Cochrane Library

Cochrane Database of Systematic Reviews

2019 CRG Impact Report for the Hepato-Biliary Group

The CRG Impact Report presents information on different measures of 'impact' for each CRG and aims to support the Cochrane Networks and Cochrane Review Groups with publication strategies and prioritisation.

The report focuses on citations (including Journal Impact Factor and guidelines), usage and alternative metrics. The data and respective analysis may evolve in future reports.

> "We want to continue to work with our groups and networks to improve the way we measure the impact of Cochrane Reviews and this document intends to support their activities. We welcome feedback on how we can make it more useful"

Karla Soares-Weiser
Editor-in-Chief, Cochrane Library

Trusted evidence.
Informed decisions.
Better health.

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1. How the Hepato-Biliary Group contributes to the *Cochrane Database of Systematic Reviews* (*CDSR*) Journal Impact Factor

Each year in June, Clarivate Analytics publish the Journal Impact Factors (JIF) of all journals indexed in the Journal Citation Report.

The 2019 Impact Factor for the *CDSR* is **7.890**, which is generated from a calculation that involves dividing the number of citations received in 2019 to reviews published between 2017 and 2018 (10,975) by the number of reviews published in 2017 and 2018 (1,391).

The 2019 CRG Impact Factor for the Hepato-Biliary Group is **5.167** (36 publications cited 186 times). This therefore means that a review published by the Hepato-Biliary Group in 2017 and 2018 was cited, on average, 5.167 times in 2019.

When considering the citation data presented below, please be aware of the following:

- The data used to generate Impact Factors for individual Cochrane Review Groups (CRG) was extracted from the Clarivate Analytics Web of Science[1]. All JIFs (including that of the *CDSR*) are published in the Journal Citation Reports (JCR). The data used to calculate Impact Factors are not made publicly available. Individual CRG Impact Factor data, therefore, should not be quoted as 'official', but can be used internally.

- Cites for individual Cochrane Reviews are allocated by a process of hand-matching. Each year a proportion of cites cannot be matched to citable items due to citing errors (e.g. an omission of the version number or suffix from the DOI). The accuracy of the source data provided by Clarivate Analytics also has an impact on the success rate of the citation matching. Table 1 shows the percentage of cites that were successfully matched to individual reviews. This does not impact the JIF calculation – it just means for 2019, 7% of cites were not able to be matched to a specific review. This is an improvement on the previous year (10% of cites could not be matched to a specific review). As you can see from Table 1, citation matching has been consistently more successful over time.

- All reviews that have a new citation record (excluding withdrawn reviews) are included in the *CDSR* JIF calculation. Protocols and Editorials are not included.

Table 1: Percentage of 2019 JIF cites matched to individual Cochrane Reviews

Impact Factor Year	Cites received*	Cites matched	% matched cites
2019	10,975	10,205	93%
2018	12,106	10,844	90%
2017	11,914	11,249	94%
2016	11,520	9,885	86%
2015	11,522	9,397	82%
2014	11,932	11,720	98%
2013	9,859	8,515	86%
2012	8,087	6,411	79%
2011	7,721	6,685	87%

*Source – Journal Citation Reports

[1] Other citation databases such as Scopus, *CrossRef, and Google Scholar* capture cites for Cochrane Reviews, but those data are not included here. Citation counts differ between databases.

The Journal Impact Factor is calculated using data from the two previous years (for 2019, the data concerns articles published in 2017 and 2018). For the 2020 Journal Impact Factor, reviews published in 2018 and 2019 will be included and 2017 reviews will drop out of the window and this includes 7 of the top cited group reviews below. It is worth noting that, depending on publication time, some reviews will have longer to collect citations than others i.e. an article published in January will have two full years to collect cites.

The highest-cited reviews from the Hepato-Biliary Group contributing to the 2019 Impact Factor are listed in Table 2; Table 3 shows the top highest cited reviews from the whole CDSR. The full list of Cochrane Reviews contributing to the 2019 Impact Factor for the Hepato-Biliary Group is provided in the accompanying Excel file.

Table 2: Top highest-cited reviews for the Hepato-Biliary Group in the 2019 JIF window

Times Cited	Title	CD Number	Publication Date*
23	Direct-acting antivirals for chronic hepatitis C	CD012143.pub2	06/06/2017
16	Branched-chain amino acids for people with hepatic encephalopathy	CD001939.pub4	18/05/2017
15	Probiotics for people with hepatic encephalopathy	CD008716.pub3	23/02/2017
12	Management of people with early- or very early-stage hepatocellular carcinoma	CD011650.pub2	28/03/2017
10	Platelet count, spleen length, and platelet count-to-spleen length ratio for the diagnosis of oesophageal varices in people with chronic liver disease or portal vein thrombosis	CD008759.pub2	26/04/2017
10	Direct-acting antivirals for chronic hepatitis C	CD012143.pub3	18/09/2017
9	Interventions for paracetamol (acetaminophen) overdose	CD003328.pub3	23/02/2018
8	Nutrition support in hospitalised adults at nutritional risk	CD011598.pub2	19/05/2017
8	L-ornithine L-aspartate for prevention and treatment of hepatic encephalopathy in people with cirrhosis	CD012410.pub2	15/05/2018

