The numbering is a continuation from The CHBG Newsletter 2017; Vol. 21: Issue 1.

PUBLICATIONS IN THE COCHRANE LIBRARY (THE CLIB). ISSUE 3 OF 2017 THROUGH ISSUE 8 OF 2017

NEW REVIEWS
197. Maintenance immunosuppression for adults undergoing liver transplantation: a network meta-analysis. Rodríguez-Perálvarez M, Guerrero-Misas M, Thorburn D, Davidson BR, Tschoatzis E, Gurusamy KS.
198. Management of people with early- or very early-stage hepatocellular carcinoma: an attempted network meta-analysis. Majumdar A, Roccarina D, Thorburn D, Davidson BR, Tschoatzis E, Gurusamy KS.
200. Pharmacological interventions for acute hepatitis B infection: an attempted network meta-analysis. Mantzoukis K, Rodríguez-Perálvarez M, Buzzetti E, Thorburn D, Davidson BR, Tschoatzis E, Gurusamy KS.


205. Pharmacological interventions for acute hepatitis C infection. Kalafateli M, Buzzetti E, Thorburn D, Davidson BR, Tsokhatzis E, Gurusamy KS.


UPDATED REVIEWS


80. Flumazenil versus placebo or no intervention for people with cirrhosis and hepatic encephalopathy. Goh ET, Andersen ML, Morgan MY, Gluud LL.

81. Flumazenil versus placebo or no intervention for people with cirrhosis and hepatic encephalopathy. Goh ET, Andersen ML, Morgan MY, Gluud LL.

NEW OR MAJOR UPDATED PROTOCOLS

348. Modified dietary fat intake for treatment of gallstone disease. Madden AM, Trivedi D, Smeeton NC, Culkin A.

349. Banding ligation versus no intervention for primary prevention in adults with oesophageal varices. Yong CWei Kit, Vadera S, Morgan MY, Gluud LL.


351. Aminoglycosides and metronidazole for people with cirrhosis and hepatic encephalopathy. Jeyaraj R, Morgan MY, Gluud LL.


357. Aluminium adjuvants used in vaccines versus placebo or no intervention. Djurisic S, Jakobsen JC, Petersen SB, Kenfelt M, Gluud C.

NEW REGISTERED TITLES


516. Treatment for spontaneous bacterial peritonitis in people with advanced liver cirrhosis. A network meta-analysis. Gurusamy KS, Tsochatzis E.

517. Treatment for ascites in people with advanced liver cirrhosis. A network meta-analysis. Gurusamy KS, Tsochatzis E.

518. Primary prevention for bleeding oesophageal varices in people with advanced liver cirrhosis. A network meta-analysis. Gurusamy KS, Tsochatzis E.
520. Treatment for bleeding oesophageal varices in people with advanced liver cirrhosis. A network meta-analysis. Gurusamy KS, Tsochatzis E.

521. Lifestyle interventions to decrease the risk of alcohol-related liver disease in heavy drinkers. Gurusamy KS, Roberts D, Tsochatzis E.

522. Management for malignant obstructive jaundice in people not suitable for potentially curative resection of cancers. Goodchild G, Pereira SP, Ney A, Gurusamy KS.

PAST EVENTS

BASIC RESIDENTIAL COURSE. 4 TO 8 APRIL 2017, GARGNANO, GARDA LAKE, ITALY

The course “Diagnosis: the pathway of a diagnostic test from bench to bedside” turned to be a success. Participants were taught how to appraise a diagnostic test critically, including assessment of bias risk in diagnostic test accuracy study publications, how to interpret diagnostic test results and how to choose the best test for application, keeping in mind variations in settings, how properties of a test can change with the disease severity, variations in test results, ruling out alternative diagnosis etc. Prognosis and prognostic studies were also included in the interactive program with the participants.

CHBG BI-ANNUAL MEETING AND EXHIBITION STAND DURING THE INTERNATIONAL LIVER® CONGRESS™ 20 TO 22 APRIL 2017, AMSTERDAM, THE NETHERLANDS

This year, the CHBG did not run a bi-annual meeting in Amsterdam because of unsuitable days and times offered for the meeting. Friday 21 of April, CHBG representatives met with the EASL Governing Board to discuss possibilities for educational joint CHBG/EASL meetings. However, we have no news yet.

We thank the people who visited us at The CHBG exhibition stand.

