



# The Cochrane Renal Group Newsletter

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## What we do

The Cochrane Renal Group (CRG) is one of 50 review groups around the world and consists of individuals who share a common interest in renal disease. Members of the group include reviewers, handsearchers, referees, consumers, interested parties (e.g., government) as well as an editorial team. The editorial team is responsible for assembling an edited module of systematic reviews prepared by our reviewers as well as information about the renal group (e.g., our scope, members, trial search strategy, editorial process). This information is published quarterly on the Cochrane Library.

## Scope

The CRG is concerned with the evaluation of care relevant to patients with renal disease and with renal complications of diabetes and systemic hypertension. There is potential for overlap with several other review groups (e.g., peripheral vascular diseases group, hypertension group) and these issues are sorted out at the editorial level. The CRG's scope does not cover the treatment of renal tumours, this is covered by the Prostatic Diseases and Urological Cancers Group.

The CRGs scope covers the following major areas of renal disease.

- Acute renal failure
- Chronic renal failure
- Renal transplantation
- Renovascular hypertension
- Glomerular diseases
- Urinary tract infections
- Nephrolithiasis

## Renal group news

...from Narelle Willis

### Cape Town Colloquium

For Ruth and I this was our first Colloquium, and what a fascinating city to visit first up. The view of Table Mountain from our hotel window, the noise of the markets being set up every morning, a trip to the Cape, and the meeting of all those people with whom we have only ever talked to via email was fantastic. We will definitely be going to Lyon! We finally met Sandrine, our TSC based in Lyon (and aren't we lucky to have a contact in the next host city!) and I can assure everyone that her English is so much better than our French. There were not many renal group members there but we did manage to have a small meeting with Jonathan, Sandrine, Ruth, Margaret Haugh and myself to talk about all

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those things editorial issues that really need face to face discussion. We also met with Monica Lutters, Vladimir Rafalsky, Ruth Jepson and June Cody, four of our reviewers from Switzerland, Russia and the UK. All in all it was a wonderful experience. We will be holding another Renal Group meeting in Lyon and shall let you know closer to the Colloquium when and where. We hope to see many of you there.

The dates have been set for the next 4 years - so put them in your diary now!

**9th Annual International Cochrane Colloquium**  
Lyon, France, 9-13 October 2001

**10th Annual International Cochrane Colloquium**  
Stavanger, Norway, 31 July - 3 August 2002

**11th Annual International Cochrane Colloquium**  
Barcelona, Spain, 25 October - 1 November 2003

**12th Annual International Cochrane Colloquium**  
Ottawa, Canada, 2 - 6 October 2004

## Workshops

We have recently run 2 workshops at our Sydney base and had a very good attendance. A total of 30 people attended and all gave very positive feedback. Our workshops were based on those run by the Australasian Cochrane Centre and we would like to thank Phil Alderson and Sally Green for the use of their presentation slides. Several new members, including consumers, were signed up at the workshops and new titles have been registered. We plan to hold additional workshops in the near future.

## Membership

The number of active members has increased from 111 at the last issue to 130. This includes 11 consumers. We have members from 22 countries, including Russia and China.

## Funding

We have recently received funding from the Australian Kidney Foundation for a period of 3 years. We are also applying to the Australian Government for infrastructure funding and hope to have an answer from them in June.

## Updating reviews

There is concern within the Collaboration about reviews becoming obsolete. In order to encourage reviewers to update their reviews the Steering Group has decided during their meeting in Brazil in February, and after consultation with

members of the editorial teams of collaborative review groups, that the withdrawal of complimentary copies of The Cochrane Library should take effect from the module submission deadline for Issue 1, 2002 (i.e. for reviews that have not been updated since Issue 3, 1999). This means that Issue 2, 2002 will be the first issue for which complimentary copies can be withheld from contact reviewers. Implementation of this policy will be monitored and it will be reviewed at the Steering Group meeting in Oslo in 2002. Reviews should be updated when new evidence becomes available, when comments and criticism require it or within 2 years of publication or last update. In future, the contact reviewer will receive the next 10 issues of the Cochrane Library free of charge from the time their review is substantively updated or if a statement is made to the effect that no amendments are required. Please contact Narelle for further details.

## Reviews and protocols

In Issue 2 2001 we have one new review and one new protocol. This brings our total to 7 reviews and 15 protocols. In addition there are 5 reviews and 7 protocols currently going through the editorial process.

The titles of our two most recent protocols are:

- **Antihypertensive treatment for non diabetic kidney disease.** Ettore Guidi et al., Italy
- **Treatment for lupus nephritis.** Steven Chadban et al., Australia.

The lupus title was originally registered with the Musculoskeletal Group and after negotiations with Vivian Welch and Peter Tugwell the protocol has been transferred to us. Many thanks Peter and Vivian.

Here are the abstracts from our recently published reviews.

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**Effects of nonsteroidal anti-inflammatory drugs on post-operative renal function in normal adults.** Anna Lee et al., Hong Kong

### Background

Nonsteroidal anti-inflammatory drugs (NSAIDs) can play a major role in the management of acute pain in the peri-operative period. However, there are conflicting views on whether NSAIDs are associated with adverse renal effects.

## Objectives

The primary objective of this review was to determine the effects of NSAIDs on post-operative renal function in adults with normal pre-operative renal function.

## Search strategy

Electronic searches for relevant randomised and quasi-randomised controlled trials in Cochrane Controlled Trials Register, MEDLINE and EMBASE were performed. Attempts were also made to identify trials from citation lists of relevant trials, review articles and clinical practice guidelines. Hand-searching of conference abstracts published in major anaesthetic journals was also performed.

