Cochrane Renal Group Newsletter

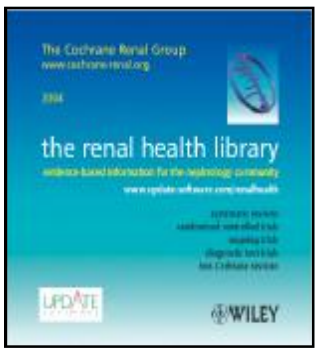
April 2004

Inside this issue:

Renal Health Library* 2004

The Renal Health Library* is currently being pressed for release at the ERA-EDTA conference in Lisbon in May. The new-look Library contains;

- 59 systematic reviews
- 117 ongoing trials
- 6226 RCTs
- 53 diagnostic test reports
- 84 non-Cochrane reviews



We shall be giving these away in Lisbon and posting to all our members. Please visit us at our stand located in Pavilion 3, opposite Hall 2 Baixa. We would very much like to thank the ERA-EDTA organising committee for providing this stand to us free of charge.

** Supported by an unrestricted educational grant from Amgen Australia*

European Best Practice Guidelines

The success of last year's Renal Health Library* resulted in Professor Raymond Vanholder, from the European Best Practice Guidelines group, to approach and subsequently contract us to help search and collate data for their guideline writers. Sophie Roberts has joined us to work on these guidelines.

Barcelona Colloquium—2003

What a great city to hold a Colloquium! Architecture, art, food, wine, people... The colloquium went over 6 days – the first few days were dedicated to meetings and workshops and the last days were as per a normal scientific conference with posters and oral presentations. Linda presented a poster on "The prevalence and impact of overt and covert duplication publication of randomised controlled trials in renal transplantation". Jonathan, Linda, and myself met with several of our reviewers – Nina Buck-Muller and Peter Jurczyk (Germany), Joaquin Escribano (Spain), Ayan Sen (UK), Wiktoria Lesniak and Malgorzata Bala (Poland) and Valdimir Rafalsky (Russia).

One of the major issues discussed at the Colloquium was conflict of interest and sponsorship of reviews. There was a plenary session devoted to this and naturally there was intense debate. The steering group recently prepared a discussion paper and a report is being prepared and will be disseminated throughout The Collaboration in April. I will keep you posted.

During the Colloquium the Olympic tournament was held. Three events were held, ping-pong, world cup soccer and The Great Race held over 2 miles around the Montjuic area. Ping-pong was won by Denis Gregory, Soccer by the Spanish Cochrane Centre team and the Great Race was won by – Jonathan Craig! The time was so quick that the officials were not ready with the tape!

The final night was party time and the highlight was once again the song contest. The winning song was sung by Agustin Ciapponi from Argentina who performed "*Cochrane*" to the tune '*Cocaine'*. Peter Jurczyk was so impressed he started composing a song for the next Colloquium on the night!

New Editor

We would like to welcome Petra Macaskill as our new statistical editor. Petra is a senior lecturer in biostatistics in the School of Public Health, University of Sydney. She has over 20 years experience as an applied statistician in the UK and Australia. She has worked as a biostatistician on a wide range of collaborative and multi-disciplinary projects in public health, including clinical trials and major surveys. She also undertakes research in statistical methods, in which she obtained her PhD. As a chief investigator on the Screening and Test Evaluation Program (an NHMRC funded program grant), her research now largely focuses on the evaluation of screening and diagnostic tests and also meta-analytic methods. She is currently the Book Review Editor for Statistics in Medicine, and is also a member of the Cochrane Diagnostic Reviews Methodology Working Group which is developing guidelines for the systematic review of diagnostic studies.

New Reviews, Protocols and Titles

New reviews

In issues 1 and 2, 2004 we have published 6 new reviews and 2 updated reviews (see pages XX - XX for new synopses and abstracts):

– Calcium channel blockers for preventing acute tubular necrosis in kidney transplant recipients.
Ilona Shilliday et al. (UK)
– Cranberries for preventing urinary tract infections [Update].
Ruth Jepson et al. (UK)
– Effects of NSAIDs on post operative renal function in adults with normal renal function [Update].
Anna Lee et al. (Hong Kong)
– Interleukin 2 receptor antagonists for kidney transplant recipients.
Angela Webster et al. (Australia)
– Interventions for idiopathic steroid resistant nephrotic syndrome in children. Elisabeth Hodson et al. (Australia)
– Interventions for preventing infection in nephrotic syndrome.
Hongmei Wu et al. (China)
– NSAIDs versus opioids for acute renal colic.
Anna Holdgate et al.
– Treatment for lupus nephritis.
Robert Flanc et al. (Australia)

New protocols

In issues 1 and 2, 2004 we have published 11 new protocols:

– Anti-infective (antiseptics and antibiotics) agents for preventing peritonitis in peritoneal dialysis patients.
Giovanni Strippoli et al. (Italy)
– Antibody immunosuppression for pancreas and kidney pancreas transplant recipients.
Kathy Kable et al. (Australia)
– Catheter type, placement and insertion techniques for preventing peritonitis in peritoneal dialysis patients.
Giovanni Strippoli et al. (Italy)
– Dopamine for preventing early graft dysfunction in kidney transplant recipients.
Ayan Sen et al. (UK)
– Home versus hospital or satellite unit haemodialysis for end-stage renal failure.
Giorgina Piccoli et al. (Italy)
– Interventions for lowering plasma homocysteine levels in dialysis patients.
Kevan Polkinghorne et al. (Australia)
– Interventions for preventing contrast-induced nephropathy.
Wiktoria Lesniak et al. (Poland)
– Pharmacological interventions for preventing complications in idiopathic hypercalciuria.
Joaquin Escribano et al. (Spain)
– Polyclonal and monoclonal antibodies for induction therapy in kidney transplant recipients.
Angela Webster et al. (Australia)
– Polyclonal and monoclonal antibodies for treating acute rejection episodes in kidney transplant recipients.
Angela Webster et al. (Australia)

New titles

– Accuracy of tests for the detection of obstructive coronary disease in potential kidney transplant recipients.
Laura Baine et al. (UK)
– HMG CoA reductase inhibitors (statins) for kidney transplant recipients.
Vlado Perkovic et al. (Australia)
- Intermittent versus continuous renal replacement therapy for acute renal failure.
Jeffrey Fletcher et al (Australia)
– Interventions for urinary tract dilatation identified by antenatal ultrasound.
Naeem Samnakay et al. (Australia)
– Intravenous fluids for treating acute nephrolithiasis.
Andrew Worster et al. (Canada)

Potential titles

Authors are required for the following titles:

Acute renal failure

- Antihypertensive agents for preventing acute renal failure
- Atrial natriuretic peptide for acute renal failure
- Continuous veno-venous haemofiltration (CVVH) for acute renal failure
- Continuous veno-venous haemofiltration (CVVH) for treating paraquat poisoning
- Dialysis solutions for acute renal failure
- Diuretics for acute renal failure
- Haemodialysis for acute renal failure
- Interventions for preventing acute renal failure in surgical patients
- Nutritional support for acute renal failure
- Plasma volume expanders for preventing acute renal failure
- Peritoneal dialysis for acute renal failure
- Recombinant human insulin-like growth factor I for acute renal failure
- Sodium bicarbonate supplements for acute renal failure

Diabetic kidney disease

- Diabetic education programs for dialysis patients
- Glycosaminoglycan for preventing/treating diabetic nephropathy
- Pentoxifylline for diabetic kidney disease
- Salt diets for preventing and treating diabetic nephropathy

