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2017年12月

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\*本页列举为部分合作学会和专业协会，更多详情，欢迎访问：<http://onlinelibrary.wiley.com/>

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- [Oliver Hart](#)
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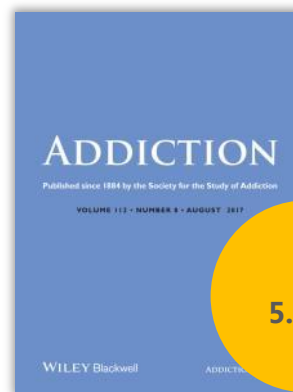
IF  
187.04

CA-A CANCER JOURNAL  
FOR CLINICIANS  
《CA-临床医师专属癌症期刊》  
2017 JCR排名：1/217 肿瘤学



IF  
26.561

WORLD PSYCHIATRY  
《世界精神病学》  
2017 JCR排名：1/142 精神病学；  
1/139 精神病学（社会科学）



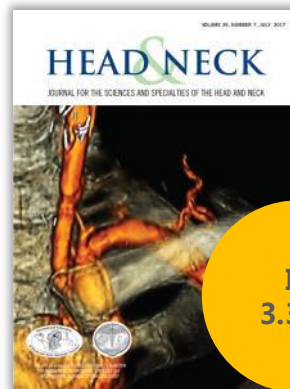
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5.789

ADDICTION  
《成瘾》  
2017 JCR排名：1/18 药物滥用；  
1/34 药物滥用（社会科学）



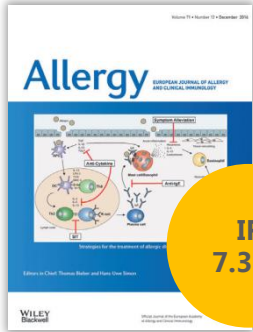
IF  
3.571

PERSPECTIVES ON SEXUAL  
AND REPRODUCTIVE  
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《性与生殖健康展望》  
2017 JCR排名：1/26 人口学；  
1/43 家庭研究



IF  
3.376

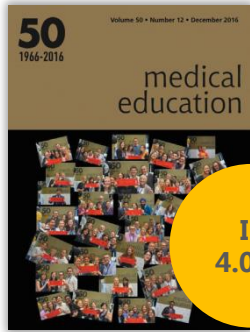
HEAD AND NECK-JOURNAL FOR  
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2017 JCR排名：1/42 耳鼻喉科学



IF  
7.361

Allergy  
过敏反应学

2017 JCR排名：2/26过敏反应学；  
21/151免疫学



IF  
4.005

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医学教育

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12/90医疗保健科学与服务



IF  
13.24  
6

Hepatology  
肝病学

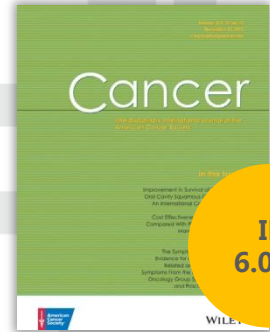
2017 JCR排名：4/79肠胃病与肝病  
学



IF  
6.513

International Journal of Cancer  
国际癌症期刊

2017 JCR排名：24/217肿瘤学



IF  
6.072

Cancer  
癌症

2017 JCR排名：34/217肿瘤学



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American Association for  
the Study of Liver Diseases



美国癌症协会  
American Cancer Society



国际肿瘤控制联合会  
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Cancer Control



成瘾研究学会  
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### Automated telephone communication systems

For prevention and management of long-term conditions

[Read the review](#)



### Nutrition: call to action

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Highlighted Reviews

Editorials

Special Collections

#### Automated telephone communication systems for preventive healthcare and management of long-term conditions

Pawel Posadzki, Nikolaos Mastellos, Rebecca Ryan, Laura H Gunn, Lambert M Felix, Yannis Pappas, Marie-Pierre Gagnon, Steven A Julious, Liming Xiang, Brian Oldenburg, Josip Car  
14 December 2016



