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THE COCHRANE COLLABORATION WEB SITE

NEW PUBLICATIONS IN THE CLIB ISSUE 3 AND 4, 2007

NEW REVIEWS
75. Azathioprine for primary biliary cirrhosis. Gong Y, Christensen E, Gluud C.
76. Cyclosporin A for primary biliary cirrhosis. Gong Y, Christensen E, Gluud C.
77. Endoscopic retrograde cholangiopancreatography with or without stenting in patients with pancreatobiliary malignancy, prior to surgery. Mumtaz K, Hamid S, Jafri W.
78. Routine abdominal drainage for uncomplicated laparoscopic cholecystectomy. Gurusamy KS, Samraj K, Mullerat P, Davidson BR.
79. Routine abdominal drainage for uncomplicated liver resection. Gurusamy KS, Samraj K, Davidson BR.
80. Cholecystectomy deferral in patients with endoscopic sphincterotomy. McAlister VC, Davenport E, Renouf E.

UPDATED REVIEWS
2. Milk thistle for alcoholic and/or hepatitis B or C virus liver diseases. Rambaldi A, Jacobs BP, Gluud C.

NEW PROTOCOLS
139. Antiviral prophylactic intervention for hepatitis C virus in patients undergoing liver transplantation. Gurusamy KS, Samraj K, Davidson BR.


141. Entecavir for chronic hepatitis B. Woo GW, Krahn M, Prichett S.

142. Methods of preventing bacterial sepsis and wound complications for liver transplantation. Gurusamy KS, Kumar Y, Davidson BR.

143. Percutaneous ethanol injection or percutaneous acetic acid injection for early hepatocellular carcinoma. Schoppmeyer K, Wagner AD, Mössner J, Fleig W.

144. Robot assistant for laparoscopic cholecystectomy. Gurusamy KS, Samraj K, Davidson BR.


146. Antiviral therapy for recurrent liver graft infection with hepatitis C virus. Gurusamy KS, Samraj K, Davidson BR.

147. Day-case versus overnight stay in laparoscopic cholecystectomy. Gurusamy KS, Junnarkar S, Davidson BR.

148. Liver resection versus non-surgical treatment for hepatic node positive patients with colorectal metastases. Gurusamy KS, Imber C, Davidson BR.

149. Methods of cystic duct occlusion during laparoscopic cholecystectomy. Gurusamy KS, Junnarkar S, Davidson BR.


UPDATED PROTOCOLS
None.

NEW REGISTERED TITLES
291. Iron depletion for porphyria cutanea tarda patients. Fraquelli M et al.

292. Iron depletion for hereditary haemochromatosis patients. Conte D et al.

293. Iron depletion for chronic hepatitis C patients to improve antiviral treatment response. Parti D et al.

294. Iron depletion for nonalcoholic fatty liver disease patients. Colli A.

295. Vaccines for preventing hepatitis C. Ali Yawar A et al.

296. L-ornithine-L-aspartate for hepatic encephalopathy. Yuan W et al.


298. Interventions for viral hepatitis B in liver transplanted patients. Langer G et al.

299. Glucocorticosteroids for liver transplanted patients. Langer G et al.

300. Fibrin sealants for hepatic resection. Thaha M et al.


REVIEWS AND PROTOCOLS EXPECTED TO BE PUBLISHED IN THE CLIB ISSUE 1 OR 2, 2008

REVIEWS
1. Antibiotic prophylaxis for patients undergoing elective laparoscopic cholecystectomy Sanabria A, Valdivieso E, Gomez G, Domínguez LC.


6. Immunoglobulins for preventing hepatitis A. Liu JP, Yang M, Du XM.

7. Ischaemic preconditioning versus no ischaemic preconditioning for liver transplantation. Gurusamy KS, Kumar Y, Sharma D, Davidson BR.


9. Peg interferon alpha 2a versus pegylated interferon alpha 2b for acute and chronic hepatitis C. Simin M, Stimac D, Gluud C.

