

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



The Cochrane Renal Group Newsletter

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We have had a very busy few months. The recent launch of the Renal Health Library (RHL) was a great success where over 3000 copies were given away. We would like to thank the ISN for providing us with an information booth in a very prominent position – this kept Ruth and Gail very busy! If you missed out, please contact Sharn (crg@chw.edu.au) and she will forward you a copy – and don't forget you can freely access the RHL online at www.update-software.com/renalhealth/ or via the icon on our website.

We have recently negotiated with the ERA-EDTA European Best Practice Guidelines Committee to perform the searches for their Hemodialysis Subcommittee, and look forward to working with them.

In the October issue of the AJKD you will find our latest report of newly published and ongoing trials, plus a copy of the RHL. We've been interested to see that the Ongoing Trials page of our website is one of the most frequently visited. We are trying to build a complete register of all ongoing nephrology RCTs, so if you know of any trials please tell us!

The minutes of the Advisory Board meeting held on 20 May are now available on our website. The next meeting will be held on 26 November.

For 6 weeks over the northern summer break, Jane Powell came to work with us here in Sydney. Jane is a student at York University and has been working with Wounds Group coding their specialised register. Jane and Ruth developed coding sheets for our register and have now coded the majority of the references we have as full text. Jane was also able to get started on her 3rd year project and will be assisting Angela Webster on one of her reviews.

And finally, Sandrine Dury has recently left the Group. Sandrine was the original Trials Search Coordinator when the group was based in France and was responsible for getting our specialised register up and running. We would like to wish her all the best for the future.

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Reviews & protocols

New reviews

In issues 3 and 4, 2003 we have published 2 new reviews and 1 updated review (see pages 9 - 11 for synopses and abstracts):

- Antibiotics for acute pyelonephritis in children. Paul Bloomfield et al.
- Immunosuppressive agents for IgA nephropathy. Joshua Samuels et al.
- Haemoglobin and haematocrit targets for the anaemia of chronic renal disease [Update]. Giovanni Strippoli et al.

New protocols

In issues 3 and 4, 2003 we have published 6 new protocols:

- Antifungal agents for preventing fungal infections in solid organ transplant recipients. E Geoffrey Playford et al. (Australia).
- HMG Co-A reductase inhibitors (statins) for lowering cholesterol in dialysis patients. Sankar Navaneethan et al (USA).
- Immunosuppressive agents for idiopathic membranous nephropathy in adults with nephrotic syndrome. Arrigo Schieppati et al (Italy).
- Physical measures for treating depression in dialysis patients. Kannaiyan Rabindranath et al. (UK).
- Psychosocial interventions for treating depression in dialysis patients. Kannaiyan Rabindranath et al. (UK).
- Sirolimus and everolimus for kidney transplant recipients. Angela Webster et al. (Australia).

New titles

- Antibody therapy for kidney transplant recipients. Angela Webster et al. (Australia).
- Anti-infective agents for peritoneal dialysis patients. Giovanni Strippoli et al. (Italy).
- Catheter type, configuration and placement for peritoneal dialysis. Giovanni Strippoli et al (Italy).
- Interventions for idiopathic restless legs syndrome. Keith Wong et al (Australia).
- Interventions for minimal change nephropathy in adults with nephrotic syndrome. Nina Buck-Muller et al. (Germany).

Published reviews

- Cellulose, modified cellulose and synthetic membranes for haemodialysis in end stage renal disease. Alison MacLeod et al. (UK).
- Continuous ambulatory peritoneal dialysis (CAPD) versus hospital or home haemodialysis for end-stage renal disease in adults. Luke Vale et al.
- 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. (China).
- Haemoglobin and haematocrit target for the anaemia of chronic kidney disease. Giovanni Strippoli et al (Italy).
- 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).
- Methenamine hippurate for preventing urinary tract infections. Bonnie Lee et al. (Australia).
- 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).

Published protocols

- Antibiotics for asymptomatic urinary tract infection in the elderly. Fatima Capella Giannattasio et al. (Brazil)
- Antihypertensive therapy for renal transplant recipients. Teut Risler et al. (Germany).
- Antihypertensive agents for non diabetic kidney disease. Ettore Guidi et al. (Italy).