Table 3: Top 10 highest-cited reviews for the *CDSR* in the 2019 JIF window

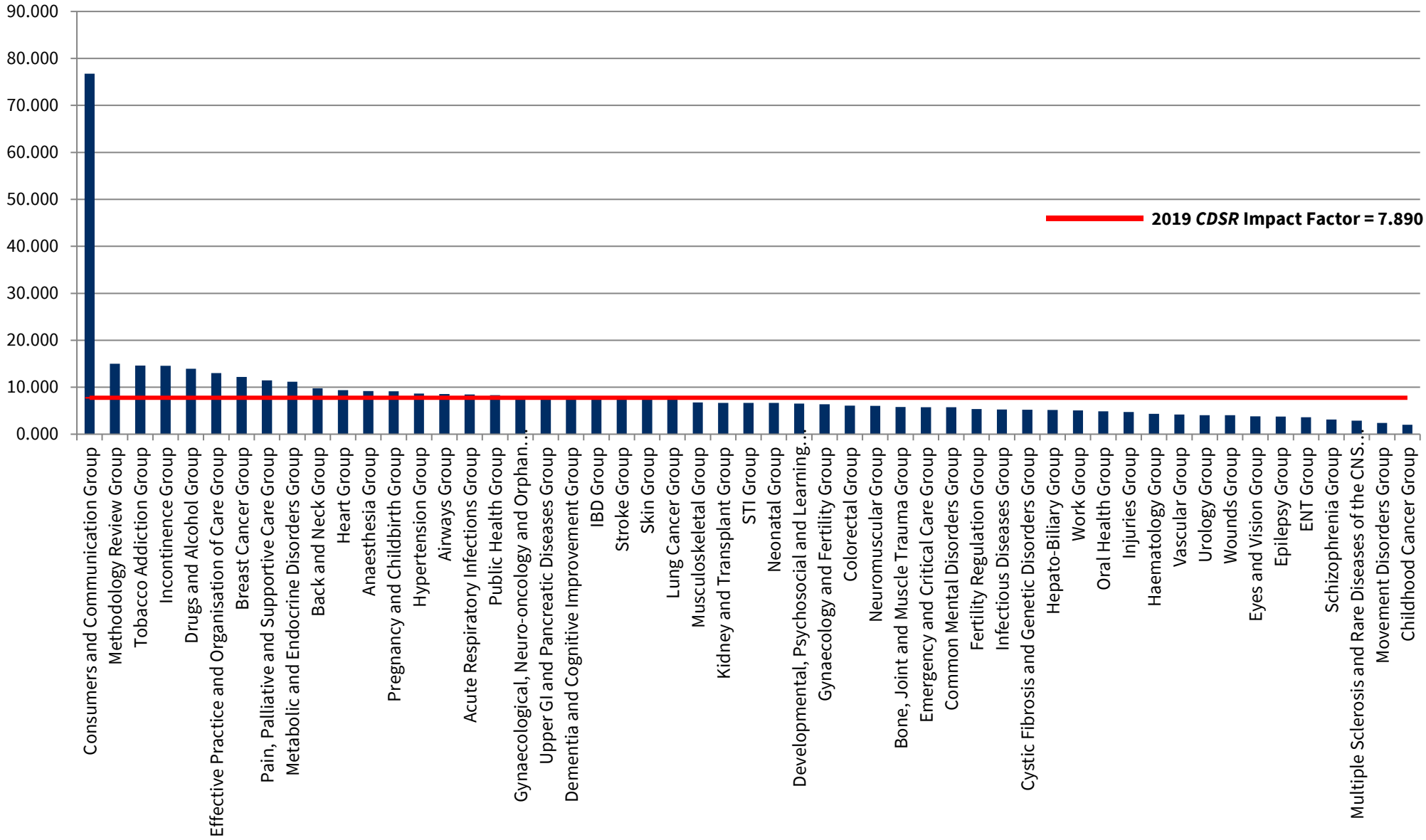
Times Cited	Title	Authors	CD Number	Review Group	Publication Date*	CCA** number
271	Decision aids for people facing health treatment or screening decisions	Stacey D, Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena L	CD001431.pub5	Consumers and Communication Group	12/04/2017	1693
124	Ataluren and similar compounds (specific therapies for premature termination codon class I mutations) for cystic fibrosis	Aslam AA, Higgins C, Sinha IP, Southern KW	CD012040.pub2	Cystic Fibrosis and Genetic Disorders Group	19/01/2017	In production
113	Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth	Roberts D, Brown J, Medley N, Dalziel SR	CD004454.pub3	Pregnancy and Childbirth Group	21/03/2017	1788
71	Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews	Geneen LJ, Moore RA, Clarke C, Martin D, Colvin LA, Smith BH	CD011279.pub3	Pain, Palliative and Supportive Care Group	24/04/2017	3073
61	Comprehensive geriatric assessment for older adults admitted to hospital	Ellis G, Gardner M, Tsiachristas A, Langhorne P, Burke O, Harwood RH, Conroy SP, Kircher T, Somme D, Saltvedt I, Wald H, O'Neill D, Robinson D, Shepperd S	CD006211.pub3	Effective Practice and Organisation of Care Group	12/09/2017	2030
60	Interventions to improve antibiotic prescribing practices for hospital inpatients	Davey P, Marwick CA, Scott CL, Charani E, McNeil K, Brown E, Gould IM, Ramsay CR, Michie S	CD003543.pub4	Effective Practice and Organisation of Care Group	09/02/2017	1718
57	Continuous support for women during childbirth	Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A	CD003766.pub6	Pregnancy and Childbirth Group	06/07/2017	1851
54	Effectiveness of brief alcohol interventions in primary care populations	Kaner EFS, Beyer FR, Muirhead C, Campbell F, Pienaar ED, Bertholet N, Daeppen JB, Saunders JB, Burnand B	CD004148.pub4	Drugs and Alcohol Group	24/02/2018	2086
52	Early palliative care for adults with advanced cancer	Haun MW, Estel S, Rücker G, Friederich H-C, Villalobos M, Thomas M, Hartmann M	CD011129.pub2	Pain, Palliative and Supportive Care Group	12/06/2017	1838
52	Cannabis-based medicines for chronic neuropathic pain in adults	Mücke M, Phillips T, Radbruch L, Petzke F, Häuser W	CD012182.pub2	Pain, Palliative and Supportive Care Group	07/03/2018	2117

*The Impact Factor is calculated using data from the two previous years (for 2019, the data concerns articles published in 2017 and 2018). For the 2020 Impact Factor, reviews published in 2018 and 2019 will be included and 2017 reviews will drop out of the 'window'. It is worth noting that, depending on publication time, some reviews will have longer to collect citations than others i.e. an article published in January will have two full years to collect cites.**If the review listed has an associate Cochrane Clinical Answer (CCA) published on the Cochrane Library, the number of this will be included in the CCA number column.

