

The Cochrane Collaboration
preparing, maintaining and promoting the
accessibility of systematic reviews of the effects
of health care interventions



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The Cochrane Renal Group Newsletter

Editorial

Some recent highlights:

Endorsement by the International Society of Nephrology: Following the recent World Congress of Nephrology the ISN Executive unanimously agreed to support the Cochrane Renal Groups activities including endorsement, approval to use the ISN logo, agreement for reciprocal website links, permission to put the ISN logo on the Nephrology Trials Register CD-ROM, to utilise the Cochrane epidemiological experience in COMGAN meetings, and training of fellows.

Nephrology trials register: You should have received the first edition of a register of all trials in nephrology in CD form, a project kindly supported by Amgen. This is an easy to search register of over 2000 trials in nephrology. Because of copyright only titles and references, without abstracts, can be provided, but the next version will include more trials and PubMed links so that more details of each trial will be readily available to the user. At the recent World Congress of Nephrology the CDs were a "hot" item with over 3000 handed out in a little over 36 hours! If you already have the register from another source, do not worry, give the duplicate to a worthy colleague in the same spirit of char-

ity with which it was provided to you! We plan to update the register annually and distribute it at the scientific meetings of the EDTA/ASN each year.

Website: This is now functional at www.cochrane-renal.org and contains all relevant information about the Cochrane Renal Group, including advice about how to do reviews, information on forthcoming workshops, and published reviews and protocols in the Cochrane Library.

Systematic reviews in renal transplantation: Kindly supported by Novartis, Angela Webster, a nephrology trainee, has received a PhD scholarship and will commence work on a number of key systematic reviews in renal transplantation. This project is to be done in conjunction with Associate Professor Jeremy Chapman.

Overseas fellows: We are pleased to welcome Giovanni Strippoli from the University of Bari, Italy, and

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Friederike Bachmann from the University of Tübingen, Germany who have been sent to the Cochrane Renal Group for further training in systematic review methods.

New RCTs in nephrology: The last few months have seen the usual interesting collection of trials in nephrology published with mixed results. Prophylactic haemodialysis after radio-contrast in patients with chronic renal failure was not beneficial and if anything harmful (American Journal of Medicine 2001;111:692-8), and in ICU patients the risk of death was similar in patients given intermittent versus continuous renal replacement therapy (Kidney International 2001;60:1154-63). For renal transplant recipients: compared with lisinopril, nifedipine was associated with a 10ml/min/min higher GFR in hypertensive renal transplant recipients after 1-year of therapy (Transplantation 2001;2:1787-92), compared with placebo, fluvastatin post renal transplantation did not cause a reduction in risk of acute rejection (Kidney International 2001;60:1990-7), basilix-

imab induction was associated with a significantly reduced risk of acute rejection at 6 months compared with triple therapy alone (cyclosporine, prednisone, azathioprine - Transplantation 2001;72:1261-7) with similar results for daclizumab but no improvement in renal function or graft survival at 3 years (Transplantation 2001;2:839-45). More details are available on the Cochrane Renal Group website.

Jonathan Craig, Coordinating Editor

Renal group news

New Editors

We would like to welcome two new editors to our Team - Professor Sir Peter Morris and Professor Bert Kasiske.

Professor Morris interests are in transplantation and transplantation biology, he is the former president of the International Transplantation Society and editor of *Kidney Transplantation: Principles and Practice*.

Professor Kasiske main areas of interest are hyperlipidaemia in renal disease, post-transplant cardiovascular disease and non-immune causes of late renal allograft failure. He is also the current editor-in-chief of the *American Journal of Kidney Diseases*.

Overseas visitors

We have been very fortunate to have 3 overseas reviewers here at the editorial base.

Friederike Bachmann, a medical student from Germany, has been with us for 2 months working on the review *Antihypertensive agents for renal transplant recipients*. Friederike has been able to complete the protocol and do the data extraction/data entry for her review.

Giovanni Strippoli has recently arrived from Italy. Giovanni is an advanced trainee in Nephrology. He will be working on several reviews during his 6 months here. These include *Haemoglobin and haematocrit targets for chronic renal failure anaemia; Darbepoetin for chronic renal failure anaemia and ACE inhibitors and AII antagonists for diabetic nephropathy*.

Finally Angela Webster has joined us from the UK. Angela is a nephrologist and is doing her PhD and will be with us for approximately 3 years. Angela will be undertaking several transplant reviews in-

Chris Silagy AO (1960 - 2001)

On December 13, the Cochrane Collaboration received the sad news from Sally Green, Assistant Director of the Australasian Cochrane Centre, that Chris Silagy had died peacefully after his long and courageous struggle with non-Hodgkin's lymphoma.

Please go to www.cochrane.org/cochrane/silagy.htm for a recent picture of Chris, his biography and Sally's message.

A tribute to Chris by Iain Chalmers was presented in the Cochrane News published January 18, 2002.

Other tributes and obituaries can be read on the BMJ website <http://bmj.com/cgi/content/full/323/7326/DC1>.

Our condolences, thoughts and best wishes are with his family and the staff of the Australasian Cochrane Centre.

The Chris Silagy Fund

As Chris was instrumental in establishing the Cochrane Collaboration, it was his wish that a fund be established in his memory to help continue this work. Donations to the 'Monash University Medical Foundation - Chris Silagy Fund' can be forwarded to:

Monash Institute of Health Services Research,
Monash Medical Centre,
Locked Bag 29,
Clayton VIC 3168
AUSTRALIA.

cluding: *IL-2 receptor blockers for renal transplant recipients; Sirolimus for renal transplant recipients; Tacrolimus for renal transplant recipients* and *Mycophenolate mofetil for renal transplant recipients*.

We are happy to invite to the editorial office any of our reviewers who feel time away from their daily workload would help them in completing their review.

Lyon Colloquium

Ruth and I were both very pleased to attend the meeting in Lyon. Apart from the wonderful city and great food (thank you Denis and Sandrine for looking after us) we were able to catch up with quite a few of our reviewers and editors. A meeting was held for the group on the Friday, and after realising we were not meeting in the Forum bar as scheduled, we all managed to find a small meeting room. Of the 11 members present at the Colloquium, 7 were able to attend (Sandrine Dury, Cecile Couchoud, Nicole Vogt, Luke Vale, Giorgina Piccoli, Elizabetta Mezza & Rob Riemsma- we were able to meet up with the others during the course of the Colloquium - Denis Fouque, Margaret Haugh, Virginia Moyer and Ruth Jepson). The meeting was very informal and a general discussion about how reviews were done and viewed in different countries and how we could encourage collaboration and assist in overcoming some of obstacles raised.

Ruth presented a paper on searching BIOSIS for Randomised Controlled Trials. Bottom line:
- despite the modest retrieval of truly unique records from BIOSIS, the number of trials identified from the two sample periods (1980-81 and 1998-99) indicates that BIOSIS should be considered by Cochrane groups.

Abstracts of all the oral and poster presentations from the Lyon Colloquium have recently been added to BioMed Central:

www.biomedcentral.com/browse/abstracts/COCHRANE/1

We hope to see many of you at this years Colloquium to be held in Stavanger Norway. Please visit the website at www.cochrane.no/colloquium for further details.

