

The Cochrane Peripheral Vascular Diseases Group

2012 winter newsletter

Another six months have passed in a flurry of activity and the PVD editorial base would like to wish all our contributors a *very happy Christmas and New Year*.

We hope you enjoy this newsletter - keeping you up to date with news from the editorial base in Edinburgh. It has been another productive period for all bringing the total number of new protocols and reviews for 2012 to 14 and 12 respectively. Thank you to all our editors, authors and referees whose continued hard work has made this possible. Also, thank you to the many more authors who have contributed to 10 published review updates and to all those currently working on reviews.

Diagnostic Test Accuracy reviews

There are three types of Cochrane Reviews published within the Cochrane Database of Systematic Reviews:

- 🕒 **Intervention reviews** which assess the benefits and harms of interventions used in healthcare and health policy
- 🕒 **Methodology reviews** which address issues relevant to how systematic reviews and clinical trials are conducted and reported and
- 🕒 **Diagnostic test accuracy (DTA) reviews** which assess how well a diagnostic test performs in diagnosing and detecting a particular disease or target condition.

Traditionally, the PVD group has dealt primarily with intervention reviews, but recently we have

registered a number of DTA reviews. This increased interest reflects the increasing number of tests available for different conditions and the clinicians' need for comprehensive evidence to help diagnose peripheral vascular disease quickly and accurately, based on the most relevant best evidence. DTA reviews evaluate and compare the diagnostic accuracy of (several) index tests, and may elect one as a comparator test with which the diagnostic accuracy of the other index tests is

DTA Editor Position

Due to changes to the DTA Review Support group, DTA editorial responsibility is soon to pass to individual CRGs and so we are currently seeking a DTA Editor.

Full training will be given by the current DTA editorial team before responsibility is transferred. Training is expected to be over a six month period. Initial observation of methodological discussions concerning protocols and reviews from other CRGs, would then lead to the editorial processing of a DTA protocol and review whilst working alongside an experienced DTA editor. All work will be done remotely by teleconference and involve up to four hours per month. Up to an additional two days a month would then be required for preparation and reading time. The role of DTA editor can be shared. If you are interested in applying for this position or if you would like further information – please contact our Managing Editor [Dr Marlene Stewart](#).

compared - particularly if this test is currently standard diagnostic practice. As with intervention reviews, DTA reviews base their findings on the results of trials which meet high quality criteria and DTA authors apply methods which reduce the impact of bias across different parts of the review process. QUADAS-2 is a generic tool developed specifically for use in DTA reviews for the quality assessment of included studies and its structure has been incorporated into the Cochrane RevMan 5 software ([Whiting 2003](#)). In addition to the usual checks by the PVD editors and editorial base, all DTA protocols and reviews must currently be passed by the UK DTA Review support group.

Tweets and likes

If you would like notification of new PVD publications and relevant meetings follow us on Twitter:



Thank you to all our current followers. The UK Cochrane Centre has created a 'UKCC Community' on Facebook for UK and Ireland based authors, as a place to go to for advice and to share ideas:

[facebook UKCC](#)

Impact factors

The 2011 Impact Factor for the Cochrane Database of Systematic Reviews (CDSR) is **5.912** and the 2011 impact factor for Peripheral Vascular Diseases Group is **4.1**.



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Congratulations to the authors of the most accessed PVD Group reviews during 2011

- ⦿ Elastic compression stockings for prevention of deep vein thrombosis *Sachdeva A, Dalton M, Amaragiri SV, Lees T*
- ⦿ Clinically-indicated replacement versus routine replacement of peripheral venous catheters *Webster J, Osborne S, Rickard CM*
- ⦿ Direct thrombin inhibitors versus vitamin K antagonists or low molecular weight heparins for prevention of venous thromboembolism following total hip or knee replacement *Salazar CA, Malaga G, Malasquez G*
- ⦿ Screening for abdominal aortic aneurysm *Cosford PA, Leng GC, Thomas J*

