Cochrane Ear, Nose & Throat Disorders Group
Newsletter
ISSUE 15, SEPTEMBER 2010
http://ent.cochrane.org/

New reviews:
- Adenoidectomy for otitis media in children
- Adenoidectomy for recurrent or chronic nasal symptoms in children
- Antihistamines as an adjunct to topical steroids for intermittent and persistent allergic rhinitis in children
- Enteral feeding methods for nutritional management in patients with head and neck cancers being treated with radiotherapy and/or chemotherapy
- Interventions for acute otitis externa
- Oral rinses and mouthwashes for improving outcomes following tonsillectomy
- Surgery for Ménière’s
- Surgery for tympanic membrane retraction pockets
- Tinnitus Retraining Therapy (TRT) for tinnitus
- Tonsillectomy for periodic fever, aphthous stomatitis, pharyngitis and cervical adenitis syndrome (PFAPA)

All reviews available at:
http://www.thecochranelibrary.com

Impact factor of The Cochrane Library ENT section released

The impact factor for The Cochrane Library (Cochrane Database of Systematic Reviews) was released in June and this has increased to 5.653. Impact factors (IF) are also now available for all the constituent components of The Cochrane Library and I am delighted to report that the ENT section has an IF of 5.722. This is slightly higher than the impact factor of the Library itself and is the highest IF of any ENT journal by some degree (the second highest being 2.436). My colleagues and I at the editorial base would like to thank and congratulate all our authors and contributors. May I also take this opportunity to thank my colleagues on the editorial board and all those who have kindly peer reviewed our protocols and reviews.

The top cited review in 2009 was “Allergen injection immunotherapy for seasonal allergic rhinitis” by Moises A Calderon, Bernadette Alves, Mikila Jacobson, Brian Hurwitz, Aziz Sheikh and Stephen Durham and the most accessed review “Vestibular rehabilitation for unilateral peripheral vestibular dysfunction” by Susan L Hillier and Vanessa Holohan. We congratulate them on their achievement.

One reason for our high IF is that we publish a relatively small number of reviews but those that we do publish are read and cited. We are keen to maintain the quality of our reviews whilst encouraging submissions of titles and protocols covering the full range of ENT topics. Whilst we don’t want the Library to be full of ‘empty’ reviews (that is, reviews that find no randomised controlled trials) we are always willing to consider a topic that may lead to such a review. The question posed by the review should be clinically relevant and important, and the review itself should be expected to make an important contribution to refining that question and promoting high quality primary research.

Martin Burton
Co-ordinating Editor, Cochrane Ear, Nose & Throat Disorders Group
Our new host institution

The ENT Group has been hosted by the Oxford Radcliffe Hospitals NHS Trust since its registration with The Cochrane Collaboration in September 1998 and was one of very few UK groups not hosted by an academic institution. In July 2010, however, we were delighted to become part of the Nuffield Department of Surgical Sciences, University of Oxford.

NUFFIELD DEPARTMENT OF SURGICAL SCIENCES

Cochrane ENT Group: funded for a further 5 years

The Cochrane ENT Group has been awarded a further 5 years of infrastructure funding (to 2015) for the operation of its Oxford editorial base. We are one of 24 UK-based Cochrane Groups funded by the NHS National Institute for Health Research.

New Assistant Managing Editor

We are delighted to welcome (belatedly!) our new Assistant Managing Editor, Sam Faulkner, who joined us in September 2009. Sam comes from an Information Science background and works for the ENT Group part-time in our Oxford office. Contact: sfaulkner@cochrane-ent.org

Training: diagnostic test accuracy reviews

The UK Cochrane Diagnostic Test Accuracy Support Unit are beginning a rolling programme of training for Diagnostic Test Accuracy authors in the UK. Initially there are four module dates and the team aim to begin a second round of these modules in February after completion of the first round. The courses will be held at the University of Birmingham, and are free for UK authors and authors associated with UK CRGs:

- 14 October 2010 - Module 1: Preparation for title registration;
- 25 November 2010 - Module 2: Protocol production and searching;
- 16 December 2010 - Module 3: Progressing your review;
- 27 January 2011 - Module 4: Analysis

Contact Susanna Wisniewski (s.wisniewski@bham.ac.uk) for further details.

