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On behalf of the Project Transform

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Information overload

“Global scientific output doubles every nine years”

[Nature News Blog, May 2014]
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Needed tasks

Doable tasks
The task: making it doable

Reviews are complex but they are made up of a number of rule-driven, systematic tasks. These kinds of tasks can be re-formed as ‘microtasks’
The task: is it an RCT?

Restricted versus continued standard caloric intake during the management of refeeding syndrome in critically ill adults: A **randomised**, parallel-group, multicentre, single-blind controlled trial. [2015522581]

Background: Equipoise exists regarding the benefits of restricting caloric intake during electrolyte replacement for refeeding syndrome, with half of intensive care specialists choosing to continue normal caloric intake. We aimed to assess whether energy restriction affects the duration of critical illness, and other measures of morbidity, **compared with** standard care. **Methods:** We did a **randomised**, multicentre, single-blind clinical trial in 13 hospital intensive care units (ICUs) in Australia (11 sites) and New Zealand (two sites). Adult critically ill patients who developed refeeding syndrome within 72 h of commencing nutritional support in the ICU were enrolled and allocated to receive continued standard nutritional support or protocolised caloric restriction. 1:1 computer-based randomisation was done in blocks of variable size, stratified by enrolment serum phosphate concentration (>0.32 mmol/L vs <0.32 mmol/L) and body-mass index (BMI; >18 kg/m² vs <18 kg/m²). The primary outcome was the number of days alive after ICU discharge, with

Cochrane Citizen Scientists can see a title and an abstract and have to decided whether they think the record is describing a randomised trial
The task: is it an RCT?

3 possible choices
Why do people sign up?

- To help
- To learn and develop skills
Interactive (and brief!) training

Anyone can sign up; everyone has to do the training: 20 practice records
The training is aimed at the complete beginner

Improved Survival with Ursodeoxycholic Acid Prophylaxis in Allogeneic Stem Cell Transplantation: Long-Term Follow-Up of a Randomized Study. [2013818057]

We report the long-term results of a prospective randomized study on the use of ursodeoxycholic acid (UDCA) for prevention of hepatic complications after allogeneic stem cell transplantation. Two hundred forty-two patients, 232 with malignant disease, were randomized to receive (n=123) or not to receive (n=119) UDCA from the beginning of the conditioning until 90 days post-transplantation. The results were reported after 1-year follow-up. UDCA administration reduced significantly the proportion of patients developing high serum bilirubin levels as well as the incidence of severe acute graft-versus-host disease (GVHD), liver GVHD, and intestinal GVHD. In the UDCA prophylaxis group, nonrelapse mortality (NRM) was lower and overall survival better than in the control group. After a 10-year follow-up, the difference in the survival and NRM in favor of the UDCA-treated group, seen at 1 year, was maintained (survival 48% versus 38%, P= .037; NRM 28% versus 41%, P= .01). A landmark analysis in patients surviving at 1 year post-transplantation showed no significant differences between the study groups in the long-term follow-up in chronic GVHD, relapse rate, NRM, disease-free survival, or overall survival. These long-term results continue to support the useful role of UDCA in the prevention of transplant-related complications in allogeneic transplantation. © 2014 American
# Quick Reference guide

A reminder of what we’re looking for and what we’re not looking for

<table>
<thead>
<tr>
<th>Record describes a:</th>
<th>More details</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randomised controlled trial in human subjects</td>
<td>Sometimes this kind of trial is called a randomised trial or an RCT.</td>
<td>RCT or CCT</td>
</tr>
<tr>
<td>A quasi-randomised trial in human subjects</td>
<td>Sometimes the form of randomisation used is not truly random. For example, treatment may have been allocated by date of birth or day of the week. These are what we think of as CCTs but you could also call them quasi-randomised controlled trials.</td>
<td>RCT or CCT</td>
</tr>
<tr>
<td>Randomised controlled trial in non-human subjects</td>
<td>Animal studies are out.</td>
<td>Reject</td>
</tr>
<tr>
<td>Randomised controlled trial in cadavers</td>
<td>Randomised studies performed on dead bodies are out and this includes studies on specific parts of cadavers.</td>
<td>Reject</td>
</tr>
<tr>
<td>Randomised controlled trial on extracted human parts</td>
<td>Extracted parts are not eligible. A randomised trial on teeth not extracted is eligible. If the teeth are removed and then randomised, it’s out.</td>
<td>Reject</td>
</tr>
<tr>
<td>Randomised controlled trial in parts of a human</td>
<td>For example eyes randomised to receive the intervention or the control.</td>
<td>RCT or CCT</td>
</tr>
</tbody>
</table>
Helpful highlights