## Selection criteria

The inclusion criteria were randomised or quasi-randomised comparisons of individual NSAIDs with either each other or placebo for treatment of post-operative pain, with relevant post-operative renal outcome measures, in adult surgical patients with normal renal function.

## Data collection & analysis

Of the 14 trials that fulfilled the selection criteria for this review, eight trials were relevant with sufficient data for meta-analysis. The data was extracted independently by two reviewers. The primary outcome measure was creatinine clearance within the first two days after surgery. Secondary outcome measures included serum creatinine, urine volume, urinary sodium level, urinary potassium level, fractional excretion of sodium, fractional excretion of potassium, need for dialysis and need for diuretic or dopamine treatment for renal insufficiency. Weighted mean differences for continuous outcomes and relative risk for dichotomous outcomes were estimated.

## Main results

As a group, NSAIDs reduced creatinine clearance by 18ml/min (95%CI: 6 to 31) and potassium output by 38mmol/day (95%CI: 19 to 56) on the first day after surgery compared to placebo. Serum creatinine increased on the second day after surgery by 15umol/L (95%CI: 2 to 28) compared to placebo. No significant reduction in urine volume during the early post-operative period was found. There was no significant difference in serum creatinine in the early post-operative period between patients receiving ketorolac and diclofenac in one trial. No cases of post-operative renal failure requiring dialysis were described.

## Reviewers' conclusions

NSAIDs caused a clinically unimportant transient reduction in renal function in the early post-operative period in patients with normal pre-operative renal function. NSAIDs should not be withheld from adults with normal pre-operative renal function because of concerns about post-operative renal impairment.

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## Corticosteroid therapy for nephrotic syndrome in children. Elisabeth Hodson et al., Australia.

### Background

In nephrotic syndrome protein leaks from the blood to the urine through the glomeruli resulting in hypoproteinaemia and generalised oedema. Children with untreated nephrotic syndrome frequently die from infections. The majority of children with nephrotic syndrome respond to corticosteroids. However about 70% of children experience a relapsing course with recurrent episodes of oedema and proteinuria. Corticosteroid usage has reduced the mortality rate in childhood nephrotic syndrome to around 3%, with infection remaining the most important cause of death. However corticosteroids have known adverse effects such as obesity, poor growth, hypertension, diabetes mellitus, osteoporosis and adrenal suppression. The original treatment schedules for childhood nephrotic syndrome were developed in an ad hoc manner. The optimal doses and durations of corticosteroid therapy that are most beneficial and least harmful have not been clarified. The aim of this systematic review was to assess the benefits and harms of corticosteroid therapy in treating children with nephrotic syndrome.

### Objectives

To determine the benefits and harms of different corticosteroid regimens in preventing relapse in children with steroid responsive nephrotic syndrome (SRNS).

### Search strategy

Published and unpublished randomised controlled trials were identified from the Cochrane Controlled Trials Register, Medline, EMBASE, reference lists of articles, abstracts from proceedings and contact with known investigators in the area.

### **Selection criteria**

Randomised trials were included if they were carried out in children (aged three months to 18 years) in their initial or subsequent episode of SRNS, if they compared different durations, total doses or other dose strategies using prednisone or other corticosteroid agent and if they had outcome data at six months or more.

### **Data collection & analysis**

Two reviewers independently reviewed all eligible studies for inclusion, assessed study quality and extracted data. The principle outcome measure was the number of children with and without relapse after six and 12-24 months. Secondary outcomes sought included the number of children who developed frequently relapsing nephrotic syndrome and adverse events. A random effects model was used to estimate summary effect measures (relative risk RR, risk difference RD) after testing for heterogeneity. Meta-regression was used to explore potential between-study differences due to the baseline risk of relapse, study quality and types of interventions used.

### **Main results**

Twelve trials were identified. A meta-analysis of five trials, which compared two months of prednisone with three months or more in the first episode, showed that the longer duration significantly reduced the risk of relapse at 12 - 24 months (relative risk 0.73; 95% CI 0.60,0.89) without an increase in adverse events. There was an inverse linear relationship (RR = 1.382 (SE 0.215) - 0.133 duration (SE 0.048);  $r^2 = 0.66$ ;  $p = 0.05$ ) between the duration of treatment and risk of relapse. The number of children who became frequent relapsers and the mean relapse rate/patient/year were also significantly reduced without increase in serious adverse events. In children with frequently relapsing nephrotic syndrome, deflazacort was significantly more effective in maintaining remission than prednisone (RR 0.44; 95% CI 0.25, 0.78).

### **Reviewers' conclusions**

From this meta-analysis of randomised controlled trials it can be concluded that children in their first episode of nephrotic syndrome should be treated for at least three months with an increase in benefit being demonstrated for up to seven months of treatment. In a population with a baseline risk for relapse following the first episode of 60% with two months of prednisone,

daily prednisone for four weeks followed by alternate day therapy for six months would be expected to reduce the number of children experiencing a relapse by about 40%. In children who relapse frequently, deflazacort deserves further study.

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**Double bag or Y-set versus standard transfer systems for continuous ambulatory peritoneal dialysis in end-stage renal disease.** Conal Daly et al., UK.

### **Background**

Peritonitis is the most frequent serious complication of continuous ambulatory peritoneal dialysis (CAPD). It has a major influence on the number of patients switching from CAPD to haemodialysis and has probably restricted the wider acceptance and uptake of CAPD as an alternative mode of dialysis.

### **Objectives**

This systematic review sought to determine if modifications of the transfer set (Y-set or double bag systems) used in CAPD exchanges are associated with a reduction in peritonitis and an improvement in other relevant outcomes.

