

Figure 3. Cumulative Hazard Rate of Development of Distant Metastasis.

my group (17.3 percent) had received hormonal treatment. Palliative irradiation was carried out in 22 men in the watchful-waiting group and in 13 men in the radical-prostatectomy group, and laminectomy was carried out in 8 men and 1 man, respectively.

DISCUSSION

This trial was designed to determine whether radical prostatectomy reduces the risk of death due to prostate cancer. We found a statistically significant difference in the risk of death due to prostate cancer after radical prostatectomy as compared with watchful waiting, yet there was no significant difference between the two groups in the overall survival rate. There were 37 deaths from other causes in the radical-prostatectomy group and 31 in the watchful-waiting group. This difference could be due to chance or to longterm but hitherto unknown adverse effects of prostatectomy. Differences in the management of coexisting conditions between the two groups would, theoretically, confer a disadvantage on the men in the watchful-waiting group, since they had an untreated cancer. The difference could also have been due to misclassification of some deaths in the prostatectomy group, but this is unlikely, since the end-point committee was unaware of the group assignments throughout the process. Indeed, all but one of the men who were classified as dying from prostate cancer had clinically verified metastases, and all men received palliative hormonal treatment before death.

At eight years after radical prostatectomy, the absolute reduction in both overall and disease-specific mortality rates was approximately 6 percent. For distant metastasis, the absolute reduction at eight years was 14 percent. The absolute difference of 6 percent at eight years implies that 17 patients would need to be treated in order to prevent one death from prostate cancer over an eight-year period. The total of 47 critical events indicates a power of 90 percent to detect the level of difference stipulated in the protocol at a level of significance of 5 percent (two-tailed test).

This trial was designed and initiated before the era of screening for prostate-specific antigen began. The study was closed shortly before the target of 700 participants was reached, because of the increasing difficulty of finding patients without a treatment preference. We stress that our results were obtained in a group of men with clinically detected, well-differentiated or moderately well differentiated prostate cancer.

The initial protocol stipulated an estimation of disease-specific mortality rates. However, we also show all causes of death together with the analyses of all end points. The smaller confidence intervals of the estimates of the rates of development of distant metastases and overall mortality indicate that these rates are at least as informative as those for disease-specific mortality.¹⁹

We found only a small difference between the two groups within the first five years after radical prostatectomy. The most likely explanation is that the pro-

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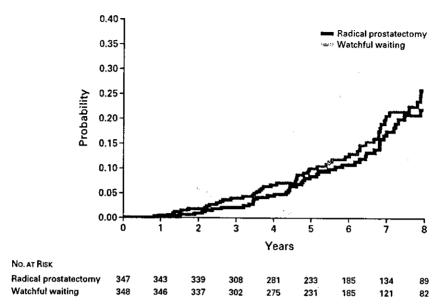


Figure 4. Cumulative Probability of Death.

portion of patients with undetectable, disseminated disease at the time of diagnosis and randomization was similar in the two groups and that these patients account for the majority of deaths from prostate cancer during early follow-up. Surgical removal of the primary tumor will prevent spread and provide cure only in men with localized disease at diagnosis; our findings indicate that this effect will be tangible beyond five years after surgery. By necessity, the definition of local progression differed in the two groups. In the watchful-waiting group, there was an element of subjectivity; for example, obstruction due to benign prostatic hyperplasia could be attributed to malignant progression. This end point is therefore not reliable. Our study has not had a long enough follow-up to determine whether the benefit of surgery will increase further at 10 years and beyond.

Even a relative hazard of 0.5 implies that the absolute benefit associated with radical prostatectomy is limited in men who have the same risk of dying from prostate cancer as the men in this study. This benefit has to be weighed against the well-documented side effects of surgery, such as impotence and incontinence, 20,21 and the lack of a demonstrated difference in overall survival. As an accompanying article in this issue of the *Journal* about quality of life in a subgroup of this study population shows, 22 there were effects on quality of life in both study groups. Erectile dysfunction and urinary leakage are important

sources of decreased well-being after radical prostatectomy, and obstructed voiding and possibly fecal leakage are important after watchful waiting. Moreover, the level of distress varies considerably among subjects, and men give different priorities to survival and to the avoidance of therapy-induced distressful symptoms. Thus, in early prostate cancer, the choice of therapy is complex, and patients need complete information about the alternatives; in addition, physicians need to know about individual patients' concerns. Furthermore, our results indicate that it takes several years for the survival benefit to emerge. In men with cancer detected by screening, the baseline risk of death from prostate cancer may be even lower, and thus the absolute benefit of radical treatment may be even less pronounced than in this study. Moreover, the lead time in screening -- which may be many years²³ — would add to the time before the benefit emerges.

