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The Impact of Unpublished Data on Clinical Guideline Development - a Case-Study

Dr Andreea-Iulia Dobrescu¹, Barbara Nussbaumer-Streit¹, Gernot Wagner¹, Amin Sharifan¹, Arianna Gadinger¹, Irma Klerings¹, Claus Nowak¹, Gerald Gartlehner¹

¹Cochrane Austria, Department for Evidence-based Medicine and Evaluation, University for Continuing Education, Krems an der Donau, Austria

Background. Systematic reviews (SR), which form the foundation of clinical guidelines, are widely regarded as the most reliable resources for informed decision-making in healthcare. However, they often focus on research published in peer-reviewed journals, risking overlooking study results not published there.

Objectives. To evaluate the impact of including data not published in journals (e.g. from trial registries, only available upon request from authors) on the results of network meta-analyses in efficacy and harm outcomes.

Methods. This ongoing case-study is based on a SR (CRD42023441146) evaluating the pharmacologic treatment of acute episodic migraine attacks in adult outpatients. To expand the analysis, we supplemented the original literature search with additional searches targeting unpublished data (i.e., trial registries, unpublished drug approval data, preprints, conference abstracts). We screened the additional records and extracted relevant data dually.

We will re-run the network meta-analysis (NMA) for all main outcomes of the SR incorporating both published and unpublished data and compare results with the original NMA including only published data.

The primary outcomes of interest are changes in the certainty of evidence and overall conclusions. We will also assess the equivalence of effect estimates from network meta-analyses with and without unpublished data, along with changes in network geometry and ranking probabilities.

Preliminary Results. In addition to the 169 publications (174 randomised controlled trials) included in the original SR, we identified 50 relevant unpublished studies, 12 with posted results. Currently we are preparing the main analysis for this study. We expect to complete the study in April 2025.

Semi-Automated Data Extraction with a Large Language Model: A Study Within Reviews

Prof Gerald Gartlehner², Dr Karen Crotty¹, Dr Meera Viswanathan¹, MLIS Shannon Kugley¹, Graham Booth¹, Dr Barbara Nussbaumer-Streit¹, Dr Andreea Dobrescu¹, Dr Leila Kahwati¹

¹RTI International, Research Triangle Park, USA, ²University for Continuing Education Krems, Krems, Austria

Background. Data extraction is a critical but error-prone and labor-intensive task in evidence synthesis. Unlike other artificial intelligence (AI) technologies, large language models (LLMs) do not require labeled training data for data extraction.

Objective. To compare an AI-assisted to a traditional human-led data extraction process.

Methods. Study within reviews (SWAR) based on six ongoing systematic reviews of the US Agency for Healthcare Research and Quality. Within each review, we utilized a prospective, parallel group comparison of a traditional human-led data extraction approach with an AI-assisted approach. In the AI-assisted approach, the LLM Claude conducted initial data extraction, which was verified by a human reviewer. Blinded data adjudicators compared the results of the two data extraction approaches and resolved discrepancies by checking study reports.

Results. The six systematic reviews of the SWAR contributed 9,341 data elements, extracted from 63 randomized and non-randomized studies. Concordance between the two methods was 77.2%. The accuracy of the AI-assisted approach compared with the adjudicated reference standard was 91.0%, with a recall of 89.6% and a precision of 98.9%. The AI-assisted approach had fewer incorrect extractions (9.0% vs. 11.0%) and similar risks of major errors (2.5% vs. 2.7%) compared to the traditional human-led method, with an average time saving of 44 minutes per study. Missed data items were the most frequent errors in both approaches.

Conclusion. The use of an LLM can improve the efficiency and accuracy of data extraction in evidence synthesis. Results reinforce previous findings that human-led data extraction is prone to errors.

Building trust in magnesium sulphate for preterm cerebral palsy prevention guidelines in Australia and New Zealand and beyond

Dr Emily Shepherd^{1,2}, Professor Sarah McIntyre³, Professor Caroline Crowther⁴

¹Women and Kids Theme, South Australian Health and Medical Research Institute (SAHMRI), Adelaide, Australia, ²Adelaide Medical School, The University of Adelaide, Adelaide, Australia, ³Cerebral Palsy Alliance Research Institute, Sydney Medical School, The University of Sydney, Sydney, Australia, ⁴Liggins Institute, The University of Auckland, Auckland, New Zealand

Background

The neuroprotective benefits of magnesium sulphate (MgSO₄) for fetal neuroprotection (preterm cerebral palsy (CP) prevention) were first confirmed in a 2009 Cochrane review. In 2010 Australian and New Zealand (ANZ) National Health and Medical Research Council-endorsed clinical practice guidelines (CPG) 'Antenatal Magnesium Sulphate Prior to Preterm Birth for Neuroprotection of the Fetus, Infant and Child' were released.

Objective

This presentation will profile past, current and future activities focused on building trust in the MgSO₄ for preterm CP prevention science, through CPG dissemination, implementation and monitoring across ANZ; and will discuss international implications.

Methods

Over the last 15 years, ANZ activities included:

- A three-year implementation project 'WISH' (Working to Improve Survival and Health for babies born preterm) (2011-2014), supporting 25 tertiary maternity hospitals. This comprised dissemination of 'Guideline Action Packs', unit-level surveys, and provider-level interviews.
- Cochrane overviews of reviews, highlighting MgSO₄ to be one of only two CP prevention strategies supported by high-certainty evidence (2017-2018)
- Adoption of a routine data collection item 'Magnesium sulphate' by the ANZ Neonatal Network to assess use and population-level impacts (CP trends) (2012-2020).
- Updating the 'Magnesium sulphate for neuroprotection of the fetus' Cochrane review (2024).

Discussion for scientific abstracts

Ongoing activities to build further confidence in MgSO₄ for CP prevention include an update to the associated individual participant data meta-analysis (2025-2026), a scoping review of evidence and CPGs from low- and middle-income countries (2024-2025), and planned cost-effectiveness and implementation strategies reviews. Together, these will inform potential ANZ and international CPG updates.

The development of an evidence-based framework to address medication errors in health services

Ass Prof Kate Kynoch^{1,2}, Professor Hanan Khalil³

1Mater Health, Brisbane, Australia, 2Queensland University of Technology, Brisbane, Australia, 3La Trobe University, Melbourne, Australia

Background: Medication errors remain a significant challenge globally, leading to patient harm, increased healthcare costs, and poor patient outcomes. Addressing these errors requires a unified approach to health decision-making that integrates evidence, values, ethics, and contextual factors. **Objective:** This paper presents the development of an evidence-based framework to prevent and address medication errors, bridging gaps across disciplines and methodologies through its integration of evidence, guidelines, and policy.

Methods: Using the World Health Organization's (WHO) "Medications Without Harm" initiative, we followed a three-stage process for framework development. First, we conducted a comprehensive review of the literature on medication errors. Second, we applied a theory-building approach from sociology to develop theoretical foundations aligned with the WHO initiative. Third, we synthesized the evidence to define the framework's core components.

Results: The framework incorporates key interventions across six areas: technological interventions, standardized protocols and communication, multidisciplinary collaboration and education, medication reconciliation, leadership and organizational culture, and global collaboration. It enhances system-wide alignment, supports informed health decisions, and is adaptable to diverse healthcare settings.

Discussion: This framework promotes a cohesive, interdisciplinary approach to medication error prevention and health decision-making. It provides guidance for clinicians, helps identify research priorities, and contributes to the development of safer, more effective healthcare systems worldwide.

NRF guidelines for the general public – development and piloting

Dr Mira Palonen^{1,2,3,4}, MHSc, MTh Silja-Elisa Eskolin^{1,2,3}, MHSc Noora Puusa^{1,2,3}, PhD Heidi Parisod^{1,2,3} ¹Nursing Research Foundation (NRF), , Finland, ²WHO Collaborating Centre for Nursing, , Finland, ³The Finnish Centre for Evidence-Based Health Care: A JBI Centre of Excellence, , Finland, ⁴Tampere University, Faculty of Social Sciences, Nursing Science, , Finland

Background: Ensuring healthcare users have access to reliable and up-to-date information is crucial. The growing prevalence of misinformation underscores the need to build trust in science by making information both accessible and understandable. Nursing Research Foundation (NRF) aims to popularize Clinical Practice Guidelines (CPGs) to plain language to provide information about care policies and their bases for public.

Objective: To describe the development and piloting of NRF guidelines for the general public.

Methods: 1) Essential information from the general public perspective was extracted from NRF-CPGs about exercise during pregnancy and after birth; 2) a layout was formulated to be accessible and comprehensive, based on previously developed criteria compiled from research evidence; 3) two online focus group discussions with the target population were held to collect feedback about text structure and flow, layout and clarity of concepts; 4) the correspondence of the modified text to the original NRF-CPGs was evaluated by the original authors; 5) the finalized document was piloted in collaboration with the health care professionals (n = 4) during patient education situations of the target population; 6) a network meeting was organized with non-governmental organisations, with representatives providing feedback of the document, and co-planned means for distributing the information.

Results: The first NRF's guidelines for the general public were published in December 2024. Based on the pilot, the concept will be further developed and replicated for other applicable NRF-CPGs, in various nursing areas. All materials will be freely available from NRF webpage in digital and printable format.

Empowering Maternal Health through Data-Driven Innovations: The Impact of Skilled Birth Initiatives in Bali

Miss Thelma Eni Akah^{1,2,3}, Mr. Ngem Bedes Yong^{1,2,3}, Mr. Lontum Alvin N.^{1,2,3} ¹Ebase Africa, Bamenda, Cameroon, ²GIN Africa, , ³JB, ,

Background: Skilled birth delivery is vital for improving maternal, neonatal, and child health, particularly in conflict-affected regions like Bali, Cameroon. Integrating artificial intelligence (AI), technology, and digital innovations into healthcare guideline development can significantly enhance health outcomes. This study focuses on merging local health data with global evidence to create clinical practice guidelines tailored to local contexts, addressing district-level knowledge gaps.

Objectives:

- To integrate local health data with global evidence using advanced technologies.
- To develop clinical practice guidelines tailored to local contexts.
- To address disparities in guideline application at the district level.

Methods:

The study utilized the eBASE System's decision-making process, which integrates local health data, AI algorithms, community preferences, and effective interventions. Methods included collaboration with the Bali District Health Service, the use of DHIS2 data and geotagging for qualitative and quantitative data collection, and stakeholder meetings for data validation and synthesis.

Results:

A 79.3% reduction in unskilled births was observed over 12 months. This was achieved through accurate data extraction, AI-driven data presentation to stakeholders, and community meetings to validate findings and develop evidence-based interventions. Key actions included training health workers, educating communities on skilled birth importance, and targeting high-priority areas like Bossa and Bali Urban.

Discussion:

Integrating AI with local health data significantly improved the development of context-specific clinical guidelines. Community engagement and stakeholder involvement were pivotal to the initiative's success. Continuous adaptation, stakeholder collaboration, and ongoing investment in AI-driven platforms are essential for sustaining and enhancing maternal health outcomes.

Strengthening Partnerships to Improve PENTA Vaccine Uptake in Children Under 5 in Bali Health District, Cameroon: A Best Practice Implementation Project

Miss Thelma Eni Akah^{1,2,3}, Mr. Ngem Bedes Yong^{1,2,3}, Mr. Lontum Alvin N.^{1,2,3} ¹Ebase Africa, Bamenda, Cameroon, ²GIN Africa, , ³JB, ,

Background: Vaccines stimulate immune responses, reducing childhood morbidity and mortality. Although Africa's immunization coverage has improved, it hasn't reached target levels. Effective communication and collaborative reminder systems are vital for boosting vaccine uptake. Evaluations indicate varying global immunization rates and stress the importance of ongoing efforts to overcome challenges, especially in rural areas.

Objectives: This project aimed to enhance vaccination uptake in the Bali Health District by promoting evidence-based communication between healthcare providers and caregivers. It utilized audits to identify, address, and sustain best practices through strong partnerships.

Methods: The project employed the JBI PACES and GRiP frameworks for evidence-based healthcare, focusing on improving clinical communication and collaboration. It involved conducting baseline and follow-up audits, engaging stakeholders, and implementing strategies within the Bali Health District. Key stakeholders included healthcare providers, caregivers, community leaders, and local health authorities. The objective was to enhance vaccination uptake through effective communication and strengthened partnerships.

Results: The baseline audit revealed low compliance with best practices, with all criteria scoring below 40%, and criteria 6 and 7 scoring zero. Implemented strategies included evidence summaries, stakeholder questionnaires, decision-making models, SMS summaries, and coaching tools. Follow-up audits showed significant improvements in compliance, especially within public health units, addressing various barriers identified by stakeholders. Collaborative efforts and strong partnerships were crucial to these improvements.

Discussion: Tailored clinical communication strategies and structured guidelines significantly improved PENTA vaccine uptake and reduced vaccine hesitancy among children under five in Bali Health District, Cameroon.

Supplementing Published Evidence With Structured Observation of Cases From a Clinical Audit Registry: A Pilot

Miss Willemijn Irvine, Miss Marlinde van der Kamp^{1,3}, Miss Olivia Spivack¹, Professor Alexandra Benachi⁴, Dr. Carmen Mesas Burgos⁵, Dr. Charlotte Gaasterland⁶, Dr. Roel Bakx⁷, Professor René Wijnen¹

¹Erasmus Mc - Sophia Children's Hospital, Rotterdam, Netherlands, ²Qualicura Healthcare Support Agency, Breda, Netherlands, ³Dutch Institute for Clinical Auditing, Leiden, Netherlands, ⁴Antoine Béclère Hospital, Paris Sarclay, France, ⁵Karolinska University Hospital, Stockholm, Sweden, ⁶Leiden University Medical Center, Leiden, Netherlands, ⁷Amsterdam University Medical Center, Amsterdam, Netherlands

Background: Research evidence is often lacking in rare diseases, complicating the development of evidence-based guidelines. Therefore, exploration of innovative methodological strategies is crucial.

Objective: To evaluate the added value of registry data as supplementary evidence in a rare disease guideline.

Methods: to develop this guideline, the GIN-McMaster Guidelines 2.0 was followed. Additionally, registry data was provided to clinical experts for clinical questions in which published evidence was scarce. The perceived effectiveness of the interventions was evaluated by clinical experts using structured observation forms (SOFs).

Results: Adequate supplementary data from the EPSA were available in seven of the twelve clinical questions selected for this guideline (58%). In four out of seven clinical questions (57%), evaluation of supplemental evidence using SOFs contributed to the panel's decision on a recommendation. Reasons to disregard the supplementary evidence during the formation of a recommendation were uncertainty about the validity of the observations due to small sample sizes, and doubt about the association between the observed outcomes and the intervention due to missing of an intention to treat in the registry data.

Conclusion: This study shows a first evaluation of an innovative methodology for guideline development in rare diseases, highlighting both the challenges and benefits this method has to offer.

Discussion: Although the methodology requires refinement and the dataset used must be optimized, we believe this technique holds significant promise as a tool for developing guidelines for rare diseases.

Existing capacities and room for improvement for guidelines development, adoption, and contextualization in Africa

Miss Thelma Eni Akah^{1,2,3}, Miss Noella Awah^{1,2}, Miss Tetamiyaka Kinlabel Okwen^{1,2,4} ¹Ebase Africa, Bamenda, Cameroon, ²GIN Africa, , ³JB, , ⁴iCODE Abakwa, ,

Background: Africa has increasingly adopted digital tools and innovations in healthcare, such as telemedicine, mobile health applications, and AI-driven diagnostics, to enhance access to care and improve healthcare delivery. The continent also faces challenges in pediatric cancer care, but initiatives like the Texas Children's Global HOPE program demonstrates a commitment to building capacity and improving health outcomes through education and evidence-based guideline implementation. We examined the existing capacities and areas for improvement in the development, adoption, and contextualization of healthcare guidelines in Africa, with a focus on pediatric cancer care and digital health system innovations.

Methods: The study analyzes key innovations, including the Practical Approach to Care Kit (PACK) and the AI Supported Healthcare Assistant (AISHA), as well as the Texas Children's Global HOPE program on the Dissemination and Implementation Science (DIS) Specialist Education Program which includes guideline development, quality improvement, and mentorship. It also reviews initiatives by organizations such as iCODE Abakwa, Africa Evidence Network, and Cochrane Africa.

Results: PACK, developed by the University of Cape Town, has significantly improved clinical care since 2006, while AISHA enhances public health by streamlining guideline development using AI. The Texas Children's Global HOPE program has successfully developed antimicrobial stewardship guidelines and implemented quality improvement initiatives for pediatric cancer care in Africa. Also, digital tools like the digitized Malaria Management Guidelines in Cameroon further highlight Africa's innovation potential.

Discussion: Africa's digital health tools like PACK and AISHA improve clinical care. However, further collaboration and local evidence integration are essential for enhanced healthcare decision-making.

Strengthening collaboration for tailored guidelines: adaptation of generic infection prevention guidelines for long-term care

Dr Bernadette van Glansbeek - Schutijser¹, **MSc Julia Morber**^{1,2}, Dr Marscha Engelen¹, Dr Bernadette van Glansbeek - Schutijser¹, Femke Aanhande¹

¹Institute for developing guidelines in long-term care (SKILZ), Utrecht, The Netherlands, ²GGD Amsterdam, Department of Infectious Diseases, Team Hygiene and Infection Prevention, Amsterdam, The Netherlands

Background

Effective guideline implementation requires cross-sector collaboration to ensure relevance in diverse healthcare settings. In the Netherlands, the Infection Prevention Guidelines Collaboration (IPGC) develops generic infection prevention (IP) guidelines. However, these proved insufficient for implementation in long-term care (LTC). To address this, SKILZ, as an IPGC partner, initiated a collaborative adaptation process to tailor the guidelines to LTC. This serves as a blueprint for broader guideline adaptation processes. Besides, it accelerates the process and reduces costs.

Objective

To develop a structured, collaborative approach for adapting generic guidelines to specific healthcare settings, preventing duplication of work, enhancing implementation, time efficiency, and cost-effectiveness.

Methods

By engaging LTC professionals early in the process, SKILZ fostered cross-sector collaboration to ensure adapted guidelines align with real-world practice. Experts and healthcare professionals contributed through interviews and consultations, while literature on guideline adaptation methodologies was reviewed. The adaptation process consisted of a core-group of healthcare professionals and during the adaptation meetings they focused on: 1) proportionality: balancing infection prevention with patients' well-being, 2) subsidiarity: using the least restrictive approaches to achieve IP goals, and 3) contextualization: adjusting terminology, level of detail, and feasibility for long-term care settings.

Results & Prospects

This collaborative adaptation model fosters ownership among stakeholders, improving guideline adoption, efficiency and costs. SKILZ is currently adapting ten generic IP guidelines for LTC, with plans to expand to other domains, such as mental health. The approach will be evaluated in 2026, aiming to establish a sustainable model for cross-sector guideline adaptation.

Translation and Adaptation of the PANELVIEW Questionnaire for Dutch Guideline Development Processes

Dr Bernadette van Glansbeek - Schutijser¹, Dr Bernadette van Glansbeek- Schutijser¹, Dr Marscha Engelen¹

¹Institute for developing guidelines in long-term care (SKILZ), Utrecht, Netherlands

Background

The PANELVIEW-questionnaire is a valuable tool for evaluating the guideline development process from the perspective of the guideline development group. Insights from the PANELVIEW-questionnaire help guideline developers improve and refine their processes. While the questionnaire is currently validated in English, Spanish, and German, a Dutch translation would provide added value. SKILZ, a Dutch foundation for long-term care guidelines, is adapting the PANELVIEW-questionnaire to enhance guideline development in the Netherlands.

Objective

To translate and adapt the PANELVIEW-questionnaire from English into Dutch, while ensuring cultural and linguistic alignment.

Methods

Following ISPOR's Translation and Cultural Adaptation Good Practice Principles, we performed a forward translation by two independent guideline developers and ChatGPT and a backward translation by a native English speaker. After discussions, a draft version was completed. Two Delphi rounds followed: guideline developers reviewed the draft via a survey, and feedback was discussed in an online consensus meeting to finalize the questionnaire.

Results

The Dutch guideline development process differs from the approach outlined in the PANELVIEW-questionnaire. Cultural adaptations included translating 'panel' into 'working group' and 'final panel meeting' into 'working group meeting in which considerations and recommendations were established'. The questionnaire was completed by 14 experts. Of the 34 items, 12 will be discussed during the consensus meeting. The final Dutch version will be completed in April 2025.

Discussion

This process highlights the importance of collaborative translation to ensure the tool is accurate and contextually relevant. Future validation of the PANELVIEW-questionnaire will further confirm its acceptability, validity and reliability.

Harnessing AI for Cervical Cancer Screening and Diagnosis

Dr Radhika A.G.¹, Dr Bindiya Gupta, Dr Amita Suneja, Dr Harpreet Singh ¹university college of medical sciences & GTB Hospital, Delhi, India

Introduction: Cervical cancer remains a major public health challenge, particularly in low- and middle-income countries (LMICs). Pap smears, HPV DNA testing, and colposcopy are effective screening methods, but suffer from inter-operator variability, a lack of standardization, and limited accessibility. These challenges can be addressed through artificial intelligence (AI) and digital innovations. As part of the Indian Colposcopy Network (InColNet), we aim to develop a validated image bank of cervical lesions to facilitate AI-driven diagnostics for early detection of cervical cancer.

Methodology: The study will follow a hub-and-spoke model over 5 years. Colposcopy shall be performed on 1000 consenting women with abnormal pap smears or clinically suspicious cervixes. A minimum of five standard datasets would be collected per colposcopy. The images will be validated using colposcopy images of 250 women who are screen-negative. The annotation of images would be standardized using the criteria of the International Federation of Cervical Pathology and Colposcopy (IFCPC). An AI-assisted colposcopy tool will be developed using deep learning models trained on annotated images. Finally, the system shall be integrated into telemedicine networks.

Results: Data collected and processes will be presented at the presentation.

Discussion: AI-driven annotation and validation will ensure uniformity in image interpretation. By integrating AI tools into mobile applications and digital health platforms, healthcare workers can receive AI-guided diagnostic support, even in resource-limited settings. The Indian Colposcopy Network (InColNet) will provide a model for AI-driven guideline implementation, enhancing diagnostic accuracy, standardization, and accessibility.

A guideline is not always the answer: developing quality documents for rare diseases

Ms Iméze Hieltjes^{1,2}, Dr. Charlotte Gaasterland^{1,3}, Dr. Johanna Van der Lee¹

¹Knowledge Institute of the Dutch Association of Medical Specialists, Utrecht, The Netherlands, Utrecht, Netherlands, ²Amsterdam UMC, University of Amsterdam, Emma Children's Hospital, Amsterdam, Netherlands, ³Leiden University Medical Center, Department of Epidemiology, Leiden, Netherlands

Introduction

Many rare diseases lack Clinical Practice Guidelines (CPGs) or other quality documents. Developing CPGs for rare diseases is time-consuming, costly, and labor-intensive, making it essential to prioritize those CPG projects that are most needed.

The aim of this project was to make a flow chart with considerations for the decision to develop a CPG or another type of quality document for a rare disease.

Methods

A consensus-driven approach was used to establish points to consider before deciding to develop a CPG for a rare disease. An expert group of three guideline methodologists, a pediatric specialist, and two quality of care policy officers drafted the initial flowchart. The flowchart was then reviewed and refined through expert panel discussions, after which final adaptations were made.

Results

The flowchart serves as a support tool to consider whether a CPG is the most suitable document for addressing clinical challenges in a particular rare disease. It also points to alternatives, such as writing a local protocol, a care pathway or a didactic paper, or engaging in an adoption or adaptation procedure. The pivotal question is, what is the clinical problem encountered for this rare disease that the envisaged quality document needs to solve.

Discussion

This flowchart provides a framework to evaluate the necessity of CPG development before allocating resources. It supports strategic decision-making, ensuring that CPG development focuses on areas where it will have the greatest impact on rare disease care.

Creating data dashboards with Power BI to present network meta-analysis results and inform NICE guideline recommendations

Dr George Wood¹, Dr Emily Terrazas-Cruz¹, Ms Lina Manounah¹, Dr Linyun Fou¹, Ms Nancy Pursey¹, Ms Sarah Matthews², Dr Sarah Dwyer¹, Ms Tayyaba Mumtaz¹, Ms Lynne Kincaid² ¹NICE, London, United Kingdom, ²NICE, Manchester, United Kingdom

Background:

Systematic reviews and network meta-analyses (NMA) were conducted to update the NICE type 2 diabetes guideline. Statistical knowledge of the healthcare professionals and people with lived experience in NICE committees can vary and ensuring everyone can understand the data is crucial.

Objective:

To summarise the results of complex datasets in an accessible format that provides the most useful information for decision-making.

Methods:

Results from 39 NMAs were imported to Microsoft Power BI. Automated data transformation was conducted to calculate the risk difference and number needed to treat from hazard ratios using control group risks at specified timepoints.

Data dashboards were generated for each outcome of interest including an interactive forest plot; a visual summary of adverse event rates after treatment compared to baseline; a table including the summary statistics and intervention unit costs; and cards with additional metrics to aid decision making. This was accompanied by slicers (interactive filters) for each population model, intervention and class.

Results:

The committee used the dashboard to aid their recommendation writing. This allowed them to focus their considerations of 23 individual interventions for 11 outcomes for four population strata on what matters most to current practice.

Discussion:

The data dashboards improved the clarity of data visualisation and communication to the committee. The process reduced the time needed to produce presentations, while providing an adaptable resource for further investigation. As the program interface is user-friendly, it is easier for developers to implement than software that requires more coding knowledge.

Using the GRADE-Adolopment Framework in Developing Clinical Practice Guideline Recommendations of Screening, Brief Intervention and Referral to Treatment (SBIRT) for Substance Use Disorder: A Korean Experience

Prof Hyunsuk Jeong¹, Prof Hyeon Woo Yim¹, Dr Jaeseok Kwak², Prof Hae Kook Lee³, Prof Seung-Yup Lee⁴, Prof Yangsik Kim⁵, Prof Jangrae Kim⁶, Ms Seyoung Kim⁷, Mr Gyeongmin Kim², Ms Sooyeon Han², Dr Cheewon Ahn¹

¹Department of Prevention Medicine, College of Medicine, The Catholic University of Korea, Seoul, South Korea, ²Addiction Policy Lab, College of Medicine, The Catholic University of Korea, Seoul, South Korea,

³Department of Psychiatry, Uijeongbu St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, South Korea, ⁴Department of Psychiatry, Eunpyeong St. Mary's Hospital, College of Medicine,

The Catholic University of Korea, Seoul, South Korea, ⁵Department of Psychiatry, College of Medicine, Inha University, Incheon, South Korea, ⁶Department of Psychiatry, National Medical Center, Seoul, South Korea,

⁷Department of Public Health Science, Graduate School of Public Health, Seoul National University, Seoul, South Korea

Objective

We used the GRADE-Adolopment framework to synthesize the evidence and develop recommendations for Screening, Brief Intervention and Referral to Treatment (SBIRT) in Korea.

Methods

A total of 2,551 SBIRT-related guidelines published up to October 2024 were retrieved from the CORE database and guideline repositories. We selected the guideline topic and target audience, prioritized clinical questions and related outcomes. The clinical practice guideline published by the ASAM/AAAP was identified as key reference. Additionally, literature search was conducted for publications from August 2021 to January 2025 from the CORE database to collect up-to-date evidence not included in the ASAM/AAAP guideline. Among 7,030 records, three additional systematic reviews were incorporated into the GRADE Evidence-Profile and Evidence-to-Decision framework. A scoping review was conducted to assess the balance of desirable and undesirable effects. Finally, the panel met in person to formulate the final recommendations.

Results

We adapted one strong recommendation from the ASAM/AAAP guideline. Considering the available evidence up-to-date and the prevalence of substance use disorder and healthcare infrastructure in Korea, we plan to propose de Novo recommendations for the optimal settings for implementing SBIRT.

Discussion

The GRADE-Adolopment approach was feasible and acceptable for the guideline panel, as it allowed for the adaptation of existing clinical practice guideline recommendations and the derivation of de Novo recommendations while considering the local context.

Acknowledgement: This research was supported by a grant of the Mental Health related Social Problem Solving Project, Ministry of Health & Welfare, Republic of Korea (grant number: RS-2024-00421277).

Methodological approaches to systematic reviews of values and preferences – learnings from the Australian MND guideline

Dr Tim Barker¹, Dr Cindy Stern¹, Dr Danielle Pollock¹, Dr Grace Holland¹, Dr Nipun Shrestha¹, Dr Camille Schubert², Assoc. Prof. Lynne Giles³, Jay Beasley-Hall⁴, Prof. Tracy Merlin³, Prof. Zachary Munn¹

¹HESRI, The University Of Adelaide, , Australia, ²Adelaide Health Technology Assessment (AHTA), School of Public Health, Faculty of Health and Medical Science, The University of Adelaide, , Australia, ³School of Public Health, Faculty of Health and Medical Science, The University of Adelaide, , Australia, ⁴University Library, The University of Adelaide, , Australia

Background

Guideline development requires consideration of a wide array of factors to ensure that recommendations are based on the best-available evidence which is balanced against criteria important to decision making. One such criteria is understanding how the health outcomes of interest are valued by the target population of the guideline.

Objective

This presentation will explore, with a worked example from the Australian MND guideline, how systematic reviews of values and preferences can inform the development of trustworthy guidelines. We will also explore the current methodological guidance that exists in this area, and the process that was followed for this review.

Methods

We are in the process of performing a systematic review, including data from both quantitative and qualitative methodologies. Data will be synthesised appropriately (according to data type), and the certainty of the evidence will be assessed using the appropriate methods as outlined by the GRADE Working Group.

Results

Methodological guidance for this review was followed from multiple previous reviews of values and preferences and guidance from GRADE. These heterogeneous methodologies indicated a lack of consistency in the methodological guidance in this area. Our proposed methodological requirements for values and preferences reviews, and the results of the review we conducted ourselves, will be presented.

Discussion for scientific abstracts

While integrating how the target population of a guideline value their health-related outcomes is essential for guideline development, a lack of methodological guidance in this area is a major concern for guideline developers moving forward.

My paper was peer-reviewed by AI

Dr Tim Barker¹, Mr Sebastian Cole Facchin-Young¹, Prof. Zachary Munn¹

¹HESRI, The University Of Adelaide, , Australia

Background

Large language models (LLMs) have emerged as powerful tools to assist in the research landscape. However, the technology is not without its limitations.

Objective

In this presentation, we will present a real-world example of a manuscript that our team submitted for peer-review, and the anonymised responses we got back from the peer-reviewers themselves. We will discuss how we suspected the likelihood that an LLM was used in the peer-review process and the ethical considerations of engaging with an LLM as a peer-reviewer.

Methods

Following return of a manuscript that was submitted for peer-review, and the comments that left by the peer-reviewers, we uploaded the same manuscript submitted to the journal to three LLMs, Chat-GPT 4.0, Gemini 1.5Pro, DeepSeek-V3, accessed on January 29th, 2024. Several prompts were asked of the LLM's to peer-review the document, which were compared to the comments left by the peer-reviewers.

Results

Several comments left by the peer-reviewer were near identical to the comments left by the LLMs. The comments left by the peer-reviewer were also structured the same way that the LLMs presented their critiques. These comments will be presented in full during the presentation.

Discussion for scientific abstracts

LLMs have vastly improved research productivity in their short existence, however they are limited in numerous ways that need a nuanced discussion before their implementation as a standard tool to assist in peer-review can be further explored.

Boosting Guideline Implementation and engaging Healthcare Professionals: Knowledge Quizzes on Clinical Practice Guidelines

Dr Nikita van der Zwaluw¹, Dr Nikita van der Zwaluw¹

¹Kennisinstituut van Medisch Specialisten, UTRECHT, Netherlands

- Background

Implementation of CPGs is lacking. The scoping review of Peters (2022) showed that there are 50+ CPG implementation strategies. Clinicians have busy schedules and do not get a lot of implementation support (in the Netherlands), so an organization thought: what if we make it fun and quick. The knowledge quiz on guidelines was born.

- Objective

To ascertain if we can introduce (to which effect) the knowledge quiz to medical specialists and integrate it in the PDCA-cycle of guidelines.

- Methods

Pilot the knowledge quiz for 2 years with five medical associations of medical specialists and selected guidelines.

- Results

8.800 medical specialists (in training) received 1 or 2 questions per week on guidelines relevant for them. After the first year the quiz was evaluated positively by all 5 medical associations (response 34%) and at the end of the pilot as well (response 36%).

More than 90% of the medical associations' members participated actively and interacts several times a week. Again, more than 90% of the members would recommend the quiz to colleagues. A majority indicated the quiz refreshed their knowledge and thought it contributed to the quality of healthcare.

- Discussion for scientific abstracts

Adding a quiz seems to contribute to better knowledge/guideline implementation and possibly healthcare quality but it also requires extra means as in money and time, but also skills/competencies in CPG-panels. Is it a worthwhile effort? How to (timely) feedback data? To CPG-panels? To medical specialists? Is it a fad or lasting fashion?

Improving Congestive Heart Failure Care: A Use-Case for Appropriate and Value-Based Care in Singapore

Dr M Premikha, Dr Muhammad Taufeeq Wahab, Dr Bhone Myint Kyaw, Ms Rujia Xu, Ms Ye Sun, Dr Sharmini Rathakrishnan, Dr Phyllis Kim

¹Agency for Care Effectiveness, Ministry of Health, , Singapore

Background: Quantitative analysis of national data on congestive heart failure (CHF) indicates that direct CHF-related healthcare costs are increasing by 7.9% annually, while Singapore's 2020 CHF-related readmission rates (20%) are similar to the lowest-performing OECD country (17%). The Agency for Care Effectiveness (ACE) conducted a situational analysis of the current disease burden, practices, healthcare utilisation, and care pathway to inform next steps, as part of the overall Appropriate and Value Based Care (AVBC) initiative.

Objective: To identify areas of low-value care and propose priorities for a national CHF strategy aligned with AVBC principles and guideline-directed standards of care.

Methods: ACE conducted a situational analysis including: (a) qualitative interviews with 3 primary care physicians and 5 cardiologists to identify systemic gaps and barriers, and (b) systematic searches of guidelines and literature to identify potential practice gaps from guideline-directed standards.

Results: Four high-quality international guidelines (assessed by AGREE II) were appraised. Comparing Singapore's care landscape with guideline standards and integrating interview insights, six priorities emerged: (a) strengthening CHF prevention in primary care, (b) expanding primary care's role in chronic CHF management, (c) improving care transitions to reduce readmissions, (d) expanding resources to manage decompensations at home, (e) developing end-of-life care strategies, and (f) establishing person-centred performance framework prioritizing patient-reported outcomes.

Discussion for scientific abstracts: As next steps, a multidisciplinary workgroup will co-develop AVBC recommendations with ACE, incorporating patient voices, to inform a national CHF strategy addressing low-value care and identified priorities.

The NICE Centre for Guidelines transformation- empowering our people for transformational change.

Ms Vanessa Delgado Nunes¹, Mr Eric Power²

¹National Institute for Health and Care Excellence (NICE), London, United Kingdom, ²National Institute for Health and Care Excellence (NICE), Manchester, United Kingdom

Background: NICE is evolving from a series of separate programmes towards becoming a truly integrated organisation to serve our user's needs. Building on NICE values of focussing on users first, acting boldly and trusting each other to make decisions, we have developed an approach to empower staff to test new ways of working to improve timeliness whilst maintaining quality in small areas of work before rolling out at pace to the wider programme.

