

Методология и статистика разработки систематических обзоров

A presentation to:
School of Evidence-Based Medicine
6th December 2025

Trusted evidence.
Informed decisions.
Better health.




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Cochrane review

Focused review format

Code:

Unit: Practice review templates

Organization: Cochrane

Project status: Unknown in progress

Review type: Intervention review

Actions

 ^ Tag current version Submit current version Make global edits Import study data Copy link to create practice review

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Validation

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1 Cerebrolysin or Cortexin versus placebo



Edit group and graph labels

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i Name

Cerebrolysin or Cortexin versus placebo

⇅ 1.1 All-cause death



⇅ 1.2 Non-death attrition



⇅ 1.3 Total number of people with SAEs



⇅ 1.4 Total number of people with fatal SAEs



⇅ 1.5 Total number of people with non-fatal SAEs



⇅ 1.6 Total number of people with adverse events



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1 Cerebrolysin or Corte...

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2 Sensitivity analyses: Cerebrolysin or Cortexin versus placebo



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Sensitivity analyses: Cerebrolysin or Cortexin versus placebo

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2.3 All-cause death. Sensitivity 3. Complete case (missing data excluded)



2.4 All-cause death. Sensitivity 4. Risk of bias





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Training Analyses

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3.1 Training investigator-rated symptoms scale (percentage change from baseline)

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Combine Subgroups

ReNUMBER Subgroups

1.1.1 Cerebrolysin dose: 30 mL for 10 days



+ Add Data row

Delete Subgroup

Action

Add Note

Name

Cerebrolysin dose: 30 mL for 10 days

Study ↑	Cerebrolysin or Cortexin		Placebo		Weight	Risk ratio	Action
	Events	Total	Events	Total		M-H, Fixed, 95%...	
Amiri Nikpour 2...	1	23	2	23	4.0%	0.50 [0.05, 5.14]	Action
CASTA 2012	28	529	32	541	63.8%	0.89 [0.55, 1.46]	Action

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1.5.1 Cerebrolysin dose: 30 mL for 10 days



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Delete Subgroup

Action

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Name

Cerebrolysin dose: 30 mL for 10 days

Study ↑	Cerebrolysin		Placebo		Weight	Risk ratio	Action
	Events	Total	Events	Total		M-H, Fixed, 95%...	
CASTA 2012	12	529	4	541	46.1%	3.07 [1.00, 9.45]	Action
CERE-LYSE-1 2012	8	60	3	59	35.3%	2.62 [0.73, 9.41]	Action
Subtotal (95% CI)	20	589	7	600	81.3%	2.87 [1.24, 6.69]	

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2 Sensitivity analyses: ...

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Total number of people with non-fatal SAEs

Data source

Manual

Data type

Dichotomous

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Cerebrolysin

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Mantel-Haenszel

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Data source

Manual

Data type

Dichotomous

Intervention group 1

Cerebrolysin

Intervention group 2

Placebo

Statistical settings

 Statistical method

Mantel-Haenszel ▾

 Effect measure

Risk ratio ▾

 Analysis model

Fixed effect ▾

Totals

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☒ Test for subgroup differences

☐ Swap event and non-event

Confidence / prediction intervals

95% ▾

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Data	Options	Graphs
Certainty of evidence	Not specified	
Forest plot settings		
Sort by	Study ID	
Left graph label	Favours Cerebrolysin	
Right graph label	Favours placebo	
Scale	99	
<input type="checkbox"/> Show risk of bias summary		
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Cerebrolysin

Placebo

Risk ratio

Risk ratio

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CERE-LYSE-1 2012	8	60	3	59	35.3%	2.62 [0.73 , 9.41]
Subtotal		589		600	81.3%	2.87 [1.24 , 6.69]

Total events: 20 7

Test for overall effect: $Z = 2.45$ ($P = 0.01$)

Heterogeneity: $\text{Chi}^2 = 0.03$, $df = 1$ ($P = 0.86$); $I^2 = 0\%$

1.5.2 Cerebrolysin dose: 50 mL for 21 days

Ladurner 2005	0	78	1	68	18.7%	0.29 [0.01 , 7.03]
Subtotal		78		68	18.7%	0.29 [0.01 , 7.03]

Total events: 0 1

Test for overall effect: $Z = 0.76$ ($P = 0.45$)

Heterogeneity: Not applicable

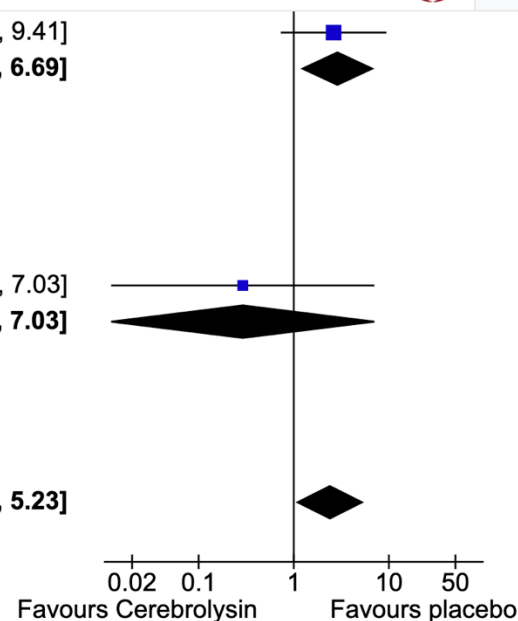
Total		667		668	100.0%	2.39 [1.10 , 5.23]
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Total events: 20 8

Test for overall effect: $Z = 2.19$ ($P = 0.03$)

Test for subgroup differences: $\text{Chi}^2 = 1.86$, $df = 1$ ($P = 0.17$), $I^2 = 46.1\%$

Heterogeneity: $\text{Chi}^2 = 1.89$, $df = 2$ ($P = 0.39$); $I^2 = 0\%$





Sort by

Study ID

Left graph label

Favours Cerebrolysin

Right graph label

Favours placebo

Scale

99

☐ Show risk of bias summary

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Study or Subgroup	Cerebrolysin		Placebo		Weight	Risk ratio	Risk ratio
	Events	Total	Events	Total		M-H, Fixed, 95% CI	M-H, Fixed, 95% CI
1.5.1 Cerebrolysin dose: 30 mL for 10 days							
CASTA 2012	12	529	4	541	46.1%	3.07 [1.00 , 9.45]	
CERE-LYSE-1 2012	8	60	3	59	35.3%	2.62 [0.73 , 9.41]	
Subtotal		589		600	81.3%	2.87 [1.24 , 6.69]	
Total events:	20		7				
Test for overall effect: Z = 2.45 (P = 0.01)							
Heterogeneity: Chi² = 0.03, df = 1 (P = 0.86); I² = 0%							

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1.3 Total number of p...

