




# 如何選定研究主題

衛生福利部雙和醫院  
實證健康照護中心  
譚家偉 主任



緣起...



# Prognostic Factors in Node-Negative Breast Cancer

A Review of Studies With Sample Size More Than 200 and Follow-Up More Than 5 Years

Table 14. RECOMMENDATIONS FOR PROGNOSTIC FACTORS IN BREAST CANCER

Prognostic Marker	Node-Negative Breast Cancer			All Breast Cancer		
	All studies	MV studies*	MV studies (no systemic TX)†	CAP <sup>4</sup>	ASCO <sup>6,64</sup>	AJCC <sup>65</sup>
Tumor size	↑ (9)	↑ (4)	↑ (1)	↑	-	↑
Histologic grade	↑ (6)	↑ (3)	↑ (1)	↑	-	↑
ER	→ (7)	→ (4)	→ (4)	↓	→	-
p53	→ (16)	→ (12)	→ (4)	→	↓	-
HER2/ <i>neu</i>	→ (13)	↓ (6)	↓ (1)	→	↓	-
Cathepsin-D	↑ (4)	↑ (2)	↑ (2)	↓	↓	-
Ki-67	↑ (5)	↑ (5)	↑ (2)	→	-	↑
DNA ploidy	↓ (4)	↓ (4)	↓ (2)	↓	↓	↓
S-phase	↑ (5)	↑ (4)	→ (2)	→	-	↑
Mitotic index	↑ (4)	↑ (1)	-	↑	-	↑
Vascular invasion	↑ (5)	↑ (4)	↑ (2)	↑	-	↑

↑ : Usefulness as prognostic factor supported by multiple studies; →: Mixed results; ↓ : Not recommended as prognostic factor; preponderance of studies give negative results. Number of reports identified meeting study criteria are given in parentheses.

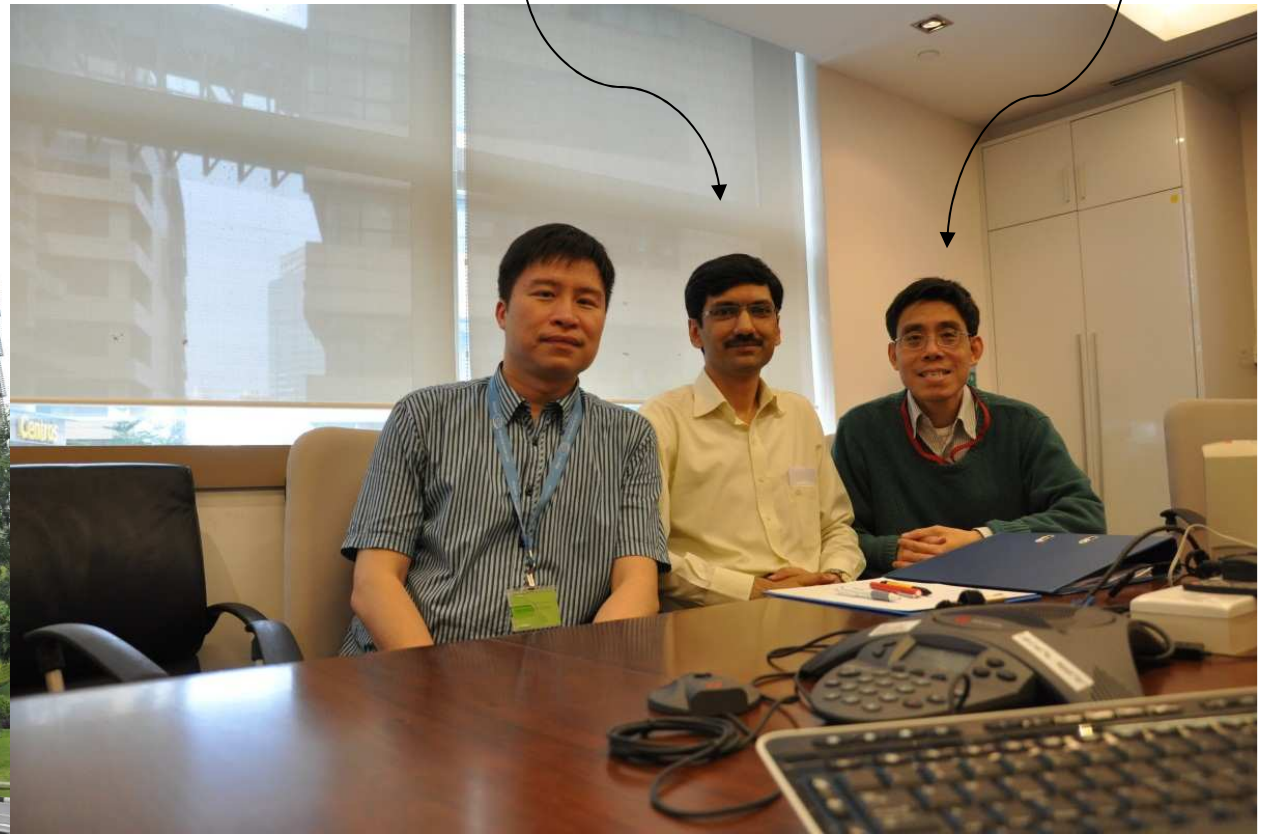
\* MV: studies in which multivariate analysis was used to assess the validity of the marker as a prognostic factor for survival.

† MV (no systemic TX): studies in which multivariate analysis was used and in which patients received no systemic therapy.



# 2009年考科藍系統性文獻回顧工作坊


Fahad Javaid Siddiqui   Edwin Chan



Singapore Branch, Australasian Cochrane Centre



# Perform a Meta-analysis

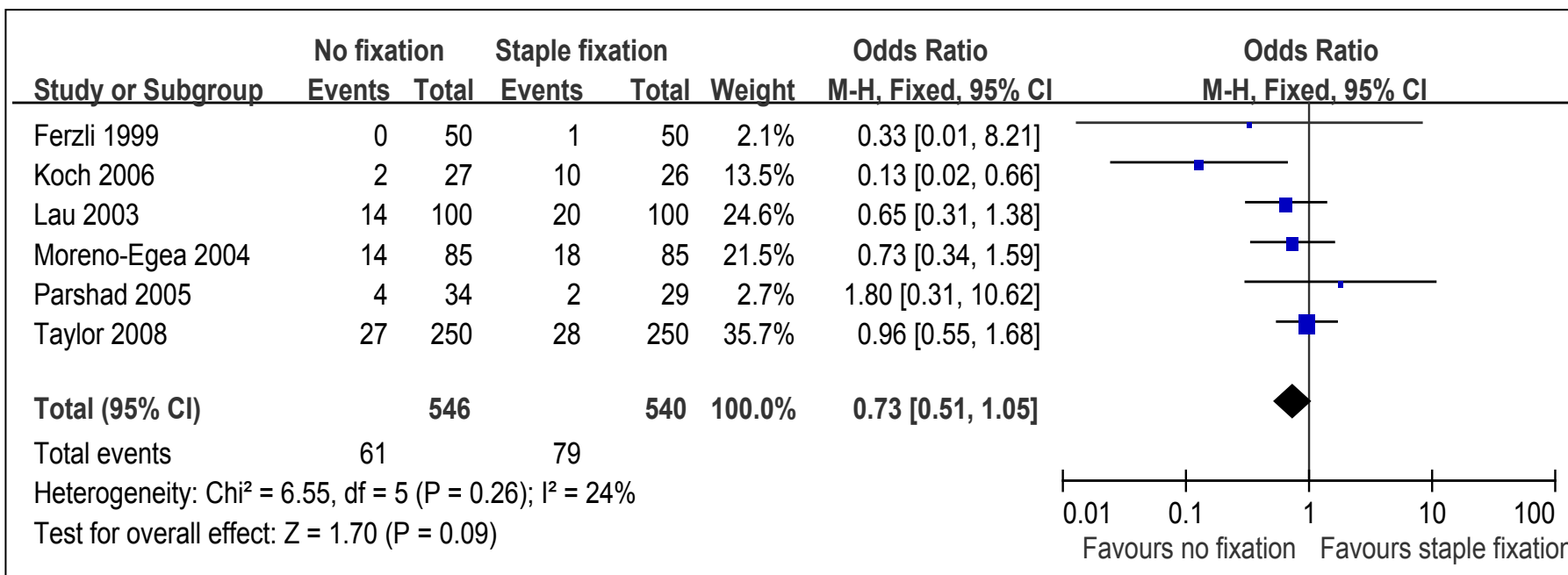
- Download software
  - Focus a good question
  - Selection criteria
  - Search strategy
  - Study selection and data extraction
  - Assess methodological quality
  - Statistical Analysis
  - Discussion
- 

# Focus a good question

- Foreground question
- Therapy/Diagnosis/Prognosis/Etiology/Harm
- **Tips:**
  - 從Therapeutic question開始第一篇SR
  - 當臨床上有不同意見時，就PubMed一下吧
  - 從小到大

# Outcomes of Staple Fixation of Mesh Versus Nonfixation in Laparoscopic Total Extraperitoneal Inguinal Repair: A Meta-Analysis of Randomized Controlled Trials

