

[Review Group]

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- Jean Paul Galmiche, France - donation of extensive reference list

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Sources of support

External sources of support

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- NHS Research and Development Programme (Core Support), UK
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- Oxfordshire Health Authority Charitable Fund (Systematic Review), UK
- Astra (Exploratory Meeting, October 1996), UK

Internal sources of support

- University of Leeds, UK

Consumer involvement

Consumer representative: Mr David Kirby (Oesophageal Patients Association, UK)

Any relevant involvement by consumers (people with the relevant health care condition, their carers, policy makers, health professional, and others who may make use of the reviews prepared by the CRG) is welcomed by the UGPD Group. At present, consumers act as peer referees for protocols and reviews which have been prepared by the UGPD Group. However, we intend to expand the role of consumers, possibly to include production of patient support and information leaflets, and welcome enquiries from interested parties.

Involvement of other users

Conflict of interest

Background

Discussions concerning the formation of an Upper Gastrointestinal (GI) Cochrane Review Group (CRG) began in 1993, when a number of meetings were held to develop the work of the Cochrane Collaboration in GI disease in general. These led to the formation of the Inflammatory Bowel Disease (IBD) CRG and the Hepatobiliary CRG. It was clear that there was also a need for a CRG in upper GI disease, not least because of the enormous health service costs involved in the clinical management of dyspepsia, and the burgeoning number of clinical trials of variable quality.

Professor David Forman, now Co-ordinating Editor of the UGPD Group, has a long established research interest in the clinical impact of *Helicobacter pylori* infection. This seemed to be a subject that demanded methodologically robust review if it was to lead to meaningful and practical conclusions for doctors and their patients.

A "Dyspepsia CRG" exploratory meeting took place on 16th October 1996 in Copenhagen. All those who had contacted the Cochrane Collaboration with an interest in this area of medicine were invited. Also present were people known to have an interest in reviews of dyspepsia, representatives of the IBD and Hepatobiliary CRGs, the Cochrane Cancer Network, and the two pharmaceutical companies (Glaxo-Wellcome and Astra Hassle), who had agreed to support the event. The meeting was chaired by Andy Oxman on behalf of the Collaboration.

There was unanimous and enthusiastic support in favour of establishing a CRG, although it was felt that the scope of the Group should also include all diseases of the oesophagus, stomach and duodenum (including malignancies). To reflect this widened scope, a provisional title of "Oesophageal, Gastric and Duodenal Diseases CRG" was adopted. It was agreed that The University of Leeds should be the editorial base and that Professor Forman should be the prospective Co-ordinating Editor.

The name changed again in February 1998 to Upper Gastrointestinal and Pancreatic Diseases Group (UGPD), to reflect the integration of pancreatic diseases into the scope of the Group. Formal registration of the UGPD Group took place on 1 June 1998.

The editorial base for the UGPD group at Leeds University (UK) closed on March 31, 2010 at which time the Satellite UGPD group at McMaster University in Canada became the main editorial base, with Professor Paul Moayyedi as Co-ordinating Editor.

Cochrane UGPD Group Editors' Meetings

1. 16th November 1999, at the Osservatorio Epidemiologico Regionale, Rome.
2. 27th November 2000, UEGW Meeting, in Brussels, Belgium.
3. 21st May 2001, DDW Meeting, Atlanta, US.
4. 20th May 2002, DDW Meeting, San Francisco, US.
5. 20th May 2003, DDW Meeting, Orlando, US.
6. 16th May 2005, DDW Meeting, Chicago, US.

Scope

"To use evidence from randomised controlled trials to answer practical questions of the prevention, treatment and rehabilitation of benign and malignant disorders of the oesophagus, stomach, duodenum and pancreas. Systematic reviews of other types of trials will be used where necessary."

There are possible areas of mutual interest with other Cochrane Gastrointestinal Groups, i.e. [Hepato-Biliary Group](#), [Inflammatory Bowel disease and Functional Bowel Disorders Review Group](#) and [Colorectal Cancer Review Group](#). Other Cochrane Review Groups (CRGs) which share a potential common interest include those which address interventions which may have an effect on the upper gastrointestinal system (for example, NSAIDs in musculoskeletal problems). Every attempt will be made to ensure that duplication of work does not occur and that support is given to other CRGs who wish to take responsibility for review topics where there is mutual interest. In particular, we would aim to support CRGs by suggesting peer

referees and by searching our specialised register for appropriate trials. All interventions (surgical, pharmacological, educational, psychological etc.) for prevention, treatment (acute and maintenance) and rehabilitation will be covered.

