



CHBG NEWSLETTER

The Cochrane Hepato-Biliary Group (THE CHBG)

October 2010

Volume 14, Issue 2

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NEW REVIEWS

- 118 Miniport versus standard ports for laparoscopic cholecystectomy. Gurusamy KS, Samraj K, Ramamoorthy R, Farouk M, Fusai G, Davidson BR.
- 119 Lamivudine or adefovir dipivoxil alone or combined with immunoglobulin for preventing hepatitis B recurrence after liver transplantation. Katz LH, Tur-Kaspa R, Guy DG, Paul M.
- 120 Antibiotic prophylaxis for cirrhotic patients with upper gastrointestinal bleeding. Chavez-Tapia NC, Barrientos-Gutierrez T, Tellez-Avila FI, Soares-Weiser K, Uribe M.
- 121 Antibiotic prophylaxis for patients undergoing elective endoscopic retrograde cholangiopancreatography. Brand M, Bizos D, O'Farrell PJR.
- 122 Methods of cystic duct occlusion during laparoscopic cholecystectomy. Gurusamy KS, Bong JJ, Fusai G, Davidson BR.
- 123 Booster dose vaccination for preventing hepatitis B. Poorolajal J, Mahmoodi M, Haghdoost A, Majdzadeh R, Nasseri-Moghaddam S, Ghalichi L, Fotouhi A.

UPDATED REVIEWS

- 37 Bile acids for liver-transplanted patients. Poropat G, Giljaca V, Stimac D, Glud C.
- 38 Emergency sclerotherapy versus vasoactive drugs for bleeding oesophageal varices in cirrhotic patients. D'Amico G, Pagliaro L, Pietrosi G, Tarantino I.
- 39 Methotrexate for primary biliary cirrhosis. Giljaca V, Poropat G, Stimac D, Glud C.



- 40 Antibiotic prophylaxis for cirrhotic patients with upper gastrointestinal bleeding. Chavez-Tapia NC, Barrientos-Gutierrez T, Tellez-Avila FI, Soares-Weiser K, Uribe M.