Ka-Wai Tam · Hung-Hua Liang · Chiah-Yang Chai













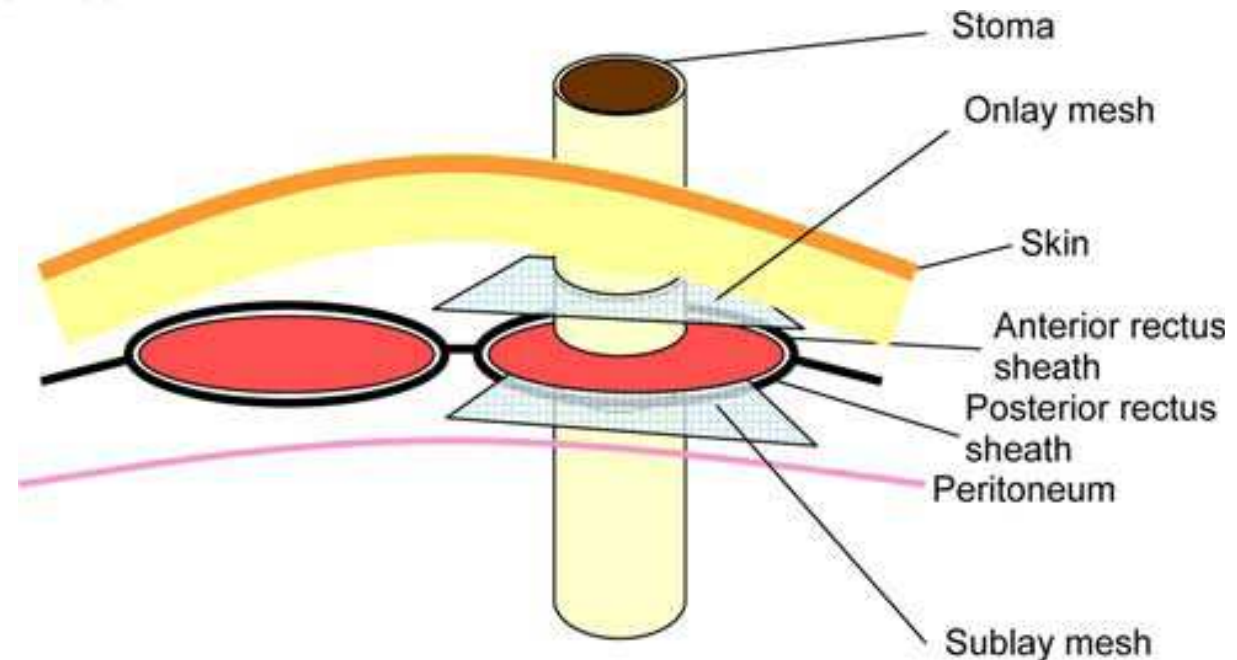


# A list from PubMed search

- David 2009 Lancet RCT Staple vs NF
- Peter 2008 NEJM RCT Staple vs NF
- John 2006 JAMA RCT Staple vs NF
- Mary 2006 BMJ RCT Staple vs Glue
- Anna 2005 BMJ RCT Glue vs NF
- Susan 2004 WJS Prosp. Staple vs NF
- Paul 1999 BJS Retro. Staple vs NF

## Systematic Review of the Use of a Mesh to Prevent Parastomal Hernia

Ka-Wai Tam · Po-Li Wei · Li-Jen Kuo ·  
Chih-Hsiung Wu

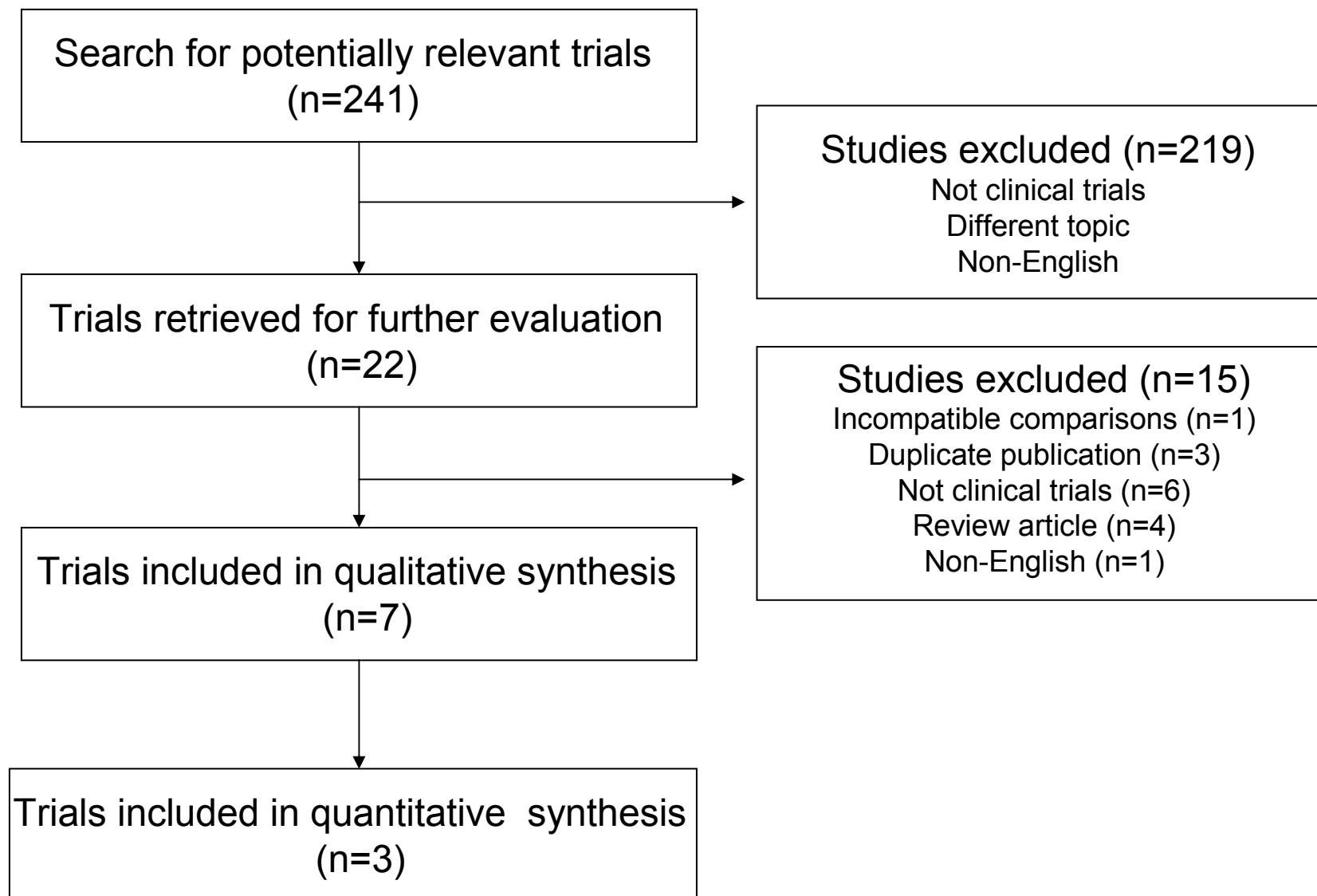




**Table 1** Seven clinical studies describing parastomal hernia prophylaxis by mesh placement

Author	Study design	Number of Patients	Follow-up (months)	Operative technique	Mesh
Jänes [2009]	RCT	Mesh: 27 No mesh:27	Mean: 65.2 Range: 57-83	Sublay	Large-port lightweight polypropylene + polyglactin 910 (Vypro)
Serra-Aracil [2009]	RCT	Mesh: 27 No mesh: 27	Median: 29 Range: 13-49	Sublay	Large-port lightweight polypropylene + polyglecaprone 25 (Ultrapro)
Hammond [2008]	RCT	Mesh: 10 No mesh: 10	Median: 6.5 Range: 1-12	Sublay	Procine-derived cross-linked collagen implant (Permacol)
Berger [2008]	Prospective	Mesh: 25	Means: 11 Range:2-19	Intraperitoneum Onlay	Polyvinylidene + polypropylene (Dynamesh IPST)
Vijayasekar [2008]	Prospective	Mesh: 42	Mean: 31 Range: 9-68	Sublay	Polypropylene (Auto Suture)
Gögenur [2006]	Prospective	Mesh: 24	Median 12 Range: 2-26	Onlay	Polypropylene (StomaMesh)
Bayer [1986]	Retrospective	Mesh: 36	Up to 48	Onlay	Polypropylene (Marlex)

# Flowchart for selection of trials



# Ligasure vessel-sealing system or harmonic scalpel versus conventional vessel ligation for thyroidectomy (Protocol)

Tam KW, Chan ESY, Chen C



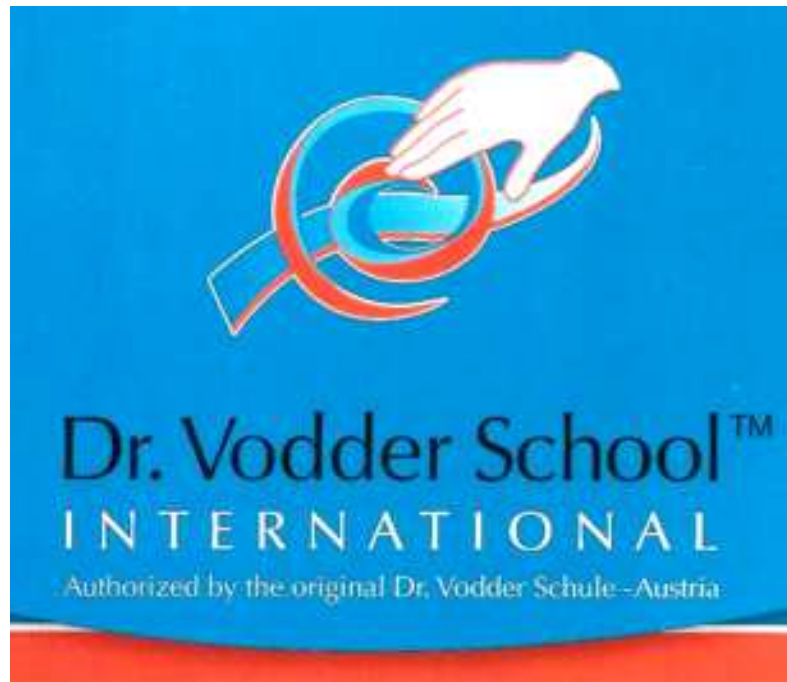
**THE COCHRANE  
COLLABORATION®**





**The fruit is ripe**

# Manual lymphatic drainage for lymphedema



Dr. Vodder's  
Manual Lymph Drainage  
MLD Instructional  
Sequence Cards

Back of each page

I. Neck  
II. Face  
III. Legs  
IV. Arms  
V. Nape of Neck  
VI. Back  
VII. Buttocks  
VIII. Chest  
IX. Abdomen  
X. Feet

Basic MLD Sequence Cards  
Graphic guides to all basic strokes, all details on back.  
© 2010 Lay Lee Communications, Berkeley, CA

The image displays a collection of instructional cards for manual lymphatic drainage (MLD). The cards are arranged in a stack, showing various body parts with color-coded dots and arrows indicating the direction of lymphatic drainage strokes. The cards are labeled with Roman numerals I through X, corresponding to the list on the left: I. Neck, II. Face, III. Legs, IV. Arms, V. Nape of Neck, VI. Back, VII. Buttocks, VIII. Chest, IX. Abdomen, and X. Feet. The cards feature anatomical diagrams and photographs of a person's body with colored dots and arrows indicating the specific MLD strokes for each area. The back of each card contains detailed instructions and diagrams. The cards are presented in a way that shows the front and back of several of them, including the 'Back of each page' label.