### **Search strategy**

A broad search strategy was employed which attempted to identify all RCTs or quasi-RCTs relevant to the management of end-stage renal disease (ESRD). Five electronic databases were searched (Medline 1966-1999, EMBASE 1984-1999, CINAHL 1982-1996, BIOSIS 1985-1996 and the Cochrane Library), authors of included studies and relevant biomedical companies were contacted, reference lists of identified RCTs and relevant narrative reviews were screened and Kidney International 1980-1997 was hand searched.

### **Selection criteria**

Randomised or quasi-randomised controlled trials comparing double bag, Y-set and standard CAPD exchange systems in patients with ESRD.

### **Data collection & analysis**

Data were abstracted by a single investigator onto a standard form and subsequently entered into Review Manager 4.0.4. Odds Ratio (OR) for dichotomous data and a Weighted Mean Difference (WMD) for continuous data were calculated with 95% confidence intervals (95% CI).

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## Main results

Twelve eligible trials with a total of 991 randomised patients were identified. In trials comparing either the Y-set or double bag systems with the standard systems significantly fewer patients (OR 0.33, 95% CI 0.24 to 0.46) experienced peritonitis and the number of patient-months on CAPD per episode of peritonitis were consistently greater. When the double bag systems were compared with the Y-set systems significantly fewer patients experienced peritonitis (OR 0.44, 95% CI 0.27 to 0.71) and the numbers of patient-months on CAPD/ episode of peritonitis were also greater.

## Reviewers' conclusions

Double bag systems should be the preferred exchange systems in CAPD.

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## Published reviews

**Corticosteroid therapy for nephrotic syndrome in children.** Elisabeth Hodson et al., Australia.

**Cranberries for preventing urinary tract infections.** Ruth Jepson et al., UK.

**Cranberries for treating urinary tract infections.** Ruth Jepson et al., UK.

**Cytomegalovirus prophylaxis with antiviral agents for solid organ transplantation.** Cecile Couchoud, France.

**Double bag or Y-set versus standard transfer systems for continuous ambulatory peritoneal dialysis in end-stage renal disease.** Conal Daly et al., UK.

**Effects of non steroidal anti-inflammatory drugs on post-operative renal function in normal adults.** Anna Lee et al., Hong Kong.

**Low protein diets for non diabetic kidney disease.** Denis Fouque et al., France.

## Published protocols

**Antibiotic duration for treating uncomplicated, symptomatic lower urinary tract infections in elderly women.** Monica Lutters et al., Switzerland.

**Antihypertensive treatment for non diabetic kidney disease.** Ettore Guidi et al.

**Antihypertensive treatment for protecting kid-**

**ney function in hypertensive adults.** Maurice Laville et al., France.

**Correction of chronic metabolic acidosis in pre end stage chronic renal failure.** Paul Roderick et al., UK.

**Cyclophosphamide and cyclosporin for adult-onset minimal change nephropathy.** Sui Ka Mak et al. Hong Kong.

**Cyclosporin A for steroid-resistant nephrotic syndrome in adults and children.** Paulo Koch Nogueira et al., Brazil.

**Early corticosteroids for preventing anaphylactoid purpura nephropathy in children.** Janusz Feber et al., Czech Republic.

**Growth hormone treatment for chronic renal failure in children.** Dushyanthi Vimalachandra et al., Australia.

**Interventions for preventing recurrent urinary tract infection in women.** Inmaculado Pereiro et al., Spain.

**Interventions for primary vesicoureteric reflux.** Danielle Wheeler et al., Australia.

**Levocarnitine for chronic renal failure.** Jean-Marc Hurot et al., France.

**Long term antibiotics for the prevention of recurrent urinary tract infection in children.** Gabrielle Williams et al., Australia.

**Non corticosteroid treatment for relapsing nephrotic syndrome in childhood.** Anne Durkan et al., UK.

**Short versus standard duration therapy for acute urinary tract infection in children.** Virginia Moyer et al., USA.

**Treatment for lupus nephritis.** Steven Chadban et al., Australia.

## New titles

**Chinese herbal medicine for chronic renal failure.** Li Zi et al., China.

**Cyclosporin A for renal transplant recipients.** Hao Li et al., China.

**Fluoroquinolone for uncomplicated acute cystitis.** Vladimir Rafalsky, Russia.

**Intravenous versus oral therapy for symptomatic urinary tract infections.** Annette Pohl et al., Germany.

**Interventions for haemolytic uraemic syndrome.** Elizabeth Elliott, Australia.

**Interventions for malignant hypertension.** Bruce Powell et al., UK.

**Interventions for membranoproliferative glomerulonephritis.** Ping Fu et al., China.

**Interventions to improve water quality in haemodialysed patients.** Krishan Madhan et al., New Zealand.

**Interventions to reduce infective complications of haemodialysis access.** John Agar et al., Australia.

**Non cyclosporin treatment for corticosteroid resistant nephrotic syndrome.** Elisabeth Hodson et al., Australia.

### **Other reviews of interest to the renal community**

**Balloon angioplasty versus antihypertensive drug treatment in hypertensive patients with renal artery obstruction.** AS Denton et al., UK. (Peripheral Vascular Diseases Group)

**Medical adjuvant treatment to increase patency of arteriovenous fistulae and grafts.** A Da Silva et al., UK. (Peripheral Vascular Diseases Group).