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2 Sensitivity analyses: ... ▾

2.1 All-cause death. S...

2.2 All-cause death. S...

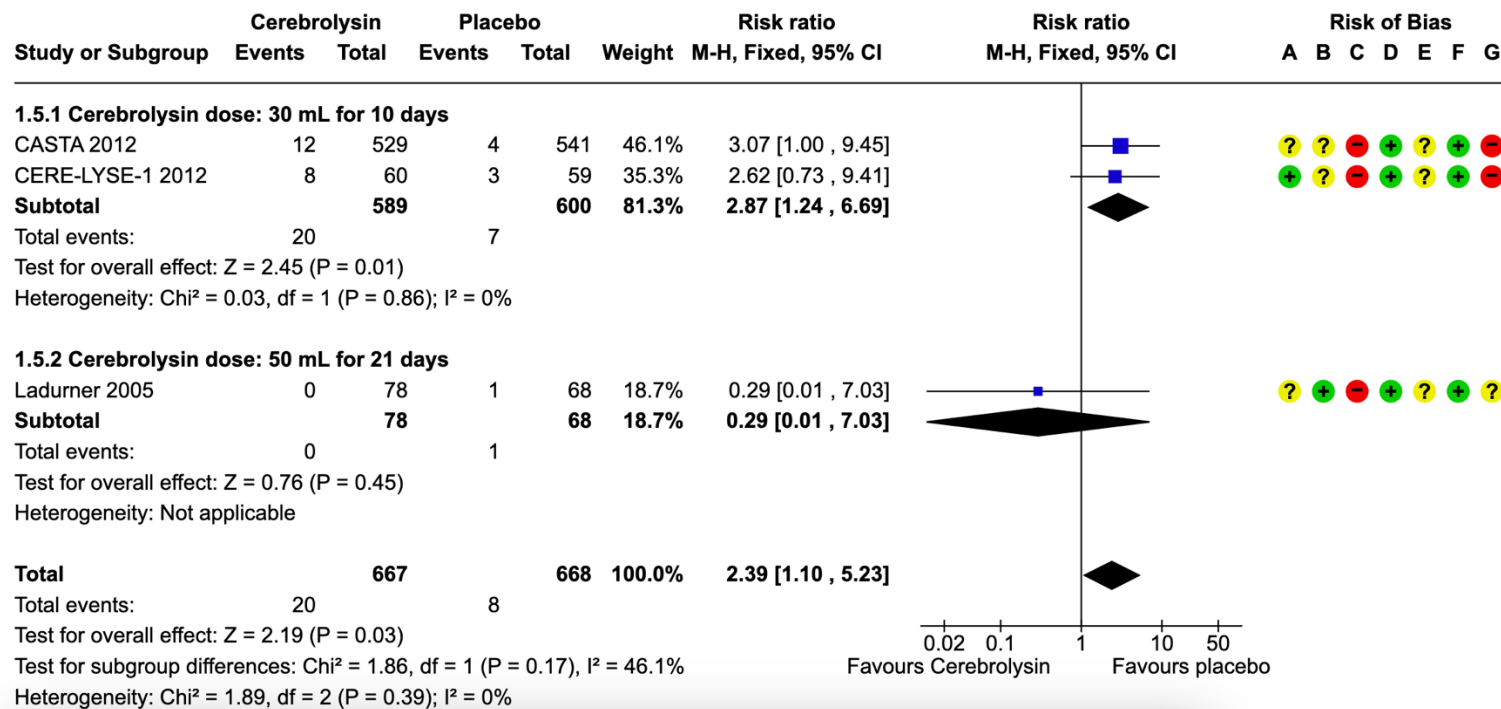
2.3 All-cause death. S...

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1.5 Total number of people with non-fatal SAEs

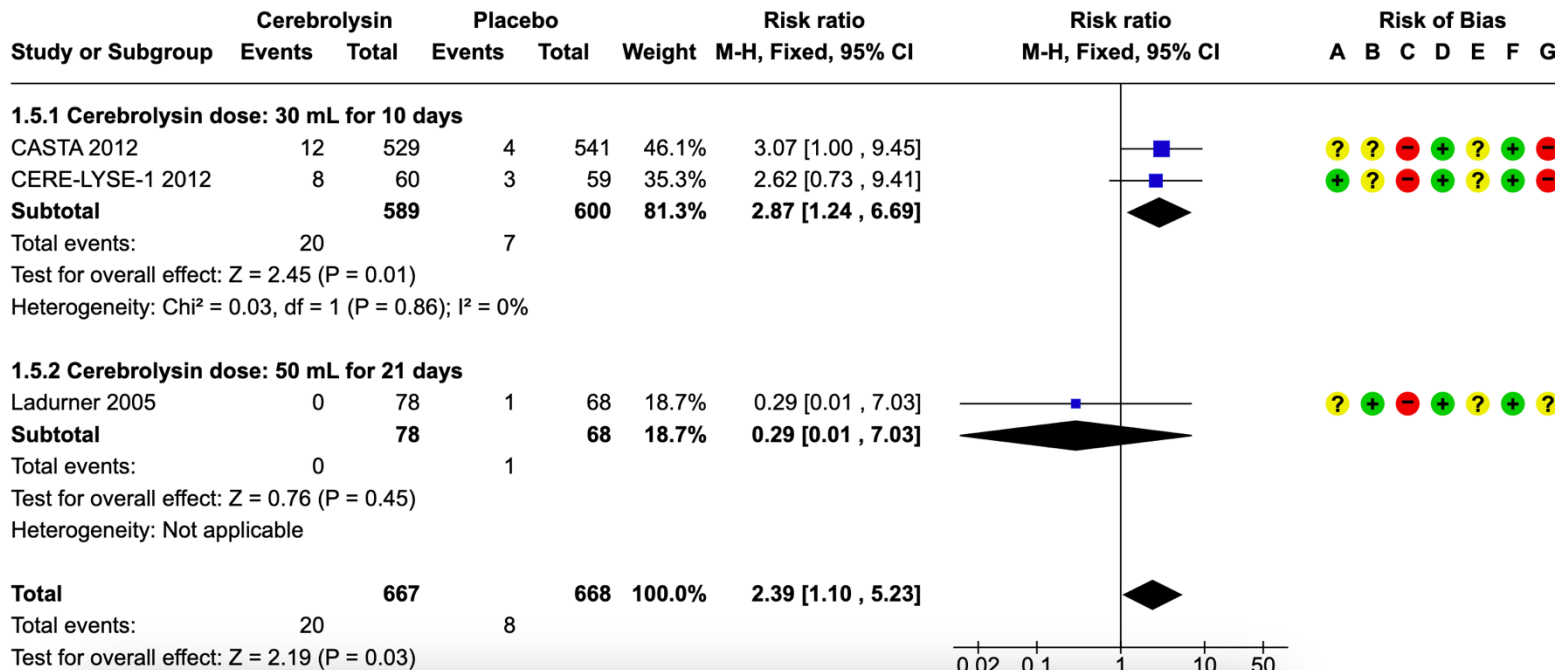
Manual

Dichotomous

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Investigate sensitivity

Action



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Test for overall effect: $Z = 2.45$ ($P = 0.01$)Heterogeneity: $\text{Chi}^2 = 0.03$, $df = 1$ ($P = 0.86$); $I^2 = 0\%$ **1.5.2 Cerebrolysin dose: 50 mL for 21 days**

Ladurner 2005 0 78 1 68 18.7% 0.29 [0.01, 7.03]

Subtotal 78 68 18.7% **0.29 [0.01, 7.03]**

Total events: 0 1

Test for overall effect: $Z = 0.76$ ($P = 0.45$)

Heterogeneity: Not applicable

Total 667 668 100.0% **2.39 [1.10, 5.23]**

Total events: 20 8

Test for overall effect: $Z = 2.19$ ($P = 0.03$)Test for subgroup differences: $\text{Chi}^2 = 1.86$, $df = 1$ ($P = 0.17$), $I^2 = 46.1\%$ Heterogeneity: $\text{Chi}^2 = 1.89$, $df = 2$ ($P = 0.39$); $I^2 = 0\%$ **Risk of bias legend**

