Cochrane
Kidney and Transplant

# Annual Report 2019

## Cochrane Kidney and Transplant

Trusted evidence.
Informed decisions.
Better health.

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Australian Government
National Health and Medical Research Council

BEAT CKD
BETTER EVIDENCE AND TRANSLATION IN CHRONIC KIDNEY DISEASE

THE UNIVERSITY OF SYDNEY

ckr CENTRE FOR KIDNEY RESEARCH
The Children's Hospital at Westmead

Based at:
the children's hospital at Westmead

**Endorsements**: Asian-Pacific Society of Nephrology (**APSN**), Australian and New Zealand Society of Nephrology (**ANZSN**), International Pediatric Nephrology Association (**IPNA**), International Society of Nephrology (**ISN**), Kidney Health Australia (**KHA**), National Kidney Foundation (**NKF**)

# 1. Highlights for 2019

## 1.1 Review publication

- Total new reviews published at year ending 2019: **196**
- Total protocols published at year ending in 2019: **60**

- Publications in 2019:
    - Reviews published: **6**
    - Updates published: **8**
    - Reviews made stable: **0**
    - Protocols published: **6**
    - Titles registered: **7**

## 1.2 Review contributors

- Total active authors: **868**; 19 new authors added in 2019
- Total active peer reviewers: **777**; 29 new peer reviewers added in 2019

## 1.3 Register of Studies

- The Register of Studies contains 26,569 reports of 14,425 studies

## 1.4 Promotional resources and training

- Website: http://kidneyandtransplant.cochrane.org/
- Twitter. We are active tweeters. Please follow us at @CochraneKidney
- Introduction to writing a Cochrane systematic review workshop was conducted in December 2019

## 1.5 Impact factor

- 2018 Cochrane Database of Systematic Reviews (CDSR) journal impact factor: **7.755** (an increase on the 2017 score of 6.754)

- 2018 Cochrane Kidney and Transplant (CKT) impact factor: **5.219** (an increase on the 2017 score of 4.750)

# 2. Personnel

## 2.1 Editorial staff

**Coordinating Editor**
Professor Jonathan Craig

**Deputy Coordinating Editor**
Professor Giovanni Strippoli

**Managing Editor**
Dr Fiona Russell

**Copy Editor**
Ms Narelle Willis

**Information Specialist**
Ms Gail Higgins

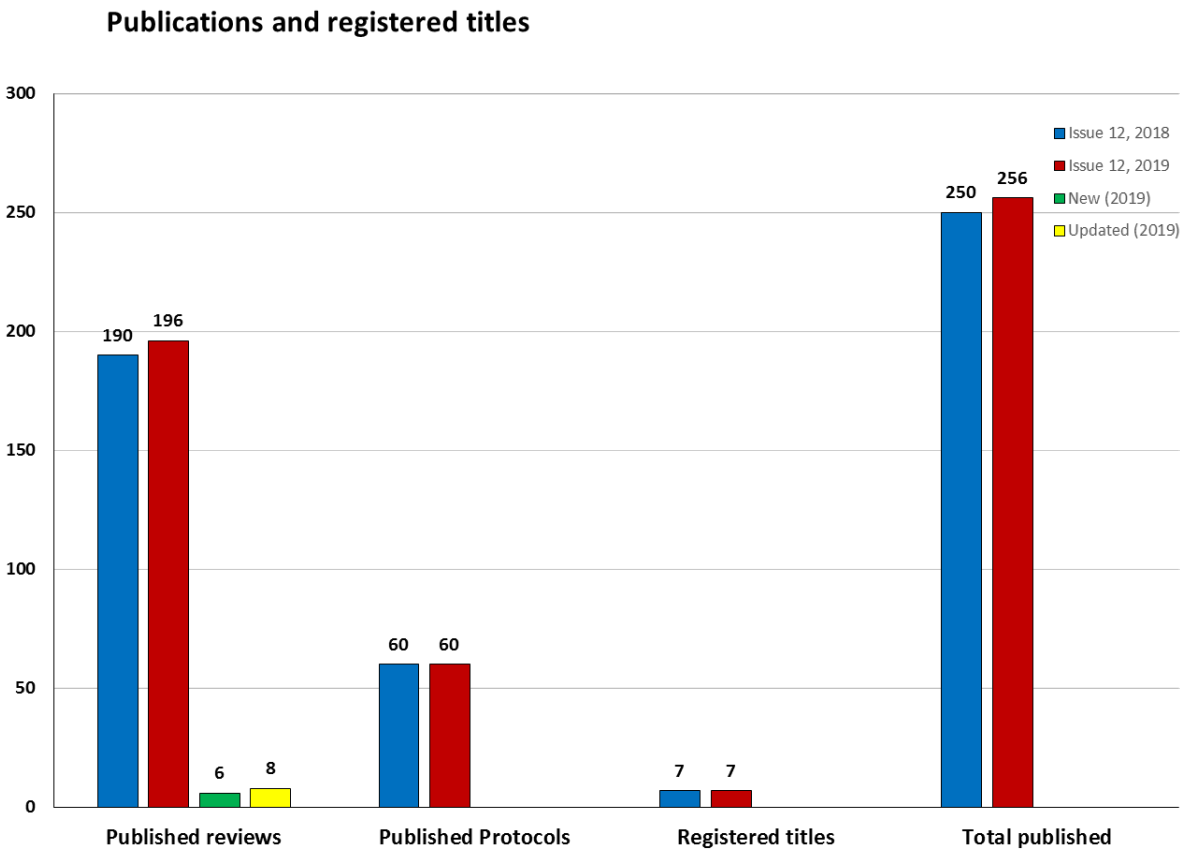
**Information Specialist**
Ms Ruth Mitchell

**Systematic Reviewer**
Ms Tess Cooper

We are indebted to Dr Elisabeth Hodson for her support as part of the editorial base team.

## 2.2 Editors

# 3. Publications and registered titles




Summary of reviews, protocols and updated/up-to-date reviews published in the CDSR (issues 1 to 12, 2019).

## 3.1 Published new and updated reviews

1. Catheter type, placement and insertion techniques for preventing catheter-related infections in chronic peritoneal dialysis patients (Updated)
2. Dialysate temperature reduction for intradialytic hypotension for people with chronic kidney disease requiring haemodialysis (New)
3. eHealth interventions for people with chronic kidney disease (New)
4. Human albumin infusion for treating oedema in people with nephrotic syndrome (New)
5. Interventions for idiopathic steroid-resistant nephrotic syndrome in children (Updated)
6. Interventions for improving sleep quality in people with chronic kidney disease (New)
7. Interventions for preventing bone disease in kidney transplant recipients (Updated)
8. Interventions for primary vesicoureteric reflux (Updated)
9. Long-term antibiotics for preventing recurrent urinary tract infection in children (Updated)
10. Low dialysate sodium levels for chronic haemodialysis (New)

11. Machine perfusion preservation versus static cold storage for deceased donor kidney transplantation (New)
12. Parenteral versus oral iron therapy for adults and children with chronic kidney disease (Updated)
13. Psychosocial interventions for preventing and treating depression in dialysis patients (Updated)
14. Target of rapamycin inhibitors (TOR-I; sirolimus and everolimus) for primary immunosuppression in kidney transplant recipients (Updated)