# Effects of manual lymphatic drainage on breast cancer-related lymphedema: a systematic review and meta-analysis of randomized controlled trials

*World Journal of Surgical Oncology* 2013, **11**:15

**Table 1 Characteristics of studies that fulfilled the inclusion criteria for meta-analysis**

Reference	Inclusion criteria	No. of patients	Age, years, (mean ± SD)	Intervention
<b>Treatment</b>				
Andersen, 2000	Symptoms of lymphedema; 20 mm circumference or 200 ml volume difference between arms	C: 22	C: 56 (29 to 77) <sup>a</sup>	C: Sleeve and glove compression 32 to 40 mmHg + exercises + skin care + safety precautions
		I: 20	I: 53 (25 to 73)	I: C + MLD 8 times in 2 weeks
Didem, 2005	2-50 mm circumference difference between arms; lymphedema > 12 months after surgery	C: 26	C: 54.7 ± 12.1	C: Bandaging; elevation; head, neck and shoulder exercise, 3 days/week for 4 weeks
		I: 27	I: 53.1 ± 3.05	I: C + MLD
<b>Prevention</b>				
Devoogdt, 2011	Patients after breast-cancer surgery	C: 81	C: 54.5 ± 11.1	C: Exercise therapy 30 minutes/session
		I: 77	I: 55.8 ± 12.5	I: C + MLD 30 minutes/session for 40 sessions
Torres Lacomba, 2010	Patients after breast-cancer surgery	C: 60	C: 52.9 ± 12.5	C: Educational strategy
		I: 60	I: 52.9 ± 10.7	I: C + MLD + massage + exercise

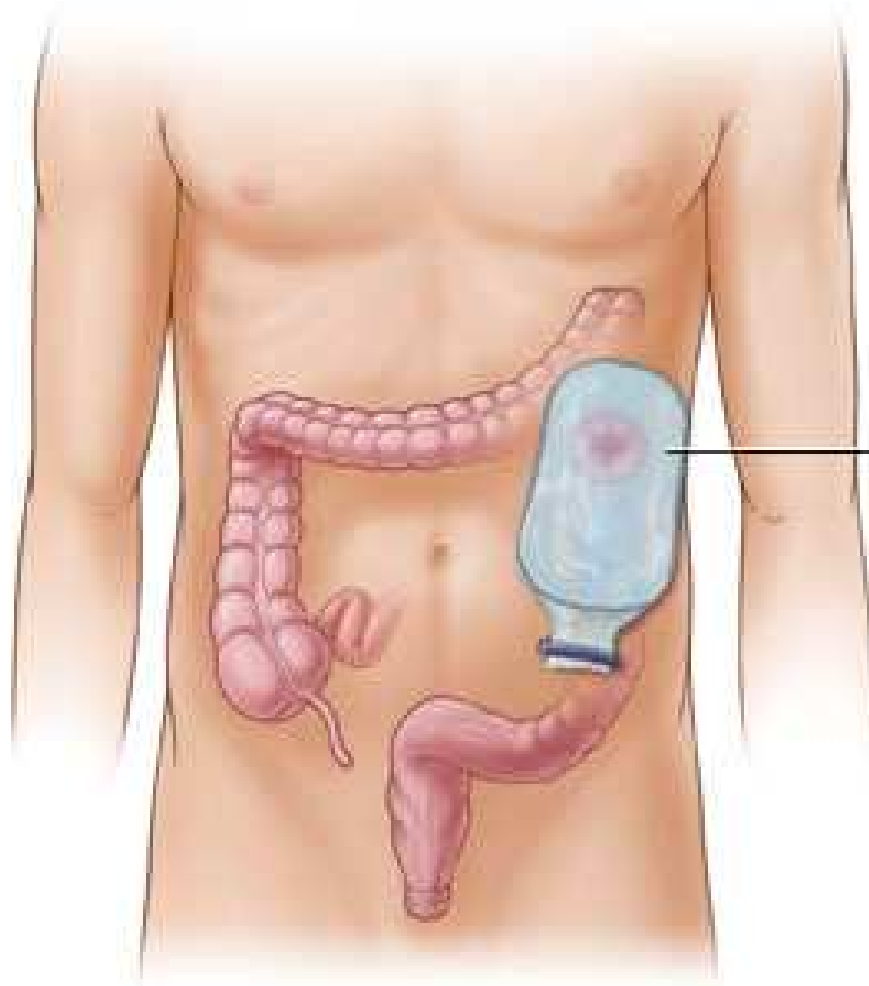
Abbreviations: C, control; I, intervention; G, group; MLD, manual lymphatic drainage; SLD, simple lymph drainage; SPC, sequential pneumatic compression. Values are mean ± standard deviation, except for <sup>a</sup>mean (range).





Table 1: Characteristics  
of the included studies

# Peristomal Skin Care: A Systematic Review and Meta-analysis of RCTs



Colostomy  
pouch

Submit to:  
*Ostomy Wound Management*

**Table 1 Characteristics of studies that fulfilled the inclusion criteria of the meta-analysis**

Study [year]	Study design	Inclusion criteria	No. of patients	Age (y), mean $\pm$ SD	Intervention
<b>Intervention vs Standard wound dressing</b>					
Aschl [2008]	RCT	Percutaneous endoscopic gastrostomy	C: 48	65 (5–91)*	C: Standard wound dressing $\times$ 1 wk
			I: 50		I: Glycogel dressing $\times$ 1 wk
Berg [2005]	RCT crossover	Colostomy	C: 16	C: 63.8 $\pm$ 11.2	C: Grooved base-plate wafer adhesive-pouch coupling system $\times$ 15 d then crossover
			I: 23	I: 65.4 $\pm$ 8.8	I: Gelatin/pectin-based skin barrier $\times$ 15 d then crossover
Blumstein, [2012]	RCT	Percutaneous endoscopic gastrostomy	C: 34	C: 61.5 $\pm$ 7.1	C: Dry gauze and adhesive breathable dressing $\times$ 4 wk
			I: 34	I: 60.5 $\pm$ 12.1	I: Glycerin hydrogel wound dressing $\times$ 4 wk
Hosseinpour, [2012]	RCT	Hirschsprung's enterocolitis or high imperforate anus, undergoing colostomy	C: 30	C: 4.87 $\pm$ 2.13	C: 2.5% zinc sulfate ointment $\times$ 4 wk
			I: 30	I: 5.32 $\pm$ 1.41	I: Acacia senegal fiber pockets $\times$ 4 wk
Park [2011]	RCT	Colostomy or ileostomy	C: 45	C: 55.9 $\pm$ 11.6	C: Standardized peristomal skin care $\times$ 3 mo
			I: 36	I: 56.8 $\pm$ 12.8	I: Crusting technique (hydrocolloid powder dusted on skin; powder sealed using water-soaked gauze) $\times$ 3 mo
<b>Treatment for skin damage</b>					
Charou saei, [2011]	Quasi RCT	Colostomy with peristomal skin damage	C: 36	C: 54.5 $\pm$ 5.53	Hydrocortisone 1% ointment, once daily
			I: 36	I: 54.9 $\pm$ 5.91	German chamomile compression, twice daily
*Median (range)					

# Postoperative Nausea and Vomiting (PONV)



*Dexamethasone for Prevention of Postoperative Nausea and Vomiting in Patients Undergoing Thyroidectomy: Meta-analysis of Randomized Controlled Trials*

**Chia-Che Chen, Fahad Javaid Siddiqui, Ta-Liang Chen, Edwin Shih-Yen Chan & Ka-Wai Tam**

**World Journal of Surgery**  
Official Journal of the International Society of Surgery/Société Internationale de Chirurgie

ISSN 0364-2313  
Volume 36  
Number 1

World J Surg (2012) 36:61-68  
DOI 10.1007/s00268-011-1343-9



 Springer



# PONV after thyroidectomy

- Incidence:
  - 75-80%
- Risk:
  - Sex
  - Middle-aged
  - Edema around neck tissues after surgery => evoke vagal stimulation to the vomiting center



# 緣起： Journal Club

## Randomized Controlled Trial on Single Dose Steroid Before Thyroidectomy for Benign Disease to Improve Postoperative Nausea, Pain, and Vocal Function

*Mathias Worni, MD,\* Hans H. Schudel, MS,\* Eberhard Seifert, MD,† Roman Inglin, MD,\* Matthias Hagemann, MD,† Stephan A. Vorburger, MD, MCR,\* and Daniel Candinas, MD, FRCS\**



**Ann Surg. 2008; 248:1060-1066**

**ANNALS OF SURGERY**  
A Monthly Review of Surgical Science Since 1885

## **Dexamethasone Combined with Morphine does not Decrease Postoperative Nausea and Vomiting in Patients Undergoing Thyroidectomy or Parathyroidectomy**

**Jong-Yueh Lin, Fong-Fu Chou, Ting-Lung Lin, Kun-Chou Hsieh, Ya-Ling Yang<sup>1</sup>**

*Table 2. Main adverse effects after operation and rescue antiemetic requirements*

	Group I		Group II
	Group A	Group B	
Number	N = 41	N = 39	N = 42
Nausea (none/mild/moderate/severe)			
4 h	21/5/8/7	11/4/12/12 <sup>*</sup>	10/4/15/13 <sup>†</sup>
24 h	32/4/4/1	28/7/1/3	31/12/4/0
Vomiting (times)			
4 h	1.1 ± 2.3	2.8 ± 3.4 <sup>‡</sup>	2.6 ± 3.0 <sup>§</sup>
24 h	0.3 ± 1.0	0.4 ± 1.1	0.4 ± 1.1
Wound pain (VAS score)			
4 h	5.9 ± 3.3	4.7 ± 3.6	4.6 ± 3.1
24 h	3.9 ± 2.6	3.3 ± 2.5	2.9 ± 2.7
Need of rescue medication within 24 h	2	4	5
Need of pethidine within 24 h (mg)	54 ± 36 (N = 7)	75 ± 28 (N = 4)	50 ± 0 (N = 5)

Group I: Dexamethasone used before induction

Group A: No morphine used before the end of general anesthesia

Group B: Morphine (3-5 mg) used before the end of general anesthesia

Group II: Normal saline used before induction



# Selection criteria

## – Inclusion criteria:

- (1) Evaluate the prophylactic effect of **dexamethasone** compared with **placebo or any other medications** on PONV in patients undergoing **thyroidectomy**.
- (2) Clearly document the inclusion and exclusion criteria of patient selection.
- (3) Clearly document the anesthetic techniques and the protocol of administration of the experimental drugs.
- (4) Clearly document the definition and evaluation of nausea and vomiting.