#### Polymer-based oral rehydration solution for treating acute watery diarrhoea

Germana V Gregorio, Maria Liza M Gonzales, Leonila F Dans, Elizabeth G Martinez  
13 December 2016



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Cochrane Library

全球最大的循证医学数据库





## CLIB全球最大的循证医学数据库—使用量高

Database Name	FTDs	% of Total
Cochrane Database of Systematic Reviews	5,698,408	84.1%
Cochrane Central Register of Controlled Trials (CENTRAL)	845,323	12.5%

- **Cochrane系统评价数据库** ( Cochrane Database of Systematic Reviews , CDSR ) , 提供Cochrane评价全文 ( 包括方法 , 结果和结论 ) 以及研究方案。
- **Cochrane临床对照试验中心注册数据库** ( The Cochrane Central Register of Controlled Trials , CENTRAL ) , 提供成百上千研究的引文信息 , 包括会议论文和目前其他文献数据库中未列出的其他来源的论文。
- **CLIB还新增Cochrane Clinical Answers (CCA)**

# CLIB全球最大的循证医学数据库—内容覆盖面广、数量高

## Browse by Cochrane Review Group

Browse the *Cochrane Database of Systematic Reviews* by Cochrane Review Group...

<b>A</b>	<b>G</b>	<b>N</b>
Acute Respiratory Infections Group	Gynaecological, Neuro-oncology and Orphan Cancer Group	Neonatal Group
Airways Group	Gynaecology and Fertility Group	Neuromuscular Group
Anaesthesia, Critical and Emergency Care Group	<b>H</b>	<b>O</b>
<b>B</b>	Haematological Malignancies Group	Oral Health Group
Back and Neck Group	Heart Group	<b>P</b>
Bone, Joint and Muscle Trauma Group	Hepato-Biliary Group	Pain, Palliative and Supportive Care Group
Breast Cancer Group	HIV/AIDS Group	Pregnancy and Childbirth Group
	Hypertension Group	Public Health Group

- CLIB中包含有**52**个系统评价小组
- CDSR; Cochrane Reviews:**7469** Reviews / **2565** Protocols\*
- CENTRAL; Trails: **1,100,937**
- CCA; Clinical Answers: **3404**

\*注：数据更新截至到2017年12月24日

## CLIB全球最大的循证医学数据库—影响力高

2016 Rank	Journal name	Impact Factor	No. of citable items	No. of Reviews published
1	NEW ENGLAND JOURNAL OF MEDICINE	72.406	328	90
2	LANCET	47.831	337	49
3	JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION	44.405	213	70
4	BMJ-British Medical Journal	20.785	196	146
5	ANNALS OF INTERNAL MEDICINE	17.202	136	84
6	JAMA Internal Medicine	16.538	127	17
7	PLOS MEDICINE	11.862	189	18
8	Journal of Cachexia Sarcopenia and Muscle	9.697	52	17
9	BMC Medicine	8.097	175	58
10	JOURNAL OF INTERNAL MEDICINE	7.98	92	75
11	CANADIAN MEDICAL ASSOCIATION JOURNAL	6.784	87	44
12	MAYO CLINIC PROCEEDINGS	6.686	139	55
13	Nature Reviews Disease Primers	6.389	37	0
<b>14</b>	<b>Cochrane Database of Systematic Reviews</b>	<b>6.264</b>	<b>815</b>	<b>1838</b>

\*Retrieved October 3<sup>rd</sup>, 2017

CDSR is ranked 14 of 154 journals in the 'Medicine, General and Internal' category, placing it in the top five percent of all titles listed in the Journal Citation Report.