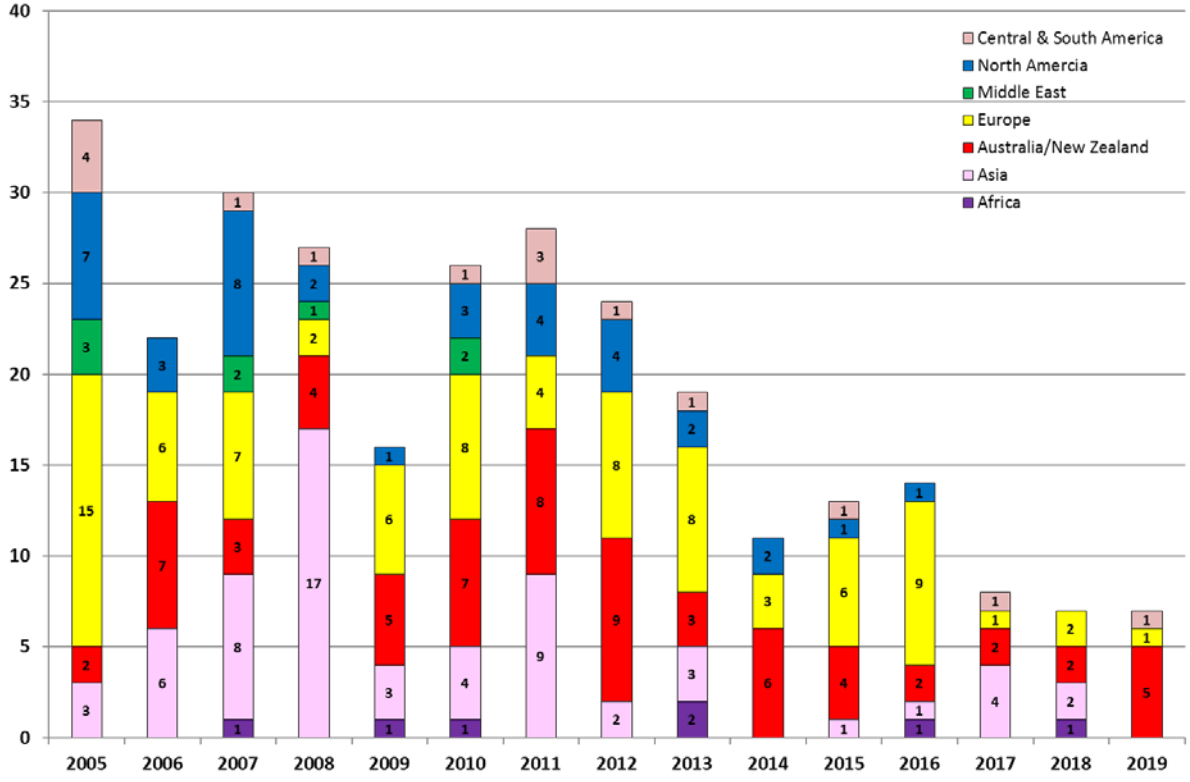
## 3.2 Published protocols

1. Interventions for BK virus infection in kidney transplant recipients
2. Interventions for thrombosed haemodialysis arteriovenous fistulas and grafts
3. Metformin for preventing the progression of chronic kidney disease
4. Non-pharmacological interventions for preventing clotting of extracorporeal circuits during continuous renal replacement therapy
5. Pharmacological interventions for osteoporosis in people with chronic kidney disease stages 3-5D
6. Upper limb exercise for people on haemodialysis following arteriovenous fistula surgery

## 3.3 New registered titles

1. D-mannose for preventing and treating urinary tract infections
2. Early versus late removal of urinary catheter after kidney transplantation
3. Interventions for treating catheter-related bloodstream infections in people receiving maintenance haemodialysis
4. Peritoneal dialysis versus haemodialysis for people commencing dialysis
5. Exercise training for adults undergoing maintenance dialysis
6. Exercise training for adults with chronic kidney disease not requiring dialysis
7. Synbiotics (prebiotics and probiotics) for people with chronic kidney disease and solid organ transplant recipients

