Improve my RIS file project

Scope

- Proof of concept of sharing meta-data from existing repositories
- "Meta-data" is the added value of "appraised" evidence products
- The focus is
  - not on RIS, (i.e. can be RIS, CSV, Jason (HL7 FHIR))
 - But on building a shared knowledge base.

What does this address and what does it not address?

- It is a proof of concept for and approach to:
  - Obtaining meta-data for records from existing repositories
- It does not address:
  - Comprehensive searching (retrieving all references from all databases)
  - Federated searching (searching multiple databases at the same time)
  - De-duplication, or finding references unique to each repository
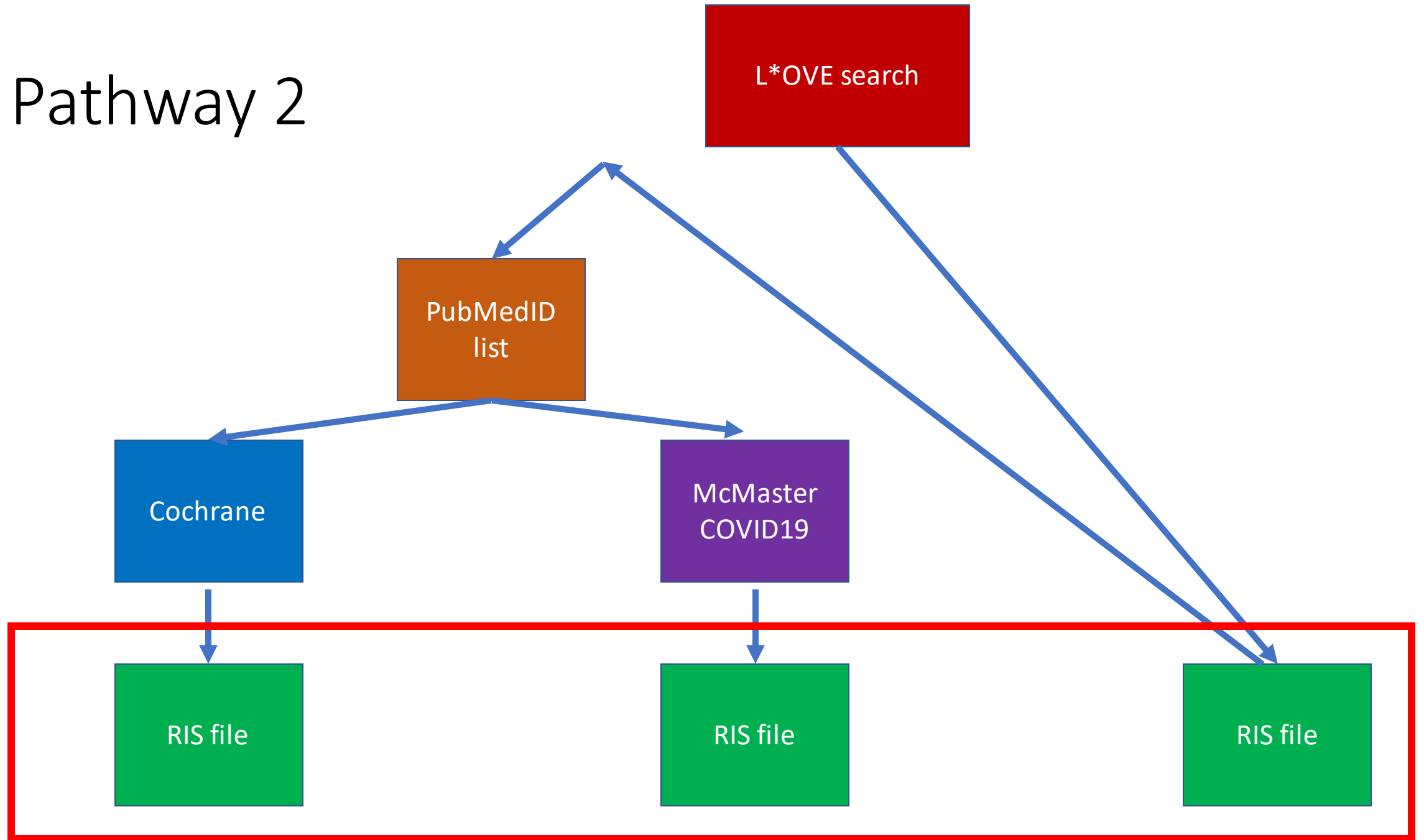- It is a starting, not final point

Worked example

- Performing/updating a review on the value of quarantine

- Search string:
  - quarantine isolation lockdown "lock down" cordon "community containment" "containment area"