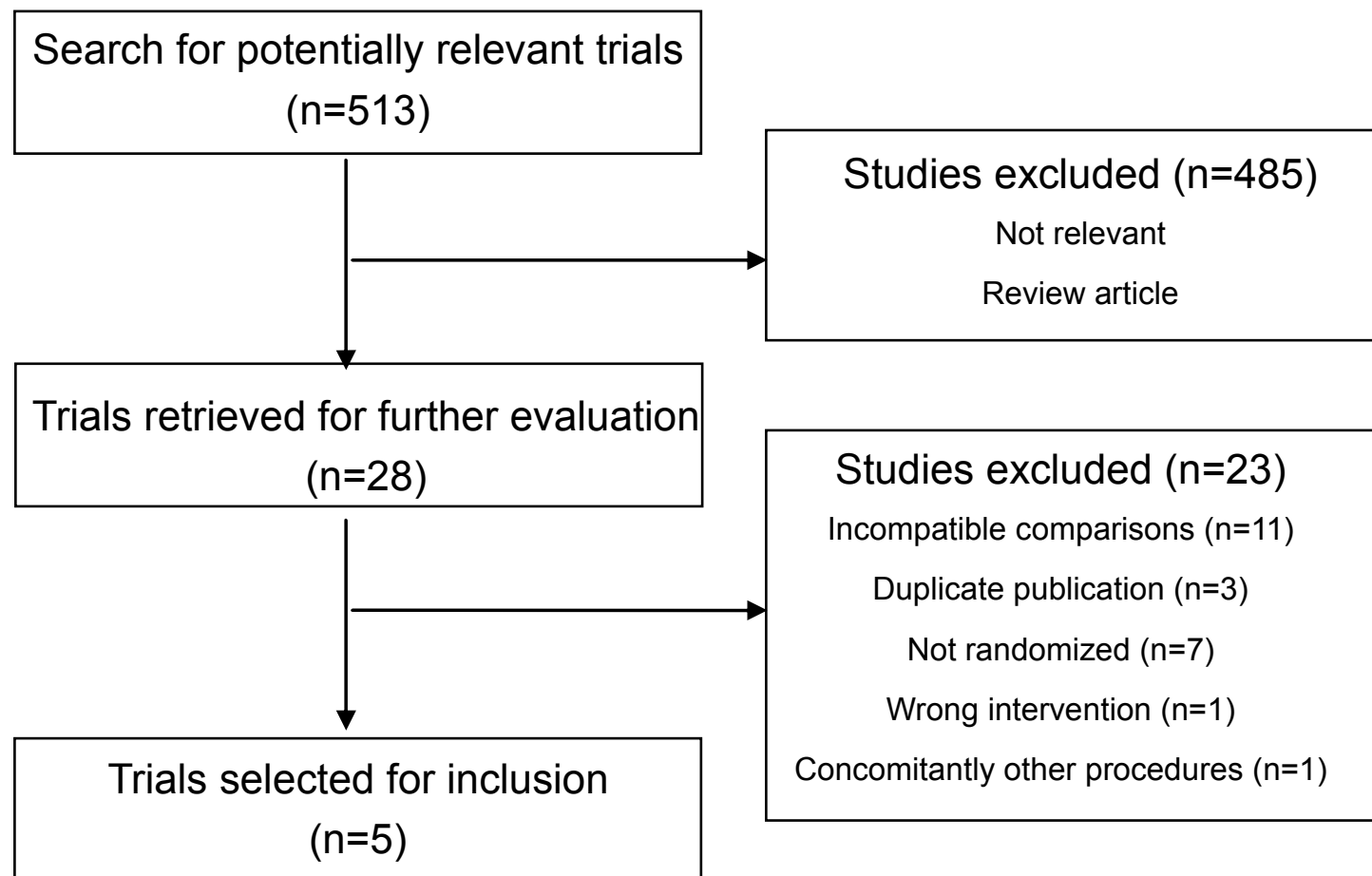


# Selection criteria

## – Exclusion criteria:

- (1) Patients enrolled in the trials were undergoing other **surgical procedures concomitantly**.
- (2) Dexamethasone administered via oral or rectal and not by intravenous route.
- (3) Outcomes of interest were not clearly reported.
- (4) Overlap between authors, centers or patient cohorts evaluated in the published literature.

## Flowchart for selection of the trials





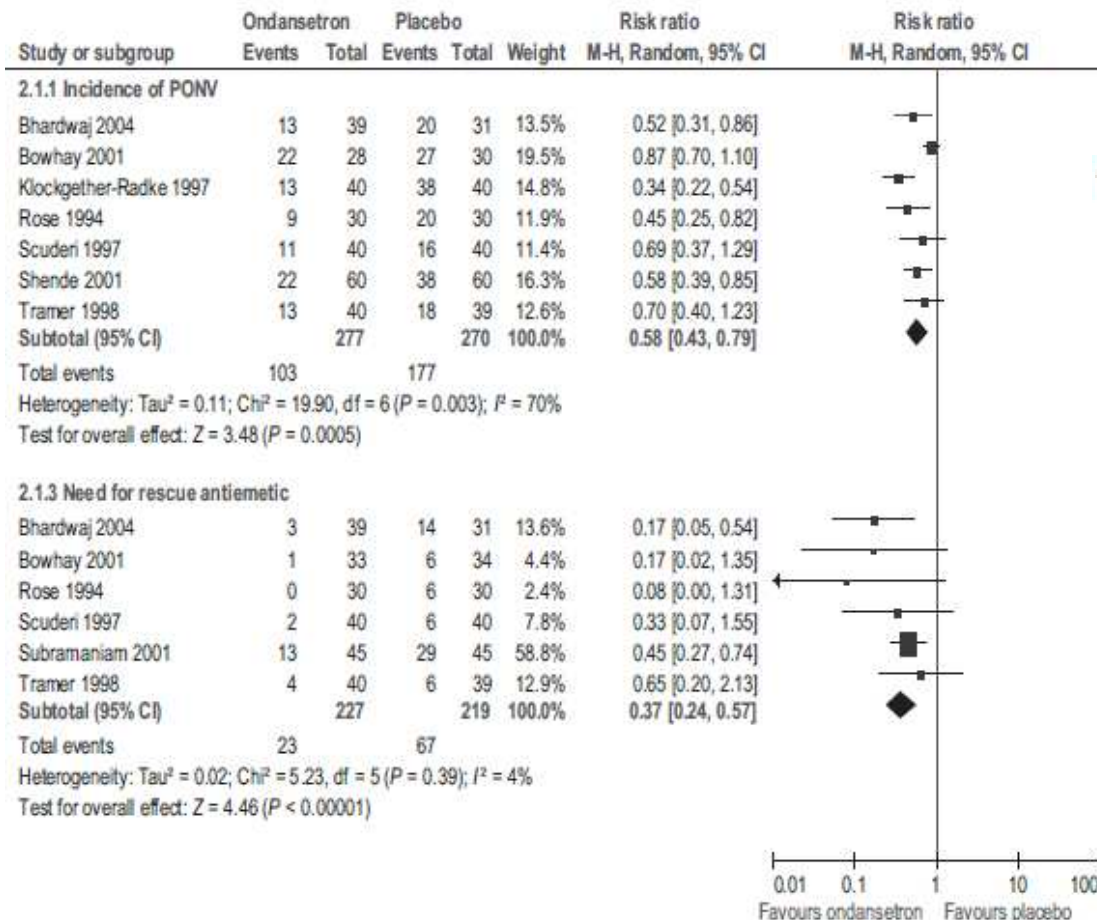
# 使用皮質類固醇激素預防全身麻醉病人術後噁心嘔吐的改善專案



- 36. [vomiting in diabetics and non-diabetics](#).  
Nazar CE, Echevarría GC, Lacassie HJ, Flores RA, Muñoz HR.  
Rev Med Chil. 2011 Jun;139(6):755-61. doi: /S0034-98872011000600009. Epub 2011 Sep 14. Spanish.  
PMID: 22051756 [PubMed - indexed for MEDLINE] [Free Article](#)  
[Related citations](#)
  
- 37. [Effect of dexamethasone on postoperative morbidity after dental rehabilitation in children](#).  
McIntyre RE, Hardcastle C, Eng RL, Nettel-Aguirre A, Urmson K, Lardner DR, Livingstone M, Ewen A, Cox RG.  
Can J Anaesth. 2012 Jan;59(1):34-40. doi: 10.1007/s12630-011-9616-1. Epub 2011 Oct 29.  
PMID: 22042703 [PubMed - indexed for MEDLINE]  
[Related citations](#)
  
- 38. [Effect of coadministration of dexamethasone with intrathecal morphine on postoperative outcomes after cesarean delivery](#).  
Abdel-Aleem M, Osman A, Morsy K.  
Int J Gynaecol Obstet. 2012 Feb;116(2):158-61. doi: 10.1016/j.ijgo.2011.10.002. Epub 2011 Oct 26.  
PMID: 22036059 [PubMed - indexed for MEDLINE]  
[Related citations](#)
  
- 39. [The effect of paracetamol on postoperative nausea and vomiting during the first 24 h after strabismus surgery: a prospective, randomised, double-blind study](#).  
Cok OY, Eker HE, Pelit A, Canturk S, Akin S, Aribogan A, Arslan G.  
Eur J Anaesthesiol. 2011 Dec;28(12):836-41. doi: 10.1097/EJA.0b013e32834c580b.  
PMID: 21986980 [PubMed - indexed for MEDLINE]  
[Related citations](#)
  
- 40. [Prophylaxis of postoperative nausea and vomiting in elective breast surgery](#).  
Voigt M, Fröhlich CW, Waschke KF, Lenz C, Göbel U, Kerger H.  
J Clin Anesth. 2011 Sep;23(6):461-8. doi: 10.1016/j.jclinane.2011.01.005.  
PMID: 21911192 [PubMed - indexed for MEDLINE]  
[Related citations](#)

# Dexamethasone, ondansetron, and their combination and postoperative nausea and vomiting in children undergoing strabismus surgery: a meta-analysis of randomized controlled trials

Yun-Dun Shen<sup>1</sup>, Chien-Yu Chen<sup>2,3</sup>, Chih-Hsiung Wu<sup>4,5</sup>, Yih-Giun Cherng<sup>6,7</sup> & Ka-Wai Tam<sup>4,5,8,9,10</sup>



Pediatric Anesthesia ISSN 1155-5645



# 下肢靜脈曲張



一週或四週???



