Cochrane
Iran

اظهار تضاد منافع (Declaration of Interest)

عضو هیأت علمی معاونت تحقیقات و فناوری وزارت بهداشت، درمان و آموزش پزشکی

مسؤولیت فعلی:

- دانشیار فارماکواپیدمیولوژی
- معاون کاکرین ایران

Cochrane Iran

محورهای سخنرانی

- کاکرین چیست؟
- کاکرین ایران و دستاوردهای آن
- انواع مطالعات و طبقه‌بندی آنها
- آشنایی با Cochrane Crowd
- چالش کاکرین ایران

77 نفر از 19 کشور دنیا در سال 1993 میلادی در کلکیوم کاکرین شرکت کردند و ایده راه‌اندازی شبکه همکاری‌های کاکرین (Cochrane Collaboration) در این سمینار شکل گرفت.

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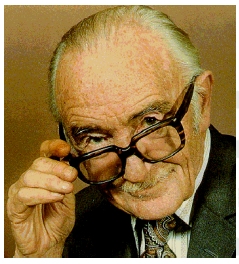
Archie Cochrane، پزشک و محقق اسکاتلندی

مبتکر ایده پزشکی مبتنی بر شواهد

وی در توسعه اپیدمیولوژی به عنوان یک علم نقش

مؤثری داشت



1909-1988 میلادی

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Archie Cochrane، پزشک و محقق اسکاتلندی

مبتکر ایده پزشکی مبتنی بر شواهد

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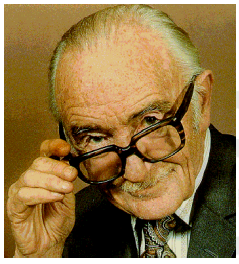
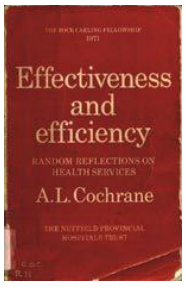


1909-1988 میلادی



سال انتشار: 1972 میلادی

او بیشتر به خاطر کتاب تأثیرگذارش به نام

«اثربخشی و کارایی» شناخته می‌شود.

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شبکه جهانی کاکرین

هیچ مکان یا دفتری تحت عنوان «کاکرین» وجود ندارد.

شبکه جهانی اعضا و حامیان ما با یکدیگر همکاری می‌کنند تا به اهداف راهبردی خود دست یابند و معمولاً بر اساس علایق، تخصص و/یا موقعیت جغرافیایی وابسته به یک یا چند گروه کاکرین هستند.

- **اعضای کاکرین** (Cochrane Members): مشارکت‌کنندگانی که عضویت دریافت کرده‌اند (تا پایان سال 2023: **10،825 نفر**)
- **حامیان کاکرین** (Cochrane Supporters): شبکه جهانی دارندگان پروفایل (Account) در کاکرین که مشارکت فعال دارند (تا پایان سال 2023: **121،668 نفر**)

Priscila Verduzco
Mexico City
Cochrane's 100,000th supporter

تعداد کل اعضا و حامیان کاکرین تا پایان سال 2023:
132،493 نفر

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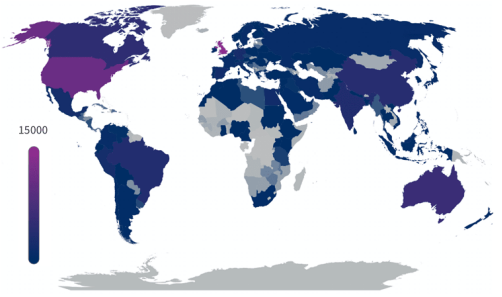
	Members	Supporters	Total
1- UK	2602	13,540	16,142
2- China	450	11,460	11,910
3- USA	891	10,807	11,698
4- Australia	1067	6,500	7,567
5- India	283	5,621	5,904
6- Mexico	182	5,446	5,628
7- Canada	607	4,713	5,320
8- Brazil	258	4,909	5,167
9- Germany	486	2,929	3,415
10- Spain	184	2,676	2,860
11- Indonesia	31	2,584	2,615
12- Italy	300	2,314	2,614
13- Egypt	68	2,341	2,409
14- Pakistan	45	2,340	2,385
15- Iran	95	2,122	2,217
16- Netherlands	377	1,643	2,020
216-	....	....	....
Total	10,825	121,668	132,493



کاکرین یک شبکه مستقل جهانی متشکل از محققان، متخصصان، بیماران، مراقبان و افراد علاقه‌مند به سلامت است.

چشم‌انداز کاکرین: دنیایی از سلامت بهتر برای همه مردم که در آن تصمیمات مربوط به سلامت و مراقبت بر اساس شواهد با کیفیت بالا است.

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کاکرین چگونه عمل می‌کند؟

استراتژی تغییر: 2020-2023

هدف 1: تولید شواهد قابل اعتماد

تولید شواهد قابل اعتماد و به موقع که به مهمترین سؤالات برای تصمیم‌گیری در مورد بهداشت و مراقبت بپردازد (انتشار بیش از 9000 مرور کاکرینی در کتابخانه کاکرین).

هدف 2: طرفداری از شواهد

به عنوان یک مدافع جهانی پیشرو در سلامت و مراقبت آگاه از شواهد.

هدف 3: تصمیمات آگاهانه در سلامت و مراقبت

آگاه از شواهد بودن تصمیمات مربوط به سلامت و مراقبت با در دسترس قرار دادن شواهد خود به صورت قابل استفاده و در دسترس همه.

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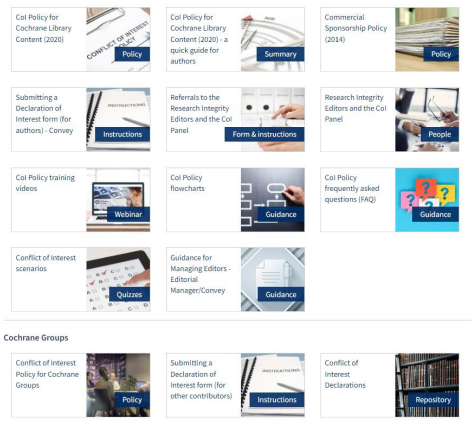
کاکرین حمایت مالی تجاری یا دچار تعارض را قبول نمی‌کند. برای کاکرین حیاتی است که اطلاعات معتبر و قابل اعتماد تولید کند، آزادانه کار انجام دهد و به واسطه منافع تجاری و مالی محدود نباشد.



سیاست‌های پیشگیری از تضاد منافع (conflict of interest)

https://training.cochrane.org/online-learning/editorial-policies/coi-policy

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10 اصل کاری کاکرین

1- همکاری (Collaboration)
2- بنا شده بر پایه شور و شوق افراد (Building on the enthusiasm of individuals)
3- اجتناب از تکرار تلاش (Avoiding duplication of effort)
4- به‌حداقل‌رساندن سوگیری (Minimizing bias)
5- به‌روزبودن (Keeping up-to-date)
6- تلاش برای مرتبط‌بودن (Striving for relevance)
7- گسترش دسترسی (Promoting access)
8- اطمینان از کیفیت (Ensuring quality)
9- تداوم (Continuity)
10- امکان مشارکت گسترده (Enabling wide participation)

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مهمترین محصول کاکرین

کتابخانه کاکرین (Cochrane Library) **مشتمل بر چندین پایگاه اطلاعاتی از جمله** Cochrane Database of Systematic Reviews **یا** CDSR **که مرورهای سیستماتیک کاکرین در آن منتشر می‌شود، مهمترین محصول کاکرین است.**

تا کنون ۹،193 مرور کاکرین در 37 دسته‌بندی موضوعی منتشر شده است.

343
مرور کاکرین جدید یا به روز شده و 250 پروتکل در سال 2022 منتشر شد.

83،897
مجموع استنادات به مرورهای کاکرین در سال 2022

8/4
Impact Factor دیتابیس CDSR

742
راهنمای بالینی در سال 2022 منتشر شده که حداقل به یک مرور کاکرین ارجاع داده است.

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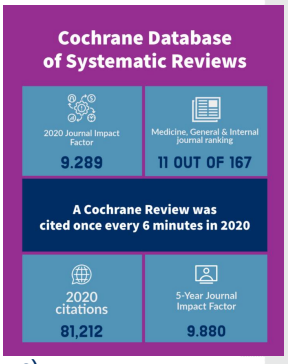
All Cochrane Reviews are published in the *Cochrane Database of Systematic Reviews* (launched in 1995) in The Cochrane Library, an online platform, cochranelibrary.com



Cochrane Library includes three databases:

1. Cochrane Database of Systematic Reviews (Cochrane Reviews)
2. Cochrane Central Register of Controlled Trials (Clinical Trials)
3. Cochrane Clinical Answers

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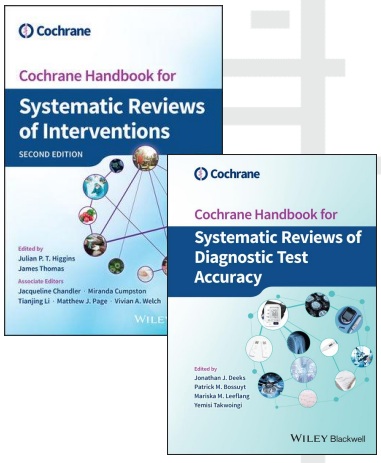
انواع مطالعات مروری کاکرین

- مرور مداخله‌ای (Intervention reviews)
- مرور صحت تست تشخیصی (Diagnostic test accuracy reviews)
- مرورهای روش‌شناسی (Methodology reviews)
- مرورهای کیفی (Qualitative reviews)
- مرورهای پیش‌آگهی (Prognosis reviews)



https://training.cochrane.org/handbook/current
https://training.cochrane.org/handbook-diagnostic-test-accuracy

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جستجو در کتابخانه کاکرین

https://www.cochranelibrary.com/

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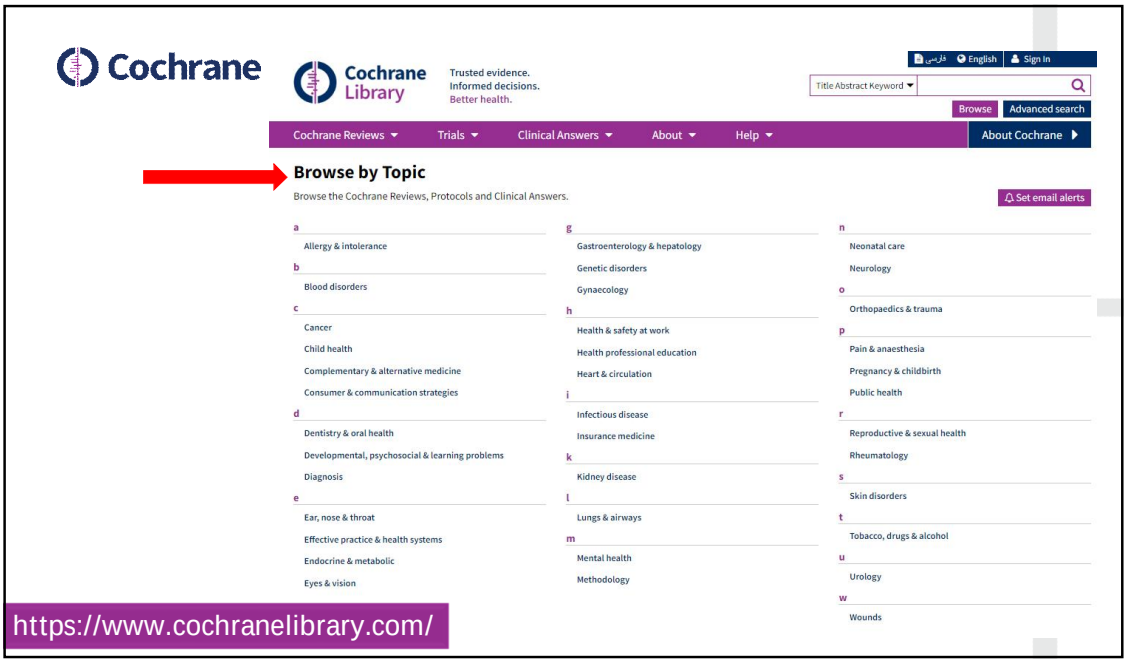

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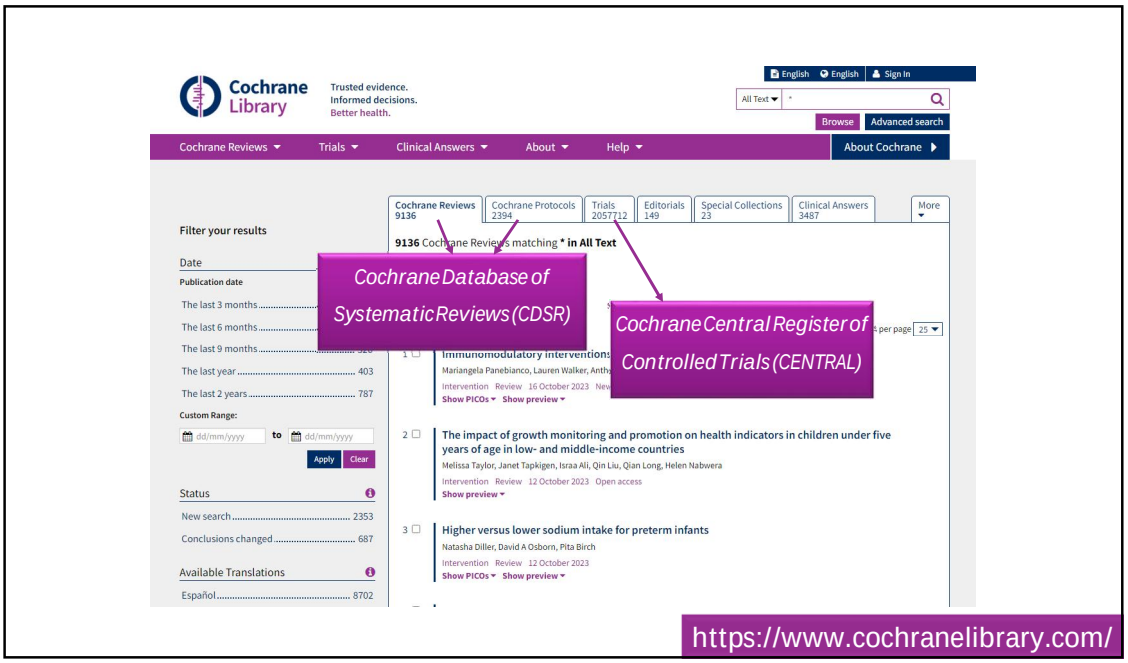
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The impact of growth monitoring and promotion on health indicators in children under five years of age in low- and middle-income countries
Higher versus lower sodium intake for preterm infants
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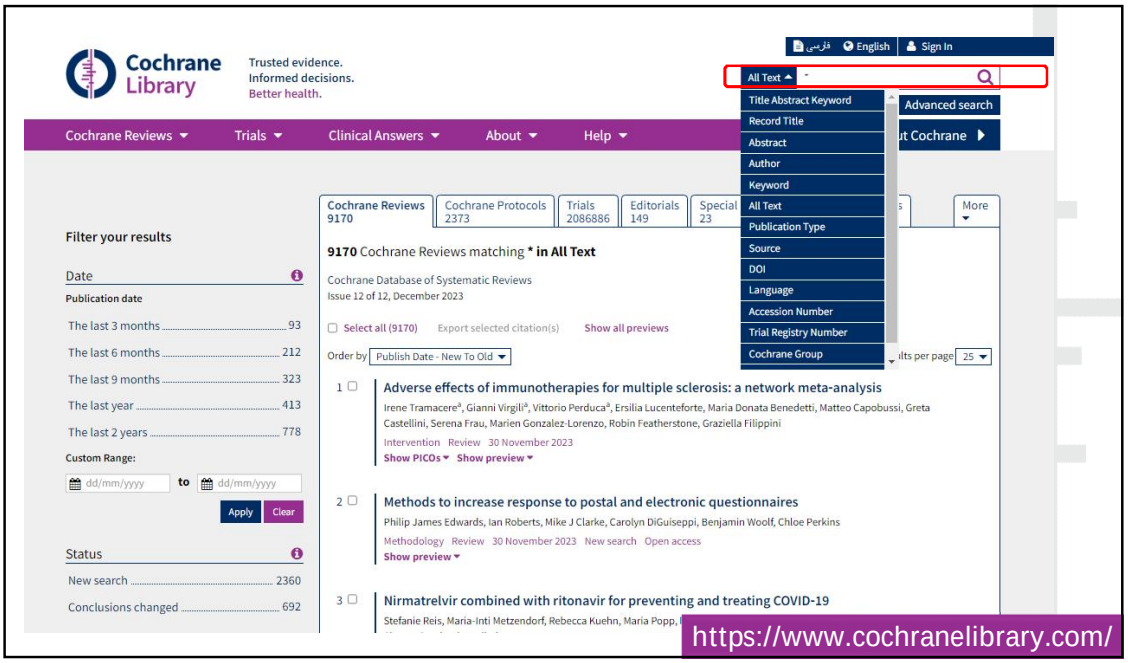
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Trial Registry Number
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Cochrane Database of Systematic Reviews
Issue 12 of 12, December 2023
Adverse effects of immunotherapies for multiple sclerosis: a network meta-analysis
Methods to increase response to postal and electronic questionnaires
Nirmatrelvir combined with ritonavir for preventing and treating COVID-19
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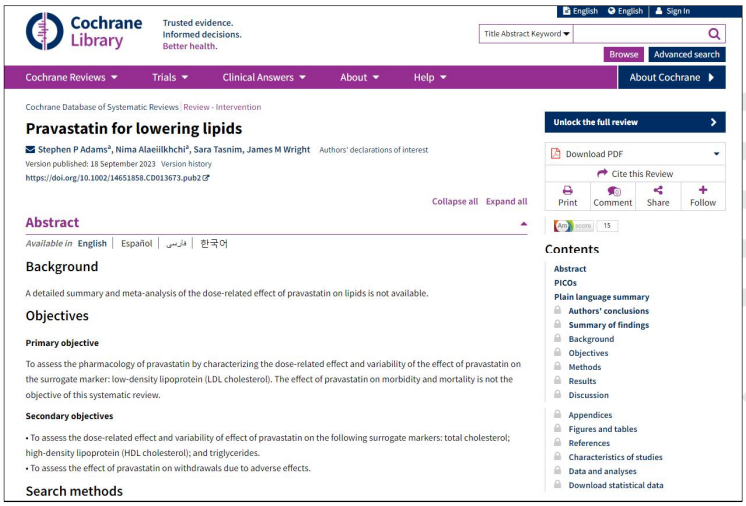
یک مرور کاکرین



https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013673.pub2/full

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بخش PICO در مرور کاکرین

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Cochrane Database of Systematic Reviews | Review - Intervention

Pravastatin for lowering lipids

Stephen P Adams[a], Nima Alaeiilkhchi[a], Sara Tasnim, James M Wright Authors' declarations of interest

Version published: 18 September 2023 Version history

https://doi.org/10.1002/14651858.CD013673.pub2

PICOs

Population (5)	Intervention (1)	Comparison (1)	Outcome (2)
Aged 80 and over 80+ years	Pravastatin	Placebo	Adverse Reaction
Adult 19-44 years			Low Density Lipoprotein Cholesterol Measurement
Middle Aged 45-64 years			
Young Adult 19-24 years			
Aged 65-79 years			

The PICO model is widely used and taught in evidence-based health care as a strategy for formulating questions and search strategies and for characterizing clinical studies or meta-analyses. PICO stands for four different potential components of a clinical question: Patient, Population or Problem; Intervention; Comparison; Outcome.

See more on using PICO in the Cochrane Handbook.

https://doi.org/10.1002/14651858.CD013673.pub2

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خلاصه ساده یک مرور کاکرین

Plain language summary

Available in English | Español | فارسی | 한국어

Pravastatin for lowering lipids

Key messages

• Pravastatin decreases low-density lipoprotein cholesterol and the effect is dependent on the dose over the range of 5 mg to 160 mg.

• Pravastatin at 80 mg/day is the maximal licensed dose.

• From other systematic reviews we conducted, pravastatin has a similar effect on cholesterol to fluvastatin and has a lesser effect on cholesterol than the other statins.

What are cholesterol and blood fats?

Cholesterol is required to build and maintain all animal cell membranes and is critical to human life. Main components of cholesterol are low-density lipoprotein, high-density lipoprotein, and triglycerides. Low-density lipoprotein transports fat molecules around the body in the blood and delivers fat molecules to cells. High-density lipoprotein removes fat molecules from cells and transports it to the liver. Cholesterol and its components low-density lipoprotein cholesterol, and high-density lipoprotein cholesterol can be measured in the blood. Triglycerides are found in all lipoproteins and can also be measured in the blood. Blood fats are thought to be related to adverse events affecting the heart and blood vessels.

