



Cochrane
Kidney and Transplant

Annual Report 2020

Cochrane Kidney and Transplant



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Australian Government
National Health and Medical Research Council



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SYDNEY

Based at:

BEAT CKD
BETTER EVIDENCE AND TRANSLATION IN CHRONIC KIDNEY DISEASE

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

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 2020

1.1 Review publication

- Total reviews published at year ending 2020: **203**
- Total protocols published at year ending in 2020: **60**
- Publications in 2020:
 - Reviews published: **8**
 - Updates published: **9**
 - Reviews made stable: **8**
 - Protocols published: **8**
 - Titles registered: **14**
 - Protocols withdrawn: **11**

1.2 Review contributors

- Total active authors: **782**; 39 new authors added in 2020
- Total active peer reviewers: **796**; 22 new peer reviewers added in 2020

1.3 Staff changes

- We wish to thank Dr Fiona Russell for her 5 years of service to CKT. We thank her for her enormous contribution to our team and research.
- We welcome Tess Cooper, as Managing Editor, previously working as our in-house Systematic Reviewer. Prior to this, Tess has been working globally with Cochrane for several years with Pain, Palliative and Supportive Care, ENT, and Skin Groups.
- We are delighted to welcome Nicole Scholes-Robertson to our team. Nicole has lived experience of peritoneal dialysis and a living donor transplant. She is currently working at the Centre for Kidney Research and prior to that has worked as a physiotherapist. Nicole will be working as our Consumer Editor on various projects some including: the CKT prioritisation project; training consumers to collaborate with Cochrane Kidney and Transplant; and reviewing our plain language summaries prior to publication.

1.4 Register of Studies

- The Register of Studies contains 28,045 reports of 14,969 studies

1.5 Promotional resources and training

- Website: <http://kidneyandtransplant.cochrane.org/>
- Twitter. We are active tweeters. Please follow us at @CochraneKidney

1.6 Impact factor

- 2019 Cochrane Database of Systematic Reviews (CDSR) journal impact factor: **7.890** (an increase from 7.755 in 2018)
- 2019 Cochrane Kidney and Transplant (CKT) impact factor: **6.679** (an increase from 5.219 in 2018)

2. Personnel

2.1 Editorial staff

Coordinating Editor

Professor Jonathan Craig

Deputy Coordinating Editor

Professor Giovanni Strippoli

Managing Editors

Ms Narelle Willis

Ms Tess Cooper (from June 2020)

Dr Fiona Russell (to June 2020)

Copy Editor

Ms Narelle Willis

Information Specialist

Ms Gail Higgins

Ms Ruth Mitchell

Systematic Reviewer

Ms Tess Cooper

Consumer Editor

Ms Nicole Scholes-Robertson

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

2.2 Editors

Prof Arvind Bagga (India)

A/Prof Catherine Clase (Canada)

Dr Emmanuel Effa (Nigeria)

Dr Elisabeth Hodson (Australia)

Prof Vivekanand Jha (India)

Prof David Johnson (Australia)

Prof Petra Macaskill (Australia) (DTA Editor)

A/Prof Suetonia Palmer (New Zealand)

Prof Pietro Ravani (Canada)

Dr Matthew Roberts (Australia)

Prof Armando Teixeira-Pinto (Australia) (Statistical Editor)

Prof Angela Webster (Australia)

Mr Colin Wilson (UK)

3. Publications and registered titles

Summary of reviews, protocols and updated/up-to-date reviews published in the CDSR (issues 1 to 12, 2020).

3.1 Published new reviews

1. Calcium channel blockers for people with chronic kidney disease requiring dialysis
2. Interventions for itch in people with advanced chronic kidney disease
3. Oral protein-based supplements versus placebo or no treatment for people with chronic kidney disease requiring dialysis
4. Perioperative antibiotics for preventing post-surgical site infections in solid organ transplant recipients
5. Pharmacological interventions for heart failure in people with chronic kidney disease
6. Pharmacological interventions for preventing clotting of extracorporeal circuits during continuous renal replacement therapy
7. Potassium binders for chronic hyperkalaemia in people with chronic kidney disease
8. Urgent-start peritoneal dialysis versus conventional-start peritoneal dialysis for people with chronic kidney disease

3.2 Published updated reviews

1. Aldosterone antagonists in addition to renin angiotensin system antagonists for preventing the progression of chronic kidney disease
2. Corticosteroid therapy for nephrotic syndrome in children
3. Glucose-lowering agents for treating pre-existing and new-onset diabetes in kidney transplant recipients
4. Immunosuppressive agents for treating IgA nephropathy
5. Interventions for renal vasculitis in adults
6. Low protein diets for non-diabetic adults with chronic kidney disease
7. Non-corticosteroid immunosuppressive medications for steroid-sensitive nephrotic syndrome in children
8. Procalcitonin, C-reactive protein, and erythrocyte sedimentation rate for the diagnosis of acute pyelonephritis in children
9. Pharmacological interventions for preventing clotting of extracorporeal circuits during continuous renal replacement therapy

3.3 Published protocols

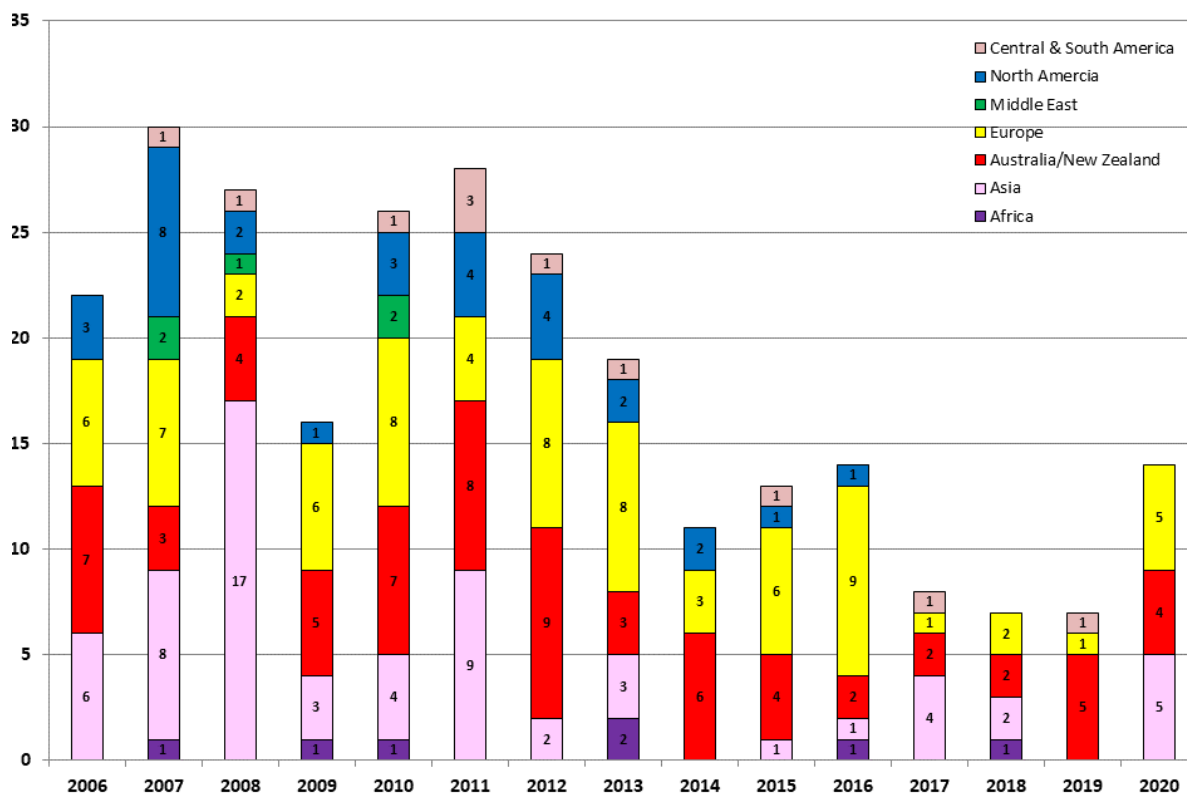
1. Carnitine supplements for people with chronic kidney disease requiring dialysis
2. D-mannose for preventing and treating urinary tract infections
3. Early versus late removal of urinary catheter after kidney transplantation
4. Hypoxia-inducible factor stabilisers for the anaemia of chronic kidney disease
5. Interventions for treating catheter-related bloodstream infections in people receiving maintenance haemodialysis
6. Less intensive versus conventional haemodialysis for people with end-stage kidney disease