## The Optimal Duration of Compression Therapy Following Varicose Vein Surgery: A Meta-analysis of Randomized Controlled Trials

T.-W. Huang <sup>a</sup>, S.-L. Chen <sup>a</sup>, C.-H. Bai <sup>b</sup>, C.-H. Wu <sup>c</sup>, K.-W. Tam <sup>d,e,f,g,\*</sup>

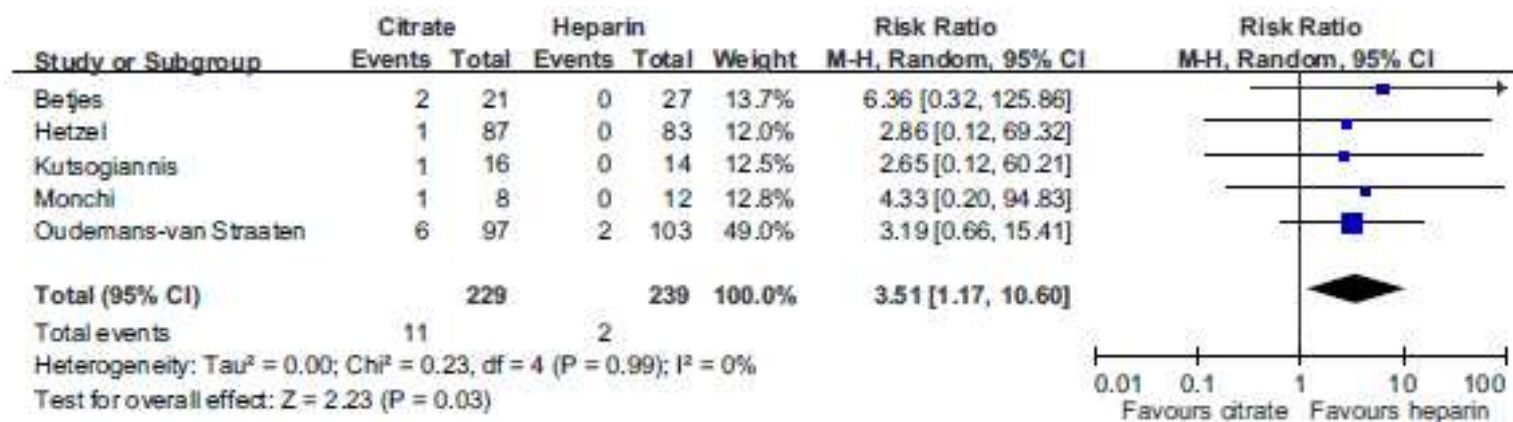
European Journal of Vascular and Endovascular Surgery Month/2013

**Table 1.** Characteristics of studies fulfilling inclusion criteria in the meta-analysis.

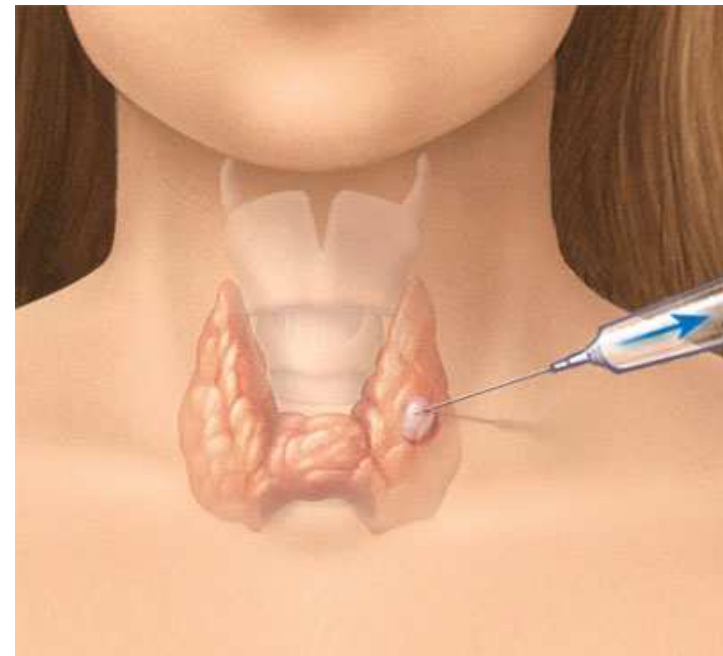
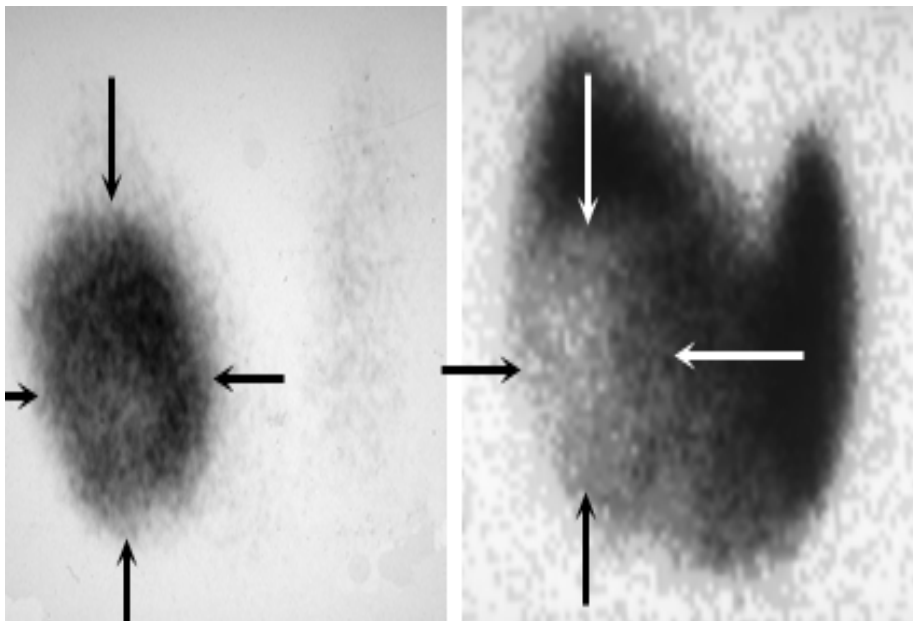
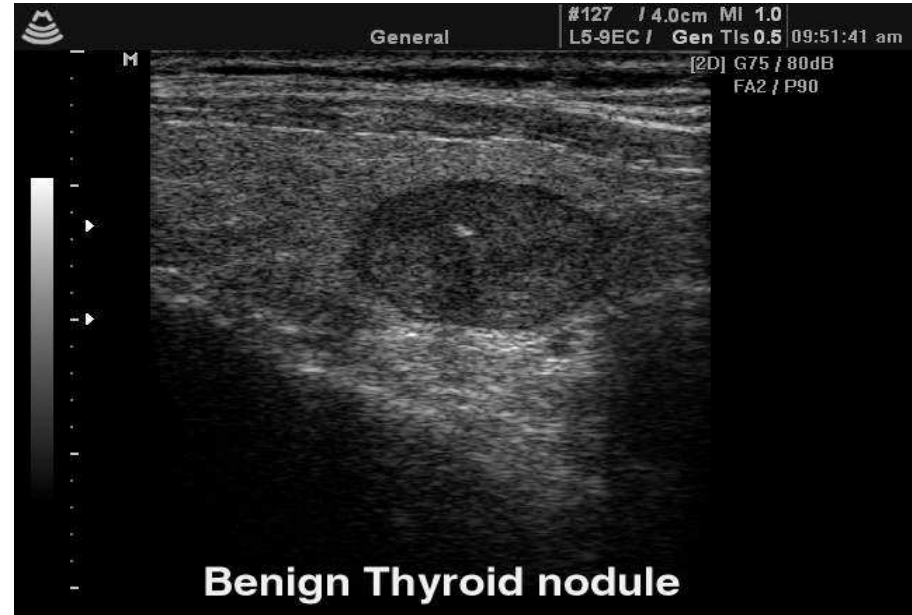
Author [year]	Inclusion criteria	Surgery	No. of patients (leg)	Age (year, mean $\pm$ SD)	Intervention
Biswas [2007]	Primary varicose vein surgery for SFJ/GSV reflux	Ligation and stripping of the GSV and multiple phlebectomies	S: 110 L: 110	S: 48 $\pm$ 19 L: 47 $\pm$ 19.5	S: 3 days elastic bandages + 1 week TED stockings L: 3 days elastic bandages + 3 weeks TED stockings (Kendall TED stockings, Tyoc Healthcare, Hants PO13 0AS)
Houtermans-Auckel [2009]	CEAP stage C2 or C3	Ligation and stripping of the GSV and multiple phlebectomies	S: 52 L: 52	S: 49 $\pm$ 11 L: 50 $\pm$ 13	S: 3 days elastic bandages L: 3 days elastic bandages + 4 weeks stockings (23–32 mmHg; 2 weeks day and night, 2 weeks day only)
Raraty [1999]	N/A	Saphenous ligation, sequential avulsion of the GSV and multiple stab avulsions	S: 53 (64) L: 52 (67)	S: 49.2 (20–75) <sup>†</sup> L: 51.5 (16–72) <sup>†</sup>	S: 1 week elastic bandages L: 16 h crepe bandages + 6 weeks TED stockings (1 week day and night, 5 weeks day only)
Rodrigus [1991]	N/A	Stripping of the GSV and multiple phlebectomies	S: (84) L1: (84) L2: (89)	N/A	S: 1 week elastic bandages L1: 1 week elastic bandages + 2 weeks tubegauze L2: 1 week elastic bandages + 5 weeks tubegauze (Tubigrip; Seton)

### Regional Citrate Versus Heparin Anticoagulation for Continuous Renal Replacement Therapy: A Meta-Analysis of Randomized Controlled Trials

Mei-Yi Wu, MD,<sup>1</sup> Yung-Ho Hsu, MD,<sup>1</sup> Chyi-Huey Bai, PhD,<sup>2</sup> Yuh-Feng Lin, MD,<sup>1</sup> Chih-Hsiung Wu, MD, PhD,<sup>3</sup> and Ka-Wai Tam, MD, MS<sup>4</sup>



**Figure 5.** Forest plot of comparison: citrate versus heparin. Outcome: incidence of hypocalcemia. Abbreviation: CI, confidence interval.