(A) Allocation concealment

(B) Sequence generation

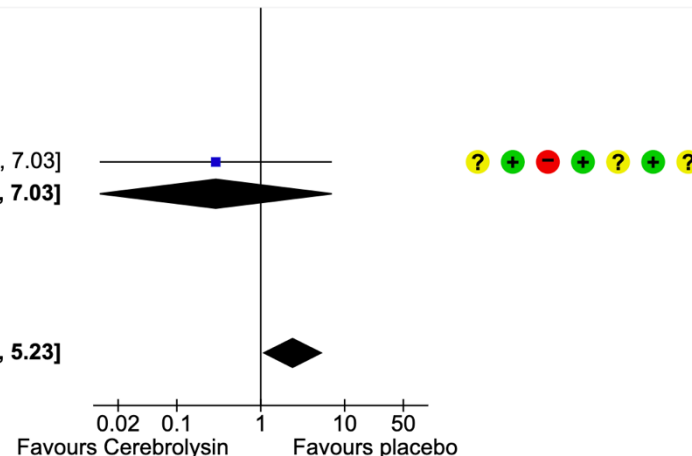
(C) Incomplete outcome data

(D) Blinding of outcome assessors

(E) Selective outcome reporting

(F) Blinding of participants and personnel

(G) Other sources of bias



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2 Sensitivity analyses: Cerebrolysin or Cortexin versus placebo



Edit group and graph labels

+ Add Analysis

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Sensitivity analyses: Cerebrolysin or Cortexin versus placebo

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2.2 All-cause death. Sensitivity 2. Worst-case



2.3 All-cause death. Sensitivity 3. Complete case (missing data excluded)



2.4 All-cause death. Sensitivity 4. Risk of bias



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Sensitivity analyses: Cerebrolysin or Cortexin versus placebo

 2.1 All-cause death. Sensitivity 1. Best-case



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 2.3 All-cause death. Sensitivity 3. Complete case (missing data excluded)



 2.4 All-cause death. Sensitivity 4. Risk of bias





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2 Sensitivity analyses: Cerebrolysin or Cortexin versus placebo

Edit group and graph labels

+ Add Analysis

Name

Sensitivity analyses: Cerebrolysin or Cortexin versus placebo

2.1 All-cause death. Sensitivity 1. Best-case

Manual

Dichotomous

Edit Analysis

Investigate sensitivity

Action

Study or Subgroup	Cerebrolysin or Cortexin Events	Total	Placebo Events	Total	Weight	Risk ratio M-H, Fixed, 95% CI	Risk ratio M-H, Fixed, 95% CI
2.1.1 Cerebrolysin dose: 30 mL for 10 days							
Amiri Nikpour 2014	1	23	2	23	4.0%	0.50 [0.05 , 5.14]	
CASTA 2012	28	529	32	541	63.8%	0.89 [0.55 , 1.46]	
CERE-LYSE-1 2012	4	60	4	59	8.1%	0.98 [0.26 , 3.75]	
Subtotal		612		623	76.0%	0.88 [0.56 , 1.39]	
Total events:	33		38				
Test for overall effect: Z = 0.54 (P = 0.59)							
Heterogeneity: Chi ² = 0.26, df = 2 (P = 0.88); I ² = 0%							
2.1.2 Cerebrolysin dose: 50 mL for 21 days							
Ladurner 2005	6	78	6	68	12.9%	0.87 [0.29 , 2.58]	
Subtotal		78		68	12.9%	0.87 [0.29 , 2.58]	
Total events:	6		6				

Move Up

Move Down

Exclude from publication

Duplicate Analysis

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2.1 All-cause death. Sensitivity 1. Best-case

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2.1.1 Cerebrolysin dose: 30 mL for 10 days

[+ Add Data row](#)[Delete Subgroup](#)[Action](#)[Add Note](#)

Name

Cerebrolysin dose: 30 mL for 10 days

Study [↑]	Cerebrolysin or Cortexin		Placebo		Weight	Risk ratio	Action
	Events	Total	Events	Total		M-H, Fixed, 95% CI	
Amiri Nikpour 2014	1	23	2	23	4.0%	0.50 [0.05, 5.14]	Action
CASTA 2012	28	529	32	541	63.8%	0.89 [0.55, 1.46]	Action
CERE-LYSE-1 2012	4	60	4	59	8.1%	0.98 [0.26, 3.75]	Action
Subtotal (95% CI)	33	612	38	623	76.0%	0.88 [0.56, 1.39]	

Test for overall effect: Z = 0.54 (P = 0.59)

Heterogeneity: Chi² = 0.26, df = 2 (P = 0.88); I² = 0%

2.1.2 Cerebrolysin dose: 50 mL for 21 days



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All-cause death. Sensitivity 1. Best-case

Data source

Manual

Data type

Dichotomous

Intervention group 1

Cerebrolysin or Cortexin

Intervention group 2

Placebo

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Statistical method

Mantel-Haenszel

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Fixed effect

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☒ Test for subgroup differences

☐ Swap event and non-event

Confidence / prediction intervals

95%



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2 Sensitivity analyses: Cerebrolysin or Cortexin versus placebo

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Data

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Graphs

Certainty of evidence

Not specified

Forest plot settings

Sort by

Study ID

Left graph label

Favours Cerebrolysin or Cortexin

Right graph label









Favours placebo

Scale

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☒ Show risk of bias summary

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Study or Subgroup	Cerebrolysin or Cortexin		Placebo		Weight	Risk ratio	Risk ratio	Risk of Bias						
	Events	Total	Events	Total		M-H, Fixed, 95% CI	M-H, Fixed, 95% CI	A	B	C	D	E	F	G
2.1.1 Cerebrolysin dose: 30 mL for 10 days														
Amiri Nikpour 2014	1	23	2	23	4.0%	0.50 [0.05 , 5.14]								
CASTA 2012	28	529	32	541	63.8%	0.89 [0.55 , 1.46]								
CERE-LYSE-1 2012	4	60	4	59	8.1%	0.98 [0.26 , 3.75]								
Subtotal		612		623	76.0%	0.88 [0.56 , 1.39]								

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1 Cerebrolysin or Cortexin versus placebo

1.5 Total number of people with non-fatal SAEs

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Graphs

Certainty of evidence

- ✓ Not specified
- High-certainty evidence
- Moderate-certainty evidence
- Low-certainty evidence
- Very low-certainty evidence

Forest plot settings

Sort by

Left graph label

Favours Cerebrolysin

Right graph label

Favours placebo

Scale

99

☒ Show risk of bias summary[Download as PNG](#)[Download as SVG](#)

Study or Subgroup	Cerebrolysin		Placebo		Weight	Risk ratio M-H, Fixed, 95% CI	Risk ratio M-H, Fixed, 95% CI	Risk of Bias						
	Events	Total	Events	Total				A	B	C	D	E	F	G
1.5.1 Cerebrolysin dose: 30 mL for 10 days														
CASTA 2012	12	529	4	541	46.1%	3.07 [1.00 , 9.45]		?	?	-	+	?	+	-
CERE-LYSE-1 2012	8	60	3	59	35.3%	2.62 [0.73 , 9.41]		+	?	-	+	?	+	-



Dashboard

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2.2 All-cause death. S...

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2.4 All-cause death. S...

1.3 Total number of people with SAEs

1.4 Total number of people with fatal SAEs

1.5 Total number of people with non-fatal SAEs

Manual

Dichotomous

Edit Analysis

Investigate sensitivity

Action

Study or Subgroup	Cerebrolysin		Placebo		Weight	Risk ratio		Risk ratio		A
	Events	Total	Events	Total		M-H, Fixed, 95% CI		M-H, Fixed, 95% CI		
1.5.1 Cerebrolysin dose: 30 mL for 10 days										
CASTA 2012	12	529	4	541	46.1%	3.07 [1.00 , 9.45]				?
CERE-LYSE-1 2012	8	60	3	59	35.3%	2.62 [0.73 , 9.41]				+
Subtotal		589		600	81.3%	2.87 [1.24 , 6.69]				
Total events:	20		7							
Test for overall effect: Z = 2.45 (P = 0.01)										
Heterogeneity: Chi ² = 0.03, df = 1 (P = 0.86); I ² = 0%										
1.5.2 Cerebrolysin dose: 50 mL for 21 days										
Ladurner 2005	0	78	1	68	18.7%	0.29 [0.01 , 7.03]				?
Subtotal		78		68	18.7%	0.29 [0.01 , 7.03]				+
Total events:	0		1							-
Test for overall effect: Z = 0.76 (P = 0.45)										
Heterogeneity: Not applicable										

- Move Up
- Move Down
- Move Analysis to...
- Exclude from publication
- Duplicate Analysis
- Delete Analysis
- Add Note

? + - + ? + ?