7. Peritoneal dialysis versus haemodialysis for people commencing dialysis
8. Synbiotics, prebiotics and probiotics for people with chronic kidney disease

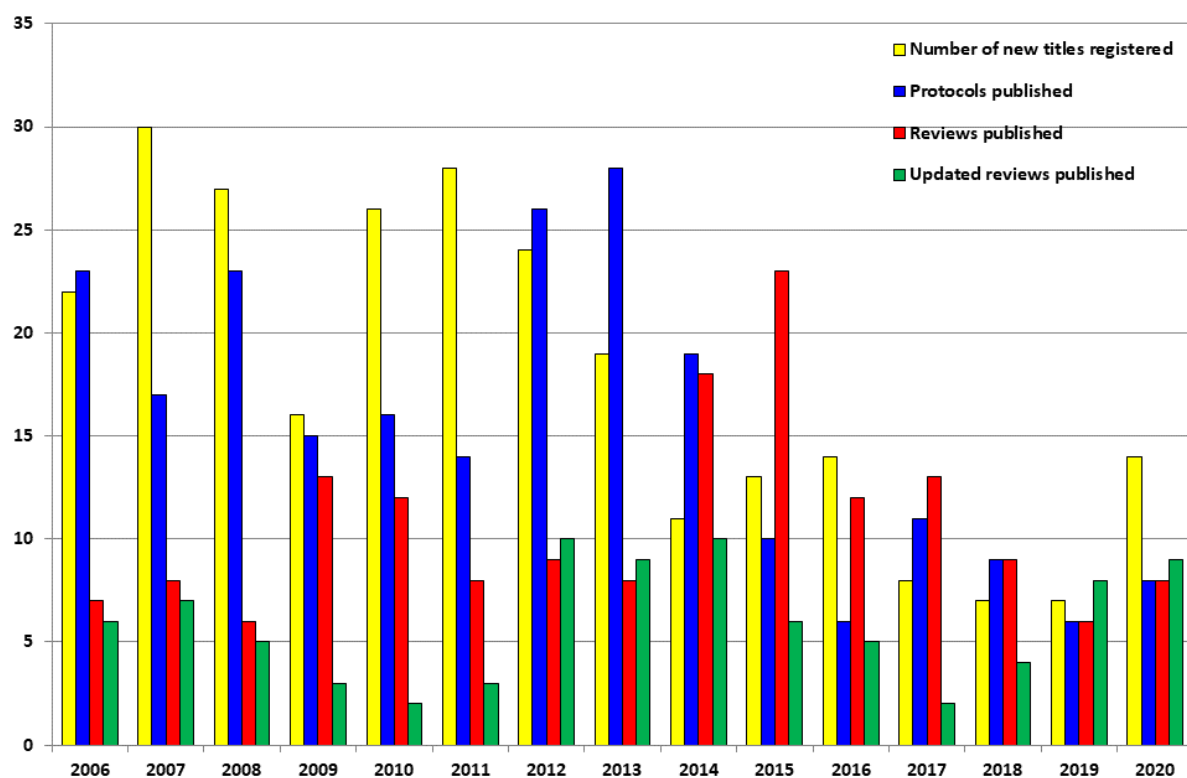
3.4 New registered titles

1. Hypoxia-inducible factor stabilisers for the anaemia of chronic kidney disease
2. Non-steroidal anti-inflammatory drugs for treating symptomatic uncomplicated urinary tract infections in non-pregnant adult women
3. Synbiotics, prebiotics and probiotics for solid organ transplant recipients
4. Antibiotics for acute pyelonephritis in adults
5. Erythropoiesis-stimulating agents for preventing acute kidney injury
6. Exercise training for adult kidney transplant recipients
7. Protein restriction for diabetic kidney disease
8. Delayed introduction of calcineurin-inhibitors for kidney transplant recipients
9. Diuretics for preventing and treating acute kidney injury
10. Puncture methods for arteriovenous fistula in maintenance haemodialysis
11. Serum and urine nucleic acid screening tests for polyomavirus-associated nephropathy in kidney and kidney-pancreas transplant recipients
12. C-reactive protein, procalcitonin, and erythrocyte sedimentation rate for the diagnosis of lower urinary tract infection in older people
13. Gut microbial biomarkers for predicting adverse outcomes in people with chronic kidney disease
14. Incidence and outcomes of COVID-19 in people with chronic kidney disease

3.5 Titles registered by region 2006 to 2020



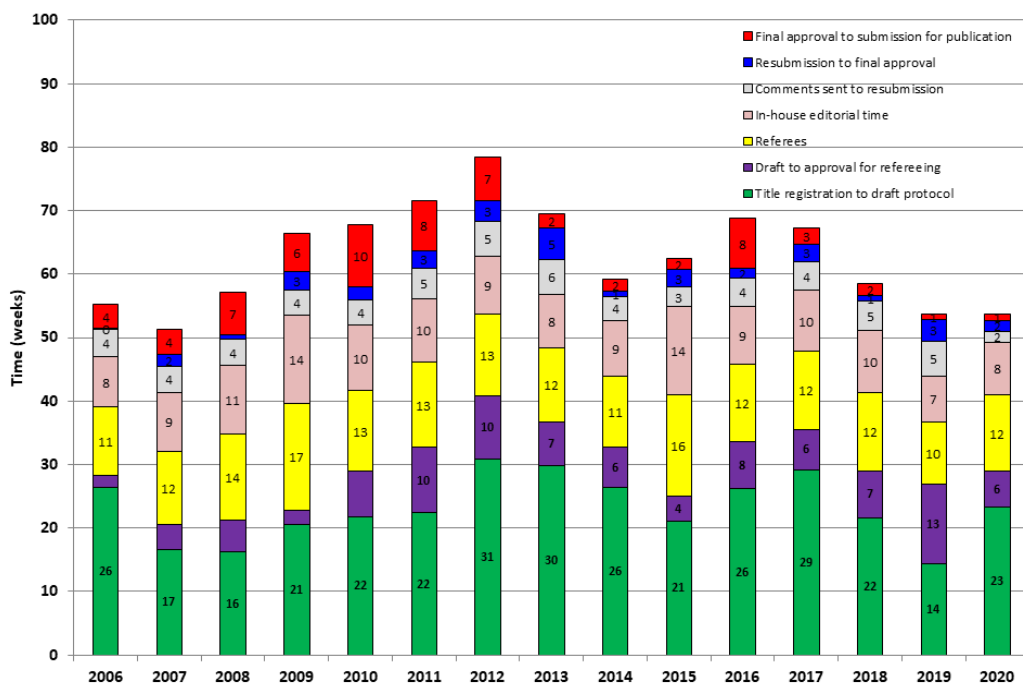
3.6 Protocols, reviews and updates published per year: 2006 to 2020