## CLIB全球最大的循证医学数据库—影响力高

Year	Ranking	Impact Factor	In-Window Cites	Citable items	Total Cites	Self-citation rate	IF w/o self-citations	5-Year Impact Factor
<b>2016</b>	<b>14</b>	<b>6.264</b>	<b>11,520</b>	<b>1,839</b>	<b>57,740</b>	<b>5%</b>	<b>5.931</b>	<b>7.084</b>
2015	12	6.103	11,522	1,888	47,899	5%	5.748	6.665
2014	13	6.035	11,932	1,977	43,592	5%	5.693	6.539
2013	10	5.939	9,859	1,660	39,856	8%	5.433	6.706
2012	12	5.785	8,087	1,398	34,230	8%	5.288	6.553
2011	10	5.912	7,721	1,306	29,593	5%	5.630	6.309
2010	10	6.186	6,978	1,128	27,366	7%	5.784	6.346
2009	11	5.653	6,574	1,163	23,102	6%	5.305	-

In the 2016 Impact Factor window, only the top 4 ranked titles (NEJM, Lancet, JAMA, BMJ) received more cites than the CDSR.



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# Cochrane系统评价 的撰写与发表





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References



Figures



Tables

Cochrane Database of Systematic Reviews



## Oral *Astragalus* (Huang qi) for preventing frequent episodes of acute respiratory tract infection in children

Review Intervention

Guobin Su, Xiankun Chen, Zhuangzhu Liu, Lihong Yang, La Zhang, Cecilia Stålsby Lundborg, Zehuai Wen, Xinfeng Guo, Xindong Qin, Jueyao Liang, Xusheng Liu ✉

First published: 1 December 2016

Editorial Group: Cochrane Acute Respiratory Infections Group

DOI: 10.1002/14651858.CD011958.pub2 [View/save citation](#)

Cited by (CrossRef): 0 articles [Check for updates](#)



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### Abstract

#### Background

Acute respiratory tract infections (ARTIs) are common in children and can involve both upper and lower airways. Many children experience frequent ARTI episodes or recurrent respiratory tract infections (RRTIs) in early life, which creates challenges for paediatricians, primary care physicians, parents and carers of children.

Text size Share Comment

Abstract

Background

Objectives

Methods

Results

Discussion

Authors' conclusions

Acknowledgements

Data and analyses

Appendices

Contributions of authors

Declarations of interest

Sources of support

Differences between protocol and review

Characteristics of studies



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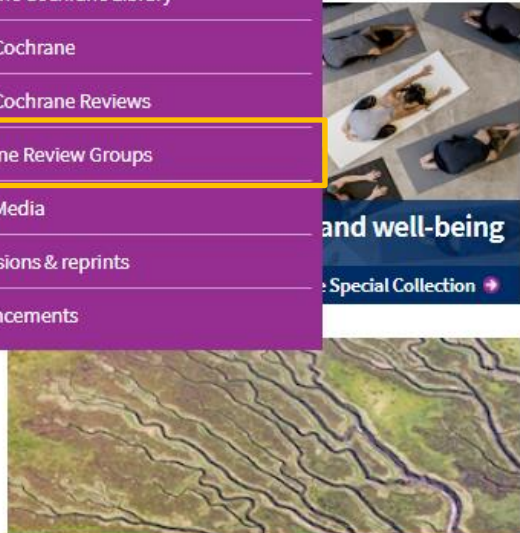




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Antioxidants for preventing and reducing muscle soreness  
Can they help after exercise?  
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Health systems overviews  
[Read the editorial](#)

-  **Bilateral versus unilateral hearing aids for bilateral hearing impairment in adults**  
Anne GM Schilder, Lee Yee Chong, Saoussen Ftouh, Martin J Burton  
19 December 2017
-  **Insulin-sensitising drugs (metformin, rosiglitazone, pioglitazone, D-chiro-inositol) for women with polycystic ovary syndrome, oligo amenorrhoea and subfertility**  
Lara C Morley, Thomas Tang, Ephiah Yasmin, Robert J Norman, Adam H Balen  
29 November 2017





