

Fit-for-use evidence on benefits and harms when adopting guidelines: the complexities of decisions to use, update or do new systematic reviews

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Declaration of Conflict of Interest

- We have no actual or potential conflict of interests in relation to this presentation.

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Introduction

CRITERIA

Is the problem a priority?

How substantial are the desirable anticipated effects?

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What is the overall certainty of the evidence of effects?

Do the desirable effects outweigh the undesirable effects?

Is there important uncertainty about or variability in how people value the main outcomes?

How large are the resource requirements?

What is the certainty of the evidence of resource requirements?

Are the net benefits worth the incremental cost?

What would be the impact on health equity?

Is the intervention/option acceptable to key stakeholders?

Is the intervention feasible to implement?

Evidence-to-decision framework

- Global Evidence-Local Adaptation (GELA) project - aimed to develop **locally relevant** guidelines for **child health** in Malawi, Nigeria, South Africa
- GRADE-ADOLOPMENT - evidence-to-decision (EtD) framework-based approach - for improved efficiency + reducing research waste
- Priority setting: stakeholders identified priority guideline **PICO** questions in each country
- To inform **benefits and harms** EtD criteria – need to identify most efficient path to obtain effectiveness evidence:
 1. use existing systematic reviews (SRs) identified in source guidelines, **OR**
 2. update/partially updating existing SRs, **OR**
 3. produce new SRs

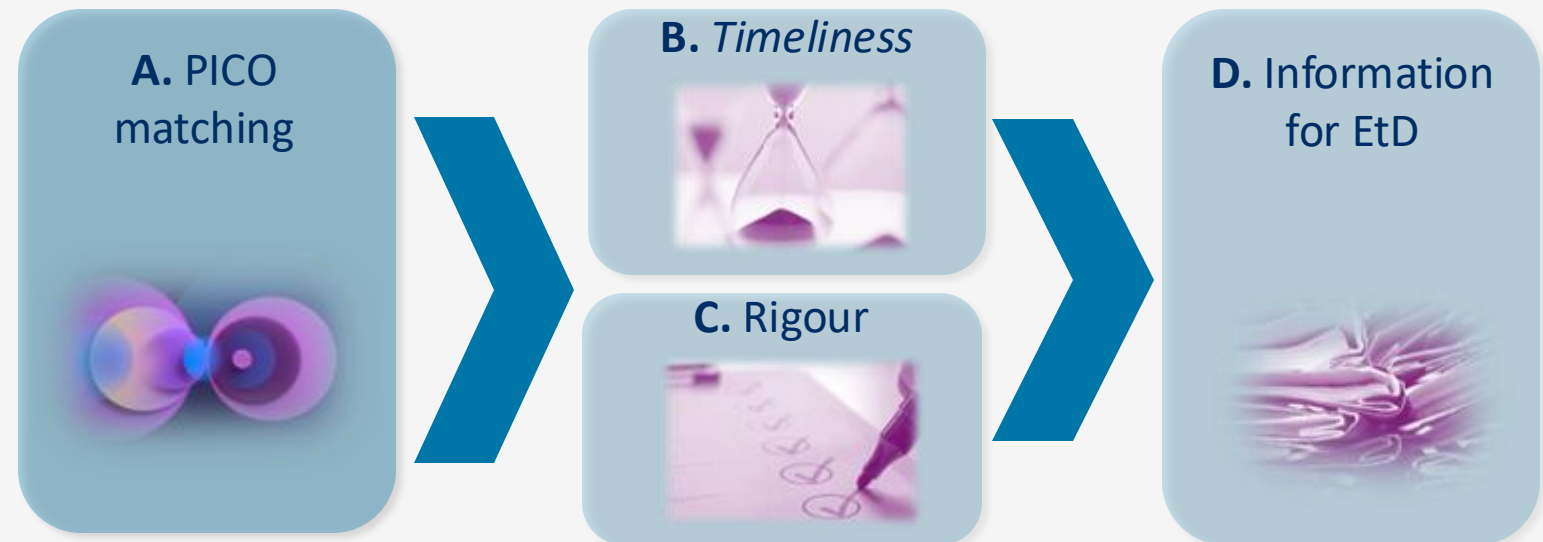
For **guideline PICO-questions** prioritised in GELA – this process had complexities

Objective

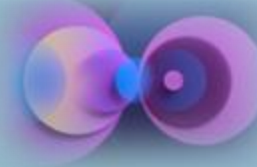
To report **complexities** and **lessons** around decisions about whether effectiveness SRs were **fit-for-use** for 5 guideline PICO.