**Protein restriction for diabetic renal disease.** NR Waugh et al., UK. (Endocrine and Metabolic Disorders Group).

## **Priority areas**

### ➤ **Renal transplantation**

- Tacrolimus for renal transplant recipients
- Antilymphocyte preparations for renal transplant recipients
- IL-2 receptor blockers for renal transplant recipients
- Sirolimus for renal transplant recipients

### ➤ **Dialysis**

- Interventions to prevent peritonitis and exit site infections in peritoneal dialysis
- Treatment for dialysis-related hypotension

### ➤ **Urology**

- Water for the prevention of renal calculi

### ➤ **Urinary tract infection**

- Antiseptic impregnated urethral catheters for the prevention of urinary tract infections

### ➤ **General nephrology**

- Corticosteroids in minimal change nephropathy in adults
- Interventions to prevent contrast-induced nephropathy
- Interventions to reduce infection risk in nephrotic syndrome
- Interventions to reduce thrombosis risk in nephrotic syndrome

## **Reviewer support**

We have now completed 3 more booklets to aid our reviewers and referees, bringing our total to 5.

### **Further information booklet**

- For those who would like to know more about the Renal Group and the Cochrane Collaboration.

### **New Members booklet**

- General information about the review process, how new members may contribute and how the Editorial Team can help them.

### **How to write a protocol - NEW**

- Step by step manual including where to download all the relevant software, the Renal Group guidelines for completing a protocol, which sections of RevMan needs to be completed, a data extraction form and a submission checklist.
- This booklet is sent to reviewers on registration of a title.

### **Referees guide for protocols - NEW**

- A checklist and guide for referees to help them assess protocols.

### **Referees guide for reviews - NEW**

- A checklist and guide for referees to help them assess reviews.

**If you would like a copy of any of these booklets, contact Narelle at [narellw2@chw.edu.au](mailto:narellw2@chw.edu.au)**

A further 2 booklets are planned:

### **How to write a review**

- Step by step guide with examples, synopsis writing guidelines and reviewer checklist.
- Sent to reviewers on completion of protocol.

### **How to update a review**

- How to update your review, how often it needs to be done and how we can help.

# News from the Trials Search Coordinators

Ruth Mitchell and Sandrine Dury

## MeerKat

We have decided to use MeerKat, a piece of software developed by the Collaboration, to manage our specialised trials register, and also to track the progress of our reviewers on their journey from title to protocol to published systematic review.

MeerKat is a relational, study-based database, which enables the grouping together of reports of a specific trial or study under one record. It also links together studies and their related reports with particular reviews and reviewers, so that we can easily double-check if our reviewers have all the relevant reports for a particular review. The studies are also related to our topic list, allowing us to quickly see which topics are ready and waiting for a systematic review to be done.

We are still in the early stages of transition from our Reference Manager register, and in learning all the functions and features that MeerKat offers. At times it seems much less endearing than its cute namesake, however we have found other groups with more experience in using it, particularly the Schizophrenia Group, to be most helpful. Since it is based on Microsoft Access there is also the possibility for us to customise it further. It is proving a lot of work to make the transition, but our motivation is that ultimately we think it will help us to offer a better service to our dedicated, hard working reviewers.

## Specialised register

At present, the Renal Register includes about 8,000 references, tagged RCT or CCT. The register is updated every three months and includes:

- ✓ New references extracted from the Cochrane Library (CCTR - Cochrane Controlled Trials Register)
- ✓ References from handsearching
- ✓ References found from searches for systematic reviews

The last update of our register was submitted to the CCTR of the Cochrane Library in March 2001. It can be searched by restricting the search to our specialised register code SR-RENAL.

## Handsearching

An important contribution to the updating of our specialised register comes from handsearching journals and conference proceedings. It is important because some journals may not be indexed by Medline or Embase or be only selectively indexed, so that important articles are missed out. Also articles which have been indexed may not have been coded as randomised controlled trials or controlled clinical trials, and so have been missed in our regular searches of these databases. Conference proceedings are often not indexed anywhere, but can be a good source of trials, particularly trials with negative results. These may not end up being published in journals as there is a bias against publishing articles reporting negative results. Even when results of a particular trial are not fully published, if we know the trial has been conducted, then it is often possible to contact the triallists and obtain individual patient data from which results can be calculated.

Journals ranked in order of probability of yielding an RCT/CCT		
1. Nephrol Dial Transplant	9. J Urol**	17. Perit Dial Int
2. Transplant Proc	10. Am J Nephrol	18. Ren Failure
3. Kidney Int*	11. J Nephrol*	19. Clin Transpl
4. Transplantation	12. Pediatr Nephrol*	20. Urology**
5. Clin Nephrol	13. Transplant Int	21. Int Urol Nephrol
6. Am J Kidney Dis	14. Scand J Urol Nephrol**	22. Artif Organs
7. Nephron	15. Int J Art Organs	23. ASAIO Trans
8. J Am Soc Nephrol	16. Eur Urol**	24. Curr Opin Nephrol & Hypert
* Search registered by a member of the Cochrane Renal Group		
** Search registered by a member of another Review Group		

**Handsearching is an ideal way for you to contribute to the Renal Group if you do not feel able to write a systematic review.** You may have ready access to renal journals through your hospital or university library; you may be a consumer or retired health professional who lives near one of these libraries; or we can send you material to search. Handsearching involves scanning the contents pages of individual journal issues and then reading the first page or two of relevant articles to identify whether or not they are reporting a controlled trial. A similar process is involved in scanning conference proceedings. You do not need any prior knowledge of how controlled trials work, as we have training materials available to assist you, and you can work at your own pace.

We are keen to increase the number of trials from handsearching entered on our specialised register, so if there are any enthusiastic potential handsearchers out there, please do not hesitate to contact either Sandrine (sdury@free.fr) or Ruth (ruthm4@chw.edu.au).