Supported by the Swedish Cancer Society.

APPENDIX

The members of the Scandinavian Prostatic Cancer Group Study Number 4 were as follows: Steering Committee: H.-O. Adami, A. Bill-Axelson, F. Helgesen, L. Holmberg, J.-E. Johansson, and B.J. Norlén (principal investigator); Statisticians: L. Holmberg, J. Nilsson, and J. Palmgren; Montoring Committee: A. Bill-Axelson, B. Gobén, and F. Helgesen; Study Group: Boras, Sweden: S. Bratell, P. Folmerz, and B. Zackrisson; Eskilstuna, Sweden: T. Lindeborg; Helsinki, Finland: M. Ruutu and J. Salo; Linköping, Sweden: A. Spängberg; Lund, Sweden: P. Elfving; Reykjavik, Iceland: G. Einarsson;

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Stockholm, Sweden: J. Adolfsson, P. Ekman, P.O. Hedlund, and H. Wik-Stockholm, Sweden: J. Adonsson, F. Erman, F.O. Fredhind, and Fl. Wikström; Uleaborg, Sweden: O. Lukkarinen; Uppsala, Sweden: A. Bill-Axelson, M. Häggman, M. Norberg, and B.J. Norlén; Västerås, Sweden: L. Karlberg; Växjö, Sweden: G. Hagberg, and Örebro, Sweden: S.-O. Andersson and J.-E. Johansson; Reference Pathologists: C. Busch (chairman), M. de la Torre, A. Lindgren, and S. Nordling; End-Point Committee; J.E. Damber, Department of Urology, University Hospital, Göteborg, Sweden; A. Lindgren, Department of Pathology, University Hospital, Uppsala, Sweden; and E. Varenhorst (chairman), Department of Urology, University Hospital, Linköping, Sweden; External Review Committee: P.F. Schellhammer, Department of Urology, ogy, Eastern Virginia Medical School, Norfolk, Va.; U.E. Studer, Department of Urology, University of Bern, Bern, Switzerland; and R. Sylvester, European Organization for Research and Treatment of Cancer, Brussels, Belgium.

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院内症例検討会での EBM

後半

ファシリテーター 吉村 名郷

ねらい

前半のセッションを体験して、新鮮な印象が残っているうちに、

- ▶ 自分自身・施設の EBM 実践や教育の現状を振り返り、仲間と共有する。
- ▶ EBM 教育の新しい作戦を作ってみる。

作業1

- 自分や施設を、EBM 実践やその教育で振り返ってみてください。
- ①EBM 実践やその教育で良かったこと、うまくいったこと
- ②EBM 実践やその教育で悪かったこと、失敗したこと
- ③現状の自ら施設での EBM 学習・教育の機会

まずは一人で書き出してください。①②③ グループ内で紹介して OHP に書いてください。

グループ A

- ①EBM 実践やその教育で良かったこと、うまくいったこと
- ・ EBM に対して、Uptodate していく。
- ・ 教えながら学ぶと、屋根瓦式の学び。
- ・ モチベーションの賦活

②EBM 実践やその教育で悪かったこと、失敗したこと

- ・ 時間的な問題、
- 集まり悪い、
- 続かない、
- ・ 日常で疑問を後になってから解決、
- 勉強会するときのベースラインの違い、
- 長続きしない、
- Step 3 しない、
- チャンスあるが実行しない。(エキスパートオピニオンに基づく医療)。
- ・ 患者からの疑問の発生少ない、モチベーション乏しい。

③現状の自ら施設での EBM 学習・教育の機会

- ・ 症例からの学び、レジデントに対して。
- ・ 学生に対する EBM のワークショップ、

- ・ EBM の集中勉強会(基本から応用編)
- ・ 研修医は余裕がない印象
- ・ 地域の中での健康
- · 研修医・学生への EBM
- ・ 教員も必要と思うがやっていない
- ・ EBM 出張したレクチャー

Bグループ

- ①EBM 実践やその教育で良かったこと、うまくいったこと
- ・ 情報検索方法を教育する機会となる。PECO プレゼンをしている。

②EBM 実践やその教育で悪かったこと、失敗したこと

- ・ EBM 勉強会の立ち上げ、継続は難しい。
- ・ 問題点の吟味、検討の機会に乏しい。
- PECO (特に P) を作成できない。

③現状の自ら施設での EBM 学習・教育の機会

- ・ 二次資料やパソコンを利用している。
- ・ 日常診療で生じた疑問を EBM の作法にそって調べ、スライドで発表する場。
- ワークショップの企画(予定)
- ・ ガイドラインの勉強会(ただ実践面不足)