- Antihypertensive agents for preventing diabetic kidney disease. Giovanni Strippoli et al. (Italy).
- Antihypertensive agents for preventing the progression of diabetic kidney disease. Giovanni Strippoli et al. (Italy).
- Calcium antagonists for preventing of acute tubular necrosis in renal transplant recipients. Ilona Shilliday et al. (UK).
- Correction of chronic metabolic acidosis in pre end-stage chronic renal failure. Paul Roderick et al. (UK).
- Dialysis and transplantation for end-stage renal disease in adults. Giorgina Piccioli et al. (Italy)
- Emergency interventions for hyperkalaemia. Catherine Clase et al. (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).
- Interleukin II receptor antagonists for kidney transplant recipients. Angela Webster et al. (Australia)
- 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 cytomegalovirus disease in solid organ transplant recipients. Dushyanthi Vimalachandra et al. (Australia)
- Interventions for preventing infection in nephrotic syndrome. Hongmei Wu et al. (China)
- Interventions for preventing haemolytic uraemic syndrome/ thrombotic thrombocytopenic purpura. Elizabeth Elliott et al. (Australia).
- Interventions for preventing recurrent urinary tract infections in women. Xavier Albert et al. (Spain).
- Interventions for primary vesicoureteric reflux. Danielle Wheeler et al. (Australia).
- Modes of administration of antibiotics for symptomatic urinary tract infection. Annette Pohl et al. (Germany).
- Non-immunosuppressive treatment for IgA nephropathy. Joshua Samuels et al. (USA).
- Nonsteroidal anti-inflammatory drugs (NSAIDs) versus opioids for acute renal colic. Anna Holdgate et al. (Australia).
- Quinolones for uncomplicated acute cystitis in women. Vladimir Rafalsky et al. (Russia).
- Tacrolimus for kidney transplant recipients. Angela Webster et al. (Australia)
- 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. (UK).
- Water for preventing urinary calculi. Qiang Wei et al. (China)

Priority areas

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
- Intermittent versus continuous renal replacement therapy 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

Cochrane Colloquium dates

11th Annual Cochrane Colloquium

Barcelona, Spain, 26 - 31 October 2003

12th Annual Cochrane Colloquium

Ottawa, Canada, 2 - 6 October 2004

13th Annual Cochrane Colloquium

Melbourne, Australia, 22 - 26 October 2005

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 patients
- Interventions 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
- Ultrasound use for the placement of dialysis catheters

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

- Warfarin 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 bi-

opsies

- Standard versus rigorous blood pressure control for polycystic kidney disease
- Interventions for retroperitoneal 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 dyslipidaemia in kidney transplant recipients
- Interventions for hyperhomocysteinaemia in kidney transplant recipients
- Interventions for preventing bone-loss in kidney transplant recipients

Our Scope

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

- 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



We will be holding a meeting at the upcoming Cochrane Colloquium in Barcelona

Date: Monday 27 October
 Time: 16:30 - 18:00
 Room: Cochrane 9
 Venue: HOTEL FIRA PALACE

Hope to see you there!!

Collaboration news

Centre News

Changes at the Secretariat

Kim Pollard has joined the Secretariat as Administrative Assistant. With the recent addition on 1 April 2003 of Nick Royle as Chief Executive Officer, the Secretariat now has four full-time members of staff. Email addresses are as follows:

nroyle@cochrane.org

jhetherington@cochrane.org

callen@cochrane.org

kpollard@cochrane.org

Nandi Siegfried and Jimmy Volmink Appointed Co-Directors of the South African Cochrane Centre (SACC)

The South African Cochrane Centre is delighted to announce that Dr Nandi Siegfried, MRC Senior Specialist Scientist, and Professor Jimmy Volmink, Chair of Primary Health Care at the University of Cape Town, have been appointed Co-Directors of the South African Cochrane Centre.

Congratulations Nandi and Jimmy!

New Journals

Focus on Alternative and Complementary Therapies (FACT)

FACT is an evidence-based journal in the field of complementary medicine that provides summaries and commentaries on key papers, as well as focus articles, guest editorials, interviews, letters, news, conference reports and book reviews. More details about FACT can be found at www.pharmpress.com/FACT. Subscribers to the CCINFO E-mail discussion list can receive our special associate subscription rate for FACT, which is a savings of 25% off the regular subscription rate. Please contact sboisseau@rpsgb.org.uk if you would like a sample copy of the journal.

Simon Boisseau

Marketing Manager

Clinical Trials: Journal Of The Society For Clinical Trials

CLINICAL TRIALS is an international journal that aims to be a primary focus for the dissemination and development of knowledge about the design, conduct, analysis, reporting, ethics, synthesis, regulation and impact of all types of clinical trials and related medical research methodologies. The

journal will be published in 6 issues per year and prepublication papers will be available online. Areas covered will be medicine, biostatistics, epidemiology, computer science, management science, informatics, behavioural science, pharmaceutical science, health policy, law and bioethics.