## Collaboration News

### Cochrane Colloquium, Lyon, France

The theme of the 2001 Colloquium is 'The effective dissemination process: how to make it more efficient'. These are the deadlines:

30 April - submissions of abstracts

15 June - early registration (reduced rate)

30 August - full registration (normal rate)

1 September - accommodation registration

For more information:

<http://spc-10.univ-lyon1.fr/citccf/colloque2001/>

### Adoption of a tenth principle

After widespread consultation within the Collaboration, it has been agreed to adopt a tenth principle.

Short version: Enabling wide participation

Longer version: Enabling wide participation in the work of the Collaboration by reducing barriers to contributing and by encouraging diversity.

### Academic recognition of Cochrane reviews in Australia

The Department of Health and Aged Care (DHAC) and the Department of Education, Training and

Youth Affairs (DETYA) have agreed to list the Cochrane Database of Systematic Reviews (CDSR) on the DETYA register of refereed journals. This means that publications in CDSR can now be counted in HERDC (Higher Education Research Data Collection) exercises. This enhances the academic standing of Cochrane reviews as it will enable these reviews to be recognised as high quality research output within a higher education centre. The DETYA register of journals can be found at: [www.detya.gov.au/highered/research/herdc.htm](http://www.detya.gov.au/highered/research/herdc.htm)

## Copublication issues

### The Lancet

The Lancet welcomes submissions of completed and approved Cochrane Reviews for subsequent publication in The Lancet. Prior publication on the Cochrane Library is not an issue (i.e., your review has been through the editorial process and is ready for inclusion in the next issue of the Cochrane Library). The review must fit the usual MS requirements and would go through the journal's own peer review process. The likelihood is that, if the paper is accepted, it would differ from the Cochrane Library version.

Richard Horton, The Lancet

### JAMA

The policy of JAMA is that while they would prefer to publish before the review appears in the Cochrane Library, all manuscripts will be handled on an individual basis and they are prepared to consider reviews already in the Cochrane Library. The manuscripts would undergo peer review for JAMA and, as with The Lancet, the finished manuscript would differ from the Cochrane Library version.

Drummond Rennie, JAMA

### The Journal of Pediatrics

The Journal of Pediatrics supports the work of the Cochrane Collaboration and welcomes the possibility of participation. They are interested in publishing summaries of Cochrane Reviews, with the understanding that these summaries will be peer reviewed by the journal.

### Transplantation

Transplantation will consider for publication reviews that have been published on the Cochrane Library.

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### Archives of Pediatrics and Adolescent Medicine

Archives of Pediatrics and Adolescent Medicine is very interested in systematic reviews and meta-analyses of paediatric diagnostic tests, therapies and other interventions. Submitted manuscripts will be promptly and expeditiously reviewed. They welcome questions regarding the journal's potential interest in topics prior to submission and are willing to publish reviews that have been included in the Cochrane Library.

### Pediatric Nephrology

Pediatric Nephrology are happy to consider publication of completed Cochrane reviews.

### Clinical Nephrology

Clinical Nephrology are happy to consider co-publication of completed Cochrane Reviews.

### Publication of industry sponsored trials

The Danish Medical Association and the Danish Pharmaceutical Industry Association have signed an agreement on cooperation concerning clinical trials. It specifically mentions that both parties have the right to publish results of a clinical trial no matter what the results are. Trials that show that a certain treatment is not effective should also be published.

Peter C. Gotzsche, Nordic Cochrane Centre

### Clinical trials register in the UK

Clinical trials conducted in the UK on new medicines and sponsored by the pharmaceutical industry are to be placed on a public database - the first of its kind in the world - under a voluntary scheme announced by the Association of the British Pharmaceutical Industry (ABPI). The scheme started at the beginning of 2001. The site can be accessed via the Internet on [www.controlled-trials.com](http://www.controlled-trials.com) and will be open for anyone to access. Please note there is a registration procedure.

### New Review group

The Monitoring and Registration Group has approved the application to register the **Haematological Malignancies Group** effective as of the 3rd October 2000. The Coordinating Editor is Professor Andreas Engert and the Review Group Coordinator is Thilo Kober. Contact details are as follows:

Mr Thilo Kober, Coordinator  
Cochrane Haematological Malignancies Group  
Klinik I für Innere Medizin  
Universität zu Köln  
Kerpener Str. 15  
50 924 Köln  
Germany  
Tel +49 (0) 221 710 770 19  
Fax +49 (0) 221 710 770 24  
Email: [thilo.kober@medizin.uni-koeln.de](mailto:thilo.kober@medizin.uni-koeln.de)

### New Methods Group

The Reporting Bias Methods Group has been officially registered with the Collaboration as of the 13th February 2001. The convenors are Matthias Egger (UK), David Moher (Canada) and Jonathan Stern (UK). Contact details are as follows:

Dr Christopher Bartlett  
Dept of Social Medicine  
University of Bristol  
Canyng Hall  
Whiteladies Rd  
Bristol BS8 2PR  
UK  
tel: +44 117 928 7211  
fax: +44 117 928 7236  
email: [c.j.bartlett@bristol.ac.uk](mailto:c.j.bartlett@bristol.ac.uk)

### Cochrane citations in Medline

The influence of Collaboration is growing. A recent check of Medline (mention of Cochrane in the titles or abstracts) found:

1995 - 37	1996 - 48
1997 - 75	1998 - 109
1999 - 153	2000 - 1142

Professor Vasiliy Vlassov

### Centre News

The **Canadian Cochrane Network and Centre (CCN/C)** has updated their email addresses. General address: [cochrane@mcmaster.ca](mailto:cochrane@mcmaster.ca)

Kathie Clark, Co-Director  
- [kclark@mcmaster.ca](mailto:kclark@mcmaster.ca)  
Laurie Cocking, Communications Specialist  
- [cocking@mcmaster.ca](mailto:cocking@mcmaster.ca)  
Diane Gauthier, Administration Assistant  
- [gauthier@mcmaster.ca](mailto:gauthier@mcmaster.ca)