New protocols, reviews and review updates published since the summer newsletter

New protocols

- ⦿ Outpatient versus inpatient treatment for acute pulmonary embolism *Yoo HHB, Queluz THAT, El Dib RP*
- ⦿ Propionyl-L-carnitine for intermittent claudication *de Backer TLM, Campens L, Vander Stichele R, Van Bortel L, De Bacquer D*
- ⦿ Endovascular versus open repair of asymptomatic popliteal artery aneurysm *Joshi D, James RL, Jones L*
- ⦿ 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*
- ⦿ Anticoagulant treatment for subsegmental pulmonary embolism *Yoo HHB, Queluz THAT, El Dib RP*

New reviews

- ⦿ Unfractionated heparin versus low molecular weight heparin for avoiding heparin-induced thrombocytopenia in postoperative patients *Junqueira DRG, Perini E, Penholati RRM, Carvalho MG*
- ⦿ Medical treatment for small abdominal aortic aneurysms *Rughani G, Robertson L, Clarke M*
- ⦿ Interposition vein cuff for infragenicular prosthetic bypass graft *Khalil AAM, Boyd A, Griffiths G*
- ⦿ Endovascular versus conventional medical treatment for uncomplicated chronic type B aortic dissection *Ulug P, McCaslin JE, Stansby G, Powell JT*
- ⦿ Different types of intermittent pneumatic compression devices for preventing venous thromboembolism in patients after total hip replacement *Zhao JM, He ML, Xiao ZM, Li TS, Wu H, Jiang H*

Updated reviews

- ⦿ Intravenous naftidrofuryl for critical limb ischaemia *Smith FB, Bradbury A, Fowkes G*
- ⦿ Oral vasodilators for primary Raynaud's phenomenon *Stewart M, Morling JR*
- ⦿ Antiplatelet and anticoagulant drugs for prevention of restenosis/reocclusion following peripheral endovascular treatment *Robertson L, Ghouri MA, Kovacs F*
- ⦿ Steroid sex hormones for lower limb atherosclerosis *Price J, Leng GC*
- ⦿ Cerebrospinal fluid drainage for thoracic and thoracoabdominal aortic aneurysm surgery *Khan SN, Stansby G*
- ⦿ Vitamin K antagonists or low-molecular-weight heparin for the long term treatment of symptomatic venous thromboembolism *Andras A, Sala Tenna A, Crawford F*
- ⦿ Horse chestnut seed extract for chronic venous insufficiency *Pittler MH, Ernst E*
- ⦿ Thrombophilia testing for prevention of recurrent venous thromboembolism *Cohn DM, Vansenne F, de Borgie CA, Middeldorp S*



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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.

Meetings and Conferences

Within the last six months, the PVD Group has been represented at the ESVS Conference in Bologna and the GB&I Vascular Society Meeting in Manchester. It is always a pleasure to meet face to face with our editors, authors and referees whose continued involvement with the PVD Group is much appreciated. We look forward to meeting more old and new contributors during 2013. Some future meetings you may be interested in include:

American Venous Forum, Az, USA
27th February – 2nd March 2013

**Cochrane UK and Ireland 21st
Anniversary Symposium, UK**
20th – 21st March 2013

**35th Charing Cross International
Symposium, London, UK**
6th - 9th April 2013

Venous Forum, London, UK
24th -25th April 2013

European Venous Forum, Florence, IT
28th – 30th June 2013

**21st Cochrane Colloquium,
Quebec, Canada**
19th – 23rd September 2013

QI

439,410 -cumulative total of RCTs listed in PubMed to 2012

10,038- total number of relevant clinical trials currently within the PVD Specialised register

Should current trends continue - as many trials will be published within the next ten years as have ever been published (<http://www.carlhenehan.com/>)

Systematic reviews explained

[YourHealthNet](#) recently launched by the Centre for Health Communication and Participation explains evidence-based health research and systematic reviews in a visually appealing and user-friendly way. The diagrams developed explain the concept, contents and process of publishing a Cochrane systematic review and are useful tools for anyone interested or involved in Cochrane.

Statistical hint

Funnel plots are widely used in Cochrane – the article below describes how to examine and interpret asymmetry in RCT meta-analyses:

Sterne JA. **Recommendations for examining and interpreting funnel plot asymmetry in meta-analyses of RCTs.** [BMJ 2011; 342:d4002 doi: 10.1136/bmj.d4002](#)

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