If you wish to subscribe to CLINICAL TRIALS, please contact Turpin Distribution Services at: email: subscriptions@turpinltd.com

Steven Goodman

EDITOR

Conferences & Workshops

EHEALTH 2003 CONFERENCE & EXHIBITION; IMPLEMENTING THE CHANGE

The unique global conference and exhibition, eHealth 2003, Oct. 16-17, 2003 www.ehealth2003.org, will cover all aspects of eHealth, including eSurgery, Telemedicine, Telecare, the use of technology in healthcare, eLearning, hospitals of the future, eNeuroscience, ePsychiatry, and National IT strategies. Technology and Medicine will be examined in state-of-the-art debate and presentations in both developing countries and industrialised countries, with participants the world over gathering in London for this unique event.

James Lind Symposium: From scurvy to systematic reviews and clinical guidelines. How can clinical research lead to better patient care? Friday 31st October 2003, Queen Mother Conference Centre, Royal College of Physicians of Edinburgh

Sessions will include: James Lind and how clinical research began (Iain Chalmers, Ulrich Troehler and Iain Milne); clinical research today (Jan Vandenbroucke, Charles Warlow and Graeme Catto); and information to support treatment decisions (Trish Greenhalgh, Hazel Thornton, Jeremy Grimshaw, Jonathan Rees and Richard Smith). Contact Anne Fairbairn a.fairbairn@rcpe.ac.uk or visit www.rcpe.ac.uk/events/lind.html to download the registration form.

NHS R&D Health Technology Assessment Programme 10th Anniversary Conference

This autumn the HTA programme will be celebrating 10 years with a one day conference on 15 October at Church House, London. The brochure and booking form are available from www.healthcare-events.co.uk/conferences. Eminent plenary speakers will include the NHS Di-

rector of R&D, the Director of the HTA Programme and the NHS 'Consumer Tzar'. They will examine the place of HTA in health service policy-making, focusing on its relationship to key central bodies such as NICE as well as to front-line clinical decision makers.

CME Congress 2004

The CME Congress 2004 will be held May 15-18, 2004 at the Fairmont Royal York Hotel, Toronto, Canada. The Congress has five interrelated themes: linkages between "information," education," and the related context of implementation", "regulation" and the "health care environment." These themes provide a broad framework for exploring the involvement of continuing medical education in the translation of knowledge into practice. More detailed information is provided in the Congress website www.cmecongress.org.

The Cochrane Library

Free access throughout Latin America

At a recent meeting in Pueblo, Mexico, Dr Álvaro Atallah, Director of the Brazilian Cochrane Centre, was invited by the Pan American Health Organization (PAHO) and the Regional Library of Medicine (BI REME) in São Paulo to launch free online access to The Cochrane Library throughout Latin America. Discussions are underway to find the best methods of disseminating the evidence from The Cochrane Library and training people in its use. Feedback can be sent to, and further information can be obtained from, Dr Atallah (cochrane.dmed@epm.br).

The good news for Spanish-speaking people worldwide is that The Cochrane Library is also available in Spanish ('The Cochrane Library Plus'). The Spanish Ministry of Health is currently considering providing free access to the Spanish version throughout Spain. Contact Dr Xavier Bonfill at the Iberoamerican Cochrane Centre cochrane@cochrane.es for more information.

Winning ways to use The Cochrane Library

Seven Australian health professionals, and their teams, have been recognised for their efforts in seeking the most up to date research and using the findings to improve patient care. The seven were selected as winners of the inaugural National Institute of Clinical Studies' Cochrane User Award which rewards Australian health practitioners for the best use of research evidence con-

tained in The Cochrane Library.

The winners highlighted several areas where Cochrane reviews have been shown to make a difference: reducing blood clots in hospital patients; encouraging midwives and obstetricians to use evidence; reducing bleeding after childbirth; reducing hospital stay for patients with fractured hips; improving function in patients waiting for hip replacements; use of spacers by children suffering acute asthma attacks. A full description of the winning entries is available from the NICS web site: www.nicssl.com.au

Sally Green

Director, Australasian Cochrane Centre

Consumer Information

Consumers have set up a group in the UK. It is a branch of the international Consumer Network (CCNet) and its aim is to improve the quality of reviews through the effective involvement of UK consumers, and through the facilitation of consumer involvement in UK based collaborative review groups and other Cochrane entities. The group is producing an Introductory Pack for UK consumers and has set up an Email discussion group, moderated by Nicola Thornton at the UK Cochrane Centre.

With funding from the UKCC, the group is organising two training days for consumers, and the second will be held in Edinburgh in March 2004 on 'Commenting on a Cochrane review from a consumer perspective'. The workshop is for Cochrane consumers who are contributing, or planning to contribute, to the work of the Collaboration by commenting on Cochrane protocols and reviews from a consumer perspective. The workshop will also cover understanding a bit about how we can decide whether a piece of research on healthcare interventions is trustworthy and whether we can believe the results.

