Hello!

We took advantage of some early spring sunshine to have a new Airways team photo taken, thanks to Claire Nightingale, our PHRI colleague at St George’s, University of London. Next month, in preparation for our new-look website and future newsletters, Holly Millward from Cochrane UK will be making good use of her photographic skills and experience to take more photos of the Airways team.

*Emma Jackson, Editorial Assistant*

**Rebrand**

As mentioned briefly in our December newsletter, Cochrane’s rebrand is underway. ‘The Cochrane Collaboration’ has become ‘Cochrane’. The familiar ‘Cochrane blue’ remains the same with the introduction of purple “signalling an evolution of the Cochrane brand”. Since our last newsletter, Cochrane has launched its new [website](#) including some new content to explain what we do more clearly to people who don’t yet know about Cochrane. Cochrane Summaries are now easy to find from the website and so more people can make use of Cochrane evidence. There is lots of information available to people who work more closely...
with Cochrane and who have an Archie login under the ‘Cochrane Community’ webpages. Cochrane Library has replaced ‘The Cochrane Library’ with a new-look website. You will be seeing more evidence of the rebrand from the Airways Review Group over the next six months with new email signatures, templates, logos, new-look Airways website and newsletter and different fonts, etc. We were given the opportunity to choose our own brand colour from a palette of eight colours – we chose teal for Airways (as shown above).

It is the intention that everything will have migrated to the new brand in its entirety by October 2015. We look forward to showing off our new brand in our next newsletter!

Emma Jackson, Editorial Assistant

GRADEpro online GRADEpro

Cochrane Airways now expects all new or updated reviews to include a summary of findings table - a way of presenting the results of your review with assessments you’ve made about the quality of the evidence. The aim of a summary of findings table is to convey the key messages of your review to the people who need it most.

The programme used to create summary of findings tables has moved online to http://gradepro.org/, but everything works in much the same way as in the desktop version. Once you’ve created an account and logged in, it’s worth taking a ‘Walkthrough’ tour by clicking on the lifebelt icon in the top left of the screen.

The online version has the benefit of allowing you to share your projects with other members of your team, and storing your judgements from multiple reviews for whenever you might need them in the future. The desktop version is still available but is no longer supported by Cochrane.

The Airways Group has put together some helpful tips here if you’re new to GRADE and summary of findings tables. There’s also a wealth of information on the Cochrane training website, including a list of workshops and training to see what’s coming up near you (Archie password required).

Kayleigh Kew, Systematic Reviewer

Whoop! PRISMA Study flow diagrams in review updates – one of the most accessed articles!

In the August issue of our newsletter, Liz informed you about her article published in Systematic Reviews which presented a solution for showing the flow of studies in review updates. The journal has recently informed Liz that her commentary article has been accessed over 5,000 times, making it one of their most accessed articles over the past year. Altmetric highlights for Liz’s article include:

- in the top 5% of all articles (3,520,355) across all journals ever tracked by Altmetric
- 7th highest scoring article in Systematic Reviews so far (2 March 2015)

A great achievement for Liz and her co-authors.

Emma Jackson, Editorial Assistant
RevMan Calculator: training videos

Cochrane UK has released three training videos in the form of short screen casts, narrated by me, as part of a series called “Entering data with the RevMan Calculator”:

The calculator can be very helpful when papers do not report the standard deviation (SD) for each arm of a trial, or when you are suspicious that what is reported may actually be a standard error (SE) instead. The calculator can also combine data from more than one active arm in a multi-arm parallel trial.

The training videos on YouTube provide a step-by-step guide to support author teams on how to use the RevMan calculator for data entry with continuous outcomes. These include:

1. Calculating missing standard deviations
2. Combining arms with continuous outcomes
3. Is it really as standard deviation?

Please let me know if you have any feedback, or if there are other topics that you would like to see covered.

Chris Cates, Co-ordinating Editor

Conflict of interest forms

Readers of Cochrane reviews are assured that Cochrane Reviews and produced in an independent manner. Cochrane Reviews must be independent of conflicts of interest associated with commercial sponsorship and should be conducted by people or organisation that are free of such bias. Cochrane policy defines ‘Commercial sponsor or source’ as any for-profit manufacturer or any other for-profit source with a real or potential vested interest in the findings of a specific Cochrane Review.

All authors must now complete a conflict of interest declaration before the protocol is registered. We will no longer accept review proposals unless these forms are completed by all team members at the time of submitting their review proposal.

If you are involved in a trial that will be included in the Cochrane review (either the present version, or a future update), then you must declare this within the protocol/review. Authors of primary studies should not extract data from their own study or studies. Instead, another author(s) or an editor(s) should extract these data, and check the interpretation against the study report and any available study registration details or protocol.

We are always happy to discuss these issues, so if you have any questions or concerns, please get in touch with me.

Emma Welsh, Managing Editor
AllTrials campaigns for all past and present clinical trials to be registered and their full methods and summary results reported. As a result of its campaigning, the European Parliament passed the Clinical Trials regulation with strong transparency measures a year ago and since then European Medicines Agency has sought feedback from stakeholders on how to implement the new law. You can read the latest news from AllTrials here.