4. Editorial process

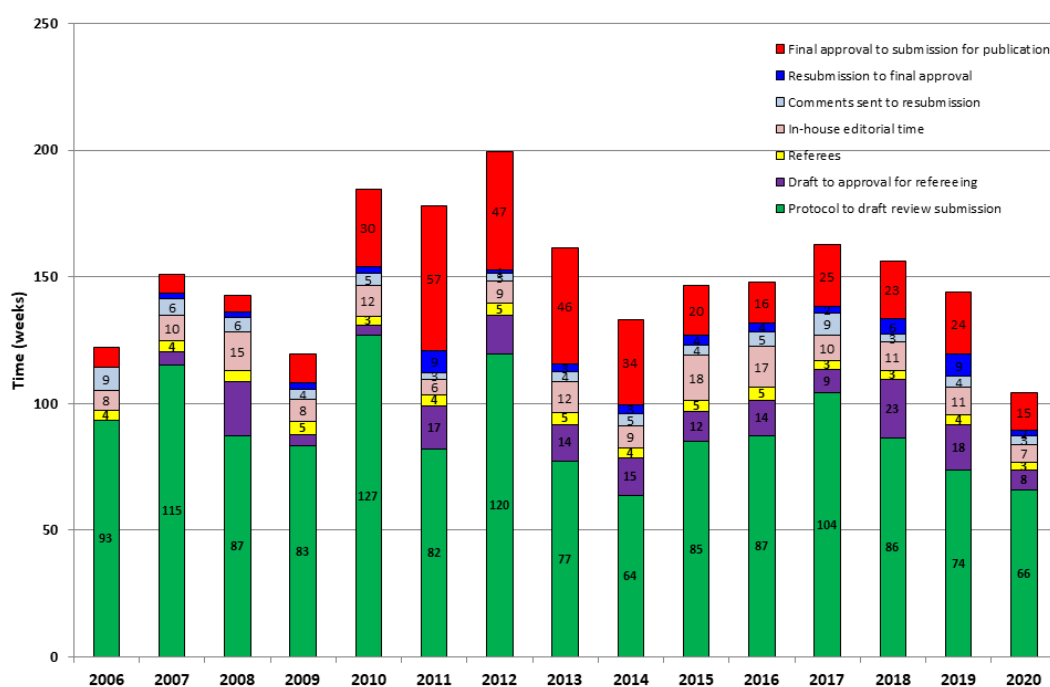
4.1 Protocol timeline – time to protocol publication

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



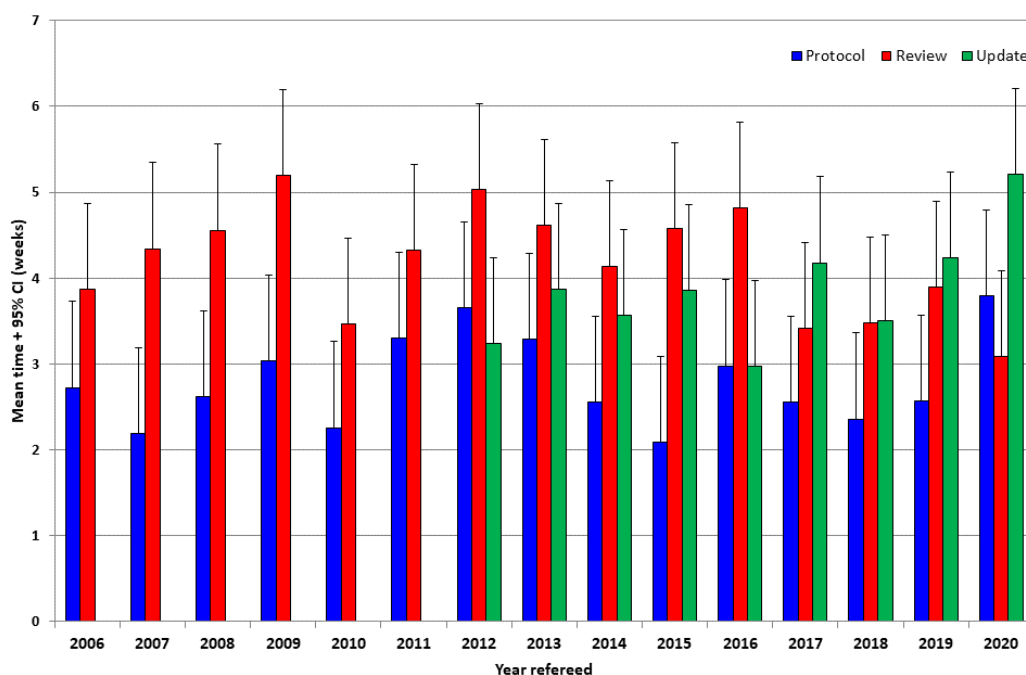
4.2 Review timeline

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

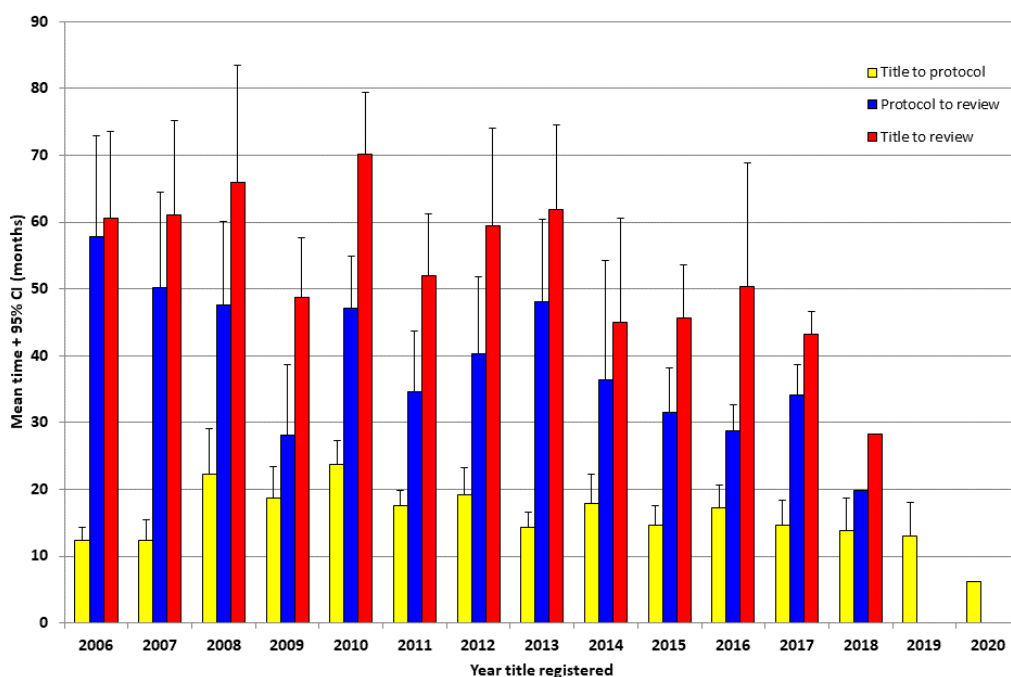
Mean time taken (weeks \pm 95% CI) to peer review a protocol, review or update from sending documents until comments received—sorted by year draft submitted for peer review.