Gill Gyte (ggyte@cochrane.co.uk)

Rosemary Humphreys (rn Humphreys@cs.com)

If you would like more information about the Collaboration, please subscribe to CCINFO for regular updates. For those in Australia there is also Ausinfo.

<http://www.cochrane.org/cochrane/maillist.htm>

Recent synopses & abstracts

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

Synopsis

Oral antibiotics may be as effective as the combination of injection and oral antibiotics for kidney infections in children

Acute pyelonephritis refers to infection of the kidneys and is the most severe form of urinary tract infection (UTI). It causes high fever, vomiting, stomach pain, irritability and poor feeding in infants. Usual treatment is antibiotics given first by injection (IV) and then orally for 7-14 days to clear the infection and prevent kidney damage. These results suggest that children with acute pyelonephritis can be treated effectively with oral cefixime or with short courses (2-4 days) of IV therapy followed by oral therapy. If IV therapy is chosen, single daily dosing with aminoglycosides is safe and effective.

Abstract

Background

Urinary tract infection (UTI) is one of the most common bacterial infection in infants. The most severe form of UTI is acute pyelonephritis, which results in significant acute morbidity and may cause permanent renal damage. Published guidelines recommend treatment of acute pyelonephritis initially with intravenous (IV) therapy followed by oral therapy for 7-14 days though there is no consensus on the duration of either IV or oral therapy.

Objectives

To determine the benefits and harms of different antibiotic regimens for the treatment of acute pyelonephritis in children.

Search strategy

We searched the Cochrane Register of Controlled Trials (Cochrane Library Issue 3, 2002), MEDLINE (1966 - September 2002), EMBASE (1988 -September 2002), reference lists of articles and abstracts from conference proceedings without language restriction.

Selection criteria

Randomised and quasi-randomised controlled trials comparing different antibiotic agents, routes, frequencies or durations of therapy in children aged 0-18 years with proven UTI and acute pyelonephritis were selected.

Data collection & analysis

Two reviewers independently assessed trial quality and extracted data. Statistical analyses were performed using the random effects model and the results ex-

pressed as relative risk (RR) for dichotomous outcomes or weight mean difference (WMD) for continuous data with 95% confidence intervals (CI).

Main results

Sixteen trials involving 1872 children were eligible for inclusion. No significant differences were found in persistent renal damage at six months (one trial, 306 infants: RR 1.45, 95% CI 0.69 to 3.03) or in duration of fever (WMD 0.80, 95% CI -4.41 to - 6.01) between oral cefixime therapy (14 days) and IV therapy (three days) followed by oral therapy (10 days). Similarly no significant differences in persistent renal damage (three trials, 315 children: RR 0.99, 95% CI 0.72 to 1.37) were found between IV therapy (3-4 days) followed by oral therapy and IV therapy for 7-14 days. In addition no significant differences in efficacy were found between daily and thrice daily administration of aminoglycosides (one trial, 179 children, persistent symptoms at three days: RR 1.98, 95% CI 0.37 to 10.53).

Reviewers' conclusions

These results suggest that children with acute pyelonephritis can be treated effectively with oral cefixime or with short courses (2-4 days) of IV therapy followed by oral therapy. If IV therapy is chosen, single daily dosing with aminoglycosides is safe and effective. Trials are required to determine the optimal total duration of therapy and if other oral antibiotics can be used in the initial treatment of acute pyelonephritis.

Immunosuppressive agents for treating IgA nephropathy Joshua Samuels *et al.* (USA)

Background

IgA nephropathy (IgAN) is a world-wide disease and the cause of end-stage renal failure (ESRF) in 15 to 20% of patients within 10 years and in 30 to 40% of individuals within 20 years from the apparent onset of disease. No specific treatment has yet been established but many approaches have been investigated.

Objectives

To assess the benefits and harms of immunosuppressive treatment for IgAN.

Search strategy

We searched The Cochrane Renal Group's specialized register (May 2003), Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, Issue 3, 2002) MEDLINE (1966 - September 2002), EMBASE (1988 - September 2002) and handsearched reference lists of retrieved articles and conference proceedings.

Selection criteria

Randomized controlled trials (RCTs) and quasi-RCTs comparing treatment of IgAN with immunosuppressive agents against placebo, no treatment, other immunosuppressive or non-immunosuppressive agents.