FUTURE EVENTS

SYSTEMATIC REVIEWS AND META-ANALYSES OF DIAGNOSTIC TEST ACCURACY. 4 TO 6 SEPTEMBER 2017, BIRMINGHAM, UK

This three-day course is organised jointly by faculty from the University of Birmingham and the University of Amsterdam. The course is designed for individuals undertaking health technology assessment, health service researchers, and healthcare professionals interested in understanding key issues in the design and conduct of systematic reviews and meta-analyses of diagnostic test accuracy (DTA) studies. The course will be delivered through a mixture of interactive presentations, discussions and hands-on computer exercises.

For more information on this course as well as other training courses, visit http://training.cochrane.org/search/site?f[0]=bundle%3Aworkshop&f[1]=bm_field_archived%3Afalse

2017 GLOBAL EVIDENCE SUMMIT. 12 TO 16 SEPTEMBER 2017, CAPE TOWN, SOUTH AFRICA

The Global Evidence Summit is being hosted by Cochrane South Africa and is being held at the Cape Town International Convention Centre (CTICC) on the 12 to 16 of September.

The ‘Global Evidence Summit’ will highlight and promote evidence-based approaches to policy and practice to target resources to what works, therefore offering the most cost-effective health interventions. With the Summit taking place in South Africa the opportunities and challenges facing low and middle-income countries will be a key focus of the Summit.

More information at https://www.globalevidencesummit.org/

CHBG EXHIBITION STAND DURING THE 68TH ANNUAL LIVER MEETING (AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES). 20 TO 24 OCTOBER 2017, WASHINGTON, DC, USA

The CHBG exhibition stand is number 727. You are most welcome to pay us a visit. The exhibition times are:
- Saturday, October 21* – from 5 to 7:30 pm
- Sunday, October 22 – from 9:30 to 3 pm
- Monday, October 23 – from 9:30 am to 3 pm

*Saturday, October 21 is the Opening Reception at the Exhibit Hall.

The CHBG will not run an affiliated event during the 2017 Liver meeting.

COCHRANE LEARNING RESOURCES
We strongly encourage review authors to visit the [http://training.cochrane.org/](http://training.cochrane.org/) web page to keep abreast with the published training materials.

COCHRANE RECOMMENDS COVIDENCE FOR NEW REVIEWS
Covidence is one of Cochrane’s recommended tools to support you in some of the most labour-intensive stages of your systematic review, saving up to 35% of researcher time. Covidence allows your team to upload search results, screen abstracts and full text, complete data collection, conduct risk of bias assessment, resolve disagreements and export data into RevMan or Excel. Covidence software is free to use for all Cochrane reviews, and is designed to be intuitive and user-friendly.

You may watch tutorial videos on YouTube [https://www.youtube.com/channel/UCgr_cyJlrKYBjxjyMe2z9mw](https://www.youtube.com/channel/UCgr_cyJlrKYBjxjyMe2z9mw)


PRESENTATION OF TRIAL SEQUENTIAL ANALYSIS INFORMATION ON FIGURES IN CHBG SYSTEMATIC REVIEWS
The following is guidance for drawing and presentation of Trial Sequential Analysis figures included in systematic reviews.

The table below will guide authors of systematic reviews on how to display lines, and what colour, thickness and type of line should they use when drawing a Trial Sequential Analysis figure, using the Trial Sequential Analysis software [http://www.ctu.dk/tsa/](http://www.ctu.dk/tsa/).

Please ensure that you always work with 0.9.5.9 Beta, the most current software version.

<table>
<thead>
<tr>
<th>Trial Sequential Analysis (TSA)</th>
<th>Colour</th>
<th>Type of lines or squares</th>
<th>Thickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional boundaries</td>
<td>green</td>
<td>dotted</td>
<td>1 (smallest width)</td>
</tr>
<tr>
<td>Trial sequential monitoring boundaries for benefit or harm, or futility</td>
<td>red</td>
<td>dotted</td>
<td>2 (width)</td>
</tr>
<tr>
<td>Z-curve</td>
<td>blue</td>
<td>full</td>
<td>1.5 (width)</td>
</tr>
<tr>
<td></td>
<td>black</td>
<td>filled square</td>
<td>6</td>
</tr>
</tbody>
</table>

The label above the figure shall have the following order and contain the following information (the below figures are suggestions and they must be decided on a priori for each analysis):

DARIS = Pc 30%; RRR 20%; alpha 2.5%; beta 10%; diversity 60%

**Abbreviations:**
DARIS: diversity-adjusted required information size; Pc: control group proportion observed in the trials; RRR = a relative risk reduction.