2. How the Hepato-Biliary Group Impact Factor compares to that of other Cochrane Review Groups (CRGs)

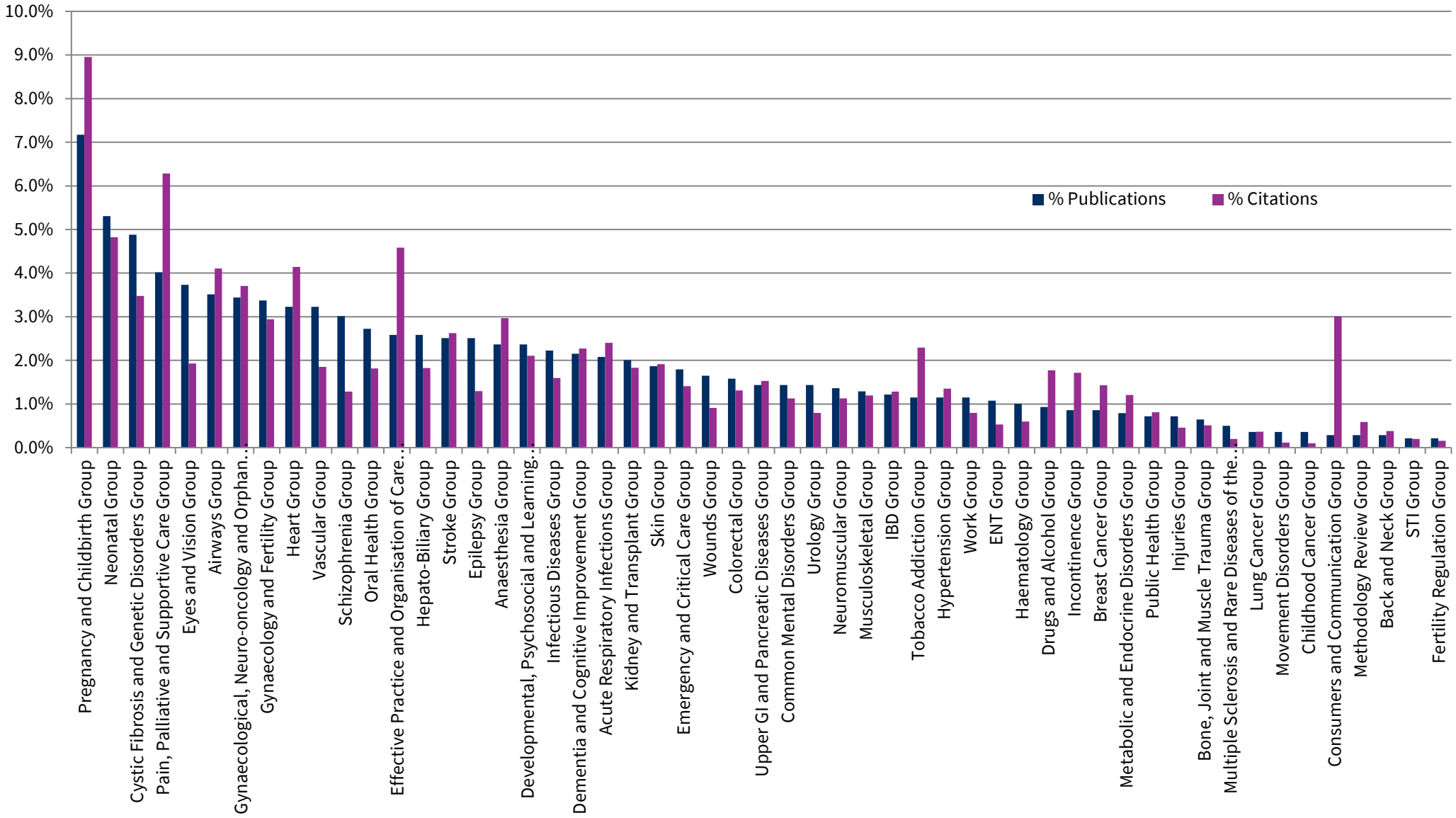
Figure 1 shows the 2019 CRG unofficial Impact Factors for each CRG. Figure 2 shows the number of publications and citations contributing to the 2019 Impact Factors for each CRG as a percentage of the *CDSR*. It is important to remember that these figures have been calculated using hand-matched data from Web of Science and are not 'official' Impact Factors. The comparison is just for information and should not be used as a measure of 'success' regarding other CRGs. Again, the unofficial impact factors represent the average number of times that a review, published in 2017 and 2018 by each CRG, was cited in 2019.

Figure 1: 'Impact Factor' for each CRG (i.e. number of cites in 2019 to reviews published in 2017 and 2018, divided by the number of reviews published in 2017 and 2018)



Note: Due to the data format, figures for the Gut Group are separated by the former individual group names - Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD

Figure 2: % Publications (blue) and % Citations (purple) of *CDSR* for each CRG (in order of percentage of publications)



Note: Due to the data format, figures for the Gut Group are separated by the former individual group names - Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD

3. How the Hepato-Biliary Group Impact Factor compares with that of journals publishing in the same category

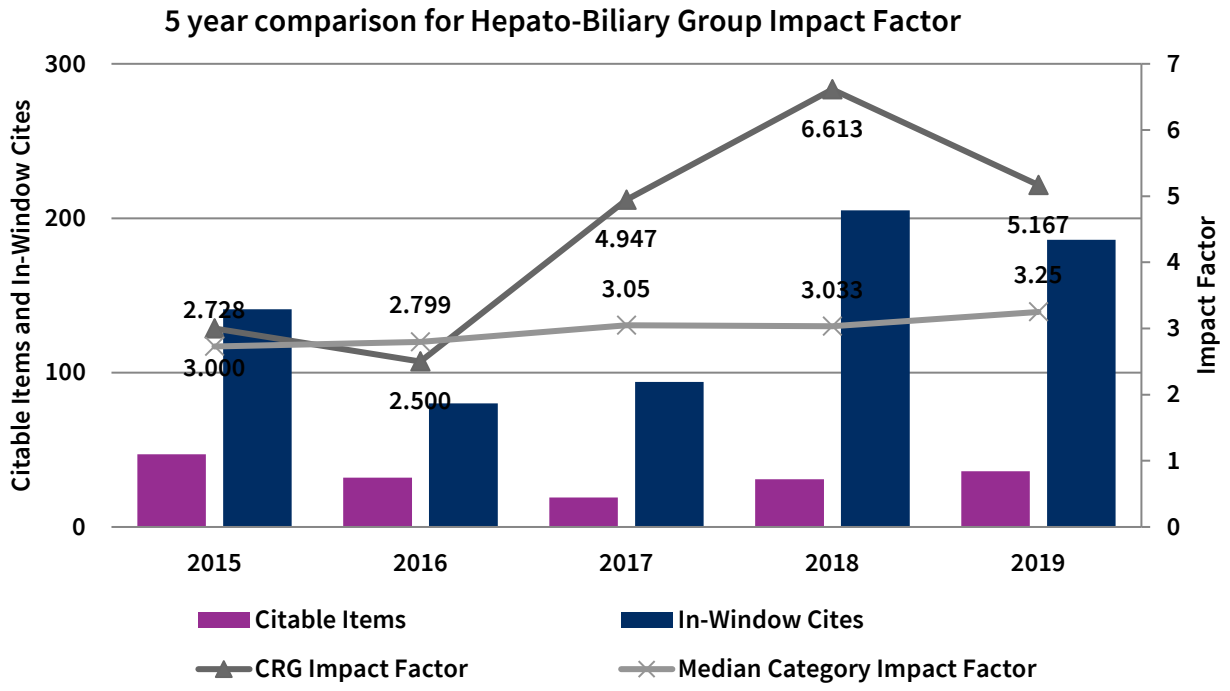
We have compared the CRG data with journals in the relevant Journal Citation Reports subject categories. The journal with the top Impact Factor in the category is not always directly comparable – either because of the scope of the journal, or the number of reviews published. Please contact Cat Jordan (cjordan2@wiley.com), if you would like to compare your group's Impact Factor to journals other than those included in the table below.

Table 4: Hepato-Biliary Group Impact Factor comparison

CRG	Category (Median IF)	IF of journal ranked 10th in the category	Highest ranked journal by IF
Hepato-Biliary Group	Gastroenterology & Hepatology	Clinical Gastroenterology and Hepatology	Nature Reviews Gastroenterology & Hepatology
5.167	3.250	8.549	29.848

How does the 2019 group Impact Factor compare to previous years?