Chronic kidney disease (pre-dialysis)
- Androgens for the anaemia of chronic kidney disease
- CERA (continuous erythropoiesis receptor activator) for chronic kidney disease
- Ibopamine for preventing chronic kidney disease
- Erythropoietin for chronic kidney disease
- Interventions for hyperhomocysteinaemia in chronic kidney disease
- Interventions for dyslipidaemia in pre-dialysis patients
- Interventions for preventing cardiovascular death in chronic kidney disease
- Interventions for preventing chickenpox in children with chronic kidney disease
- Interventions for preventing the progression of chronic kidney disease
- Keto acids for chronic kidney disease
- L-arginine supplements for chronic kidney disease
- Protein restriction for chronic kidney disease in children

End-stage renal failure
- Anabolic steroids for end-stage renal failure
- Amino acids for dialysis-associated hypoalbuminaemia
- Dietary interventions for lowering cholesterol in dialysis patients
- Early versus delayed erythropoietin for anaemia in dialysis
- Erythropoietin versus androgens for long-term dialysis patients
- Interventions of dilated cardiomyopathy in dialysis patients
- Interventions for hyperkalaemia in end-stage renal failure
- Interventions for improving renal function in end-stage renal disease
- Interventions for preventing cardiac death in end-stage renal failure
- Interventions for preventing erythropoietin-induced hypertension in haemodialysis patientsInterventions for treating erectile dysfunction in haemodialysis patients
- Interventions for uraemic pruritus
- Iron supplements for patients with ESRF receiving erythropoietin
- Nutritional supplements for end-stage renal failure
- Subcutaneous versus intravenous erythropoietin for long-term dialysis patients

Haemodialysis

Access
- Catheters for haemodialysis access
- Needling devices for haemodialysis access
- Vascular access for haemodialysis patients

Dialysate
- Dialysate solutions for haemodialysis
- Dialysate purity for haemodialysis

Dialysers
- Dialyser reuse for haemodialysis in end-stage renal failure
- Dual dialysers for haemodialysis
- Haemodialysis membranes for end-stage renal failure

Dose
– Automated versus standard ultrafiltration control for haemodialysis
– Conventional versus nocturnal haemodialysis for end-stage renal failure
– Kt/v and creatinine clearance targets for haemodialysis
– Short versus standard duration haemodialysis for patients with end-stage renal disease

Infection
– Interventions for preventing bacteraemia in haemodialysis patients
– Staphylococcus aureus conjugate

Other
– Contrast agents for haemodialysis access
– Diuretics for dialysis patients
– Erythropoietin for haemodialysis
– Interventions for preventing and treating cramps during haemodialysis
– Interventions for preventing dialysis-related hypotension
– Interventions for treating elevated ferritin levels in haemodialysis patients
– Iron for long-term haemodialysis patients
– Vitamin C infusions for haemodialysis

Thrombosis/Patency
- Anticoagulation for long-term haemodialysis
- Interventions for preventing clotting of extracorporeal circuits during continuous renal replacement therapy
- Interventions for preventing thrombosis in haemodialysis grafts
- Interventions for preventing haemodialysis access blockage
- Priming solutions for haemodialysis
- Prophylactic angioplasty for extending patency in haemodialysis grafts
– Surgical versus endovascular management of thrombosed dialysis access grafts

Peritoneal Dialysis

Anticoagulation
– Wafarin for continuous ambulatory peritoneal dialysis

Dialysate
– Dialysis solutions for peritoneal dialysis
– Exchange volumes for peritoneal dialysis

Dose
– Clearance targets for peritoneal dialysis
– Dialysis dose for peritoneal dialysis

Infection
– Interventions for treating dialysis-associated peritonitis

Other
– Interventions for preserving residual renal function in peritoneal dialysis patients
– Interventions for improving the nutritional status of peritoneal dialysis patients
– Oral bicarbonate for preventing acidosis in peritoneal dialysis patients

General nephrology
- Diuretics for nephrotic syndrome
- Effects of amphotericin B deoxycholate on renal function
- Immunosuppressive agents for nephrotic syndrome in adults
- Interventions for congenital lactic acidosis
- Interventions for preventing renal complications in Henoch-Schonlein purpura
- Interventions for preventing thrombosis in nephrotic syndrome
- Lipid-lowering agents for nephrotic syndrome
- Lipid-lowering agents for polycystic kidney disease
- Palpation- versus ultrasound-guided kidney biopsies
- Standard versus rigorous blood pressure control for polycystic kidney disease
– Interventions for retropertioneal fibrosis

Kidney transplantation
- Anticoagulants for kidney transplantation
- Antiplatelet activating factor for kidney transplant recipients
- Atrial natriuretic peptide for acute tubular necrosis
- Azathioprine for kidney transplant recipients
- Blood transfusions for kidney transplant recipients
- Cyclosporin for kidney transplant recipients
- Diuretics for preventing early graft dysfunction in kidney transplant recipients
- Donor-organ preservation techniques for kidney transplantation
- Donor-specific transfusions for kidney transplantation
- Double versus triple therapy for kidney transplant recipients
- Fish oil for kidney transplant recipients
- FTY720 for kidney transplant recipients
- High versus low dose corticosteroids for preventing acute rejection in kidney transplant recipients
- Interventions for actinic keratoses in kidney transplant recipients
- Interventions for erythrocytosis in kidney transplant recipients
- Interventions for hyperhomocysteinaemia in kidney transplant recipients
- Interventions for preventing bone-loss in kidney transplant recipients
- Interventions for preventing delayed graft function in kidney transplant recipients
- Interventions for preventing pneumocystis pneumonia in kidney transplant recipients
- Interventions for treating acute rejection in kidney transplant recipients
- Iron supplements for kidney transplant recipients
- ISA247 for kidney transplant recipients
- L-arginine for kidney transplant recipients
- LEA29Y for kidney transplant recipients
- Low versus high dose steroids for kidney transplant recipients
- Mizoribine for kidney transplant recipients
- Mycophenolate mofetil tapering for kidney transplant recipients
- Nutritional supplements for kidney transplant recipients
- Pentoxifylline for preventing early graft dysfunction in kidney transplant recipients
- Peri-operative antibiotics for solid organ transplant recipients
- Pharmacological agents for increasing cyclosporin levels in kidney transplant recipients
- Phosphate replacement therapy for post-transplant hypophosphataemia
- Protein restriction for kidney transplant recipients
- Single versus simultaneous-double kidney transplantation
- Stem cell infusions for kidney transplant recipients
- Steroids for kidney transplant recipients
- Surgical techniques for kidney transplantation
- Vitamin C for kidney transplant recipients

Urinary tract infection
- Acupuncture for preventing recurrent urinary tract infection
- Antibiotic prophylaxis for preventing urinary tract infection due to urologic investigations
- Antibiotics for acute pyelonephritis in adults
- Antibiotics for treating urinary tract infection in adults
- Antibiotics for treating urinary tract infection in children
- Antibiotics for treating asymptomatic urinary tract infection in pre-menopausal women
- Hormone replacement therapy for preventing urinary tract infection in post-menopausal women
- Hormone replacement therapy for preventing recurrent urinary tract infection in post-menopausal women
- Immunisation for preventing recurrent urinary tract infections
- Interventions for collecting urine samples in children
- Interventions for haemorrhagic cystitis
- Interventions for treating interstitial cystitis
- Interventions for preventing urinary tract infections in kidney transplant recipients
- Interventions for treating urinary tract infections in men
- Pidotimod for children with recurrent urinary tract infection
- Single versus short duration antibiotics for urinary tract infections in children
- Telephone versus in-office management for urinary tract infections
– Vaccines for preventing recurrent urinary tract infection

