyses.

Authors' conclusions

There is no demonstrable clinical advantage to the use of BCM versus BICM in patients with ARF who require intermittent hemodialysis.

Cranberries for preventing urinary tract infections
RG Jepson, JC Craig

Background

Cranberries have been used widely for several decades for the prevention and treatment of urinary tract infections (UTIs).

Objectives

To assess the effectiveness of cranberry products in preventing UTIs in susceptible populations.

Search strategy

We searched MEDLINE, EMBASE, the Cochrane Central Register of Controlled Trials (CENTRAL in The Cochrane Library) and the Internet. We contacted companies involved with the promotion and distribution of cranberry preparations and checked reference lists of review articles and relevant studies.

Date of last search: January 2007.

Selection criteria

All randomised controlled trials (RCTs) or quasi-RCTs of cranberry products for the prevention of UTIs in all populations.

Data collection and analysis

Two authors independently assessed and extracted information. Information was collected on methods, participants, interventions and outcomes (UTIs - symptomatic and asymptomatic, side effects, adherence to therapy). Relative risk (RR) were calculated where appropriate, otherwise a narrative synthesis was undertaken. Quality was assessed using the Cochrane criteria.

Main results

Ten studies (n = 1049, five cross-over, five parallel group) were included. Cranberry/cranberry-lingonberry juice versus placebo, juice or water was evaluated in seven studies, and cranberries tablets versus placebo in four studies (one study evaluated both juice and tablets). Cranberry products significantly reduced the incidence of UTIs at 12 months (RR 0.65, 95% CI 0.46 to 0.90) compared with placebo/control. Cranberry products were more effective reducing the incidence of UTIs in women with recurrent UTIs, than elderly men and women or people requiring catheterisation. Six studies were not included in the meta-analyses due to methodological issues or lack of available data. However, only one reported a significant result for the outcome of symptomatic UTIs. Side effects were common in all studies, and dropouts/withdrawals in several of the studies were high.

Authors' conclusions

There is some evidence that cranberry juice may decrease the number of symptomatic UTIs over a 12 month period, particularly for women with recurrent UTIs. It's effectiveness for other groups is less certain. The large number of dropouts/withdrawals indicates that cranberry juice may not be acceptable over long periods of time. It is not clear what is the optimum dosage or method of administration (e.g. juice, tablets or capsules). Further properly designed studies with relevant outcomes are needed.

Non-corticosteroid treatment for nephrotic syndrome in children
EM Hodson, NS Willis, JC Craig

Background

Eighty to 90% of children with steroid-sensitive nephrotic syndrome (SSNS) have relapses. About half relapse frequently and are at risk of the adverse effects of corticosteroids. Non-corticosteroid immunosuppressive agents are used to prolong periods of remission in these children, however these agents

have significant potential adverse effects. Currently there is no consensus as to the most appropriate second line agent in children who are steroid sensitive, but who continue to relapse.

Objectives

To evaluate the benefits and harms of non-corticosteroid immunosuppressive agents in relapsing SSNS in children.

Search strategy

We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, reference lists, conference abstracts and contact with known investigators.

Search date: September 2007

Selection criteria

Randomised controlled trials (RCTs) or quasi-RCTs were included if they compared non-corticosteroid agents with placebo, prednisone or no treatment, different doses and/or durations of the same non-corticosteroid agent, different non-corticosteroid agents.

Data collection and analysis

Two authors independently assessed study quality and extracted data. Statistical analyses were performed using a random effects model and results expressed as relative risk (RR) with 95% confidence intervals (CI).