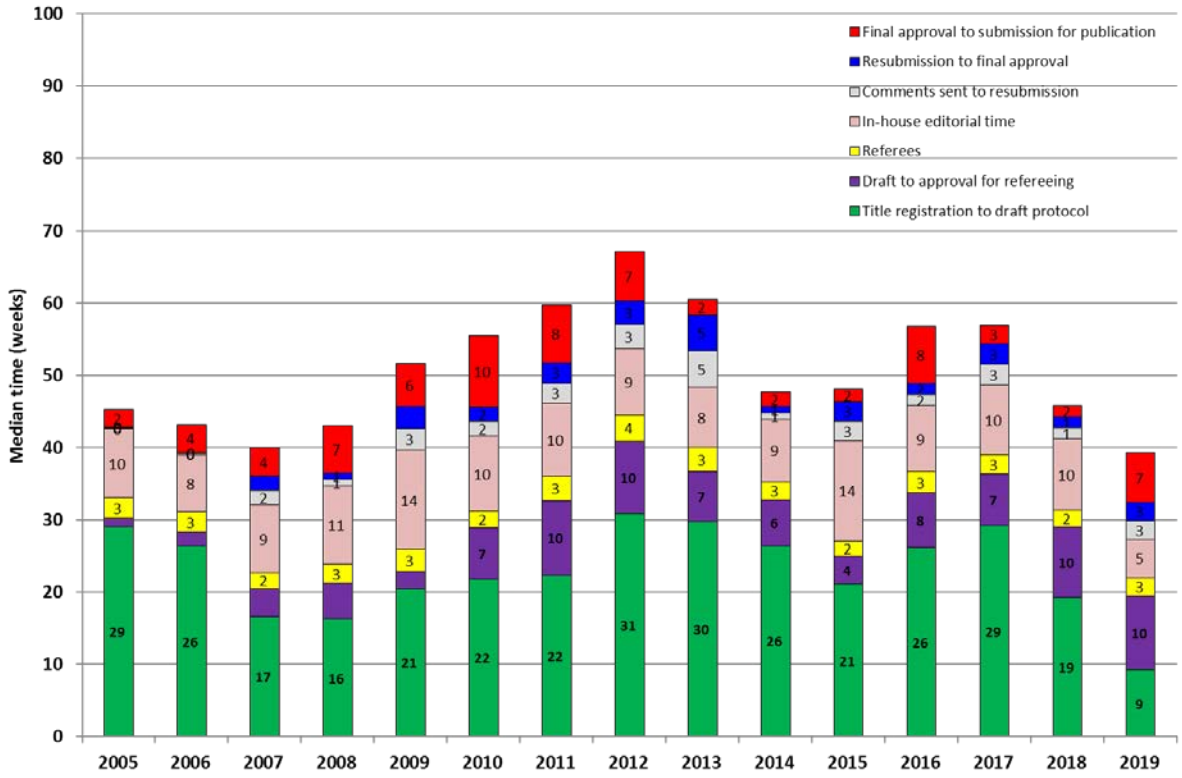
## 3.4 Titles registered 2005 to 2019



# 4. Editorial process

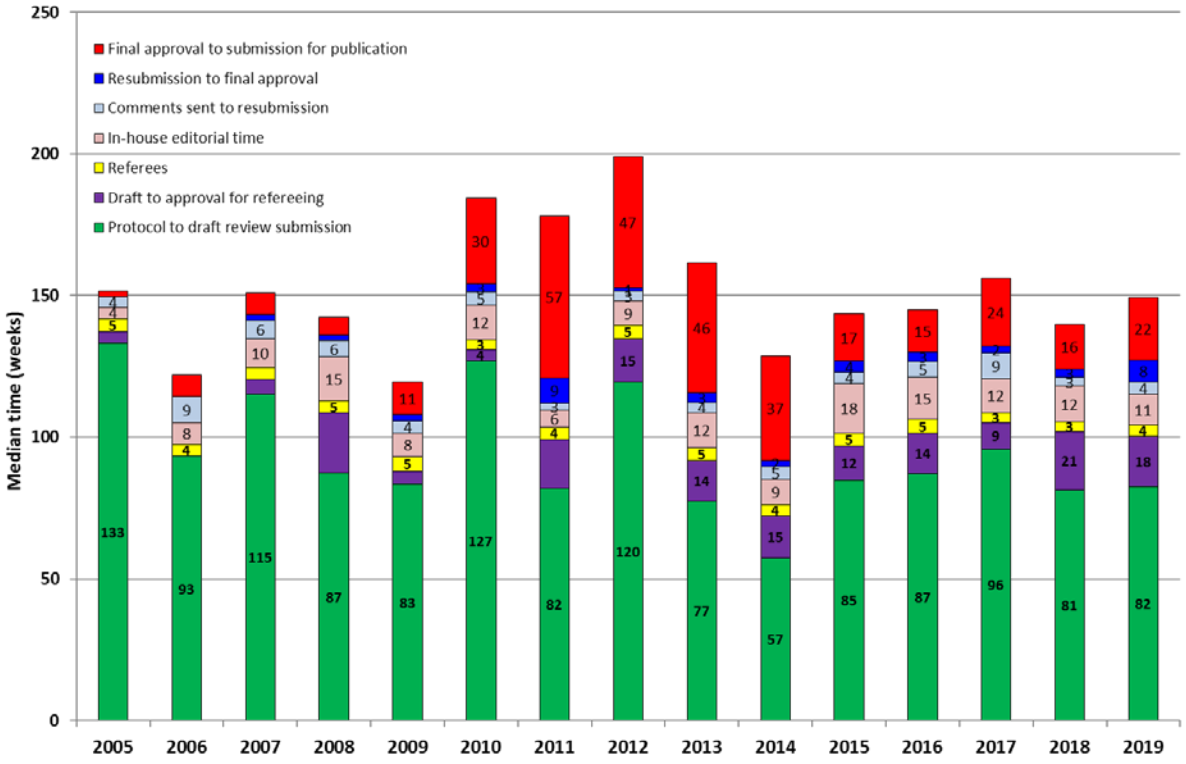
## 4.1 Protocols timeline

Median time taken (weeks) from title registration until protocol submitted for publication (sorted by year draft submitted for peer review).



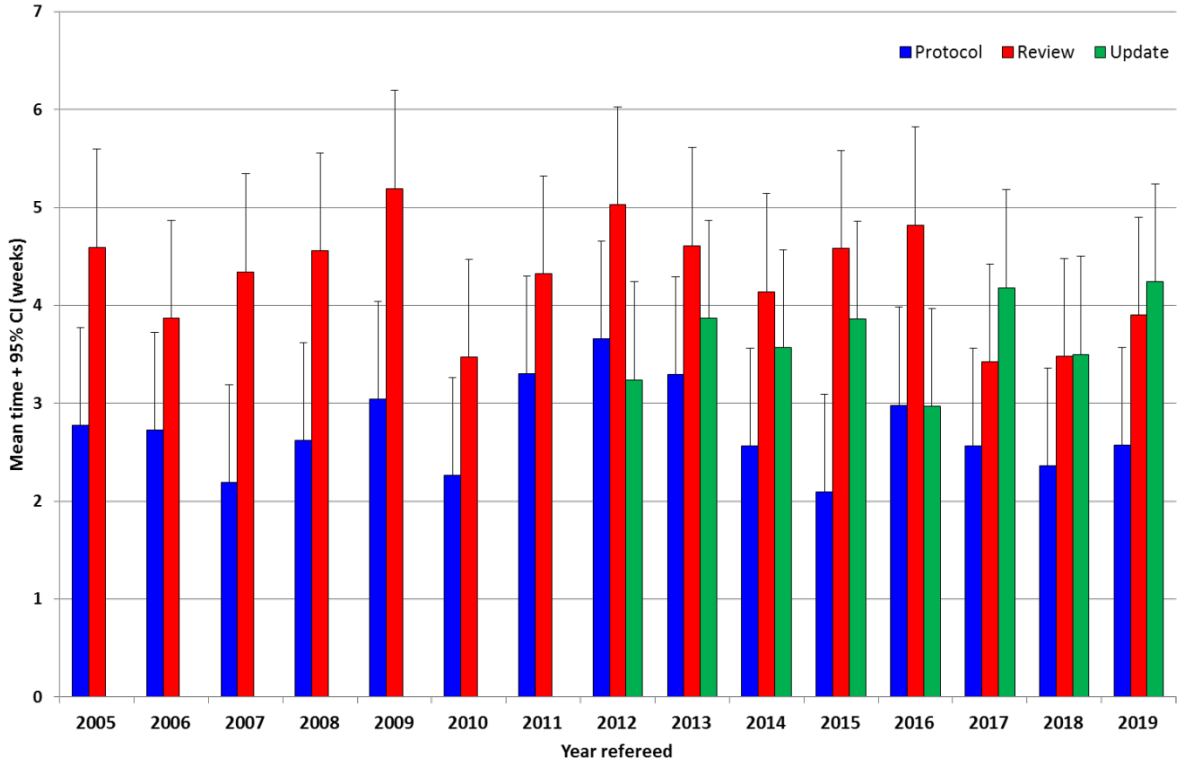
## 4.2 Reviews timeline

Median time taken (weeks) from protocol submitted for publication until review submitted for publication (sorted by year draft review submitted for peer review).