The CRG's policy on outcome variables is under development. Many reviews will include death, recurrence of illness, improvement of symptoms, or eradication of *Helicobacter pylori* as an outcome.

Glossary

Specialised register

Inclusion criteria

The specialised register for the group includes reports of trials in any language, in the prevention, treatment and rehabilitation of benign and malignant diseases of the upper gastrointestinal tract including disorders of the oesophagus, stomach, duodenum and pancreas.

Gastrointestinal adverse effects of certain treatments, for example NSAIDs, are also included in the register of clinical trials. Oesophageal and gastric varices are included by the Hepato-Biliary group, pancreatic complications of cystic fibrosis are covered by the Cystic Fibrosis Group and these are therefore not included in the UGPD register. A full list of the subjects that are covered by the group's specialised register is given in the Topics list.

Search strategies for the identification of studies

Electronic searches

The UGPD Group searches The Cochrane Controlled Trials Register to identify controlled clinical trials for inclusion in the specialised register. Handsearching of specialist journals and conference proceedings are being carried out to uncover further studies. Relevant unpublished studies will be included where available.

The UGPD Group Search Strategy for The Cochrane Controlled Trials Register has been derived from MeSH subject headings of digestive system diseases and surgical procedures, which are relevant to the scope of the Group. Appropriate free text terms have been used in conjunction with the MeSH headings to identify reports of randomised and controlled clinical trials. This strategy is under development and further search terms will be added to ensure that all trials relevant to the scope of the UGPD Group are retrieved.

In particular, further work is required to ensure that treatments and all surgical interventions for the upper gastrointestinal tract and the pancreas are adequately covered by the search terms.

The Cochrane Controlled Trials Register is searched quarterly, after each new issue of the Cochrane Library, using the following strategy. Staff at the UGPD entity have recently update the search strategy and register and are simultaneously publishing an updated register with this module (XXXX 2010).

1. ESOPHAGEAL MOTILITY DISORDER\$.sh.
2. (GERD or GORD).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
3. ((GASTRO-OESOPHAGEAL or GASTRO-ESOPHAGEAL or GASTROESOPHAGEAL) adj2 REFLUX).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
4. ESOPHAGITIS\$.sh.
5. (OESOPHAGITIS or ESOPHAGITIS).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
6. or/1-5
7. ESOPHAGEAL-NEOPLASMS.sh.
8. (OESOPHAG\$ or ESOPHAG\$).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
9. (NEOPLASM\$ or CANCER\$ or CARCIN\$ or MALIGNAN\$ or TUMOUR\$ or LYMPHOMA).sh.
10. 7 or (8 and 9)
11. (STRICTURE or NARROW\$).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
12. 11 and 8
13. ACHALASIA.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
14. (SPHINCTER adj PRESSURE).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
15. 13 or (14 and 8)
16. (DYSMOTILITY or MOTILITY).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
17. 16 and 8
18. Diverticulum, Esophageal.sh.
19. DIVERTIC\$.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer,

drug manufacturer name]

20. 18 or (19 and 8)

21. (RING* and WEB*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

22. ((FUNGAL or VIRAL or BACTERIAL or PARASITIC) and (INFECTION or INFECTIONS)).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

23. (21 or 22) and 8

24. 6 or 10 or 12 or 15 or 17 or 20 or 23

25. ESOPHAGEAL PERFORATION\$.sh.

26. (PERFORAT\$ or RUPTURE\$).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

27. (MALLORY adj WEISS).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

28. 27 or 25 or (8 and 26)

29. HEMATOMA.sh.

30. (HAEMATOMA or HEMATOMA).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

31. (29 or 30) and 8

32. ESOPHAGEAL ATRESIA.sh.

33. HERNIA HIATAL.sh.

34. (HERNIA and HIAT\$).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

35. 32 or 33 or 34

36. ESOPHAGEAL STENOSIS.sh.

37. ESOPHAGEAL FISTULA.sh.

38. 36 or 37

39. FISTUL\$.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

40. OBSTRUCTION.mp.

41. FOREIGN BOD\$.sh.

42. 8 and (39 or 40 or 41)

