

CHBG NEWSLETTER

The Cochrane Hepato-Biliary Group (THE CHBG)

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The numbering is a continuation from Vol. 18, Issue 1, 2014.

PUBLICATIONS IN THE COCHRANE LIBRARY (THE CLIB). ISSUE 3 THROUGH ISSUE 9 OF 2014

NEW REVIEWS

170. Intraperitoneal local anaesthetic instillation versus no intraperitoneal local anaesthetic instillation for laparoscopic cholecystectomy. Gurusamy KS, Nagendran M, Guerrini GP, Toon CD, Zinnuroglu M, Davidson BR.
171. Laparoscopic surgical box model training for surgical trainees with limited prior laparoscopic experience. Gurusamy KS, Nagendran M, Toon CD, Davidson BR.
172. Methods of intraperitoneal local anaesthetic instillation for laparoscopic cholecystectomy. Gurusamy KS, Nagendran M, Toon CD, Guerrini GP, Zinnuroglu M, Davidson BR.
173. Pharmacological interventions for prevention or treatment of postoperative pain in people undergoing laparoscopic cholecystectomy. Gurusamy KS, Vaughan J, Toon CD, Davidson BR.
174. Wound infiltration with local anaesthetic agents for laparoscopic cholecystectomy. Loizides S, Gurusamy KS, Nagendran M, Rossi M, Guerrini GP, Davidson BR.
175. Methods to decrease blood loss during liver resection: a network meta-analysis. Simillis C, Li T, Vaughan J, Becker LA, Davidson BR, Gurusamy KS.
176. Nitazoxanide for chronic hepatitis C. Nikolova K, Glud C, Grevstad B, Jakobsen JC.
177. Aminoadamantanes for chronic hepatitis C. Lamers MH, Broekman M, Drenth JPH, Glud C.
178. Antibody induction versus corticosteroid induction for liver transplant recipients. Penninga L, Wettergren A, Wilson CH, Chan A-W, Steinbrüchel DA, Glud C.



179. Aminoadamantanes versus other antiviral drugs for chronic hepatitis C. Lamers MH, Broekman M, Drenth JPH, Glud C.
180. Antibody induction versus placebo, no induction, or another type of antibody induction for liver transplant recipients. Penninga L, Wettergren A, Wilson CH, Chan A-W, Steinbrüchel DA, Glud C.

UPDATED REVIEWS

68. Low pressure versus standard pressure pneumoperitoneum in laparoscopic cholecystectomy. Gurusamy KS, Vaughan J, Davidson BR.
69. Methods of preventing bacterial sepsis and wound complications after liver transplantation. Gurusamy KS, Nagendran M, Davidson BR.

NEW AND UPDATED PROTOCOLS

276. Isoprinosine for chronic hepatitis B. Njei B, Garg SK, Kenta-Bibi E, Kongnyuy EJ, Alam SE.
277. Pharmacological interventions for the primary prevention of gallbladder stones in adults. Stokes CS., Glud LL, Casper M, Lammert F.
278. Transjugular intrahepatic portosystemic shunts for hepatorenal syndrome. Hinojosa-Azaola A, Salas Nolasco OI, Gonzalez Garay AG, Chavez-Tapia NC, Solis Galicia C.
279. Aminoadamantanes versus other antiviral drugs for chronic hepatitis C. Lamers MH, Broekman M, Drenth JPH, Glud C.
280. Entecavir for chronic hepatitis B. Ismail MH, Wiysonge CS, Ricaforte-Campos JD, Clarke MJ.
281. Glucocorticosteroid-free versus glucocorticosteroid-containing immunosuppression for liver transplanted patients. Fairfield C, Penninga L, Powell J, Harrison EM, Wigmore S.
282. Diets for primary prevention of gallbladder stones in adults. Stokes CS, Glud LL, Casper M, Lammert F.

NEW REGISTERED TITLES

464. Pharmacological treatments for primary biliary cirrhosis: a network meta-analysis. Gurusamy KS, Davidson BR.
465. Immunosuppressive regimes for liver