Objective: Building on the successes and lessons learned from the CfG transformation journey so far focusing on:

- Increasing timeliness
- Improving user focus in our work
- Collaboration.

We will pitch how to initiate change within a guidance development context.

Format: We will present a brief overview of learning from the transformation programme discussing pros and cons of how we have approached the required change and share main recommendations for implementation.

Mapping the use of clinical guidelines by policymakers: insights and implications

Ms Winnie Hui Dhing Ong¹, Ms Valentina Ricci¹, Ms Ester Lee¹, Dr Phyllis Kim¹

¹AGENCY FOR CARE EFFECTIVENESS, , Singapore

Background: The Agency for Care Effectiveness (ACE) oversees the development of national-level clinical guidelines (known as ACE Clinical Guidances) within the Ministry of Health, Singapore. While policymakers can propose topics for these guidelines, how they apply the guidelines remains unclear.

Objective: To identify how policymakers apply ACE Clinical Guidances and its implications for guideline development and implementation.

Methods: The team conducted nine informal in-person conversations with representatives from six divisions or entities. This approach was chosen over formal interviews or surveys due to existing collegial relationships. A flexible topic guide was used, and field notes were compiled post-conversation. Document analysis was undertaken to triangulate the findings.

Results: Guideline application varied based on policymakers' remits, target audiences, and current priorities or policy challenges. Four key applications were identified:

1. Informing decision-making (e.g. expanding disease coverage)
2. Serving as enablers within national strategies (e.g. enhancing capability of service providers)
3. Supporting programme implementation through incorporation of guideline content into clinical materials and operational handbooks
4. Providing authoritative references for enquiries on clinical management

Discussion for scientific abstracts: As hypothesised, guideline applications reflect the diverse nature of policy work. While the guidelines' evidence-to-decision (EtD) framework cannot pre-empt all policy considerations, effort should be made to assess policy implications early and transparently balance them with other EtD factors. Timely policy engagement, from scoping to guideline panel discussions, increases understanding of potential applications and can inform evidence reviews. Synergies for guideline implementation could be explored for topics linked to national strategies or programmes.

Optimising the language and format of deprescribing recommendations to support implementability

Dr Aili Langford^{1,2}, Dr Shin Liao², Ms Sheryn Loh², Professor Danijela Gnjidic¹, Dr Wade Thompson³, Professor Barbara Farrell⁴, Associate Professor Frank Moriarty⁶, Dr Danielle Pollock⁵, Dr Nagham Ailabouni⁷, Dr Emily Reeve^{2,8}

¹Sydney Pharmacy School, The University of Sydney, Sydney, Australia, ²Centre for Medicine Use and Safety, Monash University, Parkville, Australia, ³Department of Anesthesiology, Pharmacology, and Therapeutics, The University of British Columbia Faculty of Medicine, Vancouver, Canada, ⁴Bruyere Research Institute, Ottawa, Canada, ⁵Health Evidence Synthesis, Recommendations and Impact, School of Public Health, Faculty of Health and Medical Sciences, The University of Adelaide, Adelaide, Australia, ⁶School of Pharmacy and Biomolecular Sciences, RCSI University of Medicine and Health Sciences, Dublin, Ireland, ⁷The Pharmacy Australian Centre of Excellence (PACE), The University of Queensland Faculty of Health and Behavioural Sciences, Herston, Australia, ⁸Quality Use of Medicines and Pharmacy Research Centre, University of South Australia, Adelaide, Australia

Background: Deprescribing guidelines exist for a limited number of medication classes. Integration of deprescribing recommendations into clinical practice guidelines may enhance their reach, adoption and impact.

Objective: To elicit the perspectives of healthcare professionals on the preferred content, format and language of deprescribing recommendations for inclusion in clinical practice guidelines.

Methods: Australian medical doctors, pharmacists, registered nurses and nurse practitioners were recruited. Individual semi-structured interviews were conducted. A qualitative framework analysis was performed, mapping findings to the domains of the Guideline Language and Format Instrument (GLAFI).

Results: Participants (n=24) recognised a need for greater deprescribing guidance, through recommendations that address when, why and how to deprescribe. A tension was revealed between participants' desire for succinct and uncomplicated language, and a want for detailed and comprehensive deprescribing instruction. There was inconsistency in opinions of where deprescribing recommendations should be located, with some suggesting co-location with respective prescribing recommendations and others supporting a deprescribing-specific guideline section. Inclusion of information about the strength and certainty of evidence informing recommendations was considered important but was viewed as a deterrent to implementation if a 'weak/conditional' or low certainty recommendation was presented.

Discussion: Healthcare professionals consider content, format and language of deprescribing recommendations to be intrinsic to implementability. These findings will inform the development of a template to support guideline developers in crafting clear, concise and actionable deprescribing recommendations. If deprescribing recommendations are more common and comprehensive, it may promote the implementation of evidence-based deprescribing in practice to improve patient outcomes as well as planetary health.

Impact of clinical practice guidelines on the adoption of mechanical thrombectomy for acute ischemic stroke: A secondary analysis of Japanese national administrative claim data

Dr Yosuke Hatakeyama¹, Dr Ryo Onishi¹, Dr Kanako Seto¹, Dr Ryosuke Hayashi¹, Dr Kunichika Matsumoto¹, Dr Tomonori Hasegawa¹

¹Toho University School of Medicine, , Japan

Background

In 2021, the Japan Stroke Society revised its clinical practice guidelines (CPGs) to strongly recommend mechanical thrombectomy (MT) for acute ischemic stroke.

Objective

This study aimed to assess the impact of Japanese stroke CPGs on the adoption of MT and its implications for inpatient outcomes.

Methods

We analyzed national administrative claim data managed by the Japanese government in 2017 and 2022. The analysis focused on hospitals performing endovascular treatment (ET), including MT, and its impact on length of stay (LOS). Statistical significance was determined using chi-square and t-tests.

Results

The number of hospitals and ischemic stroke inpatients was 3,701 hospitals with 207,841 inpatients in 2017, and 5,919 hospitals with 206,382 in 2022. The proportion of hospitals performing ET rose from 18.5% to 28.8% ($p < 0.001$), and the average number of ETs per hospital increased from 24.9 to 33.0 ($p < 0.001$). In 2022, hospitals experienced in ET since 2017 had a shorter mean LOS than those adopting it later (27.6 vs. 29.3 days, $p < 0.001$) and showed lower variability (coefficient of variation: 0.25 vs. 0.28).

Discussion for scientific abstracts

The Japanese government enacted the Cerebrovascular and Cardiovascular Disease Control Act to enhance stroke and cardiovascular care in 2019. The Japan Stroke Society has certified MT facilities and specialists to improve the medical system for stroke. With government and academic efforts as background, CPGs have influenced the uptake of MT. The shorter, more consistent LOS at experienced hospitals suggests that greater proficiency in MT improves patient outcomes.

The Evidence Synthesis Taxonomy Initiative: A structured taxonomy for informing the synthesis of evidence approach to inform policy and practice

Prof Zachary Munn¹, Dr Danielle Pollock¹

¹HESRI, University of Adelaide, , Australia

Background

There now exists a multitude of approaches, methods, and methodologies for evidence synthesis to answer a broad array of questions. Enabling researchers to ensure that they are undertaking the “right” evidence synthesis approach is critical to evidence-based healthcare. We have developed the first living Evidence Synthesis Taxonomy to classify and categorise the multitude of evidence synthesis approaches.

Objective

Our objective was to develop an online, living taxonomy of evidence synthesis approaches to assist authors to identify an appropriate review type and provide structure to the field of evidence synthesis.

Methods

Our Evidence Synthesis Taxonomy is a global initiative with our advisory board consisting of over 150 evidence synthesis experts. The development of our taxonomy has been informed by several projects and methods, including a large scoping review of previous categorisation systems, consultation with our international advisory board, multiple online and in person workshops developing the taxonomy, and a round of consensus gathering surveys.

Results

The Evidence Synthesis Taxonomy categorises individual review approaches into evidence synthesis families. Within each family, individual review types and subtypes have been grouped and key characteristics identified. Each individual review type outlines methodological guidance, software, strengths/weaknesses, indications, reporting standards, risk of bias tools and other information relevant to systematic review authors.

Conclusions

Our taxonomy assists in harmonising evidence synthesis. The taxonomy will ensure and facilitate the translation of evidence from syntheses into policy and practice, and as a comprehensive resource, will be of benefit to many involved in knowledge generation and translation.

LLMs-CMPs collaboration for clinical decision-making to promote guidelines implementation in Chinese medicine

Ms Yanfang Ma^{1,2}, Dr Jingyuan Luo¹, Dr Lu Zhang^{3,4}, Prof Yaolong Chen^{1,5}, Prof Zhaoxiang Bian^{1,2} ¹Vincent V.C. Woo Chinese Medicine Clinical Research Institute, School of Chinese Medicine, Hong Kong Baptist University, Hong Kong, China, ²Chinese EQUATOR Centre, Hong Kong Baptist University, Hong Kong, China, ³Department of Computer Science, Hong Kong Baptist University, Hong Kong, China, ⁴Institute for Research and Continuing Education, Hong Kong Baptist University, Shenzhen, China, ⁵Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

Background: Traditional Chinese Medicine (TCM), one of the complementary therapies, is widely used globally. TCM offers diverse therapeutic approaches such as acupuncture, herbal medicine, and tuina, rooted in centuries of holistic practices. However, a limitation of TCM is its non-standardized, individualized approach to diagnosis and treatment, often resulting in variability in decision-making. With the rapid growth of clinical evidence and evidence-based clinical guidelines, Chinese Medicine Practitioners (CMPs) face challenges in integrating them for consistent care. Artificial intelligence, particularly Large Language Models (LLMs), offers a potential solution. LLMs can self-train on extensive datasets, providing real-time, evidence-based recommendations to support clinical decision-making.

Objective: This study aims to evaluate the consistency between LLMs, CMPs, and LLM-CMP collaboration in clinical decision-making. We seek to understand how LLMs, learning guideline recommendations in real-time, can enhance decision-making consistency and promote the implementation of guidelines in TCM.

Methods: A cross-sectional observational study will compare the diagnosis and treatment decisions made by LLMs, CMPs, and their collaboration on standardized clinical gastroenterology routine cases. LLMs will provide self-trained recommendations, CMPs will apply clinical expertise, and LLM-CMP collaboration will combine both to make final decisions.

Results: Diagnostic and treatment decisions will be assessed for consistency using Cohen's κ , targeting $\kappa \geq 0.8$ for routine cases. The performances of different LLM models in collaboration with CMPs will also be quantified.

Discussion: The study is ongoing, and the results will be presented at the GIN Conference.

Leveraging Patient Narratives from Short-Video Platforms for Clinical Practice Guideline Development

Mr Qiao Huang¹, Prof. Xiao-Mei Yao²

¹Zhongnan hospital of Wuhan University, Wuhan, China, ² McMaster University, Hamilton, Canada

Background

Traditional clinical practice guideline (CPG) development often lacks direct and holistic patient input, potentially leading to biased priorities and limited patient-centeredness. Short-video platforms, such as TikTok and Douyin, are increasingly generating user-generated health-related content, offering a unique opportunity to capture real-world patient experiences and provide new insights for CPG development.

Objective

This study aims to explore the feasibility and outline a framework for integrating patient-generated short-video content into CPG development to enhance patient-centered recommendations.

Methods

A preliminary survey of short-video content related to health experiences was conducted in TikTok and Douyin to assess the availability and relevance of patient's perspectives. A literature review and expert consultations were conducted to identify key steps for integrating patient narratives from short-video platforms into CPG development.

Results

Short-video content offers rich insights into patient experiences, particularly regarding treatment preferences, unmet needs, quality of life, and real-world challenges. The proposed framework consists of five practical steps: (1) establishing strict selection criteria for identifying relevant short-video content from real patients, (2) conducting qualitative analysis to extract key themes, (3) aligning thematic findings with clinical evidence, (4) engaging patients and stakeholders for validation and prioritization, and (5) addressing ethical and practical considerations, including privacy, informed consent, and cultural sensitivity. These steps enable the integration of real-world patient experiences into guideline development, enhancing their relevance and applicability.

Discussion

Incorporating patient-generated short-video content into CPG development is a novel and promising approach to ensure the meaningful involvement of patient voices, promoting more patient-centered and contextually relevant clinical recommendations.

Developing Short-Video Versions of Clinical Practice Guidelines: A Protocol

Mr Qiao Huang¹, Prof. Ying-Hui Jin¹

¹Zhongnan hospital of Wuhan University, Wuhan, China

Background

Clinical practice guidelines (CPGs), including patient versions, serve as essential tools for evidence-based healthcare, empowering patients to make informed decisions. However, their complexity often hinders patient understanding, limiting practical use and adherence. Short-video platforms, such as TikTok and Douyin, have become popular for sharing information and offer a novel opportunity to simplify and disseminate complex guideline recommendations in an engaging and accessible format.

Objective

This study aims to explore the feasibility and develop a framework for creating patient-friendly short-video versions of CPGs to enhance patient comprehension and adherence.

Methods

A preliminary survey of health-related short videos on short-video platforms will be conducted to evaluate content style, engagement, strengths, and limitations. A literature review on online health communication strategies and artificial intelligence based tools will be performed to identify key elements for effective knowledge translation. Based on these findings, expert consultations and brainstorming sessions will be held to develop a structured framework for transforming complex recommendations into patient-friendly short-video content.

Results

This study will identify core elements of effective short-video health communication, including simplified language, engaging visuals, storytelling techniques, and accessibility features. The framework will outline essential steps for CPG content adaptation, and incorporate mechanisms for content validation, feedback evaluation, iterative optimization, and adaptation to diverse patient populations.

Discussion

Leveraging short-video platforms for CPG dissemination may represent an innovative strategy to bridge the gap between guideline developers and the public, promoting more patient-centered healthcare communication. However, balancing information simplification and scientific rigor is crucial to maintaining guideline credibility and accessibility.

The Australian Evidence Ecosystem: Current Overview and Areas for Improvement

Prof Zachary Munn¹, Professor Tracy Merlin²

¹HESRI, University of Adelaide, , Australia, ²AHTA, University of Adelaide, , Australia

Background

The evidence ecosystem represents the processes and stakeholders involved in generating, synthesising, and translating research into policy and practice. In health, this ecosystem includes researchers, clinicians, policymakers, guideline developers, health technology assessors, and regulators. While Australia has a strong evidence-based healthcare system, inefficiencies, redundancies, and gaps in coordination limit the timely and effective use of evidence in practice.

Objective

To map the Australian health evidence ecosystem according to the framework for health decision-making, identify key actors and challenges, and explore opportunities to improve coordination, efficiency, and impact in evidence translation.

Methods

We mapped Australian research units, initiatives, funders, regulators, and decision-makers against established evidence ecosystem models. We conducted a comparative analysis with international frameworks and incorporated stakeholder insights to assess structural gaps and potential improvements.

Results

Australia has a strong commitment to evidence-informed decision-making, with evidence synthesis approaches informing policy and practice at multiple levels. However, the Australian evidence ecosystem, while highly interconnected, is often fragmented, with duplication of effort evident across key areas. Our findings highlight the need for more streamlined integration, improved knowledge translation processes, and clearer pathways for coordinated evidence uptake.

Discussion

Enhancing the Australian evidence ecosystem requires greater collaboration, streamlined methodologies, and improved infrastructure to facilitate evidence-informed decision-making. This presentation will outline strategies to strengthen evidence generation, synthesis, and implementation, ensuring research translates into meaningful health system improvements.

Applying Cutting-Edge Methods in the Development of the Australian Motor Neurone Disease (MND) Guideline: Innovations, Challenges, and Lessons Learned

Prof Zachary Munn¹, Dr Cindy Stern¹, Dr Danielle Pollock¹, Dr Timothy Barker¹, Professor Steve Vucic²

¹HESRI, University of Adelaide, , Australia, ²Brain and Nerve Research Centre, Concord Clinical School, The University of Sydney, Sydney, Australia

Background

Guideline development has evolved significantly, integrating new methodologies to enhance transparency, engagement, and real-world impact. The Australian MND Guideline, a collaboration between HESRI and FightMND, leverages modern best practices to ensure rigour, inclusivity, and implementability.

Objective

This presentation will showcase innovative methodologies used in developing the Australian MND Guideline, including living methods, GRADE-ADOLOPMENT, outcome prioritisation frameworks, and co-production with people with lived experience, amongst other innovations. We will share insights on applying these methods and lessons learned.

Methods

Following GRADE-based methodology, the guideline integrates:

- Outcome prioritisation through structured engagement with clinicians, researchers, policy makers, advocates and people with lived experience.
- Living synthesis methods to allow real-time updates.
- Rapid evidence synthesis using GRADE-ADOLOPMENT to adapt global recommendations efficiently.
- Implementation science strategies for usability and uptake.

Results

Key innovations have strengthened interest holder inclusivity and transparency. Early engagement aligned clinical priorities with patient-centred outcomes, while GRADE-ADOLOPMENT enhanced efficiency.

Discussion

This presentation will explore what worked, challenges faced, and how these approaches inform future guideline development. The Australian MND Guideline is designed as a continuously evolving, evidence-based approach to improve MND care in Australia and beyond.

Stakeholder Insights and Guideline Review to Inform Antimicrobial Management Guidelines for Respiratory Infections in Primary Care: A Qualitative Study in Singapore

Dr Sharmini Rathakrishnan¹, Dr Sonja Chua¹, Dr Bhone Myint Kyaw¹, Dr Phyllis Kim¹, **Ms Valentina Ricci**, Dr Ye Sun¹

¹Evidence to Practice Office (ETPO), Agency for Care Effectiveness, Ministry of Health Singapore, Singapore, , Singapore

Background: Community-acquired Pneumonia (CAP) and Upper Respiratory Tract Infections (URTI) have been prioritised for primary care clinical guidance development due to their significant health and economic burden, limited local guidelines, and inconsistent antimicrobial management practices.

Objectives: To identify current practices and challenges in primary care through stakeholder engagement and guideline review.

Method: From August to September 2024, in-depth interviews (IDIs) with eight general practitioners (GPs) (public: n=2, private: n=6) were analysed using inductive thematic analysis. A rapid systematic review of international guidelines assessed antibiotic guideline methodologies.

Results: Findings showed increased technology use, such as point-of-care testing (POCT) for antiviral initiation and teleconsultation for follow-ups, despite limited inclusion in international guidelines.

Facilitators for appropriate antimicrobial use in URTI included effective physician-patient communication, diagnostic support from POCT, and improved public health literacy. Key barriers included diagnostic uncertainty, patient safety concerns, patients' expectations of pharmacological intervention, and professional isolation impeding awareness of current practice updates.

For CAP, access to diagnostic tools (e.g., chest X-rays) facilitated appropriate antibiotic prescription, while barriers included patient demand for antibiotics and limited access to local guidelines.

Discussion for scientific abstracts: The IDIs underscore the importance of integrating newer technology into guidelines. Interviewees highlighted the need for targeted strategies to address barriers such as the limited awareness of practice updates among specific subgroups of GPs. Providing local evidence-based guidelines that address diagnostic uncertainty and present clear recommendations can facilitate better antimicrobial prescribing and stewardship while ensuring patient safety.

NurseConnect – An exchange platform for nursing care experts

Miss Magdalena Vogt¹, Mr. Sebastian Müller², Mr. Michael Ziegler², Prof. Dr. Janine Vetsch¹

¹Eastern Switzerland University of Applied Sciences, Institute of Health Sciences, St. Gallen, Switzerland,

²Eastern Switzerland University of Applied Sciences, Institute of Information and Process Management, St. Gallen, Switzerland

Background: Integrated healthcare requires exchange of expertise and coordination within the healthcare system to ensure quality, safety, and efficiency. Although opportunities for professional exchange among nurses exist, they are not universally accessible and sometimes remain unknown. Strengthening digital exchange can facilitate collaboration and evidence-based practice, which includes the experience of nursing professionals, patient needs, available resources and research findings.

Objective: The overall goal was to promote exchange among nursing experts to support an integrated and evidence-based practice. The subgoals were to identify digital requirements for an exchange platform for nursing experts, develop the platform, and evaluate its use and sustainability.

Methods: The project followed an iterative process during development with regular user engagement. We created a requirements catalog based on a literature review and interviews with six nursing experts. Seven nursing experts, four researchers, and one student assistant tested a prototype, before being made publicly available. We will evaluate the platform use by analysing access to the platform and content after 12 months.

Results: A logical and intuitive structure was essential for user acceptance. Desired features included the ability to ask and answer questions, share files, and easily find content via a search function. A notification system for new posts or replies was also suggested. The tested prototype met most requirements with minor adjustments before public release.

Discussion: The platform now called “NurseConnect” enables collaborative problem-solving and cross-sector exchange. Sharing of expertise and knowledge and intersectional collaboration may save resources and enhance integrated care across settings, ultimately improving patient outcomes.

A systematic Comparison of data extractions using a large language model (Elicit) and human reviewers

Miss Joleen Bianchi^{1,2}, Dr. Julian Hirt^{1,3,4}, Miss Magdalena Vogt¹, **Prof. Dr. Janine Vetsch**¹ ¹Eastern Switzerland University of Applied Sciences, , Switzerland, ²Interdisciplinary infant unit, Eastern Switzerland Children's Hospital, , Switzerland, ³Pragmatic Evidence Lab, Research Center for Clinical Neuroimmunology and Neuroscience Basel (RC2NB), University Hospital Basel and University of Basel, , Switzerland, ⁴Institute of Health and Nursing Science, Medical Faculty, Martin Luther University Halle-Wittenberg, , Germany

Background: Elicit is an artificial intelligence tool which may automate data extraction for the conduct of evidence synthesis and guidelines. However, the tool's performance and accuracy is unclear and requires an independent assessment.

Objective: We aimed at comparing data extractions of randomized controlled trial reports done by Elicit and human reviewers.

Methods: We sampled 20 randomized controlled trial reports of which data was extracted manually by a human reviewer. We assessed the variables study objectives, sample characteristics and size, study design, intervention, outcome measured and intervention effects and classified the results into "deviating extractions", "partially equal with less information" and "equal to or more information".

Results: Data extractions were equal between Elicit and human extractions in 49 % of all variables in all twenty studies, partially equal in 46% and deviating in 5%. Across all variables, Elicit extracted equal to or more information compared to a human reviewer in 1-20 studies (median 11). Only for the variable study design, all extractions (100%) by Elicit were equal to human reviewers. For the variable intervention effects, extractions by Elicit were equal to human reviewers in only one study (5%).

Discussion for scientific abstract: Elicit extracted data only partly correct for our predefined variables. Variables like 'intervention effect' or 'intervention' may require a human reviewer to complete the data extraction. Our results suggest that verification by human reviewers is necessary to ensure that all relevant information is captured completely and correctly by Elicit.

Integrating Patient Needs into Cardiac Rehabilitation Guidelines: Strengthening Evidence through Qualitative Findings

Ms Daniëlle Conijn¹, PhD and physiotherapist Niek Koenders², PhD and physiotherapist Roel van Oorsouw², MSc Mariëtte Verbakel³, PhD Thijs M.H. Eijsvogels⁴, PhD Philip J. van der Wees⁵

¹Royal Dutch Society for Physical Therapy (KNGF), Amersfoort, Netherlands, ²Radboud university medical center, Department of Rehabilitation, Nijmegen, Netherlands, ³Radboud university medical center, Patient advisory board, Nijmegen, Netherlands, ⁴Radboud university medical center, Department of Physiology, Nijmegen, Netherlands, ⁵Radboud university medical center, Department of Rehabilitation and Science department IQ Health, Nijmegen, Netherlands

BACKGROUND

Cardiac rehabilitation is a strongly recommended intervention for patients with coronary artery disease (CAD) and chronic heart failure (CHF). To enhance patient engagement, it is essential to align rehabilitation programs with patient needs. The revision of the Dutch physiotherapy guideline on cardiac rehabilitation aimed to optimize cardiac rehabilitation to improve adherence and completion.

OBJECTIVE

We integrated qualitative and quantitative data to assess how rehabilitation programs could be structured to enhance adherence and completion among patients with CAD and CHF by integrating patient needs into guideline development.

METHODS

Two systematic reviews were performed: (1) a qualitative, meta-ethnographic synthesis to explore the rehabilitation needs of patients with CAD, CHF, or thoracic aortic dissection, using GRADE-CERQual; and (2) a meta-analysis assessing the effectiveness of interventions to enhance adherence and completion of cardiac rehabilitation using GRADE. The integration of both reviews informed the evidence-to-decision process.

RESULTS

The qualitative review identified five lines-of-arguments presenting patient needs: safety without overprotection, involvement of significant others, peer support, personalized care, and meaningful future planning. The integration of qualitative findings influenced the recommendations not only by shaping patient preferences and values within the evidence-to-decision process but also by carrying additional weight due to the nature of the clinical question. This resulted in a stronger emphasis on patient-centered approaches in the guideline recommendations.

DISCUSSION

Our findings suggest that when patient needs are central to guideline development, qualitative research should be considered as crucial evidence. These insights will be used to adapt the methodology for guideline development.

Creating and applying health outcome thresholds for magnitude of effects: Process and application

Mr Martin Ringsten¹, Marge Reinap², Matteo Bruschetti¹, Holger Schünemann³

¹Cochrane Sweden, Skåne University Hospital, Lund University, Lund, Sweden, ²Division of Country Health Policies and Systems, WHO Regional Office for Europe, Copenhagen, Denmark, ³Clinical Epidemiology and Research Center (CERC), Humanitas University and IRCCS Humanitas Research Hospital, Milan, Italy

Background:

A key part of developing recommendations for interventions is determining the magnitude of desirable and undesirable health effects, but the processes are often not made explicit or transparently reported.

Objective:

We describe an approach of how to develop outcome thresholds and apply this approach within the Swedish Guideline of Caffeine in Preterm Infants.

Methods:

Through an iterative process we applied a 10-step approach to create decision-thresholds to be used in GRADE EtDs. The approach used different sources of evidence, including registry data, systematic reviews of values of outcomes, surveys content experts, and discussions, feedback and consensus approaches within working groups and guideline panel.

Results:

The approach, including the aim, rational and practical application in each step, included:

- Identifying outcomes for decision making
- Determine how and when outcomes can be measured
- Developing health outcome descriptors
- Prioritizing and exploring relative importance of outcomes
- Determine the incidence
- Defining effect size thresholds
- Determining the disutility-value and revise the thresholds
- Applying effect size categories
- Using thresholds within the GRADE assessment
- Combining the magnitude of effects to a balanced net effect

The application included 17 outcomes and all utilized sources of evidence were reported together with outcome thresholds in a transparent format (table 1).

Discussion:

The approach was useful in the development of outcome thresholds and could be used or adapted to fit different contexts and guideline projects with various expertise, resources and available evidence. Developing, using and reporting explicit outcome thresholds is important in the development and communication of trustworthy recommendations and evidence syntheses.

A preventive approach to tackle vulnerable adult people abuse in healthcare and social institutions settings: French national guidelines and implementation tools

Mrs Laurence Chazal¹, Mrs Marie-José Moquet¹, Mrs Morgane Le Bail¹

¹HAS - French national authority for health, Saint-Denis, France

Background:

Vulnerable people mistreatment is a widespread and serious problem in social and care institutional settings. HAS was mandated by health minister to produce national guidelines and implementation tools. They allow a better knowledge of the causes of abuse and contributing factors in order to develop effective solutions.

Method:

A scoping phase to identify major questions, barriers and levers, and key issues through a literature analysis and consultation of both experts and stakeholders, patient associations. The second phase included a workgroup including 30% of patient representative. A testing phase to facilitate recommendations implementation. Then a stakeholder review.

Results:

HAS proposes guidelines, implementation tools, and patient and caregiver leaflets. Seven priorities are proposed to prevent abuse :

- governance and management involvement,
- patient and caregivers involvement,
- three analysis levels are necessary to identify risk factors and preventive actions plan: organisational aspects, teamwork and patient vulnerability.
- individualized plan has to be regularly reviewed involving patients and caregivers,
- patient relatives have to be a strong partnership to propose solutions
- respectful professional attitudes and a reporting culture
- collaboration between patient representative and professionals

Practical tools are needed to engage discussion between teams and patient to prevent abuse.

Discussion:

This work highlights the need for providers, patients and caregivers to be aware of any potential signs of abuse. This systemic and combined approach (guidelines and tools) is to be taken into account by the French accreditation of healthcare organizations and social evaluations process.

Developing a guideline for managing critical bleeding in immune thrombocytopenia: An innovative approach to rare disease guidelines

Mr Saifur R. Chowdhury^{1,2}, Emily Sirotich^{1,2}, Gordon Guyatt^{2,3,4}, Dimpy Modi^{1,3}, Donald Arnold^{1,3}

¹Michael G. DeGroote Centre for Transfusion Research, McMaster University, , Canada, ²Department of Health Research Methods, Evidence, and Impact, McMaster University, , Canada, ³Department of Medicine, McMaster University, , Canada, ⁴MAGIC Evidence Ecosystem Foundation, , Norway

Background: A critical bleed (e.g., intracranial hemorrhage) in a patient with severe immune thrombocytopenia (ITP) (platelet count <20 x 10⁹/L) requires urgent treatment to rapidly raise the platelet count and restore hemostasis. However, direct evidence from primary studies is lacking.

Objective: We used innovative strategies to develop evidence-informed guidelines for the management of this rare but life-threatening condition.

Methods: The guideline panel included clinical experts, methodologists, and patient partners. The guideline team i) conducted a multicenter retrospective cohort study; ii) conducted a systematic review addressing urgent treatments for ITP; iii) conducted a systematic review addressing the effects of interventions on platelet count response in adults and children with severe ITP; and iv) considered expert clinical experiences. All sources of evidence were incorporated into the evidence summaries to inform recommendations.

Results: For the treatment of an adult or a child who presents to the emergency department with a critical bleed in severe ITP, the panel made strong recommendations for the use of high-dose corticosteroids, IVIG, platelet transfusions, tranexamic acid, and thrombopoietin receptor agonist medications. The basis of the strong recommendation, despite very low certainty evidence, was GRADE guidance regarding interventions in life-threatening illness. The panel made a conditional recommendation for urgent splenectomy when other treatments fail, and a conditional recommendation against the use of recombinant factor VIIa due to the risk of thrombosis.

Discussion: This novel approach to rare disease guidelines including new data collection and both direct and indirect evidence from systematic reviews can be applied to other evidence-limited areas.

The role of health technology assessment in the one health context: developing the first Brazilian guideline for human brucellosis management

Doutor Sarah Silva¹, **PhD Endi Galvão**², PhD Mariana Freire¹, PhD Tália Assis¹, PhD Janaína Carvalho¹, PhD Beatriz Noronha¹, PhD Lorenza Dezanet¹, PhD Marina Guahnon³, PhD Gilson Dornelas³, PhD Suená Parahiba³, PhD Marta Maior⁴, **PhD Thais Piazza**⁴, PhD Gláucia Cota⁴

¹Fundação Oswaldo Cruz, Belo Horizonte, Brazil, ²Universidade Federal dos Vales do Jequitinhonha e Mucuri, Diamantina, Brazil, ³Hospital Moinhos de Vento, Porto Alegre, Brazil, ⁴Ministry of Health Brazil, Brasília, Brazil

Background: Human brucellosis is a re-emerging zoonosis with significant public health importance, requiring comprehensive approaches for proper management.

Objective: To describe the process of developing the Human Brucellosis Guideline for the Brazilian public health system.

Methods: This study presents a case report following the requirements of Methodological Guidelines to the development of clinical guidelines from the Brazilian Ministry of Health (MoH).

Results: The initial stage of the process focused on defining the guideline's scope, where dialogue among stakeholders played a critical role in delineating and reaching a consensus on its objectives. A major challenge was engaging social participation, which was addressed through public calls aimed to encourage wider participation. During the development phase, two major challenges were the limited number of primary studies on brucellosis and the need to conduct systematic reviews of existing evidence. Five systematic reviews were conducted, which informed the discussions of evidence panels convened to address key questions and support the incorporation of a new drug into the Brazilian Unified Health System (SUS). This process included evidence assessment, regulatory compliance, and policy alignment. The active participation of stakeholders in this stage was fundamental, contributing to a comprehensive, scientifically robust guideline that enhances national healthcare strategies. In addition, dissemination strategies were designed to integrate the guideline into broader public health efforts, maximizing its utility and impact.

Discussion: By applying systematic and evidence-based standards, it facilitates the development of policies that transcend traditional healthcare boundaries, enabling timely, informed, and effective decision-making frameworks to improve health outcomes.

The Evidence Synthesis Taxonomy Initiative- Harmonising evidence synthesis as a global community.

Prof Zachary Munn¹, Dr Danielle Pollock¹

¹HESRI, University of Adelaide, , Australia

Background: The Evidence Synthesis Taxonomy Initiative (ESTI) (with over 150 evidence synthesis experts from across the international community, including Cochrane, JBI, GIN, Campbell, HTAi, GRADE and others) is leading the charge in organising and harmonising the field of evidence synthesis through the creation of a living evidence synthesis taxonomy.

Objective: This workshop will start the process of harmonising the 1000 evidence synthesis types.

Participants will:

1. Be introduced to ESTI, the taxonomy and freely accessible database.
2. Direct participants to resources to support their evidence synthesis projects.
3. Discuss the need for harmonisation within evidence synthesis.

Description/ Activities/Interaction Plans:

1. Facilitator and table introductions
2. Short presentation: Describing ESTI, the scale of the problem, the taxonomy and its database.
3. Q and A session to address any comments or queries about ESTI.
4. Activity: Participants will sit on round tables that have been themed by 'families' of evidence synthesis. For example, 'systematic reviews'; 'big picture reviews'; 'qualitative reviews. There will be a facilitator on each table to guide discussions. Participants will be asked to discuss and organise if these terms are describing the same evidence synthesis type, or are they separate evidence synthesis types.
5. Group discussion: Participants will be asked to present their discussion to the broader workshop.
6. Activity: Individuals will be asked to go to a different table and confirm or change the previous tables organisation of evidence synthesis types.
7. Q and A session regarding the activity and ESTI
8. Concluding remarks a

Research Integrity in Guidelines and evidence synthesis (RIGID): a framework for assessing research integrity in guideline development and evidence synthesis

Dr Aya Mousa¹, **Dr Madeline Flanagan**², Dr Chau Thien Tay¹, Prof Robert J Norman³, Dr Michael Costello⁴, Dr Wentao Li^{2,5}, Dr Rui Wang², Prof Helena Teede¹, Prof Ben W Mol^{2,6}

¹Monash University, CLAYTON, Australia, ²Department of Obstetrics and Gynaecology, Monash University, CLAYTON, Australia, ³Robinson Research Institute, Adelaide Medical School, University of Adelaide, , Australia, ⁴University of New South Wales, , Australia, ⁵National Perinatal Epidemiology and Statistics Unit, Centre for Big Data Research in Health and School of Women's and Children's Health, The University of New South Wales, , Australia, ⁶Aberdeen Centre for Women's Health Research, University of Aberdeen, , UK

Background: Clinical guidelines must be underpinned by sound evidence to inform patient care. Despite rising research integrity concerns, there are no processes for assessing evidence integrity in guideline development.