43. 28 or 31 or 35 or 38 or 42

44. 24 or 43

45. HELICOBACTER PYLORI.sh.

46. PEPTIC ULCER\$.sh.

47. upper gastrointestinal tract/ or duodenum/ or esophagus/ or stomach/

48. ULCER\$.mp.

49. ZOLLINGER-ELLISON.mp.

50. 46 or 49 or (47 and 48)

51. STOMACH NEOPLASMS.sh.

52. 51 or (9 and 47)

53. STOMACH DISEASES\$.sh.

54. gastritis/ or gastritis, atrophic/

55. MENETRIER\$.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

56. (INTESTINAL and METAPLASIA).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

57. 53 or 54 or 55 or 56

58. (ATROPHY or POLYP\$).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

59. Hamartoma/ or Ischemia/ or Lipoma/ or Liposarcoma/

60. 47 and (58 or 59 or 22)

61. POSTGASTRECTOMY SYNDROME\$.sh.

62. (DUMPING adj2 SYNDROME).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

63. 57 or 60 or 61 or 62

64. CELIAC DISEASE.sh.

65. WHIPPLE DISEASE.sh.

66. Sprue, Tropical.sh.

67. LACTOSE INTOLERANCE.sh.

68. (CELIAC or WHIPPLE* or (TROPICAL and SPRUE) or (LACTOSE and INTOLER*)).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

69. 64 or 65 or 66 or 67 or 68

70. GASTROINTESTINAL HEMORRHAGE\$.sh.

71. (HEMORRHAGE or HAEMORRHAGE or BLEED or REBLEED).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

72. Punctures/ or rupture/
73. 70 or ((71 or 72) and (47 or 8))
74. DUODENAL DISEASES.sh.
75. AFFERENT-LOOP SYNDROME.sh.
76. 74 or 75
77. DYSPEPSIA.sh.
78. GASTROPARESIS.mp.
79. (REFLUX or EROSION).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
80. 79 and 47
81. 77 or 78 or 80
82. 44 or 45 or 50 or 52 or 63 or 69 or 73 or 76 or 81
83. Endoscopy, Digestive System.sh.
84. DUODENOSCOPY.sh.
85. GASTROSCOPY.sh.
86. ESOPHAGOSCOPY.sh.
87. Cholangiopancreatography, Endoscopic Retrograde.sh.
88. (ERCP or (ENDOSCOPIC and RETROGRADE and CHOLANGIOPANCREATOGRAPHY)).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
89. ENDOSCOPI*.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
90. 89 and (47 or 8)
91. (DUODENOSCOPI* or GASTROSCOPI*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
92. 90 or 91
93. 83 or 84 or 85 or 86 or 87 or 88 or 92
94. FUNDOPLICATION.sh.
95. FUNDOPLICATION.mp.
96. 94 or 95
97. DILATATION.sh.
98. BALLOON DILATATION\$.sh.
99. ((EDER-PEUSTOW or CELESTIN or BALLOON) and DILATATION).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
100. 8 and (97 or 98 or 99)
101. DUODENOSTOMY.sh.
102. ESOPHAGECTOMY.sh.
103. ESOPHAGOPLASTY.sh.
104. ESOPHAGOSTOMY.sh.
105. (ESOPHAGOGASTRECTOMY or OESOPHOGASTRECTOMY).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
106. GASTRECTOMY.sh.
107. (ENDOSCOPIC and MUCOSAL and RESECTION).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
108. 101 or 102 or 103 or 104 or 105 or 106 or 107
109. (BILROTH or ROUX-EN-Y).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
110. Anastomosis, Roux-en-Y.sh.
111. VAGOTOMY*.sh.
112. (VAGOTOMY and (GASTROENTEROSTOMY or PYLOROPLASTY)).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
113. GASTROENTEROSTOMY*.sh.
114. 109 or 110 or 111 or 112 or 113
115. GASTROPLASTY.sh.
116. GASTROSTOMY.sh.
117. JEJUNOSTOMY.sh.
118. (GASTROJEJUNOSTOMY or JEJUNOSTOMY).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
119. 115 or 116 or 117 or 118
120. 108 or 114 or 119
121. 82 or 93 or 96 or 100 or 120
122. ANTI-ULCER AGENTS.sh.
123. (ANTIULCER adj AGENT*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
124. (ANTI-ULCER adj AGENT*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
125. 122 or 123 or 124