## 4.3 Time taken by peer reviewers

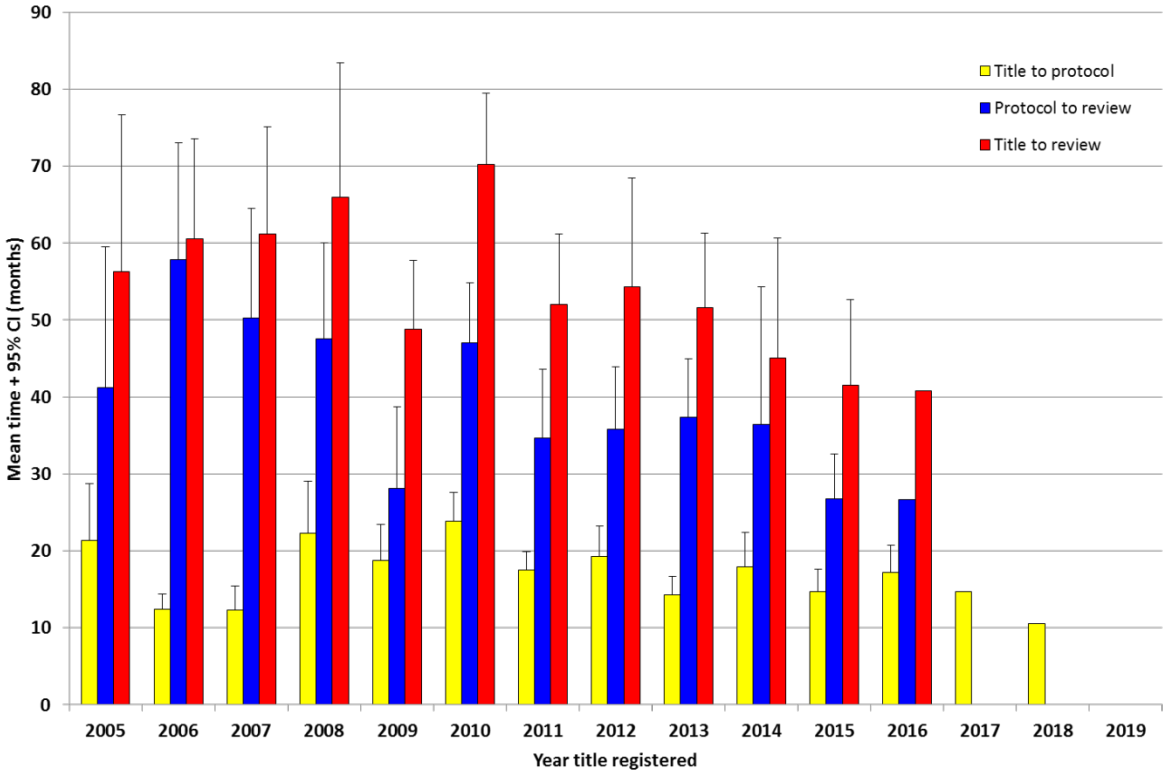
Mean time taken (weeks ± 95% CI) to peer review a protocol, review or update from sending documents until comments received—sorted by year draft submitted for peer review.



## 4.4 Mean time to publication

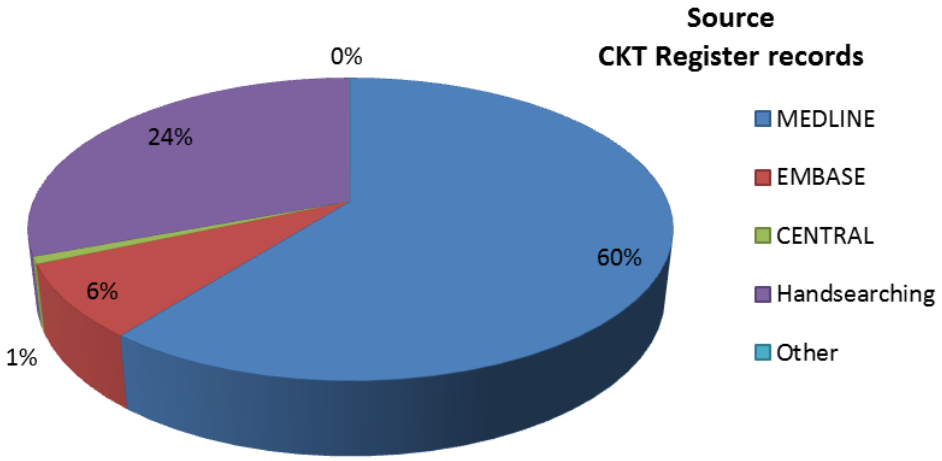
Time (months, mean and 95% CI) taken from:

- Title registration to protocol inclusion in the CDSR
- Time from protocol inclusion until review inclusion in the CDSR
- Time from title registration until review inclusion in the CDSR

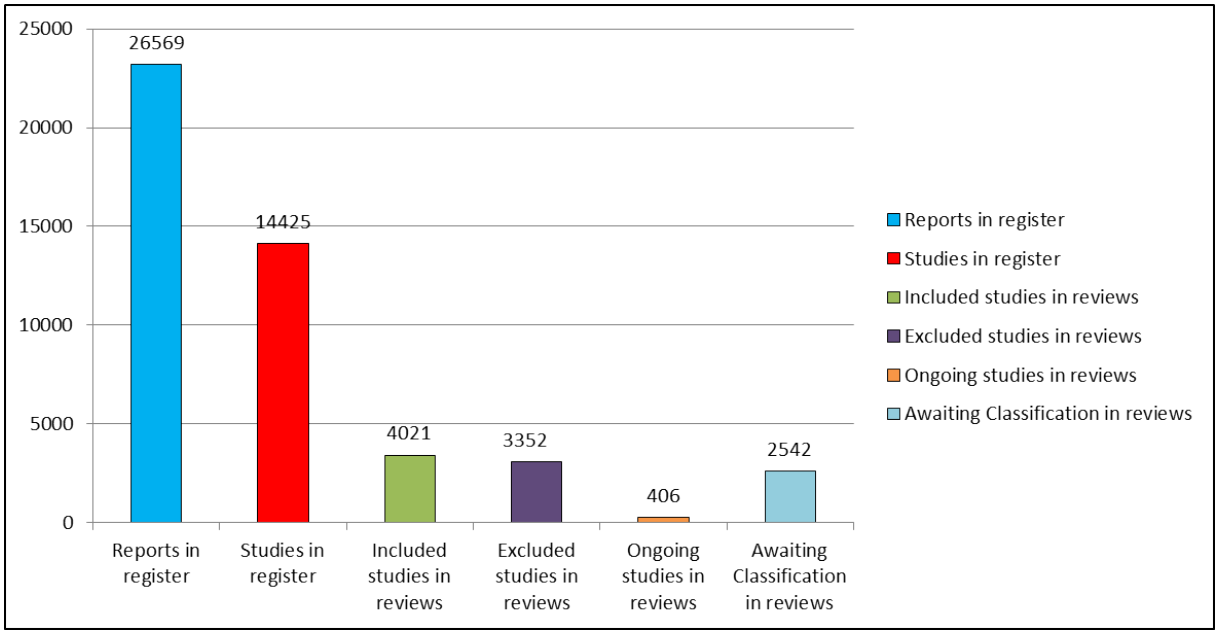


# 5. CKT Register of Studies

CKT develop and maintain a Register of Studies. It is a database of randomised controlled trials in kidney disease populated from a variety of sources that reflects the scope of our group. As of January 2020, the Register contained 26,569 reports of 14,425 studies.




As of January 2020, 28% (n = 4021) of the studies in the CKT Register of Studies (n = 14,425) are in Included Studies in CKT systematic reviews. Another 18% (n = 2542) of studies are in Awaiting Classification in CKT systematic reviews currently in production.



# 6. Dissemination

CKT continues to maintain and develop communication with our partners and stakeholders.

