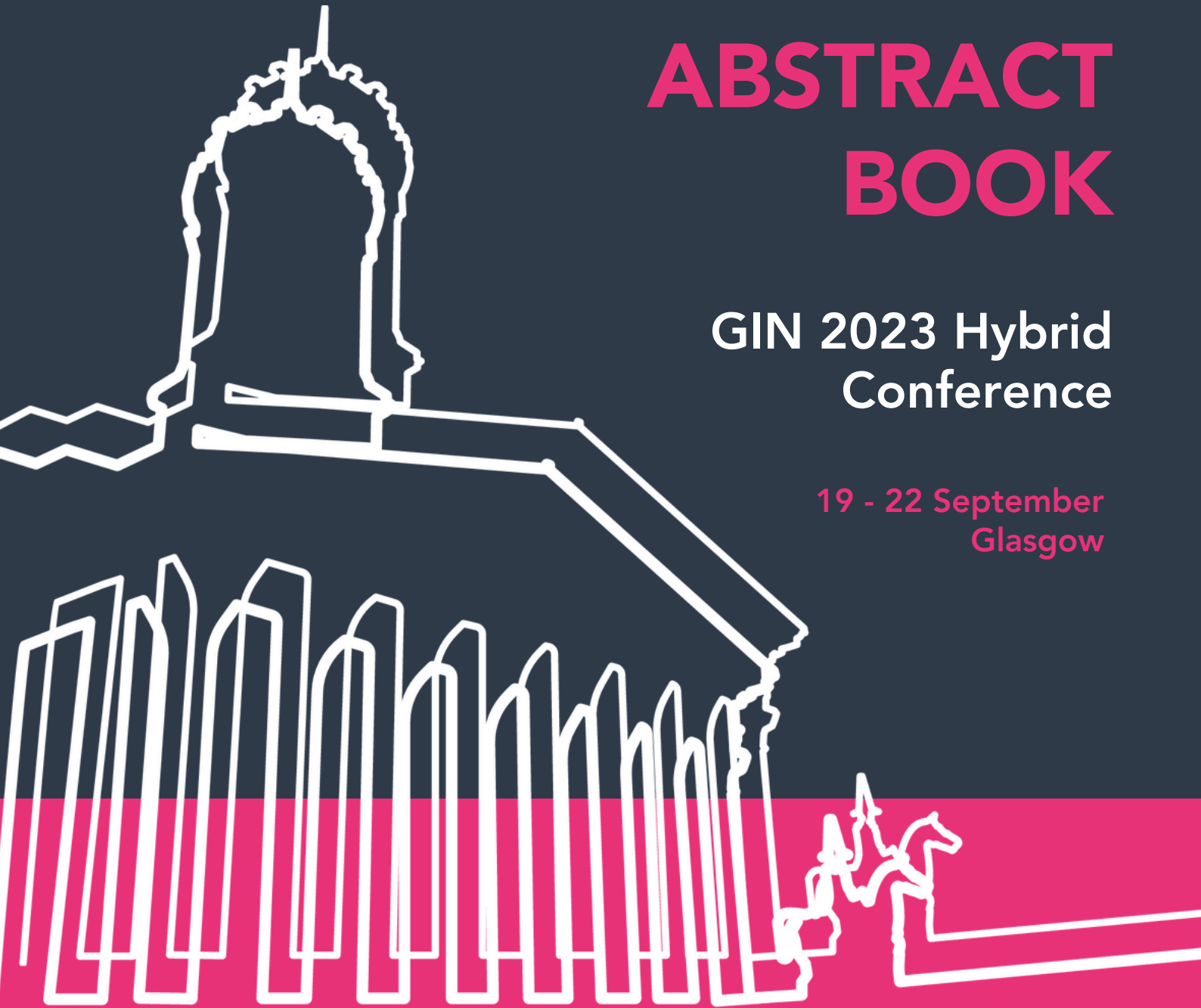


ABSTRACT BOOK

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Maintaining quality while pursuing efficiency

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A critical appraisal and recommendation synthesis of delirium clinical practice guidelines to be used as the basis to develop a set of emergency department performance measures

Ms. Sarah Filiatreault¹, Dr. Jeremy M Grimshaw^{2,3}, Dr. Sara A Kreindler¹, Dr. Aleks Chochinov^{1,4}, Ms. Janice Linton⁵, Ms. Rashmita Chatterjee⁶, Dr. Rilwan Azeez⁷, Dr. Malcolm B Doupe^{1,4,8}

¹Department of Community Health Sciences, University Of Manitoba, Winnipeg, Canada, ²Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, Canada, ³Department of Medicine, University of Ottawa, Ottawa, Canada, ⁴Department of Emergency Medicine, University of Manitoba, Winnipeg, Canada, ⁵Neil John Maclean Health Sciences Library, University of Manitoba, Winnipeg, Canada, ⁶Department of Biomedical Engineering, University of Manitoba, Winnipeg, Canada, ⁷Department of Immunology, University of Manitoba, Winnipeg, Canada, ⁸Centre for Care Research, Western University of Applied Sciences, Bergen, Norway

P4A - Research, recommendations & the real world, Main Auditorium, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

I am currently a PhD candidate at the University of Manitoba, Canada. I have been a nurse for over 20 years; with most of my career spent in emergency department (ED) and critical care settings in Canada, the United Kingdom, and Australia.

I am passionate about developing systemic and evidence-based approaches to improve healthcare quality. My research uses methods to develop guideline-based performance measures to monitor and evaluate quality care; and is informed by G-I-N reporting standards. My doctoral research is focused on developing performance measures to evaluate the quality of delirium care older adults receive in the ED specifically.

Background. Older adults are at high risk of developing delirium in the emergency department (ED). Improving ED delirium care has been challenging, partly due to a lack of standards and benchmarks to guide best practice in this setting.

Objectives. This study aimed to critically appraise and synthesize CPG recommendations and identify those relevant to older ED patients.

Method. We conducted an umbrella review of delirium CPGs. Quality of the CPGs and recommendations were critically appraised using the AGREE-II and AGREE-REX instruments. A threshold of 70% or greater in the AGREE-II Rigour of Development domain was used to define high-quality CPGs. Delirium recommendations from CPGs meeting this threshold were included in the synthesis and narrative analysis.

Results. AGREE-II Rigour of Development Scores ranged from 37% to 83%, with five of the ten included CPGs meeting the predefined threshold. Their recommendations (n = 78) were grouped into four categories: screening, diagnosis, risk reduction, and management. Although none of the included CPGs were ED-specific, many incorporated evidence from the ED setting. CPGs were broadly congruent, with some differences in recommendations about assessment instruments and the use of antipsychotic medication.

Discussion. This is the first known review of delirium CPGs including a critical appraisal and synthesis of recommendations, with a focus on older ED patients. Results are informing the development of a set of performance measures, which can be used to provide real world data to identify variations in ED delirium care quality and help focus improvement efforts where they are most needed.

A framework to guide decision-making in environmental and occupational health: Results of a modified Delphi process

Emily Senerth¹, Paul Whaley^{2,3}, Elie Akl⁴, Brandiese E.J. Beverly⁵, Pablo Alonso Coello⁶, Andrew Rooney⁵, Holger Schünemann⁷, Kristina Thayer⁸, Katya Tsaioun², Dr Rebecca Morgan^{7,9}

¹George Washington University, , , ²Evidence-based Toxicology Collaboration at Johns Hopkins; Bloomberg School of Public Health, , , ³Lancaster University, , , ⁴American University of Beirut, , ,

⁵National Institute of Environmental Health Sciences, Division of Translational Toxicology, , ,

⁶Iberoamerican Cochrane Centre, Biomedical Research Institute (IIB Sant Pau-CIBERESP), , ,

⁷McMaster University, , , ⁸US Environmental Protection Agency, , , ⁹Case Western Reserve University, ,

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Dr. Rebecca Morgan is a health research methodologist and epidemiologist serving as a part-time Assistant Professor at McMaster University, Department of Health Research Methods, Evidence and Impact, in Hamilton, Ontario and adjunct Assistant Professor at Case Western Reserve University, School of Medicine, in Cleveland, Ohio. Dr. Morgan is a co-founder and the Executive Director of Evidence Foundation, a non-profit with the mission of supporting initiatives in evidence-based health care. Dr. Morgan is the Chair of the G-I-N Guidelines Collaboration Working Group.

Background: GRADE evidence-to-decision (EtD) frameworks provide a structure to support standardized and transparent consideration of relevant criteria to inform health decisions. The GRADE EtD was introduced in 2016 and has been adapted into five perspectives: individual clinical decisions, population-level clinical decisions, health system and public health decisions, coverage decisions, and tests. There is limited uptake of the GRADE EtD in environmental and occupational health (EOH), possibly due to inapplicability of the existing five perspectives.

Objective: We aimed to elicit expert opinions and reach consensus on the relevance and priority of decision-making criteria in EOH that have been identified and synthesized through a prior systematic review.

Methods: We conducted a two-round Delphi process, engaging stakeholders from the following perspectives: risk assessment and management, nutrition/food safety, cancer, and socio-economic analysis. Consensus was determined according to pre-defined thresholds.

Results: There were 20 participants in round 1 and 19 participants in round 2. From an initial set of 106 decision considerations, 50 were aggregated or removed after round 1 and 9 were aggregated or removed after round 2, for a final total of 47. No new decision considerations were added in either round.

Conclusions: The proposed decision framework resulting from this study is similar to its foundational framework, the GRADE EtD for health system and public health decisions. This work has served to validate and extend the constructs of the GRADE EtD to a new perspective. Findings of the Delphi process also indicate that the literature is reasonably comprehensive of EOH decision considerations.

A guideline for complementary medicine in palliative care: suitable for all ages

Brigitt C.M. Borggreve¹, Mathilde Roelofsen¹, Monique van Dijk², Alexander de Graeff³, Mara van Stiphout⁴, Corinne Stoop¹

¹the Netherlands Comprehensive Cancer Organisation (IKNL) , , The Netherlands, ²Department of Internal Medicine, Section of Nursing Science, Erasmus MC, University Medical Center Rotterdam, , The Netherlands, ³Department of Medical Oncology, University Medical Center, Utrecht and Academic hospice Demeter, De Bilt, , The Netherlands, ⁴Dutch Centre of Expertise in Children's Palliative Care, Utrecht, , The Netherlands

Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Brigitt Borggreve had a background in pharmacy in the Netherlands when she started in 2000 to work for the Netherlands Cancer Registry. Since 2011 she is a guideline developer specialized since 2015 in Palliative care. Together with the other members of the Palliative care team and partners, she strives and stimulates for good and qualified guideline in palliative care for every patient, children and adults. To improve the quality of life of patients and their informal caregivers facing the problems associated with life-threatening illness or frailty.

Background:

Complementary health care refers to the use of non-mainstream approaches (e.g. yoga, massage etc.) together with conventional health care. It is provided in addition to regular care and takes a holistic approach. The most recent Dutch guideline on this topic dates from 2010, and targets adults. The guideline has been revised consensus-based to integrate new evidence, new interventions and an additional target group (children).

Objective:

To revise previous recommendations and develop new recommendations for complementary medicine in palliative care for children and adults.

Methods:

To fulfil the objective - a new guideline for children and an updated guideline for adults - two working groups went to work. A group of thirteen healthcare professionals developed the children-specific guideline and a group of nine updated the adult-specific guideline. To secure uniformity and agreement between both guidelines, five healthcare professionals participated in both working groups and both working groups had the same chairperson. To optimize harmonization between both guidelines, they addressed the same six main topics, derived from existing guidelines, expert opinion and patient opinion. The topics include massage, mind-body interventions, aromatherapy, aquatherapy, listening to music and energy interventions. The recommendations were based on clinical studies, clinical judgement and patient values. By aligning the development process, the dual objective was fulfilled within approximately the same period of time that would have been needed for a single guideline revision.

Future prospects:

In the future, the guideline will be updated modularly.

A logic model-based guidance for designing complex lifestyle modification interventions (CLMIs) for adults with intellectual disabilities (ID).

Miss Dikshyanta Rana¹, Miss Sophie Westrop^{1,2}, Dr Nishant Jaiswal¹, Dr Evi Germani¹, Dr Arlene McGarty², Professor Louisa Ellis³, Dr Phillippa Lally⁴, Mr Michael McEwan⁵, Professor Craig Melville², Dr Leanne Harris⁶, Professor Olivia Wu¹

¹Health Economics And Health Technology Assessment (HEHTA), School of Health and Wellbeing, University Of Glasgow, Glasgow, UK, ²Mental Health and Wellbeing, School of Health & Wellbeing, University of Glasgow, Glasgow, UK, ³School of Clinical and Applied Sciences, Leeds Beckett University, Leeds, UK, ⁴UCL Institute of Epidemiology and Health Care, University College London, London, UK, ⁵People First (Scotland), Edinburgh, UK, ⁶School of Medicine, Dentistry & Nursing, University of Glasgow, Glasgow, UK

P5D - Approaches to stakeholder engagement - examples from around the World, Conference Room 3, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Dikshyanta is a Research Associate at Health Economics and Health Technology Assessment (HEHTA), University of Glasgow. She has experience in performing economic evaluations alongside clinical trials, decision-analytic modelling, analysing linked health data and evidence synthesis. To date, her projects have focused on diverse areas such as cardiovascular diseases, oncology, women's health and intellectual disabilities.

Background

CLMIs can prevent or reduce negative consequences of health risk behaviours in adults with ID. However, our understanding of CLMIs' mechanism is hindered by the limited evidence base, intervention-specific shortcomings, and difficulty in determining the contributions of each intervention component to the overall effect. Logic model, a tool which graphically represents the theory of how an intervention produces its outcomes, can be useful to understand the operative mechanisms of CLMIs.

Objective

To develop a logic model-based guidance on designing appropriate CLMIs for targeting health risk behaviours in adults with ID.

Methods

The logic model was developed to integrate the findings of a mixed methods evidence synthesis comprising a systematic review and a realist synthesis undertaken to investigate the effectiveness and underlying mechanisms of LMIs targeting alcohol consumption, smoking, physical inactivity, sedentary behaviour, and poor diet in adults with ID. Various iterations of the logic model were co-produced by the research team and the patient and public involvement (PPI) group.

Results

The logic model emphasises the intricacy of CLMIs targeting health risk behaviours in adults with ID.

It highlights the important considerations that should be made during the development of appropriate CLMIs, including the role of wider contextual factors and the involvement of adults with ID, caregivers, and other relevant stakeholders.

Discussion for scientific abstracts

Population-specific CLMIs are vital to meet complex needs and facilitate positive lifestyle behaviour changes in adults with ID. Suggested guidance has the potential to support the design of optimally tailored CLMIs.

A new taxonomy is proposed for defining the interests of stakeholders' representatives in health research: the case of guideline development

Pr. Elie Akl^{1,2}, Ms. Joanne Khabza³, Pr. Holger Schünemann², Dr. Eve Tomlinson⁴, Dr. Roses Parker⁵, Pr. Peter Tugwell⁶, Dr. Thomas Concannon^{7,8}

¹Department of Internal Medicine, American University Of Beirut, Beirut, Lebanon, ²Department of Health Research Methods, Evidence, and Impact (HEI), McMaster University, Hamilton, Canada,

³Clinical Research Institute, American University of Beirut, Beirut, Lebanon, ⁴Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK, ⁵Cochrane Pain Palliative and Supportive Care Group, Oxford University Hospitals NHS Foundation Trust, Oxford, UK,

⁶Department of Medicine, Faculty of Medicine, University of Ottawa, Ottawa, Canada, ⁷The RAND Corporation, Santa Monica, USA, ⁸Tufts Clinical and Translational Science Institute, Boston, USA

Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Elie Akl is a tenured Professor of Medicine at the American university of Beirut. He serves as the Associate Dean for Clinical Research at the Faculty of Medicine, leads the division of General Internal Medicine and Geriatrics, and the AUB GRADE Center. His expertise is in systematic reviews, practice guidelines, and conflicts of interest. He published more than 500 peer-reviewed papers and has been listed as one of the "Highly Cited Researchers" yearly since 2015.

There are concerns about bias arising from the interests that stakeholder representatives may bring into the process of health research. In this article we distinguish between the legitimate interests of stakeholder groups and the conflicts of interests of their representatives. Legitimate interests of a stakeholder group relate to the inherent rights of that group (e.g., right of appropriate representation). In the context of guidelines, legitimacy arises from the fact that the stakeholder group either uses the guideline recommendations or is affected by them. There is a need to balance legitimate interests across the different stakeholder groups represented in a health research project, e.g., practice guideline development. Also, individuals representing a stakeholder group should align their judgments, decisions, and actions with the legitimate interests of their group.

A conflict of interest exists when a past, current or expected interest creates a significant risk of inappropriately influencing an individual's judgment, decision, or action when carrying out a specific duty. Conflicts of interest could relate to the interests of either the representatives themselves (e.g., stock ownership) or the organization they represent (e.g., relationships with industry).

We will discuss how different health research groups (e.g., guideline producing organizations) can address these different matters.

A Novel Method for Continuous Measurements of Clinical Practice Guideline Adherence

Msc Kees Ebben¹, Msc Thijs van Vegchel¹, PhD Olga van der Hel¹, PhD Jurrian van der Werf¹

¹Netherlands Comprehensive Cancer Organization, Utrecht, the Netherlands

P4B - Education, methodology & measurement, Conference Room 1, September 21, 2023, 11:30

AM - 1:00 PM

Biography:

Kees Ebben is involved in the development of (methods for) information standards and related products such as clinical reports, decision algorithms and information exchange. Kees performs (clinical) evaluations to promote the implementation of these products and thus realizing a learning health system. He previously worked within IKNL for the Netherlands Cancer Registry, research and guideline departments.

Background

Endometrial cancer (EC) is the most common gynecological cancer in Western countries, including the Netherlands where incidence rates are increasing. Updating gynecological oncological guidelines is the responsibility of the Dutch Association of Gynecologists and Obstetrics (NVOG), but incorporating new knowledge in a timely manner is challenging. To accelerate the process, the NVOG has initiated innovative projects.

Measuring the effect of a guideline in clinical practice is challenging, and a continuous evaluation of guideline adherence is necessary to ensure quality care for patients. A prototype dashboard has been developed using a computer-interpretable version of the Dutch EC guideline and Netherlands Cancer Registry data to evaluate guideline adherence related scenarios based on clinical questions in EC [presented at the G-I-N 2022].

Method

The primary outcome variable of this study is guideline adherence per subpopulation, defined as the percentage of patients who received care consistent with the EC guideline recommendations. Secondary outcomes include adherence trends over time, recommendation implementation pace, identify alternative treatment strategies, and identification of patient and tumor characteristics that may impact guideline adherence, but are not mentioned by the guideline as steering variable.

Future prospects

This study aims to assess guideline adherence in patients with endometrial cancer using real-world data, and provide valuable information to clinicians in optimizing care. It supports continuous monitoring of the provided quality of care in clinical practice, using the guideline as a reference instrument for evidence-based medicine. The methodology and dashboard are scalable to other diseases and healthcare settings.

A Pragmatic, Dynamic and Sustainable Model for Cancer Guideline Development - Experiences from the Danish Multidisciplinary Cancer Groups (the DMCGs) 2017-2023

Dr. Sasja Jul Håkonsen¹, Mrs Thorn Hrønn¹, Mrs Dorrit Andersen¹, Dr Henriette Lipczak¹

¹Danish Center For Clinical Practice Guidelines | Cancer, Aarhus , Denmark

P1C - Supplementing traditional approaches to guideline development, Conference Room 2,
September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Dr. Håkonsen is a teamleader and methodological consultant in the Secretary for Clinical Guidelines within the Cancer area in Denmark. She has worked with guidelines and systematic reviews through the past 15 years and has great insight into and knowledge of methods for developing both guidelines and reviews. Dr. Håkonsen works closely with clinicians in her daily work and has a clinical background as a nurse herself.

Objective

As a response to the trend towards ever increasing methodological standards for clinical guideline development and highly resource demanding processes, we present a model in which decisions about guideline development procedures are circumstance-sensitive and negotiated among clinical stakeholders.

Methods

The model includes the following:

- Clinical environments select and prioritize the clinical topics of the clinical guideline and provides the majority of the work effort in the process
- A Guideline Secretariat supports the clinicians in developing clinical guidelines on an administratively and methodological level
- Funding by the Danish Government
- AGREE II as reference for the quality of guidelines
- A guideline template to be used by all guideline developers
- Manuals, working papers and webinars that support the process
- A merged Oxford and GRADE approach to grade the evidence and recommendations
- Methodological pragmatism for sustainable guideline development – inspired by Browman et al.¹
- The guidelines are easily accessible
- Monitoring in and linkage to National Clinical Quality Registries
- International and national collaborations

Future prospects

This guideline model has proven to be a sustainable, pragmatic and dynamic model and has resulted in a clinician-led guideline productivity of approximately 50 guidelines per year within the cancer field as well as a consolidation of the updating process.

The guideline model can advantageously be transferred to other set-ups and contexts.

Future initiatives include an intensified focus on interdisciplinary, cross-sectoral and interdisciplinary collaboration in the guideline development as well as an increased effort in relation to patient involvement in the clinical guidelines

A reimagined process for stakeholder involvement in evidence-based nutrition practice guideline development: a usability and focus group approach

Dr. Lisa Moloney¹, Dr Mary Rozga, Dr. Deepa Handu

¹Academy Of Nutrition And Dietetics, Chicago, 60606

P5D - Approaches to stakeholder engagement - examples from around the World, Conference Room 3, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Lisa Moloney PhD(c), RDN is nutrition researcher with the Evidence Analysis Center at the Academy of Nutrition and Dietetics. She has conducted scoping reviews, systematic reviews, and developed evidence-based practice guidelines, manuscripts and related resources. Lisa works with the research team at the Academy to update their secondary research methodology to meet international standards, including the inclusion of patients and public input on evidence-based resources. Lisa has recently completed earned her PhD in Health Science from Northern Illinois, and her research focus is implementation science.

Background: Recruitment and sustainment of stakeholder involvement is essential for development of equitable guidelines but requires significant resources. Methods to obtain stakeholder input have included open public comment and most recently usability tests and focus groups.

Objective: To evaluate the efficiency and effectiveness of usability tests and focus groups compared to a public comment approach to obtain stakeholder input on guidelines.

Methods: Practitioners were recruited for usability tests and focus groups for two guidelines. Participants completed confidentiality agreements, an orientation webinar, and a two-week usability test, then provided feedback in a focus group. Participants were provided with a practitioner guide that included key recommendations and implementation tips; and were asked to obtain feedback from patients and colleagues. The usability test and focus group were compared to a public comment.

Results: Fourteen dietitians volunteered for the first two usability and focus groups. The process required two months and minimal staff time. Participants provided manageable high-quality feedback such as how to improve implementability. Comparatively, the public comment approach did not necessitate time for recruitment; however, a massive amount of feedback that was frequently not clear or constructive was obtained.

Discussion: Usability testing and focus groups enabled real world feedback from stakeholders on guidelines in an efficient and effective manner in comparison to a public comment approach. A limitation was lack of direct patient and public feedback, however, an indirect approach was considered effective. Guideline developers with limited resources should consider this approach to obtain stakeholder feedback and produce equitable and implementable guidelines.

A scoping review of clinical practice guidelines for newborn and child health in South Africa, Nigeria, and Malawi: a landscape analysis

Dr Mashudu Mthethwa¹, Dr Nyanyiwe Mbeye², Prof Emmanuel Effa³, Ms Dachi Arikpo³, Ms Ntombifuthi Blose¹, Dr Amanda Brand⁴, Ms Moriam Chibuzor³, Dr Roseyn Chipojola², Ms Solange Durao¹, Dr Ekpereonne Esu³, Dr Idriss Kallon⁴, Prof Claire Genton⁵, Ms Gertrude Kunje³, Ms Sugzika Lakudzala², Prof Celeste Naude⁴, Ms Trudy Leong¹, Prof Simon Lewin⁶, Ms Denny Mabetha¹, Dr Michael McCaul⁴, Prof Martin Meremikwu³, Prof Per Olav Vandvik⁷, Prof Taryn Young⁴, Prof Tamara Kredo¹

¹Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, ²Kamuzu University of Health Sciences, Blantyre, Malawi, ³Cochrane Nigeria, Nigeria, ⁴Centre for Evidence-based Health Care, Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Cape Town, South Africa, ⁵Western Norway University of Applied Sciences, Norway, ⁶Norwegian University of Science and Technology, Norway, ⁷MAGIC Evidence Ecosystem Foundation, Norway

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Mashudu Mthethwa is a Senior Scientist at Health System Research Unit at the South African Medical Research Council. She is involved in Global Evidence Local Adaptation (GELA) project, aimed at strengthening capacity of guideline adaptation and development methods in South Africa, Malawi and Nigeria.

Background: Low and middle-income countries are disproportionately affected by high rates of under-5-year-old mortality. High-quality, evidence-based clinical practice guidelines (CPGs) may play a key role in improving quality of care and reducing child mortality. Limited availability or accessibility, inadequate reporting and low-quality methodologies of available CPGs may undermine their utility and expected impact in improving quality of care and outcomes.

Objective: To conduct a scoping review to identify and assess quality of CPGs for newborn and child health published in South Africa, Nigeria and Malawi.

Methods: We searched key websites (June–July 2022) for national and subnational de novo or adapted CPGs, in the three countries. Reviewers extracted data from CPGs (scope, condition, target population and end-users, developers, methods), and appraised quality using AGREE-II instrument. Data were analysed descriptively in STATA-17.

Results: We included 40 CPGs. Most CPGs provided guidance on communicable diseases (19/40), whilst eight on non-communicable diseases. Most CPGs did not report on methods for assessing the certainty of evidence (7/40). Overall, CPGs scored well on clarity of presentation (median 81%, IQR 67–94), and scored poorly on AGREE-II domains, rigour of development (median 11%, IQR 4–32) and editorial independence (median 6%, IQR 0–27).

Conclusion: We highlight gaps in methodological and reporting quality of CPGs for newborn and child health across the three countries. Gaps were identified in CPGs addressing conditions such as malnutrition, neonatal disorders, and trauma related-mental health disorders, which contributes to burden of disease. We further highlight a lack of regional and national CPG repositories.

A single-centre experience on the implementation of a living evidence model for the development of an evidence synthesis of the effect of genicular artery embolization in patients with knee osteoarthritis.

Tasmania del Pino-Sedeño^{1,2,3,4}, M Mar Trujillo-Martin^{1,2,3,4}, Aythami de Armas-Castellano^{1,2,3}, Beatriz León-Salas^{1,2,3,4}, Yadira González-Hernández^{1,2,3}, Diego Infante-Ventura^{1,2,3}

¹Evaluation Unit of the Canary Islands Health Service (SESCS), , España, ²Canary Islands Health Research Institute Foundation (FIISC), Tenerife, Spain., , Espala, ³The Spanish Network of Agencies for Health Technology Assessment and Services of the National Health System (RedETS), , Spain, ⁴Research Network on Chronic Diseases, Primary Care, and Health Promotion (RICAPPS), Carlos III Health Institute (ISCIII), , Spain

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Tasmania del Pino-Sedeño has worked in the Evaluation Unit of the Canary Islands (Spain) Health Service (SESCS) since 2013, where she has been mainly involved in the elaboration of health technology assessment (HTA) reports, clinical practice guidelines and consensus conferences. Tasmania has authored more than 20 scientific articles in peer-reviewed. She has collaborated on various National and European research projects on health services.

Tasmania's interests include rare diseases, methodological development and implementation of clinical practice guidelines, and methods of patient involvement in research.

Background. A Living Evidence (LE) synthesis is a constantly updated and high-quality summary of guideline recommendations that incorporates new relevant evidence. Given the recent adoption of genicular artery embolization (GAE) for the management of knee osteoarthritis (KO) and the increasing publication rate of studies assessing this treatment option makes it a fitting candidate for an LE synthesis.

Objective. To present our experience implementing the LE model to assess the efficacy of GAE in patients with KO.

Methods. We searched the Epistemonikos, MEDLINE, EMBASE and CENTRAL databases for systematic reviews, randomized controlled trials and comparative observational studies. Studies were screened and the risk of bias (RoB) was assessed using the AMSTAR-2, RoB-2 and ROBINS-I tools. Effect estimates were calculated and certainty of evidence (CoE) was assessed using GRADE. A LE process including the following items is being conducted at present: continuous monitoring of the evidence, screening, updating of the data synthesis and CoE reassessment considering the new evidence.

Results. As part of the baseline synthesis, the estimates for all evaluated outcomes were presented in GRADE evidence profiles. Regular updates are being reported including GRADE summary of findings tables. New complete updates are resubmitted whenever there are substantial updates for the main outcomes of interest.

Discussion. The LE approach, which uses standard SR methods, can be applied to high-priority topics with substantial uncertainty, as well as when new evidence is regularly published in the context of CPGs incorporating an explicit a priori commitment to a predetermined frequency of search and review updating.

A single-centre experience with the use of the Epistemonikos database for the development of a clinical practice guideline on the management of arterial hypertension.

Tasmania del Pino-Sedeño^{1,2,3,4}, Beatriz León-Salas León-Salas^{1,2,3,4}, M Mar Trujillo-Martin Trujillo-Martin^{1,2,3,4}, Aythami de Armas-Castellano^{1,2,3,4}, Diego Infante-Ventura^{1,2,3}, Yadira González-Hernández^{1,2,3}

¹Evaluation Unit of the Canary Islands Health Service (SESCS), , Spain, ²Canary Islands Health Research Institute Foundation (FIISC), , Spain, ³The Spanish Network of Agencies for Health Technology Assessment and Services of the National Health System (RedETS), , Spain, ⁴Research Network on Chronic Diseases, Primary Care, and Health Promotion (RICAPPS), Carlos III Health Institute (ISCIII), , Spain

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Tasmania del Pino-Sedeño has worked in the Evaluation Unit of the Canary Islands (Spain) Health Service (SESCS) since 2013, where she has been mainly involved in the elaboration of health technology assessment (HTA) reports, clinical practice guidelines and consensus conferences. Tasmania has authored more than 20 scientific articles in peer-reviewed. She has collaborated on various National and European research projects on health services.

Tasmania's interests include rare diseases, methodological development and implementation of clinical practice guidelines, and methods of patient involvement in research.

Background. Developers of Clinical Practice Guidelines (CPGs) in prevalent diseases, such as arterial hypertension (AHT), are faced with vast amounts of evidence regarding disease management. In such cases, systematic reviews (SRs) should be the primary resource for supporting CPG recommendations. The use of technology-based tools, such as the Epistemonikos database, can help in identifying the most reliable evidence based on high-quality SRs.

Objective. To present our experience implementing a search in the Epistemonikos database for the development of a CPG on AHT management in primary care for the Spanish National Health System.

Methods. Epistemonikos was used to identify SRs. We developed a general search strategy using a combination of controlled vocabulary and free-text terms, including “hypertension” and “blood pressure”. Reviewers addressed eligibility independently and in duplicate. Firstly, titles and abstracts were screened to identify SRs on AHT. Secondly, SRs that appeared to focus on AHT were screened specifically considering the PICO questions included in the CPG. In the third phase, the full texts of SRs that appeared to fulfil the pre-specified selection criteria were read and evaluated for inclusion. In the last phase, risk of bias of included SRs was assessed using the AMSTAR-2 to select the high-quality SRs.

Results. High-quality SRs were identified to answer most of the PICO questions and to develop recommendations in the CPG for AHT only using the Epistemonikos database.

Discussion. The Epistemonikos database is a useful technology to support the identification of high-quality evidence for the development of CPGs on prevalent diseases.

A survey on stakeholder perspectives on disinvestment of low-value health care interventions and practices in Malaysia.

Hanin Kamaruzaman^{1,2}, Dr Eleanor Grieve¹, Professor Olivia Wu¹, Ku Nurhasni Ku Abd Rahim², Sit Wai Lee², Dr. Erni Zurina Romli², Mohamed Hirman Abdullah²

¹Health Economics and Health Technology Assessment (HEHTA), University of Glasgow, Glasgow, United Kingdom, ²Malaysian Health Technology Assessment Section (MaHTAS), Ministry of Health, Putrajaya, Malaysia

P4B - Education, methodology & measurement, Conference Room 1, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Hanin holds a medical degree and MSc in Health Economics & Health Policy and is a reviewer in Malaysian Health Technology Assessment Section (MaHTAS), Ministry of Health Malaysia since 2010. In MaHTAS, she conducted technology reviews and economic evaluation of health technologies. She gained experience in value-based medicine and coordinated the development of clinical practice guidelines in MOH as well as carried out its implementation for healthcare professionals.

Interested in health economic evaluations, health technology re-assessment and policy implementation, Hanin is currently embarking on her PHD journey in disinvestment of health interventions and low-value care in HEHTA, University of Glasgow.

Background

Disinvestment of low-value care and practices calls for decisions to be made on several levels, ranging from the departmental, organisational, and national levels. Challenges involving stakeholders' engagement are particularly profound during the implementation phase due to lack of awareness and support.

Objective

To identify current disinvestment activity levels in Malaysian healthcare system and to explore the awareness and receptivity of healthcare stakeholders on the initiatives, including the facilitators and barriers.

Methods

Purposive sampling was used to recruit participants from healthcare stakeholders involve in resource allocation priority setting and decision-making at various level of governance in Malaysia. A 20-question online survey using Qualtrics platform was conducted from February to March 2023 and data was collected for four weeks from the invitation date. The survey responses were analysed descriptively and thematically using Qualtrics application, ATLAS.ti and manually.

Results

461 responses obtained from email invitations to potential participants and secondary identification through snowballing and recommendations from initial pool of participants. Of

these, 153 completed responses analysed which representing all targeted stakeholders. About 57 local disinvestment initiatives were identified involving various health technologies. Change in budgetary planning within organisation is the most important triggers in initiating disinvestment. Clinical and cost-effectiveness evidence ranked the most important criteria in assessing for disinvestment purposes, among others.

Discussion

Whilst disinvestment is recognised as a global priority, the formal process on how it should be carried out is still lacking. There is a need for structured and explicit criteria shaping the disinvestment framework within Malaysian healthcare system.

A Systematic Review of Multimorbidity Guidelines

Ms Zijun Wang¹, Ms Qianling Shi², Mr Hui Liu¹, Ms Hairong Zhang³, Mr Yaolong Chen^{1,4}

¹Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, Lanzhou, China, ²The First School of Clinical Medicine, Lanzhou University, Lanzhou, China,

³School of Public Health, Lanzhou University, Lanzhou, China, ⁴Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

P3C - Prioritising to meet needs, Conference Room 2, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Zijun Wang, from Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, China. She is on PhD candidate, major in evidence-based and medicine guideline development methodology.

Background: With the population aging, multimorbidity becomes an important public health issue and a raising global health challenge. Some studies indicate that adherence to clinical practice guidelines may improve the outcomes a range of chronic conditions which commonly occur in people with multimorbidity. Although multimorbidity guidelines have been published, the status of the guidelines, including the quantity, quality, evidence-based status, and main recommendations, is not clear.

Objectives: We aim to identify and analyze available guidelines for multimorbidity in order to provide suggestions for future research and guideline development.

Methods: We will systematically search databases, Google and guideline platforms to retrieve multimorbidity guidelines published from inception to December 31, 2022. We will include comprehensive guidelines or guideline-like documents on multimorbidity. Guidelines focus on specific diseases (e.g. hypertension with diabetes) will be excluded. We will extract data of guideline title, development organization, nation, publication year, target audience, users, whether the methodology, funding, and conflict of interests were assessed/reported, what the guideline recommendation focus, and so on. We will also use AGREE II and RIGHT to evaluate the methodology and reporting quality of multimorbidity guidelines.

Results: present at the meeting.

Discussion for scientific abstracts : present at the meeting.

A targeted scope for impactful clinical guidances: from asthma care gaps to recommendations

Yih Ching Ong¹, Ye Sun¹, Valentina Ricci¹

¹Ministry of Health Singapore, , Singapore

P3B - How to prioritise, Conference Room 1, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Yih Ching is an expert in the field of evidence synthesis and guideline development. She is a chemist by training and completed her post-doctoral fellowship on metal-based compounds for neglected tropical diseases, before moving to the field of guideline development in Singapore. She is currently developing national guidances on chronic disease management for healthcare professionals. Her research interests are in evidence synthesis, chronic disease management, guideline development and implementation. Having joined G-I-N conference for the past two years, she looks forward to exchanging experiences again at G-I-N 2023.

Background

With fast-evolving evidence and to maintain healthy production of recommendations, clinical guidelines organisations are encountering the need to evolve from lengthy or all-inclusive documents to a more focused approach addressing specific care gaps.

Objective

To describe the identification of a targeted scope for the ACE Clinical Guidance (ACG) on asthma.

Methods

The topic of asthma was selected due to high clinical and economic burden in Singapore. In-house formative research found multifactorial reasons for suboptimal asthma outcomes (such as high hospital admission rates), with the main care gap being inadequate use of preventer medications (that is, inhaled corticosteroid (ICS)) in primary care. This, together with new evidence arising on the efficacy of ICS-containing medications, became the anchor of the ACG development work that followed. Based on clear objective (“to advance appropriate management of asthma”), scope (“clinical assessment, pharmacological treatment, and non-pharmacological strategies for managing asthma over the long term”), and target audience (“all healthcare professionals caring for patients with asthma, especially those in primary care”), nine evidence-based recommendations were developed. From assessment to referral, all recommendations and their supporting contents were constructed around the need to optimise long-term management with ICS – providing a comprehensive yet focused guidance to address the main care gap identified.

Future prospects for project presentations

Future work includes application of this model to other clinical topics, and closer collaboration with formative research and implementation specialists for informing a range of evidence-based interventions.

A Tool to Facilitate the Concomitant Development and Implementation of Clinical Practice Guidelines.

Mrs Nathalie Yaël Pauwen¹, Mr Janssens Thomas¹

¹Ebpracticenet.be, Leuven, Belgium

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Nathalie is a 'junior-senior' in the field of implementation sciences. After 20 years of practice as physiotherapist, she studied public health (Epidemiology). She teaches research and statistics for physiotherapists during 15 years and was involved as coordinator of a wide national implementation plan for low back pain in Belgium. Actually she's a health research scientist at Ebpracticenet, very concerned about the need to streamline the theoretical models of implementation science to be meaningful and actionable for health care practitioners.

Background

Applicability is an important aspect of guideline quality, but most guidelines score poorly on applicability (Gagliardi et al., 2011). Guidelines commissioned within the Belgian EBP Network (Evikey) are mandated to include a focus on applicability and include an implementation plan. However, limited background in implementation science may hinder the development of high-quality implementation plans.

Objective

To develop a tool to enable guideline developers to consider applicability during guideline development and capture the core information needed to deliver a preliminary implementation plan.

Methods

The tool capitalizes on planned stakeholder meetings and ongoing discussion with stakeholders during the guideline development process and helps to make explicit the discussion on implementation determinants and interventions. Based on the assumption that stakeholders' statements on determinants and interventions are highly relevant to the context, the tool aims at coordinating an implementation process model of Peters et al. with local guidance on the development of clinical practice guidelines (Peters et al., 2020 ; Dekker et al., 2021). Worksheets, based on the TICD checklist from Flottorp et al. help to capture and summarize those information and reduce the burden and complexity of implementation planning during guideline development (Flottorp et al., 2013).

Future prospects

We are currently piloting the tool to support two guideline development groups in designing an implementation plan. Based on this pilot, we plan to further adapt the tool and incorporate guidance on its use within the guideline development process of clinical practice guidelines commissioned by Evikey.

A User-Friendly Approach to Evidence-Based Medical Guideline Development: The New CGS Portal

Torsten Karge¹, Dr. Nadine Steubesand¹

¹Clinical Guideline Services Gmbh, Kiel, Berlin, Germany

P2A - Automation from a familiar start, Main Auditorium, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Torsten Karge is responsible for the operational business and IT of Clinical Guideline Services GmbH. Since 2007, he has been significantly involved in the development and continuous improvement of the CGS guideline development platform (www.guideline-services.com), in addition to other software projects. Since then, he has worked with CGS as a service provider for technical and methodical support in many German and international guideline development projects in the areas of evidence processing, consensus building, and organization.

Background: Clinical Guideline Services GmbH (CGS) runs an online platform for the development of medical guidelines and provides additional services for the evidence- and consensus-based guideline development process. The current online platform has been hosting German and international guideline developments since 2012. However, with the rapid evolution of technology and the growing need for user-friendly platforms and digitally enabled CPGs, a new version of the platform is currently being developed.

Objective: Presenting a new version of the CGS online platform for development of medical guidelines.

Methods: The new online platform is being developed by analyzing user requirements and feedback, evaluating the latest technological developments, and incorporating project management features.

Results: The new platform offers a streamlined and user-friendly experience that promotes collaboration, communication, and efficient project management among guideline developers. Project management tools enable efficient tracking and monitoring of the development process, and digitalization features improve access and usability of the guidelines. The platform features literature management, literature screening, online collaboration, and support for the Delphi consensus process.

Discussion: The new version of the CGS online platform offers a comprehensive and user-friendly tool for developing evidence-based guidelines with project management tools. The platform could help improve the efficiency and effectiveness of CPG development, as well as enhance collaboration and communication among guideline developers. The technological and functional update could also improve access and usability of the guidelines for healthcare providers and patients. Future studies could investigate the impact of using the new platform on the development and implementation of CPGs.

Acceptability of Australian prehospital care quality indicators: An explanatory sequential mixed methods study

Dr Robin Pap¹, Dr Matthew Stephenson², Dr Paul Simpson¹, Dr Craig Lockwood²

¹Western Sydney University, Sydney, Australia, ²Joanna Briggs Institute, Adelaide, Australia

P6D - Collaboration & Stakeholders, Conference Room 3, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Robin is a Lecturer in Paramedicine and the Academic Program Advisor for Paramedicine at Western Sydney University. He has worked in various clinical, leadership, and academic roles in numerous healthcare organisations and academic institutions for over 20 years, in six countries, and across four continents. Robin's research interests are in improvement science, quality/performance measurement, patient safety, and evidence/knowledge synthesis. Although his background is in prehospital emergency care, Robin's interests are not discipline specific. Robin is a registered paramedic and a member of the JBI Adelaide GRADE Centre as well as the Research Advisory Committee of the Australasian College of Paramedicine.

Background

Systematically developed quality indicators (QIs) facilitate meaningful quality improvement through the measurement and monitoring of adherence to guidelines and quality of care.

Objective

The aim of this study was to evaluate stakeholder acceptability of a predetermined suite of 84 evidence-based prehospital care QIs.

Methods

A mixed methods study design was used. Quantitative data were obtained from 36 participants of an online survey in which they rated the acceptability of the QIs using a five-point scale. Qualitative data were gathered through semi-structured interviews with a purposive sample of nine survey participants. The successional collection of quantitative and qualitative data facilitated integrated interpretations and conclusions.

Results

Data suggested a positive association between stakeholder acceptability and other key characteristics of QIs. QIs that were clear, supported by guidelines or scientific evidence, practical and meaningful tended to be more acceptable. Participants raised concerns about the attributability of outcome-type QIs. To be acceptable, QIs which included time intervals needed to be specific about time-critical interventions. A connection to stakeholders' professional values and qualities increased acceptability. QIs on patient satisfaction frequently received lower ratings.

Discussion for scientific abstracts

For measurement to be effective in facilitating improvement gathered intelligence needs to be able to influence decision-makers. If decision-makers and key stakeholders do not accept a QI, the results of associated measurement will not be useful for influencing people to make a change. The findings of this study provide evidence of the stakeholder acceptability of prehospital care providers of a proposed suite of QIs.

Accurate COnsensus Reporting Document (ACCORD): guidelines for reporting consensus methods

Dr William T. Gattrell¹, Dr Patricia Logullo², Dr Esther van Zuuren³, Dr Amy Price⁴, Dr Ellen Hughes⁵, Dr Christopher Winchester⁶, Dr David Tovey⁷, Mr Keith Goldman⁸, Dr Amrit Hungin⁹, Mr Paul Blazey¹⁰, Niall Harrison⁵

¹Bristol Myers Squibb, Uxbridge, UK, ²Centre for Statistics in Medicine, University of Oxford, and EQUATOR Network UK Centre, Oxford, UK, ³Leiden University Medical Centre, Leiden, The Netherlands, ⁴Stanford Anesthesia, Informatics and Media Lab, Stanford University School of Medicine, Stanford, USA, ⁵OPEN Health Communications, Marlow, UK, ⁶Oxford PharmaGenesis, Tubney, Oxford, UK, ⁷Journal of Clinical Epidemiology, London, UK, ⁸Global Medical Affairs, AbbVie, North Chicago, USA, ⁹Faculty of Medical Sciences, Newcastle University, Newcastle, UK,

¹⁰Department of Physiotherapy, University of British Columbia, Vancouver, Canada

P6C - Getting the methodology right, Conference Room 2, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Niall Harrison (MBiochem, CMPP) is Senior Scientific Director at OPEN Health Communications, and a co-chair of the ACCORD (ACcurate COnsensus Reporting Document) working group, with William T. Gattrell.

Background

Consensus methods underpin the gathering of expert knowledge and are widely used in the development of clinical guidelines, policy recommendations and reporting guidelines. Unfortunately, poor reporting of consensus methods is common.

Objective

To develop a reporting guideline relevant to all types of consensus methods in biomedical research and clinical medicine.

Methods

Development of the Accurate COnsensus Reporting Document (ACCORD) reporting guideline followed the process set out by the EQUATOR Network. A Steering Committee was established that developed the study protocol, conducted a systematic literature review (SLR) to identify potential reporting items and oversaw a modified-Delphi survey to refine the checklist items [Res Integr Peer Rev 2022;7:3; BMJ Open 2022;12:e065154]. Both the Steering Committee and Delphi Panel were international, multidisciplinary groups.

Results

The ACCORD guideline, finalized in March 2023, was developed by an 11-member Steering Committee and a group of 58 Delphi panellists. The initial checklist of potential items provided by the SLR was refined through Steering Committee review, Delphi panel voting, and final Steering Committee validation, resulting in a 35-item checklist. The checklist covers: title (1 item), introduction (3 items), methods (24 items), results (5 items), and discussion (2 items). The guideline is being submitted for publication in a peer-reviewed journal.

Discussion for scientific abstracts

ACCORD is the first reporting guideline designed to encompass the full range of consensus methods. It provides the scientific community with a tool to improve the completeness and transparency of reporting consensus exercises.

Achieving informal consensus – the British Thoracic Society (BTS) method

Dr Kirstie Opstad¹

¹British Thoracic Society, London, United Kingdom

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

After working in clinical research for many years, I moved to the British Thoracic Society (BTS) in March 2018 to take on the role of Clinical Guideline and Quality Standards Programme Manager. During this time, I have successfully implemented GRADE methodology into BTS Guideline production.

Background

BTS uses GRADE for the development of guideline recommendations. Where there is little, or no evidence, Guideline Development Group (GDG) members can choose to include Good Practice Points (GPPs), based on best practice, or make recommendations agreed by consensus. While GPPs can be developed without supporting evidence, all consensus recommendations must be based on some supporting evidence.

Objective

To develop a defined methodology for informal consensus of GPPs and consensus recommendations.

Methods

By sharing the draft Guideline via Microsoft OneDrive, GDG members were invited to edit/provide comment on existing draft recommendations/GPPs or add additional draft consensus recommendations/GPPs. A Microsoft Teams meeting was then held to discuss all changes/comments.

All edits/comments were discussed individually, and agreement reached via informal consensus (show of hands). Disagreements were further discussed until an agreement could be reached and “agreement” was regarded as the majority vote. If a majority could not be reached, GDG co-chairs had the deciding vote.

Agreed changes to the draft were made throughout the meeting and non-attendees then invited to review these changes and provide comment. Non-attendee comments/changes were reviewed by the co-chairs and shared/discussed/agreed with the GDG as required.

Results

The methodology described above has been successfully used in the development of two guidelines at two stages throughout the guideline development process.

Discussion

Despite the inclusion of consensus recommendations within BTS Guidelines which are not agreed by a defined consensus method such as Delphi, it is possible to use a defined informal consensus method to achieve the same goal.

Adaptation and Guideline Development: don't shoot the messenger

Dr Donald Nicolson¹

¹Healthcare Improvement Scotland, , Scotland

P2A - Automation from a familiar start, Main Auditorium, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Dr Nicolson has worked in and around HSR for over two decades. He is the author of over 30 articles, including more evidence syntheses than he can remember, a book on academic conferences, a novel, and much much more. He gave an invited Keynote presentation to the University of Vienna in 2018.

Background

There has been a technological 'sea change' in Guideline development over the last decade, from the traditional Cochrane style systematic review and meta-analysis to adaptation approaches, such as GRADE-ADOLOPMENT (1). This can be an expedient approach to developing Guidelines, reducing cost and time when a new systematic review is not required (2), and has been applied by low-to middle-income countries (3). However, there are potential problems with adapting from a single or small sample of Guidelines that might leave us as 'hostages to fortune', potentially repeating others' mistakes, hence the plea to 'not shoot the messenger'.

What is the original source? Where is the original bedrock of evidence? It is becoming difficult to say that. Then there is the problem of levels of evidence – secondary and primary. These are problems as grave as bias and chance.

Objectives

To discuss and debate the merits and pitfalls of adapting others' Guidelines and Systematic Reviews during guideline development.

Methods and results

A range of challenges upon which the author has reflected will be discussed and debated, including: 1) the bedrock of evidence, and 2) the problem of levels of evidence (secondary and primary research).

Discussion

Given the challenges experienced, do we need to rethink a return to primary sources of evidence? If so, what innovative approaches could we take to ensure we are not repeating the problems of the past?

1 Schünemann, H.J., et al., 2017

2 Kredo, T., et al, 2018

3 Martins, R.S., et al., 2022

Adapted 'Ottawa' method to assess the need to update topic areas within clinical guidelines – evaluation of its application in practice

Dr Käthe Goossen¹, Ms Alina Weise¹, Dr Nadja Koensgen¹, Ms Sarah Wahlen¹, Ms Jessica Breuing¹, Dr Barbara Prediger¹, Dr Dan Bieler^{2,3}, Professor Dawid Pieper⁴

¹Institute for Research in Operative Medicine (IFOM), Witten/Herdecke University, Cologne, Germany, ²Department of Orthopaedics and Trauma Surgery, Reconstructive Surgery, Hand Surgery, Plastic Surgery and Burn Medicine, German Armed Forces Central Hospital, Koblenz, Germany, ³Department of Orthopaedics and Trauma Surgery, University Hospital Düsseldorf, Heinrich-Heine-University, Düsseldorf, Germany, ⁴Faculty of Health Sciences Brandenburg, Institute for Health Services and Health System Research and Center for Health Services Research, Brandenburg Medical School (Theodor Fontane), Rüdersdorf, Germany

P3B - How to prioritise, Conference Room 1, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Käthe is a researcher and guideline methodologist at the Institute of Research in Operative Medicine (IFOM), Witten/Herdecke University with degrees in chemistry and toxicology. She has recently completed the Level 2 Coursework of the INGUIDE programme.

Her main tasks are conducting systematic reviews, working with and advising guideline panels, as well as methodology research. Most recently, she was involved in the German clinical practice guideline on major and multiple trauma (polytrauma guideline), and is currently a guideline methodologist for the development of a German guideline on sports preparticipation screening.

Background: Updating clinical practice guidelines often requires prioritising resources. The 'Ottawa method' identifies relevant new evidence by focused, systematic literature searching and evaluating impact on recommendations. We recently adapted the Ottawa method to assess the updating need for guideline topics involving multiple recommendations. Updating categories were "should be updated", "may be updated", or "no need to update".

Objective: To compare the need to update guideline topic areas predicted using the adapted Ottawa method with the results of a partial update of the German polytrauma guideline.

Methods: In our primary analysis (accuracy of updating decisions), we calculated the proportion of guideline topics with relevant modifications in the wording or strength of recommendations (n/N, % of topics) for each updating category. In our secondary analysis (distinction between updating categories), we used box plots and a Kruskal-Wallis test to compare the proportion of recommendations that were updated based on literature evidence within each topic.

Results: Six of eight topics classified as "should be updated" were updated with new evidence (75%), as were 6/8 topics classified as "may be updated" (75%). Topics without literature signals that were updated due to clinician consensus all resulted in modifications with new evidence (4/4, 100%). Visual inspection of box plots showed a difference between updating categories that was not statistically significant (p=0.478).

Discussion: The modified Ottawa method often identifies topics with relevant new evidence, but clinician input is also needed. Future research will map updated recommendations without new literature evidence to the domains of the UpPriority tool.

Adapting WHO COVID-19 living guideline through a process that prioritized efficiency and flexibility: A case study from Argentina

Prof. Carlos Zaror^{1,2}, Yang Song^{3,4}, Thomas Agoritsas³, Giselle Balaciano⁶, Verónica Sanguine⁶, Débora Lev⁶, Agustín Bengolea⁶, Fernando Tortosa⁷, Ariel Izcovich⁸, Per Vandvik^{3,5}, Romina Brignardello-Petersen^{1,3}

¹McMaster University, Hamilton, Canada, ²Universidad de La Frontera, Temuco, Chile, ³MAGIC Evidence Ecosystem Foundation, Oslo, Norway, ⁴Iberoamerican Cochrane Centre (CCIB) - Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, ⁵University of Oslo, Oslo, Norway, ⁶Ministerio de Salud de la Nación Argentina, Buenos Aires, Argentina, ⁷Universidad Nacional de Río Negro, Argentina, ⁸Hospital Alemán de Buenos Aires, Buenos Aires, Argentina

P1A - Living Guidelines & approaches to implementation, Main Auditorium, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

Prof. Carlos Zaror, DDS, MSc, PhD, is an Associate Professor at the Department of Paediatric Dentistry and Orthodontics, Universidad de la Frontera, Chile. Currently, he is also Visiting Associate Professor at the Department of Health Research Methods, Evidence, and Impact, McMaster University.

His work focuses on health technology assessment in the field of oral health. This has allowed him to contribute to public policies, developing research for the Chilean Ministry of Health and providing expert input into Public Health issues. He has also participated in preparing protocols and clinical practice guidelines for the Chilean Ministry of Health.

Background

The World Health Organization (WHO) has developed living guidelines for COVID-19 (WLGC-19) to provide rapid, relevant, and trustworthy advice to decision-makers worldwide. This requires enhanced adaptation, translation, and dissemination of WHO living guidelines to accommodate country-specific considerations.

Objective

To know the perceptions about a new methodological process to adapt and translate the WLGC-19 from the guideline development group's (GDG) perspective.

Methods

The adaptation process, derived from the Gateway project from MAGIC Foundation, starts by assessing the recommendation and justification and then examining evidence to decision factors. In this abstract, we focus on: 1) training about process, methodology, and GRADE approach; 2) pre-panel survey to assess the agreement with the recommendations and justifications; 3) panel meeting to adapt the recommendations; 4) publishing the adapted guideline.

We collected information through 1) observations guide during the meeting; 2) post-panel meeting survey; 3) focus group with methods team; 4) semi-structured interviews with panel members.

Results

The GDG comprised seven methods team members and 16-panel members, who adapted five recommendations from the WLGC-19, which three were modified in direction or strength. Panel members agreed that the training session (86%) and pre-panel meeting survey (100%) facilitated adaptation. All agreed that the process considered the relevant local factors to adapt the recommendations and that it was transparent and easy to understand, allowing to reach a

consensus efficiently. Method team valued the process's flexibility and time optimization. They considered the pre-meeting survey analysis crucial in facilitating the consensus.

Discussion

From the GDG perspective, this case study demonstrated that this approach provides a transparent and efficient methodology to adapt and translate the WLGC-19.

Addressing the “time needed to screen and treat” in a Canadian guideline for primary prevention of fragility fractures.

Dr. Donna Reynolds^{1,2}, Dr. Guylène Theriault^{1,4}, Dr. Roland Grad^{1,3}, Ms. Heather Limburg⁵, Ms. Laure A. Tessier⁵, Ms. Kim Barnhardt¹, Dr. Minna Johansson⁶

¹Canadian Task Force On Preventive Health Care, Ottawa, Canada, ²Departments of Family & Community Medicine, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada,

³Department of Family Medicine, McGill University, Montreal, Canada, ⁴Faculty of Medicine, McGill University, Montreal, Ontario, ⁵Global Health and Guidelines Division, Public Health Agency of Canada, Ottawa, Canada, ⁶Global Centre for Sustainable Health Care, School of Public Health and Community Medicine, Sahgrinska Academy, University of Gothenburg, Gothenburg, Sweden

P3E - Guidelines in the real world II, Conference Room 4/5, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Dr. Donna Reynolds is a Family Physician and a specialist in Public Health & Preventive Medicine and recently retired from clinical practice.. She is an adjunct professor at the Department of Family and Community Medicine as well as the Dalla Lana School of Public Health, both at the University of Toronto. Since 2017, Dr. Reynolds has been a member of the Canadian Task Force on Preventive Health Care. Her career spans family medicine, public health, and epidemiology, and brings together research, practice and policy.

Background: The burden of guideline implementation can add hours to the daily work of clinicians. Recommendations may require a change in practice, especially if new screening or unfamiliar interventions are proposed, making clinicians wary of the time burden of this change. The concepts of “time needed to screen/treat” have not yet been systematically described by guideline developers as part of implementation.

Methods: During the development of the Canadian Task Force on Preventive Health Care’s recommendation on screening to prevent fragility fractures, we perceived concerns that implementation would require more clinician time than ordering a bone mineral density test (BMD). To address this, we compared our recommendation of a risk assessment-first strategy to a BMD test-first strategy, the latter based on the most currently available Canadian guideline.

Results: Applying a “time needed to screen/treat” lens identified the clinician time required under the different approaches. We developed a clinician infographic tool to visually address the perceived barrier to implementation of our risk assessment-first approach. We summarised the effect of screening for each approach, including the expected time of repeated screening of individuals from ages 50 or 65 up to 85 years.

Discussion: Anticipated benefits of the “time needed to screen/treat” information are: 1) helping clinicians understand the time saved, thereby encouraging them to focus on a risk assessment-first strategy for eligible patients with further testing and management, where indicated, 2) minimizing the number of unnecessary BMD tests, and 3) reducing overdiagnosis of patients at higher risk of fragility fracture.

AGREE-S: AGREE II Extension for Surgical Interventions

Dr Stavros A. Antoniou¹, Prof Manuel López-Cano, Mrs Sofia Tsokani, Prof Dimitris Mavridis, Mr George A. Antoniou, Mr Sheraz Markar, Dr Filip Muysoms, Mrs Patricia Logullo, Prof Melissa Brouwers, Prof Ivan Florez

¹European Association for Endoscopic Surgery, ,

P4A - Research, recommendations & the real world, Main Auditorium, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

General surgeon with specific focus on colorectal, abdominal wall hernia, and antireflux surgery. Graduate from the Aristotle University of Thessaloniki, with postgraduate training in Germany and the United Kingdom. Research focused on advanced evidence synthesis and guideline methodology. Certified guideline methodologist and chair of the European Association for Endoscopic Surgery Guidelines Subcommittee.

Background:

Evidence suggests that the structure and content of AGREE-II can be modified to help enhance the development and appraisal of guidelines of surgical interventions.

Objective:

To develop an extension of AGREE-II specifically designed for guidelines of surgical interventions.

Methods:

In the tripartite Guideline Assessment Project (GAP) (i) we assessed the quality of surgical guidelines and we identified factors associated with higher quality (GAP I); (ii) we applied correlation analysis, factor analysis, and the item response theory to inform an adaption of AGREE II for the purposes of surgical guidelines (GAP II); and (iii) we developed an AGREE-II extension for surgical interventions, informed by the results of GAP I, GAP II, and a Delphi process of stakeholders, including representation from interventional and surgical disciplines; the Guidelines International Network; the GRADE Working Group; the EQUATOR initiative; and representation of surgical journal editors and patient/public.

Results: AGREE-S comprises 24 items organized in 6 domains; Scope and purpose, Stakeholders, Evidence synthesis, Development of recommendations, Editorial independence, and Implementation and update. The panel of stakeholders proposed 3 additional items: development of a guideline protocol, consideration of practice variability and surgical/interventional expertise, and specification of required infrastructures. Three of the existing items were amended, 7 were rearranged, and one was removed. The domain Rigour of Development was divided into domains on Evidence Synthesis and Development of Recommendations.

Conclusion:

AGREE-S is an evidence-based and stakeholder-informed extension of AGREE-II, that can be used as a guide for the development and appraisal of guidelines on surgical interventions.

AI text Generators for creating Easy-to-Read Patient Information in Oncology: A Feasibility Study

Dr. Markus Follmann, Halina Kirsch¹, Gregor Wenzel¹

¹Deutsche Krebsgesellschaft E.v., Berlin, Germany

P2D - With the end user in mind, Conference Room 3, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Markus is a board-certified dermatologist, holding Master degrees in Public Health and Epidemiology. Currently, he holds the position of head of the department Evidence based Medicine and Guidelines at the German Cancer Society. Additionally, he is coordinator for the German Guideline Project in Oncology (GGPO), supporting guideline groups and teaches evidence-based medicine and guideline methodology. He is a member of the German National Cancer Plan Member representing the German Cancer Society and GGPO). Markus is actively involved in the European Commission Initiatives on Breast and Colorectal Cancer (ECIBC and ECICC). He is an active member of the Guideline International Network.

Background: Previous studies show that the patient versions of guidelines (PVoG) of the German Guideline Program in Oncology have degree of complexity that does not satisfy the needs of patients with limited health literacy. To fill this gap, we used AI-based tools to simplify PVoG texts, resulting in Easy-to-Read content that may improve patient understanding.

Objective: To compare ease-of-reading and criteria-based quality scoring of patient information simplified by AI-based tools.

Methods: Using the six most recently published PVoG, we extracted 18.000 characters in total and simplified these texts using SUMM, ChatGPT Versions 3 (CP3), and 4 (CP4). FLESCH and LIX indices were calculated to evaluate readability. Subjective text assessment based on completeness, correctness, understandability, and total quality was performed by two independent evaluators. T-tests were used to compare all scores between the tools.

Results: AI-generated texts were easier to read than the original texts: FLESCH 47.7 (original) vs. 79.3 (SUMM), 61.4 (CP3), and 68.5 (CP4). LIX 57.7 (original) vs. 36.6 (SUMM), 50.8 (CP3), and 45.7 (CP4). The differences between PVoG and AI-generated simplified texts were significant for every comparison ($p < 0.001$). However, texts generated by SUMM scored significantly worse for total text quality (1.86 vs. 3.7 and 4.41, $p < 0.001$ respectively).

Discussion: Our results highlight the potential of AI-based text simplification for generating easy-to-read patient information. Using established indices to evaluate readability is possible. However, these texts must be validated by a human evaluator. Further study using larger text corpuses and including professionals for Easy-To-Read texts is necessary.

An iterative, progressive approach to equity for the Canadian Guidelines on Post-COVID-19 Condition (CAN-PCC)

Dr. Jordi Pardo Pardo^{3,5}, Dr Tamara Lotfi^{1,2,5}, Dr. Robby Nieuwlaat^{1,2}, Dr. Jennifer Petkovic^{4,5}, Dr. Wojtek Wiercioch^{1,2}, Dr. Nancy Santesso^{1,2}, Dr. Jan Brozek^{1,2}, Omar Dewidar^{3,4,5}, Karla Solo^{1,2}, Dr. Dina Khalifa^{1,2}, Ashley Motilall^{1,2}, Dr. Holger Schünemann^{1,2}, Dr. Peter Tugwell^{3,4,5}

¹McMaster University, Hamilton, Canada, ²Cochrane Canada, Hamilton, Canada, ³Cochrane Musculoskeletal Group, Ottawa, Canada, ⁴University of Ottawa, Ottawa, Canada, ⁵Cochrane Equity, Ottawa, Canada

P2D - With the end user in mind, Conference Room 3, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Tamara is a co-convenor at the Cochrane Equity thematic group, and is co-leading the eCOVID19 RecMap & Gateway to contextualization at McMaster University where she is a Research Associate. Tamara will be supporting the development of the Canadian Guidelines on Post-COVID-19 Condition. Tamara is working on her thesis for her PhD in Health Research Methods at McMaster University, and holds a Medical Degree and a Master of Public Health.

Her experience is in developing digital tools for recommendations, classifying actionable statements in guidelines, evidence synthesis, and in capacity strengthening.

Background: Equity is an important component of developing public health guidelines.

Objective: To provide an iterative and progressive approach for equity considerations in the development of six Canadian Guidelines on Post-COVID-19 Condition (CAN-PCC).

Methods: We plan to implement equity considerations throughout the guideline project: from planning to the development of recommendations and measuring their impact. The process allows for updates as new evidence covering gaps emerges. Guideline teams will use the following steps: 1)Identify key equity deserving populations to ensure they are addressed systematically in all recommendations and develop a logic model to assess applicability on a wider range of populations.

2)Examine existing evidence retrieved for recommendations on pre-specified groups by evaluating their baseline risk, run stratified searches for evidence, and identify expert evidence for identified gaps.

3)Assess representation of relevant populations: for those excluded, contact external organizations for condition of interest.

4)Appraise quantitative and qualitative analyses across reported pre-specified groups; for the pre-specified groups not reported, we will identify studies targeting missing groups

5)Note group-specific implementation barriers in the studies and in grey literature

6)Suggest tailored implementation strategies overcoming known barriers.

Anticipated value

We will report on the implementation of this approach and lessons learnt to allow replication and further improve this important component of guideline development.

Antimicrobial therapeutic guideline update using methodological approach GRADE-ADOLOPMENT

Trinidad Sabalet¹, María Piedad Rosario-Lozano¹, Rocío Fernández-Urrusuno², Andrea García-Caballero³, Dr Juan Antonio Blasco¹

¹Health Technology Assessment Area-AETSA, Andalusian Public Foundation Progress and Health-FPS, Seville, Spain, Seville, Spain, ²Directorate-general of Public Health and Pharmacy. Regional Ministry for Health and consumer affairs. Regional Government of Andalusia., Seville, Spain,

³Spanish Agency of Medicines and Medical Devices (AEMPS, Spain), Madrid, Spain

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

MD, MSc. I am family physician and microbiologist. I am working as senior methodologist from 2013 whitening the AETSA at health technology assessment department of Progress and Health Foundation. I am participating in the development of clinical practice guidelines for National Health Service of Spain.

Background

The problem of the antimicrobial resistance requires a multidisciplinary approach to facilitate the availability of evidence-based recommendations for improving the prevention and control of infections and the use of antimicrobials within the framework of antimicrobial stewardship programs.

Objective

To describe the methodological process proposed to update a national reference antimicrobial therapeutic guideline with the collaboration between a national regulatory agency and health technology assessment team in the context of the national action plan on antimicrobial resistance. To expose the challenge in updating recommendations using GRADE-ADOLOPMENT.

Methods

A methodological document was developed using the GRADE Handbook, GRADE-ADOLOPMENT approach and the Methodology Handbook for generating clinical practice guideline in the Spanish National Health Service. A pilot question was established to estimate the time necessary for updating the whole document, and suggested several possible approaches based on available evidence and characteristics of questions.

Results

The final document described the literature search and selection of evidence process, assessment, synthesis and recommendations development. The document has been evolved and adapted during the time, according to the needs of the project. Eight draft versions have been necessary to reach the required quality.

Discussion

The methodological document described the methods for updating recommendations developing alternatives based on the heterogeneity of questions to streamline the process without reducing the rigour of the method. Several working groups were coordinated.

The development of a GRADE-ADOLOPMENT based process for updating national antimicrobial guidelines was highly complex and required time as well as the acquisition of skills by the work team.

Applying decision thresholds to inform judgements about health effects using Grading of Recommendations Assessment, Development and Evaluation (GRADE) Evidence-to-Decision frameworks and facilitating use of the approach using GRADEPro software (GRADE-THRESHOLD)

Dr. Wojtek Wiercioch^{1,2}, Gian Paolo Morgano^{1,2}, Bart Dietl³, Stefanos Bonovas, Daniele Piovani, Marta Rigoni, Ignacio Neumann⁴, Natalia Caledon, Pablo Alonso-Coello⁵, Elie A. Akl^{6,7}, Thomas Piggott^{1,2}, Robby Nieuwlaat^{1,2}, Holger Schünemann^{1,2,8}

¹Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ²Michael G. DeGroote Cochrane Canada & McMaster GRADE Centres, McMaster University, Hamilton, Canada, ³Evidence Prime Inc, Krakow, Poland, ⁴Department of Internal Medicine, Pontificia Universidad Católica de Chile, Santiago, Chile, ⁵Iberoamerican Cochrane Centre - Department of Clinical Epidemiology and Public Health, Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, ⁶Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, ⁷Clinical Research Institute, American University of Beirut, Beirut, Lebanon, ⁸Department of Medicine, McMaster University, Hamilton, Canada

P2A - Automation from a familiar start, Main Auditorium, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Wojtek Wiercioch is a research and guideline methodologist at the McMaster GRADE Centre in the Department of Health Research Methods, Evidence, and Impact at McMaster University, Hamilton, Canada. His research focus is in evidence synthesis, guideline development methodology, and the guideline development process.

Background: Guideline development groups can face difficulty in deciding whether desirable and undesirable health outcomes should be judged as trivial, small, moderate, or large when using GRADE Evidence-to-Decision (EtD) frameworks. Decision thresholds (DTs) offer a solution to inform these judgements.

Objective: To develop a suggested approach for using DTs in the evidence-to-decision process, and to implement automation of the approach in GRADEPro guideline development software.

Methods: DTs used in this approach are derived from a randomized methodological study in which a large sample of decision-makers provided judgements about health effects for case-based scenarios. Through iterative discussions and refinement in in-person and online meetings with expert input of the GRADE Working Group, we developed the concept and suggested approach for using DTs in the EtD frameworks.

Results: We suggest a stepwise approach to using DTs, using a utility value for each of the prioritized health outcomes for a guideline question. The utility of the outcome and absolute treatment effects from the research evidence are used to determine a threshold expressed as a risk difference, based on the empirically-derived DTs. We developed a prototype integration in GRADEPro for entry of outcome data, allowing automation for suggested judgements about specific health effects included in GRADE EtD frameworks.

Discussion: This approach offers a solution for supporting judgements about the magnitude of health effects, by visually placing where a risk difference for a given outcome lies relative to the DTs, to suggest a judgement of whether that effect size is trivial, small, moderate, or large.

Assessing the available evidence regarding the impact of active and passive smoking on asthma incidence and asthma-related outcomes: results from three systematic reviews

Dr Ignacio Ricci-cabello¹, Dr Pablo Alonso-Coello², Wendy Nieto-Gutierrez², Josefina Salazar², Dr David Rigau², Yang Song², Ioana Agache³, Dr Carlos Canelo-Aybar²

¹Institut d'Investigació Sanitària Illes Balears, Palma de Mallorca, España, ²Iberoamerican Cochrane Centre - Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, ³Faculty of Medicine, Transylvania University,, , Romania

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Pablo Alonso-Coello, PhD in Medicine and Family Practice specialist, is a Senior Researcher at Iberoamerican Cochrane Center, Sant Pau Biomedical Research Institute. He is the Director of the Scientific Committee of the National Guideline Programme from the Spanish Ministry of Health and Head of the Barcelona GRADE Centre. In the past 5 years, he has led/co-led 10+ research projects, notably the European Commission-funded DECIDE project, focusing on clinicians. Currently, he also works on ways to integrate the views and experiences of stakeholders and on decision support tools in clinical guidelines.

Background

Previous systematic reviews have examined the impact of smoking on asthma incidence and asthma-related outcomes. However, most of them relied on evidence from cross-sectional studies, did not consider e-cigarette smoking, and did not apply state-of-the-art methods to assess the level of certainty.

Objective

To inform recommendations from the European Academy of Allergy and Clinical Immunology Clinical Practice Guidelines, we conducted three systematic reviews to assess the impact of smoking on asthma-related outcomes.

Methods

We searched Medline and EMBASE (inception to July 2022) for longitudinal studies that assessed the effect of exposure to smoking on asthma incidence and asthma-related outcomes. We pooled effect estimates using random-effects meta-analysis and used GRADE to assess the certainty of evidence.

Results

In the first systematic review, we identified 69 studies suggesting that exposure to second-hand smoke was associated with an increased risk of developing asthma and recurrent wheezing. The second review (26 studies) suggested that second-hand smoking was associated with severe and moderate asthma exacerbation, poorer asthma control, and lower lung function. The third review (25 studies) suggested that active smoking was associated with moderate asthma exacerbations, poorer asthma control, quality of life, and lung function. Only one study examined the impact of electronic cigarettes. In general, the level of certainty was moderate to very low.

Discussion

We updated the available evidence concerning the impact of smoking on asthma. Although the effect estimates are consistent with previous reviews, the use of GRADE allowed us to identify important gaps in the available evidence.

Assessing the certainty of evidence in peoples' values, utilities, or the relative importance of the outcomes

Dr. Samer Karam¹, PhD Yuan Zhang¹, Dr. Jan Brozek^{1,2}, Dr. Pablo Alonso Coello^{3,4}, Dr. Holger Schünemann^{1,2}

¹Michael G. DeGroot Cochrane Canada & McMaster GRADE Centres, Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ²Department of Medicine, McMaster University, Hamilton, Canada, ³CIBER Epidemiología y Salud Pública (CIBERESP), Instituto de Salud Carlos III, Madrid, Spain, ⁴Iberoamerican Cochrane Centre, Sant Pau Biomedical Research Institute (IIB Sant Pau), Barcelona, Spain

P6A - Evidence & Decisions, Main Auditorium, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Dr. Samer Karam is a General Surgeon completing a PhD in the Department of Health Research Methods, Evidence, and Impact at McMaster University. He is also a member of the GRADE working group. The scope of his current work is related to appraising risk of bias and indirectness in values and preferences studies, and assessing the certainty of the evidence of these studies.

Background

According to GRADE, values are the relative importance people place on health outcomes. To improve healthcare outcomes, values contribute importantly to decision-making. Prior GRADE guidance suffered from a lack of available tools to assess risk of bias (ROB) and indirectness of relevant research.

Objective

To update the GRADE guidance for assessing the certainty of evidence about how people value outcomes and provide improved operationalization of the ROB and indirectness domain.

Methods

We first adapted the signaling questions from the previous GRADE guidance for judging the ROB and indirectness across studies and developed and validated structured ROBVALU and DIRECTVALU tools for single study assessment. We presented our results to the GRADE working group and developed guidance using an iterative approach according to standard GRADE methods (Schünemann et al., 2023), to assess the overall certainty of the evidence.

Results

This guidance focuses on the detailed operationalization of rating the overall certainty using the new ROBVALU and DIRECTVALU tools to assess ROB and indirectness in individual studies, respectively, and make judgments across the overall body of evidence.

