



Gynecologic and Obstetric Investigation

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S. Karger AG
Editorial Office 'Gynecologic and
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For systematic reviews of studies examining interventions or diagnostic procedures, we refer to the Cochrane Collaboration (www.Cochrane.org). As they represent 'the state of the art', they provide an exceptionally useful handbook. Systematic reviews need not only be the results of intervention studies but can be made on all kinds of research questions, even those that can only be answered by non-experimental studies or interpretive research. For example, a systematic review can be made on qualitative studies – for the 'Qualitative method group' of reviews, the Cochrane Collaboration is a useful information source. All systematic reviews must take and document the following steps:

1. Specification of a research question. A systematic review addresses a specific question rather than provides a general summary of the literature on a topic of interest as is in a traditional review, e.g. for

- an intervention study it must specify population, intervention, control group and outcome.
- Development of a review protocol. Systematic reviews use a specified method that is planned beforehand and documented in a review protocol to avoid the risk of bias. A review protocol describes the complete review process, including research questions, literature search strategy, selection criteria, criteria for evaluation of methodological quality and how data will be summarized.
 - Systematic literature search. For a systematic review, the search strategy for the literature should be reported and should be repeatable. It includes several steps: a literature search to identify optimal key search terms, databases and search strategy; the search itself; the search of the reference lists of all included studies for the identification of additional studies (snowball method).
 - Selection of relevant studies. This must be done on the basis of selection criteria (e.g. populations, outcome measures, ... to include/exclude) described in the protocol. It protects the review from investigator bias, e.g. (un)consciously including studies on the basis of their results.
 - Evaluation of the methodological quality of each study. The quality of a systematic review depends on the quality of the studies included. Therefore, all studies must be assessed for methodological rigor because the results are only valid if the methods are. Critical appraisal of all studies must be reported and, depending on the research design, categories must be specified.
 - Data collection from individual studies. The data that must be collected depends on the research question and must overcome the different methods of reporting and presenting data in the individual studies. It is useful to use a tool such as a literature table.
 - Synthesis of the findings. The aim of this phase is to summarize the findings from individual studies in an objective manner. The technique depends on the type of studies included. Under certain circumstances (same question, same population, same administration of the intervention, same outcome), the results of experimental studies can be pooled by meta-analysis. The results of nonexperimental studies relating to a phenomenon of interest can be summarized in a meta-synthesis which is an interpretive rather than a cumulative exercise used in meta-analysis.

Narrative Reviews

If the authors are of the opinion that a systematic review is not possible for a specific topic/clinical question, they may opt for a narrative review. For narrative reviews, authors are also requested to have an appropriately formulated research question, to specify their literature search, to carefully consider and discuss the methodological quality of all studies included, and to give an objective summary of the results and conclusion. Narrative reviews need to contain at least the following items:

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- Number of cases published in international peer-reviewed literature (if review on case reports)
- Reason for inclusion or exclusion by authors of specific publications

- Summary table of included publications allowing comparison regarding significant findings
- Summary statement taking into account all available evidence

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- Joanna Briggs Institute: An Introduction to Systematic Reviews. Changing practice, 2001, vol 2, issue 1. Retrieved October 29, 2008, from <http://www.joannabriggs.edu.au>.
- Evans D, Pearson A: Systematic reviews: gatekeepers of nursing knowledge. *J Clin Nurs* 2001;10:593–599.
- Polit DF Beck CT: *Nursing Research: Principles and Methods*, ed 7. Philadelphia, Lippincott Williams & Wilkins, 2004.

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This category replaces the previous Case Report section.

We invite contributions to this section that provide novel insight into a clinical problem.

We recognise the value of case reports and thus submissions can be based around a case or a number of similar cases. The most important aspect of the presentation is that it should provide a new perspective on a recognised clinical scenario or may represent an entirely new clinical condition. The novel aspects of the case(s) may be in the phenotype, the presentation, the investigation and/or the management.

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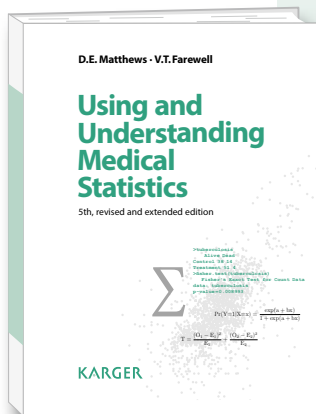
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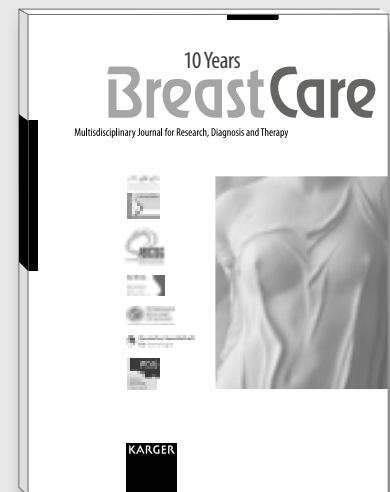
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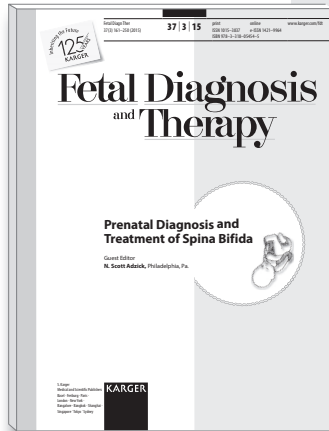
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In this issue the authors from The Children's Hospital of Philadelphia along with international colleagues share findings and present best practices gleaned from – and subsequent to – the MOMS (Management of Myelomeningocele Study) trial. They provide a detailed account of the specific roles the different diagnostic and imaging modalities [maternal serum alpha-fetoprotein (MSAFP), ultrasound, magnetic resonance imaging (MRI), and echocardiography] played in diagnosis, treatment, and monitoring. Nuances of the fetal myelomeningocele (MMC) repair technique and long-term urologic functional outcomes as well as the progress towards fetal MMC repair using tissue engineering techniques are evaluated and analyzed in this publication. Find out about the fetal MMC repair outcomes at The Children's Hospital of Philadelphia since the MOMS trial concluded!

This issue is directed at obstetricians, maternal-fetal medicine specialists, pediatric surgeons, neurosurgeons, neonatologists, radiologists, anesthesiologists, cardiologists, geneticists, pediatricians, nurses, and social workers who play a crucial role within the multidisciplinary teams that manage fetuses with anatomic or genetic defects.

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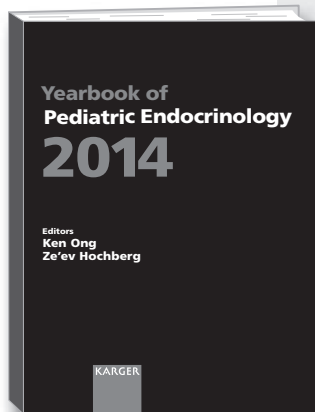
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Yearbook of Pediatric Endocrinology 2014

Editors
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Twelve Associate Editors and their co-authors selected from several thousand papers those that brought the most meaningful new information, summarized them and provided comments to put them into perspective. The papers are classified into those that identify new genes involved in diseases, new hormones, concepts revised or re-centered, important observations for clinical practice, large-scale clinical trials, new mechanisms, new paradigms, important review articles, new fears and new hopes. Because the Yearbook is endorsed by the European Society for Paediatric Endocrinology (ESPE), its publication is linked to the annual meeting of the ESPE. The *Yearbook of Pediatric Endocrinology 2014* covers the medical and scientific literature from June 2013 through May 2014.

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