4.4 Mean time to publication

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

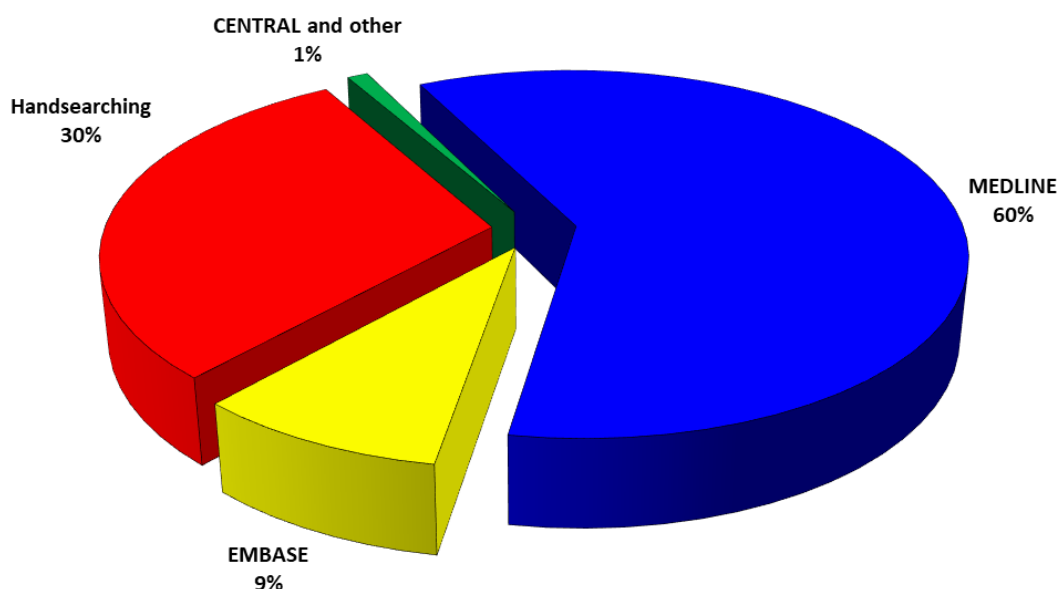
- Title registration to protocol inclusion in the CDSR
- Time from protocol inclusion until review inclusion in the CDSR
- Time from title registration until review inclusion in the CDSR



5. CKT Register of Studies

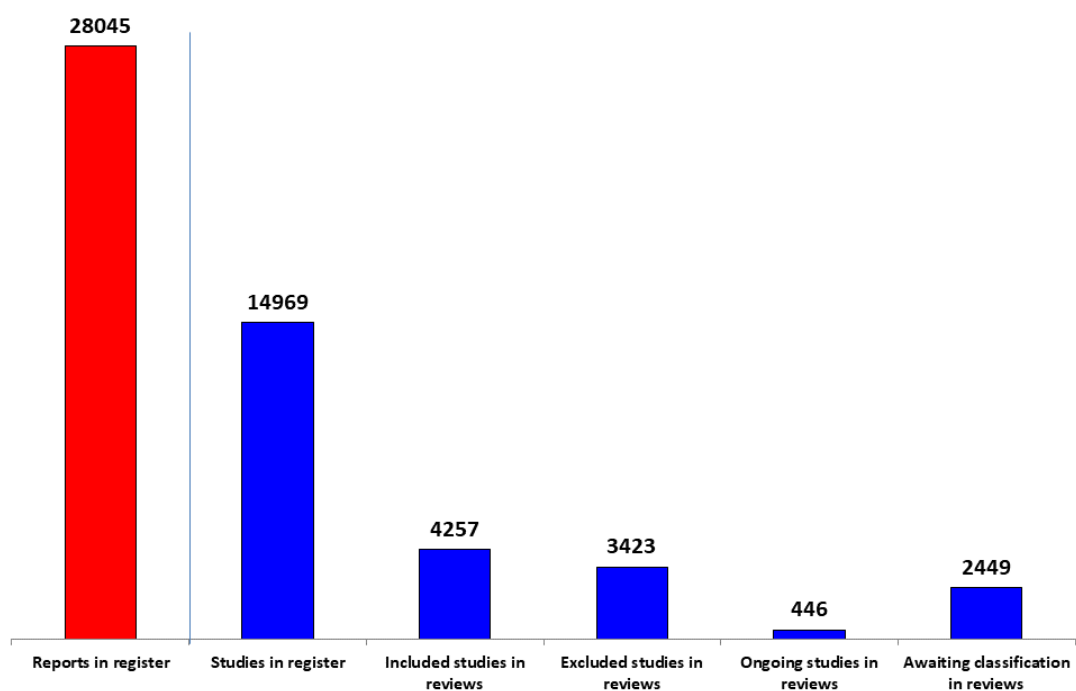
5.1 Source of CKT Register records

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 December 2020, the Register contained 28,045 reports of 14,969 studies.



5.2 How the CKT register of studies is used

As of December 2020, 29% (n = 4,257) of the studies in the CKT Register (n = 14,969) are in Included Studies in CKT systematic reviews. Another 16% (n = 2,449) 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](https://clinicaltrials.gov))

6.2 Twitter

Twitter: @CochraneKidney. We Tweet regularly, promoting newly published CKT reviews and news of interest. We added 205 new followers in 2020, to end the year with a total of 2,241 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 2 editorials in 2020 based on the review: **‘Interventions for preventing bone disease in kidney transplant recipients’**

1. Interventions for Preventing Bone Disease in Kidney Transplant Recipients: Editorial Summary of a Cochrane Review ([https://www.ajkd.org/article/S0272-6386\(20\)30037-8/fulltext](https://www.ajkd.org/article/S0272-6386(20)30037-8/fulltext))
2. Commentary - Interventions for Preventing Bone Disease Following Kidney Transplantation: Is There Evidence for Specific Therapy? ([https://www.ajkd.org/article/S0272-6386\(20\)30038-X/fulltext](https://www.ajkd.org/article/S0272-6386(20)30038-X/fulltext))

Original review citation: Palmer SC, Chung EYM, McGregor DO, Bachmann F, Strippoli GFM. Interventions for preventing bone disease in kidney transplant recipients. *Cochrane Database of Systematic Reviews* 2019, Issue 10. Art. No.: CD005015. DOI: 10.1002/14651858.CD005015.pub4. Accessed 09 May 2021. <https://doi.org/10.1002/14651858.CD005015.pub4>

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 Inclusion in guidelines 2020

In 2020, 37 unique CKT reviews have been cited in 15 guidelines.