NEW PROTOCOLS

- 233 Routine drainage for orthotopic liver transplantation. Gurusamy KS, Pamecha V, Davidson BR.
- 234 Extended peginterferon plus ribavirin treatment for 72 weeks versus standard peginterferon plus ribavirin treatment for 48 weeks for patients with chronic hepatitis C virus genotype 1 infection having shown slow antiviral response. Katz LH, Goldvaser H, Gafter-Gvili A, Tur-Kaspa R.
- 235 Interferon beta for chronic hepatitis B. Ibrahim N, Yaseen AlSabbagh ME, Qintar M, Samra M, Shahrouy Y.
- 236 Interferon gamma for chronic hepatitis B. Ibrahim N, Abo Al Chamat A, Al Moujahed AM, Firwana B, Ibrahim R, Rezk E.
- 237 Hepatitis B immunoglobulin during pregnancy for the prevention of mother to child transmission of hepatitis B virus. Eke AC, Eke UA, Uchenna E.
- 238 Interferon alpha for chronic hepatitis B. Mumtaz K, Khan SH, Bhatti OI, Hamid S, Jafri W.
- 239 Weight reduction for non-alcoholic fatty liver disease. Peng L, Wang J, Li F.
- 240 Statins for non-alcoholic steatohepatitis. Eslami L, Merat S, Malekzadeh R, Nasserri-Moghaddam S, Aramin H.
- 241 Chlorambucil for primary biliary cirrhosis. Li WX, Gou JF, Yan X, Shi CR, Zhang AP, Sui JH.
- 242 Lamivudine during pregnancy for preventing hepatitis B virus infection in newborns. Mumtaz K, Ahmed USyed, Zuberi NF, Salamat S, Jafri W.
- 243 Lamivudine with or without adefovir dipivoxil for postoperative hepatocellular carcinoma. Zhong JH, Li LQ, Wu LC.
- 244 Percutaneous ethanol injection for liver metastases. Riemsma RP, Bala M, Wolff R, Kleijnen J.
- 245 Probiotics for hepatic encephalopathy. McGee R, Wiley K, Riordan SM, Webster AC.
- 246 Telbivudine for chronic hepatitis B. Zhao S, Tang L, Fan X, Chen L.
- 247 Capsule endoscopy for the diagnosis of oesophageal varices in patients with chronic liver disease or portal vein thrombosis. Gana JC, Turner D, Yap J, Adams-Webber T, Rashkovan N, Ling SC.
- 248 Glucocorticosteroids for infants with biliary atresia following Kasai portoenterostomy. Parsons C, Davenport M.
- 249 Glucocorticosteroids for patients undergoing laparoscopic cholecystectomy. Malik AlRqam, Tou S, Ritchie JE, Hardman NL, Malakun R, Cleary SL, Malik NU, Aggarwal SS, Erskine SE, Nelson RL.
- 250 Magnetic resonance imaging, computer tomography scan, and oesophagography for the diagnosis of oesophageal varices in patients with chronic liver disease or portal vein thrombosis. Gana JC, Turner D, Yap J, Adams-Webber T, Rashkovan N, Ling SC.
- 251 Non-invasive test of liver fibrosis for the diagnosis of oesophageal varices in patients with chronic liver disease or portal vein thrombosis. Gana JC, Turner D, Yap J, Adams-Webber T, Rashkovan N, Ling SC.
- 252 Platelet count, spleen length, and platelet count/spleen length ratio for the diagnosis of oesophageal varices in patients with chronic liver disease or portal vein thrombosis. Gana JC, Turner D, Yap J, Adams-Webber T, Rashkovan N, Ling SC.
- 253 Transient ultrasound elastography and magnetic resonance elastography for the diagnosis of oesophageal varices in patients with chronic liver disease or portal vein thrombosis. Gana JC, Turner D, Yap J, Adams-Webber T, Rashkovan N, Ling SC.
- 254 Calcineurin inhibitor reduction or withdrawal versus continuation of calcineurin inhibitor treatment for liver transplant recipients. Penninga L, Wettergren A, Chan A-W, Steinbrüchel DA, Gluud C.
- 255 Conversion of calcineurin inhibitor treatment to target of rapamycin inhibitor treatment versus continuation of calcineurin inhibitor treatment for liver transplant recipients. Penninga L, Wettergren A, Chan A-W, Steinbrüchel DA, Gluud C.
- 256 Erythrocytapheresis versus phlebotomy for hereditary haemochromatosis. Abolaban H, Fares M, Haydour Q, Ibrahim N, Rayess D, Diab M, Al Moujahed AM.
- 257 Levamisole for chronic hepatitis B. Whitfield K, Stoey LSaem, Skoog M, Lindschou Hansen J, Mumtaz K, Gluud C.
- 258 Phlebotomy for hereditary haemochromatosis. Ibrahim N, Al Moujahed AM, Rayess D, Abolaban H, Diab M, Fares M, Haydour Q.



NEW REGISTERED TITLES

- 355 Terlipressin after paracentesis of tense ascites for patients with cirrhosis. Yang SM, Zhang H.
- 356 Peginterferon alpha-2a versus peginterferon alpha-2b for chronic viral hepatitis D. Kjizdarbekov A.
- 357 Foscarnet for chronic hepatitis B. Lindschou Hansen J, Whitfield K, Stoey LSaem, Skoog M, Mumtaz K.
- 358 Single incision versus conventional multi-incision for laparoscopic cholecystectomy. Fransen S.
- 359 Chemotherapy for cancer of unknown primary with liver metastasis. Weis S, Schoppmeyer K.
- 360 Hepatitis B immunoglobulin for preventing hepatitis B recurrence. Berdichevski T, Katz LH.
- 361 Brachytherapy for unresectable hepatocellular carcinoma. Dong Z, Xu J, Fan Q, Wiffen PJ.
- 362 Serological laboratory tests for diagnosis of human leptospirosis in patients presenting with clinical symptoms. Goris MG.A., Leeftang MM, Strijker M, Boer KRachel, Reitsma JB, Lucas C, Hartskeerl R.
- 363 Granulocyte-colony stimulating factor for acute liver failure or acute-on-chronic liver failure. Yang Q, Peng J, Chang X, Zhang L.
- 364 Ultrasonography and alpha-fetoprotein for the diagnosis of hepatocellular carcinoma in patients with chronic liver disease. Colli A, Casazza G, Pozzoni P, Massironi S, Branchi F, Duca P, Conte D, Fraquelli M.
- 365 Contrast-enhanced ultrasound, computed tomography, and magnetic resonance for the diagnosis of hepatocellular carcinoma in patients with chronic liver disease. Fraquelli M, Casazza G, Pozzoni P, Elisa Rossi R, Duca P, Conte D, Colli A.
- 366 Combination of three-dimensional conformal radiotherapy and transcatheter arterial chemoembolization versus transcatheter arterial chemoembolization for primary hepatocellular carcinoma. Lu L, Zeng J.
- 367 Selective vasopressin V2 receptor antagonist drugs for patients with cirrhosis and ascites. Chavez-Tapia NC.
- 368 Tenofovir for chronic hepatitis B. Paraschiv M, Mohanty SR.
- 369 Matriline and oxymatrine for chronic hepatitis B. Wu Y, Liu JP, Liao X.

