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Scottish Charity No: SC034047

GINDER:
G-I-N Data Extraction Resource

On behalf of G-I-N ETWG

Definitions (1)

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- 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)

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- "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

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- 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

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- 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

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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

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

- Contact information
- Type of document
- PICO and MESH
- Title of document
- Key questions and/or topic statements
- Expected publication date

↓

Selecte 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

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- 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
- …

Some items from the ”intervention template”

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

Search possibilities

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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

list only results in my organisation

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

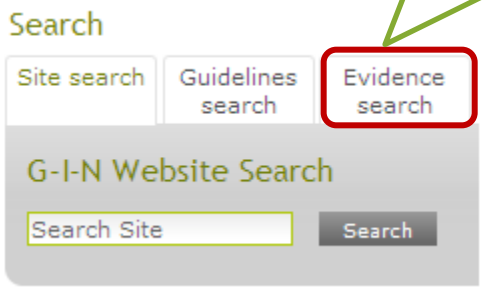
outcome

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

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Key question/topic statement	number of relevent summaries	Author	Contact for the Document
First key question	10	Name of organiation	Name, First name
Second key question	20	Name of organiation	Name, First name
Third key question	17	Name of organiation	Name, First name

paper title	publication date	type of study	Associated Key question	status	creation date / update	Author	Contact	Comments avalaible?
Bibliographic citationin Vancouver style	January 1, 2009	intervention (or diagnostic)	How is asthma treated in children?	draft / published	February 10, 2010	Name of organiation	Name, First name	yes
Bibliographic citationin Vancouver style	January 1, 2009	intervention (or diagnostic)	How is asthma treated in children?	draft / published	February 10, 2010	Name of organiation	Name, First name	no
Bibliographic citationin Vancouver style	January 1, 2009	intervention (or diagnostic)	How is asthma treated in children?	draft / published	February 10, 2010	Name of organiation	Name, First name	yes

Important dates

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- 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

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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 (eg, CONSORT statement) rather than which 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 19, with several items common to all tables. Within individual items, the level of detail varied widely. The draught 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 h for a randomised controlled trial and 2½ h for a non-randomised, controlled intervention study. The median rating for both relevance and clarity of items was high.

Conclusion: The template listing 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 time[1] 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)[4–6] and the standardisation of guidelines.[7]

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