Data collection & analysis

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

Main results

Thirteen eligible RCTs involving 623 patients were identified. All identified RCTs had a placebo, no treatment or warfarin/dipyridamole control group. Seven trials used steroids, three used alkylating agents/cyclosporin and three used combinations of steroids and alkylating agents/cyclosporin. No trial directly compared steroids versus alkylating agents/cyclosporin. Quality was sub-optimal. Steroids were associated with a lower risk of progression to ESRF (RR 0.44, 95% CI 0.25 to 0.80) and lower urinary protein excretion (WMD -0.49 g/24h, 95% CI -0.72 to -0.12). Urinary protein excretion was lower for patients treated with alkylating agents/cyclosporin compared to placebo/no treatment (WMD -0.94 g/24h, 95% CI -1.43 to -0.46). There was no significant reduction of urinary protein excretion with combination treatment of steroids and alkylating agents compared with placebo/no treatment.

Reviewers' conclusions

The optimal management of IgAN remains uncertain. The RCTs identified were small, of sub-optimal methodological quality and tended to only report favorable and surrogate outcomes without a thorough reporting of treatment harms. All outcomes favor the use of immunosuppressive interventions, with steroids appearing to be the most promising. Further study, in the form of RCTs, is necessary to ascertain which patients would benefit from these interventions, whether they are the ones with early signs of renal dysfunction or those with more advanced renal impairment.

Haemoglobin and haematocrit targets for the anaemia of chronic renal disease [update] Giovanni Strippoli et al. (Italy)

Synopsis

Raising haemoglobin (red blood cell) levels above 133 g/L in people with heart and kidney disease does not reduce mortality, and may even increase it.

Having too few red blood cells (anaemia) makes a person feel tired. Blood transfusions or drugs can be given to increase red blood cell levels (haemoglobin).

Having too many red blood cells can lead to blockages in catheters for patients on dialysis. It can also cause high blood pressure. This review of clinical studies found that increasing haemoglobin to high levels lowered the chance of a person having a seizure, but increased blood pressure. Haemoglobin levels above 133 g/L did not reduce, and could possibly increase, the risk of death in people with heart and kidney disease.

Abstract

Background

Anaemia affects 60-80% of patients with renal impairment, reduces quality of life and is a risk factor for early death. Treatment options are blood transfusion, erythropoietin (EPO) alpha or beta and darbepoetin alfa. Recently higher haemoglobin (Hb) and haematocrit (HCT) targets have been widely advocated because of positive data from observational studies. However, higher targets may lead to access thrombosis and hypertension and are costly.

Objectives

This review assesses the benefits and harms of low and high Hb or HCT targets in pre- and post-dialysis patients receiving any treatment for anaemia.

Search strategy

We searched The Cochrane Renal Group specialised register (September 2002), Cochrane Controlled Trials Register (The Cochrane Library, Issue 3, 2002) MEDLINE (1966 - September 2002), EMBASE (1988 - September 2002) and reference lists of retrieved articles.

Selection criteria

Randomised controlled trials (RCTs) and quasi-RCTs comparing two or more Hb/HCT targets in patients with anaemia of chronic kidney disease.

Data collection & analysis

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

Main results

Sixteen trials were identified in which 2512 patients were included. Twelve trials (673 patients) aimed to compare the benefits of EPO compared to placebo or no treatment in patients with chronic renal failure. Four trials (1839 patients) specifically used two doses of EPO or EPO with no treatment to address a "normal" (Hb > 133 g/L) or a "subnormal" (Hb < 120 g/L) haemoglobin target. Two of these studies also enrolled patients with chronic renal failure and cardiovascular impairment. Sub-normal Hb values of 120 g/L (obtained with low EPO doses or no treatment) were associated with lower mortality compared to normal Hb values of 133 g/L or more

(obtained with high EPO doses) in the population with chronic renal disease and cardiovascular impairment (three trials, 1795 patients: RR 0.84; 95% CI 0.71 to 1.00). Lower targets obtained with a placebo resulted in an increased risk for seizures (four trials, 219 patients: RR 5.25; 95% CI 1.13 to 24.34) as compared to higher targets reached with EPO treatment. Finally, there was a reduced risk for hypertensive episodes with lower Hb targets (Hb < 100 g/L) reached with a placebo as compared to higher targets (Hb > 133 g/L) reached with EPO (six trials, 387 patients: RR 0.50; 95% CI 0.33 to 0.76). Quality of life was not adequately evaluated in the studies.