ISN/ASN meeting

Our CD-ROM was launched at the ISN/ASN meeting in San Francisco in October 2001. Despite delays in the arrival of the CDs due to the



Cochrane Colloquium dates

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

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

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

events of September 11 (the CDs had a very interesting side trip to Alaska) Gail was able to hand out approximately 3000 CDs in one and a half days. Jonathan met with the ISN and COMGAN councils and was received favourably. From this we have received endorsement from the ISN for the work we do.

A lunchtime meeting was held with 70 people attending. Here an overview of the group was presented.

We plan to realise the next version of our CD-ROM at this years ASN meeting. This new version will have links to the abstracts via PubMed.

EDTA meeting, Copenhagen 2002

At the upcoming EDTA meeting to be held in Copenhagen this year we will be holding a lunchtime meeting - possibly on Tuesday 16 July (date as yet to be confirmed). In addition, copies of our CD will be given out at the Amgen trade display.

Advisory Board

The Advisory Board met on Wednesday the 14 November 2001. The minutes can be downloaded from our website. The next meeting will be held on Wednesday 22 May 2002.

Reviews and protocols

The number of published reviews is now 13 and published protocols 22.

Most recent reviews

Methamphetamine hippurate for preventing urinary tract infections. Bonne Lee et al. (Australia)

Most recent protocols

Antihypertensive agents for renal transplant recipients. Teut Risler et al. (Germany)

Calcium antagonists for preventing of acute

Sir Peter Morris

Sir Peter J. Morris is Nuffield Professor of Surgery Emeritus, and former Chairman of the Department of Surgery and Director of the Oxford Transplant Centre, University of Oxford. He is now President of the Royal College of Surgeons of England, and is also Chairman of the Council of the Institute of Health Sciences at the University of Oxford. He is a Fellow of the Royal Society and a Foreign Member of the Institute of Medicine of the National Academy of Sciences. His professional scientific career has revolved around transplantation and transplantation biology, with a major interest in the immune response to histocompatibility antigens and its suppression. He is a former President of the International Transplantation Society and the British Transplantation Society, and has received a number of prizes for his work including the Lister Medal. He is the editor of *Kidney Transplantation: Principles and Practice*, which is now in its 5th edition, and the widely acclaimed *Oxford Textbook of Surgery*, which is in its 2nd edition. In addition to his work in transplantation, in the earlier part of his career he made many contributions to knowledge of the association between HLA and disease, as well as playing a major part in the early anthropological studies of HLA around the Pacific rim. In 1996 he received a knighthood from the Queen for services to medicine.

tubular necrosis in renal transplant recipients. Ilona Shilliday et al. (UK)

Interventions for established haemolytic uraemic syndrome/thrombotic thrombocytopenic purpura. Elizabeth Elliott et al. (Australia)

Interventions for idiopathic steroid-resistant nephrotic syndrome in children. Doaa Habashy et al. (Australia)

Interventions for preventing haemolytic uraemic syndrome/thrombotic thrombocytopenic purpura. Elizabeth Elliott et al. (Australia)

Quinolones for uncomplicated acute cystitis in women. Vladimir Rafalsky et al. (Russia)

New titles

Angiotensin converting enzyme inhibitors and angiotensin II antagonists for diabetic nephropathy. Jonathan Craig et al. (Australia)

Antibiotics for acute pyelonephritis in children. Paul Bloomfield et al. (Australia)

Antibiotics for asymptomatic bacteriuria in the elderly. Fatima Capella Giannattasio et al. (Brazil)

Anti-lymphocyte preparations for renal trans-

plant recipients. Kunjie Wang et al. (China)

Darbepoetin for anaemia in chronic renal failure. Giovanni Strippoli et al. (Italy)

Early corticosteroids for preventing anaphylactoid purpura nephropathy in children. Anne Durkan et al. (UK)

Haemodialysis frequency for end-stage renal disease. Giorgina Piccoli et al. (Italy)

Home versus in-centre haemodialysis for end-stage renal disease. Giorgina Piccoli et al. (Italy)

IL-2 receptor blockers for renal transplant recipients. Angela Webster et al. (Australia)

Sirolimus for renal transplant recipients. Angela Webster et al. (Australia)

Steroid withdrawal for renal transplant recipients. Kunjie Wang et al. (Australia)

Tacrolimus for renal transplant recipients. Angela Webster et al. (Australia)

Other published renal reviews

Cellulose, modified cellulose and synthetic membranes for haemodialysis in end stage renal disease. Alison MacLeod et al. (UK)

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 nonsteroidal anti-inflammatory drugs on post-operative renal function in normal adults. Anna Lee et al. (Hong Kong)

Growth hormone for children with chronic renal failure. Dushyanthi Vimalachandra et al. (Australia)

Long-term antibiotics for preventing recurrent urinary tract infections in children. Gabrielle Williams et al. (Australia)

Low protein diets for chronic renal failure in non-diabetic adults. Denis Fouque et al. (France)

Non-corticosteroid treatment for nephrotic syndrome in children. Anne Durkan et al. (UK)

Recombinant human erythropoietin for chronic renal failure anaemia in pre-dialysis patients. June Cody et al. (UK)

Other published renal protocols

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

(Switzerland)

Antihypertensive treatment for non diabetic kidney disease. Ettore Guidi et al. (Italy)

Antihypertensive treatment for protecting kidney 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)

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

Duration of antibacterial treatment for uncomplicated urinary tract infection in women. Gai Milo et al. (Israel)

Emergency management of hyperkalaemia. Catherine Clase (Canada)

Exercise training for uraemic patients. Suzanne Hiewe et al. (Sweden)

Immunosuppressive treatment for idiopathic focal and segmental glomerulosclerosis in adults. Norbert Braun et al. (Germany)

Interventions for preventing recurrent urinary tract infections in women. Immaculada Pereiro et al. (Spain)

Interventions for primary vesicoureteric reflux. Danielle Wheeler et al. (Australia)

Oral versus intravenous antibiotic therapy for symptomatic urinary tract infection. Annette Pohl et al. (Germany)

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

Our Scope

- Acute renal failure
- Chronic renal failure
- Renal transplantation
- Renovascular hypertension
- Glomerular diseases
- Urinary tract infections
- Nephrolithiasis
- Drugs and the kidney

Therapeutic interventions for membranoproliferative glomerulonephritis. Ping Fu et al. (China)

Treatment for lupus nephritis. Steve Chadban et al. (Australia)

Treatment for renal vasculitis and Goodpasture's disease in adults. Giles Walters et al. (Australia)



Priority areas

Authors are required for the following titles:

General nephrology

- Corticosteroids in minimal change nephropathy in adults
- Cysteamine for nephropathic cystinosis
- Effects of amphotericin B deoxycholate on renal function
- Interventions to reduce thrombosis risk in nephrotic syndrome
- Cyclophosphamide and cyclosporin treatment for adult-onset minimal change nephropathy