## 6.1 Website

Our website is located at http://kidneyandtransplant.cochrane.org/ where you can find:

- Information on our scope, our team and our supporters and sponsors
- Links to our newsletters, annual reports and brochures
- All our reviews, protocols and registered titles
- Resources for authors and peer reviewers on writing a review
- Online membership form, workshop details
- Ongoing trials in Nephrology (with links to Clinicaltrials.gov)

## 6.2 Twitter

Twitter: @CochraneKidney. We Tweet regularly, promoting newly published CKT reviews and news of interest. We added 207 new followers in 2019, to end the year with a total of 2036 followers.

## 6.3 Review promotion

Each new review and update is promoted using a "blogshot" (summary graphic) via twitter and on the homepage of our website.

## 6.4 AJKD "Cochrane Corner"

In 2018 CKT and the *American Journal of Kidney Disease* (*AJKD)* agreed to collaborate to publish a regular summary and accompanying commentary of a recently published Cochrane review in *AJKD* called Cochrane Corner.

CKT Cochrane Corner published in 2019:

- Catheter Type, Placement, and Insertion Techniques for Preventing Catheter-Related Infections in Maintenance Peritoneal Dialysis Patients: Summary of a Cochrane Review
- Commentary - Putting Peritoneal Dialysis Catheter Infections Into Perspective

## 6.5 Podcasts

Cochrane podcasts deliver the latest Cochrane evidence in an easy to access audio format. Each Cochrane podcast offers a short summary of a recent Cochrane review from the authors themselves.

CKT podcast published in 2019:

- Immunosuppressive treatment for people with proliferative lupus nephritis

## 6.6 NIHR Evidence

National Institute for Health Research (NIHR) Evidence presents high quality summaries of findings so that health and care research can be used by all members of society.

CKT NIHR Evidence published in 2019:

- Iron deficiency in people with chronic kidney disease can be managed with either oral or IV therapy

## 6.7 Inclusion in guidelines 2019

CKT reviews have been cited in 37 guidelines published in 2019, including multiple guidelines produced by the National Institute for Health and Care Excellence (NICE), The Renal Association and the European Association of Urology.

In 2019, 64 unique CKT reviews have been cited, the most cited being: HMG CoA reductase inhibitors (statins) for people with chronic kidney disease not requiring dialysis (CD007784) which has been used in 5 different guidelines.

# 7. Partnership and collaboration

## 7.1 KDIGO guideline partnership

On January 9, 2018 CKT entered into an agreement with Kidney Disease: Improving Global Outcomes (KDIGO) to undertake the evidence review for two clinical practice guideline updates (Glomerulonephritis and Management of blood pressure in CKD) and one de novo clinical practice guideline (Management of diabetes and CKD).

The CKT-KDIGO partnership represents a new approach to guideline development by using high-quality Cochrane reviews to provide the foundation for the guideline evidence review. In addition, the project is utilising the innovative online guideline publishing platform MAGICapp, which allows for a more transparent link between evidence and recommendation and makes updating clinical practice guidelines more efficient.

Twenty-seven existing CKT reviews formed the basis of the evidence review for the guidelines and were updated with searches in 2018. Additionally, non-Cochrane reviews were undertaken as required.

CKT met with KDIGO to finalise the scope of the guidelines in February 2018 (Glomerulonephritis and blood pressure in CKD guidelines) and April 2018 (Diabetes in CKD guideline). In August 2018 CKT met with the glomerulonephritis guideline workgroup to present and discuss the evidence review, and in January 2019 CKT met with the blood pressure workgroup and diabetes workgroup to present and discuss the evidence reviews.

In 2019 CKT finalised the guideline evidence after the feedback received from the workgroups and worked towards publishing the Cochrane review updates that formed the basis of these guidelines.

## 7.2 SONG core outcome sets

In September, 2017, CKT decided to incorporate core outcome sets in chronic kidney disease developed by the Standardised Outcomes in Nephrology Initiative (SONG) as they became available. CKT now requires that all available SONG core outcome sets are included in our reviews if those outcome sets are relevant to the included participants. They can be primary or secondary outcomes and additional outcomes can also be included. The core outcomes are included due to their relevance for consumers (e.g. decision-makers, patients) even if they do not appear to be directly relevant to the intervention.

The core outcome sets for haemodialysis and transplant (SONG-HD: fatigue; cardiovascular disease; vascular access; mortality and SONG-Tx: graft health; cardiovascular disease; cancer; infection; life participation; mortality) had previously been incorporated. In 2019, the core outcome set for peritoneal dialysis (SONG-PD: PD-infection, cardiovascular disease; mortality, PD failure, life participation) become available and was incorporated into our Review Proposal Form and protocol template documentation and included in all relevant new titles and unpublished protocols.

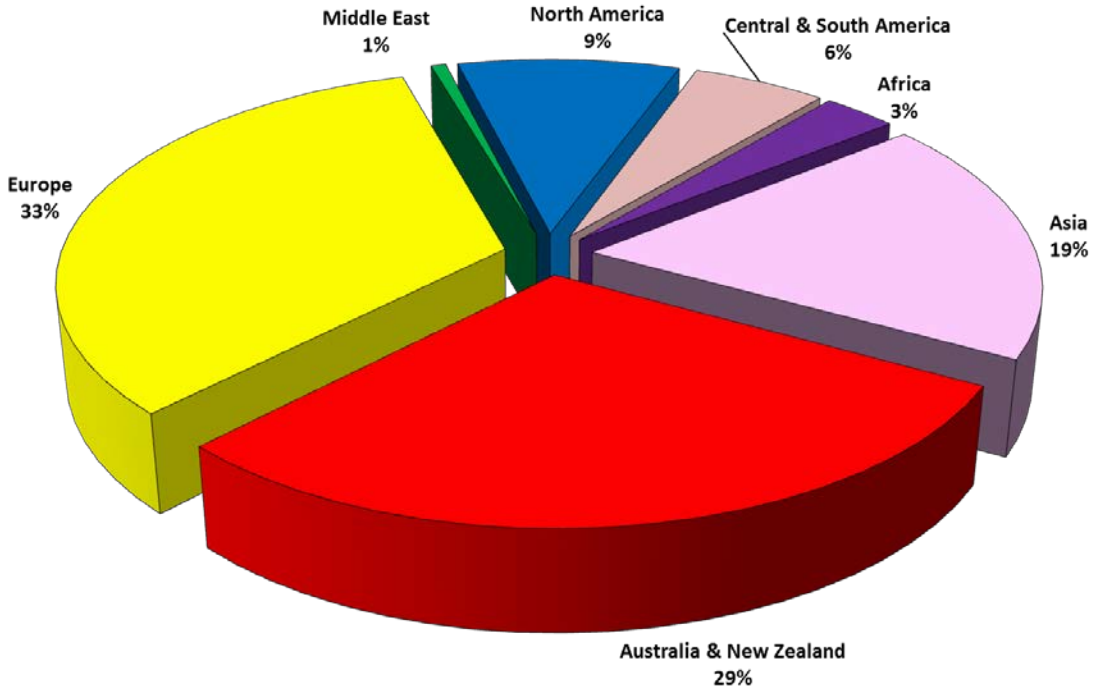
## 7.3 Cochrane Review Group Networks

In 2018, Cochrane created eight new Networks of Cochrane Review Groups to support and help coordinate work across multiple Review Groups dealing with similar topics. Each Network has a Senior Editor, Associate Editor and Network Fellow. CKT belongs to the Abdomen and Endocrine Network, together with the Colorectal, Hepato-Biliary, Inflammatory Bowel Disease, Metabolic and Endocrine Disorders, and Upper GI and Pancreatic Diseases Groups.