In he below graph, we show the CRG Impact Factor, the median Impact Factor for the JCR subject category (as above), the number of citable items published, and the number of in-window citations received over the past 5 years. This provides an indication of how the CRG's 'impact factor' would compare to similar outputs in its respective JCR category if it were a journal. It also allows the CRG to see trends in articles being published, citations made and the average number of citations that an article receives (CRG Impact Factor). This gives an overview of how authors and their reviews are performing. This data is for information only as other journals in the JCR category are not always directly comparable and the nature of the *CDSR* is different to that of journals.



4. Usage data for the Hepato-Biliary Group

When considering the usage data for 2019 presented below, please be aware of the following:

- A proportion of full text accesses (HTML + PDF) to the Library cannot be associated with an individual Cochrane Review so the usage data included in this report is an underestimate of overall usage activity.
- Only usage activity related to Cochrane Systematic Reviews hosted on the Cochrane Library platform is included in this report. The report does not include usage activity related to Cochrane Systematic Reviews hosted on third-party platforms.
- The information included below in Tables 5 and 6 may be useful for prioritisation.

Table 5: Top 10 most-accessed active reviews in 2019 (reviews published anytime) for the Hepato-Biliary Group

Full text accesses	Review title	CD Number	Publication date
4,657	L-ornithine L-aspartate for prevention and treatment of hepatic encephalopathy in people with cirrhosis	CD012410.pub2	15/05/2018
4,069	Aluminium adjuvants used in vaccines versus placebo or no intervention	CD012805	24/09/2017
3,383	Booster dose vaccination for preventing hepatitis B	CD008256.pub3	07/06/2016
2,997	Physical exercise for people with cirrhosis	CD012678	05/06/2017
2,234	Interventions for paracetamol (acetaminophen) overdose	CD003328.pub3	23/02/2018
2,152	Nutrition support in hospitalised adults at nutritional risk	CD011598.pub2	19/05/2017
2,138	Beta-blockers alone or in combination with isosorbide mononitrate for secondary prevention of bleeding from gastro-oesophageal varices in adults with cirrhosis and gastro-oesophageal varices	CD012127	31/03/2016
2,042	Timing of cholecystectomy in people with acute cholecystitis	CD005440.pub3	30/06/2013
2,006	Herbal medicines for fatty liver diseases	CD009059.pub2	24/08/2013
1,855	Direct-acting antivirals for chronic hepatitis C	CD012143.pub3	18/09/2017

Table 6 shows the top highest cited reviews from the whole CDSR. The full list of Cochrane Reviews accessed in 2019 for the Hepato-Biliary Group is provided in the accompanying Excel file.

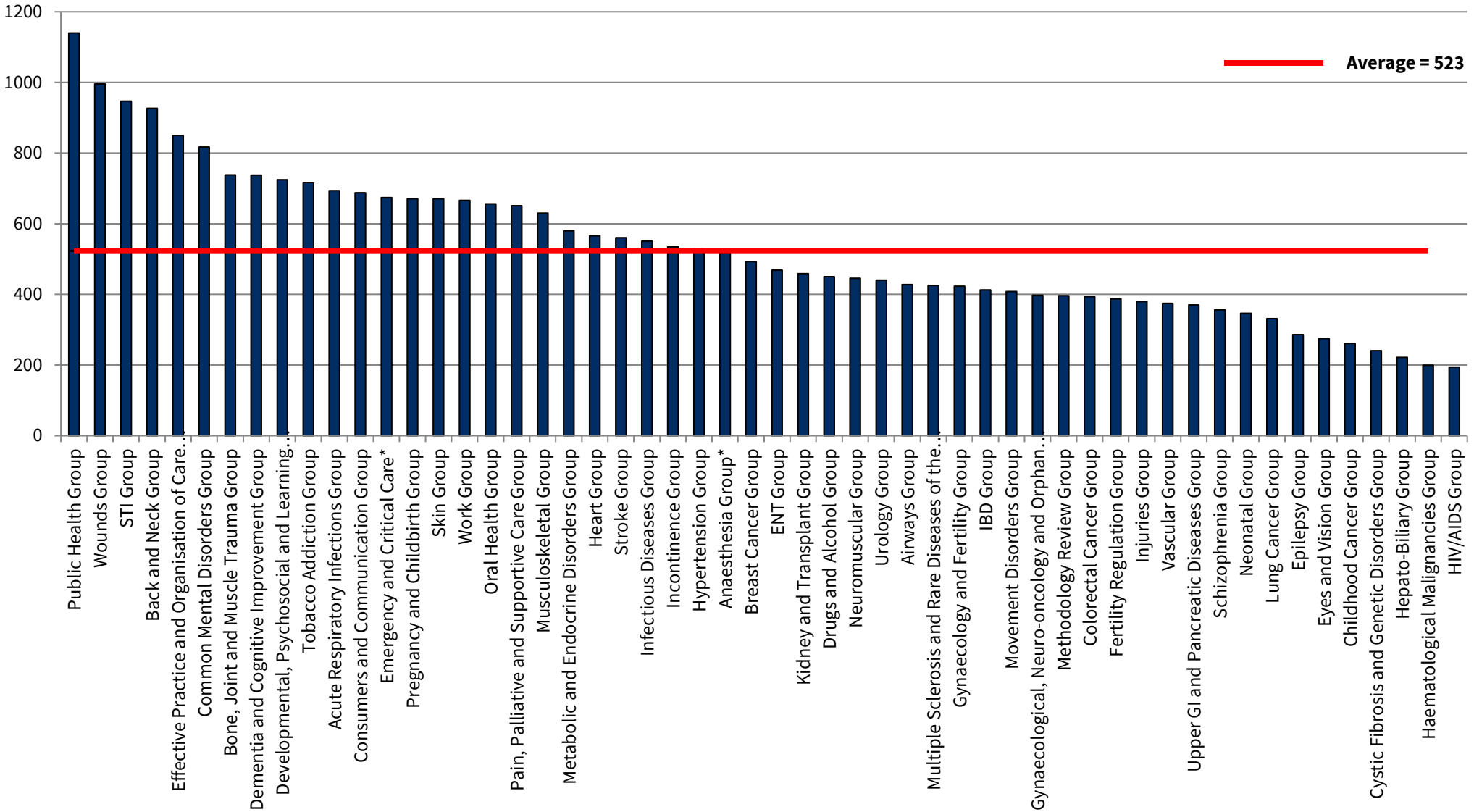
Table 6: Top 10 most-accessed active reviews for the whole *CDSR* in 2019 (reviews published anytime)

