GINDER:
G-I-N Data Extraction Resource

On behalf of G-I-N ETWG
Definitions (1)

- **Template (as developed by the G-I-N ETWG):** Minimum data abstracted from a single study to allow consistent comparison across studies and to inform a group process in evidence synthesis.

- **Data extraction resource:** Resource allowing to extract and to present data extracted from various individual studies in a standardised template. This resource forms the foundation for development of evidence tables which group and summarise data based on a defined question.
Definitions (2)

- “Evidence tables are methodological and outcome summaries that present data from a number of related studies. They answer a well-defined question in a consistent format, aim to demonstrate overall trends in the evidence and enable the process of making recommendations.”

- Key questions (also called review questions and clinical questions): Highly specific question to be addressed within a guideline or any research programme

- Paper: Normally an article published in a scientific journal but may also be some other form of written evidence. May also be referred to as ”article” or ”literature”
Objectives

- To provide an online collaborative working space, which contains a registry of data extracted from individual studies, based on templates developed by the ETWG, that can be used for the development of guidelines.

- To allow the reuse of data extracted from individual studies for different purposes (for example, to create evidence tables specific to a key question).

- To reduce/avoid duplication of effort.

- To support collaboration and sharing expertise.

- To increase quality and transparency of data extracted from individual studies.
Important

- An evidence summary is not an evidence table
- Summarising papers is a necessary step before the literature synthesis
- The registry differs from GRADE profiles and summaries of findings and Cochrane summaries (GRADE relates to the body of evidence while an evidence summary relates to an individual piece of evidence). They can serve as a basis to build the profiles.
- Data summaries are created according to the templates developed by the G-I-N ETWG
- Registry in English to facilitate summarising and sharing data
- G-I-N Organisational members will be able to add data in the registry (as is the case for the guideline library)
- Only G-I-N members (individual and organisational) will have access to the content of the registry
Some key features

- Possibility to use the registry as a personal workspace (i.e. no duplication in entering the data)
- Possibility to add items to the summaries based on one’s needs
- Enables searching and working with summaries prepared by an other organisation
- Draft will be visible by other members but clearly identified as draft
- Registry is part of the G-I-N website
- Summaries linked to the final document (guideline library) and its key questions
Some key features

- Only the authors can modify the summaries
- A history log will be available for each summary
- Members will be able to comment on the summaries (e.g. mistake in recording the data...)
- Summaries can be exported to personal spaces (clipboard) and as Comma-Separated Value (CSV) or PDF
- A summary can be linked to more than one key question and to more than one guideline library entry
Data entry process

Create an entry in the guideline library

Enter background information including PICO and key questions

Select appropriate template (diagnostic or intervention at start)

Select appropriate key question

Fill in the summary
Data entry process

Create guideline/main document entry (can be revised afterwards)

<table>
<thead>
<tr>
<th>Contact information</th>
<th>Type of document</th>
<th>PICO and MESH</th>
<th>Title of document</th>
<th>Key questions and/or topic statements</th>
<th>Expected publication date</th>
</tr>
</thead>
</table>

Select appropriate study type

- Intervention
- Diagnostic
- Economic evaluation
- Prognostic

Enter bibliographic citation (Vancouver style) and/or PubMed ID of the paper

The registry will automatically search for potential existing entry relating to this publication

Add contact details and information on person completing the summary

Select associated key question / topic statement

Enter data summary
Items similar for all templates

- Bibliographic citation
- Sources of funding and competing interest
- Setting
- Study design
- Authors conclusion
- Results validity
Some items from the ”diagnostic template”

- Objective of the study
- Question(s) addressed
- Study design
- Reference standard test
- Diagnostic test evaluated
- Study population expected
- Accuracy
- Reproducibility
- ...

Guidelines International Network
www.guidelines-international.net
Scottish Charity No: SC034047
Some items from the ”intervention template”

- Study design
- Eligibility criteria
- Interventions
- Primary and secondary outcomes measures
- Sample size
- Randomisation method
- Effect size
- ...
Search possibilities

Direct access

- Access your organisation/s summaries via your dashboard
- Access preliminary selected summaries via your clipboard

Search engine

- Search by
  - Keywords
  - Bibliographic citation
  - Document (guideline, evidence report...) title
  - Summary author
  - MESH
  - PICO
- Output by
  - Summary titles
  - Document titles
  - Key questions / topic statements
Search forms

Basic search
- Keywords
- Search in citation
- Search in document title
- Search in key question/topic statement
- Search all fields
- Please choose your desired search result output style:
  - Output/List document titles
  - Output/List papers
  - Output/List key questions/topic statements

