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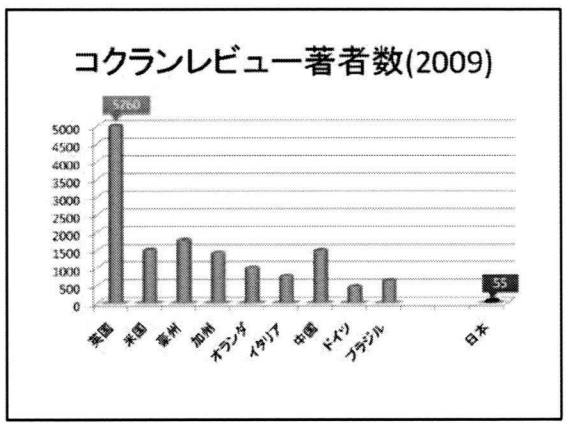
添付資料　6

コクランレビュー・ワークショップへのお誘い

コクランレビュー・ワークショップへのお誘い

1993年に始まったコクラン共同計画の中心である、コクランレビューと言えば系統的レビューの代表格です。その後、系統的レビューの方法論は広がり、単に日常診療だけではなく、研究であっても、政策であっても、現在に至るまでの質の高い科学的根拠に精通していないと許されない時代となりました。ところが我が国のコクランレビューの著者数は英国の約1％であり、非英語圏のドイツ、中国、ブラジルなどにも大きく水をあけられているのが現状です。コクランレビューや臨床疫学の方法論を紹介する試みは今まで我が国でも行われてきましたが、実際にコクランレビューを書くための「コクランワークショップ」はほとんど開かれてきませんでした。ちなみに2007年よりつけられたコクランレビューのインパクトファクターは2008年で5.182となっています。



今回、東京大学・国際保健政策学教室は英国とタイのコクランセンターの協力を得て、コクランレビューのプロトコール作成と解析のためのワークショップを二回に分けて開催することにいたしました。プロトコール作成ワークショップは以下の通りで、解析ワークショップは本年7月ごろ開催予定です。

正式なコクランワークショップですので、コクランレビューのタイトルをすでに登録している著者のみ参加可能となります。ただし、コクラン妊娠出産グループの協力を得て、臨床疫学の経験者には、当教室と共同研究の形で優先的に同グループの空きタイトルを提供することも可能です。

参加希望者は2月15日までに登録タイトルとともに下記までお申し込みください。

コクランワークショップ（プロトコール作成）
2010年3月21日・22日　10時から16時まで
使用言語：英語
場所：東京大学大学院医学系研究科・国際保健政策学教室セミナー室
講師：Pisake Lumbiganon およびMalinee Laopaiboon （タイ・コクランセンター）
参加無料・コクランハンドブックはこちらで提供します。

東京大学大学院・医学系研究科・国際保健政策学教室
森　臨太郎　（rmori@m.u-tokyo.ac.jp）

添付資料　7

The Cochrance Neonatal Review Group Title Registration Form

THE COCHRANE NEONATAL REVIEW GROUP
TITLE REGISTRATION FORM

- **Please complete sections A, B and C for initial title inquiry**
- **Sections D & E will be completed at the editorial base sent to you for signature following title approval**

SECTION A: REVIEW TEAM

Primary Reviewer

CONTACT NAME:	Dr. Rintaro Mori
POSITION / DEPARTMENT:	Associate Professor Department of Global Health Policy Graduate School of Medicine The University of Tokyo
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Please briefly provide details of your interest/expertise:	Neonatal Medicine (Registered as a neonatal specialist in Japan and the UK) and Epidemiology (Master and then teaching at London School of Hygiene & Tropical Medicine and Universities in Japan)

Co-Reviewer(s)

CONTACT CO- REVIEWER NAME:	Dr. Atsushi Kawaguchi

CONTACT CO- REVIEWER NAME:	Dr. Hirotaka Minami

CONTACT CO- REVIEWER NAME:	Professor Masanori Tamura

CONTACT CO- REVIEWER NAME:	Ms. Ying Yang

SECTION B: PROPOSED TITLE

Title to be registered

Cochrane titles follow the format of: [intervention] for [health problem] in [population]

Hydralazine for pulmonary hypertension in low birth weight infants with chronic lung disease

Please provide a few sentences to describe each of the items below. Please be as specific and concise as possible:

Briefly explain why the review is important:

1) Background

Recent advance in neonatal medicine reduced perinatal mortality rate of low birth weight infants in resource affluent settings, and promotion of intact survival of such infants are more focused. Chronic lung disease (CLD) is one of the major morbidities in low birth weight infants that affect long-term outcomes of these infants. The long-term outcomes associated with CLD include delayed mental development and pulmonary hypertension. Several treatment strategies of pulmonary hypertension including supplemental oxygen, nifedipine, hydralazine, prostacyclin, and inhaled nitric oxide have been evaluated in previous observational studies. However, effectiveness of hydralazine for pulmonary hypertension in low birth weight infants with CLD has not been evaluated in a systematic manner.