Objective: In response to this crucial gap, we developed the Research Integrity in Guidelines and evidence synthesis (RIGID) framework, an innovative and transparent six-step approach, with a central integrity committee.

Methods: Co-developed with international input from 80 multidisciplinary experts, and consumers, the RIGID framework follows six key steps: (1) Review processes are adopted, in line with approved evidence synthesis methodologies; (2) Exclude studies which have been retracted, and note those with expressions of concern for further evaluation; (3) Assess remaining studies for integrity using an appropriate tool and allocate an initial integrity risk rating (low, moderate, high); (4) Discuss assessment results among integrity committee members with votes to determine final study integrity risk ratings; (5) Establish contact with authors for clarification of studies ranked as moderate or high risk; (6) Reassess studies for inclusion using the RIGID author response algorithm.

Findings: An illustrative case study demonstrates how RIGID was successfully implemented in an influential international guideline endorsed by 39 societies across six continents. Here, 45 of the 101 eligible studies (45%) were not included in the guideline due to integrity concerns. The RIGID framework has since been successfully implemented in two further guidelines in women's health.

Discussion: Based on the latest literature and international expertise, the RIGID framework represents an important advancement in best practice standards for guideline development.

'Living' maintenance of 650 guidelines

Dr Floor Willeboordse¹, Dr Roel Bakx³, MD Niels Veltman⁴, Joyce van Croonenborg⁶, Maike van Leeuwen⁵, Ilse van Ee², Dr Anh Nhi Nguyen¹, Dr Stefanie Hofstede¹, MD Zoran Erjavec⁵ ¹Knowledge Institute Of The Dutch Association Of Medical Specialists, , The Netherlands, ²The Netherlands Patients Federation, , The Netherlands, ³Amsterdam University Medical Center, , The Netherlands, ⁴Jeroen Bosch Hospital, Den Bosch, The Netherlands, ⁵Dutch Society of Internal Medicine, , The Netherlands, ⁶Dutch Association of Medical Specialists, , The Netherlands

Background:

In the Netherlands there are approximately 650 guidelines for medical specialist care. Continuous maintenance of all guidelines based on the latest scientific and clinical insights is challenging, but necessary for building trust in guidelines and science. To improve efficiency, we introduced a cluster-based 'living' maintenance model, grouping multiple guidelines around a specialty, condition, or patient group (e.g., benign gynecology). Each guideline consists of clinical questions with recommendations. A multidisciplinary steering and expert group maintain the most urgent clinical questions of different guidelines within a cluster through an annual cycle: assessing need-for-updates, prioritizing, revising, reviewing, and authorizing. This 'living' model enables continuous guideline maintenance.

Objective:

1. To evaluate the feasibility of a 'living' maintenance cluster model and stakeholder engagement.
2. To implement the cluster model and accelerate integration of new evidence into updated guideline recommendations

Methods:

1. A mixed-methods evaluation was conducted across nine clusters, using both quantitative and qualitative methods and surveys. The process steps within the annual cycle were continuously evaluated and improved.
2. Implementation is ongoing in 50 clusters, with a planned scale-up to 100 clusters.

Results:

Continuous maintenance of guidelines is feasible and widely supported by stakeholders. However, challenges remain in project and stakeholder management, communication, recruiting motivated working group members and streamlining and accelerating processes.

Discussion:

Continuous maintenance of guidelines in the 'living' cluster model seems to be feasible for all stakeholders. Clusters have the potential to become central hubs for knowledge interpretation, feeding into the quality cycles of both clinical practice and research.

Performance of Large Language Models in Answering Chinese Medicine Questions: A Comparative Analysis with Clinical Practice Guidelines

Mr Weilong Zhao¹, Dr Honghao Lai¹, Dr Bei Pan², Mr Jiajie Huang³, Ms Danni Xia¹, Ms Chunyang Bai⁴, Ms Jiayi Liu^{1,5}, Ms Jianing Liu³, Prof Yinghui Jin⁶, Prof Hongcai Shang⁷, Prof Jianping Liu⁸, Prof Nannan Shi⁹, Prof Jie Liu¹⁰, Prof Yaolong Chen^{11,12,13,14}, Prof Janne Estill^{2,5}, Prof Long Ge^{1,12,14}

¹Department of Health Policy and Management, School of Public Health, Lanzhou University, Lanzhou, China,

²Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China,

³College of Nursing, Gansu University of Chinese Medicine, Lanzhou, China, ⁴School of Nursing, Southern Medical University, Guangzhou, China, ⁵Institute of Global Health, University of Geneva, Geneva, Switzerland,

⁶Center for Evidence-Based and Translational Medicine, Zhongnan Hospital of Wuhan University, Wuhan, China,

⁷Key Laboratory of Chinese Internal Medicine of Ministry of Education and Dongfang Hospital, Beijing University of Chinese Medicine, Beijing, China, ⁸Evidence-Based Medicine Center, Beijing University of Chinese Medicine, Beijing, China, ⁹Institute of Basic Research in Clinical Medicine, China Academy of Chinese Medical Sciences, Beijing, China, ¹⁰Department of Oncology, Guang'anmen Hospital, China Academy of Chinese Medical Sciences, Beijing, China, ¹¹Research Unit of Evidence-Based Evaluation and Guidelines (2021RU017), China Academy of Medical Sciences, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China,

¹²Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, China, ¹³Institute of Health Data Science, Lanzhou University, Lanzhou, China, ¹⁴World Health Organization Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China

¹⁵Department of Health Policy and Management, School of Public Health, Lanzhou University, Lanzhou, China, ¹⁶Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China,

¹⁷College of Nursing, Gansu University of Chinese Medicine, Lanzhou, China, ¹⁸School of Nursing, Southern Medical University, Guangzhou, China, ¹⁹Institute of Global Health, University of Geneva, Geneva, Switzerland, ²⁰Center for Evidence-Based and Translational Medicine, Zhongnan Hospital of Wuhan University, Wuhan, China, ²¹Key Laboratory of Chinese Internal Medicine of Ministry of Education and Dongfang Hospital, Beijing University of Chinese Medicine, Beijing, China, ²²Evidence-Based Medicine Center, Beijing University of Chinese Medicine, Beijing, China, ²³Institute of Basic Research in Clinical Medicine, China Academy of Chinese Medical Sciences, Beijing, China, ²⁴Department of Oncology, Guang'anmen Hospital, China Academy of Chinese Medical Sciences, Beijing, China, ²⁵Research Unit of Evidence-Based Evaluation and Guidelines (2021RU017), China Academy of Medical Sciences, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ²⁶Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, China, ²⁷Institute of Health Data Science, Lanzhou University, Lanzhou, China, ²⁸World Health Organization Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China

Background: Chinese medicine (CM) plays an important role in global healthcare, but faces challenges in standardizing and modernizing its knowledge system. Whether large language models (LLMs) can effectively facilitate CM knowledge acquisition remains uncertain.

Objective: To evaluate the performance of LLMs in answering questions related to CM clinical practice guidelines.

Methods: This cross-sectional study was conducted between May 4 and September 22, 2024. Ten CM clinical practice guidelines were randomly selected, and 150 questions were constructed across three categories: syndrome differentiation and medication, specific prescription consultation, and CM theory analysis. Four LLMs (GPT-4o, Claude-3.5 sonnet, Moonshot v1, and ChatGLM-4) were evaluated using both English and Chinese queries. The main evaluation metrics included alignment of the responses with the guidelines, readability, and use of safety disclaimers.

Results: Overall, GPT-4o had significantly higher guideline alignment scores (median 4.00, interquartile range (IQR) 2.98-5.00) than the other models on the English responses, whereas GPT-4o (median 4.30, IQR 3.60-5.00) and ChatGLM-4 (median 4.30, IQR 3.10-5.00) performed comparably and better than the other models in Chinese. All LLMs performed well on the TTA questions, but there were significant differences in performance on the SDM and SPC questions. English responses had lower readability (mean FRES 34.9) compared to Chinese responses. Moonshot provided the highest rate of safety disclaimers (98.7% English, 100% Chinese).

Conclusion: LLMs showed varying degrees of potential for acquiring CM knowledge acquisition. Optimizing LLMs to become effective tools for disseminating CM information is an important direction for future development.

Make Your Guideline Computable

Dr Brian Alper^{1,2}, **Ms Joanne Dehnbostel**^{1,2,3}, **Ms Noella Awah**⁴, Ms Kinlabel Tetamiyaka O.T.^{4,5,6}, Ms Ambang Tatianne Forkum⁴

¹Scientific Knowledge Accelerator Foundation, Franklin, United States, ²Computable Publishing LLC, Franklin, United States, ³University of Arizona, Tucson, United States, ⁴eBASE Africa, Bamenda, Cameroon, ⁵University of Ghana, Accra, Ghana, ⁶iCODE Abakwa, Bamenda, Cameroon

Background

In 2017, GINTech stimulated efforts to develop interoperability solutions for the evidence ecosystem. In 2025, a resulting “Evidence Based Medicine on Fast Healthcare Interoperability Resources” (EBMonFHIR) project provides a technical standard for the computable expression of evidence and guidelines. Free tools are available on the FEvIR Platform (fevir.net) to facilitate conversion of guidelines in Microsoft Word format into computable form matching the EBMonFHIR implementation guide.

Objective

To enable participants to convert their existing guidelines in Word documents to computable format, and to provide immediate technical support.

Format (including interactive elements) for workshops

A brief (up to 15 minutes) introduction will recap an orientation from a related panel presentation:

--Brian Alper will introduce the origin and current state of EBMonFHIR activities.

--Joanne Dehnbostel will introduce the Fast Evidence Interoperability Resources (FEvIR) Platform with emphasis on relevant tools for guideline developers, including demonstration of adapting guidelines from MAGICapp and GRADEpro.

--Noella Awah will report on her actual experience using the FEvIR Platform to convert a 199-page PDF for the Cameroon malaria guideline into a computable guideline.

Participants will ‘work on their own’ to process guideline documents into computable form with the tooling freely available on the FEvIR Platform. Facilitators will be available throughout to help as needed. As helpful hints are discovered, or questions from participants are noted to have educational value, the discussion will be shared with the audience and the example shown on the large screen.

PLEASE BRING YOUR LAPTOP AND YOUR GUIDELINE AS MS-Word (.doc or .docx) FILE.

Digital Access to Malaria Guidelines in Cameroon: Experiences with the FEvIR Platform

Dr Brian Alper^{1,2}, Ms Joanne Dehnbostel^{1,2,3}, Ms Noella Awah⁴, Mr Khalid Shahin^{1,2}, Dr Patrick Okwen⁴
¹Scientific Knowledge Accelerator Foundation, Franklin, United States, ²Computable Publishing LLC, Franklin, United States, ³University of Arizona, Tucson, United States, ⁴eBASE Africa, Bamenda, Cameroon

Background

Print-based malaria guidelines in Cameroon have limited dissemination to the point of care. In 2017, GINTech stimulated efforts to develop interoperability solutions for the evidence ecosystem. In 2025, a resulting “Evidence Based Medicine on Fast Healthcare Interoperability Resources” (EBMonFHIR) project provides a technical standard for the computable expression of evidence and guidelines. eBase Africa engaged GINTech to make the Cameroon malaria guideline available in computable form.

Objective

To review the experience of developing and disseminating the Cameroon malaria guideline in computable form.

Content of presentations for panel sessions

Brian Alper will introduce the origin and current state of EBMonFHIR activities. In 2017 GINTech decided to explore interoperability solutions for the evidence ecosystem. In 2018, Health Level 7 International (HL7) approved a project to extend the HL7 FHIR standard to EBM knowledge. The EBMonFHIR project has developed a comprehensive Implementation Guide and resulted in an open collaboration (Health Evidence Knowledge Accelerator).

Joanne Dehnbostel will introduce the Fast Evidence Interoperability Resources (FEvIR) Platform with emphasis on relevant tools for guideline developers, including demonstration of adapting guidelines from MAGICapp and GRADEpro.

Noella Awah will report on her actual experience using the FEvIR Platform to convert a 199-page PDF for the Cameroon malaria guideline into a computable guideline.

Khalid Shahin will report on developments to address the realities of digital access in Cameroon, mainly to support offline viewing of the guideline on mobile devices.

Patrick Okwen will report on the experience in Cameroon in 2025 related to dissemination of the computable guideline.

Advancing rare disease guidelines: a qualitative study among guideline developers on challenges and best practices

Ms Mirthe Klein Haneveld^{1,2}, Willemijn F E Irvine^{3,4}, Martina C Cornel⁵, Federico Germini^{6,7}, Johanna H van der Lee⁸, Agnies M van Eeghen^{1,2,9}, Charlotte M W Gaasterland¹⁰

¹Amsterdam UMC, University of Amsterdam, Emma Children's Hospital, Amsterdam, The Netherlands,

²European Reference Network on Rare Congenital Malformations and Rare Intellectual Disability ERN-ITHACA, Clinical Genetics Department, Robert Debré University Hospital, Paris, France, ³Department of Pediatric Surgery, Erasmus MC Sophia Children's Hospital, Rotterdam, The Netherlands, ⁴Department of Evidence Based Medicine and Methodology, Qualicura Healthcare Support Agency, Breda, The Netherlands, ⁵Amsterdam UMC, Vrije Universiteit Amsterdam, Department of Human Genetics, Amsterdam, The Netherlands, ⁶Clinical Epidemiology and Research Center, IRCCS Humanitas Research Hospital, Milan, Italy, ⁷Department of Medicine, Division of Hematology & Thromboembolism, Thrombosis and Atherosclerosis Research Institute (TaARI), McMaster University, Hamilton, Canada, ⁸Knowledge Institute of the Dutch Association of Medical Specialists, Utrecht, The Netherlands, ⁹Advisium, 's Heeren Loo Zorggroep, Amersfoort, The Netherlands, ¹⁰Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, The Netherlands

Background: Clinical practice guideline (CPG) development for rare diseases is challenging due to the heterogeneity and complexity of diseases, scarce evidence, small expert groups, and limited resources. Critical appraisals of existing rare disease CPGs reveal variable methodological quality. **Objective:** We aimed to gather the experiences of rare disease guideline developers to identify methodological challenges and best practices. This study may eventually inform methodological guidance for rare disease CPGs, in the context of the GRADE project group on Rare Diseases.

Methods: We conducted semi-structured interviews with 15 rare disease guideline developers from ten countries and diverse medical fields. Data was analysed through a combined deductive and inductive approach following the structure of the GIN-McMaster Guideline Development Checklist.

Results: Small expert groups, limited methodological expertise, resource constraints, and difficulty in achieving stakeholder representation were often mentioned as challenges in CPG development for rare diseases. Guideline developers adopted pragmatic approaches to utilize scarce, low-level evidence and supplement it with indirect evidence, biomedical knowledge, expert evidence, and/or registry data. The GRADE methodology was valued for providing transparency, structure, and consistency, but some considered it laborious, inefficient, or counterproductive in rare disease contexts. Topics beyond the GIN-McMaster Guideline Development Checklist included deciding which type of knowledge document to develop and supporting the broader knowledge cycle, e.g. through knowledge agendas, reporting guidelines, and outcome measures.

Discussion: We identified a need for guidance and method development to improve guideline development processes for rare diseases and gained insight into the most salient methodological issues.

Exploring values in healthcare decision-making for individuals with rare genetic neurodevelopmental disorders and their caregivers: a scoping review and qualitative study

Ms Mirthe Klein Haneveld^{1,2}, Louise Cox¹, Petri J C M Embregts³, Alistair R Niemeijer⁴, Martina C Cornel⁵, Charlotte M W Gaasterland⁶, Agnies M Van Eeghen^{1,2,7}

¹Amsterdam UMC, University of Amsterdam, Emma Children's Hospital, Amsterdam, The Netherlands,

²European Reference Network on Rare Congenital Malformations and Rare Intellectual Disability ERN-ITHACA, Clinical Genetics Department, Robert Debré University Hospital, Paris, France, ³Tranzo, Tilburg School of Social and Behavioral Sciences, Tilburg University, Tilburg, The Netherlands, ⁴Department of Care Ethics, University of Humanistic Studies, Utrecht, The Netherlands, ⁵Amsterdam UMC, Vrije Universiteit Amsterdam, Department of Human Genetics, Amsterdam, The Netherlands, ⁶Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, The Netherlands, ⁷Advysium, 's Heeren Loo Zorggroep, Amersfoort, The Netherlands

Background: Rare genetic neurodevelopmental disorders (RGNDs) associated with intellectual disability (ID) are often accompanied by multi-organ comorbidity and lifelong care needs. Healthcare decision-making is complex due to limited evidence and communication barriers related to ID; key values may be at stake, such as autonomy, wellbeing, and equity. It is essential to consider the values of this unique population in guidelines.

Objective: This study explores the healthcare-related values of individuals with RGNDs and their family/caregivers and examines how these can be integrated into guideline development, particularly within Evidence-to-Decision processes.

Methods: A scoping review of qualitative studies involving individuals with RGNDs and family/caregivers identified 98 relevant articles on 21 conditions, for which a content analysis was conducted. Exploratory interviews with 18 Dutch parents were analysed thematically.

Results: From the qualitative literature, additional population-specific considerations for interventions were identified. These included themes that are often absent in Evidence-to-Decision processes, such as identity considerations; population-specific benefits or harms (e.g. family impact, sensory overstimulation), the impact of uncertainty, and prioritization of health issues in the context of multiple lifelong comorbidities were reported. Caregiver interviews highlighted the importance of proportionality, considering potential harm versus the need to treat and feasibility, and equality, including inclusivity, accessibility, and continuity of care.

Discussion: Our findings can inform Evidence-to-Decision processes in guideline development for RGNDs. In addition, by shedding light on what matters to individuals and families, these results may benefit clinical practice and policy beyond guideline development.

“Carbon-utility”: An approach to integrate Planetary Health in health decision-making

Prof. Rafael José Vieira¹, Dr. Vítor Henrique Duarte¹, Dr. Antonio Bognanni², Dr. Sara Gil-Mata¹, Prof. Manuel Marques-Cruz¹, Dr. Ana Margarida Pereira¹, Prof. José Chen-Xu³, Prof. Thomas Piggott⁴, Prof. João A. Fonseca¹, Prof. Josep M Antó³, Prof. Holger J. Schünemann², Prof. Jean Bousquet⁵, Prof Bernardo Sousa-Pinto¹

¹Faculty Of Medicine, University Of Porto, Porto, Portugal, ²Clinical Epidemiology and Research Center (CERC), Humanitas University & IRCCS Humanitas Research Hospital, Milan, Italy, ³ISGlobal, Barcelona Institute for Global Health, Barcelona, Spain, ⁴Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ⁵Institute of Allergology, Charité - Universitätsmedizin Berlin, Berlin, Germany

Background: Frameworks that integrate planetary health considerations into health decision-making are needed.

Objective: To develop the carbon-utility analysis as a novel method to evaluate health interventions by simultaneously considering their carbon footprint and effectiveness, building on principles from health economics and planetary health.

Methods: As a proof-of-concept, we developed this approach using a case study involving three interventions for mild asthma: as-needed budesonide+formoterol dry powder inhaler (DPI), as-needed salbutamol pressured metered-dose inhaler (pMDI), or maintenance budesonide DPI+as-needed salbutamol pMDI. Utilities, quality-adjusted life years (QALY) gained, and carbon footprint estimates (kgCO₂e emissions) were either obtained or calculated from the Novel START trial. We calculated the incremental carbon dioxide utility ratio (ICO₂R), representing additional kgCO₂e emissions per additional QALY gained. We considered willingness-to-emit thresholds using 2030 healthcare-sector per capita emission targets from the Paris Agreement (220 kgCO₂e/QALY in the European Union), with sensitivity analyses accounting for other thresholds.

Results: Compared to as-needed budesonide+formoterol DPI, maintenance budesonide DPI+as-needed salbutamol pMDI resulted in 2192 additional kgCO₂e per QALY gained, which exceeded our established willingness-to-emit threshold. In turn, as-needed salbutamol pMDI was associated with both higher kgCO₂e emissions and lower utilities than as-needed budesonide+formoterol DPI. Similar results were obtained when considering expected target emission values in the United States and in the United Kingdom.

Discussion for scientific abstracts: This proof-of-concept study supports the feasibility and potential of using the carbon-utility analysis to integrate planetary considerations into health decision-making.

Assessing inconsistency using decision thresholds: The Decision Inconsistency and the Across-Studies Inconsistency indices

Prof Bernardo Sousa-Pinto¹, Prof. Ignacio Neumann², **Prof. Rafael José Vieira**¹, Dr. Antonio Bognanni³, Prof. Manuel Marques-Cruz¹, Dr. Sara Gil-Mata¹, Prof. Luís Filipe Azevedo¹, Prof. Holger J Schünemann³
¹Faculty Of Medicine, University Of Porto, , Portugal, ²School of Medicine, Universidad San Sebastián, Santiago, Chile, ³Clinical and Epidemiology and Research Center (CERC), IRCCS Humanitas Research Hospital, & Department of Biomedical Sciences, Humanitas University, Milan, Italy

Background: The I² and the Cochran's Q test are the most frequently used quantitative measures to evaluate inconsistency. However, these measures have important limitations, particularly in meta-analyses (i) of few primary studies of small sample sizes or (ii) of multiple studies with precise estimates. The GRADE Working Group does not recommend an assessment of inconsistency solely based on the I² and the Cochran's Q test, but rather encourages users to consider decision thresholds (DTs).

Objective: To develop quantitative measures to evaluate inconsistency based on DTs.

Methods: We developed two indices to quantify inconsistency based on DTs – the Decision Inconsistency (DI) and the Across-Studies Inconsistency (ASI) indices. These indices are based on the distribution of the posterior sample studies' effect sizes across categories defined by DTs.

Results: The DI informs on the overall inconsistency of effect sizes across categories defined by DTs, while the ASI quantifies how different studies are compared to each other in relation to their distributions across categories defined by DTs. The DI and the ASI can be calculated using a R package (metainc) or a web tool (<https://metainc.med.up.pt/>). We have implemented strategies that allow to perform sensitivity analyses to account for potential uncertainty.

Discussion for scientific abstracts: The two indices that we have developed – DI and ASI – can complement other approaches to evaluate inconsistency. Specific advantages of their use include (i) their consideration of DTs, (ii) their possibility of handling uncertainty, (iii) the simplicity of their implementation through a web app.

ReMarQ: A new tool to support the AI-based assessment of the methodological quality of systematic reviews

Prof. Manuel Marques-Cruz¹, Prof. Rafael José Vieira¹, Dr. Antonio Bognanni², Dr. Paula Perestrelo¹, Dr. Sara Gil-Mata¹, Dr. Filipe Pinto¹, Dr. Paweł Jemioło³, Prof. Slava Jankin⁴, Prof. Ricardo Cruz-Correia¹, Prof. João A. Fonseca¹, Prof. Luís Filipe Azevedo¹, Prof. Holger J. Schünemann², Prof. Bernardo Sousa-Pinto¹

¹Faculty Of Medicine, University Of Porto, Porto, Portugal, ²Clinical and Epidemiology and Research Center (CERC), IRCCS Humanitas Research Hospital, & Department of Biomedical Sciences, Humanitas University, Milan, Italy, ³ AGH University of Science and Technology, Krakow, Poland, ⁴University of Birmingham, , UK

Background: Published systematic reviews (SRs) display an heterogeneous methodological quality. Poorly conducted SRs can have biased results and/or inadequate conclusions. Therefore, guideline developers should carefully assess the methodological quality of the SRs they use as sources of evidence. However, such an assessment can be time-consuming.

Objective: (i) To develop a tool to assess the reported methodological quality of SRs and (ii) to evaluate its implementation through large language models (LLMs).

Methods: We developed a new tool – ReMarQ – consisting of 26 dichotomous items to evaluate the reported methodological quality of SRs. We applied an Item Response Theory model to assess the difficulty and discrimination of ReMarQ items. We assessed the performance of five foundational and three fine-tuned LLMs in implementing ReMarQ in a sample of 100 medical SRs. In particular, we compared the answers provided by the LLMs to each of the 26 items of ReMarQ with those provided independently by human reviewers.

Results: The best performing LLM was a fine-tuned GPT-3.5 model (mean accuracy=96.5%; mean kappa coefficient=0.90; mean F1-score=0.91). When compared with a human reviewer, this model displayed an accuracy above 80% and a kappa coefficient higher than 0.60 for all individual items. The model produced consistent results when the analysis was repeated 60 times on the same sample.

Discussion for scientific abstracts: We have developed a new tool to assess the methodological quality of SRs. Its implementation through LLMs – which demonstrated high accuracy and reliability – may increase the efficiency of the methodological evaluation of SRs.

On the use of Artificial Intelligence-based platforms to support searches in evidence synthesis studies

Prof Bernardo Sousa-Pinto¹, Dr. Antonio Bognanni², Dr. Paweł Jemioło³, Prof. Rafael José Vieira¹, Prof. João A. Fonseca¹, Prof. Mariette Awad⁴, **Prof. Manuel Marques-Cruz**¹, Prof. Holger J Schünemann² ¹Faculty Of Medicine, University Of Porto, Porto, Portugal, ²Clinical Epidemiology and Research Center, Humanitas University and Research Hospital, Milan, Italy, ³ AGH University of Science and Technology, Krakow, Poland, ⁴Department of Electrical and Computer Engineering, American University of Beirut, Beirut, Lebanon

Background: Artificial intelligence (AI)-based platforms specialized on the identification of scientific publications may potentially support searches in evidence synthesis studies.

Objective: To evaluate how AI-based platforms can support the search for primary studies in the context of evidence synthesis and to propose a structured, reproducible and platform-agnostic methodological framework.

Methods: As our main case study, we queried three AI-based platforms to identify randomised controlled trials (RCTs) investigating mometasone in patients with rhinitis. We evaluated the performance of several different strategies (i.e., prompting strategies and search approaches), comparing how many eligible RCTs we identified using AI-based platforms versus in a systematic search in multiple electronic bibliographic databases. We also compared meta-analytical results obtained with the RCTs identified by querying AI-based platforms versus those obtained in the context of a systematic review. We developed a methodological framework and a reporting checklist for the use of these AI-based platforms.

Results: A strategy involving searching multiple AI-based platforms identified 56.3% of eligible RCTs investigating mometasone in patients with rhinitis (85.7% of all full papers with DOI). Meta-analytical estimates were similar when considering only the RCTs identified using AI-based strategies versus those identified in the context of a systematic review. Consistent results were obtained when querying AI-based platforms one month later.

Discussion for scientific abstracts: Querying AI-based tools can support searches in evidence synthesis studies, complementing classical methods or helping to test the comprehensiveness of search queries for electronic bibliographic databases. However, AI-based tools can have shortcomings for identification of gray literature.

Which Interest-holders Are Engaged and Who Is Overlooked in Traditional, Complementary, and Integrative Practice Guidelines? A Scoping Review

Dr Xuan Yu¹, Prof. Yaolong CHen², Prof. Zhaoxiang Bian¹

¹Chinese EQUATOR Centre, Hong Kong Baptist University, Hong Kong, China, ²Lanzhou University, Lanzhou, China

Background

Developers of Clinical Practice Guidelines (CPGs) are encouraging the engagement of various interest-holders in the entire process of CPG development and facilitating the dissemination, implementation, and application of these guidelines. The number of CPGs in the field of Traditional, Complementary, and Integrative (TCI) medicine is gradually increasing, but the extent to which and how interest-holders are engaged remains unclear.

Objective

Aims to review the current status and gaps in interest-holder engagement in TCI CPGs.

Methods

We conducted this scoping review following the PRISMA-ScR Checklist. A systematic search of scientific literature published before January 2025 was conducted to select TCI CPGs through the MEDLINE database. The following data were extracted from each CPG and summarized: date of publication, country of the first author, type of organization that published the guideline, and whether and which category of interest-holder groups was engaged in the TCI CPGs.

Results

We identified 743 references from the database. The final results will be presented at the conference.

Discussion

Understanding the current status and gaps in interest-holder engagement in TCI CPGs not only helps improve the transparency and scientific rigor of TCI CPGs' development but also facilitates the dissemination and implementation of TCI CPGs.

Assessing the Impact of RIGHT on Guideline Quality: A Systematic Review

Ms Ye Wang¹, Mr Yaolong Chen^{2,3,4}, **Miss Huayu Zhang¹**

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, ³Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, China, ⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China

Assessing the Impact of RIGHT on Guideline Quality: A Systematic Review

Background:

RIGHT, published in 2016, aims to improve the reporting quality of healthcare guidelines. It addresses the limitations of existing tools, such as poor quality and outdated information. The RIGHT checklist provides 22 essential items to help guideline developers, editors, peer reviewers, and practitioners present clear, transparent, and consistent information.

Objective:

This study aimed to systematically review the reporting quality of clinical practice guidelines (CPGs) before and after the publication of RIGHT.

Methods:

We conducted a comprehensive search in multiple databases: G-I-N, MEDLINE, Embase and Web of Science. We included CPGs developed in English between 2008 and 2024. Given the large sample size, we sampled based on publication years, with the sampling proportion determined by the final number of guidelines retrieved. The RIGHT checklist was used to appraise the reporting quality of the included guidelines.

We focused on two key dimensions : 1.Usage of the RIGHT checklist: We assessed whether guidelines followed the 22 items of the RIGHT checklist. 2.Methodology quality assessment tools: We examined whether the guidelines used other established quality assessment tools like AGREE II, and how they were applied.

Results:

Findings are under analysis and will be presented at the upcoming conference.

Conclusion:

The study will provide valuable insights into the impact of the RIGHT checklist on the reporting quality of clinical practice guidelines. It will help explore its impact on clarity, transparency, and consistency of CPGs. The findings will offer useful information for healthcare practitioners and policymakers.

Enhancing Clinical Practice Guideline Implementation through AI-Powered Consultation System: Development and Evaluation

Dr Honghao Lai¹, Dr Jiayi Liu¹, Prof. Long Ge¹

¹School of Public Health, Lanzhou University, Lanzhou, China

Background:

Clinical practice guidelines (CPGs) are essential for evidence-based healthcare but face implementation challenges due to complexity and accessibility issues. Large language models (LLMs) offer potential solutions but often generate unverified responses.

Objective:

This study developed an AI-powered consultation system based on CPGs, using Chinese patent medicines (CPMs) as a case study.

Methods:

We systematically searched international and Chinese databases for CPGs on CPMs. Included CPGs were preprocessed and deconstructed into structured knowledge units (SKUs). These SKUs were converted into vector representations and integrated with a LLM using a retrieval-augmented generation framework. Performance was evaluated using 500 questions (250 from CPGs, 250 real-world queries) in Chinese and English, assessing applicability, recommendation alignment, traceability, safety, readability, and semantic consistency. Manual and automated evaluations were conducted, and statistical analyses were performed.

Results:

ChatCPM achieved high applicability (99.2% and 98.0%), recommendation alignment (96.0% and 96.4%), and traceability (94.4% and 87.8%) in Chinese and English, respectively, with 100% safety compliance. Readability scores averaged 77.6 in Chinese and 75.8 in English. ChatCPM outperformed other LLMs in recommendation alignment (96.0% vs. 29.6%-58.6%), traceability (94.4% vs. 13.8%-32.6%), and safety compliance (100% vs. 93.2%-97.6%). The system maintained consistent performance across different disease and question types, with an average response time of 14.1 seconds.

Discussion:

ChatCPM successfully transformed CPGs into an AI consultation platform, ensuring accuracy and traceability. This system offers a promising solution for improving guideline implementation in clinical practice. Future work will expand the knowledge base, integrate user feedback, and enhance handling of complex scenarios.

Integrating Large Language Models into a Chain-of-Thought Reasoning Framework for Enhanced Risk-of-Bias Assessment

Dr Honghao Lai¹, Dr Jiayi Liu¹, Dr Weilong Zhao¹, Prof. Long Ge¹, **Dr. Ning Ma**

¹School of Public Health, Lanzhou University, Lanzhou, China

Background:

Risk of bias (ROB) assessment is crucial in systematic reviews for clinical practice guideline development. While previous studies showed Large Language Models (LLMs) can achieve 84.5%-89.5% accuracy in ROB assessment through direct prompting, existing approaches lack transparent reasoning processes and methodological rigor in decision pathways.

Objective:

To develop and validate an LLM-based chain-of-thought framework that enhances the accuracy, efficiency, and transparency of ROB assessment in systematic reviews.

Methods:

We developed a framework integrating multiple LLM calls with a retrieval-augmented generation system containing 500 expert-verified assessments. The system employs structured reasoning paths and consensus voting through predefined methodological criteria based on the modified Cochrane tool. We evaluated the framework on 200 randomly selected trials, comparing results with expert consensus and testing across six different LLMs with diverse model architectures.

Results:

Using GPT-4o mini, the framework achieved 98.4% overall accuracy (95% CI: [97.9–99.0]%) across 1,200 assessments. Domain-specific accuracies ranged from 97.5% to 99.2%, with high sensitivity (98.1%) and specificity (98.7%). Average processing time was 53 seconds per RCT. Performance remained consistent across different LLMs (95.4%-98.9% accuracy range), with low variability in repeated evaluations (coefficient of variation <2%).

Discussion:

Our structured framework demonstrates high accuracy, efficiency, and consistency in ROB assessment. The chain-of-thought approach with RAG integration provides transparent and traceable decision processes, suggesting potential for reliable systematic review support in guideline development. The framework's robust performance across multiple LLMs indicates its potential for widespread application in evidence synthesis and methodological research.

Combining quantitative and qualitative data via transformation to guide decision-making

Dr Cindy Stern¹, Dr Lucylynn Lizarondo¹, Professor Susan Salmond¹, Professor Judith Carrier Carrier¹, Professor Kay Cooper¹, Associate Professor Christina Godfrey¹, Associate Professor Amanda Vandyk¹, Dr Danielle Pollock¹, Associate Professor Kendra Rieger¹, Professor Joao Apostolo¹, Dr Pamela Kirkpatrick¹, Dr Kelli Borges Dos Santos¹, Professor Heather Loveday¹ ¹HeSRI, University Of Adelaide, Adelaide, Australia

Background:

Health decision-making should be informed by the best available evidence, the values and preferences of the client, available resources and the expertise of the healthcare practitioner. Historically there has been a tendency to rely on evidence informed by quantitative data. While this is important, it does not provide a complete picture.

Objective:

To describe a methodological approach to undertaking mixed methods systematic reviews (MMSR) that involves data transformation.

Methods:

The JBI MMSR Methodology group recently updated its guidance using a multi-pronged approach. First, a structured search of the literature was conducted followed by analysis of a sample of systematic reviews that claimed to use the JBI approach. Approaches were summarized and used to inform the development of draft guidance which was iteratively revised. Finally, the guidance was submitted to the JBI Scientific Committee for ratification.

Results:

The methodology recommends that reviewers extract and utilize the narrative representations of quantitative data from primary studies to ensure congruency and alignment with the original data. If narrative representations are absent or insufficient in the quantitative studies, reviewers may need to construct these representations using relevant data from the primary studies.

Following data extraction, the process of qualitization occurs. Qualitization is the integrative process in which extracted quantitative and qualitative data from primary studies are analyzed for identifiable patterns and systematically grouped into descriptive categories.