PROTOCOLS
2. Cholecystectomy versus no cholecystectomy for suspected gallbladder dyskinesia. Gurusamy KS, Junnarkar S, Farouk M, Davidson BR.
3. Combination of beta-blocker plus nitrate for prevention of variceal rebleeding in portal hypertension. Sharma BC, Gluud LL, Sarin SK.
4. Effect of different pressures of pneumoperitoneum in laparoscopic cholecystectomy. Gurusamy KS, Samraj K, Davidson BR.
5. Gallbladder in-situ after endoscopic sphincterotomy versus cholecystectomy during or after treatment of common bile duct stones for patients with common bile duct stones. Gurusamy KS, Imber C, Farouk M, Davidson BR.
14. Vaccines for leptospirosis. Abdo E.
15. Surgical resection for hepatocellular carcinoma. Abrishami A, Nasseri-Moghaddam S, Sherman M.
18. Wound infiltration with local anaesthetic agents for laparoscopic cholecystectomy. Gurusamy KS, Kumar Y, Davidson BR.
20. Methods of decreasing infection after liver resections. Gurusamy KS, Pamecha V, Davidson BR.
22. Liver resection versus other treatments for neuroendocrine tumours in patients with resectable liver metastases. Gurusamy KS, Kumar Y, Davidson BR.
23. Palliative cytoreductive surgery versus other palliative treatments in patients with unresectable liver metastases from gastro-entero-pancreatic neuroendocrine tumours. Gurusamy KS, Sharma D, Davidson BR.
25. Techniques of biliary reconstruction for liver transplantation. Gurusamy KS, Mehta N, Davidson BR.
27. Intra-peritoneal local anaesthetic instillation for laparoscopic cholecystectomy. Gurusamy KS, Kumar Y, Davidson BR.
29. Two or three ports versus four ports for laparoscopic cholecystectomy. Gurusamy KS, Junnarkar S, Davidson BR.
30. Plastic stents versus metal stents for endoscopic management of malignant biliary tract strictures. Kassem AM, Ibrahim M.
31. Drugs or herbs for the prevention of liver damage in people taking anti-tuberculous drugs. Smith H, Wang Y, Garner P.
32. Immunosuppressive T cell antibody therapies for liver transplant recipients. Wilson CH, Asher JF, Manas DM.

UPDated Reviews for Issue 1 or 2 of the Cochrane Library 2008
2. Ursodeoxycholic acid for primary biliary cirrhosis. Gong Y, Huang ZB, Christensen E, Gluud C.

Reviews in Need of Updating
The text in brackets gives the issue and the year when the review was published or updated last.
1. Alpha-fetoprotein and/or liver ultrasonography for liver cancer screening in patients with chronic hepatitis B (2003 Issue 1) Wun YT.
2. Antibiotic prophylaxis for cirrhotic patients with gastrointestinal bleeding (2002 Issue 2) Soares-Weiser K et al.
5. Antibiotics for spontaneous bacterial peritonitis in cirrhotics (2001 Issue 2) Soares-Weiser K et al.
15. Colchicine for primary biliary cirrhosis (2004 Issue 2) Gong Y et al.
17. D-penicillamine for primary biliary cirrhosis (2004 Issue 4) Gong Y et al.
26. Methotrexate for primary biliary cirrhosis (2005 Issue 2) Gong Y et al.
31. Ribavirin monotherapy for chronic hepatitis C (2005 Issue 4) Brok J.
38. Ursodeoxycholic acid and/or antibiotics for prevention of biliary stent occlusion (2002 Issue 2) Galandi D et al.

In case the lead author of the review is prevented from performing the update, then any of the co-authors may take the lead. The CHBG will feel free to offer outdated reviews to any other team of authors who wish to overtake a review not being updated for more than three years and with no valid reason stated. Kate Whitfield (kate.whitfield@ctu.rh.dk) is a newly employed research assistant and one of her tasks is to help authors with searches and search strategies. Please use this incredible opportunity and ask her help so that your review becomes properly maintained and updated!

PAST EVENTS
THE 42nd ANNUAL EASL 2007 MEETING
April 11 to 15, Barcelona, Spain.

The CHBG manned a stand during the EASL exhibition. We thank all those who visited us at the stand.

TRAIN THE TRainers
April 14 to 21 April, 2007, Porto, Portugal.

Jim Toouli and an international faculty ran a five-day course on evidence-based medicine. Christian Gluud taught at the workshops.