Diabetic nephropathy

- Aminoguanidine for diabetic nephropathy

Urinary tract infections

- Interventions for haemorrhagic cystitis
- Interventions for interstitial cystitis
- Interventions for urinary tract infections in men
- Telephone versus in-office management for urinary tract infections

Urology

- Interventions for renal and ureteric calculi

Kidney transplantation

- Atrial natriuretic peptide for acute tubular necrosis
- Interventions for hyperhomocysteinaemia in kidney transplant recipients
- Interventions for hyperlipidaemia in kidney transplant recipients
- Phosphate replacement therapy for post-transplant hypophosphataemia
- Interventions for preventing bone-loss in kidney transplant recipients
- Pre-operative blood transfusions for kidney transplant recipients
- Steroid tapering for kidney transplant recipients

Chronic renal failure

- Interventions for hyperhomocysteinaemia in chronic renal failure (pre-dialysis and dialysis patients)
- Interventions for hyperlipidaemia in chronic renal failure (pre-dialysis and dialysis patients)
- Lipid lowering agents for chronic renal failure (pre-dialysis, dialysis and transplant patients)
- Interventions for malnutrition in chronic renal failure (oral AA, steroids, N/G feeding, growth hormone)

Dialysis

- Amino acids for dialysis-associated hypoalbuminaemia
- Antibiotics for dialysis associated exit site and tunnel infections
- Antibiotics for dialysis associated peritonitis
- Anticoagulation for haemodialysis
- Antiplatelet activating factor for kidney transplant recipients
- Calcimimetic agents for renal bone disease (secondary hyperparathyroidism in haemodialysis patients)
- Cuffed versus uncuffed catheters for haemodialysis
- High versus low flux haemodialysis
- Interventions for kidney preservation in kidney transplant donors
- Interventions for preventing bacteraemia in haemodialysis patients
- Interventions for preventing blockage of haemodialysis access
- Interventions for preventing clotting of extracorporeal circuits during continuous renal replacement therapy
- Interventions for preventing cramps during dialysis
- Interventions for preventing exit site, tunnel infections and peritonitis in peritoneal dialysis patients
- Interventions for restless legs syndrome in haemodialysis patients
- Kt/v and creatinine clearance targets for dialysis
- Tenckhoff catheter configuration for peritoneal dialysis
- Phosphate binders for renal bone disease
- Treatment for dialysis-related hypotension
- Vitamin D analogues for renal bone disease

The review process ... from title to review

Below is an overview of the process of writing a Cochrane Renal Group review. The diagram on page 7 gives an overview of the process.

Title

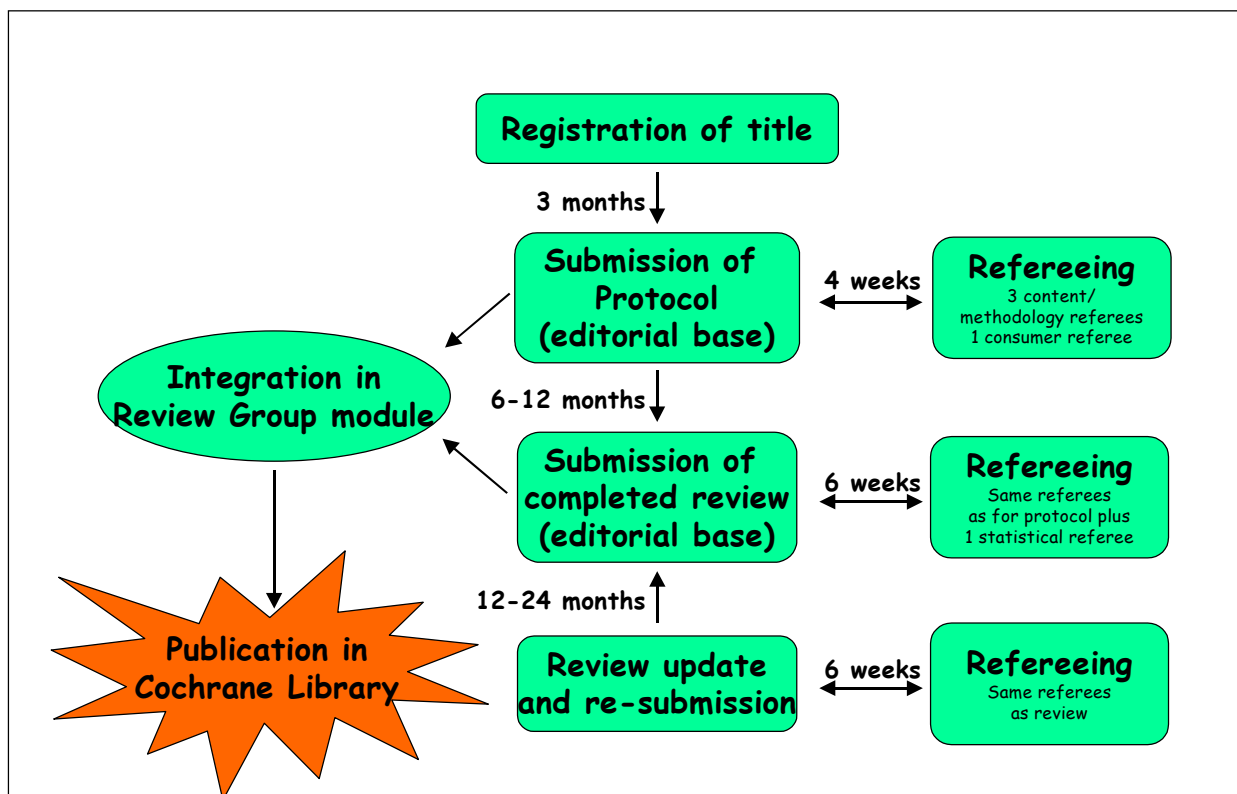
When you have decided that you would like to do a review, the first step is to contact the Coordinator. After discussion and determining what your area of interest is, a suitable title will be formulated. Cochrane reviews have strict guidelines with respect to titles with the format being: **[Intervention]** for **[healthcare problem]** in **[population]** e.g. Corticosteroids for idiopathic nephrotic syndrome in children.

Once a title has been decided upon, a title registration form is completed and returned to the Coordinator. The Coordinator then registers the title with the Collaboration and it is circulated amongst the other Review Groups to ensure there is no overlap. During this 2-week period, the Coordinator will forward you the 'how to write a protocol' booklet, the RevMan exercises and associated files. The booklet contains information on which sections need to be completed for a protocol and where you can download the software and handbooks. This will allow you some time to become familiar with the program before starting work on your review.

Title to protocol

After 2 weeks your title is officially registered and the Coordinator will then forward you a RevMan file of your review. We have standardised several sections, so all you will need to complete is the background, objectives, types of participants, interventions and outcomes. The search strategy will be refined with help from the Trials Search Coordinators, who will contact you shortly after your title has been officially registered.

Once you have completed the draft, you will need to submit your protocol to the Coordinator. Your protocol is checked for completeness, and if all relevant sections have been completed, the protocol is sent out to be refereed. The Editorial base organises 4 referees - renal group editor (1), peer referees (2) and a consumer referee. We aim for a 2-week turn around time.