2 Sensitivity analyses: ...



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Figure type Forest plot

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✓ 1.1 All-cause death

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- 2.2 All-cause death. Sensitivity 2. Worst-case
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- 3.1 Training investigator-rated symptoms scale (percentage change from baseline)
- 3.2 Training investigator-rated symptoms scale (Standardized mean differences)
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CERE-LYSE-1 2012	4	60	4	59	8.1%	0.98 [0.26 , 3.75]
------------------	---	----	---	----	------	--------------------

Subtotal		612		623	76.0%	0.88 [0.56 , 1.39]
-----------------	--	------------	--	------------	--------------	---------------------------

Total events:	33		38			
---------------	----	--	----	--	--	--

Test for overall effect: $Z = 0.54$ ($P = 0.59$)Heterogeneity: $\text{Chi}^2 = 0.26$, $\text{df} = 2$ ($P = 0.88$); $I^2 = 0\%$ **1.1.2 Cerebrolysin dose: 50 mL for 21 days**

Ladurner 2005	6	78	6	68	12.9%	0.87 [0.29 , 2.58]
---------------	---	----	---	----	-------	--------------------

Subtotal		78		68	12.9%	0.87 [0.29 , 2.58]
-----------------	--	-----------	--	-----------	--------------	---------------------------

Total events:	6		6			
---------------	---	--	---	--	--	--

Test for overall effect: $Z = 0.25$ ($P = 0.80$)

Risk of Bias

A B C D E F G



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2.3 All-cause death. Sensitivity 3. Complete case (missing data excluded)

2.4 All-cause death. Sensitivity 4. Risk of bias

3.1 Training investigator-rated symptoms scale (percentage change from baseline)

3.2 Training investigator-rated symptoms scale (Standardized mean differences)

3.3 Quality of Life AAQoL Scale

CERE-LYSE-1 2012 4 60 4 59 8.1% 0.98 [0.26 , 3.75]

Subtotal 612 623 76.0% 0.88 [0.56 , 1.39]

Total events: 33 38

Test for overall effect: Z = 0.54 (P = 0.59)

Heterogeneity: Chi² = 0.26, df = 2 (P = 0.88); I² = 0%**1.1.2 Cerebrolysin dose: 50 mL for 21 days**

Ladurner 2005 6 78 6 68 12.9% 0.87 [0.29 , 2.58]

Subtotal 78 68 12.9% 0.87 [0.29 , 2.58]

Total events: 6 6

Test for overall effect: Z = 0.25 (P = 0.80)

Risk of Bias

A B C D E F G





2 Sensitivity analyses: ...

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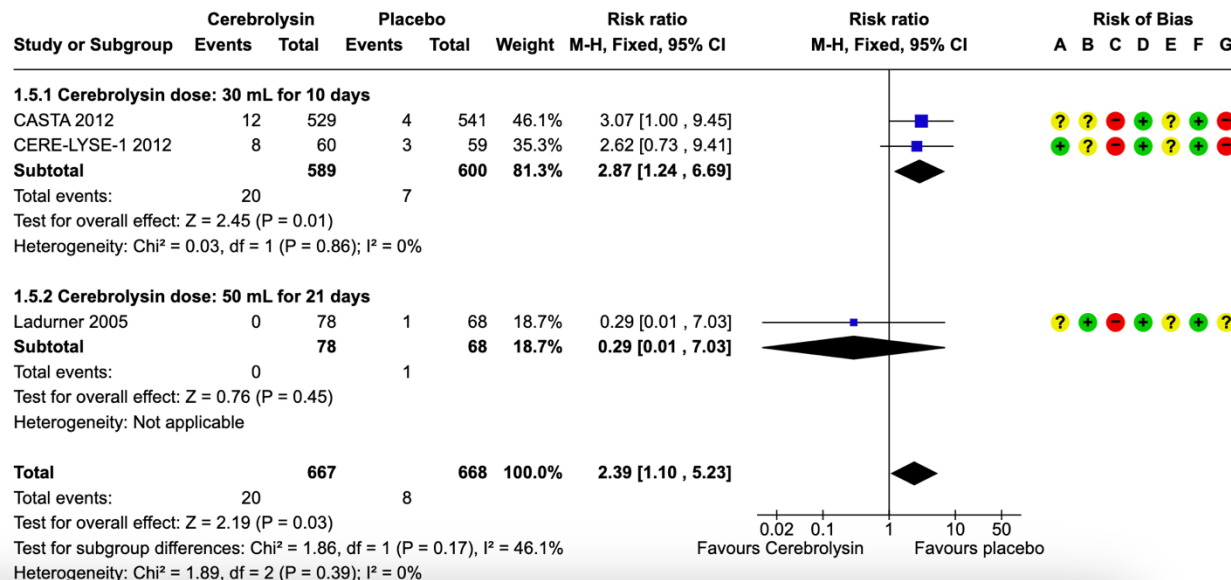
Other suppl. materials

Submission preview

[TRAINING] RUS 2026Nov - Cerebrolysin for acute ischaemic stroke

Analysis 1.5 Total number of people with non-fatal SAEs

- Options
- ☒ Show raw data columns
 - ☒ Show weight column
 - ☒ Show effect size column
 - ☒ Show risk of bias summary
 - ☐ Show effect estimates with more decimals





2 Sensitivity analyses: ...

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2.2 All-cause death. S...

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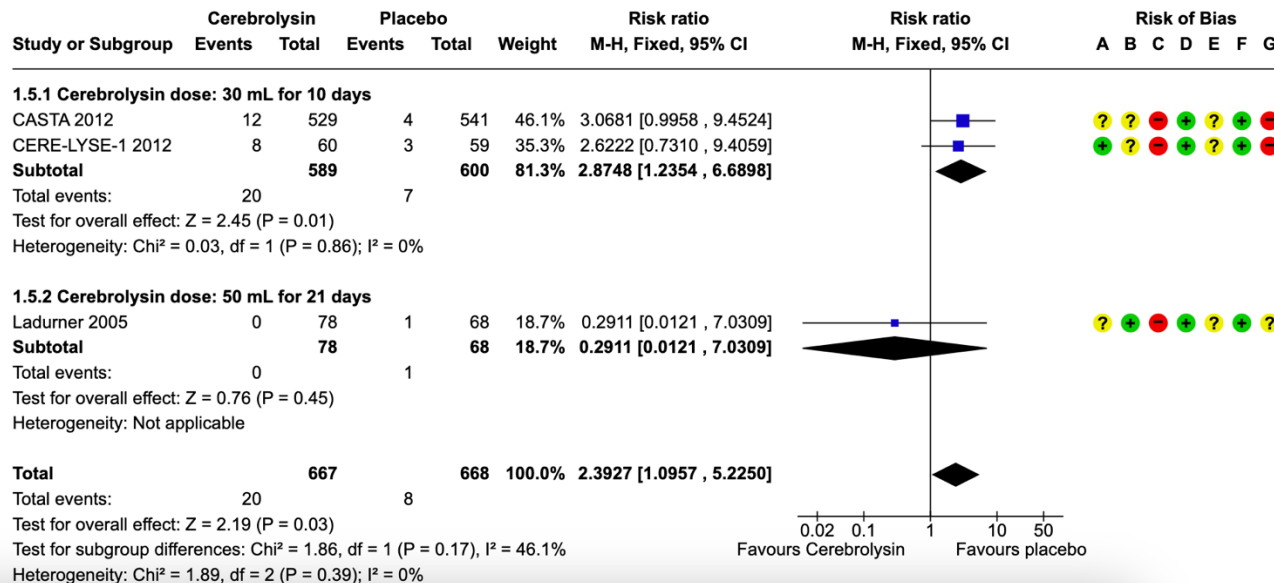
Other suppl. materials

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[TRAINING] RUS 2026Nov - Cerebrolysin for acute ischaemic stroke

Analysis 1.5 Total number of people with non-fatal SAEs

- Options
- ☒ Show raw data columns
 - ☒ Show weight column
 - ☒ Show effect size column
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Review criteria

☒ Show risk of bias summary

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2 Sensitivity analyses: ...

