

## What is so good about Archie and RevMan 5? A workshop for Cochrane Authors and Editors

Tabriz Medical University\_ Iran\_October 2012 Dr. Shayesteh Jahanfar, UBC, Vancouver, Canada

## **Outline of workshop**

- Introduction to Archie and to RevMan, collectively known as the IMS (Information Management System)
- Demonstration of Archie features and RevMan features to assist Authors and Editors with the preparation of Cochrane systematic reviews

## What is Archie?

- Internet-based central database used by Editors and Authors for storing and sharing all versions of Cochrane reviews
- Central contacts database
- Interfaces with RevMan 5 to allow editing of reviews
- Used by Review Groups to manage the editorial process: piloting of workflows started in 2009
- Used to mark reviews for publication in *The Cochrane Library*

## What is RevMan?

- Software used for preparing and editing Cochrane reviews
- Interfaces with Archie to allow storing and sharing of individual versions of reviews

#### **Communication between Archie and RevMan 5**



## **Benefits of Archie**

- Access to reviews without using RevMan (read, print, download)
- Versioning system to ensure you always know which version is the most recent
- Can easily compare different versions of reviews
- Easier communication with editorial base
- Produces reports of all your reviews for which you are an Author or Editor
- Access to other information about your Group

### **Benefits of RevMan**

- Provides a systematic structure for a Cochrane review: text, references, included/excluded tables, comparisons
- Easy access to Cochrane review preparation support materials
- Allows data entry
- Performs meta-analyses
- Presents the results graphically



## **Introduction to Archie**



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In order to access Archie, you will need an individual user account.

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• **History** – Details the history of the review, listing the current and previous versions, with the most recent version at the top.

Here you can also compare two versions of the review.

#### **Please note:**

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- If you have a 'Contact Person' or 'Author' Document Role, you will be able to view and compare only versions that are in the Authoring or Shared Read Phase.

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 Advanced – Displays information about the review's status (Active, Withdrawn, Inactive), Next Stage Expected, etc.

General    People   8	Topics 3 History 19 Advanced Notes Workflows 2
Status:	Active
Next Stage Expected:	The Cochrane Library, Issue 1, 2012
Protocol First Published:	The Cochrane Library, Issue 2, 2009
Review First Published:	Not specified
RevMan ID:	136307072516513405
Review No:	169
DOI:	10.1002/14651858.CD007733
Assessed as Up-to-date:	Unknown
Date of Search:	Unknown
Last Edited in RevMan:	24 Jan, 2010
Title Added:	25 Jul, 2007
Title Registered:	25 Jul, 2007
Protocol Stage Reached:	1 Jul, 2008
Review Stage Reached:	Not applicable
Update Stage Reached:	Not applicable

• Notes – Can be used to create and read private or shared notes about a review.

You can also attach files to the Notes you create.

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### **Comparing versions of reviews in Archie**



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Aikaterini Tzortzo Tzortzopoulou <sup>4</sup> , M <sup>1</sup> Department of A <sup>2</sup> Pharmacoepidemic NJ, USA <sup>3</sup> Department of Aner <sup>4</sup> Department of Aner <sup>5</sup> Department of Aner <sup>6</sup> Department of Aner <sup>7</sup> Department of Aner	You can save or print this 'comparison' d he icon buttons in the upper left corner of creen. blogy, Johnson & Johnson Pharmaceutical Research and D sthesia, Tufts Medical Center, Boston, USA sthesia, Tufts-New England Medical Center, Boston, Masse sthesia, Tufts - New England Medical Center, Boston, Masse sthesia, Tufts - New England Medical Center, Boston, Masse sthesia, Tufts - New England Medical Center, Boston, Masse sthesia Box #298, New England Medical Center, Boston, U	ocument using of the viewing evelopment, Titussville, echusetts, USA achusetts, USA SA
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#### 5 Review Manager 5