What is pravastatin?

Pravastatin is one of a class of medication called statins that lower blood cholesterol. What are other statins? Do they have any unwanted effects?

What did we want to find out?

How do different doses of pravastatin affect fats in our blood?

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013673.pub2/full

SUMMARY OF FINDINGS

Summary of findings 1. Effect of pravastatin on low-density lipoprotein (LDL) cholesterol

Pravastatin versus placebo for lowering LDL cholesterol

Patient or population: participants with normal or abnormal lipid profiles

Settings: ambulatory clinics

Intervention: pravastatin

Comparison: placebo

Pravastatin dose (3-12 weeks)	Relative effect (Mean Difference) (95% CI)	No of participants (studies)	Certainty of the evidence (GRADE)	Comments
10 mg/day LDL cholesterol	MD −21.59 (−23.58 to −19.60)	765 (11)	⊕⊕⊕⊕ High	I^2 = 33% Effect predicted from log dose-response curve, −21.7%
20 mg/day LDL cholesterol	MD −25.70 (−26.77 to −24.63)	3117 (22)	⊕⊕⊕◯ Moderate[a]	I^2 = 58% Effect predicted from log dose-response curve, −25.1%
40 mg/day LDL cholesterol	MD −28.37 (−29.22 to −27.52)	4869 (35)	⊕⊕⊕◯ Moderate[a]	I^2 = 74% Effect predicted from log dose-response curve, −28.5%
80 mg/day LDL cholesterol	MD −34.39 (−37.00 to −31.77)	881 (4)	⊕⊕⊕⊕ High	I^2 = 0% Effect predicted from log dose-response curve, −31.9%

CI: confidence interval; **LDL:** low-density lipoprotein; **MD:** mean difference

GRADE Working Group grades of evidence

High certainty: we are very confident that the true effect lies close to that of the estimate of the effect.
Moderate certainty: we are moderately confident in the effect estimate; the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low certainty: our confidence in the effect estimate is limited; the true effect may be substantially different from the estimate of the effect.
Very low certainty: we have very little confidence in the effect estimate; the true effect is likely to be substantially different from the estimate of effect.

Pravastatin 10 mg/day to 80 mg/day reduced LDL cholesterol by 22% to 34%. The certainty of evidence for these effects was judged to be moderate to high.

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استراتژی دسترسی آزاد به مرورهای کاکرین

کاکرین در برنامه راهبردی (strategy for change) خود را متعهد نموده تا دسترسی آزاد (open access) به مرورهای کاکرین را فراهم کند.

تا سال 2025، کاکرین دسترسی آزاد جهانی به مرورهای سیستماتیک خود را **بلافاصله پس از انتشار** برای مرورهای جدید و به روز شده، فراهم خواهد کرد.

این استراتژی متعهد به انجام این کار بدون تحمیل بار مالی بر دوش نویسندگان مرور و بدون به خطر انداختن پایداری مالی مؤسسه خیریه است.

تفاهم‌نامه مؤسسه نیماد و کاکرین به منظور راه‌اندازی کاکرین ایران- ژانویه 2017

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COLLABORATION AGREEMENT

BETWEEN

National Institute for Medical Research Development (NIMAD)
Ministry of Health and Medical Education, Islamic Republic of Iran
West Fatemi Av. Besat St. No. 21, Tehran 1419693111, Iran
represented by the Director
Prof. Reza Malekzadeh
- hereinafter referred to as "NIMAD" -

AND

The Cochrane Collaboration
St Albans House, 57-59 Haymarket,
London SW1Y 4QX, United Kingdom
- hereinafter referred to as "Cochrane" -

- NIMAD and Cochrane also referred to as "Party / Parties"

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National Institute for Medical Research Development (NIMAD)
Islamic Rebpubic of Iran

Cochrane Iran

گروه‌های جغرافیایی کاکرین در 53 کشور

کاکرین ایران تنها شعبه کاکرین در خاورمیانه و کشورهای همسایه

- کاکرین اتریش
- کاکرین آرژانتین (8 مرکز/مرکز وابسته)
- کاکرین اسپانیا (5 مرکز/مرکز وابسته)
- کاکرین استرالیا
- کاکرین اکوادور
- کاکرین آلمان
- کاکرین آفریقای جنوبی (2 مرکز/مرکز وابسته)
- کاکرین آمریکا (16 مرکز/مرکز وابسته)
- کاکرین آمریکای جنوبی
- کاکرین آمریکای مرکزی
- کاکرین اندونزی
- کاکرین ایتالیا (5 مرکز/مرکز وابسته)
- کاکرین ایران
- کاکرین ایرلند
- کاکرین برزیل (6 مرکز یا مرکز وابسته)
- کاکرین بلژیک
- کاکرین بوسنی و هرزوگوین
- کاکرین پاراگوئه
- کاکرین پرتغال (6 مرکز یا مرکز وابسته)
- کاکرین پرو (2 مرکز یا مرکز وابسته)
- کاکرین تایوان (2 مرکز/مرکز وابسته)
- کاکرین تایلند
- کاکرین جمهوری چک
- کاکرین جمهوری دومینیکن
- کاکرین چین (9 مرکز/مرکز وابسته)
- کاکرین دانمارک
- کاکرین روسیه
- کاکرین رومانی
- کاکرین ژاپن
- کاکرین سوئیس
- کاکرین سوئد
- کاکرین سنگاپور
- کاکرین شیلی (6 مرکز/مرکز وابسته)
- کاکرین فرانسه
- کاکرین فنلاند
- کاکرین کامرون
- کاکرین کانادا
- کاکرین کانادا فرانکوفن
- کاکرین کره جنوبی
- کاکرین کرواسی
- کاکرین کلمبیا (9 مرکز/مرکز وابسته)
- کاکرین کنیا
- کاکرین لهستان
- کاکرین مالزی
- کاکرین مجارستان
- کاکرین مکزیک (10 مرکز/مرکز وابسته)
- کاکرین هند (10 مرکز/مرکز وابسته)
- کاکرین نروژ
- کاکرین نیجریه
- کاکرین نیوزلند
- کاکرین هلند
- کاکرین هنگ‌کنگ
- کاکرین یونان

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مراکز (همکار) کاکرین

Cochrane (Associated) Centres

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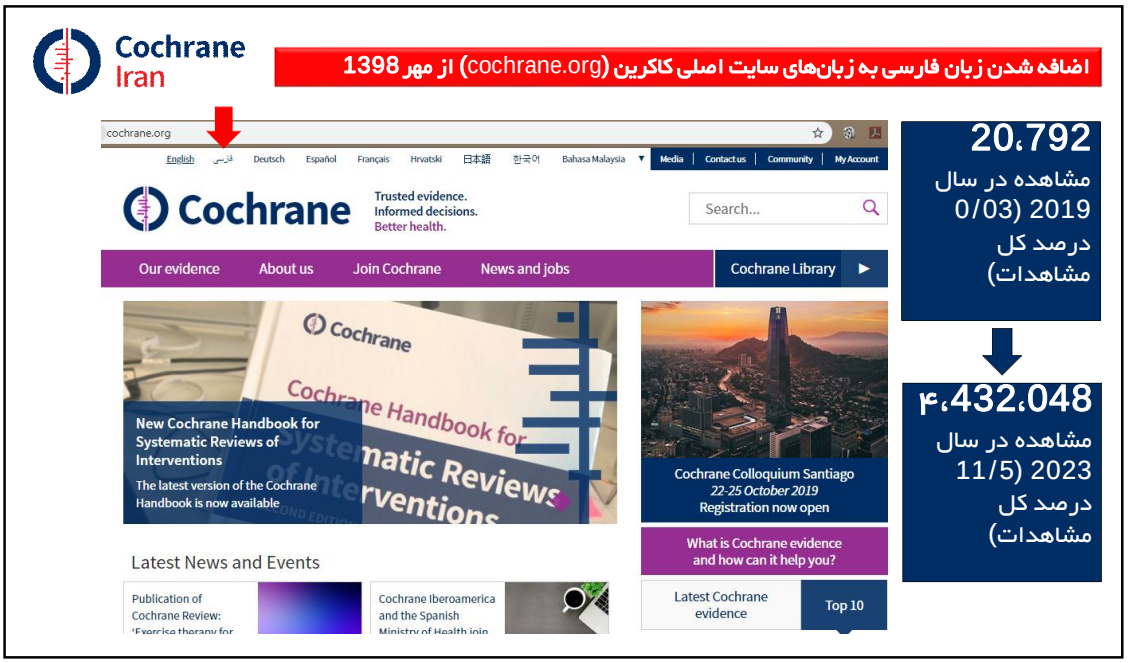
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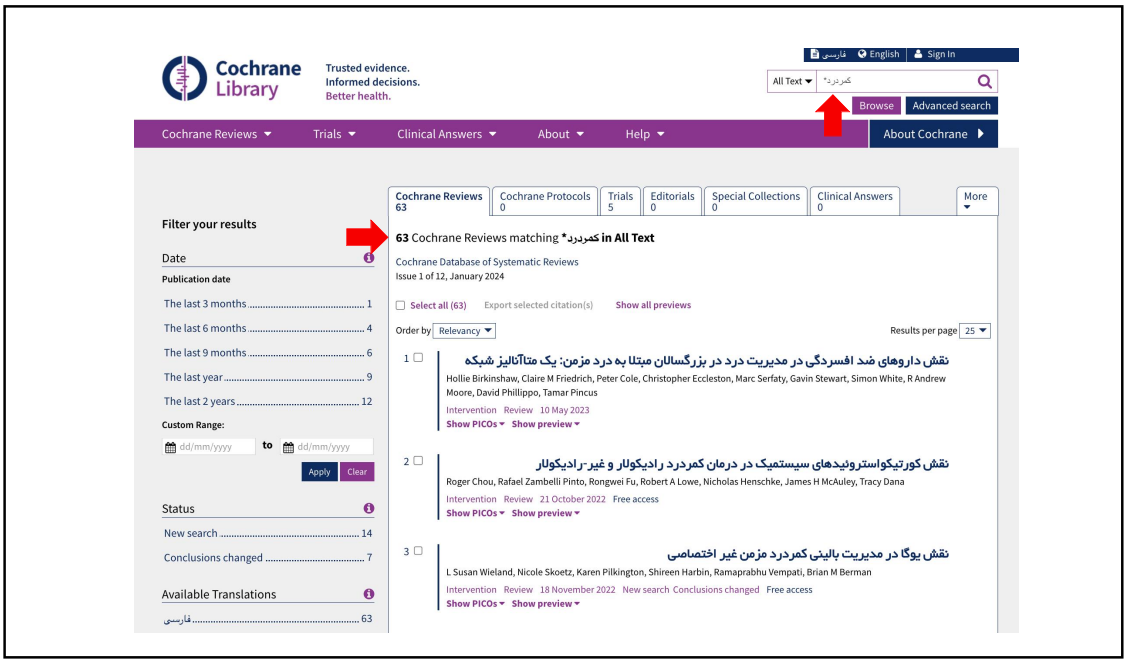
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نقش داروهای ضد افسردگی در مدیریت درد در بزرگسالان مبتلا به درد مزمن: یک متاآنالیز شبکه
نقش کورتیکواستروئیدهای سیستمیک در درمان کمردرد رادیکولار و غیر-رادیکولار
نقش یوگا در مدیریت بالینی کمردرد مزمن غیر اختصاصی


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پیشگیری از تعارض منافع در مراحل مختلف تولید مرور
جستجوی جامع برای یافتن مطالعات اولیه مرتبط فارغ از محدودیت زبان
تعیین کیفیت مطالعات اولیه (Risk of Bias Assessment)
تعیین قطعیت شواهد در یافته‌های مرور
مستند نمودن مراحل مرور به صورت کامل (انتشار پروتکل)
به روزرسانی مرورها
ارایه خلاصه ساده از مرور
دسترسی آزاد و آسان به خلاصه علمی و خلاصه ساده مرورها در کتابخانه کاکرین
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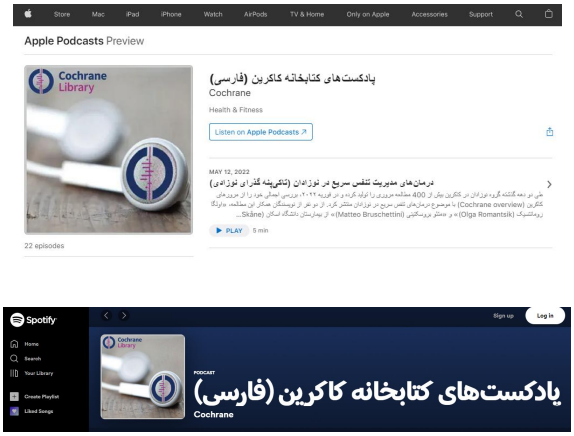
55 پادکست فارسی کاکرین در پلتفرم‌های متداول



عنوان پادکست	منتشرشده در
واکسن‌های پیشگیری از ابتلا به زونا (shingles) در سالمندان	16 ژانویه 2024
فواید و آسیب‌های درمان‌های مختلف نیش عروس دریایی چیست؟	16 ژانویه 2024
برنامه‌های مدیریت موردی برای افراد مسن مبتلا به ضعف که در جامعه زندگی می‌کنند	16 ژانویه 2024
بهترین راه استفاده از درمان جایگزینی نیکوتین برای ترک سیگار چیست؟	10 ژانویه 2024
تاثیر مصرف مکمل‌های اسیدهای چرب غیراشباع چندگانه (PUFA) در اختلال نقص توجه و بیش‌فعالی (ADHD) در کودکان و نوجوانان	10 ژانویه 2024
چگونه می‌توانیم با افراد و جوامع در مورد اقداماتی که به پیشگیری و کنترل کووید-19 کمک می‌کنند، ارتباط بهتری برقرار کنیم؟	29 نوامبر 2023
دیدگاه‌ها و تجربه‌های مصرف‌کنندگان و ارائه‌دهندگان خدمات مراقبت از سلامت از مشارکت رسمی در برنامه‌ریزی، ارائه و ارزیابی خدمات مراقبت سلامت چگونه است؟	29 نوامبر 2023
مداخلاتی برای کند کردن پیشرفت نزدیک‌بینی در کودکان	28 نوامبر 2023
پایداری حرارتی و ذخیره انسولین انسانی	28 نوامبر 2023
بهترین درمان برای خونریزی شدید قاعدگی کدام است؟	6 سپتامبر 2023
تاثیر استفاده از کرنبری‌ها (cranberries) در پیشگیری از بروز عفونت‌های مجاری ادراری	1 سپتامبر 2023
مراقبت از خانواده‌ها در جهت ارتقای بهزیستی (well-being) و رفاه کودکان یومی در اوایل دوران کودکی	1 سپتامبر 2023
آیا استراتژی‌های حرکتی باعث بهبودی و بازیابی تحرک پس از جراحی شکستگی مفصل ران در بزرگسالان میشوند؟	23 اوت 2023
نقش پیوند مدفوع در درمان عفونت کلستریدیونید دیفیسیل عود کننده	23 اوت 2023
آیا تست‌های بررسی کننده التهاب می‌توانند به پزشکان کمک کنند که برای انتخاب آنتی‌بیوتیک‌ها در درمان عفونت‌های راه هوایی تصمیم بگیرند؟	23 اوت 2023
آیا قرار دادن لوله تنفسی با استفاده از ابزار کمک ویدئویی (ویدئولارنگوسکوپی)، موفقیت و بی‌خطری این روش را در نوزادان تازه متولد شده افزایش می‌دهد؟	23 اوت 2023
آیا کورتیکواستروئیدها (داروهای ضد التهابی) که به صورت خوراکی یا تزریقی تجویز می‌شوند، در درمان افراد مبتلا به کووید-19 موثر هستند؟	7 اوت 2023
نقش اعمال تغییرات در منزل برای پیشگیری از ابتلا به مالاریا	10 ژوئیه 2023
یوگا برای کمردرد مزمن غیر اختصاصی	10 ژوئیه 2023
مزایا و خطرات مرور دارو درمانی در بزرگسالان بستری در بیمارستان چیست؟	1 ژوئن 2023

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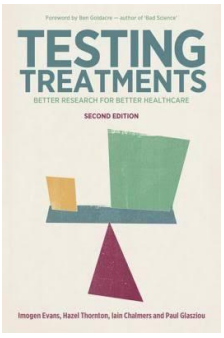
نسخه صوتی کتاب آزمودن درمان‌ها: پژوهش بهتر برای بهره‌مندی از مراقبت‌های بهتر سلامت



فصل اول: آیا هر چیز جدیدی بهتر است؟

فصل دوم: تأثیراتی داشته‌اند که محقق نمی‌شوند

فصل سوم: درمان بیشتر همیشه بهترین نیست

فصل چهارم: آیا تشخیص سریع‌تر بهتر است؟

در بین 5 مرور جدید پردسترس در سال 2019

در بین 5 مرور به روز شده پردسترس در سال 2019

در بین 5 مقاله ژورنال کلاب پردسترس در سال 2019

3 مرور کاکرین با بیشترین مشاهده در طی سال‌های 2019 الی 2022

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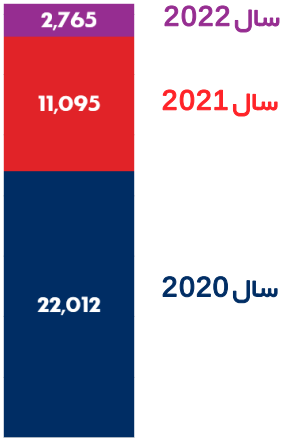

پربازدیدترین پادکست فارسی

تعداد کل بازدید صفحه: 35،872

در بین 5 پادکست پرمشاهده کاکرین در سال 2018 و 2020 نیز بوده

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انواع مطالعات و طبقه‌بندی آنها

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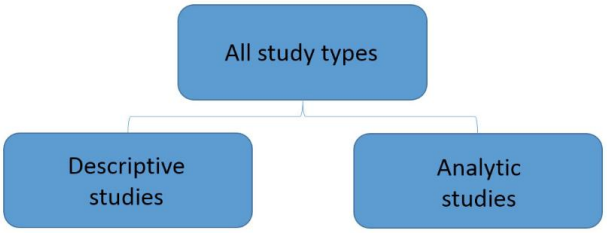
Study design (introduction 1)

In medical research there are a number of different ways in which researchers can design experiments (studies) to answer questions they may have. The design they use will depend upon the question they want to answer and the resources that they have available. Different study designs will be appropriate for different stages of research, so whilst we consider some types of study, particularly randomised controlled trials (RCTs) to be of "high quality" they would not be appropriate to answer all questions.

Broadly speaking studies in medical research can be divided into two categories:



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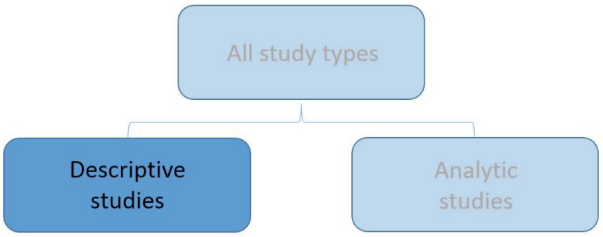
Study design (introduction 2)



Descriptive (non-analytic) studies give us a picture of what is going on without trying to look into relationships of cause and effect. They may tell us the prevalence of a disease, the incidence of a certain type of event or simply describe a one-off experience (a case report) or a series of events (a case series).