Trial reporting: the new 2010 CONSORT Statement

Poor reporting of randomised controlled trials (RCTs) is a continuing problem. The CONSORT Statement is an “evidence-based, minimum set of recommendations for reporting RCTs”. It aims to provide trial authors with a standard way to report their studies, so that reporting is complete and transparent, and critical appraisal and interpretation are facilitated. The CONSORT Statement is based on a 25-item checklist and a flow diagram: the checklist items focus on reporting how the trial was designed, analysed and interpreted; the flow diagram displays the progress of all participants through the trial.

The statement is periodically updated and in 2010 was reissued. The 2001 CONSORT statement is now out of date. For further information see http://www.consort-statement.org/.
Abstracts of new reviews

Adenoidectomy for otitis media in children

Background
Adenoidectomy, surgical removal of the adenoids, is a common ENT operation worldwide in children with otitis media. A systematic review on the effectiveness of adenoidectomy in this specific group has not previously been performed.

Objectives
To assess the effectiveness of adenoidectomy versus non-surgical management or tympanostomy tubes in children with otitis media.

Search methods
We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; BIOSIS Previews; Cambridge Scientific Abstracts; mRCT and additional sources for published and unpublished trials. The date of the most recent search was 30 March 2009.

Selection criteria
Randomised controlled trials comparing adenoidectomy, with or without tympanostomy tubes, versus non-surgical management or tympanostomy tubes only in children with otitis media. The primary outcome studied was the proportion of time with otitis media with effusion (OME). Secondary outcomes were mean number of episodes, mean number of days per episode and per year, and proportion of children with either acute otitis media (AOM) or otitis media with effusion (OME), as well as mean hearing level. Tertiary outcome measures included atrophy of the tympanic membrane, tympanosclerosis, retraction of the pars tensa and pars flaccid and cholesteatoma.

Data collection and analysis
Two authors assessed trial quality and extracted data independently.

Results
Fourteen randomised controlled trials (2712 children) studying the effectiveness of adenoidectomy in children with otitis media were evaluated. Most of these trials were too heterogeneous to pool in a meta-analysis. Loss to follow up varied from 0% to 63% after two years.

Adenoidectomy in combination with a unilateral tympanostomy tube has a beneficial effect on the resolution of OME (risk difference (RD) 22% (95% CI 12% to 32%) and 29% (95% CI 19% to 39%) for the non-operated ear at six and 12 months, respectively (n = 3 trials)) and a very small (< 5 dB) effect on hearing, compared to a unilateral tympanostomy tube only. The results of studies of adenoidectomy with or without myringotomy versus non-surgical treatment or myringotomy only, and those of adenoidectomy in combination with bilateral tympanostomy tubes versus bilateral tympanostomy tubes only, also showed a small beneficial effect of adenoidectomy on the resolution of the effusion. The latter results could not be pooled due to large heterogeneity of the trials.

Regarding AOM, the results of none of the trials including this outcome indicate a significant beneficial effect of adenoidectomy. The trials were too heterogeneous to pool in a meta-analysis.

The effects of adenoidectomy on changes of the tympanic membrane or cholesteatoma have not been studied.

Authors’ conclusions
Our review shows a significant benefit of adenoidectomy as far as the resolution of middle ear effusion in children with OME is concerned. However, the benefit to hearing is small and the effects on changes in the tympanic membrane are unknown. The risks of operating should be weighed against these potential benefits.