# Systematic Review of Clinical Practice Guidelines in the Diagnosis and Management of Thyroid Nodules and Cancer

Tsai-Wei Huang, RN, PhD<sup>1</sup>; Jun-Hung Lai, MD<sup>1,2</sup>; Mei-Yi Wu, MD<sup>3,4</sup>; Shiah-Lian Chen, RN, PhD<sup>1</sup>; Chih-Hsiung Wu, MD, PhD<sup>5,6</sup>, Ka-Wai Tam, MD, MSc<sup>4,5,6,7,8,9</sup>

**Table 2.** Domain scores (%) of the 10 clinical practice guidelines assessed using the AGREE-II instrument

Domain	AACE/A ME/ETA [2010]	ATA [2009]	BTA [2007]	ESMO [2012]	GAES [2013]	IKNL [2007]	LATS [2009]	NCCN [2013]	NCN [2000]	SEOM [2011]
Domain 1: Scope and purpose	76.4	84.7	87.5	33.3	61.1	87.5	79.2	79.2	68.1	40.2
Domain 2: Stakeholder involvement	65.2	72.2	76.4	22.2	54.2	75	44.4	69.4	51.4	26.4
Domain 3: Rigor of development	62.5	61.98	66.1	21.4	58.9	88.5	45.8	58.3	36.4	16.1
Domain 4: Clarity of presentation	77.8	70.8	69.4	38.9	63.9	73.6	54.2	81.9	56.9	45.8
Domain 5: Applicability	38.5	42.7	56.3	22.9	35.4	63.5	40.6	57.2	29.2	21.9
Domain 6: Editorial independence	79.2	81.3	75	39.6	45.8	79.2	52.1	85.4	29.2	33.3



**Table 4.** Recommendations stated in the 10 clinical practice guidelines

Recommendations	AACE/ AME/ ETA [2010]	ATA [2009]	BTA [2007]	ESMO [2012]	GAES [2013]	IKNL [2007]	LATS [2009]	NCCN [2013]	NCN [2000]	SEOM [2011]
<b>Diagnosis</b>										
Indications of fine-needle aspiration (without suspicions)	n > 1 cm	n > 0.5 cm	n > 0.5 cm	n > 1 cm	All nodules	All nodules	N/A	n > 1.5 cm	All nodules	n > 1 cm
Routine serum calcitonin	Optional	NR	N/A	R	R	R	Optional	Optional	Optional	R
Thyroid scan	Low TSH	Follicular lesion with low TSH	N/A	Unclear	Before operation	NR	N/A	Follicular lesion with low TSH	Unclear	NR
<b>Treatment</b>										
Indication of total thyroidectomy for DTC	N/A	n > 1 cm	n > 1 cm	n > 1 cm	n > 1 cm	n > 1 cm	All sizes	n > 4 cm	n > 1 cm	n > 4 cm
Cervical lymph node dissection (node negative)	N/A	n > 4 cm	n > 4 cm/male/ age > 45 y	Optional	Optional	N/A	n > 4 cm	Optional	Unclear	Optional
<b>Postoperative care</b>										
Indication of I <sup>131</sup> ablation	N/A	n > 4 cm/ high-risk patients	High-risk patients	n > 2 cm/ high-risk patients	N/A	High-risk patients	High-risk patients	Tg > 1 ng/mL/ high-risk patients	n > 1 cm	High-risk patients
<b>Target level of TSH suppression therapy (mU/L)</b>										
High risk	N/A	<0.1	<0.1	<0.1	N/A	<0.1	<0.1	<0.1	0.01 to 0.1	<0.1
Low risk	N/A	0.1 to 0.5	0.1 to 0.5	WNL	N/A		0.4 to 1.0	Close to the lower limit		<0.1 to 0.5

DTC, differentiated thyroid cancer; I, iodine; n, nodule; N/A, not available; NR, not recommended; R, recommended; Tg, thyroglobulin; TSH, thyroid stimulating hormone; WNL, within normal limit.

Huang et al. *BMC Medicine* 2013, **11**:191  
<http://www.biomedcentral.com/1741-7015/11/191>



**RESEARCH ARTICLE**

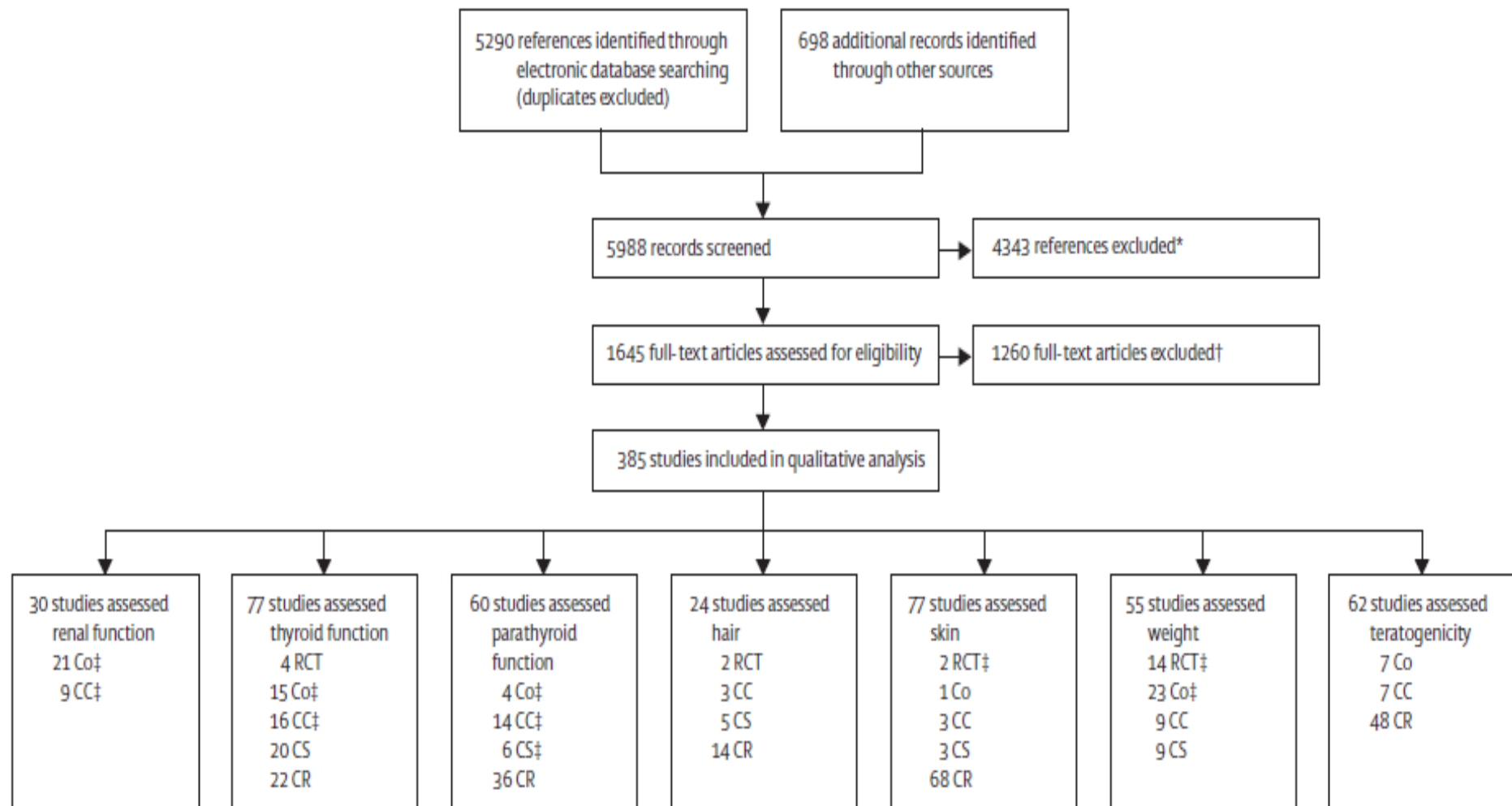
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# Systematic review of clinical practice guidelines in the diagnosis and management of thyroid nodules and cancer

Tsai-Wei Huang<sup>1</sup>, Jun-Hung Lai<sup>1,2</sup>, Mei-Yi Wu<sup>3,4</sup>, Shiah-Lian Chen<sup>1</sup>, Chih-Hsiung Wu<sup>5,6</sup> and Ka-Wai Tam<sup>4,5,6,7,8,9\*</sup>