They often generate further questions which will need to be answered by analytic studies. e.g. *The prevalence of ovarian cancer appears to be higher in X population than Y population. What is the difference between these populations?*

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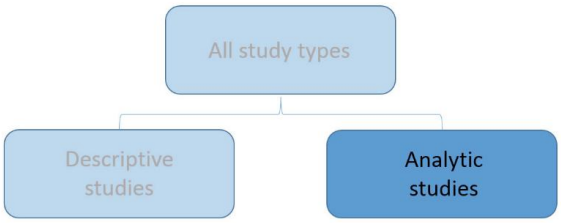
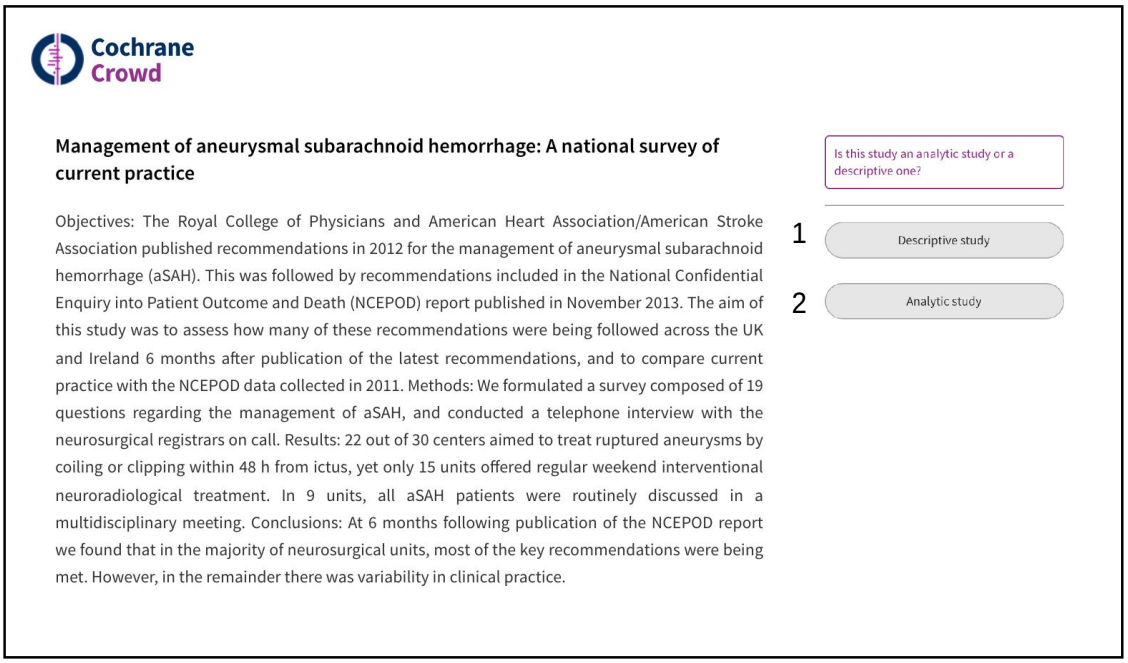
Study design (introduction 3)



Analytic studies try to quantify the relationships observed in descriptive studies. They deal with PICO (Patient, Intervention, Comparison group, Outcome) and PECO (where the E stands for Exposure rather than Intervention).

They can be experimental (RCTs or quasi-RCTs) or observational (cohort studies, cross-sectional studies and case-controls). We'll go into more detail about these different study-types later. For now, let's spot the descriptive studies from the analytic….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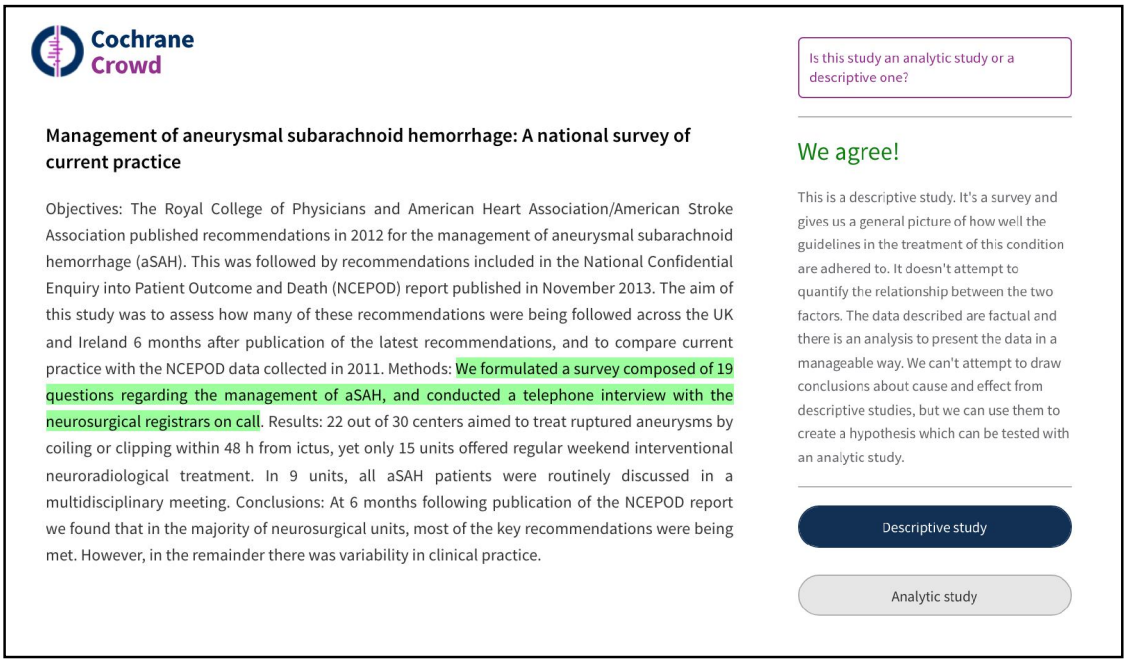
Management of aneurysmal subarachnoid hemorrhage: A national survey of current practice
Objectives: The Royal College of Physicians and American Heart Association/American Stroke Association published recommendations in 2012 for the management of aneurysmal subarachnoid hemorrhage (aSAH). This was followed by recommendations included in the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report published in November 2013. The aim of this study was to assess how many of these recommendations were being followed across the UK and Ireland 6 months after publication of the latest recommendations, and to compare current practice with the NCEPOD data collected in 2011. Methods: We formulated a survey composed of 19 questions regarding the management of aSAH, and conducted a telephone interview with the neurosurgical registrars on call. Results: 22 out of 30 centers aimed to treat ruptured aneurysms by coiling or clipping within 48 h from ictus, yet only 15 units offered regular weekend interventional neuroradiological treatment. In 9 units, all aSAH patients were routinely discussed in a multidisciplinary meeting. Conclusions: At 6 months following publication of the NCEPOD report we found that in the majority of neurosurgical units, most of the key recommendations were being met. However, in the remainder there was variability in clinical practice.
Is this study an analytic study or a descriptive one?
1
Descriptive study
2
Analytic study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Is this study an analytic study or a descriptive one?
We agree!
This is a descriptive study. It's a survey and gives us a general picture of how well the guidelines in the treatment of this condition are adhered to. It doesn't attempt to quantify the relationship between the two factors. The data described are factual and there is an analysis to present the data in a manageable way. We can't attempt to draw conclusions about cause and effect from descriptive studies, but we can use them to create a hypothesis which can be tested with an analytic study.
Descriptive study
Analytic study

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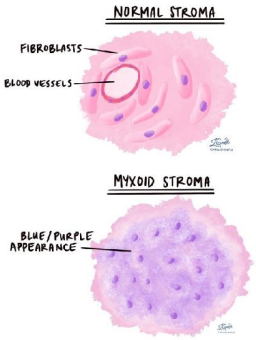
Myxolipoma of the renal capsule: A case report

INTRODUCTION Although lipomas are the most common mesenchymal tumors of the human body, primary intrarenal lipomas are quite rare. In this report we present a case of benign mesenchymal tumor with lipomatous and myxoid components. PRESENTATION OF CASE A sixty one years old male patient was admitted to our outpatient clinic for a general control since he had a right radical nephrectomy operation due to renal cell carcinoma (RCC) eight years ago and he did not have any urological control for last 3 years. However the urinary ultrasound revealed a mass lesion on left kidney and then on axial contrast-enhanced computed tomography (CT) scan, there were two masses on the left kidney. In the magnetic resonance imaging (MRI), the tumor on cortex was depicted as a homogeneous low-signal intensity on the T1-weighted pulse sequence and as a heterogeneous high-signal intensity on the T2-weighted pulse sequence. In pathological evaluation, the biopsy material of the cortical mass was a tumoral lesion containing lipomatous and mixoid areas without atypia, mitosis or necrosis which was diagnosed as myxolipoma. DISCUSSION Myxolipoma, an uncommon type of lipoma, is a benign tumor composed mainly of fat cells with myxoid (mucus-like) components. In our case, the tumor was composed of mature adipocytes together with areas rich in mucoid substances and there were no malignant features including lipoblasts, mitosis or abundant capillary network. CONCLUSION Herein we present a case of a fatty tumor originating from the renal capsule with the histologic diagnosis of myxolipoma. To the best of our knowledge, myxolipoma, a very rare form of lipoma, is not reported in kidney, in the literature before. Copyright © 2014 The Authors. Published by Elsevier Ltd.

Is this study an analytic study or a descriptive one?

1 Descriptive study

2 Analytic study



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Is this study an analytic study or a descriptive one?

We agree!

This is a descriptive study. Case reports describe an interpret and individual case, usually in narrative format. They may examine a unique set of symptoms that cannot be explained by known diseases or syndromes; an important variation of a disease of condition; unexpected events or progression in a disease that may help us to learn more; or a case where a patient has two or more unrelated diseases or disorders. Case reports are not considered to be rigorous evidence in medical research as they deal with one patient, so conclusions may not be generalizable. Case reports are really important to help generate new ideas and hypotheses which should be tested in analytic studies.

Descriptive study

Analytic study

Cochrane Crowd

Environmental and school influences on physical activity in South Asian children from low socio-economic backgrounds: A qualitative study

South Asian (SA) children are less active but have enhanced metabolic risk factors. Physical activity (PA) is a modifiable risk factor for metabolic disease. Evidence suggests that environmental factors and socio-economic status influence PA behaviour. The purpose of this study was to understand PA environments, barriers and facilitators of PA in deprived environments for children from SA backgrounds. Focus groups were conducted with 5 groups of children aged 7-9 years (n = 33; male = 16, female = 17; SA = 17, White = 8 and Black = 8) from two schools in deprived wards of Coventry, England. Thematic analysis was used to identify key themes and subthemes across all transcripts. From the results, emergent themes included school and home environment, outdoor activity, equipment, weather, parental constraints and safety. Ethnic differences were apparent for sources of beliefs and knowledge and religious practice as constraints for PA. The findings suggest that school provides a good foundation for PA attitude, knowledge and behaviour, especially for SA children. To increase PA, multi-component interventions are needed, which focus on changing the home environment (i.e. junk food and media time), encouraging outdoors activity, changing perceptions of safety and weather conditions, which provide parental constraints for children. Interventions also need to be considerate to religious practices that might constrain time.

Does this study generate a hypothesis or test a hypothesis?

1 Generates hypothesis

2 Tests hypothesis

Cochrane Crowd

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Does this study generate a hypothesis or test a hypothesis?

We agree!

This is a qualitative study. The researchers have a general theory that physical activity might not be equal amongst children from all backgrounds and have conducted focus groups to demonstrate that this is the case. They can now generate a hypothesis about the specific difference(s) between the groups affecting this, and possible interventions and they can test this using an analytic study.

Generates hypothesis

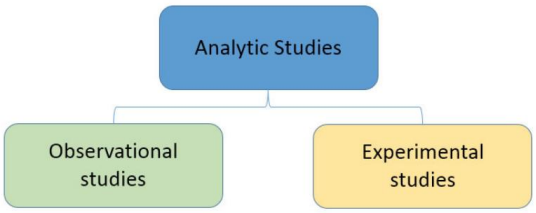
Tests hypothesis

Cochrane Crowd

Study design (introduction 4)

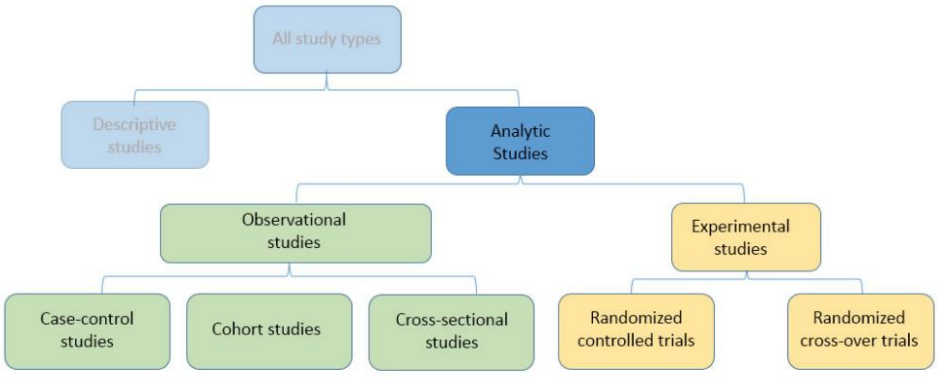
In the last few questions we've explored some of the different types of descriptive studies; surveys, case reports, case series and qualitative studies and looked at the types of question that they might answer.

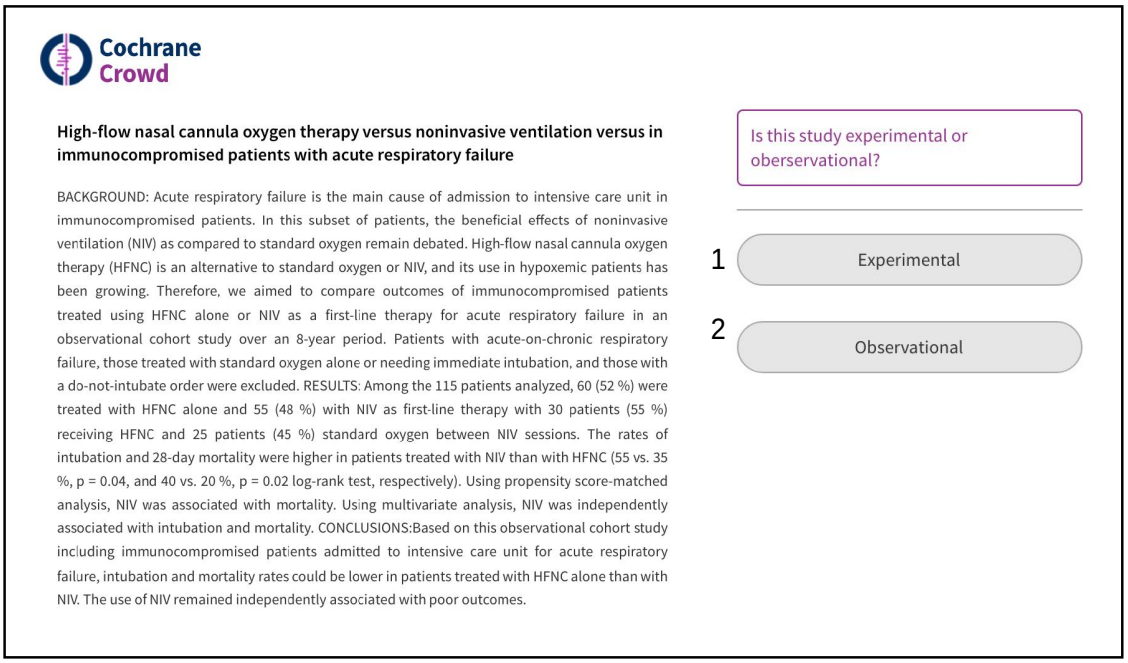
We're now going to take a look at analytic studies. This type of study can be broken down into two groups: observational and experimental and there are many study designs that can fall into these categories.

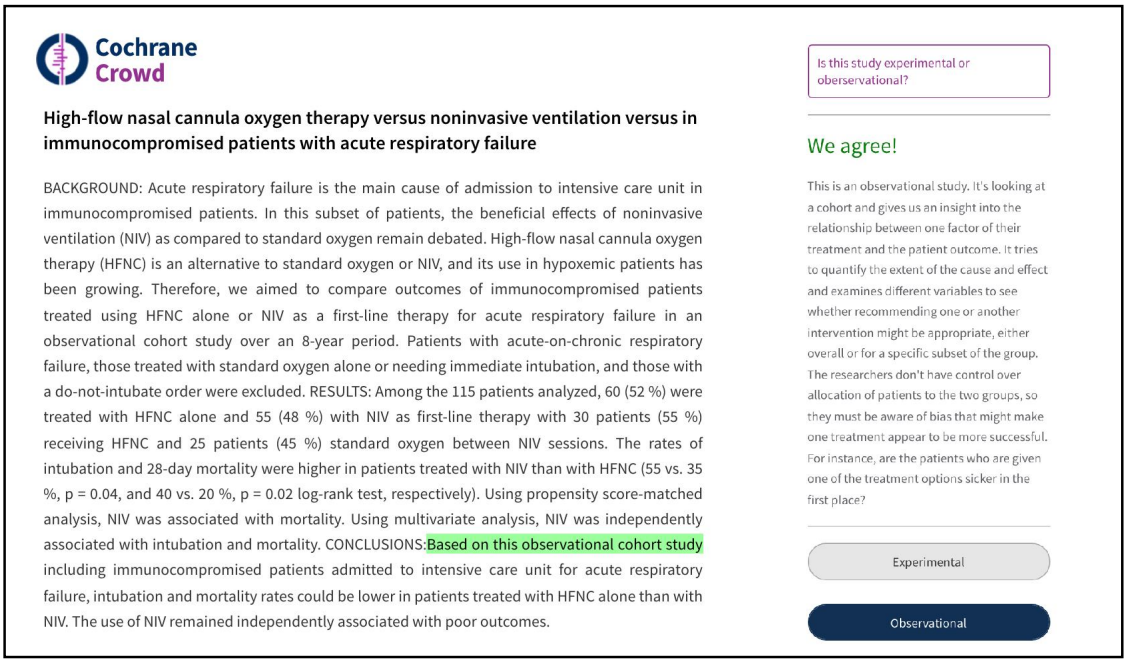


Cochrane Crowd

Study design (introduction 4)




Cochrane Crowd
High-flow nasal cannula oxygen therapy versus noninvasive ventilation versus in immunocompromised patients with acute respiratory failure
BACKGROUND: Acute respiratory failure is the main cause of admission to intensive care unit in immunocompromised patients. In this subset of patients, the beneficial effects of noninvasive ventilation (NIV) as compared to standard oxygen remain debated. High-flow nasal cannula oxygen therapy (HFNC) is an alternative to standard oxygen or NIV, and its use in hypoxemic patients has been growing. Therefore, we aimed to compare outcomes of immunocompromised patients treated using HFNC alone or NIV as a first-line therapy for acute respiratory failure in an observational cohort study over an 8-year period. Patients with acute-on-chronic respiratory failure, those treated with standard oxygen alone or needing immediate intubation, and those with a do-not-intubate order were excluded. RESULTS: Among the 115 patients analyzed, 60 (52 %) were treated with HFNC alone and 55 (48 %) with NIV as first-line therapy with 30 patients (55 %) receiving HFNC and 25 patients (45 %) standard oxygen between NIV sessions. The rates of intubation and 28-day mortality were higher in patients treated with NIV than with HFNC (55 vs. 35 %, p = 0.04, and 40 vs. 20 %, p = 0.02 log-rank test, respectively). Using propensity score-matched analysis, NIV was associated with mortality. Using multivariate analysis, NIV was independently associated with intubation and mortality. CONCLUSIONS:Based on this observational cohort study including immunocompromised patients admitted to intensive care unit for acute respiratory failure, intubation and mortality rates could be lower in patients treated with HFNC alone than with NIV. The use of NIV remained independently associated with poor outcomes.
Is this study experimental or oberservational?
1
Experimental
2
Observational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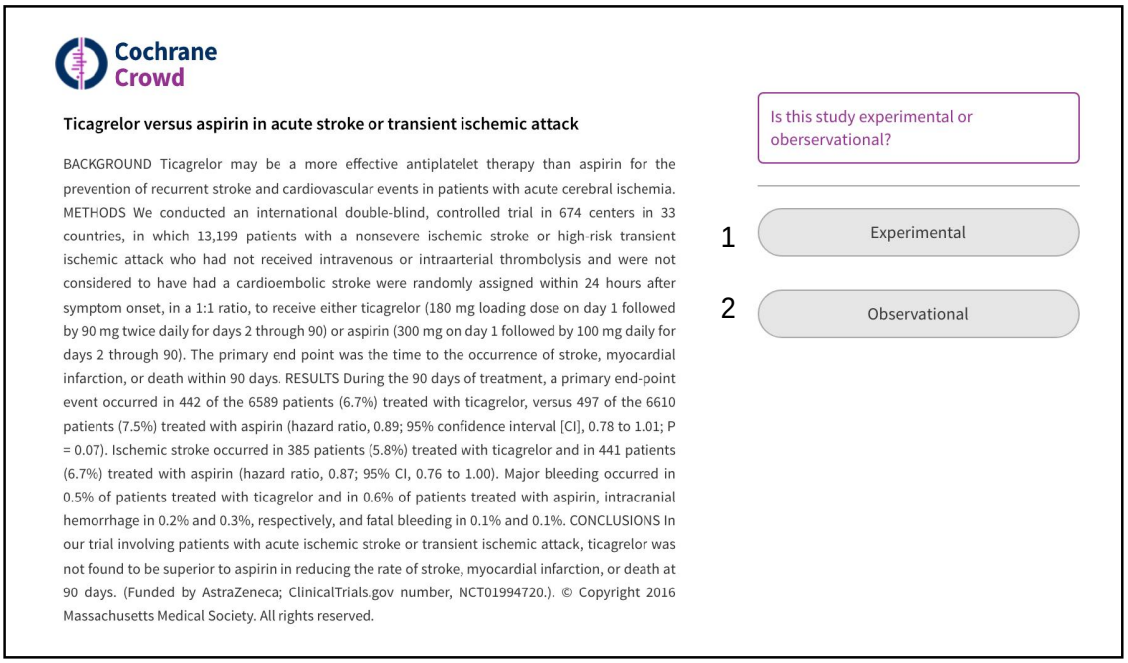
Is this study experimental or oberservational?
We agree!
This is an observational study. It's looking at a cohort and gives us an insight into the relationship between one factor of their treatment and the patient outcome. It tries to quantify the extent of the cause and effect and examines different variables to see whether recommending one or another intervention might be appropriate, either overall or for a specific subset of the group. The researchers don't have control over allocation of patients to the two groups, so they must be aware of bias that might make one treatment appear to be more successful. For instance, are the patients who are given one of the treatment options sicker in the first place?
Experimental
Observational