Reviewers' conclusions

Haemoglobin targets of < 120 g/L were associated with a lower risk of death in the population with cardiovascular impairment and chronic renal disease (mainly dialysis patients) as compared to Hb > 133 g/L. Although increasing Hb values aims to reduce mortality, at best Hb > 133 g/L implies no reduction in deaths and at

worst it implies an increase in the number of deaths. Lower Hb targets (Hb < 100 g/L) were significantly associated with an increased risk for seizures and a reduced risk of hypertension compared to Hb > 100 g/L. There is a need of more adequately powered, well-designed and reported trials in this area and in particular, a randomised controlled trial comparing the benefits and harms of low (Hb < 100 g/L) versus intermediate (Hb 130 g/L) and high (Hb 140 g/L) targets in the pre-dialysis population with chronic renal disease is necessary. The new trials should be simple, focus on hard end-points (mortality, end stage renal failure, major side effects) and also look at outcomes which were previously not studied adequately, such as seizures and quality of life. Quality of life is to be assessed with validated measures. Any additional trial should be adequately designed (adequate allocation concealment, blinding of participants, investigators, outcome assessors, use of intention to treat analysis and minimal loss of patients at follow-up).

New statistics in RevMan 4.2

The release of RevMan 4.2 has many new features, here I have included an extract from Julian Higgins on the new I^2 feature for testing heterogeneity.

The traditional test: χ^2

Meta-analyses in Cochrane reviews, include a statistical test that aims to answer the question of whether studies have homogenous effects. This is displayed below a meta-analysis, for example as:

Test for heterogeneity: $\chi^2=12.44$ df=7 p=0.09

In this case, the test produces a χ^2 value of 12.44 on 7 degrees of freedom (df). The resulting p value is 0.09, which would not be deemed statistically significant using the conventional cut-off of 0.05.

A well-known problem with the test is that it typically has low power, meaning that it is unlikely to yield a statistically significant result when there is genuinely some heterogeneity of effect. This is because it is difficult to demonstrate variation across studies when there aren't many of them. Thus a non-significant test result should not be taken as evidence of homogeneity.

A more fundamental problem, however, concerns the whole notion of testing for heterogeneity. Since systematic reviews inevitably bring together studies in different populations, in different settings, using different methods, with different outcome definitions (and the list goes on...), we might reasonably expect heterogeneity of underlying effects to be present. In that case we shouldn't be interested in determining *whether* heterogeneity is present, but instead should focus attention on how large it is and how much it impacts on the conclusions of the review.

The new addition in RevMan 4.2: I^2

RevMan 4.2 supplements the test for heterogeneity with a new quantity that describes the impact of heterogeneity on the meta-analysis - I^2 - and it is displayed thus:

Test for heterogeneity: $\chi^2=12.44$ df=7 (p=0.09)
 $I^2=44\%$

I^2 measures the degree of *inconsistency* across studies. It is calculated as follows: $100\% \times (\chi^2 - df) / \chi^2$

Its lowest possible value is 0%, and its highest is 100%.

It may be interpreted approximately as the proportion of total variation in the observed results of the studies that may be explained by heterogeneity rather than chance variation. Thus, if $I^2 = 0\%$, then there is no apparent heterogeneity, whereas in the example $I^2 = 44\%$ so almost half of the variability in effect estimates was due to genuine variation in the underlying effects. In practice, I^2 will never reach 100%, but values in excess of 70% would usually inspire particular caution in interpreting a meta-analysis. Some useful properties of I^2 are:

- I^2 may be bigger than zero even if the test result is not statistically significant.
- I^2 will be bigger than zero if, and only if, a random effects meta-analysis differs from a fixed effect meta-analysis.
- Larger values of I^2 indicate greater heterogeneity, and less easily generalised conclusions.

To read more about I^2 : Higgins JP et al. Measuring inconsistency in meta-analysis (*BMJ* 2003 327:557-60).

Recent trials

Acute renal failure

A randomized prospective trial to assess the role of saline hydration on the development of contrast nephrotoxicity. Trivedi HS et al. *Nephron Clinical Practice*. 93:C29-34, 2003.

A rapid protocol for the prevention of contrast-induced renal dysfunction: the RAPID study. Baker CS et al. *J Am Coll Cardiol*. 41:2114-8, 2003.

Acetylcysteine for prevention of acute deterioration of renal function following elective coronary angiography and intervention: a randomized controlled trial. Kay J et al. *JAMA*. 289:553-8, 2003.

Angiotensin II AT1 receptor antagonism prevents detrimental renal actions of acute diuretic therapy in human heart failure. Chen HH et al. *Am J Physiol Renal Physiol*. 284:F1115-9, 2003.

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Prophylactic dialysis in patients with renal dysfunction undergoing on-pump coronary artery bypass surgery. Durmaz I et al. *Ann Thorac Surg*. 75:859-64, 2003.

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Antiproteinuric effect of nickeritrol, a nicotinic acid derivative, in chronic renal disease with hyperlipidemia: a randomized trial. Owada A et al. *Am J Med*. 114:347-53, 2003.

Blood pressure response to conventional and low-dose enalapril in chronic renal failure. Elung-Jensen T et al. *Br J Clin Pharmacol*. 55:139-46, 2003.