Discussion

The GRADE approach for rating the certainty of evidence about values is a critical component for decision-making. Using the new ROBVALU tool and DIRECTVALU tools facilitate transparent assessment of the ROB and indirectness domains.

References: Schünemann HJ, Brennan S, Davoli M, et al. The methods for GRADE guidance and concept articles and when to appropriately claim the use of GRADE – a statement by the GRADE Guidance Group. J Clin Epidemiol. 2023

Assessment of the impact of environmental factors on asthma incidence and asthma-related outcomes: a suit of systematic reviews for a health care guideline

Josefina Salazar¹, Wendy Nieto-Gutierrez¹, L. Yesenia Rodriguez-Tanta¹, Yahveth Cantero¹, Yang Song¹, Ignacio Ricci-Cabello^{2,3}, David Rigau¹, Pablo Alonso-Coello^{1,3}, Ioana Agache⁴, Carlos Canelo-Aybar¹

¹Iberoamerican Cochrane Centre - Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, ²Balearic Islands Health Research Institute (IdISBa), Palma, Spain, ³Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), , Spain, ⁴Faculty of Medicine, Transylvania University, Brasov, Romania

P1C - Supplementing traditional approaches to guideline development, Conference Room 2, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Josefina Salazar holds a master's degree in Applied Clinical Research in Health Sciences from Universitat Autònoma de Barcelona. She is researcher at the Iberoamerican Cochrane Centre - Biomedical Research Institute Sant Pau, where she focuses on the development of evidence synthesis to support decision-making in health and care

Background: Several studies have explored the association between environmental exposures and the development and exacerbation of asthma. However, current evidence syntheses do not provide a comprehensive evaluation of the findings.

Objective: To conduct systematic reviews about environmental exposures incorporating the GRADE approach to inform the European Academy of Allergy and Clinical Immunology (EAACI) guidelines for asthma.

Methods: We conducted nine de novo systematic reviews and updated one review to answer each question. We searched three databases for longitudinal studies evaluating exposure to pollen, outdoor air pollution, traffic-related air pollution, indoor volatile organic compounds (VOC), mould/dampness, and detergents, and studies assessing impact of interventions to reduce air pollution. Outcomes were asthma incidence (only indoor exposures), and asthma-related outcomes (e.g. exacerbations). We assessed the certainty of the evidence using the GRADE approach.

Results: We identified 275 studies evaluating the impact of environmental exposures on asthma-related outcomes. Moderate certainty evidence shows that exposure to seasonal pollen and outdoor air pollution probably increase the risk of severe asthma exacerbations. There was low to very low certainty evidence for other exposures. We identified 40 studies assessing asthma incidence. Moderate certainty evidence shows that exposure to mould/dampness probably increases the risk of developing asthma, while there was low certainty evidence for VOCs and detergents.

Discussion: We evaluated the available evidence on environmental exposures and provided a structured summary that incorporated GRADE assessments. This approach allows for

systematically considering all relevant factors in evaluating the evidence to inform health-related recommendations.

Asthma Clinical Practice Guidelines in Brazilian Unified Health System (SUS)

Dra Rosângela Gomes¹, Dra Marta Souto Maior¹, Dra Ávila Vidal¹, Dra Luciene Bonan¹

¹Conitec, , Brazil

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Pharmacist, has a Master's Degree and a PhD in Public Health. Works at Conitec.

Asthma is a chronic inflammatory disease of the lower airways that is clinically characterized by increased responsiveness of these airways to different stimuli, with consequent recurrent airflow obstruction. The level of asthma control is low and morbidity is high, regardless of the country evaluated. In Brazil, hospitalizations and mortality are decreasing, in parallel with greater access to treatments and follow-up. A survey showed that 12.3% of asthmatics are controlled and only 32% adhere to the prescribed treatment in Brazil.

To describe the history of the CPG of asthma in the Unified Health System in Brazil.

Descriptive study about the elaboration of the Asthma CPG and its updates published by the Brazilian Ministry of Health. The study included data about the number of contributions received in the public consultation in the last update of the Asthma CPG.

The first Asthma CPG was published by the Brazilian Ministry of Health in 2002 and included clinical, laboratory and differential diagnosis, treatment and monitoring of patients with asthma. Over the years, this CPG has been updated four times. The current version was published in 2021 and included new drugs - omalizumab and mepolizumab - for the treatment of severe asthma. In this update, more than 1,000 public contributions from civil society were received.

The main treatment for Asthma patients is available in SUS. The use of some drugs is conditioned to evidence-based criteria. Asthma CPG promote access and the proper use of technologies and CPG development process expands the participation of Brazilian citizens.

Automating Guideline Development Checklists with Smartsheet

Brittany E. Harvey¹, Rachel Geisel¹

¹American Society of Clinical Oncology, Alexandria, United States

P2A - Automation from a familiar start, Main Auditorium, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Brittany Harvey is a Guidelines & Measures Administrator at the American Society of Clinical Oncology (ASCO). She works on improving and streamlining guideline development processes on the ASCO Guidelines program team, and also focuses on guideline dissemination through clinical tools and resources, including the ASCO Guidelines Podcast, accompanying algorithms, slides, summary tables, and visual abstracts.

Background

ASCO previously used a Microsoft Word-based guideline development checklist and an Excel tracking grid to record guideline development tasks and report guideline progress.

Objective

To leverage technology to track the progress of each guideline, automatically remind project members to complete tasks and analyze what steps were delaying guideline development.

Methods

Program team members reviewed guideline development steps, made these items actionable, and transferred information into Smartsheet. Fixed baseline dates were estimates of how long each checklist item should take. Calculations were set up to record variance from projected dates. Automations and dependencies were added to trigger next steps and reminders.

Results

18 projects have been migrated to Smartsheet, with more being added as new projects launch. One guideline project, a guideline endorsement, completed the full process in Smartsheet, with an elapsed 257 days. Tasks were organized into five overarching categories: (1) protocol and planning, (2) systematic review, (3) developing recommendations, (4) revisions, reviews, and approvals, and (5) communications and publication, with some overlapping steps. Steps in these categories took 164, 27, 25, 59, and 58 days, respectively. The steps with the longest delays involved finding co-chairs eligible based on conflict-of-interest disclosures.

Discussion

This first project is limited as some items of the de novo guideline development process are not conducted as part of the ASCO Guidelines endorsement process, including several systematic review steps, as no updated literature search is conducted for endorsements. Further analyses of multiple projects will highlight common pain points in the development process.

Barriers and facilitators to integrating deprescribing recommendations into clinical practice guidelines

Dr Emily Reeve^{1,2}, Deanna Mill^{2,3}, Shin Liao¹, Selina Leung¹, Associate Professor Danijela Gnjidic⁴, Dr Danielle Pollock⁵, Dr Nagham Ailabouni^{2,6}, Assistant Professor Wade Thompson⁷, Dr Frank Moriarty⁸, Dorsa Maher², Dr Barbara Farrell⁹

¹Monash University, Melbourne, Australia, ²University of South Australia, Adelaide, Australia,

³University of Western Australia, Perth, Australia, ⁴University of Sydney, Sydney, Australia,

⁵University of Adelaide, Adelaide, Australia, ⁶University of Queensland, Brisbane, Australia,

⁷University of British Columbia, Vancouver, Canada, ⁸Royal College of Surgeons in Ireland, Dublin, Ireland, ⁹Bruyère Research Institute, Ottawa, Canada

P1D - Words and context in guideline development, Conference Room 3, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

Dr Emily Reeve is a Senior Research Fellow with the Centre for Medicine Use and Safety, Faculty of Pharmacy and Pharmaceutical Sciences, Monash University; currently funded by an NHMRC Investigator Grant (EL2). Dr Reeve is also a qualified pharmacist with experience working as a clinical pharmacist in a large tertiary teaching hospital.

Dr Reeve's research focuses on optimising medication use and quality of life through 'deprescribing' in older adults and people living with dementia. She is Chair of the Australian Deprescribing Network (ADeN).

Background: Deprescribing is the process of clinician-supervised withdrawal or dose reduction of medications where the potential harms outweigh the benefit for an individual. A reported barrier to deprescribing in practice is a lack of recommendations on when and how to deprescribe in clinical practice guidelines.

Objective: To explore the barriers and facilitators to inclusion of evidence-based deprescribing recommendations in clinical practice treatment guidelines.

Methods: Qualitative semi-structured interviews were conducted with guideline developers (including chairs, methodologists, clinicians and consumer representatives) and key stakeholders from organisations involved in informing guideline development. Conventional content analysis was used.

Results: 18 guideline developers (including 7 people who had been involved in development of deprescribing focused guidelines) and 8 stakeholders that inform guideline development were interviewed. Participants were from North America, Australasia and Europe and ranged in experience from being involved with one guideline to more than 20. Barriers and facilitators identified related to awareness of deprescribing, availability of evidence to inform the recommendations, internal and external influences on the scope of the guideline, and logistical considerations. Participants reported that a template on how to word deprescribing recommendations would be helpful.

Discussion: While there are many facilitators to inclusion of deprescribing recommendations, a champion within the guideline development team or recommendations from respected organisations is likely needed to ensure that it is included within the guideline scope. Research with guideline end-users would be beneficial to inform the necessary content and optimal presentation of deprescribing recommendations to support implementation in practice.

Boosting global and local partnerships to promote equitable access of COVID-19 guideline recommendations: case study in China

Dr Yuan Chi^{1,2}, Jun Xia^{3,4}, Dr Xiaomei Yao⁵, Ashley Motilall⁶, Dr Tamara Lotfi⁷, Prof Holger Schünemann⁸

¹Beijing Yealth Technology Co., Ltd, Beijing, China, ²Cochrane Campbell Global Ageing Partnership, London, UK, ³Nottingham China Health Institute, University of Nottingham Ningbo, Ningbo, China,

⁴Division of Epidemiology and Public Health, The University of Nottingham, Nottingham, UK,

⁵Faculty of Health Sciences, McMaster University, Hamilton, Canada, ⁶McMaster University, Cochrane Canada, Hamilton, Canada, ⁷WHO Collaborating Centre for Infectious Diseases, Research Methods and Recommendations, MacGRADE, McMaster University, Hamilton, Canada, ⁸Cochrane Canada, WHO Collaborating Centre for Infectious Diseases, Research Methods and Recommendations, MacGRADE, McMaster University, Hamilton, Canada

P5D - Approaches to stakeholder engagement - examples from around the World, Conference Room 3, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Yuan Chi is the Founder and CEO of Yealth Technology, a not-for-profit company dedicated to bridging resources and talents on evidence synthesis between Chinese and English-speaking world for equitable healthcare research and education. Having been a Cochrane community volunteer for three years, she was elected as under 30-year-old Chinese Governing Board member. She is Executive member and Information Specialist at Cochrane Global Ageing Thematic Group, providing volunteer opportunities for young professionals in resource-limited environments to participate in international training and research projects. She is Executive member of COVID19 RecMap and the only Chinese Co-Investigator of its \$0.9 million CIHR grant.

Background: The eCOVID19 Recommendations Map and Gateway to Contextualization (RecMap) is a living platform presenting 7280 guideline recommendations. Funded by Canadian Institute of Health Research (CIHR), RecMap involves the collaboration of over 40 partner organisations globally and has launched a knowledge mobilisation (KM) project to benefit wider stakeholders in different countries.

Objectives: To increase the awareness, use, and engagement of the RecMap among guideline developers in China and to identify barriers encountered in the KM activities.

Methods: We used a co-design framework to guide our activities, where the RecMap central team, China team leads, the voice of local stakeholders and the public, and the context of China COVID-19 policies were considered in planning and iterating the activities. These activities include group discussion, local stakeholder consultation, guideline adoption (contextualise and adopt recommendations from existing guidelines), webinars, and social media releases. We ensured inclusive participation of age and gender, guideline developers from both clinical and research backgrounds, and public involvement.

Results: We collaborated with GRADE Centres in China and Cochrane China Network Affiliates. Through discussions, expert consultations, and webinars with 1.4 million views, we found local policies and language are key barriers to introducing and implementing RecMap recommendations

in China. We, therefore, replaced the policy-sensitive guideline adoption project with plain language recommendation translation.

Discussion: The rapid global health challenges require us to establish collaborative platform and streamline the collaboration process for each stakeholder spending less time and fewer resources on negotiating the mechanisms, to achieve more efficient, effective, and equitable partnership outcomes.

Brazilian Transcultural Adaptation of Informative Statements to Communicate the Findings of Systematic Reviews of Interventions indicated by the GRADE System

Msc Suena Parahiba¹, PhD Cinara Stein¹, PhD Cintia Pereira de Araujo¹, PhD Gilson Dorneles¹, PhD Ailton Stein², PhD Daniela Pachito³, PhD Haliton de Oliveira Junior⁴, PhD Juliana Carvalho Ferreira^{5,6}, PhD Luís Cláudio Lemos Correia⁷, PhD Priscila Torres⁸, PhD Rachel Riera^{9,10}, PhD Sarah Nascimento Silva¹¹, BSc Tiago Farina Matos¹², PhD Vania Cristina Canuto Santos¹³, MSc Ávila Vidal¹⁴, PhD Marta Maior¹⁴, PhD Veronica Colpani¹, PhD Maicon Falavigna¹

¹Hospital Moinhos De Vento, Porto Alegre, Brazil, ²Universidade Federal de Ciências da Saúde de Porto Alegre, Porto Alegre, Brazil, ³Pfizer Brazil, , Brazil, ⁴Hospital Alemão Oswaldo Cruz, São Paulo, Brazil, ⁵Universidade de São Paulo, São Paulo, Brazil, ⁶Instituto do Coração do Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brazil, ⁷Escola Bahiana de Medicina e Saúde Pública, Salvador, Brazil, ⁸Comissão de Ciência Tecnologia e Assistência Farmacêutica do CNS, , Brazil, ⁹Universidade Federal de São Paulo, São Paulo , Brazil, ¹⁰Hospital Sírio-Libanês, São Paulo, Brazil, ¹¹Instituto René Rachou - Fundação Oswaldo Cruz, Belo Horizonte, Brazil, ¹²Advocacy Baseado em Evidências, , Brazil, ¹³Ministério da Gestão e da Inovação em Serviços Públicos, Brasília, Brazil, ¹⁴Secretaria de Ciência, Tecnologia, Inovação e Complexo da Saúde, Brasília, Brazil

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

PhD candidate in Cardiology and Cardiovascular Sciences, master degree in Nutritional Sciences. Currently, I work as methodologist in activities for Brazilian Ministry of Health.

Background: Transparent and easy-to-understand communication can help readers and health managers in interpreting the results of systematic reviews (SR). The GRADE group developed an approach to improve the communication of results from SR of interventions in the English language.

Objective: To cross-culturally adapt to Brazil the approach for communicating the results of SR of interventions indicated by the GRADE system.

Methods: The cross-cultural adaptation process of the approach to communicate the results (published in 2020) in the Portuguese language spoken in Brazil is going through 6 steps: 1) translation of the original version by two translators; 2) Synthesis of the translations; 3) Back translation of the consolidated version; 4) evaluation by GRADE experts; 5) pre-test applying the version validated by experts; 6) quantitative and qualitative results evaluation.

Results: Currently, the study is in step 4. The main challenge is adjusting the terms regarding the low and moderate certainty of the evidence classification. The translation of the term “may”, used for low certainty of the evidence, was considered by the experts as moderate certainty. At the same time, “probably” and “likely”, synonyms for moderate certainty, were translated with the same word in Portuguese for both terms in English. Thus, it was necessary to create different sentence structures to maintain the same number of statement options.

Discussion:

The main contributions refer to adjustments of terms in English that are indicated for different interpretations, but that have a similar translation in Portuguese. The cross-cultural adaptation can be replicated in translation into other languages.

Bringing Guidelines to the Digital Age

Ms Maria Michaels^{1,2}, Mr Jon Heald^{1,3}, Dr Deana Baptiste^{1,4}, Ms Yerado Abrahamian^{1,5}

¹GIN North America Steering Group, , ²Centers for Disease Control and Prevention, Atlanta, USA,

³Infectious Diseases Society of America, Chicago, USA, ⁴American Cancer Society, Atlanta, USA,

⁵Kaiser Permanente Southern California, San Diego, USA

W1A - Workshop: Bringing Guidelines to the Digital Age, Conference Room 4/5, September 20, 2023, 11:00 AM - 11:45 AM

Biography:

Maria Michaels, Public Health Advisor at the US Centers for Disease Control and Prevention, uses technology to transform data into health action. She leads Adapting Clinical Guidelines for the Digital Age and Making Electronic Data More Available for Research and Public Health (MedMorph) and participates in national and international initiatives on computable knowledge, data harmonization, data exchange, and other health data standards activities such as multiple HL7 work groups, CDS Connect Work Group Chair, Systematic Review Data Repository Plus (SRDR+) Governance Board, Guidelines International Network North America (GIN/NA) Steering Group, World Health Organization (WHO) SMART Guidelines initiative, and others.

Background: The 5-year Adapting Clinical Guidelines for the Digital Age (ACG) initiative (led by the U.S. Centers for Disease Control and Prevention) produced standards, processes, and tools to iteratively co-develop, implement, and evaluate written and computable guidelines to decrease time from evidence to practice and improve outcomes. GIN North America (GIN-NA) extended this work with a human-centered design (HCD) workshop in April 2023 to operationalize the outputs of ACG and address pain points in guideline development and implementation from multiple perspectives. Examples of pain points include but are not limited to redundancy in translating guidelines to practice, unclear verbiage in recommendations, lack of feedback from implemented guidelines, and variability in the localization of guidelines. This workshop will provide a briefing on the GIN-NA workshop and an abbreviated HCD experience for the GIN community at large to design additional solutions.

Objectives: Learn about standards, processes, and tools that support co-developing and implementing computable guidelines; Understand the outcomes from an initial problem-solving effort by GIN-NA on Bringing Guidelines to the Digital Age; Contribute to designing, developing, and testing more solutions to support Bringing Guidelines to the Digital Age

Format: Human-centered design – an agile, future-oriented, user-centered approach for framing and solving problems that are complex, dynamic, and unclear: 1) Recap of 2023 GIN-NA workshop, 2) breakout groups each develop one idea to solve a pain point and a test plan, 3) groups share idea/test plan. Participants are encouraged to test ideas at their home organizations.

Choice of Length: 90 minutes

British Association of Dermatologists guidelines for the safe and effective prescribing of methotrexate in dermatology 2023: a cross-sectional survey of stakeholders

Dr Zenas Yiu¹, Dr Amaani Hussain², Dr Pooja Jassal-Prior², Dr Brian Kirby³, Dr Philip Laws⁴, Dr Catriona Maybury⁵, Dr Khimara Naidoo², Prof Richard Warren¹, Dr Sophie Weatherhead², Dr Paul Yesudian⁶, Miss Maria Hashme⁷, Dr M. Firouz Mohd Mustapa⁷, Miss Alina Constantin⁷

¹Salford Royal NHS Foundation Hospital, Manchester, United Kingdom, ²Royal Victoria Infirmary, Newcastle upon Tyne, United Kingdom, ³St Vincent's University Hospital, Dublin, Ireland, ⁴Chapel Allerton Hospital, Leeds, United Kingdom, ⁵St George's Healthcare NHS Trust, London, United Kingdom, ⁶Wrexham Maelor Hospital, Wrexham, Clwyd, Wales, ⁷British Association of Dermatologists, London, United Kingdom

P6D - Collaboration & Stakeholders, Conference Room 3, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Alina Constantin is a Guideline Research Fellow at the British Association of Dermatologists and is part of the Guideline Development Group for the British Association of Dermatologists guidelines for the safe and effective prescribing of methotrexate in dermatology 2023.

Background:

Methotrexate is an immunomodulator used to treat a variety of dermatological conditions. Although methotrexate can be effective, consideration needs to be given to its safety profile regarding hepatic, pulmonary and renal toxicity; bone marrow suppression; carcinogenic risk, etc.

Objective:

To collect the views of patients/carers and healthcare professionals regarding the most important aspects which these stakeholders would like to see addressed by the British Association of Dermatologists guidelines for the safe and effective prescribing of methotrexate in dermatology 2023.

Methods:

We devised a cross-sectional survey in the form of a questionnaire. A non-probability, purposeful sampling strategy was employed.

Patients/carers and relevant healthcare professionals completed the online survey and rated the importance of each of the answers by selecting a number from 1 (not at all important) to 5 (extremely important).

Results:

Responses were received from 130 survey participants.

Some aspects considered by responders extremely important were: chronic plaque psoriasis [83.4% (106/127)], atopic eczema [62.1% (74/119)], surgical interventions [48.8% (63/129)], methotrexate pharmacogenomics [39.5% (51/129)], maternal conception [70.3% (90/128)], paternal conception [64.8% (83/128)], frequency of methotrexate monitoring [78.4% (102/130)], vaccines [66.4% (85/128)], malignancy [62.4% (78/125)], patients with impaired renal function

[50% (63/127)], cirrhosis [55.1% (70/127)], liver fibrosis [54.3% (69/127)], cardiovascular disease [48.4% (62/128)].

Discussion:

Ascertaining the importance placed by patients/carers and healthcare professionals on various aspects revolving around methotrexate use in dermatology is extremely valuable, as it ensures that the guideline remains relevant for both, patients/carers and clinicians, and that it adequately informs current clinical practice.

Building Capacity for the Incorporation of the living evidence approach in the Development of guideline recommendations: The Strengthening Decision-Making Capacity Through Living Evidence Project, from the Living Evidence to Inform Health Decisions Project

Professor Maria Rojas¹, Professor Gerard Urrutia, Doctor Pablo Alonso, Mrs Ariadna Auladell, Mrs Francisca Verdugo, Doctor Gabriel Rada, Doctor Luz Angela Torres

¹Research Institute of the Hospital de la Santa Creu i SaBiomedical Research Institute (IIB Sant Pau) Barcelona, Spain, Barcelona, España

P2B - Automation - thinking differently, Conference Room 1, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

María Ximena Rojas-Reyes is a senior researcher and experienced clinical epidemiologist who holds an MSc in Clinical Epidemiology and a Ph.D. in Biomedical Research Methodology with an emphasis on Health Economics.

As faculty for over 20 years at the Javeriana University School of Medicine in Bogotá, Colombia, Dr. Rojas developed her career as a professor, researcher, and methodologist adviser.

Her research interests include health-related quality of life, systematic reviews, economic evaluations, health technology assessment, clinical practice guidelines development, and incorporation of living evidence to inform health decisions.

Is an active member of the Cochrane Collaboration, GRADE working group, and G-I-N.

Background: We need strategies that allow groups in charge of developing evidence synthesis to inform clinical practice guidelines (CPGs) to effectively incorporate the Living Evidence [LE] model in the resolution of the key selected recommendations.

Objective: To develop and evaluate a strategy for building capacity among CPG developers to incorporate the LE model in guideline development.

Methods: The project had three phases: P1. Definition of a guidance framework for the incorporation of the LE model in the guideline evidence synthesis development; P2. Training in LE and tools; P3. Development of real-life LE synthesis following the learning-by-doing methodology.

For P2 and P3 we enrolled technical staff of groups and HTA agencies working on CPGs.

Epistemonikos and L.OVE platform were the technological tools used for the LE process.

Participants evaluated the whole capacity-building strategy in online surveys and in-depth interviews. Assessment of the framework was done independently soon after the first two months of evidence monitoring.

Results: We developed a “LE to inform health decisions framework” used in the next phases of the project. We enrolled 16 team members from nine organizations. Six training workshops were developed. Organizations developed a total of seven LE syntheses updated on a monthly basis.

85% of participants answered the online surveys and 68% completed the in-depth interviews

Conclusions: Our strategy addresses the basic needs to build a sustainable capacity: i) the need for having guidance; ii) for training and iii) for being supported during the process. The strategy allowed individual training and the organization's capacity building.

Can we reduce the workload of conducting systematic evidence search to inform GRADE Evidence to Decision Framework without compromising quality?

Francisca Verdugo-Paiva¹, Pablo Alonso-Coello^{2,3}, Ana Carolina Pereira Nunes Pinto^{2,3}, Ena Pery^{2,3}, Iván Solà^{2,3}, David Rigau^{2,3}, Gabriel Rada^{1,4}

¹Epistemonikos Foundation, Santiago, Chile, ²Iberoamerican Cochrane Centre, Biomedical Research Institute San Pau (IIB Sant Pau), Barcelona, Spain, ³Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), , Spain, ⁴UC Evidence Center, Cochrane Chile Associated Center, Faculty of Medicine, Pontificia Universidad Católica de Chile, Santiago, Chile
P2C - Automation across the process, Conference Room 2, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Francisca Verdugo-Paiva (member of the Epistemonikos foundation) is a Doctor in Dental Surgery with a master's degree in Applied Clinical Research in Health Science.

Currently, she is a PhD student at Biomedical Research Methods and Public Health at the Autonomous University of Barcelona. She is also Chief Research Innovation Officer at Epistemonikos Foundation with important experience in health evidence identification and synthesis, being the author of several systematic reviews and the methodologist advisor for a number of clinical practice guidelines in Latin-America.

Background

Conducting searches for each domain of the GRADE-EtD-framework in the context of guidelines is resource intensive. Epistemonikos Foundation is developing a platform that streamlines all the steps of evidence synthesis and applies technologies to make the process efficient. This includes a comprehensive taxonomy, the Epistemonikos-Evidence-Taxonomy (EET). For each EET-term, we have developed a boolean-strategy and artificial-intelligence (AI) classifier.

Objectives

To assess the performance of the EET-terms against the traditional approach for the EtD-criteria (health effects, peoples' values, and economic evidence) for a colorectal cancer screening guideline.

Methods

For the traditional approach, we designed a standard search strategy. For the alternative approach, we matched the components of the question to the EET-terms.

Title/abstracts will be assessed by a single reviewer and the full-text of the potentially eligible studies will be assessed in duplicate. We will estimate the number of records and calculate the sensitivity/specificity of the EET using the traditional approach as the reference standard. We will report the number of studies detected by the alternative approach only, and will attempt to explore the potential reasons.

Results

For peoples' values, the EET identified 10,365 records. After applying the AI-classifiers, the number to screen decreased to 1,769. For economic evidence and health effects, the results were 4,133 and 11,196. The number to screen decreased to 813 and 2,820. The complete results will be reported during the conference.

Discussion

New approaches may save time and resources, but it is important to know if this efficiency gain does not impact the quality.

Can we use GRADE to create new diagnostic criteria for a condition? An application of GRADE principles for establishing diagnostic criteria for a disease

Professor Zachary Munn¹, Dr Natasha Reid

¹University of Adelaide, , Australia

P6C - Getting the methodology right, Conference Room 2, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Professor Zachary Munn is an advocate for evidence-based healthcare and for ensuring policy and practice is based on the best available evidence. Professor Munn is the Director of Health Evidence Synthesis, Recommendations and Impact (HESRI) in the School of Public Health at the University of Adelaide; Head of the Evidence Synthesis Taxonomy Initiative (ESTI); Founding Director of the JBI Adelaide GRADE Centre; Chair of the Guidelines International Network (GIN) and a National Health and Medical Research Council (NHMRC) Investigator. He is a systematic review, evidence implementation and guideline development methodologist.

Background:

In 2021, a group in Australia was tasked with updating the guideline for the diagnosis and assessment of Fetal Alcohol Spectrum Disorder. However, there is no universally agreed approach to developing diagnostic criteria or assessment guidelines.

Objectives:

Our aim was to ensure that any new criteria or definitions proposed by our guideline group were as transparent as possible and supported by a rigorous development process. In line with best practice in guideline development, we aimed to use GRADE to assist with our guideline. However, there was no specific GRADE guidance currently for this type of guideline.

Methods:

We used a novel application of the GRADE approach to inform the development of our guideline. Firstly, to determine potential diagnostic criteria for FASD, we performed a range of systematic reviews using the GRADE for establishing certainty in prognostic factors to determine the association between particular exposures and outcomes with FASD. We then used adapted evidence to decision frameworks (EtDF) to make a recommendation regarding whether a particular diagnostic criteria should be considered in our final set of criteria. Following this, we created an overarching EtDF for our proposed diagnostic criteria for FASD.

Results and Conclusion

Our proposed revised definition, criteria and assessment guidelines for FASD are informed by rigorous systematic reviews and a transparent decision making process. We believe these methods may be suitable for adoption or adaptation for other groups creating diagnostic criteria and revising disease definitions.

Challenges in clinical practice guideline implementation

Renfeng Su¹, Yaolong Chen^{1,2,3,4}, Dr. Xuan Yu^{2,3,5}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁵Department of Global Health and Social Medicine, Harvard University, BOSTON, United States

Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Dr. Xuan is a researcher interested in evidence-based medicine and evidence-based social sciences at Lanzhou University, China, and Harvard University, USA. Her research focuses on various aspects of guideline development, reporting guidelines, and health and social policy.

Objective: To identify potential determinants to CPGs implementation and evaluate possible challenges for a national development and implementation guideline program.

Methods: MEDLINE (via PubMed), EMBASE and CNKI were searched by the terms “guideline*”, “guidance*”, “recommendation”, “consensus”, “implement” and “implementation science”. We will check the references of included studies and conduct purposive searches to identify literature which focused on assessment of CPGs implementation. The literature screening and relevance assessment will be conducted by two independent reviewers and disagreements will be resolved through discussion. A standardized form will be developed for extracting information. Data extraction and synthesis will be extracted by the principal investigator and the sample of extracted data will be checked by a second reviewer for consistency and accuracy. Finally, the main barriers and enablers were summarized and the challenges related were analyzed.

Results: We initially searched 9848 articles. The full-text screening and information extraction of the initiative including literature is in progress. The details can be accessed in the final poster.

Discussion for scientific abstracts: Several barriers and enablers were observed in CPGs implementation. Knowing well the implementation challenges allows developing and implementing strategies to promote clinical practice guidelines continuous improvement.

Challenges in guideline development on infection control

Evelien Belfroid¹, Marjolein Kluytmans – van den Bergh, Haitske Graveland

¹Knowlegde Institute Of The Dutch Association Of Medical Specialists, Utrecht, The Netherlands

Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Evelien works as an advisor at the Knowlegde Institute Of The Dutch Association Of Medical Specialists. She supports groups of medical specialists in the development of guidelines on infection control. She wrote a PhD thesis on high quality preparedness and response in infectious disease outbreaks.

Background:

The Dutch Partnership on guidelines for infection prevention (SRI) develops clinical practice guidelines for hospital care, long-term care, and public healthcare. In the upcoming years, SRI intends to update and harmonize over 60 infection control guidelines.

Developing generic infection control guidelines faces challenges, such as the harmonization of infection control policies between healthcare settings with marked differences in patient populations and organization of care, the increasing need to incorporate sustainability considerations, and the still limited availability of comparative evidence for many infection control issues.

Objective: To identify and possibly resolve challenges in evidence synthesis in guideline development on infection control.

Methods:

First, challenges in evidence synthesis in guideline development on infection control will be examined. Second, to resolve these challenges, several methods will be explored that may complement the 'traditional' methods for guideline development, including the GRADE method for rating the quality of evidence. Methods that will be explored include different means to summarize the best available evidence, the formulation of good practice statements, and the use of innovative implementation tools.

Future prospects:

After identifying the challenges and exploring the different methods to resolve these challenges, a toolbox will be developed containing several methods to aid high quality infection control guideline development.

Challenges in public health guidelines: a review of non-grade methods

Lucia Kantorová^{1,2,3}, Alena Langaufová^{1,3}, Simona Slezáková^{1,3}, Srinivasa Vittal Katikireddi⁴, Zachary Munn⁵, Jitka Klugarová^{1,2,3}, Tereza Vrbová^{1,3}, Miloslav Klugar^{1,2,3}

¹Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (Cochrane Czech Republic, Czech EBHC: JBI Centre of Excellence, Masaryk University GRADE Centre), Institute of Biostatistics and Analyses, Faculty of Medicine, Masaryk University, Brno, Czech Republic,

²Department of Public Health, Faculty of Medicine, Masaryk University, Brno, Czech Republic,

³Institute of Health Information and Statistics of the Czech Republic, Prague, Czech Republic,

⁴Institute of Health & Wellbeing, University of Glasgow, Glasgow, UK, ⁵HESRI (Health Evidence Synthesis, Recommendations and Impact), Faculty of Health and Medical Sciences, University of Adelaide, Adelaide, Australia

P4B - Education, methodology & measurement, Conference Room 1, September 21, 2023, 11:30

AM - 1:00 PM

Biography:

With her background in general medicine, Lucia is an advocate for evidence-based healthcare. Lucia currently works as a guideline methodologist and evidence synthesis researcher under the Institute of Health Information and Statistics and is affiliated with the JBI, Cochrane, and GRADE centers in the Czech Republic. Her main focus is public health guidelines and adoption, adaptation, and adolopment. She is an investigator and member of several international research projects. She is involved in teaching and research at the Department of Public Health at Masaryk University, and she conducts training in Evidence-Based Healthcare, GRADE and guideline methods.

Background

Public health guidelines may be challenging to develop, partly due to the complex nature of the interventions assessed in such guidelines. The GRADE Public Health Group established in 2017 identified challenges in their development and suggested possible solutions. We propose that some practical solutions may be drawn by assessing how guideline developers have previously tackled the challenges. We conducted a scoping review of GRADE public health guidelines, and now we follow up with reviewing non-GRADE guidelines.

Objective

The aim of the scoping review of non-GRADE public health guidelines is to map the methods used to address the previously identified challenges and document any additional challenges.

Methods

The proposed scoping review is being conducted following the JBI methodology for scoping reviews. We searched and screened titles in the following databases for public health guidelines published 2018-2021: the ProQuest Public Health Database, GIN library, NICE, and WHO websites, and the websites of public health organizations. We extracted data on how developers tackled the identified challenges, any new challenges that had occurred, and possible solutions/modifications to methods. We used a combination of content analysis and descriptive statistics for data analysis and presentation.

Results

We identified many public health guidelines that did not follow GRADE methods with varying methods to address the challenges encountered within these guidelines. Full results will be published when available and presented at the conference.

Discussion for scientific abstracts

Ultimately, the findings and conclusions will inform the GRADE public health group's work and possibly improve the GRADE approach.

Challenges of using real world and randomised controlled trial data in an IPD-NMA: a case study in behavioural weight loss interventions (BWMI)

Dr Nishant Jaiswal¹, Dr Rebecca Gregg², Dr Alison Avenell³, Dr Louisa Ells⁴, Sandra Jayacodi², Dr Ruth Mackenzie¹, Dr Sharon Simpson¹, Dr Jennifer Logue², Dr Olivia Wu¹

¹University of Glasgow, Glasgow, United Kingdom, ²Lancaster University, , United Kingdom,

³University of Aberdeen, , United Kingdom, ⁴Leeds Beckett University, , United Kingdom

P3D - Guidelines in the real world I, Conference Room 3, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Nishant is a Research Associate at Health economics and Health Technology Assessment, School of Health and Well-Being, University of Glasgow, UK. His research interests are complex evidence synthesis including network meta-analysis, independent participant data meta-analysis and component network meta-analysis

Introduction:

Network meta-analyses (NMA) typically rely on data from randomised controlled trials (RCTs) with stringent inclusion criteria and a limited generalisability. There is a growing interest in using real-world data (RWD) alongside RCT-based NMAs to obtain a more realistic perspective on intervention effectiveness in general population. However, there are only few examples NMAs available for reference, and little guidance on combining RWD and RCT-based data in NMA.

Objectives

We explore the potential challenges of combining individual participant-level data (IPD) from real-world studies (RWS) with RCT data in a NMA from our ongoing study which explores the relative effectiveness of commissioned (BWMI) in the UK.

Methods:

An IPD-NMA of RCTs was conducted, using a two-step Bayesian approach. Subsequent steps include combining single-arm RWS data in the IPD-NMA.

Results:

Current NICE guidelines excluded single-arm studies in NMAs. Existing methods for combining IPD from RWS with RCT-based data in NMA were developed on simulated data which does not reflect the true challenges. In our study, we encountered the following practical challenges. Lack of control group in registry data. Inconsistent follow-up times between studies. Risk of double counting due to repeat participants in registry data. There were significant missing data due to inadequate recording by the registries. Data recording in RWS is not optimised for research purposes.

Discussion for scientific abstract:

Current methods and guidelines fail to address the practical challenges of combining RCT and RWD. Further work is required to determine how best to handle the practical challenges faced when working with RWD.

Clinical guidelines, quality indicators and interprofessional collaboration in support of improved primary care for chronic diseases

Directrice Catherine Truchon¹, Valérie Garceau¹, Caroline Turcotte¹, Geneviève Corriveau¹, José Perez¹, Frédéric Kuzminski¹, Eric Plante¹, Sarah-Maude Deschênes¹, Mélanie Tardif¹, Mike Benigeri¹

¹Inesss, Quebec, Canada

P6D - Collaboration & Stakeholders, Conference Room 3, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Catherine Truchon holds a Ph.D. in Neuropsychology and a Master's Degree in Healthcare Administration and Management. She has worked nearly 20 years as a clinician and program manager in the Quebec health care system. She is currently scientific director at Institut national d'excellence en santé et services sociaux (INESSS) where she oversees the development of clinical guidelines, standards of practice, quality indicators, and various guidance and tools to support the optimization of patient care trajectory and services organization.

Background. Chronic diseases are associated with frequent emergency department visits and hospitalizations, daily activity limitations and decreased quality of life. Optimal chronic diseases management relies on relevant and efficient primary care coordination and continuity. However, primary care workers have limited time and resources to address issues in the patient care pathway.

Objective. To support Family Medicine Groups (FMGs) in their efforts to improve the quality of care for chronic diseases, by providing evidence-based clinical guidance, local quality indicators, along with accompanying quality improvement (QI) processes tools and coaching.

Methods. Clinical guidelines were adapted to the Quebec context in order to support the management of COPD. Selected quality indicators covering continuity of primary care, hospitalization rates, post-hospitalization follow-up, appropriateness of pharmacological treatment and treatment persistence were produced. Materials promoting interprofessional collaboration and patient involvement were also developed. FMGs, along with patient representatives, were invited to participate in a first phase of quality improvement workshops.

Results. The participating FMGs were presented with personalised reports allowing them to compare their results with those of similar FMGs, as well as provincial data. They were educated on the best COPD management practices according to INESSS guidelines and guided through QI activities by trained practice facilitators. Actions plans to address specific issues in the patient care pathway were elaborated and re-evaluation scheduled.

Discussion. Perceived as highly facilitating and promising by primary care workers and patients, this approach will gradually be deployed across the province to improve the management of various conditions, including diabetes and neurocognitive disorders.

Clinical practice guideline implementation in the Czech Republic

Dr. Jitka Klugarová^{1,2}, Dr. Miloslav Klugar^{1,2}, Dr. Lucia Kantorová^{1,2}, Dr. Tereza Vrbová^{1,2}

¹Institute of Health Information and Statistics of the Czech Republic, Prague, Czech Republic,

²Czech National Centre For Evidence-based Healthcare And Knowledge Translation, Faculty Of Medicine, Masaryk University, Brno, Czech Republic

P5B - Collaboration around the World, Conference Room 1, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Dr. Klugarová is deputy director and co-founder of the Czech National Centre for Evidence-Based Healthcare and Knowledge Translation and its parts (Cochrane, JBI, and GRADE Centers) at Masaryk University. Dr. Klugarová is an Adjunct Associate Professor of Public Health at the University of Adelaide. She has a background in physiotherapy, biomechanics, and podiatry. Since 2010, she is interested in the Evidence-Based Healthcare approach, implementation science, a methodology of systematic reviews, and clinical practice guidelines. As an active member of several international methodological groups within leading organizations in EBHC, she is focused on application and innovation of research and implementation.

Background: CEBHC-KT centre leads 52 best practice implementation projects across 7 European countries within 2 ERASMUS+ projects (EICP and SPIDER). All of them aim to implement the best available evidence into clinical practice, including clinical practice guidelines (CPGs). In the Czech Republic, three CPGs were implemented: 1) WHO guideline dealing with the Ten Steps to Successful Breastfeeding of Baby Friendly Hospital Initiative (BFHI), 2) Czech CPG "Treatment of smoking cessation", and 3) Czech CPG "Severe acute pancreatitis".

Objective: The main aim of this presentation is to share our experiences with implementing clinical practice guidelines into the practice in the Czech Republic.

Methods: One WHO guideline and two Czech CPGs (developed within Czech National Guideline project) were implemented using clinical audits/feedback and Getting Research into Practice Framework (GRiP). Firstly, a group of stakeholders was identified in the healthcare facility and carried out a baseline audit. The second step was identifying implementation obstacles and planning how to solve them using the GRiP Framework. The third and last step was the post-implementation audit, which was undertaken the same way as the baseline audit.

Results: All three CPGs were implemented successfully in one Czech hospital. During the implementation phase, many various barriers were identified specific to each health area of the CPG; however, common obstacles included the lack of knowledge and skills of the staff and their low motivation for the change.

Co-design focus group workshops to develop evidence synthesis summary formats for use in clinical guideline development

Mr. Ruairi Murray¹, Ms. Rosarie Lynch², Ms. Michelle O'Neill¹, Dr. Susan M. Smith³, Dr. Kamal Mahtani⁴, Dr. Máirín Ryan^{1,5}, Dr. Barbara Clyne^{1,6}, Dr. Melissa Sharp⁶

¹Health Information and Quality Authority, Dublin, Ireland, ²Department of Health, National Patient Safety Office, Dublin, Ireland, ³Trinity College Dublin, School of Medicine, Department of Public Health and Primary Care, Dublin, Ireland, ⁴University of Oxford, Department of Primary Care Health Sciences, Oxford, England, ⁵Trinity College Dublin, Trinity Health Sciences, Department of Pharmacology and Therapeutics, Dublin, Ireland, ⁶RCSI University of Medicine and Health Sciences, Department of General Practice, Dublin, Ireland

P5D - Approaches to stakeholder engagement - examples from around the World, Conference Room 3, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Melissa Sharp is an epidemiologist with expertise in meta-research and observational mixed-methods designs. She is a Senior Postdoctoral Fellow RCSI University of Medicine and Health Sciences in Ireland. Her work focuses on clinical guideline development, science communication, and evidence synthesis methods. She holds a joint doctorate in Epidemiology from the University of Paris and University of Split, as a part of the Methods in Research on Research (MiRoR) Project, a Masters in Public Health in Epidemiology from Columbia University Mailman School of Public Health, and a Bachelor of Science in Psychology from Michigan State University.

Background

To develop clinical guidelines, guideline development groups (GDGs) evaluate research on specific topics or conditions to make evidence-based decisions about appropriate health care and policies. GDGs are multidisciplinary groups (comprised of patients, healthcare providers, policymakers, etc.) who have different expertise and priorities. Evidence synthesis and evaluation processes are rigorous, yet there is no best practice on optimally presenting evidence synthesis findings to GDGs. We recently conducted a mixed methods systematic review (MMSR) and found no agreed standard format. However, synthesized findings provided 94 recommendations for producing more effective summary formats for general evidence syntheses (e.g., systematic reviews).

Objective

To investigate the range of recommendations identified from a MMSR regarding the format, content, and communication of summary formats for evidence syntheses.

Methods

In February and March 2023, we held six online co-design focus group workshops with 30 participants involved in GDGs and/or evidence synthesis. Our topic guide focused on the recommendations with mixed methods support, those with 3 or more supporting studies, and additional recommendations prioritised by an expert advisory group through a pragmatic prioritisation exercise using the MoSCoW method (Must, Should, Could, and Will not have).

Results

Preliminary findings suggest a “less is more” approach that minimises methodological steps and statistical data and provides links to further information in the full technical report.

Discussion for scientific abstracts

Project findings will inform the creation of prototype evidence summary formats to user-test through one-on-one semi-structured interviews. Final summary formats will be integrated into the National Clinical Guideline development process in Ireland.

Collaboration for updating guideline and living guidelines: the French experience

PhD Sophie Blanchard Musset¹, Valerie Ertel Pau¹, Pierre Gabach¹, Amélie Lansiaux

¹HAUTE AUTORITE DE SANTE, ,

P1A - Living Guidelines & approaches to implementation, Main Auditorium, September 20, 2023,

11:00 AM - 12:30 PM

Biography:

After a Ph. D. and several post-doctoral fellowships in medical biology (infectious diseases, virology, bacteriology, immunology, biotechnology), Sophie joined The French National Authority for Health (HAS) in 2005 in the health technology assessment (HTA) department and upon 2011 for the HAS office of guideline development. As methodologist and master guideline developer Sophie have managed more than 23 clinical practice guidelines and rapid guidelines in different fields. One part of her role is to develop new tools and methods to improve the development and dissemination of the evidence-based guidelines. In this context, she is member of board of trustee of GIN.

Background

As the national independent public scientific agency, the French National Authority for Health (HAS) is tasked to provide evidence-based guidelines and produced up-to-date rapid and trustworthy guidelines for several years. After the challenge of the pandemic COVID-19 to produce living guidelines in close collaborations, we seek to extend the procedure to other domains and to intensify collaborations.

Methods

In a 2 steps project, we provided a scoping review, implemented a working group (18 methodologists HAS), a survey and a meeting with medical societies to develop collaborative program.

Results

We provided a new updating process including stronger collaborations with other guidelines developers at national and international level.

An updating/living process is an iterative cycle including identification of new evidence, evaluation of their impact on the existing guideline, and if necessary, modification of the recommendations. All guideline's actors are involved in the 3 different steps and could use a new developed toolkit to formalize the different collaborations. We also selected a mix of 3 categories of criteria for prioritization which include the possibility to collaborate, adopt and/or adapt international guidelines. Methods to actualize selected guidelines to update were extend to method applying the Agile principles.

Conclusions

Guideline developers had to adopt new methods, especially in developing updating process facilitating collaborations. A pilot phase of the new HAS programme is on progress including a state of play to define which type of collaborations could be selected for updating our portfolio of guidelines. As sharing our experience with the GIN collaboration working group.

Collaborative development of an automated guideline checker for systematic monitoring

Dr. Alex Rae-Grant^{1,2}, Dr. Cosma Dellasanti¹, Dr. Alfonso Iorio³, Nicholas Sansone¹, Chris Cotoi³, Phoenix Aran-Chanthara³, Rick Parrish³

¹DynaMed (Ebsco Industries), Ipswich, USA, ²Cleveland Clinic Lerner College of Medicine, Cleveland, USA, ³McMaster University Medical Center, Hamilton, Canada

P1A - Living Guidelines & approaches to implementation, Main Auditorium, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

Dr. Rae-Grant is a senior deputy editor at DynaMed, an evidence-based point of care tool aggregating medical information for an international customer base. Dr. Rae-Grant is a professor emeritus of neurology at Cleveland Clinic Lerner College of Medicine, and author or editor of multiple textbooks in neurology and multiple sclerosis care.

Background: DynaMed is a subscription-based point of care tool that incorporates best evidence including guidelines into a large database of medical information. We monitor about 250 guideline organization websites manually. This process is time consuming. Automating this process would allow staff to engage in other guideline activities while improving ongoing monitoring effectiveness.

Objective: To develop and quality control an automated guideline checker process.

Methods: Using our prior listing of organizations and websites, the HIRU team and our staff (NS) developed an automated process for monitoring changes in guideline websites. The system regularly retrieves the table of contents from publisher website and uses various methods such as document object model (DOM) parsing, regular expression matching, and document fingerprinting to retrieve their list of guidelines and identify when updated.

In most cases we were able to automate guideline monitoring with weekly reporting (217 organizations). For 28 out of 217 guideline organizations, automated reporting could not be applied for primarily technical issues. An automated guideline process was successfully implemented in 189 organizations and integrated into our process. Follow-up quality assurance in the first year after implementation showed no false positive or negative errors on the automatically monitored guideline organization sites.

Future prospects: The success of the AGP process will allow the DynaMed team to potentially expand its bandwidth to a larger group of guideline organizations, and move to optimizing management of guideline content. This is a model for an ongoing guideline monitoring system.

Comparison of AGREE-II appraisal results based on a guideline report alone and the complete materials for the guideline development process

Assistant Researcher Rui Wang¹

¹Children's Hospital Of Fudan University, Shanghai, China

P6B - Getting it right for stakeholders, Conference Room 1, September 22, 2023, 9:00 AM - 10:30

AM

Biography:

Rui Wang has participated in developing 10 clinical practice guidelines as a member of the methodology team since she started her career in guideline development in 2019. She has a good command of the GARDE methodology, especially in applying the evidence-to-decision framework. She can play various roles in the process of guideline development as a program manager to guide the team through each step of the process, and as an evidence and information scientist to develop appropriate search strategies and identify relevant evidence.

Background: The AGREE II instrument is the most commonly used guideline quality assessment tool. The AGREE II evaluation results differ in the completeness of the available materials, a published guideline report, or all files recorded in the whole guideline development process.

Objectives: We aim to explore how to apply AGREE II appraisal in a more accurate and comprehensive way by comparing the results based on the above two kinds of files.

Methods: The Chinese guideline entitled Clinical Practice Guideline on Infusion Therapy for Children was taken as the target. All files about it were required to be submitted from the panel group. One appraiser who has expertise in developing guidelines but was not involved in the process of the target was assigned to assess it by AGREE II and present the results respectively.

Results: The score for each domain in two kinds of appraised files (the report alone vs the whole materials) was 100% vs 6% (domain1: scope and purpose), 83% vs 78% (domain2: stakeholder and involvement), 40% vs 42% (domain3: rigour of development), 61% vs 61% (domain4: clarity of presentation), 17% vs 29% (domain5: applicability), and 50% vs 50% (domain6: editorial independence).

Discussion: This research is still in the pilot phase and at least two appraisers should be involved. Once the appraisal of the pilot guideline is finished comprehensively, we intend to include two more guidelines to get more data to present the conclusion.

Conflict of interest and funding policies in practice guideline development: a methodological survey of published guidance

Joanne Khabsa¹, Zeina Itani¹, Hussein Nouredine², Francesco Nonino³, Mohamed M Khamis¹, Jose F Meneses-Echavez⁴, Joseph Bejjani¹, Sally Yaacoub¹, Holger J Schünemann⁵, Elie A Akl^{1,5}

¹American University Of Beirut, , Lebanon, ²Lebanese American University, , Lebanon, ³IRCCS Istituto delle Scienze Neurologiche di Bologna, , Italy, ⁴Norwegian Institute of Public Health, , Norway, ⁵McMaster University, , Canada

P6C - Getting the methodology right, Conference Room 2, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Ms. Joanne Khabsa is the coordinator of the Clinical Epidemiology Unit at the Clinical Research Institute at the American University of Beirut and of the American University of Beirut GRADE center. She is a pharmacist and holds a Master of Public Health with a concentration in Epidemiology and Biostatistics. Her research interests include conflict of interest, stakeholder engagement, and methods of guideline development. She is a member of the Multi-Stakeholder Engagement (MuSE) in Guideline Development core team, which aims at developing guidance for stakeholder engagement in guideline development.

Background: Conflicts of interest (COI) and funding can influence the different stages of guideline development such as selection of topics, appointment of panelists, recommendation development, and dissemination. There is a need for guideline-producing organizations to have comprehensive policies that address both COI and funding.

Objective: To describe published policies of guideline-producing organizations on COI of contributors and funding of guideline projects.

Methods: We surveyed published guidance documents of guideline-producing organizations. Two reviewers assessed eligibility, and abstracted data on the organizations' characteristics, COI policies (declaration, verification, assessment of whether an interest qualifies as COI, management, and reporting), and funding policies.

Results: We included 110 organizations reporting a COI and/or a funding policy. Most policies required the declaration of relevant interests only (60%). Few policies described a process to verify declarations (10%). Most policies mentioned assessing whether an interest qualifies as COI (55%), but few provided specific criteria. Policies mostly specified discussions (43%) and voting (43%) as parts of the process from which conflicted individuals should be excluded. While a majority of policies included public reporting of declarations (76%), a minority included reporting on the process by which COI was evaluated and managed (25%). Most organizations accept external funding (68%), either only non-industry external funding (26%) or any external funding (42%); with 71% mentioning mitigation strategies.

Discussion: Policies of guideline-producing organizations addressed aspects of conflict of interest and funding to different extents, with inconsistencies across policies. There is a need for improving specific aspects of COI and funding policies of guideline-producing organizations.

Criteria of prioritization for updating guideline and living guidelines: a scoping review

PhD Sophie Blanchard Musset¹, Emmanuelle Blondet¹, Valérie Ertel Pau¹, Pierre Gabach¹, Amélie Lansiaux¹

¹HAUTE AUTORITE DE SANTE, Saint Denis la Plaine, France

P3B - How to prioritise, Conference Room 1, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

After a Ph. D. and several post-doctoral fellowships in medical biology (infectious diseases, virology, bacteriology, immunology, biotechnology), Sophie joined The French National Authority for Health (HAS) in 2005 in the health technology assessment (HTA) department and upon 2011 for the HAS office of guideline development. As methodologist and master guideline developer Sophie have managed more than 17 clinical practice guidelines and rapid guidelines in different fields. One part of her role is to develop new tools and methods to improve the development and dissemination of the evidence-based guidelines. In this context, she is member of board of trustee of GIN

Context

As the national independent public scientific agency, the French National Authority for Health (HAS) is tasked to provide evidence-based guidelines and produced up-to-date rapid and trustworthy guidelines rapid guidelines for several years. After the challenge of the pandemic COVID-19 to produce living guideline, we seek to extend the procedure to other domains.

Objective

To identify best practices in regular updating and living guidelines process

Methods

We performed a scoping review on updating guidelines methods, including living guidelines process and specific rapid guidelines in the pandemic context.

Results

We identified 87 and selected 52 publications.

An updating/living process is an iterative cycle including identification of new evidence, evaluation of the impact of the new evidence on the existing guideline, and if necessary, modification of the recommendations.

Whatever procedures are applied, prioritization criteria are selected by the guideline's developers. The first reason is the lack of fund and human resources available as well as the large quantity of scientific and medical publications. However, it is often adopted a mix of 3 categories of criteria linked to the health technology itself (new data, security, indication, etc), linked to the national context (controversies, societal issue) and linked to the resources available at the time of implementation. Updating of living guidelines are still under progress.

Conclusions

Facing such a global crisis let guideline developers had to adopt new methods, especially in developing living evidence-based guidelines. Next step is to assess if this process is relevant to other domains requiring prompt decision-making and relevant criteria.

Cross-cultural adaptation and validation to Spanish of the PANELVIEW questionnaire

Prof. Carlos Zaror^{1,2}, Gonzalo Bravo-Soto¹, María-José Oliveros^{1,2}, Wojtek Wiercioch¹, Romina Brignardello-Petersen¹

¹McMaster University, Hamilton, Canada, ²Universidad de La Frontera, Temuco, Chile

P6D - Collaboration & Stakeholders, Conference Room 3, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Prof. Carlos Zaror, DDS, MSc, PhD, is an Associate Professor at the Department of Paediatric Dentistry and Orthodontics at Universidad de la Frontera, Chile. Currently, he is Visiting Associate Professor at the Department of Health Research Methods, Evidence, and Impact, McMaster University, Canada.

His work focuses on health technology assessment in the field of oral health. This has allowed him to contribute to public policies, developing research for the Chilean Ministry of Health and providing expert input into Public Health issues. He has also participated in preparing protocols and clinical practice guidelines for the Chilean Ministry of Health.

Background:

The PANELVIEW questionnaire identifies the strengths and weaknesses of the process and methods used for developing a clinical practice guideline (CPG) from the guideline development group's perspective. To be used worldwide, PANELVIEW must be available in different languages.

Objectives:

We aimed to cross-culturally adapt PANELVIEW into Spanish and assess its acceptability, reliability, and validity.

Methods:

To translate and culturally adapt PANELVIEW to Spanish, we followed ISPOR's Translation and Cultural Adaptation Good Practice Principles guidelines. The process consisted of 1) forward and back translation, 2) input from an expert panel, and 3) cognitive debriefing interviews. We assessed the content validity with experts in guideline development who rated instrument items for relevance to then determine the item and scale content validity index (I-CVI; S-CVI). We will test the reliability with CPG panels from Spanish-speaking countries, measuring internal consistency (Cronbach's alpha), reproducibility (ICC), and using generalizability theory. We will examine acceptability through the number of missing responses for each item.

Results:

The content comparison between back-translation and the original version showed that most items (24/34) were conceptually equivalent but with grammatical differences. Through the cognitive interviews, we identified six items with wording issues, ten with clarity issues, and two with applicability issues. I-CVI ranged from 0.77 to 1.00, with two items needing revision. S-CVI was 0.92, showing excellent content validity. Acceptability and reliability results will be presented at the meeting.

Conclusion:

The Spanish version of PANELVIEW was conceptually equivalent to the original version and provided satisfactory evidence of content validity. We expect similar results regarding its acceptability and reliability.

Crossing borders: a joint effort for EBP sources development between Belgium and The Netherlands.

Erika Vanhauwaert¹, Dr. Floor Neelemaat², Marte Wuyts¹, Dr. Bram Pussig¹, Laura Verbeyst¹

¹UC Leuven-Limburg, Leuven, Belgium, ²Uitgevers 2010, dieetbehandelingsrichtlijnen.nl , , The Netherlands

P1D - Words and context in guideline development, Conference Room 3, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

Erika Vanhauwaert (MSc nutrition and dietetics; dietitian), is coordinator of the research line 'Health Promotion' within the UCLL Centre of Expertise Health Innovation and lecturer in the education of nutrition and dietetics with a teaching focus on dietetic practice and skills training in conducting dietetic consultations. She focuses her research on evidence based practice (implementation, guideline development and skills training) and evaluation of implementation projects. Furthermore, she conducted in 2018 and 2019 a study about the knowledge, perception, barriers and success factors to use evidence-based practice by dietitians.

Background: High quality dietary guidelines are pinnacle to promote evidence base practice (EBP) for dietitians. Unfortunately, the development of Belgian specific evidence based dietary guidelines is limited. In the Netherlands, on the other hand, a database (i.e. www.dieetbehandelingsrichtlijnen.nl) has been developed containing 50 dietary guidelines. This database could be potentially very interesting for Belgium, given their geographical proximity, the absence of a language barrier and the fact that they follow the structure of a dietary consultation and could be directly usable. However, they are developed using a different (less strict) protocol, the healthcare context differs in Belgium, and specific terms or lab values are applied differently.

Objective: Contextualise six dietary guidelines from the Dutch database to the Belgian context.

Methods: Six topics for dietary guidelines were selected by stakeholders from Flanders and Wallonia in a collaboration with the Dutch database and the Belgian government. The authors followed a training in the development of EBP sources, completed a scientific file and they were guided by two instructors on a monthly interval in individual and group sessions. In the final phase a Dutch-Belgian multidisciplinary feedback group of experts provided two feedback rounds.

Results: The topics that were contextualized were diabetes type 2 and type 1, heart failure, hypertension, bariatric surgery and chronic constipation.

Discussion: This was the first collaboration where dietary guidelines were developed based on a strict protocol by two countries, considering the different healthcare contexts and languages. The guidelines will become available in the Dutch and Belgian database (www.ebpnet.be).

Current status of patient and public versions of guidelines in China: a systematic review

Dr Janne Estill^{2,4}, Mr Hui Liu^{1,2}, Miss Yuanyuan Yao¹, Professor Yaolong Chen^{2,3}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ⁴Institute of Global Health, University of Geneva, Geneva, Switzerland

P3C - Prioritising to meet needs, Conference Room 2, September 21, 2023, 10:00 AM - 11:00 AM

Background: Patient and public versions of guidelines (PVGs) are still in an initial and developing stage in China.

Objectives: To identify the published or released PVGs in China, analyze the development methods, evaluate the quality of reporting, and systematically describe the development status of PVGs in China.

Methods: We searched PubMed, CNKI, CBM and Wanfang and conducted supplementary searches to include published or released PVGs in China, to extract basic information, to analyze the methodology, and to evaluate the quality of reporting using Reporting Items for Practice Guidelines in Healthcare-Public or Patient Versions of Guidelines (RIGHT-PVG).

Results: A total of 3750 records were searched, and 17 PVGs were included after strictly screening according to the inclusion and exclusion criteria; 10 PVGs reported the methodology of development, 7 used the "direct development" approach, 2 used the "rewriting recommendations of Clinical Practice Guideline" approach, and 1 reported too few to make a judgement; In terms of reporting quality, the number of RIGHT-PVG items reported by different PVGs was considerably different (range 8-16), and the reporting rate of different RIGHT-PVG items was also significantly variable (range 0-100%).

Discussion: The number of PVGs published or released in China currently is relatively small, and there are two methods of development, including "direct development" and "rewriting recommendations of Clinical Practice Guideline", of which "direct development" is the main one. The results of the RIGHT-PVG evaluation showed large differences in reporting quality between PVGs and in reporting rates between different items of the RIGHT-PVG.

Defining decision thresholds for judgments about health benefits and harms using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) Evidence-to-Decision frameworks: Final results of a randomized methodological study (GRADE-THRESHOLD)

Dr. Wojtek Wiercioch^{1,2}, Gian Paolo Morgano^{1,2}, Stefanos Bonovas, Daniele Piovani, Marta Rigoni, Ignacio Neumann³, Natalia Caledon, Pablo Alonso-Coello⁴, Elie A. Akl^{5,6}, Thomas Piggott^{1,2}, Robby Nieuwlaat^{1,2}, Holger Schünemann^{1,2,7}

¹Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ²Michael G. DeGroote Cochrane Canada & McMaster GRADE Centres, McMaster University, Hamilton, Canada, ³Department of Internal Medicine, Pontificia Universidad Católica de Chile, Santiago, Chile, ⁴Iberoamerican Cochrane Centre - Department of Clinical Epidemiology and Public Health, Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain,

⁵Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, ⁶Clinical Research Institute, American University of Beirut, Beirut, Lebanon, ⁷Department of Medicine, McMaster University, Hamilton, Canada

P4A - Research, recommendations & the real world, Main Auditorium, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Wojtek Wiercioch is a research and guideline methodologist at the McMaster GRADE Centre in the Department of Health Research Methods, Evidence, and Impact at McMaster University, Hamilton, Canada. His research focus is in evidence synthesis, guideline development methodology, and the guideline development process.

Background: GRADE Evidence to Decision frameworks are widely used by guideline development groups (GDG). When GDGs judge the magnitude of desirable and undesirable health effects, they categorize them as trivial, small, moderate, or large. However, decision thresholds (DTs) that could guide selection of these judgments or aid interpretation of findings were not available to date.

Objective: The objective of this study was to empirically derive DTs to support panels of decision-makers, improve consensus methods, and promote consistency and transparency when formulating recommendations.

Methods: We conducted a methodological randomized controlled trial to derive empirical DTs across conditions and health outcomes. We invited stakeholders, including clinicians, epidemiologists, health research methodologists, patient representatives, and the public to participate and respond to case-based scenarios using an online survey.

Results: From 6 June 2020 to 31 December 2022, we recruited 445 stakeholders who contributed a total of 1251 ratings of health effects in the presented scenarios. Most survey participants had a background in research (N=248; 55.7%) and 244 were healthcare professionals (54.8%). The primary analysis supports our a priori hypothesis of a difference in the DTs (T1≠T2, mean difference [MD]: -0.0185; 95% CI: -0.0218 to -0.0152; p<0.001; T2≠T3, MD: -0.0304; 95% CI: -0.0353 to -0.0256; p<0.001), corresponding to suggested trivial, small, moderate, or large health effects. This finding was also confirmed through subgroup and sensitivity analyses.

Discussion: DTs for judgments about the magnitude of health effects can be used to inform decision-making by guideline panels and promote consistency and transparency in consensus judgements.

Descriptive analysis of patient involvement in the development of German clinical practice guidelines

Stefanie Pfisterer-Heise¹, Clara Orduhan¹, Mai Nguyen¹, Dr. Käthe Gooßen², Jessica Breuing², Prof. Dr. Sebastian von Peter³, Corinna Schaefer⁴, Prof. Dr. Dawid Pieper¹

¹Institute for Health Services and Health Systems Research, Center for Health Services Research Brandenburg, Brandenburg Medical School Theodor Fontane, Rüdersdorf bei Berlin, Germany,

²Institute for Research in Operative Medicine (IFOM), Faculty of Health, School of Medicine, Witten/Herdecke University, , Germany, ³Department of Psychiatry and Psychotherapy, Brandenburg Medical School Theodor Fontane, , Germany, ⁴German Agency for Quality in Medicine (AEZQ), , Germany

P5B - Collaboration around the World, Conference Room 1, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Public Relations Professional/ Communication specialist, Psychologist (M.Sc.), Health Services Researcher with a keen interest in patient-centered medicine and particularly patient involvement

Background: Involving patients is a mandatory quality criterion for clinical practice guidelines (CPGs) in the AGREE II instrument. In 2018 a study investigated whether patients were involved in the development of CPGs in Germany in force at that time.

Objective: This meta-research study is an update of the 2018 study aiming to explore whether and how patients are currently involved in the development of German evidence- and consensus-based (S3-)CPGs. Furthermore, this study investigates in how far these CPGs follow the RIGHT Checklist regarding the reporting of patient involvement (PI).

Methods: All S3-CPGs valid on 31 March 2023 were retrieved from the German CPG-registry at the Association of the Scientific Medical Societies. Two researchers then independently extracted data related to PI. Data were analyzed descriptively.

Results: There were 135 valid S3-CPGs, of which 134 reported on PI. In 112 guideline development groups (83%) patients were a member. 104 CPGs provided information on patients' voting rights with 100 guideline development groups (74%) conferring a mandate to patients. Adherence to the RIGHT Checklist was low. For example, only 3 CPGs among those that had not involved patients described how this might have affected the recommendations.

Discussion: The analysis shows that patients had voting rights in almost 75% of CPGs. However, the reporting of PI needs to be improved beyond patients' membership and mandate in guideline development groups.

Developing a novel process and digital module for efficient translation and adaptation of trustworthy and living WHO guidelines

Dr Yang Song^{1,2}, Lyubov Lytvyn^{1,3}, Carlos Zaror^{3,4}, Leticia Kawano-Dourado^{1,5}, Dena Zeraatkar^{1,3}, Stijn Van de Velde¹, Linn Brandt¹, Thomas Agoritsas^{1,6}, Lisa M Askie⁷, Romina Brignardello-Petersen^{1,3}, Per Vandvik^{1,8}

¹MAGIC Evidence Ecosystem Foundation, Oslo, Norway, , , ²Iberoamerican Cochrane Centre (CCIB) - Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, , , ³McMaster University, Hamilton, Canada, , , ⁴Universidad de La Frontera, Temuco, Chile, , , ⁵Hcor Research Institute, Hospital do Coracao, and Pulmonary Division of the University of Sao Paulo - Sao Paulo, Brazil, , , ⁶University hospitals of Geneva, Geneva, Switzerland, , , ⁷Quality Assurance of Norms and Standards, Science Division, World Health Organization, Geneva, Switzerland, , , ⁸University of Oslo, Norway, ,

P1A - Living Guidelines & approaches to implementation, Main Auditorium, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

Yang Song is a researcher at the Iberoamerican Cochrane Center, a Ph.D. in the Methodology of Biomedical Research and Public Health and a Medical doctor specialty in Gynecology and Obstetrics. She is also the vice chair of Guidelines International Network Adaptation working group.

Her research interests focus on the methodology of clinical guidelines development and adaptation, and biomedical research in Gynecology and Obstetrics. She has over five years of guideline development and adaptation experience derived from international and national guidelines.

Background:

The World Health Organization (WHO) increasingly develops trustworthy and living guidelines. Efficient translation and adaptation of such guidelines is critical to achieve country impact.

Objective:

To develop and pilot a novel adaptation process and module to translate, adapt, and disseminate WHO living guidelines.

Methods:

In the GATEWAY project, we developed and implemented a framework for translation and adaptation of the WHO living guideline for COVID-19 therapeutics through: 1) a stepwise process based on guideline standards, methods (GRADE), literature review and brainstorming, 2) designing a digital prototype module to implement the process, 3) iterative refinement of the process and module through stakeholder feedback and user-testing, 4) real-life adaptation of the guideline in two WHO member states, and 5) implementation of the adaptation module in MAGICapp.

Results:

The proposed six-step adaptation process accommodates for the complexity of dynamic updates. To increase efficiency, guideline panels started by initial assessment of individual recommendations (third step) before going through EtD factors in flexible sequences. The accompanying web-based adaptation module includes a multi-layered “summary-view” to facilitate panel discussions as well as options to run preparatory surveys. Ministries of Health in

Kazakhstan and Argentina successfully adapted and published the WHO living guidelines through MAGICapp. Feedback from guideline panels and the advisory group suggests feasibility of the adaptation process and module.

Discussion:

Further development and user-testing in a variety of settings should address identified challenges, such as translation, need for panel training and methods support as well as tracking and performing updates from source living guidelines.

Developing a procedure for maintenance and updating guidelines: literature surveillance as a driving force

Prof. Dr. Paul Van Royen^{1,2}, Leen De Coninck^{1,3}, Martine Goossens^{1,3}, Anneleen Janssen^{1,4}, Inez Vanoverschelde¹

¹Working Group Development of Primary Care Guidelines (WOREL), Antwerp, Belgium,

²Department of Family Medicine and Population Health, University of Antwerp, Antwerp, Belgium,

³Belgian Centre for Evidence Based Medicine (Cebam), Leuven, Belgium, ⁴Domus Medica , Antwerp, Belgium

P3B - How to prioritise, Conference Room 1, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Paul Van Royen, MD, PhD, is co-ordinator of the Clinical Guidelines project for primary care in Belgium (Working Group Development of Primary Care Guidelines- WOREL). He is also Professor Family Medicine within the Department of Family Medicine and Population Health.

He has more than 30 years academic expertise in clinical general practice and research. His academic work is directed at teaching and research in primary care. He was/is involved in several research projects, including several EU-funded projects, within primary care. He is author of more than 250 articles in peer-reviewed journals and reviewer of different scientific journals.

Background

Since 2017, the Belgian Working group development of primary care guidelines (WOREL) contributes at one of the six EBP life cycle cells, with the development of guidelines; in total 22 guidelines on different topics were developed. Regularly updates reflect new evidence and changing clinical practice. New evidence needs to be continuously monitored through a systematic literature surveillance of published research studies.

Objective

To develop a sustainable procedure and algorithm for maintenance and updating of existing guidelines

Methods

A core group of guideline developers and methodological experts developed the procedure, by assessing current context, defining vision and mission, learning from international experiences, developing a flowchart and defining necessary capacity and tools. The literature surveillance was piloted for one guideline 'chronic heart failure'.

Results

The procedure considers different methodologies of guideline development: international collaboration, ADAPTE , rapid recommendations, partial updating and living guidelines. Tools such as the WHO updating framework and MAGICapp are included. The algorithm follows different sequential steps: (1) eligibility check for the retention of guidelines in the collection; (2) assessment of the existence of international up-to-date guidelines; (3) literature surveillance driven prioritization of guidelines/recommendations for maintenance; (4) method choice for maintenance/updating; (5) start of the maintenance process. The step-by-step process is visualized in a flowchart.

Discussion

The link with literature surveillance is critical for maintenance of guidelines over time. The use of tools and the developed algorithm facilitates the maintenance of guidelines. The flow chart represents the flow of decision points and actions to be taken.

Developing and Implementing a National Practice Guidelines Program in a Lower Middle-Income Country: A Philippine Perspective

Mr. Dan Louie Renz Tating¹, Dr Zashka Alexis Gomez¹, Mr Miguel Gaston Agcaoili¹, Dr Jan Derek Junio¹, Dr Ruth Divine Agustin¹, Dr Razel Nika Hao²

¹Evidence Generation and Management Division, Disease Prevention And Control Bureau, Philippine Department Of Health, , Philippines, ²Disease Prevention and Control Bureau, Philippine Department of Health, , Philippines

P1D - Words and context in guideline development, Conference Room 3, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

Dan Louie Renz P. Tating got his Bachelor of Science in Nursing degree at the University of the Philippines Manila, where he is also working towards his Master's degree in Clinical Epidemiology. After working in the Philippine General Hospital as a staff nurse, he is presently Supervising Health Program Officer at the Disease Prevention and Control Bureau involved in the sectoral coordination and oversight of clinical practice guidelines development in the country, as well as evidence synthesis, service delivery standards setting, and research management. His publications and areas of research interest converge on the use of health research for evidence-based decision-making in nursing and healthcare.

Background: The Pan American Health Organization (PAHO) recommends that countries establish a National Guideline Program for the development, adaptation, and implementation of guidelines for priority conditions. The Universal Health Care Act in the Philippines mandated its Department of Health to set standards for clinical care through the use of clinical practice guidelines.

Objective: Describe the experiences and key learnings during the development and implementation of the Philippine National Practice Guidelines Program (NPGP).

Methods: Review of relevant documents and synthesis of collective experiences and feedback from technical staff and academic partners.

Results: The Philippine NPGP was established in 2018, followed by the publication of the country's first manual for CPG development. The COVID-19 pandemic underscored the importance of evidence-based guidelines for clinicians, policy makers, and the public. In 2021, sectoral strategies to strengthen the NPGP were implemented, including: (1) structured CPG topic prioritization for government funding, (2) clearinghouse process to identify high quality local CPGs, (3) institutional partnership with the academe for technical expertise and capacity building, (4) benchmarking with international guideline developers, (5) formalizing CPG utilization in national policies and guideline tools, and (6) strengthening publicity of CPGs and derivative products.

Discussion: The first five years of the NPGP in the Philippines was focused on establishing systems and policies for evidence-based guidelines. Future opportunities include intensive capacity building and networking, sustained investment in guidelines development, and strengthened implementation, monitoring, and evaluation mechanisms to ensure the NPGP's positive impact on the health outcomes of Filipinos.

Developing RCT study design models for neoadjuvant, adjuvant and/or maintenance therapy research that provide more useful evidence for guideline developers

Xiaomei Yao¹, Mr. Raymond Poon, Dr. Laurie Elit, Dr. Josee-Lyne Ethier, Dr. Sarha E. Ferguson, Dr. Hal Hirte, Dr. Taymaa May, Dr. Jinhui Ma

¹McMaster University, ,

P6C - Getting the methodology right, Conference Room 2, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Guideline Methodology Lead, at the Program in Evidence-Based Care (PEBC) from Ontario Health (Cancer Care Ontario); Department of Oncology, McMaster University, Canada

Faculty member (Part-time), Department of Health Research Methods, Evidence & Impact, McMaster University, Canada

GIN/NA Steering Committee member

Section Editor (Systematic Review Statistics), Surgical Oncology under Elsevier

Background: High-quality randomized controlled trials (RCTs) provide the best evidence for evidence-based guideline developers making recommendations to improve patients' outcomes. After conducting two guidelines on maintenance therapy and on neoadjuvant/adjuvant therapy in patients with newly diagnosed ovarian cancer, the working groups found that despite most RCTs being statistically sound, some RCTs in the current literature have methodological limitations. This presented challenges for guideline developers when making recommendations.