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#### 5 Review Manager 5 \_ 8 × <u>File Edit Format View Tools Table Window Help</u> 0K⁄ #BC 🏠 - 田田健健 🔍 💁 🔲 D 🚄 🖪 Ð ተካ 5 u. ㅎ 더 🖂 ides) antibiotics for the treatment of patients with infection 🚯 Aminoglycosides as a single antibiotic versus other (non-aminogly 🖻 🕑 🔍 🖻 1+2 🏦 🏵 🛷 🖬 🖬 😫 🤶 🔲 🏅 Text of Review 🔞 Intervention review 🕝 8 🖬 🔋 🖹 Title design (method of allocation generation and concealment; blinding); 🖕 🗐 Review information unit of allocation (single patient, episode, cluster); 🔶 🗐 Main text e du 🖕 🛄 Tables se 'Validate as you type' function can also detect 🖕 🔯 Studies and references • fai 🛉 📲 Data and analyses • ca 🛉 🕼 1 Efficacy of aminoglycosides compared : errors in statistical data. 🔶 🚧 1.1 Mortality perfor 🛉 💤 1.1.1 Patients with UTL Characteristics of patients Abbruzzese 1983 🎆 Lepage 1987 number of participants in each group; 🕅 Melekos 1991 age (mean and standard deviation, or median and range); Validation error: Study data are invalid atients with sepsis and septic shock (measure of disease severity, may affect outcomes and may explain heterogeneity in the outcomes of included 🎆 Penn 1983 trials); 🕅 Sabalis 1990 • number of patient with infections caused by bacteria resistant to the prescribed regimen (the rate of resistant bacteria to the allocated antibiotic is expected to Tammela 1990 affect the effectiveness of the antibiotic and therefore may explain heterogeneity in the outcomes of included trials); ★ 1.1.2 Patients with intection other number of patients with documented pseudomonal infections; 🖙 🚧 1.2 Treatment failure (intention-to trea • number of patients with: (a) urinary tract infection, (b) intra-abdominal infection, (c) pneumonia and (d) soft tissue infection (e) infection of unknown origin. 🖕 🚧 1.3 Treatment failure (efficacy analysis 🖕 🚧 1.4 Bacteriological failure at the end o Characteristics of interventions 🖕 🚧 1.5 Bacteriological failure 5 to 9 days antibiotic type, dose and intervals 🖕 🚧 1.6 Bacteriological failure 30 days afte 🖕 🚧 1.7 Relapse Characteristics of outcome measures, extracted for each group 🖕 🚧 1.8 Persistence number of deaths at 30 days; 🖕 🚧 1.9 Superinfection treatment failure: as defined in study, with and without treatment modifications; 🖕 🚧 1.10 Reinfection reinfection or superinfection (as defined under 'Outcome measures'); 🖕 🕼 2 Clinical subgroups analyses, treatment relapse (as defined under 'Outcome measures'); 🖕 🕼 3 Adverse events of aminoglycosides cor number of patients developing colonization (as defined under 'Outcome measures') with resistant bacteria; 🖕 🕼 4 Methodological quality sensitivity analys life threatening events or events associated with permanent disability; 🖕 🐗 5 Antimicribial resistance developed follo any nephrotoxicity; 🔜 Figures any ototoxicity; Ⴡ 🐯 Sources of support adverse events that require discontinuation of therapy; 😲 Feedback exclusions of patients after randomization. 🖕 🖺 Appendices Data synthesis We pooled outcome data from all included trials using meta-analysis. We calculated relative risks (RR) with 95% confidence intervals (CI) for dichotomous data. We used the fixed-effect model. We assessed heterogeneity using the chi-squared test and the I-squared (1<sup>2</sup>) measure for inconsistency and by inspection of the forest plots for obvious differences in effect between studies (<u>Higgins 2002</u>). If significant heterogeneity was present (P < 0.1 or $l^2$ > 50%) we repeated analyses using the random-effects model. We performed the following subgroup analyses: • • ΔЭ • .

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- Secondary outcomes
  - bacteriological failure: defined as persistence of primary pathogen evaluated at the end of antibiotic therapy and a week post and 30 days post antibiotic therapy.
  - superinfection or reinfection: new, persistent, or worsening symptoms and signs of infection, or both, associated with the isolation of a new pathogen (different pathogen, or same pathogen with different susceptibilities) up to 30 days;
  - relapse: new, persistent, or worsening symptoms and signs of infection, or both, associated with the isolation of the original pathogen (same pathogen) after complete eradication up to 30 days;
  - colonization by resistant bacteria: the isolation of bacteria resistant to the aminoglycoside or comparator antibiotic, during or following antibiotic therapy, with no <del>signs or symptoms of infection up to 30 days.</del> This point should be modified

#### Adverse events

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We analysed the following adverse events separately:

by protocol up to 30 days. You can use track changes

- life threatening events or events associated with permanent disability, evaluated at the end of antibiotic therapy, up to 30 days;
- any nephrotoxicity evaluated at the end of antibiotic therapy, up to 30 days;
- any ototoxicity evaluated at the end of antibiotic therapy, up to 30 days;

# Checking a review out from Archie to RevMan

## **Basic principles**

- To edit a review, you first need to check it out from Archie to RevMan.
- When you have finished editing the review, you need to check it back into Archie.
- While the review is checked out to you, it is 'locked' in Archie so that it is not available for others to check out.

#### Checking a review out via RevMan

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To check out a review, open RevMan and use File > Check Out....





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#### Checking a review out from Archie to RevMan

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	Check Out Download Cancel								

Click **Check Out** if you intend to edit the review and check it back in afterwards.

Click **Download** to view or print a copy of the review in RevMan (but remember you can do this in Archie without checking out). **Warning:** You will not be able to check a downloaded version back into Archie.

## **Basic principles**

- You can only check your review into Archie from RevMan if the version you edited was checked out from Archie.
- After completing your edits, it is *important* that you check the review back into Archie: as a backup; to allow co-authors to read or edit; or to submit for editorial approval.
- The version you check in will become the most recent version in Archie. Previous versions will be retained.

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### Where to get help

- Archie's online Help file
- RevMan 5 Help file
- Support for Authors and Editors (Archie and RevMan): Index (<u>ims.cochrane.org/support/authors</u>)
- Introductory presentation on Archie for Editors and Authors (<u>ims.cochrane.org/archie/documentation</u>)
- Your Managing Editor