126. HISTAMINE H2 ANTAGONISTS.sh.
127. (HISTAMINE adj2 ANTAGONIST*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
128. (RECEPTOR* adj2 ANTAGONIST*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
129. CIMETIDINE.sh.
130. FAMOTIDINE.sh.
131. NIZATIDINE.sh.
132. RANITIDINE.sh.
133. (CIMETIDINE or FAMOTIDINE or NIZATIDINE or RANITIDINE).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
134. 126 or 127 or 128 or 129 or 130 or 131 or 132 or 133
135. OMEPRAZOLE.sh.
136. (PROTON adj PUMP adj2 INHIBITOR*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
137. (PROTON adj PUMP adj2 BLOCKER*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
138. (OMEPRAZOLE or LANSOPRAZOLE or PANTOPRAZOLE or RABEPRAZOLE).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
139. 135 or 136 or 137 or 138
140. (PROKINETIC adj2 AGENT*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
141. (ERYTHROMYCIN or DOMPERIDONE or METOCLOPRAMIDE or CISAPRIDE).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
142. ERYTHROMYCIN.sh.
143. DOMPERIDONE.sh.
144. METOCLOPRAMIDE.sh.
145. 140 or 141 or 142 or 143 or 144
146. ALGINATES.sh.
147. ALUMINUM HYDROXIDE.sh.
148. (ALGICON or ALGINATE*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
149. CALCIUM CARBONATE.sh.
150. MAGNESIUM HYDROXIDE.sh.
151. MAGNESIUM OXIDE.sh.
152. SODIUM BICARBONATE.sh.
153. 146 or 147 or 148 or 149 or 150 or 151 or 152
154. (ALTACITE* or ASILONE*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
155. (GASTROCOTE* or GAVISCON*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
156. (HYDROTALCITE* or MAALOX*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
157. MUCAINE.mp.
158. 154 or 155 or 156 or 157
159. (ALUMIN* adj HYDROXIDE*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
160. (CALCIUM adj CARBONATE*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
161. (MAGNESIUM adj HYDROXIDE*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
162. (MAGNESIUM adj OXIDE*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
163. (MAGNESIUM adj TRISILICATE*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
164. (SODIUM adj2 BICARBONATE*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
165. (SODIUM adj2 CARBONATE*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
166. 159 or 160 or 161 or 162 or 163 or 164 or 165
167. CARBENOXOLONE.sh.
168. MISOPROSTOL.sh.
169. SUCRALFATE.sh.
170. (MUCOSAL and PROTECTING and AGENT*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]
171. (CARBENOXOLONE or MISOPROSTOL or SUCRALFATE).mp. [mp=title, abstract, subject headings, heading word,

drug trade name, original title, device manufacturer, drug manufacturer name]

172. 167 or 168 or 169 or 170 or 171

173. MUSCARINIC ANTAGONISTS.sh.

174. DICYCLOMINE.sh.

175. PIRENZEPINE.sh.

176. PROPANTHELINE.sh.

177. ANTIMUSCARINIC*.mp.

178. (MUSCARINIC adj2 ANTAGONIST*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

179. (DICYCLOMINE or METHANTHELINE or PIRENZEPINE).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name]

180. PROPANTHELINE.mp.

181. 173 or 174 or 175 or 176 or 177 or 178 or 179 or 180

182. 125 or 134 or 139 or 145 or 153 or 158 or 166 or 172 or 181

183. 121 or (182 and (47 or 8))

Hand searching

The UGPD has registered with the US Cochrane Centre their intention to handsearch the following specialist journals:

Journals:

- Alimentary Pharmacology and Therapeutics
- Canadian Journal of Gastroenterology
- Clinical Gastroenterology and Hepatology
- Digestive Endoscopy
- Diseases of the Esophagus
- European Journal of Gastroenterology & Hepatology
- Gastrointestinal Endoscopy Clinics of North America
- Helicobacter
- Pancreas
- Neurogastroenterology and Motility
- The Turkish Journal of Gastroenterology

Conference Proceeding:

Digestive Disease Week. 1997 May 11-14; Washington DC.