Cochrane Crowd
Ticagrelor versus aspirin in acute stroke or transient ischemic attack
BACKGROUND Ticagrelor may be a more effective antiplatelet therapy than aspirin for the prevention of recurrent stroke and cardiovascular events in patients with acute cerebral ischemia. METHODS We conducted an international double-blind, controlled trial in 674 centers in 33 countries, in which 13,199 patients with a nonsevere ischemic stroke or high-risk transient ischemic attack who had not received intravenous or intraarterial thrombolysis and were not considered to have had a cardioembolic stroke were randomly assigned within 24 hours after symptom onset, in a 1:1 ratio, to receive either ticagrelor (180 mg loading dose on day 1 followed by 90 mg twice daily for days 2 through 90) or aspirin (300 mg on day 1 followed by 100 mg daily for days 2 through 90). The primary end point was the time to the occurrence of stroke, myocardial infarction, or death within 90 days. RESULTS During the 90 days of treatment, a primary end-point event occurred in 442 of the 6589 patients (6.7%) treated with ticagrelor, versus 497 of the 6610 patients (7.5%) treated with aspirin (hazard ratio, 0.89; 95% confidence interval [CI], 0.78 to 1.01; P = 0.07). Ischemic stroke occurred in 385 patients (5.8%) treated with ticagrelor and in 441 patients (6.7%) treated with aspirin (hazard ratio, 0.87; 95% CI, 0.76 to 1.00). Major bleeding occurred in 0.5% of patients treated with ticagrelor and in 0.6% of patients treated with aspirin, intracranial hemorrhage in 0.2% and 0.3%, respectively, and fatal bleeding in 0.1% and 0.1%. CONCLUSIONS In our trial involving patients with acute ischemic stroke or transient ischemic attack, ticagrelor was not found to be superior to aspirin in reducing the rate of stroke, myocardial infarction, or death at 90 days. (Funded by AstraZeneca; ClinicalTrials.gov number, NCT01994720.). © Copyright 2016 Massachusetts Medical Society. All rights reserved.
Is this study experimental or oberservational?
1
Experimental
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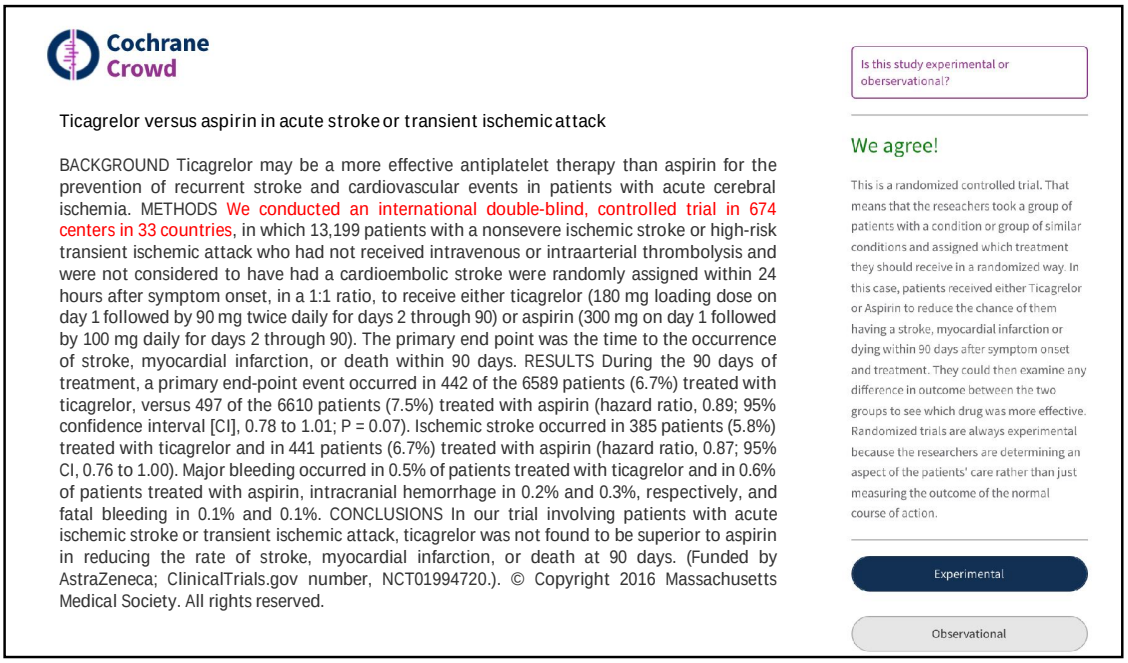
Observational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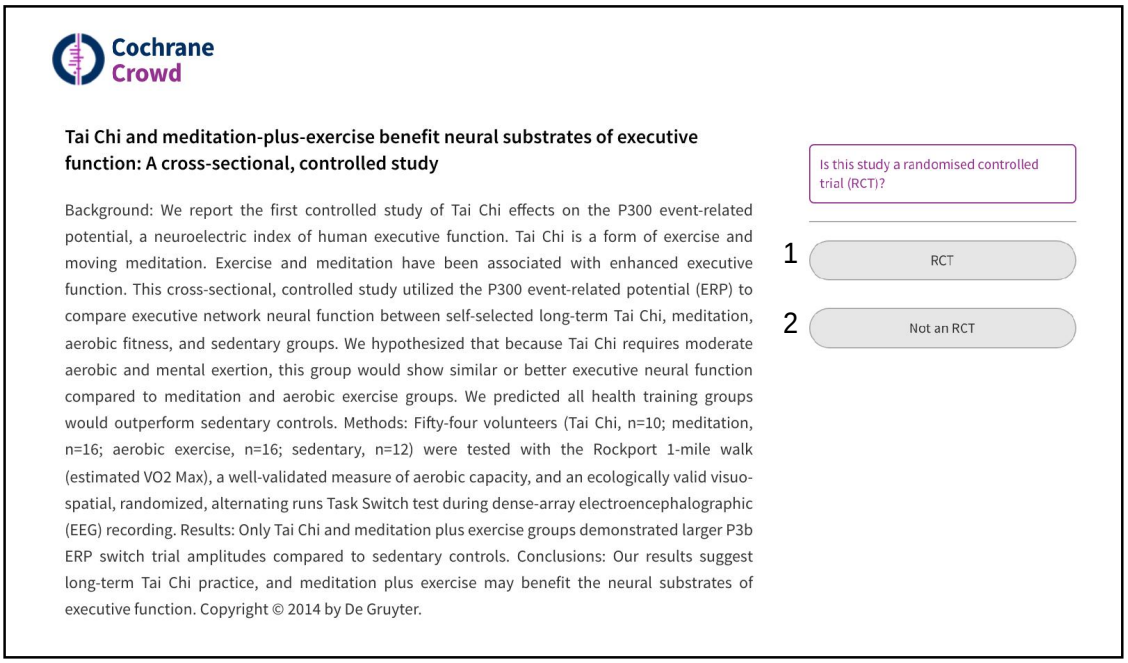
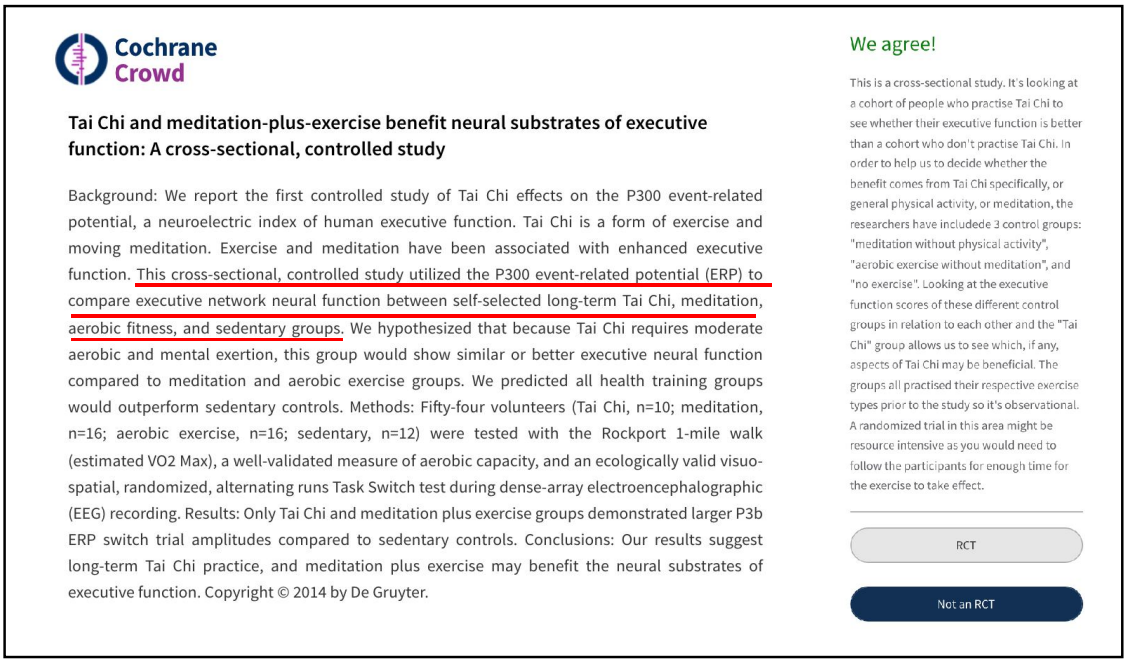
Is this study experimental or oberservational?
We agree!
This is a randomized controlled trial. That means that the reseachers took a group of patients with a condition or group of similar conditions and assigned which treatment they should receive in a randomized way. In this case, patients received either Ticagrelor or Aspirin to reduce the chance of them having a stroke, myocardial infarction or dying within 90 days after symptom onset and treatment. They could then examine any difference in outcome between the two groups to see which drug was more effective. Randomized trials are always experimental because the researchers are determining an aspect of the patients' care rather than just measuring the outcome of the normal course of action.
Experimental
Observational


Cochrane Crowd
Tai Chi and meditation-plus-exercise benefit neural substrates of executive function: A cross-sectional, controlled study
Background: We report the first controlled study of Tai Chi effects on the P300 event-related potential, a neuroelectric index of human executive function. Tai Chi is a form of exercise and moving meditation. Exercise and meditation have been associated with enhanced executive function. This cross-sectional, controlled study utilized the P300 event-related potential (ERP) to compare executive network neural function between self-selected long-term Tai Chi, meditation, aerobic fitness, and sedentary groups. We hypothesized that because Tai Chi requires moderate aerobic and mental exertion, this group would show similar or better executive neural function compared to meditation and aerobic exercise groups. We predicted all health training groups would outperform sedentary controls. Methods: Fifty-four volunteers (Tai Chi, n=10; meditation, n=16; aerobic exercise, n=16; sedentary, n=12) were tested with the Rockport 1-mile walk (estimated VO2 Max), a well-validated measure of aerobic capacity, and an ecologically valid visuo-spatial, randomized, alternating runs Task Switch test during dense-array electroencephalographic (EEG) recording. Results: Only Tai Chi and meditation plus exercise groups demonstrated larger P3b ERP switch trial amplitudes compared to sedentary controls. Conclusions: Our results suggest long-term Tai Chi practice, and meditation plus exercise may benefit the neural substrates of executive function. Copyright © 2014 by De Gruyter.
Is this study a randomised controlled trial (RCT)?
1
RCT
2
Not an RCT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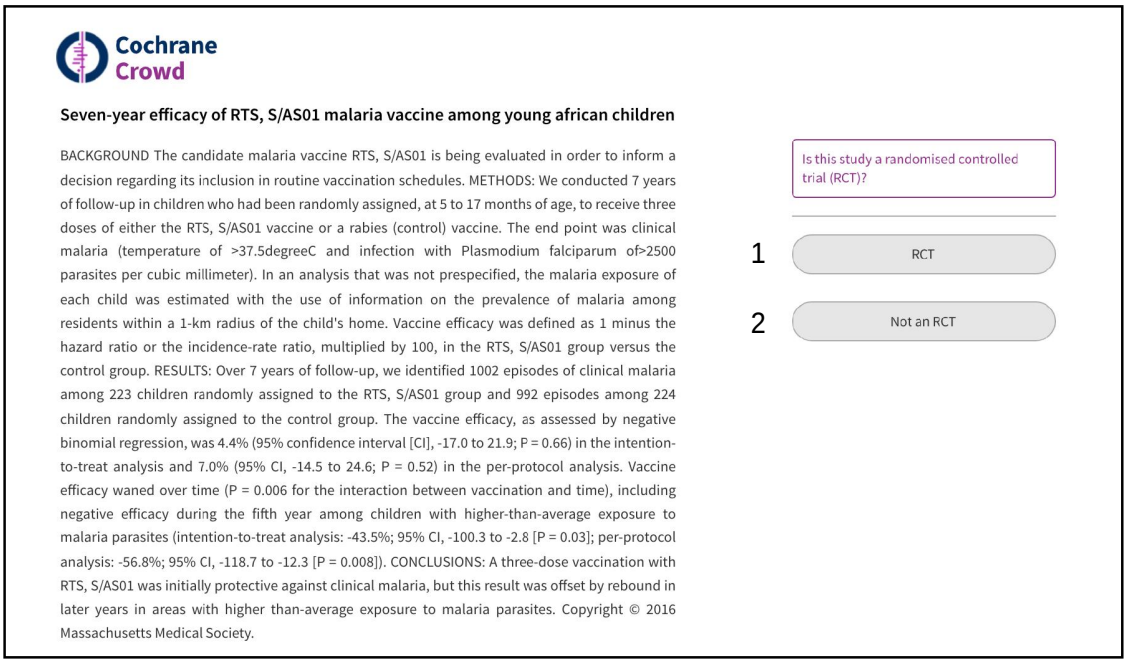
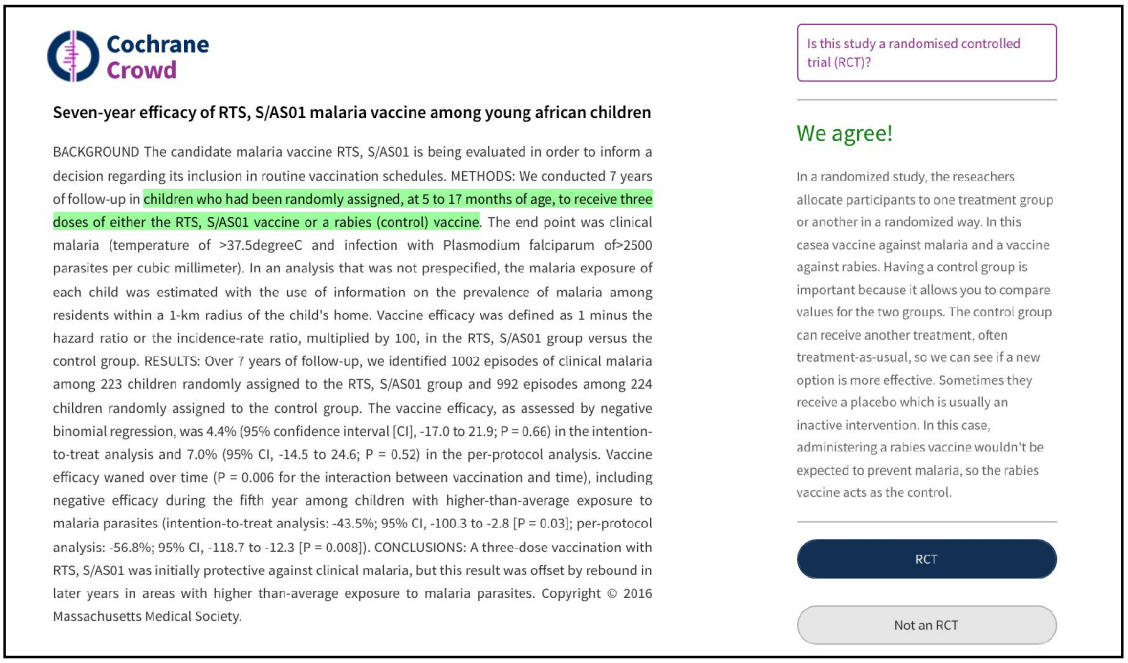
We agree!
This is a cross-sectional study. It's looking at a cohort of people who practise Tai Chi to see whether their executive function is better than a cohort who don't practise Tai Chi. In order to help us to decide whether the benefit comes from Tai Chi specifically, or general physical activity, or meditation, the researchers have includede 3 control groups: "meditation without physical activity", "aerobic exercise without meditation", and "no exercise". Looking at the executive function scores of these different control groups in relation to each other and the "Tai Chi" group allows us to see which, if any, aspects of Tai Chi may be beneficial. The groups all practised their respective exercise types prior to the study so it's observational. A randomized trial in this area might be resource intensive as you would need to follow the participants for enough time for the exercise to take effect.
RCT
Not an RCT