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2.2 All-cause death. S...

2.3 All-cause death. S...

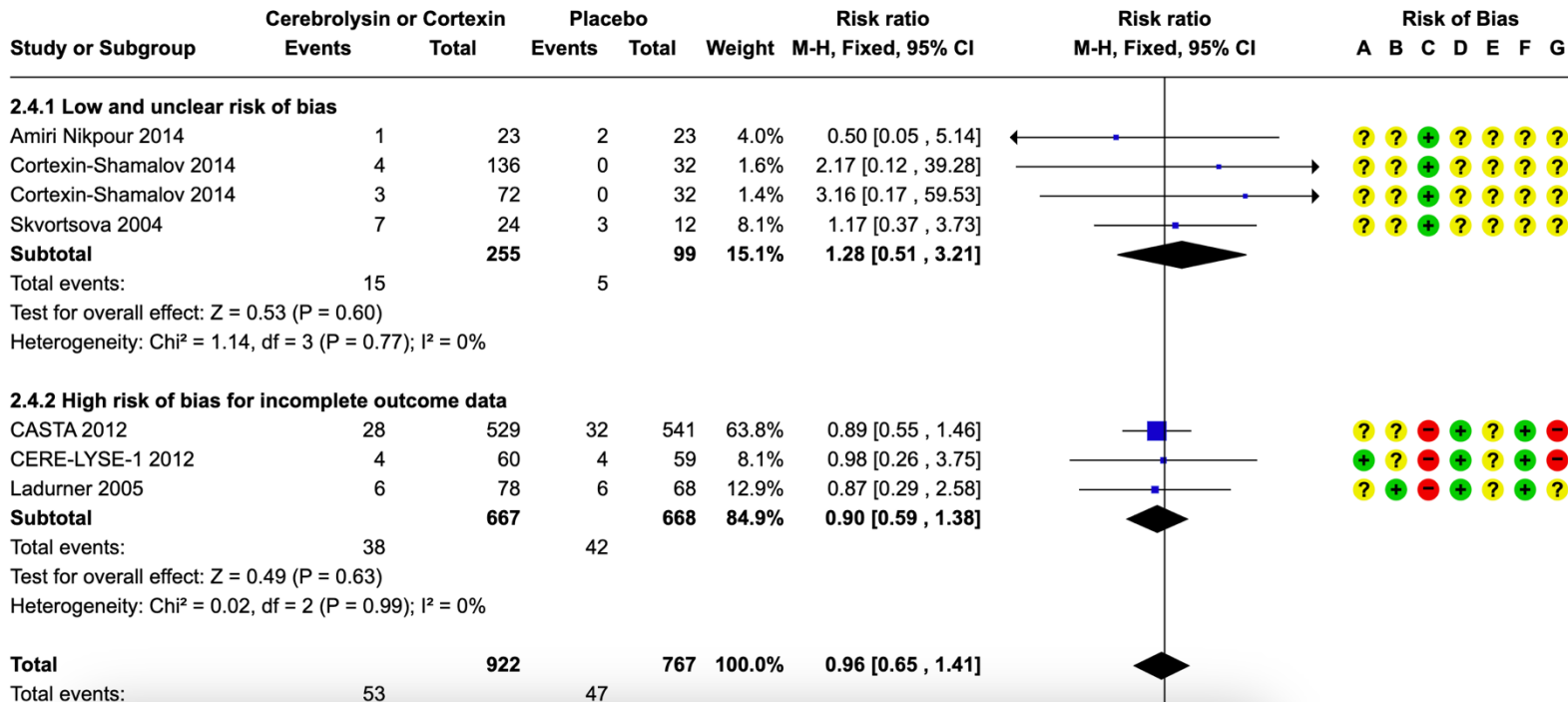
2.4 All-cause death. S...

3 Training Analyses

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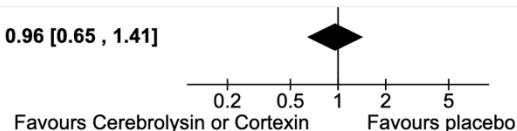
Total 922 767 100.0% 0.96 [0.65 , 1.41]

Total events: 53 47

Test for overall effect: $Z = 0.22$ ($P = 0.82$)

Test for subgroup differences: $\text{Chi}^2 = 0.46$, $df = 1$ ($P = 0.50$), $I^2 = 0\%$

Heterogeneity: $\text{Chi}^2 = 1.46$, $df = 6$ ($P = 0.96$); $I^2 = 0\%$

**Risk of bias legend**

- (A) Allocation concealment
- (B) Sequence generation
- (C) Incomplete outcome data
- (D) Blinding of outcome assessors
- (E) Selective outcome reporting
- (F) Blinding of participants and personnel
- (G) Other sources of bias

3 Training Analyses



+ Add Analysis

Action

Add Note

3.1 Training investigator-rated symptoms scale (percentage change from baseline)



3.2 Training investigator-rated symptoms scale (Standardized mean differences)



3.3 Quality of Life AAQoL Scale



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3.2 Training investigator-rated symptoms scale (standardized mean differences)

3.3 Quality of Life AAQoL Scale






Manual

Continuous

Edit Analysis

Investigate sensitivity

Action

Study or Subgroup	Experimental			Control			Weight	Std. mean difference	Std. mean difference
	Mean	SD	Total	Mean	SD	Total		IV, Random, 95% CI	IV, Random, 95% CI
Amiri Nikpour 2014	14.9	17.1	224	11.1	15	218	23.8%	0.24 [0.05 , 0.42]	
CASTA 2012	13.1	16.1	250	8.6	16.9	251	27.0%	0.27 [0.10 , 0.45]	
CERE-LYSE-1 2012	12.8	15.9	195	8.2	14.1	196	21.0%	0.31 [0.11 , 0.50]	
Cortexin-Shamalov 2014	0.4	13.7	266	-3.5	14.7	258	28.2%	0.27 [0.10 , 0.45]	
Total (Wald^a)			935			923	100.0%	0.27 [0.18 , 0.36]	

Test for overall effect: $Z = 5.81$ ($P < 0.00001$)Heterogeneity: Tau^2 (DL^b) = 0.00; $\text{Chi}^2 = 0.25$, $df = 3$ ($P = 0.97$); $I^2 = 0\%$

Footnotes

^aCI calculated by Wald-type method.^b Tau^2 calculated by DerSimonian and Laird method.

-100 -50 0 50 100
Favours [experimental] Favours [control]



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1 Cerebrolysin or Corte...

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1.2 Non-death attrition

1.3 Total number of p...

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1.6 Total number of p...

2 Sensitivity analyses: ...

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2.3 All-cause death. S...