CREATE: new strategies for early anaemia management in renal insufficiency. Macdougall IC et al. *Nephrol Dial Transplant*. 18 Suppl 2:13-6, 2003.

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Pravastatin for secondary prevention of cardiovascular events in persons with mild chronic renal insufficiency. Tonelli M et al. *Ann Intern Med*. 138:98-104, 2003.

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Efficacy of losartan in patients with primary focal segmental glomerulosclerosis resistant to immunosuppressive treatment. Usta M et al. *J Intern Med*. 253:329-34, 2003.

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Treatment of IgA nephropathy with ACE inhibitors: a randomized and controlled trial. Praga M et al. *J Am Soc Nephrol*. 14:1578-83, 2003.

Diabetic nephropathy

Beneficial effects of weight loss in overweight patients with chronic proteinuric nephropathies. Morales E et al. *Am J Kidney Dis*. 41:319-27, 2003.

Cardiovascular outcomes in the Irbesartan Diabetic Nephropathy Trial of patients with type 2 diabetes and overt nephropathy. Berl T et al. *Ann Intern Med*. 138:542-9, 2003.

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Warm or cold contrast medium in the micturating cystourethrogram (MCUG): which is best? Goodman

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End-stage renal failure/dialysis

A randomized controlled trial of haemoglobin normalization with epoetin alfa in pre-dialysis and dialysis patients. Furuland H et al. *Nephrol Dial Transplant.* 18:353-61, 2003.

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Nutritional effects of carnitine supplementation in hemodialysis patients. Chazot C et al. *Clin Nephrol.* 59:24-30, 2003.

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A prospective randomized trial of the LoFric hydrophilic coated catheter versus conventional plastic catheter for clean intermittent catheterization. Vapnek JM et al. *J Urol*. 169:994-8, 2003.

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Urology

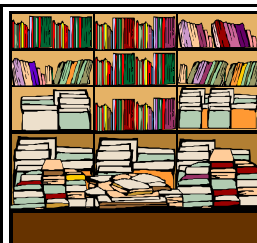
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Nephrology conferences



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11th International ANCA and Vasculitis Workshop. 2-5 Oct 2003 Prague, Czech Republic (tesarv@cesnet.cz; www.anca2003.org/)

BANTAO Congress. 2-5 Oct 2003 Varna, Bulgaria (dnenov@bantao.org; www.bantao.org)

Renal Association Autumn 2003 Meeting. 7-8 Oct 2003 London, UK (www.renal.org/meetings/autumn03.html)

First National Stem Cell Centre Scientific Conference – Stem Cells and Tissue Repair. 9-12 Oct 2003. Melbourne, Australia (ah@asnevents.net.au; www.nsc.edu.au)

Raja N. Khuri Symposium on Renal Physiology. 11-12 Oct 2003. Beirut, Lebanon (kbadr@aub.edu.lb www.isn-online.org/start.htm)

NKRF Autumn Conference. 21 Oct 2003. London, UK (www.renal.org/meetings/nkrfoct03.html)

ASHI 29th Annual Meeting. 28 Oct-1 Nov 2003. Miami Beach, USA (www.ashi-hla.org)

CME ISN-COMGAN. 3-4 Nov 2003 Hanoi, Vietnam (visith@redcross.or.th; www.isn-online.org/start.htm)

4th Annual Rachmiel Levine Symposium – Advances in Diabetes Research: From Cell Biology to Cell Therapy. 4-8 Nov 2003. Universal City, USA (kramos@coh.org; <http://levinesymposium.coh.org>)

CME ISN-COMGAN. 6-7 Nov 2003. Ho Chi Minh City, Vietnam (visith@redcross.or.th; www.isn-online.org/start.htm)

Scottish Renal Association. 7-8 Nov 2003. Dunfermline, UK (catriona.balfour.wg@northglasgow.scot.nhs.uk)

Basic Science Conference 2003: "Autoimmunity and Tolerance in Organ Injury". 12-13 Nov 2003. San Diego, USA (www.asn-online.org)

American Society of Nephrology. 12-17 Nov 2003. San Diego, USA (asn@dc.sba.com; www.asn-online.org)

NATCO Introductory Course for the New Transplant Coordinator. 15-18 Nov 2003. Tempe, USA (www.natco1.org/calendar.asp)

NATCO Advanced Hospital Development Course. 15-18 Nov 2003. Tempe, USA (www.natco1.org/calendar.asp)

Prevention of Kidney Disease in Minority Groups and Emerging Nations. "Focus on the Americas". 17-20 Nov 2003. Ensenada, Baja California, Mexico (qa45132@aol.com; www.isn-online.org/ensenada)