Main results

We identified 26 studies (1173 children). Cyclophosphamide (RR 0.44, 95% CI 0.26 to 0.73) and chlorambucil (RR 0.15, 95% CI 0.02 to 0.95) significantly reduced the relapse risk at six to twelve months compared with prednisone alone. There was no difference in relapse risk at two years between chlorambucil and cyclophosphamide (RR 1.31, 95% CI 0.80 to 2.13). There was no difference at one year between intravenous and oral cyclophosphamide (RR 0.99, 95% CI 0.76 to 1.29). Cyclosporin was as effective as cyclophosphamide (RR 1.07, 95% CI 0.48 to 2.35) and chlorambucil (RR 0.82, 95% CI 0.44 to 1.53) and levamisole (RR 0.43, 95% CI 0.27 to 0.68) was more effective than steroids alone but the effects were not sustained once treatment was stopped. There was no difference in the risk for relapse between mycophenolate mofetil and cyclosporin (RR 5.00, 95% CI 0.68 to 36.66) but CI were large. Mizoribine and azathioprine were no more effective than placebo or prednisone alone in maintaining remission.

Authors' conclusions

Eight week courses of cyclophosphamide or chlorambucil and prolonged courses of cyclosporin and levamisole reduce the risk of relapse in children with relapsing SSNS compared with corticosteroids alone. Clinically important differences in efficacy are possible and further comparative studies are still needed.

Upcoming workshops 2008

Australasian Cochrane Centre/ Cochrane Renal Group*		
19 May	Hobart	Developing a Protocol for a Systematic Review Workshop Closing Date: 2 May
20 May	Hobart	Introduction to Analysis Workshop Closing Date: 2 May
22-23 May	Hobart	Symposium for Australasian Review Authors
10 June	Melbourne	New Cochrane Handbook Methods & RevMan 5 for Existing Review Authors Closing Date: 26 May
12 Jun	Melbourne	Developing a Protocol for a Systematic Review Workshop Closing Date: 28 May
13 Jun	Melbourne	Introduction to Analysis Workshop Closing Date: 28 May
16 Jul	Sydney	New Cochrane Handbook Methods & RevMan 5 for Existing Review Authors Closing Date: 2 Jul
17 Jul	Sydney*	Developing a Protocol for a Systematic Review Workshop Closing Date: 2 Jul
18 Jul	Sydney*	Introduction to Analysis Workshop Closing Date: 2 Jul
4 Sep	Adelaide	Developing a Protocol for a Systematic Review Workshop Closing Date: 20 Aug
5 Sep	Adelaide	Introduction to Analysis Workshop Closing Date: 20 Aug
Oct	Singapore	Protocol & RevMan Workshop
17-21 Nov	Melbourne	Cochrane Review Completion and Update Program Closing Date: 24 Oct
04 Dec	Sydney*	Developing a Protocol for a Systematic Review Workshop Closing Date: 19 Nov
05 Dec	Sydney*	Introduction to Analysis Workshop Closing Date: 19 Nov

For further information on Australasian workshops please go to:
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For Review workshops offered by other Cochrane Centres go to:
www.cochrane.org/news/workshops.htm

Ongoing trials – new listings

Acute Kidney Injury

- Multicentre, unblinded, open label, randomised, controlled trial to assess the effect of augmented vs normal continuous renal replacement therapy (CRRT) on 90 day all-cause mortality of intensive care unit patients with severe acute renal failure [NCT00221013] Study size: 1500; Estimated completion date May 2008 Source: ClinicalTrials.Gov
- 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 Kidney Disease

- The Collaborative Study Group Trial: The Effect of Sulo-dexide 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 Sulo-dexide 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

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 Lupus 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

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)

Recent trials

Chronic Kidney Disease

The Lipid lowering and Onset of Renal Disease (LORD) Trial: a randomized double blind placebo controlled trial assessing the effect of atorvastatin on the progression of kidney disease. Fassett RG, Ball MJ, Robertson IK, Geraghty DP, Coombes JS. *BMC Nephrology*. 2008; 9() :

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Diabetic Kidney Disease

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Dialysis

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A comparison of sevelamer and calcium-based phosphate binders on mortality, hospitalization, and morbidity in hemodialysis: a secondary analysis of the Dialysis Clinical Outcomes Revisited (DCOR) randomized trial using claims data.[see comment]. St Peter WL, Liu J, Weinhandl E, Fan Q. *American Journal of Kidney Diseases*. 2008 Mar; 51(3) : 445-454.