The absence of a significant benefit of adenoidectomy on AOM suggests that routine surgery for this indication is not warranted.
Interventions for acute otitis externa

Kaushik V, Malik T, Saeed SR. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD004740. DOI: 10.1002/14651858.CD004740.pub2

Background

Acute otitis externa is an inflammatory condition of the ear canal, with or without infection. Symptoms include ear discomfort, itchiness, discharge and impaired hearing. It is also known as ‘swimmer’s ear’ and can usually be treated successfully with a course of ear drops.

Objectives

To assess the effectiveness of interventions for acute otitis externa.

Search strategy

Our search for published and unpublished trials included the Cochrane Ear, Nose and Throat Disorders Group Trials Register; CENTRAL; PubMed; EMBASE; CINAHL; Web of Science; BIOSIS Previews; Cambridge Scientific Abstracts; mRCT and additional sources. The date of the most recent search was 6 January 2009.

Selection criteria

Randomised controlled trials evaluating ear cleaning, topical medication or systemic therapy in the treatment of acute otitis externa were eligible. We excluded complicated acute otitis externa; otitis externa secondary to otitis media or chronic suppurative otitis media; chronic otitis externa; fungal otitis externa (otomycosis); eczematous otitis externa; viral otitis externa and furunculosis.

Data collection and analysis

Two authors assessed eligibility and quality.

Main results

Nineteen randomised controlled trials with a total of 3382 participants were included. Three meta-analyses were possible. The overall quality of studies was low.

Topical antimicrobials containing steroids were significantly more effective than placebo drops: OR 11 (95% CI 2.00 to 60.57; one trial).

In general, no clinically meaningful differences were noted in clinical cure rates between the various topical interventions reviewed. One notable exception involved a trial of high quality which showed that acetic acid was significantly less effective when compared with antibiotic/steroid drops in terms of cure rate at two and three weeks (OR 0.29 (95% CI 0.13 to 0.62) and OR 0.25 (95% CI 0.11 to 0.58) respectively).

One trial of low quality comparing quinolone with non-quinolone antibiotics did not find any difference in clinical cure rate.

No trials evaluated the effectiveness of ear cleaning.

Only two trials evaluated steroid-only drops. One trial of low quality suggested no significant difference between steroid and antibiotic/steroid but did not report the magnitude or precision of the result. Another trial of moderate quality comparing an oral antihistamine with topical steroid against topical steroid alone found that cure rates in both groups were high and comparable (100% (15/15) and 94% (14/15) respectively at three weeks).

Authors’ conclusions

There is a paucity of high quality trials evaluating interventions for acute otitis externa. The results of this systematic review are largely based on odds ratios calculated from single trials, most of which have very broad 95% confidence intervals because of small to modest sample sizes. The findings may not be wholly generalisable to primary care for a variety of reasons; only two of the 19 trials included in the review were conducted in a primary care population setting, and in 11 of the 19 trials ear cleaning formed part of the treatment (an intervention unlikely to be available in primary care). Despite these reservations, some meaningful conclusions can be drawn from the evidence available:

Topical treatments alone, as distinct from systemic ones, are effective for uncomplicated acute otitis externa. In most cases the choice of topical intervention does not appear to influence the therapeutic outcome significantly. Any observed differences in efficacy were usually minor and not consistently present at each follow-up visit. Acetic acid was effective and comparable to antibiotic/steroid at week 1. However, when treatment needed to be extended beyond this point it was less effective. In addition, patient symptoms lasted two days longer in the acetic acid group compared to antibiotic/steroid.

The evidence for steroid-only drops is very limited and as yet not robust enough to allow us to reach a conclusion or provide recommendations. Further investigation is needed.

Given that most topical treatments are equally effective, it would appear that in most cases the preferred choice of topical treatment may be determined by other factors, such as risk of ototoxicity, risk of contact sensitivity, risk of developing resistance, availability, cost and dosing schedule. Factors such as speed of healing and pain relief are yet to be determined for many topical treatments and may also influence this decision.