Discussion:

This guidance provides reviewers detailed methods not only for qualitization but also for data extraction, which is a critical step that facilitates the process of qualitization.

Data analysis and presentation methods in umbrella reviews

Dr Cindy Stern¹, Mrs Jiaoli Li², Dr Romy Jia³, Associate Professor Edoardo Aromataris³, Professor Kim Sears^{4,10}, Professor Patraporn Bhatarasakoon^{5,9}, Professor Hanan Khalil⁶, Professor Ritin Fernandez^{7,8}

¹Hesri, University Of Adelaide, , Australia, ²Palacký University Olomouc, , Czech Republic, ³JBI, University of Adelaide, , Australia, ⁴School of Nursing, Queen's University, , Canada, ⁵Faculty of Nursing, Chiang Mai University, , Thailand, ⁶La Trobe University, , Australia, ⁷University of Newcastle, , Australia, ⁸Centre for Transformative Nursing, Midwifery, and Health Research, a JBI Centre of Excellence., , Australia, ⁹Director of the Thailand Centre for Evidence Based Health Care: a JBI Excellence Center, , Thailand, ¹⁰Queen's Collaboration for Health Care Quality (QcHcQ), Joanna Briggs Institute Centre of Excellence, , Canada

Background:

Umbrella reviews (URs) comprehensively analyze findings from multiple systematic reviews on a specific topic and are important in decision-making. Methodological approaches for analyzing and presenting UR results vary. When conducting an UR, reviewers may adapt recommended methods according to their research purposes.

Objectives:

This study aimed to investigate the characteristics of analysis and presentation methods used in URs related to healthcare

Methods:

A systematic search of PubMed was conducted in 2024 to identify URs published within a one-year timeframe. Inclusion criteria focussed on healthcare-related URs exclusively containing systematic reviews as their unit of analysis. A randomly selected sample of URs were screened and those meeting inclusion criteria were included. A customized data extraction was developed, piloted and data related to bibliographic information and methodological and reporting conduct were extracted. Descriptive analysis and narrative synthesis were undertaken to summarize the findings

Results:

One hundred URs were included in the review. Quantitative reviews dominated the dataset, accounting for 80% of the total reviews. Regardless of evidence type, most reviews analysed their data using narrative description and presented results in tabular form. There was a lack of detail regarding what software was used to analyse and present data. Many URs did not mention how study overlap was handled or how confidence/certainty was assessed.

Discussion:

Our findings highlight the diverse approaches used in analyzing and presenting UR results, providing insights for future methodological guidance in this field.

Sex representation in clinical research

Mr Gustav Wulf Hildebrandt¹, Ms Thea Otte Andersen¹, Mrs Marija Barbateskovic Vallik¹, Mrs Maria Herlev Ahrenfeldt¹

¹Danish Health Authority, Copenhagen, Denmark

Background: Over the past decades, regulatory actions to ensure adequate sex representation in clinical research have been implemented. Yet concerns still exist that women are underrepresented in clinical trials.

Objective: To review the evidence on sex representation in clinical trials across all interventions and diseases.

Methods: A systematic literature review was conducted and literature was searched in bibliometric databases from 2012 to June 2024. The quality of the systematic reviews was assessed using AMSTAR-2. The primary outcome was the participation rate of women/men. The female- and male participation to prevalence ratio (F-PPR/M-PPR) metrics were used to estimate the representation of women or men compared with their share of the disease burden.

Results: A total of 78 systematic reviews were included, of which 34 were of moderate or high quality. Findings indicate adequate sex representation in clinical trials in the treatment of several diseases with a large disease burden, e.g., colorectal cancer, lung cancer, malignant melanoma, hypertension, and dementia. However, women were underrepresented in clinical trials for several cardiovascular diseases (e.g., coronary heart disease: F-PPR: 0.47-0.54; heart failure: F-PPR: 0.21-0.82) and specific cancer types (e.g., kidney cancer: F-PPR: 0.75-0.78, thyroid cancer: F-PPR: 0.67). Furthermore, men were underrepresented in clinical trials on migraine (M-PPR: 0.40-0.43) and eating disorders (M-PPR: 0.20).

Discussion for scientific abstracts: Findings from this study suggest that sex representation in clinical trials reflects the shared disease burden in several medical fields. However, there may still be an underrepresentation of women, particularly in trials on cardiovascular diseases.

Integrating Diverse Evidence into Guidelines: Exploring Best Practices and New Approaches

Lea Lösch¹, Dr. Dunja Dreesens, Dr. Jose Maas, on behalf of GIN AID Knowledge

¹Vrije Universiteit, Amsterdam, Netherlands

Background

Guideline developers are frequently confronted with a diverse range of evidence, ranging from scientific studies including randomized controlled trials, observational and case studies, and qualitative evidence synthesis, to experiential knowledge by various interest holder, evidence retrieved through technological innovations, as well as sustainability and cost efficiency considerations.

While methods for retrieving and assembling diverse types of knowledge have advanced significantly, strategies for meaningfully integrating them remain less standardized and less refined. What alternative approaches exist beyond consensus-building? How can conflicting or opposing evidence be effectively incorporated into guidelines? There is a growing need to explore methods to address this challenge of meaningfully drawing on different types of evidence.

Objective

This session aims to explore best practices for integrating diverse forms of knowledge into guidelines. By learning from real-world examples and engaging with the community of guideline developers, participants will share and gain insights into how different types of evidence, values, ethics, and contextual factors can be incorporated into guideline development in different ways.

Format

The session will begin with a selection of examples showcasing some approaches to integrating diverse evidence. Participants will then engage in small group discussions to share experiences and challenges related to this topic. Finally, the group will reconvene in a plenary session to exchange insights, reflect on different integration strategies, and explore potential new approaches collectively developed during the discussions.

Prioritising topics for a guideline update: an update classification framework based on methodological and content criteria

Pieter Severijns^{1,2}, Tine D'aes^{1,2,3}, Hans Scheers^{1,2}, Vere Borra⁴, Stijn Stroobants⁴, Emmy De Buck^{1,2,3} ¹Centre for Evidence-Based Practice, Belgian Red Cross-Flanders, Mechelen, Belgium, ²Department of Public Health and Primary Care, Leuven Institute for Healthcare Policy, KU Leuven, Leuven, Belgium, ³Cochrane First Aid, Mechelen, Belgium, ⁴Belgian Red Cross-Flanders, Mechelen, Belgium

Background: Every five years, the Belgian Red Cross-Flanders updates its evidence-based guidelines. The large volume of evidence summaries supporting the guidelines make these updates time-consuming. Therefore, we developed an update classification framework based on the Cochrane Update Classification System for systematic reviews, including both methodological and content-based criteria.

Objectives: To apply an update classification framework to the Belgian Red Cross-Flanders guideline on first aid by laypeople towards people experiencing mental health problems, to identify and prioritise evidence summaries requiring an update.

Methods: We designed a classification framework based on a combination of methodological criteria (e.g. number of studies, study type, and the different elements of the GRADE approach) and content-related items (e.g. Is it clear how the intervention might work, and is the evidence in line with expected outcomes?). A research methodologist and a mental health content expert independently applied the framework on all evidence summaries within the guideline.

Results: The guideline was supported by evidence summaries on communication strategies and characteristics (e.g. talking to friends, emotional support, having a confident) in the context of 12 mental health topics (e.g. addiction, burnout, depression). Applying the update classification framework, by combining methodological and content expertise, resulted in eight stable evidence summaries, requiring updates for only 4 out of 12 evidence summaries.

Conclusions: Since updating guidelines is time-consuming, it is important to prioritise topics for which new evidence will likely change conclusions, which requires a combination of methodological input and content knowledge and/or practical experience with the guideline subjects.

Understanding the determinants of the development and implementation of evidence-based practice guidelines during health emergencies: A qualitative phase of an exploratory sequential mixed-methods study

Dr Gonzalo Bravo-Soto¹, Shelly-Anne Li², Dr Gordon Guyatt¹, Nancy Santesso¹, Susan M Jack¹, Thomas Agortisas^{1,3}, Francois Lamontagne⁴, John Levis¹, Reem A Mustafa⁵, Bram Rochweg¹, Wojtek Wiercioch¹, Linan Zeng⁶, Ludovic Reveiz⁷, Dr Romina Brignardello¹

¹McMaster University, Hamilton, Canada, ²University Health Network, Toronto, Canada, ³University Hospitals of Geneva, Geneva, Switzerland, ⁴Université de Sherbrooke, Sherbrooke, Canada, ⁵University of Kansas, Medical Centre, Kansas City, USA, ⁶West China Second University Hospital, Sichuan University, China, ⁷Pan American Health Organization, Washington D.C, United States of America

Background: The COVID-19 pandemic highlighted the role of evidence-based practice guidelines (EBPGs). We are conducting an exploratory sequential mixed-methods study to understand the determinants (barriers and facilitators) for developing and implementing EBPG during health emergencies. Phase I is a qualitative descriptive study.

Objective: To identify the determinants of the development and implementation of EBPGs during health emergencies.

Methods: We are using a purposeful maximum variation sampling. We are including individuals who participated in any stage of EBPG relevant to COVID-19, including guideline developers or implementers. Using this approach, our sample size estimation is 50. For data collection, we created an interview guide and we will conduct and transcribe semi-structured individual interviews. For data analysis and interpretation, we will use a deductive (using CFIR constructs, a framework for implementation science) and inductive approach with three steps: (1) initial set of codes; (2) consensus codebook; and (3) organizing codes and themes. All team members will engage reflexivity on their perspectives and experiences to enhance rigour, specifically data credibility and dependability. Additionally, we will strengthen data credibility through data source and researcher triangulation, data dependability using multiple coders, maintain an audit trail, and transferability by providing detailed description of contexts.

Results: This project is currently in progress. We have received provisional ethics approval and are now finalizing remaining details to obtain full approval to begin interviews. During the GIN Conference, we will present our findings.

Discussion for scientific abstracts: Potential impact includes improving future health emergency preparedness and enhancing guideline development and implementation.

Presenting the benefits and harms of guideline-directed treatments for long-term conditions to general practitioners: development of the GP Evidence website using participatory co-design and a pragmatic approach to evidence collation.

Dr Julian Treadwell¹

¹University of Bristol, Bristol, United Kingdom

Background

Clinical guidelines provide the framework for clinicians to prescribe for long-term conditions(LTCs). However, clinicians have a poor understanding of the absolute benefits and harms of these treatments, impairing their ability to engage in genuine shared decision making or manage complex polypharmacy. There are few accessible and understandable sources of this kind of information.

Objective

To produce a novel website to communicate understandable, usable information to General Practitioners(GPs) on the benefits and harms of treatments for LTCs, in a way which will be usable and useful in everyday clinical practice.

Methods

Patient and Public Involvement with an Expert and Patient Steering Committee.

Qualitative Interview study.

Participatory co-design, including a joint application design workshop, iterative user-testing, focus groups and pair-writing.

User-centred Content Design.

A pragmatic evidence search, review, collation and curation process, drawing principally on NICE and Cochrane reviews.

Evaluation study using online focus groups.

Results

The website www.gpevidence.org was developed providing evidence on treatments for 12 common LTCs.

It employs graphic design and "content-designed" textual information within an information architecture mapping to GPs' practice and mental models.

Evaluation shows it successfully communicates evidence about the benefits and harms of treatments to GPs in a way that is understood and usable in practice.

Discussion

It is possible to communicate quantitative information about the clinical evidence base behind guideline recommendations in a usable way that complements existing guideline recommendations and normative practice. This may support shared decision making, improve the management of polypharmacy, and improve the quality of evidence-based practice.

Impact of outcome measurement methods on clinical practice guideline recommendations

Dr Gonzalo Bravo-Soto¹, Daniela Montalva-Romero¹, Maria-Jose Oliveros¹, Sara Ibrahim¹, Yetiani Roldan¹, Romina Brignardello-Petersen¹

¹McMaster University, Hamilton, Canada

Background: Outcome measurement is crucial for assessing intervention effectiveness. Outcome measures may vary in type (dichotomous, continuous, time-to-event, or narrative), data input for meta-analysis (raw data -events- vs. log-transformed point estimates), and other factors. These variations raise the key question: To what extent do these differences affect guideline recommendations?

Objective: To describe whether and how the selection of an outcome measurement methods can impact on the recommendation during a guideline development.

Methods: This is a case study. We will analyze all possible outcome measurement methods for mortality/survival in randomized trials included in the American Society of Hematology guideline for acute myeloid leukemia. This includes outcome type (dichotomous, continuous, time-event, narrative), time points, data inputs for meta-analysis (raw data vs. log-transformed estimates), and strategies for imputations (e.g., estimating SD from interquartile range). We will conduct a meta-analysis, assess evidence certainty and we will apply the null threshold for the interpretation of the results. Then, we will compare if conclusion (beneficial, null, or harmful effects) changes depending on measurement methods. If the conclusions are different, we will explore whether these differences can be attributed to the measurement methods or to other causes such as risk of bias and inconsistency.

Results: This project is ongoing. We will present findings at the GIN Conference.

Discussion for scientific abstracts: Evaluating the impact of outcome measurement methods on conclusions will guide how to better describe phenomena like mortality in guidelines.

Barriers and enablers for the implementation of clinical practice guidelines in Latin America: A scoping review

Mr Esteban Villegas Arbeláez², Mr Mauricio Medina Rodríguez⁶, Ms María Carolina Isaza López³, Ms Paola Andrenacci⁴, Ms Camila Micaela Escobar Liquitay⁵, **Dr Juan Victor Ariel Franco**¹

¹Heinrich Heine University Düsseldorf, Düsseldorf, Germany, ²Research department, Clínica CES, Medellín, Colombia, ³Pediatrics Department, Clínica Universitaria Bolivariana, Medellín, Colombia, ⁴Cochrane US Health Equity Mentoring Program, , Argentina, ⁵Research Department, Instituto Universitario Hospital Italiano de Buenos Aires, Buenos Aires, Argentina, ⁶Equipo de Seguridad Alimentaria y Nutricional, Medellín, Colombia

Background

Clinical Practice Guidelines (CPGs) provide recommendations to optimise patient care, but their implementation relies on various factors, such as setting characteristics and local barriers. Currently, no reviews focus on this topic in the Latin American Region.

Objectives

To identify the barriers and enablers for implementing Clinical Practice Guidelines in Latin America.

Methods

Our scoping review follows JBI guidance and was registered (osf.io/rs23x). We defined eligibility using the PCC approach: healthcare professionals in Latin America (all settings) and their barriers and enablers. We included qualitative, quantitative, or mixed-methods primary studies. Excluded were narrative reviews, studies on implementation tools, and those addressing current CPG practice, compliance, or clinician attitudes toward guidelines without specifying barriers or enablers. We searched MEDLINE and LILACS in February 2024.

Results

We included 24 studies, primarily from Brazil (29%), Mexico (20%), and Colombia (16%). Forty-seven percent were in hospital care; 54% were qualitative, 33% cross-sectional, and 4% mixed methods. Qualitative studies identified barriers such as access to care, knowledge gaps, and implementation processes, while enablers included tools, optimised human resources, and CPG support. In quantitative studies, barriers were lack of time, resources, and culture for CPG use, while enablers highlighted the importance of systematising concepts, updating information, and enhancing decision-making confidence.

Discussion for scientific abstracts

Healthcare staff identified barriers and enablers in implementing CPG; however, further studies are needed to enhance CPG implementation in low- and middle-income countries.

Improving access to methods guidance for clinical guideline developers - the Library of Guidance for Health Scientists (LIGHTS)

Dr Julian Hirt^{1,2,3}, Malena Chiaborelli¹, Christof Manuel Schönenberger¹, Hannah Ewald¹, João Pedro Lima⁴, Jan Glasstetter¹, Ruben Ramirez Zegarra^{1,5}, Saifur R. Chowdhury⁴, Selina Ehrenzeller¹, Shanshan Lin⁶, Davide Papola⁷, Matthias Briel^{1,4}, Gordon Guyatt⁴, Stefan Schandelmaier^{1,8} ¹University Of Basel And University Hospital Basel, Basel, Switzerland, ²Martin Luther University Halle-Wittenberg, Halle (Saale), Germany, ³Eastern Switzerland University of Applied Sciences, St.Gallen, Switzerland, ⁴McMaster University, Hamilton, Canada, ⁵University of Parma, Parma, Italy, ⁶Johns Hopkins University, Baltimore, USA, ⁷University of Verona, Verona, Italy, ⁸University of Pécs, Pécs, Hungary

BACKGROUND: Methods guidance supports health researchers in conducting optimal primary research, evidence syntheses, and developing clinical practice guidelines. However, methods guidance articles, including guidance for developing clinical practice guidelines, are often difficult to find, which limits dissemination and uptake. Reasons for the poor findability include the lack of search filters and poor indexing in general medical databases.

OBJECTIVE: To improve the dissemination and uptake of methods guidance, we created a specialized, comprehensive, searchable database.

METHODS: We created an open-access database, the Library of Guidance for Health Scientists (LIGHTS; www.lights.sience). LIGHTS includes journal articles and regulatory documents that aim to provide methods guidance. We manually screen methods-specific journal sections, journal series, and search other information sources. Methodologically trained researchers review full texts for eligibility and classify guidance articles according to study design, methods topic, medical context, guidance type, and development process of the guidance.

RESULTS: Initially launched in 2022, approximately 6000 individual users visit LIGHTS every month. In February 2025, LIGHTS included 1658 methods guidance articles, primarily focusing on applying (n= 775), understanding (n= 559), or reporting methods (n= 418). Of these, 108 articles were specific to clinical practice guidelines.

DISCUSSION: The large number of users, positive feedback, and requests for new features suggest that the community appreciates the new resource. At the conference, we will demonstrate the main features of LIGHTS, explain how it complements other databases for methods, and discuss future directions.

The TARCiS statement: Guidance on terminology, application, and reporting of citation searching

Dr Julian Hirt^{1,2,3}, Dr. Thomas Nordhausen^{3,4}, Dr. Thomas Fuerst⁵, Dr. Hannah Ewald⁵, Dr. Christian Appenzeller-Herzog⁵

¹Pragmatic Evidence Lab, Research Center for Clinical Neuroimmunology and Neuroscience Basel (RC2NB), University Hospital Basel and University of Basel, Basel, Switzerland, ²Department of Health, Eastern Switzerland University of Applied Sciences, St.Gallen, Switzerland, ³Institute of Health and Nursing Science, Medical Faculty, Martin Luther University Halle-Wittenberg, Halle (Saale), Germany, ⁴Department of Radiation Oncology, University Hospital Halle (Saale), Halle (Saale), Germany, ⁵University Medical Library, University of Basel, , Switzerland

Background

Citation searches are used in addition to database searches for evidence syntheses and guideline development. Their purpose is to find additional relevant study publications based on their citation relationships with already known study publications. Citation searching methodology and terminology lack standardization.

Objective

To develop guidance on terminology, application, and reporting of citation searching in health-related research.

Design and Methods

The development of the Terminology, Application, and Reporting of Citation Searching (TARCiS) statement was based on a two-step process. First, we carried out a scoping review on citation searching benefits, tools and terminology to systematically investigate the evidence for the formulation of draft recommendations and identify experts in the field. Second, we conducted a four-round Delphi study with international experts and composed the TARCiS statement. An agreement rate of at least 75% per recommendation was pre-defined as consensus.

Results

Forty-one terms, eight recommendations and one research topic were derived from the scoping review. We invited 35 international experts (mainly researchers and information specialists/librarians) and 27 of them took part in the Delphi study. The Delphi study resulted in one recommendation on terminology (comprising eight terms), eight on conduct, and one on reporting of citation searching, and four suggestions for research priorities. The agreement rate per recommendation was between 83 and 100 percent.

Conclusions

At the conference, we present the recommendations of the TARCiS Statement that contribute to the standardized use and reporting of citation searching. We encourage those conducting evidence syntheses and developing guidelines to incorporate TARCiS into their workflows.

The Role of COVIDENCE: An AI-Based Tool for Title and Abstract Screening in A Breast Cancer Evidence-Based Clinical Practice Guideline

Dr Xiaomei Yao¹, Ms. Ashley Low¹, Mr. Shakil Ahmed¹, Mr. Aditya Misra¹, Ms. Samya Ali¹, Ms. Mariam Abdelmalet¹, Mr. Sharan Saravanan¹, Dr. Jonathan Sussman¹, Dr. Ashirbani Saha¹ ¹Mcmaster University, Hamilton, Canada

Background: Developing systematic review (SR)-based, high-quality cancer clinical practice guidelines (CPGs) typically requires two years without any assistance from artificial intelligence (AI).

Objective: To compare the performance of a newly introduced AI-assisted title and abstract screening (Stage I) in COVIDENCE with fully manual screening, using retrospective data from a SR supporting an already-published breast-cancer CPG.

Methods: In a SR comprising 8,774 articles, each article was assessed for relevance and final inclusion through manual review. From this dataset, three article subsets (n=500, 1000, and 2000) were randomly selected to run 30 independent Stage I, AI-assisted trials for each subset. The primary outcome of each trial is workload savings (the proportion of articles not requiring manual screening) at AI-assisted identification of 95% and 100% relevant articles, and 100% finally-included articles. The secondary outcome is missed articles (number of finally-included articles missed upon identifying 95% relevant articles).

Results: To date, 10 trials in each of the first two subsets were completed. At the identification of 95%, 100% (relevant) and 100% (finally included) articles, mean [standard deviation] workload savings are 37.1%[14.1%], 25.9%[15.1%], 57.8%[17.9%] (n=500) and 27.6%[18.2%], 13.5%[13.4%], 49.7%[28.6%] (n=1000), respectively. Workload savings differed significantly (p=0.038) between n=500 and n=1000 trials at the identification of 100% relevant articles. One missed article in 1 trial for the subset of n=500 and 2 missed articles in 2 trials for n=1000 were noted.

Discussion: AI assistance in COVIDENCE demonstrates promise in improving the efficiency of Stage I screening. Complete data will be available for discussion by May 2025.

BARRIERS AND/OR ENABLERS REVIEWS TO INFORM CARE – AN ABSENCE OF UNIFORMITY?

Dr Cindy Stern¹, Dr Lucylynn Lizarondo², Dr Danielle Pollock¹, Dr Ashley Whitehorn², Associate Professor Ellen Davis³, Mr Dilan Arun Gohil⁴, Professor Zachary Munn¹, Dr Pamela Kirkpatrick⁵, Mr Ricardo Loureiro⁶, Dr Daniela Cardoso⁷, Dr Kelli Borges dos Santos⁸, Dr Romy Jia², Professor Dawid Pieper^{9,10}, Professor Judith Carrier¹¹, Professor Heather Loveday^{12,13}, Professor Kay Cooper^{5,14}, Dr Priya Martin^{15,16}, Professor Susan Salmond^{17,18}, Associate Professor Zheng Zhu^{19,20}

¹Hesri, University Of Adelaide, , Australia, ²JB, University of Adelaide, , Australia, ³Adelaide Health Simulation, University of Adelaide, , Australia, ⁴School of Public Health, The University of Adelaide,, , Australia, ⁵Robert Gordon University, , Scotland, ⁶School of Health Sciences, Center for Innovative Care and Health Technology (ciTechcare), Polytechnic of Leiria, Leiria, Portugal; Health Sciences Research Unit: Nursing (UICISA: E), Nursing School of Coimbra (ESENfC), , Portugal, ⁷Portugal Centre for Evidence Based Practice: a JBI Centre of Excellence and Health Sciences Research Unit: Nursing, Nursing School of Coimbra, , Portugal, ⁸Basic Nursing, Faculty of Nursing, Universidade Federal de Juiz de Fora, , Brazil, ⁹Institute for Health Services and Health System Research, Faculty of Health Sciences, Brandenburg Medical School, , Germany, ¹⁰Evidence Based Practice in Brandenburg: A JBI Affiliated Group University of Adelaide, Australia, , Germany, ¹¹Cardiff University, , Wales, ¹²Director of Research and Postgraduate Education, Director of Richard Wells Research Centre , , London, ¹³Director of Joanna Briggs Collaborating Centre for Evidence Based Healthcare, , London, ¹⁴The Scottish Centre for Evidence-based, Multi-professional Practice: A JBI Centre of Excellence, , Scotland, ¹⁵School of Health and Medical Sciences, University of Southern Queensland, , Australia, ¹⁶Medical School, The University of Queensland. , , Australia, ¹⁷Rutgers University School of Nursing, , USA, ¹⁸Northeast Institute for Evidence Synthesis and Translation (NEST) , , USA, ¹⁹Fudan University EBN Centre: a JBI Centre of Excellence, , China, ²⁰Fudan University, School of Nursing, , China

Background:

Integration of research into health care practice is often hindered by specific barriers or facilitated by enablers within a specific health context/setting. Questions related to identifying these factors are a popular form of primary research. Currently there is no consensus regarding which methodological approach to use when undertaking an evidence synthesis relating to barriers and/or enablers.

Objectives:

What methodologies and methods are used to undertake an evidence synthesis for questions on barriers and/or enablers in health care?

Methods:

A large network of researchers from across the globe conducted a methodological scoping review following JBI guidance. Evidence reviews on barriers and/or enablers that described their methods and included interest holders at different levels of the health system were considered. An extensive piloting process for screening, selection and data extraction was undertaken. Data was analyzed using descriptive statistics and a variety of different presentation formats.

Results:

782 reviews were included in the review. Systematic reviews were the most frequently used methodology to synthesize barrier and/or enabler question/s. Reviews commonly included diverse types of evidence and involved an assessment of methodological quality. Findings were usually grouped and organized into categories, often by thematic methods or a narrative approach.

Discussion:

Currently no universal methodological approach is being followed to undertake reviews focused on barriers and/or enablers in health care. Our results indicate that further investigation is needed to overcome this uncertainty. The results are of importance to all interest holders as reviews identifying barriers and/or enablers are often undertaken to inform patient care.

Transdisciplinary Participatory Insights: Integrating Economic Evidence in Guideline Adaptation

Dr Funeka Bango¹, A/Prof Lungiswa Nkonki², Mrs Solange Durão¹, Ms. Trudy Leong¹, **Prof Tamara Kredo**¹

¹South African Medical Research Council, Health Systems Research Unit, Cape Town,, South Africa,

²Stellenbosch University, Department of Global Health , Cape Town,, South Africa

Background: Participatory approaches are essential for integrating economic evidence into clinical practice guidelines. These methods promote relevant, equitable, and sustainable guidelines that reflect contextual realities. While such techniques are gaining traction in resource-limited settings, their implementation remains constrained by financial, structural, and political barriers. Our study, situated within the Global Evidence, Local Adaptation project in Malawi, Nigeria, and South Africa, aims to offer insights into the complexities of employing the Grading of Recommendations Assessment, Development and Evaluation-Evidence to Decision framework to incorporate economic considerations into neonatal guidelines.

Methods: Through a South African case study, we identify lessons learned and optimal approaches regarding how guideline panellists, including paediatricians, policymakers, and public health practitioners, collaborated with health economists to contextualise economic evidence for guideline adaptation.

Results: We found that engaging the appropriate stakeholders and maintaining continuous interaction was crucial for facilitating deliberation and co-designing contextually relevant analyses. Moreover, insights from stakeholders enhanced alignment with local cultural norms. A peer learning group of local health economists ensured adaptations to the context could be achieved without compromising methodological rigour. Challenges included logistical and resource demands for engagements, limited technical capacity in economic principles among non-economists, resistance to economic considerations, and local data constraints.

Conclusion: These findings contribute to the growing body of knowledge on utilising economic evidence in guideline adaptation within resource-limited settings. Key recommendations include the importance of early and regular transdisciplinary engagement, investing in capacity development to enhance the application and interpretation of economic evidence, and fostering networks of health economists.

AI-based Recommendations Map (RecMap) for Traditional Chinese Medicine (TCM) Treatment of Diabetes: Design, Development and Dissemination

Mr Dianchun Liu, Dr Ying Zhang

¹Beijing University of Chinese Medicine, Beijing, China

Introduction

Approximately, 828 million adults worldwide were affected by diabetes in 2022, with a notable trend towards younger age groups and broader prevalence. Due to the varied quality of evidence in the field of traditional Chinese medicine (TCM), the inconsistency and conflicting recommendations often occurs between guidelines. Our aim is to develop an RecMap for TCM treatment of diabetes covered whole progress stage integrated with AI.

Methods

In the first phase, planning and investigating. We will explore the needs and expectations from both clinicians and patients. Steering committee will be set up to specify the scope and obligations of this platform. The second, development phase. comprehensive and systematic screening will be conducted from a wide sources of databases such as Embase, Pubmed, Chinese Medical Association Guide, and Wanfang. Guidelines will be evaluated using AGREE-II and AGREE-REX. The recommendations extracted from the guidelines will be evaluated using GRADEPro infrastructure. In the AI training stage, the AI system is integrated into the website to provide accurate responses to the questions according to the guideline and recommendations of the website. Finally, dissemination. Strategies for debugging and testing will be collaboratively developed with stakeholders, and feedback from clinicians and patients will optimize and promote the dual-mode display. In the clinical trial and promotion phase, feedback from patients and clinicians will optimize and promote the website.

Discussions

The AI-based TCMDia-RecMap will significantly enhance the utilization of reliable guidelines among clinicians, patients, and policymakers, thereby optimizing evidence-based diabetes management.

Accelerating Evidence Synthesis: Large Language Models Match or Exceed Human Performance in Systematic Review Screening

Mr Christian Cao¹, Mr. Rohit Arora², Mr Robert Kloosterman¹, Mr Matthew Cecere¹, Mr Richard Saleh¹, Mr Jaswanth Gorla¹, Mr David Chen¹, Dr. Rahul Arora³, **Dr Niklas Bobrovitz**³
Dr. Niklas Bobrovitz³ ¹University Of Toronto, Toronto, Canada, ²Harvard University, Boston, United States, ³University of Calgary, Calgary, Canada

Importance: Systematic reviews (SRs) inform evidence-based decision making. Yet, they take over a year to complete, are labor intensive, prone to human error, and face challenges with reproducibility; limiting access to timely and reliable information.

Objective: To develop and validate a large language model (LLM)-based workflow (otto-SR) to automate the two most labour intensive tasks in performing SR's: article screening and data extraction; and to assess its feasibility in rapidly updating existing reviews.

Design, setting, and participants: We conducted a validation study in three phases, with direct benchmarking against graduate-level human researchers in phases 1 and 2. Phase 1: article screening performance was evaluated across 32,357 citations from 5 systematic reviews. Phase 2: data extraction performance was evaluated across 4,495 data points from 7 reviews. Phase 3: otto-SR was used to reproduce and update a complete issue of Cochrane reviews (n=12 reviews), with analytical comparisons to the original meta-analyzed findings.

Results: In the first 2 phases, otto-SR outperformed traditional dual human workflows in article screening (otto-SR: 96.7% sensitivity, 97.9% specificity; human: 81.7% sensitivity, 98.1% specificity) and data extraction (otto-SR: 93.1% accuracy; human: 79.7% accuracy). In phase 3, otto-SR, reproduced and updated an entire issue of Cochrane reviews (n=12, 146,276 citations) in two days, representing approximately 12 work-years of traditional systematic review work. Across Cochrane reviews, otto-SR incorrectly excluded a median of 0 studies (IQR 0 to 0.25), and found nearly twice as many eligible studies compared to the original authors (n= 114 vs. 64). Meta-analyses revealed that otto-SR generated newly statistically significant findings in 2 reviews and negated significance in 1 review.

Conclusions and relevance: These findings demonstrate that LLMs can rapidly conduct and update systematic reviews with superhuman performance, laying the foundation for automated, scalable, and reliable evidence synthesis.

WHO-INTEGRATE evidence-to-decision framework: Applying a complexity perspective in guideline development

Prof Eva Rehfuess¹, Ms Katrin Probyn¹, Ms Rebekah Thomas², Dr Monika Nothacker³, Prof Nandi Siegfried⁴, Dr Susan L. Norris⁵, **Dr Monika Nothacker**

¹Ludwig Maximilians University, Munich, Germany, ²WHO, Geneva, Switzerland, ³Association of the Scientific Medical Societies (AWMF), Marburg, Germany, ⁴South African Medical Research Council, Cape Town, South Africa, ⁵Independent consultant, , USA

Background

Evidence-to-decision (EtD) frameworks provide a transparent method for guideline panels to consider a range of key factors when formulating recommendations. The WHO-INTEGRATE framework is rooted in WHO norms and values. It addresses the complexity of interventions and delivery systems, making it particularly suitable for public health, health systems, and health policy guidelines. The framework has been used in WHO and AWMF guidelines and elsewhere, covering issues as diverse as wheelchair provision and school measures during the COVID-19 pandemic.

Objectives

To increase awareness of the WHO-INTEGRATE framework and available resources
To gain hands-on experience with the application of the WHO-INTEGRATE framework
To reflect on the added value and challenges in applying the WHO-INTEGRATE framework
To gain feedback on the framework

Format

The workshop, hosted by WHO and the LMU Munich, will combine presentations, hands-on exercises and audience participation.

Part I: Getting to know the framework

PRESENTATION: WHO-INTEGRATE basics: framework, criteria and sub-criteria, resources, uses
INTERACTIVE: Q&A

Part II: Applying the framework

PRESENTATION: WHO-INTEGRATE application: introduction to use case “school guidelines” and guiding questions

INTERACTIVE: Exercise in groups of 5-8 people, each focusing on a selected criterion, its added value and challenges (e.g. selection of sub-criteria)

Part III: Reflecting on the use, added value and challenges of the framework

INTERACTIVE: Fishbowl exercise: series of 2-minute statements from eight seats (“fishbowl”), with an initial set-up of six filled seats and two empty seats with participants (spokespersons from the groups in part II and facilitators moving in and out to make a statement).

Can evidence and gap maps improve guideline efficiency?

Dr Danielle Pollock¹, Dr Timothy Hugh Barker¹, Dr Cindy Stern¹, Professor Zachary Munn¹ ¹Health Evidence Synthesis, Recommendations And Impact (hesri), School Of Public Health, University Of Adelaide, Adelaide, Australia

Background: The development of trustworthy guidelines requires extensive resources. There is a need to improve current workflow, whilst maintaining high standards to meet the needed demands of clinical practice. A key area to improve efficiencies is in the conduct and reporting of evidence synthesis. Traditionally, guideline developers conduct individual searches for each prioritized research question, this approach is tedious and inefficient, often resulting in the same study being screened for inclusion multiple times. Our team conducted an evidence and gap map (EGM) to improve workflow efficiencies in the development of the Australian Motor Neurone Disease (MND) Guideline. By conducting one search and categorizing the evidence base, we propose this can improve guideline workflow.

Objective: To discuss our process of conducting an EGM to assist in question prioritization, evidence searching, screening and conduct.

Methods: This EGM was conducted according to Campbell guidance and JBI guidance for scoping reviews. It was designed with people living with MND, clinicians, and researchers. The EGM was conducted prior to prioritization of research questions.

Results: Our EGM is currently underway, and by GIN 2025 will be completed. We will discuss the benefits, challenges, feasibility, implications and recommendations by conducting an EGM.

Discussion: EGMs could provide a foundation for transparent clinical practice guidelines to be developed more efficiently.