- Background:
  - ORing the terms on PubMed: 2,034,420 results
  - ANDing COVID19:   3,736 results
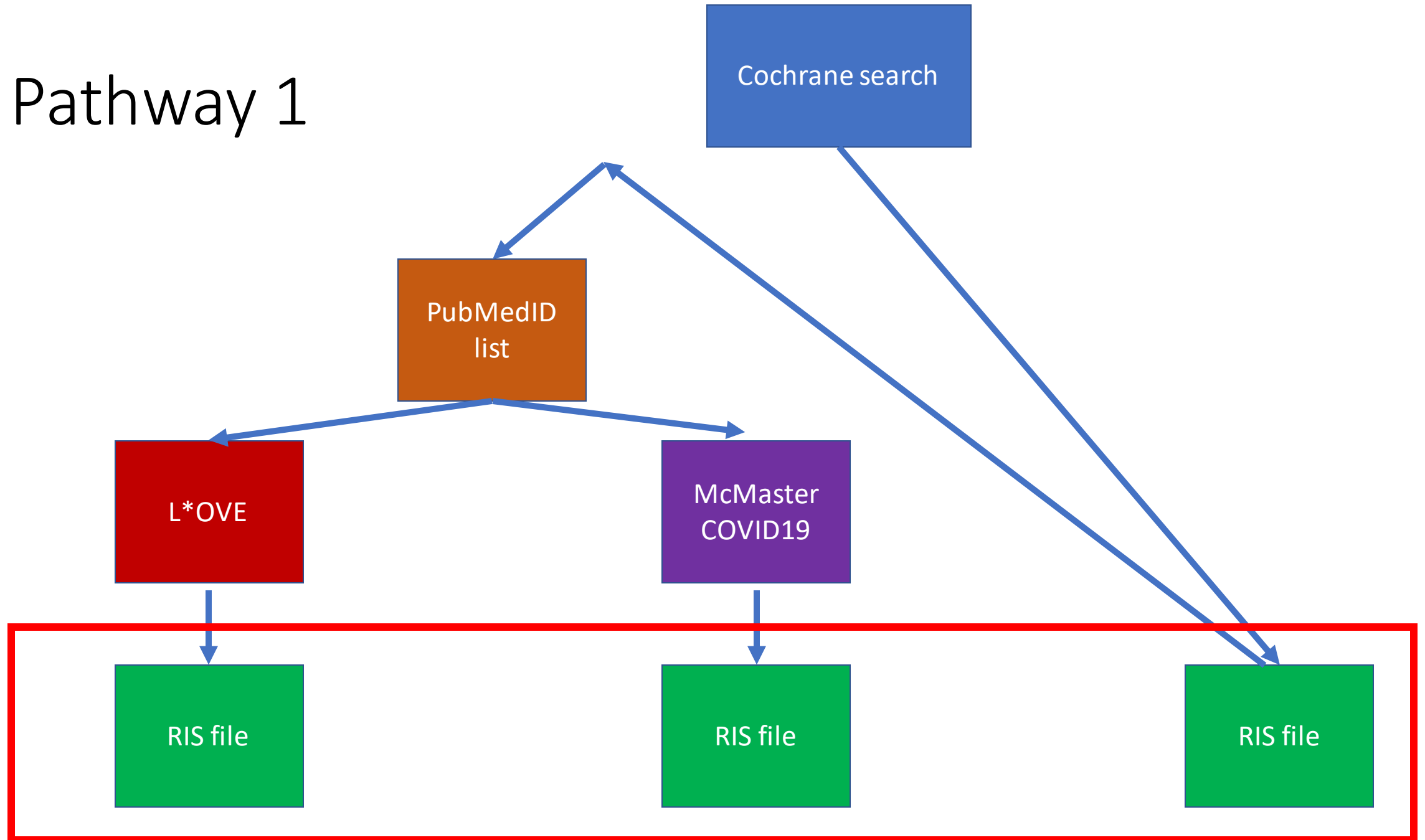
End-result: merged RIS

