

The Cochrane Peripheral Vascular Diseases Group

2014 summer newsletter

Welcome to the summer edition of the PVD newsletter - keeping you up to date with news from the editorial base in Edinburgh. The total numbers of new reviews and protocols published to date in 2014 are **11** and **9** respectively. Thank you to all our editors, authors and referees whose continued hard work makes this possible. Keeping our reviews as up to date as possible remains a priority for the PVD Group. This is critical in ensuring Cochrane reviews continue to present the best evidence and are useful in facilitating health-care decision making. Thank you to the authors who have contributed to the **9** review updates published since the start of 2014; and to all those currently working on reviews. Publications are listed later in this newsletter and can be accessed via the [PVD webpage](#) and the [Cochrane Library](#). We are delighted to have been awarded a programme grant from the NIHR which will facilitate the publication of important and high priority reviews.

Strategy to 2020

- is Cochrane's response to a changing landscape in global health care. It defines the organisation's direction for the next six years and provides the framework for strategic decision making. It is based around achieving four key goals:

Goal 1: producing evidence

To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

Goal 2: making our evidence accessible

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

Goal 3: advocating for evidence


To make Cochrane the 'home of evidence' to inform health decision making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

Goal 4: building an effective and sustainable organisation

To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

Dissemination

Within the [Cochrane library](#) it is now possible to track the activity around a specific review using [Altmetric](#) (article level metrics).

This function collates review specific information from social media sites, policy documents, blogs, newspapers etc., and records this data. You can receive alerts of activity on your (or any) review by clicking on the  **26** icon within the library and you can also check the demographics of who is reading and where. If you believe any activity has been missed or you would like to inform us of the use of PVD reviews please just get in touch.

Congratulations to Dr Lorna Watson whose recent review update 'Thrombolysis for acute DVT' was selected for a [podcast](#) and [journal club](#) presentation. If you are interested in this for your review let us know.

Cochrane review audit

Following an audit of over 300 new Cochrane reviews some helpful guidelines on avoiding common errors have been created by the Cochrane Editorial Unit. These include the need to

- ⦿ emphasise any uncertainty in effects rather than dichotomising effects as being present or absent
- ⦿ acknowledge any limitations of the current evidence
- ⦿ emphasise the size, precision and clinical significance of an effect -



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not whether the results are statistically significant or not. Lack of statistical significance should not be mistaken for lack of effect and statistical significance may not infer clinically significant effects.

For further details please see the [CEU webpages](#).

The value of P

Following on from above – a recent article encourages us to ask 'How much of an effect is there?' not 'Is there an effect?'. Regina Nuzzo writes that in 'almost nine decades of existence, P values have been likened to mosquitoes (annoying and impossible to swat away), the emperor's new clothes (fraught with obvious problems that everyone ignores) and critics bemoan that P values can encourage muddled thinking'. To read more see [Scientific method: statistical errors](#). Nuzzo R. *Nature*. 2014 Feb 13;506 (7487):150-2.

Meetings and conferences

The PVD Group attended the **36th Charing Cross Symposium** (London, UK) where we were raising awareness of our reviews, engaging new members and identifying topics of high interest. We also attended the **UK and Ireland Cochrane Symposium** (Manchester, UK) where workshops

and plenaries promoted enthusiastic discussions and methods on how to ensure Cochrane reviews are the best that they can be.

Future meetings of interest

XXVI World Congress of the International Union for Angiology
10 – 14 August 2014
Sydney, Australia

CIRSE – Cardiovascular and Interventional Radiological Society of Europe Annual Meeting
13 – 16 September 2014
Glasgow, UK

22nd Cochrane Colloquium
Evidence-Informed Public Health: Opportunities and Challenges
21 - 26 September 2014
Hyderabad, India

XXVIII Meeting of the ESVS
23 – 25 September 2014
Stockholm, Sweden

CLOT - Anti-coagulation Specialist Interest Group
10 October 2014
Birmingham, UK


Veith Symposium
18 - 22 November
New York, USA

Vascular Society Annual Meeting
26 - 28 November 2014
Glasgow, UK

Tweet tweet

Our current **399** twitter followers are being notified as soon as PVD

reviews or protocols are published. Keep informed of these and other relevant news by following us

 Follow @CochranePVD

Retweet and mention us when possible.

QI

The first clinical trial is attributed to James Lind (1716 - 1794); a Scottish surgeon who studied the effect of citrus fruit as a cure for scurvy in 1747 (pre- P values!). He divided twelve scorbutic sailors into six groups of two. The group receiving oranges and lemons in addition to the normal diet showed most improvement. This experiment led eventually to the recommendation that lemons be carried on British naval ships (*Brown, Stephen R. (2003). Scurvy: How a Surgeon, a Mariner, and a Gentleman Solved the Greatest Medical Mystery of the Age of Sail*).

Training

If you are new to writing a Cochrane review, please consider attending a workshop or meeting. Details of training opportunities can be found both through the [PVD website](#) and the [Cochrane training](#) pages. Online learning resources are always available. RevMan tutorials are accessible through the RevMan programme.