National Institute for Health and Care Excellence. Technology appraisal guidance: Patiromer for treating hyperkalaemia. London: National Institute for Health and Care Excellence; 2020. (NICE TA623). [Issued February 2020]. Available from: <https://www.nice.org.uk/guidance/ta623>

- Angiotensin-converting enzyme inhibitors and angiotensin receptor blockers for adults with early (stage 1 to 3) non-diabetic chronic kidney disease
- Dietary interventions for adults with chronic kidney disease
- Emergency interventions for hyperkalaemia

Duodecim Current Care Guidelines: urinary tract infections. Helsinki: Finnish Medical Society Duodecim; March 2020. Available from: <https://www.kaypahoito.fi/hoi10050>

- Antibiotic duration for treating uncomplicated, symptomatic lower urinary tract infections in elderly women
- Antibiotics for preventing recurrent urinary tract infection in non-pregnant women
- Antibiotics for treating lower urinary tract infection in children
- Cranberries for preventing urinary tract infections
- Interventions for primary vesicoureteric reflux
- Long-term antibiotics for preventing recurrent urinary tract infection in children
- Methenamine hippurate for preventing urinary tract infections
- Oestrogens for preventing recurrent urinary tract infection in postmenopausal women
- Probiotics for preventing urinary tract infections in adults and children
- Routine intraoperative ureteric stenting for kidney transplant recipients

European Association of Urology. Guidelines on paediatric urology. Arnhem, The Netherlands: European Association of Urology; 2020. [Updated 2020]. Available from: <https://uroweb.org/guideline/paediatric-urology/>

- Antibiotics for acute pyelonephritis in children
- Interventions for primary vesicoureteric reflux
- Long-term antibiotics for preventing recurrent urinary tract infection in children
- Probiotics for preventing urinary tract infections in adults and children

European Association of Urology. Guidelines on Urological Infections. Arnhem (The Netherlands): European Association of Urology; 2020. [Updated 2020]. Available from: <https://uroweb.org/guideline/urological-infections/>

- Antibiotics for preventing recurrent urinary tract infection in non-pregnant women
- Citrate salts for preventing and treating calcium containing kidney stones in adults
- Cranberries for preventing urinary tract infections

Robinson JL, Finlay JC, Lang ME, Bortolussi R; on behalf of the Community Paediatrics Committee, Infectious Diseases and Immunization Committee, Canadian Paediatric Society. Urinary tract infection in infants and children: diagnosis and management. (Canadian Paediatric Society Position Statement). [Issued 2014, reaffirmed January 2020]. Paediatr Child Health 2014;19(6):315-319. Available from: <http://www.cps.ca/en/documents/position/urinary-tract-infections-in-children>

- Antibiotics for acute pyelonephritis in children
- Long-term antibiotics for preventing recurrent urinary tract infection in children
- Short versus standard duration oral antibiotic therapy for acute urinary tract infection in children

European Association of Urology. Guidelines on renal transplantation. Arnhem, The Netherlands: European Association of Urology; 2020. [Updated 2020]. Available from: <https://uroweb.org/guideline/renal-transplantation/>

- Belatacept for kidney transplant recipients
- Interleukin 2 receptor antagonists for kidney transplant recipients
- Laparoendoscopic single-site donor nephrectomy (LESS-DN) versus standard laparoscopic donor nephrectomy
- Laparoscopic versus open nephrectomy for live kidney donors
- Mycophenolic acid versus azathioprine as primary immunosuppression for kidney transplant recipients
- Polyclonal and monoclonal antibodies for induction therapy in kidney transplant recipients
- Routine intraoperative ureteric stenting for kidney transplant recipients
- Steroid avoidance or withdrawal for kidney transplant recipients

European Association of Urology. Guidelines on urolithiasis. Arnhem, The Netherlands: European Association of Urology; 2020. [Updated 2020]. Available from: <https://uroweb.org/guideline/urolithiasis>

- Effects of nonsteroidal anti-inflammatory drugs on postoperative renal function in adults with normal renal function

2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk. European Heart Journal. 2020 Jan;41(1):111-188. doi: 10.1093/eurheartj/ehz455. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/31504418>

- HMG CoA reductase inhibitors (statins) for kidney transplant recipients
- HMG CoA reductase inhibitors (statins) for people with chronic kidney disease not requiring dialysis

European Association of Urology. Guidelines on Neuro-Urology. Arnhem (The Netherlands): European Association of Urology; 2020. [Updated 2020]. Available from: <https://uroweb.org/guideline/neuro-urology/>

- Methenamine hippurate for preventing urinary tract infections

Dutch College of General Practitioners – Guideline on urinary tract infections (version 5.0 – Guideline M05). Utrecht: Nederlands Huisartsen Genootschap; April 2020. Available from: <https://richtlijnen.nhg.org/standaarden/urinegeweginfecties#volledige-tekst>

- Oestrogens for preventing recurrent urinary tract infection in postmenopausal women
- Probiotics for preventing urinary tract infections in adults and children
- Short versus standard duration oral antibiotic therapy for acute urinary tract infection in children

S3 Guideline: Peri- and Postmenopause - diagnostics and interventions. Berlin: Deutsche Gesellschaft für Gynäkologie und Geburtshilfe (DGGG); 2020. Available from: <https://www.awmf.org/leitlinien/detail/ll/015-062.html>

- Oestrogens for preventing recurrent urinary tract infection in postmenopausal women

Shaw V, Polderman N, Renken-Terhaerd J, Paglialonga F, Oosterveld M, Tuokkola J, Anderson C, Desloovere A, Greenbaum L, Haffner D, Nelms C, Qizalbash L, Vande Walle J, Warady B, Shroff R, Rees L. Energy and protein requirements for children with CKD stages 2-5 and on dialysis-clinical practice recommendations from the Pediatric Renal Nutrition Taskforce. *Pediatr Nephrol.* 2020 Mar;35(3):519-531. doi: 10.1007/s00467-019-04426-0. Available from: <https://pubmed.ncbi.nlm.nih.gov/31845057/>

- Protein restriction for children with chronic renal failure

The Renal Association. Clinical Practice Guideline: Standardisation of immunosuppressive and anti-infective drug regimens in UK Paediatric Renal transplantation - The Harmonisation Programme. Bristol: The Renal Association; 2020. [Issued May 2020]. Available from: <https://renal.org/wp-content/uploads/2020/05/Immunosuppression-regimens-in-paediatric-transplants.pdf>

- Steroid avoidance or withdrawal for kidney transplant recipients

KDIGO 2020 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease:
<https://kdigo.org/wp-content/uploads/2020/10/KDIGO-2020-Diabetes-in-CKD-GL.pdf>

- Exercise training for adults with chronic kidney disease
- Antihypertensive agents for preventing diabetic kidney disease
- Angiotensin converting enzyme inhibitors and angiotensin II receptor antagonists for preventing the progression of diabetic kidney disease
- Altered dietary salt intake for preventing and treating diabetic kidney disease
- Education programmes for people with diabetic kidney disease
- Antiplatelet agents for chronic kidney disease
- Glucose-lowering agents for treating pre-existing and new-onset diabetes in kidney transplant recipients
- Glucose targets for preventing diabetic kidney disease and its progression (2017)
- Direct renin inhibitors for preventing the progression of diabetic kidney disease
- Insulin and glucose-lowering agents for treating people with diabetes and chronic kidney disease

Living guideline on cholesterol-lowering therapy in chronic kidney disease with Caring for Australians and New Zealanders with kidney impairment (CARI) Guidelines.

https://files.magicapp.org/guideline/c9e13ba4-dce8-4620-ba6b-59ccd077404f/published_guideline_4689-3_0.pdf

- HMG CoA reductase inhibitors (statins) for people with chronic kidney disease not requiring dialysis

HMG CoA reductase inhibitors (statins) for people with chronic kidney disease not requiring dialysis has been included in an innovative living guideline on cholesterol-lowering therapy in chronic kidney disease with Caring for Australians and New Zealanders with kidney impairment (CARI) Guidelines. The HMG CoA reductase inhibitors Cochrane review formed the underlying evidence base for the guideline and will be updated every three months with new studies to inform guideline updates. These guidelines are an Australian Living Evidence Consortium Frontier Project.