Urology
- Diuresis for extracorporeal shockwave lithotripsy treatment of ureteric calculi
- Interventions for hypercalciuria
- Interventions for renal and ureteric calculi
- Interventions for renal colic
- Interventions for preventing kidney stones
- Pain relief for extra-corporeal shock wave lithotripsy
- Peri-operative stenting for renal calculi lithotripsy

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

Cochrane Collaboration News

Award for the Cochrane Collaboration

The Cochrane Collaboration was awarded the 2004 Premio Homenot Internacional de la Sanidad for excellence in health care research at an Awards Ceremony in the Palau de la Musica Catalana in Barcelona, Spain. The ceremony was attended by both the Spanish and the Catalonia Ministers of Health. Previous winners of this prestigious award include the British Medical Journal and the Harvard School of Public Health. In her speech, Sra Ana Pastor, Minister of Health for Spain, praised The Cochrane Collaboration "for its magnificent work and contributions by performing systematic reviews of health interventions and facilitating the accessibility of these to health professionals and to citizens". In his speech of acknowledgement on behalf of all recipients of awards at the ceremony, Dr Felipe Sa'nchez de la Cuesta, pharmacologist and winner of the Homenot Nacional award for 2003, remarked "we will never be grateful enough to The Cochrane Collaboration for its efforts and initiatives in promoting evidence-based medicine".

New Website

The Cochrane website has been substantially redesigned late last year. It has many new features including events, newsroom, expanded sections on training and resources and much, much more! The address is www.cochrane.org.

New Methods Group

The Qualitative Research Methods Group was officially registered in June 2003. They are based at the Institute for Health Research, Lancaster University. Over the next 2 years they plan to
1) develop registers of relevant methodological texts and papers, as well as protocols and reviews which incorporating qualitative research;
2) develop guidance on methodological standards;
3) assess training;
4) dissemination.
Website address is http://mysite.freeserve.com/Cochrane_Qual_Method/index.htm

Information Management System

There are approximately 10,000 people actively involved in the Collaboration – with many involved in more than 1 group. This presents an enormous challenge for ensuring up-to-date information is kept and maintained. The Collaboration is developing a web-based Information Management System which will be implemented from July this year. If you would like to know more please go to www.cc-ims.net.

The Cochrane Library

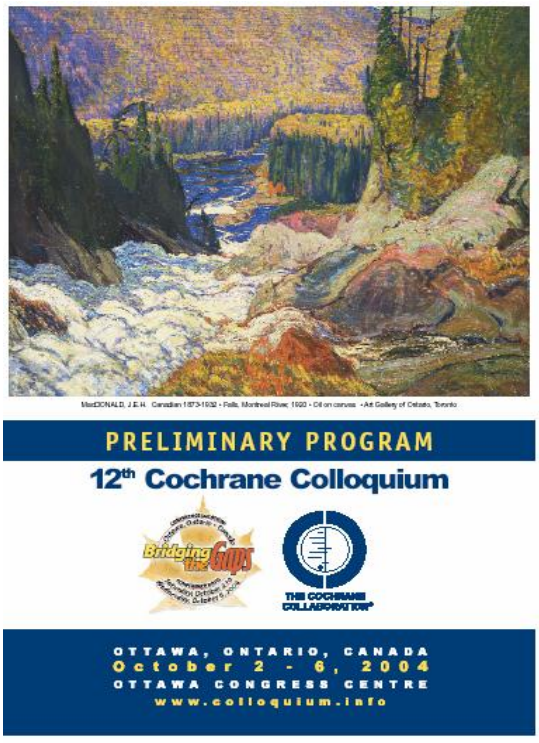
FREE ACCESS!!
Spain – Everyone in Spain with internet access may now access *La Cochrane Library plus en espanol* at www.update-software.com/clibplus/.
Denmark – The National Public Health Portal, www.sundhed.dk, The Danish Elektronic Research Library, www.deff.dk, and Knowledge and Research Centre for Alternative Medicine, www.vifab.dk, have made an agreement for free access for all Danes. *The Library* can also be accessed from www.cochrane.dk.

Consumer Network

The Consumer Network is once again up and running. Please re-register to remain on the mailing list, email: consumers-request@cochrane.de.

Cochrane Colloquium

The next Cochrane Colloquium will be held in Ottawa, Canada. For more information please go to;
www.colloquium.info.



Recent Abstracts and Synopses

Calcium channel blockers for preventing acute tubular necrosis in kidney transplant recipients. Ilona Shilliday *et al.* (UK)

Synopsis

Calcium channel blockers can reduce the death of tubular cells in the kidney after a transplant operation

Acute tubular necrosis (ATN) is the sudden death of tubular cells in the kidney. ATN can happen after a kidney transplant if the kidney does not receive enough oxygen. Calcium channel blockers stop calcium ions flowing into the muscle cells of the heart and blood vessels. These blockers cause the muscles to widen and relax, lowering a person's blood pressure and improving their circulation. The review found that giving calcium during a kidney transplant operation reduces the chance of ATN after the operation. The effect of giving the blockers after the operation still needs to be investigated.

Background: The incidence of delayed graft function in cadaveric grafts has increased over the last few years due in part to the large demand for cadaveric kidneys necessitating the use of kidneys from marginal donors. Calcium channel blockers have the potential to reduce the incidence of post-transplant acute tubular necrosis (ATN) if given in the peri-operative period. However, there is controversy surrounding their use in this situation with no consensus as to their efficacy.

Objectives: To evaluate the benefits and harms of using calcium channel blockers in the peri-transplant period in patients at risk of ATN following cadaveric kidney transplantation.

Search strategy: We searched the Cochrane Renal Group's specialised register, the Cochrane Central Register of Controlled Trials (CENTRAL, in The Cochrane Library issue 2, 2003) MEDLINE (1966 to January 2003) and EMBASE (1980 - January 2003). The Trials Search Coordinator was contacted to develop the search strategy.

Selection criteria: Randomised controlled trials comparing calcium channel blockers given in the peri-transplant period with controls were included. Quasi-randomised trials were excluded.

Data collection & analysis: Data was extracted and quality assessed independently by two reviewers, with differences resolved by discussion. Dichotomous outcomes are reported as relative risk (RR) and measurements on continuous scales are reported as weighted mean differences (WMD) with 95% confidence intervals (CI).

Main results: Nine trials were suitable for inclusion. Treatment with calcium channel blockers in the peri-transplant period was associated with a significant decrease in the incidence of post transplant ATN (RR 0.57, 95%CI 0.40 to 0.82) and delayed graft function (RR 0.44, 95% CI 0.28 to 0.69). There was no difference between control and treatment groups in graft loss, mortality, requirement for haemodialysis. There was insufficient information to comment on adverse events.

Reviewers' conclusions: These results suggest that calcium channel blockers given in the peri-operative period may reduce the incidence of ATN post-transplantation. The result should be treated with caution due to the heterogeneity of the trials which made comparison of studies and pooling of data difficult.