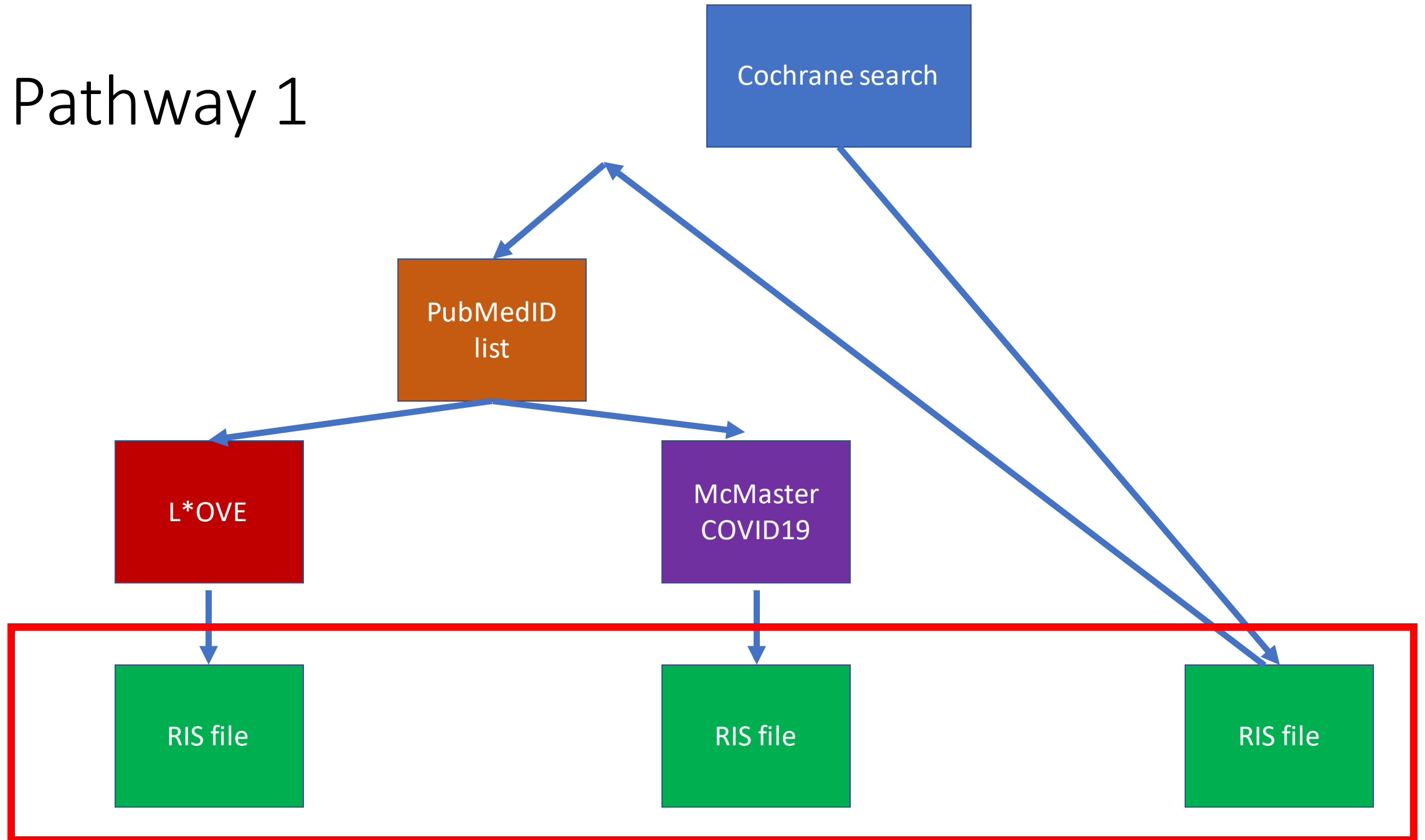| PMID	C-D	E-D	P-D	C-PICO	E-used in SR	P-quality grade
1	RCT	RCT	RCT			
2	Obs	Non-RCT	Obs			
3	Modeling	Non-RCT	Obs			
4	…					
5	….					

Still to agree on:
- Which field to export
- How to code them

- RIS vs CSV
- FIHR Json

RIS/CSV/Jason availability is the base for building a RIS/CSV/json "manager" to automate querying, merging, de-duplication, etc

Pathway 1

Cochrane
COVID-19
Study Register

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quarantine isolation lockdown "lock down" cordon "community containment" "containment area"

Select All   Order by   Newest First ⌄   Results per page   15 ⌄   Showing 1 - 15 of 12,262 studies   Prev **1** 2 3 4 5 6 7 Next

UPDATED ⌃

Last Day	124
Last 3 Days	575
Last Week	941
Last Month	4218
Last 3 Months	11017
From And To…	

STUDY REFERENCE TYPE ⌄

STUDY CHARACTERISTICS ⌄

PICO data not currently available for all studies

POPULATION ⌄

INTERVENTION ⌄

OUTCOME ⌄

GUALANO 2020A

Effects of Covid-19 Lockdown on Mental Health and Sleep Disturbances in Italy

ⓘ **Study Type**   ⓘ **Study Aim**   ⓘ **Study Design**   ⓘ **Intervention Assignment**

Observational   Other   Case Series/Case Control/Cohort   Not Applicable

References (1)

MØLLER-SØRENSEN 2020

COVID-19 Assessment with Bedside Lung Ultrasound in a Population of Intensive Care Patients Treated with Mechanical Ventilation and ECMO

ⓘ **Study Type**   ⓘ **Study Aim**   ⓘ **Study Design**   ⓘ **Intervention Assignment**

Observational   Diagnostic/Prognostic   Case Series/Case Control/Cohort   Not Applicable

                         Treatment And Management

References (1)

ZHAO 2020BA

Prediction of the Number of Patients Infected with COVID-19 Based on Rolling Grey Verhulst Models

ⓘ **Study Type**   ⓘ **Study Aim**   ⓘ **Study Design**   ⓘ **Intervention Assignment**