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The **Iberoamericano Cochrane Centre** has a new address:

Servei d'Epidemiologia Clínica i Salut Pública  
Casa de Convalescència  
Sant Antoni M. Claret 171  
08041 Barcelona  
Espana

The **San Francisco Cochrane Center** has changed their phone number and email address:

phone +1 415 502 8227  
email [sfcc@itsa.ucsf.edu](mailto:sfcc@itsa.ucsf.edu)

## New websites

The **Health Promotion and Public Health Field** has a new website:

[www.vichealth.vic.gov.au/cochrane](http://www.vichealth.vic.gov.au/cochrane)

The **Consumer Network** is now online

[www.cochraneconsumer.com](http://www.cochraneconsumer.com)

**TrialsCentral?** has recently launched a new website to help make information about clinical trials more available. The **TrialsCentral? Website** contains information about clinical trials as well as links to databases of ongoing and completed clinical trials for a variety of medical conditions. **TrialsCentral?** is an online version of the International Register of Clinical Trials Registers begun in 1987. [www.TrialsCentral.org](http://www.TrialsCentral.org)

## Biographies - our editors

### Denis Fouque

Denis is the Professor of Nephrology with the Department of Nephrology, Hôpital Edouard Herriot, Lyon, France. He holds several editorial positions, including associate editor of the *Journal of Renal Nutrition* and editor of both the *Journal of Nephrology* and *Nephrologie*. Denis was the founding Editor of the *Cochrane Renal Group* and Coordinating Editor from 1997 to 2000. Denis' current investigative interests include nutrition and dialysis and end-stage renal disease, and previous areas of research include low-protein diets and growth factors and nutrition. He also participated in the setting of guidelines in *Nutrition and Renal Disease*, including the French malnutrition survey funded by INSERM (1999), the North American DOQI guidelines

(2000) and the *European Guidelines for Nutrition and Renal Disease* (2000). Denis has been extensively published in abstracts, papers, posters, and book chapters. Denis received the APNET Therapeutic Thesis Award in 1990 and was awarded a Baxter Extramural Grant in 1994.

### Teut Risler

Teut Risler was born in Aachen, Germany, and completed his medical training at the university of Kiel Medical School in 1970. After a year's internship in the Medical and Surgical Departments of the University Hospital, Duesseldorf, he received his medical licence in 1971. After two years military service in the Medical Corps as Captain, Teut completed his residency in the Department of Medicine, University Hospital, Duesseldorf. In 1977-78 he was a Research Fellow in the Cardiovascular Division, Department of Medicine, Peter-Bent-Brigham Hospital, Harvard Medical School, Boston, USA.

On returning to Germany Teut was appointed Clinical Fellow in the Department of Medicine, University Hospital, Duesseldorf. There he completed the National Board examination in Internal Medicine and the National board examination in Nephrology. In 1981 Teut was appointed Assistant Professor of Medicine/Nephrology, Department of Medicine, University Hospital, Duesseldorf, and then in 1982, Associate Professor of Medicine and Nephrology at the Department of Medicine, University Hospital, Tuebingen. In 1987 he was appointed Chief of the Section of Nephrology and Hypertension, Department of Medicine, University Hospital, Tuebingen. He has been Head of the German Glomerulonephritis Therapy Study since 1986. In 2001 Teut was appointed Professor of Medicine/Nephrology, University of Tuebingen, Medical School.

Teut is a member of many societies including; European Dialysis and Transplant Association; American Society of Nephrology; *Gesellschaft für Nephrologie* (Austria, Germany, Switzerland); International Society of Nephrology; European Council for Blood Pressure and Cardiovascular Research; German Society of Transplantation and the German Society of Cardiology.

Teut holds several editorial positions, including *Kidney and Blood-Pressure Research*, *Nieren- und Hochdruckkrankheiten* and *Clinical Nephrology*.

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## **Paul Roderick**

Paul Roderick has a major research interest in the effectiveness and equity of renal failure care. Since his involvement in the first National Renal Review in England, he has published several papers on the epidemiology of renal replacement therapy. Recently completed work includes studies of the epidemiology of chronic renal failure and avoidable factors in late referral. Paul has been on the Executive of the UK Renal Registry since its inception, and was joint co-ordinator of the 1995 and 1998 National Reviews. He is the lead investigator on a national project to evaluate satellite units.

Paul is also interested in the evidence base for health care. In the renal field he has been a member of the Cochrane Renal Group since 1996, and an Editor since 1999. He is undertaking one review at present. Paul has been a member of the Renal Association's Standards Group since 1997. In non-renal areas he has also been principal investigator for two RCTs and helped plan and coordinate the MRCs multicentre Thrombosis Prevention trial. He is the lead on two systematic reviews of thromboprophylaxis in collaboration with CTSU in Oxford and is supervising a review of methods of assessing diagnostic tests. Paul teaches epidemiology and evidence based medicine to medical undergraduates, and to Masters and PhD level postgraduate students.