IPNA clinical practice recommendations for the diagnosis and management of children with steroid-resistant nephrotic syndrome. Pediatric Nephrology <https://doi.org/10.1007/s00467-020-04519-1>

- Interventions for idiopathic steroid-resistant nephrotic syndrome in children

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.

In 2020, CKT has continued its partnership with Kidney Disease: Improving Global Outcomes to undertake the evidence review for two clinical practice guidelines updates (Glomerular disease and Management of blood pressure in CKD) and one de novo clinical practice guideline (Management of diabetes and CKD). The evidence review for the clinical practice guidelines are now complete, with 27 existing CKT reviews updated. In October 2020, the KDIGO 2020 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease was published: <https://kdigo.org/wp-content/uploads/2020/10/KDIGO-2020-Diabetes-in-CKD-GL.pdf> in Kidney International and online on MAGICapp (to be released in 2021). Ten existing CKT reviews were updated to be the underlying evidence review that provided the justification for guideline

recommendations on the management and treatment of diabetes in patients with chronic kidney disease. The guidelines on Glomerular disease and Management of blood pressure in CKD have received public review and will be published in 2021.

In December 2020, KDIGO approached CKT to begin proposals and workplans to update the evidence review to update the diabetes guideline. This is planned to be undertaken in 2021.

7.2 Australian Living Evidence Consortium

In 2020, The Australian Living Evidence Consortium (ALEC) group was established under the leadership of Cochrane Australia in partnership with CKT, Arthritis Australia, Australian Diabetes Society, Australasian Paediatric Endocrine Group, Diabetes Australia, Australian and New Zealand Society of Nephrology, Australia and New Zealand Musculoskeletal Clinical Trials Network, Heart Foundation, Kidney Health Australia, KHA-CARI Guidelines, and Stroke Foundation to work on numerous projects to produce living evidence.

These frontier projects include: Stroke Living Guidelines, Living Guidelines for Diabetes, Living Systematic Reviews for Musculoskeletal Conditions, Living Recommendations for Kidney Health, Living Recommendations for Heart Health. **Website:** <https://livingevidence.org.au/>

In April 2020, The Australian Living Evidence Consortium commissioned CKT for a rapid project to identify an international core outcome set for patients with COVID-19. This was conducted in the short timeframe of approximately 3 months and produced a rapid systematic review, a Delphi survey, and a best-worst survey.

7.3 SONG core outcome sets



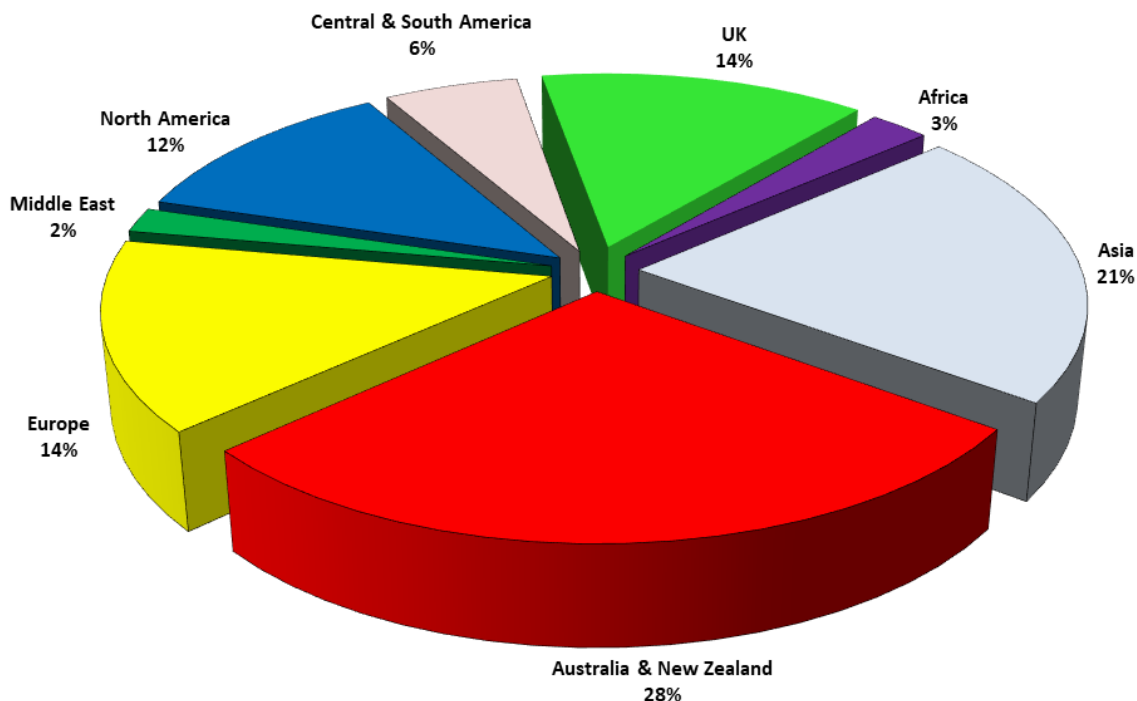
In September 2017, CKT decided to incorporate core outcome sets in chronic kidney disease developed by the Standardised Outcomes in Nephrology Initiative (SONG) as they became available. CKT now requires that all available SONG core outcome sets are included in our reviews if those outcome sets are relevant 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) became available and was incorporated into our Review Proposal Form and protocol template documentation and included in all relevant new titles and unpublished protocols.

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.