- transplantation: a network meta-analysis. Gurusamy KS, Davidson BR.
466. Pharmacological treatments for haemochromatosis: a network meta-analysis. Gurusamy KS, Davidson BR.
467. Pharmacological treatments for chronic hepatitis C liver disease: a network meta-analysis. Gurusamy KS, Davidson BR.
468. Pharmacological treatments for acute hepatitis C infection: a network meta-analysis. Gurusamy KS, Davidson BR.
469. Pharmacological treatments for chronic hepatitis B liver disease: a network meta-analysis. Gurusamy KS, Davidson BR.
470. Pharmacological treatments for non-alcoholic fatty liver disease: a network meta-analysis. Gurusamy KS, Davidson BR.
471. Pharmacological treatments for acute hepatitis B infection: a network meta-analysis. Gurusamy KS, Davidson BR.
472. Pharmacological treatments for alcoholic liver disease: a network meta-analysis. Gurusamy KS, Davidson BR.
473. Management for hepatocellular carcinoma in patients meeting the Milan criteria: a network meta-analysis. Gurusamy KS, Davidson BR.
474. Management for hepatocellular carcinoma in patients outside the Milan criteria: a network meta-analysis. Gurusamy KS, Davidson BR.
475. Tenofovir for chronic hepatitis B. Garg SK, Rank K.
476. Nutrition support in hospitalised adult patients at nutritional risk. Feinberg J, Nielsen EE, Glud C, Lindschou J, Kondrup J, Jakobsen JC.
477. Pharmacological treatments for primary sclerosing cholangitis: a network meta-analysis. Gurusamy KS, Saffioti F, Toon CD, Tsochatzis E, Davidson BR, Thorburn D.
478. Transient elastography and Fibrotest for staging of fibrosis in adult patients with chronic hepatitis B. Kalafatelli M, Gurusamy KS, Noel-Storr AH, Tsochatzis E.
479. Forns index and FIB4 for staging of fibrosis in adult patients with chronic hepatitis C. Kalafatelli M, Gurusamy KS, Noel-Storr AH, Tsochatzis E.



481. AST-to-platelet index (APRI) for staging of fibrosis in adult patients with chronic hepatitis C. Kalafatelli M, Gurusamy KS, Pavlov CS, Noel-Storr AH, Tsochatzis E.
482. AST-to-platelet index (APRI) and FIB4 for staging of fibrosis in adult patients with chronic hepatitis B. Kalafatelli M, Gurusamy KS, Noel-Storr AH, Tsochatzis E.
483. Enhanced recovery versus standard care for recovery following open liver resection. Zhou D, Kenya Y, Mohammed A-S, Shemmer P.
484. Molecular and antigen detection tests for leptospirosis. Yang B, de Vries SG, Visser BJ, Nagel IM, Goris MG.A., Leeflang MMG, Grobusch MP, Hartskeerl RA.
485. Bile acid derivatives for primary biliary cirrhosis. Ecker J, Stokes CS, Lammert F, Gluud LL.
486. Bile acid derivatives for primary sclerosing cholangitis. Lammert F, Stokes CS, Gluud LL, Ecker J.

PAST EVENTS

CHBG EXHIBITION STAND DURING THE 49TH ANNUAL EASL MEETING, LONDON, UK. APRIL 10 TO APRIL 12, 2014

We thank all people who stopped by The CHBG booth and inquired about the work of The CHBG.

THE 34TH BI-ANNUAL CHBG MEETING, LONDON, APRIL 11, 2014

We thank all presenters, attendees, and organisers for a good and interesting meeting that lasted an hour and a half. The CHBG meeting was hosted by the Royal Free Hospital, London.

After The CHBG meeting, a CHBG editors' meeting took place for another hour-and-a half and the discussed items were 'outcome selection bias', 'topic prioritisation at the CHBG', 'outcome prioritisation at the CHBG', and the need of 'deputy co-ordinating editors'. Present were 9 of the 23 CHBG editors.

FUTURE EVENTS

THE 22ND COCHRANE COLLOQUIUM, HYDERABAD, INDIA, SEPTEMBER 21 TO SEPTEMBER 26, 2014

The theme of the 2014 Cochrane Colloquium is on 'Evidence-informed public health: opportunities and challenges'. The colloquium programme is as usual busy, and there are also pre-meeting and post-meeting activities. For the programme, see <https://colloquium.cochrane.org/programme-overview>.

DIAGNOSIS AND PROGNOSIS: CLINICAL AND RESEARCH PROBLEMS, GARGNANO, LAGO DI GARDA, ITALY, OCTOBER 8 TO OCTOBER 12

This is a basic residential course and its aim is to provide the tools for understanding the methodology underlying the diagnostic test accuracy and prognostic studies.

The course is organized for a third time and all sessions are in English. It will be run at Palazzo Feltrinelli in Gargnano. For the programme, see The CHBG website hbg.cochrane.org.

We thank all the faculty and sponsors.

