

The Newsletter of the Cochrane Lung Cancer Collaborative Review Group (LCG)
October 2009

At the TOP

Some of you may know that Fergus Macbeth, one of our Co-ordinating Editors, gets out of the way now and again to practice one of his favorite hobbies: climbing. Scotland and the Alps are among his common objectives. He enjoys being at the top, although sometimes mountains are not so easy to reach.

Now he is at the top of 'another mountain', having become the Clinical Practice Centre Director at NICE, the National Institute for Health and Clinical Excellence. NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Fergus used to run the National Collaborating Center for Cancer in Cardiff, as well as working as Consultant Oncologist in Velindre Hospital in Cardiff too. He joined the NICE team at the end of last year and fortunately for us, has carrying on his work with the Lung Cancer Group.

So congratulations Fergus for this new post! May the times ahead bring a few more Cochrane reviews that would be helpful for NICE guidelines and a few more mountains to climb!

Mont Blanc de Cheillon, with distant views of Grand Combin, Mont Blanc and Chamonix Aiguilles



PRODUCTION OF THE LUNG CANCER GROUP

Protocols

- Anti-angiogenic therapy for lung cancer
- Chemotherapy and supportive care versus supportive care alone in advanced non-small cell lung cancer
- Chemotherapy for brain metastases from small cell lung cancer
- Erlotinib for advanced non-small cell lung cancer
- Gefitinib for advanced non-small cell lung cancer
- Gemcitabine for lung cancer
- Optimal duration of chemotherapy for advanced non-small cell lung cancer
- Particle therapy versus conventional radiotherapy for lung cancer
- Second-line chemotherapy for locally advanced or metastatic small cell lung cancer
- Taxane schedules for non-small cell lung cancer

Reviews

- Chemotherapy and surgery versus surgery alone in non-small cell lung cancer
- Chemotherapy for non-small cell lung cancer
- Chemotherapy versus best supportive care for extensive small cell lung cancer
- Concurrent chemoradiotherapy in non-small cell lung cancer
- Cranial irradiation for preventing brain metastases of small cell lung cancer in patients in complete remission
- Drugs for preventing lung cancer in healthy people
- Early versus Late Chest Radiotherapy in patients with limited stage small cell lung cancer
- Elemené for the treatment of lung cancer

Reviews (cont.)

- Non-invasive interventions for improving well-being and quality of life in patients with lung cancer
- Palliative endobronchial brachytherapy for non-small cell lung cancer
- Palliative radiotherapy regimens for non-small cell lung cancer
- Pemetrexed disodium in combination with cisplatin versus other cytotoxic agents or supportive care for the treatment of malignant pleural mesothelioma
- Platinum versus non-platinum chemotherapy regimens for small cell lung cancer
- Postoperative radiotherapy for non-small cell lung cancer
- Prophylactic cranial irradiation for preventing brain metastases in patients undergoing radical treatment for non-small cell lung cancer
- Radical radiotherapy for stage I/II non-small cell lung cancer in patients not sufficiently fit for or declining surgery (medically inoperable)
- Radiotherapy for malignant pleural mesothelioma
- Screening for lung cancer
- Second or third additional chemotherapy drug for non-small cell lung cancer
- Second-line chemotherapy for non-small cell lung cancer
- Steroids, radiotherapy, chemotherapy and stents for superior vena caval obstruction in carcinoma of the bronchus
- Surgery for early stage non-small cell lung cancer
- Surgery versus radiosurgery for patients with a solitary brain metastasis from non-small cell lung cancer
- Surgical sealant for preventing air leaks after pulmonary resections in patients with lung cancer

EDITORIAL TEAM

Co-ordinating editors:

Fergus Macbeth – UK
Sera Tort – Spain

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Trial Search

Co-ordinator:

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NEW REVMAN, NEW TOOLS



Those of you who need to update a review or start a new one will need to get familiar with **Revman 5**. You can download the software at <http://ims.cochrane.org/revman>, where you can also find extremely useful documents like 'Top Tips for Authors', that will help you going through the process to get used to this new software.