# Lithium toxicity profile: a systematic review and meta-analysis

Lancet 2012 Feb 25;379(9817):721-8

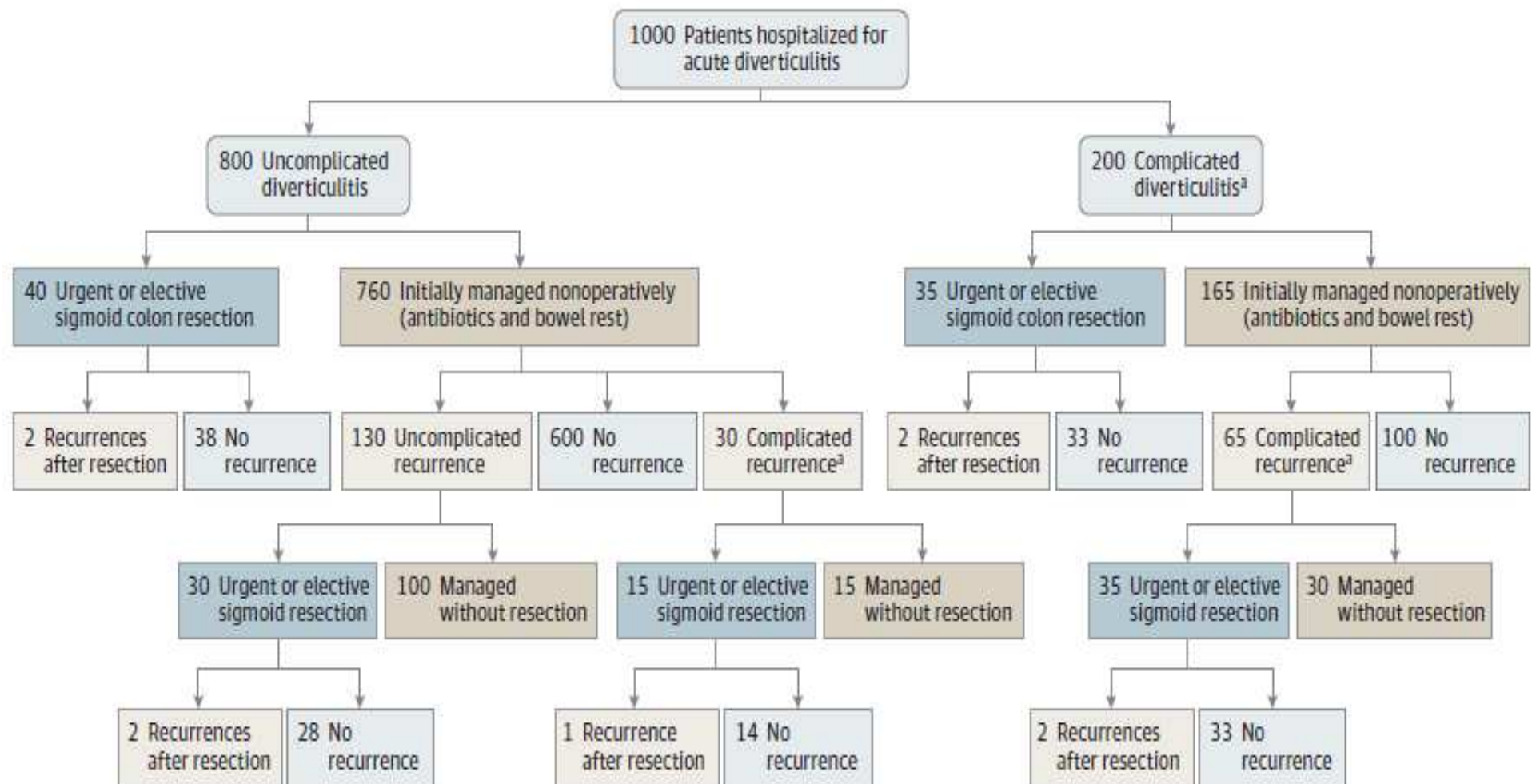


# Sigmoid Diverticulitis

## A Systematic Review

JAMA. 2014;311(3):287-297.

Figure. Clinical Outcomes Based on Current Treatment Standards for a Hypothetical Cohort of 1000 Patients Presenting With Acute Diverticulitis





**Table 2. Level of Recommendation for Systematic Review of Recent Literature Compared to Current Practice Guidelines for Prevention of Recurrent Sigmoid Diverticulitis**

Intervention	Current Evidence Review and Guidelines <sup>a</sup>	Recommendation <sup>b</sup>	
		Level	Class
<b>Recovered From 1 or More Uncomplicated Episode</b>			
Fiber supplementation		C	IIa
Evidence review	Not addressed.		
Practice guidelines <sup>c</sup>	Long-term fiber supplementation may prevent recurrence (ASCRS)		
Antibiotic use		A	III
Evidence review	For acute uncomplicated diverticulitis, a Cochrane review, <sup>42,51</sup> a systematic review, <sup>44</sup> and a retrospective cohort study <sup>46</sup> do not support use of antibiotics for prevention of recurrence		
Practice guidelines <sup>c</sup>	Not addressed		
Probiotics		C	IIb
Evidence review	A trial of 83 patients randomized to receive oral polybacterial lysate vs placebo reported no significant difference in recurrence rates ( $P = .2$ using $\chi^2$ comparison of proportions) <sup>45</sup>		
Practice guidelines <sup>c</sup>	Not addressed		
Mesalamine		B	IIa
Evidence review	Small uncontrolled trials indicate approximately 3% recurrence rate over 1 y with use of combined mesalamine and rifaximin <sup>52</sup>		
Practice guidelines <sup>c</sup>	Not addressed		
Avoiding nuts and seeds		A	III
Evidence review	A survey of 47 228 health professionals reported that incident diverticulitis was not associated with nut, corn, or popcorn ingestion and that increased nut intake was associated with lower risk of diverticulitis <sup>21</sup>		
Practice guidelines <sup>c</sup>	Not addressed		

**Table 2. Level of Recommendation for Systematic Review of Recent Literature Compared to Current Practice Guidelines for Prevention of Recurrent Sigmoid Diverticulitis (continued)**

Intervention	Current Evidence Review and Guidelines <sup>a</sup>	Recommendation <sup>b</sup>	
		Level	Class
<b>Young Patients (≤50 y)</b>			
Surgical resection		C	IIb
Evidence review	Several cohort studies found modestly higher rates of recurrence among patients younger than 40 y than among those older than 40 y <sup>71,72,85,86</sup> ; however, these data were countered by other cohort studies that did not document a more aggressive disease course based on age <sup>87-93</sup>		
Practice guidelines <sup>c</sup>	The decision to recommend elective sigmoid colectomy after recovery from acute diverticulitis should be made on a case-by-case basis (ASCRS)	B	I
	There is no clear consensus regarding whether younger patients (<50 y) are at increased risk of complications; however, they are probably at increased risk of recurrent diverticulitis (ASCRS)	C	IIa
	In young patients with no comorbid conditions, elective surgery after a single episode of diverticulitis is still a reasonable recommendation (WGO)	C	IIa
	Elective sigmoid resection may not be necessary after any specific number of episodes of uncomplicated diverticulitis or with any definite age thresholds (SSAT)		

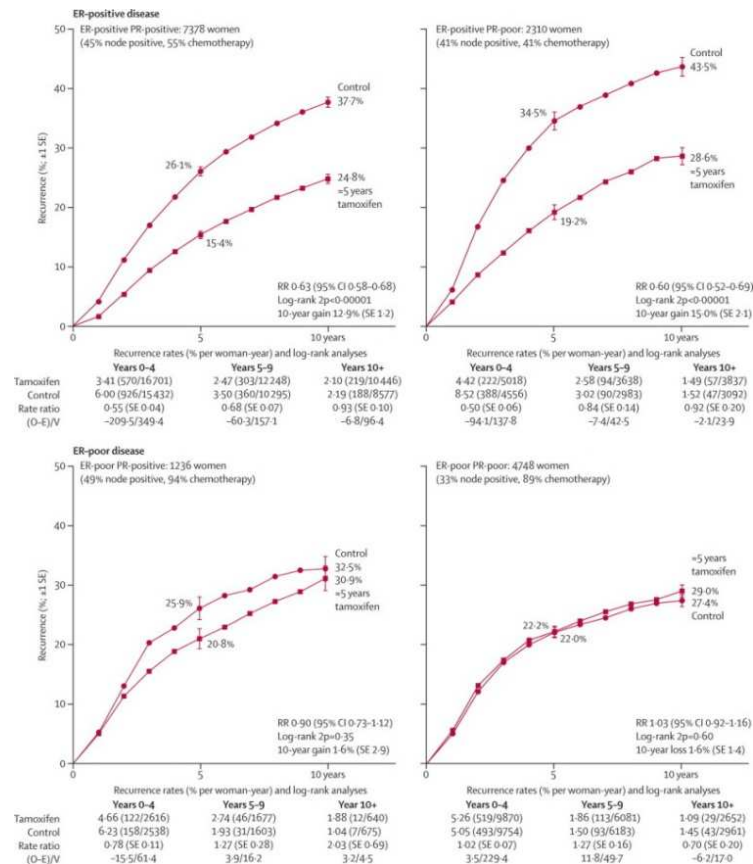
# Individual patient data

## Relevance of breast cancer hormone receptors and other factors to the efficacy of adjuvant tamoxifen: patient-level meta-analysis of randomised trials