Full text accesses	Review title	CD Number	Publication date	CRG	CCA number
21,783	Music therapy for depression	CD004517.pub3	16/11/2017	Common Mental Disorders Group	-
21,044	Interventions for preventing falls in older people in care facilities and hospitals	CD005465.pub4	07/09/2018	Bone, Joint and Muscle Trauma Group	2429, 2430
20,038	Exercise for preventing falls in older people living in the community	CD012424.pub2	31/01/2019	Bone, Joint and Muscle Trauma Group	2469
19,621	Interprofessional collaboration to improve professional practice and healthcare outcomes	CD000072.pub3	22/06/2017	Effective Practice and Organisation of Care Group	2674
19,371	Antibiotics and antiseptics for venous leg ulcers	CD003557.pub5	10/01/2014	Wounds Group	-
19,110	Cannabis-based medicines for chronic neuropathic pain in adults	CD012182.pub2	07/03/2018	Pain, Palliative and Supportive Care Group	2117
17,903	Midwife-led continuity models versus other models of care for childbearing women	CD004667.pub5	28/04/2016	Pregnancy and Childbirth Group	1349
17,862	Repositioning for pressure injury prevention in adults	CD009958.pub2	03/04/2014	Wounds Group	In production
17,072	Exercise for depression	CD004366.pub6	12/09/2013	Common Mental Disorders Group	355
15,935	Continuous support for women during childbirth	CD003766.pub6	06/07/2017	Pregnancy and Childbirth Group	1851

5. How the Hepato-Biliary Group contributes to the *CDSR* usage data

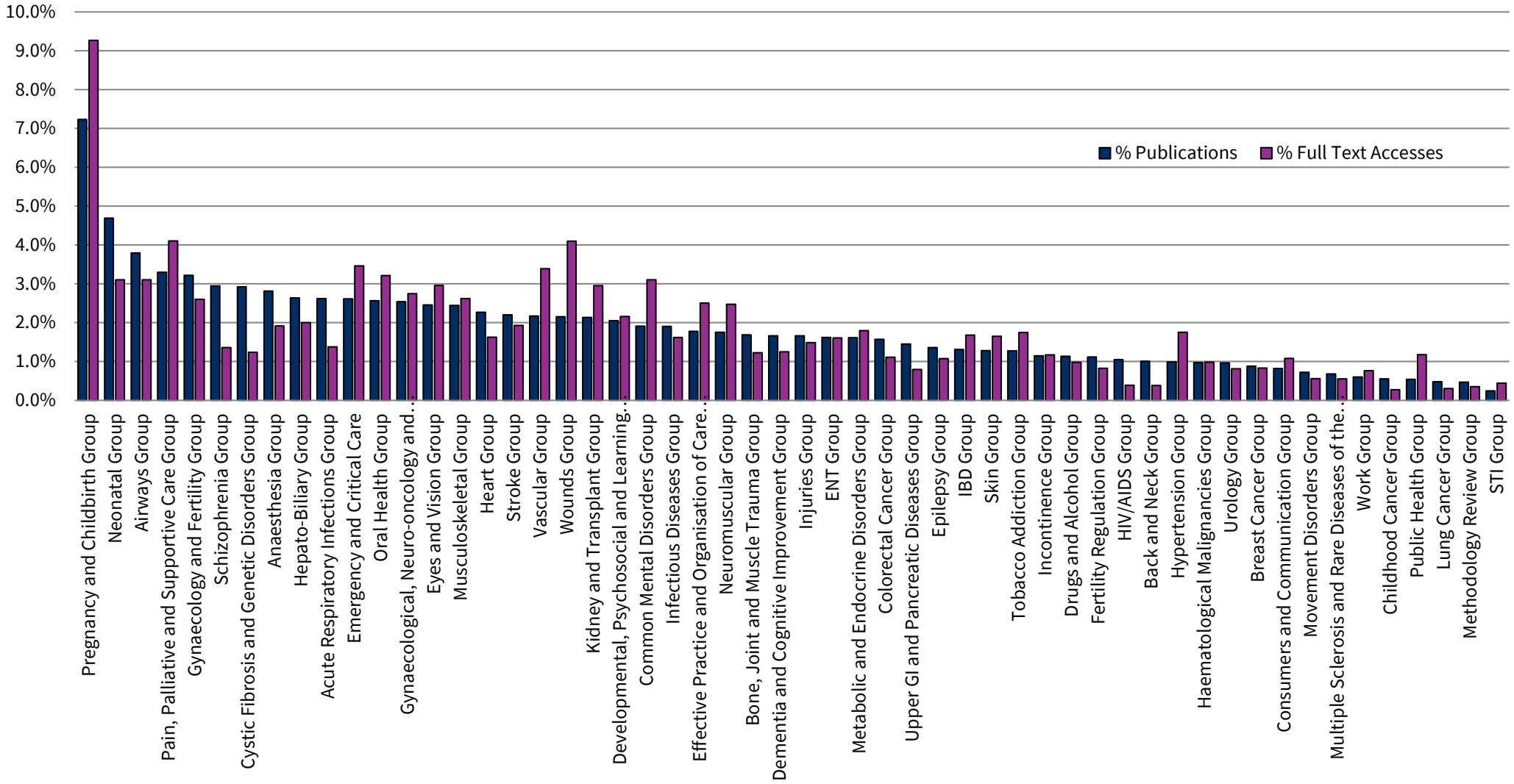
Figure 3 shows the average number of full text accesses per review as accessed via the Cochrane Library during 2019 (regardless of publication date). Figure 4 shows the number of publications and full text accesses for each CRG as a percentage of the *CDSR*. The comparison is just for information and should not be used as a measure of 'success' regarding other CRGs.

Figure 3: Average number of full-text accesses received by Cochrane Review Groups in 2019



Note: Due to the data format, figures for the Gut Group are separated by the former individual group names - Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD

Figure 4: % Publications (blue) and % Full Text Accesses (purple) of *CDSR* for each CRG (in order of percentage of publications)



Note: Due to the data format, figures for the Gut Group are separated by the former individual group names - Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD

6. Altmetric scores for the Hepato-Biliary Group

Using the Altmetric Explorer for Publishers (http://www.altmetric.com/), we are able to report on further measures of the impact of Cochrane Reviews beyond cites and usage. Altmetric have created a cluster of servers that watch social media sites, newspapers, government policy documents and other sources for mentions of scholarly articles. The unique Altmetric Attention Score is available on the abstract page of every Cochrane Review that has achieved a score of one or above. Data for 2019 is listed in Tables 7 and 8. Altmetric has tracked mentions of 12,771 articles from the CDSR up to May 2020.