Cochrane Crowd
Seven-year efficacy of RTS, S/AS01 malaria vaccine among young african children
BACKGROUND The candidate malaria vaccine RTS, S/AS01 is being evaluated in order to inform a decision regarding its inclusion in routine vaccination schedules. METHODS: We conducted 7 years of follow-up in children who had been randomly assigned, at 5 to 17 months of age, to receive three doses of either the RTS, S/AS01 vaccine or a rabies (control) vaccine. The end point was clinical malaria (temperature of >37.5degreeC and infection with Plasmodium falciparum of>2500 parasites per cubic millimeter). In an analysis that was not prespecified, the malaria exposure of each child was estimated with the use of information on the prevalence of malaria among residents within a 1-km radius of the child's home. Vaccine efficacy was defined as 1 minus the hazard ratio or the incidence-rate ratio, multiplied by 100, in the RTS, S/AS01 group versus the control group. RESULTS: Over 7 years of follow-up, we identified 1002 episodes of clinical malaria among 223 children randomly assigned to the RTS, S/AS01 group and 992 episodes among 224 children randomly assigned to the control group. The vaccine efficacy, as assessed by negative binomial regression, was 4.4% (95% confidence interval [CI], -17.0 to 21.9; P = 0.66) in the intention-to-treat analysis and 7.0% (95% CI, -14.5 to 24.6; P = 0.52) in the per-protocol analysis. Vaccine efficacy waned over time (P = 0.006 for the interaction between vaccination and time), including negative efficacy during the fifth year among children with higher-than-average exposure to malaria parasites (intention-to-treat analysis: -43.5%; 95% CI, -100.3 to -2.8 [P = 0.03]; per-protocol analysis: -56.8%; 95% CI, -118.7 to -12.3 [P = 0.008]). CONCLUSIONS: A three-dose vaccination with RTS, S/AS01 was initially protective against clinical malaria, but this result was offset by rebound in later years in areas with higher than-average exposure to malaria parasites. Copyright © 2016 Massachusetts Medical Society.
Is this study a randomised controlled trial (RCT)?
1
RCT
2
Not an RCT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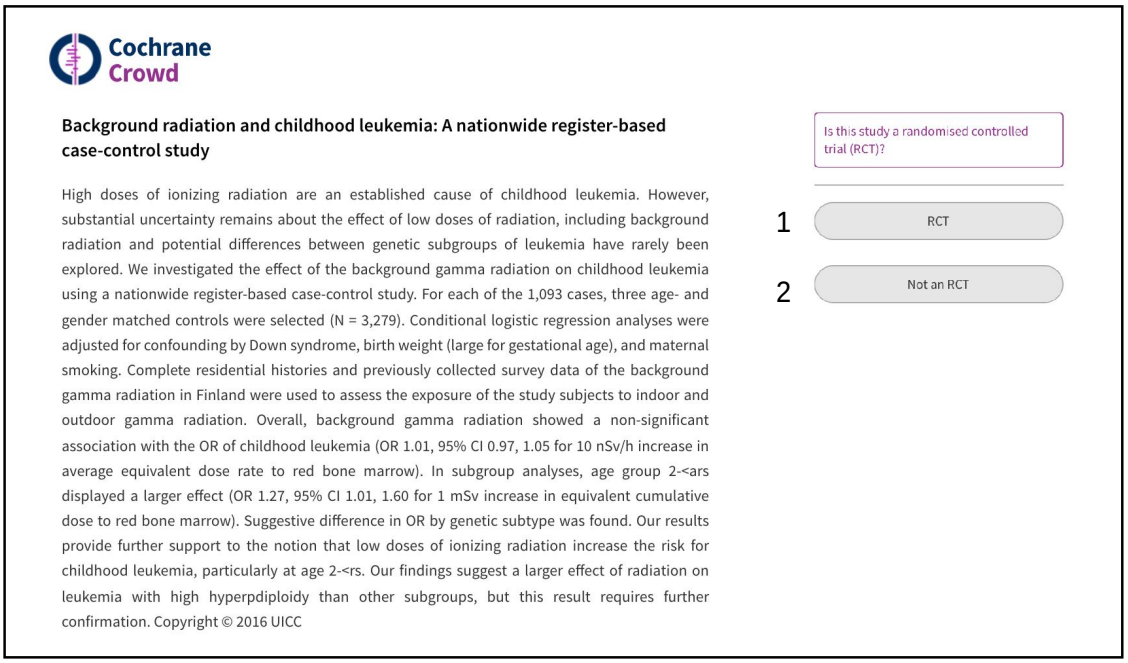
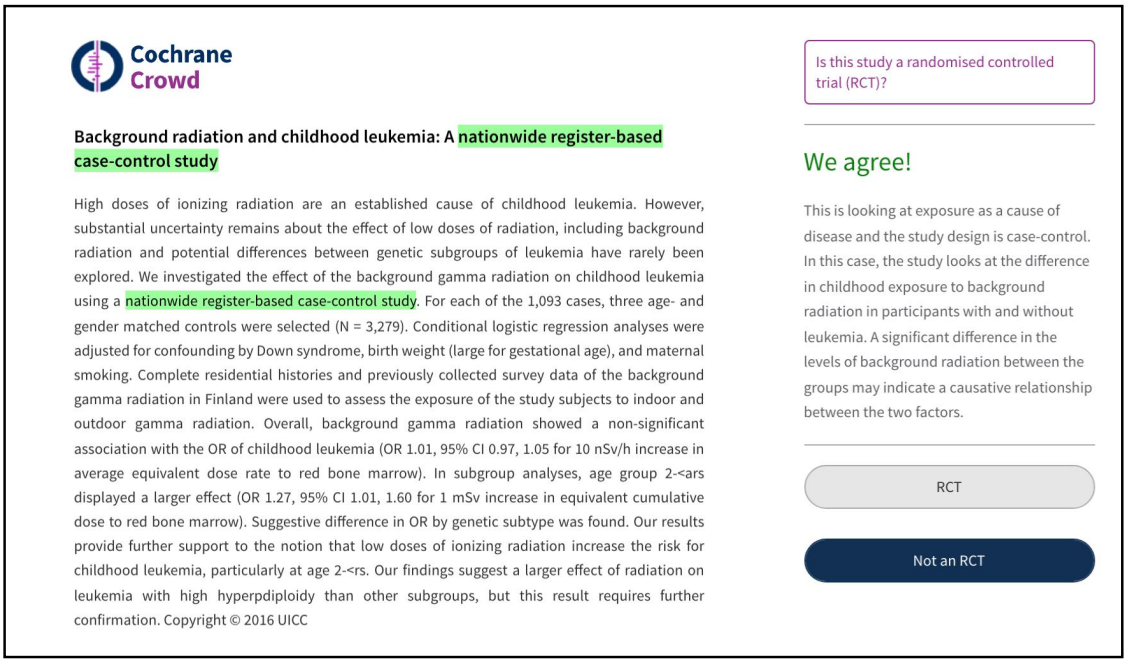
Is this study a randomised controlled trial (RCT)?
We agree!
In a randomized study, the reseachers allocate participants to one treatment group or another in a randomized way. In this casea vaccine against malaria and a vaccine against rabies. Having a control group is important because it allows you to compare values for the two groups. The control group can receive another treatment, often treatment-as-usual, so we can see if a new option is more effective. Sometimes they receive a placebo which is usually an inactive intervention. In this case, administering a rabies vaccine wouldn't be expected to prevent malaria, so the rabies vaccine acts as the control.
RCT
Not an RCT


Cochrane Crowd
Background radiation and childhood leukemia: A nationwide register-based case-control study
High doses of ionizing radiation are an established cause of childhood leukemia. However, substantial uncertainty remains about the effect of low doses of radiation, including background radiation and potential differences between genetic subgroups of leukemia have rarely been explored. We investigated the effect of the background gamma radiation on childhood leukemia using a nationwide register-based case-control study. For each of the 1,093 cases, three age- and gender matched controls were selected (N = 3,279). Conditional logistic regression analyses were adjusted for confounding by Down syndrome, birth weight (large for gestational age), and maternal smoking. Complete residential histories and previously collected survey data of the background gamma radiation in Finland were used to assess the exposure of the study subjects to indoor and outdoor gamma radiation. Overall, background gamma radiation showed a non-significant association with the OR of childhood leukemia (OR 1.01, 95% CI 0.97, 1.05 for 10 nSv/h increase in average equivalent dose rate to red bone marrow). In subgroup analyses, age group 2-<ars displayed a larger effect (OR 1.27, 95% CI 1.01, 1.60 for 1 mSv increase in equivalent cumulative dose to red bone marrow). Suggestive difference in OR by genetic subtype was found. Our results provide further support to the notion that low doses of ionizing radiation increase the risk for childhood leukemia, particularly at age 2-<rs. Our findings suggest a larger effect of radiation on leukemia with high hyperpdiploidy than other subgroups, but this result requires further confirmation. Copyright © 2016 UICC
Is this study a randomised controlled trial (RCT)?
1
RCT
2
Not an RCT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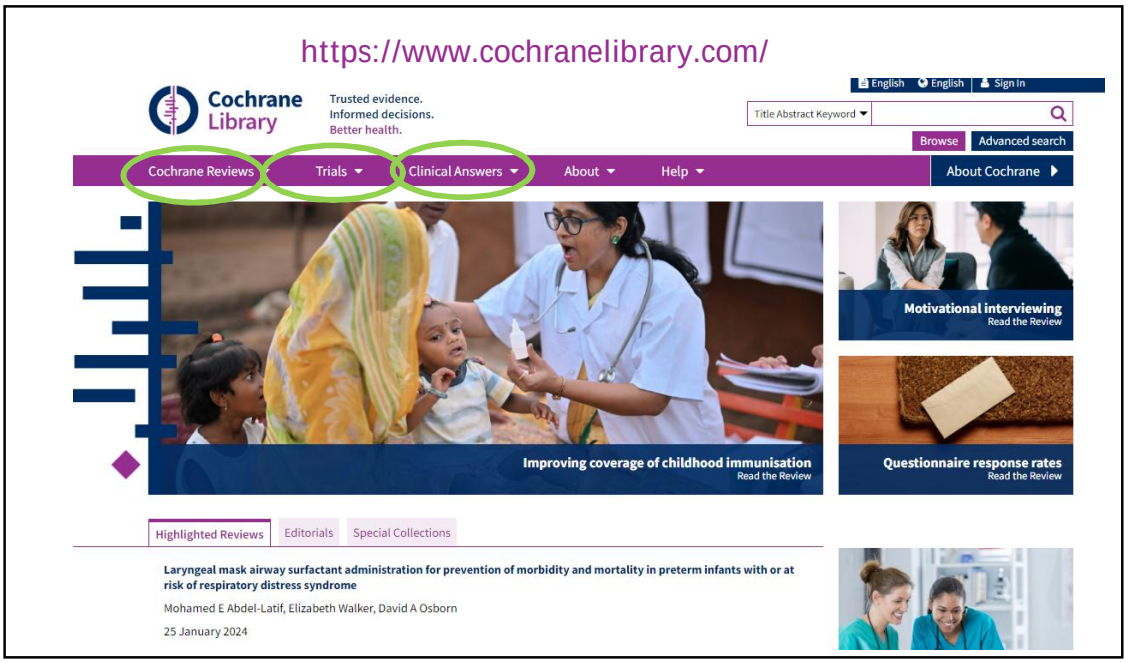
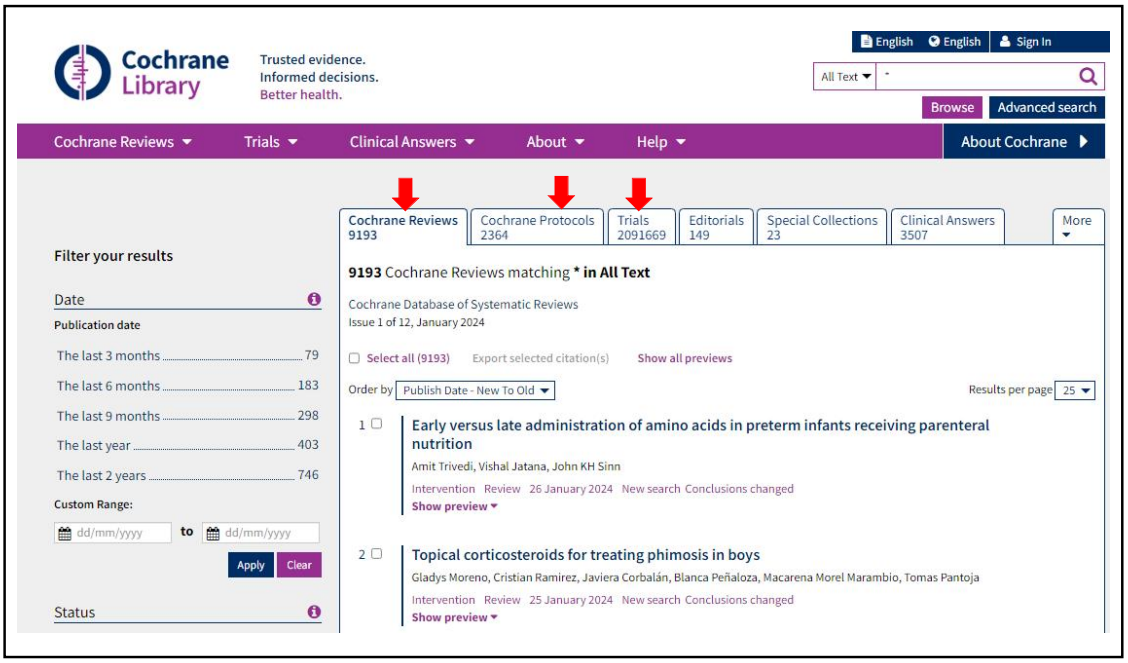
Is this study a randomised controlled trial (RCT)?
We agree!
This is looking at exposure as a cause of disease and the study design is case-control. In this case, the study looks at the difference in childhood exposure to background radiation in participants with and without leukemia. A significant difference in the levels of background radiation between the groups may indicate a causative relationship between the two factors.
RCT
Not an RCT

https://www.cochranelibrary.com/



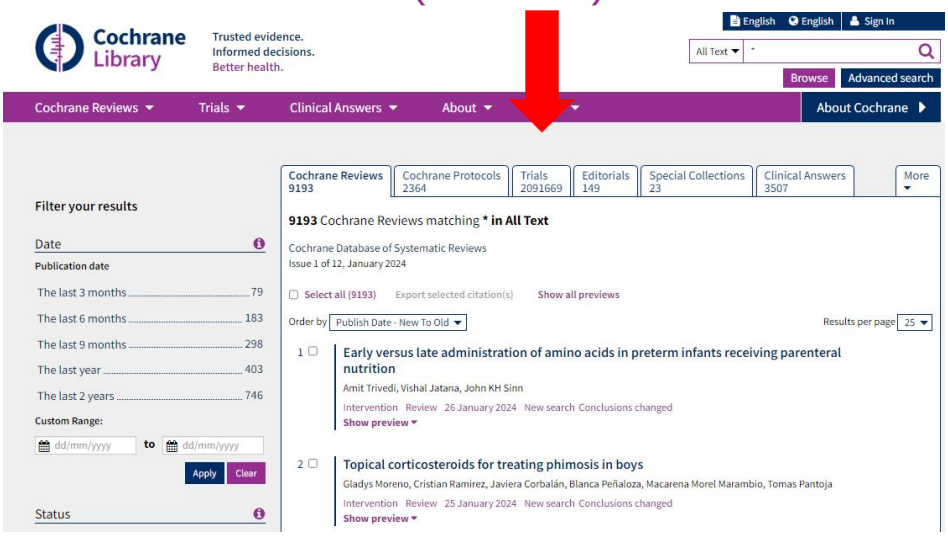


Cochrane

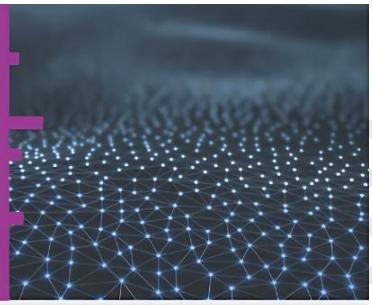
Cochrane Central Register of controlled Trials (CENTRAL)

- TCENTRAL is a highly concentrated source of reports of randomized and quasi-randomized controlled trials
- Most records are taken from bibliographic databases (mainly Pubmed and Embase as well as CINAHL, ClinicalTrials.gov and WHO's international Clinical Trials Registry Platform)

Cochrane Central Register of Controlled Trials (CENTRAL)



Cochrane Crowd



شما می‌توانید تفاوت ایجاد کنید

به ما کمک کنید تا شواهد سلامت را بررسی و ارایه کنیم

گروه ما متشکل از مشارکت‌کنندگان ارزشمندی است که شواهد سلامت با کیفیت بالایی را تولید می‌کنند.

داوطلبانی از سراسر جهان به ما کمک می‌کنند تا تحقیقات لازم را برای تعیین این که آیا یک درمان یا تست تشخیصی موثر است یا خیر، شناسایی کنیم.

چرا به ما بپیوندید؟

هر کسی دلیلی دارد.

من می‌خواهم به افرادی کمک کنم که مانند من دچار مشکلات سلامت هستند.

من می‌خواهم در تولید شواهد مشارکت کنم تا بعنوان یک راهبر جهانی در زمینه شواهد سلامت شناخته شوم.

من می‌خواهم مهارت‌های تحقیقاتی خود را توسعه دهم و در حوزه بالینی خود به‌روز باشم.

من مشتاق هستم که بخشی از یک جامعه پویا باشم که به بهبود سلامت اهمیت می‌دهد.

این روش چگونه می‌تواند کمک کند؟

شما می‌توانید تفاوت ایجاد کنید.

هر روز تحقیقات بیشتری در زمینه سلامت منتشر می‌شود. شما می‌توانید به ما در مقابله با چالش رو به رشد شناسایی تحقیقاتی که برای تولید شواهد سلامت با کیفیت بالا و به‌روز نیاز داریم کمک کنید. این امر منجر به پیامدهای سلامت بهتری برای همه خواهد شد.

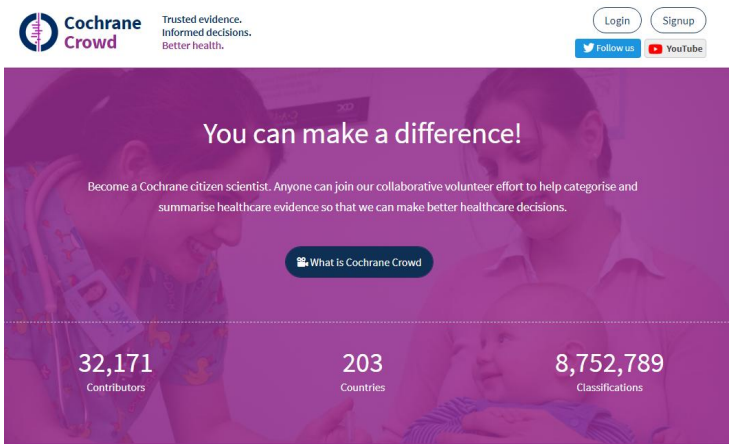
چطور کار می‌کند؟

با قدرت داوطلبانه و الگوریتم کار جمعی

داوطلبان، منابع تحقیقات سلامت را بررسی می‌کنند و تصمیم می‌گیرند که آیا باید در پایگاه اطلاعاتی کارآزمایی‌های بالینی ما گنجانده شوند یا خیر.

الگوریتم کار جمعی تعیین می‌کند که چه تعداد داوطلب باید موافقت کنند تا یک مستند در بانک اطلاعاتی گنجانده شود.

تیم کارشناسان ما هر مستندی را که جمعیت داوطلبان در مورد آن به توافق نرسند، بررسی می‌کند.



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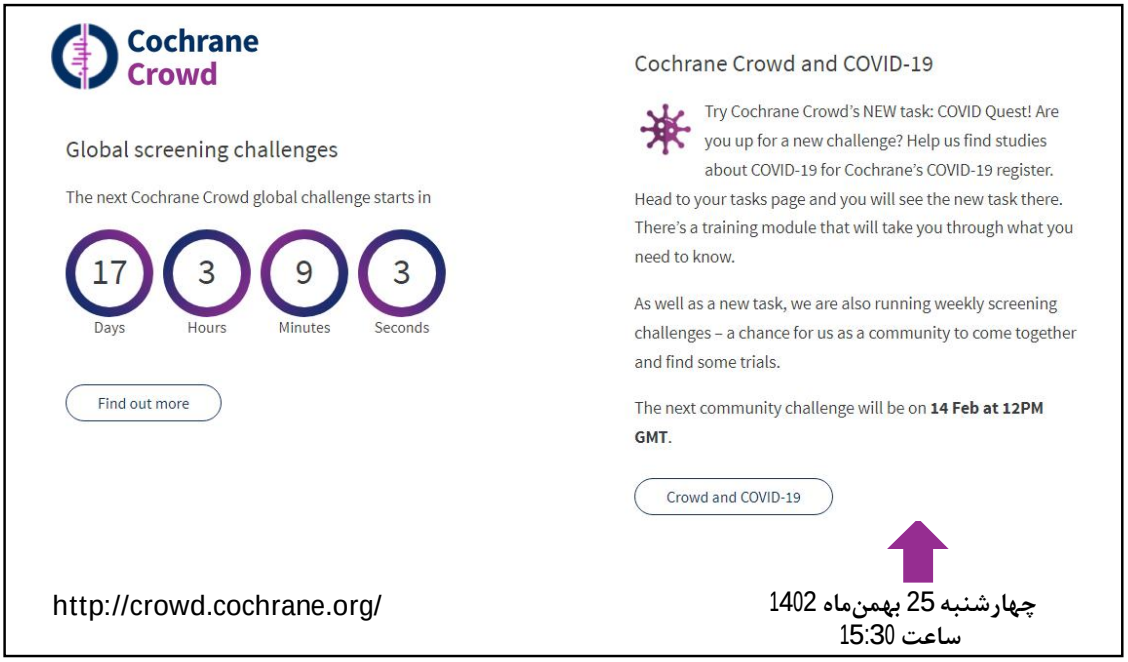
دکتر امین شریفان، داروساز عمومی با غربالگری 12،689 رکورد در سال 2021، عضویت 5 ساله کاکرین را دریافت کرده است.

دکتر Mersiha Mahmic-Kaknjo، فارماکولوژیست از بوسنی هرزگوین در سال 2017 با غربالگری 77،228 رکورد، جایزه چالش را از آن خود کرد.