Transplant Procurement Management (TPM Project) presents "Advanced International Training Course on Transplant Coordination". 23-28 Nov 2003. Barcelona, Spain (www.tpm.org)

4th Congress of the International Transplant Coordinators Society (ITCS). 29 Nov-1 Dec 2003. Warsaw, Poland (www.isodp2003.org)

CME in Dhaka, Bangladesh. 2-3 Dec 2003. Dhaka, Bangladesh (Chughks@sancharnet.in; rashid@bol-online.com)

Indian Society of Nephrology Conference. 5-7 Dec 2003. Vishakapatnam, South India (dsrcana@bol.net.in)

Advances in Nephrology. 8-10 Dec 2003. London, UK (www.renal.org/courses/courses.html)

Renal Association Advanced Nephrology Course. 21-23 Jan 2004 London, UK (www.renal.org/courses/courses.html)

International Conference on Dialysis VI – Advances in ESRD 2004. 28-30 Jan 2004. San Juan, Puerto Rico (Scevallos@rriny.com; www.renalresearch.com/Events.htm)

NephroAsia – TransplantAsia 2004. 9-14 Feb 2004. Singapore (Nephroasia@nkfs.org; www.nephroasia.com)

The VIII Congress of the Arab Society of Nephrology and Renal Transplantation, the XXIII Annual Congress of the Egyptian Society of Nephrology in collaboration with the International Society of Nephrology. 10-14 Feb 2004. Sharm ElShaikh-Sinai, Egypt (Nihalyounis@hotmail.com; www.asnrtcongress.net)

2004 Transplant Institute. 10-13 Mar 2004. Reno, USA (www.natco1.org/calendar.asp)

Annual Meeting (AST). 20-22 Mar 2004. Washington, USA (www.a-s-t.org/meeting/meeting.htm)

Renal Association Spring 2004 Meeting. 1-2 Apr 2004. Aberdeen, UK (www.renal.org/meetings/spring04.html)

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)

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)

International Workshop on Home Haemodialysis- First Australasian Home Haemodialysis Workshop. 22-24 Jul 2004. Christchurch, New Zealand (Kelvin.Lynn@cdhb.govt.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)

40th Annual Scientific Meeting in conjunction with the International Paediatric Nephrology Association Meeting. 29 Aug-3 Sep 2004. Adelaide, Australia (www.ipna2004.com)

XX International Congress of The Transplantation Society. 5-10 Sep 2004. Vienna, Austria (Transplantation2004@mondial.at; www.transplantation2004.at)

3rd International Congress on Uraemia Research. 17-20 Sep 2004. Taormina, Italy (Gbellinghieri@hotmail.com)

ASHI 30th Annual Meeting. 1-6 Oct 2004. San Antonio, USA (www.ashi-hla.org)

American Society of Nephrology. 27 Oct-1 Nov 2004. St Louis, USA (email@asn-online.org; www.asn-online.org)

18th International Congress of Nephrology, 10th Asian Pacific Congress of Nephrology (at 3rd World Congress of Nephrology). 26-30 Jun 2005. Singapore (admin@acedaytons-direct.com; www.wcn2005.org)

American Society of Nephrology Meeting. 8-13 Nov 2005. Philadelphia, USA (email@asn-online.org; www.asn-online.org)

Upcoming Cochrane workshops 2003/2004

Australasian Cochrane Centre/Cochrane Renal Group*

DATES	LOCATION	TYPE OF WORKSHOP
16 October	Brisbane	'Work-in' for reviewers
17 October	Singapore	Protocol & Analysis workshop
4-5 December	Sydney*	Developing a protocol/Intro to Analysis

Canadian Cochrane Network and Centre

19-20 November	Hamilton	Reviewer training workshop
21-22 November	Hamilton	Canadian Cochrane Symposium

Dutch Cochrane Centre

20 November	Amsterdam	Developing a protocol/ using RevMan
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German Cochrane Centre

14-15 November	Freiburg	Consumer workshop
27-29 November	Freiburg	Systematic review workshop
12-13 December	Freiburg	Developing a protocol/ using RevMan

Nordic Cochrane Centre

6-7 October	Copenhagen	Protocol and RevMan workshop
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South African Cochrane Centre

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

10-11 November	Oxford	Developing a protocol/Intro to analysis
1-2 December	Liverpool	Developing a protocol/Intro to analysis
9-10 December	Dublin	Developing a protocol/Intro to analysis
15-16 December	London	Developing a protocol/Intro to analysis

US Cochrane Center

4 October	Brown University	Peer review workshop
17 October	Brown University	Developing a protocol
21-22 January	Brown University	Completing a Cochrane systematic review

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