Patients prescribed antibiotic/steroid drops can expect their symptoms to last for approximately six days after treatment has begun. Although patients are usually treated with topical medication for seven to 10 days it is apparent that this will undertreat some patients and overtreat others. It may be more useful when prescribing ear drops to instruct patients to use them for at least a week. If they have symptoms beyond the first week they should continue the drops until their symptoms resolve (and possibly for a few days after), for a maximum of a further seven days. Patients with persisting symptoms beyond two weeks should be considered treatment failures and alternative management initiated.
Abstracts of new reviews

**Tonsillectomy for periodic fever, aphthous stomatitis, pharyngitis and cervical adenitis syndrome (PFAPA)**


**Background**

PFAPA syndrome (periodic fever, aphthous stomatitis, pharyngitis and cervical adenitis syndrome) is a rare clinical syndrome of unknown cause usually identified in children.

**Objectives**

To assess the efficacy of tonsillectomy (with or without adenoidectomy) in children with PFAPA.

**Search strategy**

We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, 2010 Issue 1); MEDLINE (PubMed); EMBASE; CINAHL; mRCT (metaRegister of clinical trials, including ClinicalTrials.gov); NRR (National Research Register); LILACS; KoreaMed; IndMed; PakMediNet; China Knowledge Network; CAB Abstracts; Web of Science; BIOSIS Previews; ICTR (International Clinical Trials Registry Platform) and Google. The date of the last search was 21 January 2010.

**Selection criteria**

Randomised studies comparing adeno-/tonsillectomy with non-surgical treatment.

**Data collection and analysis**

Two authors independently assessed trial quality and extracted data.

**Main results**

Two trials involving 67 children were included. One high quality study demonstrated a dramatic benefit of adentotonsillectomy in children with PFAPA diagnosed according to rigid, standard criteria with a relative 'risk' (RR) of symptom resolution after 18 months of 12.63 (95% CI 1.81 to 87.98) and a lower rate of episodes per patient-month 0.10 (95% CI 0.04 to 0.28). The pooled relative risk of symptom resolution was 3.25 (95% CI 1.78 to 5.92) and the resulting number needed to treat (NNT) 2 (95% CI 1 to 3).

**Authors' conclusions**

The trials included in this review reported follow up at 18 and six months respectively but it is well-established that children with PFAPA recover spontaneously and treatment can be administered to try and reduce the severity of individual episodes. Therefore, the parents and carers of children with PFAPA must weigh the risks and consequences of surgery (hospitalisation, a predictable period of time postoperatively away from school/nursery, the risks of surgery) against the alternative of a finite period of recurrent episodes of disease at predictable intervals, potentially requiring time off school and the regular use of medication. It is uncertain whether adenoidectomy combined with tonsillectomy adds any additional benefit to tonsillectomy alone.
New protocols now published in *The Cochrane Library*

The following new protocols for forthcoming reviews have now been published in *The Cochrane Library*:

- Antibiotics for chronic rhinosinusitis in adults
- Balloon sinuplasty for chronic rhinosinusitis
- Corticosteroids for vestibular neuritis (acute vestibular dysfunction)
- Exercise interventions for shoulder dysfunction in patients treated for head and neck cancer
- Interventions for atrophic rhinitis
- Interventions for the prevention of early ear discharge after insertion of ventilation tubes (grommets) in children
- Intranasal phototherapy for allergic rhinitis
- Intratympanic gentamicin for Ménière’s disease or syndrome
- Intratympanic steroids for Ménière’s disease or syndrome
- Modifications of the Epley (canalith repositioning) manoeuvre for posterior canal benign paroxysmal positional vertigo (BPPV)
- Nasal topical corticosteroids versus oral antihistamines for allergic rhinitis
- Neurophysiological model-based treatments for tinnitus
- Positive pressure therapy for Ménière’s disease or syndrome
- Prophylactic interventions for the prevention of early otorrhoea after insertion of ventilation tubes (grommets) in children
- Screening for nasopharyngeal carcinoma
- Topical or systemic antifungal therapy for the symptomatic treatment of chronic rhinosinusitis and allergic fungal sinusitis