Interleukin 2 receptor antagonists for kidney transplant recipients. Angela Webster *et al.* (Australia)

Background: Interleukin 2 receptor antagonists (IL2Ra) are used as induction therapy for prophylaxis against acute rejection in kidney transplant recipients. Use of IL2Ra has increased steadily, with 38% of new kidney transplant recipients in the United States, and 23% in Australasia receiving IL2Ra in 2002.

Objectives: This study aims to systematically identify and summarise the effects of using an IL2Ra, as an addition to standard therapy, or as an alternative to other antibody therapy.

Search strategy: The Cochrane Renal Group's specialised register (June 2003), the Cochrane Controlled Trials Register (in The Cochrane Library issue 3, 2002), MEDLINE (1966-November 2002) and EMBASE (1980-November 2002). Reference lists and abstracts of conference proceedings and scientific meetings were hand-searched from 1998-2003. Trial groups, authors of included reports and drug manufacturers were contacted.

Selection criteria: Randomised controlled trials (RCTs) in all languages comparing IL2Ra to placebo, no treatment, other IL2Ra or other antibody therapy.

Data collection & analysis: Data was extracted and quality assessed independently by two reviewers, with differences resolved by discussion. Dichotomous outcomes are reported as relative risk (RR) with 95% confidence intervals (CI).

Main results: One hundred and seventeen reports from 38 trials involving 4893 participants were included. Where IL2Ra were compared with placebo (17 trials; 2786 patients), graft loss was not significantly different at one (RR 0.83, 95% CI 0.66 to 1.04) or three years (RR 0.88, 95% CI 0.64 to 1.22). Acute rejection (AR) was significantly reduced at six months (RR 0.66, 95% CI 0.59 to 0.74) and at one year (RR 0.67, 95% CI 0.60 to 0.75). At one year, cytomegalovirus (CMV) infection (RR 0.82, 95% CI 0.65 to 1.03) and malignancy (RR 0.67, 95% CI 0.33 to 1.36) were not significantly different. Where IL2Ra were compared with other antibody therapy no significant differences in treatment effects were demonstrated, but adverse effects strongly favoured IL2Ra.

Reviewers' conclusions: Given a 40% risk of rejection, seven patients would need treatment with IL2Ra to prevent one patient having rejection, with no definite improvement in graft or patient survival. There is no apparent difference between basiliximab and daclizumab. IL2Ra are as effective as other antibody therapies and with significantly fewer side effects.

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

Background: The majority of children, who present with their first episode of nephrotic syndrome, achieve remission with corticosteroid therapy. Children who fail to respond to corticosteroids may be treated with immunosuppressive agents such as cyclophosphamide, chlorambucil or cyclosporin or with non-immunosuppressive agents such as ACE inhibitors. Optimal combinations of these agents with least toxicity remain to be determined. The aims of this systematic review are to assess the benefits and harms of interventions used to treat idiopathic steroid resistant nephrotic syndrome (SRNS) in children.

Objectives: We aimed to evaluate the benefits and harms of all interventions for children with SRNS.

Search strategy: Published and unpublished randomised controlled trials (RCTs) were identified from the Cochrane Controlled Trials Register, MEDLINE, EMBASE, reference lists of articles and abstracts from conference proceedings.

Selection criteria: RCTs and quasi-RCTs were included if they compared different immunosuppressive agents or non-immunosuppressive agents with placebo, prednisone or other agent given orally or parenterally in children aged 3 months to 18 years with SRNS.

Data collection & analysis: Two reviewers independently searched the literature, determined trial eligibility, assessed quality, extracted data and entered it in RevMan. For dichotomous outcomes, results were expressed as relative risk (RR) and 95% confidence intervals (CI). Data were pooled using the random effects model.

Main results: Nine RCTs involving 225 children were included. Cyclosporin when compared with placebo or no treatment significantly increased the number of children who achieved complete remission (three trials, 49 children: RR for persistent nephrotic syndrome 0.64, 95% CI, 0.47 to 0.88). There was no significant difference in the number of children who achieved complete remission between oral cyclophosphamide with prednisone and prednisone alone (two trials, 91 children: RR 1.01, 95% CI 0.74 to 1.36), between intravenous cyclophosphamide and oral cyclophosphamide (one study, 11 children: RR 0.09, 95% CI 0.01 to 1.39) and between azathioprine with prednisone and prednisone alone (one trial 31 children: RR 1.01, 95% CI 0.77 to 1.32). No RCTs were identified comparing combination regimens comprising high dose steroids, alkylating agents or cyclosporin with single agents, placebo or no treatment.

Reviewers' conclusions: Further adequately powered and well designed RCTs are needed to confirm the efficacy of cyclosporin and to evaluate other regimens for idiopathic SRNS including high dose steroids with alkylating agents or cyclosporin.

Interventions for preventing infection in nephrotic syndrome. Hongmei Wu et al. (China)

Synopsis

No strong evidence for any interventions for preventing infection in nephrotic syndrome

Patients with nephrotic syndrome, particularly children, are susceptible to infections. Infections can cause frequent relapses of illness, poor response to therapies (e.g. steroid) and severe infections occasionally lead to death. Oral antibiotics, pneumococcal vaccination, some immunomodulators and Chinese medicinal herbs have been used / recommended for reducing the risk of infection. No studies on antibiotics, pneumococcal vaccination and any other non-drug prophylaxis were identified. This review found that intravenous immunoglobulin (IVIG), thymosin and a compound of Chinese medicinal herbs (TIAOJINING) may help prevent infections in nephrotic children. These studies were methodologically poor. There is no strong evidence for recommending any interventions for preventing infections in nephrotic syndrome. More research is needed.

Background: Infection is one of the most common complications and still remains a significant cause of morbidity and occasionally mortality in patients, especially children with nephrotic syndrome. Many different prophylactic interventions have been used or recommended for reducing the risks of infection in nephrotic syndrome in clinical practice. Whether the existing evidence is scientifically rigorous and which prophylactic intervention can be recommended for routine use based on the current evidence is still unknown.

Objectives: To assess the benefits and harms of any prophylactic interventions for reducing the risk of infection in children and adults with nephrotic syndrome.

Search strategy: We searched the Cochrane Renal Group Specialised Register (January 2003), The Cochrane Central Register of Controlled Trials (CENTRAL) (Cochrane Library Issue 1, 2003), MEDLINE and Pre-MEDLINE (1966 - February 2003), EMBASE (1980 - February 2003), China Biological Medicine Database (CBMdisc, 1979 - December 2002), reference lists of nephrology textbooks, review articles, relevant trials and abstracts from nephrology scientific meetings without language restriction.

Selection criteria: Randomised controlled trials (RCTs) and quasi-RCTs comparing any prophylactic interventions (pharmacological or non-pharmacological) for preventing any infection in children and adults with nephrotic syndrome.

Data collection & analysis: Two reviewers independently assessed and extracted information. Information was collected on method, participants, interventions and outcomes (appearance of infection, mortality, quality of life and adverse events).

Main results: Five RCTs conducted in China, including 308 children with nephrotic syndrome were identified. No trials were identified in adults. All trials compared one kind of prophylactic pharmacotherapy (IVIG, thymosin or a compound of Chinese medicinal herbs - TIAOJINING) in addition to baseline treatment with baseline treatment alone. No RCTs were identified comparing antibiotic or non-pharmacological prophylaxis, or pneumococcal vaccination. Three trials showed a significantly better effect of IVIG on preventing nosocomial or unspecified infection in children with nephrotic syndrome (RR 0.39, 95% CI 0.18 to 0.82). Thymosin and TIAOJINING were also effective for reducing the risks of infection in children with nephrotic syndrome with RR 0.50 (95%CI 0.26 to 0.97) and 0.59 (95%CI 0.43 to 0.81) respectively. No serious adverse events were reported.