Journals being handsearched by the Biomed project for the UGPD Group

The Biomed handsearching project is a three year project in which seven European Cochrane Centres collaborate to handsearch western European specialized health care journals. The Biomed project has undertaken to handsearch the following journals on behalf of the UGPD group:

- Acta Endoscopica
- Acta Gastro-enterologica Belgica
- Annales de Gastroenterologie et d'Hepatology
- Chirurgia Gastroenterologica
- Chirurgische Gastroenterologie Endoskopie Heute
- Gastrum Patologia del Aparato Digestva. Gastro-Enterologie Clinique et Biologie
- Gastro-Enterologia y Hepatologia
- Gastroenterologisches Journal
- Italian Journal of Gastroenterology and Hepatology
- Revisiones en Gastroenterologia. Revista Andaluza de Patologia Digestiva
- Revista de la Asociacion Castellana del Aparato Digestivo
- Revista Espanola de Enfermedades Digestivas
- Revue Francaise de Gastro-enterologie
- Sociedad Valenciana de Patologia Digestiva

Other strategies

For each review a search strategy is produced based on relevant clinical terms agreed by the author and the Trials Search Co-ordinator. The search strategy is constructed using a combination of Mesh terms and free text terms. All reports of randomised controlled trials identified whilst searching will be added to the Group's Specialised Register. Where applicable, the following information sources are searched using an individual search strategy developed for each review:

- The Cochrane Library
- Medline
- Embase
- Cinahl
- Web of Science

- LILACS
- PsychINFO
- AMED

The UGPD Group has been fortunate to receive bibliographies from Adam Harris (UK), Richard Hunt (Canada) and Jean Paul Galmiche (France), which have been searched and the relevant trials added to our specialised register.

Planned searching activities

We have identified several non-English language journals and conference proceedings which we feel may contain reports of trials relevant to our Group. These include Japanese Journal of Gastroenterology, Gastroenterological Society of Taiwan Journal, Endoskopie Heute, and many others. However, at present we are unable to identify handsearchers for these, accordingly we have not registered them on the Cochrane Handsearching Masterlist. If you are able to help us with searching non-English language journals, please contact our Trials Search Co-ordinator.

Methods used in reviews

Search strategies

Access to specialised register by authors

The specialised register is available for all authors to consult through the Cochrane Library. However, to avoid duplication of searching activities and to provide authors with a comprehensive search of the database, the Trials Search Co-ordinator will liaise with authors to construct and develop search strategies for each review, to be carried out at the editorial base. Searches for updating reviews will be carried out at the editorial base by the Trials Search Co-ordinator on an annual basis.

Additional search strategies

The Trials Search Co-ordinator will work with the author to create a specific search strategy for each author, which will then be run in EMBASE and MEDLINE in addition to the Cochrane Library. The UGPD Group also liaises with the Cancer Network when searching for authors with cancer related topics. In order to identify unpublished trials, experts in the field and pharmaceutical companies will be contacted for information, and, where applicable, the Internet will also be searched. Reports of trials found by these methods will be added to the UGPD register of trials. Authors should search citations in each trial report for additional trials.

Study selection

The UGPD Group recommends that the trials included are randomised, pseudorandomised or controlled clinical trials which compare the test intervention with placebo or standard treatment. Other types of trials can be used where necessary.

Selection of studies for inclusion in a review should be performed independently by more than one author. The editor assigned to the review will work to resolve differences in study selection between authors.

Assessment of methodological quality

Procedures for the assessment of methodological quality are under development.

Advice on standard criteria for assessing quality will be given by the editorial team. Examples of quality assessment checklists are available. Methods are described in the Cochrane Authors Handbook which is available from the editorial team, on the Cochrane library and via the Cochrane Web sites.

In general:

- An accepted method of quality assessment should be used.
- Quality should be independently assessed by more than one author and the level of agreement should be reported in the review.
- The editor responsible for the development of the review will resolve difference in quality assessment between authors.
- Quality assessment will be reported in the methods and results sections of the review.