# 8. Authors and peer reviewers

Although based in Australia, CKT is an international group that seeks to include authors and peer reviewers from around the world.

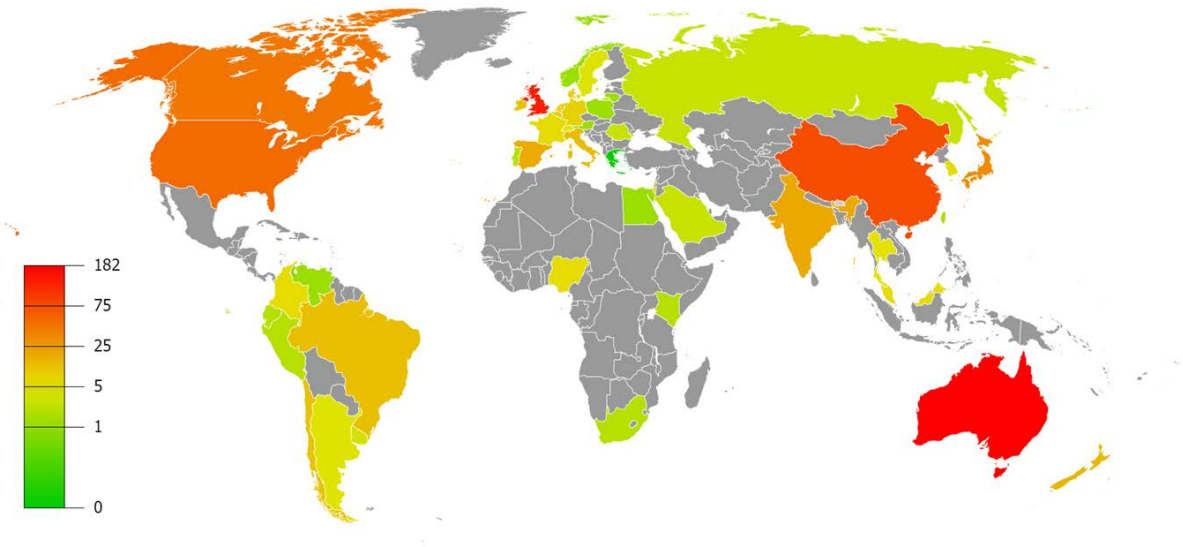
## 8.1 Contact authors




**Contact authors**

**Africa** (Kenya, Nigeria, South Africa); **Asia** (China, India, Japan, South Korea, Malaysia, Philippines, Taiwan, Thailand); **Australia and New Zealand**; **Central & South America** (Argentina, Brazil, Chile, Colombia, Peru, Uruguay), **Europe** (Belgium, Denmark, France, Germany, Ireland, Italy, Netherlands, Poland, Romania, Russian Federation, Spain, Sweden, Switzerland, UK); **Middle East** (Israel, Palestine); **North America** (Canada, USA)

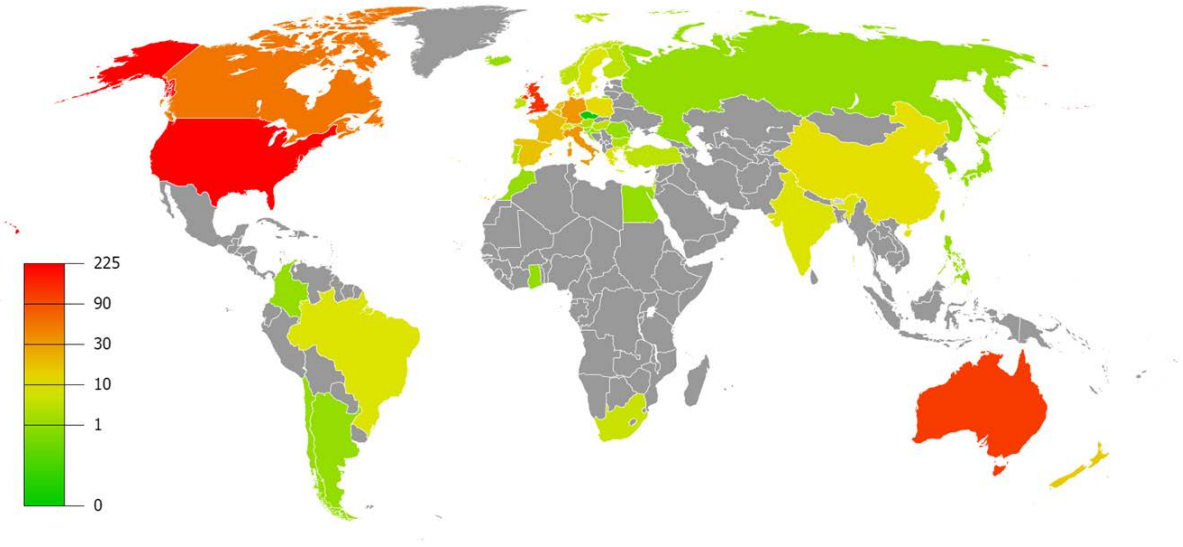
## 8.2 Authors




**All authors (869)**

Argentina, Australia, Austria, Belgium, Brazil, Canada, Chile, China, Colombia, Croatia, Denmark, Ecuador, Egypt, France, Germany, Greece, India, Ireland, Israel, Italy, Japan, Kenya, Korea (South), Lithuania, Malaysia, Mexico, Netherlands, New Zealand, Nigeria, Norway, Palestine, Peru, Philippines, Poland, Portugal, Romania, Russian Federation, Saudi Arabia, Singapore, South Africa, Spain, Sweden, Switzerland, Taiwan, Thailand, UK, USA, Uruguay, Venezuela

## 8.3 Peer reviewers




**Peer reviewers (777)**

Argentina, Australia, Austria, Bahrain, Belgium, Brazil, Bulgaria, Canada, Chile, China, Colombia, Croatia, Czech Republic, Denmark, Egypt, Finland, France, Germany, Ghana, Greece, Hong Kong, Hungary, Iceland, India, Ireland, Israel, Italy, Japan, Korea (South), Malaysia, Morocco, Netherlands, New Zealand, Norway, Philippines, Poland, Portugal, Romania, Russian Federation, Singapore, Slovenia, South Africa, Spain, Sweden, Switzerland, Taiwan, Turkey, UK, USA

## 8.4 Author support

In 2019, we regularly updated our existing resource documentation and templates in response to changes in Cochrane methodology and policy. We also created a number of new resources for authors to assist them in undertaking their reviews and maintaining Cochrane standards, including new documentation for diagnostic and prognosis reviews.

In addition, we continued to provide ongoing methodological, procedural and technical support to all our authors.

## 8.5 Training

In December, 2019 a 3-day workshop designed for authors of intervention reviews who wish to follow Cochrane methods was held at our editorial base in Sydney. The workshop was run in partnership with Cochrane Australia.

This three-day introductory workshop is designed for new authors starting a Cochrane systematic review and is a mixture of presentations and hands-on sessions which give an overview of all the methods required to write a protocol and get started on the review.