Developing scoping reviews for a stronger evidence base

Dr Danielle Pollock¹, Professor Hanan Khalil², Dr Lyndsay Alexander^{3,4}, Professor Dawid Pieper⁵, Associate Professor Christina Godfrey¹², Associate Professor Micah Peters⁸, Dr Fiona Campbell⁶, Dr Romy Menghao Jia⁹, Dr Ashrita Saran⁷, Associate Professor Andrea Tricco^{10,11}, Professor Zachary Munn¹

¹Health Evidence Synthesis, Recommendations And Impact (HESRI), School Of Public Health, University Of Adelaide, , Australia, ²School of Psychology and Public Health, Department of Public Health, La Trobe university, , Melbourne, Australia, ³School of Health, Robert Gordon University, Aberdeen, United Kingdom, ⁴Scottish Centre for Evidence-based, Multi-professional Practice: a JBI Centre of Excellence, Aberdeen, United Kingdom, ⁵Faculty of Health Sciences, Brandenburg Medical School, , Germany, ⁶Population Health Sciences, Newcastle University, Newcastle, United Kingdom, ⁷Global Development Network (GDN), , India, ⁸Rosemary Bryant AO Research Centre, UniSA Clinical & Health Sciences, University of South Australia, Adelaide, Australia, ⁹JBIC, School Of Public Health, University Of Adelaide, Adelaide, Australia, ¹⁰SPOR Evidence Alliance, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Unity Health Toronto, Toronto, Canada, ¹¹Epidemiology Division and Institute of Health Policy, Management, and Evaluation, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada, ¹²Queen's Collaboration for Health Care Quality: A JBI Centre of Excellence, Queen's University School of Nursing, Kingston, Canada

Background: Scoping reviews (ScR) play an important role within the evidence ecosystem and the public as they can determine the totality of evidence on a topic, establish research and policy priorities, and assist in the development of guidelines. ScRs are often criticised for their poor methodological quality. A challenge in improving ScRs is the lack of critical appraisal tool (at the review level) to assess the methodological quality. This workshop will discuss what scoping reviews are and the development of a future critical appraisal tool.

Objective:

- 1) Enable participants to understand the role of ScR in guidelines, how to conduct and report these reviews according to the new JBI ScR guidance.
- 2) Discuss the need, role and identify content for a critical appraisal tool to appraise ScRs.

Format:

- 1) Participant introduction on their tables.
- 2) A short presentation on how to conduct and report a ScR according to JBI guidance, including questions with slido polling.
- 3) Facilitated debate: Should a critical appraisal tool be developed for ScR at the review level? What are the pros and cons?
- 4) Group discussion: If a critical appraisal tool is developed, what questions should be included? Participants will be asked to list all the questions that they feel should be included in a critical appraisal tool for ScRs. Once this is completed, participants will be given stickers and asked to place their sticker on the question they feel should be included within a critical appraisal tool for scoping reviews.
- 5) Q and A session

Exploring the use of patient journey modeling in defining health care professionals' roles and responsibilities

Ms Jennifer Eeuwijk¹

¹P95, Rotterdam, Netherlands

Background: Evidence-based (EB) guidelines often include recommendations on roles and responsibilities (RR) of health care professionals, which are context-specific and not typically found in scientific literature. Alternative methods are needed to study RR, considering the preferences of patients and health care professionals.

Objective: To explore how the Patient Journey Modeling (PJM) can facilitate discussions on RR in EB guideline development.

Methods: A qualitative study design was employed, including individual interviews and a focus group discussion. A persona was created and tested in a guideline development process to provide guideline developers with an initial understanding of PJM's application.

Results: The study identified several benefits of using PJM in EB guideline development. PJM aids in understanding various stakeholders' perspectives, promotes equal participation among panel members, and helps professionals articulate their practice. Additionally, adjusted terminology in the guidelines enhances professionals' understanding and implementation. However, challenges include PJM being time-consuming, lacking a systematic creation method, and not being considered an evidence-based method, which can lower the guidelines' perceived value.

Discussion: This research provides insights into the potential benefits and challenges of PJM. The method could improve guideline development by integrating professionals' expertise with patients' needs and experiences. The method is promising and worth further exploration and testing in new projects.

Guidelines and quality assurance and improvement: methods and tools for an integrated methodological framework.

Dr Elena Parmelli¹, Dr Miranda Langendam², Dr Thomas Piggott³, Dr Andrea J. Darzi³, Dr Holger Schünemann¹

¹Clinical Epidemiology and Research Center, Department of Biomedical Sciences, Humanitas University, Milan, Italy, ²Dep Epidemiology and Data Science, Amsterdam UMC, Amsterdam, The Netherlands, ³Dep of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada

Background

Guideline-based quality indicators (QIs) and performance measures (PMs) are key elements for quality assurance and improvement (QAI) in healthcare, they can be used to assess quality of care and to support and monitor the implementation of guidelines' recommendations, however there is great variability in concepts and approaches for developing QIs. Accordingly, an international group of guidelines and QAI experts in the field, including the European Commission and the GRADE Working Group, is working on the development of concepts and tools to integrated guidelines and QAI under a common methodological framework.

In the context of guideline development, QIs should be directly linked to the outcomes in the PICO question. To support the credibility of this linkage, a systematic transparent process should be used to document the rational and the supporting evidence.

Objective

To educate the participants about the process, methods and tools that can be used to integrate QAI key elements within the guideline development process by practicing with worked examples.

Format

After a short presentation of the main concepts, participants will be divided into small groups to work on practical examples selecting and evaluating guideline-based QIs.

Each group will be guided by a facilitator.

Participants will be asked to:

- consider all aspects involved in the integrated development
- apply the criteria for a credible QI to transparently assess the evidence supporting it
- integrate the QIs selection into Evidence to Decision framework for recommendations' development

Each group will then share and discuss its example with the others.

Consensus Statement in the field of Rare Neurological Diseases: Efficacy of Deep Brain Stimulation as therapy in Monogenic Dystonias.

Dr Beatriz Carmona-Hidalgo^{1,2}, Mr. Javier Quintero^{1,2}, Ms. Rocío Rodríguez-López^{1,2}, Mr. Juan Antonio Blasco-Amaro^{1,2}, Dr. Elisabetta Indelicato³, Dr. Sylvia Boesch³

¹Andalusian Health Technology Assessment Area (AETSA), Seville, Spain, ²Spanish Network of Agencies for Assessing National Health System Technologies and Performance (RedETS) , Seville, Spain, ³Center for rare movement disorders Innsbruck, Department of Neurology and Neurosurgery, Medical University of Innsbruck, Austria, ,

BACKGROUND

Monogenic dystonias (MD) are conditions defined by muscles contractions causing impairment of motor activities. Due to the wide clinical and genetic spectrum, complexity and non-response rate due to factors such as classification, semiology, duration and aetiology, MD are considered as rare diseases with scarce synthesized evidence. Deep brain stimulation (DBS) is an effective treatment for dystonias using different brain targets. However, there are no large studies addressing DBS in specific MD.

OBJECTIVES

To describe how the Andalusian Health Technology Assessment Area methodologically supports the ERN for Rare Neurological Diseases (ERN-RND) in conducting a systematic review (SR) to synthesize the evidence to develop a clinical consensus statement for the efficacy of DBS as new therapeutic option for MD.

METHODS

The process carried out through SR consists of well-defined steps: 1) previous scientific evidence review; 2) precise PICO questions; 3) comprehensive literature searches; 4) studies screening; and 5) quality assessment of the evidence, to culminate in clinical consensus.

RESULTS

A preliminary bibliographic search performed in MEDLINE identified 529 results. The genetic confirmation of MD in the patients, 3 months of follow-up after the surgery, DBS as intervention strategy and movement scales to evaluate the clinical improvement were established as main inclusion criteria for data evaluation.

DISCUSSION FOR SCIENTIFIC ABSTRACTS

SRs are an essential methodology for reviewing the available scientific evidence and addressing the health-care needs of patients. It is expected that the findings offer valuable insights for researchers and clinicians in their decision-making process to improve the management of MD.

GROVR: A Collaboration for Increasing Valuable Research for Health and Beyond

Dr Jennifer Yost^{1,2}, Professor Eduard Baladia^{1,3}, Dr. Klara Brunnhuber^{1,4}, Dr. Tiziano Innocenti^{1,5}, Professor Carsten Juhl^{1,6}, Professor Christian Kopkow⁷, Professor Hans Lund^{1,8}, Dr. Robert Prill^{1,9}, Professor Karen Robinson^{1,10}, Dr. Ishanka Weerasekara¹¹

¹EBRNetwork, , ²Villanova University, , USA, ³Academia Española de Nutrición y Dietética, , Spain, ⁴Elsevier Ltd., , United Kingdom, ⁵GIMBE Foundation, , Italy, ⁶University of Southern Denmark, , Denmark, ⁷Brandenburg University of Technology Cottbus-Senftenberg , , Germany, ⁸Western Norway University of Applied Sciences, , Norway, ⁹Brandenburg Medical School, , Germany, ¹⁰Johns Hopkins University, , USA, ¹¹ Institute of Health and Wellbeing, Federation University, , Australia

Background: Meta- research has highlighted the scientific, ethical, and resource costs of redundant studies. The value of new studies can be enhanced if prior research is explicitly considered during the planning phase.

Objective: To enhance engagement in research within and beyond health by promoting use of an evidence-based research (EBR) approach – systematically and transparently integrating prior research to inform a new study while incorporating the perspectives of relevant end users to ensure that the research addresses meaningful questions in a valid, efficient, and accessible manner.

Methods: The Group Research on Valuable Research (GROVR) was initiated at the Western Norway University of Applied Sciences in Bergen, Norway as a collaborative platform to develop, implement, and disseminate EBR. During virtual and in-person meetings, members exchange ideas and provide feedback on research projects aligned with three core pillars – meta-research on EBR, developing the EBR concept, and implementing the EBR approach.

Results: Since its start in 2021, GROVR has expanded to 18 members across the globe. Members include doctoral and post-doctoral students, as well as middle and late career researchers, fostering substantial mentorship and collaboration. Various health disciplines within and beyond healthcare are represented, including ethics, mental health, musculoskeletal health, and nutrition. GROVR activities have led to over 20 papers.

Discussion: GROVR is now a Research Interest Group of the EBRNetwork – an international network across disciplines aiming to advance the transparent and systematic use of evidence to inform decisions about research (<https://ebrnetwork.org/>). Participation in GROVR is open to all EBRNetwork members.

Transforming Evidence to Action: A Workshop on Health Incentivization Policies for Prevention-Centered Guidelines

Ms Ushma Issar¹

¹Rypple, , Netherlands

Background:

Healthcare systems globally continue to prioritize treatment over prevention, leading to rising costs and increasing burdens of preventable diseases. Evidence-based guidelines often fail to translate into prevention-focused policies due to misaligned incentives across sectors. Rypple's global health ecosystem hub addresses this gap by developing innovative approaches to incentivize prevention through cross-sectoral policy integration.

Objective:

This interactive workshop aims to equip guideline developers and policymakers with practical tools to design and implement health incentivization policies that leverage evidence-based guidelines to shift health systems from treatment to prevention paradigms.

Format (including interactive elements):

The 90-minute workshop will follow Rypple's Policy Action Lab approach:

Knowledge Exchange (20 min): Presentation of case studies where incentive realignment successfully translated guidelines into prevention-focused policies, including Denmark's organic food policy and sugar tax implementations.

Interactive Policy Simulation (40 min): Participants will be divided into multisectoral teams (health, finance, agriculture, education) to use Rypple's Health-ing Assessment Tool to evaluate a sample guideline and design a comprehensive incentivization strategy that addresses implementation barriers across sectors.

Implementation Roadmapping (20 min): Teams will create practical roadmaps for guideline implementation that include:

- Health levies and subsidy mechanisms
- Cross-sector collaboration frameworks
- Impact measurement protocols

Synthesis and Next Steps (10 min): Collective discussion on applying workshop insights to participants' own contexts and establishing a community of practice for ongoing collaboration.

Participants will leave with practical tools for translating evidence-based guidelines into prevention-focused policy actions through strategic incentivization and cross-sectoral partnerships.

Determining the methodological rigor and overall quality of out-of-hospital clinical practice guidelines: a scoping review

Mr Brendan Schultz^{1,2,3}, Dr Timothy Barker³, Dr Emma Bosley^{2,4}, **Prof Zachary Munn**³

¹JBI, School of Public Health, Faculty of Health and Medical Science, The University of Adelaide, , Adelaide, Australia, ²Queensland Ambulance Service , Kedron, Australia, ³Health Evidence Synthesis, Recommendations, and Impact (HESRI), School of Public Health, Faculty of Health and Medical Science, The University of Adelaide, , Adelaide, Australia, ⁴School of Clinical Sciences, Faculty of Health, Queensland University of Technology, Brisbane, QLD, Australia, Kelvin Grove, Australia

Background: Out-of-hospital clinical practice guidelines (CPGs) guide paramedics, emergency medical technicians and first responders, but their quality remains uncertain.

Objectives: This scoping review aimed to identify, aggregate, and describe all literature that has used an appraisal instrument to assess out-of-hospital CPGs. By quantifying the current state of these CPGs, we aim to determine if a specific implementation guide and/or extension for the GIN-McMaster Development Checklist is required to assist guideline developers that operate in this field.

Methods: This study involved systematically searching all major bibliographic databases with no publication or language limit applied. Following title screening, we included all studies that appraised out-of-hospital CPGs, with these assessments subsequently extracted, analysed, and presented.

Results: This review identified 15 articles that appraised 311 unique out-of-hospital CPGs, with 23.5% of these developed using the GRADE approach. Most CPGs (267/311) were appraised using the Appraisal of Guidelines for Research & Evaluation (AGREE-II) instrument. Following aggregation, CPGs scored highest in Domain 4 (clarity of presentation) at 77.7% (SD = 15.1%), and lowest in Domain 5 (applicability) at 42.6% (SD = 23.7%). The average Domain 3 score (rigor of development) was 55.6% (SD = 25.7%), with no temporal trends observed over time ($p = 0.092$). Overall, 34.4% of CPGs appraised using AGREE-II, met our a priori definition of being high-quality (Domain 3 score of equal to or greater than 75%).

Discussion: Out-of-hospital CPGs currently have poor methodological rigour and are medium-to-low quality. To augment the development of CPGs in this setting, contextualised development resources are needed.

Quality Assurance and Improvement in Guideline Development: a survey of methodological guidance documents

Ms Lili Zeidan¹, Mr Ahmad Najia², Dr Elena Parmelli^{3,4}, Dr Miranda Langendam^{5,6}, Ms Joanne Khabisa¹, Dr Elie Akl^{7,8}

¹Clinical Research Institute, American University of Beirut Medical Center, Beirut, Lebanon, ²American University of Beirut, Beirut, Lebanon, ³Clinical Epidemiology and Research Center (CERC), Department of Biomedical Sciences, Humanitas University, Milan, Italy, ⁴IRCCS Humanitas Research Hospital, Rozzano, Italy, ⁵Department of Epidemiology and Data Science, Section Clinical Epidemiology Academic Medical Center, University of Amsterdam, , Netherlands, ⁶Amsterdam Public Health research institute, , Netherlands, ⁷Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, ⁸Department of Health Research Methods, Evidence, and Impact (HEI), McMaster University, Hamilton, ON, Canada

Background

Practice guidelines and quality assurance and improvement (QAI) schemes, often including quality indicators, are complementary tools for high-quality healthcare delivery. The Guidelines International Network (GIN)–McMaster checklist extension for QAI was developed to integrate QAI into guideline development.

Objective

To describe QAI processes of guideline-producing organizations as described in their methodological guidance documents.

Methods

A comprehensive search identified methodological guidance documents of guideline-producing organizations. Two reviewers independently assessed eligibility, and abstracted data on the organization's characteristics, terminology used for QAI elements (e.g., quality indicators), and QAI processes in guideline development. The latter included processes described in the checklist extension items, as well as other emerging processes from the data. Data was presented in narrative and tabular formats.

Results

Sixty eight of 133 identified guideline-producing organizations addressed QAI either as a brief mention (57%), in a document section (34%), or in a dedicated document (9%). Organizations used inconsistent terminology when referring to QAI elements. Some of the most frequently addressed QAI items were predefining the process to select final quality measures (25%) and the need for QAI project subgroups (22%). Some of the least addressed items were considering institutional conflicts of interest (1%) and developing/adopting a standardized reporting format (3%). Some QAI items were not addressed at all, e.g., determining the QAI scheme scope and pilot-testing of indicators with target users.

Discussion for scientific abstracts

The inconsistent terminology and variation in the checklist extension item coverage requires that organizations establish standardized terminology for QAI elements and better address many QAI items.

Methods for the Development and Integration of Patient Decision Aids in the Context of Clinical Practice Guidelines: A Scoping Review

Lena Fischer^{1,2}, Leon V Schewe³, Fülöp Scheibler^{3,4}, Rahel Wollny¹, Corinna Schaefer⁵, Torsten Karge⁶, Thomas Langer⁷, Jan Berghold¹, Ivan D Florez^{8,9,10}, Andrew Hutchinson¹¹, Sheyu Li¹², Marta Maes-Carballo^{13,14,15,16}, Zachary Munn¹⁷, Lilisbeth Perestelo-Perez^{18,19,20}, Livia Puljak²¹, Anne Stiggelbout²², Dawid Pieper^{1,2}

¹Institute for Health Services and Health System Research, Faculty of Health Sciences Brandenburg, Brandenburg Medical School, Rüdersdorf, Germany, ²Center for Health Services Research, Brandenburg Medical School, Rüdersdorf, Germany, ³SHARE TO CARE. Patient-centered care GmbH, Cologne, Germany, ⁴National Competency Center for Shared Decision Making, University Hospital Schleswig-Holstein, Kiel, Germany, ⁵German Health Literacy Network, Cologne, Germany, ⁶CGS Clinical Guideline Services GmbH, Berlin, Germany, ⁷German Network for Evidence-based Medicine, Berlin, Germany, ⁸Pediatric Intensive Care Unit, Clínica Las Américas-AUNA, Medellín, Colombia, ⁹Department of Pediatrics, University of Antioquia, Medellín, Colombia, ¹⁰School of Rehabilitation Science, McMaster University, Hamilton, Canada, ¹¹National Institute for Health and Care Excellence (NICE), Manchester, United Kingdom, ¹²Department of Endocrinology and Metabolism, Cochrane China Centre, MAGIC China Centre, Chinese Evidence-Based Medicine Centre, West China Hospital, Sichuan University, Chengdu, China, ¹³General Surgery Department, Hospital Público de Verín, Ourense, Spain, ¹⁴Department of General Surgery, University of Santiago de Compostela, Santiago de Compostela, Spain, ¹⁵Deontological Committee of the College of Physicians of Ourense, Ourense, Spain, ¹⁶Healthcare Ethics Committee of Ourense, Ourense, Spain, ¹⁷Health Evidence Synthesis, Recommendations and Impact (HESRI), School of Public Health, University of Adelaide, Adelaide, Australia, ¹⁸Evaluation Unit (SESCS), Canary Islands Health Service (SCS), Tenerife, Spain, ¹⁹Network for Research on Chronicity, Primary Care, and Health Promotion (RICAPPS), Tenerife, Spain, ²⁰Spanish Network of Agencies for Assessing National Health System Technologies and Performance (RedETS), Tenerife, Spain, ²¹Center for Evidence-Based Medicine and Healthcare, Catholic University of Croatia, Zagreb, Croatia, ²²Medical Decision Making, Department of Biomedical Data Sciences, Leiden University Medical Center, Leiden, Netherlands

Background. Patient decision aids (PDAs) support shared decision-making (SDM) by facilitating discussions between healthcare professionals and patients. However, their development is complex and resource-intensive. Linking the development processes of PDAs and clinical practice guidelines (CPGs) may improve efficiency and ensure consistency in the use of evidence.

Objective. To review methods for developing and integrating PDAs in the context of CPGs.

Methods. We conducted a scoping review by searching bibliographic databases (PubMed, Embase; until December 2023), grey literature, and reference lists, as well as consulting experts to identify relevant literature on methods for developing guideline-based PDAs and linking them to CPGs. Two reviewers independently selected eligible reports. Findings were synthesized narratively.

Results. We included 24 reports describing multiple methodological approaches, categorized into four key topics: (1) selecting CPG recommendations where PDAs are most relevant, with uncertainty/variability in patient preferences and trade-offs between options being the most frequently mentioned selection factors; (2) developing guideline-based PDAs, such as forming a multidisciplinary development group that includes healthcare professionals and patient representatives, and updating CPGs and PDAs in parallel; (3) user testing PDAs iteratively and assessing PDA quality, with PDAs approved by relevant interest groups, including the CPG group; and (4) linking CPGs and PDAs, often using digital methods.

Discussion. Methods for developing and integrating PDAs in the context of CPGs are heterogeneous. More methodological guidance is needed for the linked development of CPGs and PDAs. Empirical testing is required to determine feasibility and usefulness of identified methods.

Linking clinical practice guidelines, shared decision-making, and decision support tools: A qualitative study

Lena Fischer^{1,2}, Rahel Wollny¹, Leon V Schewe³, Fülöp Scheibler^{3,4}, Torsten Karge^{5,6}, Thomas Langer⁷, Corinna Schaefer⁸, Ivan D Florez^{9,10,11}, Andrew Hutchinson¹², Sheyu Li¹³, Marta Maes-Carballo^{14,15,16,17}, Zachary Munn¹⁸, Lilisbeth Perestelo-Perez^{19,20,21}, Livia Puljak²², Anne Stiggelbout²³, Dawid Pieper^{1,2} ¹Institute for Health Services and Health System Research, Faculty of Health Sciences Brandenburg, Brandenburg Medical School, Rüdersdorf, Germany, ²Center for Health Services Research, Brandenburg Medical School, Rüdersdorf, Germany, ³SHARE TO CARE. Patient-centered care GmbH, Cologne, Germany, ⁴National Competency Center for Shared Decision Making, University Hospital Schleswig-Holstein, Kiel, Germany, ⁵CGS Clinical Guideline Services GmbH, Berlin, Germany, ⁶Division of Gastroenterology, Infectiology and Rheumatology, Charité-Universitätsmedizin, Berlin, Germany, ⁷German Network for Evidence-based Medicine, Berlin, Germany, ⁸German Health Literacy Network, Berlin, Germany, ⁹Department of Pediatrics, University of Antioquia, Medellín, Colombia, ¹⁰Pediatric Intensive Care Unit, Clínica Las Américas-AUNA, Medellín, Colombia, ¹¹School of Rehabilitation Science, McMaster University, Hamilton, Canada, ¹²National Institute for Health and Care Excellence (NICE), Manchester, United Kingdom, ¹³Department of Endocrinology and Metabolism, Cochrane China Centre, MAGIC China Centre, Chinese Evidence-Based Medicine Centre, West China Hospital, Sichuan University, Chengdu, China, ¹⁴General Surgery Department, Hospital Público de Verín, Ourense, Spain, ¹⁵Department of General Surgery, University of Santiago de Compostela, Santiago de Compostela, Spain, ¹⁶Deontological Committee of the College of Physicians of Ourense, Ourense, Spain, ¹⁷Healthcare Ethics Committee of Ourense, Ourense, Spain, ¹⁸Health Evidence Synthesis, Recommendations and Impact (HESRI), School of Public Health, University of Adelaide, Adelaide, Australia, ¹⁹Evaluation Unit (SESCS), Canary Islands Health Service (SCS), Tenerife, Spain, ²⁰Network for Research on Chronicity, Primary Care, and Health Promotion (RICAPPS), Tenerife, Spain, ²¹Spanish Network of Agencies for Assessing National Health System Technologies and Performance (RedETS), Tenerife, Spain, ²²Center for Evidence-Based Medicine and Healthcare, Catholic University of Croatia, Zagreb, Croatia, ²³Medical Decision Making, Department of Biomedical Data Sciences, Leiden University Medical Center, Leiden, Netherlands

Background. To support shared decision-making (SDM) in practice, the integration of SDM elements, including decision support tools (DSTs), into clinical practice guidelines (CPGs) is important but remains challenging.

Objective. To identify strategies for more successfully linking CPGs, SDM, and DSTs by (1) determining factors for selecting CPG recommendations where SDM is most relevant and (2) exploring barriers and facilitators that influence consideration of SDM and development of DSTs in CPG development.

Methods. We conducted semi-structured interviews with purposively selected CPG and SDM experts. Data were analyzed using Mayring's qualitative content analysis.

Results. In March and April 2024, we interviewed 16 experts from 12 countries. Based on the interviewees' suggestions, we categorized 15 factors for determining SDM relevance in CPG recommendations that either indicate (e.g. multiple reasonable options with associated benefits and harms) or contraindicate (e.g. emergency) SDM relevance.

Whether consideration of SDM in CPG development is hindered or facilitated depends on the composition of the CPG development group, the underlying methodology, timing, available resources, and the culture within the CPG group. Experts emphasized the crucial role of patient partners in ensuring SDM integration, though cultural and resource-related barriers persist. Methodological standards for linking the development of CPGs and DSTs were often lacking.

Discussion. The barriers and facilitators identified suggest that the CPG development process is critical to the integration of CPGs and SDM. CPG and SDM communities need to work more closely together to better link CPGs, SDM, and DSTs.

Evidence-based Identification of Core Performance Measures

Samantha Tierney¹, Amir Qaseem, MD, PhD, MHA, MRCP (London), FACP, Karen Campos, CHES, ¹American College of Physicians, , United States

Background

Performance measures (PMs) assessing quality of care are essential components of value-based care initiatives in the U.S. This has led to many PMs which are used in quality programs to monitor and influence clinical judgments and decisions.

Objectives

The American College of Physicians (ACP) has recognized the need to focus the pool of PMs to be more manageable and clinically meaningful. ACP has been working to identify a selective set of PMs. The purpose of this effort is to reduce burden by streamlining and aligning PMs and encourage the broad use of core PMs by both physicians and payers.

Methods

The process to define core PMs was consensus-driven with emphasis on evidence-based guidelines. There were several iterations of the process. The final process includes 6 steps: identifying the clinical area of focus, identifying eligible guidelines, extracting guideline recommendations, evaluating existing PMs, recommending PM concepts (if none exist) and recommending the core PMs.

Results

ACP applied the process to define core PMs addressing screening for two core clinical topics. ACP recommended the existing screening measure for osteoporosis as the core PM. ACP did not recommend the existing screening measure for depression until the concerns with the measure were addressed. ACP outlined specific solutions to improve the measure.

Discussion

The core PM identification process resulted in recommendations for two clinical topics. When faced with a problematic measure, ACP proposed concrete solutions rather than suggesting the development of a new measure. The core PM identification work will continue with other clinical topics.

Magnitude of Effect Thresholds: Lines in the Sand or Take a Stand?

Dr Curtis Harrod¹, Dr Jennifer Yost¹, Dr Itziar Etxeandia-Ikobaltzeta¹, Dr Tatyana Shamliyan¹, Ms Kate Carroll¹, Ms Chelsea Vigna¹, Dr Amir Qaseem¹

¹American College Of Physicians, Philadelphia, United States

Background

An alpha level of 0.05 is commonly used in statistical testing to determine if an intervention produces an effect. Setting an alpha level is arbitrary and does not describe the magnitude of effect or clinical meaning. However, a guideline committee can use magnitude of effect thresholds to help determine those factors.

Objectives

The American College of Physicians (ACP) is piloting magnitude of effect thresholds in ACP-funded systematic reviews and its clinical guidelines. ACP is trying to determine if stakeholders can reach consensus on pre-defined thresholds and effectively apply them in decision making.

Methods

ACP piloted minimally important differences and multiple magnitude of effect thresholds in systematic reviews and guidelines. Quantitative and qualitative feedback was provided by the Clinical Guidelines Committee, Public Panel, Topic Expert Panels, Center for Evidence Reviews, and ACP Clinical Policy staff.

Results

Obtaining a priori agreement to thresholds presented challenges. Additional complications arose when thresholds were applied to findings. ACP opted to not use minimally important differences in guidelines in which they were set. ACP used multiple thresholds in subsequent guidelines but also incorporated statistical significance due to disagreements with the application of thresholds.

Discussion

Obtaining consensus of pre-defined thresholds presented challenges, which were exacerbated when findings were linked to thresholds. Guideline development stakeholders often expressed concerns about the subjective nature of thresholds and lack of nuance for context (e.g., baseline risk, length of follow). More evaluation is needed, but using a combination of thresholds and statistical significance might ease concerns among guideline development stakeholders.

Physicians' and patients' attitudes about using cost information in healthcare decision-making and including it in clinical guidelines - a focus group interview

Mr Juha Ahonen¹, Mrs Raija Sipilä¹, Mr Jorma Komulainen¹

¹The Finnish Medical Society Duodecim, , Finland

Background

Considering costs of treatments along with effectiveness should be an essential part of the framework of healthcare decision-making. Clinical guidelines could be one tool to provide cost information for physicians, and for patients too. However, there will be no impact on decision-making, if physicians are not able or willing to use it.

Objective

To study physicians' and patients' attitudes towards using cost information in decision-making and in integrating cost information in clinical guidelines.

Methods

We invited primary care physicians (GP) and patient representatives (PR) to focus group interviews. The focus group interviews, five for both GPs and PRs (á 1 h), were arranged at six different cities in Finland. In the qualitative analysis, we inductively identified themes that were related to using economic information in decision-making and integrating the information into guidelines.

Results

22 GPs and 15 PRs participated the interviews. Among other things that GPs considered as affecting decisions were the importance of payer's role, discussion with the patients, cost-effectiveness of the treatments, availability and usefulness of cost information and the understanding of economic information. PRs considered different aspects of seeing costs, like how this information affects motivation, appreciation, guilt and equity.

Discussion for scientific abstracts

Our study provides information about physicians' and patients' attitudes, which is an essential background to the successful integration of cost information into clinical decision-making and guidelines.

Take the lead in ensuring accessible evidence for all including people with disabilities (PWD)

Ms Nain Mirabel Yuh¹, Dr Patrick Mbah Okwen¹

¹Effective Basic Services (eBASE) Africa, , Cameroon eBASE Africa, in collaboration with global evidence stakeholders, evaluated the accessibility of resources from five major evidence leaders (Cochrane, Campbell, EEF, JBI, and 3ie) (Yuh 2023).

Findings indicate that resources remain partially inaccessible to persons with disabilities (PWDs). The five home pages of these databases achieved 78.6% compliance (range: 73%–87%) with WebAccessibility standards, while selected research resources scored an average of 52.5% (range: 12.5%–70%) on eight WCAG indicators (Yuh 2023). A related study (Yuh 2024) further emphasized how improved access to evidence enhances health, education, livelihoods, and social well-being.

Objectives

Raise awareness and map opportunities for disability inclusion in research and guidelines reports.

Methods

Present key findings from Yuh 2023 & 2024 on digital accessibility gaps.

Introduce Web Content Accessibility Guidelines (WCAG) and model their use through UCL Research 4 All.

Conduct hands-on training for authors and editors on integrating accessibility features into reports. Facilitate roundtable discussions to explore strategies for improving digital accessibility in research.

Description & Interaction Plans

This workshop, following Forsetlund et al. (2021) guidelines, will employ multi-strategy behavior change interventions. Culturally interactive roundtable discussions will promote cross-sector collaboration.

Next Steps

Authors and editors commit to implementing accessibility standards in research.

Establish sustainable pathways to mainstream digital accessibility in evidence synthesis.

Invited to Dinner But not to the Table: Web Content Accessibility Evaluation for Persons with Disabilities

Ms Nain Mirabel Yuh¹, Dr Patrick Mbah Okwen¹

¹Effective Basic Services (eBASE) Africa, Bamenda, Cameroon

Background

Disability is common yet not well understood in Sub-Saharan Africa. Growing attention is being given to research evidence to improve the social inclusion of persons with disabilities (PWDs). This is inclusive of guidelines.

Objectives

This paper reports on a process to monitor and evaluate evidence databases to encourage improvements in website and content accessibility for PWDs. We examined five evidence communities' databases by:

Assessing website accessibility through web browsers.

Assessing the accessibility of resources within these databases.

Providing feedback from the evaluation to evidence producers.

Methodology

A cross-sectional study was conducted on five online evidence databases using Web Content Accessibility Guidelines (WCAG), a universal standard for web accessibility. A purposive sample of 25 resources was evaluated.

Results

The five database websites scored an average 78.6% compliance (range: 73%–87%) with WCAG best practices. However, the 25 assessed resources scored 52.5% compliance (range: 12.5%–70%).

Accessibility is crucial for equitable evidence use, yet barriers persist in reaching, understanding, and using these resources.

Conclusion

Even though these evidence databases are considered as enabling inclusion and diversity within the evidence ecosystem their contents are not fully accessible to people with disability and only partially met the WCAG recommendations.

Commonly used interventional procedures for non-cancer chronic spine pain: a clinical practice guideline

Dr, Prof Jason Busse¹, Dr. Dena Zeraatkar¹

¹McMaster University, Hamilton, Canada

Background: Chronic spine pain is a common, potentially disabling complaint, for which clinicians often administer interventional procedures. However, clinical practice guidelines provide inconsistent recommendations for their use.

Objective: To develop a clinical practice guideline regarding interventional procedures for chronic spine pain.

Methods: We conducted a systematic review and network meta-analysis of randomised trials and a systematic review of observational studies, summarizing the current body of evidence for benefits and harms of common interventional procedures for axial and radicular, chronic, non-cancer spine pain. An international guideline development panel, including four people living with chronic spine pain, produced recommendations in adherence with standards for trustworthy guidelines using the GRADE approach.

Results: For people living with chronic axial spine pain (≥ 3 months), the guideline panel issued strong recommendations against: joint radiofrequency ablation with or without joint targeted injection of local anesthetic plus steroid; epidural injection of local anesthetic, steroids, or their combination; joint-targeted injection of local anesthetic, steroids, or their combination; and intramuscular injection of local anesthetic with or without steroids.

For people living with chronic radicular spine pain (≥ 3 months), the guideline panel issued strong recommendations against: dorsal root ganglion radiofrequency with or without epidural injection of local anesthetic or local anesthetic plus steroids; and epidural injection of local anesthetic, steroids, or their combination.

Discussion for scientific abstracts: These recommendations apply to people living with chronic spine pain that is not associated with cancer or inflammatory arthropathy. Further research is warranted and may alter recommendations in the future.

Incorporating Economic Evidence in Clinical Guidelines: A Framework from the Clinical Guidelines Committee of the American College of Physicians

Dr Tatyana Shamliyan¹, Dr Amir Qaseem¹, Ms Kate Carroll¹, Dr Jennifer Yost¹, Dr Itziar Etxeandia-Ikobaltzeta¹, Dr Curtis Harrod¹, Ms Chelsea Vigna¹

¹American College Of Physicians, Philadelphia, United States

Background

Clinical guidelines should promote high-value care when clinical net benefits justify costs.

Objectives

ACP developed a framework to standardize its approach to identifying, appraising, and considering economic evidence in the development of ACP clinical guidelines.

Methods

ACP considered 3 types of economic evidence: cost-effectiveness analyses (CEAs), economic outcomes in randomized controlled trials, and resource utilization (intervention cost) data. ACP applied predefined willingness-to-pay thresholds to incremental cost per gained quality-adjusted life year and concluded value of the intervention. The potential role of economic evidence in developing a clinical recommendation was based on clinical net benefit, value of the intervention, and certainty of the economic evidence.

