



PROVA

transparent in evidence-based advices

PRESSURE-COOK SESSIONS

Evidence-based guideline development using
pressure-cook sessions: study and experience

Mariska Tuut – GIN Berlin – Friday 24 August

Background

- Working group
- Key questions → evidence packages → recommendations → draft guideline
- Concerns:
 - Time-consuming
 - Expensive
 - 'Tiredness'

Pressure-cooking

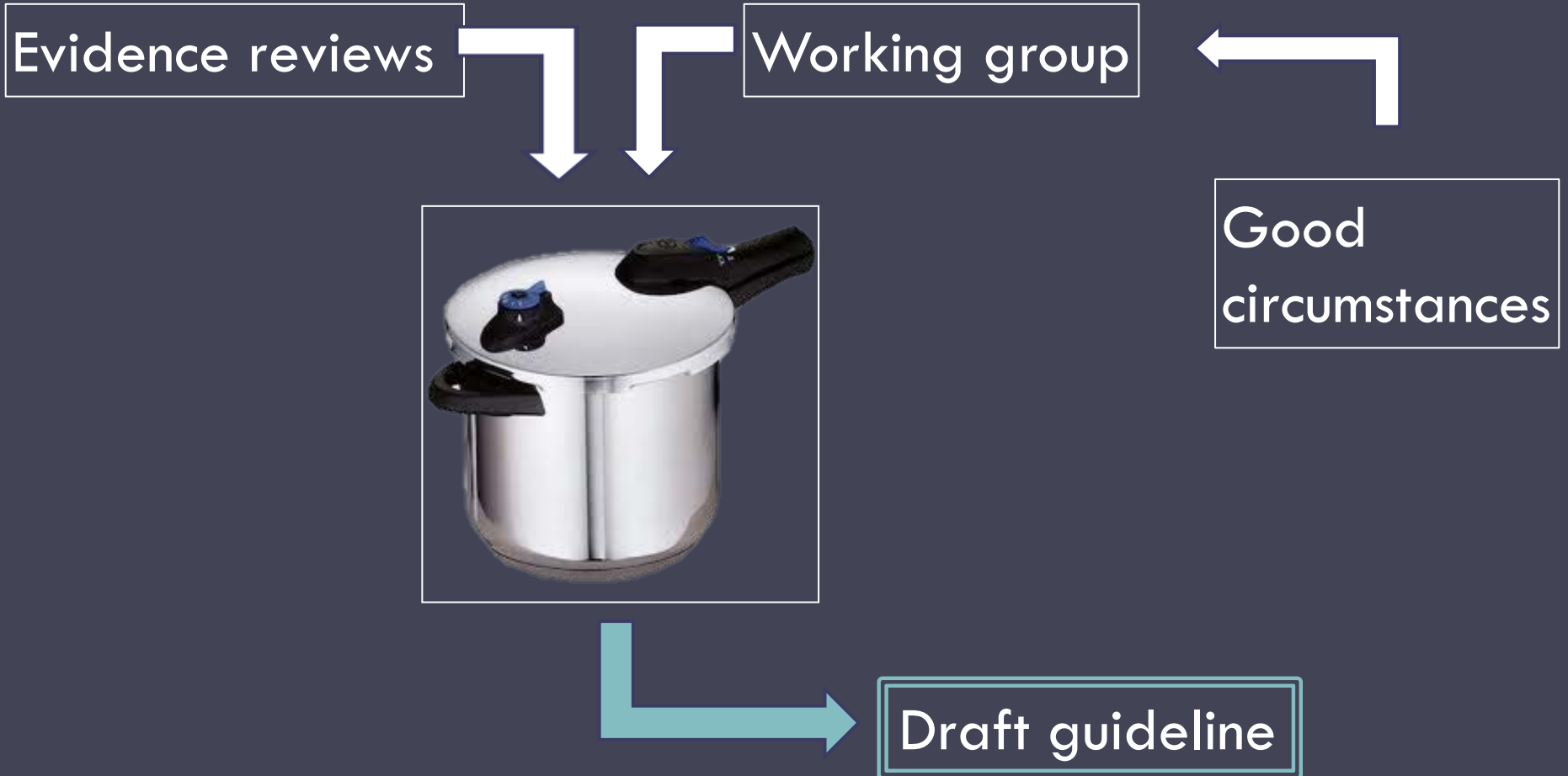
Evidence reviews

Working group

Good
circumstances



Draft guideline



3-way prospective study - design

1. Traditional approach
 2. Pressure-cook method
 3. Epidemiologist – single dermatologist
- Same body of evidence → 3 draft guidelines on actinic keratosis

3-way prospective study - outcomes

- Accordance in recommendations between guidelines per therapy
 - ▣ Low level of obligation (e.g. may)
 - ▣ Moderate level of obligation (e.g. should)
 - ▣ High level of obligation (e.g. must)
- Costs
- Time

3-way prospective study - results

Correlations		Intraclass Correlation Coefficient
Level of evidence	Traditional versus pressure-cooking	.735 (95% CI 0.300-0.916) p = 0.003
	Traditional versus epidemiologist + dermatologist	.826 (95% CI 0.534-0.943) p < 0.001
	Pressure-cooking versus epidemiologist + dermatologist	.859 (95% CI 0.585-0.957) p < 0.001
Recommendations	Traditional versus pressure-cooking	.755 (95% CI 0.372-0.922) p = 0.001
	Traditional versus epidemiologist + dermatologist	.493 (95% CI 0.001-0.806) p = 0.026
	Pressure-cooking versus epidemiologist + dermatologist	.673 (95% CI 0.199-0.893) p = 0.007

3-way prospective study - results

	Traditional	Pressure-cooking	Epidemiologist + dermatologist
Total costs	€ 48,100	€ 39,630	€ 24,770
Time period necessary for draft guideline	14 months	5 months	4 months

- Some exit results:
 - Traditional: possible time to adapt
 - Pressure-cooking: enthusiasm, but a large amount of preparatory work
 - Epidemiologist + dermatologist: cheap, but chance of bias and non-acceptance

3-way prospective study - conclusions

- Guidelines developed with the pressure-cook method are at least of equal quality as guidelines developed in the traditional way with multiple sessions
- That is:
 - In topics with a monodisciplinary character
 - And a relatively small body of evidence (few RCT's)

Experience with an extensive topic

- CPG unknown primary tumours:
 - Multidisciplinary working group
 - Enthusiasm!
 - Manageable costs
 - No gain of time!

Lessons learned

- Pressure-cook sessions can limit time and costs of CPG development, without losing quality
- Conditions:
 - ▣ Extensive preparation
 - ▣ Sufficient methodological support
 - ▣ Willingness of the working group not to extend the scope of the guideline
 - ▣ Space for fine-tuning afterwards



Thnx!

Questions?

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