Objective: To provide clinical investigators with RCT study design options for adjuvant therapy and/or maintenance therapy research in front-line settings to further provide more useful evidence for guideline developers.

Methods: Through iterative discussions via online/in-person meetings and email communication, the two guideline working groups developed three study design models in accordance with three study objectives for future RCT investigators.

Results: The three models will be demonstrated in an oral presentation during the 2023 GIN conference. The three RCT study design objectives are: (1) to study a novel agent as an addition to standard adjuvant chemotherapy; (2) to study a novel agent as maintenance therapy; and (3) to study a novel agent as an addition to adjuvant chemotherapy and continue as maintenance therapy.

Discussion: These study design options are suitable not only for ovarian cancer research but for other types of cancer research as well. Overall, it is crucial to consider methodological soundness in addition to conventional statistical soundness when designing RCTs. This will allow for RCT results that are more useful as evidence for guideline developers when making recommendations.

Development and implementation of a methods framework for considering in vitro data to inform recommendations on treatments for COVID-19

Sarah Boyce, Dr Emma McFarlane¹, Fiona Glen¹, Debra Hunter¹, Danielle Conroy¹, Ross Dent¹, Adam Brooke¹, Anuja Chatterjee¹, Louise Picton¹, Kate Kelley¹

¹NICE, Manchester, United Kingdom

P3E - Guidelines in the real world II, Conference Room 4/5, September 21, 2023, 10:00 AM - 11:00 AM

Background

NICE has published recommendations on monoclonal antibodies (nMABs) for COVID-19. However, new variants of the SARS-CoV-2 virus may impact on the effectiveness of nMABs. It's difficult to conduct trials in real time meaning guideline developers are considering alternative types of data including in vitro data. NICE developed a methodology to help committees understand and interpret in vitro data.

Objective

To develop and implement a methodology for in vitro data to help committees understand whether nMABs developed for a previous variant are clinically effective against current SARS-CoV-2 variants.

Methods

NICE established an in vitro data advisory group including expertise in understanding and interpreting COVID-19 in vitro data. The group advised on translating in vitro evidence on neutralising activity of nMABs into clinical outcomes to aid decision-making including the type of data required to inform decision rules and using the data. Group discussions informed a methods framework used in committee discussions for nMAB guidance.

Results

The framework includes advice on monitoring changes in SARS-CoV-2 variants, assessing impact on nMAB mechanism of action, assessing neutralising activity and interpreting data. Decision rules include determining when nMABs are likely to be ineffective in the event of a new variant emerging, and the uncertainty around decisions. The framework was used to support a positive recommendation for sotrovimab for treating COVID-19.

Discussion

The challenge for decision-making is translating in vitro data into clinical outcomes in the absence of trials in people infected with new SARS-CoV-2 variants. A methods framework can aid committee decision-making.

Development of a point-of-care clinical information source over time - Clinical significance and translation workload

MD, Editor-in-Chief Kristian Lampe¹, Director, international affairs Timo Haikonen, Technical specialist Minna Ingalsuo, Editor-in-Chief (EBM Guidelines Finland) Jukkapekka Jousimaa, Translator Noora Kumpulainen, System architect Juuso Landgren, Editor-in-Chief (EBM Guidelines) Ilkka Kunnamo

¹Duodecim Publishing Company Ltd, Helsinki, Finland

P3D - Guidelines in the real world I, Conference Room 3, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Kristian Lampe graduated from the University of Tampere, Finland, in 1994. After initially working as a GP, he did some further studies in ICT and then joined the Finnish national agency for health technology assessment (FINOHTA) working there for 20 years as a (senior) medical officer. Between 2006 and 2016 he led the development of the HTA Core Model, a common assessment framework for health technology assessments, within the European Network for Health Technology Assessment (EUnetHTA). Since 2017, he is the Associate Editor of the EBM Guidelines.

Background

The EBM Guidelines (EBMG) is a collection of clinical point-of-care guidelines and supplementary materials. It provides physicians information on symptoms and clinical conditions, hence supporting decision-making in everyday practice. The EBMG is available in English and several other languages (e.g. Estonian, French, German) as local products, with some content adaptation. The most recent set of guidelines is sent to partners 3 times a year as an update package.

Objective

The aim of this study was to examine in a systematic manner the development of the guideline collection, with special emphasis on the rate of updates both from the viewpoint of clinical significance and translation work required for updating the national products.

Methods

Since early 2020, each change in the guidelines has been associated with a standardized description of the changes, including the clinical significance (minor, moderate, major), translation workload, and their sum, the total (update) score. These data are calculated for each update package. Using these scores, we were able to view and analyse the changes in the collection over a 3-year period (2020 – 2022).

Results

During the 3 years, the collection grew from 969 to 1015 (+4.7%) guideline articles, including 52 new articles. Some articles were removed or merged with other articles. There was relatively little variation on the annual level (total score 24630-28515) but more between packages. Translation workload constituted 44-48% of the total score. These data provide us with an overview of the development of the guideline collection and the work required to translate it.

Development of a risk management program for management of people exposed to mercury

Dr. Marcela Torres¹, Dr. Rodrigo Pardo¹

¹Clinical Research Institute. National University of Colombia, , Colombia

P3D - Guidelines in the real world I, Conference Room 3, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

I am pharmaceutical chemist, with a Master's degree in Clinical Epidemiology, and a PhD in Public Health at the National Public Health Institute of Mexico. I have experience in adaptation/development/implementation of evidence-based clinical practice guidelines for nursing and medicine; health programs; knowledge traslation; proyect management; health research system methodologies; systematic reviews of interventions and public health and clinical risk management. Coordination of projects for the Panamerican Health Organization, Colombian Ministry of Health, INVIMA (Colombian FDA) and Colciencias (Colombian NIH). I have teaching experience in Medical School. I have provided technical assistance to health ministries of the Latinamerican region.

Background

Mercury is a highly toxic and persistent contaminant found in food and parts of the environment. Over the years, global research on mercury poison has soared owing to concerns about its effects on human health, occupational safety, and environmental sustainability.

Objectives

To develop a risk management program for the management of people exposed to mercury using GRADE criteria.

Methods

A guideline search was conducted in order to identify GRADE guidelines that provided recommendations for risk management, diagnostic and treatment of mercury poisoning. If no guidelines were found, systematic reviews, observational studies and technical reports were included as well as national data from information systems and indicators. A meta-synthesis was performed and a formal consensus was reached using GRADE criteria. A validation with Colombian stakeholders was carried out.

Results

No guidelines were found. Scarce and very low certainty of evidence was identified. Consensus documents and technical reports from recognized institutions such as WHO, OSHA, CDC, and NICE were included. To generate the program interventions a consensus was conducted considering the GRADE criteria: balance risk-benefit, acceptability, costs, feasibility, equity, patient's and users preferences. The program integrated all the interventions for risk management in the Colombian population for age groups and special conditions such as pregnancy and informal workers; and management of mercury poisoning.

Discussion

Sometimes, it is necessary to make evidence-based decisions without good evidence. So, there is the need to adapt methods to provide the actions needed to address a priority condition affecting the most vulnerable people.

Development of a theoretical framework to support health-system guidance implementation using a critical interpretive synthesis approach

Ms Zijun Wang³, Dr Yaolong Chen^{2,3}, Prof Kehu Yang^{2,3}, Dr Holger J. Schünemann⁴, Dr Michael G. Wilson¹, Dr John N. Lavis¹, Dr Qi Wang¹

¹Department of Health Research Methods, Evidence and Impact, Faculty of Health Sciences, and McMaster Health Forum, McMaster University, Hamilton, Canada, ²WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou University, Lanzhou, China,

³Evidence-Based Medicine Center, and Evidence Based Social Science Research Center, Lanzhou University, Lanzhou, China, ⁴Department of Health Research Methods, Evidence and Impact, Michael G DeGroot Cochrane Canada and GRADE Centres, McMaster University, Hamilton, Canada

P5A - Approaches to stakeholder engagement - methods, Main Auditorium, September 21, 2023,
3:30 PM - 5:00 PM

Biography:

Zijun Wang, from Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, China. She is on PhD candidate, major in evidence-based and medicine guideline development methodology.

Background: As systematically developed statements regarding possible courses of action, health system guidance (HSG) can assist policymakers with developing or adjusting policies. However, there are conceptual and methodological challenges in HSG implementation due to the complexity of health-system policymaking. Therefore, there is a need for a comprehensive theoretical framework to support HSG implementation.

Objective: To develop a theoretical framework concerning the facilitators of, barriers to and strategies for HSG implementation at different levels.

Methods: We applied a critical interpretive synthesis (CIS) approach to synthesize the findings from a range of relevant literature. We searched 11 electronic databases and seven organizational websites. Also, purposively sampling of the literature was conducted to fill the identified conceptual gaps. We developed a standardized form for extracting information and used an interpretive analytic approach to synthesize the findings. (Registration PROSPERO CRD42020214072)

Results: A total of 159,983 documents were retrieved, with 90,597 unique documents after the removal of duplicates. After the independent two-phase screening, a total of 15 documents published between 2009 and 2020 were finally included for analysis. The theoretical framework included the facilitators, barriers and strategies for HSG implementation at the individual (including provider and patient/public), organizational, community and system (including health and political systems) levels (Figure 1). Detailed tables about specific themes will be presented at the conference.

Discussion: The new theoretical framework could be widely used for supporting the implementation of HSG covering varied topics and in different contexts.

Development of decision support toolkits to improve access to guideline information

Miss Catriona Vernal¹, Mrs Ailsa Stein¹, Dr Moray Nairn¹, Dr Ann Wales²

¹Scottish Intercollegiate Guidelines Network (SIGN), Edinburgh, UK, ²Digital Health and Care Innovation Centre, Glasgow, UK

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Catriona Vernal is a Programme Manager in SIGN, facilitating the guideline development process. Trained as a medical editor, she joined the NHS after 10 years in publishing, during which she led on a wide range of publications for eminent medical publishers and many high-profile government organisations, including several European Union agencies.

Background

To improve implementation and accessibility of rapid guidance during the COVID-19 pandemic, SIGN collaborated with the Digital Health & Care Innovation Centre to use 'the Right Decision Service' (RDS) platform to develop five web- and app-based decision support toolkits.

Objective

To use learning from initial toolkits to inform future toolkit development.

Methods

Evaluation of initial toolkits developed.

Results

The decision support toolkits have a number of benefits, including the ability to:

- add interactive tools, for example screening questionnaires or personal diaries for tracking symptoms
- embed videos or other multimedia
- use online translation tools for direct translations into other languages
- translate pages into PDF for printing.

We found that working with healthcare professionals to develop the toolkits, as well as developing the toolkit from the start of the guideline project, is key. Doing so can help develop appropriate content and functionality, such as adding the Edinburgh Postnatal Screening Score to our guideline on perinatal mental health. Similarly, it is important to consider the intended audience and how the toolkit will be used. Identifying the purpose of the toolkit at the start of the guideline project, ideally through discussion with the guideline development group and consultation with the wider stakeholder group, will help maximise its impact.

Discussion

Developing web and app-based toolkits can extend the reach and accessibility of guidelines. Key factors for successful toolkit development include co-design with clinicians, implementation planning and clear messaging.

Development of Evidence to Decision Frameworks for multiple intervention comparisons

Mrs Jessica Beltran Puerta¹, Dr Thomas Piggott², Mr Bart Dietl³, Dr Holger Schünemann², Dr Pablo Alonso-Coello^{1,4}

¹Iberoamerican Cochrane, Barcelona, España, ²Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ³Evidence Prime Inc, Hamilton, Canada, ⁴Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), , Spain

P6A - Evidence & Decisions, Main Auditorium, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Jessica Beltran holds a Medical Degree (Universidad Cayetano Heredia, Peru) and a Master's degree in Epidemiological Research (Universidad Cayetano Heredia, Peru). Currently, she is a Researcher at the Iberoamerican Cochrane Centre and the Barcelona GRADE Centre. Her work focuses on conducting evidence synthesis research to support informed decision-making and clinical practice guideline development.

Background

Recommendations should simultaneously consider all relevant interventions for a given clinical question. The Grading of Recommendations, Assessment, Development and Evaluation (GRADE) evidence to decision (EtD) framework, designed for pairwise comparisons, needs to be tailored for multiple-intervention comparisons (MC).

Objective

To develop a GRADE EtD framework for the formulation of recommendations in the context of MC.

Methods

Based on a previous GRADE concept paper, we tailored the EtD framework for MC, through an iterative process that included brainstorming, development, and refinement according to the working group feedback. A module for GRADEpro was designed and tested with examples from published guidelines.

Results

The MC-EtD was designed to compare three or more interventions, considering all relevant criteria for decision-making. We suggest a two-stage approach: 1) individual assessment of all interventions versus a common reference; and 2) relative comparison of the interventions. We implemented a single EtD framework to assess simultaneously all interventions using a multiple-judgment grid for all criteria, a summary of judgments table for MC, and a MC matrix for the relative comparison and ranking of interventions. We provided specific guidance for each criterion and a GRADEpro module has been developed, including testing using data from published guidelines.

Discussion

We propose an integrative, structured and transparent process to compare all relevant interventions for a given health care question, to support the development of recommendations that include a hierarchical order of preference among interventions.

Development of the Applicability Instrument: A framework for evaluating the directness of individual studies included in systematic reviews and clinical practice guidelines

Ms Tayler Buchan¹, Dr. Gordon Guyatt¹, Dr. Farid Foroutan¹, Dr. Romina Brignardello-Petersen¹, Dr. Tahira Devji¹

¹Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada

P4C - Tools & Techniques, Conference Room 2, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

PhD Candidate in the Department of Health Research Methods, Evidence, and Impact at McMaster University. My research focus is on improving prognosis for patients with advanced heart failure as well as those undergoing cardiac transplantation.

Background

Individual studies included in systematic reviews or clinical practice guidelines may not match with the population, intervention, comparator, and outcome (PICO) characteristics set out by the review authors or guideline panel. Within the GRADE framework for rating certainty in inferences drawn from evidence, applicability issues fall under the indirectness domain.

Objective

To develop an Applicability Instrument that provides a systematic approach for rating the PICO indirectness of research evidence in systematic reviews and guidelines.

Methods

To develop the Applicability instrument, we 1) defined its scope and structure 2) developed a preliminary instrument including signalling questions, 3) in a small group GRADE meeting, reviewed these questions for clarity and comprehensiveness and revised them accordingly, 4) conducted a systematic literature search of existing instruments that examine applicability to ensure completeness of our questions, and 5) conducted user testing to pilot the instrument.

Results

The Applicability Instrument consists of four domains: population, intervention, comparator, and outcome. Each domain includes 2-3 signalling questions to help assess and identify issues of indirectness. The instrument is intended for application at the individual study level, for each outcome and timepoint. Once users have made assessments across all studies, they inform a judgement of certainty on inferences drawn from a body of evidence. An accompanying guidance document provides detailed instructions with examples. All users emphasized the instruments added value, desirability, credibility, and findability.

Conclusions

The Applicability Instrument provides a comprehensive, systematic, and transparent approach to evaluating the directness of individual studies included in systematic reviews and guidelines.

Development of the ERN-EuroBloodNet recommendations for the management of patients with sickle cell disease

Mrs Maria del Mar Trujillo Martin^{1,2,3,4}, Mrs Tasmania del Pino-Sedeño^{1,2,3,4}, Mrs Beatriz León-Salas^{1,2,3,4}, Mr Aythami de Armas-Castellano^{1,2,3}, Mrs María del Mar Mañú Pereira⁵, Mrs Victoria Gutiérrez Valle⁵, Mrs Béatrice Gulbis⁶, Mr Luca Malcovati⁷, Mr Diego Infante-Ventura^{1,2,3}, Mrs Yadira González Hernández^{1,2,3}, Mrs Estefania Herrera Ramos^{1,2,3}

¹Evaluation Unit of the Canary Islands Health Service (SESCS), El Chorrillo, Spain, ²Canary Islands Health Research Institute Foundation (FIISC), Santa Cruz de Tenerife, Spain, ³The Spanish Network of Agencies for Health Technology Assessment and Services of the National Health System (RedETS), Madrid, Spain, ⁴Research Network on Chronic Diseases, Primary Care, and Health Promotion (RICAPPS), Carlos III Health Institute (ISCIII), Madrid, Spain, ⁵Vall d'Hebron Research Institute/University Hospital Vall d'Hebron, ERN-EuroBloodNet, Barcelona, Spain, ⁶Hôpital ERASME-CUB, LHUB-ULB, ERN-EuroBloodNet, Brussels, Belgium, ⁷Foundation IRCCS Polyclinic San Matteo, ERN-EuroBloodNet, Pavia, Italy

P2D - With the end user in mind, Conference Room 3, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

M Mar Trujillo-Martin has worked in the Evaluation Unit of the Canary Islands (Spain) Health Service (SESCS) since May 2007, where she has been mainly involved in the elaboration of health technology assessment (HTA) reports, clinical practice guidelines and consensus conferences. Mar has authored more than 50 scientific articles in peer-reviewed. She has collaborated on various National and European research projects on health services.

Mar's interests include rare diseases, methodological development and implementation of clinical practice guidelines, and methods of patient involvement in research.

Background

ERN-EuroBloodNet is the European Reference Network set up by the EU to support patients affected by rare hematological diseases. In Europe, several Clinical Practice Guidelines (CPGs) on sickle cell disease (SCD) at national level coexist while there is a total absence of CPGs in other countries. Therefore, an adequate harmonization of recommendations for SCD is necessary to reduce the unwarranted clinical variation in the healthcare of patients with this disease.

Objective

To describe the development process of evidence-based recommendations for the clinical management of patients with SCD in order to support medical decisions in the EU setting.

Methods

A strategy with the following steps was planned to avoid duplication of efforts in developing de novo recommendations,: (i) Exhaustive search of existing CPGs on SCD worldwide; (ii) Selection of updated high-quality CPGs; (iii) Extraction and comparison of the recommendations to identify similarities and discordances; and (iv) Integration into a single set of recommendations by using the GRADE-Adolpment framework for adoption or adaption to suit the European context in cases of unique recommendations, and, through a review of evidence and panel consensus in cases of different recommendations.

Results

The application of this strategy contributed to the quick formulation of contextualized recommendations on SCD while maintaining the highest methodological standards and choosing a feasible solution.

Discussion

The harmonization process between CPGs is a validated way to minimize uncertainty, relying on evidence-based medicine and ensuring the reproducibility and transparency of outcomes and the impact of recommendations when several CPGs for a disease coexist.

Development process for an evidence-based clinical guideline for environmental exposures using the GRADE approach: an experience on environmental science for allergic diseases and asthma

Miss Wendy Nieto-gutierrez¹, Josefina Salazar¹, David Rigau¹, Yang Song¹, Ioana Agache², Pablo Alonso-Coello^{1,3}, Carlos Canelo-Aybar¹

¹Iberoamerican Cochrane Centre - Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain., , ²Faculty of Medicine, Transylvania University, Brasov, Romania., , ³Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), Spain., ,

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

I am a Peruvian physician who holds a master's degree in epidemiological sciences and clinical effectiveness. My current work involves leading the methodology process for systematic reviews and guideline development.

Background: Research has highlighted the negative impact of environmental hazards on human health, increasing the importance of clinical guidelines to establish recommendations for it.

Objective: To outline the methodological challenges of the evidence-based clinical guideline for environmental exposures, drawing from the experience of the European Academy of Allergy and Clinical Immunology (EAACI) guidelines.

Methods: The guideline group formulated questions and for each, we performed systematic reviews. We evaluated the risk of bias using the ROBINS-E tool, and assessed the certainty of evidence using GRADE approach.

Results: We recognized the need to incorporate observational (cohorts, case-control, and case-crossover designs) and quasi-experimental studies when assessing the impact of outdoor and indoor environmental exposures such as pollen, pollutants, mold/dampness, pesticides, detergents, and extreme temperatures. We proposed methodological insights based on challenges encountered for developing clinical practice guidelines in this field: a) the need for developing a specific tool to assess the risk of bias for environmental studies, as the ROBINS-E tool we used to evaluate the risk of bias is primarily designed for cohort studies, and for certain environmental exposures confounding factors can be heterogeneous and uncertain, and determining the onset of exposure can be difficult; b) a tailored GRADE guidance for environmental exposures; and c) a methodological guidance for transforming incidence rate to a specific lag-day period, something that is usual on environmental exposures.

Conclusion: Environmental science is a current topic for clinical guidelines and requires the development of specific tools and methodologies to support evidence synthesis and appraisal.

Dissemination and implementation of guidelines for diagnosis and treatment of rare and complex epilepsies

Dr. Teia Kobulashvili¹, Dr. Georg Zimmermann^{2,1}, Prof. Maria Flamm³, MSc. Lena Stöllinger³, Dr. Maria Papadopoulou⁴, Dr. Nicola Specchio⁵, MSc. Martin Geroldinger^{1,2}, Prof. Alexis Arzimanoglou⁴, Prof. Federico Vigeveno⁵, Prof. Eugen Trinka¹

¹Christian Doppler University Hospital, Paracelsus Medical University, affiliated partner of the European Reference Network EpiCARE, Salzburg, Austria., Department of Neurology, Salzburg, Austria, Salzburg, Austria, ²Paracelsus Medical University, Strubergasse 21, A-5020 Salzburg, Austria, Team Biostatistics and Big Medical Data, IDA Lab Salzburg, Salzburg, Austria, Salzburg, Austria, ³Paracelsus Medical University, Strubergasse 21, A-5020 Salzburg, Austria, Institute of General Practice, Family Medicine and Preventive Medicine, Salzburg, Austria, Salzburg, Austria, ⁴Lyon University Hospital, Child Neurology, Lyon, France, Lyon, France, ⁵Bambino Gesù Hospital, Child Neurology, Rome, Italy, Rome, Italy

Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

I am an adult neurologist, working at the Department of Neurology at the Christian-Doppler University Hospital. My research interest is primarily focused on epilepsy, neurophysiology, and evidence-based medicine. I am currently coordinating the Guideline work-package within the European Reference Network for rare and complex epilepsies - EpiCARE. Apart from my role in the work-package, I am also engaged in the EAN guidelines production group and the ILAE standards and best practice council.

Through my activities, I am able to contribute to the development of guidelines and their translation into clinical practice.

Purpose: The EU-funded EpiCARE network aims to develop guidelines for the diagnosis and treatment of rare and complex epilepsies. The purpose of this study was to investigate dissemination and implementation strategies of epilepsy guidelines across EpiCARE centers and to identify main barriers influencing the implementation of guidelines in clinical practice.

Method: The study was conducted in two phases: (1) the pilot phase, conducted during the EpiCARE annual meeting (2) a

network-wide survey. In the second phase, a standardized questionnaire was distributed to 56 participants (physicians and specialized epilepsy nurses) across EpiCARE network.

Results: Complete responses were received from 41 participants (71%) from 20 countries. Thirty four of these were physicians specializing in epileptology, neurophysiology, and epilepsy surgery, and 7 were nurses. The majority (68%) reported that guidelines were disseminated regularly at their institution, primarily (90%) through face-to-face communication. Most frequent actions taken after dissemination of new guidelines were training seminars (65%) and adaptation of guidelines (56%). Major barriers for implementation of new guidelines at a national level were lack of funding (70%) and healthcare system issues (68%); while at an institutional level time constraints (65%), were frequently cited. Moreover, 26% of participants indicated that CPGs are considered useless, because established standard of care already ensures high quality treatment.

Conclusion: Our findings provide a comprehensive overview of the dissemination and implementation strategies being used for existing epilepsy CPGs. We identified several barriers and facilitators to guideline implementation which can help improve application and adherence to CPGs being developed by the network.

Dissemination of clinical practice guidelines - development and testing of three tool formats.

Dr. Irina Mostovaya¹, Dr. Dunja Dreesens

¹Knowledge Institute Of The Dutch Association Of Medical Specialists, Utrecht, The Netherlands

P4D - Technology & Impact, Conference Room 3, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Dr. Irina Mostovaya studied medicine and epidemiology and defended her thesis on a nephrological-epidemiological subject. Since 2014 she works at the Knowledge Institute Of The Dutch Association Of Medical Specialists, currently as a senior advisor and team lead. Irina has a special interest in guideline methodology and guideline dissemination, and has led several projects within the Knowledge Institute on these subjects.

Background

Implementation of clinical practice guidelines (CPGs) is a very important but -unfortunately- underexposed part of the quality cycle/evidence ecosystem. The first step in the CPG implementation process is dissemination. An identified bottleneck in the Netherlands is that medical specialists do not have the right tools and resources to implement guidelines.

Objective

The aim was to develop tool formats to promote the dissemination of CPGs, that could be used for all medical specialist guidelines.

Methods

An evaluation of which dissemination tools for guidelines are currently available was carried out, as well as an analysis of the experiences with the use of these tools and their effectiveness. Based on the results of the bottleneck analysis, a working group chose three formats of dissemination tools.

Results

Formats for the following tools were developed: a summary, a presentation and a script for a webinar. A conscious choice was made to develop tools that would be easy and accessible to fill in (or implement) by the guideline panel members. In addition, these tools are also easily accessible for the intended users of the guideline. Each tool was tested on/with two guidelines, and evaluated. The overall evaluation results were positive.

Discussion

Creating a dissemination tool should ideally become a standard part of guideline development. The tool(s) should preferably be made available at the same time as the guideline is published.

Dissemination of clinical practice guidelines – results of a survey on practices and needs of guideline users.

Dr. Irina Mostovaya¹, Dr. Dunja Dreesens

¹Knowledge Institute Of The Dutch Association Of Medical Specialists, Utrecht, the Netherlands

P4D - Technology & Impact, Conference Room 3, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Dr. Irina Mostovaya studied medicine and epidemiology and defended her thesis on a nephrological-epidemiological subject. Since 2014 she works at the Knowledge Institute Of The Dutch Association Of Medical Specialists currently as a senior advisor and team lead. Irina has a special interest in guideline methodology and guideline dissemination, and has led several projects within the Knowledge Institute on these subjects.

Background

Implementation of guidelines is an important but underexposed/underused part of the quality cycle. The first step of the implementation process of a clinical practice guideline (CPG) is dissemination.

Objective

To evaluate what the intended users' needs are for CPG dissemination tools.

Methods

The Development of Dissemination Tools Working Group developed a survey which was conducted in September-October 2020. Medical professional societies shared the survey link in a newsletter with medical specialists.

Results

222 physicians completed the survey. Participants indicated that they use the following sources to keep updated of developments in their field: conferences (94%), guidelines (94%), scientific journals (86%), colleagues / intervention (77%). When asked "Which dissemination tool would you use the most?" answers were: summary (93%), e-learning (81%), PowerPoint presentation (61%) and animation/animated film/video (56%). Participants considered the following aspects of a dissemination tool to be important: ease of use (90%), time cost (82%), accessibility of the tool (78%) and connection with daily practice (57%). When asked what participating physicians would advise the Working Group regarding dissemination: keep it simple, practical and inviting; and develop tools that would not take too much time to employ/use.

Discussion

Based on the results of the survey, a conscious choice was made to develop tool formats that would be easy and accessible to fill in by the guideline panel members and easy to use. The Working Group chose to develop three formats for dissemination tools: a summary, a presentation and a script for a webinar.

Do guideline authors follow rules to manage conflicts of interest (COI)?

Evaluation of German guidelines from 2019-2023

Dr. med. Monika Nothacker¹, Dipl.-Wirt.-Inf. Torsten Karge², Dr. Markus Follmann³, Dipl.-Soz Thomas Langer³, Dipl. Biol. Gregor Wenzel³, Dr. Christina Brockamp⁴, M.A. Katrin Krueger⁴, Sabine Schueler⁴, M.A. Peggy Prien⁴, M.A. Corinna Schaefer⁴, Ulrike Weber¹, Prof. Dr. Ina Kopp¹

¹Association of the Scientific Medical Societies in Germany (AWMF)-Institute for Medical Knowledge Management (IMWi) c/o Philipps University Marburg and AWMF Berlin, Marburg/Berlin, Germany, ²Clinical Guideline Services GmbH, Berlin, Germany, ³Office, Guideline Program in Oncology, German Cancer Society, Berlin, Germany, ⁴Agency for Quality in Medicine, Berlin, Germany

P6C - Getting the methodology right, Conference Room 2, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Monika is deputy head of the Association of the Scientific Medical Societies' Institute for Medical Knowledge Management in Marburg and Berlin, Germany since 2012, which runs the quality assured AWMF guideline register with over 850 guidelines. She is a gynecologist, public health scientist and guideline advisor, giving methodological support to various guidelines groups and projects.

Background:

The Association of the Scientific Medical Societies (AWMF) in Germany runs a quality-assured guideline register. In 2018, rules for COI-management were updated according to principles proposed by the Guidelines International Network (GIN). Since 2019, COI can be stored and managed digitally via the AWMF-Portal 'Declaration of Interests (DOI) Online'.

Objective:

To evaluate the COI-management in German guidelines published in the AWMF-register.

Methods:

Pseudonymised overall analysis of data in the AWMF-DOI-Portal (2019-3/2023). Additionally evaluation of a convenience sample of current evidence and consensus-based (S3-) guidelines regarding topic-specific categorisation into low, moderate and high COI and consequences implemented as limitation of leading functions (low), abstention from voting (moderate) and topic-specific non-participation (high).

Results

As of March 2023, 7,592 guideline authors of 692 guideline used the AWMF-DOI-Portal. Of 12,121 COI-assessments, 8,193 (67,6%) were assessed as without, 1,633 (13,5%) with low, 1,564 (12,9%) with moderate and 204 (1,7%) with high COI, 507 (4,3%) were unclear. 26 of 28 examined guidelines with 10-127 authors showed direct financial COI; categories for low and moderate COI were defined, but not always for high COI. Low COI (0-42% members per group) were mostly assigned to industry-financed lectures, moderate COI (0-55%) to industrial advisory-boards and management of industry-financed studies, high COI (0-8%) to single shares, patents and personal properties. In 4 guidelines, no topic-specific COI were found. Consequences were implemented in all guidelines with COI.

Discussion

The evaluation showed a mainly well implemented, but partially incomplete COI-management. We propose to discuss a consensus on COI-categories also internationally.

Do healthcare decision-makers find the Clinical Practice Guidelines useful? Findings of a qualitative study among micro-level decision-makers in Spain

Patricia Gómez^{1,2,3}, Yolanda Triñanes^{1,2}, María José Faraldo-Vallés^{1,2}, Leonor Varela-Lema⁴, Alberto Ruano-Raviña^{4,5,6}, Mónica Pérez-Ríos^{4,5,6}

¹Scientific Unit of the Galician Health Knowledge Agency (Avalia-t, ACIS), Santiago de Compostela, Spain, ²Spanish Network of HTA Agencies, RedETS, , Spain, ³Consumer and User Psychology Unit, Faculty of Psychology, University of Santiago de Compostela, Santiago de Compostela, Spain, ⁴Department of Preventive Medicine and Public Health, University of Santiago de Compostela, Santiago de Compostela, Spain, ⁵CIBER Epidemiology and Public Health, CIBERESP, Madrid, Spain, ⁶Health Research Institute of Santiago de Compostela (IDIS), Santiago de Compostela, Spain

P5D - Approaches to stakeholder engagement - examples from around the World, Conference Room 3, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Patricia Gómez PhD, MPH is a psychologist who has been a member of the Avalia-t, ACIS multidisciplinary team, a regional Health Technology Assessment (HTA) agency in northwest Spain, since 2021. Her academic background falls within the scope of methodology of behavioral sciences, and her research has primarily focused on test validation, qualitative and quantitative study on user satisfaction and needs, as well as epidemiological research in the field of addictions. Her work at Avalia-t, ACIS has been related to assessing the validation of psychological tests, developing diagnostic test accuracy HTA reports, and conducting primary and secondary qualitative research.

Background:In the pursuit of continuous improvement, the Spanish Network of Health Technology Assessment Agencies (RedETS) is developing a methodological framework focused on adapting its products as much as possible to the decision-makers needs. As part of this framework, a qualitative approach has been used to explore decision-makers opinions.

Objective:The aim of this study was to identify the information needs and preferences of micro-level healthcare decision-makers regarding the Clinical Practice Guidelines (CPGs) and which challenges they identify.

Methods:An online focus group was carried out. Nine participants were recruited: representatives of seven Spanish Scientific Medical Societies and two representatives from Patient Associations. A topic guide was used to facilitate the discussion. The focus group was audiotaped and transcribed, and results were thematically analyzed independently by two members of the research team who then developed key themes through a consensus process.

Results:Five salient themes were identified: (1) perceived utility, (2) main barriers to use, (3) preferences on content and format, (4) need for dissemination and updating, and (5) patients and clinicians role. Improving their dissemination, shortening their content, narrowing their scope, and frequently updating are the main issues arisen to improve the impact of CPGs in the clinical practice level. Likewise, participants ask for patients and clinicians to be more taken into account in the CPGs development process.

Discussion:This study gave new insights in the information needs and preferences of clinicians and patients in Spain. Future CPGs should address these challenges to enhance the support offered to the clinical practice decision making.

Do Virtual Meetings Increase Agreement While Developing Guidelines? A Cross-Sectional Study Among Guideline Authors.

Dr Carolina S Romero, Pr Peter Kranke, Pr Steffan De Hert, Pr Idit Matot, Pr Arash Afshari

P4B - Education, methodology & measurement, Conference Room 1, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

CS Romero is an Anaesthesia and Critical Care consultant at the General University Hospital of Valencia, Spain. She is interested in collaborative research merging new technologies and modern statistical methods with medicine, and has obtained a Master's Degree in Biostatistics. In her area, she teaches research methodology at the University and is involved in the local innovation hub promoting knowledge transfer from the clinical setting to industry.

Internationally, she is involved in the Evidence-Based Research (EVBRES) Network. At ESAIC, CS Romero is currently a member of the Guidelines Committee, and she is also a member of the methodology group.

Background: Clinical guidelines are developed through a set of meetings among the author group. Traditionally, these meetings were held in person. But recently, especially since the COVID-19 pandemic, many groups have switched to virtual meetings to gather evidence and draft recommendations as well as vote on clinical recommendations.

Objective: to assess the impact of virtual meetings during the consensus process in the guidelines route map.

Methods: This European, internet-based, cross-sectional survey was performed by the methodology group within Guidelines Committee at the European Society of Anaesthesia and Intensive Care (ESAIC). A 27-item questionnaire was developed to assess the views of the taskforce members of published or ongoing ESAIC guidelines, regarding the impact of virtual meetings on agreement, i.e., whether virtual meetings facilitate arriving at a consensus or not, using a Likert scale with five levels; strongly disagree, disagree, neutral, agree, strongly agree.

Results: From 286 authors, we collected 92 surveys from 26 different countries (response rate of 32%). A total of 29% (n=27) responded that virtual meetings increase agreement in guidelines. The overall median of ESAIC guidelines authors on in-person meetings was 8/10, interquartile range (IQR) [7,9] and the median rating for virtual meetings was 7/10 (IQR 5,8) (p<0,05). Authors who rated in-person meetings higher preferred to return to in-person meetings (p<0,05) and the main motivation for this, with 59% (n=54) of positive responses was related to the human connection and the relationship building.

Discussion for scientific abstracts: discussion on the hybrid approach combining virtual and in person meetings.

Educational strategies for implementing national clinical protocol and therapeutic guidelines (PCDT) for type 2 diabetes mellitus in Brazil: improving access to dapagliflozin.

Prof Lindemberg Assunção-Costa^{1,2}, MSc Juliana Ferreira Fernandes Machado², Miss Aline Pires da Silva², Miss Laís da Silva Barbosa²

¹Universidade Federal da Bahia, Salvador, Brasil, ²Instituto Nacional de Assistência Farmacêutica e Farmacoeconomia, Salvador, Brasil

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

With 25 years of experience as a pharmacist I am currently professor of the disciplines of Hospital Pharmacy, Pharmaceutical Care and Supervised Pharmaceutical Internship at the Faculty of Pharmacy of the Federal University of Bahia (UFBA). I have a Ph.D in Public Health at UFBA. Develops research in the area of Pharmaceutical Access, Hospital Pharmacy, Health Technology Assessment and Patient Safety. I have professional as director of the Pharmaceutical Department at State Secretariat of Health of the Bahia, Brazil. I was consultant for the Secretariat of Science, Technology and Strategic of the Unified Health System at the Ministry of Health.

Background: Diabetes mellitus (DM) is among the most prevalent diseases in the world. In Brazil, there are about 16.8 million people with DM. Recently, in Brazil, the dapagliflozin (an iSGLT2) was included for patients with DM2, age ≥ 65 years old and having established cardiovascular disease (CVD). The implementation of the PCDT for DM2 occurs in a non-systematic way, due to the inequities in health among the country. **Objective:** Describe the educational strategy adopted to stimulate the implementation of the new DM2 protocol in Brazil. **Methods:** The National Institute of Pharmaceutical Care and Pharmacoeconomics (INAF) developed an educational strategy for the implementation of such protocol with a focus on the incorporation of dapagliflozin. Multidisciplinary panels, including medical specialists, pharmacists, nurses, health managers and representatives of patient associations, from all five regions of Brazil, have been held, debating about the disease, the PCDT, and strategies for their implementation in the Brazilian Public Health System. **Results:** The main strategies discussed were: (a) improved communication between reference centers and management, (b) overcoming the barriers identified for access to technology and implementation of the PCDT (age restriction of access; positioning after sulfonylureas in the treatment flow, restriction for GFR < 45 , restriction for people with established CVD and insufficient medical specialists) and (c) acquisition of dapagliflozin by the Federal Government. **Future prospects for project presentations:** In general, panel participants noted that modifying the restriction criteria would favor other patients with DM2 to have access to dapagliflozin, resulting in fewer complications of the disease.

Effectiveness and user experience of digital plain language COVID-19 health recommendations (PLR) in people of different age and health literacy: Results of three randomized controlled trials and qualitative studies

Dr. Holger Schünemann^{1,2}, Rana Charide¹, Shahab Sayfi^{1,3,4}, Sarah A. Elliott^{5,6}, Lisa Hartling^{5,6}, Lisa Stallwood⁷, Nancy J. Butcher^{7,8}, Dawn P. Richards⁹, Joseph L. Mathew¹⁰, Jozef Suvada^{11,12,13}, Elie A. Akl^{1,14}, Tamara Kredo^{15,16}, Lawrence Mbuagbaw^{1,17,18,19,20,21}, Ashley Motilall¹, Ami Baba⁷, Shannon D. Scott²², Maicon Falavigna²³, Miloslav Klugar^{24,25}, Tereza Friessová^{24,25}, Tamara Lotfi¹, Adrienne Stevens²⁶, Martin Offringa^{7,27,28}, Kevin Pottie^{4,29}

¹Michael G. DeGroot Cochrane Canada and GRADE Centres, Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ²Department of Biomedical Sciences, Humanitas University, Milan, Italy, ³Department of Biology, Faculty of Science, University of Ottawa, Ottawa, Canada, ⁴Schulich School of Medicine & Dentistry, Western University, London, Canada, ⁵Alberta Research Center for Health Evidence, Department of Pediatrics, Faculty of Medicine and Dentistry, University of Alberta, Edmonton, Canada, ⁶Cochrane Child Health, University of Alberta, Edmonton, Canada, ⁷Child Health Evaluative Sciences, The Hospital for Sick Children Research Institute, Toronto, Canada, ⁸Department of Psychiatry, University of Toronto, Toronto, Canada, ⁹Five02 Labs Inc, Toronto, Canada, ¹⁰Postgraduate Institute of Medical Education and Research, Chandigarh, India, ¹¹National Evidence and Quality Platform, St. Elizabeth University of Public Health and Social Science, Research Dept., Nam. 1. Maja 1, 81000, Bratislava, Slovakia, ¹²Experts Consilium for COVID-19, Advisor to government of Slovak Republic, Slovakia, ¹³WHO Executive Board, Switzerland, ¹⁴Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, ¹⁵Cochrane South Africa, South African Medical Research Council, South Africa, ¹⁶Epidemiology and Biostatistics, Faculty of Medicine and Health Sciences, Stellenbosch University, South Africa, ¹⁷Department of Anesthesia, McMaster University, Hamilton, Canada, ¹⁸Department of Pediatrics, McMaster University, Hamilton, Canada, ¹⁹Biostatistics Unit, Father Sean O'Sullivan Research Centre, St Joseph's Healthcare, Hamilton, Canada, ²⁰Centre for Development of Best Practices in Health (CDBPH), Yaoundé Central Hospital, Yaoundé, Cameroon, ²¹Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Cape Town, South Africa, ²²Faculty of Nursing, University of Alberta, Edmonton, Canada, ²³National Institute for Health Technology Assessment, Federal University of Rio Grande do Sul, Porto Alegre, Brazil, ²⁴Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (Cochrane Czech Republic, Czech EBHC: JBI Centre of Excellence, Masaryk University GRADE Centre), Institute of Biostatistics and Analyses, Faculty of Medicine, Masaryk University, 602 00 Brno, Czech Republic, ²⁵Institute of Health Information and Statistics of the Czech Republic, Prague, Czech Republic, ²⁶Centre for Immunization Readiness, Public Health Agency of Canada, Ottawa, Canada, ²⁷Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, Canada, ²⁸Division of Neonatology, The Hospital for Sick Children, University of Toronto, Toronto, Canada, ²⁹Department of Family Medicine, Western University, London, Canada

P5B - Collaboration around the World, Conference Room 1, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Shahab Sayfi is a research coordinator working at Cochrane Canada and MacGRADE Center at McMaster University. He is in the last year of his bachelor's degree and is willing to pursue his studies in the Health Research Methodology (HRM) program at McMaster University. He has been involved in different research groups of the eCOVID project, such as PLR trials, the implementation team, guidelines critical appraisal, and knowledge mobilization activities. His research interests are health equity, guideline development, and evidence synthesis. He hopes to learn sophisticated research methods and effectively apply them to the research areas.

Introduction

The COVID-19 pandemic has highlighted the need to make health recommendations more accessible and understandable for the public to improve health outcomes.

Aims

The objectives were to evaluate and compare the public's understanding, accessibility and usability, satisfaction, intention to implement, and preference for presenting digital COVID-19 health recommendations derived from the online COVID-19 Living Map of Recommendations and Gateway to Contextualization (RecMap).

Methods

We conducted randomized controlled trials and qualitative studies in three populations: adults, parents, and youth (NCT05358990). Participants randomized to the intervention arm received a plain language recommendation (PLR) format, while the control arm received the corresponding original recommendation format as published by the guideline organizations. We tested two different recommendation topics in each trial. Participants were then given the option to participate in a one-on-one, semi-structured interview to explore their perceptions and preferences for the different formats.

Results

In all three trials, the PLR group demonstrated a higher proportion of correct responses to the understanding questions. However, in the trial conducted with adults, we found an interaction between the recommendation topic and participants' understanding of it. Overall, participants found the PLRs more accessible and satisfying and were more likely to implement them. The qualitative interviews supported these findings and provided guidance to further improve the digital PLR's aesthetic, accessibility, and credibility.

Conclusions

Health information provided in a digital PLR format fosters understanding, accessibility, usability, and satisfaction among the public and may influence decision-making, compliance, and adherence.

Effectiveness of all single patient room accommodation in reducing incidence of hospital-acquired infection in general acute settings: a systematic review

Mr Barrie Tyner¹

¹HIQA, Ireland, Cork, Ireland

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Barrie Tyner (B.Soc.Sc., M.P.H.) is an HTA Analyst with the Health Research Board - Collaboration in Ireland for Clinical Effectiveness Reviews (HRB-CICER) research team based in Cork, Ireland. Barrie conducts systematic reviews and budget impact analyses that inform national clinical guidelines for the Irish health system and provides methodological support and training to GDGs. With experience in diagnostic accuracy reviews and DELPHI experiments, Barrie also contributed to the national response during the COVID-19 pandemic through evidence synthesis support.

Background: Based on evidence from high-dependency settings, international guidelines recommend 100% single patient rooms (SPRs) for all newly built hospitals.

Aim: To inform National Clinical Guidelines in Ireland, we evaluated the clinical and cost-effectiveness of 100% SPR accommodation, compared to mixed/multi-bed room (MBR) accommodation, on reducing the incidence of hospital-acquired infection (HAI) in general acute settings.

Method: Systematic searches of nine databases (31 May 2022) were conducted. Screening, data extraction and quality appraisal were performed independently by two researchers. Primary outcomes were assessed using GRADE.

Results: Eight studies were eligible for inclusion. Four studies examined rates of HAI with no significant difference reported for most of the outcomes investigated. Compared to MBR accommodation, one study reported an increase for *Clostridioides difficile* in SPR accommodation; one study reported an immediate decrease for vancomycin-resistant *Enterococcus* (incidence rate ratio 0.30, 95%CI: 0.12 to 0.75) following a move to a 100% SPR hospital; and one study reported infection with any HAI occurred later in SPR accommodation (adjusted hazard ratio 0.65, 95%CI: 0.45 to 0.95; p=0.03).

Six studies examined the rates of adverse events. Compared to MBR accommodation, an increase in falls was reported for SPR accommodation in two studies and a decrease in the risk of developing delirium in one study.

While costs were estimated to be higher for 100% SPR hospitals, the cost-effectiveness in reducing HAI was not reported.

Conclusion: Overall, evidence regarding the clinical and cost-effectiveness of SPR accommodation for reducing HAI is limited, inconsistent and does not permit clear guideline recommendations.

Efficiency, Economy and Excellence: Experimental Exploration of Evidence-based Guideline Development in Resource Constrained Settings.

Dr Joseph Mathew¹

¹Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh, , India

P6C - Getting the methodology right, Conference Room 2, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Dr. Joseph Mathew is Professor of Pediatric Pulmonology at PGIMER Chandigarh. He is a leader of evidence-based healthcare. He is a member of the GIN Board of Trustees, Founder Chair of the GIN LMIC Working Group, and Chair of the GIN Membership Committee. He is a founding member of the South Asian Cochrane Network Centre (Cochrane India). Dr. Mathew's main focus is evidence-based decision-making in resource-constrained settings. He is one of the Principal Applicants of the global COVID-19 RecMap project led by Mc Master University, Canada. Dr. Mathew is currently also working on implementation of these recommendations in developing countries.

Background

Evidence-based guideline development is highly resource intensive, making it challenging in resource-constrained settings.

Objective

To describe an experiment of developing evidence-based guidelines, by personnel with no prior experience/training, and without funding.

Methods

Following an online training workshop, fifty respiratory pediatricians identified 59 topics meriting evidence-based guidelines. Using the Delphi process (two rounds), 12 topics were prioritized. Thereafter, they each framed upto 4 clinical questions on each topic using the PICOTS format. This generated 337 questions; whittled to 83 through the Delphi process (two rounds). Childhood Allergic Bronchopulmonary Aspergillosis emerged as the top priority, and 7 questions were short-listed. For each question, multiple outcomes were included. Twenty-four pediatricians volunteered to develop the guideline and submitted formal DoI statements, that were vetted for conflicts.

Working in teams, the group searched for existing guidelines whose recommendations could be adopted adapted, or adoloped to the local setting. Being unavailable, high quality secondary evidence (systemic reviews) was searched followed by de novo systematic reviews of primary research studies. The evidence base was critically appraised and graded. Formal evidence-to-decision formats were used to enable translation of the evidence to recommendations implementable in the local setting.

Results

The experiment yielded a scientifically robust, evidence-based guideline for the management of ABPA in children. The salient achievement was that it was developed by personnel with no prior experience/expertise, zero funding, but following contemporary methods.

Conclusion

This guideline development process focusing on efficiency, economy, and excellence, can serve as a model that can be emulated in diverse resource-constrained settings.

Endpoint Assessment Using GRADE in German Evidence-Based Oncological Guidelines

Dr. Markus Follmann¹, Thomas Langer¹, Gregor Wenzel¹

¹Deutsche Krebsgesellschaft E.v., Berlin, Germany

Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Markus is a board-certified dermatologist, holding Master degrees in Public Health and Epidemiology. Currently, he holds the position of head of the department Evidence-based Medicine and Guidelines at the German Cancer Society. Additionally, he is coordinator for the German Guideline Project in Oncology (GGPO), supporting guideline groups and teaches evidence-based medicine and guideline methodology. He is a member of the German National Cancer Plan Member representing the German Cancer Society and GGPO). Markus is actively involved in the European Commission Initiatives on Breast and Colorectal Cancer (ECIBC and ECICC). He is an active member of the Guideline International Network.

Background: The evidence-based guidelines of the German Guideline Program in Oncology (GGPO) play a pivotal role in clinical decision-making. Some of these guidelines use the GRADE methodology to assess the confidence in effect estimates of clinical endpoints. A comprehensive analysis of these assessments was performed.

Objective: To evaluate the distribution of GRADE-based endpoint assessments in evidence-based oncological guidelines of the GGPO to uncover endpoints that are systematically rated low.

Methods: A thorough analysis of the digital database containing GGPO guidelines was conducted, extracting GRADE-based endpoint assessments. The endpoints were categorized (mortality, morbidity, quality of life, safety, and diagnosis). Both the raw endpoint assessments and their respective categories were compared, and the best and worst-rated endpoints and categories were identified. Descriptive statistics were provided.

Results: 11 of the 32 (34.4%) published guidelines use the GRADE methodology. In total, 816 GRADE-rated endpoints were available for analysis. 99 (12.1%) of these were rated high, 239 (29.3%) moderate, 298 (36.5%) low, and 180 (22.1%) very low. The categories diagnosis (5.56% high, 61.1% moderate, 22.2% low, 11.1% very low) and mortality (19.6% high, 28.2% moderate, 36.8% low, 15.6% very low) were rated best, whereas quality of life was rated worst (15.6% moderate, 59.4% low, 25% very low).

Discussion: This comprehensive analysis of oncological endpoints was only feasible by use of the GGPO's comprehensive digital database. The findings highlight the importance to improve quality of evidence, especially in quality of life-endpoints, which were rated mostly low. These may require improvements concerning study protocols and/or documentation.

End-user' willingness to apply evidence-based recommendations after disseminating 9 guidelines in Korea

Dr. Ein-soon Shin¹, Da-Sol Kim¹, Kyeong-Mi Yu¹, Dr. Hwan-Seok Yong², Dr. Jin-Woo Lee³, Dr. Ji-Tae Choung⁴

¹Agency for Clinical Practice Guideline, Korean Academy of Medical Science, , South Korea,

²Department of Radiology, Korea University College of Medicine, , South Korea, ³Department of Orthopaedic Surgery, Yonsei University College of Medicine, , South Korea, ⁴Department of Pediatrics, Korea University College of Medicine, , South Korea

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Ein-soon Shin holds PhD degree in Public Health from Yonsei University (Korea, 1991).

Her past experiences include: Visiting scientist of International Visiting Clinician Program at Mayo Clinic in Rochester, MN, USA (1991-1992); and Assistant research professor at Aju University School of Medicine in Korea (2012-2013). She has been a member of GIN since 2013 (vice-chair of the Adaptation Working Group, 2018-2022), a member of GRADE Working Group since 2016, and a Cochrane author in Papas Group since 2012. As a methodologist, Ein-Soon coordinates KAMS' 9 different Guideline Development Committees funded by the Korea Disease Control and Prevention Agency.

Background:

The development of Korean evidence-based guidelines for physicians in primary care launched in 2013 followed by a digital guideline information system which was developed in 2018. It is important to disseminate and implement guidelines for interest group such as end-user physicians.

Objective:

To survey end-users' willingness to apply recommendations for evidence-based practice in primary care.

Methods:

First, 9 evidence based-guidelines were disseminated before the survey. Second, we conducted online survey to assess level of behavioral change on the willingness to apply recommendations. It was measured on a 5-point Likert scale for a period of 1 week (Nov. 4-11, 2022) among 300 Korean physician panel.

Results:

Of the 300 physicians, 187 (62.3%) completed the survey. 83.4% of respondents had more than 11 years of work experience. Specialties of the respondents were internal medicine (56.1%), family medicine (28.9%) and general medicine (13.9%). The 1st rank of behavioral change on the willingness to apply evidence-based recommendations was hypertension, showing 84.5% (4.13±0.67) on 'very much and somewhat'. Diabetes, atrial fibrillation, dyslipidemia, CKD, adult asthma, COPD, childhood & adolescent asthma and depression showed following proportion: 82.6%, 82.4%, 80.8%, 70.0%, 64.2%, 63.6%, 45.5% and 45.0%.

Conclusion:

Dissemination strategies include mailing the print version CPGs, registering search terms on portal sites for digital guideline access and distributing online information (leaflet, Webzine, E-newsletter). After disseminating evidence-based guidelines, the level of behavioral change to apply recommendations was found to be very high (68.7%, average proportion on 'very much and somewhat').

Engaging Stakeholders in Best Practice Guideline Development: A Comprehensive Approach

Ms Priscilla Packiam¹, Ms Christine Buchanan¹, Ms Deborah Flores¹, Ms Gladys Hui¹, Ms Stephanie Buchanan¹, Ms Lyndsay Howitt¹, Ms Giulia Zucal¹, Ms Heather McConnell¹, Dr Doris Grinspun¹

¹Registered Nurses Association of Ontario, Toronto, Canada

P5A - Approaches to stakeholder engagement - methods, Main Auditorium, September 21, 2023,
3:30 PM - 5:00 PM

Biography:

Priscilla Packiam is a registered nurse with over twelve years of experience in different roles in Canada and Internationally. She currently works at RNAO as a guideline development methodologist. Priscilla has worked as a nurse in a variety of health-care settings, including homecare and long-term care. She completed her Master of Science in Nursing from the University of Ottawa in 2020. Priscilla's current experience includes systematic review, meta-analysis and clinical guideline development. Her primary area of research interests includes geriatric assessments, LTC, health equity and organizational factors affecting healthcare delivery.

Background: A professional nursing association in Ontario, Canada represents registered nurses, nurse practitioners and nursing students. The Best Practice Guideline Program is a signature program of the organization; it develops, supports the uptake and sustainability of, and evaluates the impact of evidence-based guidelines. Involving stakeholders in guideline development is essential to ensure the relevancy and acceptability of guidelines and a comprehensive approach is required.

Objective: This presentation will describe strategies for effective stakeholder involvement in guideline development, including persons with lived experience.

Methods: A multi-pronged approach is used to engage stakeholders. During pre-development work, key informant interviews and discussion groups are held to inform the scope. Next, a diverse expert panel is established, including those with lived experiences, who participate in every phase of the guideline development process. Feedback is sought from national and international stakeholders on the guideline content and evaluation indicators.

Results: A comprehensive approach results in a diverse group of panel members who actively engage in guideline development. The pre-development work allows the identification of key issues and concerns and help shapes the guideline scope, while diversity among stakeholders helps to ensure a broad range of perspectives. The use of plain language materials and engagement strategies help to encourage active participation and promote meaningful patient and caregiver involvement.

Conclusion: Effective stakeholder involvement in guideline development requires a comprehensive approach that considers the perspectives of a diverse range of stakeholders. The approach used by the organization provides guidance for others looking to engage stakeholders in guideline development

Enhancement in the capacity for clinical practice guidelines development at the national level through online education course

Phd Gilson Dorneles¹, PhD Cinara Stein¹, PhD Cintia Pereira de Araujo¹, MSc Suená Parahiba¹, MSc Débora Dalmas Gräf¹, PhD Karlyse Claudino Belli¹, PhD Marta Maior², MSc Ávila Vidal², PhD Maicon Falavigna¹, PhD Verônica Colpani¹

¹Hospital Moinhos De Vento, Porto Alegre, Brazil, ²Secretaria de Ciência, Tecnologia, Inovação e Complexo da Saúde - SECTICS/Ministério da Saúde, Brasília, Brazil

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

PhD in Health Sciences, currently working as methodologist and researcher in the development of practical guidelines for the Brazilian Unified Health System (SUS), which is sponsored by the Brazilian Ministry of Health.

Background: Qualifying professionals is an important process for improving the methodological quality of clinical guidelines (CG) in public health. Online courses have potential advantages over traditional face-to-face training to reach audiences from different locations.

Objective: To describe an online course for clinical guideline development.

Methods: Course editions occurred in the years 2020 (25 participants) and 2022 (36 participants).

The course structure and content were based on the requirements of Brazilian Ministry of Health (MoH) guidelines in accordance with GIN/IOM requirements, and were defined by meetings led by methodologists, researchers, and MoH representatives.

Results: The course (2 months, 40 hours) was comprised by asynchronous lessons and weekly meetings (1 hour/week) addressing: a) introduction to CG; b) development and update of CG; c) quality assessment of CG; d) planning the process for the development of CG; e) clinical guideline questions; f) systematic reviews and meta-analysis; g) quality assessment of systematic reviews; h) certainty of the evidence evaluation. Forty-eight participants from 16 Health Technology Assessment centers or the MoH completed the course. The mean attendance at the online tutorship was 80%, and most participants (92.3%) were satisfied with the course. Participants had an average score of 8.9±1.1, 9.5±0.9, and 8.6±2.0 in the final work, objective test, and overall course grade, respectively.

Discussion: Online training courses to support MoH public health can help to improve the skills of researchers from different regions of Brazil for guideline development. Furthermore, this strategy offers the possibility of reaching wider audiences, unconstrained by specific geographical locations.

ERS Guidelines Methodology Network: an initiative to train the Method Experts of tomorrow

Ms Valérie Vaccaro¹, Ms Thomy Tonia², Prof Andrew Bush⁴, Dr Ingrid Toews³

¹European Respiratory Society, Scientific Activities Department, Lausanne, Switzerland, ²Institute of Social and Preventive Medicine, University of Bern, Bern, Switzerland, ³Institute for Evidence in Medicine, Faculty of Medicine and Medical Center, University of Freiburg, Germany, Freiburg, Germany, ⁴Dept of Paediatric Respiratory Medicine, Royal Brompton Hospital and National Heart and Lung Institute, School of Medicine, Imperial College London, London, United Kingdom

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Valérie Vaccaro has been working for the European Respiratory Society (ERS) since 2010. As ERS Scientific Activities Project Leader, she is responsible for the Task force program which intends to develop official ERS Clinical Practice Guidelines, Statements and Technical Standards. In close collaboration with the ERS Guidelines Director, she oversees, at an administrative level, the selection of new task forces, the development of ongoing projects (budget, DOIs, Confidentiality, timeline, panel involvement, meetings....), endorsement of final documents and interactions with partner societies. She also coordinates the ERS Guidelines Working Group and ERS CPG Methodology Network.

Background:

The European Respiratory Society (ERS) is committed to provide clinicians with Clinical Practice Guidelines (CPGs) focused on respiratory health and developed according to the highest standards. However, methodological requirements to produce CPGs are time-consuming and labour-intensive. Offering panels adequate support and training early-career members (ECMs) in the GRADE approach became a priority for ERS. The Methodology Network was created to answer this need.

Method and objectives:

The Methodology Network is made up of ECMs selected upon application. Once accepted, members complete an online training, before being assigned to an ERS CPG in which they are responsible for 2 PICO questions under the supervision of an ERS methodologist. After completion of 2 CPGs, members of the Network will have the ability to supervise newer members.

Beyond the support provided to CPG teams, the Network enables to:

- Build a sustainable group of scientists trained in methodology and foster their long-term involvement in guideline activities.
- Ensure that members performing methodological tasks have adequate knowledge.
- Reduce the costs linked to third parties' involvement in CPG development
- Give to ECMs authorship on highly cited publications and networking opportunities.

The first call demonstrated a high interest with 72 applications received. 10 candidates were selected, completed the training, and are now involved in CPGs. Based on this success, a second call took place in 2023. Applications are currently under review.

Future prospects for project presentations:

We will share our experience with the network and discuss with delegates potential improvement.

Evaluation of anticoagulation in hospitalized COVID-19 patients: Analysis of effects in randomized controlled trials versus non-randomized studies of interventions

Dr. Samer Karam^{1,2}, Dr. Carlos Cuello-Garcia^{1,2}, Karla Solo^{1,2}, Dr. Antonio Bognanni^{1,2}, Dr. Yetiani Roldan¹, Binu Philip^{1,2}, PhD Wojtek Wiercioch^{1,2}, Dr. Holger Schünemann^{1,2,3}, PhD Robby Niewalaat^{1,2}

¹Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ²Michael G. DeGroote Cochrane Canada & McMaster GRADE Centres, McMaster University, Hamilton, Canada, ³Department of Medicine, McMaster University, Hamilton, Canada
P3D - Guidelines in the real world I, Conference Room 3, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Dr. Samer Karam is a General Surgeon completing a PhD in the Department of Health Research Methods, Evidence, and Impact at McMaster University. He is also a member of the GRADE working group. The scope of his current work is related to appraising risk of bias and indirectness in values and preferences studies, and assessing the certainty of the evidence of these studies.

Background

As part of living systematic review addressing the health effects of antithrombotic therapy to prevent venous thromboembolism (VTE) in adult patients with COVID-19, we will explore the benefits and drawbacks of relying on Non-Randomized Studies of Interventions (NRSI) vs Randomized Controlled Trials (RCT) data.

Objective

We will explore (1) the disagreement or agreement of the health effect estimates derived from NRSIs and RCTs, (2) if the addition of the RCTs increase the certainty of the evidence.

Methods

A living systematic search was performed from inception to April 25, 2022. We separately meta-analyzed the RCT and NRSI data for evidence of effect for the outcome of mortality, VTE, pulmonary embolism (PE), distal venous thrombosis (DVT), and major bleeding, and we used GRADE to assess the certainty of the evidence.

Results

We identified 17 RCTs and 49 NRSIs that met our eligibility criteria. The results were mostly comparable when comparing the odds ratio between the RCTs and NRSIs in the all outcomes and interventions explored. When comparing therapeutic vs prophylactic anticoagulation therapeutic anticoagulation may be associated with a reduction in mortality in the critically ill with an OR= 0.68(CI: 0.41, 1.62) in RCTs and OR= 0.81(CI: 0.41, 1.62) in NRSIs; while therapeutic anticoagulation showed little to no effect in acutely ill patients with OR= 0.94(CI: 0.32, 2.79) in RCTs and OR= 0.95(CI: 0.59, 1.54) in NRSIs.

Conclusion

Evidence from RCTs mostly corresponds with evidence derived from NRSIs when we use the effect estimates that are adjusted for the common confounders.

Evaluation of the SIGN YouTube playlist on eating disorders

Mrs Karen Graham¹

¹Scottish Intercollegiate Network, Healthcare Improvement Scotland, Edinburgh, United Kingdom
Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Karen has a background in health sciences and health promotion. She has 20 years experience of involving consumers in health service design and development. She is currently Public Involvement Advisor at the Scottish Intercollegiate Guidelines Network (SIGN). Her work includes the involvement of consumers in guidelines and the development of public versions of guidelines. She is currently Vice Chair of the Guidelines international Network (GIN) public involvement group (G-I-N Public). International research she has contributed to includes the DECIDE project (<http://www.decide-collaboration.eu>) where she was involved in developing, evaluating and testing strategies to present guideline information to patients and the public.

Background

The Scottish Intercollegiate guidelines Network (SIGN) produces patient versions of guidelines to help patients and the public understand the latest evidence about health care and treatments. We aimed to evaluate a YouTube playlist as a method for delivery of recommendations from guidelines to young people and potentially other audiences.

Objective

The objectives of this evaluation were to:

1. Evaluate the success of a YouTube playlist for sharing guideline recommendations
2. Understand resources required for producing this format of information

Methods

SIGN worked with a design company to produce the videos for the playlist. Three people with lived experience of eating disorders who were members of the guideline group were involved in the selection of guideline content for use in the videos. We invited young people and relevant stakeholders to provide feedback on the playlist via a survey. Quantitative data was collected and analysed to determine the reach, this included the number of views on YouTube and Vimeo.

Future prospects for project presentations

Respondents to the survey were positive about the videos and found the the videos valuable. Respondents thought animations were informative and a useful way of sharing recommendations from the guideline. Producing the playlist was more expensive then producing an online booklet. However if printing copies of booklets and translating into other languages, the cost is similar The playlist was produced in two months with approximately ten days of input from staff. This is significantly less time than is required for a booklet which takes approximately six months.

Evidence-Based Process of Developing China's List of Ambulatory Care Sensitive Conditions (ACSCs)

Dr. Jianjian Wang¹, Dr. Yaolong Chen^{2,3,4}, Dr. Jay Pan¹

¹West China School of Public Health and West China Fourth Hospital, Sichuan University, Chengdu, China, ²Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³Guideline International Network Asia, Lanzhou University, Lanzhou, China, ⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou University, Lanzhou, China

P6D - Collaboration & Stakeholders, Conference Room 3, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Wang Jianjian, a Ph.D. student at Sichuan University, is primarily focusing on evidence-based medicine and health policy.

Background: The prevention and control of ambulatory care sensitive conditions (ACSCs) has been a focus of healthcare industry. Its hospitalization rate has been recognized as an essential indicator reflective of the overall performance of the healthcare system worldwide. The definition of ACSCs is largely determined by the actual challenges posed on healthcare systems under specific contexts, thus demonstrating large variations among different countries. However, there is no China's unique list of ACSCs.

Objective: To prospectively explore and develop China's ACSCs list based on localized healthcare conditions.

Methods: To develop the China's ACSCs list, we will combine the best methodological evidence available with real-world evidence, adopt a systematic and rigorous process that includes: (1) the establishment of working groups; (2) generations of the initial list (review of published lists, semi-structured interviews, calculations of hospitalization rate); (3) optimization of the list (evidence evaluation, Delphi survey); and (4) approval of the final list. Within each step, we will calculate frequencies and proportions, use descriptive analysis to summarize and draw conclusions, discuss the results, draft a report, and refine the list.

Results: This project is currently in progress and is expected to be completed in June 2024. We will present the advances of this study at the 18th GIN Conference.

Discussion for scientific abstracts: The ACSCs list can be used to comprehensively evaluate the current situation and performance of healthcare services, identify flaws and deficiencies currently embedded in the healthcare system to inform the evidence-based modification of China's healthcare system.

Experience of planning and developing stage on Korean evidence-based guideline development for pharmacotherapy in acute myocardial infarction

Dong Ah Park¹, Experience of planning and developing stage on Korean evidence-based guideline development for pharmacotherapy in acute myocardial infarction Seung Eun Ryoo¹, Experience of planning and developing stage on Korean evidence-based guideline development for pharmacotherapy in acute myocardial infarction Hyun Kuk Kim², Experience of planning and developing stage on Korean evidence-based guideline development for pharmacotherapy in acute myocardial infarction Won Kim³, Experience of planning and developing stage on Korean evidence-based guideline development for pharmacotherapy in acute myocardial infarction GDG Members of KSMI⁴

¹The National Evidence-based Healthcare Collaborating Agency, Seoul, Republic of Korea, ²Chosun University, Gangju, Republic of Korea, ³Kyunghee University, Seoul, Republic of Korea, ⁴Korean society of myocardial infarction, Seoul, Republic of Korea

Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Dong Ah Park, Senior Research Fellow, Division of Healthcare Technology Assessment Research

Background: Until the end of the 2021, Only expert opinion-based guidelines were developed, and evidence-based guidelines were not developed, considering our context and clinical results in Korea.

Objective: This study aimed to develop Korean evidence-based clinical practice guideline (CPG) for pharmacotherapy in myocardial infarction collaborating with the National Evidence-based healthcare Collaborating Agency (NECA) and the Korean Society of Myocardial Infarction (KSMI).

Methods: The guideline development group (GDG) developed involving multidisciplinary experts. Treatment focused on pharmaceutical 9 clinical questions were developed as Items of interest in the clinical field through gathering opinions from external advisors. Adaptation process was used. We followed up GRADE (Grading of Recommendations, Assessment, Development and Evaluation) approach for certainty of evidence and formulating recommendations.

Results: We wrote the protocol and operating regulations for the evidence-based Korean MI CPG. NECA supported methodological parts and nine clinical experts of KSMI worked for the development this CPG. And over 10 professionals included external consulting and review. We determined the 9 key questions and the importance of outcomes by KQs to assess the certainty of evidence. We searched related articles and reviewed to consider the value and preference of MI patients. We selected 8 guidelines by assessing using AGREE 2 tool and assessed the acceptability and applicability.

Future prospects: We'll assess the GRADE's the certainty of evidence incorporating the latest and existing studies, and develop our recommendations considering benefit and harm, patient value and preference, resources, equity, acceptability, applicability and resources. We should develop recommendations considering Korean scientific evidence and context.

Finding, critically appraising, and using a core outcome set (COS) to inform your clinical guideline development

Professor Paula Williamson², Dr Sarah Rhodes¹, Dr Ivan Florez³, Dr Jeanett Friis Rohde^{4,5}

¹University Of Manchester, , UK, ²University of Liverpool, , UK, ³McMaster University, , Canada,

⁴The Parker Institute, Frederiksberg, Denmark, ⁵The Danish Health Authority, Copenhagen, Denmark

W1C - Workshop: Finding, critically appraising, and using a core outcome set (COS) to inform your clinical guideline development, Conference Room 4/5, September 20, 2023, 11:45 AM - 12:30 PM

Biography:

Paula Williamson is Professor of Biostatistics at the University of Liverpool. Her research programme has focussed on several aspects of evidence-based medicine (EBM) including clinical trials, meta-analysis, health outcome selection, and reducing waste in research. Paula co-founded the global COMET (Core Outcome Measures in Effectiveness Trials) Initiative in 2010, to improve the quality and relevance of health research to decision makers including patients, health professionals, regulators and policymakers.

Background

A core outcome set (COS) is an agreed standardised set of outcomes that should be measured and reported, as a minimum, in all clinical trials in a specific health condition. This would allow research to be compared and combined, ensuring all studies contribute usable information for the core outcomes. The involvement of relevant stakeholders, especially patients and health professionals, in COS development helps ensure the outcomes important to those groups are included.

Many organisations, including NICE, now actively endorse COS use in guideline development to help ensure outcomes important to patients and other key stakeholders are considered.

By maintaining the free, searchable Core Outcome Measures for Effectiveness Trials (COMET) database, the COMET Initiative can help guideline developers identify and use COS.

Objective

- i. Describe the rationale for using COS in guideline development and demonstrate how the COMET database helps facilitate this.
- ii. Identify issues to consider when deciding whether a COS is applicable to a specific guideline question and whether a COS has been developed using reasonable methods.

Format (including interactive elements)

This interactive workshop will be led by Paula Williamson (Chair, COMET Management Group). Workshop participants will discuss how they choose outcomes for their guideline. Searching the COMET database will be demonstrated. Participants will explore COS examples, assess their relevance to particular guidelines, and discuss how they might assess COS relevance to their own work. The COS minimum standards will be presented, and participants invited to assess the example COS against these standards.

Frameworks for adaptation of health guidelines: an update of a systematic survey

Andrea J Darzi¹, Yang Song², Yasser S Ammer^{3,4}, Yuan Zhang¹, Alena Langafová^{5,6}, Tamara Lotfi¹, Miloslav Klugar^{5,6}, Pablo Alonso-Coello⁷, Holger J Schünemann¹, Elie A Akl^{1,8}

¹McMaster University, , Canada, ²Iberoamerican Cochrane Centre (CCIB) - Biomedical Research Institute Sant Pau, , Spain, ³King Saud University Medical City, , Saudi Arabia, ⁴Alexandria University, , Egypt, ⁵Masaryk University, , Czech Republic, ⁶Institute of Health Information and Statistics of the Czech Republic, , Czech Republic, ⁷Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), , Spain, ⁸American University of Beirut, , Lebanon

P1B - Tools for adaption, Conference Room 1, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Andrea is an Assistant Professor at the Departments of Health Research Methods, Evidence and Impact and Anesthesia at McMaster University. She is also an Associate Convenor of the Cochrane thematic equity group, and a member of GIN and the GRADE working group. Andrea is trained as a Medical Doctor and a Public Health professional.

She is an advocate for ensuring that medical, public health and policy practice are supported by the best available evidence and consider relevant values and preferences. Her research interests are in guideline development/adaptation and knowledge mobilization, evidence synthesis, equity research and the advancement of their methodologies.

Background

Guideline development can be a lengthy and resource consuming process. Also, duplication of efforts contributes to research waste. Adoption of guidelines, while an efficient alternative, fails to consider contextual factors which may impact the final recommendations. Therefore, adaptation of developed guidelines provides an alternative solution.

Objective

To identify, describe and evaluate published frameworks for adaptation of clinical, public health and health services guidelines.

Methods

We searched MEDLINE (Ovid) and Embase (Ovid) from 2015 to March 29, 2023, to identify new frameworks since the systematic survey published by Darzi et al. in 2015. Eligible studies include reports describing an adaptation framework for health-related guidelines in sufficient detail to allow reproducibility. We will exclude review papers, reports describing actual adaptation of guidelines and implementation frameworks; we will also review reference lists of included studies and manuals of guideline organizations. Reviewers will extract data on the characteristics of each framework, rationale for development, development methods and challenges, limitations, and strengths of the process. All steps will be done in duplicate and independently. We will present our findings narratively and in tabular format where we will describe, evaluate, and compare frameworks.

Results

We previously identified eight frameworks and plan to present the updated findings at the GIN Conference.

Discussion

Our findings will inform users on what approach may work best within the confines of their human, time, and financial resources. Our work will inform the development of the GIN-McMaster checklist extension for guideline adaptation, to standardize and plan and track adaptation processes.

Frameworks to support evidence-informed decision-making from a public health perspective and its application in infectious disease prevention and control: A scoping review

Dr Yang Song¹, Javier Bracchiglione^{1,2}, Barbara Albiger³, Helena De Carvalho Gomes³, David Rigau¹, Pablo Alonso-Coello^{1,2}

¹Iberoamerican Cochrane Centre (ccib) - Biomedical Research Institute Sant Pau (iib Sant Pau), Barcelona, Spain, ²Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), , Spain, ³European Centre for Disease Prevention and Control, , Sweden

P6A - Evidence & Decisions, Main Auditorium, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Yang Song is a researcher at the Iberoamerican Cochrane Center, a Ph.D. in the Methodology of Biomedical Research and Public Health and a Medical doctor specialty in Gynecology and Obstetrics. She is also the vice chair of Guidelines International Network Adaptation working group.

Her research interests focus on the methodology of clinical guidelines development and adaptation, and biomedical research in Gynecology and Obstetrics. She has over five years of guideline development and adaptation experience derived from international and national guidelines.

Background: Evidence-to-Decision (EtD) frameworks guide decision-making processes by explicitly considering several criteria. EtD frameworks with a public health (PH) perspective and their application in the infectious diseases' field have not been systematically reviewed .

Objective: To identify and describe available EtD frameworks from a PH perspective, examples and application experiences, in the infectious diseases field.