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New reviews, protocols and review updates published since the winter 2013 newsletter

New reviews

- ⦿ **Primary prophylaxis for venous thromboembolism in people undergoing major amputation of the lower extremity.** *Robertson L, Roche A.*
- ⦿ **Pharmacological treatment of vascular risk factors for reducing mortality and cardiovascular events in patients with abdominal aortic aneurysm.** *Robertson L, Atallah E, Stansby G.*
- ⦿ **Endovascular repair of abdominal aortic aneurysm.** *Paravastu SCV, Jayarajasingam R, Cottam R, Palfreyman SJ, Michaels JA, Thomas SM.*
- ⦿ **Calcium channel blockers for primary Raynaud's phenomenon.** *Ennis H, Anderson ME, Wilkinson J, Herrick AL.*
- ⦿ **Totally percutaneous versus standard femoral artery access for elective bifurcated abdominal endovascular aneurysm repair.** *Jackson A, Yeoh SE, Clarke M.*
- ⦿ **Different unfractionated heparin doses for preventing arterial thrombosis in children undergoing cardiac catheterization.** *Avila ML, Shah PS, Brandão LR.*
- ⦿ **Atherectomy for peripheral arterial disease.** *Ambler GK, Radwan R, Hayes PD, Twine CP.*
- ⦿ **Low molecular weight heparin for prevention of central venous catheterization-related thrombosis in children.** *Brandão LR, Shah N, Shah PS.*
- ⦿ **Screening for peripheral arterial disease.** *Andras A, Ferket B.*
- ⦿ **Anticoagulant treatment for subsegmental pulmonary embolism.** *Yoo HHB, Queluz THAT, El Dib R.*
- ⦿ **Aloe vera for prevention and treatment of infusion phlebitis.** *Zheng GH, Yang L, Chen HY, Chu JF, Mei L.*

New protocols

- ⦿ **Duplex ultrasound for the diagnosis of symptomatic deep vein thrombosis in the lower limb.** *Chappell FM, Crawford F, Andras A, Goodacre S, McCaslin JE, Welch K, Oates C.*
- ⦿ **Oral direct thrombin inhibitors or oral factor Xa inhibitors for the treatment of deep vein thrombosis.** *Robertson L, Kesteven P.*
- ⦿ **Oral direct thrombin inhibitors or oral factor Xa inhibitors for the treatment of pulmonary embolism.** *Robertson L, Kesteven P.*
- ⦿ **Heparin versus 0.9% sodium chloride intermittent flushing for the prevention of occlusion in long term central venous catheters in infants and children.** *Bradford NK, Edwards RM, Chan RJ.*
- ⦿ **Treatment for superficial infusion thrombophlebitis of the upper extremity.** *Di Nisio M, Peinemann F, Porreca E, Rutjes AWS.*
- ⦿ **Pharmacological treatment for Buerger's disease.** *Cacione DG, Baptista-Silva JCC.*
- ⦿ **Imaging for the exclusion of pulmonary embolism in pregnancy.** *de Jong PG, van Mens TE, Leeflang MMG, Middeldorp S, Nijkeuter M.*
- ⦿ **Secondary prevention of recurrent venous thromboembolism after initial oral anticoagulation therapy in patients with unprovoked venous thromboembolism.** *Blickstein D, Eliakim-Raz N, Gafter-Gvili A.*
- ⦿ **Endovenous ablation therapy (LASER or radiofrequency) or foam sclerotherapy versus conventional surgical repair for short saphenous varicose veins.** *Paravastu SCV, Dodd PDF.*



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Updated reviews

- ⦿ **Fibrinolytic agents for peripheral arterial occlusion.** *Robertson I, Kessel DO, Berridge DC.*
- ⦿ **Intravascular brachytherapy for peripheral vascular disease.** *Andras A, Hansrani M, Stewart M, Stansby G.*
- ⦿ **Thrombolysis for acute deep vein thrombosis.** *Watson L, Broderick C, Armon MP.*
- ⦿ **Heparin-bonded catheters for prolonging the patency of central venous catheters in children.** *Shah PS, Shah N.*
- ⦿ **Type of incision for below knee amputation.** *Tisi PV, Than MM.*
- ⦿ **Low molecular weight heparin for prevention of venous thromboembolism in patients with lower-leg immobilization.** *Testroote M, Stigter WAH, Janssen L, Janzing HMJ.*
- ⦿ **Heparin for the prevention of venous thromboembolism in acutely ill medical patients (excluding stroke and myocardial infarction).** *Alikhan R, Bedenis R, Cohen AT.*
- ⦿ **Anticoagulants (heparin, low molecular weight heparin and oral anticoagulants) for intermittent claudication.** *Cosmi B, Conti E, Coccheri S.*
- ⦿ **Angioplasty versus stenting for subclavian artery stenosis.** *Iared W, Mourão JE, Puchnick A, Soma F, Shigueoka DC.*

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