

Cochrane Crowd

**6th National Meet & Greet
Swiss Medical Librarians
Monday, 27 August 2018**

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Thanks to

★ Invitation from Swiss Academy of Medical Sciences

★ Cochrane International for the provision of templates and material for this workshop especially to the Cochrane Crowd Team:

Anna Noel-Storr
Gordon Dooley
Emily Steele
Chris Mavergames

Overview

★ Part I: Introduction to Cochrane Crowd

★ Part II: Interactive part

Screening of Test-RCTs in Cochrane Crowd

Cochrane Community



Trusted evidence
Informed decisions
Better health

Which treatment is the best?



Cochrane Crowd

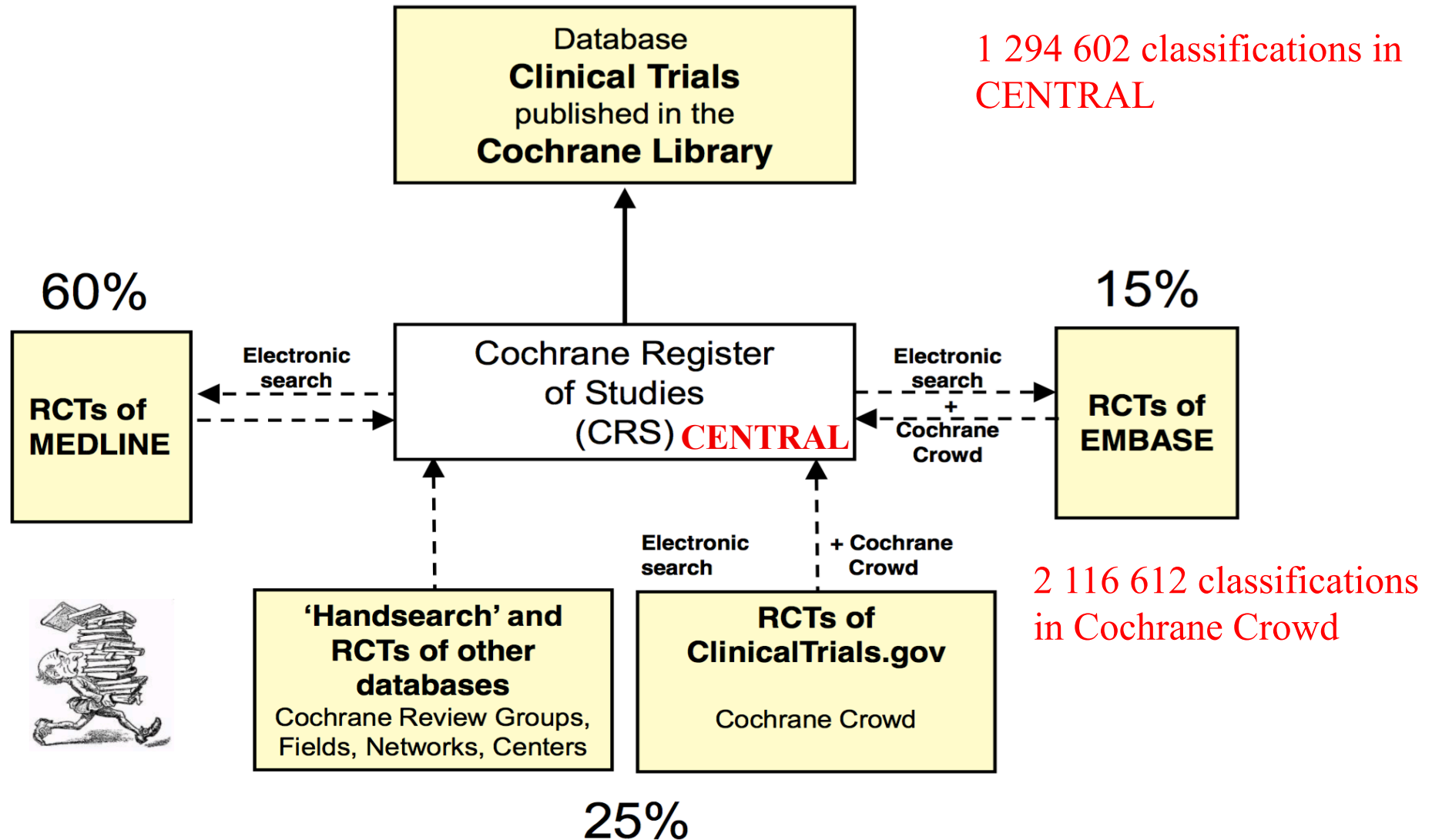


You can make a difference

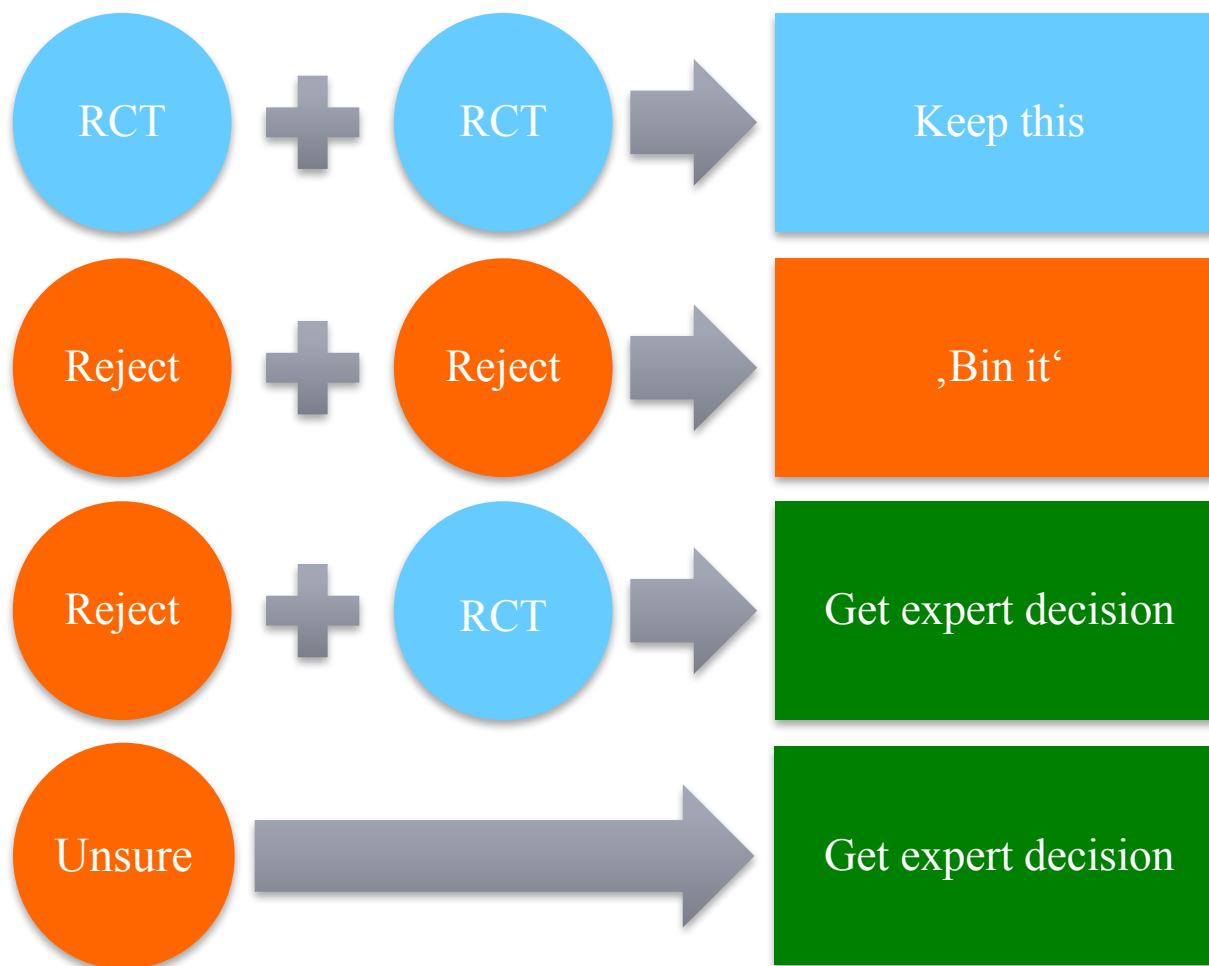
Become a Cochrane citizen scientist. Anyone can join our collaborative volunteer effort to help categorise and summarise healthcare evidence so that we can make better healthcare decisions.