Methods: We conducted a scoping review adhering to JBI methodological guidance, and PRISMA-ScR reporting guidance. We included documents describing structured processes for moving from evidence to decisions at a health system or PH level on behalf of a population. We also identified examples and experiences of their use in the infectious diseases field. We searched MEDLINE and Health System Evidence (2013-2023). We reviewed websites of 60 institutions, conducted forward and backward citations search, and finally surveyed and interviewed key stakeholders. Two reviewers assessed eligibility and conducted the selection process independently. We extracted data on the frameworks' scope, target audience and setting, categories of decisions, methods for development, definition of 'evidence', and decision-making criteria. We also described the identified examples, barriers and facilitators.

Results: Preliminarily, we have identified 13 frameworks. We are currently retrieving examples of their use in the infectious disease field, and surveying key stakeholders. We will present the final results of frameworks, examples and experiences in the GIN conference.

Discussion: This scoping review will guide panels in selecting the most suitable framework for making decisions from a PH perspective, and further inform methodological research on to better inform EtD process for PH.

From the PICO format question to Living evidence synthesis: an innovative way of having all the evidence for each EtD criteria in one highly efficient technological pipeline

Camila Ávila^{1,3}, Francisca Verdugo-Paiva^{1,2}, Gabriel Rada¹, Ariadna Auladell-Rispau², María Ximena Rojas-Reyes⁴

¹Epistemonikos Foundation, Santiago, Chile, ²PhD Program in Biomedical Research Methodology and Public Health. Universitat Autònoma de Barcelona, Barcelona, Spain, ³Universidad del Desarrollo, Facultad de Medicina Clínica Alemana, Santiago, Chile, ⁴Research Institute of the Hospital de la Santa Creu i Sant Pau (IR-HSCSP) - Biomedical Research Institute (IIB Sant Pau), Barcelona, Spain

P2C - Automation across the process, Conference Room 2, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Camila Ávila is the Chief Research and Methods Officer at Epistemonikos Foundation. She developed her master's degree in Public Health at the University College of London. Currently, she works on producing evidence synthesis, such as clinical guidelines and living systematic reviews. In addition, in her role at Epistemonikos, she supports the development of different innovating tools that supports the production of evidence synthesis with the help of technology.

Background: The EtD tables summarize the evidence synthesis results to inform decisions. With this information, panel members can emit judgments and generate final recommendations. We have developed a system that facilitates evidence identification and selection for each EtD component to minimize the final workload.

Objectives: Our project aims to describe a workflow that supports the evidence presented in the EtD tables in a living evidence process.

Methods: The study is based on sequential steps that accelerate evidence selection for guideline questions compared to traditional methods. Based on a PICO format question, we: 1. Established which components of the question are used in the searches; 2. Developed a flow to find the best evidence for each EtD component based on independent searches, including highly sensitive filters for each evidence type of EtD component; 3. Used the automatic evidence classification and screening 4. Automatically transferred included studies to a spreadsheet for data extraction and evidence synthesis.

Results: Using the question “Should aspirin versus placebo be used for primary prevention of colorectal cancer in average-risk adults?” we established a workflow for the identification of direct evidence, as well as the route to identify indirect evidence. Subsequently, potentially eligible articles were screened in the classification tool developed by Epistemonikos. Each guideline question has independent screening sets to identify studies for different EtD components regularly updated with new emerging evidence.

Conclusion: This research project includes designing and evaluating effective methods to complete the EtD tables as part of the guideline development processes.

General practitioner involvement in clinical practice guideline panels: assessing enablers and barriers

Dr Ilona Mikkola¹, Dr Jorma Komulainen, Dr Raija Sipilä

¹The Finnish Medical Society Duodecim, Helsinki, Suomi

P5C - How to involve your stakeholders depends on who they are, Conference Room 2, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Ilona Mikkola (MD, PhD) is a specialist in general practice who works as a family doctor in Rovaniemi health center. She is also an editor in the Current Care Guidelines (the Finnish Medical Society Duodecim). She has a special competence in medical education.

Background: General practitioners (GPs) involvement in clinical practice guideline panels (CPGPs) is considered essential to improve the inclusion of primary care considerations in guidelines and their adoption by GPs. Difficulties in GPs' participation in CPGPs have been recognised. However, little is known about the specific nature of these challenges.

Objective: To recognize the most essential promotive factors and barriers to GPs' involvement in CPGPs.

Methods: We sent an electronic questionnaire to the 78 GPs who have been members in the Finnish Medical Society Duodecim's CPGPs since 2017, and it was completed between 15 and 24 February 2023. The questionnaire included both open-ended and Likert-type questions, enabling both quantitative and qualitative analyses. The questions covered three aspects of GP involvement: prior to, during and after the clinical practice guideline process.

Results: Of the 78 CPGP GP members, 50% (39/78) responded. The mean age of the responders was 54.8 years (SD 11.2 years), 64% (25/39) were female, and they had a mean clinical experience of 22.4 years (SD 10.6 years). Of the responders, 74.4% (29/39) worked in public health care.

Awareness of the importance of GP participation in CPGPs, opportunities to increase professional competence and a particular interest in the subject were the three most important promotive factors for GPs to become involved in CPGPs. Conversely, lack of time and poor knowledge of critical appraisal of research evidence were the most important barriers.

Discussion: GPs' involvement in CPGPs should be supported by strengthening the promotive factors and lowering the threshold for participation.

GIN-McMaster Guideline Development Checklist - Stakeholder Involvement Extension

Lyubov Lytvyn, Olivia Magwood, Joanne Khabsa, Jennifer Petkovic¹, Kevin Pottie, Holger Schunemann, Elie A. Akl, Vivian Welch, Peter Tugwell

¹University Of Ottawa, Ottawa, Canada

P5A - Approaches to stakeholder engagement - methods, Main Auditorium, September 21, 2023,
3:30 PM - 5:00 PM

Biography:

Lyubov Lytvyn leads the education and support at the MAGIC Evidence Ecosystem Foundation and MAGICapp, and is a PhD Candidate at McMaster University. Her academic interests are evidence synthesis and guideline development methodology, with a focus on stakeholder engagement.

Background: Stakeholder engagement in guideline development helps to ensure the usefulness and relevance of guidelines and recommendations. We have developed guidance for engaging with 10 stakeholder groups throughout the 18 topics of the GIN-McMaster Guideline Development Checklist. Our stakeholder groups include patients, payers/funders of health research, payers/purchasers of health services, peer review editors, policymakers, principal investigators/research team, produce makers, program managers, providers of health care, and the public.

Objective: To present an overview of the stakeholder engagement extension of the GIN-McMaster Guideline Development Checklist.

Methods: We established a group of stakeholder co-leads for each of our identified stakeholder groups. In collaboration with our co-leads, we conducted a scoping review and 2 systematic reviews to identify and synthesize the evidence related to guidance for stakeholder engagement, barriers and facilitators, and conflicts of interest issues; conducted a broad, international survey to gather opinions of external stakeholders; and conducted interviews to expand on the survey results.

Results: We received 195 responses to our survey and conducted 42 interviews. We used these findings along with the evidence from our scoping and systematic reviews to develop a GIN-McMaster Guideline Development Checklist Extension for stakeholder engagement. This checklist provides recommendations for how to engage with our 10 identified stakeholder groups throughout all stages of the guideline development process.

Discussion for scientific abstracts: Our next steps will be to pilot test this guidance with a variety of guideline development teams. We are also conducting a similar project to develop guidance for stakeholder engagement in evidence synthesis.

Global Evidence, Local Adaptation (GELA) project: Tailoring GRADE adolopment approaches for Malawi, Nigeria and South Africa

Dr Michael McCaul¹, Prof Celeste Naude¹, Dr Amanda Brand¹, Prof Taryn Young¹, Prof Tamara Kredo^{2,3}

¹Centre for Evidence-based Health Care, Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, South Africa, Cape Town, South Africa, ²Division of Clinical Pharmacology, Stellenbosch University, South Africa, Cape Town, South Africa, ³Health Systems Research Unit, South African Medical Research Council, South Africa, Cape Town, South Africa

P4C - Tools & Techniques, Conference Room 2, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Michael, PhD, is a clinical epidemiologist and emergency care clinician by background. As a senior lecturer in Epidemiology, much of his works involves postgraduate teaching, research synthesis, knowledge translation and biostatistical consulting. His interests include meta-epidemiological research, evidence synthesis and guideline development. Michael has experience in conducting systematic reviews and has contributed as a guideline methodologist in various topics, including for the World Health Organisation. Michael co-coordinates the MSc Clin Epi programme and convenes various postgraduate modules and short courses. In his spare time, Michael enjoys gaming and trying to convince his daughter that he is not a rideable dinosaur.

Background

The Global Evidence, Local Adaptation (GELA) project aims to enhance and develop evidence-informed guideline recommendations for newborn and young child health in Malawi, Nigeria and South Africa. To ensure transparent, consistent, and reproducible guideline development methods and trustworthy guidelines across country partners, a detailed and pragmatic guideline adaptation approach is required.

Objective

To develop and test a pragmatic, fit-for-purpose GELA Adolopment algorithm and standard operating procedure to guide country partners in navigating the decision-making complexities of guideline adaptation and development in a resource-constrained setting.

Methods

Building on the existing GRADE Adolopment process, we produced a tailored and expanded adolopment algorithm and complementary standard operating procedure through iterative discussions among GELA working groups, partner meetings and project presentations. Modifications included clearer navigation and processes around i) screening for and matching recommendations, ii) ranking guidelines and recommendation options, iii) additional steps to deal with relevant, out-of-date evidence and iv) decision steps related to the underlying effectiveness, qualitative and economic evidence as these link to the Evidence to Decision Framework (EtD) domains. The standard operating procedure unpacks and clarifies decisions and steps at the various stages of the algorithm.

Future prospects

We have developed a fit-for-purpose adolopment algorithm with an accompanying, detailed standard operating procedure aimed at facilitating consistent and reproducible guideline adaptation and development across GELA partners. This algorithm is being tested and further refined using the priority questions identified in Malawi, Nigeria and South Africa as requiring recommendation development within the GELA project.

Good Practice Statements and Recommendation Types in Public Health Guidelines: a Scoping Review

Lucia Kantorová^{1,2}, Veronika Vávrová¹, Alena Langaufová^{1,2}, Simona Slezáková^{1,2}, Jitka Klugarová^{1,2}, Miloslav Klugar^{1,2}

¹Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (Cochrane Czech Republic, Czech EBHC: JBI Centre of Excellence, Masaryk University GRADE Centre), Institute of Biostatistics and Analyses, Faculty of Medicine, Masaryk University, Brno, Czech Republic,

²Institute of Health Information and Statistics of the Czech Republic, Prague, Czech Republic

P4B - Education, methodology & measurement, Conference Room 1, September 21, 2023, 11:30

AM - 1:00 PM

Biography:

With her background in general medicine, Lucia is an advocate for evidence-based healthcare. Lucia currently works as a guideline methodologist and evidence synthesis researcher under the Institute of Health Information and Statistics and is affiliated with the JBI, Cochrane, and GRADE centers in the Czech Republic. Her main focus is public health guidelines and adoption, adaptation, and adoption. She is an investigator and member of several international research projects. She is involved in teaching and research at the Department of Public Health at Masaryk University, and she conducts training in Evidence-Based Healthcare, GRADE and guideline methods.

Background

Public health guidelines use many recommendation types and good practice statements, and often also unscientific or untransparent consensus statements and make modifications to existing approaches.

Objective

We aim to answer the following specific review themes: 1) representation of formal recommendations and good practice statements; 2) special types of recommendations (other than “strong” and “conditional”); 3) definitions of good practice statements; 4) the use of negative recommendations.

Methods

The scoping review followed the JBI methodology. We included public health guidelines published in 2018-2021. Data extraction followed a two-step process: First, extraction by a trained reviewer, and second, checking by a senior reviewer. We used content analysis and descriptive statistics for data analysis, and compared GRADE and non-GRADE guidelines.

Results

We identified over 100 public health guidelines. Almost all followed the GRADE approach. Most big organizations publishing public health guidelines with a population perspective (focusing on systems) use the GRADE approach. There are still many that do not, however, those predominantly take the individual perspective and are focused on the clinical setting. Developers seldom use negative recommendations. The criteria and definition of good practice statement vary and are often unclear. Special recommendation types were used, e.g., “recommended in specific contexts”, even in guidelines using GRADE. Full results will be presented at the conference.

Discussion for scientific abstracts

The results of the review will be used to further address the challenges of developing GPS and standardizing recommendation types in public health guidelines development.

GRADE-ADOLOPMENT APPROACH FOR DEVELOPING CLINICAL PRACTICE GUIDELINES: A SCOPING REVIEW/Overall results

Ing. PhD. Jana Rozmarinová^{1,2}, Mgr. Pavla Drapáčová^{1,2}, MUDr. Lucia Kantorová^{1,2}, Mgr. PhD. Jitka Klugarová^{1,2}, Prof., PhD. ,Ph.D. Andrea Pokorná, Mgr., Bc, PhD. Alena Langaufova

¹Czech National Centre for Evidence-Based Healthcare and Knowledge Translation, Brno, ,

²Institute of Health Information and Statistics of the Czech Republic, Prague, Czech Republic, Praha,

P6C - Getting the methodology right, Conference Room 2, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Jana Rozmarinová is a core staff of the Czech Centre for Evidence-Based Healthcare and Knowledge Translation, the umbrella organization for Masaryk University GRADE centre, JBI Centre of Excellence, and the Cochrane Czech Republic. She works as an guideline methodologist and has supported the development of several guidelines within the Czech National Clinical Practice Guidelines project.

Background:

The “GRADE-ADOLOPMENT” approach, first published in 2017, builds on the advantages of adaptation, adoption, and de novo guideline development.

Objective:

The objectives of this review were to systematically identify and assess health practice guidelines which used GRADE-ADOLOPMENT methodology.

Methods:

The scoping review was conducted based on JBI methodology for scoping reviews, reported in alignment with PRISMA Extension for Scoping reviews and PRISMA. In total, 19 guidelines were found with the search strategy (Databases: Ovid MEDLINE, Embase, Ovid Emcare, APA PsycInfo, CINAHL, Web of Science, Epistemonikos, LILACS, VHL, Regional Portal). We reviewed examples of the GRADE-ADOLOPMENT approach used in guidelines developed since 2017. We extracted data for all the 15 steps of the adolopment approach.

Results:

The results have shown that the choice of the source guideline is a critical issue that further significantly affects the process of adolopment. A critical finding is that the authors often do not perform GRADE-ADOLOPMENT transparently, and accurate reporting is missing. The least reported steps were numbers four and five (Matching Of Source Guideline Recommendations To Each Prioritised Question, Matching Recommendation Exist?).

Discussion

The GRADE-ADOLOPMENT is used in guideline development. However, we identified limitations in the clarity of reporting of adolopment guidelines. We conclude that official GRADE-ADOLOPMENT guidance emphasizing accurate reporting and examples of each adolopment step is needed.

GRADE-ADOLOPMENT APPROACH FOR DEVELOPING CLINICAL PRACTICE GUIDELINES: A SCOPING REVIEW/EtD framework reassessment and development

Ms. Pavla Drapáčová^{1,2}, Dr. Jana Rozmarinová^{1,2}, Dr. Lucia Kantorová^{1,2}, Prof. Andrea Pokorná^{1,2,3}, Dr. Alena Langaufová^{1,2}, Dr. Miloslav Klugar^{1,2}

¹Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (Cochrane Czech Republic, Czech EBHC: JBI Centre of Excellence, Masaryk University GRADE Centre), Faculty of Medicine, Masaryk University, Brno, Czech Republic, ²Institute of Health Information and Statistics of the Czech Republic, Prague, Czech Republic, ³Department of Health Sciences, Faculty of Medicine, Masaryk University, Brno, Czech Republic

P6C - Getting the methodology right, Conference Room 2, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Pavla Drapáčová is a core staff of the Czech Centre for Evidence-Based Healthcare and Knowledge Translation, the umbrella organization for Masaryk University GRADE centre, JBI Centre of Excellence, and the Cochrane Czech Republic. She works as a guideline methodologist and has supported the development of several guidelines within the Czech National Clinical Practice Guidelines project.

Background:

The “GRADE-ADOLOPMENT” approach, first published in 2017, builds on the advantages of adaptation, adoption, and de novo guideline development.

Objective:

The objectives of this review were to systematically identify and assess health practice guidelines which used GRADE-ADOLOPMENT methodology with emphasis on Evidence to Decision frameworks.

Methods:

The scoping review was conducted in alignment with JBI methodology for scoping reviews, reported in alignment with PRISMA Extension for Scoping reviews and PRISMA. In total 19 guidelines were found with the search strategy in Ovid MEDLINE, Embase, Ovid Emcare, APA PsycInfo, CINAHL, Web of Science, Epistemonikos, LILACS, VHL and Regional Portal.

Results:

We analyzed step 7 (EtD from Source Guideline), step 8 (Develop EtD) and step 9 (Reassess EtD Judgements) in all 19 selected guidelines. The EtD framework was developed in 9 of 19 cases. Six of 19 adopted guidelines used existing EtD frameworks from source guidelines and reassessed the judgements properly with the guideline development groups. There were various approaches to the reassessment and prioritization of EtD domains depending on the context and the preferences of each guideline development group. Some authors only describe in the text, that EtD was reassessed, but further this step is not reported in the guidelines.

Discussion

The reassessment or development of EtD framework was not reported well in most of the identified guidelines. We conclude that official GRADE-ADOLOPMENT guidance emphasising accurate reporting and examples of EtD adoption is needed.

Guidance of GRADE-ADOLOPMENT to adopt or create contextualized recommendations from source guidelines and evidence syntheses

Dr Miloslav Klugar^{1,2}, Dr Tamara Lotfi³, Dr. Jitka Klugarová^{1,2}, Prof Zachary Munn⁴, Dr Andrea Darzi³, Dr Lucia Kantorová^{1,2}, Prof Elie Akl⁵, Prof Holger Schunemann⁴, GRADE-ADOLOPMENT GRADE-ADOLOPMENT project group⁶

¹Institute Of Health Information And Statistics Of The Czech Republic, Prague, Czech Republic,

²Cochrane, JBI, GRADE Centres, Masaryk University, Brno, Czech Republic, ³McMaster University, Hamilton, Canada, ⁴University of Adelaide, Adelaide, Australia, ⁵American University of Beirut, Beirut, Lebanon, ⁶GRADE Working Group, ,

P1B - Tools for adaption, Conference Room 1, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Director and founder of the Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (CEBHC-KT) that is an umbrella for the Cochrane Czech Republic, Masaryk University GRADE Centre, and The Czech Republic (Middle European) Centre for EBHC: JBI Centre of Excellence. An authorised representative of Institute of Health Information and Statistics of the Czech Republic at (G-I-N).

Dr. Klugar is focused on the development, implementation, advocacy, and teaching of Evidence-Based Healthcare, especially on the evidence synthesis and guidelines.

He is a member of several international methodological groups in Cochrane, JBI, GRADE and G-I-N.

Background: The GRADE-ADOLOPMENT methodology has been used widely to adopt recommendations from existing guidelines or create recommendations de novo from existing or new evidence syntheses.

Methods: Through iterative discussions, online meetings and email communication, the GRADE-ADOLOPMENT Project Group developed draft guidance for using GRADE-ADOLOPMENT by operationalizing and refining the originally outlined GRADE-ADOLOPMENT approach and then conducting a soping review of published and planned Adolopment projects. The lead authors revised the approach based on feedback and comments received and developed the final GRADE guidance on ADOLOPMENT.

Results: GARDE-ADOLOPMENT starts with prioritizing questions, capturing matching recommendations, and includes building on existing EtDs if possible or developing EtDs for de novo recommendation development when existing recommendations did not match the questions. The approach stresses on using local evidence to contextualize EtD criteria, and making the adapted or de novo developed EtDs available for future adolopment efforts.

Discussion: We provide official GRADE guidance for how to apply GRADE-ADOLOPMENT when contextualizing recommendations for priority topics to a local setting, or source guidelines to enhance uptake in a specific setting.

Guidance on integrating sustainability in clinical guidelines

Dr C.T.J. (Charlotte) Michels¹, Drs K.E. van Nieuwenhuizen², Drs A.A Lamberts¹, Prof.dr. F.W. Jansen^{2,3}

¹Knowledge Institute of the Dutch Association of Medical Specialists, Utrecht, The Netherlands,

²Leiden University Medical Centre, Leiden, The Netherlands, ³Delft University of Technology, Delft, The Netherlands

P4C - Tools & Techniques, Conference Room 2, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Charlotte Michels is driven by the ambition to provide the best care for patients. In 2015, she completed her MSc Biomedical Sciences (with the focus on Health Technology Assessment) and started with her PhD research, which entailed a comparative effectiveness study of open versus robot-assisted radical cystectomy in patients with bladder cancer. From 2020, Charlotte works as an advisor at the Knowledge Institute of the Dutch Association of Medical Specialists in Utrecht (The Netherlands). She advises guideline committees on guideline development in various disciplines, including sustainability.

Background

Sustainability has become an inseparable part of clinical practice since signing the climate covenants. The Dutch healthcare sector produces 7-8% of the CO₂-footprint, of which a significant share is caused by surgical activities. Currently, clinical guidelines pay limited attention to environmental impact.

Objective

This project aimed to create a framework for incorporating sustainability when developing clinical guidelines.

Methods

A multidisciplinary working group developed the 'Manual of incorporating sustainability in clinical guidelines'. First, five sustainability modules on 'operating techniques', 'disposables/reusables', 'cover materials', 'anaesthetics', and 'ventilation systems' were created. Systematic literature searches were performed to find e.g. Life Cycle Assessments (LCAs). LCAs were assessed by the GRADE approach and analysed to evaluate environmental impact. Second, a manual was created in which a framework includes tools for guideline committees to incorporate sustainability into the guideline development process.

Results

Five modules provided recommendations on choices regarding sustainability. It is recommended to include the 'R-ladder Strategies of circularity' in guideline development. The manual provided a step-by-step framework, including concrete tools for guideline committees. For example, an exploration of applying GRADE in LCAs and a search-filter on sustainability is given.

Discussion for scientific abstracts

Medical specialists should take more responsibility in the climate crisis. This manual provides concrete tools to reduce the CO₂-footprint in surgical guidelines. Although this project is focused

on surgery, the recommendations also apply to general guidelines and other disciplines. Future research is warranted in developing a GRADE approach specific for LCAs.

Guideline adaptation in China: A literature review

Ms Ling Wang^{2,3}, Prof. Yaolong Chen^{1,2}, Dr. Xufei Luo^{1,2}

¹Evidence-based Medicine Center, Lanzhou University, Lanzhou, China, ²Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³School of Public Health, Lanzhou University, Lanzhou, China

P4C - Tools & Techniques, Conference Room 2, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Wang Ling, research topics are evidence-based medicine and clinical practice guidelines methodology. Bachelor of Medicine and Master of Epidemiology and Health Statistics.

Background

Guideline adaptation involves modifying existing high-quality clinical practice guidelines based on local context and available medical resources to fit the local healthcare environment. It is often used in low- and middle-income countries or areas with limited health resources. However, it is currently unclear what the situation is regarding guideline adaptation specifically for China.

Objective

To understand the status of guideline adaptation in China.

Methods

We systematically searched the CNKI, Wanfang, CBM, and PubMed databases for adapted peer-reviewed guidelines developed by Chinese institutions. Descriptive analysis was used to analyze the topics, content, and adaptation methods of the guidelines.

Results

A total of 345 articles yielded. Of which, 15 adapted Chinese guidelines were included. Two published in English, the publication year of the adapted guidelines ranged from 2015 to 2022. Among them, the largest proportion (66.7%) focused on the nursing field, with a total of 10 guidelines. Of the 15 guidelines analyzed, 10 (66.7%) reported using guideline adaptation methods. The most used method was ADAPTE (n=8), followed by CAN-IMPLEMENT(n=2) and GRADE-ADOLOPMENT.

Discussion for scientific abstracts

Although some sectors in China pay attention to guideline adaptation, it is more commonly seen in the nursing field. However, China's vast population and unique healthcare landscape require evidence-based guidelines that are specific to local circumstances and evidence.

Guideline development: one online platform to publish and manage all guidelines in (Dutch) long-term care.

Dr. Tanja Mol¹, Bernadette Van Glansbeek - Schutijser¹, Femke Turenhout - Aanhane¹, Dr. Francine van den Driessen Mareeuw¹

¹SKILZ, Utrecht, the Netherlands

P2C - Automation across the process, Conference Room 2, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Bernadette van Glansbeek - Schutijser is a process supervisor guideline development at SKILZ. She is educated as a nurse and has done a master's degree in nursing science. From 2015 to 2020 she conducted a PhD at the Vrije Universiteit in Amsterdam. She conducted research from a Safety-I and Safety-II perspective to improve the safe administration of injectable medication. At SKILZ she works on guidelines for the long-term care, specific on guidelines about daily mouth care, selfmanagement support and constipation.

Background

Long-term care involves all sorts of care that encourage or maintain the quality of life, rather than curing a disease. It is often intensive and permanent, and may involve a large variety of informal and formal caregivers and healthcare professionals. Therefore, guidelines for long-term care, as well as their development, need to be multidisciplinary. SKILZ, a Dutch foundation aiming to improve quality of long-term care, coordinates the process of developing such guidelines. To optimise guideline development and collaboration between experts, SKILZ set up and launched an online platform for both content project management and publication of guidelines.

Objective

To provide insight into the online platform: the collaboration opportunities and challenges within the platform, how the platform benefits the development process and how it contributes to high quality guidelines.

Methods

Content project management software is used for the platform. This software could be used to plan, track, support and release the entire development of a guideline. Each guideline has a working environment in which the assigned guideline development group-members can work together. Together with SKILZ-process supervisors, they can write texts and react on each other within this environment. All text adjustments are tracked for transparency. The approval and authorisation process by professional and patient organisations also takes place via the platform.

Future prospects

With the platform SKILZ aims to create a national finding place for all published Dutch guidelines concerning long-term care. The platform supports management of the multidisciplinary guideline development process. Regularly evaluation is conducted to optimize the platform.

Guidelines elaborated in the Brazilian Public Health System context in 2022

Dr Rosângela Gomes¹, Dra Marta Souto Maior¹, Dra Ávila Vidal¹, Dra Luciene Bonan¹

¹Conitec, ,

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Pharmacist. Has a Master's Degree and a PhD in Public Health. Works at Conitec.

Brazilian Ministry of Health (MS) is assisted by the National Committee for Health Technology Incorporation (Conitec), in its attributions of elaborating or updating Clinical Practice Guidelines. CPG are an important tool for managing and regulating the use of drugs, products and procedures. To present the CPG developed and updated by Conitec in the context of Brazilian public health system in 2022.

Descriptive qualitative study on the CPG developed and updated by Conitec in 2022. Data collection and analysis was performed using Excel, 2010 software.

In 2022, 30 guidelines were developed and published by Conitec, of which 09 (30%) were new CPG and 08 (27%) were intended for rare diseases. In accordance with the 10th version of International Classification of Diseases, the CPG were related to: certain infectious and parasitic diseases (6; 20.0%), neoplasms (6; 20.0%), nervous system diseases (5; 16.7%), eye diseases and adnexa (3; 10.0%), endocrine, nutritional and metabolic diseases (2; 6.7%), mental and behavioral disorders (2; 6.7%), diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (1; 3.3%), genitourinary system diseases (1; 3.3%), musculoskeletal system and connective tissue diseases (1; 3.3%) and skin and subcutaneous tissue diseases (1; 3.3%). The CPG developed by Conitec and published by the Ministry of Health are used throughout the national territory. The elaboration of guidelines based on the best available scientific evidence contributes to obtaining better health outcomes in the Brazilian population.

Guidelines for long-term care; THE chance for cross-pollination?

Bernadette Van Glansbeek - Schutijser¹, Tanja Mol¹, Alisa Dutmer¹, Francine van den Driessen Mareeuw¹

¹SKILZ, Utrecht, The Netherlands

Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Bernadette van Glansbeek - Schutijser is a process supervisor guideline development at SKILZ. She is educated as a nurse and has done a master's degree in nursing science. From 2015 to 2020 she conducted a PhD at the Vrije Universiteit in Amsterdam. She conducted research from a Safety-I and Safety-II perspective to improve the safe administration of injectable medication. At SKILZ she works on guidelines for the long-term care, specific on guidelines about daily mouth care, selfmanagement support and constipation.

Background

Long-term care involves all sorts of care that encourage or maintain the quality of life, rather than curing a disease. It is often intensive and permanent, and may involve a large variety of informal and formal caregivers and healthcare professionals. Therefore, guidelines for long-term care, as well as their development, need to be multidisciplinary. SKILZ, a Dutch foundation aiming to improve quality of long-term care, coordinates the process of developing such guidelines.

Objective

To provide insight into outcomes and challenges of cross-pollination between health-care settings that arose during the development of multidisciplinary guidelines for long-term care.

Methods

SKILZ invites a wide range of healthcare professionals, formal and informal caregivers and patient representatives, from different settings to participate in the guideline development group. The first SKILZ guidelines are published; and guideline development group-members and SKILZ-process supervisors reflected on the multidisciplinary guideline development processes. It appeared that there were many similarities in terms of constraints in current practice. Also, the broad literature reviews provide evidence supporting general recommendations that are applicable to both settings. Stakeholders could mutually adopt interventions. However, it was still possible to make recommendations specific for certain sub-groups, such as people with profound intellectual disability.

Future prospects

The development of multidisciplinary guidelines has led to positive experiences. SKILZ aims to maximize cross-pollination, as it shows the similarities between the different settings and identifies areas for mutual learning, which contribute to more efficient and person-centered care.

Guidelines to promote shared decision making – revisiting the GIN standards for trustworthy guidelines

M.a. Corinna Schaefer¹, Mrs Jane Cowl²

¹Agency For Quality In Medicine, Berlin, Germany, ²National Institute for Health and Care Excellence (NICE), London, UK

W6D - Workshop: Guidelines to promote shared decision making – revisiting the GIN standards for trustworthy guidelines, Conference Room 6/7, September 22, 2023, 9:45 AM - 10:30 AM

Biography:

Trained in human sciences, CS is the deputy director of the German Agency for Quality in Medicine (AQuMed), and head of the departments for guidelines/evidence-based medicine and patient information/ patient involvement. She is responsible for the coordination of the German National Disease Management Guidelines Program (NDMGP). From 2010 – 2019, she served as chair for the the G-I-N PUBLIC working group. She is Chair of the German Health Literacy Network and member of the guideline commission of the German Association of Scientific Medical Societies.

Background

Guidelines are tools to support clinical decision-making and guideline adherence can be defined as meticulously considering whether to deviate from a recommendation in the care of an individual person and discuss the options with them. The “G-I-N PUBLIC toolkit: Patient and Public Involvement in Guidelines” suggests methods how to align guideline recommendations and shared decision-making (SDM). However, to date, only a small number of guidelines is designed to support SDM. To further encourage guideline groups to adopt strategies that foster SDM in guidelines, GIN as the international reference center for guideline development could review its standards and checklists for trustworthy guideline development.

Objective

To explore the need and possibility for updating the GIN standards with regard to strategies fostering shared decision-making.

Format

In two short presentations, we will a) introduce the GIN PUBLIC chapter on SDM and the proposed strategies for guideline developers and b) present the GIN standards for trustworthy guidelines and the GIN-McMaster Checklist and highlight their potential for addressing SDM strategies.

In a breakout session, small groups will discuss the checklist and the GIN standards and make suggestions how to incorporate aspects of SDM and communication.

In a moderated group discussion, we will review the suggestions and agree on recommendations to the GIN board on why and how to modify the documents.

Harmonization process of recommendations on the management of latent tuberculosis infection in Brazilian Clinical Practice Guidelines

Dra Marta Souto Maior¹, Miss Brígida Dias Fernandes¹, Nicole Freitas de Mello¹, Ávila Vidal¹,
Luciene Bonan¹

¹Conitec, Brasilia, Brazil

P1D - Words and context in guideline development, Conference Room 3, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

Pharmacist. Has a master's degree and PhD in Public Health. Works at Conitec.

Background: Some drugs can activate latent tuberculosis infection (LTBI), such as biological disease-modifying antirheumatic drugs (bDMARDs). Clinical Practice Guidelines (CPG) recommending these drugs should also provide information on the correct management of LTBI when implemented in regions with high disease burden, such as Brazil. Objective: To describe the process of harmonizing the recommendations on the management of LTBI in GPC evaluated by National Committee for Health Technology Incorporation (Conitec). Methods: The process of harmonizing LTBI management recommendations in Brazilian GPC involved three steps: a) screening of GPC that recommended bDMARDs; b) search for international and Brazilian guidelines on the management of LTBI; c) alignment among stakeholders on standardized guidance for screening and treating LTBI in patients using bDMARDs. Results: Until April 2021, only nine published CPG recommended the use of bDMARDs. The recommendation for LTBI screening mainly involved requesting a simple chest X-ray and Tuberculin Skin Test, with no recommendation on the frequency of performing tests. Guidance on the management of patients with LTBI was divergent between GPC and with tuberculosis treatment guidelines. Based on the literature review, a proposal for a standardized recommendation was prepared and submitted for validation by Ministry of Health surveillance of chronic respiratory diseases team. Discussion: After validation, five CPG have already been updated with the new LTBI management recommendation. The development and updating of GPC that recommend the use of bDMARDs should consider the updated LTBI management recommendation.

Healthcare professional involvement in scoping of a clinical guidance on chronic kidney disease (CKD) – the Singapore experience

Ms Valentina Ricci¹, Ms Ye Sun¹, Mr Johanan Ponniah¹

¹Evidence to Practice Office (ETPO), Agency for Care Effectiveness, Ministry of Health, , Singapore

Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Authors are from the Evidence to Practice Office (ETPO) under the Agency for Care Effectiveness (Ministry of Health, Singapore). The team works to develop clinical guidances for healthcare professionals.

Background

Usability of clinical guidelines largely depends on relevance to local context and care gaps. We sought to have structured engagement of local healthcare professionals (HCPs) to inform scoping of an ACE Clinical Guidance (ACG) on CKD.

Objective

To produce evidence-based recommendations on CKD management for and with HCPs through robust stakeholder involvement.

Methods

The topic of CKD was selected due to its rising burden, particularly in primary care. In-house formative research found several care gaps, including faster deterioration of kidney function in patients with early-stage CKD. To better understand local CKD management challenges, we engaged six primary care doctors from public and private institutions via an online survey. We asked 23 questions covering management of early-stage CKD, especially for patients with comorbid diabetes, hypertension, or hyperlipidaemia (DHL), focusing on treatment target setting and pharmacological management. Also, we asked which CKD management areas need more explicit information. Survey findings validated and deepened our understanding of local HCP needs, providing even clearer direction for ACG scoping and development. For example, personalisation of treatment targets and pharmacotherapy dose titration for patients with comorbid DHL emerged as key challenges locally. Furthermore, all HCPs indicated the need for recommendations on dietary management – validating a similar formative research finding (derived from fairly dated literature).

Future prospects for project presentations

HCPs engagement complemented and reinforced in-house formative research findings. Evidence-based recommendations corresponding to the totality of findings will be addressed in the ACG. Future work includes scaling up the process for structured, sustainable HCPs involvement.

How applicable is evidence from randomised controlled trials to patients receiving stroke rehabilitation in England?

Dr Patrick Muller¹, Dr George Wood, Dr Luke Sheridan Rains

¹National Institute for Health and Care Excellence, London, United Kingdom

P4A - Research, recommendations & the real world, Main Auditorium, September 21, 2023, 11:30

AM - 1:00 PM

Biography:

Dr Muller is a Technical Adviser in the Methods team at the Centre for Guidelines at NICE, and leads pilot projects and training to increase use of real-world evidence in guidelines development. Before joining NICE he has worked as an epidemiologist at LSHTM, primarily on cancer and maternal health in the UK, and as a trial statistician at UCL.

Background

RCTs and other well-designed studies often apply strict inclusion criteria. In contrast, clinical guidelines typically apply to a broader patient population. If guidelines are primarily informed by studies with strict inclusion criteria, they may suffer from poor external validity or be inapplicable to certain patient groups. This project evaluates this issue for NICE's stroke rehabilitation guideline.

Objective

To assess the eligibility of real-world stroke patients for eight key studies which informed NICE's stroke rehabilitation guideline.

Methods

Characteristics of patients in Sentinel Stroke National Audit Programme (SSNAP) were compared to the inclusion criteria of eight studies. The cohort of real-world patients potentially affected by the findings of each study was identified. Then, for each study considered, the percentage of potentially affected real-world patients who met all the inclusion criteria was calculated. The percentage excluded by each individual criterion was also calculated.

Results

Characteristics of 391,144 real-world stroke patients were evaluated. Seven of eight studies assessed excluded patients with severe aphasia, which affected 21% of real-world stroke patients. Four studies excluded patients with advanced age or previous stroke or TIA, though in England 42% of real-world patients were aged over 80 and 26% previously had stroke or TIA.

Discussion for scientific abstracts

Patients with older age, previous stroke, and communication difficulties were frequently excluded from studies. This may limit their applicability to real-world patients. Our analysis demonstrates the usefulness of real-world evidence to assess the external validity of studies presented to guideline committees, and to help identify evidence gaps.

How decision-makers formulate actionable statements contained in evidence-informed healthcare guidelines and policy documents in oral health: a scoping review

Francisca Verdugo-Paiva¹, Camila Avila¹, Michael Glick², Alonso Carrasco-Labra²

¹Epistemonikos Foundation, , Chile, ²Department of Preventive and Restorative Sciences, Center for Integrative Global Oral Health, School of Dental Medicine, University of Pennsylvania , Philadelphia, PA, United States

Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Francisca Verdugo-Paiva is a Doctor in Dental Surgery with a master's degree in Applied Clinical Research in Health Science.

Currently, she is a PhD student at Biomedical Research Methods and Public Health at the Autonomous University of Barcelona. She is also Chief Research Innovation Officer at Epistemonikos Foundation with important experience in health evidence identification and synthesis, being the author of several systematic reviews and the methodologist advisor for many clinical practice guidelines in Latin-America.

Background: Oral diseases are a major global public health problem that impacts the quality of life of those affected. While there is widespread consensus on the importance of high-quality, evidence-based guidelines and policies to improve health outcomes, substantial evidence indicates that the quality of those documents in oral health (OH) is inadequate, which leads to suboptimal clinical practice and implementation difficulties.

Objective: Explore which organizations worldwide develop guidelines and policy documents in OH and describe how decision-makers formulate actionable statements contained in these documents.

Methods: A systematic search was performed in PubMed, Epistemonikos, and CPG Infobase. Additionally, we manually searched relevant websites. Two reviewers independently evaluated potentially eligible documents. Using a standardized form, we extracted data about the organization's characteristics, document type, the methodology used to identify and synthesize the evidence, and the frameworks for developing actionable statements. Descriptive statistics were used to analyze the data.

Results: We identified 129 organizations, but only 53 were eligible. The organizations were mainly ministries of health, scientific societies, and professional associations. Most organizations developed guidelines based on existing systematic reviews (SRs) (42%), existing guidances (21%), or informal literature searches (10%). Only 27% of the organizations conducted a de novo SR. 13 organizations used a methodological handbook, and only 10 followed an EtD-framework. The complete results will be reported during the conference.

Discussion: Our scoping review represents an important first step toward improving the quality and efficiency of OH guidelines. Future research will embrace the lack of coordination and dialogue among the different institutions.

How people with average risk of colorectal cancer value colorectal cancer screening outcomes: a systematic assessment

Mrs Ana Carolina Pereira Nunes Pinto¹, Derek Gravholt¹, Yang Song¹, Anna Selva², Francisca Verdugo³, Pablo Alonso-Coello⁴, Ena Niño- de- Guzmán⁵

¹Iberoamerican Cochrane Centre - Biomedical Research Institute Sant Pau (iib Sant Pau), Barcelona, Spain, , ²Corporació Sanitària Parc Taulí, Sabadell, Spain, , ³Epistemonikos Foundation, Santiago, Chile, , ⁴Iberoamerican Cochrane Centre - Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain; Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), Barcelona, Spain, , ⁵Iberoamerican Cochrane Centre - Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain; Cancer Prevention and Control Programme, Catalan Institute of Oncology, IDIBELL, Hospitalet de Llobregat, Barcelona, Spain, ,

Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

PhD in Evidence-Based Health; Researcher at the Iberoamerican Cochrane Centre - Biomedical Research Institute Sant Pau (iib Sant Pau), Barcelona, Spain

Background: Colorectal cancer (CRC) is the third most common cancer and the second leading cause of cancer-related deaths in the world. The development of trustworthy recommendations in CRC screening requires incorporating the values and preferences (VP) of the target population.

Objective: To evaluate VP of adults at average risk of CRC regarding screening outcomes from a clinical guideline.

Methods: Mixed methods systematic review. We searched MEDLINE, PsycINFO and CINAHL on Feb 15th, 2023. We used a validated artificial intelligence classifier to exclude records with low probability of being relevant. Two reviewers independently assessed full-text eligibility and methodological quality using the GRADE guidance for quantitative studies and CASP tool for qualitative studies. We extracted data on the characteristics of included studies, screening tests, and VP on outcomes of interest (i.e., early stage CRC, test burden, false positives). We will apply a segregated mixed methods approach for synthesis, and GRADE/CERQual to assess the certainty of evidence.

Results: Our search yielded 10,365 references. The final results will be presented in the GIN conference.

Discussion: Differences in how the population value screening outcomes are expected, particularly because of the range of screening tests available, and because CRC risk perception may differ. Our results will be informative for the formulation of recommendations in this field.

How to assess reporting and methodological quality in artificial intelligence or big data

Renfeng Su¹, Yaolong Chen^{1,2,3,4}, Dr. Xuan Yu^{2,3,5}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, , China, ⁵Department of Global Health and Social Medicine, Harvard University, BOSTON , United States

P2B - Automation - thinking differently, Conference Room 1, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Dr. Xuan is a researcher interested in evidence-based medicine and evidence-based social sciences at Lanzhou University, China, and Harvard University, USA. Her research focuses on various aspects of guideline development, reporting guidelines, and health and social policy.

Background: Artificial intelligence or big data was increasingly used in other fields. However, the normative nature of its application is worth thinking about. It is imperative for researchers to understand reporting and methodological quality tools in Artificial intelligence and big data.

Objectives: Our objectives were to identify and report on tools related to methodology quality and reporting quality in the context of artificial intelligence and big data

Methods: We searched for potentially relevant articles in PubMed, Embase, Web of Science, EQUATOR, CNKI, Wanfang Data, and CBM, covering the period from inception to February 2022. Two authors screened all titles, abstracts and full-text articles, and collected data on tool characteristics.

Results: We identified and included a total of ten research articles focused on evaluating reporting and methodology quality in the context of artificial intelligence and machine learning. These articles were published between 2014 and 2022 in journals with impact factors ranging from 2.242 to 24.519. The majority of the articles originated from the United Kingdom (3, 33%) and the United States (2, 20%). Our analysis revealed twelve types of evaluation tools, including frameworks, checklists, guidelines, and standards, among others. The AI/big data-related tools contained up to 24 items. None of the studies included an evaluation manual, and only half of the research papers (5, 50%) provided explanations of specific items.

Discussion for scientific abstracts: Overall, our study underscores the vital role of critical evaluation tools in enhancing the quality of research in the burgeoning fields of artificial intelligence and machine learning.

How to author, publish, and dynamically update digital and trustworthy living evidence summaries, guidelines, and decision aids using MAGICapp

Lyubov Lytvyn^{1,2}, Dr Per Olav Vandvik^{2,3}

¹McMaster University, Hamilton, Canada, ²MAGIC Evidence Ecosystem Foundation, Oslo, Norway,

³University of Oslo, Oslo, Norway

P2A - Automation from a familiar start, Main Auditorium, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Lyubov Lytvyn leads the education and support at the MAGIC Evidence Ecosystem Foundation and MAGICapp, and is a PhD Candidate at McMaster University. Her academic interests are evidence synthesis and guideline development methodology, with a focus on stakeholder engagement.

Dr Per Olav Vandvik is a hospital-based internist and health research methodologist based in Oslo, Norway. He is also Professor of Medicine at the University of Oslo. His academic interests focus on evidence synthesis, appraisal, guideline methodology, dissemination, access and use at the point of care, to enhance evidence-based practice and shared decision-making.

Background: Using living evidence to inform decision-making is increasingly emphasized, however, creating living guidelines and decision aids is a complex process. MAGICapp (www.magicapp.org) is an open-access software designed to facilitate the creation, dissemination, and updating of trustworthy digitally structured living evidence and clinical decision support tools. MAGICapp was developed with multiple stakeholders (healthcare providers, consumers, methodologists), while adhering to GRADE guidance, with features that are continuously updated through research and innovation.

Objective: To provide practical experience with authoring, publishing, and dynamic updating of digitally structured living guidelines with summary of findings (SoF) tables, recommendations, and decision aids using MAGICapp.

Format: The workshop will begin with an introduction to key features of trustworthy living guidelines. Participants will learn how MAGICapp facilitates a living format through dynamic updating. In the interactive part of the workshop, participants will work in groups simulating guideline panels responsible for updating a guideline for a clinical issue based on a newly published systematic review. Each group will receive the review and access to an example brief guideline in MAGICapp, including a recommendation with a linked SoF table and decision aids (semi-automatically generated from the SoF). Participants will collaborate to author a modified guideline based on the latest review evidence using MAGICapp's features for updating content. Workshop facilitators will assist groups through "guideline panel" discussions and using MAGICapp. In a wrap-up session, participants will share experiences of creating and publishing living evidence and guidelines in MAGICapp, and propose how to improve the software.

Choice of Length: 90 minutes.

How to contribute in the creation of a trustworthy guideline in the Brazilian Health System?

Professor Airton T Stein^{1,2}, Professor Daniela Oliveira de Melo³, Lecturer Franciele Cordeiro Gabriel⁴, Lecturer Nathalia Celini Leite Santos⁴, Professor Rafael Jose Vargas Alves^{1,7}, Lecturer Luciana Vaconcelos⁵, Lecturer Veronica Colpani⁶, Carine Raquel Blatt¹

¹Federal University of Health Sciences of Porto Alegre, Porto Alegre, Brazil, ²Conceicao Hospital, Porto Alegre, Brazil, ³Federal University of Sao Paulo, Sao Paulo, Brazil, ⁴Pharmaceutical Science, Sao Paulo University, Sao Paulo, Brazil, ⁵Preventive Medicine, Sao Paulo University, Sao Paulo, Brazil, ⁶Moinhos de Ventos Hospital, Porto Alegre, Brazil, ⁷Santa Rita Hospital, Santa Casa, Porto Alegre, Brazil

P1D - Words and context in guideline development, Conference Room 3, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

An epidemiologist and family physician. Msc in Community Health for Developing Countries at the London School of Hygiene and Tropical Medicine, Phd in Medical Science at Federal University of Rio Grande do Sul, Pos-Phd at Oxford University. Coordinator of Health Technology Assessment Unit of Federal University of Health Science of Porto Alegre.

Background

Health professionals must have access to a guideline that have a rigorous methodology and transparent to making judgements about the certainty of evidence and strength of recommendation. In the Brazilian Health System, there is a need to train health professionals to develop, disseminate and implement trustworthy guidelines.

Objective

To introduce methods to apply step-by-step development of high quality and trustworthy guidelines.

Methods

The course had 15 lectures in a total of 45 hours, which included four central domains (certainty of evidence, balance of benefits to harms, patient's values and preferences, and resource utilization). We have covered the GRADE approach including Evidence-to-Decision criteria. The methodology also included the appraisal of guideline quality using AGREE II and the quality its recommendations with AGREE-REX.

Results

Throughout the course, we promoted evidence-based clinical care and strengthened collaboration among participants. There were 30 students from graduation of the Federal University of Health Sciences of Porto Alegre and Federal University of Sao Paulo. At the end of the course, the students presented a final assignment which they had to present a guideline evaluation applying the AGREE II tool.

Discussion

During the course, the mentors supervised that the guidelines would provide a minimum list of information needed to ensure that the report could be understood by a reader, replicated by a

researcher, and applied by decision-makers. Most of the students enrolled in the course had been successful on this task.

How to promote stakeholder engagement in the development of health-related standards? A scoping review

Ms Ling Wang^{1,3}, Professor Xiaohui Wang¹, Professor Yaolong Chen^{2,3}, Hongfeng He^{1,3}

¹School of Public Health, Lanzhou University,, Lanzhou, China, ²Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Wang Ling, research topics are evidence-based medicine and clinical practice guidelines methodology. Bachelor of Medicine and Master of Epidemiology and Health Statistics.

Background: Standards are critical for ensuring the quality and safety of products and services. In China, the need to meet industry demands has resulted in the development of high-quality standards. There is however still room for improvement in the development process of Chinese standards, particularly regarding stakeholder engagement. **Objective:** To investigate and compare the standard development process between China and other selected countries and organizations, and to summarize the existing evidence on promoting the engagement of stakeholders in the development of Chinese health-related standards. **Methods:** Eight databases (PubMed, Web of Science, Elsevier ScienceDirect, EBSCO, Scopus, CNKI, Wangfang and Cqvip) were searched with the keywords of "health standard", "development process" and "specification" from their inception to August 20, 2022. We included articles focusing on Chinese health-related standards. In addition, the websites of the Chinese authority for standards and the corresponding authorities from USA, UK, Germany, Australia, Japan, EU, ISO and WHO were searched to extract the details of their processes to develop standards. Six reviewers divided into three groups screened the literature and extracted the data; disagreement were settled by the third reviewer. Extracted information included the title, first author, first author's affiliation, publication time and journal of the article, as well as the number, type and content of feasible suggestions for stakeholder engagement. By summarizing the suggestions from the articles, feasible strategies for promoting stakeholder engagement in the development process of Chinese health-related standards will be formulated. **Result:** Detailed results will be presented at the What Works Global Summit (WWGS 2023).

Impact of patient involvement on the quality of clinical practice guidelines

Professor Airton T Stein², Dra. Franciele Gabriel¹, Dra. Eliane Ribeiro¹, Dra. Daniela Oliveira de Melo³

¹Departamento de Farmácia, Faculdade de Ciências Farmacêuticas, Universidade de São Paulo, São Paulo, Brazil, ²Departamento de Saúde Pública, Universidade Federal de Ciências da Saúde de Porto Alegre, Porto Alegre, Brazil, ³Departamento de Ciências Farmacêuticas, Universidade Federal de São Paulo, São Paulo, Brazil

Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

An epidemiologist and family physician. Msc in Community Health for Developing Countries at the London School of Hygiene and Tropical Medicine, Phd in Medical Science at Federal University of Rio Grande do Sul, Pos-Phd at Oxford University. Coordinator of Health Technology Assessment Unit of Federal University of Health Science of Porto Alegre.

Background: Patient involvement in the development of clinical practice guidelines (CPGs) is essential to ensure that the recommendations are centered on patients and reflect their needs and preferences, a characteristic that can lead to better health outcomes.

Objectives: To analyse the impact of characteristics of patient involvement, including "Patients or public version of CPG," "Patients' conflict of interests disclosure," "Public consultation," "Design a methodological manual including patients' values and preferences," "Literature review considering patients' values and preferences," and "Involvement of patients in formulating the recommendations"; and to investigate the association of these characteristics with high-quality CPGs evaluated by AGREE II and AGREE-REX.

Methods: We used multiple linear regression and considered findings with $p < 0.05$ to be significant (IBM-SPSS 25.0).

Results: Many aspects of patient involvement were significative for both AGREE II and AGREE-REX domains. After multivariable adjustment for "Handling of conflicts of interest - COI", "Multiprofessional team", and "Type of institution" we found that higher scores in Domain 5 (Applicability) of AGREE II were significantly associated with only "Patients or public version of CPG" and "Involvement of patients in formulating the recommendations". Similarly, Domain 1 (Clinical Applicability) of AGREE-REX showed higher scores for almost all aspects of patient involvement, except for "Literature review considering patients' values and preferences". The Domain 3 (Implementability) of AGREE-REX was also associated of higher scores with "Patients or public version of CPG" and "Patients' COI disclosure."

Discussion: Among the patient involvement characteristics, "creating a public version of the guidelines" seems to improve both applicability and implementability.

Implementation of clinical practice guidelines and clinical pathway in Tunisia

Dr Mohamed Ben Hamouda¹, Mrs Hella OUERTATANI¹, Dr Adel KHELIL¹, Dr Chokri HAMOUDA¹

¹The National Authority for Assessment and Accreditation in health care (INEAS), Tunis, TUNISIA

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

I joined of the National Authority for Assessment and Accreditation in health care (INEAS Tunisia) in January 2017, actually I'm the head of the department of quality of care and patient safety. Before joining INEAS, I held the position of National Sales Director with pharmaceutical companies.

I obtained a Doctorate in Medicine from the Faculty of Medicine in Tunis in 1999. MBA 2015 and Diploma in Leadership and Health Management in 2020.

Thanks to my expertise in interdepartmental work, I have proven competence in managing working groups as well as expertise in the methodology of developing clinical practice guidelines

Background

The implementation of the CPG goes through a combination of strategies such as educating healthcare providers, developing implementation tools and resources, monitoring and evaluating progress.

Methods

After the development of the healthcare pathway (CP) for the management of patients with hypertension, INEAS implemented a strategy with the primary care department (DSSB) of the tunisian MoH, the WHO and the scientific societies for implementing the CP. This strategy includes training program, workshops led by national experts of primary care providers throughout the country, educational materials and mobile application to support medical staff.

Results

Five training sessions were conducted over a period of three months for 250 primary care providers. This program included a presentation of clinical cases with interactive discussions and practical exercises. Participants shared their experiences with their patients and highlighted the main barriers to applying the recommendations.

The DSSB is committed to equipping doctors with electronic blood pressure monitors, maintaining medical equipment in consultation rooms and work with the WHO to provide educational materials and mobile applications for the medical staff.

Discussion

The opportunities to enhance the implementation of CP in Tunisia and to ensure their effective use is by engaging stakeholders, using technology (online training programs and virtual learning sessions) and monitoring the implementation through data analysis.

Moreover, for a fully successful implementation, it is important that stakeholders participate in continuous evaluation and development cycles to ensure that their needs are met and their feedback are taken into account.

Implementation of Clinical Practice Guidelines in the Brazilian Public Health System: Instructions for managers

M.Sc. Nicole Freitas de Mello^{1,2}, Dr. Sarah Nascimento Silva³

¹Ministry of Health of Brazil, Brasília, Brazil, ²University of Brasilia, Brasília, Brazil, ³Oswaldo Cruz Foundation (Fiocruz), Belo Horizonte, Brazil

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Mrs. Freitas de Mello is PhD student in Collective Health at the University of Brasília (UNB) and technical collaborator at the Ministry of Health of Brazil in the Coordination of Management of Clinical Protocols and Therapeutic Guidelines. She has a pharmaceutical degree, as well as master's degree in Public Health Policy.

Background: The Brazilian Public Health System (SUS) organization emerges from a legal architecture that defines the structure and the financing of health technologies and services, as well as the responsibilities of managers in three spheres of government (federal, state and municipal). In this context, the evaluation and incorporation of technologies, as well as the development and publication of Clinical Practice Guidelines (CPG), are centralized at the federal level while their implementation is executed at the local level. Thus, there is the great challenge of integrating and coordinating actions for implementation of CPG.

Objective: To evaluate instructions developed at the federal level that address the implementation of CPG in SUS.

Methods: Documentary analysis was performed of instructions published between 2009 and 2021, that provide guidelines for the implementation of CPG in Brazil.

Results: Eighteen documents were identified, of which only seven presented direct or indirect references to implementation. In general, guidelines on CPG implementation in SUS are incipient.

Discussion: Although local managers have autonomy to conduct the implementation of technologies and clinical practice guides, it is possible that they don't have technical resources capable of structuring implementation strategies, which can cause lack of standard and weaken the management chain, in addition to loss of resources invested in the process. Thus, opportunities for dialogue and guidance at the federal level have the potential to assist and to facilitate the implementation of health technologies and clinical practices, reducing the gap between planning and the effective use of CPGs in SUS.

Implementation of cooperation protocols between healthcare professionals: French Experience.

Mrs Nadia Ezzahir¹, Mrs Valérie Ertel-Pau¹, Mr Pierre Gabach¹

¹HAS, Saint-Denis La Plaine, FRANCE

P5D - Approaches to stakeholder engagement - examples from around the World, Conference
Room 3, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

MD – Doctor of Medicine and Paediatrician - currently working at HAS as project leader in the best practice guidelines department, in the scope of cooperation protocols between healthcare professionals.

Background/objectives:

Decreasing demography of healthcare professionals in France leads to develop collaboration between them, especially nurses and doctors. Considering national reglementary framework, cooperation protocols are developed to improve skills of nurses/caregivers, conditioned by an adapted and validated training.

Method:

The cooperation protocols were elaborated in 2 successive steps implying collaboration between institutional stakeholders: support of the submitted protocol by the care department of ministry of Health, then HAS assessment regarding quality and security of care.

Results:

Firstly, the submitted protocol from the healthcare team must be based on clinical guidelines, includes decisional flowcharts for each stage of medical care (technical procedures, examination, drugs prescription ...) and specify the role of delegators (usually doctors) and delegates (other caregivers).

Secondly, the protocol is assessed by HAS regarding quality and security of care for participants, in collaboration with medical experts and national disciplinary councils of the therapeutic area.

In 2 years, HAS evaluated 8 national protocols, for hospital and ambulatory care settings, in diverse therapeutic areas (pediatric health checkup at school, elderly/disabled patients home medical care, sexual health and ophthalmology) implying as delegates nurses, pharmacists, midwives, orthoptists: 4 accepted, 2 suspended until publication of guidelines and 2 currently under assessment.

Discussion/conclusion:

Closed collaboration between institutional stakeholders and project team for transfer of competences between healthcare professionals is developed through cooperation protocols. This scope conducts to extend the fields of intervention of the paramedical professions, to reduce the time required for medical care and treatment, and to optimize of the patient's care pathway.

Incorporating evidence on the use of resources and costs into CPGs: Achievements and Challenges

Celia Muñoz Fernández¹, Patricia Gavín Benavent, María Soledad Isern de Val²

¹Aragon Health Sciences Institute, , , ²Instituto Aragonés de Ciencias de la Salud (IACS), Zaragoza, Spain

P3A - The many reasons why prioritisation matters, Main Auditorium, September 21, 2023, 10:00

AM - 11:00 AM

Biography:

Evidenced-Based Decision-Making Analyst in the Institute for Health Sciences in Aragon (IACS). IACS works to ensure that healthcare decisions are made on the basis of the best available knowledge, including healthcare providers, healthcare professionals and patients.

Clinical Practice Guidelines (CPGs) are statements that include recommendations, intended to optimise patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options. Traditionally, CPGs have taken into account evidence on effectiveness, safety, diagnostic accuracy, etc. There is a growing recognition of the importance of incorporating evidence on efficiency. In the CPG Programme in the National Health System in Spain (GuíaSalud), the agencies of the Spanish HTA Network elaborate CPGs following the GRADE system, which recommends including evidence on use of resources and costs (URC) to formulate clinical recommendations. However, the development of methodology and ways of proceeding to incorporate this kind of evidence is still evolving.

In recent years, the URC-CPG Interest Group in the framework of GuíaSalud has made significant progress in developing methodological consensus, monitor, guide, and standardize the inclusion of economic evidence for formulating clinical practice recommendations.

This presentation aims to showcase these advances in the incorporation of URC into CPGs and share experiences from different guidelines. Specifically, we will highlight how to prioritise questions with potential economic impact, how to synthesise and show the information from economic evaluations to support the formulation of recommendations. By sharing our experiences and insights, we hope to contribute to the ongoing development of methodology for incorporating URC into CPGs, with the ultimate goal of improving patient outcomes and optimizing the use of healthcare resources.

Incorporating women's perspectives into osteoporosis clinical guidelines

Mrs Melixa Medina-Aedo^{1,2}, Ms Samanta Diaz-Menai⁴, Ms Sofia Gregorio⁴, Ms Ibell Arauz⁵, Mr Matias Günther⁶, Dr Héctor Pardo-Hernández^{1,3}, Dr Pablo Alonso-Coello^{1,2,3}

¹Iberoamerican Cochrane center, Barcelona, Spain, ²Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, ³Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), , Spain, ⁴Programa de residencias (residencia en epidemiología), Ministerio de Salud, Provincia de Buenos Aires, Argentina, ⁵Faculty of Medicine, Universitat Autònoma de Barcelona, Barcelona, Spain, ⁶Universidad de Chile, Santiago, Chile

P5C - How to involve your stakeholders depends on who they are, Conference Room 2, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Melixa Medina-Aedo is a Ph.D. candidate, with a nursing background and also holds a master's degree in research methodology. She currently works as a research technician at the Iberoamerican Cochrane Center and the IR-HSCSP in Barcelona Spain. She has broad clinical experience working with patients and carers with chronic diseases. She has led the management of the expert panels for the development of recommendations in the COMPAR-EU project and is currently working on the assessment of Osteoporosis CPGs.

Background: It is well known that researchers and clinicians provide the knowledge and clinical perspective in the development of clinical guidelines (CGs). However, the impact of the recommendations on patients' health can only be provided by those affected by the recommendations. In the case of osteoporosis CGs, it is not clear to what extent women's values and preferences are considered in their development.

Objectives: To analyse the inclusion of women's perspectives in the development of osteoporosis CGs on fracture prevention.

Methods: We performed a systematic search of CGs on fracture prevention in postmenopausal women in MEDLINE, TRIP database, National Guideline Clearinghouse, the GIN library and in several Web sites of relevant institutions. We will assess the involvement of women in the development process, the use of research evidence about women's perspective, and whether recommendations explicitly include women's values or suggest the need for a discussion with the health care professional. We will also conduct an assessment of the quality of the CGs using the AGREE II tool, and evaluate whether it is a predictor of the incorporation of women's perspective.

Results: The literature search yielded a total of 433 eligible CGs, of which 55 have been selected so far. Data extraction is ongoing, and results will be presented at the conference.

Discussion: Guideline developers should continue to make efforts to incorporate women's perspective into the process of developing CGs for fracture prevention. Our results will be informative for guideline users, developers, and policymakers.

Increasing Collaboration with Stakeholders for Pediatric Hematology/Oncology Guideline Development and Implementation in Sub-Saharan Africa

Dr. Karen Gibbs¹, Dr. Anne Akullo², Tadala Mulemba³, Dr. Joesph Lubega¹, Dr. Rizine Mzikamanda³, Emily Freedman⁴, Jennifer Higgins¹, Dr. Marilyn Hockenberry¹

¹Baylor College Of Medicine, Houston, United States of America, ²Joint Clinical Research Centre, Kampala, Uganda, ³Baylor College of Medicine Children's Foundation, Lilongwe, Malawi, ⁴Texas Children's Hospital, Houston, United States of America

P5B - Collaboration around the World, Conference Room 1, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Dr. Karen Gibbs is a pediatric nurse, guideline methodologist, and instructor at Baylor College of Medicine.

Background: Stakeholder engagement is crucial to ensuring success in all phases of guideline development and implementation. Guidelines for the care of pediatric patients with cancer and blood disorders in sub-Saharan Africa (SSA) have additional challenges with stakeholder engagement and resource limitations and that can impact feasibility and acceptability.

Objective: To describe the Baylor College of Medicine and Texas Children's Hospital Global Hematology/Oncology Pediatric Excellence (Global HOPE) approach to multidisciplinary stakeholder engagement for pediatric hematology and oncology (PHO) guideline development and implementation in SSA.

Methods: Global HOPE has created a dissemination and implementation science core faculty of evidence-based practice (EBP) and quality improvement (QI) experts who collaborate with leaders from five partner institutions in SSA through our established network. In addition to including stakeholders in guideline question generation, evidence review, and making recommendations, engagement interventions include capacity-building initiatives with QI and EBP courses. Stakeholders are also included in prioritization of guideline topics to ensure relevance, performing resource assessments to inform recommendations and measurement plans for implementation, and strategic planning of guideline activities for the coming years. Stakeholders include PHO physicians, PHO surgeons, radiation oncologists, nurses, pharmacists, nutritionists, and others.

Future prospects: Future work includes expansion of the current network to include additional partners in SSA and hosting on-site workshops. Several guidelines are planned for the coming years, and we will continue to follow the implementation of our guidelines through QI work with the goal of improving survival in children with cancer and blood disorders in SSA.

Individual patient drug prescribing tool to implement GRADE-recommendations

Pharm D Carolien Hooymans¹

¹Dutch College of General Practitioners, Utrecht, The Netherlands

P4D - Technology & Impact, Conference Room 3, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Carolien Hooymans is trained as an hospital pharmacist. Since 2017 she works at the Dutch College of General Practitioners. Her main focus is the NHG-formulary and the development of guidelines. She has a special interest in the drug treatment in guidelines.

Background

Guidelines of the Dutch Association of General Practitioners (NHG) contain many recommendations about drug treatment. These recommendations are developed with the use of the GRADE methodology. In our guidelines we add extra information about contra-indications, drug dosage for specific groups (e.g. children), etc.

Objective

Implementation of drug treatment recommendations in general practice.

Methods

The Dutch Association of General Practitioners (NHG) developed a practical tool: the 'NHG-formulary'. The drug treatment recommendations from all our guidelines are integrated in this tool. The digital tool assists general practitioners in prescribing drugs according to the NHG-guidelines. The tool accounts for individual patient characteristics such as age, gender, co-morbidity and contra-indications.

Results

The digital tool 'NHG-formulary' is integrated in a large number of GP-information systems (HIS). When a drug treatment recommendation in a NHG-guidelines is updated, the tool is updated accordingly. General practitioners have the up-to-date information available on their screen during consultation and can send individual patient prescriptions directly to the pharmacy.

Discussion

What can be improved?

- The tool 'NHG-formulary' is integrated in a large number but not all GP-information systems available on the Dutch market.
- General practitioners are not always aware that the tool exists.
- There are more national and regional formulary, which are not all based on NHG-guidelines.

Informing Medical Cannabis and Chronic Pain Guideline Recommendations when evidence is absent: An Exemplar of Systematic Recollection of Clinical Experience by Experts

Andrea J Darzi¹, Rana Saleh¹, Jamie Fleet², Behnam Sadeghirad¹, Emily Sirocich¹, Gordon Guyatt¹, Jason W Busse¹

¹McMaster University, , Canada, ²Western University, , Canada

P4A - Research, recommendations & the real world, Main Auditorium, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Andrea is an Assistant Professor at the Departments of Health Research Methods, Evidence and Impact and Anesthesia at McMaster University. She is also an Associate Convenor of the Cochrane thematic equity group, and a member of GIN and the GRADE working group. Andrea is trained as a Medical Doctor and a Public Health professional.

She is an advocate for ensuring that medical, public health and policy practice are supported by the best available evidence and consider relevant values and preferences. Her research interests are in guideline development/adaptation and knowledge mobilization, evidence synthesis, equity research and the advancement of their methodologies.

Background

Evidence-based clinical practice guidelines (CPGs) play an integral role in optimizing health care. Guideline recommendations are informed by systematic reviews of the best available evidence. As part of development of a CPG on medical cannabis and chronic pain, we conducted a systematic search that identified no evidence to inform a question on which cannabis tapering strategies should be used in people with chronic pain, when the decision has been made to taper. We suggest an innovative approach to gather evidence to facilitate development of a recommendation.

Objective

To inform a guideline question on cannabis tapering where we identified no evidence in the published literature.

Methods

We are using an exploratory sequential mixed methods study design to collect expert experience to inform a recommendation. First, by developing a qualitative study, using semi-structured interviews, to collect information from physicians who taper cannabis for chronic pain regarding reasons for tapering, tapering strategies, and observed benefits and harms of competing approaches. Our findings will then inform a quantitative survey of physicians that manage chronic pain to verify and explore the representativeness of themes and sub-themes identified in our qualitative study. The results of these studies will provide very low certainty evidence that our guideline panel will consider when formulating a recommendation.

Results

We will present our findings at the 18th G-I-N Conference in Glasgow.

Discussion

Systematic recollection of clinical experience provides guideline developers with a formal and structured method to acquire evidence when studies are lacking and provides a basis to formulate recommendations.

Institutionalising efficient guideline development: learning for each other's experiences.

Hugh McGuire¹, Pilar Pinilla-Dominguez¹, DR Raja Narayanan³, Dr Monica Kyriacou¹, Dr Panayiotis Kouis⁵, Dr Anneza Yiallourou⁵, Dr Anastasis Sioftanos⁶, Dr Ourania Kolokotroni⁷, Dr Charis Achilleos⁸, Dr Panayiotis Yiallourou⁸, Dr Georgios Nikolopoulos⁵

¹NICE International, National Institute for Health and Care Excellence, London, UK, ²The Indian Health Outcomes, Public Health and Economics Research Centre (IHOPE), L V Prasad Eye Institute, Hyderabad, India, ³Health Insurance Organization, Nicosia, Cyprus, ⁴Secretariat, Health Insurance Organization, Nicosia, Cyprus, ⁵Medical School, University of Cyprus, Nicosia, Cyprus, ⁶Medical School, University of Nicosia,, Nicosia, Cyprus, ⁷Department of Nursing, Faculty of Health Sciences, Cyprus University of Technology, , Cyprus, ⁸Archbishop Makarios III Hospital, , Cyprus

W4B - Workshop: Institutionalising efficient guideline development: learning for each other's experiences, Conference Room 6/7, September 21, 2023, 12:15 PM - 1:00 PM

Biography:

Hugh is a Senior Scientific Adviser within the NICE International and NICE Scientific Advice team. Hugh leads technically on the NICE International services, with specialist knowledge of guideline development. He also contributes to NICE International's strategic objectives and the delivery of different international engagements through workshops, educational seminars, and international consultancy projects. He has extensive experience in delivering these services at both a national and international level.

Hugh holds an MSc in Health Psychology from the University of Westminster. Before joining NICE, he worked in various roles in guideline development and for Cochrane.

Background

Clinical guideline development entails assessing evidence and formulating appropriate recommendation. Furthermore, it is paramount to collaborate with local health organisations, patients, and providers to determine local needs, values and priorities and ensure the feasibility and acceptability of implementation. It is essential to introduce a guideline development function to help oversee guideline development processes as a step toward efficient and sustainable guideline development.

Guideline development may be undertaken by separate small committees for individual one-off guideline or by larger agencies working on multiple guidelines and overseeing the entire process. Considerations when introducing a guideline development function include where it will be based and its independence, how it will recruit and manage the guideline committees, how it will engage with stakeholders as well as the operational planning.

NICE International is engaged with guideline developers internationally to support the institutionalisation of guideline development. This engagement includes advice and support as well as capability building activities.

Objective

To share experiences, including challenges, of institutionalising guideline development, discuss and understand how these challenges could be overcome.

Format

The workshop will open with an introduction to the challenges faced by IHOPE in India and the guideline Secretariat of Health Insurance Organization (HIO) in Cyprus (10 minutes). Participants will then be split into groups to discuss the themed challenges (15 minutes). Afterward, participants will reconnect to feedback and for a discussion of the solutions to the challenges faced (15 minutes). We will then close the workshop with take-home messages on introducing guideline development (5 minutes).

Interdisciplinary rehabilitation for adult patients with musculoskeletal chronic pain: are guideline developers and policy makers playing in harmony?

Dr Linda Oostendorp¹, MSc Toon Lamberts

¹Knowledge Institute of the Dutch Association of Medical Specialists, Utrecht, the Netherlands

P3C - Prioritising to meet needs, Conference Room 2, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Linda Oostendorp was born in The Netherlands. She has a Master's degree in Biomedical Health Sciences (2004) and completed a PhD (2015). In 2013, Linda moved to the United Kingdom where she worked at the University of Hertfordshire as a Research Fellow and at University College London as a (Senior) Research Associate. In 2020, Linda moved back to The Netherlands and took up her current position as a guideline advisor at the Knowledge Institute of the Dutch Association of Medical Specialists.

Background

In 2020, the Netherlands Society of Rehabilitation Medicine established a working group to develop a guideline about interdisciplinary rehabilitation for patients with musculoskeletal chronic pain. During the guideline development process, the Dutch National Health Care Institute (Zorginstituut Nederland; ZIN) commissioned two reports on the effectiveness of interdisciplinary rehabilitation for patients with musculoskeletal chronic pain to support reimbursement decisions.

Objective

To evaluate whether the guideline and the reports reached similar conclusions on the effectiveness of interdisciplinary rehabilitation and explore causes of any disharmony.

Methods

An overview was created of the aims, methods (research question, search strategy, selection criteria, outcome measures, definition of clinical relevance), results (studies included, clinically relevant effects found), GRADE assessment, and conclusions of the guideline and the reports.

Results

The guideline reported a positive effect of interdisciplinary rehabilitation on pain (GRADE low). The first ZIN-report found positive effects on pain, physical and social functioning, and QoL (GRADE low to moderate). The update of this ZIN-report found positive effects on pain, physical functioning, QoL, and kinesiophobia (mostly moderate GRADE). The most important causes of discrepancy included differences in study selection because of varying definitions of interdisciplinary rehabilitation and differences in applying the GRADE method.

Discussion

There was disharmony between the guideline and the reports commissioned by the policy maker as the guideline reported fewer positive effects and a lower level of evidence. If guideline developers and policy makers could coordinate their efforts this would help to avoid duplication of work as well as confusion because of diverging conclusions.

International collaboration to increase efficiency of updating evidence syntheses to support guidelines for disease prevention

Dr. Melissa Brouwers¹, Ms Nicole Shaver¹, Dr David Moher^{1,2}, Dr Julian Little¹, Dr Melissa Brouwers¹

¹University Of Ottawa, Ottawa, Canada, ²Ottawa Hospital Research Institute, Ottawa, Canada

P6D - Collaboration & Stakeholders, Conference Room 3, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Dria is a Senior Clinical Research Associate and Manager of the Knowledge Synthesis and Application Unit. She is the Review Coordinator of the Ottawa Evidence Review and Synthesis Centre that supports the Canadian Task Force on Preventive Health Care with evidence reviews for guideline recommendations and provides expertise in systematic review methods. Her primary research interests include systematic and scoping review methods in clinical health research. She holds a Master of Science (MSc) degree in Epidemiology from the University of Ottawa.

Background: Living evidence syntheses methods have emerged as an approach for dealing with rapidly accumulating evidence catalyzed by the COVID-19 pandemic. The current process for updating guidelines has proven to be time consuming and expensive, which has exacerbated in circumstances where there is a rapidly evolving evidence base.

Objective: The aim of this project is to determine whether living evidence syntheses compared to other evidence syntheses updating methods leads to better clinical practice guideline (CPG) related outcomes, including 1) systematic review quality, 2) CPG quality, and 3) credible and implementable guideline recommendations.