2.4 All-cause death. S...

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3.2 Training investigator-rated symptoms scale (standardized mean differences)

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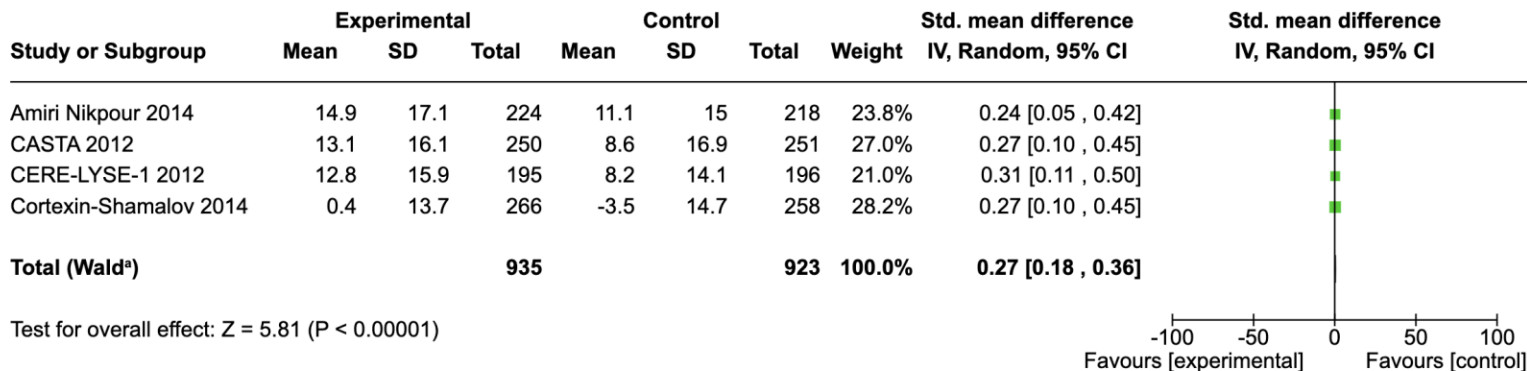
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Edit Analysis

Investigate sensitivity

Action



Footnotes

^aCI calculated by Wald-type method.^b Tau^2 calculated by DerSimonian and Laird method.



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Graphs

+ Add Data row

+ Add Subgroup

Study ↑	Experimental			Control			Weight	Std. mean differe...	Action
	Mean	SD	Total	Mean	SD	Total		IV, Random, 95% CI	
Amiri Nikpour 2014	14.9	17.1	224	11.1	15	218	23.8%	0.24 [0.05 , 0.42]	Action
CASTA 2012	13.1	16.1	250	8.6	16.9	251	27.0%	0.27 [0.10 , 0.45]	Action
CERE-LYSE-1 2012	12.8	15.9	195	8.2	14.1	196	21.0%	0.31 [0.11 , 0.50]	Action
Cortexin-Shamalo...	0.4	13.7	266	-3.5	14.7	258	28.2%	0.27 [0.10 , 0.45]	Action
Total (95% CI)			935			923	100.0%	0.27 [0.18 , 0.36]	

Test for overall effect: $Z = 5.81$ ($P < 0.00001$)Heterogeneity: τ^2 (DL) = 0.00; $\chi^2 = 0.25$, $df = 3$ ($P = 0.97$); $I^2 = 0\%$



3 Training Analyses

3.3 Quality of Life AAQoL Scale

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Name

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Manual

Data type

Continuous

Intervention group 1

Experimental

Intervention group 2

Control

Statistical settings

Statistical method

Inverse variance

Effect measure

Std. mean difference

Analysis model

Random effects

Heterogeneity estimator

- ☒ DerSimonian and Laird (DL)
- ☐ Restricted Maximum-Likelihood (REML)

☐ Show confidence interval for heterogeneity estimator on forest plot

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Context

Intervention group 1 Experimental

Intervention group 2 Control

Statistical settings

Statistical method Inverse variance

Effect measure Std. mean difference

Analysis model Random effects

Heterogeneity estimator

☒ DerSimonian and Laird (DL)

☐ Restricted Maximum-Likelihood (REML)

☐ Show confidence interval for heterogeneity estimator on forest plot

Totals Totals and subtotals

☒ Test for subgroup differences☐ Show prediction interval for total on forest plot

Confidence / prediction intervals

95%

Summary effect CI method

☒ Wald-type

☐ Hartung-Knapp-Sidik-Jonkman (HKSJ)

Units of effect measure

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Not specified

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Favours [control]




Scale

100

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Study or Subgroup	Experimental			Control			Weight	Std. mean difference	Std. mean difference
	Mean	SD	Total	Mean	SD	Total		IV, Random, 95% CI	IV, Random, 95% CI
Amiri Nikpour 2014	14.9	17.1	224	11.1	15	218	23.8%	0.24 [0.05 , 0.42]	
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Not specified

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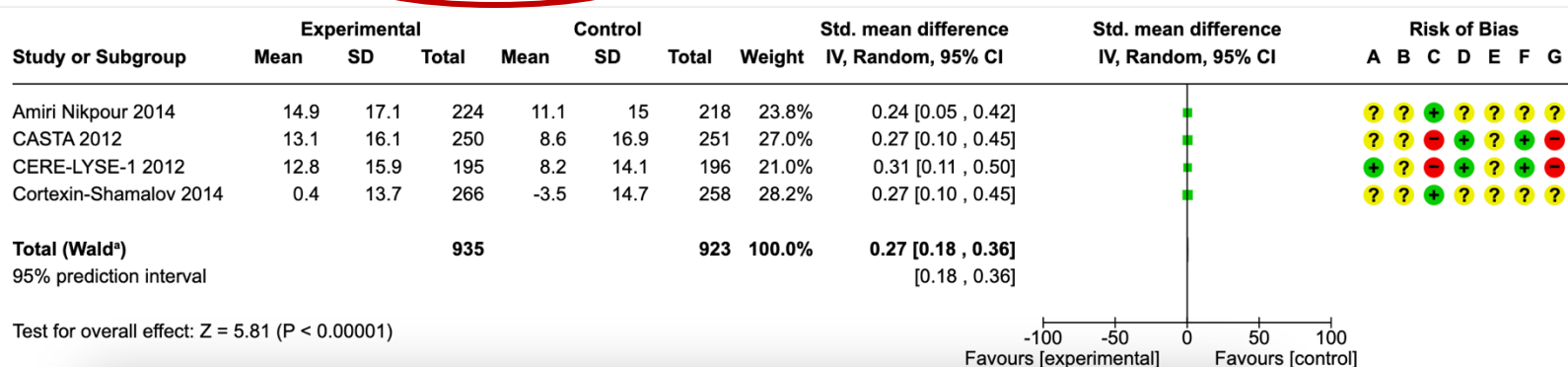
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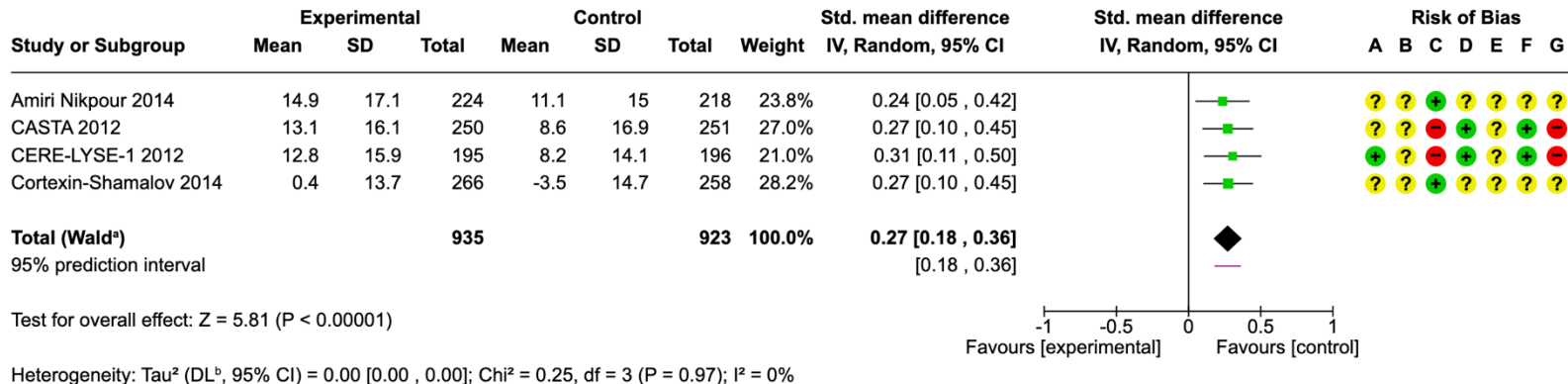
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^aCI calculated by Wald-type method.