**New registered titles**

The following new ENT titles have been registered with the Cochrane Collaboration and protocols are now in progress:

- Acupuncture for allergic rhinitis
- Antibiotics for preventing recurrent sore throat
- Cetuximab for locoregionally advanced squamous cell carcinoma of the head and neck
- Helminths for allergic rhinitis
- Injectable materials for vocal fold medialisation in unilateral vocal fold paralysis
- Interventions for otomycosis
- Lidocaine for tinnitus
- Nasal packing for reducing morbidity following septal surgery
- Psychosocial interventions for patients with head and neck cancer

**Our scope**

Details of our full scope and the full list of completed and in progress ENT Cochrane Reviews can be found on our [website](#).
Are you thinking of writing a Cochrane Review?

- Authorship of a Cochrane Review is a considerable commitment, but a worthwhile one. Our extensive literature searching and the rigorous systematic review process can allow authors to become ‘expert’ on their chosen topic and go on to produce related publications. Cochrane Reviews on certain ‘key’ topics may be widely cited and may be used to guide research agendas.

- Unlike traditional journals, which simply take receipt of completed manuscripts, authors for The Cochrane Library are provided with support from the editorial base throughout the writing process, from title development to final publication.

- The Cochrane Library (Cochrane Database of Systematic Reviews) has an impact factor considerably higher than any dedicated ENT journals.

Which topic?

When thinking about potential topics, you will find it useful to look at our scope and at which topics are already covered by existing or ongoing systematic reviews. When you have one or more ideas for potential topics, we will be happy to discuss these with you. Remember that Cochrane Reviews are, in almost all cases, restricted to the inclusion of randomised controlled trials (RCTs). It is important that your chosen subject addresses a question of clear clinical uncertainty and also that the question is potentially answerable by high quality RCTs (either existing studies or studies that could be conducted in the future). Although we do not advise extensive, systematic searching for studies at an early stage, it can be useful to undertake some basic ‘scoping’ searches in MEDLINE to get a sense of the quantity and quality (in terms of study designs) of the literature available. It is also helpful to cite in your proposal (see below) examples of relevant studies that you know of.

Your author team

Cochrane Reviews must be produced by a minimum of two authors as many of the tasks involved are undertaken independently to reduce potential bias. Ideally, three or more authors will enable you to have a good spread of expertise in your team and share workload. Although we offer training, one or more of your proposed authors should have systematic review and/or statistical experience, ideally Cochrane. We do not encourage author teams where none of the authors have relevant experience in this type of research.

Our editorial process and how we support authors

When you have decided on a topic, we will ask you to complete a title registration form with some basic information about yourself and your proposed co-authors, your experience and resources, and an outline of your proposed review project. This is reviewed by our editorial panel; we normally give feedback and a decision within 2 to 3 weeks. If accepted, your Cochrane Review is registered with the Cochrane Collaboration and we will ask you to proceed to draft a protocol.

Protocols

Cochrane Reviews are preceded by publication of a protocol in The Cochrane Library as it is important that the scope and methods of your planned review are transparent. When your title is accepted we will give you access to the Cochrane Collaboration server, ‘Archie’, where your drafts will be stored, and our Review Manager 5.0 (‘RevMan’) software, which you will use to draft your protocol.

At this stage it is often helpful to attend one of the Cochrane Collaboration’s many training sessions.
workshops and/or access our online training. All Cochrane authors work from the Cochrane Handbook for Systematic Reviews of Interventions, which is the complete guide to producing a Cochrane Review. Advice and support is available at all stages from the Cochrane ENT Group editorial base.