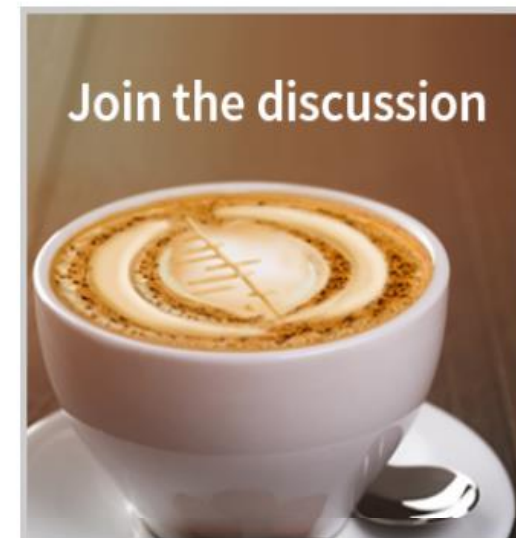
## Cochrane Review Groups

The Cochrane Reviews in the *Cochrane Database of Systematic Reviews* are prepared by authors who register titles with one of 52 Cochrane Review Groups. Each Cochrane Review Group focuses on a specific topic area and is led by a Co-ordinating Editor(s) and an editorial team including a Managing Editor and an Information Specialist. The Cochrane Review Groups provide authors with methodological and editorial support to prepare Cochrane Reviews, and manage the editorial process, including peer review.

The Co-ordinating Editors form the Editorial Board for the *Cochrane Database of Systematic Reviews*.

All Co-ordinating Editors and other Cochrane Review Group staff and editors have made **declarations of conflicts of interest**.

Cochrane Review Group	Co-ordinating Editor(s)
<b>Acute Respiratory Infections</b>	Prof Chris B Del Mar, Bond University, Australia
<b>Airways</b>	Dr Christopher J Cates, St George's, University of London, UK Dr Rebecca Normansell, St George's, University of London, UK
<b>Anaesthesia, Critical, and Emergency Care</b>	Prof Anne Merete Møller, Herlev and Gentofte Hospital, University of Copenhagen, Denmark Prof Nathan L Pace, University of Utah, USA



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1

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**P-Patient****I-Intervention****C-Comparative intervention**

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Cochrane Database of Systematic Reviews


## Miniports versus standard ports for laparoscopic cholecystectomy

New search

Conclusions changed


Review

Intervention

Kurinchi Selvan Gurusamy , Jessica Vaughan, Rajarajan Ramamoorthy, Giuseppe Fusai, Brian R Davidson

First published: 1 August 2013

Editorial Group: Cochrane Hepato-Biliary Group

DOI: 10.1002/14651858.CD006804.pub3 [View/save citation](#)Cited by (CrossRef): 4 articles  Check for updates |  Citation tools ▼ score { 2

Text size



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[Abstract](#)[Summary of findings](#)[Background](#)[Objectives](#)[Methods](#)[Results](#)[Discussion](#)[Authors' conclusions](#)[Acknowledgements](#)[Data and analyses](#)

# 研究方案（计划书）的撰写

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## Cochrane Handbook for Systematic Reviews of Interventions

[Español](#) [简体中文](#)

### Handbooks

- ◆ Handbook
  - ◆ Browse online
  - ◆ Supplementary material
  - ◆ Updates and corrections
  - ◆ What's new?

#### June 2017: Handbook Editors' Update

The Handbook editorial team is currently updating Handbook versions 5.0, 5.1 and 5.2 for a planned release of Version 6 in 2018. This is a major update. Senior Scientific Editors Julian Higgins and James Thomas have reorganized some material to include recent developments. There are also several new chapters including writing a protocol, equity and specific populations, complex interventions, network meta-analysis, and synthesizing findings using non-statistical methods. Please note following the introduction of the Methodological Expectations for Cochrane Intervention Review (MECIR) standards, we set out to produce a minor Handbook update, version 5.2 to include these standards. Due to limited editorial capacity, we only produced a limited number of chapters. These chapters are 1, 8, 9, 10, 11, 12, and 21 and are available as [pdf versions](#) for Cochrane members. These chapters only include minor edits to improve clarity, some limited new material and updating. There are currently no substantive changes to methods in these chapters, we expect to include these in Version 6. For more details see the [What's new?](#) page.