[Give it a try](#)

Cochrane Central Register of Controlled Trials (CENTRAL)



Quality



Features of Cochrane Crowd

★ Work on records of interest to you



Features of Cochrane Crowd

★ My History

Impact of diabetes on acute kidney injury after myocardial infarction: Possible involvement of toll-like receptor in the kidney. [72181476]

Background: Comorbid acute kidney injury (AKI) predicts poor prognosis in patients with acute myocardial infarction (MI). Although type 2 diabetes (T2D) is a well-known risk factor of AKI after MI, the mechanism of the increased risk remains unclear. Here we hypothesized that T2D increases AKI after MI via toll-like receptor (TLR)-mediated inflammation. **Methods and Results:** OLETF, a **rat** model of obese T2D, and LETO, non-diabetic controls, at 25-30 weeks of age were **randomized** into sham and permanent coronary ligation (MI) groups. At baseline, body weight (617+/-23 vs. 537+/-13 g), fasting plasma glucose (267+/-32 vs. 153+/-15 mg/dl) and urinary protein level (6.4 vs. 0.6 g/gCr), but not serum creatinine, were significantly higher in OLETF than in LETO. Histologically, glomerular size was increased by 17% without mesangial proliferation in OLETF compared to that in LETO, indicating that OLETF developed early-stage nephropathy by this age. At 12 h after MI, mRNA levels of TLR2, TLR4, IL-6 and TNF-alpha in the kidney were increased by 1.6-, 1.2-, 2.6-, 1.5-fold, respectively, in OLETF but not in LETO. Furthermore, immunoblot analyses showed that phosphorylation levels of p38 MAPK and JNK, downstream mediators of the TLR signal, were significantly elevated by MI in OLETF. Histological abnormalities in the kidney or increase in serum creatinine were not detected in either LETO or OLETF 12 h after MI. However, in immunohistochemical analyses, areas positive for neutrophil gelatinase-associated lipocalin (NGAL) and kidney injury molecule-1 (KIM-1) were significantly increased by 4.0- and 5.3-fold, respectively, and NGAL mRNA level was increased by 1.8-fold after MI in OLETF but not in LETO. In sham-operated LETO and OLETF, areas positive for NGAL and KIM-1 were barely detected. Infarct sizes were similar and cardiac BNP mRNA levels in the non-infarcted left ventricle were equally elevated at 12 h after MI in LETO and OLETF, suggesting that MI-induced cardiac loads were comparable in the two groups. However, mortality at 48 h after MI was significantly higher in OLETF than in LETO (68% vs. 18%, P<0.05). Conclusion: The **results** suggest that AKI after MI is enhanced in T2D via TLR-mediated inflammation. The cardio-renal interaction may underlie increased post-MI mortality in T2D.

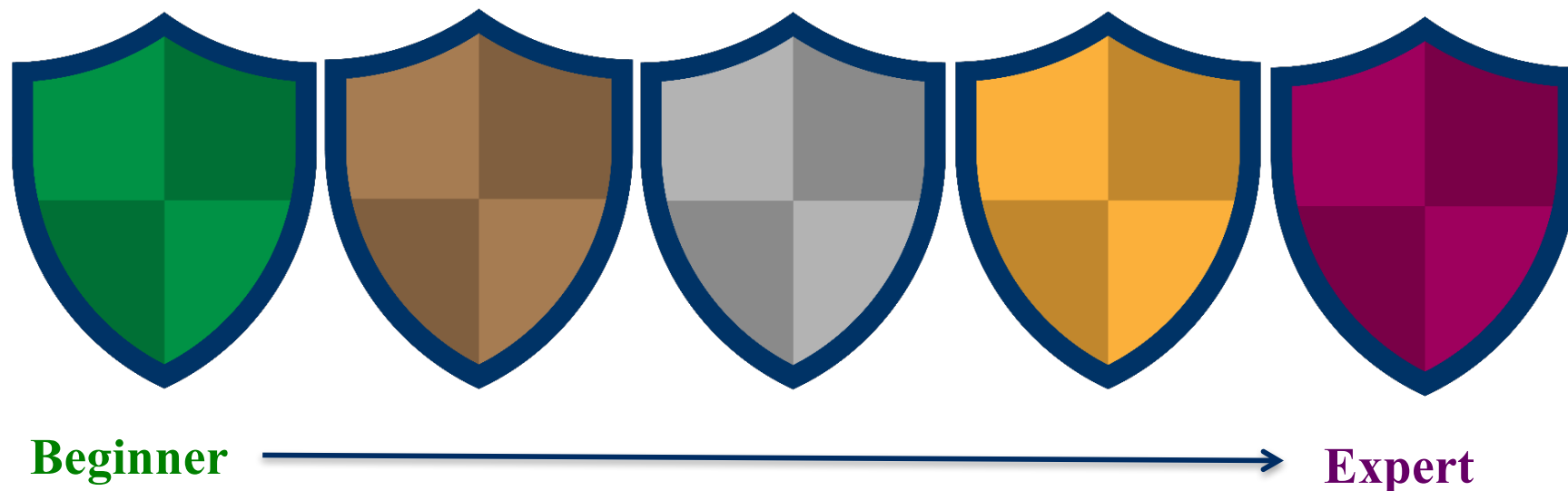
You said **RCT or CCT**, we said **Reject**