At the protocol drafting stage our Trials Search Co-ordinator (Gemma Sandberg) will devise the search strategy that she will later use to search across multiple databases, and suggest the content of your ‘Search methods’ section.

We normally expect submission of the protocol within 3 months of title registration. When complete, your protocol will be reviewed by the editorial panel, an external peer referee and a consumer (lay person) referee. You will be asked to address all feedback and when all necessary revisions are complete we will publish your protocol in The Cochrane Library (we now work to a monthly publication schedule).

Reviews

Full searches are run by the Trials Search Co-ordinator as soon as the protocol has been accepted for publication, allowing you to proceed swiftly with your review. Our searches are extensive (more than 14 international databases) and we are happy to arrange translation (if required) and can sometimes help in obtaining full texts if you are having difficulty. Throughout the review process, the staff at the editorial base are available to advise on any general or technical problems and we can refer specific methodological questions where necessary. We normally expect completion of the review within 12 months of protocol publication (please note that searches are deemed ‘up to date’ for 6 months and we may need to repeat these for you).

Following submission, your completed review will again be circulated to the editorial panel, external peer referee and consumer referee for comment, and we will expect all feedback to be satisfactorily addressed or responded to before the review is considered for publication. Once accepted for publication, your review will normally appear in The Cochrane Library within 4 to 6 weeks. Reviews on ‘key’ topics may be picked up by our publisher (Wiley-Blackwell) for publicity and you may be contacted for further information.

Updating your review

Cochrane Reviews are unique in that they are maintained and updated every 2 years. When your review is nearing 2 years since publication, we will contact you to arrange a convenient time to rerun your searches. Depending on what we find, the update may be minor (very few changes to the review and mainly carried out by the editorial base staff), or more substantive (perhaps new studies which alter the review’s conclusions). This type of update may require more work, and also full editorial and peer review, although it is deemed a new publication once complete. We will discuss with you at all stages what will be required. In circumstances where authors are unable to continue maintain their review and wish to relinquish it, we will seek new authors for future updates.

Jenny Bellorini, Managing Editor, Cochrane ENT Group
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RevMan 5.0 and Archie

Archie is the Cochrane Collaboration’s central server for managing documents and contacts details. It contains data about all the persons involved in the Collaboration and all the documents and Reviews produced. Within Archie it is possible to read, print and compare current and past versions of a document.

Review Manager 5.0 (RevMan) is the software used for preparing and maintaining Cochrane Reviews.

RevMan and Archie are connected, via the internet, to allow authors to upload and download their review, share drafts with their co-authors and submit drafts to the editorial base.
Joint Colloquium of the Cochrane & Campbell Collaboration
Bringing Evidence-Based Decision-Making to New Heights

18 to 22 October 2010 - Keystone Resort, Colorado, USA

The 2010 Cochrane Colloquium will be hosted by the University of Colorado Denver at the Keystone Resort in the Rocky Mountains, Colorado.

Registration is currently open. Early registration is $849; consumer, developing countries & students $749; late registration $999 (US dollars). Registration will be capped at 1200 attendees and will close on 4 October 2010. Onsite registration, if available, will be accessible after online registration closes.

Cochrane Library now published monthly

The Cochrane Library has now changed from quarterly to monthly publication, considerably easing workflow and reducing the pressure on both authors and the editorial base to meet the infrequent deadlines. It is also allowing a much more efficient turnaround of submissions, with accepted protocols and reviews appearing in the Library just 4 weeks after we submit them from the editorial base.

Accepted protocols and reviews are now submitted for publication in the middle of each month (2nd or 3rd Weds): the next dates are Weds 7 October and Weds 11 November 2010, with publication one month later.

Contact authors - Are you receiving your complimentary subscriptions to The Cochrane Library?