PAST EVENTS

WORKSHOP ON DIAGNOSTIC TEST ACCURACY REVIEWS



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

A workshop as the one in 2010 was run for a second time in Gargnano, Italy, on September 12 to September 15, 2010. It was again organized by Centro Interuniversitario “Thomas C. Chalmers” Italy, Università degli Studi di Milano, Facoltà di Medicina e Chirurgia, Cattedra di Gastroenterologia Fondazione IRCCS Ospedale Maggiore Policlinico Mangiagalli e Regina Elena, U.O.C. di Gastroenterologia 2; The Copenhagen Trial Unit (CTU), Centre for Clinical Intervention Research, The Cochrane Hepato-Biliary Group, Rigshospitalet, Copenhagen, Denmark; and The Cochrane Multiple Sclerosis Group, Fondazione Istituto Nazionale Neurologico Besta, Milan, Italy. There were about 40 participants from Italy as well as abroad. Participants were taught in systematic reviews on diagnostic test accuracy.

After the workshop exam of the participants, invited guests were Marina Davoli, the Co-ordinating Editor of the Drugs and Alcohol Group, and the CHBG Editor, Luigi Pagliaro, Italy. Their discussions centered on Luigi Pagliaro’s presentation ‘What more do we need to practice EBM?’.

THE 26TH BI-YEARLY CHBG MEETING AND EXHIBITION STAND DURING THE 45TH ANNUAL EASL MEETING, WIEN, AUSTRIA. APRIL 14 TO 18, 2010

The CHBG meeting was run April 15 from 08.30 am - 10.30 am in hall Schubert 4 in the Reed Messe Exhibition and Congress Center, Messeplatz 1, Postfach 277, A-1921, Vienna, Austria.

We are obliged to the EASL scientific secretariat for providing the hall for The CHBG meeting for free as well as The CHBG stand.

COCHRANE SYMPOSIUM ON COLON CANCER SCREENING AND SURVEILLANCE. MAY 2, 2010 DURING THE DIGESTIVE DISEASE WEEK (DDW), NEW ORLEANS, LOUISIANA, USA

The topic of the Cochrane Symposium during the Digestive Disease Week in New Orleans, Louisiana, USA was on colon cancer screening and surveillance. The faculty included Ronald L. Korretz, USA (chair), Paul Moayyedi, Canada, Otto Lin, USA, and Paul Collins, UK.

FUTURE EVENTS

JOINT COLLOQUIUM OF THE COCHRANE & CAMPBELL COLLABORATIONS. OCTOBER 18 TO 22, 2010

This year, the Joint Colloquium of the Cochrane and Campbell Collaborations will be held at the Keystone Resort in Colorado, USA. This will be the first time

for the two organisations to hold a combined colloquium.

This colloquium will focus on raising evidence-based decision-making to new heights.

For information visit <http://www.colloquium09.com/index.shtml> or the [cochrane.org](http://www.cochrane.org) website.

Abstracts from colloquia are to be found at <http://cochrane.org/colloquia/abstracts/>.

COCHRANE CLINICAL SYMPOSIUM DURING THE UEGW MEETING IN BARCELONA, SPAIN. OCTOBER 23 TO 27, 2010

The Upper Gastrointestinal and Pancreatic Diseases Group and its Satellite Centre, the Cochrane Colorectal Cancer Group, and the Inflammatory Bowel Disease and Functional Bowel Disorders Group will run a symposium entitled: "Can evidence based medicine help reduce cancer burden in gastroenterology?" The symposium is on Monday, 25 of October, from 2 pm to 3:30 pm.