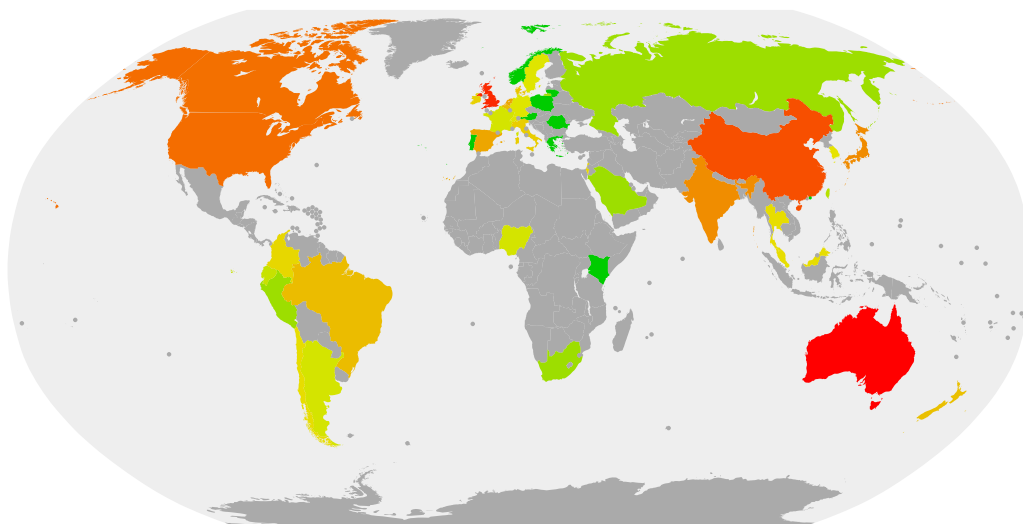
8.1 Contact authors



Contact authors (137 active 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); **Middle East** (Israel, Palestine); **North America** (Canada, USA), **UK**

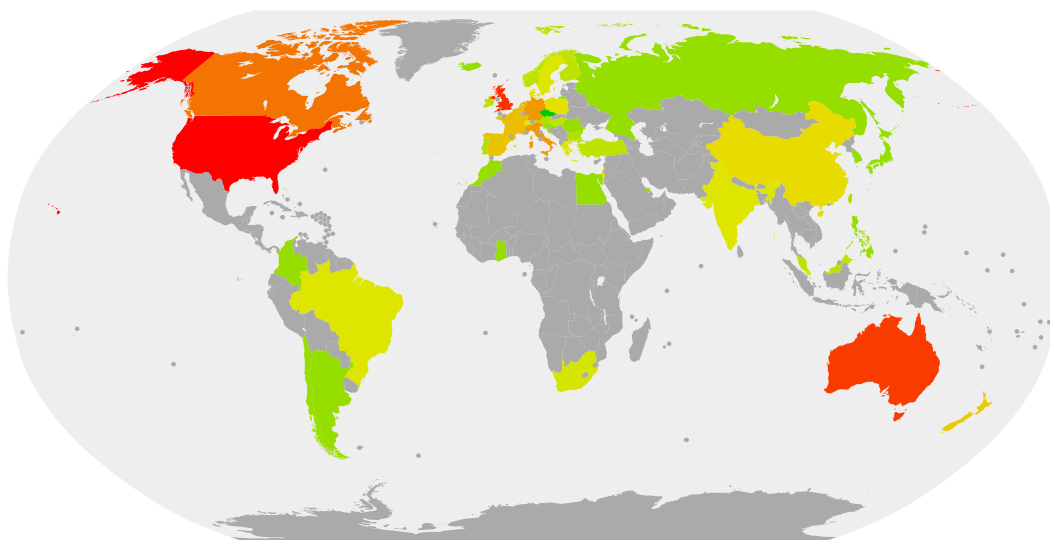
8.2 Authors



All authors (783)

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 (796)

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 2020, 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

For all of 2020, all in person training workshops were postponed due to COVID-19 and moved to online training workshops. The workshop was split from the standard 3 consecutive full-days to 6 half-days, twice a week, over 3 weeks. The same content and topics were covered as previous years:

Six half-day introductory workshop designed for new authors starting a Cochrane systematic review and is a mixture of presentations and hands-on session 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
- Day 2 covers searching the literature for included studies
- Day 3 covers assessing the risk of bias (critical appraisal) of included studies
- Day 4 covers an introduction to meta-analysis, common data types encountered in systematic reviews, and using the Review Manager software package.
- Days 5 and 6 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 2020 were:

- **Professor Jonathan Craig** (CKT Co-ordinating Editor)
- **Dr Magid Fahim** (Princess Alexandra Hospital) – *until November 2020.*
- **Dr Celine Foote** (The George Institute for Global Health) - *until November 2020.*
- **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) – *until Nov 2020.*
- **Dr Lisa Murphy** (Kidney Health Australia) – until November 2020
- Mr Chris Forbes (Kidney Health Australia) – from November 2020
- **Dr Matthew Roberts (Chair)** (Eastern Health Clinical School, Monash University, ANZSN)
- **Ms Narelle Willis** (CKT Managing Editor)
- **Ms Tess Cooper** (CKT Managing Editor)
- **Professor Giovanni Strippoli** (CKT Deputy Co-ordinating Editor)
- **Mr Peter Williams** (consumer representative) – *joined September 2019. – until Nov2020*

10. Funding and endorsements

We are grateful for support from the following organisations:

10.1 Supporters

- National Health and Medical Research Council (NHMRC) and 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

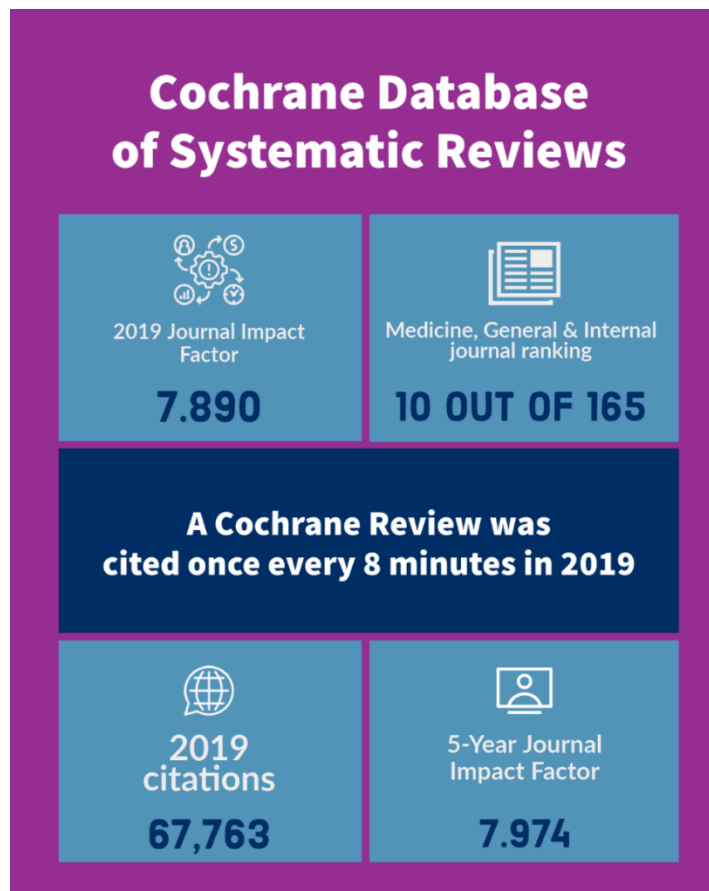
- Asian Pacific Society of Nephrology
- Australian & New Zealand Society of Nephrology (ANZSN)
- International Pediatric Nephrology Association (IPNA)
- International Society of Nephrology (ISN)
- Kidney Health Australia (KHA)
- National Kidney Foundation [US]

11. Impact factor

11.1 CDSR journal impact factor 2019

Released in June 2020, the 2019 journal impact factor for the *CDSR* was **7.890**, an increase on the 2019 journal impact factor, which was 7.755.

The 2019 Impact Factor involves dividing the number of citations received in 2019 to reviews published between 2017 and 2018 (10,975) by the number of reviews published in 2017 and 2018 (1,391).



