

## The Cochrane Collaboration

Grimshaw introduces the Cochrane Collaboration, a not-for-profit organization that produces systematic reviews of the effects of health care interventions, which are regularly updated and published in the Cochrane Library. Ohlsson and Clark describe how to use the Cochrane Library and how to extract the answer you need from a systematic review, using the example of antibiotic choice for sore throat. See pages 721 and 747

## Outcome reporting bias

The reporting of outcomes in some published trials has been shown to be incomplete, biased and inconsistent with study protocols. Chan and associates set out to see whether the same is true of high-quality government-funded randomized trials that have been subjected to rigorous peer review. In publications of such trials funded by the Canadian Institutes of Health Research (CIHR), they found that almost one-third of the outcomes measured to assess the efficacy of an intervention and more than half of those measured to assess the harm of an intervention were inadequately reported. In addition, statistically significant efficacy outcomes had more than a 2-fold greater odds of being fully reported compared with nonsignificant efficacy outcomes. Their findings support the need for public availability and transparency of trial protocols, to deter and help identify outcome reporting bias. In a related commentary, Moher and Bernstein discuss the benefits of trial registration and describe CIHR's recent decision to have all CIHR-funded randomized controlled trials registered with an International Standard Randomised Controlled Trial Number, which will also appear in any subsequent publication of trial results.

See pages 735 and 750

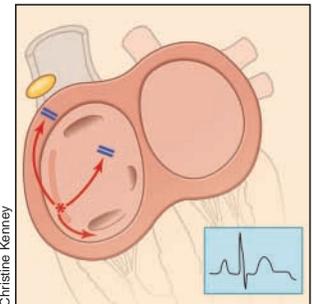
## Vancouver's safer injecting facility

A year ago North America's first medically supervised safer injecting facility opened in Vancouver. There, injection drug users can inject previously obtained illicit drugs under the supervision of medical staff and have access to emergency care in the event of overdose as well as primary care services and referral to addiction treatment. Wood and colleagues report on the impact the facility has had on injection-related public order problems, including public drug use and syringe disposal.

See page 731

## Atrial fibrillation: research and review

Atrial fibrillation (AF) is the most frequently encountered sustained arrhythmia in clinical practice. A high burden of comorbid disease and concomitant drug use in patients with new-onset AF limits the suitability of antiarrhythmic drug therapy. In a study by Humphries and colleagues, over one-third of patients using antiarrhythmic medications had contraindications and/or warnings for their use. In a related commentary, Nattel points out that Humphries and colleagues' data reflect AF management practices before 1996 and that, with new catheter-based ablation procedures, there are now more choices for AF therapy. In a review article, Veenhuizen and colleagues present different theories of the mechanism of AF and show how pathophysiologic findings have been applied in AF diagnosis and treatment. See pages 741, 752 and 755



## In Synopsis

Leenen shares lessons learned from the ALLHAT study on antihypertensive drug therapy (see page 719). Weir and Culmer focus on the prevention of falls in the elderly population (see page 724). Da Silva and Knoppert discuss the risks and benefits of using domperidone to enhance milk production in lactating women (see page 725). Gladstone and Sahlas comment on a report of a study that examined whether people with asymptomatic carotid artery stenosis should undergo endarterectomy for primary stroke prevention (see page 726). In *Clinical Vistas*, Katis and Dias describe a rare case of small-bowel volvulus in a 61-year-old patient (see page 728).