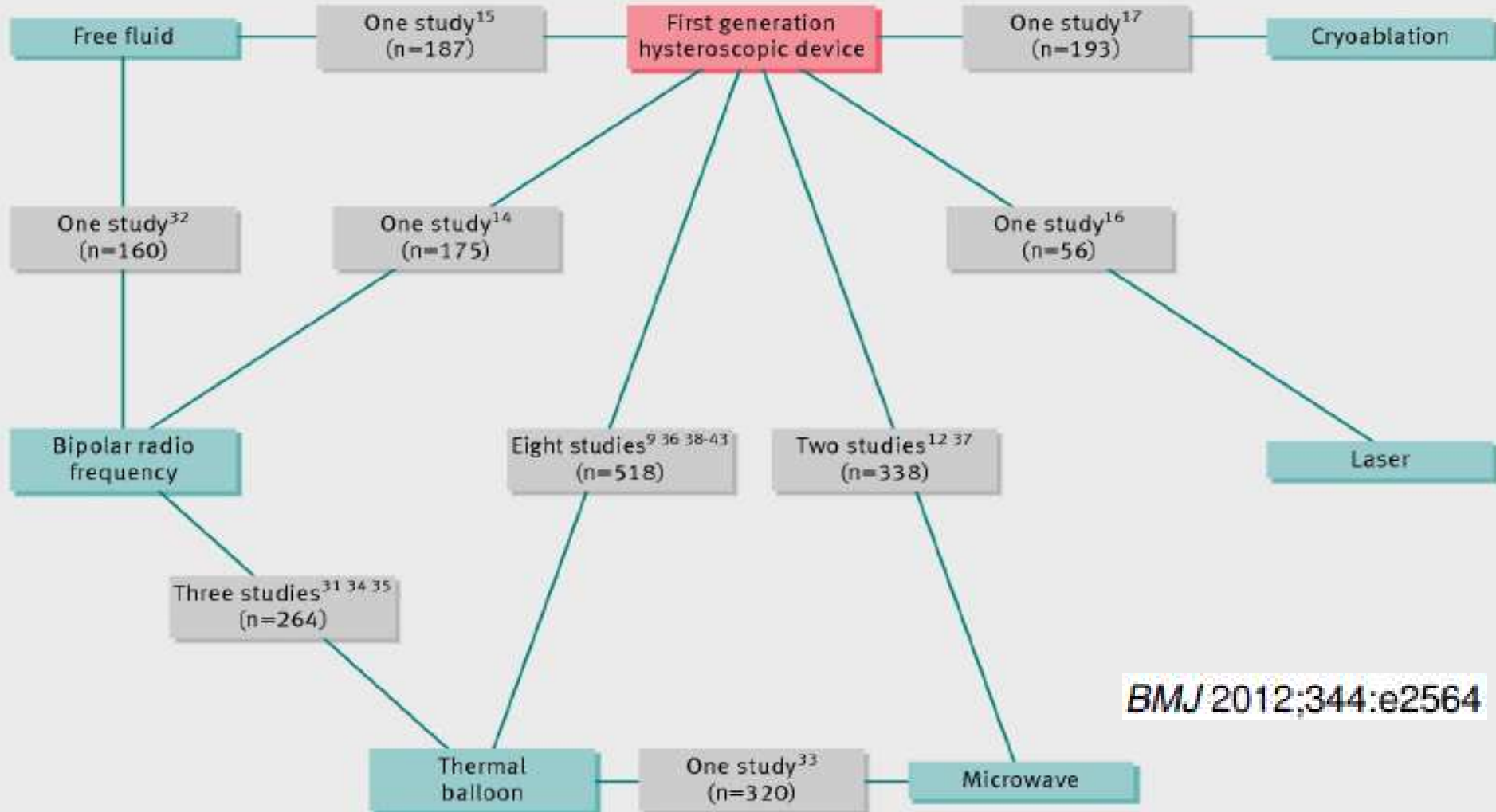


Early Breast Cancer Trialists' Collaborative Group (EBCTCG)\*

*Lancet* 2011; 378:771-84



# Second generation endometrial ablation techniques for heavy menstrual bleeding: network meta-analysis





**Table 2 | Amenorrhoea rate at 12 months: results from direct comparisons and network meta-analysis. Figures are odds ratios (95% confidence intervals) for device in column compared with device in row. Odds ratio >1 indicate increased rate with device in column**

	Thermal balloon	Bipolar radio frequency	Microwave	Cryoablation	Free fluid	Laser
<b>First generation device</b>						
Direct	0.72 (0.52 to 1.01); P=0.06*	1.27 (0.73 to 2.20); P=0.4†	1.28 (0.90 to 1.83); P=0.2‡	0.30 (0.17 to 0.55); P<0.001†	0.57 (0.33 to 0.96); P=0.03†	4.88 (2.17 to 11.00); P<0.001†
Network	0.69 (0.49 to 0.97); P=0.03	1.73 (1.07 to 2.78); P=0.03	1.14 (0.73 to 1.79); P=0.5	0.35 (0.17 to 0.75); P=0.01	0.62 (0.34 to 1.13); P=0.1	4.36 (1.82 to 10.44); P=0.002
<b>Thermal balloon</b>						
Direct	—	4.56 (2.24 to 9.26); P<0.001*	1.13 (0.70 to 1.82); P=0.6†	NA	NA	NA
Network	—	2.51 (1.53 to 4.12); P<0.001	1.66 (1.01 to 2.71); P=0.05	0.51 (0.23 to 1.17); P=0.1	0.91 (0.48 to 1.73); P=0.7	6.34 (2.50 to 16.07); P<0.001
<b>Bipolar radio frequency</b>						
Direct	—	—	NA	NA	0.36 (0.18 to 0.73); P=0.005†	NA
Network	—	—	0.66 (0.36 to 1.21); P=0.2	0.20 (0.09 to 0.49); P=0.002	0.36 (0.19 to 0.67); P=0.004	2.52 (0.95 to 6.71); P=0.06
<b>Microwave</b>						
Direct	—	—	—	NA	NA	NA
Network	—	—	—	0.31 (0.13 to 0.74); P=0.01	0.55 (0.27 to 1.13); P=0.09	3.82 (1.46 to 10.01); P=0.009
<b>Cryoablation</b>						
Direct	—	—	—	—	NA	NA
Network	—	—	—	—	1.77 (0.69 to 4.58); P=0.2	12.37 (3.96 to 38.59); P<0.001
<b>Free fluid</b>						
Direct	—	—	—	—	—	NA
Network	—	—	—	—	—	6.98 (2.48 to 19.69); P<0.001

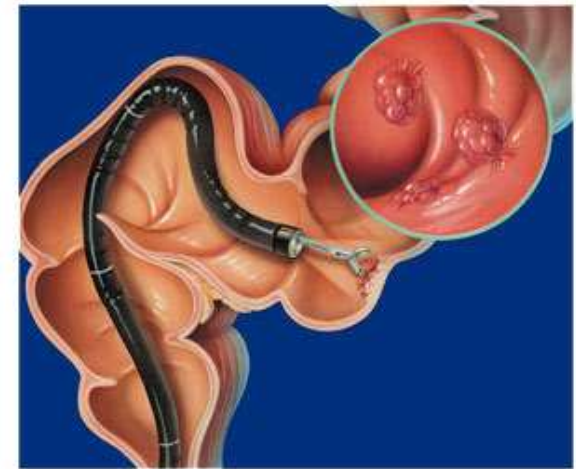
# My disappointed experiences

Systematic review and meta-analysis of studies of the timing of tracheostomy in adult patients undergoing artificial ventilation

OBSTETRICS

**Staples vs subcuticular sutures for skin closure at cesarean delivery: a metaanalysis of randomized controlled trials**

Effectiveness of a gentamicin impregnated collagen sponge on reducing sternal wound infections following cardiac surgery: a meta-analysis of randomised controlled trials






# Factors

## Success


- Interested or important issues
- Clinical diversity
- Malpractice issues
- Uncertain treatment protocol
- Suitable amount of trials with appropriate study design
- Enough data for analysis

## Failure

- Well known issues
  - Issues lack of clinical value
  - Lack of primary research
  - Lot of low quality papers
  - Recent review published
  - Compare apple to orange
  - Incomparable outcome
- 



# Contrast-induced nephropathy (CIN)

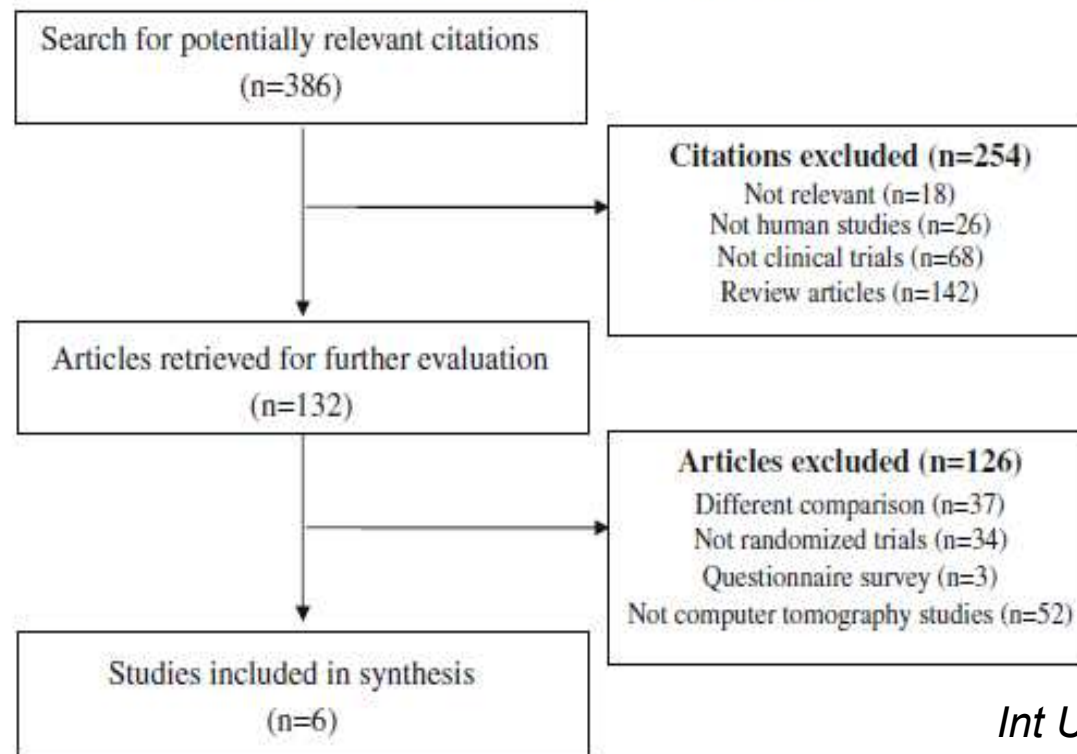
- The effectiveness of N-acetylcysteine in preventing CIN in patients undergoing angiography?
  - The effectiveness of N-acetylcysteine in preventing contrast-induced nephropathy in patients undergoing contrast-enhanced computed tomography?
- 




# The effectiveness of *N*-acetylcysteine in preventing contrast-induced nephropathy in patients undergoing contrast-enhanced computed tomography: a meta-analysis of randomized controlled trials

Mei-Yi Wu · Hui-Fen Hsiang · Chung-Shun Wong · Min-Szu Yao · Yun-Wen Li · Chao-Ying Hsiang · Chyi-Huey Bai · Yung-Ho Hsu · Yuh-Feng Lin · Ka-Wai Tam

Flowchart for the selection of the studies



*Int Urol Nephrol.* 2013 Oct;45(5):1309-18.



Thank you for your  
attention!