Table 7: Top 10 Altmetric scores for Hepato-Biliary Group reviews published in 2019

Score	Review title	CD Number	Publication date	B	T	N	F	W	M
14	Treatment for hepatorenal syndrome in people with decompensated liver cirrhosis: a network meta-analysis	CD013103.pub2	12/09/2019	0	9	1	1	0	41
9	Pharmacotherapies that specifically target ammonia for the prevention and treatment of hepatic encephalopathy in adults with cirrhosis	CD012334.pub2	17/06/2019	0	17	0	0	0	44
5	Antibiotic treatment for spontaneous bacterial peritonitis in people with decompensated liver cirrhosis: a network meta-analysis	CD013120.pub2	16/09/2019	0	8	0	1	0	36
3	Acupuncture for chronic hepatitis B	CD013107.pub2	22/08/2019	0	3	0	1	0	45
3	Radix Sophorae flavescentis versus other drugs or herbs for chronic hepatitis B	CD013106.pub2	24/06/2019	0	3	0	1	0	58
3	Glucocorticosteroids for people with alcoholic hepatitis	CD001511.pub4	09/04/2019	0	2	0	3	0	110
2	Cryotherapy for liver metastases	CD009058.pub3	10/07/2019	0	3	0	1	0	62
2	Essential phospholipids for people with non-alcoholic fatty liver disease	CD013301	03/04/2019	0	3	0	0	0	11
2	Nucleic acid and antigen detection tests for leptospirosis	CD011871.pub2	01/08/2019	0	2	0	0	0	36
2	Plasma expanders for people with cirrhosis and large ascites treated with abdominal paracentesis	CD004039.pub2	28/06/2019	0	3	0	1	0	46

B=Bloggers T=Tweeters N=News outlets F=Facebook mentions W=Wikipedia pages M=Mendeley readers

Table 8: Top 10 Altmetric scores for reviews published in 2019 for the whole *CDSR*

Score	Review title	CD Number	Publication date	CRG	CCA number	B	T	N	F	W	M
774	Exercise for preventing falls in older people living in the community	CD012424.pub2	31/01/2019	Bone, Joint and Muscle Trauma Group	2469	6	949	29	17	0	355
641	General health checks in adults for reducing morbidity and mortality from disease	CD009009.pub3	31/01/2019	Effective Practice and Organisation of Care Group	1598	4	1058	3	11	0	105
420	Constraint-induced movement therapy in children with unilateral cerebral palsy	CD004149.pub3	01/04/2019	Developmental, Psychosocial and Learning Problems Group	-	0	99	44	1	1	141
355	Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health	CD012292.pub2	12/06/2019	Public Health Group	-	4	246	26	10	1	269
307	Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation	CD013308	18/04/2019	Tobacco Addiction Group	2626	8	226	28	8	2	91
304	Incentives for smoking cessation	CD004307.pub6	17/07/2019	Tobacco Addiction Group	1533	3	165	30	2	1	194
290	Paracetamol versus placebo for knee and hip osteoarthritis	CD013273	25/02/2019	Musculoskeletal Group	2520	2	467	2	7	1	110
224	Mediterranean-style diet for the primary and secondary prevention of cardiovascular disease	CD009825.pub3	13/03/2019	Heart Group	2536	4	347	2	5	2	224
211	Memantine for dementia	CD003154.pub6	20/03/2019	Dementia and Cognitive Improvement Group	2645	0	367	1	2	2	403
147	C-reactive protein for diagnosing late-onset infection in newborn infants	CD012126.pub2	14/01/2019	Neonatal Group	-	1	291	0	6	0	64

B=Bloggers T=Tweeters N=News outlets F=Facebook mentions W=Wikipedia pages M=Mendeley readers

The Altmetric Attention Score is a quantitative measure of the attention that a scholarly article has received. It is derived from three main Factors:

- **Volume** - The score for an article rises as more people mention it.
- **Sources** - Each category of mention contributes a different base amount to the final score. Further information including a breakdown of sources can be found at www.altmetric.com/about-our-data/the-donut-and-score/.
- **Authors** - How often the author of each mention talks about scholarly articles influences the contribution of the mention.

Altmetric track 'mentions' from different sources including references in policy documents, citations in Wikipedia pages and discussions on Peer Review sites. Only sources that contributed substantially to the scores of the Cochrane Reviews in the table above have been included.

7. Hepato-Biliary Group evidence featured in guidelines

A key impact measure of Cochrane Reviews in healthcare decision-making is their inclusion in evidence-based clinical guidelines. With thanks to Cochrane UK, this Impact Report now includes data on the use of Cochrane Reviews in guidelines.

Cochrane UK continually search a wide range of accredited, validated guidelines across the world, in multiple languages, that are open access, check guideline portals (including the Guidelines International Network database (GIN), for example) and regularly run tailored searches in PubMed to help populate a dataset of guidelines that have been informed by Cochrane evidence. The full text of each guideline identified by the searches is checked to see whether Cochrane evidence has been used. Cochrane UK send the guideline data to Wiley on a monthly basis, and the information is presented on the Cochrane Review on the Cochrane Library (see example below). This feature provides an opportunity for Cochrane Review Groups and Cochrane Library users to see up-to-date details of the impact of Cochrane evidence in healthcare decision-making.

Guideline data

The data presented below offers only one of many impressions of the impact of Cochrane Reviews in clinical guidelines - Cochrane Reviews that have been cited in clinical guidelines (published anytime). To date, 7,766 Cochrane Reviews (all versions) have been included in guidelines. Of these guideline citations, 4394 were to NICE guidelines and 646 to WHO guidelines (note: one review may be cited by more than one guideline, and a guideline may cite multiple versions of the same review). An additional figure provided by Cochrane UK shows that 45 unique Cochrane Reviews were included in 9 of 12 WHO guidelines published in 2019. The top 10 reviews that have received the highest number of guideline citations overall (including all versions) to date for the Hepato-Biliary Group and the whole *CDSR* are shown in Tables 9 and 10.

To give an impression of how guideline citations are distributed across Cochrane Review Groups, Figures 5 and 6 provide a view of the number of reviews published per group (all versions) that were included in guidelines (published anytime) alongside the number of 'guideline citations' that those reviews received. A similar calculation to the impact factor (without a publication window) indicates the average number of guideline citations per group. For example, the data (available in the CRG datapacks) show that for the entire *CDSR,* **7,766 reviews (all versions)** have received at least one guideline cite, and that those reviews have received **25,186 guideline cites** in total, giving an average of **3.243 guideline citations per article**.

You could consider this a 'guideline factor' of **3.243** for the *CDSR*. The same method has been used to calculate a 'guideline factor' for each CRG. For the Hepato-Biliary Group, the 'guideline factor' would be **2.277** (see Figure 5 for all CRGs). Figure 6 shows the percentage of contributing articles per group alongside the percentage of contributing guideline cites. As with citations and usage, these figures are an impression of distribution by CRG within the CDSR and should not be used as group-to-group comparison.