Methods: Two scoping reviews of the literature will be conducted to provide a landscape of 1) living evidence syntheses and 2) living CPGs. Identified living evidence syntheses will be assessed for their quality using AMSTAR II and guidelines based on living reviews will be assessed for quality using AGREE II. The domains of both quality assessment tools will be evaluated for their generalizability to living evidence syntheses. Lastly, to investigate whether living evidence results in credible and implementable guideline recommendations, we aim to survey guideline users on their values and preferences of living evidence syntheses compared to other evidence syntheses updating methods. We seek to elucidate whether guideline users perceive a difference between guidelines that use living evidence syntheses compared to other evidence syntheses methods.

Discussion: The results of this project will supplement the current evolving evidence base of living guideline methodology and provide the foundations for continued development in quality and reporting guidance.

Interrelation Among Assessments and Guidelines Production: A Perspective from a Health Technology Assessment Agency

Mrs Maria-Jose Faraldo-Vallés^{1,2}, PhD Yolanda Trinanés^{1,2}, PhD Patricia Gómez^{1,2,3}, Mrs Paula Cantero-Muñoz^{1,2}, Mrs Maria del Carmen Maceira Rozas^{1,2}

¹Scientific Unit of the Galician Health Knowledge Agency (Avalia-t, ACIS), Santiago de Compostela, Spain, ²Spanish Network of HTA Agencies, RedETS, Madrid, España, ³Consumer and User Psychology Unit, Faculty of Psychology, University of Santiago de Compostela, Santiago de Compostela, Spain

P1C - Supplementing traditional approaches to guideline development, Conference Room 2, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Head of the Scientific Unit, Avalia-t, ACIS since 2018

Medical Doctor, specialize in Public Health and Preventive Medicine

Public Health Master and Health Sciences Methods Master.

Member of the authoring teams of the reports cited in the abstract:

Recommendations for appropriate use of tests and prescription of vitamin D supplements

Assessment of early palliative care interventions in cancer.

Background: Dialogue between health technology assessment (HTA) and guidelines developers was found to be unusual. It is not the case in Spain, where the main guidelines programme, GuiaSalud, organizes its production through the Spanish Network of HTA Agencies (RedETS). Avalia-t, one of the RedETS members, produces both HTA reports and guidelines.

Objectives: To describe the interconnection between the guidelines and HTA reports produced by a HTA agency.

Methods: Two examples from the Avalia-t's production of the last years were selected: one related to guidelines (Vitamin D Recommendations) and the other related to HTA reports (early palliative care (PC) organization). An analysis of the followed procedures since the request to the final document was developed. The procedure was divided into three phases: i) request/need; ii) building up document; and iii) dissemination to final users.

Results: The request for Vitamin D came from a Spanish region and was prioritized in RedETS working plan. During the scoping phase, the HTA authoring team proposed a recommendations report. Methodology for evidence-based recommendations was trailed and an expert panel was settled. Final document was disseminated through health services and scientific societies. The assessment of PC organization arose from the authoring team of the PC guidelines. Elements from HTA Core Model® were followed. Final report was sent to the Benefits Commission, decision-making body about services portfolio.

Discussion: Production of HTA reports and guidelines by the same organization means that the most suitable product for the National Health Service needs can be offer in a very responsive way.

Investigating the role and applicability of patient versions of oncological guidelines in Germany: first results of a multiphase study

Dr. rer. medic. Nadja Könsgen², Jessica Breuing², Julia Hauprich², Monika Becker², Dr. rer. medic. Stefanie Bühn², Sarah Wahlen², Nora Meyer², Dr. rer. medic. Susanne Blödt¹, Günther Carl³, Dr. Markus Follmann⁴, Stefanie Frenz⁵, Thomas Langer⁴, Dr. med. Monika Nothacker¹, Corinna Schaefer⁶, Prof. Dr. Dawid Pieper^{2,7,8}

¹Association Of The Scientific Medical Societies In Germany (awmf), , , ²Institute for Research in Operative Medicine (IFOM), Witten / Herdecke University, Cologne, Germany, ³German Prostate Cancer Support Group, Bonn, Germany, ⁴Office of the German Guideline Program in Oncology (GGPO), c/o German Cancer Society, Berlin, Germany, ⁵Frauenselbsthilfe Krebs Bundesverband, Bonn, Germany, ⁶German Agency for Quality in Medicine, Berlin, Germany, ⁷Center for Health Services Research, Brandenburg Medical School Theodor Fontane, Rüdersdorf bei Berlin, Germany, ⁸Institute for Health Services and Health System Research (IVGF), Brandenburg Medical School Theodor Fontane, Rüdersdorf bei Berlin, Germany

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Monika is deputy head of the Associations. Scientific Medical Societies-Institute for Medical Knowledge Management in Marburg and Berlin, Germany since 2012, which runs the quality assured AWMF guideline register with over 850 guidelines. She is a gynecologist, public health scientist and guideline advisor, giving methodological support to various guidelines groups and projects.

Background

Oncological patients have high information needs, which are often unmet. Patient versions of guidelines (PVoGs) provide recommendations from clinical guidelines in laypersons' language. So far, there are only few results on experiences with PVoGs.

Objective

The aim of the project is to analyse the use and applicability of oncological PVoGs in Germany and to identify opportunities for improvement from the perspective of patients, health care providers (HCP) and stakeholders.

Methods

The project is composed of two modules, each with two sub-modules and a final workshop. In Module 1, the development of PVoGs was analysed by systematically searching Pubmed and Medline (Ovid) and screening the websites of guideline organisations for methods of developing, disseminating and implementing PVoGs (Module 1a). Furthermore, semi-structured telephone interviews were conducted with (inter-)national experts with experience in the development of PVoGs (Module 1b). The use of PVoGs was analysed in Module 2. First, semi-structured telephone interviews were conducted with patients and HCP (Module 2a). Their results were discussed with patients and HCP in mixed focus groups via Zoom or in presence (Module 2b). The aggregated results were translated into recommendations, which will be discussed and agreed upon in a workshop with stakeholders in April 2023.

Future prospects

The project identified fields for improving PVoGs by formulating recommendations on areas of dissemination, design and format, forwarding/linking, digitalisation, up-to-dateness and joint work with the PVoG. Accordingly, it might help to improve health care, communication between patients and HCP and informed decision-making.

Is a new approach for rating the quality evidence of effect estimates derived from matched-adjusted indirect comparisons (MAIC) needed?

Dr Pawel Posadzki¹, Dr Ram Bajpai

¹Kleijnen Systematic Reviews Ltd., Escrick, United Kingdom

P4D - Technology & Impact, Conference Room 3, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Pawel joined KSR as a reviews manager in April 2019. He is qualified in health psychology, physical education and physiotherapy. Pawel also worked as a Senior Research Fellow at Nanyang Technological University, Singapore; Liverpool John Moores University, KIOM, South Korea, University of Exeter and Norwich Medical School. He is the author of more than 140 research articles, conference proceedings, book chapters, etc. He regularly gives speeches or invited lectures on the safety and effectiveness of CTs; interviews to the media including Channel 4, Reuters and CNN; and is actively involved in peer-reviewing others' research including for the Lancet.

Background: Submissions to the National Institute for Health and Care Excellence (NICE) UK, often use matching-adjusted indirect comparisons (MAICs) - when head-to-head randomised studies comparing a drug (therapy) in question and a comparator e.g., standard care in the treatment of a disease, are not available. MAIC use individual participant data (IPD) from trials of one treatment to match baseline summary statistics reported from trials of another treatment. Although the Grading of Recommendations Assessment, Development and Evaluation (GRADE) and Confidence in Network Meta-Analysis (CINeMA) approaches to rate the quality of treatment effect estimates from network meta-analysis (NMA) have been suggested, it seems that an approach for MAICs is missing.

Objective: a) to estimate the prevalence of MAIC use in submissions to NICE; b) to explore how to rate the quality/certainty of the evidence in MAIC using the currently available approaches; c) explore if a new approach is indeed needed.

Methods: Scoping searches of NICE website (without time restrictions) were conducted; and these will be supplemented with searches in Medline, Embase and Central. Prevalence data will be synthesised quantitatively. The existing GRADE and CINeMA approaches will be compared accounting for similarities and differences in the MAIC and Bucher methods.

Future prospects for project presentations: Preliminary findings suggest that MAICs are predominantly being used for reimbursement decisions in oncology. Worryingly, a large proportion of submissions to NICE rely on unanchored comparisons whereby a common comparator arm is missing; and these types of MAICs make much stronger assumptions, and are widely regarded as unfeasible.

Knowledge on clinical practice guidelines in ChatGPT: An expert survey

Ms Ling Wang^{3,2}, Mr. Hui Liu^{1,2}, Dr. Xufei Luo^{1,2}, Prof. Yaolong Chen^{1,2,3}

¹Evidence-based Medicine Center, Lanzhou University, Lanzhou, China, ²Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³School of Public Health, Lanzhou University, Lanzhou, China

P2A - Automation from a familiar start, Main Auditorium, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Wang Ling, research topics are evidence-based medicine and clinical practice guidelines methodology. Bachelor of Medicine and Master of Epidemiology and Health Statistics.

Background

ChatGPT is a conversational large language model that utilizes artificial intelligence (AI). It has been increasingly employed in healthcare education, research, and practical applications. It also has the potential to be applied in the field of evidence-based medicine, such as in evaluating and summarizing evidence. However, we are still uncertain about ChatGPT's level of knowledge regarding clinical practice guidelines.

Objective

To understand ChatGPT's level of knowledge on guidelines.

Methods

According to the WHO Handbook for Guideline Development (2014), we will select ten questions related to guideline development and ask ChatGPT (3.5) to answer them. We recorded the answers to these questions, and then invited ten methodologists in guideline development to rate the accuracy of ChatGPT's responses on a scale of 0-10, where 0 indicates completely wrong and 10 indicates perfect answer. Finally, we calculated the average score given by the three evaluators for each question.

Results

The results are currently being collected and analyzed, and will be presented at the conference.

Discussion for scientific abstracts

AI-based models will be increasingly applied to clinical practice guidelines in the future. More guidelines and standards should be developed to better apply AI technology in guideline research.

Language, content and characteristics of deprescribing recommendations in clinical practice guidelines: A scoping review

Dr Aili Langford¹, Ms Imaan Warriach², Dr Justin Turner¹, Dr Barbara Farrell³, Dr Danielle Pollock⁴, Dr Frank Moriarty⁶, Dr Wade Thompson⁸, Associate Professor Danijela Gnjidic⁷, Dr Nagham Ailabouni⁵, Dr Emily Reeve¹

¹Monash University, Centre For Medicine Use And Safety, Parkville, Australia, ²University College London School of Pharmacy, London, United Kingdom, ³Bruyère Research Institute, Ottawa, Canada, ⁴The University of Adelaide, , Australia, ⁵University of Queensland, St Lucia, Australia, ⁶RCSI University of Medicine and Health Sciences, Dublin, Ireland, ⁷The University of Sydney, Sydney, Australia, ⁸The University of British Columbia, Vancouver, Canada

P1D - Words and context in guideline development, Conference Room 3, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

Aili Langford is a pharmacist and postdoctoral research fellow at the Centre for Medicine Use and Safety, Monash University. Her research focuses on enhancing appropriate medication use through deprescribing (medication reduction or cessation). Dr Langford led the development of the first evidence-based opioid deprescribing guideline, approved by the Australian National Health and Medical Research Council (NHMRC) in 2022.

Background: Adherence to prescribing recommendations in clinical practice guidelines may contribute to inappropriate polypharmacy. The extent to which deprescribing (dose reduction or cessation) recommendations are included in clinical practice guidelines is unclear.

Objective: To determine the proportion and characteristics of guidelines that contain deprescribing recommendations and explore recommendation content and language.

Methods: Three databases, four guideline registries and Google were searched for guidelines published in the last ten years containing one or more deprescribing recommendation. The proportion of guidelines containing deprescribing recommendations was determined from a 10% sample of the guideline registry search. Guideline characteristics were extracted, and the content and language of recommendations were examined using a conventional content analysis and the SheLL Health Literacy Editor tool.

Results: Approximately 28% of guidelines identified from the guideline registry search contained a deprescribing recommendation. Eighty guidelines were included in the review with an upward trend in the number of guidelines containing deprescribing recommendations observed over the ten-year period. Only 9% of recommendations in included guidelines pertained to deprescribing, with significant variability in the terminology used (e.g. taper, cease, discontinue). Most guidelines contained recommendations on 'when' to deprescribe, yet 56 guidelines (70%) lacked detailed guidance on 'how' to deprescribe. Consumer involvement in guideline development was associated with more patient-centred recommendations and less complex language.

Discussion: Deprescribing recommendations are becoming more common, however, there is significant variability in their content and language. Few guidelines contain clear and actionable recommendations on 'how' to deprescribe, likely inhibiting implementation of recommendations in clinical practice.

Lessons from the first 100 days of guideline development

Miss Catriona Vernal¹

¹Scottish Intercollegiate Guidelines Network (SIGN), Edinburgh, UK

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Catriona Vernal is a Programme Manager in SIGN, facilitating the guideline development process. Trained as a medical editor, she joined the NHS after 10 years in publishing, during which she led on a wide range of publications for eminent medical publishers and many high-profile government organisations, including several European Union agencies.

Background

Developing robust clinical guidelines requires skills in project management and facilitation as well as methodological knowledge.

Objective

To identify the key focus for learning for new guideline developers.

Methods

After 100 days of hands-on experience of guideline development, a member of the SIGN team reflected on their learning when new in post to identify the key skills needed to effectively deliver a guideline development programme.

Results

Evidence matters... but so do people

High-quality clinical guidelines combine published evidence with experience and skills of multidisciplinary stakeholder groups. Working effectively with guideline groups requires people management skills, and the importance of developing relationships and managing team dynamics cannot be underestimated.

Guideline development methods are well established... but quickly changing

Follow the rules and methodology – they're there for a reason. But there are still opportunities to be creative, such as increased use of online meetings to interact with guideline development groups and using digital skills to present guidelines in more digital formats.

Soak up any formal training ... but call on others' experience

Formal training like INGUIDE offers a great opportunity to learn about guideline methodology. But sometimes SOPs just can't help you. Call on the experts around you to develop judgement and confidence. Mentoring can provide a safe forum for problem-solving which extends beyond the direct application of established methodology.

Discussion

-Invest effort into relationships early on to reap rewards.

-Find ways to be creative within the set parameters.

-A future consideration for GIN could be a mentoring scheme.

Lifespan of COVID-19 Living Guideline Recommendations: a Survival Analysis

Miss Maria Majeed¹, Emma McFarlane¹, Toby Mercer¹, Steve Sharp¹, Debra Hunter¹, Kate Kelley¹, Fiona Glen¹

¹Centre for Guidelines, National Institute for Health and Care Excellence, Manchester, United Kingdom

P2B - Automation - thinking differently, Conference Room 1, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Maria Majeed is a technical analyst at Centre for Guidelines (NICE). She has worked in guideline development including surveillance and evidence synthesis for COVID-19. Previously, she has worked on various epidemiological and medical research including meta-analysis on global prevalence of gestational diabetes, data-analysis on vitamin D and associated factors in UAE, energy expenditure and weight loss during Ramadan while working at Imperial College London Diabetes Centre. She has proficient expertise in data-analysis using STATA, SPSS and RevMan.

Profile link: <https://www.linkedin.com/in/maria-majeed-411a6b60>

Background

NICE has maintained a portfolio of COVID-19 living guidelines since March 2020. Living guidelines are updated as evidence emerges meaning recommendations can be rapidly replaced. However, the lifespan of living guideline recommendations is unknown.

Objectives

To describe how long COVID-19 living guideline recommendations remain valid.

Methods

All NICE COVID-19 guideline recommendations that published between 1 March 2020 and 31 August 2022 were included. Information was collected on first publication date, update decision, date of update publishing and update type for each recommendation. Updates included withdrawal, minor amendments, or major changes in evidence synthesis. Recommendations that have not been withdrawn or updated were censored on 31/08/2022. Survival analysis was applied using Stata (v13.0).

Results

1182 recommendations were included from 26 living guidelines. The median survival time of living recommendations was 739 days (IQR: 332, 781). Lifespan varied based on recommendation type with intervention recommendations having the shortest lifespan (354 days) compared with service delivery (739 days) and patient experience (733 days). Within intervention type, pharmacological recommendations had shortest survival time versus non-pharmacological recommendations [335 days (IQR: 161, 775) vs 775 days (IQR: 354, 775)]. Mean number of days from surveillance decision to update publishing was 29.12.

Discussion

Within living guidelines, some recommendations need to be updated sooner than others. This survival analysis shows that living guideline recommendations on interventions have a shorter lifespan compared with other recommendation types. This supports the prioritisation of recommendations within guidelines in a living approach.

Linking guidelines for multimorbidity: the development of Webofguidelines.nl, a digital guideline-linking tool

Dr. Marlies Verhoeff¹, Dr. Tim Christen¹, Dr. Majid Mohammadi², prof. dr. Annette ten Teije², dr. Janke de Groot¹

¹Dutch Knowledge Institute Of Medical Specialists, Utrecht, the Netherlands, ²Department of Computer Science, Vrije Universiteit Amsterdam, Amsterdam, the Netherlands

P2C - Automation across the process, Conference Room 2, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Marlies is a medical doctor and consultant at the Dutch Knowledge Institute of Medical Specialists, where she finished a PhD titled 'Towards coordination and tailoring of hospital care for patients with multimorbidity'.

She has a special interest in the possibilities machine learning and artificial intelligence, and combines her expertise and interests in the Linking Guidelines project.

Background: Due to aging, the prevalence of multimorbidity (having multiple chronic conditions) is increasing. Medical guidelines are often developed for single conditions and there is limited-cross linking between guidelines. Cross-linking can improve quick navigation to find information in related guidelines, to support tailoring of care for patients with multimorbidity.

Objective: This study aimed to explore technological solutions for semi-automatic cross-linking in Dutch medical guidelines.

Methods: Iterative design thinking approach using the Dutch National Guideline Database with 460 medical specialist guidelines.

Results: In the interviews and think-aloud exercises in the inspiration phase, guideline developers identified the lack of overview of the content of guidelines within the database as the main problem for linking guidelines. Classification of guidelines was identified as a prerequisite to improve findability. As a start, manual classification with ICD-10 at disease level was used. The prototype of the digital guideline-linking tool (webofguidelines.nl) links relevant terms in the guideline text to SNOMED-CT and, when applicable, to guidelines based on the ICD-10 classification. The tool identified 92% of the words that needed a link to SNOMED-CT. 77% of the provided links were deemed correct by at least one researcher.

Discussion: The first prototype of our digital guideline-linking tool performed reasonably well. The semi-automatic linking suggestions can support guideline developers to realize cross-linking between guidelines, which helps clinicians to rapidly navigate through related guidelines in case of multimorbidity. In addition, the semi-automatic annotation of guideline texts has the potential to accelerate the transformation towards machine-readable, automatically classified and digitally optimized guidelines.

Literature screening based on the intelligent relevance sort in Google Scholar search engine

Assistant Researcher Rui Wang¹

¹Children's Hospital Of Fudan University, Shanghai, China

P2B - Automation - thinking differently, Conference Room 1, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Rui Wang has participated in developing 10 clinical practice guidelines as a member of the methodology team since she started her career in guideline development in 2019. She has a good command of the GARDE methodology, especially in applying the evidence-to-decision framework. She can play various roles in the process of guideline development as a program manager to guide the team through each step of the process, and as an evidence and information scientist to develop appropriate search strategies and identify relevant evidence.

Background: The relevance sort in Google Scholar is popular among researchers who want to quickly identify the most relevant articles for their research question.

Objective: To explore how Google Scholar facilitates clinical practice guideline development using its relevance sort function in a scoping view for guideline question identification.

Methods: For a scoping review on question identification for the clinical practice guideline on children and adolescents with cerebral palsy, related English guidelines, expert consensus, systematic review, and scoping review were searched on Google Scholar from January 1, 2020 to May 2, 2022 with the search strategy of cerebral palsy AND guidelines, cerebral palsy AND consensus, cerebral palsy AND systematic review, cerebral palsy AND scoping review. With the intelligent relevance sort function, reviewers preliminarily screened literature by reading titles and abstracts until consecutive 50 articles failed to match the inclusion criteria.

Results: A total of 489 articles were identified after the preliminary screening through the relevance sort. We got 7 English scoping reviews from 2010 to 2018, and 42 from 2018 to 2022.

The majority of English literature focuses on intervention techniques, assessment techniques and function status. There were 37 kinds of intervention techniques reported in 181 English articles.

Conclusion: Literature screening based on the intelligent relevance sort in Google Scholar search engine is an effective way to collect literature for a scoping review for guideline question, to some extent speeding the process of guideline development.

Living Evidence Structured Summaries (LESS): an innovative reporting model for LE synthesis updates

Ariadna Auladell-Rispau¹, Luz Ángela Torres², Dr. Gerard Urrutia³, Dra. María Ximena Rojas-Reyes³

¹PhD Program in Biomedical Research Methodology and Public Health. Universitat Autònoma de Barcelona, Barcelona, Spain, ²Fundación La Cardio. Afilated Cochrane Center. , Bogotá, Colombia,

³Research Institute of the Hospital de la Santa Creu i Sant Pau (IR-HSCSP). Biomedical Research Institute (IIB Sant Pau), Barcelona, Spain

P4D - Technology & Impact, Conference Room 3, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Ariadna Auladell is a pharmacist with a specialisation on pharmacoepidemiology. She is currently a PhD student in the Biomedical Research Methods and Public Health program at the Autonomous University of Barcelona. Her thesis is focused on the methodology approach for the design, development and report of Living Evidence Synthesis. She has been involved in the development of the "Living Evidence to inform health decision" project, led by Dr. Rojas, and has been involved in the publication of articles about Living Evidence.

Background: Despite the current advances in health research and technology, important health decisions are still made every day with incomplete or outdated information on the health interventions' effects. The Living evidence (LE) approach permits new research findings to be continually incorporated into evidence synthesis; however, there is still a gap in the process of bringing its updated results to the decision-maker.

Objectives: Our project aims to reach a consensus on the reporting model accounting for the constant updates of the evidence syntheses developed under the LE approach.

Methods: We are carrying out a multi-design iterative study that will allow for systematic and rigorous development of Living Evidence Structured Summaries (LESS) based on an agreed "LE synthesis updates reporting model". Step 1: Development of a scoping review for the identification of evidence synthesis structured summaries. Stage 2: Brainstorming meetings with key thematic experts aimed at developing the first draft of the LE updates reporting model. Step 3. Expert consultation (Delphi consensus). The final LESS will be tested in the development of evidence summaries for real-life decision-making.

Results: We are currently running steps 1 and 2. Presentations of the Delphi process results will account for the level of consensus reached; the results of the LESS assessment taking place in the pilot study will be presented in tables. We will also present the final LESS structure and content.

Conclusion: This research project includes the design and evaluation of effective tools for the dissemination and implementation of LE synthesis results to support decision-making processes.

Living Guidelines – high quality processes need time

Mrs Peggy Prien¹, Mrs Sabine Schueler¹, Dr. Christina Brockamp¹, Dr. Juliane Koenig¹, Mrs Katrin Krueger¹, M.a. Corinna Schaefer¹

¹Agency For Quality In Medicine, Berlin, Germany

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Trained in human sciences, CS is the deputy director of the German Agency for Quality in Medicine (AQuMed) and head of the departments for guidelines/evidence-based medicine and patient information/ patient involvement. She is responsible for the coordination of the German National Disease Management Guidelines Program (NDMGP). From 2010 – 2019, she served as chair for the the G-I-N PUBLIC working group. She is Chair of the German Health Literacy Network and member of the guideline commission of the German Association of Scientific Medical Societies.

Background: Guidelines are increasingly striving for "living" status. However, the stricter the methodology and the more multidisciplinary and larger the guideline group, the longer updates take. Formal standards also require a lot of time. This raises the question of which update intervals are realistic for "living" guidelines.

Methods: For the German National Disease Management Guidelines (NDMG) program, we evaluate the duration of our updating processes and characterize different strategies for updating. We review the formal and internal documents and our work flow and timelines to highlight the duration of methodological processes (systematic searches, appraisal, formal consensus) and formal processes (public consultation, formalizing documents, formal agreement of all participating organizations).

Results: In the last 10 years, all 7 guidelines of the NDMG program have been updated at least once and all guidelines are currently in a continuous updating process. Updating strategies comprised full updating, partial /focused updating and amendments. Frequencies of updating varied from 1 to 4 years. Frequent barriers to rapid processing were the need for intensive discussion due to different interpretation of EtD-factors among members of the guideline group, problems in scheduling meeting for the large multidisciplinary groups and formal approval processes. Detailed results on the duration of the different processes will be presented.

Conclusion: Processes assuring high quality guidelines are time consuming. It remains a challenge to prioritize and allocate resources to recommendations where short-interval updating is strictly necessary.

Living guidelines: keeping prioritized recommendations alive. Lessons learned in a joint project of systematic reviewers and guideline groups

Dr. med. Monika Nothacker¹, Philipp Kapp², Dr. Waldemar Siemens^{2,3}, Gina Bantle², Dr. Susanne Blödt¹, Prof. Dr. Cordula Braun³, Dr. Thomas Harder⁵, Dr. Vanessa Piechotta⁵, Peggy Prien⁴, Sabine Schueler⁴, Sabine Schwarz⁴, M.A. Iris Thielemann⁵, M.A. Corinna Schaefer⁴, Prof. Dr. Joerg J. Meerpohl^{2,3}, M.A. Valérie Labonté^{2,3}

¹Association Of The Scientific Medical Societies (AWMF)- Institute for Medical Knowledge Management (IMWi)/o Philipps University and AWMF , Marburg/Berlin, Germany , ²Institute for Evidence in Medicine, Faculty of Medicine and Medical Center, University of Freiburg, Freiburg, Germany, ³Cochrane Germany, Freiburg, Germany , ⁴Agency for Quality in Medicine, Berlin, Germany , ⁵Immunization Unit, Robert Koch Institute, , Germany

P1A - Living Guidelines & approaches to implementation, Main Auditorium, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

Monika is deputy head of the Associations. Scientific Medical Societies-Institute for Medical Knowledge Management in Marburg and Berlin, Germany since 2012, which runs the quality assured AWMF guideline register with over 850 guidelines. She is a gynecologist, public health scientist and guideline advisor, giving methodological support to various guidelines groups and projects.

Background: Living guidelines (LGs) based on living systematic reviews (LSRs) for single recommendations are increasingly proposed to inform clinicians, patients and other decision makers to achieve best care. However, organizing LGs with fast updates of LSRs remains challenging.

Objective: To discuss challenges faced and solutions in rapid updates of single recommendations.

Methods: In collaboration between systematic reviewers (SRs) and guideline developers (GDs), a preliminary set of prioritization criteria was developed. Three recommendations for which we assumed quickly evolving evidence were prioritized. LSRs were conducted and updated every 3 months over one year. LSRs focused on COVID-19 vaccines in children, E-cigarettes for smoking cessation in patients with chronic obstructive pulmonary disease, and sacubitril/valsartan or sodium-glucose co-transporter type 2 in patients with chronic heart failure. Results of every update were presented to the respective guideline group which assessed the need for modifying the recommendations. Experiences of SRs and GDs were evaluated with qualitative interviews.

Results: Challenges were: 1.) prioritizing recommendations so that needs of GDs and resources of the SRs were matched - resulting in three criteria for prioritization, 2.) alignment of LSR-production and guideline processes such as meeting coordination to timely discuss new evidence, 3.) methodological issues such as changing inclusion criteria per LSR version, e.g. study design, timing of updates, adaption to epidemiological developments (COVID-19 variants) and implications of results for related recommendations.

Conclusion: LSRs informing guideline recommendations require a sensitive and adaptive interplay between GDs and SRs which should be repeatedly discussed bearing in mind resources and clinical consequences.

Living systematic reviews and living recommendations: Challenges and potential solutions

Dr. Monika Nothacker², M.a. Corinna Schaefer¹, Dr Elie Akl³

¹Agency For Quality In Medicine, Berlin, Germany, ²Association of the Scientific Medical Societies' Institute for Medical Knowledge-Management (AWMF-IMWi), Marburg, Germany, ³American University of Beirut, Beirut, Lebanon

W3A - Workshop: Living systematic reviews and living recommendations: Challenges and potential solutions, Conference Room 6/7, September 21, 2023, 10:00 AM - 10:45 PM

Biography:

Trained in human sciences, Corinna Schaefer is the deputy director of the German Agency for Quality in Medicine (AQuMed), and head of the departments for guidelines/evidence-based medicine and patient information/ patient involvement. She is responsible for the coordination of the German National Disease Management Guidelines Program (NDMGP). From 2010 – 2019, she served as chair for the the G-I-N PUBLIC working group. She is member of the CIOMS Working Group IX on patient and public involvement in the development of safe medicines, Chair of the German Health Literacy Network and member of the guideline commission of the German Association of Scientific Medical Societies.

Background

The COVID19 pandemic has been a driver for rapid updating of guidelines and systematic reviews. Efforts from all over the world have shown that living systematic reviews and living guideline recommendations are feasible and sometimes necessary. However, additional resources are required and some pitfalls have shown to impact successful development and implementation of living recommendations. Thus, prioritization of clinical questions and a sound methodology for continuous updating are key.

Objective

The aim of this workshop is to provide a short overview of current research and practice regarding living recommendations, highlight key components of successful living recommendation development, to share experiences about what worked and what didn't work in different settings and discuss solutions.

Format (including interactive elements)

Short presentation to introduce the concept of living systematic reviews and living recommendations

Two short statements about results and experiences from a research project on living recommendations highlighting practical challenges

In breakout sessions, three small groups will discuss the following issues:

- (criteria-based) prioritization of recommendations or clinical questions that benefit from short-interval updating
- (Different) update-frequencies for different clinical questions taking in account study design and clinical implications
- Measures to assure consistency and managing the impact that updated recommendations may have on related guideline content

Results will be presented and discussed by participants in a moderated group discussion. In a wrap up, the need for further methodological guidance will be evaluated.

Choice of Length: 90 minutes

Machine learning programs to help reduce screening time, an artificial intelligence simulation study.

MSc. Matthijs Oud¹

¹Dutch College Of General Practitioners , Utrecht, Netherlands, ²Trimbos-institute, Utrecht, Netherlands

P2B - Automation - thinking differently, Conference Room 1, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Methodologist on guideline development in healthcare. My goal is that healthcare professionals can carry out their job on the basis of reliable evidence.

Background

Screening the literature for a systematic review is time-consuming and labor-intensive. Machine learning programs are available for automating the screening process to improve efficiency. To test performance of these programs, fully labeled datasets are needed for comparison.

Objective

To test the efficiency and feasibility of reconstructing a fully labeled dataset using only the search queries and then the performance of the machine learning program.

Methods

A dataset used for a systematic review of borderline personality disorder treatment was reconstructed using information provided by the original researchers following PRISMA guidelines. In 2022, we ran the original searches through to the last search date (2017) of the BPD review for a simulation study to compare the performance of different machine learning models using the open-source ASReview software with manual screening.

Results

Two important results were found in our study. First, the reconstructed dataset (n=1053) did not match the original dataset (n=1013), due to adjusted original search queries in the databases, withdrawn publications, adjusted black-box algorithms and corrected mistakes in the meta-data. This means that in the reconstructed dataset more studies were found as well as less. Second, on average, 82.3% of screening time was saved (approximately 9 hours).

Discussion

This means that even if one follows PRISMA guidelines, others cannot exactly reproduce the authors' original search results. And although results for replication are sufficient, it is a problem for conducting an AI simulation study. We advise to publish your dataset with meta-data of the records you found plus the labeling decisions.

Making Science Computable: Guideline-relevant Developments from the Health Evidence Knowledge Accelerator

Dr. Brian Alper^{1,2}, Joanne Dehnbostel^{1,2}, Khalid Shahin^{1,2}, Ilkka Kunnamo^{1,3}, Karen Robinson^{1,4}

¹Scientific Knowledge Accelerator Foundation, Ipswich, United States, ²Computable Publishing LLC, Ipswich, United States, ³Duodecim Publishing Company Ltd., Helsinki, Finland, ⁴Johns Hopkins University, Baltimore, United States

P2E - Panel: Making Science Computable: Guideline-relevant Developments from the Health Evidence Knowledge Accelerator, Conference Room 4/5, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

With a mission to provide the most useful support for healthcare decision making: Dr. Alper founded DynaMed (an evidence-based clinical reference used by millions), developed methods to support rapid development of high-quality guidelines with limited resources, modernized models to organize evidence and guidance for clinical decision support, defined certainty of net benefit, and started the EBMonFHIR project.

In 2020, he changed his Mission to enable standard-based machine-interpretable expression of knowledge, especially related to healthcare and scientific evidence: Dr. Alper founded Health Evidence Knowledge Accelerator (HEvKA), Computable Publishing LLC, Scientific Knowledge Accelerator Foundation, and the Fast Evidence Interoperability Resources (FEvIR) Platform.

Background

The GIN community has long desired interoperable solutions to share evidence and guidance across the ecosystem. Health Evidence Knowledge Accelerator (HEvKA) is an open global collaborative effort making this a reality.

Objective

The target audience includes anyone using a computer to develop, interpret, disseminate, or implement evidence or guidance.

This panel will share:

- 1) the activities necessary to transform scientific communication to computable form;
- 2) the current status related to supporting guideline development, dissemination and implementation; and
- 3) how to participate.

Content of presentations

Introduction to Making Science Computable, EBMonFHIR, HEvKA - Dr. Alper will introduce the project to extend Fast Healthcare Interoperability Resources (FHIR, the standard for health data exchange) to EBM knowledge assets, how this was triggered by GIN, and how it expanded to become HEvKA.

Introduction to FEvIR Platform - Mr. Shahin will introduce the Fast Evidence Interoperability Resources (FEvIR) Platform to support exchange of scientific evidence.

Introduction to Scientific Evidence Code System (SEVCO) - Ms. Dehnbostel will introduce the multidisciplinary efforts of participants from about 20 countries to create a standard structured vocabulary for study design, risk of bias, and statistics.

Introduction to FEvIR: Recommendation Justification Builder/Viewer - Dr. Robinson will introduce a tool that guideline developers can use to document the judgments and rationale from a guideline panel, and the tool will convert the input to an interoperable form.

Introduction to FEvIR: Adaptation Builder/Viewer - Dr. Kunnamo will introduce a tool to update or adapt structured data and show applications to guideline development.

Management of multidisciplinary team in guidelines

Ms Ling Wang^{1,2}, Yaolong Chen^{2,3}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³Center for Evidence-based Medicine, School of Basic Medicine, Lanzhou University, Lanzhou, China

P1D - Words and context in guideline development, Conference Room 3, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

Wang Ling, research topics are evidence-based medicine and clinical practice guidelines methodology. Bachelor of Medicine and Master of Epidemiology and Health Statistics.

Background: The multidisciplinary team (MDT) model originated in the 1990s, in the field of oncology, MDT is considered to be the irreplaceable treatment model for saving oncology patients. Clinical practice guidelines, as an important basis for guiding clinical staff in scientific decision-making, have also paid increasing attention to MDT, and some guidelines have put forward recommendations for MDTs from the management perspective, and the standardized management of MDT is the key to ensure the operation and maximum effectiveness. However, no studies have been conducted to summarize and analyze the recommendations related to MDT management in guidelines.

Purpose: We aim to systematically review the recommendations for MDT management in the guidelines to inform the operation and management of MDT.

Methods: We searched PubMed, Web of Science, Embase, CNKI, WANFANG, and CBM databases and supplemented with international guidelines institution websites. A total of 3576 records were obtained, and after two rounds of screening, 34 guidelines or expert consensus were finally included.

Results: The largest number of source countries was China. Nearly 80% (27) of the guidelines or consensus focused on the field of oncology. In terms of recommendations, more attention was paid to the construction and implementation of MDTs, with the most common elements being the organizational structure and composition of MDTs, followed by the importance of MDTs, and the responsibilities and goals of MDT teams. The rest of the results we are analyzing in depth and look forward to sharing in GIN 2023.

Measuring experience and engagement of NICE committee members to maximise the benefits of expertise offered by committee members.

Mrs Swapna Mistry¹, Miss Katie Holden¹, Dr Emma McFarlane¹

¹NICE, Manchester, United Kingdom

P5D - Approaches to stakeholder engagement - examples from around the World, Conference
Room 3, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Dr Emma McFarlane works as a Technical Adviser at the National Institute for Health and Care Excellence (NICE) in Manchester, UK. Having worked in Guideline Surveillance at NICE for over 10 years, Emma joined the COVID-19 team in 2020 due to her expertise in developing innovative methods in guidelines and surveillance. In this role, Emma led the development of methods and processes for COVID-19 surveillance. Emma also led on accelerated updates to COVID-19 guidelines as part of the living guideline process and developed NICE's first living guideline on managing COVID-19.

Emma has a broad range of research interests and has recently led on several projects including development of a framework for prioritising recommendations for living guidelines and a project exploring the lifespan of living guideline recommendations.

Emma is currently the chair of the GIN updating guidelines working group, as well as being a member of the collaboration and GIME working groups.

Emma has a keen interest in collaboration and sharing best practice in evidence synthesis and is a steering group member of the Manchester Evidence Synthesis Network (bit.ly/3YPDwox) with responsibility for developing programmes for quarterly network events. This network brings together more than 190 health researchers, guideline developers and policy makers from across Greater Manchester West with an interest in evidence synthesis.

Aim

To gather views of NICE's advisory committee members, to determine what currently works well and what needs to be improved.

Background

Advisory committees play a pivotal role in developing NICE guidance, to offer independent advice on health and social care recommendations that are both, effective and cost effective. Considering NICE's large scale transformation programme, a review into committee members' experience was important to ensure committee members remain satisfied and engaged in NICE's guidance production.

Methods

Engagement with committee members included:

- A committee members survey that generated over 400 responses.
- A survey of committee chairs.
- Listening events and interviews.
- A workshop with committee chairs.
- Discussions with operational teams across NICE.

Results

More than 90% of professional members and 77% of lay members reported that being on a committee is attractive, and members also report high likelihood of recommending their peers to apply for a NICE committee role. Over 90% of respondents reported their role in supporting people to receive high quality care was important to them and felt satisfied with their committees' ability to shape recommendations and give views in meetings.

However, there was substantial variation in satisfaction with the length, timeliness, and level of support/guidance to interpret papers across different committee types. Members are least satisfied with the opportunity to interact with other members.

Conclusion

The primary motivation of committee members is to support people receive high quality care. Although, the members generally praised committee operations, they also identified areas for future improvements.

Measuring research impact of authors on guideline work – a pilot analysis

Dr. med. Monika Nothacker¹, Dipl.-biol. Gregor Wenzel², Dipl.-Soz. Thomas Langer², M.A. Valerie Aman³, Dr. Sophie Biesenbender³, M.A. Christopher Traylor⁴, Prof. Dr. Christoph Herrmann-Lingen⁴, Prof. Dr. Ina Kopp¹

¹Association of the Scientific Medical Societies in Germany (AWMF) - Institute for Medical Knowledge Management (IMWi) c/o Philipps University Marburg and AWMF, Berlin, Marburg/Berlin, Germany, ²Office, German Guideline Program in Oncology, German Cancer Society, Berlin, Germany, ³German Center for Higher Education Research and Science Studies, Berlin, Germany, ⁴University Medical Center Goettingen, Department of Psychosomatic Medicine and Psychotherapy, Georg-August-University, Goettingen, Germany

P4D - Technology & Impact, Conference Room 3, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Monika is deputy head of the Associations Scientific Medical Societies' Institute for Medical Knowledge Management (AWMF-IMWi) in Marburg and Berlin, Germany since 2012, which runs the quality assured AWMF guideline register with over 850 guidelines. She is a gynecologist, public health scientist and guideline advisor, giving methodological support to various guidelines groups and projects.

Background

The evaluation of medical research performance is key for scientists' careers. The Journal Impact Factor does not appropriately measure research impact. One contribution to a modified multidimensional evaluation system can be an author's impact on guideline work.

Objective

To analyse the impact of medical scientists on clinical guidelines taking authors of oncological guidelines as example.

Methods

31 current, evidence- and formally consensus-based guidelines of the German Guideline Program in Oncology were analyzed, with a mean of $175,8 \pm 91$ recommendations per guideline (47 to 445), available in a digital content management system. For all authors of each guideline, the number of publications cited, authorship position, type (evidence versus consensus-based) and grade of recommendation as well as number of citations related to recommendations transformed to performance measures were extracted.

Results

The 31 guidelines contained 39,789 citations, 3.257 of which pertained to guideline authors (8.2%, 1-16 citations per author), with 1,540 first- or last authorships (47.3%), justifying 650 evidence-based recommendations or statements (1.6% of all recommendations) and 262 strong recommendations (grade of recommendation "A"). 77 cited publications underpinned strong recommendations serving as performance measures in certified cancer centres.

Discussion

Authors' impact on guideline work can easily be extracted if guidelines are digitized. This alternative impact measure should be promoted in multidimensional evaluation systems, as it

contributes to measure the impact of scientists on health care. Precautions, such as backtracking of references to systematic literature searches, should be implemented to prevent falsifications.

Meta-research of clinical practice guideline for diagnostic and treatment of colorectal cancer

Ph.D. et Ph.D. Dagmar Tuckova^{1,2,3}, Prof. MD. Ph.D. Miroslav Zavoral⁴, MD Ph.D. Tomas Grega⁴, Dr. Miloslav Klugar^{2,3}

¹Faculty of Medicine And Dentistry Palacký University Olomouc, Olomouc, Czech Republic, ²The Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (Cochrane Czech Republic, Czech CEBHC: JBI Centre of Excellence, Masaryk University GRADE Centre, Institute of Biostatistics and Information, Masaryk University, Brno, Czech Republic, ³Institute of Health Information and Statistics of the Czech Republic, Prague, Czech Republic, ⁴Military University Hospital Prague, Prague, Czech Republic

Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

The author of the presentation works as a assistant professor at the Department of Public Health at Faculty of Medicine and Dentistry, Palacký University in Olomouc, Czech Republic. She is a core staff of The Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (Cochrane Czech Republic, Czech CEBHC: JBI Centre of Excellence, Masaryk University GRADE Centre), Institute of Biostatistics and Analyses, Faculty of Medicine, Masaryk University, Brno, Czech Republic, where she participates on the various of activities, including the development of clinical practice guidelines. She is a member of the national project for the development of clinical practice guidelines.

Introduction:

Colorectal cancer (CRC) covers a wide range of procedures that help in disease diagnostic and treatment at various stages of the disease. The clinical recommended procedure in the Czech Republic, which has been published, are focusing separately on I. and II. Stage of CRC, and separately on III. and IV. Stage of CRC. Because the treatment of colorectal cancer is still evolving, the search has been updated to find new results in this area.

Aim:

The aim of the presentation is to present a meta-research on the creation of a clinical practice guideline focused on colorectal cancer.

Methods, analysis:

We searched in 58 databases repositories and websites of guideline developing organisations and medical societies, e.g. BIGG international database of GRADE guidelines, DynaMed, ESMO Clinical Practice Guidelines, Guideline central or National Institute for Clinical Evidence (NICE) to identify all clinical practice guidelines for diagnostic and treatment of colorectal cancer at I. – IV. stage in adult population. We planned to include the CPGs, expert guidance, guidance documents, consensus statements which were published in the last 5 years with no geographical or language restrictions available in full texts. We planned to include those that contained good practice recommendations that were consulted with clinical experts. Two independent reviewers will perform critical appraisal using the AGREE II tool. The data presented in a narrative and tabular form include the results of the critical appraisal for all identified CPGs for all AGREE II domains and an assessment of the use of the GRADE approach.

Methodological assessment of cost-effectiveness studies of treatment with biologicals of severe asthma: a systematic review [MeCoBiA].

Laura de la Torre-Pérez^{1,2}, Marilina Santero^{1,2}, Camila Ignacia Quirland Lazo^{1,2}, Christine Giesen³, Francisco Motta Jara¹, Carlos Canelo¹, Pablo Alonso-Coello^{1,4}

¹Department of Clinical Epidemiology and Public Health, Iberoamerican Cochrane Centre, Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, ²Barcelona Autonomous University (UAB), Barcelona, Spain, ³Centro de Salud Internacional Madrid Salud, Ayuntamiento de Madrid, , Spain, ⁴Epidemiology and Public Health Networking Biomedical Research Centre (Consorcio de Investigación Biomédica en Red de Epidemiología y Salud Pública, CIBERESP), Carlos III Health Institute., , Spain

P3E - Guidelines in the real world II, Conference Room 4/5, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Laura de la Torre is a Medical Public Health specialist currently working as a Research Rio Hortega Fellow at the Cochrane Iberoamerican Center in the Biomedical Research Institute of Sant Pau (IIB Sant Pau) located in Barcelona, Spain.

She has significant experience in health economics and health technology assessments. Since commencing her fellowship at the IIB Sant Pau in 2022, Laura has begun pursuing her Ph.D. in evaluating the certainty of economic evidence at UAB. In addition, she has been actively involved in evidence synthesis for clinical guideline development and quality assessments on economic evidence for the Iberoamerican Cochrane Centre.

Background: There has been a growth in the number of economic evaluations in the literature, reporting important differences in their designs and results for a particular health technology. Previous research has shown systematic differences among incremental cost-effectiveness ratios (ICERs) and Cost-Effectiveness Analysis (CEA) conclusions in industry-sponsored evaluations. Biological treatments for asthma have been extensively evaluated, and vast differences in the cost-effectiveness of the same drug have been reported. Therefore, studying these differences could serve as a base-case scenario to better understand differences in CEA.

Objectives: To describe the methods of the CEA of biologic treatment for severe asthma and assess their methodological limitations. Furthermore, we will evaluate the association between the methods and ICERs in these studies.

Methods: We will include CEA of omalizumab, mepolizumab, reslizumab, dupilumab, benralizumab, and tezepelumab, compared with the standard of care in adults diagnosed with severe asthma. We developed a search strategy for Medline and Embase. We will assess the quality of included studies with the consensus on the health economics criteria checklist (CHEC) for trial-based studies and ISPOR/ISMD checklist for studies using models. We will use regression analysis to examine the association between study characteristics (e.g., methodological quality) with the ICER and the CEA conclusion (cost-effective or not).

Expected results: We screened 1364 records, including 26 after full-text evaluation. Our results will inform which study characteristics are associated with the higher ICERs. This information may help decision-makers, funding agencies and guideline developers, raising awareness on how to consider evidence from CEA.

Methodological discussion on automatically capturing real-world data on pediatric pneumonia from electronic case reports form based on the hospital medical information platform

Yingwen Wang¹, Ms Xiaobo Zhang², Ms Ling Su³

¹Nursing Department, Shanghai, China, ²Respiratory Department, Shanghai, China, ³Medical Information center, Shanghai, China

P3E - Guidelines in the real world II, Conference Room 4/5, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Yingwen Wang works at Nursing Department of Fudan University as clinical nurse specialist, focuses on resolving gaps in knowledge with real world data using automation methods.

Objective: To construct an electronic case report form (eCRF) data collecting platform, and to apply the real-world data to clinical research and disease management.

Methods: Variables for pediatric pneumonia were extracted from the literature sought by a systematic search in databases to form a variable pool. Experts for reviewing were required to identify core variables from the pool for the development of eCRF following the rule of Clinical Data Interchange Standards Consortium (CDISC). After variable verification and correction, the data collection test model was built and improved by testing the data collection ability, and the timeliness and system security were analyzed in parallel. Main outcome measures: Response rate of eCRF for pediatric pneumonia data.

Results: Based on the selected 7 guidelines, 4 recommendations, 10 expert consensus and 9 classic monographs as the original source of variables, experts identified 18 domains and 335 pediatric pneumonia variables for automatic collection. The results were refined after 5 rounds of testing and evaluation. The overall compliance rate was 95.5% (320/335). The detected variables could be automatically collected within 24 hours of data generation. Data verification and locking could also be done at the same time.

Conclusion: The eCRF data collection platform can automatically capture real-world data from hospital medical information system to facilitate clinical research and disease management.

Methodology for developing a patient adapted version from an European Clinical Practice Guideline: Phelan-McDermid syndrome in the context of rare diseases

Josune Domínguez García¹, Marta López-Argumedo González-Durana², Beatriz Carmona Hidalgo³, Juan Antonio Blasco Amaro³, Charlotte Gaasterland⁴, Mirthe Klein Haneveld⁴, Conny van Ravenswaaij-Arts⁵

¹Basque Foundation for Health Innovation and Research (BIOEF), Barakaldo, Spain, ²Basque Office for HTA (Osteba), Vitoria-Gasteiz, Spain, ³Health Technology Assessment Area (AETSA), Andalusian Public Foundation Progress and Health (FPS), Seville, Spain, ⁴Emma's Childrens Hospital, Amsterdam UMC / ERN ITHACA Guideline Working Group, Amsterdam, The Netherlands,

⁵University of Groningen, University Medical Centre Groningen, Dept Genetics / the European Phelan-McDermid syndrome consortium, Groningen, The Netherlands

P1C - Supplementing traditional approaches to guideline development, Conference Room 2,
September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Josune Domínguez García received the BSN degree (2018) and MPH degree (2021) from the University of the Basque Country (UPV/EHU), Spain. She also got a postgraduate title about e-Health: Information Technology and Healthcare Management.

During the period 2018-2022, she worked as a nurse practitioner at Osakidetza (Basque Public Health Service), collaborated as a researcher and worked as a professor at the University of the Basque Country.

Since mid-2022 she works as a Project Manager in the Basque Foundation for Health Innovation and Research (BIOEF) in the "ERN Guidelines: Clinical Practice Guidelines and Clinical Decision Support Tools" program.

Background. Phelan-McDermid syndrome (PMS) is a rare genetic disorder characterized by neonatal hypotonia, developmental delay, intellectual disability, and dysmorphic features. The adapted versions for patients from clinical guidelines are essential keys to address the healthcare needs. The European Reference Networks (ERN) Guidelines programme was funded for the development of Clinical Practice Guidelines (CPGs) and Clinical Decision Tools (CDSTs) in the area of rare diseases (RDs).

Objective. To describe the methodological support of the Basque Office for Health Technology Assessment and the Andalusian Health Technology Assessment Area to the ERN for Rare Malformation Syndromes, Intellectual and Other Neurodevelopmental Disorders (ERN-ITHACA) in

the development of a patient booklet based on a newly developed European CPG to be used as an adjunct in the management of PMS.

Methods. A preliminary booklet was adapted following: 1) the methodological process described in the Handbook#11 developed in the ERN Guidelines Programme; and 2) the European CPG for PMS. The review procedure of the booklet was carried out by clinical experts and patient representatives who also participated in the creation of the CPG.

Results. The content of the booklet is divided in the introduction, diagnosis, treatment, pregnancy, do's and don'ts, supportive care, social networks and glossary. The selection of symbols, colours, typography, graphical elements and illustrations, were created as a corporate identity.

Discussion. Our support to the ERN-ITHACA has been significant to develop an adapted version for PMS since it is the best way to improve the clinical care and the quality of life of patients.

Methods and Ways for Involving Stakeholders in Practice Guidelines

Dr. Xuan Yu^{1,2,3}, Prof. Yaolong Chen^{1,2}

¹Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ²Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China,

³Department of Global Health and Social Medicine, Harvard University, BOSTON, USA

P5C - How to involve your stakeholders depends on who they are, Conference Room 2, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Dr. Xuan is a researcher interested in evidence-based medicine and evidence-based social sciences at Lanzhou University, China, and Harvard University, USA. Her research focuses on various aspects of guideline development, reporting guidelines, and health and social policy.

Background

Involving stakeholders such as decision-makers, clinical practitioners, patients, and the public in guideline development is crucial for ensuring transparency, scientific rigor, and successful implementation. However, published guidelines often lack clear descriptions of stakeholder involvement methods or relationships between stakeholders and developers.

Objectives

We investigated current practices of stakeholder involvement in guideline development and how involvement is reported in guidelines.

Methods

We comprehensively searched the following electronic databases and websites: MEDLINE (via PubMed), WHO, GIN, and ECRI from 2020 to 2022 with the terms "guideline*", "recommendation*" and their derivatives. Two reviewers screened all titles, abstracts, full texts, and extract information independently and solved disagreements by consensus or consultation with a third reviewer.

Results

A total of 229 practice guidelines were included. Due to time constraints, we first randomly selected 10% (n=23) of the guidelines for analysis and found that the individuals involved in the guideline development process were typically committee members, with no indication of how different stakeholders were selected or how they were included in the process. A minority of guidelines mentioned patients, the public, journalists, lawyers, etc., but without providing details of their selection or involvement methods. Detailed results of the analysis of all 229 guidelines will be presented in the presentation.

Discussion

Involving different stakeholders in guideline development can improve effectiveness and implementation, but guidelines rarely describe stakeholder involvement methods, leaving users unsure of stakeholder-developer relationships. We recommend that guideline developers clearly describe stakeholder types and involvement methods in guidelines and develop more scientific stakeholder involvement methods.

Methods for updating practice guidelines: a methodological survey of published guidance

Rachad Ghazal¹, Joanne Khabsa¹, Jessica Mroueh¹, Omar Ezzedin¹, Vanessa Mroueh¹, Elie A Akl^{1,2}

¹American University Of Beirut, , Lebanon, ²McMaster University, , Canada

P6A - Evidence & Decisions, Main Auditorium, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Ms. Joanne Khabsa is the coordinator of the Clinical Epidemiology Unit at the Clinical Research Institute at the American University of Beirut and of the American University of Beirut GRADE center. She is a pharmacist and holds a Master of Public Health with a concentration in Epidemiology and Biostatistics. Her research interests include conflict of interest, stakeholder engagement, and methods of guideline development. She is a member of the Multi-Stakeholder Engagement (MuSE) in Guideline Development core team, which aims at developing guidance for stakeholder engagement in guideline development.

Background: Practice guidelines are regularly updated to reflect the latest developments in the field. Earlier studies used noncomprehensive surveys to examine the updating process and an examination of updating methods by guideline-producing organizations is warranted.

Objective: The objective of this study was to survey published methodological guidance on the process of updating practice guidelines.

Methods: We compiled a comprehensive list of organizations and included publicly available guidance documents addressing guideline update. Two reviewers assessed eligibility and abstracted data on rules for updating and expiring guidelines, and aspects of the update and post-update processes.

Results: We included 107 guideline-producing organizations. Most organizations mentioned a pre-specified frequency for the assessment of the need to update (53%). The most common trigger for updating was change in evidence (75%), followed by change in the intervention of interest (22%) and in contextual factors (19%). Among organizations that addressed the search strategy to be used in the update, most revisited their previous strategy for the update process (65%). Among organizations that addressed involvement of contributors from original guidelines, most allowed panelists from original guidelines (75%). A minority of organizations specified methods for highlighting changes following updates (12%) or notifying users of updates (5%). A minority of organizations used a pre-specified frequency for expiring guidelines (12%). The main trigger for assessing the need to expire guidelines was change in evidence (8%).

Discussion: This research provides new insights into the updating process of practice guidelines and highlights the need for a more comprehensive and systematic approach.

Methods to monitoring the use of guideline recommendations in clinical practice

Phd Ton Kuijpers¹, PhD Tobias Bonten², MSc Jasper Egeraat², PhD Michiel Oerbekke³, MD, PhD Jako Burgers^{1,4}

¹Dutch College of General Practitioners, Utrecht, The Netherlands, ²Nationaal eHealth Living Lab, Leiden University Medical Center, Leiden, Netherlands, ³Knowledge Institute of the Dutch Association of Medical Specialists, , Netherlands, ⁴Care and Public Health Research Institute, University of Maastricht, Maastricht, Netherlands

P2B - Automation - thinking differently, Conference Room 1, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Ton Kuijpers is program leader guideline development at Dutch College of General Practitioners.

Background

After dissemination and implementation of guidelines it is important to evaluate their use in clinical practice. Monitoring data could include page views of the guideline and prescriptions of medication. These data can provide information about practice variation and the need to update guideline recommendations.

Objective

To design methods to measure the use of guideline recommendations in clinical practice

Methods

We used web based (meta-)data of two recently published recommendations on budenoside for COVID-19 and obstructive sleep apnea (OSA) as example. We combined these data with routinely collected data and for COVID-19 with medication prescriptions. Interrupted time series were used to quantify the impact of publication of the guideline.

Results

After publication of the OSA guideline, the number of web page hits raised from 35 to 80 per week. The impact on clinical practice was unknown due to delay in processing claim data. After publication of the guideline on COVID-19, the number of prescriptions of budenoside raised from 40 to 300 per month. The number of prescriptions was relatively low as the guideline only recommends budenoside to selective patients groups. These examples show that guideline monitoring initiatives should be explicit about the patient population (e.g. ICPC, ICD-10), change of intervention recommended compared to usual practice, and outcome measures (e.g., medication prescriptions).

Discussion

Data collection through websites have limitations due to technical and functional reasons. Prior to the guideline evaluation, we recommend to discuss with the web developers which data could be retrieved for validly monitoring guideline use after publication

Models and frameworks to assess the implementation of clinical practice guidelines: a systematic review

M.Sc. Nicole Freitas de Mello^{1,2}, Dr. Sarah Nascimento Silva³, M.Sc. Juliana da Motta Girardi⁴, M.Sc. Dalila Fernandes Gomes^{1,2}, Dr. Ávila Teixeira Vidal¹, Dr. Marta CL Souto Maior¹, Dr. Jorge Otávio Maia Barreto⁴

¹Ministry of Health of Brazil, Brasília, Brazil, ²University of Brasilia, Brasília, Brazil, ³Oswaldo Cruz Foundation (Fiocruz), Belo Horizonte, Brazil, ⁴Oswaldo Cruz Foundation (Fiocruz), Brasília, Brazil

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Mrs. Freitas de Mello is PhD student in Collective Health at the University of Brasília (UNB) and technical collaborator at the Ministry of Health of Brazil in the Coordination of Management of Clinical Protocols and Therapeutic Guidelines. She has a pharmaceutic degree, as well as master's degree in Public Health Policy.

Background: A key step in the clinical practice guideline (CPG) implementation is its assessment. This complex process aims to evaluate, once the guideline is developed and disseminated, whether the practice is being carried out in accordance with the guideline and whether its expected or desired impact is being achieved. In this regard, implementation assessment frameworks and models are developed and used to provide a structure for evaluating implementation endeavors.

Objective: The objective of this review is to map and summarize existing models and frameworks used worldwide for CPG implementation assessment.

Methods: This is a Systematic review. Searches in MEDLINE, Embase, PsycINFO, Web of Science, GlobalHealth, The Cochrane Library, Health Systems Evidence, CRD, Epistemonikos, PDQ-Evidence, Scopus, CINAHL, Rx for Change and BVS salud databases included studies published from July 2022 to March 2023. Studies focusing on assessment of CPGs implementation and presenting models or frameworks to guide this process were included. The screening process was performed independently by four researchers and cross-checked. The data extraction is in progress.

Results: A total of 13.971 records were identified and, after screening, 24 documents were included. From these documents, it will be possible to present a summary of the evaluation models and frameworks to use for CPG.

Discussion: It is expected to help stakeholders in choosing the most appropriate framework or model to be used in research and in evaluation processes of evidence-based practices, from the identification and characterization of existing models in the literature.

Modified Delphi to identify priority clinical questions and key outcomes for the evidence-based clinical guideline/expert consensus of acupuncture for adults with long COVID

Dr. Ziyu Tian¹, Prof. Xing Liao², Dr. Tianyu Ming¹, Dr. Xiaoyi Hu¹, Dr. Huan Chen¹, Dr. Xiangyu Hu¹, Prof. Weijuan Gang¹, Prof. Xianghong Jing¹

¹Institute of Acupuncture and Moxibustion, China Academy Of Chinese Medical Sciences, Beijing, China, ²Center for Evidence Based Chinese Medicine, Institute of Basic Research in Clinical Medicine, China Academy of Chinese Medical Sciences, Beijing, China

P6C - Getting the methodology right, Conference Room 2, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Ziyu Tian received the Bachelor's degree in acupuncture from Shanxi University of Chinese Medicine, Taiyuan, China, in 2015, the Master's degree in acupuncture from Beijing University of Chinese Medicine, Beijing, China, in 2018 and the PhD. 's degree in traditional Chinese internal medicine (the medical department of neurology) from Beijing University of Chinese Medicine, Beijing, China, in 2021. And she is currently working in Institute of Acupuncture and Moxibustion, China Academy Of Chinese Medical Sciences, with the department of evidence-based center, Beijing, China. Her research interests include clinical research, methodological evaluation of acupuncture and evidence-based clinical guidelines of acupuncture.

Background : Long COVID is a multi-systemic condition and represent a growing global health challenge. More than 200 symptoms have been identified with impacts on multiple organ systems, there was no specific treatment of modern medicine but only symptomatic treatment for such condition. Acupuncture has been widely used for varied long COVID symptoms worldwide, but at present no clinical guideline/consensus exists on acupuncture for long COVID.

Objective : To determine the most relevant questions and key outcomes that should be prioritized in this guideline/consensus.

Method: Through semi-structured interviews with 6 experienced acupuncturists and questionnaire survey of 53 acupuncturists from 20 cities in 10 countries, we formed the primary list of 24 clinical questions and 22 outcomes. 15 experienced acupuncturists from the 53 acupuncturists and 2 experienced methodologist were invited to participate the two-round online modified delphi process to finalize the priority clinical questions and key outcomes.

Results : There were 17(100%) responses to the first and second survey rounds respectively, 13 were traditional acupuncturists, 2 were respiratory doctors before they engaged in acupuncture. Finally we formed 8 clinical questions (Patient : young or middle aged / elderly with long COVID; Intervention: acupuncture / electroacupuncture/ acupuncture combined with symptomatic treatment/ acupuncture combined with other traditional Chinese medicine therapy; Control: no intervention or sham acupuncture or symptomatic treatment). Outcomes of each question ranged from 4 to 17. The highest key outcomes were fatigue, post-exertion symptom and sleep-related functioning, symptoms and conditions .

Discussion : Our guideline/consensus will develop evidence-based recommendations for these high priority questions and key outcomes and it will be updated as needed.

Multi-stakeholder engagement in the prioritization, development, and evaluation of COVID-19 plain language recommendation summaries for the public

Dr. Tamara Lotfi^{1,2}, Shahab Sayfi^{1,2}, Ms. Ashley Motilall^{1,2}, Dr. Kevin Pottie^{3,4}, Dr. Holger Schünemann^{1,2}

¹Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ²Michael G. DeGroot Cochrane Canada and GRADE Centre, Hamilton, Canada,

³Departments of Family Medicine and Epidemiology and Biostatistics, Western University, London, Canada, ⁴Institut Savior Montfort, Hopital Montfort, Ottawa, Canada

W4A - Workshop: Multi-stakeholder engagement in the prioritization, development, and evaluation of COVID-19 plain language recommendation summaries for the public, Conference Room 6/7, September 21, 2023, 11:30 AM - 12:15 PM

Biography:

Ashley Motilall is a Knowledge Mobilization Coordinator for Cochrane Canada in the Health Research Methods, Evidence and Impact Department of McMaster University. Over the past two years, Ashley has played an important role in organizing the WHO TB Recommendations Map (RecMap) and coordinating the development of plain language versions of recommendations for the COVID-19 RecMap. She is currently focused on knowledge mobilization (KM), ensuring that clinical guidelines are accessible to different groups. Ashley hopes to continue her work in KM to bridge the gap between research and practice. In her spare time, she enjoys hiking in the Canadian Rocky Mountains.

Background: Plain language recommendations (PLRs), derived from guidelines, can improve understanding and support guideline dissemination. PLRs are easy-to-read accessible summaries of recommendations from health organizations. As part of the COVID-19 Recommendations Map project, we enhanced the development of PLRs through a multi-stakeholder engagement process. In addition, we learned from our randomized control trial (RCT) that PLRs enhance accessibility, usability, and satisfaction among adults, parents, and youth, and may facilitate better decision-making, compliance, and adherence. The plain language translation of these recommendations can also enable the public to develop a balanced patient-physician relationship.

Objectives: As part of the interactive workshop, participants will: 1) learn about the multi-stage development process for PLRs and the results from our RCT, 2) gain hands-on editing experience by developing a PLR using our template and plain language resources, and 3) provide feedback about the PLR development process and discuss future challenges.

Format: The workshop will include an introductory 15-minute presentation on the emerging science of PLR, 40 minutes of group activities, 15 minutes of group discussions, and 20 minutes of a larger group discussion. For the group activity, we will divide participants into 3-4 groups. Participants will be asked to use plain language tools, such as the Hemmingway Editor and plain language dictionaries, to improve the communication of recommendations. There will be two facilitators present to monitor group progress and guide individual group discussions. Participants will present their work, reflect, share lessons learned, and provide feedback to the larger group.

Narrative questions to complement PICO in Clinical Practice Guidelines

Ms Thomy Tonia^{1,3}, Ms Valérie Vaccaro¹, Dr. Ingrid Toews^{1,2}, Professor Andrew Bush^{1,4}

¹European Respiratory Society, Lausanne, Switzerland, ²Institute for Evidence in Medicine, University of Freiburg, Freiburg, Germany, ³Institute of Social and Preventive Medicine, University of Bern, Bern, Switzerland, ⁴Imperial College London, , United Kindgom

P3B - How to prioritise, Conference Room 1, September 21, 2023, 10:00 AM - 11:00 AM

Background

CPGs aim to offer recommendations for clinical practice. They are evidence-based and usually structured along a selection of PICO-questions. However, some questions, including those on comorbidities and others cannot be optimally constructed in the PICO format and might be better summarised in a narrative way. Such questions can help to capture all necessary information that is needed by stakeholders in health care in order to make an optimally informed decision.

Narrative questions are suitable to inform treatment-related decisions and deemed sensible to complement CPGs to give a full account of relevant, evidence-based information.

Objective

To present the aim, processes and methods for including narrative questions in European Respiratory Society CPGs.

Methods

We have conducted group discussions and reviews of published document in order to investigate the feasibility of narrative questions for CPGs. We have built a consensus about what procedural and methodological steps are required for including narrative questions in CPGs. Following pilot-CPGs that included narrative questions alongside PICO questions, we implemented the standard option of narrative questions to be included in CPGs.

Future prospects for project presentations

We will present detailed considerations about why to include narrative questions to CPGs and display examples for CPGs including relevant narrative questions. We will elaborate on the methodological steps that are required when investigating narrative questions and how the findings are included in CPG recommendations and publications.

Needs-Gap Assessment of Clinical Practice Guidelines in Medical Education: A Qualitative Analysis

Michael Yi¹, Farhana Ikmal Hisham¹, Umer Nadir¹, Loma Dave¹, Victoria Shi¹⁷, Rachel E. Christensen¹, Noor Anvery¹, Dr. Louay Almidani², Dr. Yasser S. Amer^{3,4}, Dr. Rachel Archer⁵, Dr. Heba Hussein⁶, Dr. Emma McFarlane⁵, Dr. Saphia Mokrane^{7,8}, Dr. Rebecca L. Morgan⁹, Dr. Chloé A. de Mortier^{10,11,12}, Mary Nix¹³, Dr. A. G. Radhika¹⁴, Michael Raynor⁵, Brian A Cahn¹, Ross Pearlman¹, Murad Alam^{1,15,16}

¹Northwestern University, Chicago, USA, ²Wilmer Eye Institute, Johns Hopkins University School of Medicine, Baltimore, USA, ³Pediatrics Department and Quality Management Department, King Saud University Medical City, Riyadh, Saudi Arabia, ⁴Research Chair for Evidence-Based Health Care and Knowledge Translation, King Saud University, Riyadh, Saudi Arabia, ⁵National Institute for Health and Care Excellence, , UK, ⁶Oral Medicine, Oral Diagnosis, and Periodontology Department, Faculty of Dentistry, Cairo University, Cairo, Egypt, ⁷WOREL (Werkgroep Ontwikkeling Richtlijnen Eerste Lijn) - Working Group Development of Primary Care Guidelines, , Belgium, ⁸Department of Primary Care, Université Libre de Bruxelles, Brussels, Belgium, ⁹Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ¹⁰School of Health Professions Education, Faculty of Health, Medicine and Life Sciences (FHML), Maastricht University, Maastricht, Netherlands, ¹¹Department of Health Services Research, Care and Public Health Research Institute (CAPHRI), Faculty of Health, Medicine and Life Sciences (FHML), Maastricht University, Maastricht, Netherlands, ¹²Knowledge Institute of Medical Specialists, Utrecht, Netherlands, ¹³Deputy Director, Division of Practice Improvement, Agency for Healthcare Research and Quality (AHRQ), Rockville, USA, ¹⁴Consultant, Obstetrics and Gynecology, University College Medical Sciences and Guru Teg Bahadur Hospital, Delhi, India, ¹⁵Department of Otolaryngology, Northwestern University Feinberg School of Medicine, Chicago, USA, ¹⁶Department of Medical Social Sciences, Northwestern University Feinberg School of Medicine, Chicago, USA, ¹⁷Department of Dermatology Northwestern University Feinberg School of Medicine, Chicago, United States

P4B - Education, methodology & measurement, Conference Room 1, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Michael Yi is a 4th year medical student at the Geisinger Commonwealth School of Medicine under the mentorship of Dr. Murad Alam at the Northwestern Feinberg School of Medicine. Michael has an interest in dermatology and medical education, and has been fortunate to continue the seminal research of Dr. Rachel Christensen.

Background: Prior needs assessments report that medical students and residents may have limited understanding of clinical practice guidelines. The GIN Guidelines in Medical Education (GIME) Working Group, established in March 2022, aims to develop educational materials and programs to help health professions students understand how guidelines are created and used.

Objective: To identify CPG-related topics that are most important for health professions students to understand, and how to convey this information.

Methods: Qualitative analysis was used to interpret the results of multiple focus groups. Individual focus groups were comprised of guideline developers, or US medical students, respectively.

Results: Two focus groups of guideline developers and three of students were convened. Common themes among guideline developers were the purpose of CPGs, critical appraisal, and levels of evidence. Themes among medical students included support for education on the proper use of CPGs, understanding how to compare guidelines on similar topics, and how to search for appropriate CPGs.

Discussion: The majority of medical students encounter guidelines for the first time in their clinical years, and are often unable to effectively use CPGs typically due to a lack of education. Educational materials that address the practical use of CPGs may increase the confidence of health professions students and potentially improve patient safety.

NMA Engine: semi-automatic GRADE assessments for large network meta-analyses

Dr Qingyang Shi¹, Prof Per Olav Vandvik², Dr Sheyu Li¹

¹West China Hospital, Sichuan University, Chengdu, China, ²Lovisenberg Diaconal Hospital, Oslo, Norway

P2A - Automation from a familiar start, Main Auditorium, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Clinical Diabetologist and associate professor at West China Hospital, Sichuan University. Liaison of MAGIC China Centre. Research Associate of Ninewells Hospital, University of Dundee.

Background

GRADE approaches guide the assessments of certainty of evidence in network meta-analysis (NMA), informing clinical practice guideline. This represents highly challenging work for authors, further enhanced by large and complex NMAs.

Objective

Strictly following the principles of GRADE approaches, we developed a semi-automatic tool (NMA Engine) to facilitate an efficient GRADE assessment for very large NMAs.

Methods

We coded the tool in R Pack (V4.2).

Results

The NMA engine adopts the 3-step GRADE approach to rate the certainty considering seven GRADE domains. With the input of study-level effect size and results of risk of bias assessment, the NMA engine first estimates the essential parameters allowing the assessment of Domains 1 to 4 for direct comparisons before the confirmation of the reviewers. The NMA Engine then initializes the ratings for indirect comparisons by weighted-averaging the ratings from direct comparisons using the percentage contribution matrix of evidence, followed by rating for intransitivity. The ratings for direct and indirect network comparisons are initialized by weighted averages of their contributions, and then are potentially rated down for incoherence and imprecision. In all three steps, the NMA Engine provides essential information facilitating the judgement of the reviewers and all ratings need the manual confirmation. The software stores the artificial amends that allow quick updates of the input data.

Discussion

NMA engine improves the efficiency and accuracy in large NMAs, especially those involving dozens of interventions and outcomes. It also speeds up the updates of the NMA allowing the certainty rating for large living NMAs.

Nutrition Support Guidelines for Critically Ill Adults: Exploring ADOLOPMENT to Improve Efficiency and Harmonization

Dr. Deepa Handu¹, Dr. Lisa Moloney¹, Dr. Mary Rozga

¹Academy Of Nutrition And Dietetics, ,

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Lisa Moloney PhD(c), RDN is nutrition researcher with the Evidence Analysis Center at the Academy of Nutrition and Dietetics. She has conducted scoping reviews, systematic reviews, and developed evidence-based practice guidelines, manuscripts and related resources. Lisa works with the research team at the Academy to update their secondary research methodology to meet international standards, including the inclusion of patients and public input on evidence-based resources. Lisa has recently completed earned her PhD in Health Science from Northern Illinois, and her research focus is implementation science.

Background: There are multiple clinical practice guidelines (CPGs) on nutrition support in adult patients who are critically ill by professional societies globally, which can cause confusion in determining which recommendations to apply in clinical practice.

Objective: To develop credible nutrition support guidelines for adults who are critically ill using ADOLOPEMNT process to improve efficiency, reduce duplication, and appropriately use resources.

Methods: An overview review protocol was developed to identify relevant CPGs for nutrition support in adults who are critically ill. The included CPGs were required to be based on systematic reviews and published in the past 10 years. The recommendations in CPGs were vetted and mapped against a priori questions using stages of ADOPLOMENT to determine whether to adopt, adapt, or develop new recommendations.

Results: Preliminary searches identified eleven CPGs, including from leading professional organizations that matched a priori inclusion criteria. These CPGs were published from 2011-2022, and five were published in the last three years. Eight guidelines were based on systematic reviews. Only one CPG followed evidence-to-decision (EtD) criteria to guide recommendation development.

Discussion: The ADOLOPMENT approach can be very efficient, however, at present due to the lack of CPG developers using EtD criteria, there is a need to invest resources in developing EtD for each recommendation. When feasible, CPG developers should use EtD criteria and transparently report information to help facilitate guideline adoption or adaptation. These advances will help reduce duplicity and confusion among clinicians, improve collaboration among healthcare providers and improve implementation of guidelines in practice.