Cグループ

①EBM 実践やその教育で良かったこと、うまくいったこと

- ・ 総論的に役立つことがあった。
- うまく使えばはずれはない。
- 意思の統一が計れる。
- ディスカッションの元になる。
- クリニカルパスへの応用。

②EBM 実践やその教育で悪かったこと、失敗したこと

・ 診療科により理解の違いがある。情報が多すぎて選択しにくい。指導者の数も不足。

③現状の自ら施設での EBM 学習・教育の機会

- ・ 外部講師を頼りにしている。
- ・ 院内だけの教育は充実はしていない。

D グループ

①EBM 実践やその教育で良かったこと、うまくいったこと

- ・ 共通の認識の確保
- ・ 診療に役立つ
- ・ 文献を読むようになる

②EBM 実践やその教育で悪かったこと、失敗したこと

- ・ 言葉の理解が難しい
- · どう EBM を実践するのか?
- カンファランスの参加が悪い
 - 協力が得られにくい。

③現状の自ら施設での EBM 学習・教育の機会

- ・ カンファランス
- ・ 指導医とのコミュニケーションの中で
- · UpToDate 等

E グループ

①EBM 実践やその教育で良かったこと、うまくいったこと

- ・ 経験がなくても、自信をもって治療できる。
- ・ Dr 同士の意見が違うときに役立つ。
- ・ PECO のシートを書く
- ・ 学生時代に「論文の読み方」を学んだ。

②EBM 実践やその教育で悪かったこと、失敗したこと

- ・ 疑問にヒットする文献を見つけにくい。
- ・ 自己満足に終わる。
- ・ 英語の壁で労力が大きい。
- ・ ジャーナルクラブが全くない。
- ・「用意をしない」は、メンバーに読める人がいないと無理。
- ・ 各科がそれぞれ独自に教育をしている。
- ・ EBM をシステマティックに教える人、場がない。

③現状の自ら施設での EBM 学習・教育の機会

・ 研修オリエンテーションで半日シュミレーション。

- 疑問があったら調べる。
- 決まった時間のジャーナルクラブはない。
- ・ PECO を書き出す。五年生対象。
- ・ 名郷先生のフローチャートを活用。
- ・ 研修医までには浸透していない。
- ・ 現段階では読んでフローチャート書くまでに半日かかる。

F グループ

- ① EBM 実践やその教育で良かったこと、うまくいったこと
- ・ 症例検討会、カンファランスで EBM の要素を入れられるようになった。
- ・ UpToDate など、閲覧可能になった。
- ・ エビデンスのない薬を使わない方向になった。
- ② EBM 実践やその教育で悪かったこと、失敗したこと
- ・ 10年以上の医師に受け入れてもらえない。かえって「浮いて」しまう。
- レクチャーできる医師が少ない。

③現状の自ら施設での EBM 学習・教育の機会

- ・ EBM に絞っての学習の機会がない
- ・ こうした研修会も個人で参加している

私の提案 (吉村)

- ・ 教えなければという呪縛から開放
- 一緒にまなぶという姿勢で
- ・ わからないを言える雰囲気を
- ・ あまり敵をつくらないように
- 仲間を少しずつふやす
- できるところから少しずつ
- ・ 現状をよく見つめなおす。隙間の時間等
- わかりやすいことから導入する
- ・ 実際の患者に始まり、実際の患者に終わる

質疑応答

Q1 エビデンスがない時にどうするか?

Ans あるときでも迷う。ないときでもまよう。こうならないというのが。

Q2 人種の違いは?

Ans 人種の違いは個別の要素に過ぎない。重要だが。

Q3 ランダム化や ITT などの基準をみたさないエビデンスしかないときには、どうするのですか?

Ans 現在入手可能なエビデンスがそれしかないときは、それを吟味して、利用する。 あと本当にそれ以上エビデンスしかないか検証する。

名郷講師からの提案

- すぐには変わらない。
- ・ 私の病院でもかわらない。他科の Dr はコクランのことをしらない。
- ほそぼそとでもやる。
- ・ 日の当たらないところに、突然ひがあたることがある。
- ・ 現在続けている方へは、ACP ジャーナルクラブでもいいのでは?クリニカルエビデンスのコピーでもいいのではないでしょうか。
- ・ 立ち上がっていないところは、とりあえず立ち上げればよいかも。例えば一週間に一枚 は ACP は読もう。