Modelling   Transmission   Other   Not Applicable

                         Epidemiology

References (1)

```
TY  - JOUR
AN  - 7245989
OP  - NCT02735707
N1  - NCT02735707
N1  - 13266293
C7  - NCT02735707
TI  - Randomized, Embedded, Multifactorial Adaptive Platform Trial for Community- Acquired Pneumonia
A1  - MJM Bonten
PY  - 2015
T2  - ClinicalTrials.gov
UR  - https://clinicaltrials.gov/show/NCT02735707
AB  - REMAP-CAP is a randomised, embedded, multifactorial, adaptive platform trial for
      community-acquired pneumonia.

      The purpose of this study is to evaluate the effect of a range of interventions to improve
      outcome ofon patients admitted to intensive care with community-acquired pneumonia.

      In addition, REMAP-CAP provides and adaptive research platform for evaluation of multiple
      treatment modalities in the event of a respiratory pandemic resulting in critical illness.
KW  - Pneumonia // Lung Diseases // Respiratory Tract Diseases // Respiratory Tract Infections // Anti-Bacterial Agents // Moxifloxacin //
Levofloxacin // Antibiotics // Hydrocortisone // Anti-Infective Agents // Ceftriaxone // Piperacillin-tazobactam // Ceftaroline // Amoxicillin-
clavulanate // Oseltamivir // COVID-19 // Influenza // Intensive care // Critical care
T2  - ClinicalTrials.gov
M3  - Interventional; Randomised; Parallel/Crossover; Treatment and management; Trial registry record; OTHER; Trial record
DB  - Cochrane COVID-19 Register
ER  -

TY  - JOUR
AN  - 8246901
OP  - NCT02517489
N1  - NCT02517489
N1  - 13336473
C7  - NCT02517489
TI  - Community-Acquired Pneumonia : Evaluation of Corticosteroids
A1  - University Hospital, Tours
PY  - 2015
KW  - Cortisol succinate // Hydrocortisone // Hydrocortisone 17-butyrate 21-propionate // Hydrocortisone acetate // Pneumonia
T2  - ClinicalTrials.gov
UR  - https://clinicaltrials.gov/show/NCT02517489
AB  - Mortality of severe Community-Acquired Pneumonia (CAP) has not declined over time and is
      between 25 and 30% in sub-groups of patients. Corticosteroids (CTx) could down-regulate
      pulmonary and systemic inflammation, accelerate clinical resolution and decrease the rate of
      inflammation-associated systemic complications. Two recent meta-analyses suggest a positive
      effect on severe CAP day 28 survival when CTx are added to standard therapy. However they are
      based on only four trials gathering less than 300 patients, of which only one was positive.
      Recently published guidelines do not recommend CTx as part of CAP treatment. Therefore a
      well-powered trial appears necessary to test the hypothesis that CTx - and more specifically
      hydrocortisone - could improve day 28 survival of critically-ill patients with severe CAP,
      severity being assessed either on a Pulmonary Severity Index ≥ 130 (Fine class V) or by the
      use of mechanical ventilation or high-FiO2 high-flow oxygen therapy.

      A phase-III multicenter add-on randomized controlled double-blind superiority trial assessing
      the efficacy of hydrocortisone vs. placebo on Day 28 all-causes mortality, in addition to
      antibiotics and supportive care, including the correction of hypoxemia.

      Randomization will be stratified on: (i) centers; (ii) use of mechanical ventilation at the
      time of inclusion.
KW  - Community-Acquired Pneumonia (CAP) // Hydrocortisone // Corticosteroids // COronaVIrus Disease
T2  - ClinicalTrials.gov
M3  - Interventional; Randomised; Parallel/Crossover; Treatment and management; Trial registry record; Other; Trial record
DB  - Cochrane COVID-19 Register
```