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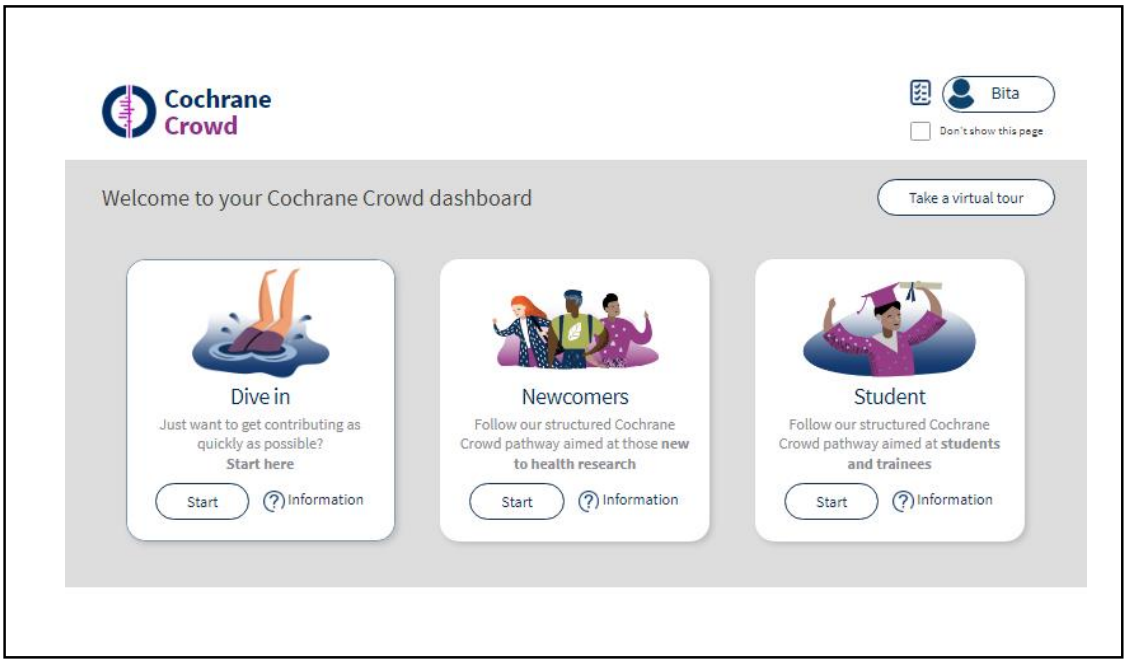
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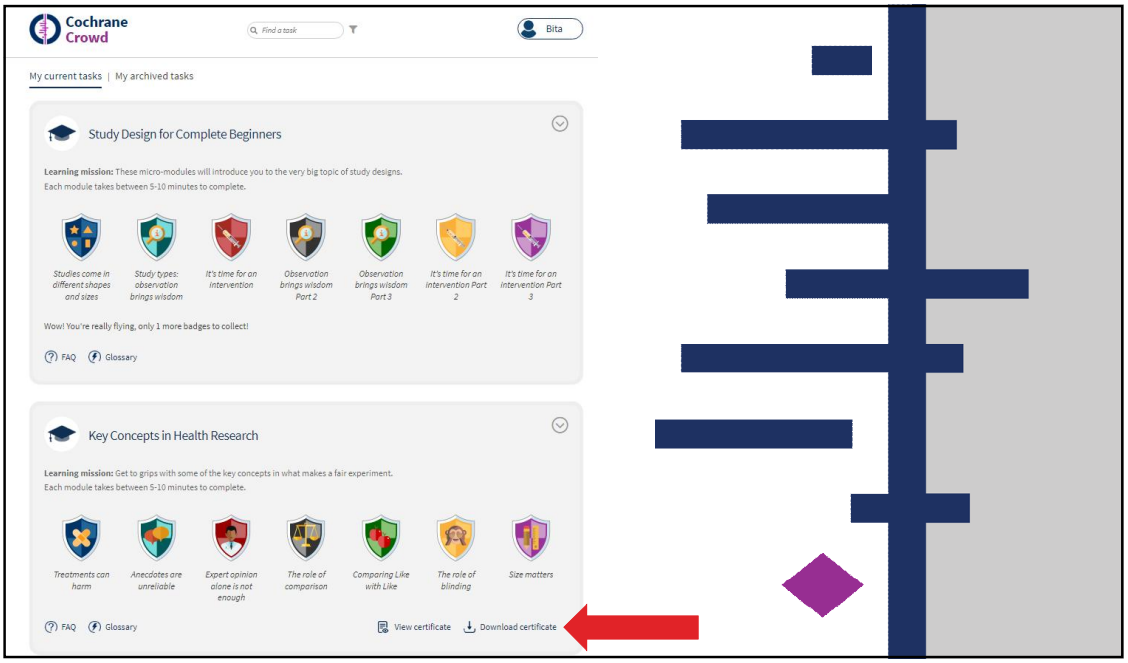
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Study Design for Complete Beginners
Learning mission: These micro-modules will introduce you to the very big topic of study designs.
Each module takes between 5-10 minutes to complete.
Studies come in different shapes and sizes
Study types: observation brings wisdom
It's time for an intervention
Observation brings wisdom Part 2
Observation brings wisdom Part 3
It's time for an intervention Part 2
It's time for an intervention Part 3
Wow! You're really flying, only 1 more badges to collect!
FAQ
Glossary
Key Concepts in Health Research
Learning mission: Get to grips with some of the key concepts in what makes a fair experiment.
Each module takes between 5-10 minutes to complete.
Treatments can harm
Anecdotes are unreliable
Expert opinion alone is not enough
The role of comparison
Comparing Like with Like
The role of blinding
Size matters
FAQ
Glossary
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Bita Mesgarpour
For completing
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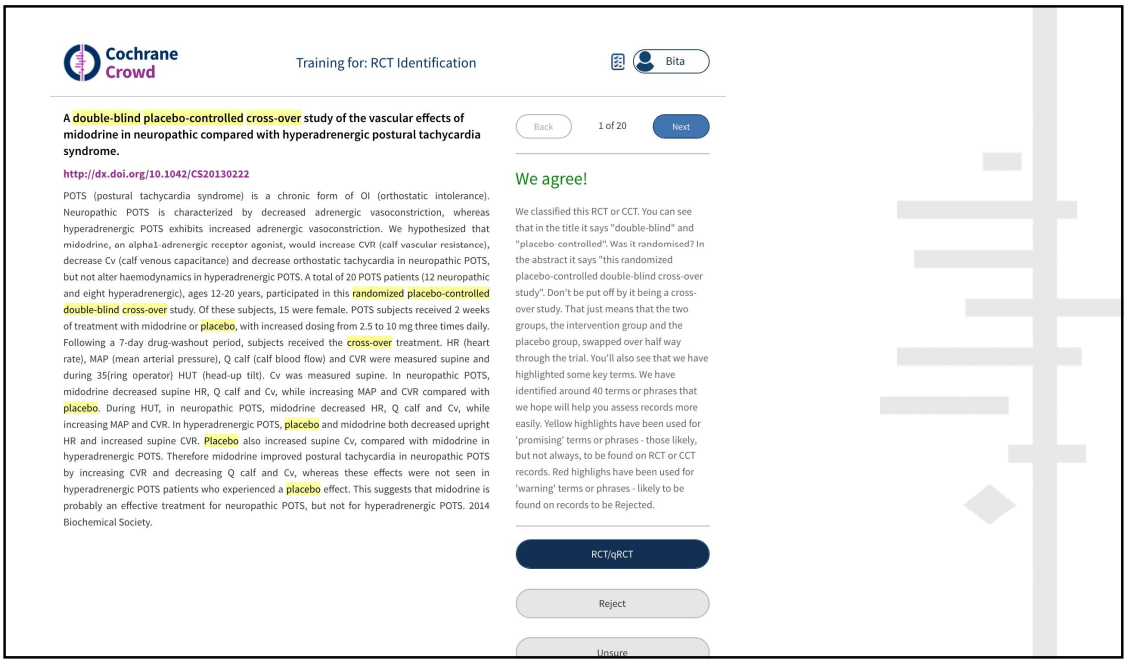
RCT Identification
Task Mission: Help find reports of randomised or quasi randomised trials | Task difficulty: Intermediate | Task status: Records available
4728931
Classifications made
129556
RCT/qRCT found
121
My assessments
working on this task right now
Start
Training
History
Task preferences
FAQ
Quick reference


Cochrane Crowd
Training for: RCT Identification
Bita
A double-blind placebo-controlled cross-over study of the vascular effects of midodrine in neuropathic compared with hyperadrenergic postural tachycardia syndrome.
http://dx.doi.org/10.1042/CS20130222
POTS (postural tachycardia syndrome) is a chronic form of OI (orthostatic intolerance). Neuropathic POTS is characterized by decreased adrenergic vasoconstriction, whereas hyperadrenergic POTS exhibits increased adrenergic vasoconstriction. We hypothesized that midodrine, an alpha1-adrenergic receptor agonist, would increase CVR (calf vascular resistance), decrease Cv (calf venous capacitance) and decrease orthostatic tachycardia in neuropathic POTS, but not alter haemodynamics in hyperadrenergic POTS. A total of 20 POTS patients (12 neuropathic and eight hyperadrenergic), ages 12-20 years, participated in this randomized placebo-controlled double-blind cross-over study. Of these subjects, 15 were female. POTS subjects received 2 weeks of treatment with midodrine or placebo, with increased dosing from 2.5 to 10 mg three times daily. Following a 7-day drug-washout period, subjects received the cross-over treatment. HR (heart rate), MAP (mean arterial pressure), Q calf (calf blood flow) and CVR were measured supine and during 35(ring operator) HUT (head-up tilt). Cv was measured supine. In neuropathic POTS, midodrine decreased supine HR, Q calf and Cv, while increasing MAP and CVR compared with placebo. During HUT, in neuropathic POTS, midodrine decreased HR, Q calf and Cv, while increasing MAP and CVR. In hyperadrenergic POTS, placebo and midodrine both decreased upright HR and increased supine CVR. Placebo also increased supine Cv, compared with midodrine in hyperadrenergic POTS. Therefore midodrine improved postural tachycardia in neuropathic POTS by increasing CVR and decreasing Q calf and Cv, whereas these effects were not seen in hyperadrenergic POTS patients who experienced a placebo effect. This suggests that midodrine is probably an effective treatment for neuropathic POTS, but not for hyperadrenergic POTS. 2014 Biochemical Society.
Back
1 of 20
Next
We agree!
We classified this RCT or CCT. You can see that in the title it says "double-blind" and "placebo-controlled". Was it randomised? In the abstract it says "this randomized placebo-controlled double-blind cross-over study". That just means that the two groups, the intervention group and the placebo group, swapped over half way through the trial. You'll also see that we have highlighted some key terms. We have identified around 40 terms or phrases that we hope will help you assess records more easily. Yellow highlights have been used for 'promising' terms or phrases - those likely, but not always, to be found on RCT or CCT records. Red highlighs have been used for 'warning' terms or phrases - likely to be found on records to be Rejected.
RCT/qRCT
Reject
Unsure


Cochrane
مزایای عضویت در کاکرین
شناسایی - عضویت در کاکرین افزودنی ارزشمندی در رزومه کاری یا کارنامه شغلی شما است. این یک تعهد کاملاً شناخته شده در مورد پزشکی مبتنی بر شواهد را نشان می‌دهد.
نمایندگی - اعضا هسته اصلی جامعه ما را تشکیل می‌دهند و به شکل گیری آینده کاکرین کمک می‌کنند. از حق رای عضویت خود در انتخابات سازمانی استفاده کنید و در جریان حاکمیت و استراتژی داخلی قرار بگیرید.
من با داوطلب شدن برای کارهای ارسال شده در Cochrane Engage عضو کاکرین شدم. این فرصت به من کمک کرد تا با محققان سراسر جهان همکاری کنم و به من امکان دسترسی به منابع آموزشی بسیار ارزشمند را داد.
Jacqueline Thompson، بریتانیا
وقتی من تحصیل پزشکی را شروع کردم، همه اساتید و همکارانم در مورد جامعه کاکرین صحبت می‌کردند.
من یک هدف مشخص برای خودم تعیین کردم، من در جامعه کاکرین خواهم بود: یک عضو کاکرین.
من با داوطلب شدن در کارهای Cochrane Engage عضویت گرفتم. عضویت حتی بیشتر از آن چیزی است که فکر می‌کردم. احساس می‌کنم بخشی از یک کارخانه باشکوه دانش پزشکی هستم!
Zain Douba، جمهوری عربی سوریه
https://www.cochrane.org/fa/join-cochrane/membership

Cochrane

عضویت در کاکرین

عضویت کاکرین شما می‌تواند:

بر اساس امتیاز و قابل تمدید از طریق مشارکت مستمر باشد. با رسیدن به آستانه 1000، 3000 یا 5000 امتیاز، به شما عضویت 1، 3 یا 5 ساله پیشنهاد می‌شود. منتظر ایمیلی باشید که از شما می‌خواهد عضویت خود را فعال کنید.

حامی | عضو | عضویت کارکنان | عضو دایمی | عضو ممتاز کاکرین

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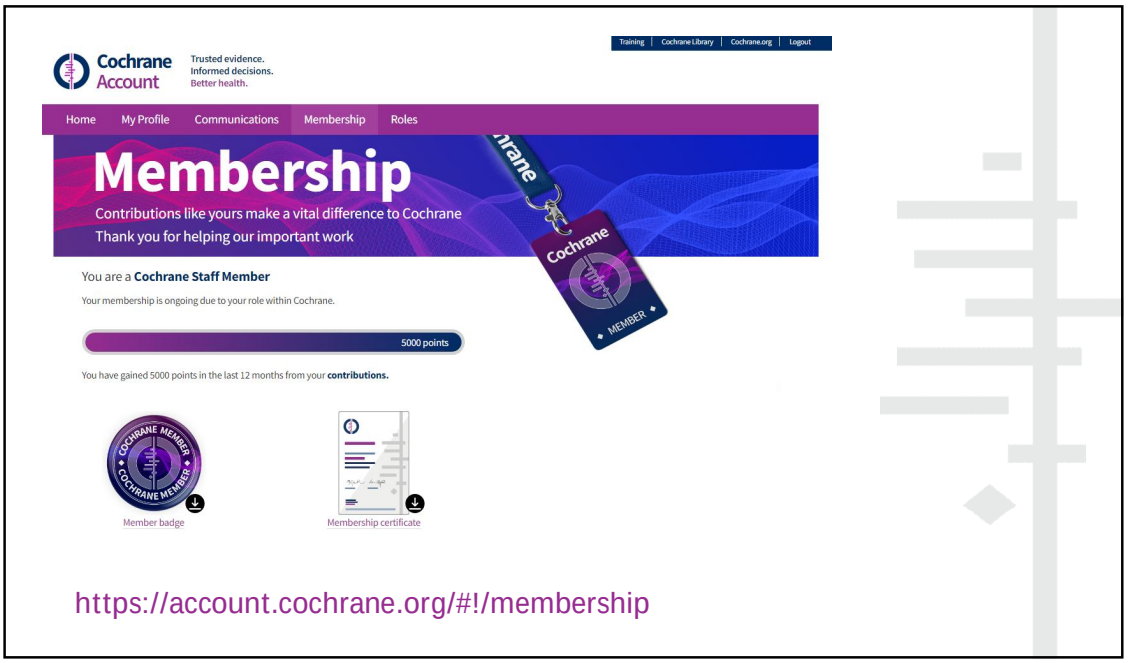
Just email us at crowd@cochrane.org once you've reached 200 and let us know you'd like a certificate.

By completing 1,000 classifications across Cochrane Crowd's key tasks, you'll receive an invitation to become a Cochrane Member

Anyone other than me enjoy prize incentives? Good. You'll earn badges for every task within Cochrane Crowd: a green badge once you finish task training, bronze once you classify 100 studies, through to silver and finally a gold badge once you've completed 1,000 classifications.

Green Task training complete | **Bronze** 100 classifications | **Silver** 500 classifications | **Gold** 1000 classifications | **Purple** Exceptional *Ultra rare!*



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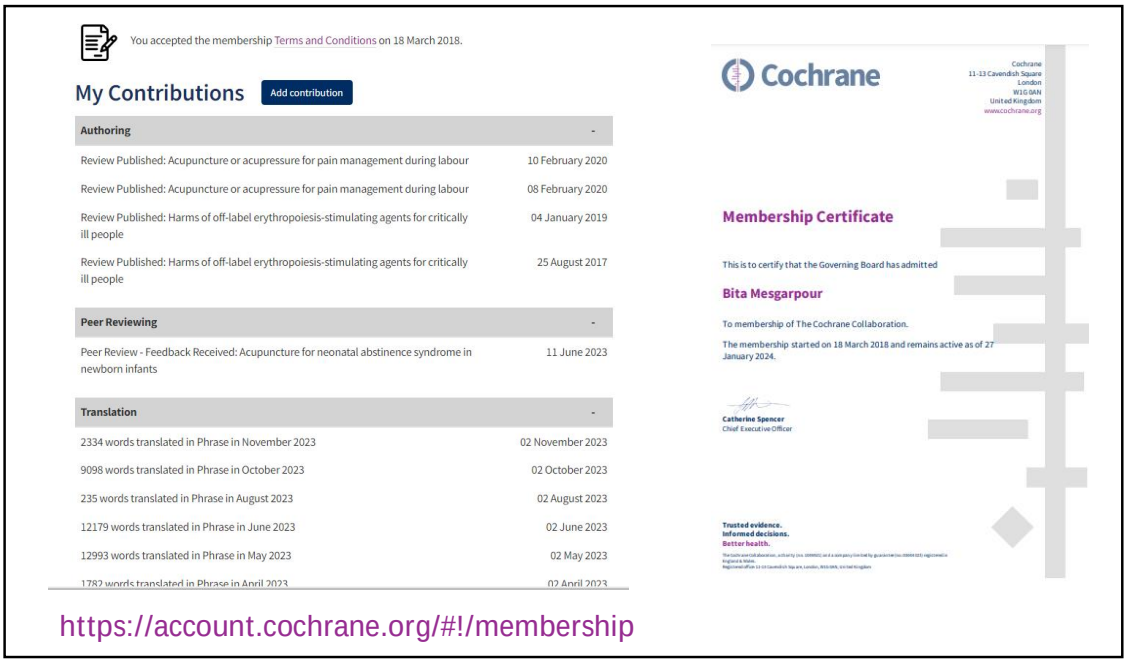