4th NATIONAL COURSE ON DIGESTIVE ENDOSCOPY
April 21 to 26, 2007 Porto, Portugal.

Christian Gluud was an invited speaker. He spoke about ‘Evaluation based on evidence’ and stressed the importance to avoid design errors, random errors, and systematic errors in clinical research.

ECRIN COPENHAGEN KICK-OFF MEETING
May 10, Copenhagen, Denmark.

The meeting focused on the necessity of a pan-EU clinical research network (ECRIN, European Clinical Research Infrastructures Network (www.ecrin.org)) and of work towards more transparency within clinical research (for further information please see http://www.biologue.ku.dk/).

ECRIN WORKING PARTY WORKSHOP
May 19 to 21, Paris, France.

All eight ECRIN Working Parties met in Paris in order to make status on the work and project the future work to be done within ECRIN.

INTERNATIONAL CLINICAL TRIALS’ DAY

The third International Clinical Trials’ Day was celebrated in Paris in connection to the ECRIN meeting there. Christian Gluud chaired the meeting. The main speakers were Silvio Garattini from Mario Negri Institute, Italy, Fabrizia Bignami from EURORDIS, and Jacques Demotes-Mainard from ECRIN.

SYRIAN EVIDENCE-BASED CLINICAL PRACTICE

Christian Gluud had the opportunity to present talks on evidence-based medicine and the Cochrane Collaboration for the Syrian Superior Council of Science during their annual meeting.

Together with Nazir Ibrahim, Damascus, Abdel Meguid Kassem, Cairo, Christian Gluud ran a ten hour marathon workshop on evidence-based medicine. At the end it was hard to determine who were most exhausted: the trainers or trainees.

DIGESTIVE DISEASE WEEK (DDW) 2007
May 19 to 24, Washington Convention Center, Washington DC, USA.

The Inflammatory Bowel Disease and Functional Bowel Disorders Group run a symposium entitled ‘Controversies and consensus: how Cochrane reviews guide therapy in inflammatory bowel disease’ on May 21, 2007 at the Washington Convention Center.

The CHBG was presented at the exhibition through the Inflammatory Bowel Disease and Functional Bowel Disorders Group stand.

ECRIN DÜSSELDORF KICK-OFF MEETING
September 10-12, 2007, Düsseldorf, Germany.

It seems now certain the EU will invest about 5.8 million Euros in the third phase of ECRIN. Christian Gluud participated as the Danish national representative. The meeting concentrated on status and budget negotiations.

CONTINENTAL EUROPEAN COCHRANE ENTITIES MEETING
June 13 to 14, Oslo, Norway.
Sarah Louise Klinkenberg and Dimitrinka Nikolova attended the two days meeting, which agenda items also included workshops.

**FUTURE EVENTS**

**THE 15TH COCHRANE COLLOQUIUM**
October 23 to 27, 2007, Sao Paulo, Brazil.

**Poster presentations**
Kristian Thorlund, Denmark, will have three presentations: Can trial sequential monitoring boundaries reduce spurious inferences from meta-analyses?; Fixed- and random-effects meta-analyses – why not meet in the middle?; and Random-effects meta-analyses should be optimal – not traditional.

**Additions to the format of Cochrane reviews**
Among things of importance, the participants at the colloquium will be introduced to the latest development in Cochrane Summary of Findings tables (SoF table) that will be used with RevMan 5. SoF tables have been suggested to help readers of Cochrane Reviews to quickly focus on the key results and access information that is needed to inform a decision. The SoF table includes information about each of the main outcomes for the main comparison in the review. The number of patients and trials, the intervention risk, and the quality of the evidence are presented for each main outcome. Reviews with more than one main comparison require separate SoF tables for each one.

For detailed information about the scientific programme, please visit
http://www.colloquiumbrasil.info/php/index.php

**58TH ANNUAL AASLD MEETING**
November 2 to 6, 2007, Boston, MA, USA.

The CHBG will not hold a bi-annual meeting during the AASLD meeting in Boston, (November 2 to November 6, 2007). We will, however, be at the exhibition and will gladly meet and spend time with anyone of you, discussing Cochrane work, helping you with the RevMan software, and trying to answer any of your questions.