The comments are collated and forwarded to you and after modification the protocol is again submitted. Your protocol is once again checked for completeness and if everything has been satisfactorily modified, the Coordinator will copy-edit the protocol, forward you the final version for approval and then include the protocol in the Renal Group module (which is included on the Cochrane Library).

A copy of the published protocol is then forwarded to you. This is the version you should continue working on for completing your review.

Locating studies and data extraction

Now the fun part begins! You will now need to run your search to located all the relevant studies.

It is best to use a reference management system - this will save time now prevent retyping later! There are several programs available, Reference Manager, Endnote and Procite are just a few.

A data extraction form will be sent to you to assist you in gathering the relevant data for your review. Please feel free to modify this form to suit your needs. If you have problems getting hold of any of the trials, please contact the Trials Search Coordinator who will try to get the trial/s for you.

The RevMan exercise forwarded to you when you registered your title will help you in to enter data. In addition, the Cochrane Handbook and

the Review Manager Handbook will also assist you in the process. If you have any problems please contact the Coordinator.

Completing the review

There are several sections that will need to be completed and instructions and recommendations on how to do this are listed in the Reviewers Handbook.

Once the data has been analysed and the draft review has been completed, you will again submit the review to the editorial base. Again we will check for completeness and either return to you if modifications/inclusions need to made or send to the referees. The same referees who refereed your protocol will be used for your completed review. In addition our statistical advisor shall also look at the completed review. This step takes a little longer than refereeing the protocol, however we aim for a 6-week turnaround time.

The comments are collated and returned to you, and after amendment the review should be resubmitted. The editorial office will check for completeness, copy edit and return to you for final approval. At this point you will be asked to sign a permission to publish form and, once this form has been returned, your review will be included into our Cochrane Library submission.

While your review is being refereed, the Coordinator also forwards it to the Consumer Network.

They will write a 100 word synopsis specifically designed for consumers. This synopsis will only be included in the review if you are happy with it, and it will be worked on until that time. Now you can relax - well almost!

Updating your review

Cochrane reviews aim to be the most up-to-date source of information on health care interventions. To this end your review needs to be updated at least every 2 years. This will also guarantee you continue to receive your free copy of the Cochrane Library. To make this process as painless as possible our Trials Search Coordinator/s will regularly search for new trials related to your review and forward them to you. You will then include or exclude these trials, resubmit the updated review and it will again be refereed if major changes have occurred, with a similar refereeing process as for the initial review. If no trials have been found the Coordinator will simply insert the line " new trials were searched for on (DATE) but none were found".

Collaboration news

Quality of Cochrane Reviews

A paper on the quality of Cochrane Reviews was published in BMJ on Saturday 13 October. The main messages are the following:
Cochrane reviews are, on average, more systematic and less biased than systematic reviews published in paper journals. But should clinicians, administrators and patients uncritically accept their conclusions? In an assessment of 53 Cochrane reviews first published in 1998, ten methodologists found several methodological weaknesses. Too often, reviewers' conclusions overrated the benefits of new interventions. The Cochrane Collaboration has adopted a variety of measures to improve the quality of the Cochrane reviews. Meanwhile, The Cochrane Library remains the key source of evidence about the effects of health care interventions. However its users should interpret reviews cautiously, particularly those with conclusions favouring experimental interventions and those with many typographical errors.

Ole Olsen, Nordic Cochrane Center

Cluster randomised trials

ACLUSTER is written by the WHO and is a software package for the design and analysis of cluster randomised trials. The program is designed to facilitate the calculation of sample size for cluster randomised trials and the analysis of data from such trials. It covers methods that are not available directly in standard software packages for statistical design and analysis of cluster randomised clinical trials.

ACLUSTER has recently been reviewed by HMS Beagle the electronic magazine on the BioMedNet website so if you are interested in finding out more about the product why not visit the following site to see what they think of ACLUSTER?. If you are already registered with the BioMedNet site the link will take you straight to the ACLUSTER review. If you are not a member the link will connect you to a registration page (registration is free) where you can enter your registration details. You will then be able to enter the following link details again and will be connected straight to the ACLUSTER review <http://news.bmn.com/hmsbeagle/111/reviews/sreview>. Alternatively you can find out more information about the product on Update Software's website <http://www.update-software.com>

Niki Rainbow, Update Software

Finding unpublished RCTs

The following study concerning a strategy to find unpublished RCTs on the Internet has just published - reprints are available on request from myra_sidrassi@med.uni-heidelberg.de.

Evaluation of the usefulness of Internet searches to identify unpublished clinical trials for systematic reviews. Eysenbach G, Tuische J, Diepgen TL. *Med Inform Internet Med* 2001; 26(3):203-218

Fourth Systematic Review Symposium

The symposium (to be held in July in Oxford) will focus on research relating to the methods and problems of doing and using systematic reviews. The meeting will bring together people from a wide variety of disciplines interested in going beyond the basics of systematic reviewing.

FULL DETAILS OF THE MEETING AND REGISTRATION FORMS are available on the website: www.ihs.ox.ac.uk/csm/pushingtheboundaries/symp2002.html

Evidence for action

The Global Health Council has recently launched Evidence for Action (EFA), a series of articles presenting key findings from systematic reviews of health care interventions. EFA will serve as the basis for discussion among policy makers, practitioners and researchers who are involved in finding solutions to health problems that are of global importance.

The first issue highlights the Cochrane Review, "Reduced osmolarity oral rehydration solution for treating dehydration caused by acute diarrhoea in children" by Kim Y, Hahn S and Garner P.

Please visit www.globalhealth.org and navigate using the popup window or click www.globalhealth.org/publications/article.php3?id=552 for this month's article.

Monthly additions to the EFA series will be posted on www.globalhealth.org under the Online Publications section.

Colleen Murphy

Statistical challenges for meta-analysis of medical and health-policy data

May 9-11, 2002

A symposium at the Mathematical Sciences Research Institute, Berkeley, California

This symposium is designed to address current issues in meta-analysis. There will be reports on four topics: meta-analysis for policy decisions, publication bias, heterogeneity models, and equating of medical outcome measures. In addition, there will be other topics related to the methodology of meta-analysis or systematic reviews. For more information, and to register online, please see:

http://zeta.msri.org/calendar/workshops/WorkshopInfo/198/show_workshop

Loa Nowina-Sapinski

La Cochrane Library Plus en español

Update Software are proud to announce the release of their latest publication La Cochrane Library Plus en español.

This online journal is a sister product of The Cochrane Library which contains the full English version of The Library alongside Spanish translations of full Cochrane Reviews.

Presented through a Spanish interface, La Cochrane Library Plus en español also contains a number of additional Spanish databases:

– Bandolera - structured abstracts providing an

overview of recent research in health care

– KOVACS - structured summaries on back pain and its treatment Reports from Spanish-speaking organisations evaluating health care technology Information on clinical & health care management.

This latest product is designed for Cochrane Library users in Spanish speaking countries and will be available to buy from early in 2002.

Niki Rainbow

Providing access to the Cochrane Library for low-income countries

Update Software is pleased to announce that it has recently joined two initiatives aimed at providing access to research information in low-income countries.