35TH CHBG MEETING DURING THE LIVER[®] MEETING, BOSTON, MA, USA. NOVEMBER 7 TO NOVEMBER 11, 2014

The 35th bi-annual Cochrane Hepato-Biliary Group (CHBG) meeting, affiliate event* at The Liver Meeting[®], will be run November 10th, 2014, from 6:30pm to 8:00pm, in room 'Wellesley' at the Boston Marriott Copley Place, 110 Huntington Avenue, Boston, Massachusetts, USA.

You are kindly invited to come to the meeting while attending The Liver Meeting[®] 2014 (the 65th AASLD Annual Meeting). There is no registration fee. The program for the CHBG meeting is distributed with this CHBG Newsletter, and you will also find it on The CHBG website <hbg.cochrane.org>.

We will be happy to see as many as possible.

*This is not an official event of the American Association for the Study of Liver Diseases.

CHBG EXHIBITION STAND DURING THE LIVER[®] MEETING, BOSTON, MA, USA. NOVEMBER 7 TO NOVEMBER 11, 2014

The exhibit dates are November 8 to 10, 2014 at



Hynes Convention Center | Boston, MA.

We will be most happy to say hello to you at stand number 2.

VISITORS

Dr. Rosa Simonetti, a CHBG editor from Italy, visited the Editorial Team Office of The CHBG in Copenhagen, Denmark from 4th to 9th of April 2014. Rosa mastered the Trial Sequential Analysis programme, assisted with editorial tasks, and worked on the systematic review 'Albumin and other plasma expanders for paracentesis treatment of ascites in cirrhotic patients' which she also presented at The CHBG meeting on April 11 at Royal Free Hospital in London, UK.

Dr. Chavdar Pavlov, visiting researcher from Moscow, Russia, and Giovanni Casazza, the CHBG statistical editor, and statistician at the Milan University in Italy, visited the Editorial Team Office of The CHBG in Copenhagen, Denmark from 16th to 20th of June 2014, to continue their work on the 'Transient elastography for diagnosis of hepatic fibrosis in people with alcoholic liver disease' review, and "Ultrasonography for diagnosis of cirrhosis in patients with alcoholic liver disease" review protocol.

Dr. Frederik Keus, a CHBG editor from The Netherlands, visited the Editorial Team Office of The CHBG in Copenhagen, Denmark from 16th to 18th of June 2014 to do some research work and we used the opportunity to discuss editorial issues.

NEWS

THE CHBG WEBSITE

The CHBG new website [hbg.cochrane.org] was visited by another 673 new visitors from October 9, 2013 to September 11, 2014. During this period, the visitors of the CHBG website by country ranked as follows: Denmark (380), UK (170), USA (163), China (151), Egypt (150), Italy (115), Germany (75), India (71), The Netherlands (61), and Brazil (54). The descending range of visitors of 71 other countries was 49 to 1.

We do hope that all users find the information on the CHBG website useful. We welcome comments and ideas for improvement.

THE 2013 JOURNAL CITATION REPORT (JCR)

The 2013 journal citation report has been released by Thomson ISI and the impact factor for the Cochrane Database of Systematic Reviews (CDSR) is 5.939. This is an increase on the 2012 impact factor, which was 5.785.

Some highlights of the 2013 impact factor include:

- The CDSR is ranked 10 of the 150 journals in the Medicine, General & Internal category
- The total number of times the CDSR was cited increased from 34,230 in 2012 to 39,856 meaning the CDSR receives the 6th highest number of citations in its category
- The 5 year impact factor is 6.706, an increase on 6.553 last year
- The total number of citable items (new and updated reviews) included in the 2013 impact factor calculation was 1660. The average number of citable items included in the 2013 impact factor of the other journals in the top 10 of the Medicine, General & Internal category was 370.

This abridged information is received from Gavin Stewart
Associate Editor, The Cochrane Library
Health Sciences

FOR NEW OR CURRENT AUTHORS OF PROTOCOLS OR REVIEWS UNDER DEVELOPMENT

Authors and other contributors are requested to check relevant 'Information for authors' on [hbg.cochrane.org] and also [cochrane.org] websites while working on their protocols or reviews.