Reviewers' conclusions: IVIG, thymosin and TIAOJINING may have positive effects on prevention of nosocomial or unspecified infection with no obvious serious adverse events in children with nephrotic syndrome. However the methodological quality of all trials was poor, the sample sizes small and all studies were from China, and thus there is no strong evidence on the effectiveness of these interventions.

Nonsteroidal anti-inflammatory drugs (NSAIDs) versus opioids for acute renal colic. Anna Holdgate et al. (Australia)

Synopsis

Nonsteroidal anti-inflammatory drugs and opioids can significantly relieve the pain in acute renal colic, but opioids (especially pethidine) cause more adverse effects

Acute renal colic occurs when mineral or organic solids pass though the urinary tract and obstruct the urinary flow. It causes a sudden onset of severe pain, which radiates from the flank to the groin and requires immediate treatment with pain-killers. It can also cause nausea, vomiting, hypertension and blood in the urine. Opioids and non-steroidal anti-inflammatory drugs (NSAIDs) are commonly used to reduce the pain. The review found that both

NSAIDs and opioids significantly reduce the pain. People experienced more adverse effects, such as vomiting, when using opioids (particularly pethidine) than when using NSAIDs.

Background: Renal colic is a common cause of acute severe pain. Both opioids and nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended for treatment, but the relative efficacy of these drugs is uncertain.

Objectives: To examine the benefits and disadvantages of NSAIDs and opioids for the management of pain in acute renal colic.

Search strategy: We searched the Cochrane Renal Group's specialised register (May 2003), the Cochrane Central Register of Randomised Controlled Trials (CENTRAL - The Cochrane Library issue 2, 2003), MEDLINE (1966 - 31 January 2003), EMBASE (1980 - 31 January 2003) and handsearched reference lists of retrieved articles.

Selection criteria: Randomised controlled trials (RCTs) comparing any opioid with any NSAID, regardless of dose or route of administration were included.

Data collection & analysis: Data was extracted and quality assessed independently by two reviewers, with differences resolved by discussion. Dichotomous outcomes are reported as relative risk (RR) and measurements on continuous scales are reported as weighted mean differences (WMD) with 95% confidence intervals. Subgroup analysis by study quality, drug type and drug route have been performed where possible to explore reasons for heterogeneity.

Main results: Twenty trials from nine countries with a total of 1613 participants were identified. Both NSAIDs and opioids lead to clinically significant falls in patient-reported pain scores. Due to unexplained heterogeneity these results could not be pooled although 10/13 studies reported lower pain scores in patients receiving NSAIDs. Patients treated with NSAIDs were significantly less likely to require rescue medication (RR 0.75, 95% CI 0.61 to 0.93, P = 0.007), though most of these trials used pethidine. The majority of trials showed a higher incidence of adverse events in patients treated with opioids, but there was significant heterogeneity between studies so the results could not be pooled. There was significantly less vomiting in patients treated with NSAIDs (RR 0.35, 95% CI 0.23 to 0.53, P < 0.00001). In particular, patients receiving pethidine had a much higher rate of vomiting compared with patients receiving NSAIDs. Gastrointestinal bleeding and renal impairment were not reported.

Reviewers' conclusions: Both NSAIDs and opioids can provide effective analgesia in acute renal colic. Opioids are associated with a higher incidence of adverse events, particularly vomiting. Given the high rate of vomiting associated with the use of opioids, particularly pethidine, and the greater likelihood of requiring further analgesia, we recommend that if an opioid is to be used it should not be pethidine.

Treatment for lupus nephritis. Robert Flanc et al. (Australia)

Synopsis

A combination of cyclophosphamide or azathioprine with steroids can improve kidney function in people with severe lupus nephritis

Lupus nephritis is an inflammation of the kidneys caused by lupus. Lupus (systemic lupus erythematosus - SLE) is a disease of the immune system that usually affects women. The person produces antibodies against various components of their cells, particularly DNA. Some develop kidney disease or failure. The review found that adding cyclophosphamide or azathioprine to steroids has better results than steroids alone. This combination of drugs improves the functioning of the kidneys but has not been shown to reduce kidney failure. More research is needed to refine the use of these treatments and find new drugs. Cyclophosphamide may lead to infertility.

Background: Lupus nephritis is the renal manifestation of systemic lupus erythematosus (SLE) - a disease mainly affecting young women with substantial morbidity and mortality. It is classified by the World Health Organization (WHO) criteria I - VI based on histology. WHO Class IV is a diffuse proliferative glomerulonephritis which has the worst prognosis without treatment, with a reported 17% five year survival in the era 1953-1969. This survival was 82% in the early 1990's and continues to improve. An important factor behind this has been the use of cytotoxics such as cyclophosphamide in addition to steroids.

Objectives: To assess the benefits and harms of different treatments in biopsy-proven proliferative lupus nephritis (LN).

Search strategy: We searched the Cochrane Renal Group's specialised register (January 2003), the Cochrane Central Register of Randomised Controlled Trials (CENTRAL - The Cochrane Library issue 1, 2003), MEDLINE (1966 - 31 January 2003), EMBASE (1980 - 31 January 2003) and handsearched reference lists of retrieved articles.

Selection criteria: Randomised controlled trials (RCTs) and quasi-RCTs comparing treatments for PLN in both adult and paediatric patients with Class III, IV , Vc, Vd lupus nephritis were included. All treatments were considered.

Data collection & analysis: Data was extracted and quality assessed independently by two reviewers, with differences resolved by discussion. Dichotomous outcomes are reported as relative risk (RR) and measurements on continuous scales are reported as weighted mean differences (WMD) with 95% confidence intervals. Subgroup analysis by study quality, drug type and drug route have been performed where possible to explore reasons for heterogeneity.

Main results: Of 920 articles identified, 25 were RCTs suitable for inclusion, which enrolled 915 patients. The majority compared cyclophosphamide or azathioprine plus steroids versus steroids alone. Cyclophosphamide plus steroids reduced the risk of doubling of serum creatinine (RR 0.59, 95% CI 0.40 to 0.88) compared to steroids alone but had no impact on mortality (RR 0.98, 95% CI 0.53 to 1.82). The risk of ovarian failure was significantly increased (RR 2.18, 95% CI 1.10 to 4.34). Azathioprine plus steroids reduced the risk of all cause mortality compared to steroids alone (RR 0.60, 95% CI 0.36 to 0.99), but did not alter renal outcomes. Neither therapy was associated with increased risk of major infection.
No benefit was found with addition of plasma exchange to cyclophosphamide or azathioprine plus steroids for mortality (RR 0.71, 95% CI 0.50 to 1.02), doubling of serum creatinine (RR 0.17, 95% CI 0.02 to 1.26) or end-stage renal failure (RR 1.24, 95% CI 0.60 to 2.57). There was also no increased risk of major infection (RR 0.69, 95% CI 0.35 to 1.37) .

Reviewers' conclusions: Until future RCTs of newer agents are completed, the current use of cyclophosphamide combined with steroids remains the best option to preserve renal function in proliferative LN. The smallest effective dose and shortest duration of treatment should be used to minimise gonadal toxicity, without compromising efficacy.