**VISITS**

*Elias Abdo*, France, visited the Editorial Team Office and Copenhagen Trial Unit from June 2 to August 28 as a student under training. During his three-month work experience, he rendered his help to all of us; from correspondence to getting literature. Because of his inquisitive nature and interest in medicine, he started work on ‘Vaccines for leptospirosis’.

*Andrea Rambaldi*, Italy, visited the Editorial Team Office in September from 9 to 19, 2007. Andrea worked on the review ‘Milk thistle for alcoholic and/or hepatitis B or C virus liver diseases’.


*Goran Bjelakovic*, Serbia, is presently paying us a three-month visit. He works on ‘Antioxidant supplements for prevention of mortality in healthy participants and patients with various diseases’ review and on the update of ‘Antioxidants for preventing gastrointestinal cancers’.

**PEER REVIEWERS**

**Acknowledgments**
With Issue 4, 2007 of The Cochrane Library, peer reviewers and contact editors of The CHBG protocols or reviews are acknowledged for their contribution in the Acknowledgements section of the protocol or review they have commented on. This is in order to create transparency of who has primarily been involved in the editorial process.

The CHBG protocols and reviews are commented on by at least two peer reviewers selected by Editorial Team Staff and a contact editor, who is chosen, based on the scope of the review topic. Once the authors complete the revisions suggested by the peer reviewers, the contact editor performs the review of the revised protocol/review in person. Reviews are additionally seen by all of the CHBG editors, and depending on their expertise, additional comments may be made. The final decision of publication of a CHBG protocol or review is made by the Coordinating Editor and the Editorial Team considering the contact editor’s recommendations and recommendations from the remaining editors.

In the CHBG letter request for peer reviewing a protocol/review submitted for publication in The Cochrane Library, peer reviewers are informed that their contribution will be acknowledged in the
Acknowledgements’ section of the published protocol/review.

All of the records in the review process are kept within The CHBG Editorial Team Office. For more detailed information please read the text under ‘Editorial process’ in The CHBG Module published and updated quarterly in The Cochrane Library.

HANDSEARCHERS
Seyyed Mohammad Miri, Iran, has registered for handsearching of Hepatitis Monthly www.hepmon.com. The journal publishes articles from Iran, Middle East, and Central Asia. We thank him for this.

NEW STAFF
Kate Whitfield joined the staff at The CHBG Editorial Team office in September 2007. As a research assistant, she will be performing search strategies for reviews as well as help authors of reviews with other literature requests. She will be replacing Sarah Klingenberg in most of her duties while Sarah is on maternity leave. Kate has also started working on a review ‘Pentoxifylline for alcoholic hepatitis’. She hopes to contribute a lot to The CHBG team.

COLLABORATION NEWS

COCHRANE DEVELOPING COUNTRIES NETWORK (CDCN)
Do you know that the web site of the CDCN is launched?
http://dcn.cochrane.org/en/scope.html

There you will find information about the scope, aims, and activities of the CDCN in regard to authors of reviews living in low- and middle-income countries.

COCHRANE REVIEWS ON DIAGNOSTIC TEST ACCURACY
All Cochrane reviews on Diagnostic Test Accuracy will be published by Wiley in the Cochrane Database of Systematic Reviews and they will be labeled as being Reviews on Diagnostic Test Accuracy. At the moment, the exact editorial process for these reviews is not yet fully decided. As soon as it is clear how titles, protocols and reviews will be registered and published, you will find more information on http://srtda.cochrane.org/en/clib.html.

DO YOU WISH TO ENRICH YOUR KNOWLEDGE IN STATISTICS?
‘Statistical Development of Quality in Medicine’ by Per Winkel, Denmark, and Nien Fan Zhang, USA is a newly published book, which may be useful to our readers (ISBN 978-0-470-02777-6 from WILEY). It presents the statistical concepts behind the application of quality control methods in medicine. Filled with numerous case studies and worked examples, the text enables the reader to choose the relevant control chart, to critically apply it, improve it if necessary, and monitor its stability. Furthermore, the reader is provided with the necessary background to critically assess the literature on the application of control charts and risk adjustment and to apply the findings.