After the CHBG editors' meeting in London and mail discussions among editors, the *Selective outcome reporting* domain is now formulated and explained as follows:

"Selective outcome reporting"

- Low risk: all pre-defined, or clinically relevant and reasonably expected, outcomes are reported on. If the original trial protocol is available, the outcomes should be those called for in that protocol. (Note: If the trial protocol is obtained from a trial



registry (e.g. [www.clinicaltrials.gov]), the outcomes to be sought are those enumerated in the original protocol if the trial protocol was registered before or at the time that the trial was begun; if the trial protocol was registered after the trial was begun, those outcomes will not be considered to be reliable in representing the outcomes initially being sought.) If the trial protocol is not available (or if the protocol was registered after the trial was begun), the review authors will decide, **when they are writing the protocol for the systematic review, what clinically relevant and reasonably expected outcomes would be and will explicitly state those outcomes in the pertinent methodology part of their protocol for the systematic review.**

- Unclear risk: not all pre-defined, or clinically relevant and reasonably expected, outcomes are reported fully, or it is unclear whether data on these outcomes were recorded or not.
- High risk: one or more predefined or clinically relevant and reasonably expected outcomes were not reported, despite the fact that data on these

outcomes should have been likely to have been available and even recorded.”

The previous text is in bold in order to pay attention to the review authors that this part of the text needs to be logically replaced with the relevant/expected outcomes by listing them while preparing the protocol. Often, review authors forget to state the exact outcomes and leave the text as it is which has no meaning.

The complete bias risk evaluation document text is at the hbg.cochrane.org website.

THE COCHRANE EDITORIAL AND PUBLISHING POLICY RESOURCE

Review authors are advised to read carefully information provided at <http://www.cochrane.org/editorial-and-publishing-policy-resource> and encompassing permissions to reuse material from Cochrane sources, reprints of Cochrane Reviews, correspondence, dissemination, and impact, feedback, dissemination, translation and alike.

The Cochrane Hepato-Biliary Group (The CHBG) Newsletter is written, edited, and published in electronic and paper format by staff at The CHBG Editorial Office in Copenhagen, Denmark. It is issued twice a year and is also distributed for free world-wide to all people on The CHBG members' 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 its readers about activities of The CHBG.

Editorial CHBG staff at The CHBG Editorial Office

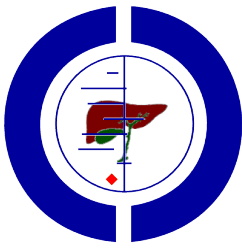
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THE COCHRANE HEPATO-BILIARY GROUP

BI-ANNUAL MEETING PROGRAMME

THE CHBG

The 35th bi-annual Cochrane Hepato-Biliary Group (CHBG) meeting, affiliate event* at The Liver Meeting®, will be run November 10th, 2014, from 6:30pm to 8:00pm, in room ‘Wellesley’ at the **Boston Marriott Copley Place**, 110 Huntington Avenue, Boston, Massachusetts, USA. You are kindly invited to participate in the meeting while attending The Liver Meeting® 2014/the 65th American Association for the Study of Liver Diseases (AASLD) Annual Meeting.

There is no registration fee.

Chairs: Ronald L Koretz (USA) and Christian Gluud (DK)

6:30 pm to 6:35 pm	Welcome and program introduction.	C Gluud (DK).
6:35 pm to 7:05 pm	Entecavir for chronic hepatitis B. Entecavir versus other antiviral drugs for chronic hepatitis B. Two Cochrane Hepato-Biliary Group systematic reviews.	<u>Ismail MH</u> (SA), Wiysonge CS (ZA), Ricaforte-Campos JD (The PH), Clarke MJ. <u>Ismail MH</u> (SA), Wiysonge CS (ZA), Ricaforte-Campos JD (The PH).
7:05 pm to 7:20 pm	Adefovir dipivoxil for chronic hepatitis B. A Cochrane Hepato-Biliary Group systematic review.	Njei B (USA), Garg SK (USA), Anand S (I), <u>Alam SE</u> (I), Sethi S (USA), Kongnyuy EJ (UK).
7:20 pm to 7:40 pm	Multi-drug interventions including lamivudine in patients with lamivudine-resistant chronic hepatitis B virus infection. Multi-drug interventions including lamivudine in patients with lamivudine-resistant chronic hepatitis B virus infection. Two Cochrane Hepato-Biliary Group systematic reviews.	<u>Mok S</u> (USA), Mohan S (USA), Wang YR (USA), Judge TA (USA).
7:40 pm to 8:00 pm	Transient elastography for diagnosis of hepatic fibrosis in people with alcoholic liver disease. A Cochrane Hepato-Biliary Group systematic diagnostic test accuracy review.	<u>Pavlov CS</u> (RU), Casazza G (I), Nikolova D (DK), Tsochatzis E (UK), Burroughs AK [†] (UK), Gluud C (DK).
8:00 pm to 8:05 pm	Questions and closing remarks.	All.

*This is not an official event of the American Association for the Study of Liver Diseases.



Improving healthcare decision-making globally, through systematic reviews of the effects of healthcare interventions, published in *The Cochrane Library*.

The CHBG website: hbg.cochrane.org