Recent Trials

Acute renal failure

Continuous renal replacement therapy (CRRT) or intermittent hemodialysis (IHD)--what is the procedure of choice in critically ill patients? Gasparovic V et al. Ren Fail. 25:855-62, 2003.
Fenoldopam mesylate for the prevention of contrast-induced nephropathy:a randomized controlled trial. Stone GW et al. JAMA. 290:2284-91, 2003.
Intermittent high-permeability hemofiltration modulates inflammatory response in septic patients with multiorgan failure. Morgera S et al. Nephron. 94:C75-80, 2003.
The prevention of radiocontrast-agent-induced nephropathy by hemofiltration. Marenzi G et al. New Engl J Med. 349:1333-40, 2003.

Chronic kidney disease/ESRF

A 3-year, prospective, randomized, controlled study on amino acid dialysate in patients on CAPD. Li FK et al. Am J Kidney Dis. 42:173-83, 2003.
A double-blind randomized crossover trial of two loop diuretics in chronic kidney disease. Vasavada N et al. Kidney Int. 64:632-40, 2003.
A multicenter, prospective, randomized, comparative evaluation of dual- versus triple-lumen catheters for hemodialysis and apheresis in 485 patients. Contreras G et al. Am J Kidney Dis. 42:315-24, 2003.
A randomized controlled trial of blood flow and stenosis surveillance of hemodialysis grafts. Ram SJ et al. Kidney Int. 64:272-80, 2003.
A randomized, controlled study of the consequences of hemodialysis membrane composition on erythropoietic response. Richardson D et al. Am J Kidney Dis. 42:551-60, 2003.
Acetylcysteine reduces plasma homocysteine concentration and improves pulse pressure and endothelial function in patients with end-stage renal failure. Scholze A et al. Circulation. 109:369-74, 2004.
Acute effect of amino acid peritoneal dialysis solution on vascular function. Vychytil A et al. Am J Clin Nutr. 78:1039-45, 2003.
Angiogenin: a novel inhibitor of neutrophil lactoferrin release during extracorporeal circulation. Schmaldienst S et al. Kidney Blood Pres Res. 26:107-12, 2003.
Antibiotic-coated hemodialysis catheters for the prevention of vascular catheter-related infections:a prospective, randomized study. Chatzinikolaou I et al. Am J Med. 115:352-7, 2003.
Comparison of 3 vancomycin dosage regimens during hemodialysis with cellulose triacetate dialyzers: post-dialysis versus intradialytic administration. Mason NA et al. Clin Nephrol. 60:96-104, 2003.
Different effects of enoxaparin and unfractionated heparin on extrinsic blood coagulation during haemodialysis:a prospective study. Naumnik B et al. Nephrol Dial Transplant. 18:1376-82, 2003.
Effects of long and short hemodialysis on endothelial function:A short-term study. McGregor DO et al. Kidney Int. 63:709-15, 2003.
Effects of manidipine and nifedipine on blood pressure and renal function in patients with chronic renal failure: a multicenter randomized controlled trial. Bellinghieri G et al. Ren Fail. 25:681-9, 2003.
Icodextrin improves the fluid status of peritoneal dialysis patients:results of a double-blind randomized controlled trial. Davies SJ et al. J Am Soc Nephrol. 14:2338-44, 2003.
Moxonidine treatment of hypertensive patients with advanced renal failure. Vonend O et al. J Hypertens. 21:1709-17, 2003.
Oral nutritional supplementation increases caloric and protein intake in peritoneal dialysis patients. Boudville N et al. Am J Kidney Dis. 41:658-63, 2003.
Predialysis psychoeducational intervention and coping styles influence time to dialysis in chronic kidney disease. Devins GM et al. Am J Kidney Dis. 42:693-703, 2003.
Randomized controlled trial of clopidogrel plus aspirin to prevent hemodialysis access graft thrombosis. Kaufman JS et al. J Am Soc Nephrol. 14:2313-21, 2003.
Randomized, crossover study of the effect of vitamin C on EPO response in hemodialysis patients. Keven K et al. Am J Kidney Dis. 41:1233-9, 2003.
Randomized, double-blind, placebo-controlled, dose-titration, phase III study assessing the efficacy and tolerability of lanthanum carbonate:A new phosphate binder for the treatment of hyperphosphatemia. Joy MS et al. Am J Kidney Dis. 42:96-107, 2003.
Relationship between C-reactive protein, albumin, and cardiovascular disease in patients with chronic kidney disease. Menon V et al. Am J Kidney Dis. 42:44-52, 2003.
Restriction of dietary glycotoxins reduces excessive advanced glycation end products in renal failure patients. Uribarri J et al. J Am Soc Nephrol. 14:728-31, 2003.
Self-efficacy training for patients with end-stage renal disease. Tsay SL J Adv Nurs. 43:370-5, 2003.
The calcimimetic AMG 073 reduces parathyroid hormone and calcium x phosphorus in secondary hyperparathyroidism. Lindberg JS et al. Kidney Int. 63:248-54, 2003.
The effects of sevelamer and calcium acetate on proxies of atherosclerotic and arteriosclerotic vascular disease in hemodialysis patients. Chertow GM et al. Am J Nephrol. 23:307-14, 2003.
The efficacy of silver-ion implanted catheters in reducing peritoneal dialysis-related infections. Crabtree JH et al. Perit Dial Int. 23:368-74, 2003.
The impact of lactate-buffered high-volume hemofiltration on acid-base balance. Cole L et al. Intensive Care Med. 29:1113-20, 2003.
Zaleplon improves sleep quality in maintenance hemodialysis patients. Sabbatini M et al. Nephron. 94:C99-103, 2003.

Clinical nephrology

A randomized study of two long-course prednisolone regimens for nephrotic syndrome in children. Hiraoka M et al. Am J Kidney Dis. 41:1155-62, 2003.
ACE inhibition is effective and renoprotective in hypertensive nephrosclerosis: The African American Study of Kidney Disease and Hypertension (AASK) trial. Douglas JG, Agodoa L Kidney Int Suppl. 63:S74-6, 2003.
Controlled, prospective trial of steroid treatment in IgA nephropathy:A limitation of low-dose prednisolone therapy. Katafuchi R et al. Am J Kidney Dis. 41:972-83, 2003.
Effects of combined ACE inhibitor and angiotensin II antagonist treatment in human chronic nephropathies. Campbell R et al. Kidney Int. 63:1094-103, 2003.
Retarding progression of chronic renal disease:the neglected issue of residual proteinuria. Ruggenenti P et al. Kidney Int. 63:2254-61, 2003.
Symptoms and the distress they cause: comparison of an aldosterone antagonist and a calcium channel blocking agent in patients with systolic hypertension. Hollenberg NK et al. Arch Intern Med. 163:1543-48, 2003.
The antiproteinuric effect of losartan is systemic blood pressure dependent. Crowe AV et al. Nephrol Dial Transplant. 18:2160-4, 2003.
The verapamil versus amlodipine in nondiabetic nephropathies

treated with trandolapril (VVANNTT) study. Boero R et al. Am J Kidney Dis. 42:67-75, 2003.