1 2 3 4 5 6 7 Next

...ion Assignment

...ion Assignment

e - January 2-February 29,

Selected   Export | Clear

Study Type	Intervention assignment	Study design detail	Study aim
Interventional	Randomised	Parallel/Crossover	Treatment and management
...ticle			
Observational	Not applicable	Cross-sectional	Diagnostic/Prognostic // Epiden...
Observational	Not applicable	Cross-sectional	Diagnostic/Prognostic // Mecha...
Observational	Not applicable	Cross-sectional	Diagnostic/Prognostic // Mecha...
Observational	Not applicable	Case report	Epidemiology // Mechanism
Modelling // Observatio...	Not applicable		Epidemiology // Prevention // ...
Observational	Not applicable	Case series/Case contro...	Transmission
Observational	Not applicable	Case report	Mechanism
Modelling // Observatio...	Not applicable		Epidemiology // Prevention // ...
Modelling	Not applicable		Epidemiology // Prevention // ...
Observational	Not applicable	Case series/Case contro...	Diagnostic/Prognostic
Observational	Not applicable	Case series/Case contro...	Diagnostic/Prognostic // Mecha...
Observational	Not applicable	Unclear	Diagnostic/Prognostic
Observational	Not applicable	Case report	Mechanism
Modelling // Observatio...	Not applicable		Epidemiology // Transmission
Observational	Not applicable	Case series/Case contro...	Epidemiology
...port, Non-U.S. Gov't			
Modelling	Not applicable		Transmission
...port, Non-U.S. Gov't			
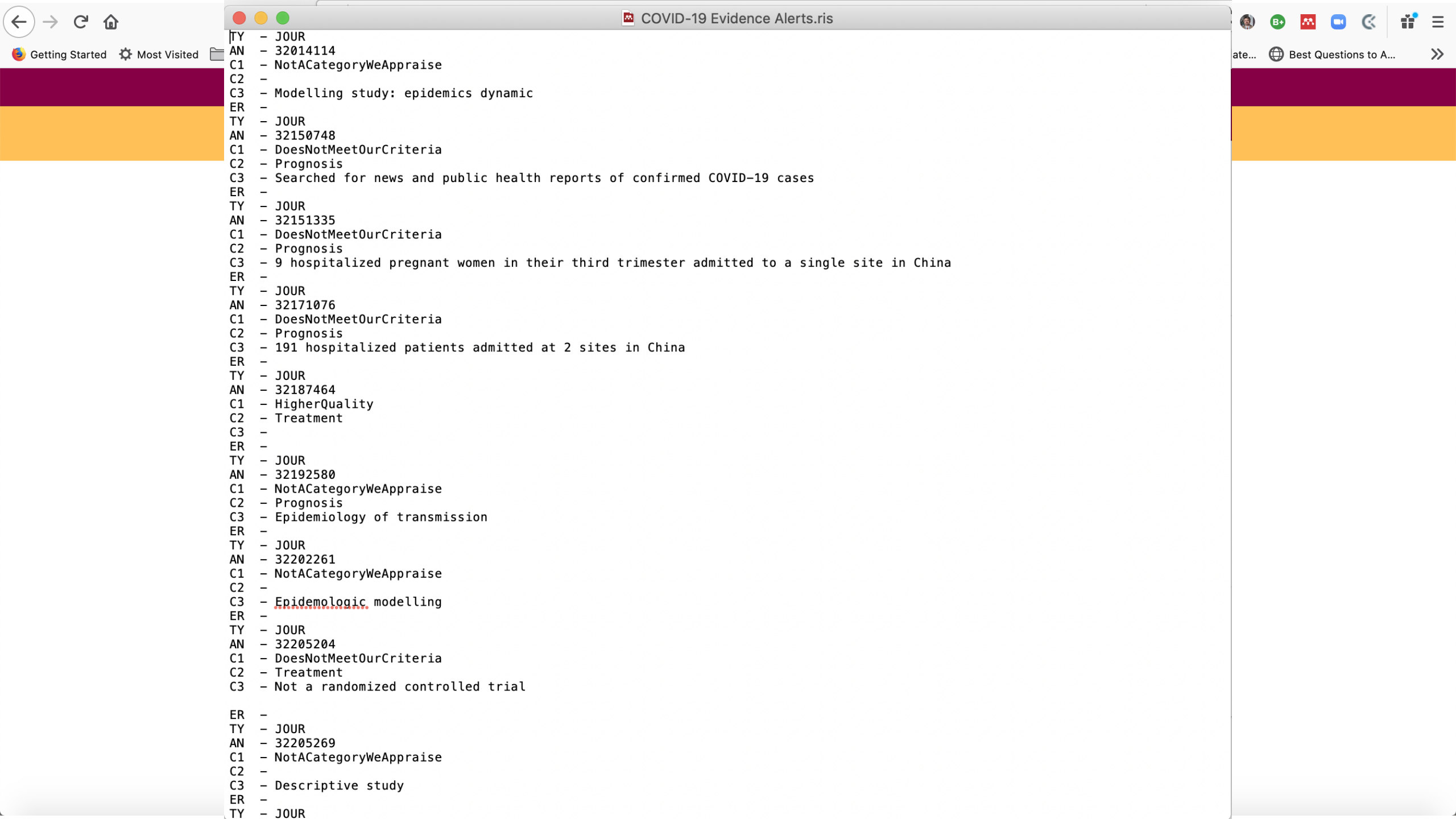
```
TY  - JOUR
AN  - 32014114
C1  - NotACategoryWeAppraise
C2  -
C3  - Modelling study: epidemics dynamic
ER  -
TY  - JOUR
AN  - 32150748
C1  - DoesNotMeetOurCriteria
C2  - Prognosis
C3  - Searched for news and public health reports of confirmed COVID-19 cases
ER  -
TY  - JOUR
AN  - 32151335
C1  - DoesNotMeetOurCriteria
C2  - Prognosis
C3  - 9 hospitalized pregnant women in their third trimester admitted to a single site in China
ER  -
TY  - JOUR
AN  - 32171076
C1  - DoesNotMeetOurCriteria
C2  - Prognosis
C3  - 191 hospitalized patients admitted at 2 sites in China
ER  -
TY  - JOUR
AN  - 32187464
C1  - HigherQuality
C2  - Treatment
C3  -
ER  -
TY  - JOUR
AN  - 32192580
C1  - NotACategoryWeAppraise
C2  - Prognosis
C3  - Epidemiology of transmission
ER  -
TY  - JOUR
AN  - 32202261
C1  - NotACategoryWeAppraise
C2  -
C3  - Epidemologic modelling
ER  -
TY  - JOUR
AN  - 32205204
C1  - DoesNotMeetOurCriteria
C2  - Treatment
C3  - Not a randomized controlled trial

ER  -
TY  - JOUR
AN  - 32205269
C1  - NotACategoryWeAppraise
C2  -
C3  - Descriptive study
ER  -
TY  - JOUR
```

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References ids (1 per line. max: 100)

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32190785
32183930
32191691
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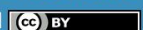
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Total: 57 references   ⧉ **Export all**

57 articles (57 References) *Revert*

■ Primary study

First case of Coronavirus Disease 2019 (COVID-19) pneumonia in Taiwan.