Results

ACP published the final framework in December 2024. In February 2025, ACP published a clinical guideline for the prevention of migraine headaches where relative net benefits of multiple available treatments did not clearly favor any treatment over another. We prioritized the interventions primarily based on economic evidence and patients' values and preferences.

Discussion

Challenges in incorporating economic evidence included the absence of standardized methods for grading the certainty of evidence in systematic reviews of CEAs, sparse and poorly reported economic evidence, limited applicability of CEAs across different settings, among others. Future areas for development include assessment of heterogeneity in CEA conclusions and applicability to patients at various baseline risks for benefits and harms.

Novel panel survey approach for incorporating patient values and preferences in making guideline recommendations

Linan Zeng¹, Gordon Guyatt², Romina Brignardello-Petersen², Thomas Agoritsas², Per O. Vandvik³, Lingli Zhang¹

¹West China Second University Hospital, , China, ²McMaster University, , Canada, ³Lovisenberg Hospital Trust, , Norway workshop

Background

Universally acknowledged standards for trustworthy guidelines include the necessity to ground recommendations in patient values and preferences. Sources of information regarding the relative importance patients place in outcomes include cross-sectional surveys that may be unavailable or limited by risk of bias, inconsistency, imprecision, and indirectness; patient partners on guideline panels; focus group commissioned by guideline panels; or experience in shared decision making. Unstructured discussions of guideline panelists' views regarding target patient values and preferences are often challenging, suggesting the need for more structured approach.

Objectives

This workshop will introduce and discuss a novel panel survey approach that guideline panels have successfully applied and have proved useful in helping panels explicitly consider and incorporate patient values and preferences in making recommendations.

Description

The workshop comprises four sections, combining short presentation with large and small group discussions. (1) A short presentation will introduce the key concepts in the panel survey approach. [1] (2) Using a worked example, workshop leads will introduce three objectives of the panel survey approach and participants will discuss how to design a panel survey eliciting guideline panels' inferences on patient values and preference. (3) In the following small group discussions, participants will, given case scenarios, work together to create panel surveys corresponding to each of the three objectives. (4) In the final feedback and summary, participants will reflect on their experience of designing surveys, and workshop leads will summarize some take home messages.

Bridging gaps in health information: developing and validating a tool for the assessment of information for laypeople with input from patient representatives, healthcare providers, and methodologists

Miss Anne-Catherine Vanhove^{1,2}, **Catherine Péteïn**¹, Tessy Boedt¹, Geertruida Bekkering^{1,2}, Martine Goossens^{1,3}, Leen De Coninck^{1,3}, Patrik Vankrunkelsven^{1,2,4}, Gerlinde Lenaerts¹

¹Belgian Centre for Evidence-Based Medicine (Cebam), , Belgium, ²Cochrane Belgium, , Belgium, ³Belgian Working Group Development of Primary Care Guidelines (WOREL), , Belgium, ⁴Academic Centre of General Practice, KU Leuven, , Belgium

Background: Laypeople need reliable information to make health decisions, but how can healthcare professionals help patients navigate available information? Assessing health information is crucial to bridging the gap between high-quality information and laypeople. Existing tools often lack comprehensive evaluation criteria, prompting the development of a new tool to assess the quality of health information for laypeople. To ensure its validity and applicability, we are bringing together patient representatives, healthcare practitioners, and methodologists for the validation process.

Objective: This workshop provides participants with an overview of existing assessment tools and key insights into developing new ones. Additionally, participants will actively contribute to the development and validation of a new assessment tool for layperson-directed health information.

Format: The workshop follows a structured, interactive approach, integrating the Delphi consensus method with hands-on practice.

1. Introduction: Overview of existing tools, their strengths, and limitations, followed by an introduction to the new tool.
2. Polling and discussion: Participants anonymously provide feedback on proposed domains and criteria through online polling and open-ended questions. Results are discussed in real-time.
3. Interactive group work: Participants collaboratively evaluate health information sources using preliminary criteria from the new tool, focusing on relevance, clarity, and applicability.
4. Second polling and discussion: A second round of anonymous polling refines the tool's criteria based on group discussions. Results are discussed.
5. Q&A and conclusion: Open discussion on key takeaways, challenges, and next steps for validation and implementation.

This workshop fosters interdisciplinary collaboration to develop a robust tool for evaluating health information for laypeople.

Diagnosis and treatment process ontology of clinical practice guidelines

Miss Siyuan Ruan¹, **Professor Yinghui Jin**, **Mr Yongbo Wang**¹

¹Center For Evidence-based And Translational Medicine, Zhongnan Hospital Of Wuhan University, Wuhan, China

Objective

Our team had developed an ontology for CPGs, extracting core concepts, defining semantic relationships, and creating ontology-based reasoning tools. Nevertheless, the current ontology lacks a comprehensive representation of diagnosis and treatment processes, failing to fully capture temporal relationships and decision logic. This study aims to further refine the ontology by systematically extracting diagnosis and treatment nodes and their relationships.

Method

During the construction process, we referenced core concepts and relationships within the process ontology domain to ensure the accuracy and logical consistency of the ontology's knowledge structure. Taking coronary heart disease guidelines as an example, we screened and analyzed compliant CPGs, systematically classified their contents, extracted common structures, and finally built a conceptual framework and semantic relationship table containing diagnostic and therapeutic processes.

Result

Based on the CPGs for Coronary Heart Disease, this study constructed a structured ontology repository of the diagnosis and treatment process. The content of the ontology is divided into the following core modules: Diagnosis and treatment process (including history taking, physical examination, laboratory tests, diagnosis, treatment and follow-up); Interventions (e.g., assessment, psychosocial, and treatment); Roles; Process (e.g., composite process); Variation events; Temporal events and Gateways.

Conclusion

The ontology not only provides a standardized framework for the semantic representation of coronary heart disease diagnosis and treatment processes, but also plays an important foundation for the intelligent application of the guidelines (e.g., clinical decision support, knowledge reasoning, and process automation).

Five-Year Experience of the American College of Physicians: Implementing the GRADE-EtD Framework for Addressing Multiple Interventions Questions in Clinical Guidelines

Dr Itziar Etxeandia Ikobaltzeta¹, Dr Tatyana Shamliyan¹, Dr Jennifer Yost¹, Dr Curtis S. Harrod¹, Ms Kate Carroll¹, Dr Amir Qaseem¹

¹American College Of Physicians, Philadelphia, United States

Background

Clinical questions frequently represent complex decision-making needs that require assessment across many interventions and comparisons. Under the traditional GRADE Evidence-to-Decision (EtD) framework, these questions can result in many lengthy tables that are difficult for guideline developers and end users to process and interpret.

Objectives

To facilitate and ensure transparent decision-making for complex clinical questions involving multiple interventions within the GRADE-EtD framework.

Methods

In 2020, ACP manually built its first pilot multiple-comparison EtD (MC-EtD) framework to support decision-making for managing acute non-low back pain and has since published using an electronic MC-EtD framework managed via GRADEpro.

Results

The first ACP MC-EtD summarized evidence and judgments across nearly 30 interventions. ACP has published 6 other guidelines addressing complex clinical questions involving multiple interventions, evolving the MC-EtD to incorporate additional EtD criteria for decision-making.

Discussion for scientific abstracts

ACP's approach to the MC-EtD framework has streamlined the recommendation formulation process for complex clinical questions. It has reduced the number of tables required to present and analyze complex data, showcased flexibility in adapting to various clinical questions' characteristics, and facilitated the prioritization of options when supported findings.

Evidence-Based Guideline Implementation in Occupational Therapy in Primary Care: From Pilot to National Roll-Out

Leen De Coninck^{1,2,3}, Leen Bouckaert²

¹KU Leuven, Leuven, Belgium, ²SqaQel, Waregem, Belgium, ³WOREL, Antwerp, Belgium

Background:

Most older adults wish to age in place and participate in their communities. Evidence-based clinical guidelines can support this goal, but disseminating these guidelines among occupational therapists and ensuring their implementation is challenging.

Objectives:

To disseminate an evidence-based guideline and enhance occupational therapists' compliance with recommendations to improve aging in place.

Methods:

In the pilot project, occupational therapists were trained to implement recommendations from an evidence-based guideline. The implementation strategy combined the Johanna Bridge Institute's approach with Peters' 5-step guideline implementation method (2020). Experiences from this pilot inform a national roll-out.

Results:

A professional and interprofessional network was established to disseminate the guideline and pilot its implementation. Evikey, a national evidence-based platform, was called in for dissemination. Higher education students and an NGO were involved to facilitate the implementation process. Four occupational therapists (both juniors and seniors) piloted the recommendations. During the identification phase, the Know-Do Gap was analyzed through interviews with therapists and management. An interdisciplinary team of stakeholders was formed to ensure sustainability. In the context analysis phase, barriers and facilitators were identified and prioritized. In the implementation phase, strategies were operationalized to enhance capacity building, including tailored podcasts and peer learning sessions. The evaluation phase involved developing quality indicators, with outcomes used to adjust the implementation strategy as needed. With government support, the adjusted implementation plan will be rolled out nationally.

Conclusion:

A robust professional and interprofessional network, conducting a pilot and providing implementations tools tailored to the involved professionals are prerequisite for sustainable national roll-out.

Optimizing Training for Nursing Guideline Panels: Needs and Recommendations

Mr Mitchell Van Doormaal¹, Dr Claire Bernaards¹, Estefania De Los Rios Torres¹

¹V&VN, Utrecht, Netherlands

Background

Participation in guideline panels requires specific knowledge and skills. To help nurses, clinical nursing assistants, and nurse specialists effectively represent their professional groups, the Dutch professional association for nursing (V&VN) organizes guideline training multiple times a year. However, due to the diverse backgrounds and varying levels of academic knowledge among healthcare professionals, the training may not always meet their needs.

Objective

This project aimed to identify the knowledge and skills needed by nursing guideline panel members and adjust the training accordingly.

Methods

Ten interviews were conducted with former guideline panel members, chairs, and V&VN advisors. Based on the interview results, a questionnaire was developed and distributed to 302 former guideline panel members and chairs. The responses were summarized to guide adjustments to the current training.

Results

Five former guideline panel members, two former chairs, and three V&VN advisors were interviewed in 2024. A total of 91 individuals completed the questionnaire. Key challenges identified were: differences in knowledge levels regarding guideline methodology, preferences for in-person versus online training, and insufficient coverage of topics like representing one's professional group and managing conflicts of interests.

Discussion

In the first half of 2025, the findings will be used to improve the training for panel members in nursing guidelines, ensuring it better meets the needs of nurses, clinical nurse assistants, and nurse specialists involved in guideline development.

"Living" guideline recommendations - more important than ever?

Successes and challenges of "living" guidelines – a systematic evaluation.

Dr Monika Nothacker¹, Dipl. biol. Simone Witzel, MD Frauke Schwier, Dr. Susanne Blödt, Prof. Ina Kopp

¹Association of the Scientific Medical Societies in Germany, Institute for Medical Knowledge Management, Marburg/Berlin, Germany

Introduction

Whilst the development of high-quality guidelines is resource-intensive and time-consuming, their up-to dateness is crucial for improvement of care. Criteria-based update-procedures and living guidelines (LGs) have been suggested to quickly incorporate new findings. Herefore, the German AWMF requires at least annual updates. Internationally, there are different definitions for LGs. In particular, the concept of 'living recommendations' based on 'living systematic reviews' is recommended.

Methodology

A search for current LGs (March-May 2024) was carried out in Medline and 4 guideline databases. Based on criteria of a published LG framework, German and international LGs were compared with the aim to identify favorable and unfavorable implementation factors.

Results

Few current guidelines - 12 German and 26 international LGs - followed a living concept. Topics varied widely, COVID-19 was most frequent. Decisions for German LGs were mainly made per project, internationally mostly at the organisational level. German LGs had significantly more recommendations than international LGs, with less evidence-based content and a lower frequency of systematic searches and update versions. Documentation of methods and changes and the labelling of changed or confirmed recommendations was not given in all LGs. More international than German LGs are available in apps with direct access to recommendations.

Discussion

LGs are rarely implemented, and approaches continue to vary. Motivation and resources for LGs were high during the COVID-19 pandemic. Currently, organisational support in combination with a rather narrow guideline scope and a criteria-based choice of the specific concept seem to offer best conditions for LGs.

Rating certainty when the target threshold is minimally important difference (MID) and the point estimate is close to the MID

Linan Zeng¹, Gordon Guyatt², Monica Hultcrantz³, Reem A Mustafa², Lingli Zhang¹

¹West China Second University Hospital, , China, ²McMaster University, , Canada, ³Centre for Health Economics, Informatics and Health Services Research (CHIS), Stockholm Health Care Services, , Sweden

Background

When GRADE users initially choose the MID as a threshold, if the point estimate falls close to the MID, they will face two challenges. The first is that rating certainty that the true effect is important or unimportant when the underlying true effect is near the MID is misleading. The second challenge is that when the confidence interval is very narrow but crosses the MID threshold rating down for imprecision becomes counterintuitive.

Objectives

In this workshop, we will discuss how GRADE users should proceed when they have chosen the MID as a threshold - and therefore plan to rate certainty in an important or unimportant effect - and the point estimate proves to be close to the MID.

Format

The workshop will comprise four sections: (1) A short presentation will introduce the problem in deciding the target of certainty rating when GRADE users initially target a MID threshold (i.e., interested in whether an important or unimportant effect is present). (2) Using a worked example, workshop leads will introduce a possible solution. (3) In the following discussions, participants will, given examples from real systematic reviews, work together to discuss what it is in which the participants will rate their certainty (i.e, how to decide the target of certainty rating when the point estimate is close to the MID). (4) In the final feedback and summary, workshop leads will summarize some take home messages.

Establishing a National System for Evidence-Based Guideline Development in LMICs: Lessons and Strategies for Replication

Dr Roopa Hariprasad¹, Dr Siddharth Kapahtia¹, Dr Vikas Dhiman¹, Dr Joseph Mathew², Dr Mahaliqua Nazli Khatib³

¹Department of Health Research, Ministry of Health & Family Welfare, New Delhi, India, ²Postgraduate Institute of Medical Education and Research, Chandigarh, India, ³Datta Meghe Institute of Higher Education & Research, Wardha, India

Background: Low- and middle-income countries (LMICs) face barriers to standardized, evidence-based healthcare guidelines. To address this, India's Centre for Evidence-Based Guidelines has institutionalized a structured system under the Department of Health Research, Ministry of Health, enhancing capacity-building and policymaking. Challenges include limited technical capacity, untrained GDG members, difficulties with PICO formatting, and unfamiliarity with the EtD framework.

Objective: This interactive workshop will provide participants with a structured framework for establishing a national guideline development system that is both scalable and sustainable. The session will focus on:

- Showcasing a real-world national evidence-based guideline development process.
- Addressing context specific key challenges especially rapid capacity building in evidence synthesis, and guideline group training.
- Ensuring sustainability and scalability of the system that can serve as a model in LMIC settings.

Format: This 90-minute interactive workshop will include:

- Case Study Presentation: Showcasing a real-world national guideline development process.
- Breakout Group Exercise: Participants will work in small groups to identify challenges in their respective contexts and propose strategies for establishing a guideline development model that is sustainable and scalable
- Facilitated Discussion: Groups share insights, followed by expert input on overcoming barriers and leveraging facilitators.

By the end of the session, participants will have a practical roadmap for developing a structured, replicable national model for guideline development, ensuring a more systematic and evidence-informed approach to policymaking. Designed for policymakers, guideline developers, researchers, public health professionals, healthcare practitioners, program managers, NGOs, international agencies, and ministry officials in LMICs.

The need for an evidence-to-decision framework tailored to prognosis-oriented clinical questions

Dr José Maas¹, Dr Jacoba Greving², Dr Tim van Kernebeek³, Dr Johanna Damen^{4,5}, Dr Janneke Hoogervorst-Schilp¹, Dr Miranda Langendam^{6,7}, Dr Irina Mostovaya¹, Dr Fabienne Ropers^{1,8} ¹Knowlegde Institute Of The Dutch Association Of Medical Specialists, Utrecht, The Netherlands, ²Dutch College of General Practitioners, Utrecht, The Netherlands, ³Royal Dutch Society for Physical Therapy, Amersfoort, The Netherlands, ⁴Cochrane Netherlands, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands, ⁵Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands, ⁶Department Epidemiology and Data Science, Amsterdam UMC/University of Amsterdam, Amsterdam, The Netherlands, ⁷Amsterdam Public Health Research Institute, Methodology Program, , The Netherlands, ⁸Department of Pediatrics, Leiden University Medical Center, Leiden, The Netherlands

Background

As guideline developers, we observe an increasing number of clinical questions where evidence from prognosis studies can inform physicians in decision making. Supporting these recommendations with appropriate evidence remains challenging.

Objective

To provide an overview and characterization of the types of clinical questions and the supporting evidence used to formulate recommendations related to prognosis.

Methods

The authors inventoried prognosis-oriented clinical questions included in guidelines developed by their organizations and assessed the types of evidence used to support these recommendations. This evidence could include (observational) studies on risk factors, prognostic models or impact studies.

Results

We identified 24 prognosis oriented clinical questions in clinical guidelines from three guideline organizations, which were addressed with a systematic literature review. For 12 clinical questions, no literature meeting the selection criteria was found. For the remaining 12 questions, graded summaries of literature, including studies assessing the predictive performance of prognostic models or evaluating prognostic factors were presented. No impact studies were included in the summary of literature.

Discussion

As there are little to no impact studies, there is a strong need for an evidence-to-decision framework tailored to prognosis-oriented clinical questions. Such a framework would aid in linking outcomes from prognostic model and prognostic factor studies to clinical outcomes, similar to existing frameworks for diagnostic testing.

Incorporating field perspectives in the development of need-tailored research questions for a First Aid and Aquatic Safety guideline

Dr Hans Scheers^{1,2}, MSc Rhune Van Cleemput³, Dr Rafael Van den Bergh³, Msc Marie Verlé^{4,5}, Prof Dr Emmy De Buck^{1,2,6}

¹Centre for Evidence-Based Practice, Belgian Red Cross-Flanders, Mechelen, Belgium, ²Department of Public Health and Primary Care, Leuven Institute for Healthcare Policy, KU Leuven, Leuven, Belgium, ³Department of International Cooperation, Belgian Red Cross-Flanders, Mechelen, Belgium, ⁴Department of Public Health and Primary Care, Ghent University, Ghent, Belgium, ⁵Belgian Red Cross-Flanders, Mechelen, Belgium, ⁶Cochrane First Aid, Mechelen, Belgium

Background: Belgian Red Cross-Flanders is currently developing a guideline on First Aid and Aquatic Safety (FAAS) in fisher communities in Mozambique, whose economic dependency on the sea exposes them to its hazards. To ensure that this guideline meets the target population's demands, we aimed to formulate need-tailored research questions

Objective: To generate a set of research questions for an evidence-based FAAS training guideline.
Methods: We conducted focus group discussions, key informant interviews, and a quantitative survey in four coastal communities in Mozambique to assess the needs concerning first aid knowledge and water-related risk prevention. Additional research questions were identified by exploring relevant existing training manuals. Finally, a panel of African health, first aid, and aquatic rescue experts reviewed the research questions.

Results: Based on the information provided by 343 survey respondents, 11 key informants, and 129 participants in 14 focus group discussions, we identified points of attention (e.g. 47% of the survey respondents cannot swim) and constructed research questions on first aid and/or prevention of minor (e.g. cuts from sharp shells) and major (e.g. shipwrecking) risks. Two first aid manuals, one for fishermen and one for bathers, inspired additional research questions. A list of 28 research questions was discussed during an expert panel meeting and final questions were formulated.

Discussion: By combining primary and secondary information sources (emphasizing the specific needs of the target population) with content expert insight and in-house expertise in developing evidence-based guidelines, we developed an exhaustive list of research questions for a FAAS training guideline.

A multidisciplinary approach to research questions for which published evidence is repeatedly lacking during guideline updates

Dr Hans Scheers^{1,2}, Dr Jorien Laermans^{1,2,3}, Dr Vere Borra⁴, Prof Dr Emmy De Buck^{1,2,3}

¹Centre for Evidence-Based Practice, Belgian Red Cross-Flanders, Mechelen, Belgium, ²Department of Public Health and Primary Care, Leuven Institute for Healthcare Policy, KU Leuven, Leuven, Belgium, ³Cochrane First Aid, Mechelen, Belgium, ⁴Belgian Red Cross-Flanders, Mechelen, Belgium

Background: The Belgian Red Cross-Flanders evidence-based first aid guideline for laypeople in Flanders is updated every five years. During each update, published evidence is systematically reviewed by methodologists to answer more than 300 research questions. Subsequently, recommendations and good practice points are formulated by a panel of content and field experts.

Objective: To investigate the share of research questions for which published evidence is repeatedly lacking, and to develop a framework on how to approach these questions during future updates by combining methodological, content, and field perspectives.

Methods: Evidence reviews were updated for 303 research questions. We investigated how many updates revealed new evidence, and listed questions for which no evidence was found at all. Results will be discussed with relevant stakeholders, to better prioritize questions for future updates.

Results: For 246 out of 303 questions, no new evidence was identified, illustrating a lack of recent primary first aid research. Moreover, for 146 questions (48%), no studies were found at all, and compared to the previous update, only 13 questions were now answered with at least some evidence. We are currently investigating how a multidisciplinary approach, involving the expert panel, the target audience (first aid trainers), and methodologists, can allow us to evaluate and prioritise these 146 questions.

Discussion: Involving relevant stakeholders in evaluating questions that will likely never be supported by a sound evidence base, will allow us to focus our efforts and correctly allocate our resources during future guideline updates.

Update of Antimicrobial Therapeutic Guide in the Spanish Health System: Increase of antimicrobial resistance in gonococcal sexually transmitted infections.

Dr Beatriz Carmona-Hidalgo^{1,2}, Ms. Anabel Granja-Dominguez^{1,2}, Dr. Antonio Gutierrez-Pizarra^{1,2}, Ms. Maria Piedad Rosario-Lozano^{1,2}, Ms. Trinidad Sabalet-Moya^{1,2}, Mr. Juan Antonio Blasco-Amaro^{1,2}, Ms. Rocio Fernandez-Urrusuno³, Ms. Blanca Aparicio⁴, Mr. Ismael Mehaidli.⁴

¹Andalusian Health Technology Assessment Area (AETSA), Seville, Spain, ²Spanish Network of Agencies for Assessing National Health System Technologies and Performance (RedETS), , Spain, ³Andalusian Antimicrobial Stewardship Programs. Dirección General de Salud Pública y Ordenación Farmacéutica. Consejería de Salud y Consumo, Seville, Spain, ⁴National Plan Against Antibiotic Resistance (PRAN), Spanish Agency of Medicines and Medical Devices (AEMPS), , Spain

BACKGROUND

Antimicrobial resistance of *Neisseria gonorrhoeae* to the first-line antibiotics is seriously compromising the treatment and control of gonorrhea. Ceftriaxone, an extended-spectrum cephalosporin, is the most widely therapeutic agent recommended in Europe for gonococcal sexually transmitted infections. Ceftriaxone is the gold standard for proctitis and orchitis/epididymitis, two common gonococcal infections affecting adults. Notwithstanding, increasing data on bacterial resistance encourage a review of the latest evidence to check the recommendations in current clinical practice guidelines.

OBJECTIVES

To find new evidence to assess the update of the recommendations for the treatment of proctitis and orchitis/epididymitis included in the Antimicrobial Therapeutic Guide (Spanish National Action Plan on Antimicrobial Resistance).

METHODS

The methodological process performed through a systematic review is part of a project coordinated jointly by the Andalusian Health Technology Assessment Area and the Spanish Agency for Medicines and Medical Devices. Once the retrieved evidence is assessed and synthesized, a panel of experts will decide to adapt or adopt the recommendations based on the context of resistances in the Spanish Health System by using GRADE-ADOLOPMENT methodology.

RESULTS

Two high-quality guidelines were identified recommending the increase up to 1g of ceftriaxone as single dose: the Belgian Health Care Knowledge Centre Guideline (2023), for proctitis; and the European Association of Urology Guideline (2024), for orchitis/epididymitis. Therefore, a revision of the current guideline recommendations appears to be appropriate according to the evidence.

DISCUSSION FOR SCIENTIFIC ABSTRACTS

Emerging trends in antibiotic resistance should be continuously monitored to update the established treatments and incorporate them into clinical practice.

Evidence just in time: Australian policymakers' perceptions of living evidence syntheses and its opportunity to support health policy

Dr Samantha Chakraborty^{1,2}, Dr Tanya Millard², Mr Kevindu DeSilva², Dr Anneliese Synnot², Prof Sally Green^{1,2}, Prof Tari Turner^{1,2}, **Mr Heath White**

¹Cochrane Australia, School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia, ²Australian Living Evidence Collaboration, School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia

Background: "Living" evidence syntheses (i.e. continually updated, credible evidence syntheses such as living -evidence-based guidelines, -systematic reviews, -evidence briefs) have the potential to strengthen health systems by providing decision-makers with up to date, timely and reliable evidence syntheses to inform their decisions. However, there is no existing knowledge about when, why and how living evidence is used in policy decisions. By understanding the experiences of policymakers who have used living evidence, we can work towards optimising living evidence for policy.

Objective: To identify and understand mechanisms that promote the use of living evidence in health policy in Australia.

Methods: Online semi-structured interviews plus an online roundtable with policymakers in Australia, exploring their motivations and experiences with using LES, and factors that may influence their future use of LES. Findings were analysed using an applied thematic analysis approach.

Results: 22 policymakers participated and provided insights on five broad themes: varied understanding but consistent expectations of LES among policymakers; criteria for when to use LES for policy; key merits of using LES in health policy; perceived risks associated with LES; and considerations for future use of LES in health policy.

Discussion: This study demonstrated that LES have the potential to strengthen health systems by enabling the use of up to date evidence in policy decisions. By working in partnership, policymakers, knowledge users and evidence producers can further understand and optimise this approach to enable better use of living evidence in health policy.

Building trust in a guideline from its inception: Methods used in the Australian clinical practice guideline on methylenedioxymethamphetamine (MDMA)-assisted psychotherapy for post-traumatic stress disorder

Dr Alene Sze Jing Yong¹, Ms Suzie Bratuskins², Ms Aimée Freeburn², Dr Sue E Brennan³, Professor Simon Bell¹

¹Centre for Medicine Use and Safety, Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, Melbourne, Australia, ²Neuromedicines Discovery Centre, Monash Institute of Pharmaceutical Sciences, Monash University, Melbourne, Australia, ³School of Public Health and Preventive Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Australia

Background: Medical use of psychedelics has not been legalised in most jurisdictions. The down-scheduling of methylenedioxymethamphetamine (MDMA) by the Australian Therapeutic Goods Administration in July 2023 allows its medical prescribing for post-traumatic stress disorder (PTSD) outside clinical trials. This regulatory change creates a need for trustworthy recommendations to guide practice.

Objective: To describe the strategies implemented to build trust, ensure transparency, and manage potential bias in the development of the Australian Clinical Practice Guideline on MDMA-assisted psychotherapy for PTSD.

Methods: Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methods were used. Roles and responsibilities of various independent groups were clearly defined from the outset, including the Guideline Panel, Stakeholder Group, Expert Group, Oversight Committee, and Evidence Review Team. Additional methods were implemented to minimise bias and manage potential conflicts while engaging a diverse group of interest-holders.

Results: Methods for the governance and evidence review were pre-specified in a protocol and published online. Methods to ensure independent and objective decisions included (1) ensuring diversity of perspectives and interests among members, (2) voting on the GRADE Evidence-to-Decision framework independently before group discussion, and (3) forming an Expert Group, separate from the Guideline Panel, with whom one-on-one interviews were conducted to inform Evidence-to-Decision criteria.

Discussion: There were diverse opinions towards MDMA-assisted psychotherapy among interest-holders, with strong support from some and caution from others. The Guideline development employed an integrated knowledge translation approach, emphasising co-production of knowledge through active participation and shared decision-making with individuals with lived experience and other interest-holders.

Reporting Guidance for Interest-holder Engagement in Practice Guidelines: RIGHT-MuSE Checklist

Dr Xuan Yu¹, Dr Joanne Khabisa², Dr Janne Estill³, Dr Jennifer Petkovic⁴, Dr Lili Zeidan², Dr Yaolong Chen⁵, Dr Elie Akl^{6,7}

¹Chinese EQUATOR Centre, Hong Kong Baptist University, Hong Kong, China, ²Clinical Research Institute, American University of Beirut Medical Center, Beirut, Lebanon, ³Institute of Global Health, University of Geneva, Geneva, Switzerland, ⁴Bruyere Research Institute; Faculty of Medicine, University of Ottawa, Ottawa, Canada, ⁵Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ⁶Department of Internal Medicine, American University of Beirut Medical Center, Beirut, Lebanon, ⁷Department of Health Research Methods, Evidence, and Impact (HEI), McMaster University, Hamilton, Canada

Background

Guideline developers have increasingly engaged various groups of interest-holders (previously often called “stakeholders”) during different stages of guideline development. However, reporting on interest-holder engagement in practice guidelines often lacks transparency.

Objective

The RIGHT (Reporting Items of Practice Guidelines in Healthcare) working group, in collaboration with the MuSE Consortium, aims to develop an extension of the RIGHT statement for reporting interest-holder engagement: the RIGHT-MuSE checklist.

Methods

We will follow methods recommended by the EQUATOR Network. The RIGHT-MuSE checklist consists of twelve steps: 1. Identifying the need for the checklist; 2. Obtaining funding; 3. Drafting a protocol and registering the project; 4. Establishing the working groups; 5. Reviewing background work; 6. Generating an initial list of items; 7. Conducting consensus surveys; 8. Holding consensus meetings; 9. Drafting the final RIGHT-MuSE checklist; 10. Developing an explanatory document; 11. Conducting a pilot test of the checklist; and 12. Disseminating the checklist.

Results

We have registered RIGHT-MuSE on the EQUATOR Network. So far, 19 representatives of different interest-holder groups, invited by the coordination team, have agreed to join the RIGHT-MuSE consensus panel and participate in the upcoming consensus survey and meeting. An initial version of the checklist, including eight topics and 15 items, has been generated. We plan to hold the consensus meeting in May 2025 and present the final RIGHT-MuSE checklist during the conference.

Discussion for scientific abstracts:

Once the checklist is finalized and published, we will actively promote and implement it to foster the development of more trustworthy practice guidelines.

Guideline Development Capacity Building in Resource-constrained settings: From Users to Producers!

Prof Joseph L Mathew¹, Prof. Paulo Picon, Prof, Sudesh Sivarasu

¹P.G.I.M.E.R Chandigarh, , India

Background:

Capacity-building initiatives in evidence-synthesis and guideline-development in resource-constrained settings generally focus on building skills of 'producers'. The paucity of commensurate capacity-building of guideline-users creates an imbalance wherein resource-constrained settings are able to produce guidelines, but not optimally use them.

Objectives:

This Workshop explores economic, efficient, and sustainable capacity-building models for individuals and institutions in resource-limited healthcare settings, focusing on users and producers of evidence-based guidelines.

Format:

Interactive workshop with four short presentations (10 minutes each) addressing the Objective (stated above) in diverse real-world settings, followed by a moderated discussion amongst the facilitators and participants (45 minutes), and Conclusion (5 minutes).

Presentations (40 minutes): (i) Bird's eye view of capacity building initiatives in India, South Africa, Brazil, and China (10 minutes); (ii) Users first, or producers first? (10 minutes); (iii) Economy, Efficiency, and Excellence in capacity-building (10 minutes); and (iv) Linking systematic reviews, HTA, and guideline development in resource-limited settings (10 minutes).

Moderated discussion (45 minutes): Workshop participants will (i) share their experiences of capacity-building models in resource-constrained settings; (ii) identify challenges in implementing the models presented by the facilitators; (iii) discuss transferability of the approaches; and (iv) focus on building critical masses of evidence producers and evidence users, each driving the other.

Summary and Conclusion (5 minutes):

Activities/Interaction Plans:

The Workshop is designed to be interactive. Over 50% of the time is allocated for discussion, participant engagement, sharing of local experiences, and identification of commonality in diversity.

The Zero-Budget Model to Build Trust in Evidence-based Guideline Development Projects.

Prof Joseph L Mathew¹

¹P.g.i.m.e.r Chandigarh, , India

Background

Evidence-based guideline development is resource-intensive; hence guideline-developers often (inadvertently or deliberately) receive support from diverse interest-holders. This erodes trust in the process and product of such efforts.

Objective

This presentation summarizes a unique experiment of developing evidence-based guidelines with a zero-budget, to restore confidence amongst the end-users.

Methods

The experiment comprised a zero-budget guideline-development process, relying on the personal commitment of a group of healthcare professionals with no conflicts of interest. Capacity and capability were built through online training workshops during weekends. A learning-by-doing approach was adopted under the mentorship of the Chairperson

Contemporary guideline methodology steps were followed (viz. outlining the scope & purpose of the guideline, framing PICO questions, formal evidence synthesis, GRADE-ing evidence, transforming evidence-to-decisions, and drafting recommendations). In addition, several refinements to enhance efficiency were adopted. At every stage, a focus on contextual local relevance was maintained.

Results

The experiment yielded the world's first methodologically-robust, evidence-based guideline for the management of Allergic BronchoPulmonary Aspergillosis in children. A second guideline on pediatric empyema is nearing completion. Other salient outcomes included capacity-building of a critical-mass of physicians in guideline methodology, significant financial savings, and enthusing guideline users about the feasibility of zero-budget evidence-based guideline development. End-user surveys confirmed that appreciation for the absence of funding from interested actors. This model can be emulated in other resource-constrained settings, although long-term sustainability needs to be explored.

Conclusion

This unique zero-budget guideline development model emphasizes efficiency, economy, and excellence; and can be emulated in diverse resource-constrained settings.

Translating global research evidence to local decisions: Learning to use the EtD framework and the KNOW ESSENTIALS tool.

Prof Joseph L Mathew¹, Prof. Lazar M Thalakkotur²

¹P.g.i.m.e.r Chandigarh, , India, ²Manipal Academy of Higher Education, Manipal, India

Background:

There are few well-designed frameworks for decision-makers to translate research evidence to locally-appropriate decisions. This Workshop explores the Evidence-to-Decision (EtD) framework, and the KNOW ESSENTIALS tool.

Objectives:

To (i) expose the participants to the challenges of translating global evidence to appropriate local decisions, (ii) outline the EtD framework and KNOW ESSENTIALS tool, (iii) compare the strengths/limitations of each, and (iv) build skills in using them.

Format:

Interactive workshop with four short presentations (20% of allocated time) addressing the Objectives, followed by a practical exercise (50% of allocated time), moderated discussion (25% of allocated time), and Conclusion (5% of allocated time).

Presentations (20% of allocated time): (i) Challenges in translating synthesized evidence from global research to contextually-relevant local decisions; (ii) Evidence-to-Decision framework; (iii) KNOW ESSENTIALS tool; (iv) Strengths and limitations of the tools.

Hands-on exercise (50% of allocated time): The participants will work through a curated scenario, wherein research evidence would be used for developing a decision (for clinical practice, or local policy, or a guideline recommendation), using the two tools described.

Moderated discussion (25% of allocated time): The participants will (i) share their perceptions and experiences of the models, (ii) describe other models used in their settings, (iii) discuss the optimal model(s) for their needs, and (iv) suggest improvements to the tools.