Advanced search
- Keywords
- Author list organisations
- Citation
- Disease (Mesh) Mesh tree
- population
- intervention
- comparison
- outcome
- Please choose your desired search result output style:
  - Output/List document titles
  - Output/List papers
  - Output/List key questions/topic statements

Registry’s search page

Direct link available on all website pages
### Examples of result pages

<table>
<thead>
<tr>
<th>Key question/topic statement</th>
<th>number of relevant summaries</th>
<th>Author</th>
<th>Contact for the Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>First key question</td>
<td>10</td>
<td>Name of organisation</td>
<td>Name, First name</td>
</tr>
<tr>
<td>Second key question</td>
<td>20</td>
<td>Name of organisation</td>
<td>Name, First name</td>
</tr>
<tr>
<td>Third key question</td>
<td>17</td>
<td>Name of organisation</td>
<td>Name, First name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>paper title</th>
<th>publication date</th>
<th>type of study (or diagnostic)</th>
<th>Associated Key question</th>
<th>status</th>
<th>creation date / update</th>
<th>Author</th>
<th>Contact</th>
<th>Comments available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bibliographic citation</td>
<td>January 1, 2009</td>
<td>intervention</td>
<td>How is asthma treated in children?</td>
<td>draft / published</td>
<td>February 10, 2010</td>
<td>Name of organisation</td>
<td>Name, First name</td>
<td>yes</td>
</tr>
<tr>
<td>Vancouver style</td>
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Important dates

- March - May 2011: Development
- June 2011: Testing
- July 2011: Start of data entry
- August 2011: Official launch at the G-I-N Conference
Sharing hard labour: developing a standard template for data summaries in guideline development

N Milka-Cabanaco,1 R Hadour,2 H de Beur,3 M Laurence,1 R Cook,4 S Twaddle,2 on behalf of the Guidelines International Network (GIN) Working Group on Evidence Tables

Background: A key objective of the Guidelines International Network (GIN) is to reduce duplication of effort. To address this objective, a working group was established to define a minimum dataset for inclusion in all evidence tables.

Methods: A literature review was conducted to identify existing evidence tables, and GIN member organisations were asked to provide the tables they use. The results were used to develop a minimum dataset (template) for studies addressing intervention questions. The template was pilot-tested by a group of guideline developers and reviewed at GIN conferences.

Results: The literature search yielded 65 articles. These dealt with reporting standards and trial quality (e.g., CONSORT statement) rather than how data should be extracted from studies. However, the checklist items given were considered useful. Nineteen GIN members provided evidence tables; 17 tables were used for analysis. The number of items included in the tables ranged from 8 to 16, with several items common to all tables. Within individual items, the level of detail varied widely. The draft template included a majority of items relating to objective data. Pilot testing revealed that the median time to read a paper and complete the template was 2.5 h for a randomised controlled trial and 2.16 h for a non-randomised, controlled intervention study. The median rating for both relevance and clarity of items was high.

Conclusions: The template testing the items needed to summarise an interventional study is now available for large-scale testing by all organisations.

INTRODUCTION

Health costs have escalated in recent years and are still rising steeply, driven by ageing populations and the introduction of new technologies. Quality of healthcare is an important issue for health professionals, patients and carers, and many national governments have assumed that improving the quality of healthcare will help contain costs by reducing unnecessary treatments and procedures.

One of the promises of evidence-based medicine is that it will enhance the quality of healthcare. Various bodies produce health technology assessments (HTA) and clinical practice guidelines (CPG) on the basis of evidence reviews and syntheses. The production of these documents is time-consuming and costly, requires considerable resources and leads to substantial duplication.

Adapting guidelines from one country to another may save time1 but is not always feasible. Standardisation of evidence tables produced from systematic reviews could facilitate faster guideline production. Although most HTA and guideline agencies use such tables, the scope and quality of the information they contain can vary quite considerably. Standardising the data-extraction process and the format of tables should minimise duplication of effort. It may also reduce the overall cost of HTA or guideline production.

The Guidelines International Network (GIN) was founded in 2002 to facilitate information sharing, education and knowledge transfer, and collaborative working between guideline programmes to promote best practice and avoid duplication of effort (http://www.GIN.net).2 A key concept underlying these objectives is that of globalising the evidence which should be the same wherever it is used.3 In 2005, a working group on evidence tables was set up to define a minimum data set that should be included in all evidence tables. The approach was similar to the work that has already been done on the reporting of clinical trials (CONSORT, etc.)4,5 and the standardisation of guidelines.6