Osteoporotic fracture screening and prophylaxis recommendations in post-menopausal women: a systematic evaluation

Mrs Melixa Medina-Aedo^{1,2}, Mr Matias Günther⁵, Dr Graciela Balbin⁴, Mr Cristóbal Loezar⁶, Mr Andrés Viteri-García⁷, Ms Francisca Verdugo⁸, Dr Héctor Pardo-Hernández^{1,3}, Dr Pablo Alonso-Coello^{1,2,3}

¹Iberoamerican Cochrane Center, Barcelona, Spain, ²Biomedical Research Institute Hospital de la Santa Creu i Sant Pau, Barcelona, Spain, ³Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), , Spain, ⁴Hospital Casimiro Ulloa, Lima, Peru, ⁵Universidad de Chile, Santiago, Chile, ⁶Universidad de Valparaíso, Valparaíso, Chile, ⁷Centro de Investigación en Salud Pública y Epidemiología Clínica (CISPEC), Facultad de Ciencias de la Salud "Eugenio Espejo", Universidad Tecnológica Equinoccial, Quito, Ecuador, ⁸Epistemonikos Foundation, Santiago, Chile

P6B - Getting it right for stakeholders, Conference Room 1, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Melixa Medina-Aedo is a Ph.D. candidate, with a nursing background and also holds a master's degree in research methodology. She currently works as a research technician at the Iberoamerican Cochrane Center and the IR-HSCSP in Barcelona Spain. She has broad clinical experience working with patients and carers with chronic diseases. She has led the management of the expert panels for the development of recommendations in the COMPAR-EU project and is currently working on the assessment of Osteoporosis CPGs.

Background: Most osteoporosis clinical practice guidelines (CGs) recommend that postmenopausal women should be screened for fracture risk, and that depending on the risk non-pharmacological with or without pharmacological prophylaxis may be warranted. However, little is known about whether fracture thresholds and prophylaxis recommendations reflect womens' values.

Objectives: To identify and evaluate recommendations for screening, fracture risk threshold, and pharmacological and non-pharmacological prophylaxis in postmenopausal women.

Methods: 1) systematic search for CGs with recommendations on fracture prevention in postmenopausal women; 2) analysis of the variability of the recommendations on screening, fracture risk threshold for pharmacological and non-pharmacological prophylaxis; 3) assessment of the methodological quality of the CPGs using the AGREE II tool; 4) analysis of the inclusion of women's perspectives in the development of the selected CGs. We will also evaluate whether quality and/or the inclusion of womens' perspective is associated with a higher fracture and pharmacological treatment thresholds.

Results: A total of 433 potentially eligible CGs were retrieved, including a total of 55. To date, 45 CGs have been assessed using the AGREE II tool. AGREE domains with the lowest mean scores are: "stakeholder involvement" 39.9%; "rigour of development" 36.2%; "applicability" 38.9%; and "editorial independence" 41.9%. Data extraction is ongoing, and results will be presented at the conference.

Discussion: It is unlikely that women's' perspective is optimally considered in the screening and prophylaxis of fractures recommendations of post-menopausal women. Our results will be informative for guideline users, developers, and policymakers.

Over time methodological quality of international Clinical Practice Guidelines

Lucas Caetano A. Silva¹, Ana Laura Zara², Lucas Caetano¹

¹Unifesp, São Paulo, Brazil, ²Institute of Tropical Pathology and Public Health, Federal University of Goiás, Goiânia, Brazil

Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Professor in the Pharmacy course of the Federal University of São Paulo. Coordinator of the Health Technology Evaluation Center – NATS Unifesp D. Coordinator of the Chronide Research Group. Post-Doctorate in Public Health from University of São Paulo (USP), PhD in Clinical Pharmacy by the USP.

Background: Clinical practice guidelines (CPG) synthesize evidence and translate it into health recommendations. A larger amount of CPG has been observed over time, although not always with development rigor and sometimes with quality assessment issues.

Objective: To analyze the overtime evolution of the methodological quality of CPG.

Methods: Systematic review was conducted by searches in Medline, Embase, Cochrane Library and Lilacs databases, on June 12, 2020, without date and language restrictions. Studies with minimal criteria in AGREE-II application were eligible and, from them, data about CPG were extracted, such as assessment results for each domain and overall scores. Statistical analysis was performed by Kruskal-Wallis' test ($\alpha=0.05$) to assess overtime evolution of quality.

Results: A total of 3,211 CPG were evaluated by AGREE-II in 186 included studies. To analyze quality over time was used results from 3,188 CPG and it was observed an improvement on this for all domains and overall scores ($p\text{-value}<0.001$). Domains 2 (stakeholder involvement), 3 (rigor of development) and 5 (applicability) had median scores $<50\%$ between 2016 to 2020 period, with the lowest value on this last domain. Domain 6 (editorial independence) had the largest increase, changing score values from $<5\%$ to approximately 60% . Domains 1 (scope and purpose) and 4 (clarity of presentation) had already the highest median scores in older years and it has been maintained over time.

Discussion: There was an improvement in the methodological quality over time of CPG. Four domains present opportunity for greater advancement, because they remained scores $\leq 60\%$ over time.

PAHO Manual for institutionalizing the adaptation and implementation of evidence-informed guidelines

Dr. Marcela Torres¹, Dr. Sebastián García¹, Dr. Ludovic Reveiz¹

¹Department of Evidence and Intelligence for Action in Health. Panamerican Health Organization, , United States

P1A - Living Guidelines & approaches to implementation, Main Auditorium, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

I am pharmaceutical chemist, with a Master's degree in Clinical Epidemiology, and a PhD in Public Health at the National Public Health Institute of Mexico. I have experience in adaptation/development/implementation of evidence-based clinical practice guidelines for nursing and medicine; health programs; knowledge translation; project management; health research system methodologies; systematic reviews of interventions and public health and clinical risk management. I have provided technical assistance to health ministries of the Latin-American region in guideline adaptation.

Background

Guidelines are intended to support health systems and services to achieve quality health care that is safe, efficient, and equitable.

Objective

To update a Pan American Health Organization (PAHO) manual compiling policy-oriented and methodological approaches for institutionalizing the adaptation and implementation of guidelines developed using the GRADE system

Methods

The manual was developed through a literature review of guideline programs, guideline development technical documents, and PAHO's technical assistance to Member States, including lessons learnt from the COVID-19 pandemic. The document incorporates the contributions of 56 policy-makers, methodologists, guideline developers, implementers among other international/regional stakeholders.

Results

The manual incorporates three main sections: Chapter 1 presents the strategic domains for strengthening and/or assessing efforts to institutionalize national guideline programs (i.e. leadership, commitment and culture; governance; standards and processes; resources and; partnership and collaboration), alongside with a description of the activities to be carried out at the national, regional, federal and/or institutional levels. Chapter 2 provides operational knowledge on the GRADE guideline adaptation/development process. Chapter 3 provides knowledge for the implementation of system-wide recommendations.

Discussion

This document facilitates the institutionalization of evidence-informed policies and guidelines in national programs and the coordination and operationalization of related activities. The manual emphasizes the use of rapid adaptation methods as an efficient and rigorous strategy to formulate

recommendations for priority health conditions. This manual, produced with many public health authorities, administrators, decision-makers, health professionals among other stakeholder, is a tool for developing and implementing GRADE guidelines in the Americas region. It's available in Spanish and English.

Participants experience and satisfaction with colorectal cancer screening programs: evidence synthesis to incorporate patient's perspectives

Dr Anna Selva Olid^{1,2}, Cristina Hortalà Bas², Dr Clara Selva Olid³, Núria Torà⁴, Dr Vanesa Rodríguez⁵, Rebeca Terraza-Núñez⁶, Ivan Solà Arnau^{7,8}

¹Parc Taulí Hospital Universitari. Institut d'Investigació i Innovació Parc Taulí (I3PT_CERCA), Universitat Autònoma de Barcelona., Sabadell, Spain, ²Universitat Autònoma de Barcelona, , Spain, ³Universitat Oberta de Catalunya, , Spain, ⁴Althaia Xarxa Assistencial Universitària de Manresa, Manresa, Spain, ⁵Universitat Pompeu Fabra. Tecnocampus, Mataró, Spain, ⁶Departament de Salut. Generalitat de Catalunya., Barcelona, Spain, ⁷Iberoamerican Cochrane Centre, Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, ⁸CIBER Epidemiología y Salud Pública (CIBERESP), Madrid, Spain

P5D - Approaches to stakeholder engagement - examples from around the World, Conference Room 3, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Anna Selva is preventive medicine and public health physician, holds a master in public health and a PhD in Public Health about the incorporation of patients perspectives in clinical practice guidelines. She works in colorectal cancer screening in Parc Taulí University Hospital and chiefs the Hospital Guidelines Committee. Also, she collaborates with the Barcelona GRADE Centre and Cochrane Iberoamerican. She has expertise in evidence synthesis and in methodology of clinical practice guidelines.

Background:

Colorectal cancer (CRC) screening programs reduce CRC incidence and mortality if population adherence is high. To develop trustworthy recommendations regarding CRC screening, it is necessary to know and incorporate the experience of people participating in these programs as it can determine their adherence. Evidence synthesis offer a unique approach to explore patients' experiences.

Objectives:

To explore the experience and satisfaction of participants in CRC screening and assess the validity of satisfaction measures.

Methods: Two evidence synthesis: 1) qualitative evidence synthesis (QES) following Cochrane standards, and 2) systematic review of validated instruments following COSMIN guidelines.

Results:

We included three studies into the QES and defined five themes: 1) Variability in concerns about results; 2) Challenges regarding procedure logistics; 3) Care from professionals; 4) Being adequately informed; and 5) Expectations and satisfaction. We faced difficulties identifying studies closely relevant to our context and could not discard the impact of dissemination bias. Besides, we identified 75 instruments to measure patients' experience and satisfaction with CRC screening, but only two were validated, and just one had sufficient content validity and internal consistency so it could be recommended for its use.

Conclusions:

Despite the overall satisfaction with CRC screening being high, there are some logistical and expectation management issues. Few instruments for measuring experience and satisfaction are

validated, and only one can be recommended for its use. These findings inform patients' perspectives and are useful for the development of recommendations regarding CRC screening.

Participants' satisfaction with colorectal cancer screening programs: a systematic review

Dr Anna Selva Olid^{1,2}, Stefano Calcitti^{3,8}, Giansanto Mosconi³, Anna Odone³, Liisa Pylkkanen⁴, Ivan Solà^{5,6}, Torà Núria⁷, Ennio Cadum⁸, Silvia Deandrea⁸

¹Parc Taulí University Hospital. Institut d'Investigació i Innovació Parc Taulí (I3PT-CERCA), Sabadell, Spain, ²Universitat Autònoma de Barcelona, Cerdanyola, Spain, ³University of Pavia, Pavia, Italy, ⁴University of Turku, Turku, Finland, ⁵Iberoamerican cochrane Centre, Institute of Biomedical Research (IIB-Sant Pau), Barcelona, Spain, ⁶CIBER Epidemiología y Salud Pública, ISCIII, Madrid, Spain, ⁷Althaia Xarxa Assistencial Universitària de Manresa, Manresa, Spain, ⁸Health Protection Agency of Pavia, Pavia, Italy

Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Anna Selva is preventive medicine and public health physician, holds a master in public health and a PhD in Public Health about the incorporation of patients perspectives in clinical practice guidelines. She works in colorectal cancer screening in Parc Taulí University Hospital and chiefs the Hospital Guidelines Committee. Also, she collaborates with the Barcelona GRADE Centre and Cochrane Iberoamerican. She has expertise in evidence synthesis and in methodology of clinical practice guidelines..

Background: Patients' experience and satisfaction with screening programs influences their adherence. We conducted a systematic review of studies evaluating patients' satisfaction with colorectal cancer (CRC) screening to understand the key determinants of a positive patient experience.

Methods: We searched four databases for cross-sectional studies and clinical trials reporting quantitative survey-based evaluations of satisfaction with CRC screening programs published up to May 2022. Study selection, data extraction and quality assessment was conducted by duplicate. We registered the protocol in PROSPERO, CRD42021225343.

Results: We included 20 studies that included 28 surveys. Twenty-two surveys (79%) investigated satisfaction with screening tests (fecal blood tests, sigmoidoscopy, colonoscopy, CT-colonography) and 6 (21%) with colonoscopy as assessment test. Methodological quality of studies was generally limited, and none of the surveys used a validated questionnaire. Overall satisfaction was relatively high with both the screening and assessment phases regardless of the tests used. Temporary pain, discomfort, embarrassment, and anxiety while waiting for the results were the most commonly perceived negative aspects, with some variability across studies and procedures. Although satisfaction with information and communication was acceptable, some authors reported patients' poor comprehension of informational materials. The few surveys available comparing tests showed higher satisfaction for fecal tests than for flexible sigmoidoscopy.

Conclusions: Satisfaction with CRC screening programs was generally high, but its evaluation was performed using non-validated tools, limiting the interpretation of results and precluding their comparison. Addressing participants' discomfort and anxiety and adopting clear and timely communication strategies could help increase satisfaction with screening programs.

Partitioned survival or Markov analysis to inform oncology guideline development: do the methods lead to the same result?

Dr Haliton Alves de Oliveira Junior¹, MSc Aline Pereira da Rocha¹, PhD Juiana Yukari Viscondi¹, MSc Cecilia Menezes Farinasso¹, PhD Rosa Camila Lucchetta¹, Msc Layssa Andrade Oliveira¹

¹Hospital Alemão Oswaldo Cruz, São Paulo, Brazil

P2B - Automation - thinking differently, Conference Room 1, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Dr. Haliton is a senior researcher in Health Technology Assessment (HTA) and Health Economics and Outcomes Research (HEOR). Currently, he is the research manager at Hospital Alemão Oswaldo Cruz, which is one of the most experienced HTA units across Brazil. He and his team have already produced or updated more than 150 clinical guidelines for the Brazilian MoH. Additionally, he and his team have supported the decision-making of the National Technology Incorporation Commission (CONITEC) with HTA reports.

Background: Partitioned survival analysis (PartSA) has been used in health economic evaluation (HEE) in the oncology field and has been a source of debate whether one should use PartSA or Markov analysis (MA), in terms of reliability.

Objective: To compare incremental cost-effectiveness ratio (ICER) for the same research questions analyzed by PartSA and MA, with either finalistic or immature data.

Methods: We performed PartSA and MA of two research questions: (1) "radiofrequency ablation + systemic chemotherapy (sQT) versus sQT for patients with colorectal cancer and unresectable liver metastasis", which had finalistic data available (the median for overall survival has been reached); (2) "alectinib versus sQT for treatment naïve metastatic ALK+ non-small cell lung cancer patients", which had immature data. We employed survival rates of three-year follow-up. We used Kaplan-Meier data for PartSA, and probability-derived survival rates for MA.

Results: In the first question (finalistic data), the MA resulted in ICER of -292,527 BRL per QALY gain, and PartSA, ICER of -27,242 BRL per QALY gain. In the second question (immature data), MA resulted in ICER of 713,833 BRL per QALY gain and Part SA, 778,152 BRL per QALY gain.

Discussion: According to our results and contrary to literature, when using finalistic data for HEE, MA, compared to PartSA, indicated that the technology under evaluation is 10x more cost-effective. However, both analyses yielded similar results for immature data. Therefore, when deciding which model should be applied, it is necessary a case-by-case assessment, not only data maturity.

Peer review process in the development of patient information

M.D. Iona Vermet^{1,2,3}, M. Martine Goossens^{1,2,4}, M.D. Marleen Finoulst^{1,2}, M. Elizabeth Bosselaers^{1,2}, M.D. Jeroen Sissau^{1,3}, Prof. Dr. M.D. Patrik Vankrunkelsven^{1,2,5}

¹Gezondheid en Wetenschap, Leuven, Belgium, ²Cebam, Leuven, Belgium, ³Ebpracticenet, Leuven, Belgium, ⁴Working Group Development of Primary Care Guidelines, Antwerp, Belgium,

⁵Department of Public Health and Primary Care, KU Leuven, Leuven, Belgium

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

From the very start of Gezondheid en Wetenschap in 2013, Iona helped in creating the patient guidelines. After graduating as an occupational health physician and completing a master in sport medicine, she became a permanent team member since January 2022. Using her passion for prevention and multidisciplinary teamwork, Iona strives to keeping the content of the patient guidelines up-to-date according to the latest scientific insights. She also works as an editor at Ebpracticenet: an evidence-based reference platform for healthcare providers in primary care.

Background

Gezondheid en Wetenschap is part of the Belgian Center for Evidence Based Medicine (Cebam) and develops patient information based on guidelines for healthcare providers in Belgium. To ensure the quality of the patient information, a rigorous peer review process is implemented.

Objective

To describe the peer review process used in the development and update of patient information.

Methods

For each topic, the peer review process consists of two steps. First, our patient panel is consulted on aspects such as need for additional information and readability. Next, the topic is reviewed by minimally two medical writers who adhere to the principles of health literacy and update the content of the patient guideline according to a strict methodological protocol. This includes a critical reading of point-of-care information for healthcare providers. Depending on the topic, external experts are involved, such as GP's, occupational therapists, physiotherapists, nutritionists,....

Future prospects

We believe our peer review process helps in tailoring the information to the needs of a lay audience and improves the quality of the patient information considerably. In the future, efforts will be made to improve the process in the light of evolving insights.

Some identified opportunities are:

- expanding the pool of peer reviewers with topic-specific experts;
- seeking collaboration with guideline developers and point-of-care distributors in order to join forces;
- optimization of the patient review process.

Perception differences of public and clinicians for Korean COVID-19 living guideline and future expectations

Dr Miyoung Choi¹, Dr Hwanseok Yong², Dr Ho Kee Yum², Dr Hyeon-Jeong Lee¹, Ms Jimin Kim¹, Ms Seungeun Ryoo¹, Ms Jungeun Park¹, Mr In-ho Kim¹

¹National Evidence-based Healthcare Collaborating Agency, Seoul, Republic of Korea, ²Korea Academy of Medical Science, Seoul, Republic of Korea

P6D - Collaboration & Stakeholders, Conference Room 3, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

I'm working at National Evidence-based Healthcare Collaborating Agency (NECA) which is the government's Health Technology Assessment (HTA) Agency under the Ministry of Health and Welfare in Korea. I'm a research fellow within the division for HTA Research, my current position is a Director of Clinical Evidence Research at NECA and Director of NECA GRADE Center.

I have over 15 years of research experience in various medical/public health/nursing interventions and diagnostic technology topics. And I've extended my career to a methodologist in the development of clinical practice guidelines and public health guidelines from 2014.

Background: In Korea, The National Evidence-based healthcare Collaborating Agency (NECA) and the Korean Academy of Medical Sciences (KAMS) collaborated for trustworthy Korean living guideline development. We provided timely COVID-19 recommendations on living scheme and disseminated using webpage and social media to public, policy-makers and various stakeholders.

Objectives: We tried to investigate the public and clinicians about awareness and evaluation of guidelines and future expectation of researches and guideline.

Methods: An online survey was conducted between October 22, 2022, and November 4, 2022. The target independent group is "Public Involvement in NECA (PIN)", with 89 public participants, to investigate the accessibility and usability of the practice guidelines. In addition, the usability was also investigated by approximately 80 members of the clinical practice guideline expert committee of the KAMS.

Results: The results from the PIN, forty-six people out of 97 responded and answered over 69% as good or very good at the question about guidelines' usefulness. And the result of 31 clinicians of KAMS answered as 77.42% for the same question. Clinicians agreed of the scope of guideline (74.19%) and the rigor of methodological aspects (87.1%). However, PIN responders described some difficulty in the understanding the terms and research results in the open questions. The most highest needs for future topics related to post-covid syndrome and treatments.

Discussion: Even though the efforts to increasing awareness and usefulness of guideline, there are needs for translation to plain language and development of dissemination tools.

Perioperative Patient Safety Recommendations in Europe: a systematic review of guidelines and preliminary results of a Delphi study: the SAFEST project.

Ismael Martinez-Nicolas¹, Claudia Valli², Anna Rodriguez², Irene Leon¹, Yolanda Sanduende¹, Adam Zaludek³, Victor Soria¹

¹Spanish Anaesthesia and Reanimation Incident Reporting System (SENSAR), Alcorcon, Spain. , Madrid, Spain, ²Avedis Donabedian Research Institute, Universidad Autònoma de Barcelona, Spain Barcelona, Spain, Barcelona, España, ³Spojená akreditační komise – Czech accreditation commission, Charles University, Third Faculty of Medicine, Department of Public Health, Prague, Czech Republic, Prague, Czech Republic

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Claudia Valli is researcher at Avedis Donabedian Research Institute (FAD) – Universitat Autònoma de Barcelona. She has over 7 years of experience in the field of healthcare, with expertise in conducting systematic reviews and synthesizing research evidence to support informed decision-making and the development of clinical and nutritional practice guidelines.

Introduction

Previous initiatives have addressed patient safety in surgical care in Europe, but most of them have been focused on the intraoperative period.

Objective

Our study aimed to reach a Europe-wide consensus on Perioperative Patient Safety Standard Practices (PPSSP) as part of an European funded project (Nº 101057825).

Methods

We formed a panel including members from Europe and associated countries (UK, Switzerland, Norway and Turkey) balanced in terms of gender, their expertise, and country. A two-round modified-Delphi online survey was conducted, populated with recommendations extracted from a previous systematic review of clinical practice guidelines (PROSPERO: CRD42022347449). The identified recommendations were rated according to their relevance and feasibility.

Results

Ninety-nine recommendations were included in the two-round Delphi survey. Sixty-six panel members were recruited and, 58 complete responses were retrieved in the first round and 53 in the second. Regarding relevance, 96 of 99 reached consensus. The highest rated were related to “Patient identification”, “Hand hygiene” and “Strategy for developing a strong safety culture”. For feasibility, only 32 reached consensus. The top-three were “Guideline-based verification of the anaesthesia equipment”, and once again “Patient identification” and “Hand hygiene”.

Discussion

The final consensus is undergoing but our preliminary data suggests that international experts agree on the relevance of the PPSSP. Some potential areas of low feasibility have been identified and need ultimately to be confirmed. The PPSSP can enhance dissemination and implementation

of patient safety standardized practices in the continuum of care for adults' patients undergoing surgery.

Planetary Health Considerations for Health Guideline Decisions: An imperative in the context of the climate crisis

Ms Haley Cotnam¹, Dr Grigoris Leontinadis², Dr Pablo Allonso Coello⁵, Dr Holger Schünemann^{1,2}, Dr Thomas Piggott^{1,5}

¹Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ²Department of Medicine, McMaster University, Hamilton, Canada, ³School of Medicine, Universidad San Sebastián, Santiago, Chile, ⁴GRADE Conosur, Universidad San Sebastián, Santiago, Chile, ⁵Department of Family Medicine, Queens University, Canada, ⁶Iberoamerican Cochrane Center-Servicio de Epidemiología Clínica y Salud Pública, Biomedical Research Institute (IIB-Sant Pau), Barcelona, Spain; CIBER of Epidemiology and Public Health (CIBERESP), Barcelona, Spain

W1B - Workshop: Planetary Health Considerations for Health Guideline Decisions: An imperative in the context of the climate crisis, Conference Room 6/7, September 20, 2023, 11:00 AM - 11:45 AM

Biography:

Dr. Thomas Piggott (he/him) joined Peterborough Public Health in December 2021 as MOH/CEO. He has extensive experience working at various levels of public health in Canada and internationally. Prior to Peterborough, Dr. Piggott worked as MOH and VP lead for Population/Rural & Remote Health in the northern region of Labrador and as a field doctor with Médecins Sans Frontières (Doctors Without Borders) in the Democratic Republic of the Congo. He completed medical training, residency in Public Health and Preventive Medicine and his PhD in Health Research Methods at McMaster University.

Background:

The Intergovernmental Panel on Climate Change has shown that we are at a critical crossroads in the climate crisis. All sectors, including health and health care, have critical roles to play in adapting and mitigating anticipated climate crisis effects. Health care services directly contribute to between 5 – 10 % of greenhouse gas emissions. Historically, health decisions have been driven by human health impacts, but increasingly in the context of the climate crisis planetary health considerations are identified as important for decision-making. The GRADE Evidence-to-Decision framework has not historically explicitly addressed planetary health. Consideration of planetary health as a decision-criteria could support health guidelines to effectively incorporate applied work on the climate crisis to health decision-making.

Objective:

1. Discuss the importance of planetary health considerations to health guideline decision-making;
2. Review example guideline questions where planetary health considerations may have influenced decision-making;
3. Discuss approaches, including life cycle assessments, that can inform planetary health considerations for different guideline options and how to apply this framework to health guideline questions.

Format (45 min workshop, virtual):

Participants will be engaged in a series of 2 small group breakout discussions on real guideline question examples to apply principles discussed to incorporate planetary health considerations into guideline decision-making.

Practical experiences of consumer (patient and public) engagement in living guidelines

Dr Anneliese Synnot¹, Mr Kelvin Hill², Ms Julie Davey³, Mr Kevin English³, Dr Samuel L Whittle⁴, Prof Rachelle Buchbinder⁵, Ms Suzie May³, Mr Heath White¹, Mr Alexander Meredith³, Dr Eleanor Horton³, Dr Rebecca Randall³, Ms Anneka Patel⁵, Ms Stella O'Brien³, Prof Tari Turner¹

¹Monash University, Melbourne, Australia, ²Stroke Foundation, Melbourne, Australia, ³Consumer co-author, , Australia or the UK, ⁴Monash-Cabrini Department of Musculoskeletal Health and Preventive Medicine, Cabrini Health; and Rheumatology Unit, The Queen Elizabeth Hospital, Adelaide, Australia, ⁵Department of Epidemiology and Preventive Medicine, School of Preventive Medicine and Public Health, Monash University and Monash-Cabrini Department of Musculoskeletal Health and Preventive Medicine, Cabrini Health,, Melbourne, Australia, ⁶National Institute for Health and Care Excellence, Manchester, United Kingdom

P6B - Getting it right for stakeholders, Conference Room 1, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Dr Annie Synnot is a Senior Research Fellow at Cochrane Australia, Monash University. She leads the consumer engagement activities for the Australian Living Evidence Consortium and the National Clinical Evidence Taskforce.

Background: Living guidelines is a new approach to guideline development, involving rapidly updated recommendations based on newly identified evidence. All contributors to living guidelines, including consumers (patients, carers, the public and their representatives) must work differently, committing to an unpredictable and potentially fast-paced workload, for an extended period of time. What these differences mean for involving consumers in the guideline development process is unknown.

Objective: To describe and reflect on the consumer engagement approaches used in five living guidelines from the perspectives of consumers and guideline developers.

Methods: We systematically captured our experiences (as consumers or guideline developers) in living guidelines conducted in Australia and the UK. We analysed the data using descriptive synthesis.

Results: One guideline used a Consumer Panel, three included two to three consumers in the guideline development group, and one did both. Much of our experience was common to all guidelines (e.g., consumers felt welcomed but that their role initially lacked clarity). We identified six challenges and opportunities specific to living guidelines: managing the flow of work; managing engagement in online environments; managing membership of the panel; facilitating more flexibility, variety and depth in engagement; recruiting for specific skills although these can be built over time; developing living processes to improve; and adapting consumer engagement together.

Discussion: Consumer engagement in living guidelines should follow established principles of consumer engagement in guidelines. Conceiving the engagement as living, underpinned by a living process evaluation, allows the approach to be developed with consumers over time.

Prescribing pattern of targeted therapy in advanced renal cell carcinoma: utilising real-world evidence (RWE) in clinical practice for disinvestment initiatives in Malaysia.

Hanin Kamaruzaman^{1,2}, Nik Nuradlina Nik Adnan³, Nur Hazalina Mohd Salleh⁴, Dr. Fawzi Zaidan Ali⁵, Ku Nurhasni Ku Abd Rahim², Sit Wai Lee², Professor Olivia Wu¹, Dr. Eleanor Grieve¹

¹Health Economics and Health Technology Assessment (HEHTA), University Of Glasgow, Glasgow, United Kingdom, ²Malaysian Health Technology Assessment Section (MaHTAS), Ministry of Health, Putrajaya, Malaysia, ³National Cancer Institute, Ministry of Health Malaysia, Putrajaya, Malaysia, ⁴Hospital Sultan Ismail, Johor Bahru, Malaysia, ⁵Medical Development Division, Ministry of Health Malaysia, Putrajaya, Malaysia

P3D - Guidelines in the real world I, Conference Room 3, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Hanin holds a medical degree and MSc in Health Economics and Policy and is a reviewer in Malaysian Health Technology Assessment Section (MaHTAS), Ministry of Health Malaysia since 2010. In MaHTAS, she conducted technology reviews and economic evaluation of health technologies. She gained experience in value-based medicine and coordinated the development of clinical practice guidelines in MOH as well as carried out its implementation for healthcare professionals.

Interested in health economic evaluations, health technology re-assessment and policy implementation, Hanin is currently embarking on her PHD journey in disinvestment of health interventions and low-value care in HEHTA, University of Glasgow.

Background

In various international guidelines, Interferon-alfa (IFN-alfa) has been restricted for treatment of advanced renal cell carcinoma (RCC) due to the superiority of newer systemic treatments. However, IFN-alfa is still listed in the Malaysian National Formulary for this indication.

Objective

To identify prescribing pattern of treatments in advanced RCC in two hospitals in Malaysia and explore the perspective from healthcare stakeholders in utilising RWE for disinvestment in clinical practice.

Methods

Retrospective collection of prescribing data for systemic therapies using electronic prescription system from two hospitals in Malaysia (2015-2021). Subsequently, key informant interviews conducted using clinical vignette from the prescribing patterns. The question asked is "In the absence of robust data, would you be confident to use RWE for disinvestment purposes?".

Results

A total of 526 prescriptions and 318 patients were collected from both hospitals. The most prescribed medications were Pazopanib (74%) followed by Sunitinib (21%). No prescription of IFN-

alpha-2a in these hospitals for advanced RCC since 2015. Two drugs used with special approval, namely Axitinib and Everolimus.

From interviews of 12 stakeholders, themes related to utilising RWE for disinvestment are: judicious use of RWD due to uncertainty around data collection method, level of decision-making, urgency of the decision, and flexibility to reverse disinvestment decision/recommendation based on RWE.

Discussion

RWE of clinical practice in Malaysia is not only crucial to reassess/disinvest the least used drugs due to its low value, but also as an opportunity to identify potentially higher value options for consideration in national formulary listing or updating clinical guidelines.

Pre-voting tool for guideline recommendations: Experience from 1 year of application

Thomas Langer¹, MPH MSc Dr. Markus Follmann¹, Gregor Wenzel¹

¹German Guideline Program in Oncology c/o German Cancer Society, Berlin, Germany

P6A - Evidence & Decisions, Main Auditorium, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Thomas Langer is a deputy manager of German Guideline Program in Oncology (GGPO), which is supported by the German Cancer Society, the Association of the Scientific Medical Societies (AWMF) and German Cancer Aid. His tasks include organizational and methodological advice, supervision and support of the guideline groups as well as the methodological, organizational and technological development of the program. In this function, he was mainly responsible for developing a digital guideline format of the GGPO-guidelines and supervised the development of applications based on it.

Background:

In formal consensus conferences, the voting process can be time-consuming making realistic time-planning challenging. To address this issue for German oncological guidelines, we implemented a pre-voting system to identify recommendations that would pass without significant commentary and do not require additional voting.

Goal:

To systematically collect and operationalize data from pre-voting and consensus conference to provide experience-based estimate on the time saved by pre-voting.

Methods:

Data were collected from all pre-voting and consensus meetings conducted over twelve months from 04/2022. The numbers of votes that achieved 100% were summarized, since those represent unanimous agreement, necessitating neither discussion nor additional voting in the consensus conferences. Data from consensus conferences was used to estimate time needed for formal consensus voting.

Results:

16 pre-voting procedures with their respective consensus conferences for nine guidelines were included, voting on 767 draft recommendations. On average, a conference took 4 hours (3-8), 36 people (min 9 – max 71) voted on 48 recommendation proposals (10 – 160). From these, 48.4% (24.0 – 100.0%) were accepted unanimously. 6 – 35 recommendations (mean 15) were finalized per conference. Time to consensus was 13 – 30 minutes (mean: 18). Based on time to consensus, we saved 114 hours in total (13 hours per guideline in average) in formal consensus conferences within 12 months.

Conclusion:

Pre-voting can reduce duration of formal consensus processes and supports structuring discussion during the final conference. Further, it helps panel members be better prepared and comprehensively informed beforehand.

Principles and Practice of Engaging Consumers in Guideline Development: Lessons Learned over 15 Years

Sr. Richard Rosenfeld¹

¹SUNY Downstate Health Sciences University, Brooklyn, United States

P5C - How to involve your stakeholders depends on who they are, Conference Room 2, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Richard Rosenfeld, MD, MPH, MBA is a Distinguished Professor of Otolaryngology at SUNY Downstate in Brooklyn and is also the Director of Guidelines and Quality for the American College of Lifestyle Medicine and Sr. Advisor for Guidelines and Quality for the American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS). He has over 30 years' experience with guidelines and systematic reviews, including 3 publications of the AAO-HNS Guideline Development Manual, service in on the GIN Board of Directors, and receiving the Najoua Mlika-Cabanne Innovation Award from GIN in 2016 for novel consumer engagement.

Consumer engagement in guidelines is a core principle of nearly all development strategies, but the extent and success of involvement varies between organizations. We have increasingly engaged consumers in guideline development at the American Academy of Otolaryngology - Head and Neck Surgery over the past 15 years, progressing from feedback and consultation to full membership of the guideline development group, to authorship of the guideline and derivative products, including plain-language summaries, shared decision materials, and handouts for patient education and frequently asked questions. This engagement has tremendously increased the appeal, relevance, and balance of our guidelines, but has also posed challenges that include identifying consumer participants, facilitating full consumer participation, ensuring consumers have the same voice and respect as other development group members, and ensuring that all development group members understand and respect the critical contributions of consumers to crafting a trustworthy guideline. This presentation will address how we have successfully navigated these challenges at AAO-HNS, including examples of how consumer engagement has contributed to the published guideline, plain-language version, and other derivative materials.

Prioritising systematic reviews for guidance development through mapping of international guideline recommendations

Ms Hui Dhing (Winnie) Ong¹, Dr Bhone Myint Kyaw, Dr Yih Ching Ong, Mr Johanan Dravium Ponniah, Ms Valentina Ricci

¹Evidence to Practice Office (ETPO), Agency for Care Effectiveness, Ministry of Health, Singapore, ,
Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Ong Hui Dhing (Winnie) is a principal analyst at the Agency for Care Effectiveness, Ministry of Health Singapore, bringing her experience in pharmacy practice and public health to guidance development.

Background:

Many clinical guidelines coexist across disease areas, with recommendations that overlap or diverge. Systematic reviews of the evidence are essential to guideline development, yet can use up significant time and effort. The demand for timely, evidence-based recommendations calls for a sustainable approach to prioritise clinical questions requiring fully-fledged evidence reviews.

Objective:

To streamline the guideline development process by selecting priority areas for systematic evidence review in ACE Clinical Guidances (ACGs).

Methods:

Bibliographic databases and websites of specialty associations are systematically searched for identification of relevant clinical guidelines. Recently published guidelines that address the scope of interest undergo methodological assessment by at least two reviewers using Domain 3 (Rigour of Development) of the Appraisal of Guidelines for Research and Evaluation (AGREE-II) tool. Relevant recommendations are extracted from guidelines of acceptable methodological quality, together with the strength of recommendation, level of evidence, rationale by each guideline committee, and references. Ultimately, areas of consensus and discrepancy (and factors influencing these) between guidelines are discerned. Where guidelines agree, evidence is systematically searched only for newer studies that could inform ACG recommendations. Where guidelines do not align or if a clinical question is unanswered, a complete systematic review is conducted for studies to be critically appraised in-house using the GRADE framework.

Future prospects for project presentations:

An innovative approach for guideline mapping and assessment may be optimal when resources dedicated to systematic evidence reviews need to be prioritised.

Prioritization process for European Academy of Neurology clinical practice guidelines.

Katina Aleksovska¹, Claudio Bassetti, L. A.², Thomas Berger³, Vanessa Carvalho⁴, Joao Costa⁵, Günther Deuschl⁶, Kristian Steen Frederiksen⁷, Joke Jaarsma⁸, Teia Kobulashvili⁹, Maurizio Leone¹⁰, Lucia Pavlakova¹, Michele Romoli^{11,12}, Luca Vignatelli¹³

¹European Academy of Neurology, Vienna, Austria, ²Neurology Department, Medical Faculty, University Hospital, Bern, Switzerland, ³Department of Neurology, Medical University of Vienna, Vienna, Austria, ⁴Neurology, Department of Neurosciences and Mental Health, Neurology, Hospital de Santa Maria, CHULN, Lisbon, Portugal, ⁵Laboratório de Farmacologia Clínica e Terapêutica, Faculdade de Medicina, Universidade de Lisboa, Portugal, Instituto de Medicina Molecular, Lisboa, Portugal, ⁶Department of Neurology, Christian Albrecht's University, Kiel, Germany, ⁷Department of Neurology, Danish Dementia Research Center, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark, ⁸European Federation of Neurological Associations, Brussels, Belgium, ⁹Department of Neurology, Christian Doppler University Hospital, Paracelsus Medical University, Affiliated partner of the ERN EpiCARE, Salzburg, Austria, ¹⁰SC Neurology, Department of Emergency and Critical Care, Fondazione IRCCS "Casa Sollievo della Sofferenza", San Giovanni Rotondo, Italy, ¹¹Neurology Unit, Maurizio Bufalini Hospital, Cesena, Italy, ¹²Neurology Clinic, University of Perugia - S. Maria della Misericordia Hospital, Perugia, Italy, ¹³IRCCS Istituto delle Scienze Neurologiche di Bologna, Bologna, Italy

P3C - Prioritising to meet needs, Conference Room 2, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Katina Aleksovska is a methodologist and a neurologist based in Skopje, N. Macedonia.

She gained her diploma as a neurologist in 2022 at the Medical University in Skopje and has a master's diploma on Epidemiology and Biostatistics from Università Cattolica del Sacro Cuore, Rome, Italy (2017).

She currently works as a methodologist of the European Academy of Neurology Guideline Production Group, where she was a fellow initially. She contributed in several methodological papers of the group, actively guides guideline working groups within the society and participates in the revision of the guideline protocols and full documents before their publication.

Background: Development of high-quality clinical practice guidelines (CPGs) takes time, efforts and resources. During the last years, the EAN guideline production was significantly increased, so the need of development of clear, transparent, and methodologically solid criteria for prioritising guideline topics became apparent.

Objective: We aimed to define criteria for prioritising topics for EAN guidelines, as well as the procedure for their implementation.

Methods: After review of the literature, we identified a recent systematic review that reported on the main prioritisation criteria used by health organisations. Based on these, we developed a list of 20 preliminary criteria, which were voted through a Delphi consensus procedure, including 160 stakeholders. Finally, we established a working procedure on how to submit and select new guideline topic proposals within EAN. This procedure was reviewed by the EAN Scientific Committee and the Board.

Results: The first round, 61.3% of the participants voted and 86% of them participated in the second round. Approved criteria were: 1.health burden, 2.change of practice, 3.outcomes' impact, 4.guideline absence, 5.outdated/low-quality guideline, 6.non-harmonised practice among the European countries and 7.uncertainty about best-practice. Following this, we launched a prioritisation procedure, and the first 30 topics were announced. This bottom-up process that involved the whole EAN community was followed by a top-down process, using additional pre-defined criteria, for further selection by the EAN board members.

Discussion: We describe the development of prioritisation criteria to be applied in the process of topic selection for future EAN-CPGs. We will perform regular reviews and adjustments of the process.

Prioritizing clinical questions for a rare disease guideline using a re-weighted range voting tool

Dr. Charlotte Gaasterland^{1,2}, Michiel Oerbekke¹

¹Kennisinstituut Van De Federatie Medisch Specialisten, Utrecht, Netherlands, ²ERN ITHACA (based at Amsterdam University Medical Center), Amsterdam, Netherlands

P3B - How to prioritise, Conference Room 1, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Charlotte works both as a guideline methodologist at the Dutch Federation of Medical Specialists, and as a post-doc researcher for the European Reference Network ITHACA where she is involved in several guideline projects. Together with her team she is developing a methodology on guideline development specifically for rare diseases.

Background

For rare diseases, developing guidelines is not an easy endeavor. Prioritization is essential when key questions are plenty and resources are limited.

Objective

In this project we have evaluated a prioritization process using a tool based on re-weighted range voting in a clinical guideline project on Kleeftstra syndrome. We have used the tool in the process of priority setting, and evaluated how content the project members were with the final outcome of the process.

Methods

The guideline panel consisted of a group of both clinical and patient experts, and had a leading core group. There were resources to develop guidance on 12 out of 45 key questions defined by the guideline panel.

A total of 31 panel members provided priority-scores per key question ranging from 0 to 5 in an online survey. The top-18 output as calculated by the tool was discussed within the guideline panel's core group to select 12 key questions as a definitive outcome of the priority-setting assessment. In an online meeting, all panel members were asked whether they were content with this outcome in a poll using five levels: very content, content, medium, not very content, dissatisfied.

Results

Of 17 panel members voting in the online meeting (excluding the core group), 8 were 'very content' and 9 were 'content' with the outcome.

Discussion for scientific abstracts

Using a tool based on re-weighted range voting may be a good basis for prioritizing clinical questions in a guideline with many key questions and stakeholders, and limited resources.

Processes for updating clinical guidelines: a systematic review

Ms Shelley O'Neill¹, Joan Quigley¹, Dr Barbara Clyne², Barrie Tyner¹, Marie Carrigan¹, Prof Susan Smith³, Rosarie Lynch⁴, Claudine Hughes^{5,6}, Declan Bradley⁴, Marita Kinsella⁴, Deirdre Holland⁴, Dr Mairin Ryan^{1,6}, Dr Karen Cardwell¹

¹Health Information And Quality Authority, Dublin, Ireland, ²Department of General Practice, RCSI University of Medicine and Health Sciences, Dublin, Ireland, ³Discipline of Public Health and Primary Care, Trinity College Dublin, Dublin, Ireland, ⁴Clinical Effectiveness and Antimicrobial Resistance Unit, National Patient Safety Office, Department of Health, Dublin, Ireland, ⁵National Medicines Information Centre, St James's Hospital, Dublin, Ireland, ⁶Department of Pharmacology and Therapeutics, Trinity College Dublin, Dublin, Ireland

P3C - Prioritising to meet needs, Conference Room 2, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Shelley O'Neill is Deputy Director of Health Technology Assessment in the Health Information and Quality Authority (HIQA) in Ireland. HIQA produce HTAs and other evidence syntheses to inform national policy decisions. HIQA also independently review evidence and provide scientific support for the development, by guideline development groups, of the National Clinical Guidelines in Ireland. Before joining HIQA, Shelley worked in Public Health Intelligence in the NHS in England, and previous to this was a research associate in the University of Cambridge. She has completed an MSc in Health Policy and Health Economics at the University of Birmingham, and an MSC in Statistics at the National University of Ireland, Cork.

Background: Clinical guidelines (CGs) are systematically developed statements based on an evaluation of the evidence, to assist clinical decision-making. CGs need to be updated regularly to ensure their validity.

Objective: To review international CG update processes to support the National Clinical Effectiveness Committee in Ireland in considering amendments to their current CG update processes.

Methods: Handbooks were identified by searching national and international organisations' websites and grey literature. This was supplemented by a systematic search (2011-2021) of peer-reviewed articles. Following data extraction and quality appraisal, a narrative synthesis was undertaken.

Results: Fifteen handbooks from 10 organisations and three peer-reviewed articles were included. Terminology, definitions, methods to determine if an update is indicated and prioritisation methods CGs for updating were not standardised. Details on resources required and those responsible for each stage of the process were poorly described. Updating methods were generally the same as those used to develop CGs de novo. Of the three peer-reviewed articles identified, one evaluated additional search techniques employed by NICE and reported that a combination of focused subject headings and frequency operators could improve the precision of surveillance searches. The other peer-reviewed articles were evaluations of The UpPriority Tool and reported that the tool could be useful for standardising prioritisation processes when updating CGs, and fostering a more efficient use of resources.

Discussion: Updating CGs is critical to support policy and clinical practice. Comprehensive methodological guidance relating to the updating process would be a valuable contribution to the international knowledge base.

Profile of participants in public consultation on Clinical Practice Guidelines in the Brazilian Unified Health System, in 2021 and 2022

Dra Marta Souto Maior¹, Miss Brígida Dias Fernandes¹, Ávila Vidal¹, Luciene Bonan¹

¹Conitec, Brasília, Brazil

P5D - Approaches to stakeholder engagement - examples from around the World, Conference Room 3, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Pharmacist. Has a master's degree and PhD in Public Health. Works at Conitec.

Background: In Brazil, after the preliminary assessment by the National Committee for Health Technology Incorporation (Conitec), Clinical Practice Guidelines (CPG) elaborated and updated are submitted to public consultation (PC). In this sense, knowing the participants profile can help Conitec to make PC more democratic and inclusive. **Objective:** To evaluate the profile of participants in PC on CPG in 2021 and 2022. **Methods:** Data from all PC in 2021 and 2022 about CPG were collected. The characteristics of the participants were summarized in frequencies. **Results:** In 2021, most of the participations were from interested in the topic (32.1%), followed by patients (24.8%) and family members, friends, or patient caregivers (23.3%). In 2022, most of contributions came from family members, friends, or patient caregivers (41.9%) and health professionals (24.9%). In both years, companies, public institutions or pharmaceutical industry accounted for less than 2% of the contributions. The individual participation profile was also similar in the evaluated years. Most participants individuals identified as female (64.6% in 2021 and 67.1% in 2022), white color/ethnicity (70.8% in 2021 and 61.0% in 2022), aged between 40 and 59 years (46.1% in 2021 and 43.4% in 2022) and residents of the southeast region of Brazil (53.5% in 2021 and 56.4% in 2022). **Discussion:** Although patients and their representatives have a significant participation in PC, the participants' profile reveals that the process still focuses on some social groups that may not equally represent users of the Brazilian public health system.

Profile of Public Contributions in the Evaluation of Clinical Practice Guidelines in the Brazilian Health System, in 2021 and 2022

Dra Marta Souto Maior¹, Miss Brígida Dias Fernandes¹, Ávila Vidal¹, Luciene Bonan¹

¹Conitec, Brasília, Brazil

P6D - Collaboration & Stakeholders, Conference Room 3, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Pharmacist. Has a master's degree and PhD in Public Health. Works at Conitec.

Background: The Public Consultation (PC) of Clinical Practice Guidelines (CPG) allows the participation of stakeholders in the evaluation process by the National Committee for Health Technology Incorporation (Conitec). Analyzing the PC can help Conitec to improve the management of this process. **Objective:** To evaluate the profile of PC on CPG in 2021 and 2022. **Methods:** Data from all PC in 2021 and 2022 about CPG were collected. The characteristics of the means of knowledge about PC and general evaluation of the CPG were summarized in frequencies. **Results:** In 2021, thirty-two CPG were submitted to PC, receiving 38608 contributions. Only one CPG did not receive any contribution and it was about analgesia and sedation in patients with covid-19 under mechanical ventilation. On the other hand, only one CPG received 20258 contributions and was related to the outpatient treatment of covid-19. Social networks (54.5%) and communication through friends, colleagues, or work professionals (28.9%) were the main sources of knowledge in the public consultation. In 2022, twenty-six CPG were submitted to PC, receiving 5723 contributions. Friends, colleagues, or work professionals (46.5%) and social networks (31.6%) were also the main sources of knowledge in the public consultation in 2022. In both years, most CPG were assessed as very bad (58.2% in 2021 and 42.2% in 2022) followed by evaluation as very good (26.8% in 2021 and 37.9% in 2022). **Discussion:** A high number of public contributions were received in 2021, which makes the summary and evaluation process complex and challenging for clinical guideline developers.

Publishing clinical prActice GuidelinEs (PAGE): Recommendations from editors and reviewers

Phd Nan Yang^{1,2}, Ms Wei Zhao³, Ms Zijun Wang^{1,2}, Prof. Liang Du^{4,5}, Prof. Yaolong Chen^{1,2}, Dr. Xuan Yu^{1,2,6}

¹Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ²Research Unit of Evidence-Based Evaluation and Guidelines (2021RU017), Chinese Academy of Medical Sciences, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³Editor-in-Chief Office, Chinese Medical Association Publishing House, Beijing, China, ⁴Medical Device Regulatory Research and Evaluation Center, West China Hospital, Sichuan University, Chengdu, China, ⁵Chinese Evidence-Based Medicine Center, West China Hospital, Sichuan University, Chengdu, China, ⁶Department of Global Health and Social Medicine, Harvard University, BOSTON, United States

P1D - Words and context in guideline development, Conference Room 3, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Dr. Xuan is a researcher interested in evidence-based medicine and evidence-based social sciences at Lanzhou University, China, and Harvard University, USA. Her research focuses on various aspects of guideline development, reporting guidelines, and health and social policy.

Aim and Methods: Methods, Transparency Ecosystem for Research and Journals in Medicine (TERM) working Group summarized the essential recommendations that should be considered to review and publish a high-quality guideline.

Results: These 10 recommendations. 1. Submit a systematic review of existing relevant guidelines as an attachment, or add the main findings of the systematic review in the guideline. 2. Submit a registration number and report the number in the guideline. 3. Submit a guideline protocol and report where the protocol is available in the guideline. 4. Submit a document of which stakeholders were involved in guideline development and what their corresponding roles and specific tasks. 5. Submit a declaration form of conflicts of interest for each member, as well as management methods, process, and results. 6. Submit a document of the methods and processes used to collect and select clinical questions. 7. Submit systematic reviews that supported recommendations. 8. Submit a document of decision-making process and minutes of meetings from evidence to decisions. 9. Submit a table indicating on which page and in which section the relevant content appears based on AGREE reporting checklist or the RIGHT checklist. 10. Submit a document of the external review process, the review comments, and the guideline changes made to these comments.

Conclusions: We recommend that guideline authors use them as an important reference when they submit their guidelines to promote transparency. Editors can also consider adding PAGE criteria in Introduction for Authors.

Quality appraisal of selected living guidelines using the AGREE-II tool

Dr Jorge Acosta-Reyes¹, Dr Pamela Velasquez², Dr Ivan Florez^{2,3}

¹Universidad del Norte, Barranquilla, Colombia, ²University of Antioquia, Medellin, Colombia,

³McMaster University, Hamilton, Canada

P6C - Getting the methodology right, Conference Room 2, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Pediatrician, MSc in Clinical Epidemiology, and Ph.D. in Health Research Methodology. Full Professor at the Department of Pediatrics at the University of Antioquia (Medellin, Colombia) and Assistant Professor (Part-Time) at McMaster University (Canada). Dr. Ivan Florez is the current Leader of the AGREE Collaboration, Director of Cochrane Colombia, member of the Cochrane's Conflicts of Interests panel and member of the GRADE working group.

Background: Living Guidelines (LG) provide up-to-date recommendations useful for scenarios with growing amounts of evidence. However, there is lack of standardisation on the LG novel methods
Objective: To appraise the quality of selected LG with AGREE-II and describe the experience with its application on LG.

Methods: We searched for LG developed between December, 2018 and July, 2022. We extracted data on LG characteristics, methods, updates, and versions and appraised the quality of the latest guideline version with the AGREE-II tool.

Results: We included 5 LG developed by organisations from Australia, United Kingdom and the World Health Organization. The AGREE domains with the higher mean scores were Scope and Purpose (97.1% [SD 6.4]) and Rigour of development (95% [SD 11.2]), while Applicability obtained the lowest score (25.7% [SD 9.6]). The inclusion of views and preferences of the target population, barriers and facilitators analyses, and monitoring and auditing criteria were the items with lower scores. Challenges in the appraisal process with the AGREE-II tool were found. Longer time for evaluation was required in comparison to regular guidelines, even for experienced evaluators. Some items were considered not fully applicable in LG.

Discussion: The available LG obtained high scores in the rigour of development and scope and purpose domains, while the applicability was found suboptimal. Challenges related to the applicability of the tool were found. A more specific AGREE-II tool version may be needed to account for the ongoing, responsive and dynamic nature of the living methods.

Quality Assessment of Clinical Practice Guidelines and Expert Consensus on Atopic Dermatitis: are they clear, unbiased and evidence based ?

Ms Ling Wang^{1,2}, Mr. Hui Liu^{1,2}, Ms. Xiaohui Wang¹, Mr. Yaolong Chen^{2,3}, Junxian Zhao^{1,2}

¹School Of Public Health, Lanzhou University, Lanzhou, China, ²Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Wang Ling, research topics are evidence-based medicine and clinical practice guidelines methodology. Bachelor of Medicine and Master of Epidemiology and Health Statistics.

Background: Although many clinical practice guidelines and expert consensus are available for atopic dermatitis, their quality has yet to be systematically appraised.

Objective: Using the AGREE II (the Appraisal of Guidelines for Research and Evaluation) Reporting Checklist to assess the methodological quality of clinical practice guidelines and expert consensus on atopic dermatitis.

Methods: The literature databases and guideline publication websites were systematically searched to collect the clinical practice guidelines and expert consensus related to atopic dermatitis published between 1 January 2017 and 21 October 2022. The researchers independently screened the literature and evaluated the quality of methodological quality of clinical practice guidelines and expert consensus on atopic dermatitis published in China and abroad by using the AGREE II Reporting Checklist.

Results: Forty-four atopic dermatitis clinical practice guidelines and expert consensus were included. The results of AGREE II evaluation showed that the average score rate of the six domains: Scope and purpose(28.54±18.03%); Stakeholder involvement(14.02±13.48%); Rigour of development(17.28±14.08%); Clarity of presentation(37.12±21.18%); Applicability(17.05±12.53); Editorial independence (44.70±29.84%). 'Stakeholder involvement was the lowest scoring AGREE II domains.

Discussion: The attention to the development process and quality control of guidelines or consensus should be enhanced to improve further the overall quality of atopic dermatitis-related practice guidelines or expert consensus.

Quick and Efficient updating of 17 guidelines for palliative care in children

Brigitt C.M. Borggreve¹, Kim C. van Teunenbroek², dr. Reneé L. Mulder², drs Corinne Stoop¹, Mathilde Roelofsen¹, Prof. dr. A.A. Eduard Verhagen³, Prof. dr. Leontien C.M. Kremer^{2,4}, dr. Erna M. C. Michiels²

¹the Netherlands Comprehensive Cancer Organisation (IKNL), , Utrecht, Nederland, ²Princess Maxima Centre for Pediatric Oncology, Utrecht, Nederland, ³Department of Pediatrics, Beatrix Children's Hospital, University of Groningen, University Medical Center Groningen, Groningen, Nederland, ⁴Department of Pediatrics, Emma Children's Hospital, Amsterdam UMC, University of Amsterdam, Amsterdam, Nederland

Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Brigitt Borggreve had a background in pharmacy in the Netherlands when she started in 2000 to work for the Netherlands Cancer Registry. Since 2011 she is a guideline developer specialized since 2015 in Palliative care. Together with the other members of the Palliative care team and partners, she strives and stimulates for good and qualified guideline in palliative care for every patient, children and adults. To improve the quality of life of patients and their informal caregivers facing the problems associated with life-threatening illness or frailty.

Background:

In the Netherlands every year about 5000 – 7000 children and their families are in need of palliative care. Approximately 1000 children die every year due to the consequences of a life-threatening or life-limiting diseases. This includes children with cancer but also children with congenital diseases or multiple disabilities. Because of practice variation and new developments in pediatric palliative care, the Dutch Association of Pediatrics and the Dutch Knowledge Centre for Children's Palliative Care decided to revise the clinical practice guideline (CPG) palliative care for children 2013. To deal with money and manpower as efficiently as possible, it was decided to revise 17 guidelines at once.

Objective:

Quick and Efficient updating

To efficiently revise the Dutch guideline for palliative care in children through revision of recommendations and include new recommendations for various topics in pediatric palliative care.

Methods:

A guideline development panel of 72 professionals (more than 20 disciplines) with expertise in paediatric palliative care was formed. In addition, a patient representative panel consisting of eight parents and one paediatric home care nurse was established. A total of 38 clinical questions covering 17 topics were formulated based on priorities of patient and professionals. We used an EB-approach to revise Dutch CPG for paediatric palliative care.

Future prospects:

There is limited evidence available for treatment in pediatric palliative care. Gaps in palliative care research in children are identified to provide a national research agenda.

Now that the guidelines have been revised on an evidence-based basis, we continue to update modularly.

Rating Guidelines Developers Methodologies - Agreement with IOM Standards

Christopher Wolfkiel¹, Lindsay Frazier-Green, Christina Lachetti, Malvika Tampi, Lauren Zych

¹Clinical Guidelines Resources, Chicago, United States

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Dr. Wolfkiel is a leading figure in the American guidelines market previously ACOEM Director of Practice Guidelines, advisor to many guideline developing organizations including AHA, CHEST and AOPT. He is responsible for business development for Indico Solutions, a comprehensive development and dissemination platform. He also leads the Chicago Guideline Developers, an informal group of 50 guideline professionals around the country.

Background

Assessing the quality of individual guidelines has proven costly and impractical for comprehensive implementation.

Objective

To develop a tool for assessing guideline-developing organizations' (GDO) policies and procedures (methodologies) agreement with 2011 IOM Standards for Developing Trustworthy Guidelines and Standards for Systematic Reviews.

Methods

A 50-point scale was developed covering systematic reviews (SR -7 points), recommendations (Rec -13 points), guideline development (Dev - 12 points), dissemination (Diss- 10 points) and resources (Res - 8 points) domains. Testing of the tool was accomplished by paired evaluation of 4 published or posted methodologies by 4 experienced guideline professionals. Good or excellent agreement (defined as domain scores equal or differing by one point) was found in the SR and Diss domains. Other domains had instances of scores differing by 2 or greater points.

Future Prospects

The advantage of rating a GDO's methodology is that its assessment can be a proxy for the quality of the guidelines developed under that methodology. While not an exact assessment of guideline quality, it allows for greater operational efficiency not achievable with individual guidelines assessment tools such as AGREE or NEATS. This efficiency is predicated that the program assessment needs to be performed only as the program's methodology is updated and that it covers all the guidelines developed under that methodology. While perfect agreement in the domains by the raters was not achieved it is expected that a blinded-paired process combined with a third expert resolution of significant differences will be a viable program quality measure.

Real world experience as evidence

Dr Teun Zuiderent-Jerak¹, Lea Lösch¹, Dr Sietse Wieringa², Dr Dunja Dreesens³, Beth Shaw⁴, Dr Elena Syurina¹, Dr Florian Kunneman⁵, Dr Mart Stein⁶, Jane Cowl⁷, Dr Nancy Santesso⁸, Prof. dr. Aura Timen^{1,6,9}, -- -- on behalf of GIN AID Knowledge and GIN Public¹⁰

¹Athena Institute, Faculty of Science, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands,

²Centre for Sustainable Healthcare Education, University of Oslo, Oslo, Norway, ³Knowledge

Institute of Medical Specialists, Utrecht, The Netherlands, ⁴Center for Evidence-Based Policy,

Portland, United States, ⁵Department of Computer Science, Vrije Universiteit Amsterdam,

Amsterdam, The Netherlands, ⁶Centre for Infectious Disease Control (CIb), National Institute of

Public Health and the Environment (RIVM), Bilthoven, The Netherlands, ⁷National Institute for

Health and Care Excellence (NICE), London, United Kingdom, ⁸Department of Health Research

Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ⁹Department of Primary

and Community Care, Radboud University Medical Centre, Nijmegen, The Netherlands,

¹⁰Guidelines International Network, Berlin, Germany

W5A - Workshop: Real world experience as evidence, Conference Room 4/5, September 21, 2023,

3:30 PM - 4:15 PM

Biography:

Teun Zuiderent-Jerak is Associate Professor of Transdisciplinary Science & Technology Studies. His research brings together intervening in practices and furthering scholarly understanding of them. Knowledge standardization, evidence-basing, global health, health care markets, and technologies for inclusion are among his interests.

Background

There is a growing interest in “real-world data” in health care research and guideline development. This is due to the increasing availability and accessibility of such data and the need to extend the evidence base to formulate adequate recommendations. “Real-world data” refer to data routinely generated from electronic health records, medical sensors, pharmacovigilance registries or social networks and may provide information about patient care, health and experiences outside of controlled research settings. Thus, new forms of knowledge become available for guideline development that still require analysis and valuation by stakeholders. The inclusion of such knowledge is best leveraged if “real-world data” is understood as crossing the quant-qual divide.

This workshop draws attention to the potential of using “real-world data” to incorporate different types of evidence, including those that have been until now challenging to incorporate, such as experience-based knowledge from professionals and patients, into the guideline development process.

Objective

- To explore how real-world experience can be used as evidence in guideline development to include stakeholder experiences on a larger scale, systematically, and make this type of knowledge count on its own terms.
- Draw attention to opportunities for “real-world data” regarding the inclusion of diverse types of knowledge (beyond purely quantitative data).

Format (90 minutes)

- Presentation of ongoing innovative research on AI text mining for including patients' and professionals' experiences, shared on online channels, in guideline development.
- Demo of other such activities, such as the NICE patient evidence framework
- Some format for knowledge exchange

Realising the NICE digital strategy: the computable implementation guidance project

Dr Philip Scott¹, Dr Michaela Heigl², Mr Shaun Rowark², Dr Felix Greaves²

¹University of Wales Trinity Saint David, Swansea, UK, ²NICE, Manchester, UK

P2C - Automation across the process, Conference Room 2, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Dr Philip Scott is Programme Director of the MSc in Digital Transformation for the Health and Care Professions at the University of Wales Trinity Saint David. He is Chair of the British Computer Society health and care executive committee, Deputy Editor of BMJ Health & Care Informatics, and co-chairs the UK steering group for mobilising computable biomedical knowledge.

Background: NICE has committed to an “increase in guideline recommendations produced in an interactive, digitalised format”. Objective: The NICE Computable Implementation Guidance (NCIG) project aimed to (1) guide software developers; (2) guide local practice audit; (3) recommend how to develop ‘natively digital’ content. Methods: A ‘collaborathon’ with clinical and technical subgroups analysed NICE Guideline 28, Type 2 diabetes in adults, sections 1.6 on blood glucose management and 1.7 on medication. The clinical group identified questions that would lead to searching 1.6, what practitioners would ask the question (practitioner-initiated or data-triggered), required data to know the question is relevant and required data to apply the recommendation. The technical group analysed section 1.7, to identify ambiguities in the visual summary, content which looks like an algorithm or process model, and content which is hard to categorise. Fortnightly workstream calls followed on (1) user stories and trigger events, (2) information model and definitions, (3) horizon scanning and output format. A second collaborathon consolidated progress across the workstreams and agreed residual actions to complete. Results: The horizon-scanning led to adoption of the WHO Digital Adaptation Kit (DAK) as a technology-agnostic method to model guideline content. A DAK model of section 1.7 was produced, comprising user scenarios, personae, processes, data elements and decision-support logic. Further work will complete indicators (compliance outcomes) and requirements (such as data quality and usability). Discussion: The NCIG project has shown that the WHO DAK, with some modification, is feasible for a multi-disciplinary team to build computable specifications of NICE recommendations.

RecChat: Testing an AI-Based Conversational Search Engine for the eCOVID-19 RecMap

Artur Nowak¹, Justyna Lityńska¹, Tomasz Kuźma¹, Bart Dietl¹

¹Evidence Prime, Krakow, Poland

W6B - Workshop: RecChat: Testing an AI-Based Conversational Search Engine for the eCOVID-19 RecMap, Conference Room 6/7, September 22, 2023, 9:00 AM - 9:45 AM

Biography:

Artur Nowak is a co-founder and CTO of Evidence Prime. . Artur obtained a MSc degree in Computer Science from Jagiellonian University in 2011. The title of his thesis was "Semantic Search: Design and Implementation of a Vertical Search Service". Since then he has been working on various technical projects as a software engineer in the area of Computer Science, Natural Language Processing and Information Retrieval. At Evidence Prime, he leads projects in the field of AI, especially in the context of systematic review automation.

Background: The eCOVID-19 RecMap is a collaborative effort involving multiple international organizations and aims to catalog the best available recommendations on COVID-19. Using the PICO framework, it enables decision-makers to identify relevant recommendations. Recently, numerous chat-based search solutions are transforming the way users perform information retrieval. This workshop aims to evaluate how these technologies can be applied in the context of guidelines.

Objective: To engage participants in testing and providing feedback on the experimental AI-based conversational search engine, ultimately enhancing its functionality, usability, and potential for better integration with decision support systems for users seeking COVID-19 recommendations.

Format:

This interactive workshop will comprise four main components:

Introduction (10 minutes): Briefly present the eCOVID-19 RecMap portal and the AI-based conversational search engine, highlighting its potential benefits and the role of workshop participants in refining the tool.

Hands-on Testing (30 minutes): Participants will be divided into small groups and provided with access to the search engine. Worksheets will be provided with a list of examples, but participants will be encouraged to test it using various queries and scenarios, exploring the tool's effectiveness in identifying relevant COVID-19 recommendations.

Group Discussions and Feedback (40 minutes): Groups will reconvene to share their experiences and discuss the search engine's strengths and areas for improvement. A facilitator will guide the discussion and capture key points for refining the AI-based conversational search engine.

Closing Remarks and Next Steps (10 minutes): Summarize the workshop outcomes and outline future steps for incorporating the feedback and improving the search engine.

Recommendations for postoperative hip mobility after primary total hip arthroplasty: an adoption of guidelines

Dott.ssa Alessandra Ruspi¹, Davide De Leo¹, Francesco Scandelli¹, Valeria Toso¹, Professor Roberto Gatti^{1,2}, Professor Holger Schünemann^{2,3,4,5}

¹Physiotherapy Unit, Humanitas Clinical and Research Center, Rozzano, Italy, ²Humanitas University, Department of Biomedical Sciences, Pieve Emanuele, Italy, ³Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ⁴Department of Medicine, Hamilton, McMaster University, Hamilton, Canada, ⁵Institute for Evidence in Medicine, Medical Center and Faculty of Medicine, University of Freiburg, Freiburg, Germany

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Physiotherapist at Humanitas Research Hospital. Deputy coordinator of the physiotherapy service and contact person for rehabilitation after hip and knee replacement surgery. Adjunct teaching professor at Humanitas University.

BACKGROUND

Total hip arthroplasty (THA) provides net benefit for end-stage hip osteoarthritis. To prevent postoperative hip dislocation, movement restrictions and assistive devices have traditionally been recommended in clinical practice. Considering the advancements in THA surgery and rehabilitation, guidelines for clinical practice are required.

OBJECTIVE

To use the GRADE-Adoption approach to create recommendations for the postoperative rehabilitation management of patients undergoing THA.

METHODS

Our team had limited experience in guideline development before this effort. With support of an experienced methodologist and a multiprofessional panel, we used the GRADE-Adoption methodology to develop recommendations, following the GIN-McMaster Guideline Development Tool. We selected the guideline topic and target audience, prioritized clinical questions and related outcomes. For the first question we identified a source guideline. For the second we found no existing credible recommendation. For both questions, we needed to create an updated GRADE Evidence-Profile and a Evidence-to-Decision framework. This approach included a scoping review to summarize evidence that may influence the balance of desirable and undesirable consequences. Finally, the panel met in person to formulate the final recommendations.

RESULTS

The GRADE-adoption approach was feasible and acceptable by members of the guideline development group. The group formulated two “conditional recommendations” based on the GRADE Evidence-to-Decision Framework. One recommendation was adapted and the other a de novo recommendation. We obtained important insight in how to use this approach.

DISCUSSION

According to this guidelines-adolopment, postoperative restrictions do not prevent hip dislocation. The GRADE-Adolopment approach allowed learning for those involved in the effort and was efficient.

Recommendations on the management of adult depression in the main Clinical Practice Guidelines: a systematic review

Phd Yolanda Triñanes¹, PhD Sandra SanMartín-Feijoó², Jorge Alonso-López³, Dr María Álvarez-Ariza⁴, Dr Gerardo Atienza-Merino⁴, Manuel Castro-Bouzas⁴, Dr Rosendo Bugarín-González⁴, Dr Elena de-las-Heras-Liñero⁴, Marlén Fernández-Silva⁴, Amparo González-García⁴

¹Scientific-technical Advice Unit (Avalia-t), Galician Agency For Health Knowledge (Acis), Santiago de Compostela, Spain, ²Dublin City University, , Ireland, ³Federation of Associations of family members and people with mental illnesses, , Spain, ⁴Galician Health Service, , Spain

P2D - With the end user in mind, Conference Room 3, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

She has been working on the development and coordination of Clinical Practice Guidelines and other knowledge transfer products at the Scientific and Technical Advice Unit (Avalia-t) of the Galician Health Knowledge Agency (ACIS) since 2008. She is a member of the scientific committee of Guíasalud, the body in charge of coordinating the Guidelines of the National Guidelines Programme in the Spanish National Health System.

Although different analyses of recommendations for depression management have been carried out, a current general overview of treatment recommendations seems to be lacking.

The aim is to systematically review the most current clinical practice guidelines (CPGs) recommendations for the management of adult depression.

Main biomedical and CPGs databases were searched to identify all relevant CPGs. The quality of the identified guidelines was assessed independently by two researchers using the Domain 3 of the Spanish version of the AGREE II instrument. The selection process and data extraction were carried out by two researchers.

Six CPGs were included. All of them scored above 60% in the rigour of development domain. Five CPGs provided recommendations for psychological, pharmacological, other interventions and complementary and alternative medicine (CAM). All CPGs agree that the use of any evidence-based psychological intervention is appropriate, but Cognitive-Behavioural Therapy (CBT) appears to be the most widely used and researched psychotherapy, turning it in the most frequently recommended as first choice of treatment. Second generation SSRIs are the most recommended pharmacological treatment. Electroconvulsive Therapy (ECT) is considered all guidelines with varying grades of certainty in the recommendation. Repetitive Transcranial Magnetic Stimulation (rTMS) is recommended by three CPGs mainly for resistant depression and Vagus nerve Stimulation is only taken into account in one CPG. Recommendations for complementary and alternative medicine (CAM) use are disparate.

There is agreement in international CPGs on main treatments for adult depression, but high heterogeneity in CAM. These discrepancies should be analysed in future studies.

Re-evaluation of CXR screening for lung cancer with background consideration

Prof Chisato Hamashima¹, Prof. Teruhiko Terasawa², Dr. Yuki Kataoka³, Dr. Kesuke Anan³, Dr. Satoyo Hosono⁴, Dr. Tomio Nakayama⁴

¹Teikyo University, Tokyo, Japan, ²Fujita Health University, Toyoake, Japan, ³Kyoto University, Kyoto, Japan, ⁴National Cancer Center, Tokyo, Japan

Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

My current position is Professor in the Health Policy Section, Division of Nursing Faculty of Medical Technology, Teikyo University(Tokyo, Japan). I have developed

cancer screening guidelines for national programs at the National Cancer Center for 15 years and have continued collaboration.

Background: Lung cancer has been a heavy burden worldwide, and an efficient screening program should be expected.

Objective: We reevaluated the effectiveness of CXR screening and compared the histology distribution for the target population for lung cancer screening between the US and Japan.

Methods: We performed a systematic review and meta-analysis for CXR screening for lung cancer. Literature searches were conducted using PubMed, Cochran Library, Web of Science, and Ichushu-web until April 2022.

Results: From over 3000 articles as a candidate, six RCTs, one cohort, and six case-control studies were selected. Five RCTs were conducted from the 1960s to 1970s, except for the PLCO. All RCTs suggested there was no reduction in lung cancer by CXR screening. Six case-controlled studies in Japan reported mortality reduction from lung cancer. The meta-analysis showed a 43% mortality reduction from lung cancer (Adjusted odds ratio 0.53, 95%CI: 0.50-0.63). Although the subjects of RCT were limited to men except for the PLCO and KFS, the Japanese studies included women as 20% of the case groups. The histological distribution of lung cancer was similar when the PLCO and Japanese CCS were performed. During that period, squamous cell carcinoma decreased according to a decrease in the smoking rate, but adenocarcinoma has increased, particularly in Asian women.

Discussion for scientific abstracts: Although CXR was used for lung cancer screening, the target disease differed between old RCTs and Japanese CCS. Although evidence of CXR screening is limited, it might be adopted in Japan considering background risk.

Remove the noise, focus on signals: Natural language processing for living surveillance of breast cancer guidance

Mr Steve Sharp¹, Dr Mariam Sood¹, Dr Fiona Glen¹

¹National Institute for Health and Care Excellence, Manchester, United Kingdom

P2B - Automation - thinking differently, Conference Room 1, September 20, 2023, 2:30 PM - 4:00 PM

Biography:

Steve has over 20 years of experience of working in healthcare information and analytical roles and has

worked at NICE for 12 years, in information management, guideline development and surveillance. He took a lead role in developing NICE's living COVID-19 guidelines and is currently working on the digital living guidelines project for breast cancer.

Background

NICE has previously validated the use of natural language processing (NLP) in continuous surveillance of COVID-19 living guidelines, specifically in the time consuming evidence screening stage. As part of NICE's living guideline strategy, work is ongoing to transition breast cancer (BC) recommendations into the living model. The magnitude of the BC evidence base necessitates automation techniques such as NLP to distil the evidence into defined sub-topic areas.

Objectives

The primary aim is to develop and test NLP techniques for improving timeliness and relevance in living surveillance of BC, compared to the baseline manual screening process.

Methods

A test dataset of systematic reviews (SR) (n=6207) from 2020-2022 was retrieved using a population level search for all topics and stages of BC. A validation dataset of SRs was obtained from previous manual surveillance (n=5210). Medical entity recognition (MER) and rule-based pattern matching (PM) code for SR and BC terms was developed and tested for initial noise reduction and autocategorisation of systemic disease modifying therapy topics. Topic modelling, an unsupervised machine learning approach, was used to identify themes in the data, including gaps in NICE guidance, to inform future development and research.

Results

MER PM achieved a greater than 50% reduction in the search output with 100% sensitivity for critical studies with impact. Topic modelling identified key themes and gaps in guidance that were verified by manual assessment.

Discussion

The findings demonstrate NLP can reduce screening burden by effective low-risk automation and generate insights at various levels of granularity from the data.

Reporting Conflicts of Interest and Funding in Healthcare Practice Guidelines: The RIGHT-COI&F Checklist

Dr Janne Estill^{1,2}, Ms. Yangqin XUN¹, Ms. Joanne Khabisa³, Professor Yaolong Chen^{1,4,5}, Professor Elie Akl^{3,6}

¹Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China,

²Institute of Global Health, University of Geneva, Geneva, Switzerland, ³Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, ⁴ Guideline International Network Asia, Lanzhou, China, ⁵WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁶Department of Health Research Methods, Evidence, and Impact (HEI), McMaster University, Hamilton, Canada

P6B - Getting it right for stakeholders, Conference Room 1, September 22, 2023, 9:00 AM - 10:30 AM

Background

Both conflicts of interest (COIs) and funding can bias the process of development of healthcare practice guidelines. Complete and comprehensive reporting of information on COIs and funding is essential for the transparency, quality and credibility of those guidelines.