I can see where my decision did not agree with the final decision

Oops! I did indeed get this one wrong

Features of Cochrane Crowd

★ Progress from beginner to expert



Features of Cochrane Crowd

★ Working offline

Work offline

Normally Cochrane Crowd downloads a small number of records that you can work on and synchronises them automatically with the server. If you know you might be away from Internet access for a while you can increase that number so you can work offline.



Reasons for joining Cochrane Crowd

Our crowd is made up of valued contributors who curate high-quality health evidence.

Volunteers from around the world help us identify the research we need to determine if a treatment or diagnostic test works.



Why join us?

Everyone has a reason.



I'm keen to be part of a thriving community that's passionate about improving health.



I want to develop a track record of contributing to a global leader in health evidence.



I want to develop my research skills and keep up-to-date in my clinical area.

I want to make a difference for people with health issues like me.



How does it work?

With volunteer power and a crowdsourcing algorithm.

Volunteers screen health research citations and decide whether they should be included in our clinical trials database.

A crowdsourcing algorithm determines how many volunteers need to agree that a citation should be included in the database.

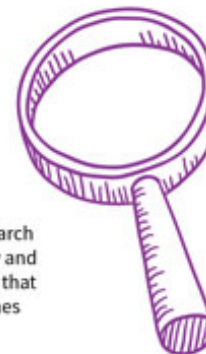
Our team of experts review any citations the crowd can't agree on.



How will it help?

You can make a difference.

More and more health research is published every day. You can help us meet the growing challenge of identifying the research we need to produce high-quality and up-to-date health evidence. And that will lead to better health outcomes for everyone.



Cochrane Crowd

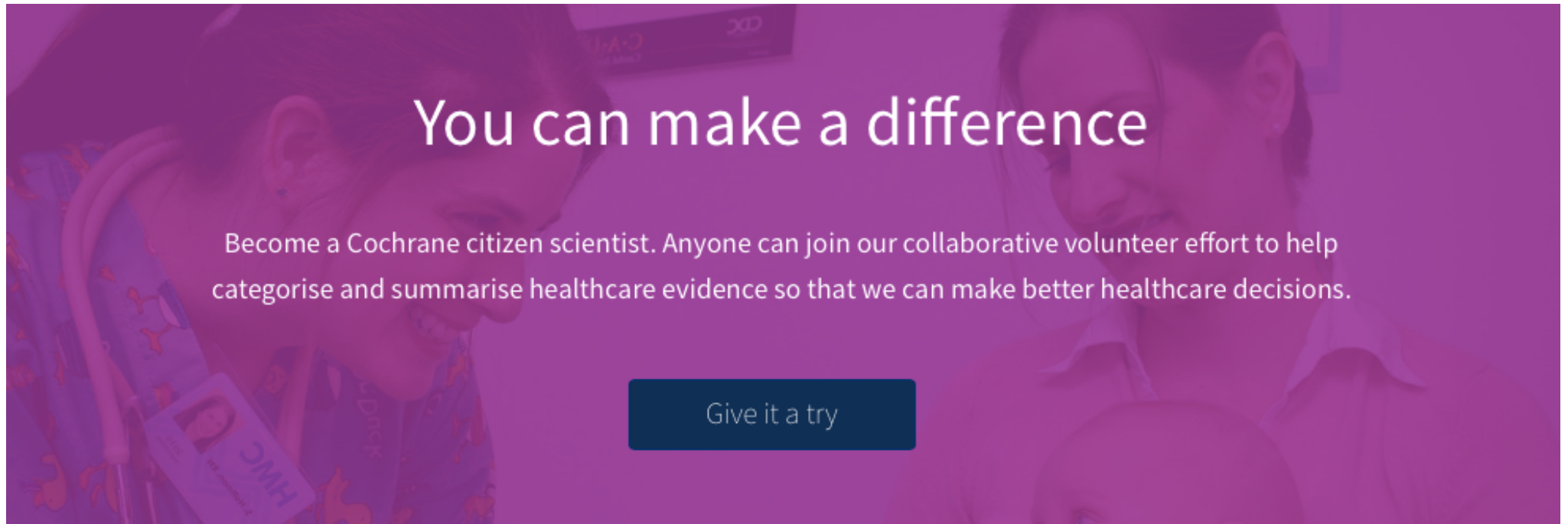


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[Give it a try](#)

Give it a try now!



