Cochrane Hepato-Biliary

# CHBG NEWSLETTER

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## IN THIS ISSUE



***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

195. External beam radiotherapy for unresectable hepatocellular carcinoma. Abdel-Rahman O, Elsayed Z.

196. Interventions for hereditary haemochromatosis: an attempted network meta-analysis. Buzzetti E, Kalafateli M, Thorburn D, Davidson BR, Tsochatzis E, Gurusamy KS.

197. Maintenance immunosuppression for adults undergoing liver transplantation: a network meta-analysis. Rodríguez-Perálvarez M, Guerrero-Misas M, Thorburn D, Davidson BR, Tsochatzis 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, Tsochatzis E, Gurusamy KS.

199. Management of people with intermediate-stage hepatocellular carcinoma: an attempted network meta-analysis. Roccarina D, Majumdar A, Thorburn D, Davidson BR, Tsochatzis 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, Tsochatzis E, Gurusamy KS.

201. Pharmacological interventions for alcoholic liver disease (alcohol-related liver disease): an attempted network meta-analysis. Buzzetti E, Kalafateli M, Thorburn D, Davidson BR, Thiele M, Gluud LL, Del Giovane C, Askgaard G, Krag A, Tsochatzis E, Gurusamy KS.

202. Pharmacological interventions for non-alcohol related fatty liver disease (NAFLD). Lombardi R, Onali S, Thorburn D, Davidson BR, Gurusamy KS, Tsochatzis E.

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203. Pharmacological interventions for primary biliary cholangitis. Saffioti F, Gurusamy KS, Eusebi LH, Tsochatzis E, Davidson BR, Thorburn D.
204. Pharmacological interventions for primary sclerosing cholangitis. Saffioti F, Gurusamy KS, Hawkins N, Toon CD, Tsochatzis E, Davidson BR, Thorburn D.
205. Pharmacological interventions for acute hepatitis C infection. Kalafateli M, Buzzetti E, Thorburn D, Davidson BR, Tsochatzis E, Gurusamy KS.
206. 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. Colli A, Gana JC, Yap J, Adams-Webber T, Rashkovan N, Ling SC, Casazza G.
207. Nutrition support in hospitalised adults at nutritional risk. Feinberg J, Nielsen EE, Korang SK, Halberg Engell K, Nielsen MS, Zhang K, Didriksen M, Lund L, Lindahl N, Hallum S, Liang N, Xiong W, Yang X, Brunsgaard P, Garioud A, Safi S, Lindschou J, Kondrup J, Gluud C, Jakobsen JC.
208. Direct-acting antivirals for chronic hepatitis C.Jakobsen JC, Nielsen EE, Feinberg J, Katakam KKumar, Fobian K, Hauser G, Poropat G, Djurisic S, Weiss KH, Bjelakovic M, Bjelakovic G, Klingenberg SL, Liu JP, Nikolova D, Koretz RL, Gluud C.

**UPDATED REVIEWS**

78. Branched-chain amino acids for people with hepatic encephalopathy. Gluud LL, Dam G, Les I, Marchesini G, Borre M, Aagaard NK, Vilstrup H.
79. Terlipressin versus placebo or no intervention for people with cirrhosis and hepatorenal syndrome. Allegretti AS, Israelsen M, Krag A, Jovani M, Goldin AH, Schulman AR, Winter RW, Gluud LL.
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.
350. Endoscopic therapy and beta-blockers for secondary prevention in adults with cirrhosis and oesophageal varices. Gluud LL, Morgan MY.
351. Aminoglycosides and metronidazole for people with cirrhosis and hepatic encephalopathy. Jeyaraj R, Morgan MY, Gluud LL.
352. Physical exercise for people with cirrhosis. Aamann L, Dam G, Rinnov A, Vilstrup H, Gluud L.
353. Vaccines for preventing hepatitis B in healthcare workers. Borch A, Kolster C, Gluud C, Gluud LL.
354. Endoscopic versus surgical palliation for malignant distal bile duct obstruction. Lean LL, Samuel M, Koh CJ, Ibrahim I, See KC.
355. Magnetic resonance imaging performed with gadoxetate disodium for the diagnosis of hepatocellular carcinoma in cirrhotic and non-cirrhotic patients. Tang A, McInnes M, Hope TA, Vu K-N, Amre D, Wolfson T, Roy C, Mâsse BR, Sirlin C.
356. Transarterial (chemo)embolisation versus chemotherapy for colorectal cancer liver metastases. Bala MM, Mitus JW., Riemsma RP, Wolff R, Hetnal M, Kukielka A, Kleijnen J.
357. Aluminium adjuvants used in vaccines versus placebo or no intervention. Djurisic S, Jakobsen JC, Petersen SB, Kenfelt M, Gluud C.

**NEW REGISTERED TITLES**

513. Vitamin A for children. Bjelakovic G, Nikolova D, Bjelakovic M, Macdonald G, Soll R, Gluud C.
514. Treatment for hepatorenal syndrome in people with advanced liver cirrhosis. A network meta-analysis. Gurusamy KS, Lawrence B, Tsochatzis E.
515. Secondary prevention for bleeding oesophageal varices in people with advanced liver cirrhosis. A network meta-analysis. Gurusamy KS, Tsochatzis E.
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.

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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:

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- 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/ 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

Source: http://www.cochrane.org/news/cochrane-recommends-covidence-new-reviews

### 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/.

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

| **Trial Sequential Analysis (TSA)** | **Colour** | **Type of lines or squares** | **Thickness** |
|---|---|---|---|
| **Conventional boundaries** | green | dotted | 1 (smallest width) |
| **Trial sequential monitoring boundaries for benefit or harm, or futility** | red | dotted | 2 (width) |
| **Z-curve** | blue | full | 1.5 (width) |
| | black | filled square | 6 |

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.,

| Number of outcomes | Alpha (in %) |
|---|---|
| 1 outcome | 5.00% |
| 2 outcomes | 3.30% |
| 3 outcomes | 2.50% |
| 4 outcomes | 2.00% |
| 5 outcomes | 1.60% |
| 6 outcomes | 1.40% |
| 7 outcomes | 1.25% |
| 8 outcomes | 1.10% |

Typo. It must be1.67%-

*Jakobsen J, Wetterslev J, Winkel P, Lange T, Gluud C. Thresholds for statistical and clinical significance in systematic reviews with meta-analytic methods. BMC Medical Research Methodology 2014;14:120.

**Recent publication related to the use of trial sequential analysis**

Wetterslev J, Jakobsen J, Gluud C. Trial Sequential Analysis in systematic reviews with meta-analysis. BMC Med Res Methodol. 2017;17(1):39. doi: 10.1186/s12874-017-0315-7.

**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 81reviews. 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.

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**WHEN UPDATING REVIEWS**

We ask authors, when they are updating their systematic reviews, to use an adapted PRISMA flow diagram.
Please read Stovold E1, Beecher D, Foxlee R, Noel-Storr A. Study flow diagrams in Cochrane systematic review updates: an adapted PRISMA flow diagram. Syst Rev. 2014 May 29;3:54. doi: 10.1186/2046-4053-3-54.

**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 ?

**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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