Emma Jackson, Editorial Assistant

December 2014-now:

1. **New reviews**
   
   **Indacaterol, a once-daily beta2-agonist, versus twice-daily beta2-agonists or placebo for chronic obstructive pulmonary disease**
   
   Geake J, Dabscheck E, Wood-Baker R, Cates C

**Review question**

1. What is the effect of regular treatment with indacaterol versus no treatment on stable COPD?
2. What is the effect of regular treatment with indacaterol versus twice-daily beta2-agonists on stable COPD?

**Background**

Chronic obstructive pulmonary disease (COPD) is a progressive lung disease that causes shortness of breath and impairs quality of life. In addition, sudden worsening of symptoms (acute exacerbations) may require additional treatment or hospitalisation and may result in further impairment in quality of life.

Several different medicines can be used to treat patients with COPD; inhaled long-acting beta2-agonists are one example. Until recently, available inhaled long-acting beta2-agonists required twice-daily dosing. Indacaterol is an inhaled beta2-agonist that requires only once-daily dosing.

We aimed to assess the following:

1. The effect of indacaterol in the treatment of participants with stable COPD.
Study characteristics
A total of 13 trials with a total of 9961 participants were included in this review. Ten trials with a total of 8562 participants involved an indacaterol versus placebo comparison. Five trials with a total of 4133 participants involved an indacaterol versus twice-daily beta_2-agonist comparison. Two trials included both indacaterol versus placebo and indacaterol versus twice-daily beta_2-agonist comparisons. Trials were between 12 weeks and 52 weeks in duration and compared doses of indacaterol between 75 mcg and 600 mcg. In most trials, mean forced expiratory volume in 1 second (FEV_1) was approximately 50% predicted.

Key results
1. Indacaterol is an effective medication for the treatment of patients with stable COPD. It results in improved lung function and quality of life.

2. Indacaterol led to improvements in lung function that were clinically similar to those seen with twice-daily long-acting beta_2-agonists.

3. No measurable difference was noted between indacaterol and twice-daily long-acting beta_2-agonists with respect to quality of life, but important differences cannot be excluded.

No significant difference was observed in the number of participants suffering a serious adverse event or mortality, but the confidence intervals were too wide because very few events could be used to rule out important differences.

Quality of the evidence
Overall the quality of the evidence was judged to be high.

Summary
Indacaterol is an effective treatment for patients with stable COPD; it offers benefits that are clinically similar to those of existing twice-daily preparations within the same class of medication but provides the possible advantage of once-daily dosing.

2 Updates with conclusions changed

Different durations of corticosteroid therapy for exacerbations of chronic obstructive pulmonary disease
Walters JAE, Tan D, White CJ, Wood-Baker R

Pulmonary rehabilitation for chronic obstructive pulmonary disease
McCarthy B, Casey D, Devane D, Murphy K, Murphy E, Lacasse Y

3 New protocols

Computer and mobile technology interventions for self-management in chronic obstructive pulmonary disease
McCabe C, McCann M, Brady AM

Interventions for sexual dysfunction in people with chronic obstructive pulmonary disease (COPD)
Levack WMM, Poot B, Weatherall M, Travers

Long-acting muscarinic antagonists (LAMA) added to inhaled corticosteroids (ICS) versus higher dose ICS for adults with asthma
Evans DJW, Kew KM, Allison DE, Boyter AC
Upper limb exercise training for COPD
McKeough ZJ, Velloso M, Lima VP, Alison JA

Exhaled nitric oxide levels to guide treatment for adults with asthma
Petsky HL, Kew KM, Turner C, Kynaston JA, Chang AB

Exhaled nitric oxide levels to guide treatment for children with asthma
Petsky HL, Kew KM, Kynaston JA, Turner C, Chang AB

Long-acting muscarinic antagonists (LAMA) added to inhaled corticosteroids (ICS) versus addition of long-acting beta2-agonists (LABA) for adults with asthma
Kew KM, Evans DJW, Allison DE, Boyter AC

Unsupervised exercise training versus no exercise training for chronic obstructive pulmonary disease
Mitchell KE, Evans RA, Johnson-Warrington V, Rees K, Harvey-Dunstan T, Singh SJ

Combined aclidinium bromide and long-acting beta2-agonist for COPD
Ni H, Moe S, Soe Z, Myint KT, Viswanathan KN

Electronic monitoring and reminding devices for improving adherence to inhaled therapy in patients with asthma
Craven VE, Morton RW, Spencer S, Devadason SG, Everard ML

Inhaled corticosteroids with combination inhaled long-acting beta2-agonists and long-acting muscarinic antagonists for chronic obstructive pulmonary disease
Tan DJ, White CJ, Walters JAE, Walters EH

Pulse oximeters to self-monitor oxygen saturation levels, as part of a personalised asthma action plan for people with asthma
Welsh EJ, Kew KM, Carr R

Vitamin D for the management of asthma
Martineau A, Takeda A, Nurmatov U, Sheikh A, Griffiths CJ

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