Methods

1. Identified available evidence for **5 guideline PICO**s:
 - 3 questions: source guideline recommendations with underlying SRs
 - 2 questions: no source guidelines identified; SRs obtained through scoping
2. Established *a priori* **decision paths** to assess 'fitness-for-use' of 29 SRs:



A. PICO matching: alignment between SR PICO and guideline PICO-question



Key complexities

- **SR PICOs had different scope to guideline PICOs** in all cases
 - Mismatch in populations of interest
 - SR missing important population subgroups
 - Definitions for interventions and syntheses unclear or mismatched
 - Description of interventions in SR insufficient – revisiting primary studies time-consuming + potentially inefficient
 - SR included different setting



Broad vs. narrow questions: even when SR PICO matched guideline PICO, the PICO of underlying synthesis not necessarily well-matched

B. Timeliness: important evidence missing



Key complexities

- Most SRs with reasonably-matched PICOs >1 year out of date
 - ‘Informal’ rapid scoping used to assess potentially missing evidence
- The value of updating varied:
 - For older reviews with little missing evidence → new reviews: **findings changed** in some cases & **remained similar** in others
 - For newer reviews missing several studies → [partial] updates: findings **remained similar**



'Old' reviews vs. reviews with missing evidence: even if SR was considered out of date, not necessarily **missing important evidence** that would meaningfully change findings

C. Rigour: AMSTAR-2



Key complexities

- SRs with reasonably-matched PICOs - mostly **moderate quality** (AMSTAR 2)
 - Where key RoB domains were assessed and included studies were reported ‘in detail’ – this did not flag whether **information was usable**
 - One SR was a preprint
 - Presents risk to assessment **credibility** as preprint may be changed during peer review
 - May pose **methodological challenges** as not all information is in the public domain



Quality vs. utility: even if a SR is moderate/high quality, it does not necessarily report **accessible, usable** information that is needed

D. Information for EtD: use of GRADE/Summary of Findings (SoF) tables



Key complexities

- For two shortlisted SRs, certainty of evidence available in SoF tables, however, we chose to revisit GRADE:
 - Insufficient detail about judgements downgrading the certainty of the evidence
 - difficult to review and amend for guideline process
 - To promote consistent approaches across GRADE for decision-making



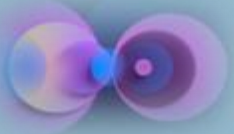
Availability vs. utility: even if GRADE/SoF tables are available it does not necessarily report information that can be used in EtDs

In summary

Decisions to use or update existing reviews, or to conduct new reviews requires:

Considerations across 4
decision paths

A.
PICO
matching



C. Rigour



B.
Timeliness



D. Information
for EtD



Considerations related to

- funder requirements and deliverables
- capacities of teams
- need to build capacity of novice authors



For 5 guideline PICO-questions:

- 1 SR – used as-is
- 2 SRs – updated
- 2 SRs – new review conducted

Foundational: availability of experienced methodologist

What helped...

... when updating existing evidence reviews

- Available search strategies
- No need to start from scratch – extracted data available
- Sharing of additional information by SR authors (e.g. ROB assessments and extracted data)
- Available GRADE certainty of evidence judgements (easier to re-GRADE evidence)

... when doing new reviews

- Available search strategies
- Outcome pre-selection/identification
- Eligibility criteria – e.g. definition of interventions
- Identifying comparisons of interest (PICO for synthesis)
- Clinical/technical content

Conclusions

- Using existing SRs to inform the benefits and harms criteria in a guideline development process may feel intuitively more efficient than conducting new SRs
- In practice, several challenges can arise during this process, specifically in assessing the available evidence to inform benefits and harms EtD criteria
- Decision paths are a good starting point, but:
 - Process is iterative and nuanced
 - Formulaic implementation may result in inefficiencies
 - Need careful consideration of trade-offs across factors - balancing efficiency and pragmatism with fitness-for-use of the evidence
- Practical and case-specific decision-making by experienced methodologists required
- Capacity building of guideline synthesis teams - pivotal for a local evidence culture and for efficient evidence-into-policy processes

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Want to hear more about the GELA project?



Elodie Besnier

Going Glocal: contextualising qualitative evidence for guideline development in Africa. Experiences from the Global Evidence- Local Adaptation (GELA) project

OS: Capacity-Building in Evidence Synthesis and Guideline Development 1

11 September

11h00 – 12h30 (Presenting at 11h05)

Hall G9



Idriss Kallon

Assessing and building capacity for clinical guideline development in Malawi, South Africa and Nigeria

OS: Guideline Development Strategies 1

11 September

11h00 – 12h30 (Presenting at 11h35)

Hall G9