Data collection

The UGPD group recommends that the extraction of data is done independently by more than one author. The editor responsible for the development of the review will resolve difference in data interpretation between authors. Data verification with the person responsible for the study will not normally be required other than where the data is unpublished or confirmation of results are required.

Data from RCTs that have not been published will be eligible for use in systematic reviews prepared by the UGPD group, subject to verification of data by the primary investigator. The UGPD Group will not routinely collect and analyse data on rare adverse events collected from non-RCTS.

The UGPD group will request copies of data extraction forms (for included studies) to be submitted to the group when a draft review is submitted for peer referee. Data extraction forms will be retained by the group, for reference or to aid a future review updater, should an initial review author not be able to update a review. Data extraction forms will not be published nor used in any other way by the group or its members.

Analysis

Statistical guidance is available from the editorial base (Statistical Editor: Noori Akhtar-Danesh).

Data entry to RevMan should be done using the double data entry facility which allows more than one author to independently enter data. Policies on statistical methods are under development.

These will incorporate guidance derived from Section 9 of the Authors Handbook on analysing data and undertaking meta-analyses.

Heterogeneity of trials and issues such as crossover trials will be addressed.

Reporting of reviews

Discussion and conclusions section

The strength of the evidence should be categorised using the hierarchy of evidence scale detailed in CRD report 4, available from the editorial base.

The applicability of the results should be commented on taking into account the applicability of the trials to use of the intervention in standard practice for treatment of the disorder. Cost benefit analysis will not be routinely performed.

The use of non-RCT derived data when discussing results and drawing conclusions should be commented on in this section. Where applicable, other reviews will be cross-referenced in this section.

Tables and figures

Information in the excluded and included trials tables should be brief and structured to include the Study Identifier, Methods of the Trial, Participants, Interventions, Outcomes, and further Notes.

Each included study should ideally include a "Risk of bias" table including information on each study's and/or individual outcomes for bias from: sequence generation; allocation concealment; blinding; incomplete data, selective reporting or other means.

Studies in the excluded trials table should consist of those trials which were initially selected for assessment, but which later proved to be non-RCTs or ineligible for other reasons. Advice is available from the editorial team on the validity of trials for inclusion into the review.

Table of comparisons

Policies for the structure or order of outcomes are under development and depend to some extent on the outcomes we select as 'default' for this group.

The order of trials in the tables will be alphabetical, then by date. Trials will be named preferably by author surname (e.g. Smith 1998) or, where this is not possible, by trial group identifiers (e.g. Oesophageal Cancer Trials Collaborators Group OCTCG 1997).

There may be multiple publications from one trial. Such reports should be cross referenced to the original study, for example, a publication by Jones et al reporting data from the Oesophageal Trials Collaborators Group study of 1997, should be reported as Jones 1999 (OCTCG 1997).

Any factors which could be perceived as conflict of interest should be stated.

Editorial process

Titles

Review authors are invited to submit titles at any time. In order to reduce the risk of wasted effort, a title should always be registered with the Editorial Base before the review author starts work.

The preferred format is: [Intervention] in [disorder], and may specify in which population e.g. older people.

Newly registered titles will be publicised throughout the Cochrane Collaboration with the aim of increasing awareness of areas of potential common interest.

Protocols are normally expected within 6 months of acceptance of a title.

If more than one person proposes doing the same review then the UGPD Group will invite both persons to co-operate in the preparation of the review, either by working together, or by independently analysing data and comparing the results. The Co-ordinating Editor will work with the authors to resolve disagreements about authorship of a review.

Protocols

The UGPD Group editorial team supports authors in the preparation of protocols by providing methodological advice, formulation and execution of search strategies, provision of RevMan software and other Cochrane Collaboration materials such as the handbook for authors and training and support as required on an ad hoc basis. Informal advice is available through the Review Group Co-ordinator.

At least three referees are asked to provide comments on each protocol. In general these will be: a person with experience of Cochrane methodology, a clinical expert and a consumer. These referees are usually from outside the editorial team, but editors may be asked to provide referee comments for protocols other than those for which they have editorial responsibility. In the case of methodological difficult or clinically contentious issues, comments may be sought from additional peer referees.