11.2 CKT impact factor 2019

The 2019 impact factor for CKT was **6.679** (28 publications cited 187 times), an increase on the 2018 impact factor of 5.219. A review published by our group in 2017 and 2018 was cited, on average, 5.219 times in 2019.

The ten most cited reviews from the CKT group contributing to the 2019 impact factor were:

Review title	Times Cited	CD Number	Publication Date*
Direct oral anticoagulants versus warfarin for preventing stroke and systemic embolic events among atrial fibrillation patients with chronic kidney disease	18	CD011373.pub2	06/11/2017
Dietary interventions for adults with chronic kidney disease	13	CD011998.pub2	23/04/2017
Insulin and glucose-lowering agents for treating people with diabetes and chronic kidney disease	12	CD011798.pub2	24/09/2018
Polyclonal and monoclonal antibodies for induction therapy in kidney transplant recipients	11	CD004759.pub2	10/01/2017
Calcineurin inhibitor withdrawal or tapering for kidney transplant recipients	11	CD006750.pub2	21/07/2017
Uric acid lowering therapies for preventing or delaying the progression of chronic kidney disease	11	CD009460.pub2	30/10/2017
Glucose targets for preventing diabetic kidney disease and its progression	11	CD010137.pub2	08/06/2017
Low protein diets for non-diabetic adults with chronic kidney disease	9	CD001892.pub4	04/10/2018
Antimicrobial agents for preventing peritonitis in peritoneal dialysis patients	9	CD004679.pub3	08/04/2017
Antimicrobial lock solutions for preventing catheter-related infections in haemodialysis	9	CD010597.pub2	03/04/2018

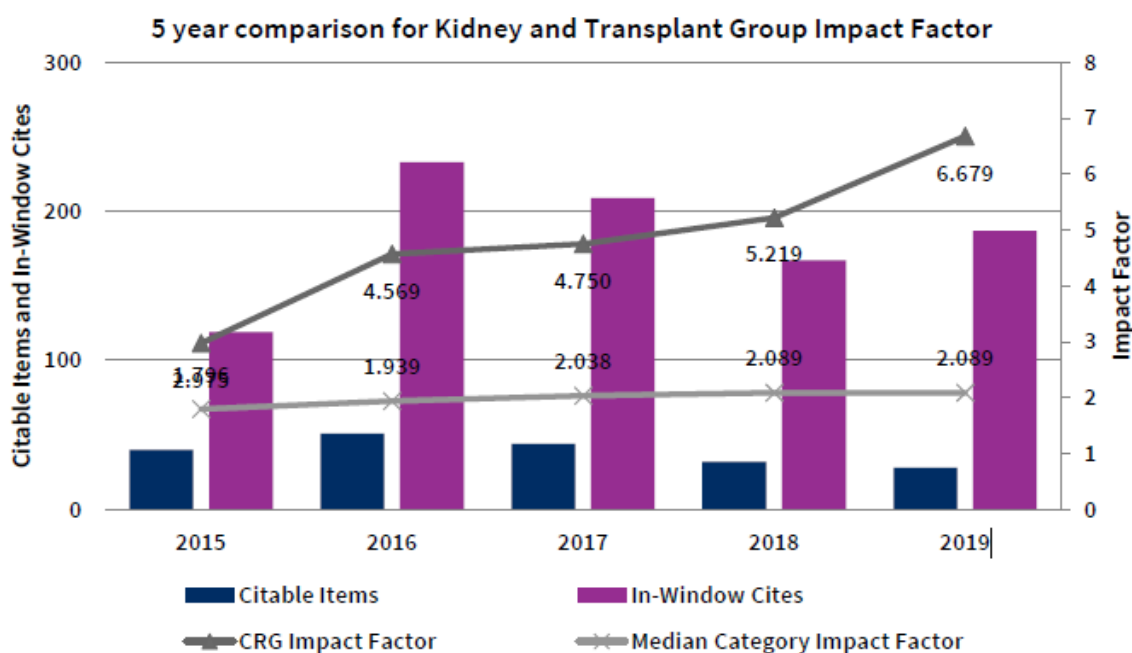
11.3 CKT impact factor compared with journals publishing in the same category

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

CRG	Kidney and Transplant Group	6.679
Category (Median IF)	Urology & Nephrology	2.089
IF of journal ranked 10th in the category	European Urology Focus	4.827
Highest ranked journal by IF	Nature Reviews Nephrology	20.711
Other Nephrology Journals	Journal of the American Society of Nephrology (JASN)	9.271
	Kidney International (KI)	8.395
	Clinical Journal of the American Society of Nephrology (CJASN)	6.628
	American Journal of Kidney Disease (AJKD)	6.618
	Nephrology Dialysis Transplantation (NDT)	4.531

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 2019 were:

CD Number	Review Title	Full text downloads
CD011339	Diuretics for people with chronic kidney disease	10,415
CD001321.pub5	Cranberries for preventing urinary tract infections	7,607
CD010446.pub2	Chinese herbal medicine for treating recurrent urinary tract infections in women	6,797
CD008772.pub2	Probiotics for preventing urinary tract infections in adults and children	5,573
CD011998.pub2	Dietary interventions for adults with chronic kidney disease	4,012
CD011373.pub2	Direct oral anticoagulants versus warfarin for preventing stroke and systemic embolic events among atrial fibrillation patients with chronic kidney disease	3,497
CD009440.pub2	Acupuncture and related interventions for symptoms of chronic kidney disease	3,018
CD009534.pub2	Antibiotics for asymptomatic bacteriuria	2,974
CD011798.pub2	Insulin and glucose-lowering agents for treating people with diabetes and chronic kidney disease	2,972
CD009647.pub2	Clinical symptoms, signs and tests for identification of impending and current water-loss dehydration in older people	2,836

11.6 Alternative metrics

Using the Altmetric Explorer for Publishers (<http://www.altmetric.com/>), we are able to report on further measures of the impact of Cochrane Reviews beyond cites and usage. Altmetric have created a cluster of servers that watch social media sites, newspapers, government policy documents and other sources for mentions of scholarly articles.

Altmetric has tracked mentions of 12,771 articles from the CDSR up to May 2020.

The highest Altmetric Attention Scores from Cochrane reviews published by the CKT group in 2019 (scores retrieved May 2020) were:

Altmetric Score	Review Title	B	T	N	F	W	M
68	Long-term antibiotics for preventing recurrent urinary tract	0	80	2	2	1	111
24	Psychosocial interventions for preventing and treating depression in dialysis patients	0	33	0	0	0	55
22	Catheter type, placement and insertion techniques for preventing catheter-related infections in chronic peritoneal dialysis patients	0	35	0	0	1	32
18	eHealth interventions for people with chronic kidney disease	0	35	0	2	0	139
17	Interventions for improving sleep quality in people with chronic kidney disease	0	42	0	1	0	139
17	Parenteral versus oral iron therapy for adults and children with chronic kidney disease	0	25	0	2	0	109
13	Interventions for preventing bone disease in kidney transplant recipients	0	22	0	0	0	29
13	Machine perfusion preservation versus static cold storage for deceased donor kidney transplantation	0	17	0	1	0	80
13	Interventions for idiopathic steroid-resistant nephrotic syndrome in children	0	20	0	3	0	38
10	Dialysate temperature reduction for intradialytic hypotension for people with chronic kidney disease requiring haemodialysis	0	15	0	2	0	40

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.