Summary and Conclusion (5% of allocated time): The Moderator will lead the facilitators and participants in framing a summary of actionable conclusions.

From research evidence to real-world decisions: The KNOW ESSENTIALS tool

Prof Joseph L Mathew¹, Prof, Lazar M Thalakkotur²

¹P.g.i.m.e.r Chandigarh, , India, ²Manipal Academy of Higher Education, Manipal, India

Background:

The KNOW ESSENTIALS tool [1] facilitates locally-appropriate, evidence-informed, decision-making, by diverse stakeholders.

Objective:

To describe the KNOW ESSENTIALS tool, its strengths, and its limitations.

Methods and Results:

The tool starts with an analysis of the problem, based on three cardinal criteria viz. (i) KN=Knowledge of need (local epidemiology, consequences, public health significance vis-à-vis other needs, and robustness of local data); (ii) O=Outcome(s) of interest for; and (iii) W=Who is the target of the proposed intervention.

The next four Major criteria include E=Evidence of effectiveness (or efficacy) of the intervention(s); S=Safety (short and long term); S=Social considerations to health-care recipients, providers and/or society; and (iv) E=Economic issues (cost considerations and/or cost-effectiveness analysis).

The other criteria are N=Novelty bias; T=Time to outcome of interest; I=Integration (of the intervention and its delivery with/within the existing services); A=Alternate options (and their limitations); L=Likely impacts of deciding in favour or against the intervention; and S=Sustainability.

Decision-making process: Explore the cardinal criteria. If sufficient information is available, proceed to the Major criteria. If sufficient information is available, consider the Other criteria. Code each green, red, or yellow (indicating the level of confidence in available evidence). Subjective and objective judgements can be added to facilitate decision-making.

Conclusion:

The KNOW ESSENTIALS tool can facilitate evidence-based decision-making starting from analysis of the problem (rather than solution/intervention). It can be used by diverse stakeholders even with limited prior expertise.

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Implementation and update processes of guideline-based quality indicators in oncology

Dr Markus Follmann¹, Martin Utzig¹, Kees van Kleihuis Tol², Gregor Wenzel¹

¹German Cancer Society, Berlin, Germany, ²Arbeitsgemeinschaft Deutscher Tumorzentren (ADT), Berlin, Germany. Aim: To analyze implementation and characteristics of guideline-based, oncological quality indicators (QI) in Germany

Background: The German Guideline Program in Oncology (GGPO) established a methodology to generate and implement QI based on GGPO guidelines.

Methods: QI stratified by guideline topic, numbers of QI calculable based on cancer registries or certification system, Donabedian-type, and evidence base of underlying recommendations are reported. Further, analysis results of the updating process are presented per tumor entity.

Results: Of the 6,016 (76-442) recommendations from 34 guidelines 2,417 (18-212) were strong, representing the foundation for potential QI. In total, 276 (1-15) QI have been developed, 245 being process indicators. Outcome and structural indicators are infrequent (27 and 4, respectively). 140 of the underlying recommendations are evidence-based. 175 of the QI can be calculated with the oncological base documentation set. 130 QI (186 entities) can be covered by the certification system. The most frequent QI type is therapy (102), followed by diagnosis (54), classification/histology (30), and "other" (61). Of the 180 QI undergoing updates, 66 were modified, 47 were dropped, and 67 new QI were added. On average, QI were modified after 6.3 years and dropped after 7.3 years.

Conclusion: The implementation of guideline-based QI is feasible, yielding important information on guideline adherence and serving as the foundation of certification. Guideline groups should integrate the QI results of cancer registries in their guideline- / QI-update. Regular and flexible QI update processes are necessary to reflect changes in guideline recommendations and to react on changes in healthcare.

Methods and reporting of studies assessing adherence to clinical practice guidelines: a methodological review

Dr Sally Yaacoub^{1,2,3}, Batoul Yazbeck², Prof Raphaël Porcher^{2,3}, Prof Philippe Ravaud^{1,2,3}, Prof Isabelle Boutron^{1,2,3}

¹Cochrane France, Paris, France, ²Université Paris Cité and Université Sorbonne Paris Nord, Inserm, INRAE, Center for Research in Epidemiology and Statistics (CRESS), Paris, France, ³Centre d'Épidémiologie Clinique, Hôpital Hôtel Dieu AP-HP, Paris, France

Background: Ensuring adherence to clinical practice guidelines (CPGs) is critical for building trust in health systems and improving patient outcomes. However, how the impact of guideline adherence on clinical outcomes is studied remains unclear.

Objective: To determine whether and how the impact of adherence to CPGs on clinical outcomes has been assessed. We focused on CPGs addressing the management of major chronic diseases: musculoskeletal diseases, diabetes and hypertension.

Methods: We conducted a methodological review. We searched PubMed on March 3, 2023 (to be updated) for studies published since 2013. We included studies assessing the effect of adherence to CPGs for the pharmacologic management of adult patients. One reviewer screened the titles and abstracts and full-texts and a second reviewer independently screened 10%. Two reviewers independently extracted data using a standardized pilot-tested form. Data were analyzed descriptively.

Results: Of 7952 records retrieved; 16 studies were eligible for inclusion. The studies addressed CPGs for the management of diabetes (n=8), hypertension (n=6), and axial spondyloarthritis (n=2). All studies were observational, but none emulated a target trial. Four studies explicitly reported the recommendations for which adherence was assessed, nine precisely defined adherence and eight studies evaluated only surrogate outcomes. Thirteen studies accounted for confounding factors. There was serious or critical risk of bias in selection of participants in 13 studies.

Discussion: Adherence to CPGs is infrequently and inadequately assessed, limiting their role in strengthening health systems and public trust. More rigorous methodologies are needed to study the impact of guideline adherence on patient outcomes.

Artificial Intelligence and Machine Learning Tools to (Semi-Automate Evidence Synthesis): A Living Rapid Review and Evidence Map

Dr Gaelen Adam¹

¹Brown University School Of Public Health, Providence, United States

Background: Tools that leverage artificial intelligence (AI) or machine learning (ML) are reaching proficiency levels that make their integration into systematic review (SR) procedures increasingly viable.

Objective: To systematically map AI/ML tools designed to support SRs and evaluate their performance.

Methods: We searched PubMed, Embase, and the Association for Computing Machinery Digital Library to October 1, 2024, with updates planned biannually. We included primary studies of publicly available ML/AI tools, assessing quantitative performance across multiple reviews. We screened all studies in duplicate and extracted tool characteristics, evaluation methods, performance results, and the authors' conclusions.

Results: We included 56 studies that assessed the performance of AI/ML tools compared to manual processes. Tools for identifying randomized controlled trials performed well, with a median recall of 98% and precision of 92%. Abstract screening tools also showed promising, though variable, results, achieving a median recall of 87% for fully automated screening using zero-shot models; 93% for semi-automated models with a median 51% reduction in screening burden. In contrast, tools for searching had low recall (median 21%) and precision (median 4%), and data extraction tools varied widely, with a median 61% of data correctly extracted. Risk of bias assessment tools showed moderate agreement with human assessments (Cohen's kappa=0.45; median agreement: 71%).

Discussion: Our findings underscore the need for further development of AI/ML tools across SR tasks, as well as the need for frameworks to reliably evaluate and integrate them in evidence synthesis. While some tools promise significant support, no existing tool can replace human expertise.

Adapting Health-Based Audits and Feedback to Enhance Education Outcomes

Ms Noella Awah¹, Mr Rigobert Hanny Pambe Miong¹, Dr Marcline Timben Tebo¹

¹Effective Basic Services (eBASE) Africa, Bamenda, Cameroon

Background: Despite significant investments in developing evidence-based guidelines, health and education practitioners often struggle to adopt these best practices. The effectiveness of audits and feedback in integrating evidence into health facilities suggests that this approach can be successfully adapted to other fields. eBASE Africa implemented audits and feedback to enhance education outcomes.

Objective: This study shows how health-based audits and feedback enhance teachers' adherence to evidence-based practices, leading to sustainable improvements and better education outcomes.

Methods: The process involved identifying four pedagogic fellows, developing evidence criteria for feedback, training, and auditing fellow teachers' trainers on audits, feedback, and educational leadership, training teachers, and performing quarterly rounds of audits and feedback. The GRiP (Getting Research into Practice) method, based on the JBI standard of evidence implementation, was used to compare audit findings, identify barriers and enablers to evidence utilization, and develop strategies to reduce the evidence-to-practice gap.

Results: Teachers' compliance with evidence-based practices was below average at baseline: Chad (33%), Niger (45%), Nigeria (30%), and Cameroon (40%). Stakeholder engagement sessions identified 8 barriers and 14 strategies to overcome them. After feedback, midline (month 3) compliance increased to 63% (Cameroon), 66% (Nigeria), and 72% (Niger). At endline, overall compliance reached 77%, representing a 110% increase from baseline. Compliance improved consistently from baseline through midline and endline.

Discussion for scientific abstracts: Building on the success of audits and feedback in health, this study shows that adapting this intervention in education, by providing pedagogic fellows with actionable evidence-based guidelines, leads to better education outcomes.

An example or a Practical Approach to Presenting Multiple Direct Comparisons in the American Society of Hematology (ASH) Clinical Practice Guideline Update for Acute Myeloid Leukemia (AML) in adults

Miss Maria-Jose Oliveros^{1,2}, Yetiani Roldan¹, Sara Ibrahim¹, Gonzalo Bravo-Soto¹, Romina Brignardello-Petersen¹

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

²Departamento de Ciencias de la Rehabilitación, Universidad de La Frontera, Temuco, Chile

Background: Recommendation questions often involve multiple treatment options, requiring an evidence synthesis approach that accommodates many comparisons. In the ASH AML guideline update, presenting results from multiple direct comparisons efficiently was challenging. Traditional Summary of Findings (SoF) tables require a separate table for each pairwise comparison, making it impractical to present necessary information transparently while maintaining efficiency in panel discussions. We developed a Table that consolidates multiple comparisons while preserving GRADE principles, ensuring feasibility and efficiency in the process.

Methods: We integrated key elements of a SoF table—critical outcomes, participant and study numbers, effect estimates, control and intervention risks, certainty of evidence ratings, and explanations— with key elements of network meta-analysis presentation format—selecting a reference intervention and classifying interventions —adapting these elements for multiple direct comparisons.

Results: We listed all comparisons to identify the most common comparators and choose a reference. Then, we developed a Multi-Comparison Table for each reference intervention (e.g., interventions compared to azacitidine). Each table displayed interventions in columns and outcomes in rows. The cells reported the number of included studies, study design, sample size, and effect estimates. We calculated a common baseline risk from control groups across studies to present absolute effects. We represented certainty of evidence using a color gradient, with superscripts indicating reasons for downgrading. Instead of presenting 11 pairwise SoFs, we presented 4 tables.

Conclusions: The tables appeared to preserve transparency and improve efficiency in discussions. The panel was receptive to this format, which seemed to facilitate evidence interpretation and decision-making.

Experience developing and using a Survey to Gather Expert Evidence to Inform Guideline Recommendations in the American Society of Hematology Clinical Practice Guideline Update for Acute Myeloid Leukemia in adults

Miss Maria-Jose Oliveros¹, Sara Ibrahim¹, Yetiani Roldan¹, Barbara Burgos², Romina Brignardello-Petersen¹

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

²Universidad de La Frontera, Departamento de Ciencias de la Rehabilitacion, , Chile

Background: Practice guidelines rely on systematic reviews, but some questions lack direct evidence for key outcomes. In these cases, expert evidence can help bridge gaps. To inform recommendations, we developed and used a survey to gather expert evidence from panelists involved in the American Society of Hematology guideline for acute myeloid leukemia in adults.

Methods: We developed a survey addressing decisions and experience of the panelists when treating the target patients. We distributed it via SurveyMonkey and presented the results at the recommendation formulation meeting. Panelists and methods team feedback guided refinements.

Results: The survey asked about: (1) patient flow, estimating the number of patients eligible to receive the treatment options; (2) treatment preferences, identifying the most used approach and the number of patients treated with it; (3) outcomes, quantifying patients who experienced each outcome at specified follow-up periods; and (4) alternative treatment approaches, where panelists who had used the less frequent approach answered the same outcome-related questions. Panelists found the format useful but struggled to recall outcomes over two years. Open-ended responses complicated data synthesis but provided insights into how panelists preferred to report their experiences. When determining net benefit, outcomes from less frequently used interventions were less informative due to fewer responses, but the treatment preferences section proved valuable.

Conclusions: When direct evidence was lacking, the survey data informed panel discussions and recommendations. In this pilot version, flexibility in responses complicated analysis, but insights into response interpretation improved survey design, resulting in an improved version for future use.

Exploring How Clinical Practice Guideline Recommendations Evolve Over Time: Insights from a Living COVID-19 Guideline

Miss Maria-Jose Oliveros^{1,2}, Hamed Movahed¹, Sara Ibrahim¹, Romina Brignardello-Petersen¹ ¹Department of Health Research Methods, Evidence, and Impact, McMaster University, , Canada, ²Departamento de Ciencias de la Rehabilitación, Universidad de La Frontera, Temuco, Chile

Background: Clinical practice guidelines (CPGs) are typically updated every three to five years, often on irregular schedules with poorly defined processes. Living guidelines, however, are continuously updated as new evidence emerges, offering a unique opportunity to examine how recommendations evolve over time.

Objectives: To map changes in the strength and direction of living COVID-19 treatment recommendations over time and analyze the justification for these changes.

Methods: This project is ongoing. We will include all recommendation for both non-severe and severe/critical COVID-19 of the WHO living guidelines on COVID-19 drug treatments. We will extract reasons for the update as described in the guidelines, and data on the direction, strength, and characteristics of recommendations across updates. Extracted characteristics will include treatment type, number of included studies, certainty of the evidence, and factors influencing changes in strength or direction.

Results: This work is in progress. To date, there have been 14 versions of the guidelines on COVID-19 drug treatments. We will quantify the frequency of changes in strength and direction per treatment and overall. For conditional and strong recommendations, we will assess the frequency and timing of changes. We will also summarize the justifications for these changes across treatments and populations.

Conclusions: This study will quantify changes in the strength and direction of COVID-19 treatment recommendations and identify factors influencing these changes. Our findings may help determine triggers for updating CPGs by analyzing the reasons for updates described in the guidelines, improving the understanding of how recommendations evolve in a living guideline framework.

Telenurse: Enhancing Post-Discharge Care through Structured Follow-Up

Ms Samah Elzakaziki¹, Ms Margarita Ortiz¹

¹Ksumc - King Abdulaziz University Hospital, Riyadh, Saudi Arabia

Background

In King Abdulaziz University Hospital during the first quarter of 2023, 8% of Tonsillectomy cases were reported in ER with the chief complaint of post-tonsillectomy bleeding

Investigation was conducted to find the common cause was Non-compliance with nutritional guidelines which can be mitigated by proper health education and follow up.

Objective

Main Goal: "At the end of 2024 the percentage of the incidence of post tonsillectomy bleeding will decrease from 8% to 3% as benchmark internationally"

Methods

A workflow was created to ensure a structured approach to the Telenurse project. Discharge cards were generated for patients and families, detailing when to seek emergency medical attention if symptoms arise. Triage calling forms were designed to facilitate follow-up calls post-discharge. A pilot study was conducted to test the forms, and necessary modifications were made. ENT surgeons were involved in the project to provide specialized input. Training was provided to the team on the calling schedule, Staff compliance and key performance indicators (KPIs) were monitored monthly.

Results:

% of post Tonsillectomy Bleeding incidences were significantly decreased from 8% to 2%

Patient compliance with post-operative instruction increased

Patient engagement and patient centered care achieved

Patient experience enhanced (one mother said "I feel my child is very important person")

Discussion

The Telenurse project demonstrated the potential of structured telephonic follow-up in enhancing post-discharge care. Regular monitoring of staff compliance and KPIs contributed to the project's success. Future studies should explore the long-term impact of Telenurse on patient outcomes and its applicability to other specialties.

Patient and public involvement in health research and healthcare: a review

Miss Mengting Yang^{1,2,3,4}, Pro Hailong Li^{1,2,3}, Pro Kun Zou^{1,2,3}, Pro Liang Huang^{1,2,3}, Pro Xiaoxi Lu^{3,5}, Pro Chunsong Yang^{1,2,3}, **Pro Linan Zeng**^{1,2,3,6}, Pro Lingli Zhang^{1,2,3,6,7}

¹Department of Pharmacy/ Evidence-Based Pharmacy Center, West China Second University Hospital, Sichuan University; Children's Medicine Key Laboratory of Sichuan Province, Chengdu, China, Chengdu, China, ²NMPA Key Laboratory for Technical Research on Drug Products In Vitro and In Vivo Correlation, Chengdu, China, Chengdu, China, ³Key Laboratory of Birth Defects and Related Diseases of Women and Children, Sichuan University, Ministry of Education, Chengdu, China, Chengdu, China, ⁴West China School of Medicine, Sichuan University, Chengdu, China, ⁵Department of Paediatric Haematology and Oncology, West China Second Hospital, Sichuan University, Chengdu, China, Chengdu, China, ⁶West China Biomedical Big Data Center, West China Hospital, Sichuan University, Chengdu, China, Chengdu, China, ⁷Chinese Evidence-based Medicine Center, West China Hospital, Sichuan University, Chengdu, China, Chengdu, China

Patient and public involvement (PPI) has become a cornerstone of ethical, patient-centered health research and healthcare delivery, enhancing research relevance, methodological rigor, and societal impact. Globally, regulatory frameworks increasingly mandate PPI integration across research prioritization, study design, and policy development. However, despite this progress, gaps in implementation, impact assessment, and sustainability continue to undermine meaningful engagement. This narrative review explores a decade of evidence to examine PPI's global trajectory, applications, impact assessment, and unresolved challenges. While various norms provide a foundation for PPI implementation, inconsistencies remain. In clinical trials, although 40% of studies incorporate PPI, researchers often limit engagement to the early design phases, rarely extending it to data analysis or dissemination. PPI in systematic reviews and clinical guidelines exhibit similar constraints, as tokenistic participation and inadequate reporting often define their PPI integration. Qualitative evidence highlights PPI's role in improving recruitment, fostering trust, and enhancing intervention relevance, yet rigorous quantitative validation remains scarce, with current evaluation frameworks lacking standardized metrics. Key barriers include superficial engagement, weak institutional commitment, the absence of validated assessment tools, and insufficient funding for sustained involvement. Translational and preclinical research lags further behind, where researchers often limit PPI to brief consultations rather than substantive contributions. Future priorities should focus on developing robust quantitative impact assessment tools, refining comprehensive guidelines with clear justifications for PPI, and equipping researchers with concrete strategies for meaningful implementation. Addressing these challenges is crucial to ensuring that PPI drives substantive improvements in health research and healthcare rather than remaining a procedural requirement.

How the PICAR Framework Can Benefit Guideline Systematic Reviews: A Call for Greater Attention

Dr Xuanlin Li¹

¹Zhejiang Chinese Medical University, , China

Objective: To evaluate the current application status of the Population, Intervention, Comparator(s), Attributes, and Recommendation(PICAR) framework—a structured tool designed for systematic reviews of clinical practice guidelines (CPGs)—and compare its utility with the traditional Population, Intervention, Comparison, and Outcome(PICO) framework.

Methods: A systematic search was conducted in PubMed and Web of Science (up to December 2024) using a combination of Medical Subject Headings (MeSH) terms and free-text keywords. Two researchers independently screened studies published after 2019 that explicitly applied the PICAR framework to CPG evaluations, with discrepancies resolved through group discussions. Data on first authors' countries, journal impact factors, and framework implementation details were extracted using a pre-designed Excel sheet for statistical analysis.

Results: Among 601 CPG systematic reviews, 47 studies (7.8%) utilized the PICAR framework, significantly surpassing the adoption rate of PICO (27 studies, 4.5%). PICAR applications were concentrated in China and Canada (17% combined), likely due to prior dissemination efforts. Most studies employing PICAR were published in mid-tier journals (impact factor 3–6, 47%), with limited representation in high-impact journals (>9, 2%). While PICAR enhanced methodological rigor through structured elements (e.g., CPG attributes, and recommendation characteristics), its adoption was constrained by its novelty and researchers' persistent reliance on PICO.

Conclusion: The PICAR framework addresses critical limitations of PICO in CPG evaluations but remains underutilized. Broader adoption requires targeted academic promotion, standardization refinement, and interdisciplinary collaboration to strengthen guideline evaluation quality and advance evidence-based decision support.

Keywords: PICAR framework, clinical practice guidelines, systematic review.

Guidance for Developing Evidence-Based Guidelines in Social Care: a Pilot Study

Prof. Zhenggang Bai^{1,2,3}, **Miss Luhan Chen**^{1,3}, Miss Shuying Gu^{1,3}, Prof. Vivian Welch⁴, Mrs Fiona Campbell⁴, Mrs ASKIE Lisa⁵, Prof. Iris Chi⁶

¹Evidence based Research Center for Social Science and Health, NJUST, Nanjing, China, ²Evidence based TCM Center of Nanjing University of Chinese Medicine, Nanjing, China, ³Campbell China Network Coordinator Center, Nanjing, China, ⁴Campbell Collaboration, Philadelphia, USA, ⁵Methods & Standards Team, Quality Assurance of Norms and Standards, Science Division, WHO, Geneva, Switzerland, ⁶Social Work School, University of Southern California, Los Angeles, USA

Background:

The evidence-based (EB) social care guidelines are pivotal in ensuring scientific integrity, relevance, and practical utility, which are essential for improving the effectiveness and efficiency of social care services. Social care guidelines are crucial in bridging the gap between research and practice.

Methods:

The Campbell China Network initiated the Guidance Research for Evidence-Based Guidelines for Social Care (EBGSC). The methods primarily employed in the development of the guidance protocol encompass systematic review, consensus methods, the Delphi technique, and expert opinion. The system searches academic databases to extract key guideline - development elements. Then, a 20-expert group in social care and EB methodology will be convened to discuss and supplement the method's professional specificity via online meetings, formulating initial guideline items. Finally, the Delphi method, after two feedback rounds, constructed a method item for EBGSC development, which was then piloted for external review before the method interpretation was completed.

Results:

After retrieval and screening, a total of 10 EB guideline development methods applicable to the field of social care were obtained in this study, and 9 key steps were identified as necessary elements for constructing EBGSC. Methodological improvements were suggested. After a Delphi survey with 19 experts (Kendall coefficient rising from 0.415 to 0.559), the method was finalized. It includes three stages: Evidence evaluation and grading stage (systematic retrieval of evidence, evidence evaluation and synthesis, evidence grading); The development, release, and update phase (developing recommendations for guidelines, writing and publishing guidelines, and updating guidelines).

Discussion:

This study lays the foundation for developing methodologies for EB guideline creation in social care. It aims to promote scientific rigor and transparency in social care practices, ultimately improving the overall quality of social care services.

PICO-Based Clinical Question Generation from Chinese Clinical Practice Guidelines Using LLMs

Miss Parwenayi Talifu¹, Professor Yinghui Jin¹, Mr. Yongbo Wang¹

¹Center For Evidence-based And Translational Medicine, Zhongnan Hospital Of Wuhan University, Wuhan, China

Background: Many CPGs lack standardization, particularly in clearly defining clinical questions, which are the foundation of recommendations and central to clinical practice. Large language models (LLMs) offer powerful capabilities for text understanding and generation. Using coronary heart disease (CHD)-related guidelines as an example, we decide to use prompt engineering, fine-tuning, Retrieval-Augmented Generation (RAG), and Chain-of-Thought (CoT) techniques to extract clinical questions from CPGs by analyzing recommendations and evidence-related text.

Methods: We leverage the dependency between clinical questions, evidence, and recommendations to deconstruct PICO elements and generate corresponding clinical questions. We collected CHD-related guidelines published in the past five years, focusing on those with clear recommendations and methodological sections. These guidelines were divided into two categories: those explicitly stating clinical questions and those without.

First, guidelines with explicit clinical questions were used to train LLM. The steps included:

1. Extracting recommendations and evidence, evaluating the rationality of recommendations.
2. Deconstructing PICO elements based on evidence and recommendations, with expert verification for accuracy.
3. Classifying PICO elements by interventions and outcomes, prompting the LLM to generate clinical questions.
4. Categorizing the clinical questions listed in the guidelines as accurate or inaccurate after expert review. Evaluating model performance using accuracy, recall, and F1 scores.

Once accuracy exceeded 90%, the optimized retrieval strategies and prompt templates are applied to guidelines without explicit clinical questions.

Anticipated value: This framework aims to be adaptable for clinical question extraction across various disease-specific guidelines, enhancing its utility in diverse medical contexts.

Next-Generation GRADE: The Role of Decision Thresholds

Dr Ignacio Neumann^{1,2}, Dr. Wojtek Wiercioch², Dr. Gian Paolo Morgano², Dr. Antonio Bognanni³, Dr. Manuel Marques-Cruz⁴, Dr. Vítor Henrique Duarte⁴, Dr. Rafael José Vieira⁴, Dr. Bernardo Sousa-Pinto⁴, Professor Holger Schünemann^{2,3}

¹Grade Cono Sur, Santiago, Chile, ²Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ³Clinical Epidemiology and Research Center (CERC), Humanitas University, Milan, Italy, ⁴CINTESIS@RISE - Health Research Network, MEDCIDS, Faculty of Medicine, University of Porto,, Porto, Portugal

Background:

The concept of certainty of evidence has evolved significantly since its initial formulation in the 1970s. A key conceptual advance in GRADE certainty assessment is the introduction of decision thresholds. These thresholds play a fundamental role not only in how certainty of evidence is conceptualized, but also to enhance consistency, scalability, and efficiency in GRADE applications. More importantly, decision thresholds are key to the development of algorithmic applications which can potentially be automated or support the development of AI tools for evidence assessment.

Objective:

This workshop aims to familiarize participants with the concept of decision thresholds and their role in GRADE certainty assessment. Specifically, it will provide an overview of how thresholds are estimated and applied in systematic reviews and guideline development. Understanding these conceptual foundations will be essential for future engagement with software and AI tools designed to automate certainty assessment using these principles.

Workshop Format:

This interactive session will combine presentations, group discussions, and hands-on exercises. The workshop will begin with an introduction to decision thresholds, how these can be estimated and, and their application in GRADE. Participants will then engage in practical exercises applying decision thresholds to real-world scenarios and assessing the certainty of evidence. The session will conclude with an exploration of how automation will leverage decision thresholds to streamline evidence assessment.

Attendees will gain an in-depth understanding of the central role of decision thresholds in GRADE and their future applications in automated and AI-assisted evidence evaluation.

A Set of Extraction Criteria for Recommendations in Medical Guidelines

错过 **Shuqiong Zhu**¹, Miss Parwenayi Talifu

¹Center For Evidence-based And Translational Medicine, Zhongnan Hospital Of Wuhan University, City, China

Title: A Set of Extraction Criteria for Recommendations in Medical Guidelines

Abstract:

Certain guidelines do not place recommendation statements in easily accessible locations as prescribed, leading to significant time and effort spent by clinicians. Our study aims to summarize and categorize descriptive statements related to recommendations, identify their characteristics, and establish extraction criteria to help users quickly and accurately extract hidden recommendations from guidelines.

Methods:

This study developed criteria for extracting hidden recommendation statements from medical guidelines through systematic database searches, institutional website reviews, and Delphi method expert consultations. Hidden recommendations, often unlabeled and embedded in background content, require multidimensional analysis focusing on linguistic patterns (recommendation verbs like "suggest," modal verbs, and population specifications), structural indicators (executive summaries, tables), and contextual integration of target groups, actions, and evidence bases. The established framework enhances extraction accuracy by systematically identifying recommendations dispersed across guideline sections, enabling consistent operationalization for clinical application. This approach addresses the challenge of distinguishing hidden guidance from general information, facilitating efficient translation of evidence into practice through structured linguistic, organizational, and contextual evaluation criteria.

Results:

Through systematic data collection and Delphi method consultations, a set of efficient and applicable recommendation extraction criteria was established. After expert feedback, it ensures high operability and broad applicability, providing a solid foundation for the standardized use of clinical practice guidelines.

Conclusion:

This study developed criteria to help clinicians efficiently extract key recommendations from medical guidelines, improving clinical decision-making.

Research on the Identification and Extraction Methods of Clinical Practice Guidelines Recommendations Driven by Large Language Models

错过 **Shuqiong Zhu**¹

¹Center For Evidence-based And Translational Medicine, Zhongnan Hospital Of Wuhan University, City, China

Abstract

This study proposes an automated recommendation extraction method based on large language models, aimed at efficiently and accurately extracting recommendations from clinical practice guidelines. A standardized extraction framework was developed, and an automated extraction model was built by fine-tuning a large language model. Experimental results show that this method outperforms traditional rule-based methods in terms of accuracy and recall, effectively extracting clinically valuable recommendations, and providing support for intelligent healthcare decision-making.

Methodology and Results

Based on the established recommendation extraction standards, a dataset containing expert-annotated recommendations was first constructed. Then, a large language model was fine-tuned to develop the automated extraction model. The model analyzes the context of guideline texts to automatically identify and extract recommendations. The model's performance was evaluated using metrics such as precision, recall, and F1 score, and compared with traditional rule-based methods to verify its advantages in extraction efficiency and accuracy. The results show that the automated extraction model performs better than traditional methods, accurately identifying and extracting recommendations, especially when handling complex language and professional terminology.

Discussion

This study shows that the automated extraction method using large language models is effective in extracting recommendations, especially in handling complex language and terminology. However, challenges like language ambiguity and domain differences remain, which may affect accuracy. Future work can focus on optimizing the model and expanding the dataset to improve performance and support intelligent healthcare decision-making.

Next-Generation GRADE: Laying the Foundations for AI and Automation

Dr Ignacio Neumann^{1,2}, **Dr. Wojtek Wiercioch**², **Professor Holger Schunemann**^{2,3}, **Bernardo Bernardo Sousa-Pinto**⁴, **Dr. Reem Mustafa**⁵, **Dr. Manuel Marques-Cruz**⁴, **Dr. Rafael José Vieira**⁴

¹Grade Cono Sur, Santiago, Chile, ²Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ³Clinical Epidemiology and Research Center (CERC), Humanitas University, Milan, Italy, ⁴CINTESIS@RISE - Health Research Network, MEDCIDS, Faculty of Medicine, University of Porto, Porto, Portugal, ⁵University of Kansas, Kansas City, USA

Chairs: Holger Schunemann, Wojtek Wiercioch

Presenters:

Ignacio Neumann, Reem Mustafa, Bernardo Sousa-Pinto, Manuel Marques-Cruz, Rafael José Vieira

Background:

The concept of certainty of evidence has evolved significantly since its inception in the 1970s. Recent advances in GRADE have refined the certainty assessment, enhancing its efficiency, scalability, and consistency. More important, these innovations lay the foundations for automation and integration of artificial intelligence (AI).

Objective:

This session will introduce new conceptualizations in the GRADE certainty assessment and demonstrate how structured thresholds are the basis for automation and use of AI-tools.

Panel Session Overview:

A New Conceptual Approach to Assessing Certainty of Evidence

This presentation will explore how thresholds can be used to define certainty ranges and why these structured ranges may be essential for enabling automation and AI-supported evidence assessment (Ignacio Neumann).

Applying Thresholds in the Assessment of Diagnostic Evidence

This session will demonstrate how threshold-based approaches facilitate the simultaneous evaluation of multiple diagnostic tests and pathways (Reem Mustafa).

Initial Experiences with Automation in Certainty Assessment

This presentation will showcase early experiences in bulk automated evaluation of the certainty of evidence in complex scenarios, particularly in the context of network meta-analyses (Bernardo Sousa-Pinto and Rafael José Vieira).

GRADE Book and how to use AI to get the best answers about GRADE

This session introduces GRADE GPT, an AI-powered agent designed to provide real-time answers based on the GRADE Book and curated GRADE literature identified through a mapping effort (Manuel Marques-Cruz).

Strategies for Addressing Limited Evidence in Clinical Practice Guideline Development: A Hierarchical Approach

Ass Prof Andrea Darzi¹, Dr Emily Sirotych¹, PhD (c) Saifur Rahman Chowdhury¹, Dr. Donald M. Arnold¹, Dr. Gordon Guyatt¹

¹McMaster University, , Canada

Background: While evidence-based guidelines are essential to optimize healthcare, in cases such as rare diseases, relevant primary studies may be minimal or absent. Such circumstances require innovative strategies.

Objective: To identify and assess existing strategies for addressing limited evidence in guideline development

Methods: We systematically searched Embase, MEDLINE, and grey literature for studies addressing guideline development in the face of very limited evidence. We ranked strategies by their ability to address low-certainty evidence and outlined their advantages and disadvantages.

Results: We identified 15 studies reporting on three strategies. The first involves conducting a multisite retrospective cohort study within a guideline process. This approach generates direct evidence, and may offer generalizability. If conducted optimally, it minimizes selection bias but requires extensive coordination, may have missing data, and is likely to generate very low certainty evidence. The second approach, involving ad hoc data collection via patient registries, may generate low certainty evidence. However, registries may be unavailable, lack representativeness, have data quality concerns such as missing information, and if failing to document sufficient prognostic variables will generate only very low certainty evidence. The third approach, systematic recollection of expert clinical experiences, offers a structured, timely, and resource-efficient approach to capturing panel expert experience. However, it is prone to recall and confirmation bias, limited generalizability, and will generate very low certainty evidence.

Discussion: When evidence is limited, innovative methods including retrospective cohort studies, patient registries, and expert recollection can provide direct evidence relevant to guideline questions, but will typically generate low certainty evidence.

Evaluating Public Values on Non-Pharmaceutical Interventions for Pandemic Control

Ass Prof Yuan Zhang¹, Kyle Lloyd, Shahab Sayfi, Dr. Jessica Bartoszko, Adam Komorowski, Mark Loeb ¹Brock University, St. Catharines, Canada, ²McMaster University, Hamilton, Canada, ³Evidence Bridge, Burlington, Canada

Background: Understanding public perspectives is essential for informed public health decision-making. This study is part of the Pandemic Evidence Collaboration, a three-year program aiming to identify, develop and implement strategies to generate high-quality evidence for non-pharmacological interventions (NPIs) during pandemics.

Objectives: This study explores how the public values and perceives the benefits and harms of NPIs for pandemic control.

Methods: We will conduct a comprehensive literature search in Medline, Embase, PsycINFO, and CINAHL, using key terms related to pandemics, NPIs, and public values. The review team will also manually review grey literature. Two independent reviewers will screen studies, resolving conflicts through discussion or adjudication. We will extract data on study characteristics, methods, and value elicitation and assess bias using the ROBVALU tool.

Results: The review is ongoing, and we expect to identify diverse studies assessing public values toward NPIs. The review team will categorize results based on perceived benefits and harms of interventions like physical distancing and school closures.

Discussion: Defining the benefits and harms of NPIs presents challenges due to their complex and varied impacts across populations. While transmission reduction is quantifiable, harms such as mental health strain, economic losses, and educational disruptions depend on social and cultural contexts. Public values shift over time, further complicating their integration into policy-making. The lack of standardized methods for measuring these values adds to the complexity.

This review will offer insights into public perspectives on NPIs, helping policymakers integrate public values into health decisions to improve acceptance and effectiveness.