The Programme for the Enhancement of Research Information (PERI) is run by INASP and through this initiative Update Software is providing free access to The Cochrane Library for all the research organisations in the 124 countries on the UNDP's list of low human development index.

Through a second initiative called Health Information Network Access to Research Initiative (HINARI) which is coordinated by the WHO, Up-

Second Workshop on Cochrane Editing

Thursday 12 - Saturday 14 September 2002 in Copenhagen. Arranged by the Nordic Cochrane Centre

Format

Interactive workshop with brief lectures and small group sessions. The emphasis will be on concrete editing based on already published Cochrane Reviews and on problems the participants would like most to discuss with each other.

Who should attend?

The course is open to anyone involved in editing or writing Cochrane reviews.

Preference will be given to editors and review group co-ordinators. Maximum number of participants: 30.

Cost and registration

The cost of running the workshop is 8,000 DKK (1,060 Euros) per participant which includes 3 nights' stay (Wednesday evening to Saturday morning) at a first class hotel, all meals and tuition. For those who do not need a hotel room, the cost is 5,000 DKK.

Deadline for registration:

1 June 2002. It would be very helpful if you register your interest as soon as possible at:

k.l.jensen@cochrane.dk

date Software will provide free access to The Library for all low income countries as defined by The World Bank. Access is provided via the WHO gateway site which offers medical resources from all the top publishers.

For more information about Update Software's involvement in either of these projects please contact Rachel Stancliffe email: rstancliffe@update.co.uk

New software for The Cochrane Library online

Available from Issue 1, 2002 the latest version of The Cochrane Library online offers a number of improvements over the previous software.

These include:

- a more efficient search engine
- browsable topic lists
- improved MeSH searching, including the option of using qualifiers
- the ability to enter long & complex search strategies
- no limit on the number of search terms
- the ability to edit search strategies
- improved display & printing of documents including the ability to select and
- print graphs within the review

These new improvements are presented within a new user-friendly interface whilst maintaining the functionality and simplicity of the original system.

Niki Rainbow

The new Cochrane Library feedback system

The feedback system has now been improved for use with the Internet version of The Cochrane Library.

From each Cochrane Review and Protocol in CDSR, as well as from each DARE abstract in The Library you can now link straight to any comments that have been made which relate to that particular article simply by clicking on the feedback button in the menu bar.

If you have a comment that you would like to make you can also post new comments to the site by clicking on the feedback button in the menu bar. The ability to view existing comments for a review before posting a new one helps to reduce duplication and overlap between comments and suggestions.

When you submit a new comment it is automati-

cally passed to the feedback editor responsible for that particular review group as well as a comments moderator who insures that the house rules have been adhered to (see www.update-software.com/comcritusers/HouseRules.htm for a list of the house rules) before posting the comment on the feedback site.

Comments for each review or protocol in the new system are organised in threaded conversations thus forming strings of comments into discussions which for the first time allows the reader to not only reply to comments, but also to reply to existing replies. This new method of organising review feedback also allows you to print off all comments for a selected review/protocol in a single document.

If you currently submit comments via the existing feedback system on the CD-ROM version of The Cochrane Library your comments will automatically be passed in to the new system once submitted and approved by the moderator. To view existing comments for a review or protocol simply visit www.update-software.com/comcrit.htm. From this site you are able to browse and search comments by Cochrane Review Group or to view existing comments for a specific review by entering the unique Cochrane Library identifier number which can be found in the coversheet details of each review.

Niki Rainbow

Cochrane Review Completion Program

Providing Dedicated Time and Support to Complete Your Review. Held from 17-21 June 2002 at the Australasian Cochrane Centre, this course is ideally suited for authors with a published Cochrane protocol who are having difficulty completing their review.

This five day program will begin each day with a targeted lecture about areas of potential difficulty within Cochrane systematic reviews. The participants will then have dedicated work time with access to Australasian Cochrane Centre staff members to discuss issues and problems in the particular review. Each day will conclude with seminar time to discuss issues with colleagues and staff. This seminar time, as well as the catered lunch each day, and two evening social times, will ensure that the program is informal as well as productive.

Please see our website <http://www.med.monash.edu.au/healthservices/cochrane/crcprog.htm> for further details and application instructions.

Ireland national provision

Update Software and the UK Cochrane Centre are pleased to announce that thanks to an agreement between themselves, the Cochrane Collaboration and the two health services, anyone in the whole of Ireland with access to the internet will now be able to connect to The Cochrane Library. This is the first time that countrywide access to The Cochrane Library has been provided to anyone with access to the internet.

This initiative is the first in a series of steps towards making The Cochrane Library readily available to people throughout the world.

Copublication

The Editorial Board of the **South African Medical Journal (SAMJ)** has agreed to co-publication of Cochrane reviews (new and updates) in the journal, an arrangement that is similar to the Lancet editorial policy that was announced in the middle of last year. The SAMJ announcement is contained in the January issue of the journal (SAMJ 2002 January;92(1):1).

The Cochrane Health Promotion and Public Health Field has just received a letter from the editor of the **Health Education Journal**, extending an invitation to Cochrane reviewers to publish in this journal. The editor acknowledges the copyright issues surrounding our reviews and offers the HEJ as a vehicle of dissemination rather than a holder of the copyright. This move follows in the footsteps of other well-respected journals and serves to increase the public profile of Cochrane reviews of health promotion and public health interventions.

Cochrane Child Health Field second bursary scheme

The Cochrane Child Health Field is pleased to announce our second bursary scheme.

Scope:

The ultimate purpose of this bursary scheme is to provide financial assistance to researchers undertaking a Cochrane systematic review in child health so that child-related reviews are completed and published in the Cochrane Library.

Funding Offered:

The Child Health Field will provide up to six awards of between four and eight thousand Canadian dollars. A budget must be submitted with

the application, outlining where the money is needed and how it will be used.

Application Deadline:

Proposals must be received in the Administration office of the Child Health Field by fax, e-mail or post by May 15th, 2002. Successful applicants will be notified in writing on June 30th, 2002.

Please contact Jacqueline Page for application form (E-mail: jpage@cw.bc.ca)

The CONSORT statement

The CONSORT statement was initially produced in 1996 as a tool, based on evidence, to improve the quality of reports of randomized controlled trials (RCTs). By use of the checklist, authors, readers, and editors can assess which important elements of RCTs have been incorporated in the trial report, which may have some real bearing on the validity of the trial. The flow diagram enables readers to assess, more or less at a glance, how the trial has progressed, with respect to the numbers of patients eligible, enrolled, receiving the intervention, and available through to the end of the trial. The statement has been translated into six languages and has been endorsed by a wide variety of health care journals and by editorial groups, such as the World Association of Medical Editors.

The revised CONSORT statement, which was published in April, 2001, has incorporated new evidence to improve the original product. Along with the statement, a thorough explanatory document was published, to clarify items in the checklist and flow diagram to further assist in implementation of CONSORT.

The CONSORT web site, www.consort-statement.org, has been available since April, 2000. It provides users around the world with access to these papers, as well as an interactive checklist, for quick reference to the explanation of specific checklist items. Information about participants in the CONSORT revisions, a list of journals which have endorsed CONSORT, as well as about CONSORT and other related activities and organizations can also be found on the site.