DO YOU WISH TO UNDERSTAND WHY MOST SIGNIFICANT P-VALUES IN META-ANALYSES MAY BE WRONG?
All significant P-values in meta-analyses may be wrong - driven by random errors, systematic errors, or design errors. The article ‘Trial sequential analysis may establish when firm evidence is reached in cumulative meta-analysis’ by Jørn Wetterslev et al is published in Journal of Clinical Epidemiology 2007 (DOI: 10.1016/j.jclinepi.2007.03.013) (http://journals.elsevierhealth.com/periodicals/jce/inpress). It addresses the long neglected problem of random errors in meta-analysis.

The authors write that cumulative meta-analyses are prone to produce spurious $P < 0.05$ because of repeated testing of significance as trial data accumulate. Information size in a meta-analysis should at least equal the sample size of an adequately powered trial!

Trial sequential analysis (TSA) corresponds to group sequential analysis of a single trial and may be applied to meta-analysis to evaluate the evidence. The authors assessed the cumulative z-curves’ crossing of $P = 0.05$ and the trial sequential monitoring boundaries. Five of six meta-analyses showed early potentially spurious $P < 0.05$ values. In three significant meta-analyses the cumulative z-curves crossed the examined boundaries, establishing firm evidence of an intervention effect. In two non-significant meta-analyses the cumulative z-curves crossed $P = 0.05$, but never the boundaries, demonstrating early potentially spurious $P < 0.05$ values. In one non-significant meta-analysis the cumulative z-curves never crossed $P = 0.05$ or the boundaries. The authors conclude that TSAs may establish when firm evidence is reached in meta-analysis – taking into consideration the risk of random errors.
The question is now: will your beloved intervention that you always use for your patients stand the test of TSA?

HOW TO PRESENT DATA IN GRAPHICAL FORM
The advice on how to extract data that is only presented in graphical form was posted on smg list by Rafael Perera, Senior Research Fellow at Department of Primary Care University of Oxford and we think it is worth mentioning it.

In stead of doing this manually by scanning the graph, importing it to paintbrush (or something similar) and converting the required pixels to x,y data for analysis one may use a group of "digitiser" programs, that is, programs that convert the graphs to x,y data without the need to do this by hand.
Some of the programs are:
http://www.digitizeit.de/
http://www.silkscientific.com/usinfo.htm
http://www.datatrendsoftware.com/

However, we cannot recommend the best one, but if you have tried any of these, please share with us your experience.

WHAT WE MUST BE AWARE OF
A paper entitled ‘Data extraction errors in meta-analyses that use standardized mean differences’ by PC Gøtzsche, A Hróbjartsson, K Maric, and B Tendal was published in JAMA 2007;298(4):430-7.

The authors studied whether SMDs in meta-analyses published in a systematic review from 2004 and with no language restrictions were accurate. Two trials were randomly selected from each of the meta-analysis based exclusively on randomised clinical trials. The authors attempted to replicate the results in each meta-analysis by independently calculating SMD using Hedges adjusted g. The authors’ primary outcome was the proportion of meta-analyses for which their result differed from that of the authors of the meta-analyses by 0.1 or more, either for the point estimate or for its confidence interval, for at least 1 of the 2 selected trials. The cut point chosen was 0.1 because many commonly used treatments have an effect of 0.1 to 0.5, compared with placebo. The conclusions the authors reached were that the high proportion of meta-analyses based on SMDs that showed errors indicated that although the statistical process was ostensibly simple, data extraction was particularly liable to errors that could negate or even reverse the findings of the study. This has implications for researchers and implies that all readers, including journal reviewers and policy makers, should approach such meta-analyses with caution.

COCHRANE COLLABORATION WEB SITE
If you wish to follow the news connected with policy decisions, updates of materials for authors, and software programmes, visit regularly http://www.cochrane.org

The bi-yearly Cochrane Hepato-Biliary Group (CHBG) Newsletter is written, edited, and published in electronic and paper format by staff at The CHBG Editorial Base in Copenhagen, Denmark. It is issued twice a year and distributed for free world-wide to all people on The CHBG members list who either have contributed, are contributing, or show interest in the work of The CHBG. The purpose is to inform the readers about activities within The CHBG.

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