Diabetic kidney disease

Effect of losartan on microalbuminuria in normotensive patients with type 2 diabetes mellitus. A randomized clinical trial. Zandbergen AA et al. Ann Intern Med. 139:90-6, 2003.
Effects of pentoxifylline administration on urinary N-acetyl-beta-glucosaminidase excretion in type 2 diabetic patients:a short-term, prospective, randomized study. Navarro JF et al. Am J Kidney Dis. 42:264-70, 2003.
Efficacy of valsartan in the treatment of persistent microalbuminuria in normotensive patients with type 1 diabetes. Dragovic T et al. Vojnosanit Pregl. 60:555-64, 2003.
Renoprotective effects of adding angiotensin II receptor blocker to maximal recommended doses of ACE inhibitor in diabetic nephropathy:a randomized double-blind crossover trial. Rossing K et al. Diabetes Care. 26:2268-74, 2003.
The BErgamo NEphrologic DIabetes Complications Trial (BENEDICT):design and baseline characteristics. BENEDICT Group. Control Clin Trials. 24:442-61, 2003.

Transplantation

A prospective, randomized, clinical trial of intraoperative versus postoperative Thymoglobulin in adult cadaveric renal transplant recipients. Goggins WC et al. Transplantation. 76:798-802, 2003.
Amlodipine reduces cyclosporin-induced hyperuricaemia in hypertensive renal transplant recipients. Chanard J et al. Nephrol Dial Transplant. 18:2147-53, 2003.
Clinical outcomes during the first three months posttransplant in renal allograft recipients managed by C2 monitoring of cyclosporine microemulsion. Thervet E et al. Transplantation. 76:903-8, 2003.
Economic implications of the use of basiliximab in addition to triple immunosuppressive therapy in renal allograft recipients:a UK perspective. Walters SJ et al. Pharmacoeconomics. 21:129-38, 2003.
Effects of exercise training on coronary heart disease risk factors in renal transplant recipients. Painter PL et al. Am J Kidney Dis. 42:362-9, 2003.
Fluvastatin reduces atherogenic lipids without any effect on native endothelial function early after kidney transplantation. Asberg A et al. Clin Transplant. 17:385-90, 2003.
How to improve the quality of kidneys from non-heart-beating donors:a randomised controlled trial of thrombolysis in non-heart-beating donors. Gok MA et al. Transplantation. 76:1714-9, 2003.
Improved cardiovascular risk profile and renal function in renal transplant patients after randomized conversion from cyclosporine to tacrolimus. Artz MA et al. J Am Soc Nephrol. 14:1880-8, 2003.
Long-term improvement in renal function with sirolimus after early cyclosporine withdrawal in renal transplant recipients: 2-year results of the Rapamune Maintenance Regimen Study. Oberbauer R et al. Transplantation. 76:364-70, 2003.
Pharmacodynamics, pharmacokinetics, and safety of multiple doses of FTY720 in stable renal transplant patients: a multicenter, randomized, placebo-controlled, phase I study. Kahan BD et al. Transplantation. 76:1079-84, 2003.
Pre-emptive therapy of CMVpp65 antigen positive renal transplant recipients with oral ganciclovir: a randomized, comparative study. Sagedal S et al. Nephrol Dial Transplant. 18:1899-908, 2003.
Prevalence and treatment of decreased bone density in renal transplant recipients: a randomized prospective trial of calcitriol versus alendronate. Jeffery JR et al. Transplantation. 76:1498-502, 2003.
Tacrolimus (FK506) versus cyclosporin A microemulsion (Neoral) maintenance immunosuppression: effects on graft survival and function, infection, and metabolic profile following kidney transplantation (KT). Abou-Jaoude MM et al. Mol Immunol. 39:1095-100, 2003.
Tacrolimus dose requirement in renal transplant recipients is significantly higher when used in combination with corticosteroids. Hesselink DA et al. Br J Clin Pharmacol. 56:327-30, 2003.

Urinary tract infections

A nurse led education and direct access service for the management of urinary tract infections in children:prospective controlled trial. Coulthard MG et al. BMJ. 327:656, 2003.
Once daily, extended release ciprofloxacin for complicated urinary tract infections and acute uncomplicated pyelonephritis. Talan DA et al. J Urol. 171:734-9, 2004.
Phase 2 clinical trial of a vaginal mucosal vaccine for urinary tract infections. Uehling DT et al. J Urol. 170:867-9, 2003.

Urology

Effect of vitamin C supplements on urinary oxalate and pH in calcium stone-forming patients. Baxmann AC et al. Kidney Int. 63:1066-71, 2003.
Perioperative antibiotic prophylaxis in ureteroscopic stone removal. Knopf HJ et al. Eur Urol. 44:115-8, 2003.

Ongoing Trials

Acute renal failure

The effect of continuous versus intermittent renal replacement therapy on the mortality and outcome of acute renal failure. End date: 30/07/2004 [Source: National Research Register UK (NRR-UK)].

Chronic kidney disease

AURORA Study - Effects of rosuvastatin on assessment of survival and cardiovascular events when given to subjects with end-stage renal failure. End date: May 2007. [NRR-UK].
ESCAPE Trial [Effect of Strict Blood Pressure Control and ACE Inhibition on the Progression of Chronic Renal Failure in PEdiatric Patients]. End date: December 2005. [Contact: Reingard Feneberg].
HARP II - Safety and biochemical efficacy of simvastatin and of aspirin in patients with chronic renal impairment. End date: March 2005. [NRR-UK]
Safety and efficacy of zemplar capsule in reducing serum ipth levels in chronic kidney disease subjects (Three times weekly). [ClinicalTrials.gov].
SHARP - Study of Heart and Renal Protection. Expected End Date: June 2008 [NRR-UK]

Clinical nephrology

IMPROVE: International Mycophenolate mofetil Protocol to Reduce Outbreaks of renal Vasculitis. End date 2006 [European Vasculitis Study Group].
National, randomised controlled trial of immunosuppressive therapy in idiopathic membranous nephropathy with declining renal function. End date: June 2005 [NRR-UK].

Dialysis

Clinical study to assess the safety of PEG-hirudin (SPP200) compared to heparin in patients who are on haemodialysis. End Date: July 2005 [ClinicalTrials.gov].
Benefits of zemplar versus calcijex in subjects w/ stage v chronic kidney disease on hemodialysis. Start Date: April 2003 [ClinicalTrials.gov].

Renal artery disease
ASTRAL: Angiplasty and Stent for Renal Artery Lesions. End Date: June 2006 [Medical Research Council].

Transplantation
Angiotensin II blockade for the prevention of cortical interstitial expansion and graft loss in kidney transplant recipients. End Date: December 2007 [ClinicalTrials.gov].
Mycophenolate mofetil (MMF) in the management of chronic allograft nephropathy: A prospective randomised analysis of renal biopsy and clinical outcomes. End date: April 2005 [NRR-UK}.
Triple regimen with and without the induction of a monoclonal antibody in children after kidney transplantation. End date: March 2004 [NRR-UK].
Prograf (tacrolimus)/MMF, Modified Release (MR) Tacrolimus/MMF and Neoral (cyclosporine)/MMF in de novo Kidney Transplant Recipients. Start Date: June 2003 [ClinicalTrials.gov].
Immunomodulating diets with arginine and omega-3 fatty acids in renal transplant recipients. [ClinicalTrials.gov].

Urinary tract infection/urology
Cranberry juice ingestion in the prevention of urinary tract infection in elderly hospital patients. End date: March 2004 [NRR-UK].
Corticosteroids in the prevention of renal scars following a first urinary tract infection. End date: June 2005 [NRR-UK].
Development and randomised controlled trial of dipsticks and diagnostic algorithms for the management of UTI. End date: September 2005 [NRR-UK].
deflux for endoscopic correction of severe vesicoureteric reflux and the effects on improving bladder function outcome. End date: April 2006 [NRR-UK].