Notes on guideline data:

- Guidelines included have been scheduled to be developed and published in this given period and therefore reflect the priorities of individual guideline developers, which may not necessarily reflect national priorities or global burdens of disease.
- Although 'living guidelines' (those continually updated online) are now beginning to be developed, these are in the minority at present.
- Guidelines on common conditions affecting large populations globally covering a broad range of questions, and whose topic is covered by single CRGs (such as asthma (Airways Group) or pregnancy (Pregnancy & Childbirth Group)), are likely to generate a higher ranking for those groups than (a) guidelines on common conditions affecting large populations covering a broad range of questions but whose topic is covered by a range of CRGs (such as diabetes (Metabolic & Endocrine Disorders, Eyes & Vision, Kidney & Transplant, Neuromuscular, Wounds, Pregnancy & Childbirth, Public Health, Heart, Oral Health, Pain, Palliative & Supportive Care)), or than (b) guidelines with a more specific, specialized focus with a narrower remit and fewer questions.
- These data include accredited guidelines that are published as open access; there are likely to be guidelines in sources only accessible via subscription that are not yet included here.
- Data included in this report for each review may differ slightly from the live figure presented on the Cochrane Library due to format of the data and date of data collection.
- Guidelines may cite multiple versions of a single review (e.g. CD001423 and CD001423.pub2). For this report, we have counted all citations to any version of a review – this means that if a guideline cites two versions of a review, it has been counted as 2 citations.
- The data in Table 9 and Table 10 is available to Review Group Networks and CRGs in the datapack files. Editors can use these data to gain insight into where their reviews are being cited; this may be useful for prioritisation.

Table 9: Top reviews (published anytime) for the Hepato-Biliary Group ranked by number of cites in guidelines

CD Number	Review title	No. cites in guidelines*	No. review versions cited in guidelines**
CD003327	Surgical versus endoscopic treatment of bile duct stones	9	3
CD007345	Antibiotic prophylaxis for patients undergoing elective endoscopic retrograde cholangiopancreatography	8	1
CD001939	Branched-chain amino acids for hepatic encephalopathy	7	3
CD004787	Transarterial (chemo)embolisation for unresectable hepatocellular carcinoma	7	1
CD004790	Hepatitis B immunisation for newborn infants of hepatitis B surface antigen-positive mothers	7	1
CD007340	Bariatric surgery for non-alcoholic steatohepatitis in obese patients	7	1
CD011549	Endoscopic ultrasound versus magnetic resonance cholangiopancreatography for common bile duct stones	7	1
CD011548	Ultrasound versus liver function tests for diagnosis of common bile duct stones	6	1

*No. cites in guidelines includes all versions of the review published in any guideline – it is important to note that multiple versions of one review (pub2, pub 3) may be cited by one guideline and may contribute to this figure.
** No. review versions cited indicates how many versions of each review have been cited in any guideline (pub2, pub3 etc).

NOTE: Some guideline developers tackle a wide range of questions designed to cover all aspects of a condition (e.g prevention, diagnosis, prognosis, treatment) in all populations (e.g. adults, adolescents, children, infants) in a single guideline and these guidelines are therefore more likely to feature more reviews and be ranked higher in the tables than guidelines from developers who tackle a similar range of questions but choose to publish these in a series of separate guidelines targeted for particular stakeholders.

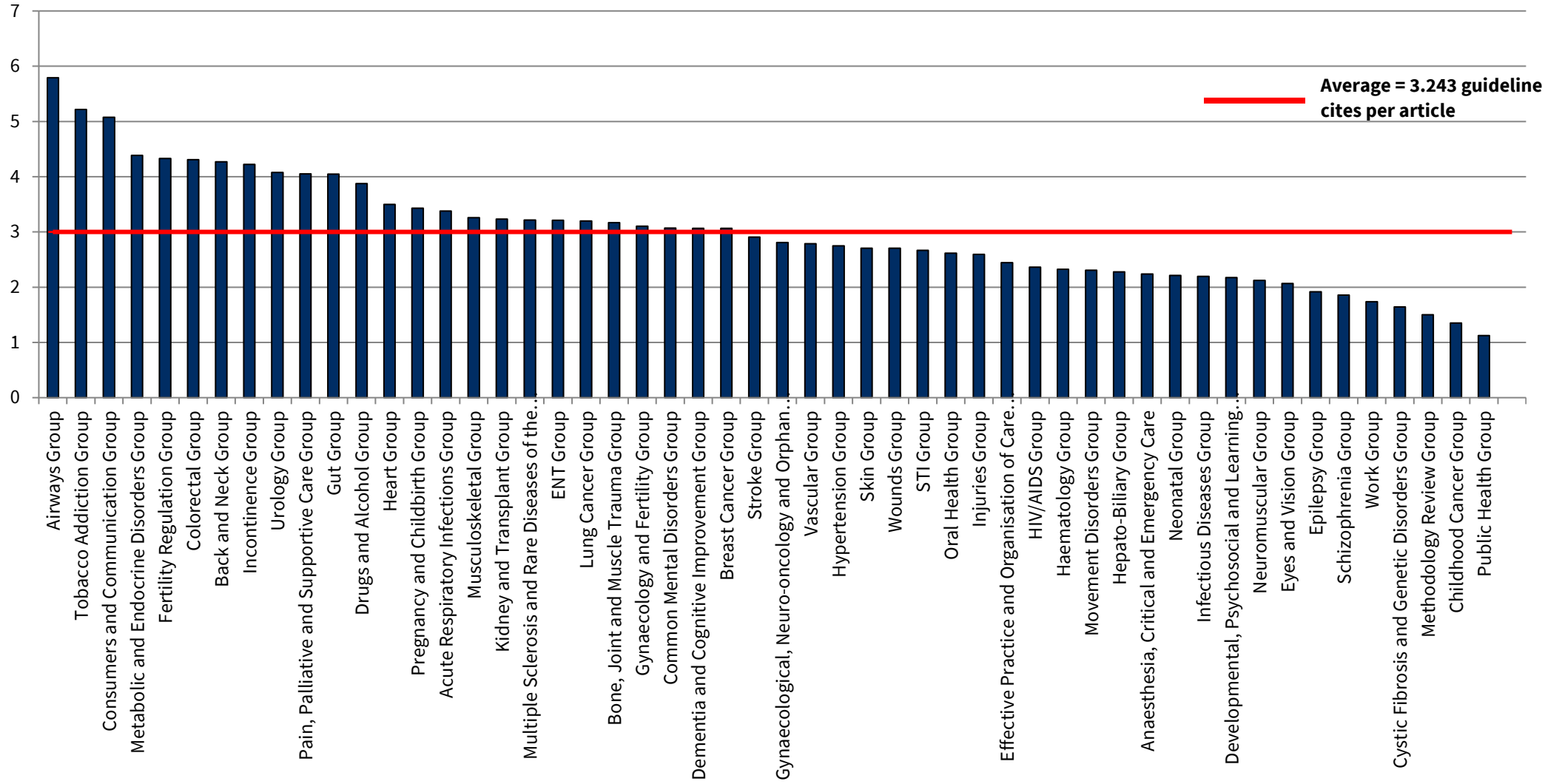
Table 10: Top reviews (published anytime) for the whole *CDSR* ranked by number of cites in guidelines