ファシリテーター (吉村) からの感想

多くの施設で少しずつ試みがなされている状況がわかりました。良かったことよりはうまくいかないことが多い状況もわかりました。

具体的に使えそうな教育の方法として、以下の作戦を考えてみました。

- ① 現在の抄読会に EBM スタイルで参加する
- ② 病棟や外来で研修医との日々のやりとりに少し EBM を取り入れる
- ③ カンファランスで EBM を少し入れて発言する
- ④ 新しい EBM スタイルの抄読会を企画する
- ⑤ 仲間に呼びかけて EBM の勉強会を始める
- ⑥ 院内でEBM ワークショップを企画する

今回参加された皆さんの経験や関心、施設の状況などがいろいろと違いますので、十分に 見極めて少しずつやり始めるとよいかと思います。お疲れ様でした。

The Cochrane Library について

金子善博 秋田大学医学部

コクランライブラリー (The Cochrane Library) は、Cochrane Collaboration により作成されたシステマティックレビュー (Cochrane Review) とその他のシステマティックレビューに関係するデータベースを収めたデータベース集です。

Cochrane Collaboration の名前は UK のアーチー・コクラン(Archibald Cochrane: 1909-1988)の名前に由来します。彼の言葉に'It is surely a great criticism of our profession that we have not organized a critical summary, by specialty or subspecialty, updated periodically of all relevant randomized controlled trials.'(各トピック毎に、すべてのランダム化比較試験を、定期的に、クリティカルに、まとめていないことに関して、我々専門家は批判されるべきである。)があり、これを実現しようとするものが Cochrane Collaboration の活動です。

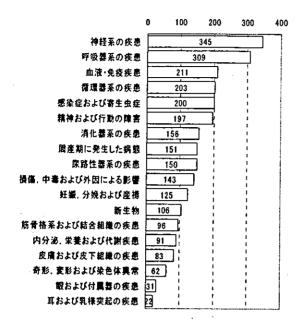
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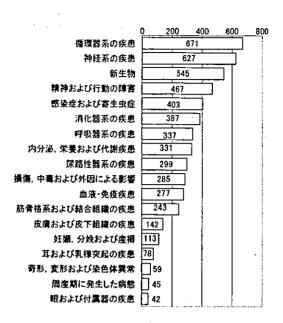
- 1. The Cochrane Database of Systematic Reviews (CDSR)
- 2. The Cochrane Database of Reviews of Effects (DARE)
- 3. The Cochrane Central Register of Controlled Trials (CENTRAL)
- 4. The Cochrane Database of Methodology Reviews (CDMR)
- 5. Health Technology Assessment Database (HTA)
- 6. NHS Economic Evaluation Database (NHS EED)
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このうち、CDSR(Wiley InterScience(R)上では Cochrane Reviews と表示)は、Cochrane Review の全文データベースです。2004 issue 4 では、2170 件のレビューと 1500 件のレビュープロトコールが 収められています。DARE は NHS R&D York により作成されているシステマティックレビューの構造化 抄録集を再録したものです。このデータベースには、主に最小限の質評価基準を満たしたシステマティックレビュー4918 件が収載されています。

コクランライブラリーと PubMed で検索可能なシステマティックレビューの領域別の件数を図に示しました。(MeSH により集計したため、重複がある。)システマティックレビューの多い領域は、神経系の疾患、呼吸器系の疾患、循環器系の疾患などです。

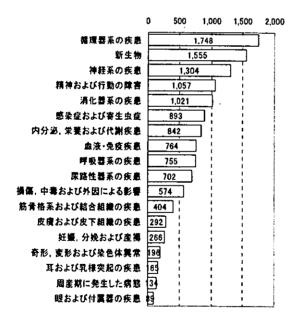
コクランライブラリーは来年 2005 年 1 月 2 日より、John Wiley & Sons, Inc.によりインターネット (Wiley InterScience(R)) と CD-ROM で提供されます。(アドレスは www.thecochranelibrary.com) インターフェースは従来までの UpDate Software 社のものと異なりますが、検索機能などは同様の事が出来ます。詳細な操作方法やデモ、資料は前述のアドレスにアクセスして入手することが出来ます。



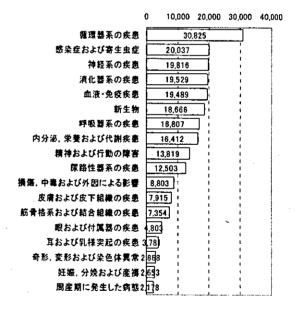


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1. INTRODUCTION

The Cochrane Library is now located at www.thecochranelibrary.com and is part of Wiley InterScience.

If you are a Cochrane Library user familiar with the database offered previously via Update Software you will find much of the search and navigation functionality of The Cochrane Library on Wiley InterScience remains familiar. New users should find the interface intuitive and easy to navigate.

This document will provide a guide to help you to navigate and search The Cochrane Library.