- Day 1 covers scoping the review, the process of writing a protocol and searching the literature for included studies.
- Day 2 covers assessing the risk of bias (critical appraisal) of included studies, and an introduction to meta-analysis, common data types encountered in systematic reviews, and using the Review Manager software package.
- Day 3 looks at analysis of more complex study designs and data types, exploring and interpreting results.

In addition, Cochrane Centres organise and run training workshops for authors in their region, see https://www.cochrane.org/about-us/our-global-community/geographic-groups. Workshops and online training resources can be found at https://training.cochrane.org/, with a set of online modules that provide an introduction to systematic reviews at https://training.cochrane.org/interactivelearning.

# 9. Advisory Board

In April 2001 CKT established an Advisory Board representing our major stakeholders that meets twice a year. The members of the Board in 2019 were:

- **Professor Gavin Becker** (Royal Melbourne Hospital)
- **Dr Michael Brydon** (The Sydney Children's Hospitals Network) – *until June 2019.*
- **Professor Jonathan Craig** (CKT Co-ordinating Editor)
- **Dr Magid Fahim** (Princess Alexandra Hospital)
- **Dr Celine Foote** (The George Institute for Global Health)
- **Professor Sally Green** (Cochrane Australia)
- **Dr Elisabeth Hodson** (Department of Nephrology and the Centre for Kidney Research, The Children's Hospital at Westmead)
- **A/Prof Cheryl McCullagh** (The Sydney Children's Hospitals Network) – *joined June 2019.*
- **Dr Lisa Murphy** (Kidney Health Australia)
- **Dr Matthew Roberts (Chair)** (Eastern Health Clinical School, Monash University, ANZSN)
- **Dr Fiona Russell** (CKT Managing Editor)
- **Professor Giovanni Strippoli** (CKT Deputy Co-ordinating Editor)
- **Mr Peter Williams** (consumer representative) – *joined September 2019.*

# 10. Funding and endorsements

We are grateful for support from the following organisations:

## 10.1 Supporters

- National Health and Medical Research Council (NHMRC)
- BEAT-CKD Better Evidence and Translation in CKD
- Centre for Kidney Research
- The Children's Hospital at Westmead
- University of Sydney

## 10.2 Partners

- Kidney Disease: Improving Global Outcomes (KDIGO)

## 10.3 Endorsements

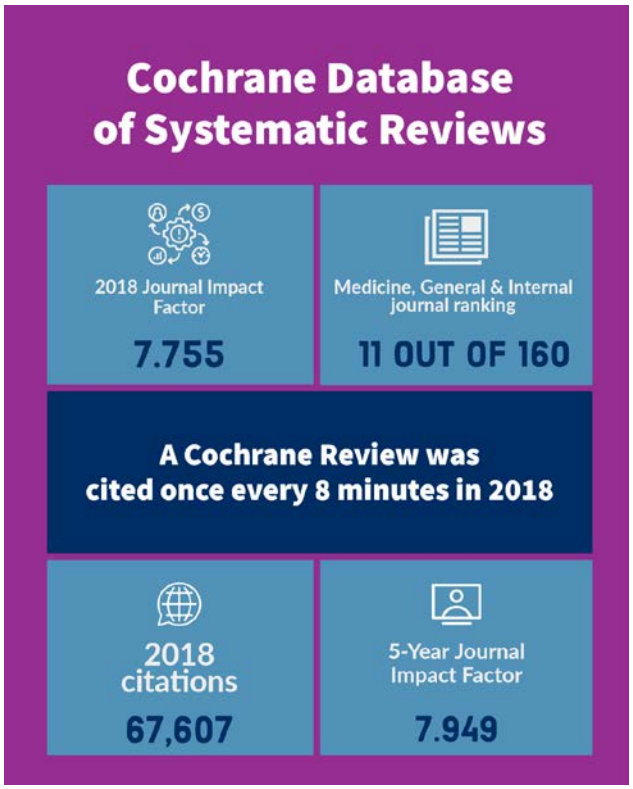
- Asian Pacific Society of Nephrology
- Australian & New Zealand Society of Nephrology (ANZSN)
- International Pediatric Nephrology Association (IPNA)
- International Society of Nephrology (ISN)
- Kidney Health Australia (KHA)
- National Kidney Foundation [US]

# 11. Impact factor

## 11.1 CDSR journal impact factor 2018

Released in June 2019, the 2018 journal impact factor for the CDSR was **7.755**, an increase on the 2017 journal impact factor, which was 6.754.

The journal impact factor describes the ratio of the number of citations in 2018 of reviews published in 2016 and 2017 (12,106) to the number of reviews published in 2016 and 2017 (1,561).



## 11.2 CKT impact factor 2018

The 2018 impact factor for CKT was **5.219** (32 publications cited 167 times), an increase on the 2017 impact factor of 4.750. A review published by our group in 2016 and 2017 was cited, on average, 5.219 times in 2018.

The ten most cited reviews from the CKT group contributing to the 2018 impact factor were:

| Review Title | Times Cited | CD Number | Publication date | CCA number (if applicable) |
|---|---|---|---|---|
| Steroid avoidance or withdrawal for kidney transplant recipients | 17 | CD005632.pub3 | 22/08/2016 | 1451 |
| Intensity of continuous renal replacement therapy for acute kidney injury | 14 | CD010613.pub2 | 04/10/2016 | |
| Direct oral anticoagulants versus warfarin for preventing stroke and systemic embolic events among atrial fibrillation patients with chronic kidney disease | 13 | CD011373.pub2 | 06/11/2017 | 2014 |
| Interventions for idiopathic steroid-resistant nephrotic syndrome in children | 13 | CD003594.pub5 | 11/10/2016 | |
| Ischaemic preconditioning for the reduction of renal ischaemia reperfusion injury | 12 | CD010777.pub2 | 04/03/2017 | 1728 |
| Glucose targets for preventing diabetic kidney disease and its progression | 11 | CD010137.pub2 | 08/06/2017 | 1791 |
| Polyclonal and monoclonal antibodies for induction therapy in kidney transplant recipients | 8 | CD004759.pub2 | 10/01/2017 | 1716 |
| Calcineurin inhibitor withdrawal or tapering for kidney transplant recipients | 7 | CD006750.pub2 | 21/07/2017 | 1834 |
| Dietary interventions for adults with chronic kidney disease | 7 | CD011998.pub2 | 23/04/2017 | |
| Acupuncture and related interventions for symptoms of chronic kidney disease | 6 | CD009440.pub2 | 28/06/2016 | |
| Isolation as a strategy for controlling the transmission of hepatitis C virus (HCV) infection in haemodialysis units | 6 | CD006420.pub2 | 11/08/2016 | 2118 |