Authors »	Cheng SC , Chang YC , Fan Chiang YL , Chien YC , Cheng M , Yang CH , Huang CH , Hsu YN
Journal »	Journal of the Formosan Medical Association = Taiwan yi zhi
Year »	2020
Links »	Pubmed , DOI , PubMed Central

This article is included in 6 Systematic reviews

Abstract   About this article   Related evidence

An outbreak of respiratory illness proved to be infected by a 2019 novel coronavirus, officially named Coronavirus Disease 2019 (COVID-19), was notified first in Wuhan, China, and has spread rapidly in China and to other parts of the world. Herein, we reported the first confirmed case of novel coronavirus pneumonia (NCP) imported from China in Taiwan. This case report revealed a natural course of NCP with self-recovery, which may be a good example in comparison with medical treatments.

Unclassified

TY - JOUR
LA - English
TI - Passengers' destinations from China: low risk of Novel Coronavirus (2019-nCoV) transmission into Africa and South America.
AU - Haider N
AU - Yavlinsky A
AU - Simons D
AU - Osman AY
AU - Ntoumi F
AU - Zumla A
AU - Kock R
AB - Novel Coronavirus (2019-nCoV [SARS-COV-2]) was detected in humans during the last week of December 2019 at Wuhan city in China, and caused 24 554 cases in 27 countries and territories as of 5 February 2020. The objective of this study was to estimate the risk of transmission of 2019-nCoV through human passenger air flight from four major cities of China (Wuhan, Beijing, Shanghai and Guangzhou) to the passengers' destination countries. We extracted the weekly simulated passengers' end destination data for the period of 1-31 January 2020 from FLIRT, an online air travel dataset that uses information from 800 airlines to show the direct flight and passengers' end destination. We estimated a risk index of 2019-nCoV transmission based on the number of travellers to destination countries, weighted by the number of confirmed cases of the departed city reported by the World Health Organization (WHO). We ranked each country based on the risk index in four quantiles (4th quantile being the highest risk and 1st quantile being the lowest risk). During the period, 388 287 passengers were destined for 1297 airports in 168 countries or territories across the world. The risk index of 2019-nCoV among the countries had a very high correlation with the WHO-reported confirmed cases (0.97). According to our risk score classification, of the countries that reported at least one Coronavirus-infected pneumonia (COVID-19) case as of 5 February 2020, 24 countries were in the 4th quantile of the risk index, two in the 3rd quantile, one in the 2nd quantile and none in the 1st quantile. Outside China, countries with a higher risk of 2019-nCoV transmission are Thailand, Cambodia, Malaysia, Canada and the USA, all of which reported at least one case. In pan-Europe, UK, France, Russia, Germany and Italy; in North America, USA and Canada; in Oceania, Australia had high risk, all of them reported at least one case. In Africa and South America, the risk of transmission is very low with Ethiopia, South Africa, Egypt, Mauritius and Brazil showing a similar risk of transmission compared to the risk of any of the countries where at least one case is detected. The risk of transmission on 31 January 2020 was very high in neighbouring Asian countries, followed by Europe (UK, France, Russia and Germany), Oceania (Australia) and North America (USA and Canada). Increased public health response including early case recognition, isolation of identified case, contract tracing and targeted airport screening, public awareness and vigilance of health workers will help mitigate the force of further spread to naïve countries.
T2 - Epidemiology and infection
VL - 148
SP - e41
SN - 1469-4409
PY - 2020
DA - 2020
DO - 10.1017/S0950268820000424
U1 - 32100667[pmid]
DB - EPISTEMONIKOS
UR - http://www.epistemonikos.org/documents/4defd6d1768250771432fe7752ca7c1a73977e17
ER -

TY - JOUR
LA - English
TI - Epidemiologic characteristics of early cases with 2019 novel coronavirus (2019-nCoV) disease in Korea.
AU - Ki M
AU - Task Force for 2019-nCoV
AB - In about 20 days since the diagnosis of the first case of the 2019 novel coronavirus (2019-nCoV) in Korea on January 20, 2020, 28 cases have been confirmed. Fifteen patients (53.6%) of them were male and median age of was 42 years (range, 20-73). Of the confirmed cases, 16, 9, and 3 were index (57.2%), first-generation (32.1%), and second-generation (10.7%) cases, respectively. All first-generation and second-generation patients were family members or intimate acquaintances of the index cases with close contacts. Fifteen among 16 index patients had entered Korea from January 19 to 24, 2020 while 1 patient had entered Korea on January 31, 2020. The average incubation period was 3.9 days (median, 3.0), and the reproduction number was estimated as 0.48. Three of the confirmed patients were asymptomatic when they were diagnosed. Epidemiological indicators will be revised with the availability of additional data in the future. Sharing epidemiological information among researchers worldwide is essential for efficient preparation and response in tackling this new infectious disease.
T2 - Epidemiology and health

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Coronavirus disease (COVID-19)

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Epidemiology
Prognosis

Quarantine ⌃

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▸ Physical activity and physical therapy
▸ Complementary and alternative medicine
▸ Procedures
▸ Diet and dietary interventions
▸ Behavioral interventions
▾ Public health
  ▸ Vaccination
  ▾ Social distancing measures
    ▸ School practices
    ▸ Contact tracing
    ▸ Workplace practices
    ▸ Travel-related measures
    Quarantine **Clear**
    Reopening

Search results for   Clear search
Quarantine for COVID-19

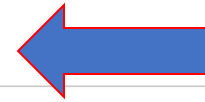Subscribe

| 114 Total articles included | 2 Broad syntheses | 6 Systematic reviews | 106 Primary studies Including 0 RCTs reporting data | Other articles Awaiting assessment and excluded articles |

👁 Showing 114 in 'Total articles included' ⬇ **Export**

■ Primary study / Not RCT ■ Reports data

Public Attitudes, Behaviors, and Beliefs Related to COVID-19, Stay-at-Home Orders, Nonessential Business Closures, and Public Health Guidance - United States, New York City, and Los Angeles, May 5-12, 2020.