You will find the program at: http://www1.uegw10.uegf.org/guest/ID5667cbb6b40e4/SciProgramSessionsList?SSN_ID=95

THE 26TH BI-ANNUAL CHBG MEETING, NOVEMBER 1, AND EXHIBITION STAND DURING THE 61ST ANNUAL AASLD MEETING BOSTON, USA, OCTOBER 29 TO NOVEMBER 2, 2010

The Cochrane Hepato-Biliary Group and The American Association for the Study of Liver Diseases Joint Systematic Review Meeting for Practitioners will be held on November 1 from 6:30 pm to 8:30 pm. For the first time since The CHBG started having meetings, the program appears on the AASLD website, in the AASLD itinerary planner, and in the AASLD program book. We thank AASLD for their positive assessment of our work. Wiley is also promoting our meeting at their new gastroenterology subject page - <http://onlinelibrary.wiley.com/subject/code/000059>.

The CHBG meeting aims to:

- Present evidence on benefits and harms from Cochrane systematic reviews and to provide the science of synthesizing current evidence.
- Provide an understanding of bias risk assessment in randomised clinical trials and its influence on intervention results, and hence to underline the necessity of standardization of trial reports of

randomised clinical trials in order to increase the trial validity and rigor.

- Provide an understanding of random error risk assessment in randomised clinical trials and its influence on intervention results, and hence to underline the necessity of taking play of chance into consideration when evaluating individual trials and meta-analysis of trials.
- Provide an understanding of design error risk assessment in randomised clinical trials and its influence on intervention results, and hence to underline the necessity of taking design errors into consideration when evaluating individual trials and meta-analysis of trials.
- Present data from randomised clinical trials through conduct of 'network meta-analysis'.

The CHBG will also have a stand during the AASLD meeting. We will be happy to answer any questions that you might have on The CHBG work. Our stand is No. 7.

VISITS 2010

Norberto C Chavez-Tapia, Mexico, visited the Editorial Team office from 17 of June to 12 of July. Norberto worked on the update of the 'Antibiotic prophylaxis for cirrhotic patients with upper gastrointestinal bleeding' and 'Antibiotics for spontaneous bacterial peritonitis in cirrhotic patients' reviews. Norberto is authoring seven reviews in total.

Yun Xia, China, is presently working at the Editorial Team office. Yun arrived on 16 of September and she will stay with us for a year working on different Chinese medicinal herbs for chronic hepatitis B virus infection reviews.

HOW TO WRITE RESPONSES TO COMMENTS FROM PEER REVIEWERS

We felt that the following text should be republished as there is still more to be desired from CHBG authors sending replies to comments, be it from peer reviewers or editors.

Authors of reviews and protocols are asked to submit a cover letter with point-to-point replies to the raised comments by the peer reviewers, contact editor, or editors, alongside with the revised version of the protocol or review. While the protocol or review is uploaded on Archie, the cover letter is usually sent by e-mail to the Managing Editor but addressed to the



Contact Editor. The cover letter is a different document than the protocol or review checklists, which checklists are to be sent when submitting the protocol or review for editorial consideration.

When you start preparing your cover letter, start with the title of the review and the names of the authors. Address the cover letter to the Contact Editor, writing also his or her name. Copy or retype the comments of all peer reviewers.

Assuming that the revision of the protocol or review is performed with the common efforts of the authors and that all review authors have approved of the revised version, you shall start providing answers under each of the raised items by the peer reviewers. When you have made a change based on a comment or a suggestion, write for example: Thank you for the good comments. We have now written; or the sentence now reads, etc (and then you shall cite exactly the way the text reads in this new version of the protocol or review). When you decide to not make a suggested change, you shall justify why you think the change you are requested/suggested to make would not be appropriate. Continue in the same way. Be sure that you do not omit any raised point.

Usually, changing sentences and their structure, adding text, etc requires another global polishing of

the whole review text, tables, figures, references, etc. Be sure that your text is grammatically sound. Print out and check before you submit. Please manually check for spelling errors and typos.

It could be that the Contact Editor has also made comments. You shall address these comments in the same cover letter. Finish your cover letter with your full name plus the names of the review authors who have contributed to the revision. Do not forget to write the place and the date when you have written the letter.