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Cerebrolysin or Cerebrolysin-like agents compared to placebo for acute ischaemic stroke

Patient or population: people with acute ischaemic stroke

Settings: inpatient health facilities

Intervention: Cerebrolysin or Cortexin added to standard therapy

Comparison: placebo added to standard therapy

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	Number of participants (studies)	Certainty of the evidence (GRADE)
	Assumed risk Placebo	Corresponding risk Cerebrolysin/Cortexin			
All-cause death (follow-up period up to 90 days)	61 per 1000 47/767 (6.1%)	58 per 1000 53/922 (5.7%)	RR 0.96 (0.65 to 1.41)	1689 (6 RCTs)	⊕⊕⊕⊕ Moderate ^a
		3 fewer per 1000 (from 22 fewer to 22 more)			
Non-death attrition	145 per 1000 111/767 (14.5%)	87 per 1000 80/922 (8.7%)	RR 0.72 (0.38 to 1.39)	1689 (6 RCTs)	⊕⊕⊕⊕ Very low ^{a,c}
		58 fewer per 1000 (from 39 fewer to 152 more)			
Total number of people with SAEs**	75 per 1000 50/668 (7.5%)	87 per 1000 58/667 (8.7%)	RR 1.16 (0.81 to 1.66)	1335 (3 RCTs)	⊕⊕⊕⊕ Moderate ^a
		12 more per 1000 (from 14 fewer to 47 more)			



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1 Cerebrolysin or Cerebrolysin-like agents compared to placebo for acute ischaemic stroke

Add Note






Title

Table


Cerebrolysin or Cerebrolysin-like agents compared to placebo for acute ischaemic stroke					
<p>Patient or population: people with acute ischaemic stroke</p> <p>Settings: inpatient health facilities</p> <p>Intervention: Cerebrolysin or Cortexin added to standard therapy</p> <p>Comparison: placebo added to standard therapy</p>					
Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	Number of participants (studies)	Certainty of the evidence (GRADE)
	Assumed risk	Corresponding risk			
	Placebo	Cerebrolysin/Cortexin			
All-cause death (follow-up period up to 90 days)	61 per 1000 47/767 (6.1%)	58 per 1000 53/922 (5.7%) 3 fewer per 1000 (from 22 fewer to 22 more)	RR 0.96 (0.65 to 1.41)	1689 (6 RCTs)	⊕⊕⊕⊕ Moderate ^a
Non-death attrition	145 per 1000 111/767 (14.5%)	87 per 1000 80/922 (8.7%) 58 fewer per 1000 (from 39 fewer to 152 more)	RR 0.72 (0.38 to 1.39)	1689 (6 RCTs)	⊕⊕⊕⊕ Very low ^{a,c}

Default view Full text

 [TRAINING] RUS 2026Nov - Cerebrolysin for acute ischaemic stroke Context

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- Main article

Summary of findings tables

 Add Table + ▾

Renumber Tables

Add Note






 1 Cerebrolysin or Cerebrolysin-like agents compared to placebo for acute ischaemic stroke

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 [TRAINING] RUS 2026Nov - Cerebrolysin for acute ischaemic stroke

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Summary of findings tables

 1 Cerebrolysin or Cerebrolysin-like agents compared to placebo for acute ischaemic stroke

 Add Table + ▾

Renumber Tables

Add Note

Using GRADEpro GDT

Using RevMan



GRADEpro GDT

Creating table from RevMan Web

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You need to log in to GRADEpro GDT using Cochrane account to perform this action.

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GRADEpro **GDT**

Creating table from RevMan Web

Select analysis group to import from RevMan Web to GRADEpro:

- | | | |
|----------------------------------|---|---|
| <input type="radio"/> | 1 | Cerebrolysin or Cortexin versus placebo |
| <input type="radio"/> | 2 | Sensitivity analyses: Cerebrolysin or Cortexin versus placebo |
| <input checked="" type="radio"/> | 3 | Training Analyses |

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▼ Should Experimental vs. Control be used for health problem or population?



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Explanations









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Experimental compared to Control for health problem or population

Status



Outcome	Anticipated absolute effects (95% CI)		Relative effect (95% CI)	№ of participants (studies)	Certainty	What happens	
	Risk with Control 	Risk with Experimental 					
Training investigator-rated symptoms scale (percentage change from baseline)	The mean training investigator-rated symptoms scale (percentage change from baseline) was 0	MD 12.57 higher (9.46 higher to 15.68 higher)	-	2337 (7 studies)	-		
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Quality of Life AAQoL Scale	-	SMD 0.27 higher (0.18 higher to 0.36 higher)	-	1858 (4 studies)	-		

Add outcome

Import outcome(s)



▼ Should Experimental vs. Control be used for health problem or population?



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Explanations


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Experimental compared to Control for health problem or population

Status



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Edit

Add outcome

Import outcome(s)



▼ Should Experimental vs. Control be used for health problem or population?



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Add outcome

Certainty

Risk of bias

Inconsistency

Indirectness

Imprecision

Publication bias

Large effect

Plausible confounding

Dose response gradient

Cancel

Apply

▼ Should Experimental vs. Control be used for health problem or population?

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Experimental compared to Control for health problem or population

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Add outcome

Certainty

Risk of bias

Inconsistency

Indirectness

Imprecision

Publication bias

Large effect

Plausible confounding

Dose response gradient

not serious

serious

very serious

clear

Cancel

Apply

▼ Should Experimental vs. Control be used for health problem or population?



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Experimental compared to Control for health problem or population

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Add outcome

Certainty

Risk of bias

serious

Inconsistency

Indirectness

Imprecision

Publication bias

Large effect

Plausible confounding

Dose response gradient

not serious

serious

very serious

clear

Cancel

Apply

▼ Should Experimental vs. Control be used for health problem or population?

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Experimental compared to Control for health problem or population

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Add outcome

Certainty

Risk of bias ⁱ serious ▼

Inconsistency ⁱ not serious ▼

Indirectness ⁱ serious ▼

Imprecision ⁱ ▼

Publication bias ⁱ ▼

Large effect ⁱ ▼

Plausible confounding ⁱ ▼

Dose response gradient ⁱ ▼

Cancel

Apply

References

Comparisons

Evidence table

▾ Should Experimental vs. Control be used for health problem or population?



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Experimental compared to Control for health problem or population

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Add outcome

Certainty

Risk of bias ⁱ	serious ▾
Inconsistency ⁱ	not serious ▾
Indirectness ⁱ	serious ▾
Imprecision ⁱ	serious ▾
Publication bias ⁱ	not serious
Large effect ⁱ	serious
Plausible confounding ⁱ	very serious
Dose response gradient ⁱ	extremely serious
	clear

Cancel

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▼ Should Experimental vs. Control be used for health problem or population?