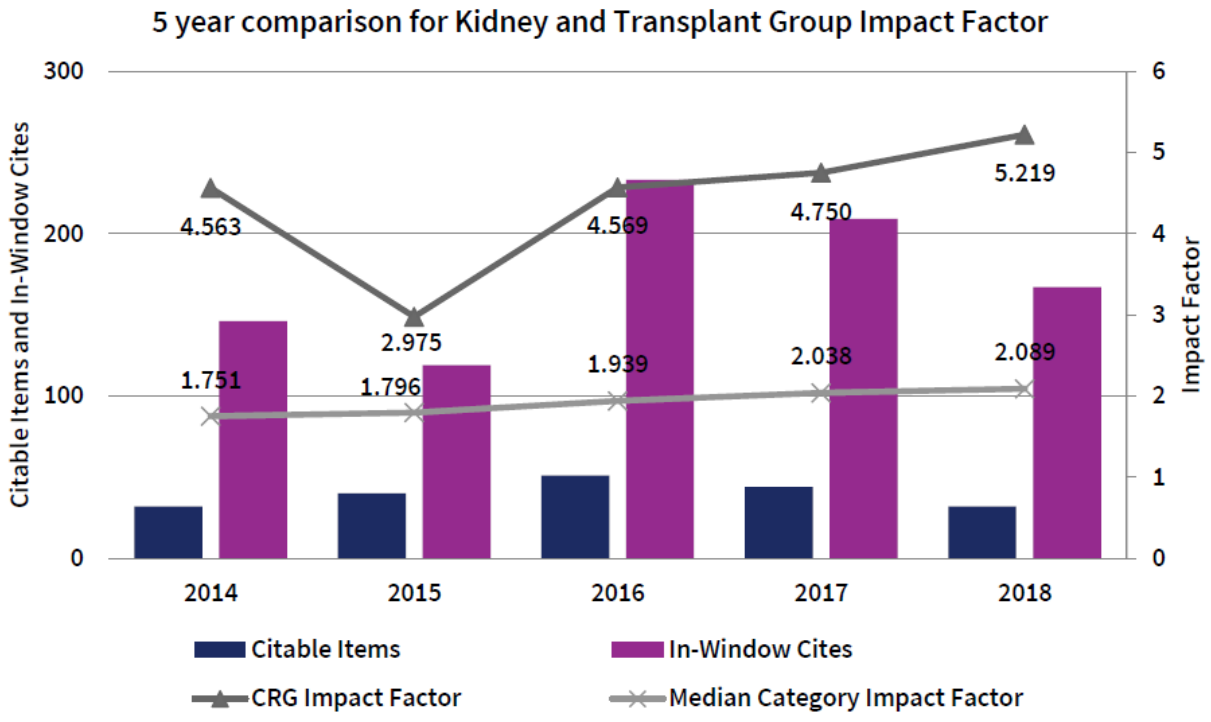
## 11.3 CKT impact factor compared with journals publishing in the same category

The CKT data was compared with journals in the relevant Journal Citation Reports subject categories. The journal with the top impact factor in the category is not always directly comparable – either because of the scope of the journal, or the number of reviews published.

| CRG | Category (Median IF) | IF of journal ranked 10th in the category | Highest ranked journal by IF |
|---|---|---|---|
| Kidney and Transplant Group | Urology & Nephrology | Prostate Cancer and Prostatic Diseases | Nature Reviews Nephrology |
| 5.219 | 2.089 | 4.600 | 19.684 |

## 11.4 CKT impact factor compared to previous years

The below graph shows the impact factor, the median impact factor for the Journal Citation Reports (JCR) subject category (see 11.3 above), the number of citable items published and the number of in-window citations received over the past 5 years. This provides an indication of how CKT's 'impact factor' would compare to similar outputs in its respective JCR category if it were a journal. It also shows trends in articles being published, citations made and the average number of citations that an article receives (impact factor). Note that other journals in the JCR category are not always directly comparable and the nature of the CDSR is different to that of journals.



## 11.5 Cochrane Library usage data

The ten most accessed reviews from CKT in 2018 were:

| CD Number | Review Title | Full text downloads |
|---|---|---|
| CD011339 | Diuretics for people with chronic kidney disease | 9,770 |
| CD001321.pub5 | Cranberries for preventing urinary tract infections | 6,573 |
| CD008772.pub2 | Probiotics for preventing urinary tract infections in adults and children | 4,472 |
| CD011998.pub2 | Dietary interventions for adults with chronic kidney disease | 3,665 |
| CD011373.pub2 | Direct oral anticoagulants versus warfarin for preventing stroke and systemic embolic events among atrial fibrillation patients with chronic kidney disease | 3,469 |
| CD001533.pub5 | Corticosteroid therapy for nephrotic syndrome in children | 2,809 |
| CD009647.pub2 | Clinical symptoms, signs and tests for identification of impending and current water-loss dehydration in older people | 2,779 |
| CD010446.pub2 | Chinese herbal medicine for treating recurrent urinary tract infections in women | 2,629 |
| CD011798.pub2 | Insulin and glucose-lowering agents for treating people with diabetes and chronic kidney disease | 2,577 |
| CD009534.pub2 | Antibiotics for asymptomatic bacteriuria | 2,375 |

## 11.6 Alternative metrics

Using the Altmetric system (http://www.altmetric.com/), further measures of the impact of Cochrane reviews beyond cites and usage are able to be reported. Altmetric have created a cluster of servers that watch social media sites, newspapers, government policy documents and other sources for mentions of scholarly articles. The Altmetric Attention Score is a quantitative measure of the attention that a scholarly article has received.

Altmetric has tracked mentions of 12,150 articles from the CDSR up to July 2019.

The highest Altmetric Attention Scores from Cochrane reviews published by the CKT group in 2018 (scores retrieved April 2019) were:

| Altmetric Score | Review Title | B | T | N | F | W | M |
|---|---|---|---|---|---|---|---|
| 52 | Immunosuppressive treatment for proliferative lupus nephritis | 0 | 83 | 0 | 3 | 0 | 58 |
| 42 | Low protein diets for non-diabetic adults with chronic kidney disease | 0 | 71 | 0 | 0 | 0 | 28 |
| 42 | Antibiotics for asymptomatic bacteriuria in kidney transplant recipients | 0 | 54 | 1 | 0 | 0 | 1 |
| 40 | Insulin and glucose-lowering agents for treating people with diabetes and chronic kidney disease | 0 | 75 | 0 | 0 | 0 | 81 |
| 24 | Timing of renal replacement therapy initiation for acute kidney injury | 0 | 42 | 0 | 2 | 0 | 15 |
| 18 | Effects of peri-operative nonsteroidal anti-inflammatory drugs on post-operative kidney function for adults with normal kidney function | 0 | 27 | 0 | 1 | 0 | 25 |
| 15 | Biocompatible dialysis fluids for peritoneal dialysis | 0 | 23 | 0 | 0 | 0 | 26 |
| 14 | Treatment for hepatitis C virus-associated mixed cryoglobulinaemia | 0 | 20 | 0 | 2 | 0 | 36 |
| 14 | Phosphate binders for preventing and treating chronic kidney disease-mineral and bone disorder (CKD-MBD) | 0 | 19 | 0 | 1 | 0 | 31 |
| 13 | Early versus late ureteric stent removal after kidney transplantation | 0 | 21 | 0 | 0 | 0 | 29 |

**B=Bloggers T=Tweeters N=News outlets F=Facebook mentions W=Wikipedia pages M=Mendeley readers**

Altmetric track 'mentions' from 17 different sources including references in policy documents, citations in Wikipedia pages and discussions on peer review sites. Only sources that contributed substantially to the scores of the Cochrane reviews in the table above have been included.