New website

The Cochrane Neurological Network has just launched its new website. The address is

<http://www.cochraneneuronet.org>

Suggestions, comments and criticisms are welcome!

Debbie Morton (cochrane.neuronet@unimi.it)

Special issue of the International Journal of Epidemiology

The current issue of the International Journal of Epidemiology is concerned with Systematic Reviews and Meta-Analysis. The issue includes an editorial on the future of meta-analysis, a review article on systematic reviews in epidemiology, and twelve original articles, many with commentaries. For a complete list of the contents please go to www.ije.oupjournals.org

Recent synopses & abstracts

Methenamine hippurate for preventing urinary tract infections. Bonne Lee et al. (Australia)

Not enough evidence on whether methenamine (hexamine) salts can prevent urinary tract infection, but they have few adverse effects and might help.

Bladder and kidney infections (urinary tract infections - UTI) can cause vomiting, fever and tiredness, and occasionally kidney damage. Some people are at high risk of repeated UTIs, and they are also more likely to have serious complications (including people with kidney problems, or people who have catheters to release urine). Long-term use of antibiotics can lead to resistance, so methenamine salts (methenamine or hexamine hippurate) are often used. The review found that there is not enough evidence about whether methenamine hippurate can prevent UTIs, although they might work and are worth more research. Adverse effects are minor and uncommon.

Background

Methenamine salts are often used for the prevention of urinary tract infection (UTI).

Objectives

To assess the effectiveness of methenamine hippurate in preventing UTI.

Search strategy

Published and unpublished randomised controlled trials were identified from the Cochrane Controlled Trials Register, MEDLINE, EMBASE,

CINAHL, Current Contents, reference lists of review articles and retrieved trials. The manufacturers' of methenamine salts were contacted for unpublished studies and contact was made with known investigators in the area.

Selection criteria

Randomised and quasi-randomised trials of methenamine hippurate used for the prevention of UTIs in all population groups were eligible for inclusion. A comparison with a control (no treatment) group was a prerequisite to selection.

Data collection & analysis

Two reviewers (BL and TB) performed independent assessment and data extraction using a standardised format. Discrepancies, methodological and interpretative issues were discussed with JS or JC. An exploration of heterogeneity as well as a detailed description of results grouped by population was conducted.

Main results

Eleven studies met the inclusion criteria. All trials were included in a descriptive analysis. Seven trials were included in meta-analyses. Four trials (199 patients) studied symptomatic bacteriuria and six trials (341 patients) studied bacteriuria as an outcome measure. Overall, trial quality was poor. The direction of six of the pooled trials was towards a favourable treatment effect from methenamine hippurate. Interpretation of the pooled estimates was not done in view of underlying heterogeneity. The study by Pettersson 1989 explained some, but not all, of the underlying heterogeneity. This study differed from all others by including patients with known upper renal tract abnormalities. Adverse reactions were mentioned by 10 studies. The rate of adverse events was low.

Reviewers' conclusions

There is not enough evidence to conclusively support the use of methenamine hippurate for urinary prophylaxis. An exploration of heterogeneity raises the (hypothesis generating) possibility that methenamine hippurate may have some efficacy in patients without but not in patients with known upper renal tract abnormality (with asymptomatic bacteriuria as the outcome measure). Due to the small sample size and methodological problems within the studies involved, interpretation of these data should be done cautiously. The rate of adverse events reported by the trials was low, which suggests that current usage is unlikely to be causing significant harm. There is a need for a large randomised controlled trial to answer this question.

Recent trials

Acute renal failure

Effects of hydroxyethylstarch and gelatin on renal function in severe sepsis: a multicentre randomised study. Schortgen F et al. *Lancet* 2001;357:911-6.

Prevention of contrast media-induced renal dysfunction with prostaglandin E1: a randomized, double-blind, placebo-controlled study. Sketch MH Jr et al. *Am J Ther* 2001;8:155-62.

Diabetic nephropathy

Dual blockade of the renin-angiotensin system in diabetic nephropathy: a randomized double-blind crossover study. Rossing K et al. *Diabetes Care* 2002;25:95-100

Renoprotective effect of the angiotensin-receptor antagonist irbesartan in patients with nephropathy due to type 2 diabetes. Lewis EJ et al. *NEJM* 2001;345:851-60.

The effect of irbesartan on the development of diabetic nephropathy in patients with type 2 diabetes. Parving HH et al. *NEJM* 2001;345:870-8.

Dialysis

Dialysate calcium profiling during hemodialysis: use and clinical implications. Kyriazis J et al. *Kidney Int* 2002;61:276-87

Effects of exercise training plus normalization of hematocrit on exercise capacity and health-related quality of life. Painter P et al. *Am J Kidney Dis* 2002;39:257-65.

Safety and efficacy of simvastatin in hypercholesterolemic patients undergoing chronic renal dialysis. Saltissi D et al. *Am J Kidney Dis* 2002;39:283-90.

Prophylaxis of hemodialysis graft thrombosis with fish oil: double-blind, randomized, prospective trial. Schmitz PG et al. *J Am Soc Nephrol* 2002;13:184-90.

Use of a *Staphylococcus aureus* conjugate vaccine in patients receiving hemodialysis. Shinefield H et al. *NEJM* 2002;346:491-6.

Using highly concentrated gadobutrol as an MR contrast agent in patients also requiring hemodialysis: safety and dialysability. Tombach B et al. *AJR* 2002;178:105-9.

Vitamin E- bonded hemodialyzer improves neutrophil function and oxidative stress in patients with end-stage renal failure. Tsuruoka S et al. *Am J Kidney Dis* 2002;39:127-33.

An open-label, crossover study of a new phosphate-binding agent in haemodialysis patients: ferric citrate. Yang WC et al. *Nephrol Dial Transplant* 2002;17:265-70.

Treatment of hyperhomocysteinemia in hemodialysis patients and renal transplant recipients. Bostom AG, et al. *Kidney Int(Supp)* 2001;78:S246-S252.

Intravenous L-carnitine increases plasma carnitine, reduces fatigue, and may preserve exercise capacity in hemodialysis patients. Brass EP et al. *A J Kidney Dis* 2001;37:1018-28.

Dilated cardiomyopathy in dialysis patients--beneficial effects of carvedilol: a double-blind, placebo-controlled trial. Cice G et al. *J Am Coll Cardiol* 2001;37:407-11.

Preventing dialysis hypotension: a comparison of usual protective maneuvers. Dheenans S et al. *Kidney Int* 2001;59:1175-81.

Short daily hemodialysis: blood pressure control and left ventricular mass reduction in hypertensive hemodialysis patients. Fagugli RM et al. *Am J Kidney Dis* 2001;38:371-6.

Effect of type of dialysis membrane on bone in haemodialysis patients. Ferreira A et al. *Nephrol Dial Transplant* 2001;16:1230-8.

Efficacy of folinic versus folic acid for the correction of hyperhomocysteinemia in hemodialysis patients. Hauser AC et al. *Am J Kidney Dis* 2001;37:758-65.