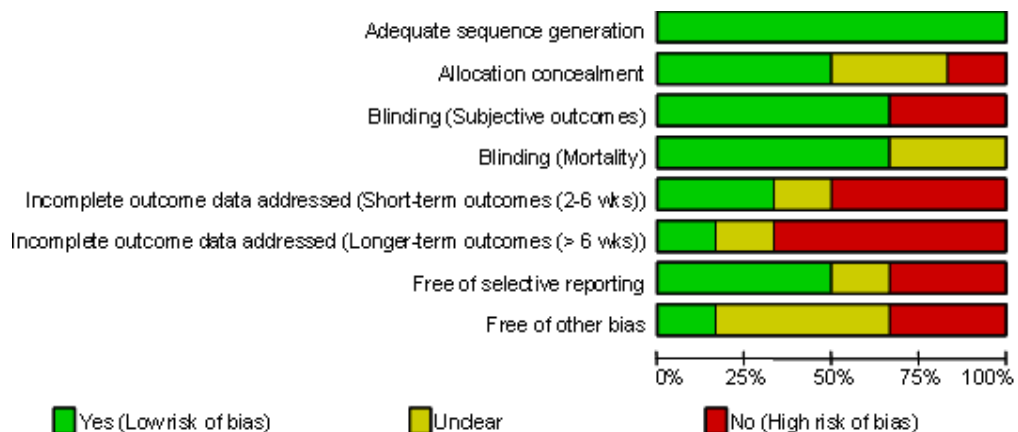
The **Cochrane Style Guide** (4th edition) is now available. The Cochrane Style Guide is designed to help review authors to use a consistent style when copy-editing Cochrane Reviews. This replaces the beta version and has been updated to reflect users' experience with Review Manager 5 and other feedback. Remember also you can use **The Cochrane Style Guide Basics**, a two-page collection of essential house style guidelines for Cochrane authors. You can check them at: <http://www.cochrane.org/style/home.htm>

RISK OF BIAS TABLES

Risk of bias tables are compulsory now in new or updated reviews. This replace alternative methods for assessing quality and it is a way of presenting potential bias in the primary studies you include in your review. It involves including a description and judgement for each entry in a 'Risk of bias' table for each included study. You can include a 'Risk of bias graph' figure in your review (see below), that illustrates the proportion of studies with each of the judgements ('Yes', 'No', 'Unclear') for each entry. The LCG requires authors to consider the following domains: sequence generation, allocation concealment, blinding and incomplete outcome data.

Please check Chapter 8 of the Cochrane Handbook for more details (<http://www.cochrane-handbook.org>)

Risk of bias graph' figure



NEWS-NEWS-NEWS-NEWS-NEWS

Diagnostic Test Accuracy Reviews – A new Challenge!

On June 2009, the Lung Cancer Group had a training meeting with the Diagnostic Test Accuracy Working Group. The LCG editorial team is actually getting familiar with this new kind of Cochrane Reviews and we hope we will start registering DTA titles as soon as possible.

Do not worry: we will contact all authors that already have shown an interest and will let you all know when we are ready!

Email: LCG@cochrane.es
Webpage: www.cochrane.es/LCG

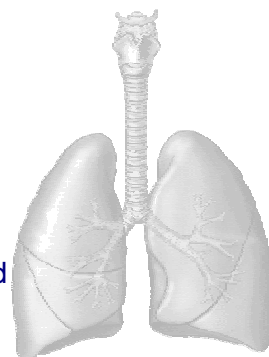
Changes to complimentary copies of The Cochrane Library

The Cochrane Collaboration provide to all contact authors free access to The Cochrane Library for two years from the date when the review was last assessed as up-to-date. Since Issue 3, 2009, The Cochrane Library is no longer available in CD's. Now if you are one of these authors, you can choose between a DVD subscription, an on-line subscription, or if you don't need it, you can choose just not receive it. To choose the option you want you just have to go to Archie (<http://archie.cochrane.org/>), open your 'Properties' tab and select your choice.

Do you know the Impact Factor of Cochrane Reviews?

The impact factor is a tool for ranking, evaluating, and comparing journals. It is a measure of the frequency with which the "average article" in a journal has been cited in a particular year. The Cochrane Database of Systematic Reviews has raised its Impact Factor to **5.182**.

More information at: <http://www.cochrane.org/reviews/impact/>



CHANGES AT THE LCG EDITORIAL TEAM

I Jordi Pardo resigned as Managing Editor (formerly Co-ordinator) of the LCG last December. We are extremely thankful for all the hard work and enthusiasm that Jordi has brought during last years, and we wish him great opportunities in his new job. Now is the time to introduce you José Ángel Expósito. He was already involved with the group as Assistant Review Group Co-ordinator. He has accepted the challenge to be our new Managing Editor. His e-mail address is lcg@cochrane.es and here you'll find his photo!



I Marta Roqué, our Statistical Editor, has just come back from her maternity leave after having another beautiful baby called Núria. We welcome her back!

I We would like to thank Richard Stevens, who has replaced Marta during her leave and has done a fantastic job. We wish him the best for the future!