The ‘Contact Person’ of a full, up-to-date, published Cochrane Review (not protocols) is entitled to a complimentary online or DVD subscription to The Cochrane Library. If you are eligible to receive a complimentary subscription, you will see a Subscription tab on the Properties for your record in Archie when your new or up-to-date review has been released for publication. The default subscription status will be set to ‘Suspended’. If you wish to receive your complimentary subscription, you will have to edit the default subscription status from ‘Suspended’ to ‘Online’ or ‘DVD-ROM’. You also have the option to donate your subscription to someone else with a record in Archie, e.g. a co-author.

Contact authors are eligible to receive a complimentary subscription to The Cochrane Library for approximately 2 years from when the Full Review is first published or updated. The exact expiry date of the subscription is 2.5 years from the date entered in the ‘Assessed as Up-to-Date’ field in your RevMan file.

Diary date: next UK Cochrane Collaboration meeting

The 16th Annual Meeting of UK and Ireland-based contributors to The Cochrane Collaboration will take place at the Europa Hotel in Belfast, Northern Ireland, UK on Tuesday 15 and Wednesday 16 March 2011. Further details will be available from the UK Cochrane Centre shortly.
The Cochrane Library and Cochrane.org website relaunch

The new websites for The Cochrane Library and The Cochrane Collaboration (cochrane.org) were launched in March 2010. The Cochrane Library has a new design for the homepage and related information pages, with a fresh and modern look. New features include a browse list for the Cochrane Database of Systematic Reviews (by system, such as ‘Ear, Nose & Throat’), an Editorial, and Special Collections (collections of reviews that can be used to highlight a specific topic or are collated in response to a global health topic). Each monthly issue will also prominently feature a ‘highlighted review’ with appropriate links to podcasts and the Cochrane Journal Club. The related information pages, such as ‘About The Cochrane Library’ and ‘Help’, have been revised and reorganised to make it easier to navigate the content.

The new monthly editorial will be a ‘must-read’ for anyone interested in promoting evidence-based healthcare and health policy. The consistent theme will be the contribution that systematic reviews of the medical literature can make to improving health outcomes, and suggestions for topics, and authorship of, future editorials will be welcomed. Click here for this issue’s editorial.

The Cochrane Collaboration site, cochrane.org, receives more than half a million page views per month from visitors representing nearly every country in the world. The vast majority are external to the Cochrane Collaboration and many are visiting for the first time, however the site is also used as an internal resource by the Collaboration’s many contributors. To reflect the two groups of users who visit, the site has been fully redesigned and developed into public and internal areas (for Collaboration contributors only) to facilitate better navigation for both user groups. The aim is to provide a simpler, more user-friendly experience for all users, in particular visitors to The Cochrane Collaboration. The core content and has been revamped and site navigation improved. The branding of the website is complementary to that of The Cochrane Library site with a prominent link in the header to the The Cochrane Library.

Cochrane Journal Club

The new Cochrane Journal Club is aimed at trainees, researchers and clinicians and is a free, monthly publication that introduces a recent Cochrane Review, together with relevant background information, a podcast explaining the key points of the review, discussion questions to help explore the review methods and findings in more detail, and downloadable PowerPoint slides containing key figures and tables. Review authors can also be contacted with questions.

The Cochrane Journal Club articles are selected from the hundreds of new and updated reviews published in each issue of The Cochrane Library and cover diverse clinical topics. Reviews of special interest are selected - such as those that lead to clinical practice-changing, or that demonstrate new methodology and evidence-based practice.

Requests to republish Cochrane Reviews

Wiley-Blackwell have informed us of some changes to the process for requesting permission to republish a Cochrane Review in another journal or reuse material from it. Full details are on the ‘Permissions’ page of The Cochrane Library website.
NHS Evidence - ENT and audiology

www.evidence.nhs.uk/ent

Steve Sharp BA(Hons) MSc, Knowledge Manager, NHS Evidence – ENT and audiology, e-mail: ssharp@speclib-ent.org

NHS Evidence, launched in April 2009, was developed in response to Lord Darzi’s NHS next stage review¹, which highlighted the need for NHS staff to access the best information needed to deliver the highest quality care. Incorporating the former National Library for Health, NHS Evidence consolidates information from a wide range of sources to deliver a comprehensive evidence base.