Please visit the website: <http://crowd.cochrane.org/index.html>

RCT / CCT	Reject
Randomised controlled trial in human subjects	Randomised controlled trial in non-human subjects
A quasi-randomised trial in human subjects	Randomised controlled trial in cadavers
Randomised controlled trial in parts of a human	Randomised controlled trial on extracted human parts
Randomised controlled trial in a diagnostic or screening procedure	Randomised controlled trial in vitro
Cluster randomised controlled trial	Non-randomised controlled trials
Protocol of a randomised controlled trial	Systematic review of randomised controlled trials
Interim results of a randomised controlled trial	Meta-analysis of randomised controlled trial
Post-hoc or secondary analysis of a randomised controlled trial	Overview of a number of randomised controlled trials
	Case-control study
	Case report
	Observational study
	Records that describe some methodological aspects of a randomised controlled trial

Live Challenge: Example

Details

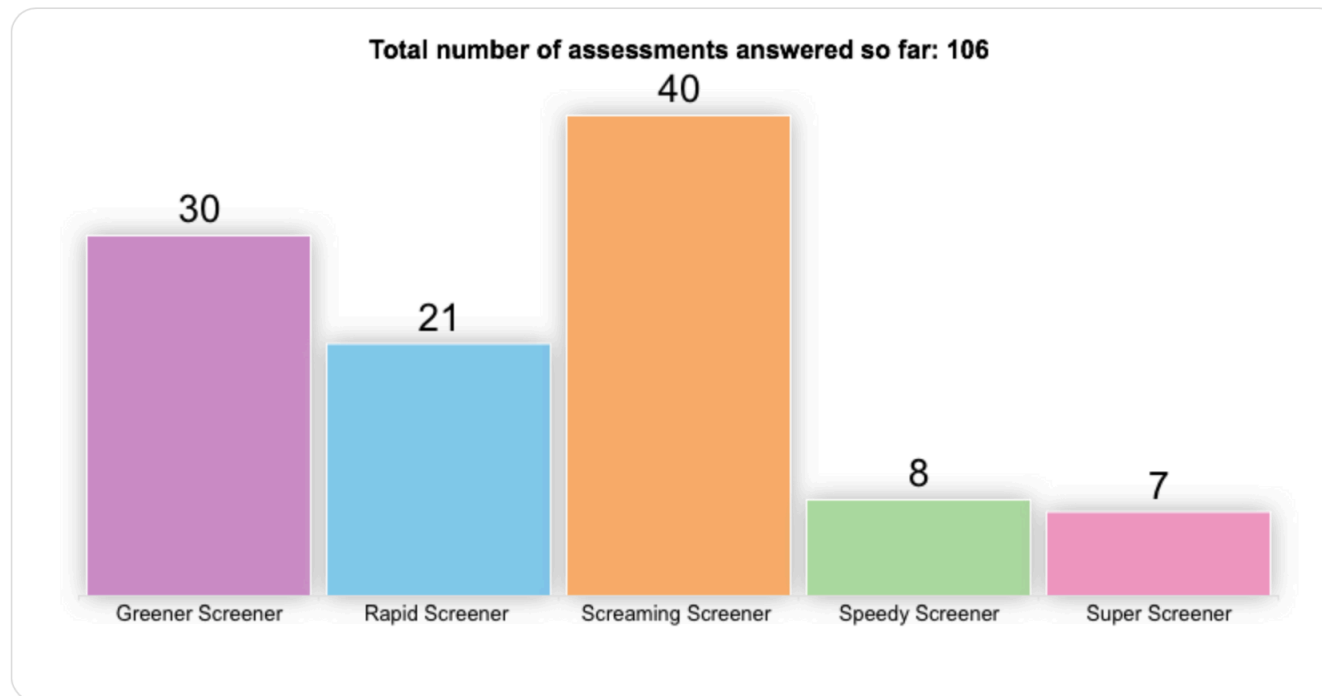
Banner messages

Participants

Who's winning

Reports

Who's winning?



Questions?



Thank you!



.. see you soon @ Cochrane Crowd!