[Click here to browse Handbook version 5.1 online](#)

# Cochrane系统评价计划书的大纲与发表

**Title\*****Protocol information:**

- Authors\*
- Contact person\*
- Dates
- What's new
- History

**The protocol:**

- Background\*
- Objectives\*
- Methods:
  - Criteria for selecting studies for this review:
    - Types of studies\*
    - Types of participants\*
    - Types of interventions\*
    - Types of outcome measures\*

- Search methods for identification of studies\*
  - Data collection and analysis\*

- Acknowledgements

- References:
  - Other references:
    - Additional references
    - Other published versions of this review

- Tables and figures:
  - Additional tables
  - Figures

**Supplementary information:**

- Appendices
- Feedback:
  - Title
  - Summary
  - Reply
  - Contributors

**About the article:**

- Contributions of authors
- Declarations of interest\*
- Sources of support:
  - Internal sources
  - External sources
- Published notes



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## MECIR

**UPDATE** JULY 2017.

**MECIR Standards are now available online.** This version includes links to the *Handbook*, *Cochrane Training* and other Cochrane resources to provide additional explanation of how to implement the standard. We will link to more resources when they become available or identified.

### **Standards for Cochrane new reviews of interventions and their updates**

The Methodological Expectations of Cochrane Intervention Reviews (MECIR) are methodological standards to which all Cochrane Protocols, Reviews, and Updates are expected to adhere. They are divided into sections for the conduct of, and reporting the reviews of interventions. These expectations are intended for both internal and external audiences. They provide authors and users of the Cochrane Library with clear and transparent expectations of review conduct and reporting.

### **New and updated standards for Cochrane intervention reviews**

<http://methods.cochrane.org/mecir>

## MECIR Standards

- ◆ [MECIR online \(v1.04\)](#)
- ◆ [View PDF booklet \(v1.01\)](#)
- ◆ [Request print copy \(v1.0\)](#)

## Miniports versus standard ports for laparoscopic cholecystectomy

### Methods

1

2

We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in *The Cochrane Library*, MEDLINE, EMBASE, Science Citation Index Expanded ([Royle 2003](#)), and the World Health Organization International Clinical Trials Registry Platform portal (WHO ICTRP) (<http://apps.who.int/trialsearch/>) until February 2013. The WHO ICTRP portal allows search of various trial registers including clinicaltrials.gov and ISRCTN among other registers. We have given the search strategies in [Appendix 1](#) with the time span for the searches.

3

4

### Searching other resources

We searched reference lists of relevant primary studies and systematic reviews for further studies. We contacted the primary authors for additional information if necessary.



## CENTRAL search strategy

#1 (minilaparoscopic OR mini-laparoscopic OR microlaparoscopic OR micro-laparoscopic OR needlescopic OR microinvasive OR micro-invasive OR micropuncture OR micro-puncture OR minisite OR mini-site OR miniport OR mini-port OR microport OR micro-port )

#2 MeSH descriptor Miniaturization explode all trees

#3 MeSH descriptor Microsurgery explode all trees

#4 MeSH descriptor Punctures explode all trees

#5 (#1 OR #2 OR #3 OR #4)

#6 (laparoscop\* OR celioscop\* OR coelioscop\* OR abdominoscop\* OR peritoneoscop\*) AND (cholecystecto\* OR colecystecto\*)

#7 MeSH descriptor Cholecystectomy, Laparoscopic explode all trees

#8 (#6 OR #7)

#9 MeSH descriptor Pain explode all trees

#10 MeSH descriptor Cicatrix explode all trees

#11 pain OR scar OR scars OR cicatrix OR cicatrices

#12 #9 OR #10 OR #11

#13 (#5 AND #8 AND #12)

## 主题词+自由词

**自由词** Search Search Manager Medical Terms (MeSH) Browse

Scar  Select subheadings / qualifiers  **Lookup** **Clear**

[Search Help](#)

### Definition

**Cicatrix** - The fibrous tissue that replaces normal tissue during the process of WOUND HEALING.

### 主题词

#### Thesaurus matches

##### Exact Term Match

##### Cicatrix

Synonyms: Scar; Scars; Scarring.

##### Phrase Matches

##### Cicatrix

Synonyms: Scar; Scars; Scarring.