Objective

To develop an extension of the RIGHT statement for the reporting of COIs and funding in both the policy documents of guideline organizations and the guidelines (RIGHT-COI&F checklist).

Methods

We followed the toolkit for developing a reporting guideline recommend by Enhancing the QUality and Transparency Of health Research (EQUATOR) network. The main development steps are 1) setting up working groups; 2) generating of the initial items; 3) achieving consensus on the items to include; and 4) testing the final checklist.

Results

The working groups included an advisory group (five members), a Delphi panel (27 members) and a coordination team (12 members); a total of 44 contributors from 17 countries. The final version of the checklist contains the following two sections: 1) COIs of guideline contributors (18 items) and 2) funding of the guideline project (six items). These 27 items are categorized further into policy-related items (16 items) and implementation-related items (eight items). The policy-related items address the reporting in guideline organizations' policy documents, while the implementation-related items address the reporting of specific guideline projects.

Discussion

The RIGHT-COI&F checklist can be used to guide the reporting of COIs and funding in guideline development and to assess the completeness of reporting in published guidelines and policy documents.

Reporting of network meta-analysis results in systematic reviews: a cross-sectional sample of evidence summary presentation formats

Dr. Per Olav Løvsletten^{1,2}, Dr. Xiaoqin Wang³, Dr. Tyler Pitre⁴, MSc Marte Ødegaard⁵, Dr. Areti Angeliki Veroniki^{6,7}, Dr. Carole Lunny^{6,8}, Asst Prof. Thomas Agoritsas^{9,10,11}, Dr. Andrea C. Tricco^{6,12,13}, Prof. Per Olav Vandvik^{1,2}

¹Department of Medicine, Lovisenberg Diaconal Hospital, Oslo, Norway, ²Institute of Health and Society, the Faculty of Medicine, University of Oslo, Oslo, Norway, ³Michael G. DeGroote Institute for Pain Research and Care, , ⁴Department of medicine, McMaster University, Hamilton, Canada, ⁵Library of Medicine and Science, University of Oslo Library, Oslo, Norway, ⁶Knowledge Translation Program, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Canada, ⁷Institute for Health Policy, Management, and Evaluation, University of Toronto, Toronto, Canada, ⁸Cochrane Hypertension Review Group, Therapeutics Initiative, Department of Anesthesiology, Pharmacology & Therapeutics, Faculty of Medicine, University of British Columbia, Vancouver, Canada, ⁹Division of General Internal Medicine, Department of Medicine, Geneva University Hospitals, Geneva, Switzerland, ¹⁰Department of Medicine, Faculty of Medicine, University of Geneva, Geneva, Switzerland, ¹¹Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ¹²Epidemiology Division and Institute of Health Policy, Management, and Evaluation, Dalla Lana School of Public Health, University of Toronto, Kingston, Canada, ¹³Queen's Collaboration for Health Care Quality: A JBI Centre of Excellence, Queen's University School of Nursing, Kingston, Canada

P1C - Supplementing traditional approaches to guideline development, Conference Room 2,
September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Dr. Vandvik is spending most of his time heading a wonderful team of colleagues in the MAGIC Evidence Ecosystem Foundation to provide clinicians and patients with trustworthy evidence summaries, guidelines and decision aids at the point of care. Supported by a career research grant from Helse Sør-Øst RHF and several innovation grants this work includes the authoring and publication platform MAGICapp with innovative solutions for decision aids and integrating guidelines in the electronic medical record linked to patient specific data. Dr. Vandvik is also a recognized teacher in evidence-based medicine and guideline methodology for clinicians and decision-makers in health care.

Background: Systematic reviews (SRs) with network meta-analysis (NMA) are essential in informing treatment decisions in health policy and practice. However, it is challenging to communicate evidence summaries visually in comprehensible presentation formats.

Objective: To map and describe current reporting practices of NMA evidence summaries in SRs, with a specific focus on presentation formats' reporting of estimates of effect, certainty of the evidence and ranking/categorization.

Methods: We searched in MEDLINE for SRs with NMA published 01.01.2020 – 31.12.2021.

Presentation formats were labelled and categorized according to whether they reported: 1) effect estimates, 2) certainty of the evidence and/or 3) ranking/categorization of interventions.

Results: 200 SRs with 1133 presentation formats from 158 different journals were included. Internal medicine (46 SRs, 23.0%) were the most frequent topic and Forest plots (429, 37.9%) and league tables (188, 16.6%) were the most frequent presentation formats. 76 SRs (38.0%) reported both benefits and harms in presentation formats, 26 SRs (13.0%) reported GRADE or CINeMA certainty ratings and 144 SRs (72.0%) reported ranking/categorization. Focusing on evidence summaries reporting absolute effects across benefits and harms, with GRADE or CINeMA certainty ratings and ranking/categorization of interventions, 3 SRs (1.5%) reported this in presentation formats. Of these, 2 SRs (1.0%) reported such evidence summaries for multiple outcomes within the same (single) presentation format.

Discussion: This study demonstrates current challenges and shortcomings in reporting of evidence summaries in presentation formats. Only a small fraction of SRs reported absolute effects across benefits and harms, with certainty ratings and ranking/categorization in tables/figures.

Representation of core outcomes in clinical guidelines

Dr Sarah Rhodes¹, Professor Paula Williamson², Dr Lenny Vasanathan³, Dr Jeanett Friis Rohde^{4,5}, Dr Ruijin Qiu^{2,6}, Dr Susanna Dodd², Professor Jochen Schmitt⁷, Dr Stefanie Deckert⁷, Dr Ivan Florez⁸, Dr Robbie Nieuwlaat⁸, Professor Jamie Kirkham¹

¹University Of Manchester, , ²University of Liverpool, , ³Christian Medical College, Vellore, India,

⁴The Parker Institute, Frederiksberg, Denmark, ⁵The Danish Health Authority, Copenhagen,

Denmark, ⁶Beijing University of Chinese Medicine, , China, ⁷University Hospital Carl Gustav Carus,

Dresden, Germany, ⁸McMaster University, , Canada

P1D - Words and context in guideline development, Conference Room 3, September 20, 2023,

11:00 AM - 12:30 PM

Biography:

Sarah Rhodes is a Research Fellow at the Centre for Biostatistics at the University of Manchester.

She is a statistician and methodologist working on randomised trials, systematic reviews and epidemiological cohort studies. She is an advisor for the National Institute for Health Research (NIHR) Research Design Service and a Cochrane Statistical Editor.

Background

A Core Outcome set (COS) is an agreed standardised set of outcomes developed through a consensus process to ensure health care outcomes to measured are relevant to stakeholders, including clinicians and members of the public. Use of COS in guidelines development is likely to streamline the workload and ensure quality in the process. Previous work has looked at the uptake of COS in trials, systematic reviews and regulatory guidance but to date there has been no evaluation of the use of COS in guidelines development.

Objective

To investigate the representation of core outcomes in clinical guidelines

Methods

We searched for clinical guidelines relevant to high quality COS (with focus on England, Germany, China, India, Canada, Denmark, USA and WHO). We matched scope between COS and guideline in terms of condition, population and outcome. We calculated the proportion of guidelines mentioning or referencing COS and the proportion of COS domains specifically or generally matching to outcomes specified in each guideline question/section.

Results

Preliminary results relate to a pilot using 10 high quality COS. We found 54 guidelines matching the scope of the 10 COS. None of the guidelines reviewed so far explicitly mention or reference the relevant COS. There was variation by condition in matching: e.g. median 100% specific matching for Lower Back Pain, median 45% matching for colorectal cancer.

Discussion

There is a need for further research to establish barriers and facilitators for the use of COS in guideline development.

Required knowledge to develop guideline recommendations about healthcare tests

M.sc Mariska Tuut¹, PhD Miranda Langendam², Prof. Jako Burgers¹, Prof. Trudy van der Weijden¹

¹CAPHRI, Maastricht University, Maastricht, The Netherlands, ²Amsterdam UMC, Amsterdam, The Netherlands

P5C - How to involve your stakeholders depends on who they are, Conference Room 2, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Mariska Tuut is PhD-candidate at the Maastricht University, working on specific knowledge required for developing guideline recommendations about healthcare tests. Furthermore, she is an experienced self-employed guideline methodologist.

Background: Evaluating the value of healthcare tests and formulating guideline recommendations about healthcare tests appear to be complex. Currently available competency-based frameworks for guideline developers do not focus on healthcare tests. Determination of knowledge needed for developing recommendations about healthcare tests in guidelines could be helpful.

Objective: To define required knowledge components for guideline panel members involved in developing guideline recommendations about healthcare tests.

Methods: We reviewed available evidence in literature about competencies and knowledge related to guideline development, technology assessment and systematic reviews and created a longlist of potential relevant knowledge components. Subsequently, we conducted 9 semi-structured interviews with experts on diagnostic processes in clinical practice, (training on) healthcare test evaluation and guideline development, and patient involvement in guideline development. We analysed the results of the interviews and established a final list with required knowledge components for guideline panel members to develop recommendations about healthcare tests using different levels of knowledge according to Bloom's taxonomy.

Results: The final list includes items on the following topics: health question, test-management pathway, target population, test, undesirable test consequences, test results, its interpretation and management, undesirable consequences related to management and change in people important outcomes. Key component is knowledge on the test-management pathway.

Discussion: The list with required knowledge components for developing recommendations about healthcare tests fills a gap in the field of guideline development. Further efforts are needed to implement the list into guideline development practice and to train guideline panel members, for example through the development of a training course.

Review of health utilities used in NICE guidance for diseases associated with air pollution

Natasha Salant¹, Dr Lesley Owen, Yuanyuan Zhang¹

¹National Institute Of Health And Care Excellence, London, United Kingdom

Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Yuanyuan is a health economist in the Centre for Guidelines at the National Institute for Health and Care Excellence (NICE). She is responsible for systematic reviews and economic evaluations.

Yuanyuan holds an MSc in Health Economics from City, University of London, and an MSc in Applied Statistics from Birkbeck, University of London. Prior to her position at NICE, she worked for a pharmaceutical market access consulting company.

Background

Cost-utility analyses are used by the National Institute of Health and Care Excellence (NICE) to evaluate the cost-effectiveness of interventions. Health state utility values (HSUV), which measure health related quality of life on a scale of 0-1 where 0=death and 1=perfect health, are required as a data input for this analysis. It is therefore a challenge when HSUV data is either not available, is of insufficient quality, or where there is heterogeneity.

To inform harmonising methods for HSUV selection at NICE, an investigation of the evidence to support NICE recommendations covering diseases and conditions that may be impacted by air pollution, such as Chronic Pulmonary Heart Disease (COPD) is therefore helpful.

Objective

To determine the range of HSUV data for diseases associated with air pollution in NICE guidelines, and if there is heterogeneity, to explore the reasons for this and to make recommendations for further research to assess the cost effectiveness of interventions research.

Methods

Diseases and conditions impacted by air pollution were identified. A structured search was then conducted to identify NICE guidelines covering these. HSUV data (including utility values, patient population from which the data is elicited, instrument used to collect values, and date on which data was published) was tabulated and analysed.

Future Prospects

Results yielded wide ranges of HSUV data for several conditions in NICE guidelines, and some conditions had overlapping ranges for severity stages, especially for COPD. Further analyses of the broader literature with the aim of improving precision of economic evaluation is required.

Reviewing for retractions: setting the scientific record straight in SIGN guidelines

Igor Brbre¹, Dr Heather Gray

¹Healthcare Improvement Scotland, Edinburgh, United Kingdom

P6C - Getting the methodology right, Conference Room 2, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Heather Gray is a Lead Health Services Researcher in the Research and Information Service at Healthcare Improvement Scotland (HIS). Prior to this, she worked in academic teaching, research and leadership roles for over 23 years across three Scottish universities and in Scotland's Nursing, Midwifery and Allied Health Professions Research Unit. She has over 130 research outputs and is Associate Editor for the Journal of Physical Therapy Education.

Background

According to the Committee on Publication Ethics, retractions are "... a mechanism for correcting the literature and alerting readers to articles that contain such seriously flawed or erroneous content or data that their findings and conclusions cannot be relied upon". If we do not consider retractions during guideline updates, we run the risk of them containing false or misleading recommendations based on flawed science.

Objective

To review the impact of retractions on a sample of guidelines published by the Scottish Intercollegiate Guidelines Network (SIGN).

Methods

Using the six SIGN guidelines published in 2017-2018, we reviewed in PubMed all 2519 citations for expressions of concern, errata or retractions. From those we examined references that were quality appraised and cited in the guidelines, focussing on those where 'corrections' would affect guideline recommendations.

Results

We found 17 references potentially affecting guideline recommendations: two retractions and 15 'problematic' citations. Of the 15, six were typographical or mislabelling errors or incorrectly declared funding sources; seven were corrections to numerical data, but not changing conclusions; one unplanned change to included studies leading to updated conclusions; and one planned update leading to a new conclusion.

Conclusions

In total, we found four papers of concern - two retractions and two papers with altered conclusions. The process was very time and labour-intensive. In future, we plan to explore more efficient methods, such as re-running the original literature search strategy and combining it with a retractions search filter, or using in-built retraction-checking capabilities of bibliographic reference management software.

Revision of three guidelines combined in one track resulting in efficiency and harmonization

Dr. Corinne Stoop¹, Alexander de Graeff², Cindy van den Berg¹, Brigitt Borggreve¹, Mathilde Roelofsen¹

¹the Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, the Netherlands, ²Academic Hospice Demeter, de Bilt, the Netherlands

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Corinne Stoop, PhD, is guideline methodologist at the Netherlands Comprehensive Cancer Organisation (IKNL)

Background: in 2018 28 Dutch palliative care guidelines were in need of revision to update them with the latest (scientific) insights and current quality standards. Accomplishing this in a short time is challenging, not only for guideline developers, but also for the scientific and professional associations to find sufficient experts for the guideline committees. By combining the revision of three guidelines, we aimed to improve efficiency and harmonization among guidelines.

Objective: Analyze this trajectory to learn for future projects.

Methods: The guidelines Hiccup, Pruritus (Itching) and Hyperhidrosis were revised simultaneously. We chose these guidelines because these are uncommon symptoms involving overlapping disciplines. Efficiency was achieved by:

- combining a survey to identify issues experienced by healthcare providers;
- partially overlapping guideline committees with one chairman,
- combining the committee meetings; and
- combining the activities to disseminate the guidelines.

After revision of the guidelines, we assessed advantages and disadvantages with the committee.

Results: We revised three revised guidelines in a time frame in which normally one guideline is delivered and needed fewer healthcare providers and guideline developers. Overlapping guideline committees and having one chairman ensured harmonization between the guidelines. A minor disadvantage was that focusing on one topic was experienced as challenging, as some healthcare providers were involved in two or three committees.

Discussion: The combined revision resulted in efficient use of time, manpower and resources. The advantages outweighed the disadvantages. Therefore, we are currently doing a similar track, by combining the revisions of the guidelines Ascites, Hypercalcemia and Fever.

Roles of contributors, panel composition, and policies for authorship in practice guideline development: a methodological survey of published guidance

Joanne Khabsa¹, Muhammed M Khamis¹, Rachad Ghazal¹, Reem Hoteit¹, Noha El Yaman¹, Elsa Hebbo¹, Sally Yaacoub¹, Wojtek Wiercioch², Elie A Akl^{1,2}

¹American University Of Beirut, , Lebanon, ²McMaster University, , Canada

P5C - How to involve your stakeholders depends on who they are, Conference Room 2, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Ms. Joanne Khabsa is the coordinator of the Clinical Epidemiology Unit at the Clinical Research Institute at the American University of Beirut and of the American University of Beirut GRADE center. She is a pharmacist and holds a Master of Public Health with a concentration in Epidemiology and Biostatistics. Her research interests include conflict of interest, stakeholder engagement, and methods of guideline development. She is a member of the Multi-Stakeholder Engagement (MuSE) in Guideline Development core team, which aims at developing guidance for stakeholder engagement in guideline development.

Background: Establishing guideline development groups, determining their roles, and crediting authorship according to preset policies are key steps in guideline development.

Objective: To survey published guidance on guideline development for roles of contributors involved, panel composition, and authorship policies.

Methods: We compiled a comprehensive list of guideline-producing organizations from multiple sources. Two reviewers assessed eligibility and abstracted data from the organizations' guidance documents.

Results: We included 133 guideline-producing organizations. Roles described by the guidance included management roles, content-related roles, information gathering, and technical roles. Commonly mentioned management roles included an executive committee (72%) and quality assurance (65%). A minority of organizations mentioned entities specifically dedicated to conflict of interest management (20%), and to dissemination, implementation or quality measures (15%). Commonly mentioned content-related roles included peer review (93%). Most organizations addressed the role of information gathering (86%). Guideline methodologist was the most mentioned technical role (36%). Most organizations involved panelists in information gathering, mostly in the search (62%) and study selection (63%). Most organizations mentioned that panels should be multidisciplinary (64%), and commonly included health professionals (73%), experts or researchers (50%), and patient/consumer representatives (62%). Authorship eligibility was mostly based on the contributor's role (51%). A minority of organizations specified systematic reviewers (18%), organization's staff members (15%), and patient representatives (8%) as eligible for authorship. Few organizations addressed authorship ranking (24%).

Discussion: There are large deficiencies and variabilities in how guidance documents of guideline-producing organizations describe the roles of contributors, panel composition, and authorship policies.

SABER-SUS: a strategy to implement evidence-based health and recommendations for Brazilian Unified Health System

Lucas Caetano¹, Professor Airton Stein², Franciele Gabriel³, Sandro Tonin⁴, Andrea Dourado¹

¹NATS Unifesp D, São Paulo, Brazil, ²UFCSPA, Porto Alegre, Brazil, ³University of São Paulo, São Paulo, Brazil, ⁴Federal University of São Paulo, São Paulo, Brazil

Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Professor in the Pharmacy course of the Federal University of São Paulo. Coordinator of the Health Technology Evaluation Center – NATS Unifesp D. Coordinator of the Chronide Research Group. Post-Doctorate in Public Health from University of São Paulo (USP), PhD in Clinical Pharmacy by the USP.

Background: Health service need to provide to health professionals and decision makers access to high-quality Clinical Practice Guidelines (CPG). There is a need for health systems, such as the Brazilian National System (SUS) to enable primary health care professionals to make decisions based on critically appraised and synthesized evidence.

Objective: To disseminate high-quality CPG recommendations and foster evidence-based decision-making.

Methods: We have developed SABER-SUS, which is an implementation approach that intends to identify and compare recommendations that are regarded as high quality. There were 14 prevalent non-communicable diseases, that had been performed a systematic search to identify CPG published from 2015 to 2022. quality was assessed by three independent trained appraisers using the Appraisal of Guidelines for Research and Evaluation second version (AGREE-II). CPG with scores $\geq 60\%$ in domains 3 and 6 were classified as “high-quality”, and their recommendations were extracted and compared. For each disease, the clinical information was validated by judges about its clarity and implementability to the SUS context.

Results: We have identified 356 CPG and only 85 (23%) were rated as “high-quality”, and there were at least one of these for each disease. A total of 162 health professionals adapted the available recommendations and applied them to perform the first edition of a distance learning course. An e-book has been developed

(https://www.chronide.org/_files/ugd/46dc7d_6a704f6f8f494fb0973f19f68704e44e.pdf?index=true) and an website (www.sabersus.com.br), both with a visually attractive and well-instinctive layout.

Discussion: Besides recommendations to relevant Brazilian diseases and multiple informational platforms, there was a transparent developmental process using high-quality documents.

Showcasing important but lesser used implementation strategies: An inspiration book from ebpracticenet

Dr. Thomas Janssens¹

¹Ebpracticenet, Leuven, Belgium

Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

I'm a Health Psychologist coordinating the Implementation Team at ebpracticenet; an organization focused on the dissemination and implementation of clinical practice guidelines in Belgian primary care.

Background: Ebpracticenet supports and funds implementation of clinical practice guidelines in Belgian primary care. Since 2021, project funding from ebpracticenet is focusing on projects that use important implementation strategies that have only seen limited uptake by implementers, with the aim of reducing the research-practice gap in the use of implementation strategies.

Objective: To share experiences of implementers with important implementation strategies in Belgian primary care and provide inspiration for organizations and individuals taking on implementation projects.

Methods: Content of the inspiration book is based on project reports from projects that were carried out between 2021 and 2023. Using a case-report format previously used by the GIN Implementation Working group, project grantees provided information on the aim, implementation strategies, outcomes, and key lessons learned. This information was summarized per project as well as aggregated across projects using similar implementation strategies.

Results & Future Prospects: So far, input from mid-term or final reports of 8 project was included in the inspiration book. 4 clusters of implementation strategies were highlighted with input from different projects: Provide interactive assistance (4 projects), Train and educate stakeholders (4 projects), Use evaluative and iterative strategies (3 projects), Develop Stakeholder interrelationships (3 projects).

The inspiration book showcases successful applications of important implementation strategies, but also highlights barriers to the use of several implementation strategies in Belgian primary care. We aim to provide the inspiration book to prospective applicants for implementation funding, and further evaluate and update its contents based on experiences of future applicants.

SIGN: a proposed world-first framework for climate and sustainability implementation into national clinical guidance

Dr James Morton^{1,2,4}, Prof Angela Timoney^{1,4}, Prof Sharon Pflieger^{3,4}

¹Scottish Intercollegiate Guidelines Network (SIGN)., Edinburgh, Scotland, ²Royal College of General Practitioners (RCGP), London, UK, ³One Health Breakthrough Partnership, Inverness, Scotland, ⁴NHS Scotland, Scotland, Scotland

P3A - The many reasons why prioritisation matters, Main Auditorium, September 21, 2023, 10:00

AM - 11:00 AM

Biography:

I am:

Royal College of General Practitioners (RCGP) Scotland Climate and Sustainability Representative

RCGP West of Scotland Faculty and Sustainability Lead

Scottish Intercollegiate Guidelines Network (SIGN) Council Member

NHS General Practitioner - MRCP / MBChB University of Glasgow

Food writer and author

Background

There is a climate emergency. This is a public health emergency. According to the Lancet 2022 Countdown on health and climate change, heat-related deaths are increasing, infectious disease such as malaria and dengue are spreading, and worldwide economic and food security is threatened.

Providing healthcare is a significant contributor to climate change; healthcare comprises at least 4% of worldwide emissions, and prescribing medication comprises up to 25% of this. There is a further contribution of prescribed medicines to environmental and oceanic pollution, exacerbating poor planetary health.

Objective

The Scottish Intercollegiate Guidelines Network (SIGN) creates national clinical guidelines containing recommendations for effective practice based on current evidence. Given the impact of climate change on our health, and healthcare's contribution to it, it was felt sustainability and the environment needed to be a priority when creating clinical guidance. We aim to create the world's first evidence-based implementation model that can be used by other national bodies in the creation of national and international guidance.

Methods

An expert working-group of members and expert non-members of SIGN Council has been formed, including public partners (lay members). This will meet several times through 2023 to create a future-proofed guideline development model, examining how sustainability can be implemented at guideline development and peer review stages.

Future Prospects

I am happy to present our results at GIN, in person, in Glasgow, including implementation strategies and plans for future guidelines. This is an ideal venue for interrogation and further review prior to further publication and dissemination.

Solving epidemiological gaps through DATASUS using RStudio

M.Sc. Cecília Farinasso¹, Vinicius Lins Ferreira¹, Aline Pereira da Rocha¹, Juliana Yukari K. Viscondi¹, Lays Pires Marra¹, Layssa Andrade Oliveira¹, Rosa Camila Lucchetta¹, Haliton Alves de Oliveira Junior¹

¹Hospital Alemão Oswaldo Cruz, São Paulo, Brazil

P3A - The many reasons why prioritisation matters, Main Auditorium, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

I am a pharmacist, MBA in Health Technology Assessment (HTA), MSc, and Ph.D. candidate in evidence-based healthcare. It is my belief that healthcare decisions should be informed by the best available evidence, which should be delivered in a manner that even non-specialists understand. Currently, I am a researcher in the Health Technology Assessment Unit of Hospital Alemão Oswaldo Cruz – São Paulo, Brazil. Since 2020, I have been working not only on Clinical Guidelines for the Brazilian Health System (SUS), but also on full HTA reports, and methodological development in HTA.

Background: In Brazil, recommendations for new technologies inside a certain guideline require health technology assessment, including budget impact analysis (BIA). The department of information technology (DATASUS) of the Ministry of Health provides online data tabulation on the Unified Health System (SUS). However, it is difficult to analyze big data, particularly for non-statisticians. Therefore, a R package can facilitate estimations on BIA. Then, base-case scenarios might be setup, to which new technologies may be compared with, based on number of patients and type of technology already available.

Objective: To illustrate the usage of “Microdatasus”, a R package, to extract and analyze Brazilian data regarding lung cancer patients.

Methods: “Microdatasus” package allows downloading and processing of DATASUS files.

“Fetch_datasus” function allows the selection of data coverage, list of Federative Units, and other health information. Ambulatory Information System and Chemotherapy database was assessed. We filtered lung cancer procedures and patients by ICD. We considered data from 2021.

Results: A total of 67,229 procedures related with chemotherapy were identified as treatment for lung cancer, accounting for 14,209 patients treated with chemotherapies in Brazil in 2021.

According to epidemiological data, the number of people treated for lung cancer in SUS in 2021 would be 22,741 (which includes all available modalities).

Discussion: Real-world data from structured databases is an important source of information for guidelines’ development, and it has the potential of being more accurate than epidemiological estimates from external scenarios. The use of RStudio to analyze DATASUS data ensures practicality and agility in data manipulation.

Stakeholder awareness of patient and public versions of guidelines in China: a cross-sectional survey

Dr Janne Estill^{2,3}, Miss Yuanyuan Yao¹, Mr Hui Liu^{1,2}, Professor Yaolong Chen²

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³Institute of Global Health, University of Geneva, Geneva, Switzerland

P5B - Collaboration around the World, Conference Room 1, September 21, 2023, 3:30 PM - 5:00 PM

Background: Patient and public versions of guidelines (PVGs) are not only a form of medical guidelines, but also an important source of information for popular science and a tool to support decision-making.

Objective: To understand the awareness about PVGs among the stakeholders in China, as well as their knowledge of PVGs development methods, writing and reporting, and dissemination and implementation.

Methods: An online questionnaire was developed with reference to existing literature and based on the experience of the project members. Questionnaires were distributed through the relevant platforms of the Chinese Medical Association Publishing House and Xi'an Children's Hospital to collect information on the awareness of PVGs among guideline developers, physicians, journal editors, and patients and the public.

Results: 1,095 valid questionnaires were collected, 186 (17.0%) had not heard of PVGs, 271 (24.8%) had heard of PVGs but had no further knowledge, 417 (38.1%) had some knowledge of PVGs, and 221 (20.2%) were familiar with or had participated in the development of PVGs. Details of basic knowledge, as well as knowledge in methodological aspects, writing, reporting, dissemination and implementation will be reported at the conference.

Discussion: This study provides a comprehensive survey of PVGs stakeholders in China and finds that the overall level of awareness of PVGs is low. The survey also provides a basis and reference for the development of PVGs, and has positive implications for the promotion of PVGs.

STAKEHOLDERS INVOLVEMENT IN BRAZILIAN CLINICAL PRACTICE GUIDELINES

Dra Marta Souto Maior¹, MsC Gláucia Teles de Araújo Bueno¹, MBA Camila Francisca Tavares Chacarolli¹, Dra Klébya Oliveira¹, Dra Ávila Teixeira Vidal¹, Dra Luciene Fontes Schluckebier Bonan¹

¹National Committee for Technology Incorporation (CONITEC), Brasilia, Brazil

P5D - Approaches to stakeholder engagement - examples from around the World, Conference
Room 3, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Graduated in Pharmacy, has a Master's Degree and PhD in Public Health.

Serves at National Committee for Technology Incorporation (CONITEC), which advises Brazilian Ministry of

Health, on issues related to health technologies assessment and Clinical Practice Guidelines development

Background: The involvement of stakeholders is strategic in the development of clinical practice guidelines (CPG) to bring experiences and clinical practices from different perspectives.

Objective: To describe the participation of stakeholders in the elaboration of CPG published by the Brazilian Ministry of Health (MoH).

Methods: Descriptive study of the stakeholder's participation in the MoH CPG development process.

Results: Stakeholder engagement takes place at various moments in the CPG development, including scope definition, their evaluation by the National Committee for Health Technology Incorporation (Conitec) and their publication. The stakeholders are identified by MoH, in order to guarantee equal participation. Prior to the scope meeting, stakeholders discuss the CPG initial framework and prioritize clinical questions. During the scope definition, stakeholders declare their conflicts of interest. After Technical Guidelines Subcommittee approbation, the first draft is evaluated by Conitec members, which issue a preliminary opinion on the CPG. Then, CPG are made available for public consultation, allowing broad social participation. Stakeholder contributions are of paramount importance, and may even modify the preliminary deliberation. The final recommendation of Conitec is carried out considering the stakeholders contributions. After that, the CPG are sent for publication by the MoH.

Discussion: Given the importance of CPG in health care, guaranteeing stakeholders involvement is strategic in these documents development process.

Stakeholders perspectives on disinvestment of low-value health care intervention and practices in Malaysia: A key informant interview

Hanin Kamaruzaman^{1,2}, Professor Olivia Wu¹, Dr. Eleanor Grieve¹, Erni Zurina Romli², Ku Nurhasni Ku Abd Rahim², Sit Wai Lee², Mohamed Hirman Abdullah²

¹Health Economics and Health Technology Assessment (HEHTA), University of Glasgow, Glasgow, United Kingdom, ²Malaysian Health Technology Assessment Section (MaHTAS), Ministry of Health, Putrajaya, Malaysia

P6B - Getting it right for stakeholders, Conference Room 1, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Hanin holds a medical degree and MSc in Health Economics & Health Policy and is a reviewer in Malaysian Health Technology Assessment Section (MaHTAS), Ministry of Health Malaysia since 2010. In MaHTAS, she conducted technology reviews and economic evaluation of health technologies. She gained experience in value-based medicine and coordinated the development of clinical practice guidelines in MOH as well as carried out its implementation for healthcare professionals.

Interested in health economic evaluations, health technology re-assessment and policy implementation, Hanin is currently embarking on her PHD journey in disinvestment of health interventions and low-value care in HEHTA, University of Glasgow.

Background

Stakeholder engagement and awareness are the most important aspects in implementing healthcare disinvestment initiatives to increase acceptability, applicability and political will. There is a substantial disparity between how experts believed disinvestment choices should be made and how they are done.

Objective

To explore the perspectives of key stakeholders in Malaysia on disinvestment of low-value health care interventions and practices in terms of criteria, process, evidence, equity, boundary, and implementation.

Methods

Key informant interviews (KII) are conducted involving 12-15 stakeholders from various level of governance and expertise, using Zoom online platform. Semi-structured questions constructed based on the published scoping review and responses from the previous survey on disinvestment in Malaysia. The interview covers five components: assessment criteria, data and evidence, stakeholder involvement, equity issues in vulnerable populations and implementation of disinvestment framework. Interview transcripts are analysed thematically using manual method and qualitative software (ATLAS.ti).

Results

In general, assessment framework for disinvesting low-value health technologies in Malaysia is not formally available. Clinical trials, cost-effectiveness evidence, clinical guidelines, real-world data and expert opinions are among the optimal evidence for reassessment of low-value care. Engaging patients in decision-making and doctor-patients communications are crucial, especially when involving emotive and sensitive issues such as end-of-life care and rare diseases.

Future Prospects

To date, seven interviews were completed and the remaining KII will be conducted from April to June 2023. The findings from this research will provide comprehension on the criteria, facilitators, barriers and equitability issues in planning for disinvestment initiatives in Malaysian healthcare.

Stepwise approach for evaluation of total colonoscopy for colorectal cancer screening: Prediction of direct evidence for a new technique

Prof Chisato Hamashima¹, Prof. Teruhiko Terasawa², Prof. Takafumi Katayama³, Dr. Satoyo Hosono³, Dr. Tomio Nakayama⁴

¹Teikyo University, Tokyo, Japan, ²Fujita Health University, Toyoake, Japan, ³Hyogo Prefectural University, Akashi, Japan, ⁴National Cancer Center, Tokyo, Japan

P3E - Guidelines in the real world II, Conference Room 4/5, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

My current position is Professor in the Health Policy Section, Division of Nursing. Faculty of Medical Technology, Teikyo University (Tokyo, Japan). I have developed

cancer screening guidelines for national programs at the National Cancer Center for 15 years and have continued collaboration.

Background: Total colonoscopy (TCS) has been anticipated as a new method for colorectal cancer screening. Although randomized control studies (RCTs) are ongoing, no conclusive result exists.

Objective: We evaluated the effectiveness of TCS screening following the stepwise approach developed by the World Endoscopic Evaluation (WEO).

Methods: The WEO approach is comprised of 4 phases which assess test accuracy and test performance. We performed a systematic review to select studies on each phase by MEDLINE and Cochrane Library. We compared test accuracy for detecting advanced neoplasia (AN)/colorectal cancer (CRC) between FIT, FS, and TCS. Test performance indicators were compared based on single-round RCTs, and performed a meta-analysis.

Results: One study compared sensitivity between FIT, FS, and TCS which were performed simultaneously. The sensitivity for the AN detection was consistently higher in TCS than others, even if the AN size was changed. 14 RCTs of test performance as colorectal cancer screening were selected. In the meta-analysis, the TCS participation rate was lower than FIT (RR= 0.49, 95%CI:0.22-0.89). Although the AN detection rate was higher than FIT (RR= 2.25, 95%CI:1.40-3.61), CRC detection was higher but not statistically significant (RR= 1.48, 95%CI:0.66-3.43).

Discussion for Scientific abstracts: Although high sensitivity was confirmed in TCS screening, test performance as a screening program was insufficient because of the low participant rates. Test performance RCT could be predicted the effectiveness of the screening program. One RCT presented intermediate results of the efficacy of TCS screening, and the results could not be obtained because of the low participation rate.

Storytelling: A Community Engagement Approach for RecMap knowledge mobilization for non-digital citizens in Cameroon

Miss Marthe Penka¹

¹eBASE Africa, Yaounde, Cameroon

P5D - Approaches to stakeholder engagement - examples from around the World, Conference
Room 3, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Penka (a Rachel Des Rosiers fellow- Canada) is a young Cameroonian female researcher and lead evidence broker at eBASE Africa. Equally the vice chair of the GIN African regional committee. Penka has a great knowledge of the African context in terms of research and development. expertise in knowledge translation and research evidence dissemination to policy makers, practitioners and community members (specifically non-digital, indigenous and underserved community members). Experienced in conducting systematic reviews, policy maker engagement, community engagement, project coordination and track record of translation of research synthesis from English to French with GIN Public, Cochrane and McMaster COVID 19 RecMap

Background: eCOVID 19 RecMap is the COVID19 living catalogue of guidelines that provides trustworthy recommendations. Unfortunately, accessing these COVID19 recommendations on the website might still be challenging for non-digital citizens and indigenous people who do not speak English nor French. The peculiarity of our storytelling approach for knowledge mobilization: transmit knowledge in the language of the non-digital citizens in a simple and relatable form; community engagement approach of local for more uptake (local storytellers as the message bearers for dissemination; community leaders for community mobilization and community diagnosis; collaboration between local storytellers and researchers; feedback session to receive feedbacks from the audience after presentation of the stories; Stakeholder engagement during pre and post survey)

Objective: Enhance the involvement of non-digital stakeholders in guidelines dissemination; explore the effectiveness of the traditional African storytelling approach on listeners' knowledge and intentions for the RecMap amongst the non-digital public in Cameroon and the acceptability and feasibility of this intervention

Methods: Stakeholder engagement, pre and post survey, focus group discussions to assess improvement in knowledge and intention of non-digital citizens. Data collection was transcribed and analyzed using maxqda

Results: 6 storytelling events organized, 6 local storytellers engaged to disseminate recommendations, 6 local community leaders engaged in the community mobilization and diagnosis. These are just preliminary findings and complete pre and post data analysis will be ready before the conference

Discussion: Involving local stakeholders in the guideline dissemination process enhances the uptake of guidelines by people who will otherwise never have access but highly in need

Strategies for the Implementation of Clinical Practice Guidelines on Rare Diseases: results from a Review of Systematic Reviews, a SWOT Analysis, and a Review of ERNs guidelines

Ph.D Carmen Martín-Gómez¹, Ph.D Marta Aymerich², Laura Pruneda^{3,4}, Leticia García^{5,6,7}, Carola Reinhard^{8,9}, João Pedro Marques^{10,11,12}, Juan Antonio Blasco-Amaro¹, Ana M. Luque Peregrin^{1,13}, Javier Quintero Sosa^{1,13}

¹Andalusian Health Technology Assessment Area (AETSA), Andalusian Public Foundation Progress and Health (FPS), Sevilla, Spain, ²eHealth Lab - eHealth Center Universitat Oberta de Catalunya, UOC, Barcelona, Spain, ³ERN-Transplantchild, La Paz Institute of Biomedical Research, IdiPAZ, Hospital Universitario La Paz, Madrid, Spain, ⁴Fundación para el Fomento en Asturias de la Investigación Científica Aplicada y la Tecnología (FICYT), , Oviedo, Spain, ⁵Andalusian School of Public Health (EASP), Granada, Spain, ⁶CIBER of Epidemiology and Public Health (CIBERESP), Madrid, Spain, ⁷Instituto de Investigación Biosanitaria ibs, Granada, Spain, ⁸Institute for Medical Genetics and Applied Genomics, University of Tübingen, , Tübingen, Germany, ⁹Centre for Rare Diseases, niversity Hospital Tübingen, Tübingen, Germany, ¹⁰ERN-EYE, Hôpitaux universitaires de Strasbourg, Strasbourg, France, ¹¹Centro de Responsabilidade Integrado em Oftalmologia (CRIO), Coimbra, Portugal, ¹²Centro Hospitalar e Universitário de Coimbra (CHUC), Coimbra, Portugal , ¹³Andalusian Public Foundation Progress and Health (FPS), Sevilla, Spain

Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Carmen Martín-Gómez has a Ph.D. in Data Science from Loyola University Andalusia, and a Bachelor's

Degree in Psychology with certification in Health Psychology from the University of Sevilla. Currently, she is

a postdoctoral researcher in the Area of Health Technology Assessment (AETSA) of the Regional Ministry

of Health of Andalusia. She is involved in the European Reference Networks Guidelines project

as a methodologist.

Background. The European Reference Networks (ERNs) Guidelines project results from a call for proposals (DG SANTE/2018/B3/030) for the development, appraisal and implementation of Clinical Practice Guidelines (CPGs) aiming to support clinical decision making in the area of patients affected with rare diseases across Europe. The ERNs bring together experts and healthcare providers across Europe to collaborate regarding diagnosis and treatment for patients with rare diseases and to exchange knowledge and resources. In the framework of this project a number of actions have been carried out, and, one of them was focused on improving the implementation of CPGs on Rare Diseases.

Objective. To identify strategies for implementing CPGs in the context of Rare Diseases.

Methods. Strategies were identified through three methods: i) the updating of a review of systematic reviews on CPGs implementation strategies; ii) a brainstorming framed in a SWOT

matrix (strengths, weaknesses, opportunities and threats) and iii) a review of ERNs' websites, to identify recommended implementation strategies in CPGs published in the last 10 years. The information obtained was synthesised and integrated.

Results. A set of strategies were identified and adapted, where appropriate, to the context of rare diseases. The analysis conducted proposes pathways to follow for enhancing the implementation process of CPGs for rare diseases.

Discussion. The set of strategies identified can contribute to the improvement of CPG implementation processes in the context of rare diseases. Future research should evaluate these implementation strategies.

Strengthening Collaboration among Guideline Development Organizations: Presentation of the GIN Guideline Collaboration Toolkit

Prof Dr Holger Schunemann, Toju Ogunremi³, Dr Rebecca Morgan^{1,2}, Dr. Murad Alam⁴, Dr. Yasser Amer⁵

¹McMaster University, Hamilton, Canada, ²Case Western Reserve University, Cleveland, USA,

³Public Health Agency of Canada, Ottawa, Canada, ⁴Northwestern University, Chicago, USA, ⁵King Saud University, Riyadh, Saudi Arabia

P4E - Panel: Strengthening Collaboration among Guideline Development Organizations:
Presentation of the GIN Guideline Collaboration Toolkit, Conference Room 4/5, September 21,
2023, 11:30 AM - 1:00 PM

Biography:

Holger J. Schünemann is a tenured professor in the Departments of Health Research Methods, Evidence, and Impact and of Medicine at McMaster University and at Humanitas University in Milan, Italy. He trained in respiratory and exercise physiology, lung biology, epidemiology, internal medicine and preventive medicine/public health.

Since 2000, he helped reshaping of methodology for guideline development spanning clinical medicine to public health and contributed methodologically and practically to knowledge synthesis research, foremost through his co-leadership of the GRADE working group (www.gradeworkinggroup.org) that he co-chairs. He is an author of over 800 peer-reviewed publications (h-index 180/115 google scholar/web of science) and he is among the 500 most cited scientists in medicine globally.

Background

Collaboration between guideline development groups has the potential to strengthen guideline rigor and reduce redundancies in research and discordance in practice. However, a recent needs assessment and subsequent qualitative study identified a lack of materials to structure and facilitate collaboration on guideline development.

Objectives

This session will discuss the impetus for development of a toolkit for guideline developers, present the new GIN Guideline Collaboration Toolkit, and go in-depth on two of the available resources: Guideline Collaboration Glossary and Memorandum of Understanding.

Content of the presentations (Four 10-minute presentations followed by 5 minutes of Q&A each)

Panel members will present on the purpose of the collaboration toolkit, as well as discuss the development methods and content of the following tools to facilitate collaboration between guideline development groups:

1. Background on the need for tools to facilitate collaboration based on the results of the needs assessment survey and qualitative analysis of follow-up phone interviews with guideline development organizations.
2. Presentation and overview of the new GIN Guideline Collaboration Toolkit website including FAQs, helpful resources for organizations, and space facilitating group collaboration.

3. Guideline Collaboration Glossary: Validated glossary of guideline development terms and definitions to improve communication, minimize interorganizational conflicts, and increase guideline development efficiency.
4. Memorandum of Understanding (MOU): Template that organizations can adopt or adapt based on institutional needs and implement prior to guideline development collaboration to clarify scope and purpose; leadership and team; methods and commitment; review and endorsement; and publication and dissemination.

Strengthening evidence-informed decision-making: a review of PAHO resources

Dr. Ludovic Reveiz¹, Dr. Gabriel Rada², Dr. Marcela Torres¹, Dr. Fernando Tortosa¹, Dra. Veronica Abdala³, Dr. Sebastian García¹, Camilo Vergara², Dr. Martín Ragusa¹

¹Department Of Evidence And Intelligence For Action In Health. Pan American Health Organization., , United States, ²Epistemonikos Foundation, , Chile, ³BIREME/OPS/OMS, ,

P1A - Living Guidelines & approaches to implementation, Main Auditorium, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

I am pharmaceutical chemist, with a Master's degree in Clinical Epidemiology, and a PhD in Public Health at the National Public Health Institute of Mexico. I have experience in adaptation/development/implementation of evidence-based clinical practice guidelines for nursing and medicine; health programs; knowledge translation; project management; health research system methodologies; systematic reviews of interventions and public health and clinical risk management. I have provided technical assistance to health ministries of the Latinamerican region.

Background

The Pan-American Health Organization (PAHO) is committed to support evidence-informed decision-making to guide the actions needed to achieve the United Nations 2030 Agenda for Sustainable Development.

Objectives

To describe the resources and tools developed by PAHO/WHO to support the uptake of evidence in the Region.

Methods

New digital platforms have been developed and others strengthened to host various guidance resources

Results

PAHO has developed several resources and tools for the use of evidence in decision-making: Manuals (Guide for Evidence-Informed Decision-Making, Including in Health Emergencies; Adapting and implementing evidence-informed guidelines); E-learning (Introductory Online Course on Developing and Adapting Guidelines using the GRADE Methodology; Systematic review course; Evidence Map: methodology and application course; Introductory Online Course evidence-based policy); Capacity building workshops (PAHO has provided online and in-person training to more than 14.000 health professionals and government bodies in the Region, as well as technical assistance on the use of evidence in decision-making); Data repositories (the International Database of GRADE guidelines(BIGG); the Database of WHO/PAHO GRADE recommendations (BIGG-Rec); Map of COVID-19 recommendations; A guided evidence search tool (Evid@easy); A database of evidence-informed policies (PIE)); and Production of technical reports (Repository of technical documents developed by PAHO (iris.paho); living reviews (COVID-19, Chickenpox, Post-COVID-19) and the PanAmerican Journal of Public Health). These resources can be found in English, Spanish and Portuguese.

Discussion

These resources are an important contribution to promote the institutionalization of evidence-informed mechanisms that make quality and safe healthcare more accessible, equitable, while ensuring that the evidence is adequately used by decision-makers.

Subgroup Reporting in Clinical Trials Involving Novel Diabetes Drugs

Ms Heidi Renison¹, Dr Elaine Bitterly¹, Ms Lili Wei¹, Professor David McAllister¹, Dr Peter Hanlon¹

¹University Of Glasgow, School of Health and Wellbeing, ,

P1D - Words and context in guideline development, Conference Room 3, September 20, 2023,
11:00 AM - 12:30 PM

Biography:

Heidi Renison is a medical student who recently completed an intercalated BMedSci in Public Health. This project, assessing subgroup reporting within randomised controlled trials for type 2 diabetes, was completed as her dissertation for the intercalated degree.

Background: Subgroup analyses in randomised controlled trials can aid guideline development by assessing heterogeneity in treatment efficacy. This requires consistent reporting of subgroups across primary studies.

Objective: Using trials for type 2 diabetes, we explored: (i) what proportion of trials reported subgroups, and whether results were reported within main papers or in stand-alone subgroup papers; (ii) which subgroups were reported within each paper; and (iii) the quality of age subgroup reporting. **Methods:** This analysis was nested within a systematic review of sodium-glucose cotransporter-2 inhibitors, glucagon-like peptide-1 receptor agonists and dipeptidyl peptidase 4 inhibitors. We identified all trials enrolling >1000 participants. All papers for each trial were assessed for the reporting of six subgroups: age, sex, race, region, duration of diabetes and baseline hba1c. Quality of age subgroup reporting was assessed using five pre-defined criteria.

Results: Out of 79 trials (464 papers), 61 reported subgroups (age 37/79, sex 34/79, race 36/79, region 22/79, HbA1c 50/79, diabetes duration 29/79). Subgroup results were reported in the main results paper for 52/79 studies. Out of 83 papers (from 37 trials) reporting age subgroups 49 were clearly prespecified, 75 gave numerical data, 14 claimed treatment heterogeneity, 67 tested for interaction, 36 adjusted for multiple testing. No trials fulfilled all five of the quality criteria.

Discussion: Subgroup reporting is common but not universal, and is of varying quality in trials for type 2 diabetes. Consistent reporting of common subgroups across trials could facilitate assessment of treatment heterogeneity within evidence syntheses with lower risk of publication bias.

Supporting people with dementia to participate in the development of the SIGN guideline on dementia

Mrs Karen Graham¹

¹Scottish Intercollegiate Network, Healthcare Improvement Scotland, Edinburgh, United Kingdom
Poster Session 4, Conference Room 4/5, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Karen has a background in health sciences and health promotion. She has 20 years experience of involving consumers in health service design and development. She is currently Public Involvement Advisor at the Scottish Intercollegiate Guidelines Network (SIGN). Her work includes the involvement of consumers in guidelines and the development of public versions of guidelines. She is currently Vice Chair of the Guidelines international Network (GIN) public involvement group (G-I-N Public). International research she has contributed to includes the DECIDE project (<http://www.decide-collaboration.eu>) where she was involved in developing, evaluating and testing strategies to present guideline information to patients and the public.

Background

Supporting people with dementia to participate in guideline development is important for creating guidelines relevant to their needs. To ensure their voices were heard, there was a need to alter our approaches for facilitating their participation in the SIGN guideline development process.

Objective

To explore strategies for involving people with dementia in the SIGN guideline on dementia.

Methods

People with dementia were invited to participate in online meetings. To ensure they were supported, we:

1. Provided clear and easy-to-understand information about the process and purpose of guidelines
2. Asked people with dementia how we could support them
3. Used plain language and avoided jargon during discussions
4. Offered flexibility, such as allowing for breaks and shorter meetings
5. Offered support for communication
6. Made sure staff and guideline group members had an awareness of ways to interact with people with dementia during meetings

Results/discussion

People with dementia's perspectives informed decisions on guideline scope, presentation of recommendations and other content. Challenges included difficulty with communication and confusion. It's important to create an inclusive and supportive environment, using clear and simple language. Guideline developers should allow for breaks and repetition as needed. It's important to offer the opportunity for carers to accompany people with dementia to meetings. This can help the person with dementia feel comfortable and supported. Prioritising the inclusion of people with dementia in guideline development is important for creating guidelines that addresses issues that are important to them and can lead to more effective and person-centred care.

Systematic Reviews to develop a Clinical Practice Guideline through Health Technology Assessment: Transition of Care for young people with rare diseases.

Dr Beatriz Carmona-Hidalgo¹, Ms Josune Domínguez-García², Ms Marta López de Argumedo-González de Durana³, Mr Juan Antonio Blasco-Amaro¹, Dr Charlotte Gaasterland⁴, Ms Mirthe Klein-Haneveld⁴, Ms Agnies van-Eeghen⁴

¹Andalusian Health Technology Assessment Area(AETSA), Andalusian Public Foundation Progress and Health (FPS), Seville, Spain , ²Basque Foundation for Health Innovation and Research (BIOEF), Barakaldo, Spain , ³Basque Office for Health Technology Assessment (OSTEBA), Vitoria-Gasteiz, Spain , ⁴Emma Children's Hospital, ERN ITHACA Guideline Working Group, Amsterdam, The Netherlands

P1C - Supplementing traditional approaches to guideline development, Conference Room 2, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Beatriz Carmona-Hidalgo has a Ph.D. in Pharmacology from University Autónoma of Madrid, and a degree in Biochemistry from the University of Córdoba, Spain. She works as postdoctoral researcher in the Andalusian Health Technology Assessment Area, in Seville, Spain. Her work focuses on the development of a methodological framework for evidence-based clinical practice guidelines for rare diseases within the framework of the European Reference Networks Guidelines programme.

Background. Transition is a process focused on supporting young people to move from children's to adults' health and social care. There is evidence of gaps in services, particularly for young people with rare diseases (RDs), where the loss of continuity in care is a disruptive experience. The implementation of clinical guidelines is essential to support the transfer in this community. The European Reference Networks (ERNs) Guidelines programme was set up for the development of Clinical Practice Guidelines (CPGs) and Clinical Decision Support Tools (CDSTs) in the field of RDs to promote healthcare cooperation among European Member States.

Objective. To describe how the Andalusian Health Technology Assessment Area and the Basque Office for Health Technology Assessment methodologically support the ERN for Rare Malformation Syndromes, Intellectual and Other Neurodevelopmental Disorders (ERN-ITHACA), in conducting systematic reviews to develop a CPG of Transition of Care in young people with rare intellectual disabilities.

Methods. The process was carried out by a multidisciplinary group of clinical experts and methodologists following well-defined steps: 1) review previous CPGs; 2) design precise PICO questions; 3) comprehensive literature searches; and 4) screening and quality assessment of studies.

Results. The population, intervention, comparator and outcomes in the process of Transition of Care were defined. The evidence will allow clinical experts to make recommendations covering the initial transition planning and support throughout the process.

Discussion. This methodological support allows the development of a CPG to establish effective strategies for the transition of health and social care services for young people with RDs.

Tailoring Clinical Practice Guidelines by Integrating Qualitative Research: The Question of Context-Sensitive Healthcare in General Practice

Pharm Annick Nonneman¹, M.D. Manon de Montigny¹, Ph.D. Anthropology Olivier Schmitz¹, Ph.D. Science Cecile Ponsar¹, M.D. Michel De Jonghe¹

¹Centre Académique De Médecine Générale, UCLouvain, Brussels, Belgium

P4B - Education, methodology & measurement, Conference Room 1, September 21, 2023, 11:30

AM - 1:00 PM

Biography:

Pharmacist

Scientific collaborator, Research cell in General Practice, Centre Académique de Médecine Générale, UCLouvain

Researcher assistant Cell expertise Werkgroep Ontwikkeling Richtlijnen Eerste Lijn (WOREL)

Background

Clinical practice guidelines (CPGs) play a crucial role in integrating scientific evidence into healthcare decisions. However, their applicability in general practice (GP) may be limited, as they do not always accommodate the contextual dimension of care, a fundamental aspect of GP. While qualitative studies can provide insight into diverse care contexts, their quality must be evaluated to ensure reliable findings inform CPGs.

Objective

This study aims to identify the most suitable critical evaluation framework for qualitative studies and the markers that give certainty for contextualizing recommendations in GP.

Method

Literature reviews were conducted in PubMed, Embase, and PsycInfo for articles in social and medical sciences published in English from 2014, and in Equator Network for publication standards in qualitative studies. Articles that described the research design and standards were selected. A systematic review was performed to identify the criteria essential to the evaluation of qualitative studies, of which context was one of the determinants. Screening, inclusion, and analysis were done in duplicate.

Results

None of the quality assessments found in the literature and publication standards were 100% consistent and provided a thorough understanding of the contextual dimension of care. The systematic review provided greater clarity on how to identify context-related indicators and assess the level of certainty of qualitative outcomes.

Discussion

These findings highlight the need to develop a framework tailored to GP-specific contextual factors. Incorporating qualitative outcomes tailored to the general practice context into the evidence base would ensure effective and sustainable implementation of CPGs by general practitioners.

Ten years of RIGHT Statement : An overview of the development, experience and impact

Prof. Yaolong Chen¹, Dr. Janne Estill², Dr. Susan Norris³, Dr. Elie A. Akl⁴

¹Lanzhou University, Lanzhou, China, ²Institute of Global Health, University of Geneva, Geneva, Switzerland, ³Oregon Health & Science University, Portland, USA, ⁴Department of Internal Medicine, American University of Beirut, Beirut, Lebanon

P6B - Getting it right for stakeholders, Conference Room 1, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Dr Yaolong Chen is a guideline methodologist at the Evidence Based Medicine Centre of Lanzhou University. He is director of WHO Collaborating Centre for Guideline Implementation and Knowledge Translation. He is lead of Lanzhou GRADE Centre and Cochrane Lanzhou Affiliate. He is the Co-Founder of RIGHT (Reporting Items for Practice Guidelines in Healthcare) working group, and the Co-Founder of Practice Guideline Register Platform (<http://www.guidelines-registry.org>). He has authored and co-authored more than 500 peer reviewed articles on EBM and practice guidelines. He was involved in the development of more than 100 national and international practice guidelines over the last ten years.

Ten years of RIGHT Statement : An overview of the development, experience and impact

Yaolong Chen, Janne Estill, Susan L. Norris, Elie A. Akl

Background :

Clear and transparent reporting of healthcare practice guidelines can ensure their transparency, quality and trustworthiness. In 2013, a multidisciplinary international team of policymakers, methodologists, epidemiologists, clinicians, editors, and representatives of the patients and public developed the RIGHT statement.

Objective

To investigate how RIGHT has been applied over the past 10 years to guide further assessments and revisions of RIGHT, and the development of additional extensions over the next decade.

Methods

We searched the EQUATOR Network, PubMed, et al to identify RIGHT statement related translations, extensions, endorsement, and use in published guidelines.

Results

The RIGHT checklist is currently available in nine languages. It is listed as one of reporting guidelines for the main study types on the main page of EQUATOR Network. Six extensions of RIGHT have been developed and six additional extensions are currently under development or planning. Over 100 practice guidelines have reported that they followed the RIGHT checklist. Additionally, at least 200 medical journals have included RIGHT checklist into their instructions for authors.

Discussion

During the next ten years, the RIGHT working group will continue to collaborate with international and national guideline development organizations as well as medical journals to promote endorsement and implementation of the checklist. The group will also continue to develop extensions of the checklist for different types, sections and fields in healthcare and social sciences.

The ACCORD checklist for reporting consensus: a practical writing exercise

Dr Patricia Logullo¹, Dr William Gattrell², Mr Paul Blazey³, Niall Harrison⁴

¹Centre for Statistics in Medicine, University of Oxford, and EQUATOR Network UK Centre, Oxford, UK, ²Bristol Myers Squibb, Uxbridge, UK, ³Department of Physiotherapy, University of British Columbia, Vancouver, Canada, ⁴ OPEN Health Communications, Marlow, United Kingdom

W2B - Workshop: The ACCORD checklist for reporting consensus: a practical writing exercise, Conference Room 6/7, September 20, 2023, 3:15 PM - 4:00 PM

Biography:

Patricia Logullo has been involved in the development of reporting guidelines for ACCORD (ACurate Consensus Reporting Document), AGREE-S (a tool for evaluating the completeness of reporting of clinical practice guidelines for surgical interventions), and TRIPOD-AI (TRIPOD-artificial intelligence). Her work is largely focused on improving the quality of research reporting in medicine and health. In 2018, she joined the EQUATOR Network, an organization that promotes accuracy and transparency in health research. Within EQUATOR, she participates in research projects and teaches courses for the University of Oxford that ultimately aim to improve the quality of published research.

Patricia obtained her MSc in Health Sciences from Faculdade de Medicina da Universidade de São Paulo, Brazil, and her PhD in Evidence-based Health from Universidade Federal de São Paulo, Brazil. She began her career in scientific journalism before moving into medical writing and consulting for research institutions, charities and other foundations.

Background: When evidence about a particular health topic is limited, not available/non-existent or contradictory, policymakers usually decide based on consensus. Several types of methods to achieve consensus exist and are used to develop recommendations, consensual perspectives, core outcomes, statements, or priority settings. The approaches used differ in their methodological rigour, risk of bias, and feasibility. Failure to report the techniques used transparently undermines the confidence in the overall process and in the final recommendations. The Accurate CONsensus Reporting Document (ACCORD) checklist, which has recently been completed, is the first reporting guideline designed to encompass the full range of consensus methods.

Objective: The goals of this workshop are to raise awareness about the importance of reporting quality, educate the participants on using the ACCORD checklist, and obtain feedback on implementing the new tool.

Format: First, we will present the ACCORD project and give participants an overview of different types of consensus methods used in research. We will then distribute a “mock study” and the ACCORD checklist to the participants. We will divide participants into groups and ask each group to write a brief description of the study based on some key items from the checklist. We will discuss the reports together and ask participants to evaluate their work for completeness, transparency and clarity. We also aim to obtain feedback about the experience of using ACCORD in reporting.

The barriers to integration of clinical practice guidelines and the electric health record in Japan: a case study and future perspective.

Dr. Toshio Fukuoka^{1,2}, Ms. Akiko Okumura², Dr. Gen Shimada³, Prof. Tomohiro Sawa⁴

¹Kurashiki Central Hospital, Kurashiki Miwa 1-1-1, Japan, ²Japan Council for Quality Health Care, Chiyoda-ku Kandamisakicho 1-4-17, Japan, ³St. Luke's International Hospital, Chuo-ku Akashicho 9-1, Japan, ⁴Tekyo University, Itabashi-ku Kaga 2-11-1, Japan

Poster Session 3, Conference Room 3, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Toshio Fukuoka is a vice president of Kurashiki Central Hospital, one of Japan's most significant private hospitals. His specialty is emergency and critical care.

His first encounter with the core EBM concept was at the workshop of EBCP in McMaster Univ. Canada in 1997. Afterward, he provided workshops and teaching sessions about EBM with various participants for decades. And since 2019, he has been the director of Minds Tokyo Grade Center.

Over the past two decades, evidence-based clinical practice guidelines (CPGs) and electronic health records (EHRs) have been widely introduced in Japan. However, due to most CPGs being only available in print, publishers holding their copyright are reluctant to disseminate them in a machine-readable format. In a government-subsidized research project on the integration of CPGs and an on-premise EHR, we noticed several specific barriers.

Firstly, on-premise EHR systems have limited document management capabilities, with most lacking adequate functions for importing, saving, indexing, and updating PDF files through the internet. Secondly, full copyright protection of CPG files requires allowances from publishers and authors to implement CPGs in EHRs, with embedding indexes on the files not allowed in most cases. Finally, the adoption of CPGs was challenging, as some recommendations should have been more specific.

Our study has highlighted the urgent need to improve the infrastructure for utilizing digitized CPGs, including establishing appropriate rules for their secondary usage. Following the establishment of the Digital Agency of Japan in 2021, the government has started promoting digital transformation in healthcare. Greater public acceptance of digital transformation, including data sharing, coupled with governmental commitment, could encourage the implementation of digital solutions with CPGs to enhance high-value patient care.

The current knowledge on the adaptation of clinical practice guidelines: a scoping review

Dr Yang Song¹, Andrea J. Darzi², Yasser Amer³, Yuan Zhang², Holger J Schünemann², Elie A Akl Akl^{2,4}, Pablo Alonso-Coello^{1,5}

¹Iberoamerican Cochrane Centre (CCIB) - Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, , ²Department of Health Research Methods, Evidence, and Impact (HEI), McMaster University, Hamilton, Canada, , ³Pediatrics Department, Clinical Practice Guidelines and Quality Research Unit, Quality Management Department, King Saud University Medical City, Riyadh, Saudi Arabia; Alexandria Center for Evidence-Based Clinical Practice Guidelines, Alexandria University, Alexandria, Egypt, , ⁴Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, , ⁵Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), Spain, ,

P1B - Tools for adaption, Conference Room 1, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Yang Song is a researcher at the Iberoamerican Cochrane Center, a PhD in the Methodology of Biomedical Research and Public Health and a Medical doctor specialty in Gynecology and Obstetrics. She is also the vice chair of Guidelines International Network Adaptation working group.

Her research interests focus on the methodology of clinical guidelines development and adaptation, and biomedical research in Gynecology and Obstetrics. She has over five years of guideline development and adaptation experience derived from international and national guidelines.

Background

Guideline adaptation allows for developing trustworthy recommendations using rigorous processes while limiting intensive use of resources. New frameworks, tools, and experience papers are continuously emerging to better inform the adaptation process.

Objective

To assess and map adaptation methods and processes through a scoping review, addressing below questions:

1. What are the definitions and rationales for guideline adaptation?
2. What are the key strategies for adaptation (e.g., assessment and selection of source guidelines, assessment of recommendation contents, and updating/supplementing of local evidence)?
3. What are the barriers and facilitators of adaptation methods?

Methods:

We will follow The University of Adelaide Joanna Briggs Institute (JBI) Scoping Review Network Resources and adhere to PRISMA Extension for Scoping Reviews for reporting. We will identify previous systematic reviews on guideline adaptation methods in MEDLINE, EMBASE and CINAHL for the last decade and published in English. Also, we will explore grey literature by citation search. We will include relevant systematic reviews, methodological studies on guideline adaptation,

adapted guidelines and evaluation studies. We will update the highest quality, most relevant and up to date systematic reviews when available and extract data on general characteristics and specific details that answer the scoping review questions.

Results

We will present our findings related to the current knowledge on guideline adaptation at the GIN Conference 2023, Glasgow.

Discussion

The scoping review results will support the standardization of guideline adaptation methods, inform the development of core methodological principles, and the development of the GIN-McMaster checklist extension for guideline adaptation.

The development and testing of the Scientific, Transparent and Applicable Rankings tool (STAR) for clinical practice guidelines

Phd Nan Yang¹, Ms Yunlan Liu², Ms Yajia Sun², Ms Mengjuan Ren², Mr Hui Liu², Pro. Yaolong Chen^{1,3,4}, Dr Janne Estill^{1,7}

¹Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ²School of Public Health, Lanzhou University, Lanzhou, China, ³ Lanzhou University Institute of Health Data Science, Lanzhou, China, ⁴Guideline International Network Asia, Lanzhou, China, ⁵WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁶Institute of Global Health, University of Geneva, Geneva, Switzerland, ⁷Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

P2D - With the end user in mind, Conference Room 3, September 20, 2023, 2:30 PM - 4:00 PM

Background

Clinical practice guidelines are a critical tool for guiding physicians in clinical practice. Guidelines have been evaluated from different perspectives using various tools. However, the existing evaluation tools have several limitations. First, these tools do not address some key elements of guideline quality. Second, some of the evaluation tools have not been adequately assessed for reliability and validity. Third, most evaluation tools have a limited scope. Fourth, interpreting the results of multiple tools in combination and comparing them across different guidelines is challenging. To overcome these barriers and to improve the quality of guidelines, we formed a working group to develop a unified, comprehensive, and practical evaluation tool named STAR.

Methods and Results

A scoping review was developed to formulate the initial items related to the three dimensions of scientificity, transparency, and applicability; two rounds of Delphi expert survey resulted in a total of 39 items grouped into 11 domains. Based on a hierarchical analysis of the results of the importance survey, each domain and each item were given weights that reflect their relative importance. Finally, a consensus on the final STAR rating tool was reached in an expert consensus meeting. The tool was tested and found reliable and valid and ease of use.

Discussion

STAR may be the first tool that uses scientific approach to assign different weights to the domains or items of guideline evaluation, and it is applicable to registered guidelines that have voluntarily applied to the research center for ranking and provided relevant supporting materials.

The development of a guideline for allied health professionals for frail older adults

Mr Mitchell Van Doormaal¹, Nynke Swart¹, T. van Kernebeek¹, G.M. Plas², J. Willekens-Brink³, I. Lux-Bernoster³, T. Kooiman⁴, M. Simon⁴, F. de Vries⁵, M. van Zon⁵, L. Schut⁶

¹Royal Dutch Society For Physical Therapy (KNGF), Amersfoort, Holland, ² Dutch Society for Dietitians (NVD), Amersfoort, Holland, ³Dutch Society for Speech Therapy and Phoniatry (NVLF), Woerden, Holland, ⁴Dutch Association of Cesar and Mensendieck Exercise Therapists (VvOCM), Utrecht, Holland, ⁵Dutch Society for Skin Therapists (NVH), Utrecht, Holland, ⁶Dutch Society for Occupational Therapy (EN), Utrecht, Holland

P2D - With the end user in mind, Conference Room 3, September 20, 2023, 2:30 PM - 4:00 PM

Background

With an aging population, frailty becomes more relevant in future healthcare, asking for a multidisciplinary approach. Allied healthcare professionals (physiotherapist, dieticians, occupational therapists, speech therapists, exercise therapists and skin therapists) are increasingly involved in the treatment of frail older adults. To enable effective tailored interventions recommendations for allied healthcare are needed.

Objective

The purpose of this project is to simultaneously develop recommendations for physiotherapists, dieticians, occupational therapists, speech therapists, exercise therapists and skin therapists.

Methods

The project is managed by one project leader who is responsible for the development and methodological advice of the guideline. In addition, project leaders and guideline panels for the allied healthcare professions are appointed. These guideline panels are responsible for the content of their part of the guideline. Also, a general review panel was formed with representatives of relevant stakeholders (for example general practitioners, clinical geriatricians, geriatric specialists, and patients). The guideline is developed conform the GRADE method for evidence-based guideline development. First, clinical questions were defined based on the prioritized barriers in current allied healthcare. Second, the literature was systematically reviewed, and results of the systematic reviews and other considerations were discussed by the guideline panels according to the GRADE evidence-to-decision framework. This process led to general and profession-specific recommendations for all allied healthcare professionals. Finally, the guideline was externally reviewed by relevant stakeholders and experts.

Results

In autumn 2023, the guideline for allied healthcare in frail older adults will be published. The lessons learned from this extensive project will be presented.

The development of GIN-McMaster checklist extension for guideline adaptation

Dr Yang Song¹, Yuan Zhang², Yasser Amer³, Andrea J. Darzi², Elie A Akl^{2,4}, Pablo Alonso-Coello^{1,5}, Holger J Schünemann²

¹Iberoamerican Cochrane Centre (CClb) - Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, , ²Department of Health Research Methods, Evidence, and Impact (HEI), McMaster University, Hamilton, Canada, , , ³Pediatrics Department, Clinical Practice Guidelines and Quality Research Unit, Quality Management Department, King Saud University Medical City, Riyadh, Saudi Arabia; Alexandria Center for Evidence-Based Clinical Practice Guidelines, Alexandria University, Alexandria, Egypt, , , ⁴Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, , , ⁵Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), Spain, ,

P1B - Tools for adaption, Conference Room 1, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Yang Song is a researcher at the Iberoamerican Cochrane Center, a PhD in the Methodology of Biomedical Research and Public Health and a Medical doctor specialty in Gynecology and Obstetrics. She is also the vice chair of Guidelines International Network Adaptation working group.

Her research interests focus on the methodology of clinical guidelines development and adaptation, and biomedical research in Gynecology and Obstetrics. She has over five years of guideline development and adaptation experience derived from international and national guidelines.

Background:

To ensure rigour and transparency in the guideline adaptation process, standardized tools based on methodological principles are needed. The Guideline International Network (GIN) in collaboration with MacGRADE center, aim to facilitate the adaptation process by identifying and assessing methodological challenges documented in guideline adaptation processes.

Objective:

To develop the GIN-McMaster Guidelines Development Checklist extension for guideline adaptation.

Methods:

This project follows a stepwise approach and includes three stages: 1) producing an initial list of key methodological components based on a scoping review of the current knowledge on guideline adaptation; 2) proposing methodological principles for guideline adaptation by conducting an iterative refinement of key components through online workshop discussions, and public consultation; and 3) developing the checklist extension. We will assess the relevance of principles with respect to the GIN-McMaster checklist, conducting external validation through user testing, including real-life adaptation examples.

Results:

We will present the initial list of key methodological components and preliminary GIN-McMaster extension items for adaptation at the 18th G-I-N Conference, Glasgow.

Discussion:

The methodological principles together with the GIN-McMaster Guidelines Development Checklist extension for guideline adaptation will provide clarity in the planning, and execution of adaptation, adoption, or development of recommendations. The aim of the checklist is to improve the efficiency of the process and reduce research waste in guideline development while maintaining rigor and transparency.

The development, implementation, evaluation, and impact assessment of the Canadian Guidelines on Post-COVID-19 Condition (CAN-PCC)

Robby Nieuwlaat¹, Wojtek Wiercioch, Nancy Santesso, Jan Brozek, Jordi Pardo Pardo, Tamara Lotfi, Karla Solo, Dina Khalifa, Ashley Motilall, Holger Schünemann

¹McMaster University, Hamilton, Canada

P1B - Tools for adaption, Conference Room 1, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Robby Nieuwlaat is Associate Professor in the Department of Health Research Methods, Evidence, and Impact at McMaster University in Hamilton (ON), Canada. He is a researcher in the Michael G DeGroote Cochrane Canada Centre (<https://canada.cochrane.org/about-us/michael-g-degroote-cochrane-canada-centre>) and McMaster GRADE Centre (<https://heigrade.mcmaster.ca/>). Further, he is a member of the GRADE Working Group (<https://www.gradeworkinggroup.org/>), the Red Hat group (<https://www.comet-initiative.org/Resources/Links>), and the steering committee of the International Guideline Development Credentialing & Certification Program (<https://inguide.org/>).

Background: Post-COVID-19 condition (PCC) is common among people infected by SARS-CoV-2 with 10-20% developing long-term symptoms, although estimates are uncertain.

Objective: The Public Health Agency of Canada is supporting the development, implementation, evaluation, and impact assessment of Canadian Guidelines on PCC (CAN-PCC).

Methods and Future Prospects: CAN-PCC will encompass the full process from recommendation development to impact assessment in 26 months, using the following innovative methods:

- 1) Teams with balanced representation of relevant key stakeholders, including people with lived PCC experience and from equity-deserving groups, will develop recommendations. An equity committee, international advisory board, and public member panel will provide consultation throughout the process. Conflicts of interest will be managed by an independent organization. Outcomes will be selected using standardized health outcome descriptors, and decision thresholds will inform the magnitude of effects. Evidence review teams will perform rapid systematic reviews following Cochrane methodology, assisted by machine learning, and using living methods. Existing evidence syntheses and recommendations will be contextualized using the GRADE-Adolopment methodology, which will also allow adaptation of CAN-PCC recommendations to other contexts.
 - 2) Seamless integration of the development of knowledge dissemination and implementation tools, such as a recommendation map, decision aids, and plain language summaries.
 - 3) Independent evaluation of the effects of the guidelines and knowledge mobilization activities on target audience awareness, understanding, and recommendations use.
- CAN-PCC will address an urgent need to support Canada's PCC care, policies, and programs. Approximately 90 recommendations will be developed with innovative methods for guideline development, implementation, evaluation, and impact assessment.

The Evidence Synthesis Selection Tool: Creation of a new tool for decision makers from the National Collaborating Centre for Methods and Tools

Dr Sarah Neil-Sztramko^{1,2}, Ms. Karlene Stoby², Ms. Emily Clark², Dr. Maureen Dobbins^{1,2}

¹McMaster University, Hamilton, Canada, ²National Collaborating Centre for Methods and Tools, Hamilton, Canada

P5A - Approaches to stakeholder engagement - methods, Main Auditorium, September 21, 2023,
3:30 PM - 5:00 PM

Biography:

Sarah Neil-Sztramko is an Assistant Professor in the Department of Health Research Methods, Evidence and Impact at McMaster University and Knowledge Translation Advisor with the National Collaborating Centre for Methods and Tools (NCCMT). Her research focuses on understanding effective strategies to disseminate research findings and collaborating with stakeholders to design scalable implementation interventions in public health. As the Scientific Lead for the NCCMT's Rapid Evidence Service, she collaborates closely with public health decision makers at multiple levels to understand their evidence synthesis needs. Sarah is passionate about building capacity for knowledge translation and evidence-informed decision making.

Background: Evidence syntheses combine the available research on a particular topic and play a critical role in evidence-informed decision-making. Several approaches to evidence synthesis exist beyond traditional systematic reviews, such as rapid, living, and scoping reviews. The most appropriate method must align with decision-maker's needs; however, some decision-makers are not well-versed in synthesis methods or know what type of synthesis best meets their needs. To address this, the National Collaborating Centre for Methods and Tools developed the Evidence Synthesis Selection (EvSys) tool.

Objectives: To develop a tool to be used by decision-makers and evidence synthesis teams to determine the most appropriate approach to evidence synthesis.

Methods & Results: The EvSys tool was created and refined through feedback from other evidence synthesis teams. It is designed for decision-makers looking to conduct an evidence synthesis or requesting an evidence synthesis from an external team. Users answer questions about purpose, scope, and resources, leading to the most appropriate synthesis method given their question, context, and timelines. The EvSys tool will help decision-makers quickly identify the most appropriate synthesis method to meet their needs.