Mind-wandering, cognition, and performance: a theory-driven *meta-analysis* of attention regulation. [25089941]

The current *meta-analysis* accumulates empirical findings on the phenomenon of mind-wandering, integrating and interpreting findings in light of psychological theories of cognitive resource allocation. Cognitive resource theory emphasizes both individual differences in attentional resources and task demands together to predict variance in task performance. This theory motivated our conceptual and *meta-analysis* framework by introducing moderators indicative of task-demand to predict who is more likely to mind-wander under what conditions, and to predict when mind-wandering and task-related thought are more (or less) predictive of task performance. Predictions were tested via a random-effects *meta-analysis* of correlations obtained from normal adult samples ($k = 88$) based on measurement of specified episodes of off-task and/or on-task thought frequency and task performance. Results demonstrated that people with fewer cognitive resources tend to engage in more mind-wandering, whereas those with more cognitive resources are more likely to engage in task-related thought. Addressing predictions of resource theory, we found that greater time-on-task—although not greater task complexity—tended to strengthen the negative relation...
Helpful highlights

Effects of low-fat or full-fat fermented and non-fermented dairy foods on selected cardiovascular biomarkers in overweight adults. [2013769292]

The association between consumption of full-fat dairy foods and CVD may depend partly on the nature of products and may not apply to low-fat dairy foods. Increased circulating levels of inflammatory biomarkers after consumption of dairy product-rich meals suggest an association with CVD. In the present study, we tested the effects of low-fat and full-fat dairy diets on biomarkers associated with inflammation, oxidative stress or atherogenesis and on plasma lipid classes. Within full-fat dairy diets, we also compared fermented v. non-fermented products. In a randomised cross-over study, twelve overweight/obese subjects consumed during two 3-week periods two full-fat dairy diets containing either yogurt plus cheese (fermented) or butter, cream and ice cream (non-fermented) or a low-fat milk plus yogurt diet, with the latter being consumed between and at the end of the full-fat dairy dietary periods. The concentrations of six inflammatory and two atherogenic biomarkers known to be raised in CVD were measured as well as those of plasma F2-isoprostanes and lipid classes. The concentrations of six of the eight biomarkers tended to be higher on consumption of
Help me decide

Intermittent hormone therapy versus continuous hormone therapy for locally advanced prostate cancer: A meta-analysis. [2015249574]

Few randomized studies have compared intermittent hormone therapy (IHT) with continuous hormone therapy (CHT) for the treatment of locally advanced prostate cancer (PCa). Here, we report the results of a meta-analysis of a randomized controlled trial, evaluating the effectiveness of IHT versus CHT for patients with locally advanced PCa. Types of intervention were IHT versus CHT. The primary endpoint of this study is overall mortality and the secondary endpoints are any progression of disease, quality of life (QOL) and adverse effects between two groups. Six randomized controlled trials totaling 2996 patients were included. Results are as follows: after hormone therapy, patients undergoing IHT demonstrated no significant difference from those undergoing CHT in terms of the overall mortality (OR = 1.0, 95% CI [0.86, 1.17]) and disease progression (OR = 1.16, 95% CI [0.86, 1.57]). Men treated with IHT also reported better QOL, fewer adverse effects and considerable economic benefit for the individual and the community. With no difference in overall mortality and incidence of progression, current clinical studies confirm that both therapeutic methods were safe and effective. However, our study also takes into account QOL. When these secondary measures are considered, IHT may be a better option over CHT as patients report a more affordable treatment with improved QOL and fewer adverse effects.
Screen records of interest

Prioritise the records I receive

The records that you receive to screen are chosen by the system. If you would prefer to see records that are of particular interest to you then enter below words or short phrases that identify them and we will prioritise records with those terms in the title or abstract for you. If none are available that match your terms we will just send unprioritised records as normal.