Before you begin, it will be useful to ensure that you registered with Wiley InterScience - to Register. This is a simple, one-time process that extends a number of benefits and, most importantly, will allow you save your searches.

Note: If Wiley has already supplied you with password details for The Cochrane Library you do not need to register again - just use the access details provided to log in.

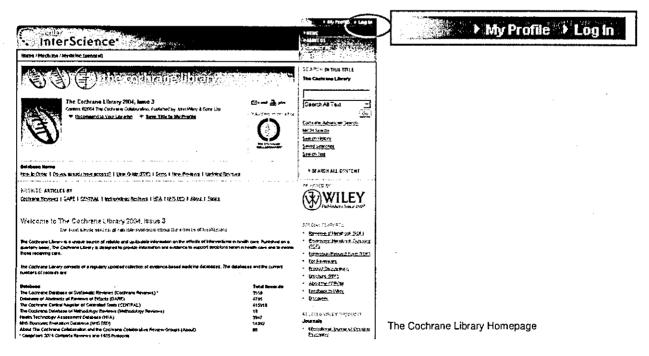
1.1 Access To The Cochrane Library

You can access	You are a Visitor	You are a Personal Subscriber	You are affiliated with Subscribed Institution	You are affiliated with National provision
Search	V	√	√	√
Abstracts	√	√	√	✓
Full text	x Access via Pay-Per-View	~	~	
Notes:	You will need to use your Wiley InterScience password for your Saved Searches.	Password access.	Access to full text is seamless or password-based according to institution's licence type. You will need to use your Wiley InterScience password for your Saved Searches.	Access to full text is seamless. You will need to use your Wiley InterScience password for your Saved Searches.

- All visitors to The Cochrane Library can search the databases and access Abstract material.
- Subscribers and users affiliated with a subscribed institution or National Provision can search the databases and access full-text material.
- For a full list of National Provisions (countries or regions where everyone has access) see: http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/DoYouAlreadyHaveAccess.html

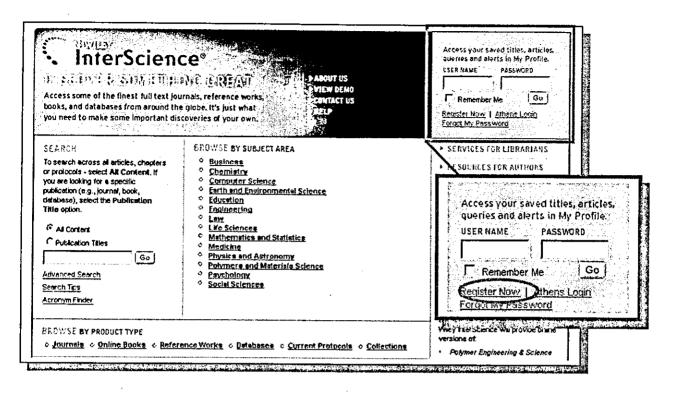
2. REGISTRATION

- 1) At the Cochrane homepage <u>www.thecochranelibrary.com</u> click on Log In which appears in the top right of your screen.
- 2) This will take you to the Wiley InterScience Homepage.



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4) Fill out and submit the online registration form - you choose your username and password.

Set Username and Password You will be taken to the New User Registration page, where you be asked to select a user-name, provide your email address and select and confirm a password.

Personal Profile

You will also need to provide some basic information about yourself: your name, e-mail address, country, and area of interest. This information is never shared with any third party.

Terms of Use

To complete the registration you will also need to read and agree to the Wiley InterScience Terms of Use. You can read the Terms of Use by clicking on the link provided. If you would like to receive email updates about new products and functionality provided by Wiley InterScience, check the box provided.

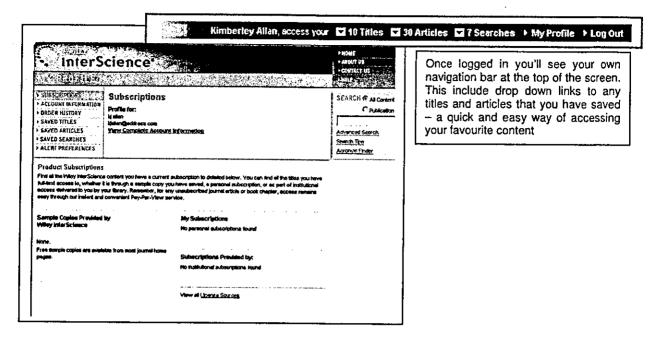
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_	coad the Wifey InterScience Terms of Use.
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Once you have completed and submitted the form you will be registered with Wiley InterScience.