## **Elisabeth Hodson**

Elisabeth completed her medical studies at the London Hospital Medical College in the University of London in 1970. After obtaining MRCP (UK) in 1973, she commenced her paediatric training in England. She moved to Australia in 1975 and trained in paediatrics and nephrology at the Children's Hospital at Camperdown. In 1976/1977 Elisabeth spent a year as Fellow in Renal Transplantation and Chief Resident in Haemodialysis at the University of Minnesota in Minneapolis. In 1979 she obtained her FRACP and was appointed staff specialist in nephrology at the Children's Hospital. In 1982 she married Tom Karplus and they went to San Diego, California for three years. There she worked for two years as Fellow in Paediatric Haematology and Oncology and then spent a year doing research on platelet receptors at Scripps Clinic, La Jolla. In 1986 she returned to Australia and to a position in nephrology at the Children's Hospital and at Prince of Wales Chil-

dren's Hospital (now Sydney Children's Hospital). In 1989 Elisabeth moved to Westmead Hospital to establish a paediatric nephrology service and in 1994 she became Director of the Division of Paediatrics at Westmead Hospital. In 1995 Elisabeth moved to the New Children's Hospital and was appointed Head of the Department of Nephrology. Her research interests have included studies in growth and bone disease in children with renal failure. More recently she has commenced systematic reviews on nephrotic syndrome for the Cochrane Collaboration and a study through the Australian Paediatric Surveillance Unit to determine the incidence of nephrotic syndrome in Australian children. Most of her leisure time is spent bird watching in Australia and overseas.

## **Giuseppe Remuzzi**

Giuseppe Remuzzi, born in Bergamo on April 3rd 1949, took his M.D. Degree (cum laude) at the University of Pavia on July 4, 1974. In 1977 he finished his specialisation in Laboratory and Clinical Haematology and in 1980 his specialisation in Clinical Nephrology (cum laude) at the University of Milan. Currently he is Head of the Division of Nephrology and Dialysis, Ospedali Riuniti in Bergamo, Director of the Negri Bergamo Laboratories of the Mario Negri Institute for Pharmacological Research, and Research Coordinator of the Clinical Research Center for Rare Diseases "Aldo e Cele Daccò".

In 1996 Giuseppe accepted the role of Coordinator of the Public and Private Department of Immunology and Clinics of Organ Transplantation which is a collaboration between the Ospedali Riuniti in Bergamo and the Mario Negri Institute.

Giuseppe has appointments as Visiting Professor at several national and international universities and serves on editorial boards of numerous journals including the prestigious New England Journal of Medicine and is member of the International Advisory Board of The Lancet. In recognition of his achievements, Giuseppe has been awarded in 1998 honorary memberships in the Association of American Physicians and the British Royal Society of Physicians.

Giuseppe has authored and co-authored more than 620 scientific articles, reviews and monographs and about 300 abstracts are published in international journals.

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### **Alison MacLeod**

Alison MacLeod is Professor in the Department of Medicine & Therapeutics in Aberdeen, Scotland and an Honorary Consultant Physician and Nephrologist at the Grampian University Hospitals NHS Trust in Aberdeen. In these roles she sees patients with renal disease and is also part of a group of physicians who receive acute medical emergencies into Aberdeen Royal Infirmary. In her university role, Alison undertakes research into the epidemiology of kidney disease, particularly acute and chronic renal failure and also health services research into how kidney services can be optimally delivered to patients. Her research group has undertaken projects concerning the influence of comorbidity on outcomes in patients with endstage renal disease in the UK and Europe and shown that, even taking comorbidity into account, outcomes vary within Europe. Currently the group, including health economists, is evaluating the effect of available resources on patient outcome in centres in east and west Europe. Alison has undertaken systematic reviews of the NHS (UK) Research and Development initiative and currently chairs the Standards & Audit Subcommittee of the UK Renal Association. This group is preparing the next edition of the document containing standards for the practice of renal medicine. Alison is also a member of the medical board of the National Kidney Foundation, the renal patients group. She has played a major role in developing the new undergraduate student curriculum along General Medical Council guidelines.

### **Cecile Couchoud**

Cécile's primary training is as a nephrologist with five years professional experience in France and Africa, and she also has a degree (French Diploma) in Public Health, Epidemiology. Cécile is currently working in the department of Hospital Management at the University Hospital, Lyon (France) working on medical projects. Cécile has completed two meta-analyses. The first concerned membranous nephropathy treatment and the second CMV prevention in solid organ transplantation, which was first published in *Transplantation* (1998: 65; 641-647), and is now on the Cochrane Library. Cécile has been a reviewer and editor in the Cochrane Collaboration since 1999.

### **Bertram Kasiske**

Bertram received his B.S. from Michigan State University, East Lansing, Michigan, in 1972, and his M.D. from the University of Iowa School of Medicine in 1976. He completed a Nephrology Fellowship at Hennepin County Medical in 1983, and is board certified in Internal Medicine and Nephrology. He is Director of the Division of Nephrology, Hennepin County Medical Center, and Professor, School of Medicine, University of Minnesota. Bertram currently serves as Deputy Director of the United States Renal Data System (USRDS) Coordinating Center. He was recently named to be the next editor-in-chief of the *American Journal of Kidney Diseases*. His research interests are: causes, consequences and treatment of hyperlipidemia in patients with renal disease; post-transplant cardiovascular disease; and nonimmune causes of late renal allograft failure.

## **Biographies - our advisors**

### **Ian Marschner**

Ian is Associate Professor in Biostatistics at the NHMRC Clinical Trials Centre, Sydney. His research interests are in methodological and applied biostatistics in randomised clinical trials and epidemiology. Ian has been involved in many research projects related to the assessment of HIV therapies and incidence trends, and is currently involved in a number of projects in cardiovascular disease. His methodological areas of research in biostatistics include repeated measures analysis, sequential monitoring of randomised trials, analysis of surrogate outcomes, and application of computational procedures such as the EM algorithm and smoothing methodology to biostatistical problems. Ian is currently involved in the HERO-2 study, an international randomised clinical trial to study antithrombin therapies in a planned 17,000 patients with acute myocardial infarction. Ian is also involved in various projects arising from the LIPID study, a recently completed randomised clinical trial evaluating the benefits of cholesterol lowering therapy in 9,000 patients with established heart disease. Ian has been involved in lecturing and/or tutoring for courses on *Controlled Clinical Trials*, *Survival Analysis* and *Introductory Biostatistics*.