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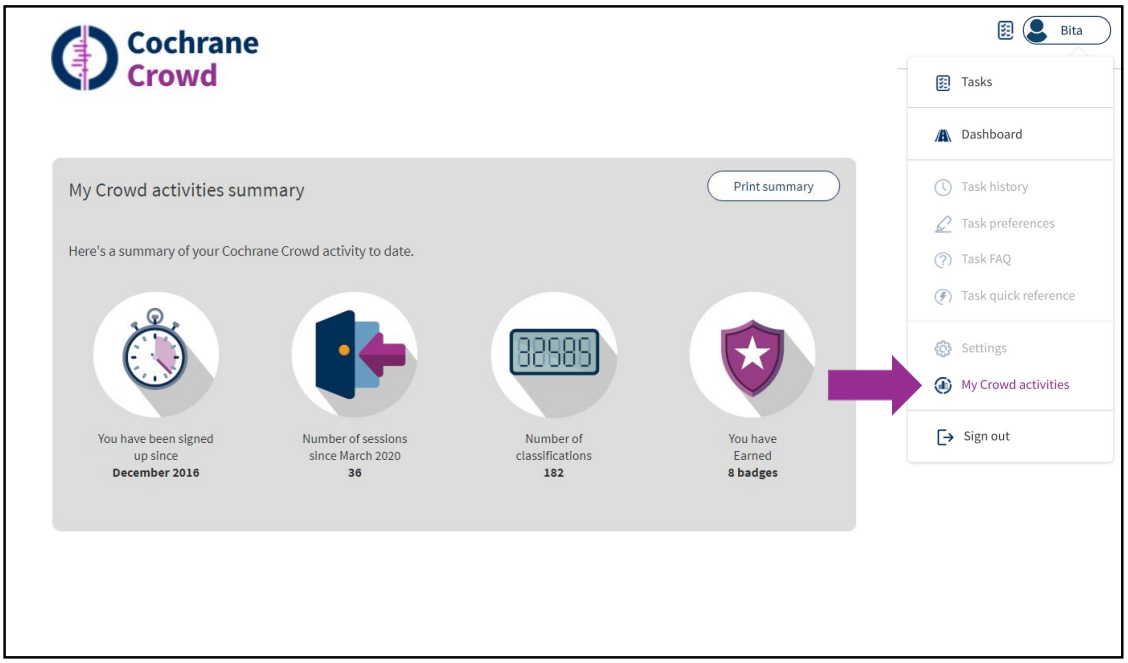
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Tasks
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My Crowd activities
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My Crowd activities summary
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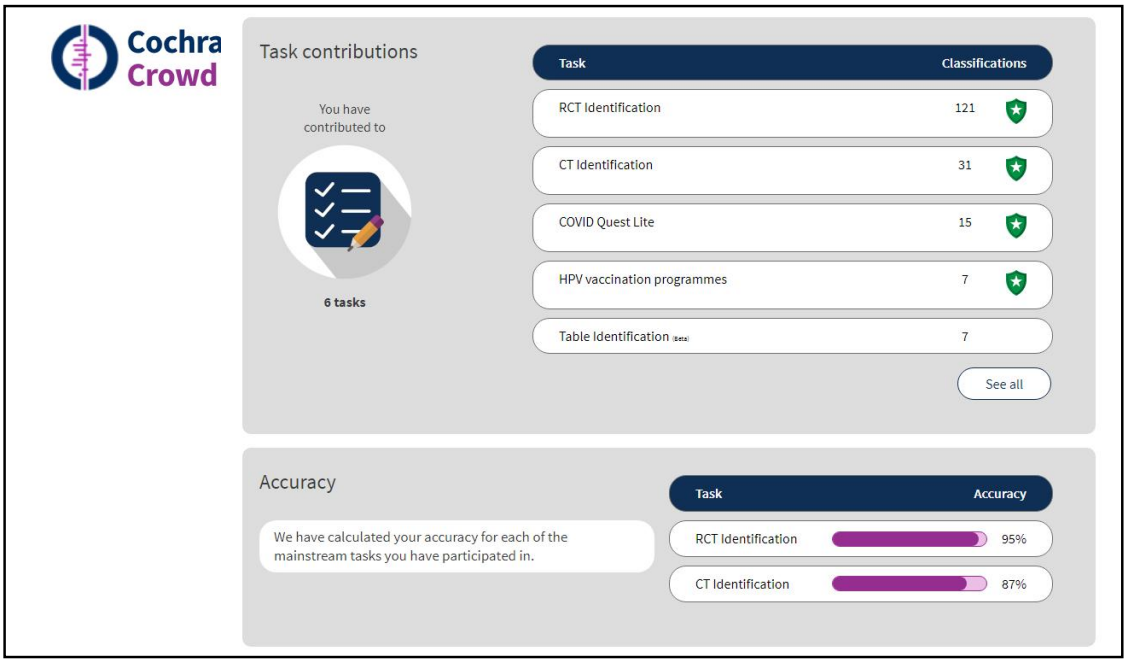
Here's a summary of your Cochrane Crowd activity to date.
You have been signed up since December 2016
Number of sessions since March 2020 36
Number of classifications 182
You have Earned 8 badges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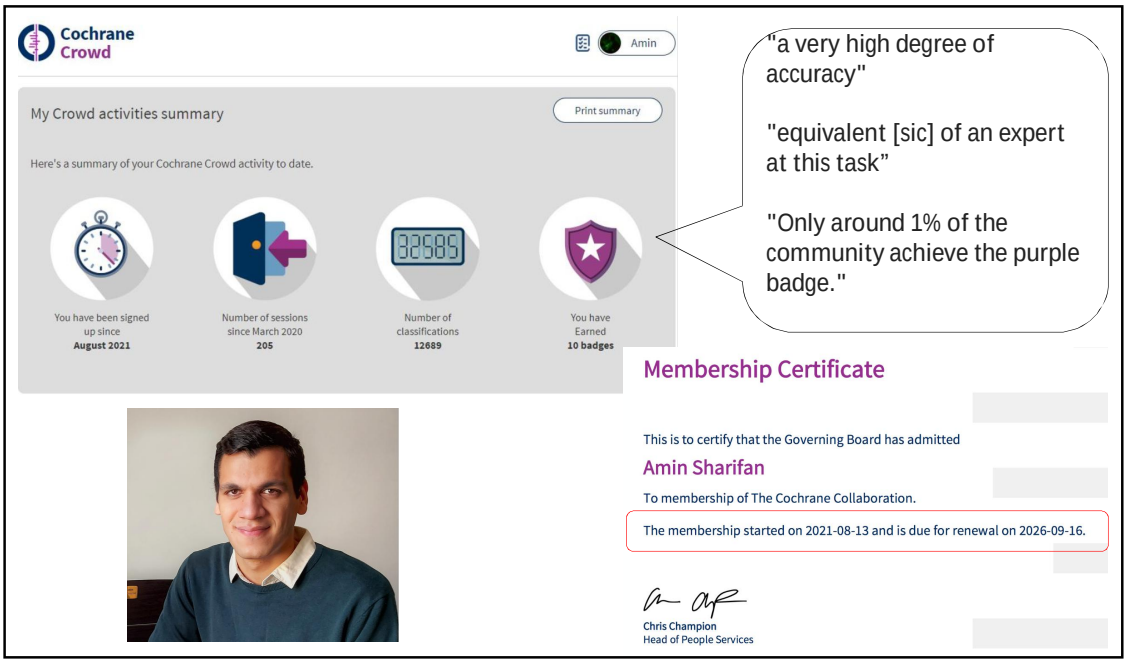
Task contributions
You have contributed to
6 tasks
Task
Classifications
RCT Identification 121
CT Identification 31
COVID Quest Lite 15
HPV vaccination programmes 7
Table Identification 7
See all
Accuracy
We have calculated your accuracy for each of the mainstream tasks you have participated in.
Task
Accuracy
RCT Identification 95%
CT Identification 87%



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To be classified RCT/q-RCT

Randomised controlled trial in human subjects

کارآزمایی کنترل شده تصادفی در آزمودنی انسانی

Sometimes this kind of trial is called a randomised trial or an RCT.

Cochrane Crowd

To be classified RCT/q-RCT

Comparative trial where randomisation is not described

کارآزمایی مقایسه‌ای که در آن تصادفی‌سازی توصیف نشده است

You will sometimes come across records where there is a lack of detail regarding whether the participants were randomised. It might say something like: “patients were allocated into the experimental and control arms”. It’s impossible to know if they were randomly allocated. In these cases, it is best to play it safe, and classify the record as RCT/q-RCT (or Unsure).

Cochrane Crowd

To be classified RCT/q-RCT

Quasi-randomised trial in human subjects

کارآزمایی شبه تصادفی در آزمودنی انسانی

Sometimes the form of randomisation used is not truly random. For example, treatment may have been allocated by date of birth or day of the week. These are what we think of as quasi-randomised trials (q-RCTs).

Cochrane Crowd

To be classified RCT/q-RCT

Cluster randomised controlled trial

کارآزمایی کنترل شده تصادفی خوشه‌ای

This is where groups, rather than individuals, are randomised. For example, the four hospitals in a city could be randomised to a new protocol for Accident and Emergency (two hospitals to try the new protocol and two to carry on as normal).

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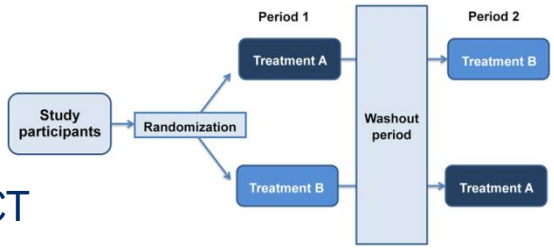


To be classified RCT/q-RCT

Crossover trials

کارآزمایی‌های متقاطع

If you come across either a randomised crossover trial or a crossover trial where it is unclear whether the participants where randomised, you should classify these as RCT/q-RCT.

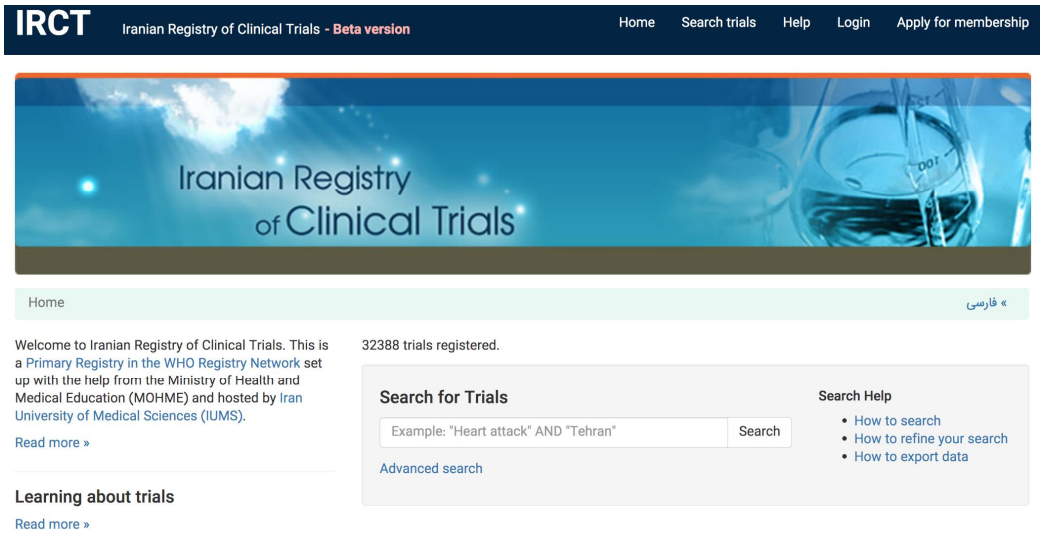
Cochrane Crowd

To be classified RCT/q-RCT

Protocol to a randomised controlled trial

پروتکل یک کارآزمایی کنترل‌شده تصادفی

This is a record that describes a planned randomised controlled trial. We'd like these to be captured as it is very useful to know what RCTs are being planned.



https://irct.ir/

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To be classified RCT/q-RCT

Interim results of a randomised controlled trial

نتایج موقت یک کارآزمایی کنترل‌شده تصادفی

Often seen on conference records. This is where a record that describes the results of an on-going randomised trial is eligible.

Efficacy, safety, and lot-to-lot immunogenicity of an inactivated SARS-CoV-2 vaccine (BBV152): interim results of a randomised, double-blind, controlled, phase 3 trial

*Raches Ella, Siddarth Reddy, William Blackwelder, Varsha Potdar, Pragya Yadav, Vamshi Sarangi, Vinay K Aileni, Suman Kanungo, Sanjay Rai, Prabhakar Reddy, Savita Verma, Chandramani Singh, Sagar Redkar, Satyajit Mohapatra, Anil Pandey, Pajanivel Ranganadin, Raghavendra Gumashta, Manish Multani, Shameem Mohammad, Parul Bhatt, Laxmi Kumari, Gajanan Sapkal, Nivedita Gupta, Priya Abraham, Samiran Panda, Sai Prasad, Balram Bhargava, Krishna Ella, Krishna Mohan Vadrevu, on behalf of the COVAXIN Study Group**

Summary

Background We report the clinical efficacy against COVID-19 infection of BBV152, a whole virion inactivated SARS-CoV-2 vaccine formulated with a toll-like receptor 7/8 agonist molecule adsorbed to alum (Algel-IMDG) in Indian adults.

Methods We did a randomised, double-blind, placebo-controlled, multicentre, phase 3 clinical trial in 25 Indian hospitals or medical clinics to evaluate the efficacy, safety, and immunological lot consistency of BBV152. Adults (age ≥18 years) who were healthy or had stable chronic medical conditions (not an immunocompromising condition or requiring treatment with immunosuppressive therapy) were randomised 1:1 with a computer-generated randomisation scheme (stratified for the presence or absence of chronic conditions) to receive two intramuscular doses of vaccine or placebo administered 4 weeks apart. Participants, investigators, study coordinators, study-related personnel, the sponsor, and nurses who administered the vaccines were masked to treatment group allocation; an unmasked contract research organisation and a masked expert adjudication panel assessed outcomes. The primary outcome was the efficacy of the BBV152 vaccine in preventing a first occurrence of laboratory-confirmed (RT-PCR-positive) symptomatic COVID-19 (any severity), occurring at least 14 days after the second dose in the per-protocol population. We also assessed safety and reactogenicity throughout the duration of the study in all participants who had received at least one dose of vaccine or placebo. This report contains interim results (data cutoff May 17, 2021) regarding immunogenicity and safety outcomes (captured on days 0 to 56) and efficacy results with a median of 99 days for the study population. The trial was registered on the Indian Clinical Trials Registry India, CTRI/2020/11/028976, and ClinicalTrials.gov, NCT04641481 (active, not recruiting).

Published Online November 11, 2021 https://doi.org/10.1016/S0140-6736(21)02000-6

See Online/Comment https://doi.org/10.1016/S0140-6736(21)02014-6

*All members listed in appendix 1 (pp 2–5)

Bharat Biotech International, Hyderabad, India (R Ella MBBS, S Reddy MSc, V Sarangi BSc, V K Aileni PhD, S Prasad MBA, K Ella PhD, K M Vadrevu PhD); **WB Statistical Consulting, Bethesda, MA, USA** (W Blackwelder PhD); **National Institute of Virology, Indian Council of Medical Research, Pune, India** (V Potdar PhD, P Yadav PhD, G Sapkal PhD, P Abraham PhD); **National Institute of Cholera and Enteric Diseases, Indian Council of**

The Lancet Journal

DOI: https://doi.org/10.1016/S0140-6736(21)02000-6

Cochrane Crowd

To be classified RCT/q-RCT

Follow-up study to a randomised controlled trial

پیگیری یک کارآزمایی کنترل‌شده تصادفی

We would like these to be classified as RCT/q-RCT. They can yield very important information about the longer-term effects of a treatment.

Cochrane Crowd

To be classified RCT/q-RCT

Post-hoc analysis of a randomised controlled trial

تحلیل‌های بیشتر یک کارآزمایی کنترل‌شده تصادفی

Where an analysis has been done on a randomised controlled trial that is in addition to the originally planned analysis. These are to be classified as RCT/q-RCT as they can provide useful information about the RCT, both its methods and its results.

Cochrane Crowd

To be classified RCT/q-RCT

Sub-group analysis of a randomised controlled trial

تحلیل‌های زیرگروهی یک کارآزمایی کنترل‌شده تصادفی

Very similar to the post-hoc analyses, sub-group analyses of randomised controlled trials can have useful information in them.

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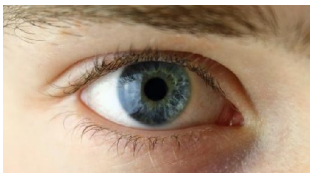
To be classified RCT/q-RCT



Randomised controlled trial on part of the human body

کارآزمایی کنترل‌شده تصادفی بر روی بخشی از بدن انسان

For example a trial where one eye of a patient receives the experimental treatment and the other eye does not. Often these studies don't say whether they randomly chose which part of the body would get the experimental treatment. Don't worry too much about that, just classify it as RCT/q-RCT.

Cochrane Crowd

To be classified RCT/q-RCT

Erratum, corrections, letters and replies to a randomised controlled trial

اصلاح، نامه و پاسخ به یک کارآزمایی کنترل‌شده تصادفی

All of these, if they relate to an RCT or q-RCT should be kept in. They can provide useful additional information about the trial.

Diabetes Care. 2021 Jun; 44(6): 1454.
Published online 2021 Apr 23. doi: 10.2337/dc21-er06
PMCID: PMC8247519
PMID: 33893165

Erratum. Clinical Translation of Cardiovascular Outcome Trials in Type 2 Diabetes: Is There More or Is There Less Than Meets the Eye? Diabetes Care 2021;44:641–646

Ele Ferrannini and Julio Rosenstock

This corrects the article "Clinical Translation of Cardiovascular Outcome Trials in Type 2 Diabetes: Is There More or Is There Less Than Meets the Eye?" on page 641.

In the reference list of this article, reference 7 was incorrect and is replaced as follows:

7. Buse JB, Garg SK, Rosenstock J, et al. Sotagliflozin in combination with optimized insulin therapy in adults with type 1 diabetes: the North American inTandem1 study. Diabetes Care 2018;41:1970–1980

In addition, in Table 1 the incidence rates in the placebo arm (IR_{Plb}) and change in absolute risk (ΔIR) presented for the LEADER trial have been corrected, and Figure 2 has been revised using the corrected data.

The authors apologize for the errors. The online version of the article (https://doi.org/10.2337/dc20-0913) has been corrected to include the new reference and the revised figure and table.

Cochrane Crowd

To be classified RCT/q-RCT

Retractions to a randomised controlled trial

بازپس‌گیری یک کارآزمایی کنترل‌شده تصادفی

Retraction notices to randomised controlled trials should be classified as RCT/q-RCT. We want to know if any trials have been retracted.

J Midlife Health. 2020 Oct-Dec; 11(4): 264.
Published online 2021 Jan 21. doi: 10.4103/0976-7800.307580
PMCID: PMC7978052
PMID: 33767570

Retraction: Office Cervicoscopy versus Stationary Colposcopy in Suspicious Cervix: A Randomized Controlled Trial

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This retracts the article "Office Cervicoscopy versus Stationary Colposcopy in Suspicious Cervix: A Randomized Controlled Trial" in volume 10 on page 115.

The original article titled "Office cervicoscopy versus stationary colposcopy in suspicious cervix: A randomized controlled trial" published in Journal of Mid-life Health, on pages 115-122, Issue 3, Volume 10, 2019,[1] is being retracted because the same article was published later with title "Office cervicoscopy versus stationary colposcopy in cases with suspicious cervix: a randomized controlled trial" in Journal of Current Medical Research and Practice, on pages 355-361, Issue 3, Volume 4, 2019.[2] It was brought to the attention of JMH's editorial board that there is substantial overlap of content in article published later in JCMRP.

Plagiarism, fabrication, unethical or redundant publication violates the editorial policy of Journal of Mid-life Health, which follows best practice guidelines given by the International Committee of Medical Journal Editors (ICMJE) and Committee on Publication Ethics (COPE) mentioned on the Information for Authors and as codified in the signed statements made by the authors regarding the copyright of their work.

This article has been retracted on request of the Editors-in-Chief and editorial board of the journal.

Editors-in-Chief:

Meeta Meeta, Vishal Tandon

Journal of Mid-life Health

Cochrane Crowd

To be classified RCT/q-RCT

Theses that include a randomised controlled trial

پایان‌نامه‌ای که شامل یک کارآزمایی کنترل‌شده تصادفی باشد

You are unlikely to come across many records like this but if you do, you can classify it as RCT/q-RCT.

Cochrane Crowd

To be classified RCT/q-RCT

Cost-effectiveness analyses that are based on data from a randomised controlled trial

تحلیل‌های هزینه - اثربخشی که مبتنی بر داده‌های یک کارآزمایی کنترل‌شده تصادفی باشد

Classify these evaluations as RCT/q-RCT.

Cochrane Crowd

To be classified RCT/q-RCT

Randomised trials related to medical education

کارآزمایی‌های تصادفی مرتبط با آموزش پزشکی

Trials that aim to assess an intervention or interventions that have outcomes related to medical education should be classified as RCT/q-RCT.

Cochrane Crowd

To be classified RCT/q-RCT

Randomised trials related to medical costs

کارآزمایی‌های تصادفی مرتبط با هزینه‌های پزشکی

If the trial has medical related costs as an outcome, it should be classified as RCT/q-RCT.

Cochrane Crowd

To be classified RCT/q-RCT

Randomised trials in healthy people

کارآزمایی‌های تصادفی‌شده در افراد سالم

If the trial has some healthcare aspect to it but it is in healthy people you should classify this as RCT/q-RCT.

Cochrane Crowd

To be classified RCT/q-RCT

Pooled analyses of randomised controlled trials

تحلیل‌های ترکیبی کارآزمایی‌های تصادفی‌شده

A pooled analysis is very similar to a meta-analysis but we currently want pooled analyses of randomised controlled trials classified as RCT/q-RCT. Pooled analysis that do not include any RCTs can be rejected.

Cochrane Crowd

To be classified Reject

Randomised controlled trial in non-human subjects

کارآزمایی‌های کنترل شده تصادفی در آزمودنی‌های غیرانسانی

Animal studies are to be rejected.

Cochrane Crowd

To be classified Reject

Open-label extension studies

مطالعات توسعه‌ای با برچسب باز

These are trials often carried out on some or all of the participants from a randomised controlled trial. These are not the same as follow-up studies. An open-label extension study is a new study, and not a randomised one so it can be rejected.

Cochrane Crowd

To be classified Reject

Randomised controlled trial in cadavers

کارآزمایی‌های کنترل شده بر روی اجساد

Randomised studies performed on dead bodies are out and this includes studies on specific parts of cadavers.

Cochrane Crowd

To be classified Reject

Randomised controlled trial on extracted human parts

کارآزمایی‌های کنترل شده تصادفی بر روی بخشی از بدن که جدا شده

Extracted parts are not eligible. For example, a randomised trial on extracted teeth is to be rejected.

Cochrane Crowd

To be classified Reject

Randomised controlled trial in vitro

کارآزمایی‌های کنترل شده تصادفی در in vitro

A randomised trial performed on components of an organism isolated from their usual biological surrounding is not eligible.

Cochrane Crowd

To be classified Reject

Non-randomised controlled trials

کارآزمایی‌های کنترل شده غیرتصادفی

If a record explicitly states that a trial was non-randomised then it's out. Sometimes it's hard to tell whether a trial was randomised in some way or not. If you are not sure, select Unsure.

Cochrane Crowd

To be classified Reject

Systematic review or literature review

مرورهای سیستماتیک یا مرور متون

All systematic reviews are to be rejected (great though they are, they don't belong in CENTRAL).

Cochrane Crowd

To be classified Reject

Meta-analysis or network meta-analysis

متاآنالیز یا متاآنالیز شبکه‌ای

All meta-analyses are to be rejected.

Cochrane Crowd

To be classified Reject

Overview of a number of randomised controlled trials

مرور اجمالی تعدادی از کارآزمایی‌های کنترل شده تصادفی

Similar to a review or systematic review, an overview seeks to summarise the available evidence. Overviews should be rejected.