After registration you will be taken to your new My Profile area - where you can manage information such as your saved articles and saved searches for all Wiley InterScience products. For more information on this area visit http://www3.interscience.wiley.com/aboutus/demo/wis_redesign_guide.pdf

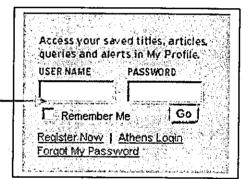


2.1 Your Personal Navigation Bar



2.2 Next time you visit:

HINT: Next time you log in to Wiley InterScience check the 'Remember' Me' box. This saves your username and password details in a cookie on your computer system. This means next time you visit The Cochrane Library from the same computer, you needn't log on. Don't use this option if you are on a shared or public computer.

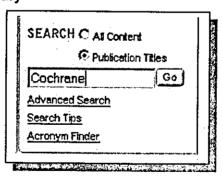


2.3 To Return To The Cochrane Library

TO RETURN TO THE COCHRANE LIBRARY

To return to the Cochrane homepage use the search box on your screen; make sure you check the Publications Titles radio button, type Cochrane into the search box and click 'Go'.

Click the Cochrane Library link.



: InterScience		HOME HASBUTUR Selectoractur:
经验证 ,不能通知的企业的证据的证明。	动物的数据 设计设置	
Horne / Title Search Results		SEARCH & All Cort
Title Search Results		C Publicat
There is 1 result from 1162 Titles for "Cochrane"		Advanced Search Search Tips
View 1		SEARCH TIPS
The Cochrane Library 2004, Issue 1	Onlabase	Use AND, OR, or N # complex search.



3. THE COCHRANE LIBRARY HOMEPAGE

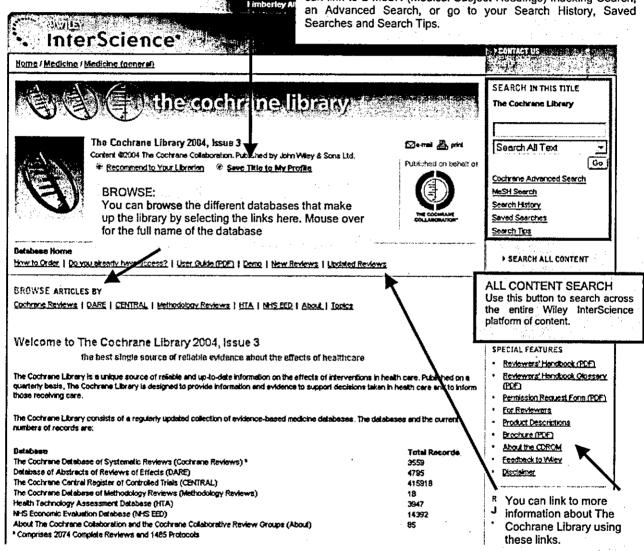
You are now on The Cochrane Library homepage. Here you will find links to Browse and Search functionality, and links to more information about the Collaboration and Product descriptions. The interface is intuitive, but its key components are noted below.

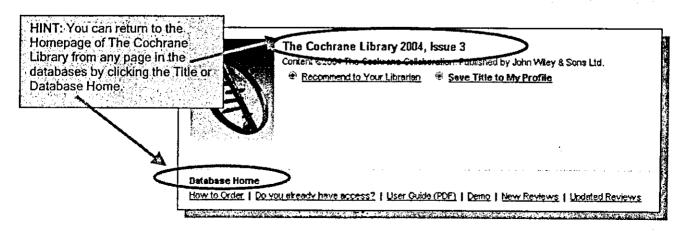
HINT: Save Title to My Profile will save the Cochrane Library to your drop down navigation bar and to your My Profile area in Wiley InterScience. This will make it quicker to access The Cochrane Library next time you visit.

TO SEARCH THE COCHRANE LIBRARY

The SEARCH IN THIS TITLE feature will allow you to search one or more of The Cochrane Library databases.

All your search links can be found in this box. You can choose to perform a Quick Search, using the search box provided, or you can link to a MeSH (Medical Subject Headings) indexing Search, an Advanced Search, or go to your Search History, Saved Searches and Search Tips.







4. BROWSE THE COCHRANE LIBRARY

BROWSE ARTICLES BY

Cochrane Reviews | DARE | CENTRAL | Methodology Reviews | HTA | NHS EED | About | Topics

You can Browse articles by clicking on the link to the database you wish to browse.

4.1. Browse The Cochrane Database of Systematic Reviews (Cochrane Reviews)- will present alphabetical list of all Systematic Reviews and Protocols. Use the alpha-bar to view articles, alphabetically/numerically by title. Use the scroll bar on the right to scroll down to view all titles beginning with that letter. Click on the chosen link to go to the abstract of that review/protocol.