Year	2020
Journal	MMWR. Morbidity and mortality weekly report
Authors	Czeisler MÉ et al
DOI	10.15585/mmwr.mm6924e1

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⌄ Show abstract

■ Primary study / Not RCT ■ Reports data

Impact of lockdown measures during COVID-19 on air quality- A case study of India.

Year	2020
Journal	International journal of environmental health research
Authors	Kumari P et al
DOI	10.1080/09603123.2020.1778646

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U1 - 32541210[pmid]
ER -

TY - JOUR
TI - Accelerated launch of video visits in ambulatory neurology during COVID-19: Key lessons from the Stanford experience.
PY - 2020
AU - Yang L
AU - Brown-Johnson CG
AU - Miller-Kuhlmann R
AU - Kling SMR
AU - Saliba-Gustafsson EA
AU - Shaw JG
AU - Gold CA
AU - Winget M
AB - The COVID-19 pandemic has rapidly moved telemedicine from discretionary to necessary. Here we describe how the Stanford Neurology Department: 1) rapidly adapted to the COVID-19 pandemic, resulting in over 1000 video visits within four weeks and 2) accelerated an existing quality improvement plan of a tiered roll out of video visits for ambulatory neurology to a full-scale roll out. Key issues we encountered and addressed were related to: equipment/software, provider engagement, workflow/triage, and training. Upon reflection, the key drivers of our success were provider engagement and a supportive physician champion. The physician champion played a critical role understanding stakeholder needs, including staff and physicians' needs, and creating workflows to coordinate both stakeholder groups. Prior to COVID-19, physician interest in telemedicine was mixed. However, in response to county and state stay-at-home orders related to COVID-19, physician engagement changed completely; all providers wanted to convert a majority of visits to video visits as quickly as possible. Rapid deployment of neurology video visits across all its subspecialties is feasible. Our experience and lessons learned can facilitate broader utilization, acceptance, and normalization of video visits for neurology patients in the present as well as the much anticipated post-pandemic era.
UR - http://www.epistemonikos.org/documents/08715a1bacffee8d4b3eae2d012fba42380de39e
T2 - Neurology
SN - 1526-632X
DO - 10.1212/WNL.0000000000010015
U1 - 32611634[pmid]
ER -

TY - JOUR
TI - Associations of stay-at-home order and face-masking recommendation with trends in daily new cases and deaths of laboratory-confirmed COVID-19 in the United States
PY - 2020
AU - Jie Xu
AU - Sabiha Hussain
AU - Guanzhu Lu
AU - Shi Wei
AU - Wei Bao
AU - Lanjing Zhang
AB - OBJECTIVE: To examine the associations of stay-at-home order and face-masking recommendation with trends in daily new cases and deaths of laboratory-confirmed coronavirus disease 2019 (COVID-19) in the United States DESIGN: Piecewise log-linear modelling of temporal trends with turning-points, followed by quasi-experimental study on trend turning-point. Simulation studies were carried out to understand the outcomes under the scenarios if early-implementation and removal of stay-at-home order occurred. SETTING: Population data in the United States PARTICIPANTS: Residents in the U.S., who were affected by the stay-at-home and face-masking policies MAIN OUTCOME MEASURES: Turning-points of the daily new cases and deaths of COVID-19, and COVID-19 time-varying reproduction numbers (Rt) in the U.S. RESULTS: The number and the proportion of U.S. residents under SAHO increased between March 19 and April 7, and plateaued at 29,0829,980 and 88.6%, respectively. The trend in COVID-19 daily cases reduced after March 23 (P<0.001) and further reduced on April 3 (P<0.001), which was associated with implementation of SAHO by 10 states on March 23, and the Centers for Disease Control and Preventions recommendation of face-masking, respectively. Similar turning points were identified in the trends of daily deaths with a lag time. The estimates of Rt based on the 3 reported mean serial-intervals of COVID-19 all started to decline on March 19, when SAHO was first implemented in the U.S. and declined faster after March 23. After a short plateau, Rt continued to decline after April 3 and fell below/around 1.0 on April 13. CONCLUSIONS: There were 2 turning points of COVID-19 daily new cases or deaths in the U.S., which appeared to associate with implementation of SAHO and the CDC face-masking recommendation. Simulation on early-implementation and removal of SAHO reveals considerable impact on COVID-19 daily new cases and deaths. These findings may inform decision-making of lifting SAHO and face.
UR - http://www.epistemonikos.org/documents/09a544128bf0f39bbaf3a35c0dc4c98f48c83fd2
T2 - medRxiv
DO - 10.1101/2020.05.01.20088237
U1 - 32637967[pmid]

https://covid-19.cochrane.org/?pn=1

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Last Day	124
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Last Week	941
Last Month	4218
Last 3 Months	11017
From And To…	