Can a nutrition intervention improve albumin levels among hemodialysis patients? A pilot study. Leon JB et al. *J Ren Nutr* 2001;11:9-15.

Oral vitamin B(12) and high-dose folic acid in hemodialysis patients with hyper-homocyst(e)inemia. Manns B et al. *Kidney Int* 2001;59:1103-9.

A Comparative Study of Blood Pressure Control with Short In-Center versus Long Home Hemodialysis. McGregor DO et al. *Blood Purif* 2001;19:293-300.

Role of diuretics in the preservation of residual renal function in patients on continuous ambulatory peritoneal dialysis. Medcalf JF et al. *Kidney Int* 2001;59:1128-33.

Impact of sodium and ultrafiltration profiling on hemodialysis-related symptoms. Oliver MJ et al. *J Am Soc Nephrol* 2001;12:151-6.

Do high-flux dialysis membranes affect renal dyslipidemia? Ottosson P et al. *ASAIO J* 2001;47:229-34.

A randomized, prospective evaluation of the Tesio, Ash split, and Opti-flow hemodialysis catheters. Richard HM et al. *J Vasc Interv Radiol* 2001;12:431-5.

Long-term clinical effects of a peritoneal dialysis fluid with less glucose degradation products. Rippe B et al. *Kidney Int* 2001;59:348-57.

Vitamin B(6) therapy does not improve hematocrit in hemodialysis patients supplemented with iron and erythropoietin. Weissgarten J et al. *Nephron* 2001;87:328-32.

Cefepime versus vancomycin plus netilmicin therapy for continuous ambulatory peritoneal dialysis-associated peritonitis. Wong KM et al. *Am J Kidney Dis* 2001;38:127-31.

L-folinic acid versus folic acid for the treatment of hyperhomocysteinemia in hemodialysis patients. Yango A et al. *Kidney Int* 2001;59:324-7.

Low-potassium and glucose-free dialysis maintains

urea but enhances potassium removal. Zehnder C et al. *Nephrol Dial Transplant* 2001;16:78-84.

General nephrology

Controlled prospective trial of prednisolone and cytotoxics in progressive IgA nephropathy. Ballardie FW et al. *J Am Soc Nephrol* 2002;13:142-8.

Comparison of two diets for the prevention of recurrent stones in idiopathic hypercalciuria. Borghi L et al. *NEJM* 2002;346:77-84.

Dextranomer/hyaluronic acid copolymer implantation for vesico-ureteral reflux: a randomized comparison with antibiotic prophylaxis. Capozza N et al. *J Pediatr* 2002;140:230-4.

Acetylcysteine to prevent angiography-related renal tissue injury (the APART trial). Diaz-Sandoval LJ et al. *Am J Cardiol* 2002;89:356-8.

Prevention of contrast media-associated nephropathy: randomized comparison of 2 hydration regimens in 1620 patients undergoing coronary angioplasty. Mueller C et al. *Arch Intern Med* 2002;162:329-36.

Fluvastatin improves lipid abnormalities in patients with moderate to advanced chronic renal insufficiency. Samuelsson O et al. *Am J Kidney Dis* 2002;39:67-75.

Short-term effectiveness of ceftriaxone single dose in the initial treatment of acute uncomplicated pyelonephritis in women. A randomised controlled trial. Sanchez M et al. *Emerg Med J* 2002;19:19-22.

Predictive value of initial histology and effect of plasmapheresis on long-term prognosis of rapidly progressive glomerulonephritis. Zauner I et al. *Am J Kidney Dis* 2002;39:28-35.

Add-on angiotensin receptor blockade with maximized ACE inhibition. Agarwal R. *Kidney Int* 2001;59:2282-9.

Effect of ramipril vs amlodipine on renal outcomes in hypertensive nephrosclerosis: a randomized controlled trial. Agodoa LY et al. *JAMA* 2001;285:2719-28.

Effect of Lisinopril on the progression of renal insufficiency in mild proteinuric non-diabetic nephropathies. Cinotti GA et al. *Nephrol Dial Transplant* 2001;16:961-6.

Novel erythropoiesis stimulating protein for treatment of anemia in chronic renal insufficiency. Locatelli F et al. *Kidney Int* 2001;60:741-7.

The effect of iv iron alone or in combination with low-dose erythropoietin in the rapid correction of anemia of chronic renal failure in the predialysis period. Silverberg D et al. *Clin Nephrol* 2001;55:212-9.

A randomized study of oral vs intravenous iron supplementation in patients with progressive renal insufficiency treated with erythropoietin. Stoves J et al. *Nephrol Dial Transplant* 2001;16:967-74.

Transplantation

Open randomized trial comparing early withdrawal of

either cyclosporine or mycophenolate mofetil in stable renal transplant recipients initially treated with a triple drug regimen. Schnuelle P et al. *J Am Soc Nephrol* 2002;13:536-43.

Glucose metabolism in the first 3 years after renal transplantation in patients receiving tacrolimus versus cyclosporine-based immunosuppression. van Duijnhoven EM et al. *J Am Soc Nephrol* 2002;13:213-20.

Biocompatible membranes do not promote graft recovery following cadaveric renal transplantation. Woo YM et al. *Clin Nephrol* 2002;57:-44.

Better microvascular function on long-term treatment with lisinopril than with nifedipine in renal transplant recipients. Asberg A et al. *Nephrol Dial Transplant* 2001;16:1465-70.

Results of 3-year phase III clinical trials with daclizumab prophylaxis for prevention of acute rejection after renal transplantation. Bumgardner GL et al. *Transplantation* 2001;72:839-45.

A randomized and prospective study comparing treatment with high-dose intravenous immunoglobulin with monoclonal antibodies for rescue of kidney grafts with steroid-resistant rejection. Casadei DH et al. *Transplantation* 2001;71:53-8.

Sirolimus allows early cyclosporine withdrawal in renal transplantation resulting in improved renal function and lower blood pressure. Johnson RW et al. *Transplantation* 2001;72:777-86.

RAD in de novo renal transplantation: comparison of three doses on the incidence and severity of acute rejection. Kahan BD et al. *Transplantation* 2001;71:1400-6.

The effects of lipid-lowering agents on acute renal allograft rejection. Kasiske BL et al. *Transplantation* 2001;72:223-7.

A worldwide, phase III, randomized, controlled, safety and efficacy study of a sirolimus/cyclosporine regimen for prevention of acute rejection in recipients of primary mismatched renal allografts. RAPA-MUNE Global Study Group. *Transplantation* 2001;71:271-80.

Mycophenolate mofetil for the treatment of a first acute renal allograft rejection: three-year follow-up. Mycophenolate Mofetil Acute Renal Rejection Study Group. *Transplantation* 2001;71:1091-7.

Open Randomized Trial Comparing Early Withdrawal of either Cyclosporine or Mycophenolate Mofetil in Stable Renal Transplant Recipients Initially Treated with a Triple Drug Regimen. Schnuelle P et al. *J Am Soc Nephrol* 2002;13:536-43.

Dose optimization of mycophenolate mofetil when administered with a low dose of tacrolimus in cadaveric renal transplant recipients. Squifflet JP et al. *Transplantation* 2001;72:63-9.