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Experimental compared to Control for health problem or population

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Add outcome

Certainty

Risk of bias



serious



Inconsistency



not serious



Indirectness



serious



Imprecision



serious



Publication bias



Large effect



undetected

Plausible confounding



strongly suspected

clear

Dose response gradient



Cancel

Apply

▼ Should Experimental vs. Control be used for health problem or population?



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Experimental compared to Control for health problem or population

















Status



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Add outcome

Certainty

- Risk of bias  serious 
- Inconsistency  not serious 
- Indirectness  serious 
- Imprecision  serious 
- Publication bias  strongly suspected 
- Large effect  
- Plausible confounding  
- Dose response gradient  

Cancel

Apply

References

Comparisons

Evidence table

▾ Should Experimental vs. Control be used for health problem or population?



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Experimental compared to Control for health problem or population

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Add outcome

Certainty

Risk of bias	ⁱ serious ▾
Inconsistency	ⁱ not serious ▾
Indirectness	ⁱ serious ▾
Imprecision	ⁱ serious ▾
Publication bias	ⁱ strongly suspected ▾
Large effect	ⁱ no ▾
Plausible confounding	ⁱ ▾
Dose response gradient	ⁱ ▾

Cancel

Apply

▼ Should Experimental vs. Control be used for health problem or population?



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Experimental compared to Control for health problem or population

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Add outcome

Certainty

Risk of bias

serious

Inconsistency

not serious

Indirectness

serious

Imprecision

serious

Publication bias

strongly suspected

Large effect

no

Plausible confounding

Dose response gradient

no

Cancel

would reduce demonstrated effect

would suggest spurious effect

clear

▼ Should Experimental vs. Control be used for health problem or population?



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Experimental compared to Control for health problem or population

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Add outcome

Certainty

Risk of bias

serious

Inconsistency

not serious

Indirectness

serious

Imprecision

serious

Publication bias

strongly suspected

Large effect

no

Plausible confounding

would reduce demonstration

Dose response gradient

no

Cancel

no

yes

clear

▼ Should Experimental vs. Control be used for health problem or population?

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Experimental compared to Control for health problem or population

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Add outcome

Certainty

- Risk of bias ⁱ ▼
- Inconsistency ⁱ ▼
- Indirectness ⁱ ▼
- Imprecision ⁱ ▼
- Publication bias ⁱ ▼
- Large effect ⁱ ▼
- Plausible confounding ⁱ ▼
- Dose response gradient ⁱ ▼

Cancel

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▼ Should Experimental vs. Control be used for health problem or population?



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Add outcome

Certainty

- Risk of bias serious
- Inconsistency not serious
- Indirectness serious
- Imprecision serious
- Publication bias strongly suspected
- Large effect no
- Plausible confounding would reduce demonstration
- Dose response gradient no

Cancel

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Should Experimental vs. Control be used for health problem or population?



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Explanations



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Experimental compared to Control for health problem or population

Status









Outcome	Anticipated absolute effects (95% CI)		Relative effect (95% CI)	N of participants (studies)
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Explanation is required so that others can understand the rationale of your decision. Please add explanations to downgraded certainties.

Add explanation later

Add explanation now

Certainty

Cancel

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▼ Should cerebrolysin vs. placebo be used for acute ischaemic stroke?



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Cerebrolysin compared to placebo for acute ischaemic stroke

Status

In progress

Outcome	Anticipated absolute effects (95% CI)		Relative
	Risk with placebo ⁱ	Risk with cerebrolysin ⁱ	
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Add outcome

Certainty of evidence

The certainty of evidence reflects the extent to which our confidence in an estimate of the effect is adequate to support a particular recommendation. Guideline panels must make judgments about the certainty of evidence relative to the specific context for which they are using the evidence. The GRADE approach involves separate grading of certainty of evidence for each patient-important outcome followed by determining an overall certainty of evidence across outcomes.

The certainty of evidence reflects the extent to which we are confident that an estimate of the effect is correct. Because systematic reviews do not – or at least should not – make recommendations, they require a different definition. Authors of systematic reviews grade certainty of a body of evidence separately for each patient-important outcome.

To achieve transparency and implicitly, the GRADE system classifies the certainty of evidence in one of four grades:

Grade Definition

- High** Further research is very unlikely to change our confidence in the estimate of effect.
- Moderate** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
- Low** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

▼ Should cerebrolysin vs. placebo be used for acute ischaemic stroke?



Bottom panel



Explanations


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Cerebrolysin compared to placebo for acute ischaemic stroke

Status

In progress



Outcome	Anticipated absolute effects (95% CI)		Relative effects
	Risk with placebo 	Risk with cerebrolysin 	
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Quality of Life AAQoL scale	-	SMD 0.27 higher (0.18 higher to 0.36 higher)	

Add outcome

About Relative Effect

The relative effect for a dichotomous outcome from a single study or a meta-analysis will typically be a risk ratio (relative risk), odds ratio, or occasionally a hazard ratio.

You may want to present a relative effect measure you found in the literature you use to develop a GRADE evidence profile or to convert different relative effect measures). From the drop down menu you can select the relative effect used in the meta-analysis or relative effects of one or more studies if no pooled estimate is available. There are 5 options:

- RR (Risk Ratio)
- OR (Odds Ratio)
- HR (Hazard Ratio)
- Range (when meta-analysis was not conducted and a range of relative effects from studies can be presented; you should specify the type of effect measure that was used, *e.g.* RR or OR)
- Other

You can enter the point estimate and the confidence limits (a range of point estimates if there were several studies but no meta-analysis).

You should add footnotes to provide more information about the estimate of the effect.

When results are not pooled and a range of effects cannot be presented, you can briefly summarize



▼ Should cerebrolysin vs. placebo be used for acute ischaemic stroke?



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Explanations


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Cerebrolysin compared to placebo for acute ischaemic stroke

Outcome	Anticipated absolute effects (95% CI)		Relative effect (95% CI)	№ of participants (studies)
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Add outcome

Certainty

Risk of bias



serious ▼



Inconsistency



not serious ▼

Indirectness



not serious ▼

Imprecision



not serious ▼

Publication bias



strongly suspected ▼

Large effect



no ▼

Plausible confounding ⁱ

would reduce demonstration ▼

Dose response gradient ⁱ

no ▼

Cancel

Apply



Filter by active cell

Explanations






References

You don't have any explanations to be displayed here

Default view

Full text

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Summary of findings tables

 Add Table +

Renumber Tables

Add Note

 1 Cerebrolysin or Cerebrolysin-like agents compared to placebo for acute ischaemic stroke **GRADEpro** **GDT** 2 Summary of findings table - Cerebrolysin compared to placebo for acute ischaemic stroke

Default view Full text

[TRAINING] RUS 2026Nov - Cerebrolysin for acute ischaemic stroke



Context

1 Cerebrolysin or Cerebrolysin-like agents compared to placebo for acute ischaemic stroke

GRADEpro GDT 2 Summary of findings table - Cerebrolysin compared to placebo for acute ischaemic stroke

Edit Table

Action

Add Note

Cerebrolysin compared to placebo for acute ischaemic stroke

Patient or population: acute ischaemic stroke

Setting: in-patient

Intervention: cerebrolysin

Comparison: placebo

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	Nº of participants (studies)	Certainty of the evidence (GRADE)	Comments
	Risk with placebo	Risk with cerebrolysin				
Training investigator-rated symptoms scale (percentage change from baseline)	The mean training investigator-rated symptoms scale (percentage change from baseline) was 0	MD 12.57 higher (9.46 higher to 15.68 higher)	-	2337 (7 studies)	-	
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*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).

CI: confidence interval; MD: mean difference; SMD: standardised mean difference

GRADE Working Group grades of evidence

High certainty: we are very confident that the true effect lies close to that of the estimate of the effect.

Moderate certainty: we are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.

Low certainty: our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.