STUDY REFERENCE TYPE

STUDY CHARACTERISTICS

PICO data not currently available for all studies

POPULATION

INTERVENTION

OUTCOME

Select All   Order by [Newest First ▾]   Results per page [15 ▾]

Showing 1 - 15 of 12,262 studies   Prev **1** 2 3 4 5 6 7 Next

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GUALANO 2020A

Effects of Covid-19 Lockdown on Mental Health and Sleep Disturbances in Italy

ⓘ **Study Type**	ⓘ **Study Aim**	ⓘ **Study Design**	ⓘ **Intervention Assignment**
Observational	Other	Case Series/Case Control/Cohort	Not Applicable

References (1)

MØLLER-SØRENSEN 2020

COVID-19 Assessment with Bedside Lung Ultrasound in a Population of Intensive Care Patients Treated with Mechanical Ventilation and ECMO

ⓘ **Study Type**	ⓘ **Study Aim**	ⓘ **Study Design**	ⓘ **Intervention Assignment**
Observational	Diagnostic/Prognostic Treatment And Management	Case Series/Case Control/Cohort	Not Applicable

References (1)

ZHAO 2020BA

Prediction of the Number of Patients Infected with COVID-19 Based on Rolling Grey Verhulst Models

ⓘ **Study Type**	ⓘ **Study Aim**	ⓘ **Study Design**	ⓘ **Intervention Assignment**
Modelling	Transmission Epidemiology	Other	Not Applicable

References (1)

1939 Selected | Export | Clear

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Last Week — 0
Last Month — 0
Last 3 Months — 0
From And To…

STUDY REFERENCE TYPE ∨

STUDY CHARACTERISTICS ∨

PICO data not currently available for all studies

POPULATION ∨

INTERVENTION ∨

OUTCOME ∨

☑ DANIELSSON 2012

Novel coronavirus associated with severe respiratory disease: case definition and public health measures

ⓘ **Study Type** | ⓘ **Study Aim** | ⓘ **Study Design** | ⓘ **Intervention Assignment**
Observational | Mechanism | Case Report | Not Applicable

References (1)

☐ CHICTR2000029308

A randomized, controlled open-label trial to evaluate the efficacy and safety of lopinavir-ritonavir in hospitalized patients with novel coronavirus pneumonia (COVID-19)

ⓘ **Study Type** | ⓘ **Study Aim** | ⓘ **Study Design** | ⓘ **Intervention Assignment**
Interventional | Treatment And Management | Parallel/Crossover | Randomised

👥 **Population (7)** | ⤳ **Intervention (1)** | ◑ **Comparison (1)** | ◎ **Outcome (2)**
Male And Female | Lopinavir And Ritonavir | Usual Care | Time To Clinical Improvement
COVID-19 | | | Clinical Improvement
Adult
Aged (65+)

References (2)

☑ - 2020A

Report on the Epidemiological Features of Coronavirus Disease 2019 (COVID-19) Outbreak in the Republic of Korea from January 19 to March 2, 2020

1939 Selected | Export | Clear

What does this address and what it does not address

- It is a proof of concept for and approach to:
  - Obtaining meta-data for records from existing repositories
- It does not address:
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  - Federated searching (searching multiple databases at the same time)
  - De-duplication, or finding references unique to each repository
- It is a starting, not final point

Another use case

- Identifying the most current and comprehensive living review on social distancing

  - If repositories of living review on social distancing were allowing extraction of meta-data (eg # of trials included, search end date) ina RIS-like format (e.g. COKA FHIR)
  - If one had a tool to combine/compare the RIS

- The task would be solved

Why Improve my RIS is important?

- Because the problem in achieving most of our goals is not technical (how to handle the data), but political (willingness to share data).

- Choosing a simple solution offers a cheap way of proofing the concept that data can be AND ARE shared

- Improve my RIS would provide pilot data for fundraising

Is it OK if I upload to google docs and edit there?
I would paste screenshots following the following script

1 - Paste in Epipstemonikos 'improve my RIS' a list of PMID from your example (this is the preliminary URL
[limited to 100 IDs by now]: https://www.epistemonikos.org/documents/check_documents)
2 - Return the % of articles from that list that are in our database
3- Export a RIS with the following metadata in M3 field (the same you are using): Primary study/ RCT or non- RCT
/ reports data or does not report data.

Then,
Starting from the question of the example review in
L·OVE: https://app.iloveevidence.com/loves/5e6fdb9669c00e4ac072701d?question_domain=5b1dcd8ae611de7
ae84e8f14&population=5e7fce7e3d05156b5f5e032a&intervention=5e93a6fc3552583c288cc9c7
1- Export a RIS
2- (I would not explain again how to go get from RIS to list of PMIDs)
3- Paste list of IDs in Cochrane Register
-- End of demo --

Any suggestion is more than welcome
Gabriel