## John Knight

John studied arts at Macquarie University and medicine at Sydney University graduating BA MBBS in 1979. After a year's internship at Sydney Hospital he trained in paediatrics and nephrology at the old Camperdown Children's Hospital where he was Chief Resident 1984-5. He spent two years in London doing research at Guy's Hospital (1986-7) then returned to the Children's Hospital as a staff specialist in nephrology in 1988. In more recent years he has acquired an MA from Sydney University (1995) and an MBA from the Australian Graduate School of Management in Randwick (1998). He was appointed as Head of the Renal Research Laboratories in 1992 and Director of the Centre for Kidney Research in 1996. In 1997 he was appointed to the part-time position of Medical Director of the Australian Kidney Foundation and in 2000 he was voted president-elect of the International Federation of Kidney Foundations.

## Conferences and meetings

**The 2nd International Congress of Immunointervention in Nephrology.** 24-26 May 2001. Chai Laguna, Cagliari, Sardinia, Italy. (palaltie@tin.it)

**International Meeting on Nutrition and Renal Diseases.** 31 May - 2nd June, 2001. Hotel Mayorazgo, Parana Entre Rios, Argentina. (iliem@arnet.com.ar)

**NephroAsia 2001 - "Conquering Current Challenges in Nephrology".** 13-16 June, 2001. Singapore (www.nephroasia.com)

**IX Congress of the International Society of Peritoneal Dialysis.** 26-29 June, 2001. Montreal, Canada. (piziolit@eventsintl.com)

**1st International Consultation of Stone Disease.** 4-5 July, 2001. Palais des Congres, Paris, France. (consulturo@aol.com).

**12th International Paediatric Nephrology Association Congress.** 1-5 Sept, 2001. Seattle, Washington, USA. (www.ipna2001.com)

**Australian and New Zealand Society of Nephrology - 37th Annual Scientific Meeting.** 5-9 Sept, 2001. Darwin, Australia. (paul.snelling@nt.gov.au).

**Fifth Congress of the Balkan Cities Association of Nephrology, Dialysis and Transplantation and Artificial Organs.** 30 Sept - 3 Oct, 2001. Thessaloniki, Greece. (laikneph@otenet.gr)

**American Society of Nephrology/International Society of Nephrology World Congress of Nephrology** October 13-17, 2001, San Francisco, California

**2nd Symposium of the International Federation of Kidney Foundations.** 18-19 October 2001, Los Angeles, USA (www.nephrology.rei.edu/IFKF.htm)

**Renal disease in racial and ethnic minority groups.** 19-20 Oct, 2001. Eldorado Hotel, Santa Fe, New Mexico. (david.pugsley@nwahs.sa.gov.au)

**9th International Symposium on IgA Nephropathy.** 1-2 Nov 2001. Kyongju, Korea (www.igan.net/Korea/Korea.htm)

\*\*\*\*\* STOP PRESS \*\*\*\*\*

Bertram Kasiske, our criticisms editor, is to be the next editor-in-chief of the American Journal of Kidney Diseases. **Congratulations!!!**

\*\*\*\*\* STOP PRESS \*\*\*\*\*

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# Upcoming workshops and meetings 2001

## Australasian Cochrane Centre

10-11 May	Sydney	Developing a protocol/using RevMan
31 May - 1 Jun	Adelaide	Developing a protocol/using RevMan
12-13 Jun	Melbourne	Advanced Reviewers Workshop
14-15 Jun	Melbourne	Contributor's meeting
3-4 Sep	Darwin	Developing a protocol/using RevMan

## Canadian Cochrane Centre

23-24 Nov	Edmonton	2 <sup>nd</sup> Bi-annual Symposium
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## Continental European Meeting

4-5 June	Lisbon	Centre and Review group meeting
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## Dutch Cochrane Centre

12 Apr	Amsterdam	Catch up with your review
17 May	Amsterdam	Developing a protocol, using RevMan
27 Sept	Amsterdam	Developing a protocol, using RevMan
29 Nov	Amsterdam	Developing a protocol, using RevMan

## French Cochrane Centre

9-13 Oct	Lyon	9 <sup>th</sup> International Cochrane Colloquium
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## New England Cochrane Center

14-15 June	Boston	How to conduct and interpret meta-analyses
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## Nordic Cochrane Centre

On demand	Oslo and Copenhagen	Individual sessions Writing a protocol/RevMan
June	Copenhagen	Evidence Based Medicine
3 Sept	Copenhagen	Handsearching workshop
4-5 Sept	Copenhagen	Preparing a protocol, using RevMan
6-8 Sept	Copenhagen	Editing Workshop

## UK Cochrane Centre

27-28 Apr	York	Preparing a protocol, using RevMan
24-25 May	London	Preparing a protocol, using RevMan
14-15 Jun	Aberdeen	Preparing a protocol, using RevMan
12-13 July	Oxford	Preparing a protocol, using RevMan
20-21 Sept	Oxford	Preparing a protocol, using RevMan
25-26 Oct	Oxford	Preparing a protocol, using RevMan
5 Nov	Liverpool	Preparing a protocol
12-13 Nov	Edinburgh	Preparing a protocol, using RevMan
3 Dec	Liverpool	Using RevMan
13-14 Dec	London	Preparing a protocol, using RevMan

## Hosted by the West Midlands Development & Evaluation Service

Jan-Sept	University of Birmingham	How to do a systematic review
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# Newsletter

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