What is a Systematic Review?

A systematic review identifies an intervention for a specific disease or other problem in health care, and determines whether or not this intervention works. To do this authors locate, appraise and synthesise evidence from as many relevant scientific studies as possible. They summarise conclusions about effectiveness, and provide a unique collation of the known evidence on a given topic, so that others can easily review the primary studies for any intervention. Systematic reviews differ from other types of review in that they adhere to a strict design in order to make them more comprehensive, thus minimising the chance of bias, and ensuring their reliability.

A key for the status of the reviews is:

- = A full Review, complete with results and discussion, meta-analysis and an odds-ratio diagram for the review.
- A Protocol. The outline of reviews in preparation, including the background, rationale and methods.

Continent = A full Review that also contains commentary/criticism. Readers can submit comments, which are incorporated into the review together with answers and feedback from the review authors.

= A new Protocol or review that has been published in the most recent quarter.

Undate = A Review that has been updated in the most recent quarter.

A Review or Protocol that has been withdrawn - usually due to lack of activity or update. Reasons for withdrawal are specified in the article.

4.2 Browse Database of Abstracts of Reviews of Effects (DARE)

Presents alphabetical list of all articles that have a structured and/or provisional abstract in the database. Use the alpha-bar to view article titles alphabetically. Use the scroll bar on the right to scroll down to view all articles beginning with that letter. Click on the chosen link to go to the abstract for that article.



What is the Database of Abstracts of Reviews of Effects?

DARE includes structured abstracts of systematic reviews from around the world, which have been evaluated by reviewers at the National Health Service Centre for Reviews and Dissemination in the UK. Only reviews that meet minimum quality criteria are included in DARE. These reviews cover topics that have yet to be addressed in Cochrane reviews.

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4.3 Browse The Cochrane Central Register of Controlled Trials (CENTRAL)

Because CENTRAL is so large (with in excess of 405,000 records) it automatically takes you to a search screen, where your search is limited to CENTRAL results.



What is the Central Register of Controlled Trials?

CENTRAL includes details of published articles taken from bibliographic databases, and other published and unpublished sources. CENTRAL records include the title of the article, information on where it was published (bibliographic details) and, in many cases, a summary of the article. They do not contain the full text of the article. Trials are identified from multiple sources, including searches of bibliographic databases, hand searches of many hundreds of journals and conference proceedings, and searches of other trial registers.

4.5. Browse the NHS Economic Evaluation Database (NHS EED)

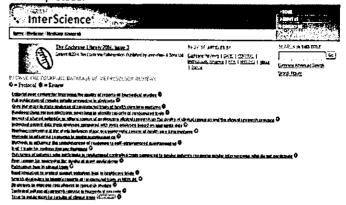
Presents alphabetical list of all articles that have a structured and/or provisional record in the database. Use the alpha-bar to view article titles alphabetically. Use the scroll bar on the right to scroll down to view all articles beginning with that letter. Click on the chosen link to go to the record for that article.



What is the NHS Economic Evaluation Database? (EED) Contains structured abstracts of articles describing economic evaluations of health care interventions. Articles are identified by searching through key medical journals, bibliographic databases and less widely available literature. Papers included if they provide a comparison of treatments and examine both the costs and outcomes of the alternatives. The database also includes bibliographic details of articles examining relevant topics, and short abstracts of studies originally included in the Department of Health Register of Cost-Effective Studies. Records do not contain the full text of the original article.

4.4 Browse The Cochrane Database of Methodology Reviews (Methodology Reviews)

Presents an alphabetical list of all Methodology Reviews and Protocols. Click on the chosen link to go to the abstract of that review/protocol



What is a Methodology Review?

Cochrane Methodology Reviews are full-text systematic reviews of methodological studies. Highly structured and systematic, evidence from methodological research is included or excluded on the basis of explicit quality criteria, thus minimising bias. Each review covers a specific and well-defined area of methodology. Data from studies are often combined statistically to increase the power of the findings of numerous studies, which on their own may be too small to produce reliable results. In such cases, the review may also include graphs presenting the data from each individual study. Protocols provide place-markers for reviews, which are currently being written. They summarise the background and the rationale of the review.

4.6. Browse the Health Technology Assessment Database (HTA)

Presents alphabetical list of all articles that have a record in the database. Use the alpha-bar to view article titles alphabetically. Use the scroll bar on the right to scroll down to view all articles beginning with that letter. Click on the chosen link to go to the record for that article.