The alpha in a Trial Sequential Analysis will depend on the number of the primary and secondary
outcomes defined in your protocol. Therefore, alpha could be different for the primary and secondary outcomes. Based on Jakobsen 2014*, alpha is reached by dividing 0.05 with the sum of (the number of outcomes in the ‘family’ (n) plus 1) divided by 2; i.e.,

<table>
<thead>
<tr>
<th>Number of outcomes</th>
<th>Alpha (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 outcome</td>
<td>5.00%</td>
</tr>
<tr>
<td>2 outcomes</td>
<td>3.30%</td>
</tr>
<tr>
<td>3 outcomes</td>
<td>2.50%</td>
</tr>
<tr>
<td>4 outcomes</td>
<td>2.00%</td>
</tr>
<tr>
<td>5 outcomes</td>
<td>1.60%</td>
</tr>
<tr>
<td>6 outcomes</td>
<td>1.40%</td>
</tr>
<tr>
<td>7 outcomes</td>
<td>1.25%</td>
</tr>
<tr>
<td>8 outcomes</td>
<td>1.10%</td>
</tr>
</tbody>
</table>


Recent publication related to the use of trial sequential analysis

IMPORTANT TO PEOPLE WITH PUBLISHED REVIEWS
The CHBG has published their first publications on The Cochrane Library in 1996. Since then, we have published 357 protocols for systematic reviews and 208 reviews. We have updated and republished once or more than once 81 reviews. However, many the updated reviews might also have become outdated by now. To increase the transparency and trustworthiness of the reviews, Cochrane has been requiring that we provide explanatory information for the status of the published reviews. This information is entered through Archie and it also accompanies the reviews published on The Cochrane Library. Therefore, review authors are requested to log onto Archie and open the respective review folder of the published review and click on the ‘Updating’ tab in order to access the primary elements of the Updating Classification System. These are as follows:

- Updating status - the overall updating status of the review. There is a fixed list of statuses: Up to date; No update planned; Update pending.
- Rationale - a brief reason for the relevance and status. There is a fixed list of rationales.
- Explanation - provides more detail to readers about the reasoning for the relevance and status. This section is free text.

Having decided on the status from the Update Status pull-down list; the rationale from the Rationale pull-down list; and having formulated the explanation text in the Explanation text field, review authors shall then send an email to Dimitrinka Nikolova, the Managing Editor, providing the requested information. Please note that the explanation text shall count no more than 400 characters (including spaces).

To make correct judgements, review authors need to have run new searches. Therefore, please contact Sarah Louise Klingenberg, the Information specialist. The date of search will be recorded, and depending on the new search result, one can proceed following the Updating Classification System.
WHEN UPDATING REVIEWS
We ask authors, when they are updating their systematic reviews, to use an adapted PRISMA flow diagram.

LATEST NEWS AND EVENTS
For latest news and events, we advise you to visit the Cochrane website www.cochrane.org.

However, here are some:
“The collaboration between Wiley, Cochrane, and the National Medical Library in India offers free access, through IP recognition, to The Cochrane Library across India. This opportunity has been made possible thanks to the National Medical Library and will provide more than 1.3 billion residents of India availability to the evidence-based healthcare research. The license will run from 2017 to 2020.”

COCHRANE EDITORIAL AND PUBLISHING POLICY RESOURCES
For most current Cochrane resources addressing issues relevant to editorial and organizational policies please visit http://community.cochrane.org/organizational-info/resources/policies.

JOIN COCHRANE
If you want to make a difference, then you may join the Cochrane crowd http://join.cochrane.org/

What you can do: http://join.cochrane.org/what-you-can-do?

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The Cochrane Hepato-Biliary Group (The CHBG) Newsletter is written, edited, and published in electronic and paper format by Dimitrinka Nikolova and Christian Gluud at The CHBG Editorial Office in Copenhagen, Denmark.

It is issued twice a year and it is also distributed for free world-wide to all people on The CHBG member list who have contributed, are contributing, or have shown interest in the work of The CHBG or in this CHBG Newsletter.

The purpose with The CHBG Newsletter is to inform readers about activities of The CHBG.

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