Upcoming workshops

Australasian Cochrane Centre/Cochrane Renal Group*
How to do a Cochrane review
19-20 April — Ipoh, Malaysia
Protocol and analysis workshops
3-4 May — Auckland, NZ
10-11 May — Adelaide
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Review completion programme
18 June — Sydney (work-in for reviewers)
15-19 November — Melbourne
22-23 November — Christchurch, NZ
Australasian Contributor's Meeting
17-18 June — Sydney

Brazilian Cochrane Centre
Reviewer training workshops
27 April — Sao Paolo
25 May — Sao Paolo
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14 September — Sao Paolo
28 September — Sao Paolo
26 October — Sao Paolo
30 November — Sao Paolo

Canadian Cochrane Network and Centre
Reviewer training workshop
10-11 May — Halifax, Nova Scotia
12th Cochrane Colloquium
2-6 October — Ottawa, Ontario

Dutch Cochrane Centre
Systematic review workshop
28 April — Amsterdam
3 November — Amsterdam
European Contributor's Meeting
12-14 May — Amsterdam

German Cochrane Centre
Protocol and analysis workshops
7-8 May — Freiburg

Iberoamerican Cochrane Centre
Protocol and analysis workshops
26-27 April — Barcelona

Nordic Cochrane Centre
Protocol workshops
19 April — Copenhagen
25 October — Copenhagen
On demand — Oslo & Copenhagen

South African Cochrane Centre
Systematic review group meeting
3rd Thursday/month — Cape Town

UK Cochrane Centre/UK Review Groups
Protocol and analysis workshops
28-29 April — Cork, Ireland
26-27 May — Oxford
8-9 June — Dundee
13-14 July — London
13-14 September — Oxford
1-2 December — Liverpool
Systematic review workshops
18-21 May — Leeds (Schizophrenia Group)
7-9 May — Manchester (Oral Health Group)
5-7 July — Vellore, South India (Schizophrenia Group)

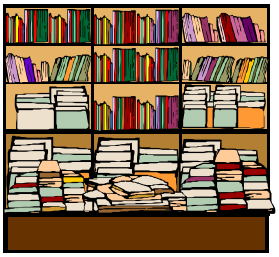
US Cochrane Center
Systematic review workshops
21-23 July — Woods Hole—Cape Cod, MA
22 October — New Orleans, LA
How to practice evidence-based health care
8-12 August — Keystone Resort, Colorado

Kilgore Trout Workshops
Clinical practice and research methods
14-16 May — Irish Lake, Canada
22-24 October — Irish Lake, Canada

Nephrology Conferences

2004

- British Transplantation Society. 28-30 Apr 2004. Birmingham UK (www.bts2004.org.uk/).
- National Kidney Foundation – Future Meetings & Sites 28 Apr-2 May 2004. Chicago USA (www.kidney.org/).
- American Transplant Congress. 14-19 May 2004. Boston USA (www.atcmeeting.org).
- European Renal Association – European Dialysis and Transplant Association XLI Congress – ERA-EDTA. 15-18 May 2004. Lisbon Portugal (Congress@euromeetings.it; www.era-edta.org).
- 2nd Renal Failure Academy. 8-11 Jun 2004. Constanta Romania (acovic@xnet.ro; www.isn-online.org/site/conferences/edit/longdescription.asp?ConferenceID=474).
- 12th International Congress on Nutrition & Metabolism in Renal Disease. 18-22 Jun 2004. Venice Italy (Meet@meetandwork.com; www.nutrition.metabolism-2004.it/organizing.html).
- ISN 2004 Conference on the Prevention of Progression of Renal Disease. 29 Jun-1 Jul 2004. Hong Kong (info@isn2004hkconference.org; www.isn2004hkconference.org).
- First Australasian Home Haemodialysis Workshop. 22-24 Jul 2004. Christchurch New Zealand (amanda@conference.co.nz; www.conference.co.nz).
- 1st Joint Meeting of the Congress of the International Society for Peritoneal Dialysis & The European Peritoneal Dialysis Meeting. 28 Aug-1 Sep 2004. Amsterdam The Netherlands (Ispd-eupd@eurocongres.com; www.ispd-eupd2004.org).
- South African Renal Society Meeting and ISN COMGAN update and CME on Renal Pathology. 20-23 Aug 2004. South Africa.
- 40th Annual Scientific Meeting ANZSN in conjunction with the International Paediatric Nephrology Association Meeting. 29 Aug-3 Sep 2004. Adelaide SA, Australia (www.ipna2004.com).
- XX International Congress of The Transplantation Society. 5-10 Sep 2004. Vienna Austria (Transplantation2004@mondial.at; www.transplantation2004.at).



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- XIV French Paraguayan Nephrology Meeting. 10-12 Sep 2004. Asuncion Paraguay.21st Turkish National Congress of Nephrology. 10-14 Sep 2004. Antalya Turkey.
- 7th African Congress of Nephrology. 16-18 Sep 2004. Agadir Morocco.
- Baltic Societies of Nephrology Meeting. 17-18 Sep 2004. Riga Latvia.
- 3rd International Congress on Uraemia Research. 17-20 Sep 2004. Taormina Italy (Gbellinghieri@hotmail.com).
- Brazilian Congress of Nephrology. 18-21 Sep 2004. Brazil.
- Toronto Third Annual Congress: Prevention of Renal Disease. 1-2 Oct 2004. Toronto Canada.
- ASHI 30th Annual Meeting. 1-6 Oct 2004. San Antonio, USA (www.ashi-hla.org).
- IX Peruvian Congress of Nephrology. 14-17 Oct 2004. Lima Peru (Elizabethescudero3@hotmail.com; www.isn-online.org/site/conferences/edit/LongDescription.asp?ConferenceID=490).
- American Society of Nephrology. 27 Oct-1 Nov 2004. St Louis, USA (Email@asn-online.org; www.asn-online.org).
- Prevention of Chronic Kidney Disease. 14-18 Nov 2004. The Hague The Netherlands (p.e.de.jong@int.azg.nl; www.isn-online.org/site/conferences/edit/LongDescription.asp?ConferenceID=476).
- 35th Indian Society of Nephrology. 18-20 Nov 2004. Varanasi India.
- Pan Arab Pediatric Nephrology. 9-13 Dec 2004. Dubai United Arab Emirates.

2005

- The British Transplant Society. 6-8 Apr 2005. Belfast UK (Secretariat@bts.org.uk; www.bts2005.org.uk).
- 2005 Clinical Meetings. 4-8 May 2005. Washington DC, USA (www.kidney.org/meetings/clinical04/future.cfm).
- American Transplant Congress. 20-25 May 2005. Seattle WA, USA (atc@ahint.com www.atcmeeting.org/meeting_dates/index.php).
- European Renal Association - European Dialysis and Transplant Association. 4-7 Jun 2005. Istanbul Turkey (congress@era-edta.org; www.eraedta2005.org/).
- 3rd World Congress of Nephrology. 26-30 Jun 2005. Singapore (admin@acedaytons-direct.com; www.wcn2005.org/home.htm)
- American Society of Nephrology Meeting. 8-13 Nov 2005. Philadelphia, USA (email@asn-online.org; www.asn-online.org).

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