Discussion: Advances in methods can make it difficult for decision-makers with limited expertise in evidence synthesis to decide on the most appropriate type of review. This may result in a mismatch between the needs of the decision-maker and the type of synthesis completed. The EvSys tool is a user-friendly way for decision-makers to identify the most suitable review, reducing confusion and leading to a more streamlined and targeted approach.

The impact of an online course on the certainty of evidence assessment agreement rates using GRADE: a before-and-after study

PhD Gilson Dorneles¹, PhD Cinara Stein¹, PhD Cinta Pereira de Araujo¹, MSc Suená Parahiba¹, BSc Bruna da Rosa¹, MSc Débora Dalmas Gräf¹, PhD Karlyse Claudino Belli¹, PhD Marta Maior², MSc Ávila Vidal², PhD Veronica Colpani¹, PhD Maicon Falavigna¹

¹Hospital Moinhos De Vento, Porto Alegre, Brazil, ²Secretaria de Ciência, Tecnologia, Inovação e Complexo da Saúde - SECTICS/Ministério da Saúde, Brasília, Brazil

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

PhD in Health Sciences, currently working as methodologist and researcher in the development of practical guidelines for the Brazilian Unified Health System (SUS), which is sponsored by the Brazilian Ministry of Health.

Background: The GRADE approach is a formal requirement of the Brazilian Ministry of Health to assess the certainty of evidence (CoE) of systematic reviews (SR) during guideline development. A common criticism of the GRADE approach is the high heterogeneity during the assessment of the CoE, but formal training may increase its reliability and applicability.

Objective: To describe an online-based GRADE course and its impact on multi-rater consistency in the evaluation of the CoE in SR.

Methods: Sixty-five Brazilian methodologists and researchers participated in an online course over eight weeks. Asynchronous lessons and weekly synchronous meetings addressed the GRADE system in the context of CoE assessment. Each participant randomly analyzed two SR pre-course and two SR post-course, and Gwet's AC1 statistics verified the agreement between raters and the standard response.

Results: Multi-rater agreement (%) of indirectness (before: 82.8, "good"; after: 86.8, "very good"), imprecision (before: 68.7, "fair"; after: 79.5, "moderate"), and the overall CoE (before: 34.3, "poor"; after: 42.5, "fair") increased in the GRADE assessment after the course. The agreement of risk of bias (before: 62.7, "moderate; after: 69.1, "moderate"), inconsistency (before: 76.0, "moderate"; after: 76.0, "moderate") and publication bias (before: 69.8, "moderate"; after: 74.4, "moderate") had small changes.

Discussion: An online GRADE course improved the overall consistency of the CoE assessment performed by Brazilian researchers. In addition, this analysis hinted that the risk of bias, inconsistency and publication bias domains need to be further discussed in class to increase inter-rater consistency.

The inclusion of patient perspective into the Clinical Guidelines development in Brazil

M.Sc. Cecília Farinasso¹, Dr. Lays Pires Marra¹, Dr. Marta da Cunha Lobo Souto Maior², Dr. Ávila Teixeira Vidal², Dr. Rosa Camila Lucchetta¹, Dr. Haliton Alves de Oliveira Junior¹

¹Hospital Alemão Oswaldo Cruz, São Paulo, Brazil, ²Brazilian Ministry of Health, Brasília, Brazil

P5A - Approaches to stakeholder engagement - methods, Main Auditorium, September 21, 2023,
3:30 PM - 5:00 PM

Biography:

I am a pharmacist, MBA in Health Technology Assessment (HTA), MSc, and Ph.D. candidate in evidence-based healthcare. It is my belief that healthcare decisions should be informed by the best available evidence, which should be delivered in a manner that even non-specialists understand. Currently, I am a researcher in the Health Technology Assessment Unit of Hospital Alemão Oswaldo Cruz – São Paulo, Brazil. Since 2020, I have been working not only on Clinical Guidelines for the Brazilian Health System (SUS), but also on full HTA reports, and methodological development in HTA.

Background: Including patient's perspective in the clinical guidelines' development is a recurring challenge. Strategies to engage participation of patients have been developed in the Brazilian Unified Health System (SUS).

Objectives: To highlight patient or their representative's participation in guideline development process, considering SUS perspective.

Methods: Data regarding patients' register and instances of participation in guidelines' development were obtained in CONITEC website. Here we describe all the steps in which patients can participate in SUS Guidelines.

Results: Patients have actively participated in at least three guideline phases: scoping, Health Technology Assessment (HTA) decision, and public consultation (PC). During the scoping meeting, they provided their perspective regarding the main guideline topics and prioritized technologies. In the CONITEC meeting they exposed their experiences with the health condition itself and how technologies might improve healthcare. Finally, when the HTA report is made available for public consultation, then patients can relate their opinion and experiences in a broadly fashion. CONITEC issues a final recommendation regarding the use of health technologies in the SUS. The Guideline is written during this process and includes the CONITEC's recommendation. After approval by CONITEC, the Guideline is also made available for PC. Until March 2023, 710 PC were carried out, which received 382,771 contributions. There were 130 public calls for participation from patient's perspective, and 81 patients were selected to CONITEC meeting.

Discussion: In Brazil, patients can participate in guidelines' development in many stages and in different ways. The numbers indicate a high rate of patient engagement in guideline development.

The JBI Adelaide GRADE Centre – Lessons learned and achievements of an Australian Centre

Dr Timothy Barker¹, Prof. Zachary Munn¹

¹HESRI (Health Evidence Synthesis, Recommendations and Impact), Adelaide, Australia

P1C - Supplementing traditional approaches to guideline development, Conference Room 2,
September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Dr. Tim Barker is a Research Fellow within Health Evidence Synthesis, Recommendations and Impact (HESRI) and is the lead researcher of the JBI Adelaide GRADE centre. He is a research methodologist, animal welfare researcher and clinical epidemiologist. Tim has significant experience in systematic review and clinical guideline conduct and development.

Background

Launched in 2016 the JBI Adelaide GRADE Centre was the first GRADE Centre established in Australia, connecting the region to the global GRADE community. It was also the first GRADE Centre to be established with the Joanna Briggs Collaboration (JBC). The overall mission of this group is to train, promote, disseminate and implement the GRADE approach within and across the systematic review and guideline development community with Australia, New Zealand and across the global JBC.

Objectives/Methods

Here we serve to showcase the achievements and lessons learned over the seven years of operation. We aim to present an example of benefits that establishment of a local GRADE Centre can have to the resident research community.

Findings

Our outputs can be summarised in three main categories, [1] delivery of a GRADE workshop to Australian and New Zealand participants and members of the JBC and feedback from these workshops [2] methodological and scholarly project work, the apex of which is demonstrated in our methodological study detailing how many guidelines has followed GRADE methods in their conduct and reporting [3] collaboration with guideline development groups, as exemplified by our collaboration with the Global Malaria Programme of the World Health Organisation to assist in the update of guidelines regarding prevention and management of malaria.

Conclusions

The JBI Adelaide GRADE Centre serves as an example of a productive, efficient research group dedicated to GRADE methods and some of our lessons and outputs may be of use to similar groups in their respective regions.

The revised suite of JBI critical appraisal tools

Dr Timothy Barker¹, Dr Jennifer Stone², Dr. Kim Sears³, Prof. Miloslav Klugar⁴, Dr. Catalin Tufanaru⁵, Dr. Jo Leonardi-Bee⁶, Assoc. Prof. Edoardo Aromataris², Prof. Zachary Munn¹

¹HESRI (Health Evidence Synthesis, Recommendations and Impact), Adelaide, Australia, ²JBI, Adelaide, Australia, ³Queens Collaboration for Health Care Quality, Queen's University, Kingston, Canada, ⁴Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (Cochrane Czech Republic, The Czech Republic (Middle European) Centre for Evidence-Based Healthcare: A JBI Centre of Excellence, Masaryk University GRADE Centre), Faculty of Medicine, Institute of Biostatistics and Analyses, Masaryk University, Brno, Czech Republic, ⁵Centre for Health Informatics, Australian Institute of Health Innovation, Macquarie University, Sydney, Australia, ⁶The Nottingham Centre for Evidence Based Healthcare: A JBI Centre of Excellence, School of Medicine, University of Nottingham, Nottingham, United Kingdom

P4C - Tools & Techniques, Conference Room 2, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Dr. Tim Barker is a Research Fellow within Health Evidence Synthesis, Recommendations and Impact (HESRI) and is the lead researcher of the JBI Adelaide GRADE center. He is a research methodologist, animal welfare researcher and clinical epidemiologist. Tim has significant experience in systematic review and clinical guideline conduct and development.

Background

JBI offer a suite of critical appraisal instruments that are freely available to evidence synthesisers. Following recent developments within the science of risk of bias assessment, it has been acknowledged that the existing suite of instruments are not aligned to these developments, and conflate and confuse the process of critical appraisal with that of risk of bias assessment.

Objectives

Here, we introduce the revised suite of critical appraisal tools offered by JBI and detail the key changes made from the previous iteration.

Methods

The JBI Effectiveness Methodology Group began the update procedure by cataloguing the questions asked in each JBI critical appraisal tool for study designs that employ quantitative data. These questions were ordered into constructs of validity following DELPHI-like methods. For related to the internal validity, they were further catalogued to a domain of bias through a series of mapping exercises. Finally, questions were then separated based on whether they were answered at the study, outcome, or result level.

Findings

A strength of the JBI critical appraisal instruments has been their flexibility to facilitate assessments of risk of bias following different approaches. However due to their presentation, using the tools following certain approaches was not intuitive to all users. Users of the revised tools are better placed to follow varied approaches to their critical appraisal if they so choose.

Conclusions

The revision to the JBI critical appraisal instruments provides greater flexibility to users of these tools while maintaining consistency with modern advances in evidence synthesis.

Their voice matters!

Involvement of consumers as stakeholders in guideline development

Leen De Coninck^{1,3}, Anneleen Janssen^{1,2}, Inez Vanoverschelde¹, Martine Goossens^{1,2}, Dr. Simon Van Cauwenbergh, Prof Paul Van Royen^{1,4}

¹Belgian Working group development of primary care guidelines (WOREL), Antwerp, Belgium,

²Domus Medica, Antwerp, Belgium, ³Belgian Centre for Evidence Based Medicine (Cebam), Leuven, Belgium, ⁴Department of Family Medicine and Population Health, Faculty of Medicine and Health Sciences, University of Antwerp, Antwerp, Belgium

W5D - Workshop: Their voice matters! Involvement of consumers as stakeholders in guideline development, Conference Room 6/7, September 21, 2023, 4:15 PM - 5:00 PM

Biography:

Simon is an MD graduate from KU Leuven, Belgium, currently living in São Paulo, Brazil. He has been a member of WOREL's expertise cell since 2021. Alongside his work on guideline development healthcare, Simon maintains an interest in sports medicine, general practice, epidemiology, and public health care. He is concurrently pursuing a PhD in Physical & Rehabilitation Medicine at the Universidade in São Paulo.

Background

Stakeholder involvement in guideline development ensures that the perspectives and needs of those to whom the guideline applies and those who must implement the guideline will be included. Stakeholders may include representatives of various groups among which patients, proxies, healthcare providers and policymakers.

Stakeholder involvement helps to identify bottlenecks to which the guideline offers an answer and potential barriers for guideline implementation, and to facilitate solutions. Input of stakeholders facilitates ensuring that guidelines are relevant, applicable and practical, which can increase the likelihood of guideline adoption and implementation.

A priority challenge for stakeholder involvement is the diversity among stakeholders. Stakeholders have various levels of skills and time available to dedicate to the process. It is important that these differences do not result in some stakeholder having more influence on the final guideline recommendations. Stakeholders should also be well prepared to the procedures of guideline development.

Objective

To share ideas on methods for equitable and feasible engagement of various stakeholders in guideline development

Format

- Kickoff

Content: The procedure of stakeholder involvement method of WOREL, the Belgian working group of primary care guidelines, will be presented.

Didactic tool: Case study

- Core

Content: Discussions on the involvement of stakeholders in guideline development: Who? What? Why? When? Opportunities and challenges?

Didactic tool: Modified World Café (small groups with transfer system/group rounds), flip-over as external memo

- Completion of the workshop

Content: Synthesis of the results of the modified World Café findings

Didactic tool: Plenary presentation of results World Café discussions

Towards a practical model of collaboration; Barriers & Solutions along the Ecosystem of Health Decision Making

Mrs Maria-Jose Faraldo-Vallés⁶, Dr. Thomas Piggott², Dr. Elena Parmelli³, Dr. Mouna Jameleddine⁴, Dr. Marge Reinap³, Dr. Lorenzo Moja³, Dr. Heath White⁵, Dr. Ilse Verstijnen¹, Dr. Hanin Kamaruzaman⁷, Dr. Tanja Kuchenmüller³, Prof. Dr. Holger Schünemann²

¹National Health Care Institute (ZIN), Diemen, The Netherlands, ²McMaster, Hamilton, Canada,

³World Health Organization, Geneva, Switzerland, ⁴INEAS, Tunis, Tunisia, ⁵Cochrane, Melbourne, Australia, ⁶AVALIA-T, , Spain, ⁷MahTAS, Putrajaya, Malaysia

W1D - Workshop: Towards a practical model of collaboration; Barriers & Solutions along the Ecosystem of Health Decision Making, Conference Room 6/7, September 20, 2023, 11:45 AM - 12:30 PM

Biography:

Graduated in Medicine in 1997 from University of Santiago de Compostela (SdC). From 1999 to 2003, I specialized in Preventive Medicine and Public Health at the University Hospital of SdC. In 2005 I became an official of the Health Administration. From 2007 to 2017 I lead the Epidemiology Unit in Pontevedra province, responsible for communicable diseases control and public health programs. Since 2018, I am head of Avalia-t, HTA Unit of Galician Health Knowledge Agency (Galicia, Spain). I am involved in activities of Spanish Network of HTA Agencies (RedETS), such as clinical practice guidelines, assessments, horizon scanning activities or methods.

Schünemann et al. (Lancet, 2022) described the Ecosystem of Health Decision Making; a common ecosystem, with shared methodologies and similar considerations and decision making, can be perceived amongst different actors in the health care system. Despite these communalities and with some exceptions, in practice collaboration between actors such as guideline developers and HTA appears to be hard to achieve. Previous work identified several barriers that may prevent optimal collaboration and some first solutions. Further steps are being made to identify more solutions along the ecosystem. Barriers and solutions are depicted on a cyclic model of collaboration. This workshop will advance this work by critically appraising the integrality and completeness of the current model.

Training guideline panel members involved in developing recommendations about healthcare tests

Professor Trudy Van Der Weijden¹, PhD Miranda Langendam², Prof Jako Burgers¹, M.sc Mariska Tuut¹

¹CAPHRI, Maastricht University, Maastricht, The Netherlands, ²Amsterdam UMC, Amsterdam, The Netherlands

W6A - Workshop: Training guideline panel members involved in developing recommendations about healthcare tests, Conference Room 4/5, September 22, 2023, 9:00 AM - 9:45 AM

Biography:

Trudy van der Weijden was appointed in 2010 as full professor in Implementation of Clinical Practice Guidelines at the department of Family Medicine of Maastricht University. Her research has a specific focus on patient perspectives and patient participation in medical decision making where the tension is felt between standardising work (the application of guidelines) and patient-centred work (the preferences of the patient in the context of the consultation). In 2011 she chaired the International Conference on Shared Decision Making in Maastricht. She has (co-)authored 270 international scientific papers in peer reviewed international journals. She has successfully supervised 40 doctoral graduate students.

Background: The development of recommendations about healthcare tests in guidelines requires specific knowledge in addition to knowledge needed to develop guidelines in general. We developed a set of knowledge components based on literature study and qualitative interviews with experts. The required knowledge includes understanding of concepts such as the test-management pathway and interpreting false positive and negative test results in terms of people important outcomes.

Objective: To practice with applying knowledge components required to develop recommendations about healthcare tests in guidelines.

Format:

Target audience: guideline panel members and methodologists interested and/or involved in developing recommendations about healthcare tests.

Outline:

1. Introduction about general competencies in guideline development and challenges in developing recommendations about healthcare tests (10 minutes).
2. Presentation of knowledge components required for developing recommendations about healthcare tests (10 minutes).
3. Small group exercise in applying the knowledge components (45 minutes):
 - a. Formulating a guideline question concerning the use of a healthcare test
 - b. Defining purpose and role of a healthcare test
 - c. Describing test burden and other undesirable consequences
 - d. Describing a test-management pathway
 - e. Interpreting false positive and negative test results in terms of people important outcomes
 - f. Describing challenges and pitfalls in evaluating the evidence concerning the added value of a healthcare test

4. Plenary feedback on knowledge components and training workshop (25 minutes)

Transforming perioperative patient safety clinical guidelines recommendations into measurable standards: the SAFEST project.

Claudia Valli^{1,2}, Daniel Treviño¹, Wendy Brouwer¹, Anna Rodriguez^{1,2}, Maria del Mar Fernández^{1,2}, Joaquim Bañeres^{1,2,3}, Ismael Martinez-Nicolas⁴, Daniel Arnal Velasco⁴, Carola Orrego^{1,2,3}, SAFEST Consortium

¹Avedis Donabedian Research Institute, Barcelona, España, ²Universidad Autónoma de Barcelona, Barcelona, España, ³Network for Research on Chronicity, Primary Care, and Health Promotion (RICAPPS), Barcelona, España, ⁴Spanish Anaesthesia and Reanimation Incident Reporting System (SENSAR), Alcorcon, Spain

P6D - Collaboration & Stakeholders, Conference Room 3, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Claudia Valli is researcher at Avedis Donabedian Research Institute (FAD) – Universitat Autònoma de Barcelona. She has over 7 years of experience in the field of healthcare, with expertise in conducting systematic reviews and synthesizing research evidence to support informed decision-making and the development of clinical and nutritional practice guidelines.

She holds a Bachelor's degree in Biology (University of Milan, Italy), a Master's degree in Nutrition and Health with a specialisation in Epidemiology and Public Health (Wageningen University, The Netherlands). and currently is a PhD candidate in the Biomedical Research Methodology and Public Health program (Universitat Autònoma de Barcelona, Spain).

Background

Surgery care has one of the highest pooled prevalence of preventable patient harm. Adopting evidence-based practices can improve the safety outcomes of surgical care. However, translating evidence into practice is slow in the healthcare field; an effort should be made to overcome this challenge. One approach could be to develop measurable elements to allow evaluation and prioritization of healthcare improvements.

Objective

To transform a list of prioritized clinical guidelines recommendations for adults' perioperative care into measurable standardized practices (or standards) for hospitals to implement along the perioperative journey of adults' patients.

Methods

Extracted from a previous systematic review of guidelines, reviewers transformed recommendations into standards through an iterative and consensus qualitative approach. First, recommendations were classified according to the perioperative period (pre, intra or post) and based on predefined clinical areas. Second, one or more recommendations were transformed into one standard. Third, for each standard, measurable elements were developed and the source of information and responsible stakeholder were identified. The overall transformation was performed by independent reviewers and the list of standards was approved and finalized through discussion.

Results

From an initial list of 103 prioritized clinical practices recommendations, we developed 100 standards. The standards, classified based on the perioperative period, were grouped in 14 clinical areas. Preliminary results on developed measurable elements, types of sources of information and responsible will be presented.

Discussion

These measurable standards can enhance dissemination and implementation of patient safety standardized practices in the continuum of care for adults' patients undergoing surgery.

Treatment effect modification due to comorbidity: individual participant data meta-analyses of industry-sponsored randomised controlled trials

Professor David McAllister¹, Dr Peter Hanlon¹, Dr Elaine Butterly¹, Dr Anoop Shah², Dr Laurie Hannigan³, Dr Jim Lewsey¹, Professor Frances Mair¹, Dr David Kent⁴, Professor Bruce Guthrie, Professor Sarah Wild⁵, Professor Nicky Welton³, Professor Sofia Dias⁶

¹University Of Glasgow, Glasgow, Lanarkshire, ²London School of Hygiene and Tropical Medicine, London, UK, ³University of Bristol, Bristol, UK, ⁴Tufts University, Boston, USA, ⁵University of Edinburgh, Edinburgh, UK, ⁶University of York, York, UK

P4A - Research, recommendations & the real world, Main Auditorium, September 21, 2023, 11:30

AM - 1:00 PM

Biography:

Professor of Clinical Epidemiology and Medical Informatics

Interest in using secondary analysis of trial data and routinely collected healthcare data to improve evidence synthesis in support of the clinical management of people with multimorbidity.

Background

People with comorbidities are under-represented in clinical trials. Empirical estimates of treatment effect modification by comorbidity are lacking leading to uncertainty in treatment recommendations. We aimed to produce estimates of treatment effect modification by comorbidity using individual participant data (IPD).

Methods

We obtained IPD for 126 industry-sponsored phase 3/4 trials across 23 index conditions. For each trial, we modelled the interaction between comorbidity and treatment arm adjusted for age and sex. We then meta-analysed the comorbidity-treatment interaction terms from each trial. We modelled comorbidity as: (i) the number of comorbidities, (ii) presence or absence of the six commonest comorbid diseases for each index condition, and (iii) using continuous markers of underlying conditions (e.g., estimated glomerular filtration rate). Treatment effects were modelled on the usual scale for the type of outcome (absolute scale for numerical outcomes, relative scale for binary outcomes).

Results

We found no evidence of modification of treatment efficacy by comorbidity. This was true for the 20 conditions for which the outcome variable was continuous (e.g., change in glycosylated haemoglobin in diabetes) and for three conditions in which the outcomes were discrete events (e.g., number of headaches in migraine).

Conclusions

The standard assumption in evidence syntheses is that efficacy is constant across subgroups, although this is often criticised. Our findings suggest that for modest levels of comorbidities, this assumption is reasonable. Thus trial efficacy findings can be combined with real-world data on natural history to assess the likely overall benefit of treatments in the context of comorbidity.

Tunisian experience in the harmonisation between guidelines and reports HTA

Mrs Hella Ouertatani Bessais¹, Dr Mohamed Ben Hamouda¹, Dr Adel Khelil¹, Pr Chokri Hamouda¹

¹National authority for assessment and accreditation in healthcare INEAS, TUNIS, TUNISIA

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Hella is a member of the implementing team of the national instance for assessment and accreditation in healthcare INEAS.

She is the coordinator in clinical practice guidelines projects and Head of clinical pathways unit at the healthcare quality and patient safety department.

Integrating the public Tunisian health system since 1998 as a clinical nutritionist in the national children hospital and then the national trauma center and burn.

Hella holds Master degree on healthcare management (cologne university), certificate on leadership and management in health (Washington university)

Hella has contributed significantly towards capacity building efforts on evidence-based approach in Tunisia.

Objective : Guidelines harmonisation is an important concept in the development and implementation of CPGs in various fields. INEAS has developed CPGs and HTA reports treating and assessing the cardiovascular risk (CVR)

Methods : Bibliographic search was carried out on the basis of CPGs on the management of hypertension, diabetes and HTA reports on the use of statins, literature searched are focused on assessing and reducing CVR of further cardiovascular events. We searched CPGs and HTA reports in different databases and agencies developing recommendations. An adaptation process has been started for all productions with the implication of different stakeholders from ministry of health, scientific associations, the national medical insurance.

Results : In Tunisia, despite the high burden of the CVD, no pharmaco-economic studies have been performed and Tunisian context is characterized by the lack of data. INEAS has chosen GLOBORISK score to assess the CVR, being the closest tool to Tunisian context.

This consensus on using this score in all national guidelines is important to avoid confusion and inconsistencies for healthcare professionals. The harmonization of CPG can decrease the burden on clinicians and patients by reducing the need to rely on multiple, conflicting guidelines identifying citizens at high risk CVD. The use of FRAMINGHAM and European SCORE in Tunisian population classified it at high CVR.

Discussion : The guides and HTA reports developed by INEAS by adopting globorisk must be implemented because a disparity in the use of the cardiovascular score could lead to difference in patient management

Tutorship program of Health Technology Assessment Centers for trustworthy Clinical Guideline development

PhD Cinara Stein¹, Phd Gilson Dorneles¹, PhD Cintia Pereira de Araujo¹, MSc Suená Parahiba¹, MSc Débora Dalmas Gräf¹, PhD Karlyse Claudino Belli¹, MSc Ávila Vidal², PhD Brígida Fernandes², MSc Clementina Corah Prado², PhD Cynthia Andrade², PhD Marta Maior², PhD Meline Kron^{2,3}, PhD Thais Melo², PhD Maicon Falavigna¹, PhD Verônica Colpani¹

¹Hospital Moinhos De Vento, Porto Alegre, Brazil, ²Secretaria de Ciência, Tecnologia, Inovação e Complexo da Saúde - SECTICS/Ministério da Saúde, Brasília, Brazil, ³Universidade Univeritas, Guarulhos, Brazil

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

I am a physiotherapist by training, currently working as a researcher for the Diretrizes project. The

Guidelines project develops guidelines for Brazilian Ministry of Health.

Background: Developing trustworthy guidelines requires methodological rigor to guarantee reproducibility and reliability. The mentoring program supported by the Brazilian Ministry of Health (MoH) aims to introduce standardized processes to develop clinical guidelines (CG) by Health Technology Assessment (HTA) centers.

Objective: To describe the outcomes of a tutorship program that aimed to support guideline development.

Methods: The planning and structure of tutorship followed the Brazilian MoH guidelines requirements based on GIN/IOM Standards. The tutorship conducted several meetings to guide process such as scope definition, evidence synthesis, and guideline recommendations.

Results: In the years 2021-2023, the tutorship program mentored 60 participants (mainly researchers and methodologists) from 10 unexperienced HTA centers to create or update 16 CG in the areas of psychiatry (2), neurology (4), oncology (3), hematology (2), nephrology (1), orthopedics and traumatology (1), endocrinology (1), infectious diseases (1), and gastroenterology (1). Twelve medical societies engaged in the guideline development processes. The guidelines had 86 PICO questions (median, 7; interquartile range [IQR], 3 - 8), focusing mainly on treatment questions (total, 80; median, 7; IQR, 3 - 8). The development phase of guidelines lasted a median of 317 days (IQR, 252 - 402) while the phases of MoH committee evaluation lasted a median of 63 days (IQR, 45 - 94). Nine health technology assessments were requested during the development phase, lasting a median of 238 days (IQR, 197 - 288).

Discussion: Tutorship program may improve trustworthy guidelines to make the process of developing recommendations more systematic, transparent, and comprehensible.

Updated information on Clinical Practice Guidelines: a transparency initiative of the Brazilian Unified Health System (SUS)

M.Sc. Nicole Freitas de Mello¹, Dr. Thais Piazza de Melo¹, Dr. Marta CL Souto Maior¹, Dr. Ávila Teixeira Vidal¹, Dr. Luciene Fontes Schluckebier Bonan¹

¹Ministry of Health of Brazil, Brasília, Brazil

W6C - Workshop: Updated information on Clinical Practice Guidelines: a transparency initiative of the Brazilian Unified Health System (SUS), Conference Room 4/5, September 22, 2023, 9:45 AM - 10:30 AM

Biography:

Technical collaborator at National Committee for Technology Incorporation (Conitec), which advises Brazilian Ministry of Health on issues related to health technologies assessment and Clinical Practice Guidelines development. PhD student in Collective Health at the University of Brasília (UNB) and Master's on Public Health Policies.

Background: The amount and speed of technological incorporations, as well as changes in normative aspects in the Brazilian Unified Health System (SUS), are leading to more frequent Clinical Practice Guidelines (CPG) updates. This fact can inconsistencies in the implementation of new recommendations by health managers and health professionals. To face this challenge, it was necessary to highlight differences between different versions of CPG and to improve traceability of the change of recommendations and to optimize the information transmitted to stakeholders.

Objective: To present the strategy developed to record the history changes in CPG information and the involvement of stakeholders in this process.

Methods: A template was developed based on data of health technologies incorporation, disincorporation or alteration, using an instructive document for standardized data filling. Then, the template was evaluated by the Brazilian Ministry of Health team and reformulated by consensus meetings of technical team. Then, the template was applied in a pilot CPG, chosen due to its high frequency of updates. Such selected CPG, including update information section, were submitted to evaluation by MS internal and external technical instances, in addition to being available for public consultation, hence involving the various stakeholders.

Future prospects: The contributions received from different interested parties will be gathered, analyzed and considered to potential adjustments to the initial template proposed, aspiring to improve implementation of new CPG recommendations.

Updating clinical guidances sustainably – lessons learnt from ACE Clinical Guidances (ACGs)

Dr Bhone Myint Kyaw¹, Dr Yih Ching, Ong¹, Ms Valentina Ricci¹

¹Evidence to Practice Office (ETPO), Agency for Care Effectiveness, Ministry of Health, Singapore, , Singapore

Poster Session 2, Conference Room 2, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Bhone is an expert in the field of evidence synthesis and guideline development. He is a medical doctor by training and obtained his post-doctoral training in evidence synthesis for six years prior to working as a guideline developer. He is currently developing the clinical guidelines on chronic disease management for healthcare professional in Singapore. His research interest are evidence synthesis, chronic disease management, guideline development and implementation. He has joined G-I-N 2021 Virtual Conference and this year, he plans to join physically in Glasgow to share his experiences as a guideline developer.

Background

Regular updating of clinical guidelines is becoming a pressing need for many organisations and can end up taking most of a team's time. In Singapore, ACGs are usually reviewed five years after publication, or earlier, if new significant evidence emerges. In an era of fast-evolving evidence, timely update of published ACGs needs to be balanced against the growing demand for new ones.

Objective

To optimise processes for updating ACGs at the 5-year mark or earlier, as needed.

Methods

To update ACGs efficiently without penalising the evidence-related work, we identified aspects of already published ACGs that could be leveraged. These surrounded three areas:

1. Guidance scope: focusing the evidence review on the same scope of the original ACG ensures up-to-date recommendations for care gaps identified previously.
2. Experts' involvement: consulting the same Expert Group (EG) that advised on the original ACG avoids the need to identify and appoint a new group, while ensuring continuity from the considerations assessed by the EG during the initial development of the ACG.
3. New evidence identification: for areas in which new evidence is expected, setting up regular systematic searches leads to early recording of new trials, therefore anticipating extent of changes required.

Capitalising on these areas has brought the turnaround time for updating ACGs to an average of just six months.

Future prospects for project presentations

Future prospects include exploring shorter development time if the update is conducted for single recommendations only.

Updating guidelines in the Clinical Practice Guidelines Programme in the Spanish National Health System

Patricia Gavín Benavent¹, Flavia Salcedo¹, Beatriz Casal-Acción², Yolanda Triñanes²

¹Aragon Health Sciences Institute (IACS), Zaragoza, Spain, ²Scientific and Technical Advice Unit, Avalia-t. Galician Agency for Health Knowledge Management (ACIS), ,

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Responsible for the Clinical Practice Guidelines Programme in the Spanish National Health System since 2017. She has also been involved in the methodological coordination of several clinical practice guidelines since 2011.

The Clinical Practice Guidelines Programme in the Spanish National Health System has adopted a continuous surveillance and updating strategy for keeping guidelines up-to-date.

Since 2021, each CPG includes a plan for updating, with the composition of the updating working group, the clinical questions prioritised for updating, and the sources of information to perform the searches, as well as the frequency for updating each clinical question.

A small group of the original guideline development group (five to six people covering technical and clinical expertise) is responsible for identifying and assessing the new evidence. The participation of the entire working group only occur when new evidence suggests the need for modification of a recommendation.

Per protocol, literature scans for new evidence are conducted 6-monthly. Literature search strategies utilise a restrictive approach that prioritise precision over sensitivity. Searches are completed by sending a questionnaire to the updating working group for identifying new potential aspects not included in the original version.

The next step consist of evaluating the impact of the new references on the recommendations in relation to the PICO question, quality of evidence, or direction and strength of the recommendations. The potential impact may be assessed qualitatively, by achieving consensus within the updating working group on the potential impact of the new evidence on the recommendations.

We present the first results of the continuous updating of the CPG about palliative care of the adult in the last days of life.

Updating the web-based "Right Review" tool: an international Delphi process

Dr. Melissa Sharp¹, Ms Michelle O' Neill, Dr Danielle Pollock, Ms Rosarie Lynch, Dr Krystol Amog, Dr Mairin Ryan, Prof Susan M Smith, Prof Kamal Mahtani, Prof Andrew Booth, Prof Christina Godfrey, Prof Zachary Munn, Dr Andrea Tricco, Dr Barbara Clyne¹

¹RCSI University of Medicine and Health Sciences, Dublin, Ireland

P4C - Tools & Techniques, Conference Room 2, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Melissa Sharp is an epidemiologist with expertise in meta-research and observational mixed-methods designs. She is a Senior Postdoctoral Fellow RCSI University of Medicine and Health Sciences in Ireland. Her work focuses on clinical guideline development, science communication, and evidence synthesis methods. She holds a joint doctorate in Epidemiology from the University of Paris and University of Split, as a part of the Methods in Research on Research (MiRoR) Project, a Masters in Public Health in Epidemiology from Columbia University Mailman School of Public Health, and a Bachelor of Science in Psychology from Michigan State University.

Background

A diverse range of evidence synthesis approaches exist. For researchers, guideline developers and those commissioning reviews, choosing the most appropriate method can be confusing. "Right Review" is a web-based decision support tool guiding users through a series of questions to recommend suitable evidence synthesis methods. Currently, the tool separates quantitative reviews and qualitative evidence synthesis. <https://rightreview.knowledgetranslation.net/>

Objective

To update the Right Review tool, establishing a common set of questions for the synthesis of both quantitative and qualitative studies.

Methods

A two-round modified online international Delphi was conducted (2021) with researchers, health care providers, patients and decision makers. Participants rated the importance/clarity of the tool's guiding questions, evidence synthesis type definitions and tool output. Consensus was defined as at least 70% agreement. Any items not reaching consensus after round 2 were discussed by the international project steering committee (PSC).

Results

Twenty-four experts from nine countries completed Round 1, and 12 Round 2. Of 46 items presented in Round 1, 21 reached consensus. Twenty-seven items were presented in Round 2, with eight reaching consensus. The PSC discussed items not reaching consensus, including eight tool guiding questions, 9 review definitions (predominantly related to qualitative) and two tool output items. Three items were removed entirely and the remaining 16 revised and edited and/or combined with existing items.

Discussion for scientific abstracts

Given considerable uncertainty around review types and definitions, the Delphi technique was a valuable approach in the development of this free tool to support reviewers in choosing an appropriate evidence synthesis method.

Uptake of intravitreal injections for retinal diseases among out of pocket, fully subsidised and insured patients: considerations for treatment guidelines based on real world data from India

Dr. Raja Narayanan^{1,2}, Anthony Vipin Das^{1,2}, Hugh McGuire³

¹LV Prasad Eye Institute, Hyderabad, Indian, ²IHOPE, Hyderabad, India, ³NICE International, London, England

P3C - Prioritising to meet needs, Conference Room 2, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

I am clinician ophthalmologist, and I have deep interest in helping formulate guidelines for treatments of eye disorders in India. As principal investigator of the Indian Health Outcomes, Public Health and Economics (IHOPE) research centre, I work in close collaboration with the NICE International of UK, National Health Authority of India (NHA), All India Ophthalmologists Society (AIOS) and many other stake holders including patient support groups and private insurance. We have an ongoing collaboration with NICE International for developing guidelines in India. I have done a certificate course in Health Economics and Outcomes Research from Thomas Jefferson University at Philadelphia.

Background: The Indian Health Outcomes, Public Health and Economics (IHOPE) research centre was established in 2020. It aims to work in collaboration with NICE International, to establish treatment guidelines in the field of ophthalmology in India. IHOPE will use this study data during formulation of treatment guidelines for intravitreal injections (IVI).

Objective: To analyze the uptake of IVI for retinal diseases in self-paying, insured and non-paying (fully subsidised) patients.

Methods: This was a cross-sectional hospital-based real-world study, in a multi-tier ophthalmology hospital network. Treatment protocols were similar in all the 3 groups. Conversion rate defined as the proportion of patients receiving the injection following advice was the main outcome measure. Visual outcome was a secondary outcome measure.

Results: Overall, 50,408 IVI cases were included for analysis. The overall conversion rate after the first advice was 51.37%, which increased to approximately 80% in the subsequent visits. The insured patients, self-pay and fully subsidised patients had 100%, 46.71% and 62.51% conversion at the first advice. The most common injection to be advised was bevacizumab (83.63%), which is the least expensive among various injections, and the conversion rate for bevacizumab was 52.32% in the first advice. The insured segment of patients had a better visual outcome compared with other segments.

Conclusion: Payer characteristics may affect patient adherence to treatment guidelines. Treatment guidelines should incorporate additional counseling and implementation support for patients to improve patient compliance.

Use of systemic antibiotics in prophylaxis of infective endocarditis in the context of dental procedures: an update

Dr Alba Ruiz-Ramos¹, Trinidad Sabalet-Moya¹, Dr. Beatriz Carmona-Hidalgo¹, María Piedad Rosario-Lozano¹, Rocío Fernández-Urrusuno², Juan Antonio Blasco-Amaro¹

¹Health Technology Assessment Area-AETSA; Andalusian Public Foundation Progress and Health-FPS, Sevilla, Spain, ²General Directorate of Public Health and Pharmaceutical Regulation, Ministry of Health and Consumption, Junta de Andalucía, Sevilla, Spain

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Alba obtained her PhD in molecular biology in 2016. She has been working as a researcher in different laboratories for nearly 15 years, mainly focused on oncology and structural biology. Since the beginning of 2023, she has been working at AESTA as a methodological researcher focused on updating the Spanish National Antimicrobial Therapeutic Guide.

Background:

Infective endocarditis (IE) is a rare but serious disease, with a mortality rate in the first year of around 30%. Nowadays, the evidence supporting the use of antibiotics to prevent IE is based on heterogeneous studies and of low methodological quality. Since this recommendation is currently controversial, updating the evidence about this question is deemed crucial.

Objective:

To describe the methodology used to update the current recommendations on the use of antibiotics in IE prophylaxis in the context of dental procedures, in the framework of the National Antimicrobial Therapeutic Guide published in 2018.

Methods:

The research question was framed in PICO format, a comprehensive search strategy was developed, reviewed the results, and assessed the quality of the selected studies. Subsequently, an EtD framework using the GRADE-ADOLOPMENT methodology was created and the current recommendations were presented.

Results:

A CPG (KCE REPORT 332) published by the Belgian Health Care Knowledge Centre-KCE was identified as key reference. The GDG considered it to adopt its recommendation on IE prophylaxis. Four additional systematic reviews were also considered to complete EtD framework's background information. According to the new retrieved evidence, the specific recommendation for patients at high risk of IE was updated.

Discussion:

There is currently no consensus about the recommendations for IE prophylaxis among the medical scientific societies. This illustrates the complexity in the management of this condition. Determining the baseline risk of patients and deciding whether they should receive antibiotic prophylaxis or not are the main points of contention.

User-testing of a decision support tool for multiple treatment options with NMA data to facilitate guideline development: A qualitative study

Birk Stokke Hunskaar^{1,3}, Dr. Per Olav Løvsletten^{1,2}, Dr. Thomas Agoritsas^{1,4}, Dr. Anja Fog Heen^{1,2}, Frankie Achille¹, Dr. Per Olav Vandvik^{1,2}

¹Magic Evidence Ecosystem Foundation, Oslo, Norway, ²Department of Medicine, Lovisenberg Diaconal Hospital, Oslo, Norway, ³Institute of Health and Society, Faculty of Medicine, University of Oslo, Oslo, Norway, ⁴Department of Medicine, University Hospitals of Geneva, Geneva, Switzerland

P2C - Automation across the process, Conference Room 2, September 20, 2023, 2:30 PM - 4:00 PM

Background:

While network meta-analysis (NMA) presents unprecedented opportunities for comparative effectiveness research, data output from NMAs is often overwhelming, even for researchers. Little is known on how to best present NMA data to guideline panelists.

Objectives:

To employ and user test the MATCH-IT tool – an interactive Summary of Findings table (iSoF) presenting data from NMA for multiple interventions – in guideline panels to further answer their information needs and facilitate guideline development.

Methods:

We performed user testing sessions with semi-structured interviews of panel members in preparation for or after panel meetings in 4 different guideline panels. We also observed the use of the MATCH-IT tool during panel meetings. Interviews and meetings were transcribed, coded and analyzed using directed content analysis to capture the user experience and use of the tool. The analysis informed iterative developments of the tool.

Results:

User-testing of 15 panel members (3 chairs, 9 clinical experts, 3 patient partners) and 3 observed panel meetings resulted in 4 iterations of the tool including both new features and refinements from the initial prototype. Key improvements included adding color coding as well as new data elements such as 95 % confidence intervals. In the final two rounds of development, chairs and participating panelists expressed that the tool contributed significantly to facilitating the meeting.

Conclusions:

This study suggests that iSoFs, in this case the MATCH-IT tool, can facilitate guideline development by making data from NMA in systematic reviews easier to understand and navigate.

Using a co-designed knowledge mobilization approach to increase the awareness, use and engagement of a digital map of COVID-19 recommendations

Ms. Ashley Motilall¹, Dr. Tamara Lotfi^{1,2}, Dr. Margaret Gassanov³, Dr. Holger Schünemann^{1,2}, Yuan Chi⁴, Dr. Tamara Kredon⁵, Dr. Natasha Gloeck⁵, Penka Marthe⁶, Dr. Patrick Okwen⁶, Dr. Sarah Elliott⁷, Samantha Cyrkot⁷, Dr. Kevin Pottie⁸, Shahab Sayfi¹, David Allnutt¹, Dr. Thomas Piggott⁹, Margret Lo¹, Dr. Vivian Welch¹⁰, Andrea Martel¹¹, Dr. Sarah Funnell¹², Nicole Lee¹³, Céline Wick¹³, Dr. Jozef Suvada¹⁴, eCOVID-19 RecMap Collaborators

¹Cochrane Canada, McMaster University, Hamilton, Canada, ²WHO Collaborating Centre for Infectious Diseases, Research Methods and Recommendations, MacGRADE, Hamilton, Canada, ³Spark, Hamilton, Canada, ⁴Yealth Network, Beijing Yealth Technology Co., Ltd, , China, ⁵Cochrane South Africa, South African GRADE Network, South African Medical Research Council, , South Africa, ⁶eBASE Africa, , Cameroon, ⁷Alberta Research Centre for Health Evidence, Department of Pediatrics, Faculty of Medicine and Dentistry, University of Alberta; Cochrane Child Health, Department of Pediatrics, , Canada, ⁸Cochrane Equity Methods, GRADE Working Group, University of Ottawa, , Canada, ⁹Department of Health Research Methods, Evidence and Impact, McMaster University; Department of Family Medicine, Queens University, Kingston, ON; Peterborough Public Health, Ontario, Canada, ¹⁰Cochrane Equity Methods, Bruyère Research Institute & University of Ottawa, Ottawa, Canada, ¹¹Dalla Lana School of Public Health, University of Toronto, , Canada, ¹²Centre for Indigenous Research and Evaluation, University of Ottawa, , Canada, ¹³Lakehead University, Department of Health Sciences, , Canada, ¹⁴National EBM/EBPH Platform and St. Elizabeth University of Public Health and Social Work and WHO Executive Board, , Slovakia, ¹⁵International Institutions, ,

P6D - Collaboration & Stakeholders, Conference Room 3, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

Ashley Motilall is a Knowledge Mobilization Coordinator at Cochrane Canada leading the knowledge mobilization component of the eCOVID19 Recommendations Map. As an MPH graduate from McMaster University, her public health interests lie in the epidemiology of infectious diseases, knowledge translation and health communication. Ashley hopes to dedicate her career to bridging the gap between health evidence and informed decision-making in clinical and public health practice. Apart from research, she enjoys playing the piano, hiking, and taking her golden retriever on long walks.

Background: The eCOVID-19 Recommendations Map & Gateway to Contextualization (RecMap) is an online tool containing 7500 COVID-19 recommendations, created through collaboration with over 40 organizations worldwide. Our knowledge mobilization (KM) project is currently supported by the Canadian Institute of Health Research (CIHR) to enhance the reach of the RecMap by engaging with ten different groups of knowledge users.

Objectives: The project aims to increase the awareness, use, and engagement of the RecMap using a co-designed KM strategy.

Methods: A committee of stakeholder representatives, staff, and investigators was established to plan the RecMap KM project. The committee meetings allow members to provide input on

decisions and offer a space for open innovation. Our target audience focuses on RecMap beneficiaries and intermediaries across Canada (community leaders working with migrants and refugees, policymakers, media, public health professionals, and Indigenous Peoples) and globally (non-digital public in Cameroon, parents, professionals working with marginalized communities in Slovakia, Cochrane members in Africa, and guideline developers in China).

Future Prospects: A framework, informed by a systematic review of co-design approaches, was developed by our committee and guides the KM plan for engaging each target audience. The framework contains an aim, principles, activities, and outcomes. Our team is currently conducting activities such as webinars, storytelling, media press releases, interviews, and workshops. We anticipate the RecMap user base to grow and identify barriers and facilitators to drive improvements. Ultimately, our results will inform future disease-specific recommendation maps that are tailored to the needs of potential users.

Using a scoping review and stakeholder consultation approach to inform guideline topic prioritization: Canadian Guidelines on Post-Covid-19 Condition

Dr. Wojtek Wiercioch^{1,2}, Dina Khalifa^{1,2}, Karla Solo^{1,2}, Tejan Baldeh^{1,2}, Charifa Zemouri^{1,2}, Macy Zaatar^{1,2}, Yetiani Roldan^{1,2}, Samer Karam^{1,2}, Marisa Deodat^{1,2}, Luis Colunga Lozano^{1,2}, Binu Philip^{1,2}, Robby Nieuwlaat^{1,2}, Nancy Santesso^{1,2}, Jan Brozek^{1,2,3}, Jordi Pardo Pardo⁴, Holger Schünemann^{1,2,3}

¹Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ²Michael G. DeGroote Cochrane Canada & McMaster GRADE Centres, McMaster University, Hamilton, Canada, ³Department of Medicine, McMaster University, Hamilton, Canada, ⁴Ottawa Hospital Research Institute, University of Ottawa, Ottawa, Canada

P3A - The many reasons why prioritisation matters, Main Auditorium, September 21, 2023, 10:00 AM - 11:00 AM

Biography:

Wojtek Wiercioch is a research and guideline methodologist at the McMaster GRADE Centre in the Department of Health Research Methods, Evidence, and Impact at McMaster University, Hamilton, Canada. His research focus is in evidence synthesis, guideline development methodology, and the guideline development process.

Background: For development of six Canadian Guidelines on Post-COVID-19 Condition, led by the McMaster University GRADE Centre and Cochrane Canada, with support of the Public Health Agency of Canada, guideline topic selection is a critical step to ensure needs of target audiences are met.

Objective: To apply a rigorous and efficient approach for topic prioritization, informed by findings from research literature and broad stakeholder engagement.

Methods: We performed a scoping review by searching in the Epistemonikos, Cochrane Library, WHO COVID-19, and COVID-END databases for published scoping reviews and systematic reviews reporting on post-COVID-19 condition (PCC) definitions, symptoms, affected populations, interventions, and health outcomes. We additionally abstracted this information from published guidelines on PCC included in the eCOVID19 RecMap. We then conducted stakeholder input exercises with people with lived PCC experience, healthcare providers, researchers, and public health experts at a two-day online project kick-off meeting.

Results: We identified 294 citations in the research databases, and included for abstraction 24 scoping reviews and 37 systematic reviews on PCC symptoms and prevalence, as well as 34 published guidelines on PCC. The results were used to initiate discussions with approximately 90 stakeholders for input about PCC definitions, priority populations including equity-deserving groups, and most prevalent health conditions and symptoms, to refine lists of potential guideline topics. A prioritization survey will be conducted with the key stakeholders to select the final guideline topics.

Discussion: Performing a scoping review of research literature, stakeholder input exercises, and incorporating survey approaches can help facilitate efficient guideline topic prioritization.

Using existing guidelines in the updating process: the case of the Spanish CPG on Stroke in Primary Care

Nora Ibarгойen Roteta¹, Lorea Galnares-Cordero¹, Juan Carlos Bayón-Yusta¹, Carmen Aleix-Ferrer², Head of the Neurology Service, Neurologist, La Paz University Hospital, Madrid, Spain Blanca Eulalia Fuentes-Gimeno³, Javier Gracia-San Román⁴, María Isabel Egocheaga-Cabello⁵, Juan Carlos Obaya-Rebollar⁵, Raquel medica de familia y psicoterapeuta en Clínica Universidad de Navarra, Madrid. Ramírez-Parrondo⁶, Gaizka Benguria-Arrate¹

¹Osteba/BIOEF, Barakaldo, España, ²Spanish Federation of Stroke (FEI), Madrid, Spain, ³Neurology Service, La Paz University Hospital, Madrid, Spain, ⁴Chief Medical Officer-Innovation, Cooperation Models, Underwriting and Claims at Munich Re (Group). Southern Europe & LATAM., Munich, Germany, ⁵Madrid Health Care Service, Madrid, Spain, Madrid, Spain, ⁶University Clinic of Navarre (CUN), Madrid, Spain

P1B - Tools for adaption, Conference Room 1, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

PhD in Health Sciences, and a long experience in the field of HTA. I have worked in different areas related to HTA, but in the last years, I have been focused on the development of CPGs for the Spanish Ministry of Health, among other projects.

Background

Many organizations develop clinical practice guidelines (CPGs), and it is common to find more than one CPG around the same topic. In Spain, the Ministry of Health decides which CPGs need to be developed or updated. When there is a mandate to develop or update a national CPG, all the efforts made by other organizations should be taken into account.

Objective

To describe the process to update the Spanish CPG on the Stroke management in Primary Care.

Methods

A prioritisation process was implemented to decide the PICO questions to be updated using the following criteria: existing new evidence, controversy and clinical relevance.

A pragmatic approach of GRADE-Adolopment methodology was used. Existing CPGs on stroke management were searched, and content analysis and methodological quality assessment was made. Good quality CPGs answering to specific PICO questions were used to identify existing evidence. If the CPGs used the GRADE approach, the adoption or adaptation of the synthesis and quality assessment of the evidence was evaluated.

Results

9 initial PICO questions were prioritized. Already existing CPGs were found in all cases. CPGs using GRADE methodology were available in many cases. The discussion about the reasons of formulating specific recommendations was also helpufl for the discussions of our Clinical Expert Group to establish the clinical recommendations.

Discussion

This process reduced the number of systematic reviews needed to be made from the beginning and facilitated the discussion about formulating recommendations. The existence of CPGs with good methodology could greatly facilitate this approximation.

Using gamification to enhance evidence-based practice skills and attitudes: development and pilot of an EBP escape room

Laura Verbeyst¹, Erika Vanhauwaert¹, Ellen Westhof¹

¹Centre Of Expertise Health Innovation (UCLL), Leuven, Belgium

P4D - Technology & Impact, Conference Room 3, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Laura Verbeyst studied Nutrition and Dietetics at UCLL and obtained a Master of Science in Health Promotion at UGent. Since 2017, she works as a researcher at the Centre of Expertise Health Innovation and teaches in the Nutrition and Dietetics programme (UCLL). Her research focuses on EBP and health promotion. In the context of EBP, her experience includes the contextualisation, development and implementation of guidelines. She also supports (future) health professionals to promote the adoption of EBP, through working papers, e-learning, trainings and an escape room. She is a member of the Evidence-based committee of the professional association of dietitians.

Background: Evidence-based practice (EBP) is essential to deliver high-quality care to patients. Unfortunately, (future) health professionals perceive EBP as difficult and time-consuming and have a negative attitude towards it, making engagement in EBP challenging. An escape room as a gamification strategy can motivate and engage health professionals to improve EBP related attitudes and skills. It encourages active learning, critical thinking and problem solving. In addition, it requires participants to work together to solve challenges and puzzles, promoting teamwork and collaboration.

Objective: Developing and piloting an escape room to enhance skills and attitudes on EBP.

Methods: A portable educational escape room containing the EBP essentials was developed. A pilot test assessed the flow and explored the potential impact of the escape room. Twenty-nine (multidisciplinary) teams of (future) health professionals, EBP experts and escape room experts (N=143) were observed while solving the escape room. Subsequently, participants engaged in a group discussion and completed a questionnaire about their experience with the escape room.

Results: All the participants of the pilot test agreed that the escape room was both an enjoyable and effective approach to learning about the application of EBP in a clinical setting. The flow was well-designed. Nevertheless, participants struggled to escape within the given time frame.

Discussion: The EBP escape room is an innovative and engaging way to stimulate EBP in team. The escape room features a Parkinson's disease case study that can be adjusted to suit diverse contexts. A next step is an impact evaluation.

Using the GRADE-Adolopment Framework in Developing National Guideline Recommendations for Preventive Health Screening: The Philippine Experience

Dr. Ian Theodore Cabaluna¹, Ms. Ma. Vanessa Sulit¹, Dr. Leonila Dans^{1,2}, Dr. Alejandria Marissa^{1,2}, Dr. Antonio Dans¹, Dr. Katelyn Edelwina Legaspi¹

¹Institute of Clinical Epidemiology, National Institutes of Health, University of the Philippines, Manila, Philippines, ²College of Medicine, University of the Philippines, Manila, Philippines

P1B - Tools for adaption, Conference Room 1, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Dr. Ian Theodore Cabaluna is a pharmacist, general physician and clinical epidemiologist. He finished all his degree from the University of the Philippines and currently is a research assistant professor in the Institute of Clinical Epidemiology-National Institutes of Health, University of the Philippines-College of Medicine, and National Clinical Trials and Translations Center-National Institutes of Health. He has been engaged in various health researches and programs including qualitative and quantitative researches, national guideline development, and evidence synthesis.

Background: Preventive health screening is an important strategy in improving health outcomes of the general population and sustaining universal healthcare initiatives. Due to the large resource requirement, we used the GRADE Adolopment framework to synthesize the evidence and develop recommendations.

Objective: Our objectives were to describe the development, and feasibility of a national preventive screening practice guideline using the GRADE-Adolopment process and to discuss the methodological process, contextual differences from the source guidelines and the resulting changes to the final recommendations.

Methods: A multi-disciplinary team was convened. We used the GRADE-Adolopment and Evidence-to-decision (ETD) framework in synthesizing the evidence and developing the recommendations. Evidence from the World Health Organization, United States Prevention Task Force, Canadian Task Force on Preventive Healthcare, and the National Institute for Health and Care Excellence were used. Values and preferences of the guideline developers were incorporated through the ETD framework.

Result: In six months, we developed 16 evidence summaries and developed 23 recommendations for 16 prioritized conditions. Thirteen recommendations were adopted. Four recommendations were modified to address contextual differences. Six recommendations were developed de novo due to either lack of evidence or differences in values and preferences.

Discussion: The GRADE-Adolopment framework was a feasible and efficient framework in adopting guidelines on preventive screening. The ETD framework improved the transparency and highlighted areas to consider in making recommendations for the Philippine context. Challenges encountered were insufficiency of local evidence, and the lack of experience and skills in interpreting and analyzing the evidence especially on screening strategies.

Utilization of real-world data to identify recommendation gaps in clinical guidelines: a feasibility study based on the German Stroke Registry and current (inter)national acute ischemic stroke guidelines (FILL-THE-GAP study)

Sandrine Müller¹, Dr. Max Westphal¹, Dr. med. univ. Susanne Diekmann¹, Dr. -Ing. Markus Wenzel¹, Joshua Mbroh², Dr. med. Johannes Tünnerhof², Prof. Dr. Vanessa Didelez⁴, Maria Geers⁴, Prof. Dr. Werner Brannath⁵, Eike Voß⁵, Prof. Dr.-Ing. Horst K. Hahn^{1,6}, PD Dr. med. Sven Poli^{2,3}

¹Fraunhofer MEVIS - Institute for Digital Medicine, , Germany, ²Department of Neurology with a focus on Neurovascular Diseases, University of Tübingen, , Germany, ³Hertie Institute for Clinical Brain Research (HIH), University of Tübingen, , Germany, ⁴Leibniz Institute for Prevention und Epidemiology - BIPS, , Germany, ⁵University of Bremen, Applied Statistics and Biometry, , Germany, ⁶University of Bremen, Department of Mathematics and Computer Science, , Germany

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Sandrine Müller is a doctoral researcher at Fraunhofer MEVIS - Institute for Digital Medicine in Bremen, Germany. She has a bachelor's degree in Medical Informatics and a master's degree in Computer Science from the University of Applied Sciences Brandenburg, Germany. She is interested in developing solutions to facilitate and accelerate evidence derivation and guideline development/update. Her current research focus is on software development for computer-interpretable guidelines and data analysis.

Background

Research gaps (RGs) are areas or topics in which insufficient evidence prevents drawing a conclusion for a given question. RGs in guidelines are one of the extrinsic factors hampering their effective implementation in clinical practice. Identifying RGs plays a significant role in health care, as it relates to the level of adherence by clinicians and provides a basis for hypothesis generation towards improved patient care.

Objectives

To systematically identify RGs in (inter)national Acute Ischemic Stroke (AIS) guidelines and assess the adherence rate of German clinicians to these guidelines.

Method

The German Stroke Registry (GSR) provides treatment information for approximately 13000 patients affected by AIS. We are developing Computer-Interpretable Guidelines (CIGs) based on the official and current German, European Stroke Organisation (ESO), Australian Stroke Foundation, and American Stroke Association (ASA) AIS guidelines. We will use the GSR data coupled with our developed CIGs to identify gaps in AIS guidelines. A by-product of this analysis is the assessment of the adherence rate of German clinicians to AIS guidelines. Technically, we will query the CIGs using GSR data to obtain recommendations for the respective patients. The resulting proposed recommendations will be compared to the actual implemented treatments/therapies as registered in the GSR using appropriate statistical methods. As a result, treatment deviations (e.g., treatment options not covered by the guidelines) can be detected and

further investigated by clinicians for relevance and accuracy. Detected deviations serve as a basis for formulating hypotheses on RGs in AIS guidelines.

Results

Ongoing.

Discussion

Ongoing

Value Stream Mapping for Living Guideline Development and Dissemination

Jonathan Heald^{1,2}, Director, Practice Guidelines Operations Genet Demisashi¹, Senior Guideline Specialist Jennifer Loveless¹, Guideline Specialist Dipleen Kaur¹, Guideline Specialist Sarah Pahlke¹, Program Coordinator Hanah Rhem¹, Program Coordinator Amani Amponsah¹

¹Infectious Diseases Society Of America, Arlington, USA, ²agileguidelines.org, ,

P4D - Technology & Impact, Conference Room 3, September 21, 2023, 11:30 AM - 1:00 PM

Biography:

Jonathan Heald is the Senior Director of Clinical Policy at the Infectious Diseases Society of America where he oversees the guideline development program. In this role, he oversees a team of seven staff, multiple consultants and contractors, and a portfolio of 3,600 recommendations. He is also the creator of agileguidelines.org, where he blogs about improving the systems and structures of guideline developing organizations by adapting tools, practices, and frameworks from other industries.

Background: Living guidelines embody a digital transformation in guideline development, concentrating on individual recommendations and online dissemination to release content more rapidly. To effectively scale living guidelines, many organizations must adjust their current systems and structures. For example, facilitating a PICO-centric model of development rather than a guideline-centric model allows for more efficiency without sacrificing quality. This workshop aims to equip participants with the skills to create a visual "map" of activities involved in these processes and employ it to enhance workflow efficiencies to scale living guidelines.

Objective: Instruct participants in developing and utilizing a visual "map" of guideline development processes to improve workflow efficiencies.

Format: This interactive workshop introduces participants to the Lean methodology tool "Value Stream Mapping," a well-established business tool applicable to healthcare settings. Attendees will explore its application in living guideline development, learning to optimize workflow and identify opportunities for measuring workflow improvements.

Through hands-on and collaborative exercises, participants will use hypothetical guideline development scenarios to generate maps of their "current state" processes. Groups will present their findings and receive feedback on their maps. Leveraging this collective learning experience, groups will devise "future state" maps aimed at improving work processes, minimizing disruptions to workflow, and pinpointing key performance indicators to gauge the success of their proposed enhancements.

By the workshop's conclusion, attendees will gain practical experience in the application of Value Stream Mapping, enabling them to optimize their organization's systems and structures for more efficient and effective living guideline development and dissemination.

Length: 90 minutes

Values and preferences regarding breast cancer screening and diagnostic outcomes: A systematic review update

Mrs Ena Niño de Guzman¹, Mrs Anna Selva^{7,8}, Mrs Rosanne Beijers⁵, Mrs Paquita Díaz Sánchez⁶, Mr David Rigau², Mrs Camila Montesinos⁴, Mr Pablo Alonso-Coello.^{2,3}

¹Cancer Prevention and Control Programme, Catalan Institute of Oncology, IDIBELL, Barcelona, Spain, ²Iberoamerican Cochrane Centre - Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, ³Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), Madrid, Spain, ⁴Centro de Investigación en Salud Pública y Epidemiología Clínica (CISPEC), Facultad de Ciencias de la Salud Eugenio Espejo, Universidad UTE, Quito, Ecuador,

⁵Department of Respiratory Medicine, NUTRIM School of Nutrition and Translational Research in Metabolism, Maastricht University Medical Centre, Maastricht, The Netherlands, ⁶Universidad Nacional Mayor de San Marcos, Facultad de Medicina, Lima, Peru, ⁷Corporació Sanitària Parc Taulí, Sabadell, Spain, ⁸Universitat Autònoma Barcelona, Barcelona, Spain

P5C - How to involve your stakeholders depends on who they are, Conference Room 2, September 21, 2023, 3:30 PM - 5:00 PM

Biography:

Ena Niño de Guzman holds a Preventive Medicine and Public Health medical specialisation degree. She has experience developing systematic reviews, in the context of clinical guidelines, with a special interest in values and preferences, cancer screening and chronic diseases.

Background: Breast cancer (BC) is the most commonly diagnosed cancer in women, and it is the leading cause of female cancer mortality worldwide. Decision-making in BC screening requires including women's perspectives on outcomes' importance.

Objective: To assess women's perspective on outcomes of BC screening and diagnosis, including false positives, overdiagnosis, the burden of screening, and anxiety.

Methods: Update of a systematic review from 2018. We searched in MEDLINE, PsycINFO and CINAHL for quantitative and qualitative studies exploring values and preferences on BC screening outcomes of women with average BC risk. Pairs of reviewers selected studies and assessed their quality by applying GRADE and CASP tools. We applied narrative synthesis and evaluated the certainty of evidence with GRADE.

Results: We identified 29 additional studies, representing a total of 48 studies and 22,841 women. Most women were willing to accept false-positive results, an expected consequence of BC screening that would not deter them from future screening (high certainty). Women who understood overdiagnosis were willing to accept it to some extent (high certainty). Most women reported feeling more relief and confidence when choosing diagnostic procedures with a better chance of finding cancer, disregarding its invasiveness (moderate certainty). Most women described being anxious when attending mammography screening or follow-up and considered BC screening as burdensome (moderate certainty).

Discussion: Despite most women found mammography screening burdensome, most were willing to accept the risk of false positives, overdiagnosis and inconveniences. Our findings can inform the development of BC screening strategies.

Various strategies to enhance collaboration in guideline development

M.a. Corinna Schaefer¹, Mrs Sabine Schueler¹

¹Agency For Quality In Medicine, Berlin, Germany

W2A - Workshop: Various strategies to enhance collaboration in guideline development,
Conference Room 6/7, September 20, 2023, 2:30 PM - 3:15 PM

Biography:

Trained in human sciences, CS is the deputy director of the German Agency for Quality in Medicine (AQuMed) and head of the departments for guidelines/evidence-based medicine and patient information/ patient involvement. She is responsible for the coordination of the German National Disease Management Guidelines Program (NDMGP). From 2010 – 2019, she served as chair for the the G-I-N PUBLIC working group. She is Chair of the German Health Literacy Network and member of the guideline commission of the German Association of Scientific Medical Societies.

Background

Collaboration in the development and maintenance of evidence-based recommendations helps to avoid duplication of effort and use resources effectively. It enables designing and harmonizing guideline processes more effectively and improving the usability of evidence syntheses for clinical practice.

Objective

To highlight and discuss strategies to optimize collaboration in guideline development using existing structures and partners.

Format:

We discuss how existing structures can be used and how new partners for collaboration can be identified in guideline development. Experiences from the National Disease Management Guideline (NDMG) on COPD illustrate different strategies of collaboration and their relevance. On this basis, the following scenarios will be evaluated in the workshop:

- How can different guideline groups collaborate to avoid duplication of efforts and to harmonize guideline content?
- How can collaboration with HTA or systematic review groups that already work on relevant key questions look like and how useful is it?
- What structures are necessary for such collaboration to succeed?

The examples from the NDMG COPD are highlighted in a short presentation: Was collaboration beneficial in terms of resources and efforts? What was the impact on guideline work? Which barriers were identified and where is there a need for optimization?

In a structured and moderated discussion, the participants share their own experiences of collaboration, critically comment on the examples presented and examine their potential with regard to sustainability and resources. They discuss which factors are enablers for collaboration and what can be done to enhance collaboration nationally and internationally.

Length:

90 mins

What's next for SIGN at 30?

Miss Catriona Vernal¹, Dr Roberta James¹, Professor Angela Timoney¹

¹Scottish Intercollegiate Guidelines Network (SIGN), Edinburgh, UK

Poster Session 1, Conference Room 1, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Catriona Vernal is a Programme Manager in SIGN, facilitating the guideline development process. Trained as a medical editor, she joined the NHS after 10 years in publishing, during which she led on a wide range of publications for eminent medical publishers and many high-profile government organisations, including several European Union agencies.

Background

SIGN was the UK's first guideline group and one of the first in the world. It has published over 165 guidelines and celebrates 30 years in 2023.

Objective

To use learning from the past 30 years to inform future development.

Methods

Review of achievements and consideration of future priorities through two facilitated workshops.

Results

We have created a trusted gold-standard reputation for quality and excellence in guideline development by collaborating across many levels. We have achieved this through a non-hierarchical approach while balancing the human and technical side.

No room for complacency

Tightening purse strings and competing calls on clinicians' time are barriers to success. We must keep guidelines relevant and high on the agenda.

Prioritise and focus

Guidelines must be up to date to remain relevant. SIGN has committed to producing 35 guidelines in the next 5 years to reach more clinicians and patients. Prioritisation to align with healthcare system needs will maximise impact.

Develop guidelines more quickly

SIGN is considering a variety of methods to speed up the process of guideline development, including more collaboration and changes to methodology, such as adolopment.

Present guidelines differently

An immediate focus for SIGN is to improve its website accessibility to optimise engagement, and consider how to present our guidelines on different platforms.

Discussion

SIGN can add most value through meaningful collaborations and introducing new ways of working while clearly communicating our purpose and successes. We will lead and innovate to create accessible recommendations that impact on care in Scotland.

Wheelchair skills test: systematic review

Dr JinA Mo¹

¹National Evidence-based Healthcare Collaborating Agency, SEOUL, Korea

Poster Session 5, Conference Room 6/7, September 21, 2023, 1:00 PM - 2:00 PM

Biography:

Dr.Mo received her PhD degree from Inha University. She has extensive knowledge of acute care nursing, as she has been a manager of two medicine inpatient wards, and has worked as a registered nurse on both a coronary care unit, and an operating room. She is currently working in National Health National Evidence-based Healthcare Collaborating Agency(NECA), as an independent research institution for health technology assessment. Dr.Mo has published over 50articles, 30edited books, and presented many research at National and International Conferences. She 13years of experience regarding Health Technology Assessment and systematic review as a full-time researcher at the NECA.

The objective of this assessment is to determine the safety and effectiveness of the test.

This test is not mentioned in medical textbooks and guidelines, and there is no wheelchair skill assessment tool currently used in clinical practice, the assessment was performed via a systematic review. Effectiveness was assessed based on reliability, validity, and validity of Korean translation. A literature search was conducted in five Korean databases, Ovid-MEDLINE, Ovid-EMBASE, Cochrane Library, and COSMIN database, was performed independently by the subcommittee and two assessors. The quality of each study was assessed using the SIGN, and the assessment results were described based on the quality appraisal results and level of evidence.

The effectiveness of the test was to be assessed based on reliability, validity, and translation validity without limiting the version of the intervention test, but none of the studies used a Korean version of the scale and analyzed translation validity.

Given that the test is performed using a self-report questionnaire, the subcommittee determined that the test has an acceptable reliability and validity. However, because the observer-rated WST, which was used as the comparator in most studies, is the original test from which the WST-Qwas derived, these results are expected. Since WST is currently not mentioned in textbooks or guidelines and their reliability and validity have not been discussed, the subcommittee stated that the interpretation of the results is limited, and the reliability and validity reported in the studies cannot be generalized, as some of the included studies report low capacity scores.

Which Checklists assess MEthodological limitations of EConomic Analyses in Health?

Laura de la Torre-Pérez^{1,2}, Ghislaine van Mastrig³, Marilina Santero^{1,2}, Melissa Heifez¹, Samanta Diaz Menai⁴, Sofia Gregorio⁴, Christine Giesen⁵, Camila Quirland Lazo^{1,2,6}, Ivan Solá^{1,2}, Carlos Canelo¹, Rebecca L. Morgan^{7,8}, Pablo Alonso-Coello^{1,9}

¹Department of Clinical Epidemiology and Public Health, Iberoamerican Cochrane Centre, Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, ²Autonomous University of Barcelona, Barcelona, Spain, ³CAPHRI, Research School for Public Health and Primary Care, Department of Health Services Research, Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, The Netherlands, ⁴Dirección de vigilancia epidemiológica y control de brotes, Ministerio de Salud de la Provincia de Buenos Aires, Buenos Aires, Argentina, ⁵Centro de Salud Internacional Madrid Salud, Ayuntamiento de Madrid, Madrid, Spain, ⁶Unidad de Evaluación de Tecnologías Sanitarias, Departamento de Investigación del Cáncer, Fundación Arturo López Pérez. , Santiago de Chile, Chile, ⁷Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ⁸School of Medicine, Case Western Reserve University, Cleveland, USA, ⁹Epidemiology and Public Health Networking Biomedical Research Centre (Consorcio de Investigación Biomédica en Red de Epidemiología y Salud Pública, CIBERESP), Carlos III Health Institute., , Spain

P1C - Supplementing traditional approaches to guideline development, Conference Room 2, September 20, 2023, 11:00 AM - 12:30 PM

Biography:

Laura de la Torre is a Medical Public Health specialist currently working as a Research Rio Hortega Fellow at the Cochrane Iberoamerican Center in the Biomedical Research Institute of Sant Pau (IIB Sant Pau) located in Barcelona, Spain.

She has significant experience in health economics and health technology assessments. Since commencing her fellowship at the IIB Sant Pau in 2022, Laura has begun pursuing her Ph.D. in evaluating the certainty of economic evidence at UAB. In addition, she has been actively involved in evidence synthesis for clinical guideline development and quality assessments on economic evidence for the Iberoamerican Cochrane Centre.

Background: Health economic analyses are used to inform about efficiency, resource use, and applicability of health technologies, and service provision. Nevertheless, quality standards for evaluation have been unevenly developed in different economic study designs, and the tools can be misused.

Objective: to identify and characterize the available instruments or tools developed to assess the quality of economic analyses in health.

Methods: We will conduct a scoping review following a three-step search. First, a primary search for Medline, Econlit, and Embase to identify studies on the development of tools to evaluate the quality of economic evaluations and budget impact analysis. Secondly, a Medline search to identify additional studies through critical appraisal of systematic reviews. Thirdly, we will assess references of the included articles in the first two steps through the citation chaser tool. Articles will be eligible if they are (a) original research articles, methodological studies, guidelines, review articles, thesis, and dissertation documents ; (b) focused on the development of a checklist for assessing the quality of economic evidence (c) articles in english, spanish, portuguese or french.

Five reviewers will screen in duplicate titles/abstracts and full text. Results will be presented in narrative synthesis, tabulated summaries, and the checklists identified displayed in an evidence map.

Expected results: An evidence map depicting the available tools and their intended use. Summary tables will present information about main study characteristics, including development methodology and validation processes. The results will help navigate the critical appraisal of economic studies considered for decision-making in an efficient way.

Women's' experiences and attitudes towards breast cancer screening programs, a systematic review of qualitative studies and meta-synthesis

Methodologist, Postdoc Jeanett Friis Rohde^{1,2}, Methodologist Anja Ussing¹, PhD student Elisabeth Ginnerup^{1,2}, Methodologist Camilla Paludan¹, Information specialist Kirsten Birkefoss¹, Methodologist, Ph.d Simon Tarp^{1,2}, Professor Merete Bjerrum^{1,3,4}

¹Danish Health Authority, Evidence Based Medicine, 2300 Copenhagen, Denmark, ²The Parker Institute, Bispebjerg and Frederiksberg Hospital, The Capital Region, 2000 Frederiksberg, Denmark,

³Research Unit of Nursing and healthcare, Institute of Public Health, Aarhus University, 8000 Aarhus C, Denmark, ⁴The Centre of Clinical Guidelines – Danish National Clearing House,

Department of Clinical Medicine, Aalborg University, 9000 Aalborg, Denmark

P6B - Getting it right for stakeholders, Conference Room 1, September 22, 2023, 9:00 AM - 10:30 AM

Biography:

I'm employed as a methodologist at the Danish Health Authority working with development of national clinical recommendations.

Alongside my job at the Danish Health Authority I Work as a postdoctoral research fellow conducting research within childhood health, conducting systematic reviews and teaches evidence based medicine.

Background: During the past decade benefits and harms of mammography screening have led to accelerated debates among experts. Therefore, the incorporation of woman's' preferences towards breast cancer screening is crucial when developing national guidance.

Objective: To synthesize qualitative evidence of women's experiences and expectations of breast cancer screening.

Method: The databases Medline, EMBASE, PsycINFO and CINAHL were searched from their inception to July 13, 2022. Study selection, quality assessment and extraction of findings were performed independently in duplicate and synthesized in accordance with the meta-aggregation approach. Certainty in the evidence was evaluated using GRADE-CERQual.

Result: 27 European qualitative studies were included. The findings were aggregated into fourteen categories showing that the organization of the screening program, women's role in the family and previous experiences and beliefs were important factors for participation in screening. Also, information and views of relatives and health professionals were given high priority.

Some described the screening procedure as difficult to handle due to unfamiliar surroundings and painful procedure and emphasized the importance of health professionals' attitudes, creating a caring and professional atmosphere.

Waiting on the results and the possibility of receiving a re-call letter often created short term concerns. For some women receiving a false-positive result led to feelings of loss of control over their body. The GRADE CERQual assessment suggested low to high confidence in all findings.

Discussion: This meta-synthesis points to several factors that influence women's participation in breast cancer screening which should be taken into consideration when organizing screening programs for breast cancer.