2) Types of **population/participants** to be included and those being excluded

Infants with
1) Low birth weight
2) CLD, and
3) confirmed diagnosis of pulmonary hypertension

Infants with known congenital cardiac anomaly will be excluded.

3) Types of **interventions** to be compared
(Specify the length of the treatment/delivery/system/dosage regimen where relevant)

Hydralazine

4) Specify the **comparison** (eg: versus placebo, another therapy or delivery method)

Placebo, expectance treatment, or any other treatment

5) **Outcomes** of interest:
a) What are the major outcomes?
b) What are the secondary outcomes?
c) Are there established and/or standardized outcome measures?
d) At what time(s) will outcomes be measured?

a)	Long-term neurological outcomes Mortality
b)	Infants with pulmonary hypertension Pulmonary arterial pressure Length of hospitalisation Any adverse events Any other relevant outcomes
c)	Long-term outcomes: Bailey, Griffith or any other validated tools Pulmonary arterial pressure is measured by either 1) maximal velocity of the tricuspid regurgitation jet or 2) pulmonary arterial flow index including time to peak velocity divided by right ventricular ejection time
d)	as trials defined

6) What **study designs** will be included:

Randomised controlled trial and quasi-randomised controlled trials

7) **A.** Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest? (See http://www.cochrane.org/docs/commercialsponsorship.htm). If none are perceived, please write "None Known".

None known

B. Is this review the subject of specific funding and/or timing? If yes, please give details

Partly supported by the grant-in-aid from the Ministry of Health, Labour and Welfare, Japan.

THE COCHRANE NEONATAL REVIEW GROUP
TITLE REGISTRATION FORM

Please complete sections A, B and C for initial title inquiry

- **Sections D & E will be completed at the editorial base sent to you for signature following title approval**

SECTION A: REVIEW TEAM

Primary Reviewer

CONTACT NAME:	Dr. Rintaro Mori
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EMAIL:	rintaromori@gmail.com
Please briefly provide details of your interest/expertise:	Neonatal Medicine (Registered as a neonatal specialist in Japan and the UK) and Epidemiology (Master and then teaching at London School of Hygiene & Tropical Medicine and Universities in Japan)

Co-Reviewer(s)

CONTACT CO- REVIEWER NAME:	Dr. Hideko Mitsuhashi

CONTACT CO- REVIEWER NAME:	Dr. Akinori Moriichi

CONTACT CO- REVIEWER NAME:	Dr. Hirotaka Minami

CONTACT CO- REVIEWER NAME:	Professor Masanori Tamura

SECTION B: PROPOSED TITLE

Title to be registered

Cochrane titles follow the format of: [intervention] for [health problem] in [population]

N-acetylcysteine for chronic lung diease in low birth weight infants

Please provide a few sentences to describe each of the items below. Please be as specific and concise as possible:

Briefly explain why the review is important:

1) Background

Recent advance in neonatal medicine reduced perinatal mortality rate of low birth weight infants in resource affluent settings, and promotion of intact survival of such infants are more focused. Chronic lung disease (CLD) is one of the major morbidities in low birth weight infants that affect long-term outcomes of these infants. Development of CLD is known to be associated with oxidative stress in their lung. Several pharmacological treatments including vitamin A and E have been used and evaluated to prevent development and establishment of CLD in low birth weight infants. N-acetylcysteine (NAC) is a precursor of cysteine that has a reduced thiol group which can directly scavage certain oxidants. NAC has been experimentally used fo prevention of CLD including observational and interventional studies, though its effectiveness in previous studies has not been evaluated in a systematic manner.

2) Types of **population/participants** to be included and those being excluded

Low birth weight infants with confirmed diagnosis of CLD

3) Types of **interventions** to be compared
(Specify the length of the treatment/delivery/system/dosage regimen where relevant)

Intravenous infusion of NAC

4) Specify the **comparison** (eg: versus placebo, another therapy or delivery method)

Placebo, expectance treatment, or any other treatment

5) **Outcomes** of interest:
a) What are the major outcomes?
b) What are the secondary outcomes?
c) Are there established and/or standardized outcome measures?
d) At what time(s) will outcomes be measured?

a)	Long-term neurological outcomes Mortality
b)	Oxygen requirement Length of hospitalisation Any adverse events Any other relevant outcomes
c)	Long-term outcomes: Bailey, Griffith or any other validated tools Pulmonary arterial pressure is measured by either 1) maximal velocity of the tricuspid regurgitation jet or 2) pulmonary arterial flow index including time to peak velocity divided by right ventricular ejection time
d)	as trials defined

6) What **study designs** will be included:

Randomised controlled trial and quasi-randomised controlled trials

7) **A.** Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest? (See http://www.cochrane.org/docs/commercialsponsorship.htm). If none are perceived, please write "None Known".

None known

B. Is this review the subject of specific funding and/or timing? If yes, please give details

Partly supported by the grant-in-aid from the Ministry of Health, Labour and Welfare, Japan.