Cochrane Crowd

To be classified Reject

Case-control study

مطالعه مورد- شاهدی

Where some of the participants were ‘cases’ (those with the disease of interest) and some are ‘controls’ (often healthy, age-matched participants). Likely to come across quite a few of these. Might describe them as a ‘controlled study’.

Cochrane Crowd

To be classified Reject

Observational study

مطالعه مشاهده‌ای

For example longitudinal cohort studies or cross-sectional studies. Observational studies differ from experimental studies in that the researchers are observing and recording rather than testing a new treatment or intervention.

Cochrane Crowd

To be classified Reject

Methodological study of a randomised controlled trial

مطالعه متدولوژیک یک کارآزمایی کنترل شده تصادفی

You are likely to come across a few of these – they are not reporting a specific trial so they are not eligible.

Cochrane Crowd

To be classified Reject

Randomised controlled trials that are not related to healthcare

کارآزمایی‌های کنترل شده تصادفی که مربوط به سلامت نیستند

Such as a trial looking at the effect of different reward structures for teaching young children.

Cochrane Iran

چالش کاکرین ایران!

پنجشنبه 12 بهمن‌ماه 1402

ساعت 10 صبح الی 10 شب

Cochrane Iran

چالش کاکرین ایران

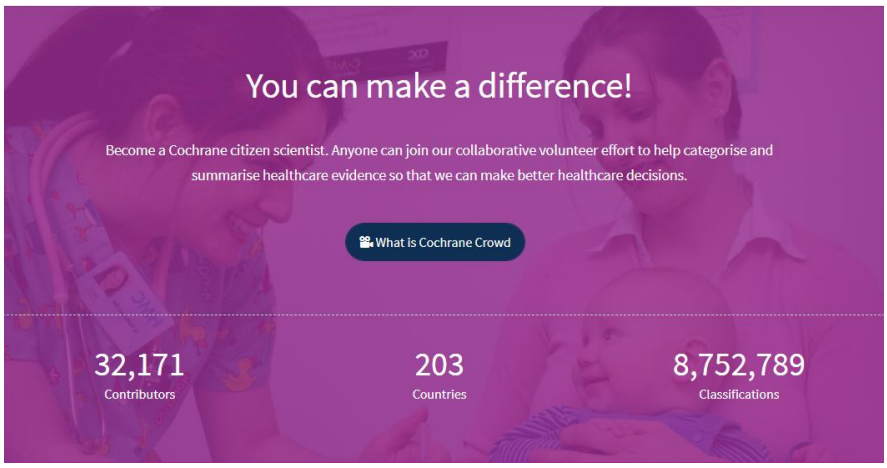
جوایز نقدی چالش:

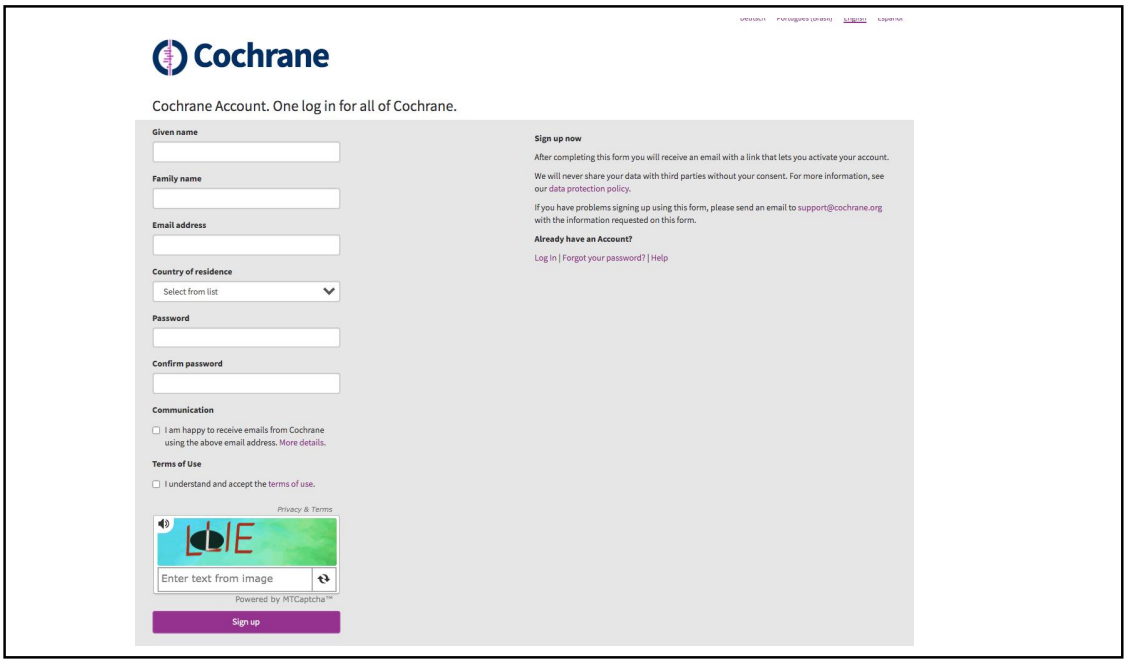
- نفر اول: ۴ میلیون تومان
- نفر دوم: ۳ میلیون تومان
- نفر سوم: ۲ میلیون تومان

مزیت برای همه شرکت‌کنندگان

- حامی (supporter) کاکرین
- آشنایی با طراحی انواع مطالعات
- جمع‌آوری امتیاز (point) برای تبدیل نوع عضویت از حامی به عضو

https://crowd.cochrane.org/

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Given name
Family name
Email address
Country of residence
Select from list
Password
Confirm password
Communication
I am happy to receive emails from Cochrane using the above email address. More details.
Terms of Use
I understand and accept the terms of use.
Privacy & Terms
Enter text from image
Powered by MTCaptcha™
Sign up
Sign up now
After completing this form you will receive an email with a link that lets you activate your account.
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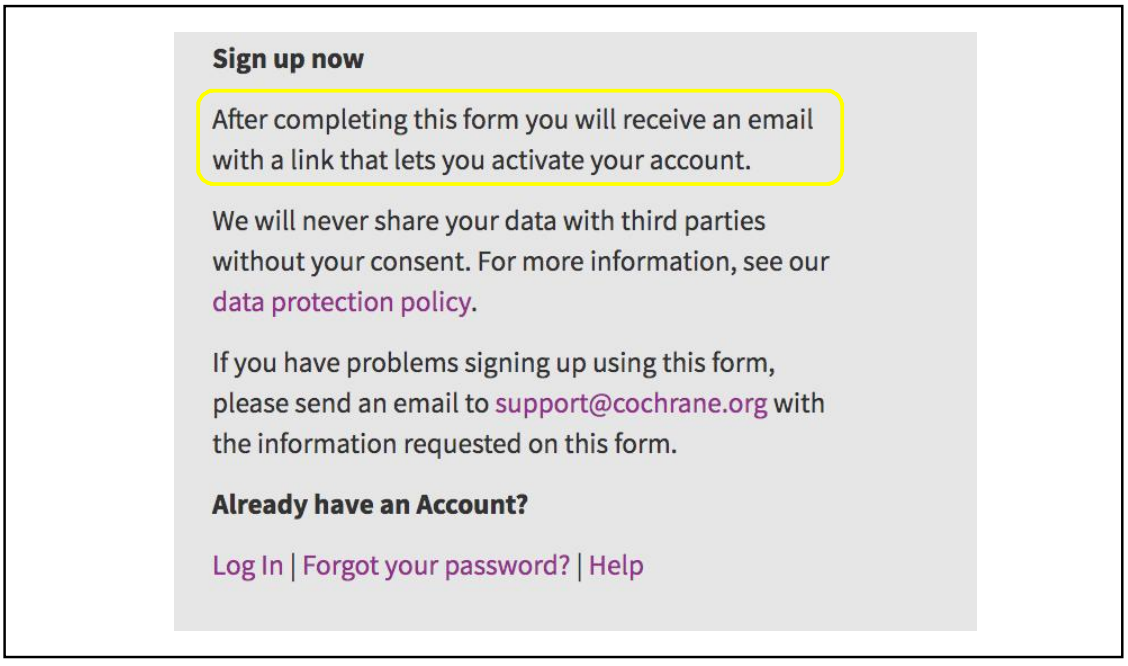
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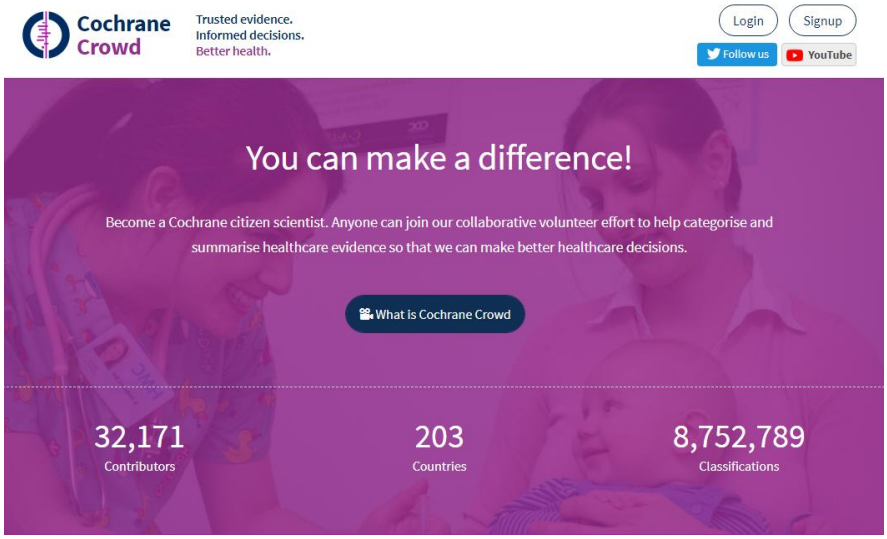
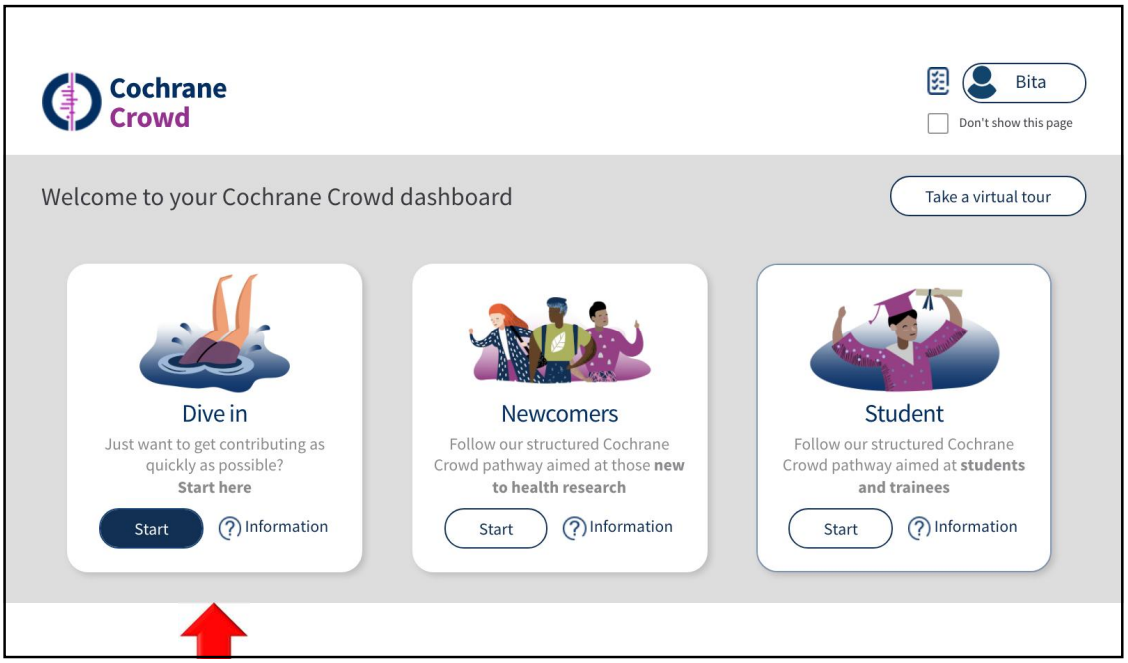
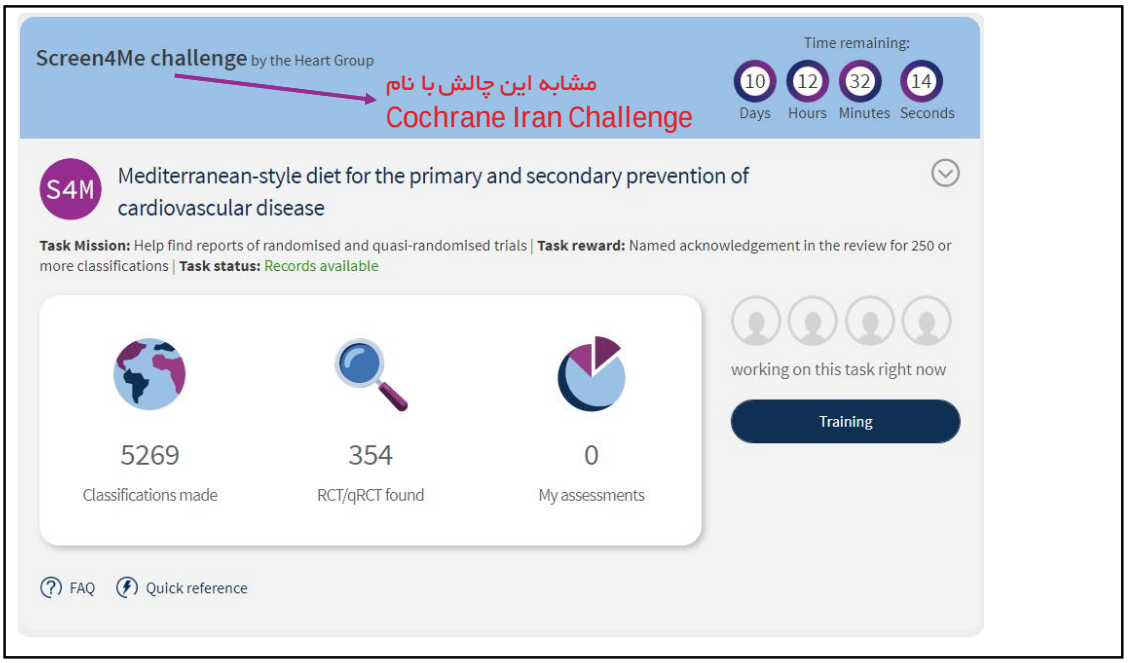
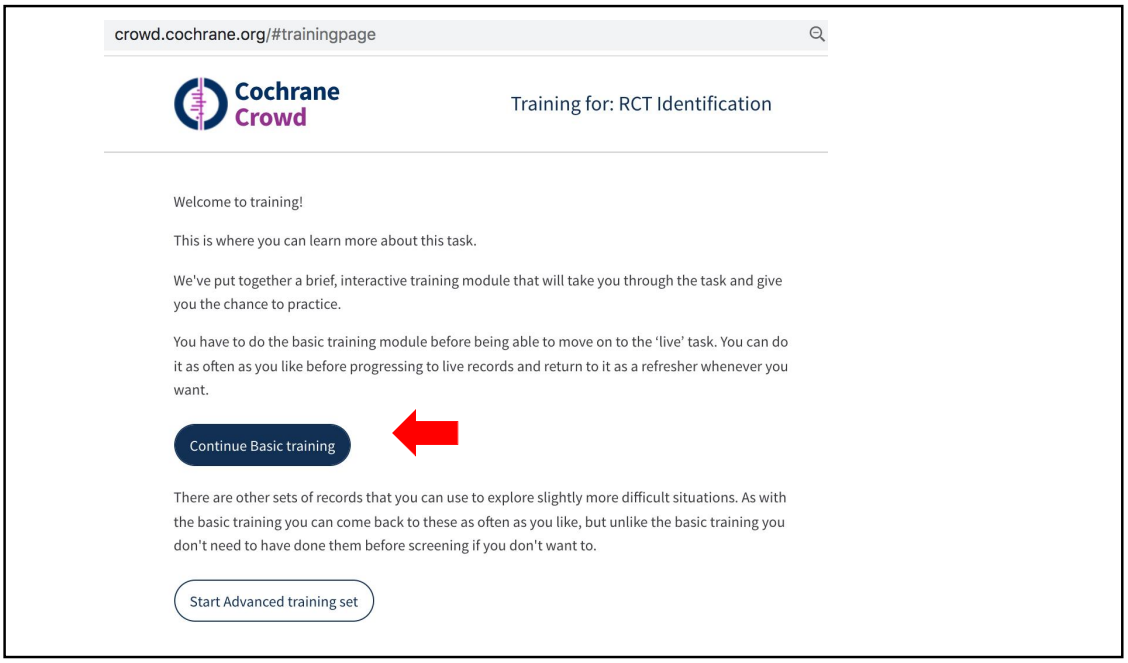
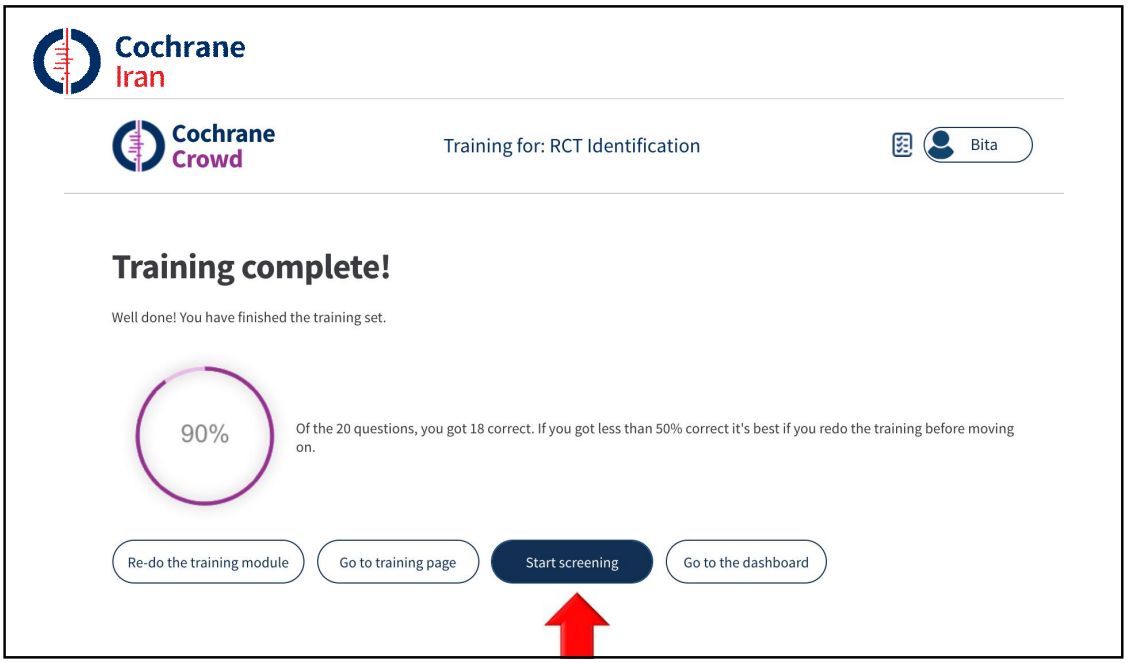





Screen4Me challenge by the Heart Group
مشابه این چالش با نام
Cochrane Iran Challenge
Time remaining:
10 Days
12 Hours
32 Minutes
14 Seconds
S4M
Mediterranean-style diet for the primary and secondary prevention of cardiovascular disease
Task Mission: Help find reports of randomised and quasi-randomised trials | Task reward: Named acknowledgement in the review for 250 or more classifications | Task status: Records available
5269
Classifications made
354
RCT/qRCT found
0
My assessments
working on this task right now
Training
FAQ
Quick reference


crowd.cochrane.org/#trainingpage
Cochrane Crowd
Training for: RCT Identification
Welcome to training!
This is where you can learn more about this task.
We've put together a brief, interactive training module that will take you through the task and give you the chance to practice.
You have to do the basic training module before being able to move on to the 'live' task. You can do it as often as you like before progressing to live records and return to it as a refresher whenever you want.
Continue Basic training
There are other sets of records that you can use to explore slightly more difficult situations. As with the basic training you can come back to these as often as you like, but unlike the basic training you don't need to have done them before screening if you don't want to.
Start Advanced training set


Cochrane
Iran
Cochrane
Crowd
Training for: RCT Identification
Bita
Training complete!
Well done! You have finished the training set.
90%
Of the 20 questions, you got 18 correct. If you got less than 50% correct it's best if you redo the training before moving on.
Re-do the training module
Go to training page
Start screening
Go to the dashboard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Iran
Trusted evidence.
Informed decisions.
Better health.
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تصمیم‌گیری آگاهانه.
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