The service represents a new initiative in the context of a now familiar paradox - healthcare professionals overwhelmed by information but unable to find specific information when and where they need it². As a distinct portal within NHS Evidence, The specialist collection (formerly the specialist library) for ENT and audiology addresses information overload by providing a vital timesaving gateway to the best available evidence.

What can the collection offer you?

Free, seamless access to:

- Clinical Guidelines e.g. NICE Guidelines on tonsillectomy, cochlear implantation, sinusitis.
- Systematic reviews from the Cochrane Library, and other high quality reviews published elsewhere e.g. Adenotonsillectomy for obstructive sleep apnoea in children, Erythropoietin as an adjuvant treatment for head and neck cancer.
- Annual Evidence updates on tinnitus, hearing disorders and rhinitis, presenting the latest evidence and expert commentaries.
- News items - latest news from the world of ENT and Audiology research.
- Events Calendar - month by month guide to the latest conferences and courses, plus links to other online learning resources.
- Patient information - from reliable sources such as ENT.UK, NHS Choices and NHS Direct Online.
- Professional organisation weblinks - a collection of links to all relevant organisations.
- Links to free online journals - a collection of specialist and general titles.
- Regular email updates of recent additions.

5 key reasons why you should use the collection regularly:

- It is relevant and supportive to anyone working in this field.
- It has a logical, user-friendly layout.
- It is fully searchable and can be browsed easily.
- It is an expanding gateway which will provide access to the best evidence for all ENT, audiological and thyroid disorders.
- It offers a Hot Off The Press current awareness service, alerting you to the latest research articles and providing links to current issues of key journals.

The collection can equip you with the knowledge you need whilst enabling you to devote more of your time to patient care and research.

The Cochrane ENT Group
Editorial Team

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Information Manager/Trials Search
Co-ordinator        Gemma Sandberg
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                      Dr Adrian James (Canada)
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Mr Martin Burton
Statistician         Dr Rafael Perera, UK

The Cochrane Centres

There are currently 14 Cochrane Centres around the world, located in:

Australia (Monash) (http://www.cochrane.org.au/); Brazil (São Paulo) (http://www.centrococochranedobrasil.org/); Canada (Ottawa) (http://www.centrococochranedobrasil.org/); China (Chengdu) (http://www.ebm.org.cn/); France (Paris) (email: juliane.ried@htd.aphp.fr); Germany (Freiburg) (http://www.cochrane.de/de/index.htm); Iberoamerican (Barcelona) (http://www.cochrane.es/); Italy (Milan) (http://www.cochrane.it/); The Netherlands (Amsterdam) (http://www.cochrane.nl/index.html); Nordic (Copenhagen) (http://www.cochrane.dk/); South Africa (Cape Town) (http://www.mrc.ac.za/cochrane/cochrane.htm); South Asian (Vellore) (www.cochrane-sacn.org); UK (Oxford) (http://www.cochrane.co.uk/); USA (Baltimore) (http://www.cochrane.us/)

All the centres provide support for Cochrane review authors and other volunteers in their areas.

Details can be found on the Cochrane website (http://www.cochrane.org) or obtained from the Cochrane ENT Group.

How to contact us

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Please contact us if you would like any more information or if you would like to become involved in our activities.

We would welcome your contributions to this newsletter - please send us any items that you would like us to publish, or let us know about any issues you would like to see covered. Any comments which will help us improve this newsletter will be gratefully received. Contributions, comments and suggestions should be forwarded to Jenny Bellorini at the address above.

Access/subscription to The Cochrane Library

Details of The Cochrane Library can be found on the Cochrane Collaboration website http://www.cochrane.org

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