Acute Kidney Injury

Prevention of radiocontrast medium-induced nephropathy using short-term high-dose simvastatin in patients with renal insufficiency undergoing coronary angiography (PROMISS) trial--a randomized controlled study. Jo SH, Koo BK, Park JS, Kang HJ, Cho YS, Kim YJ, Youn TJ, Chung WY, Chae IH, Choi DJ, Sohn DW, Oh BH, Park YB, Choi YS, Kim HS. *American Heart Journal*. 2008 Mar; 155(3) : 499.

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Urinary Tract Infections

Antibiotic prophylaxis for the prevention of recurrent urinary tract infection in children with low grade vesicoureteral reflux: results from a prospective randomized study. [see comment]. Roussey-Kesler G, Gadjos V, Idres N, Horen B, Ichay L, Leclair MD, et al. Journal of Urology 2008 Feb;179(2):674-9.



Conferences



2008

May 31-June 4, 2008 American Transplant Congress. Toronto, Ontario CANADA. www.atcmeeting.org/

June 3-6, 2008 17th International Vicenza Course on Hemodialysis. Vicenza, Italy. www.vicenzanephrocourses.com/

June 11-14, 2008 XIV International Congress on Nutrition and Metabolism in Renal Disease. Marseilles, France www.isrnm-marseilles2008.org

June 21-24, 2008 The 12th Congress of the International Society for Peritoneal Dialysis. Istanbul, Turkey. www.ispd2008.org/index.htm

June 26-29, 2008 ISN Nexus Symposium on Diabetes and the Kidney: Diabetic Nephropathy. Dublin, Ireland. www.associationhq.com/ISN/nexus/diabetes/

August 10-14, 2008 22nd International Congress of The Transplantation Society. Sydney, Australia. www.transplantation2008.org



Conferences ...Cont'd



September 6-10, 2008 The 44th Annual Scientific Meeting of the Australian and New Zealand Society of Nephrology. Newcastle, Australia. www.willorganise.com.au/anzsn2008

September 6-9, 2008 37th Annual EDTNA/ERCA International Conference. Prague, Czech Republic. www.edtna-erca-prague2008.com/

October 2-4, 2008 The sixth Congress of the International Association for the History of Nephrology. Sicily, Italy. www.iahn.info

November 4-9, 2008 American Society of Nephrology—Renal Week. Philadelphia, Pennsylvania. www.asn-online.org

November 16-21 2008 4th Australian Health & Medical Research Congress (AH&MRC). Brisbane, Australia. www.ahmrccongress.org.au

2009

Jan 21, 2009 International Conference on Early Disease Detection and Prevention (EDDP). Bangkok, Thailand. www.paragon-conventions.com/eddp2009/

February 16-19, 2009 Joint Meeting of 10th Congress of African Association of Nephrology 'AFRAN' & 21st Congress of Nigerian Association of Nephrology 'NAN'. Abuja, Nigeria. www.nature.com/isn/conference/events_dir/fullview.html?content_id=48270

May 22-26, 2009 World Congress of Nephrology. Milan, Italy. www.wcn2009.org

May 30-June 3, 2009 American Transplant Congress. Boston, USA. www.atcmeeting.org/

September 2-5, 2009 42nd Annual Scientific Meeting of the European Society for Paediatric Nephrology. Birmingham, England. www.espn2009.co.uk

October 27-November 1, 2009 American Society of Nephrology Renal Week. California, USA. www.asn-online.org

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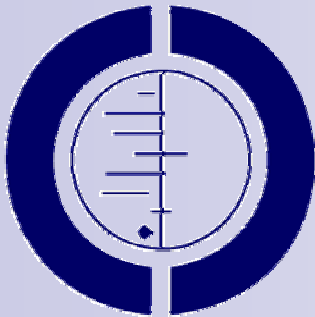
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