What is the Health Technology Assessment Database? (HTA) Contains information on healthcare technology assessments. The database contains details of ongoing projects and completed publications from health technology assessment organisations. HTA records follow a standard structure. Some records contain the title of the project, with the name of the centre responsible and an indication of where further details can be obtained. Other records contain publication details, with structured abstracts where available. Records do not, in either case, contain the full text of the report.

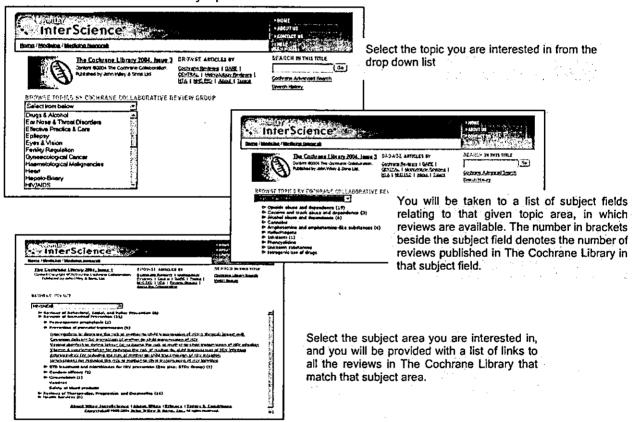
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4.7 Browse About The Cochrane Collaboration and the Cochrane Collaborative Review Groups (About)

Presents a list of articles that provide more information about the Collaboration, including details on the Steering Group, Fields, Methods Groups, Networks and Centres.



4.8. Browse by Topic. You can also browse through the topic lists of the different Cochrane review groups. To do this select Browse articles by topic.



To execute The Cochrane Library Search, users can specify

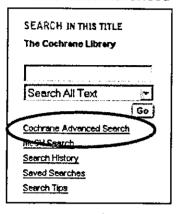
would like to search. Again the default is 'All'; but if you just want to search new records, updated records, etc you can choose to set these parameters by clicking the relevant radio

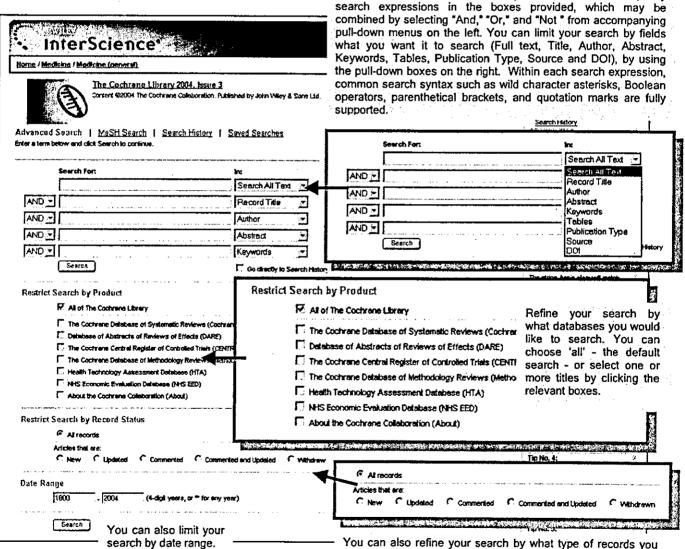


5. SEARCH THE COCHRANE LIBRARY

The Cochrane Library allows for a number of different search types, designed to allow you to be as broad, or as narrow as your information requirements dictate. You can conduct a quick search of the Cochrane Library using the quick search box. Apply fields by using the drop-down menu. For more complex searching you can use the links to the Advanced search function, MeSH Search and Search History.

5.1 Cochrane Advanced Search





buttons.



You want to search for information on atypical drugs that have antipsychotic properties used in the treatment of schizophrenia.

One means of searching for this information is to enter the following:

You have selected to search across all text in Search All Text 💌 schizo* The Cochrane Library for the terms: schizo*, AND + drugs Search All Text ... Your search terms are drugs, atypical and antipsychotic. You have AND - ovpical Search All Text 🔄 connected by 'AND' also truncated schizo* to search both AVID - emipsycho Search All Ted schizophrenia and schizophrenic. AND T Restrict Sparch by Product P. All of The Cootyane Libra You have selected to search across all databases in the T. Database of Abstracts of Reviews of Effects (DAPE) library. The Cochrane Delabase of Methodology Reviews (Methodology NHS Economic Evaluation Database (NHS EED) You have selected to search Restrict Search by Rueard Stat across all records. F All records ed and Updated [1800 . 2004 (4-digit years, or * for any year) Gestich

The results are displayed as follows:

You can toggle between results listed for the different databases in the Cochrane Library here. The number in brackets indicates the number of records that match your search in that database. You can see here that there are 53 records in Systematic Reviews, 17 records in DARE and so on. Click on the link to see the results for that database