CD Number	Review title	Review Group	No. cites in guidelines*	No. review versions cited in guidelines**	CCA number
CD001431	Decision aids for people facing health treatment or screening decisions	Consumers and Communication Group	69	5	1693
CD007146	Interventions for preventing falls in older people living in the community	Bone, Joint and Muscle Trauma Group	60	3	-
CD000165	Physician advice for smoking cessation	Tobacco Addiction Group	58	3	-
CD000011	Interventions for helping patients to follow prescriptions for medications	Consumers and Communication Group	56	4	2835
CD000146	Nicotine replacement therapy for smoking cessation	Tobacco Addiction Group	51	5	2197
CD001800	Exercise-based rehabilitation for coronary heart disease	Heart Group	44	3	1187
CD005305	Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease	Airways Group	43	3	1650
CD002733	Influenza vaccine for patients with chronic obstructive pulmonary disease	Airways Group	40	3	2235
CD006103	Nicotine receptor partial agonists for smoking cessation	Tobacco Addiction Group	40	6	1502
CD000052	Holding chambers versus nebulisers for beta-agonist treatment of acute asthma	Airways Group	39	3	261, 262
CD004454	Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth	Pregnancy and Childbirth Group	39	2	1788

*No. cites in guidelines includes all versions of the review published in any guideline – it is important to note that multiple versions of one review (pub2, pub 3) may be cited by one guideline and may contribute to this figure.
** No. review versions cited indicates how many versions of each review have been cited in any guideline (pub2, pub3 etc).

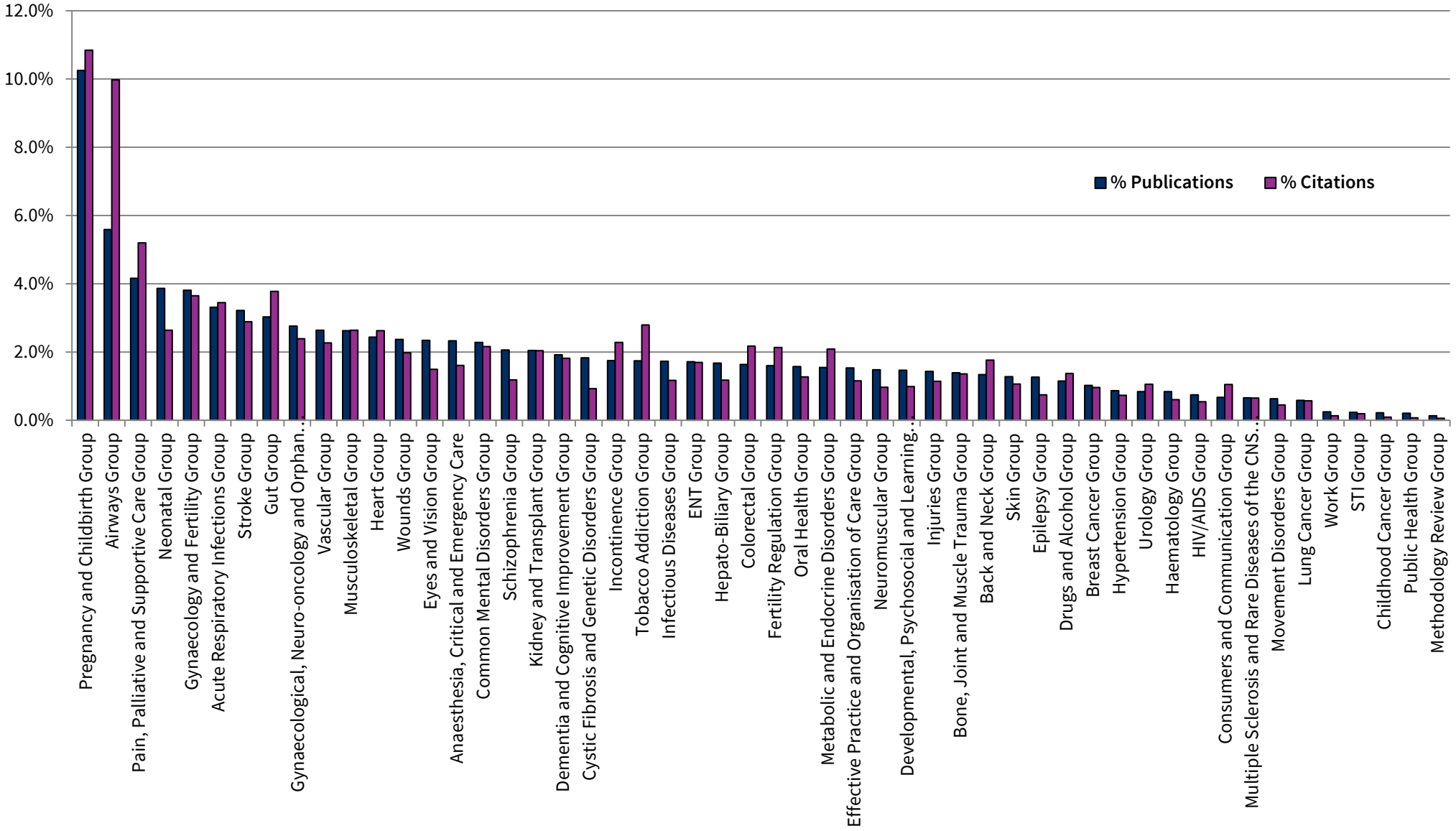
NOTE: Some guideline developers tackle a wide range of questions designed to cover all aspects of a condition (e.g. prevention, diagnosis, prognosis, treatment) in all populations (e.g. adults, adolescents, children, infants) in a single guideline and these guidelines are therefore more likely to feature more reviews and be ranked higher in the tables than guidelines from developers who tackle a similar range of questions but choose to publish these in a series of separate guidelines targeted for particular stakeholders.

Figure 5: Average number of guideline cites to reviews (published anytime) for each Cochrane Review Group



Note: As the Anaesthesia Group and Emergency and Critical Care Group were previously combined, data reported here for these groups is also combined.
Further, data for the Gut Group includes reviews previously published under the Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD groups

Figure 6: % Publications (blue) and % cites (purple) of reviews included and cited in guidelines for each CRG (in order of percentage of publications)



Note: As the Anaesthesia Group and Emergency and Critical Care Group were previously combined, data reported here for these groups is also combined. Further, data for the Gut Group includes reviews previously published under the Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD groups

Additional information

If you have any further queries regarding these data, please contact Cathryn Jordan, Associate Editor, Wiley; cjordan2@wiley.com.

For further details of Cochrane Reviews in the press, please contact Muriah Umoquit, Communications and Analytics Officer at Cochrane mumoquit@cochrane.org.

Useful links

CDSR Impact Frequently Asked Questions document (FAQ)
https://www.cochranelibrary.com/cdsr/about-cdsr

Clarivate Analytics Web of Science Journal Citation Reports
https://clarivate.com/webofsciencegroup/web-of-science-journal-citation-reports-2020-infographic/

The donut and Altmetric Attention Score
www.altmetric.com/about-our-data/the-donut-and-score/.

Cochrane at the WHO: Identifying and charting the impact of Cochrane evidence
https://community.cochrane.org/news/cochrane-who-identifying-and-charting-impact-cochrane-evidence