##### Cicatrix, Hypertrophic

Synonyms: Scars, Hypertrophic; Hypertrophic Scar; Hypertrophic Scars; Scar, Hypertrophic.

##### Corneal Injuries

Synonyms: Corneal Scar; Corneal Scars; Scar, Corneal; Scars, Corneal.

#### MeSH trees

##### MeSH term - Cicatrix

- Explode all trees
- Single MeSH term (unexploded)
- Explode selected trees

**Select**

Use the checkbox next to each tree to explode selected trees

##### Tree Number 1

##### Tissues [+13]

##### Connective Tissue [+9]

##### Granulation Tissue [+1]

##### Cicatrix [+2]

##### Keloid [+1]

##### Cicatrix, Hypertrophic

##### Tree Number 2

##### Pathological Conditions, Signs and Symptoms [+4]

### Search results

There are **1170** results for your search on

- MeSH descriptor: [Cicatrix]
- explode all trees

**Save search**

[Add to Search Manager](#)

Cochrane Reviews	22
Other Reviews	55
Trials	1056
Methods Studies	0
Technology Assessments	16
Economic Evaluations	21
Cochrane Groups	0

**View Results**

Search

Search Manager

Medical Terms (MeSH)

Browse

To search an exact word(s) use quotation marks, e.g. "hospital" finds hospital; hospital (no quotation marks) finds hospital and hospitals; pay finds paid, pays, paying, payed)

[Add to top](#)

#1

MeSH descriptor: [Cicatrix] explode all trees



1170



#2



N/A

[Clear Strategy](#)[Search Help](#) Highlight orphan lines

Save strategy

Strategy Name

[Save Strategy](#)

Comments

# 完成Cochrane系统评价全文并接受评审

## Title\*

### Review information:

- Authors\*
- Contact person\*
- Dates\*
- What's new
- History

### Abstract:

- Background\*
- Objectives\*
- Search methods\*
- Data collection and analysis\*
- Results\*
- Authors' conclusions\*

### Plain language summary:

- Plain language title\*
- Summary text\*

### The review:

- Background\*
- Objectives\*

### Methods:

- Criteria for selecting studies for this review:
  - Types of studies\*
  - Types of participants\*
  - Types of interventions\*
  - Types of outcome measures\*
- Search methods for identification of studies\*
- Data collection and analysis\*

## Results:

- Description of studies\*
- Risk of bias in included studies\*
- Effects of interventions\*

### Discussion\*

### Authors' conclusions:

- Implication for practice\*
- Implication for research\*

### Acknowledgements

### References:

#### References to studies:

- Included studies
- Excluded studies
- Studies awaiting classification
- Ongoing studies

#### Other references:

- Additional references
- Other published versions of this review

### Tables and figures:

#### Characteristics of studies:

- Characteristics of included studies (includes 'Risk of bias' tables)
- Characteristics of excluded studies
- Characteristics of studies awaiting assessment
- Characteristics of ongoing studies
- 'Summary of findings' tables
- Additional tables
- Figures

## Cochrane系统评价的大纲

### Supplementary information:

- Data and analyses

- Appendices

- Feedback:

  - Title

  - Summary

  - Reply

  - Contributors

### About the article:

- Contributions of authors

- Declarations of interest\*

- Differences between protocol and review

- Sources of support:

  - Internal sources

  - External sources

- Published notes



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### Probiotics for the prevention of pediatric antibiotic-associated diarrhea

Review | Intervention

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AM score 106

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- Acknowledgements
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Clinical Review & Education

### JAMA Clinical Evidence Synopsis

#### Probiotics and the Prevention of Antibiotic-Associated Diarrhea in Infants and Children

Bradley C. Johnston, PhD; Joshua Z. Goldenberg, MD; Patricia C. Parkin, MD

**CLINICAL QUESTION:** In children prescribed an antibiotic, is the co-administration of a probiotic associated with lower rates of antibiotic-associated diarrhea without an increase in clinically important adverse events?