THE COCHRANE COLLABORATION®

The Cochrane Pregnancy and Childbirth Group Proposal for a new Cochrane Review

Please complete and email this form to sonjah@liverpool.ac.uk.
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Authors completing this form must note that they are required to read and follow The Cochrane Handbook for Systematic Reviews of Interventions in preparing their review http://www.cochrane.org/resources/handbook/index.htm

Proposed Title (Using Standard Format)

(Try to include the word 'for' in the title; for example, '[Intervention] FOR [health problem]'; '[Intervention A] versus [intervention B] FOR [health problem]']
Ergometrine for bleeding during the postnatal period.

Contact Person Name

(This is the person taking primary responsibility for the development of the proposal and ensuring the continuity of the review once published.)
Rintaro Mori

Motivation for the Review

Postpartum heamorrhage (PPH) or excessive bleeding at or after childbirth is a potentially life-threatening complication and is one of the major contributors to maternal mortality and morbidity worldwide. [1] Although most maternal deaths result from complications such as PPH in the third stage of labour, serious PPH occasionally develops even in the postpartum period. That is, postpartum period also can be a potentially hazardous period of childbirth. PPH is caused by abnormal involution of the placental site or retention of a portion of the placenta. In order to prevent PPH during the postnatal period, uterotonic agents such as ergometrine might be routinely administered during the postpartum period. Its effectiveness is, however, unclear.

[1] Lewis G editor, CEMACH. Why mothers die 2000-2002 - Sixth report of the confidential enquires into maternal deaths in the United Kingdom. London: RCOG Press, 2004.

Description of proposal

(a) Objective

To assess the effectiveness and safety of prophylactic use of ergometrine in the postpartum period compared with no uterotonic agents, as well as with different routes or timing of administration for prevention of postpartum haemorrhage.

(b) Rationale for review

Ergometrine or methylergometrine are the most common types of ergot alkaloids. They increase the muscle tone of the uterus leading to the shearing effect on placental separation and less blood loss or PPH, but they may increase the risk of maternal side-effects such as hypertension and other complications of vasoconstriction. Oral forms of ergometrine are used for women in the postnatal period to diminish blood loss and hasten uterine involution in usual health care settings in Japan. There are several Cochrane systematic reviews already published about the use of various uterotonic drugs in the third stage of labour for preventing PPH. [2-5] However there are no reviews about the use of those agents in the postpartum period.

[2] Cotter A, Ness A, Tolosa J. Prophylactic oxytocin for the third stage of labour. Cochrane Database of Systematic

Reviews 2001, Issue 4. [DOI: 10.1002/14651858.CD001808].
[3] Gülmezoglu AM, Forna F, Villar J, Hofmeyr GJ. Prostaglandins for preventing postpartum haemorrhage. Cochrane Database of Systematic Reviews 2007, Issue 3. [DOI: 10.1002/14651858.CD000494.pub3].
[4] McDonald S, Abbott JM, Higgins SP. Prophylactic ergometrine-oxytocin versus oxytocin for the third stage of labour. Cochrane Database of Systematic Reviews 2004, Issue 1. [DOI: 10.1002/14651858.CD000201.pub2].
[5] Prendiville WJ, Elbourne D, McDonald S. Active versus expectant management in the third stage of labour. Cochrane Database of Systematic Reviews 2000, Issue 3. [DOI: 10.1002/14651858.CD000007].

(c) Types of study

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions. (http://www.cochrane.org/cochrane/handbook/hbook.htm)

All randomised or quesi-randomised (such as alternate allocation, allocation by a health insurance number, etc) controlled trials comparing prophylactic ergometrine (using any route and timing of administration) with no uterotonic agents or trials comparing different routes or timing of administration of ergotamine during the postpartum period.

(d) Participants

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Pregnant women anticipating a vaginal delivery at 22 weeks' gestation or later.

(e) Interventions and specific comparisons to be made

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Any ergometrine preparations given prophylactically, by whatever route or timing of administration, compared with no uterotonic agents. As the effectiveness and safety of the prophylactic use of ergot alkaloids in the third stage of labour have been reviewed in other reviews in The Cochrane Library, we planned to evaluate the effectiveness and safety of the prophylactit use of ergometrine in the postpartum period.

(f) Outcomes

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

We selected the outcome measures based on factors relating to the effectiveness and safety of ergometrine in terms of clinical relevance in maternal outcomes.

Primary outcome measures

1. Effectiveness
1.1 Dichotomous outcome measures
(1) Postpartum haemorrhage (PPH) (clinically estimated or measured blood loss of 500 mL or more)
(2) Severe PPH (clinically estimated or measured blood loss of 1000 mL or more)
(3) Postnatal haemoglobin less than 10 g/dL

2. Safety
2.1 Dichotomous outcome measures
(1) Elevation of blood pressure

Secondary outcome measures

1. Effectiveness
1.1 Dichotomous outcome measures
(1) Blood transfusion
(2) Use of therapeutic uterotonics

1.2. Continuous variable outcome measures
(1) Maternal haemoglobin concentration at postpartum

2. Safety
2.1 Dichotomous outcome measures
(1) Nausea
(2) Headache