- dementia
- alzheimer's

You can choose to work on records in areas of interest to you.

I’m interested in dementia so the records I get contain the word dementia or Alzheimer’s…
37 years of body mass index and dementia: Effect modification by the APOE genotype: Observations from the prospective population study of women in Gothenburg, Sweden. [2015491824]

Background: Overweight and obesity in mid- and late-life may increase risk for dementia, whereas a decline in body weight or body mass index (BMI) and underweight in years preceding a clinical dementia diagnosis are also associated with dementia. Little is known about the modifying effect of the APOE genotype, a major susceptibility gene for Alzheimer's disease (AD), on the BMI-dementia adult life course trajectory. Objective: We evaluated the exposure, BMI, in relationship to the outcome, clinical dementia, over 37 years, considering the effect modification of the APOE epsilon4 allele. Methods: The Prospective Population Study of Women (PPSW) in Sweden is a systematic sample of 1462 women born 1908, 1914, 1918, 1922, and 1930 and aged 38-60 years at baseline. Examinations occurred in 1968, 1974, 1980, 1992, 2000, and 2005; 559 women had information on dementia, BMI, and APOE epsilon4 allele status, in addition to covariates. Statistical analyses were conducted using mixed effects regression models. Results: Trajectories of BMI over 37 years differed by APOE epsilon4 allele status. While women gained BMI similarly from mid-life to age 70 years, women with at least one APOE epsilon4 allele experienced BMI decline more quickly after age 70 years compared to women without an APOE epsilon4 allele. However, upon stratifying the sample by dementia occurrence, it appeared that dementia drove the overall BMI-trajectory. There was a main
Add my own highlights

No Effect of Different Stimulation Conditions on Verbal Fluency and Visuospatial Orientation in Patients with Subthalamic Nucleus Deep Brain Stimulation. [2015369408]

**Background:** Subthalamic nucleus deep brain stimulation is an effective treatment for the symptomatic treatment of Parkinson's disease. Apart from the obvious motor benefits, some cognitive side effects have been reported, particularly in verbal fluency. Objectives: Our aim was to evaluate the effects of the stimulation on verbal fluency and visuospatial orientation with changing stimulation conditions in 35 patients with Parkinson's disease. **Methods:** Patients were randomized for their stimulation conditions as 'both on', 'both off', 'right on', and 'left on' and underwent verbal fluency and visuospatial orientation tasks during their drug-on periods. Letter and categorical fluency tasks and Benton's Judgment of Line Orientation Test were used for assessment. **Results:** Overall, 6 patients were excluded due to dementia or depression. For verbal fluency, the number of words they produced in 1 min was similar in four stimulation conditions ($p > 0.05$). No significant difference was found between stimulation conditions in the spatial orientation task. Conclusions: We were unable to find any significant changes in verbal fluency and visuospatial orientation task scores with different stimulation conditions. This result suggests that either stimulation has no effect on given domains or the effect is so small that more detailed batteries are required to detect the difference.
And I can colour code them!

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An area we plan to develop quite a bit but still very useful – especially the number on the right
This shows how many records I screen and when, and also how many of those records were in agreement or disagreement with the final decision.
Here I can see that a record I rejected ended up with a final decision of RCT or CCT. Looking at it, I can see that I did indeed make a mistake in rejecting it.
Results

- 900,000 classifications
- 300,000 citations
- 30,000 RCTs
In the last three months we’ve had contributors from 85 countries sign-up
Quality

Sensitivity = 99.1%
Crowd correctly identifies 99 out of 100 RCTs

Specificity = 99.0%
Crowd correctly identifies 99 out of 100 non-RCTs
Cochrane Crowd: next steps

- More tasks
- Cochrane Classmate
- Crowd service

http://crowd.cochrane.org
More tasks

Identifying

Is it an RCT? YES

Describing

P I C O

P E C O

Available

Planned
"Can I use the task for my students?"

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