You may also upload the cover letter on Archie within the Notes section of the protocol or review document. However, please do not forget to share it with the authors and the editorial team. Otherwise we cannot read it. The help function in Archie will guide you how to work with 'Notes'.

Do not forget to mark the protocol or review for 'Editorial Write Phase' when you check it back on Archie. This will create an automated e-mail to the Managing Editor.

The protocol or review checklists can be downloaded from The CHBG website (<http://ctu.rh.dk/chbg>) under Newsletters and Letters.

The Cochrane Hepato-Biliary Group (The 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 in paper and electronic formats 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. The purpose with The CHBG Newsletter is to inform its readers about activities within The CHBG.

Editorial CHBG staff at The CHBG Editorial Base

Christian Gluud, Co-ordinating & Criticism Editor, E-mail: cgluud@ctu.rh.dk;
Dimitrinka Nikolova, Managing Editor, E-mail: dnikolov@ctu.rh.dk; Sarah Louise Klingenberg, Trials Search Co-ordinator, E-mail: slk@ctu.rh.dk; Nader Salas, IT Advisor and Web Master, E-mail: nader.s@ctu.rh.dk; Styrbjørn Birch, IT help E-mail: s.birch@ctu.rh.dk; Thomas Nexø, IT help E-mail: TMN@ctu.rh.dk

Postal address:

The Cochrane Hepato-Biliary Group, Copenhagen Trial Unit,
Centre for Clinical Intervention Research
Department 33 44, Rigshospitalet, Blegdamsvej 9, DK-2100
Copenhagen Ø, Denmark,
Tel. +45 3545 7169 or +45 3545 7175, Fax +45 3545 7101
E-mail: dnikolov@ctu.rh.dk
Web site: <http://ctu.rh.dk/chbg>

Visiting address:

The Panum Institute, Department 33 44, Blegdamsvej 3, Copenhagen.





The Cochrane Hepato-Biliary Group and
The American Association for the Study of Liver Diseases
Joint Systematic Review Meeting for Practitioners

Place: Back Bay Ballroom A & B at Sheraton Boston Hotel

Date: November 1, 2010

Time: 6:30 pm to 8:30 pm.

Moderator: Christian Gluud, DK.

6:30 – 6:50pm	Peginterferon plus ribavirin versus non-peginterferon plus ribavirin for chronic hepatitis C. A Cochrane Hepato-Biliary Group systematic review.	<u>Tahany Awad (CA)</u> , Jesper Brok (DK), Kristian Thorlund (CA), Goran Hauser (HR), Davor Stimac D (HR), Mahasen Mabrouk (EG), Christian Gluud (DK), Lise Lotte Gluud (DK).
6:50 – 7:10pm	Peginterferon alfa-2a plus ribavirin versus peginterferon alfa-2b plus ribavirin for chronic hepatitis C - a network meta-analysis.	<u>Kristian Thorlund (CA)</u> , Christian Gluud (DK), Tahany Awad (CA).
7:10 – 7:30pm	Antibiotic prophylaxis for cirrhotic patients with gastrointestinal bleeding. A Cochrane Hepato-Biliary Group systematic review.	<u>Norberto C. Chavez-Tapia (MEX)</u> , Karla Soares-Weiser (IL), Tonatiuh Barrientos-Gutierrez (MEX), Felix I Tellez-Avila (IL), Misael Uribe (MEX).
7:30 – 7:50pm	Calcineurin-inhibitor reduction and withdrawal for liver transplant recipients. A Cochrane Hepato-Biliary Group systematic review.	<u>Luit Penninga (DK)</u> , Andre Wettergren (DK), Daniel A. Steinbrüchel (DK), Christian Gluud (DK).
7:50 – 8:10pm	Vitamin D supplementation for prevention of mortality in adults. A Cochrane systematic review.	<u>Goran Bjelakovic (RS)</u> , Lise Lotte Gluud (DK), Dimitrinka Nikolova (DK), Kate Whitfield (DK), Jørn Wetterslev (DK), Rosa G. Simonetti (I), Marija Bjelakovic (RS), Christian Gluud (DK).
8:10 – 8:20pm	Closing remarks.	Christian Gluud (DK).