Once comments from referees have been returned to the author, the author is asked to modify the protocol as appropriate and return this to the Review Group Co-ordinator (by submitting it for editorial process through Archie) with a commentary of the changes made and how these address the referees' comments.

Referees will be sent copies of the other referees' comments and the author's response, once the protocol is approved for publication.

Once approved by the contact editor, the editorial team will check and approve the protocol. Final approval for publication will be given by the Co-ordinating Editor. Copy editing will not be done routinely by the UGPD Group at the protocol stage.

The UGPD Group's policy for resolving disagreements between the editorial team and authors or between the authors themselves, about the content of the protocol, is to attempt to resolve such issues by informal discussion. In the event an issue cannot be resolved, the advice of the director of the UK Cochrane Centre will be sought.

Time between submission of protocol and receipt of the completed review should normally be two years or less. After this time, protocols will be judged to have 'expired' and will be removed from the Cochrane Library with a note to that effect in the What's New section.

Reviews

The UGPD Group editorial team supports authors in the preparation of reviews by providing methodological advice, formulation and execution of search strategies, provision of RevMan software and other Cochrane Collaboration materials such as the handbook for authors and training and support as required on an ad hoc basis. Informal advice is available through the Review Group Co-ordinator.

At least three referees are asked to provide comments on each review, in general these will be: a person with experience of Cochrane methodology, a clinical expert and a consumer. These referees are usually from outside the editorial team, but editors may be asked to provide referee comments for reviews other than those for which they have editorial responsibility. In the case of methodological difficult or clinically contentious issues, comments may be sought from additional peer referees. Where possible, comments will be sought from the same peer referees who commented on the protocol.

After comments from referees have been returned to the authors, the authors are asked to modify the review as appropriate and return it to the Review Group Co-ordinator with a commentary of the changes made and how these address the referees' comments.

Once approved by an editor, the editorial team will check and approve the review. Final approval for publication will be given by the Co-ordinating Editor. Copy editing will not be done routinely by the UGPD Group but completed reviews are submitted to Wiley's copy editing service and authors will be expected to amend their reviews to reflect these copy edit comments before publication.

The UGPD Group's policy for resolving disagreements between the editorial team and authors or between the authors themselves, about the content of the protocol, is to attempt to resolve such issues by informal discussion. In the event an issue cannot be resolved, the advice of the director of the UK Cochrane Centre will be sought.

Referees will be sent copies of the other referees' comments and the author's response, once the review is approved for publication.

Updating

Review authors will obtain newly identified information which may be relevant to their review from the specialised register on an annual basis.

Reviews will be updated annually when new studies are identified. If no new trials are found at the annual update search, a note will be made on the published review to this effect.

Updates of reviews will not normally be subject to the peer referee process as described for reviews unless the conclusions of the review are substantially altered by the addition of new data.

Feedback

Brendan Delaney is the Feedback Editor appointed by the UGPD, and will oversee the process of dealing with comments and criticisms.

Out of date reviews

Policy to be developed.

Disagreements about updates

The UGPD Group's policy for resolving disagreements between the editorial team and authors or between the authors

themselves, about the content of the protocol, is to attempt to resolve such issues by informal discussion. In the event an issue cannot be resolved, the advice of the director of the UK Cochrane Centre will be sought.

Plagiarism

The Group upholds an author's right to intellectual property and will not tolerate plagiarism. Authors are requested to properly cite or paraphrase another author's work. Copying and pasting the work of others is not acceptable. Authors are expected to create original text and analyses. The Group has procedures in place to detect plagiarism at all stages of review development, including title registration. Authors suspected of plagiarism will be confronted. Depending on the severity of plagiarism an author may be given guidance on how rephrase or quote another's work or, in extreme cases, banned from any further work with the group.

Publications

Publications of Cochrane UGPD Reviews

Journal Articles/Book Chapters

Arnott S. et al. Preoperative radiotherapy in esophageal carcinoma: a meta-analysis using individual patient data. *Int. J. Radiation Oncology Biol. Phys.*, 41 (3)579- 583. Also published as: Preoperative radiotherapy for esophageal carcinoma Tierney J. et al. *The Cochrane Library*.