**BOTTOM LINE:** Moderate-quality evidence suggests that probiotics are associated with lower rates of antibiotic-associated diarrhea in children (aged 1 month to 18 years) without an increase in adverse events.

**Introduction:** Antibiotics are the most widely prescribed drug for children. Antibiotics may result in a range of adverse events, including antibiotic-associated diarrhea. The estimated incidence of antibiotic-associated diarrhea among children is 17% among outpatients and 21% among inpatients. Probiotics are nonpathogenic microbial preparations that may prevent antibiotic-associated diarrhea via restoration of disrupted microbiota and competitive inhibition of pathogens as a result of antibiotic use. This JAMA Clinical Evidence synopsis summarizes a recent Cochrane review of randomized trials evaluating probiotics for preventing antibiotic-associated diarrhea in children, which was an update of a previous Cochrane review.

**Summary of Findings:** Probiotics were associated with lower rates of antibiotic-associated diarrhea (6/37002 [0.16%] compared with controls [364/10056 [1.9%] (risk ratio, 0.46 [95% CI, 0.35-0.61], P < .001; moderate quality evidence using Grading of Recommendations Assessment, Development and Evaluation). Similarly, probiotics were associated with lower rates of antibiotic-associated diarrhea (24/773 [3.0%] compared with placebo [201/802 [2.5%] (risk ratio, 0.42 [95% CI, 0.20-0.81], P < .001; Figure). The number needed to treat (NNT) associated with a lower case of diarrhea was 10 (NNT, 9 [95% CI, 7-12]). Subgroup results were consistent across trials that administered different probiotic species including single vs multistrain probiotic, different probiotic doses, children with different diagnoses (upper respiratory, Helicobacter pylori, or studies with mixed infections).

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### Interventions for hidradenitis suppurativa

Review | Intervention

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Abstract

Background

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Clinical Review & Education

### JAMA Dermatology Clinical Evidence Synopsis

#### Interventions for Hidradenitis Suppurativa

##### Updated Summary of an Original Cochrane Review

John R. Ingram, DM, MRCP

**CLINICAL QUESTION:** Which treatments have been shown to be effective in randomized clinical trials (RCTs) for hidradenitis suppurativa (HS) in adults?

**BOTTOM LINE:** There is high-quality evidence of benefit from adalimumab given weekly, while every other week during a 6-month course, with reductions in Dermatology Life Quality Index (DLQI) scores compared with placebo of 2.8 points (95% CI, -3.7 to -2.0 points) and 1.6 points (95% CI, -3.0 to 0.6 points), respectively. Moderate-quality evidence suggests that infliximab is beneficial. RCT evidence for other interventions was lower in quality or absent, limiting further conclusions.

**Introduction:** More than 50 hidradenitis suppurativa (HS) interventions are documented, including topical, systemic, and surgical interventions, many with a relatively weak evidence base. This synopsis summarizes a Cochrane review on HS published in 2015<sup>1</sup> and has been updated with more recent randomized clinical trials (RCTs).

**Summary of Findings:** A single RCT of 30 participants investigated topical therapy for HS, comparing clindamycin 1% solution with vehicle solution. There were conflicting results from nonstandard outcome measure instruments but active treatment was well-tolerated. Oral tetracycline 500 mg twice daily was superior to clindamycin 1% solution in a trial of 46 participants in terms of participant's global assessment, but there was no difference in other outcome measures (low-quality evidence). A crossover study of ethionamide and ceftriaxone acetate vs ethionamide and doxycycline was also included.

**Evidence Profile:**

- No. of studies: 15
- Study years: Published, 1985-2016
- No. of patients: A total of 1299 with a median of 31 per trial
- Sex, race, and age: Adults of any race and both sexes, except 1 trial of an endocrine intervention that specified only females
- Settings: Hospital-based clinics
- Countries: Worldwide
- Comparison: 17 interventions assessed vs placebo or no other treatment (direct comparison)
- Primary outcomes: Quality of life measured on a validated dermatology-specific scale; adverse events
- Secondary outcomes: Participant global self-assessment; pain score; physician-assessed lesion scoring system specific to HS; physician's global



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