Vitamin C improves endothelial dysfunction in renal allograft recipients. Williams MJ et al. *Nephrol Dial Transplant* 2001;16:1251-5.



Nephrology conferences



Twentieth Annual Scientific Meeting of the Transplantation Society of Australia and New Zealand 10-12 Apr 2002 The Australian Academy of Science Canberra, Australia (www.racp.edu.au/tsanz/asm.htm)

European Society of Pediatric Urology 13th Annual Meeting 11-13 April 2002 Budapest, Hungary (convention.budapest@mail.datanet.hu; www.convention.hu)

The XII Latin American Congress of Nephrology and Hypertension, The IV Ibero-American Congress of Nephrology, and The VIII Central American and Caribbean Congress of Nephrology 14-17 April 2002, San Jose, Costa Rica. (congreso@racsa.co.cr; www.ccmcr.com/congresos/nefrologia)

National Kidney Foundation Clinical Nephrology Meetings 18-21 April 2002, Hyatt Regency, Chicago Illinois (www.kidney.org)

5th Congress of the Iranian Society of Nephrology 20-22 April 2002, Tehran, Iran. (broumand_B@mavara.com)

ANZSN Postgraduate Weekend 26-28 April 2002 Gold Coast (www.nephrology.edu.au)

The 5th European Peritoneal Dialysis Meeting 4-7 May, 2002, Brussels, Belgium. (grp@conference-company.be; www.europd.com)

The 7th Conference of the International Union of Biochemistry and Molecular Biology (IUBMB) 4-8 May 2002, Grieghallen, Bergen, Norway. (kja@med.uib.no; www.biokjemisk.com/kongress2002/)

Nephrology, 2002. Harvard Medical School CME. 19-24 May 2002 Boston USA (www.cme.hms.harvard.edu)

First International Course on Hemodialysis Technology 19-22 June 2002, (cronco@goldnet.it)

Second International Conference on Pediatric Renal Replacement Therapy, 20-22 June 2002 Disney's Coronado Springs Resort and Conference Center, Orlando, Florida

Japanese-European Nephrology Forum 20-22 June 2001, Heidelberg, Germany. (Prof.e.ritz@T-online.de)

The 19th Scientific Meeting of the International Society of Hypertension and the 12th European Meeting on Hypertension 23-27 June, 2002, Prague, Czech Republic. (hypertension2002@guarant.cz; www.hypertension2002.cz)

Yugoslav Society of Nephrology Teaching Course 29-30 June 2002, Belgrade, Yugoslavia. (Tel: 49 241 8082 30; Fax: 49 241 8082 446)

39th Congress of ERA/EDTA 14-17 July 2002 Copenhagen Denmark (eraedta@ipruniv.cce.unipr.it; www.unipr.it/-eraedta)

XIX International Congress of the Transplantation Society 25-30 August 2002 Miami Florida USA (info@TxMiami2002.com; www.TxMiami2002.com)

IXth Budapest Nephrology School 29 August - 3 September 2002, Budapest, Hungary (rosivall@net.sote.hu)

The 38th Annual Scientific Meeting Of the ANZSN and 5th Postgraduate Course 31 August - 4 September 2002 (john.kelly@unsw.edu.au)

8th Asian Congress of Pediatric Nephrology 9-11 September, 2002, Jeju Island, Korea (acpn2002@intercom-pco.co.kr; www.intercom-pco.co.kr)

5th International Congress on Mechanisms of Uremic Toxicity 13-16 September 2002 Wurzburg Germany (cwanner@medizin.uni-wuerzburg.de)

XXI Congresso Brasileiro de Nefrologia 14-18 September 2002 Brasília (www.sbn.org.br)

19th National Congress of Nephrology, Hypertension, Dialysis and Transplantation - Turkish Society of Nephrology 17-21 September 2002, Antalya, Turkey. (kserden@superonline.com; www.nefroloji.kongresi.org/)

China Society of Nephrology 18-22 September 2002, Shanghai, China. (sylin@kali.com.cn)

European Society for Pediatric Nephrology 2002, 20-23 September 2002, Bilbao, Spain (ergon@espn2002.com; www.espn2002.com)

State-of-the-Art Nephrology Course & Public Symposium 21-25 September 2002 Singapore (ctmapl@singnet.com.sg; www.sotanckdf.org)

Chilean Society of Nephrology 3-5 October 2002, Valparaíso, Chile. (bri@iamnet.com)

Dialysis Academy in Heidelberg 4-5 October 2002, Heidelberg, Germany. (Prof.e.ritz@T-online.de)

The Renal Association Autumn Meeting 10-11 October 2002 Royal College of Physicians, London (Renal@Immunology.org)

35th Annual Meeting of the American Society of Nephrology 1-4 November 2002 Philadelphia USA (asn@dc.sba.com)

Indian Society of Nephrology 15-17 November 2002, Jaipur, India (Rajasthan). (dsrana@bol.net.in)

14th Asian Colloquium 19-22 November 2002, Manila, Philippines. (<http://asiancolloquium.org>)

Excellence in Dialysis 13-15 December 2002, Karachi, Pakistan. (exceldia@cyber.net.pk)

1st Asian Chapter Meeting - International Society for Peritoneal Dialysis 13-15 December 2002 Hong Kong (cosfmskh@netvigator.com)

Upcoming Cochrane workshops 2002

Australasian Cochrane Centre/Cochrane Renal Group*

DATES	LOCATION	TYPE OF WORKSHOP
17 April	Perth	Cochrane Library Workshop
16-17 April	Brisbane	Developing a protocol/Intro to analysis
18-19 April	Perth	Developing a protocol/Intro to analysis
13 May	Auckland	Developing a protocol
23-24 May	Adelaide	Developing a protocol/Intro to analysis
17-21 June	Melbourne	Cochrane review completion program
27-28 June	Sydney*	Developing a protocol/Intro to analysis
16 October	Melbourne	Editing workshop
17-18 October	Melbourne	Contributors' Meeting
28-29 November	Brisbane	Developing a protocol/Intro to analysis

Nordic Cochrane Centre

On demand	Oslo & Copenhagen	Individual sessions
31 Jul - 3 Aug	Stavanger, Norway	10 th Annual Colloquium

UK Cochrane Centre

18-19 April	York	Developing a protocol/Intro to analysis
29-30 April	Oxford	Developing a protocol/Intro to analysis
13-14 May	Edinburgh	Developing a protocol/Intro to analysis
13-14 June	Bristol	Developing a protocol/Intro to analysis
8-9 July	London	Developing a protocol/Intro to analysis
26-27 September	Oxford	Developing a protocol/Intro to analysis
14-15 October	Oxford	Developing a protocol/Intro to analysis
2-3 December	Liverpool	Developing a protocol/Intro to analysis
12-13 December	London	Developing a protocol/Intro to analysis

Centre for Statistics in Medicine, Oxford, UK

2-4 July	Oxford	4 th Symposium on Systematic Reviews
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University of Colorado School of Medicine, USA

11-15 August	Keystone, CO, USA	4 th Annual Rocky Mountain Evidence Based Health Care Workshop
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