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Delaney B. et al. Cost-Effectiveness of Early Endoscopy for Dyspepsia in Patients of 50 Years of Age and Over: Results of a Primary Care Based Randomised Controlled Trial. Digestive Disease Week, San Diego USA, 20-24 May 2000.

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Plenaries and Workshops

Briggs A, Delaney BC; Schulpher M, Claxton K. Stochastic cost-effectiveness modelling. Society for Medical Decision Making. Chicago, Illinois, USA. October 21st 2003. (invited postgraduate course)

Delaney B.C. The role of quality of life measurement in the clinical assessment of GERD. Symptom assessment in reflux disease. Marrakech, Morocco, 7-8th September 2002.

Delaney B.C. Test and treat strategies for H.pylori in the management of dyspepsia. Chris Silagy memorial lecture: The impact of systematic reviews on primary care. Kellogg College, Oxford. 26th Sept 2002.

Delaney B.C. 'Pragmatic' RCTs : planning, conduct and analysis of RCTs with cost-effectiveness as the primary outcome. Epidemiology Grand Round, McGill University Health Centre, Montreal Canada, October 8th 2002.

Delaney B.C. A Bayesian approach to dyspepsia: working with uncertainty at the interface between research and practice. Invited lecture, Montreal, Canada 8th October 2002.

Delaney B.C. The Cochrane Collaboration and the evidence-base for managing dyspepsia. Gastroenterology Grand Round, Montreal General Hospital, Montreal, Canada. 9th October 2002.

Delaney B. Effectiveness of empirical treatments for undiagnosed dyspepsia. Primary Care Society for Gastroenterology Symposium at The British Society of Gastroenterology ASM, Birmingham, March 21-23, 2000.

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Delaney BC. Managing dyspepsia in primary care. XVIth International Workshop Gastrointestinal Pathology and Helicobacter. Stockholm 4-6 September 2003.

Delaney BC. Prevalence and epidemiology of GERD. Europe-Japan Joint Expert meeting, London, 22nd Sept 2003.

Delaney BC. Managing dyspepsia in Primary Care A new Cochrane individual patient data meta-analysis. (AGA Special Symposium) Digestive Disease week, New Orleans, USA 19th May 2004.

Delaney BC. Management of Dyspepsia. (invited talk) WONCA-Europe, Amsterdam 3 June 2004.

Delaney BC. Dyspepsia management: H pylori and beyond (invited talk). United European Gastroenterology week, Prague 27th Sept 2004.

Delaney BC. Approach to the patient with dyspepsia (lunch session). United European Gastroenterology week, Prague 28th Sept 2004.

Delaney BC. Dyspepsia: Test and treat. Takeda Satellite symposium:United European Gastroenterology week, Prague 28th Sept 2004

Delaney BC. Acute management of the patient with Gastroesophageal reflux disease: Workshop on Gastrointestinal Disease, Paris 21st Oct 2004

Incorporation of reviews into guidelines/discussion of reviews at meetings (e.g. consensus conferences)

NHS Executive Evidence Review: "Improving Outcomes in Upper GI Cancers". This evidence review has been published and used by the NHS Centre for Research and Development in the development of their manual: "Guidance on Commissioning Cancer Services: Upper GI Cancer". The Manual will, in turn, be used by Health Authorities to provide guidance in the commissioning of relevant services.

The review "Short-term treatment with proton pump inhibitors, H2-receptor antagonists and prokinetics for gastro-oesophageal reflux disease-like symptoms and endoscopy negative reflux disease" will be included in primary care guidelines by the European Society for Primary Care Gastroenterology.

The HTA Report: "Managing the Dyspeptic Patient" will be used as the evidence base for the production of guidelines by the British Society of Gastroenterology.

Dr R. Malthaner (UGPD editor and reviewer) and Dr Wong (UGPD reviewer) are contributing reviews of chemo- or radiotherapy as adjuvant or neoadjuvant therapy for oesophageal resectable cancer and took the lead in drafting and revising the Cancer Care Ontario Practice Guidelines Initiative, recently submitted to "Cancer Practice and Control".

Tierney, J The results of the pre-op RT in oesophageal cancer are included in the British Columbia Cancer Agency Cancer Management Guidelines for Gastrointestinal Cancer.
<http://www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Gastrointestinal/01.EsophagusAndCardia/Management/Localiz>

References

Additional information