Chronic pain recommendation map project: a qualitative descriptive study about participants' impressions of the online platform interfaces

Ass Prof Andrea Darzi¹, Dr. Ligia Cordovani¹, Mr. Kian Torabiardakani¹, Ms. Lynn Cooper¹, Prof Stacey Ritz¹, Dr. Jaris Swidrovich², Prof Vivian Welch³, Prof Gordon Guyatt¹, Prof Holger Schünemann⁴, Prof Jason Busse¹

¹McMaster University, , Canada, ²University of Toronto , , Canada , ³University of Ottawa , , Canada ,

⁴Humanitas University , , Italy

Background

One in five people globally experience chronic pain, yet management remains suboptimal, with conflicting guideline recommendations. To increase pain literacy and improve concordance between evidence and practice, we are developing a freely accessible digital Chronic Pain Recommendation Map (Chronic Pain RecMap) focusing on three areas: opioids, cannabis, and spine-related interventional procedures.

Objective

To test the RecMap interfaces mockups and information presentation by gathering participants' impressions in terms of design, usability, content relevance, and clarity to better align the platform with users' expectations and needs.

Methods

We will collect participant feedback using a qualitative description approach and purposive sampling to recruit individual living with chronic pain, healthcare providers, researchers and policymakers. We determined a sample size of 20-30 participants based on information power. First, we will conduct focus groups with our interest holders to gather feedback and refine mockups. Then, we will carry out individual think-aloud testing through online semi-structured interviews with diverse stakeholders. We will analyze transcripts using qualitative content analysis and use findings from usability assessments to finalize content and visual updates before launching the RecMap. To ensure rigor, we will apply established qualitative descriptive techniques, including detailed data analysis, persistent observation, and method triangulation, transferability (thick data description), dependability and confirmability (transparent methods and peer review), and reflexivity.

Results

We are awaiting ethics approval and will have results in time for the conference.

Discussion

This project will identify areas for improvement in the RecMap, guiding interface adjustments to enhance usability and optimize information presentation for target users.

Incorporating Values and Preferences in Public Health Guidelines: A Systematic Review of Colorectal Cancer Screening Recommendations

Ass Prof Yuan Zhang¹, Jiawen Li, Yang Song

¹Brock University, St. Catharines, Canada, ²McMaster University, Hamilton, Canada, ³Evidence Bridge, Burlington, Canada

Background:

Evidence-based decision-making focuses on the best available evidence regarding the benefits and harms of interventions. Meantime, incorporating stakeholders' values and preferences is essential to ensure that public health recommendations align with the needs, expectations, and cultural contexts of target populations, but it remains challenging due to inconsistencies in definitions, perspectives, and measurement methods.

Objective:

This study aimed to examine how evidence about values and preferences is incorporated into public health recommendations for colorectal cancer screening and impact on recommendations.

Methods:

We conducted a systematic review of colorectal cancer screening guidelines targeted in public health settings. A comprehensive literature search was performed in Medline and Embase, complemented by searches in guideline repositories such as TRIP and the Guideline International Network in November 2024. We included guidelines that were developed based on systematic reviews on colorectal cancer screening for healthy populations. Data extraction will focus on guideline characteristics, evidence sources for values and preferences, and their impact on the direction and strength of recommendations. The AGREE II tool will be used to assess guideline quality.

Results:

This is an ongoing study. We have completed the full text screening stage, and are extracting data. We will assess approaches in how values and preferences were incorporated across guidelines, and their impact on the direction and strength of recommendations. We will report results in the GIN conference 2025.

Discussion:

Standardized approaches to incorporating values and preferences during decision making process could enhance the transparency and applicability of recommendations, improving adherence and population health outcomes.

Visual Clinical Guidelines by the American College of Physicians: Visualizing the Future of Guidelines

Dr Curtis Harrod¹, Dr Itzi Etxeandia-Ikobaltzeta¹, Dr Tatyana Shamliyan¹, Dr Jennifer Yost¹, Ms Kate Carroll¹, Ms Chelsea Vigna¹, Dr Amir Qaseem¹

¹American College Of Physicians, Philadelphia, United States

Background

Clinical guidelines and associated systematic reviews are often lengthy and dense texts, which can be time-consuming and difficult for busy, practicing clinicians to digest.

Objectives

The American College of Physicians (ACP) set out to develop a template for a visual clinical guideline (VCG) to succinctly present clinical guideline recommendations and engage clinician end-users through interactive features.

Methods

ACP developed a VCG prototype and iteratively refined the template incorporating qualitative feedback from clinicians through user testing.

Results

ACP published its first VCG in April 2024. The VCG presents the guideline scope, graded recommendations and rationale, clinical considerations, and an interactive data visualization of evidence supporting each recommendation. Subsequent VCGs were expanded to present information on intervention cost.

Discussion

Innovative clinical guideline summaries and presentations require cross-disciplinary collaboration. The development of ACP's VCG template drew from experts in evidence-based medicine, data visualization, technology, and scientific publishing.

The role of clinical practice guidelines in reducing low-value care to support planetary health

Dr Shin Liao¹, Dr Amanda J Cross¹, Professor Iván D Flórez², Dr Opeyemi O Babatunde³, Dr Aili V Langford^{1,4}, Dr Amir Qaseem⁵

¹Centre for Medicine Use and Safety, Monash University, Melbourne, Australia, ²Department of Pediatrics, Universidad de Antioquia, Medellín, Colombia, ³School of Medicine, Primary Care Centre Versus Arthritis, Keele University, Keele, United Kingdom, ⁴Sydney Pharmacy School, University of Sydney, Sydney, Australia, ⁵American College of Physicians, Philadelphia, United States

Background: The healthcare sector has a significant effect on planetary health, contributing approximately 5% of the total global environmental impact. Medicines alone are estimated to account for up to half of healthcare's carbon footprint. A portion of this is driven by low-value care, such as the use of unnecessary or inappropriate medications and medical interventions, promoting wasteful healthcare practices and contributing to environmental and patient harm. An estimated 1 in 10 prescribed medications are considered inappropriate. Despite this, strategies to reduce low-value care in clinical practice guidelines remain unclear, posing a challenge for healthcare providers and policymakers in achieving sustainable and efficient healthcare systems.

Objective: To explore the role of clinical practice guidelines in reducing low-value care to support planetary health.

Presentations: First, the challenges and opportunities of integrating deprescribing recommendations into clinical practice guidelines will be explored. This includes mixed-method research involving interviews with guidelines developers and end-users (i.e. clinicians), along with findings from an international survey on the preferred content, language and format of deprescribing recommendations. Second, a novel implementation strategy to reduce low-value care in residential aged care will be presented based on the EMBRACE randomised controlled trial, which evaluates the effectiveness of Knowledge Brokers in implementing Australia's new clinical practice guidelines for psychotropic medications. Third, the session will offer insights into the methodological challenges and considerations related to developing recommendations aimed at minimising low-value care. Finally, the session will conclude by examining what meets the mark for high-value care in multimorbidity guidelines.

Considering antimicrobial resistance in antimicrobial evidence-based practice guidelines: a checklist & discussion on practical implementation

Sara Ibrahim¹, Dr. Nancy Santesso¹, Dr. Lorenzo Moja², Dr. Mark Loeb¹, Dr. Romina Brignardello-Petersen¹

¹McMaster University, Hamilton, Canada, ²World Health Organization, Geneva, Switzerland

Background: Antimicrobial resistance (AMR) is a threat to global health. This is mainly driven by the misuse and overuse of antimicrobials. Recommendations from evidence-based practice guidelines (EBPGs) can promote appropriate antimicrobial use. Currently, no guidance exists for how to consider AMR in EBPGs. To address this, we are developing a checklist of AMR considerations.

Objective: To 1) use the proposed checklist to highlight and discuss methods and challenges when considering AMR in EBPGs, and 2) collect feedback from workshop participants to assist in finalizing the checklist. The target audience is individuals involved in the development of guidelines with implications on AMR.

Format: This is an interactive workshop that will include small group discussions. The workshop will begin with an introduction to a proposed checklist including a description of the methods used to develop the checklist and feedback from prior stakeholder discussions. Using the proposed checklist as a guide, within small groups, participants can share their experiences, challenges, and successes when considering AMR in guideline development. Participants will be encouraged to share examples as they relate to checklist items and observe other examples of how the checklist was applied to assess the degree of AMR considerations in existing guidelines. Following this, small groups can discuss the face validity, relevance, comprehensiveness, and clarity of the checklist.

Evaluating the trustworthiness, adaptability, and extent to which antimicrobial resistance is considered in antimicrobial evidence-based practice guidelines: a protocol for a case study

Sara Ibrahim¹, Jessica Bartoszko¹, Maryam Ghadimi¹, Gordon Guyatt¹, Alfonso Iorio¹, Dominik Mertz¹, Nancy Santesso¹, Gerry Wright¹, Benedikt Huttner², Lorenzo Moja², Gabriel Rada³, Pilar Ramon-Pardo⁴, Ludovic Reveiz⁴, Mark Loeb¹, Romina Brignardello-Petersen¹

¹McMaster University, Hamilton, Canada, ²World Health Organization, Geneva, Switzerland, ³Epistemonikos Foundation, Santiago, Chile, ⁴Pan American Health Organization, Washington D.C., United States of America

Background: Antimicrobial resistance (AMR) is a recognized threat to global health. This is mainly driven by the inappropriate use of antimicrobials. Recommendations from evidence-based practice guidelines (EBPGs) can promote appropriate antimicrobial usage. Currently, no guidance exists for considering AMR in EBPGs.

Objective: To (1) assess whether and how EBPGs address AMR considerations, using a checklist developed in collaboration with stakeholders; and (2) promote appropriate interpretation and use of these guidelines, through the presentation of critical appraisal assessments.

Methods: We will conduct a two-stage Delphi process with four stakeholder groups to develop and conduct face validity for a checklist of AMR considerations for EBPGs. To assess guidelines, we will search various databases for EBPGs on four prioritized syndromes (e.g., community-acquired pneumonia). Pairs of reviewers will screen articles to include EBPGs and will use piloted data extraction forms to extract characteristics of the EBPGs (e.g., guideline topic, AMR considerations). For each EBPG, they will evaluate whether and how AMR was considered (using the developed checklist), methodological quality (using the modification of the National Guideline Clearinghouse Extent of Adherence to Trustworthy Standards instrument), and adaptability (using items from existing adaptability frameworks). Following user-testing and collaboration with knowledge users, results will be presented in an open-access database.

Results: This work is ongoing. We will present the details of our methodological approach for developing each of our three expected outputs.

Discussion: Our findings will help decision-makers contextualize the literature regarding AMR considerations, trustworthiness, and adaptability. Checklist development will be limited to content validation.

The preferences of guideline end-users on the content, language and format of deprescribing recommendations: A global survey from 61 countries

Dr Shin Liao¹, Dr Aili V Langford^{1,2}, Assistant Professor Wade Thompson³, Dr Barbara Farrell⁴, Associate Professor Frank Moriarty⁵, Professor Danijela Gnjidic², Dr Danielle Pollock⁶, Dr Nagham J Ailabouni⁷, Dr Emily Reeve¹

¹Centre for Medicine Use and Safety, Monash University, Melbourne, Australia, ²Sydney Pharmacy School, University of Sydney, Sydney, Australia, ³Department of Anesthesiology, Pharmacology, and Therapeutics, University of British Columbia, Vancouver, Canada, ⁴Bruyère Research Institute, Ottawa, Canada, ⁵School of Pharmacy and Biomolecular Sciences, RCSI University of Medicine and Health Sciences, Dublin, Ireland, ⁶Health Evidence Synthesis Recommendations and Impact, University of Adelaide, Adelaide, Australia, ⁷School of Pharmacy, University of Queensland, Brisbane, Australia

Background. A key barrier to deprescribing (discontinuation or dose reduction of inappropriate medications) in clinical practice is the lack of clear guidance on when and how to deprescribe safely and effectively. Guideline developers have highlighted the need for guidance on writing clear and implementable deprescribing recommendations.

Objective. To explore the perspectives of medical doctors, pharmacists and nurses (guideline end-users) on the content, language and format of deprescribing recommendations.

Methods. An international online survey was conducted from September 2024 to January 2025, with survey questions informed by qualitative interviews. Participants were recruited through professional organisations, personal networks, social media and snowball sampling. Descriptive analysis was used to evaluate the survey results.

Results. Overall, there were 779 participant responses, with 40% from pharmacists, 37% from medical doctors, and 21% from nurses. The majority of responses were from Oceania (34%) and Europe (27%), with smaller proportions from North America (16%) and Asia (12%). The terms 'discontinue' and 'deprescribe' were the most preferred terms, whereas 'withdraw' and 'cease' were the least preferred. Participants rated the medication class, patient population, rationale, and steps on how to deprescribe as essential components of deprescribing recommendations. Respondents preferred wording that incorporates GRADE strength (e.g. 'We strongly recommend...') and want an evidence summary to follow the certainty of evidence rating. Furthermore, respondents felt deprescribing recommendations should immediately follow prescribing recommendations.

Discussion. The study identified preferences of guideline end-users on the content, language and format of deprescribing recommendations to enhance accessibility and implementability in clinical practice.

Connecting the dots between the evidence-based research (EBR) approach and adjacent evidence/knowledge frameworks for maximum value and impact

Dr Klara Brunnhuber¹, Prof Hans Lund, Prof Karen Robinson, Dr Jennifer Yost

¹Elsevier Ltd, London, United Kingdom

Background: Evidence-based research (EBR), the use of evidence syntheses during the planning and reporting of new studies, aims to enhance research value and impact, and minimise research waste.

Objective: To showcase the touchpoints and interplay between the EBR approach and key frameworks within the evidence ecosystem.

Methods: We outline the EBR approach and how its components connect to adjoining evidence/knowledge frameworks, highlighting the unique role of each, points of connection, and interdependencies within the evidence ecosystem.

Results: Research value is impacted not only by validity and cost but also by scientific relevance (whether it addresses a knowledge gap) and societal relevance (whether new findings matter to interested stakeholders). Meta-research conducted by members of the EBRNetwork have shown that less than half of all studies utilise prior evidence in a systematic and transparent manner during the planning phase (for study justification and design optimisation), and when placing new findings into the context of the existing evidence base. Numerous frameworks in the evidence ecosystem have points of connection with the EBR approach, such as those for research integrity, responsible science communication, knowledge creation (e.g. through evidence syntheses), translation (e.g. in healthcare via trustworthy clinical practice guidelines), and evidence implementation (e.g. through quality improvement projects or clinical decision support tools).

Discussion for scientific abstracts: Examining key frameworks adjoining the EBR approach constitutes a first step towards to an integrated framework that showcases how they complement and relate to each other to create research value and impact for the benefit of science and society.

Influence of COVID-19 treatment recommendations on the initiation and conduct of COVID-19 randomized controlled trials

Sara Ibrahim¹, Maria José Oliveros^{1,2}, Tanin Khorrami Taj³, Breeanna Belfour⁴, Mohammed Torkmani¹, Romina Brignardello-Petersen¹

¹McMaster University, Hamilton, Canada, ²Universidad de La Frontera, Temuco, Chile, ³University of Western Ontario, London, Canada, ⁴Wilfrid Laurier University, Waterloo, Canada

Background: Clinical practice guidelines steer clinicians, patients, stakeholders, and researchers. Strong recommendations, typically based on high/moderate certainty evidence, imply that evidence regarding the relative effect of two options is unlikely to change.

Objectives: To describe the influence of strong recommendations from two COVID-19 guidelines on COVID-19 trials.

Methods: We will use the WHO and the Infectious Diseases Society of America's COVID-19 treatment guidelines as sources for recommendations. We will extract the dates of recommendation formulation for each subpopulation and recommendation. To describe the influence of recommendations on trials, we will use data collected from the living systematic review and network meta-analysis informing the WHO guidelines and trial registries. For each intervention, we will extract the number of trials investigating that treatment, trial registration date, trial recruitment period, and trial completion status. Within strong and conditional recommendations separately, we will outline any changes per treatment following the release of a recommendation and compare changes between strong and conditional recommendations.

Results: This work is ongoing. We previously presented a preliminary analysis including four treatments for non-severe COVID-19. For strong recommendations, no new trials were initiated but some continued recruitment. For conditional recommendations, 0-38% of trials for a particular treatment were initiated after the recommendation. For the remaining nine treatments with a recommendation, we will present a timeline of trial registration and recruitment periods with recommendation dates.

Discussion: Strong recommendations suggest further trials may not be warranted; therefore, these findings may have important ethical implications. This work is limited to two guidelines.

Successful strategies for implementing GRADE in 18 hematology guidelines.

Dr Monia Marchetti¹

¹University Hospital SS Antonio e Biagio e Cesare Arrigo, Alessandria, Italy, ²University of Eastern Piedmont, Alessandria, Italy

Background.

Evidence-based clinical practice guidelines (ECPG) are essential tools for improving health-care quality and efficiency and for ranking research priorities. Diagnostic and therapeutic options for blood diseases are rapidly expanding, therefore new and updated ECPG are particularly compelling. GRADE is a robust and transparent method for developing ECPGs, but requires fine processing of the domains and the clinical questions.

Goals.

To analyze the specific strategies conceived to overcome GRADE-related hurdles in the completion of 18 ECPGs focused on hematology disorders.

Methods.

18 ECPGs (8 ones fully published and 10 ones ongoing) were targeted. The key GRADE hurdles were highlighted in each ECPG and the hurdle-solving strategies were described. A classification was proposed.

Results.

Overall 36 different hurdles were listed and solving strategies were specifically described and commented. The most frequently reported hurdle was GRADE-based management of "which patients?" questions. Breakdown of the population into different sub-PICOs was the most frequently adopted strategy. However, systematic ranking and selection of population features with a relevant decisional impact was also a successful strategy. The second most frequently faced hurdle was the comparison among "multiple therapeutic options". The most successful strategy for this hurdle was breakdown of the domain (e.g. iso-intensity therapies) in order to face only pairwise comparisons at each time.

Conclusions.

Adaptation of the GRADE framework to hematology requires fine tuning of the solutions to specific hurdles. Therefore, PICOs and hurdle-solving strategies should be shared by devoted portals: their appropriate framing and diffusion is expected to enhance future ECPG completion time.

Evaluating the Quality of Clinical Practice Guidelines Using the AGREE II Instrument: A Comparative Analysis between GPT-4o and Human Appraisers

Miss Bingyi Wang^{1,2,3,4,5}, Xufei Luo^{1,2,3,4,5}, Yaolong Chen^{1,2,3,4,5}

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, ³World Health

Organization Collaboration Center for Guideline Implementation and Knowledge Translation, Lanzhou, China,

⁴Institute of Health Data Science, Lanzhou University, Lanzhou, China, ⁵Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou University, Lanzhou, China

Background: In interpersonal and human-computer interaction (HCI), natural language processing significantly enhances communication efficiency, with large language models (LLMs) like GPT-4o demonstrating advanced capabilities in contextual analysis through deep learning architectures. While educational psychology substantiates the efficacy of positive feedback in human performance optimization, its impact on LLM functionality, particularly in critical healthcare applications such as clinical practice guideline evaluation using standardized tools like AGREE II, remains inadequately investigated.

Objectives: This study systematically examines whether encouraging linguistic prompts enhance GPT-4o's performance in assessing clinical guideline quality compared to neutral prompts.

Methods: Utilizing 28 clinical guidelines with human AGREE II evaluations from PubMed as the gold standard, we conducted a controlled experiment where GPT-4o's experimental group received encouraging prompts (e.g., "Please analyze meticulously") while the control group received neutral instructions. Methodological rigor was ensured through intraclass correlation coefficient (ICC) analysis, Bland-Altman agreement assessments, and paired sample t-tests comparing domain score variances between LLM and human evaluations.

Results: Quantitative analysis revealed superior alignment in the encouragement cohort, demonstrating a 0.632% mean score differential from human ratings (95% LoA: -35.354% to 47.996%) with 89.9% of deviations within $\pm 33.3\%$ clinical acceptability thresholds. Comparatively, neutral prompts yielded a 12.471% mean divergence (95% LoA: -30.566% to 55.508%) and 81.5% threshold compliance. Statistical confirmation via paired t-tests ($p < 0.05$) established the significant mitigating effect of encouraging language on scoring discrepancies across AGREE II domains, substantiating LLM sensitivity to motivational linguistic cues in clinical evaluation contexts.

Implementing evidence-based strategies for venous vascular access device selection in hospitalized children: a stepped wedge cluster randomised trial

Dr Ying Gu¹, Wenchao Wang

¹Children's Hospital Of Fudan University, Shanghai, China, ²Children's Hospital Of Fudan University, Shanghai, China

Background: Incorrect vascular access device (VAD) selection can cause complications in children. We aimed to standardize VAD selection using evidence-based interventions to improve outcomes.

Methods: A stepped wedge cluster randomised trial was conducted at a children's hospital in Shanghai, China. Patients aged 28 days to 18 years requiring >24-hour (whether continuous or not) intravenous infusion were included. Electronic randomisation by the study statistician determined the sequence by which clusters crossed over from the control to the intervention group. Patients in the intervention group had VAD inserted according to guideline recommendations, while those in the control group used VAD selected based on common practice. Outcomes were appropriate VAD selection rate and infiltration incidence, analyzed by masked specialists using generalized estimating equations.

Results: From May to October 2022, 4652 VAD selection episodes in ten wards were analyzed. Compared with control group, the inappropriateness of VAD selection in the intervention group decreased by 26% (OR = 0.74, P= 0.003); the incidence of infiltration decreased by 36% (OR=0.64, P<0.001). The cost-effectiveness ratio for peripheral intravenous catheter infusion consumables indicated cost saving post-intervention.

Conclusions: Evidence-based VAD selection in hospitalized children reduces inappropriate selection rates, infiltration incidence, and infusion therapy costs.

Harnessing the Transferability Toolkit for Guideline Adaptation in Local Contexts

Ms Kinlabel Okwen Tetamiyaka Tezok, Ms Noella Awah¹, **Dr Ernest Alang Wung**¹

¹Effective Basic Services (eBASE) Africa, Bamenda, Cameroon, ²University of Ghana, Accra, Ghana

Background

Most solutions developed in the Global North are tailored to their specific contexts. A guideline that is effective in the United Kingdom may not yield the same results in Africa due to diversities in culture, infrastructure, healthcare systems, and socioeconomic factors. This problem highlights the need to adjust guidelines to fit different local contexts to yield better health outcomes.

Objective

This study explores how the education-based transferability toolkit can assess the feasibility of adapting healthcare guidelines across diverse settings using machine learning.

Methods

We apply the transferability toolkit developed by eBASE Africa, leveraging Classification and Regression Trees (CART) and Natural Language Processing (NLP) to predict guideline adaptability. The model evaluates five key variables: relevance, complexity, cost, average importance, and impact to classify guidelines as highly transferable, moderately transferable, and/or not transferable in a given context.

Results

A threshold of 69% was realized for the transferability of educational strands for stakeholders in education. We argued that transferability is valid when there is high relevance, low complexity, low cost, and high importance. Building on these results, we expect that this tool will be greatly applicable in guideline adaptation.

Discussion for scientific abstracts

The study explores how the transferability toolkit can be used to adapt healthcare guidelines to different contexts. This approach will make guidelines development a living evidence and their context specificities more ideal. Living guidelines through the transferability tool will mean a reduction in efforts and cost of funding the frequent development of guidelines across the globe.

Experience on Korean multidisciplinary guidelines development for deprescribing to prevent polypharmacy in elderly patients

Jimin Kim¹, Dong-Ah Park¹

¹National Evidence-base Healthcare Collaborating Agency, Seoul, South Korea

The key characteristics of elderly patients is the high prevalence of chronic diseases. To manage multiple disease symptoms, they often take various medications simultaneously, leading to polypharmacy. Polypharmacy increases the risk of adverse drug reactions due to drug-drug interactions and, rather than promoting treatment and health recovery, may accelerate frailty. In South Korea, patients have unrestricted access to healthcare facilities ranging from primary to tertiary care, which significantly increases the risk of polypharmacy. To address this issue, a guidelines are being developed to manage and regulate polypharmacy.

From the April 2024, the National Evidence-based healthcare Collaborating Agency (NECA) and the Korean Association of Internal Medicine (KAIM) collaborated for trustworthy Korean guideline development. A working committee was formed multidisciplinary with 16 specialists.

To identify the target medications, a list of drugs commonly associated with high polypharmacy use, BEERS criteria and STOPPS, was compiled. Through committee discussions, the following medications were determined to require caution when prescribed for the elderly patients: proton pump inhibitor (PPI), muscle relaxants, NSAIDs, opioids, megestrol, and oral steroids.

The development was carried out using the GRADE-ADOLOPMENT method, following the GRADE approach to assess the certainty of evidence and formulate recommendations. In cases of insufficient evidence, expert consensus recommendations are being considered using formal consensus methodologies (such as the Delphi technique) to establish recommendations that are applicable to the domestic context.

This guideline is currently under development, with evidence review in progress (2024.4. ~2025.12.). Upon finalizing the recommendations, various dissemination tools will be developed to facilitate widespread implementation.

Uptake of national guidelines for prescribing of SGLT-2 inhibitors for type 2 diabetes: a UK population-based analysis

Dr Patrick Muller¹

¹National Institute For Health And Care Excellence, , United Kingdom

BACKGROUND: In 2022, an update to the NICE Type 2 diabetes (T2DM) clinical guideline recommended that GPs should offer an SGLT-2 inhibitor to T2DM patients with either comorbid cardiovascular disease (ACVD) or chronic heart failure (CHF).

OBJECTIVES: We aimed to evaluate uptake and inequalities in uptake of SGLT-2 inhibitors in these two patient groups in England in September 2023.

METHODS: Data from a representative sample of 25% of UK GP practices was analysed. Patients with prevalent Type 2 diabetes and comorbid ACVD or CHF on 1st September 2023 were identified using patient's GP and hospital records. The percentage of patients with a current SGLT2 inhibitor prescription was calculated according to patient characteristics, and additionally evaluated with logistic regression.

RESULTS: The analysis included 587,826 patients with prevalent T2DM. SGLT-2 inhibitor uptake was 22% in the patients with ACVD, and 30% in those with CHF. In the ACVD subgroup, women had lower odds of a current prescription than men (OR: 0.67 (0.65, 0.69)), and Black and Black British people had lower odds than White British people (OR: 0.78 (0.72, 0.83)). Similar associations were observed in the CHF group.

DISCUSSION: There is an opportunity for increased dissemination of the existing NICE guidance on SGLT-2 inhibitors, and for large increases in use of these cost-effective treatments in the UK. Real-world data is a valuable resource for monitoring uptake and inequalities in uptake of clinical guidelines. To our knowledge, no other studies have previously evaluated uptake of SGLT-2 inhibitors in the UK up to 2023.

Assessing the trustworthiness of clinical practice guidelines recommendations: the Transparent, Rigorous, Usable, Standardised and Trustworthiness Guide (TRUSTGUIDE) tool development

Dr Chiara Arienti¹, Elie Akl², Fabio Cruciani³, Manel Marques-Cruz⁴, Elena Parmelli¹, Bernardo Sousa-Pinto⁴, Rosella Saulle³, Wojtek Wiercioch⁵, Holger Schunemann¹

1Clinical Epidemiology Research Center (CERC), Department of Biomedical Sciences, Humanitas University, , Italy, 2Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, 3Department of Epidemiology, Lazio Regional Health Service, Local Health Unit Rome 1, Rome, Italy, 4MEDCIDS - Department of Community Medicine, Information and Health Decision Sciences, Faculty of Medicine, University of Porto, Porto, Portugal, 5Department of Health Research Methods, Evidence and Impact and Michael G. DeGroote Cochrane Canada & McMaster GRADE Centres, McMaster University, Hamilton, Canada

Background. Despite advancements in medical research and methodology, the credibility of the guideline development process is prone to compromise. Currently, no comprehensive tool exists that evaluates the trustworthiness of guidelines with a focus on single recommendations.

Objective. This project aims to develop and validate TRUSTGUIDE - a tool for assessing the trustworthiness of health guidelines, including credibility, appropriateness, and methodological quality.

Methods. To develop the TRUSTGUIDE Tool, we will follow a structured process and framework, including a multi-step process to generate and validate the new tool. The multistep development process includes: 1. Establishment of a Working Group; 2. Evidence synthesis; 3. TRUSTGUIDE development, including item generation, reduction, and response phrasing; 4. TRUSTGUIDE validation and AI implementation. The framework will also integrate AI in three main aspects: 1. To support the creation of tool items; 2. To include items related to using AI for each guideline development step; and 3. To support validation and application. The AI output will be validated by comparing it with human validation. Descriptive statistics for each item in the TRUSTGUIDE Tool will be calculated. Cronbach α and correlations, if item-changed will be calculated to assess the internal consistency. Intraclass correlations will be calculated to evaluate the TRUSTGUIDE reliability.

Results. The preliminary results will be presented during GIN Conference 2025.

Discussion. The TRUSTGUIDE tool will be focused and concise, evaluating the trustworthiness of guidelines. We expect good external validity, a strong correlation between TRUSTGUIDE and AGREE II, and adequate AI support for assessing Clinical Practice Guidelines.

Experiences of Dutch general practitioners with option grids. A user-centred research.

Dr Vera-Christina Mertens¹, Dr. Ton Kuijpers¹, Dr. Jako Burgers^{1,2}, Dr. Gerda van der Weele¹ ¹Dutch College of General Practitioners (Nederlands Huisartsen Genootschap, NHG), , the Netherlands, ²Department of Family Medicine, CAPHRI, Maastricht University, Maastricht, the Netherlands

Background

Option grids based on guidelines are available to facilitate shared-decision making (SDM) in primary care. They aim to support general practitioners (GPs) in counseling patients and can help patients to make informed decisions.

Objective

To get insight into the uptake and usage of options grids.

Methods

A structured questionnaire was sent to a random selection of GPs who were a member of the Dutch College of GPs (n=2491). Therein questions were asked regarding experiences with SDM in general, and the use of option grids in practice.

Subsequently, two focus groups were organized with GPs [n=14].

Results

The response rate was 8,5% (n= 214). 88% of the respondents reported that SDM happened at least once daily during consultations. 57% knew about the existence of option grids and 14 % of them used them.

Four themes were identified by GPs of the focus groups: (divergent) uptake and timing of usage during a consultation; GPs' awareness of the existence of option grids, findability and user friendliness of option grids and information given in the light of limited health literacy.

Discussion

Most GPs use SDM on a daily base. However a minority reported that option grids could support them. Furthermore, some GPs are not familiar in using them. Training GPs in SDM including the use of option grids would be helpful to support GPs and patients in decision making.

In addition, option grids should be user-friendly and offer a mobile device presentation. More attention to patients with limited health literacy is also needed.

Working in partnership to improve the uptake of evidence based guidelines within the NHS

Ms Jade Stacey¹ ¹National Institute for Health and Care Excellence, London, United Kingdom, ²South West London ICB, London, United Kingdom

Background: NICE's impact and partnership directorate is focused on improving the uptake of NICE guidance. To achieve this, we must collaborate with stakeholders to help NICE amplify the impact of guidance in areas that reflect system priorities, populations with identified health inequalities and areas that matter most to people and communities. We hypothesized that proactively seeking out and developing priority partnerships will effectively address identified system need.

Objective: To evaluate whether developing a priority partnership with South West London Integrated Care Board (SWL ICB) leads to a demonstrable increased uptake of NICE guidance compared to the traditional approach of maintaining informal relationships.

Methods: Identified potential partners using a stakeholder engagement framework, developed partnership agreement with agreed KPIs and a detailed work plan. Internal success was reviewed by comparing outcomes and outputs with annual performance of business as usual activities with ICBs.

Results and discussion: Comparisons with BAU ICB relationships demonstrated a clear benefit in a formal partnership. From April 2024 to January 2025 there were 16 meetings between NICE and SWL, compared to a range of 1-7 meetings with BAU ICBs. This increased collaboration led to an increased use of NICE guidance within SWL in priority areas. SWL reported six instances of impact during the time frame, compared to the control range of 0-4. The success of the partnership is attributed to joint focus, engagement and sharing of resource demonstrating that formal partnerships are a successful method to improve the use of evidence based guidance in practice.

How do private sector activities influence the design, conduct and dissemination of systematic reviews? An umbrella review investigating the mechanisms of commercial bias in systematic reviews, their impacts and potential mitigations

Dr Su Golder², **Dr Alice Tompson**¹, Dr Gregory Hartwell¹, Dr Rebecca Glover¹ ¹London School of Hygiene & Tropical Medicine, London, United Kingdom, ²University of York, York, United Kingdom

Background:

High-quality guidelines that can be trusted by the public, practitioners and policy-makers to improve health and reduce inequity should be informed by rigorous, unbiased systematic reviews. However, it is unknown how systematic review processes, findings, and their dissemination are influenced by private sector activities and commercial bias.

Objective:

To synthesise evidence on i) how private sector activities (“commercial determinants”) shape systematic review design, conduct and dissemination, ii) their implications, and iii) potential mitigations.

Methods:

Using an umbrella review (a systematic reviews of reviews) we provide the most comprehensive overview of evidence in this field to date. Searches were conducted in eight databases including MEDLINE and Embase with no date or language limits. The first 200 results from a Google Scholar search were also screened, and forward and backward citation searching conducted using CitationChaser. Following double screening in Covidence, insights from eligible studies will be narratively synthesised by Methodological Expectations of Cochrane Intervention Reviews (MECIR) stage, informed by Bero’s Research Bias Cycle.

Results:

Our database searches identified 2,619 unique results for screening. Preliminary analysis investigates spin, financial and other conflicts of interest, with other methodological domains such as knowledge dissemination and potential mitigations less well explored.

Discussion:

This review elucidates the underexplored intersection of the commercial determinants of health and systematic review methodology. Based on our findings, we will share methodological recommendations and future research priorities. These, in turn, will foster the production of more robust evidence syntheses that can be better trusted by those making health-related decisions.

Bridging the Gap: Integrating clinical and lived experience in developing evidence-based obesity management guidelines

Eveline Vanhoof¹, Prof Dr Paul Van Royen^{1,3}, Dr Simon Van Cauwenbergh^{1,4}, Dr Loes Stukken^{1,5}, Ms Magali Van Cauwenbergh^{1,3}, **Dr Leen De Coninck**^{2,1}

¹Belgian Working Group Development of Primary Care Guidelines (WOREL), Antwerp, Belgium, ²Katholieke Universiteit Leuven, Leuven, Belgium, ³Department of Family Medicine and Population Health, Faculty of Medicine and Health Sciences, University of Antwerp, Antwerp, Belgium, ⁴Faculdade de Medicina, Universidade de São Paulo, São Paulo, Brazil, ⁵Eetexpert, Leuven, Belgium

Background

The Working Group Development of Primary Care Guidelines (WOREL) uses internationally recognized methodologies combining literature review with expert and stakeholder insights to develop guidelines, including those for obesity management.

Objective

To identify and address key challenges in diagnosing and treating obesity by collaborating with experts, experts by experience and stakeholders to enhance guideline development methodology.

Methods

A survey was conducted to identify potential challenges in primary care, which included brainstorming sessions and written open-ended questions to gather personalized feedback. The guideline development process combined structured literature reviews with expert and stakeholder consultations. Multiple online meetings were held to gather diverse perspectives and refine recommendations, which were then submitted through a modified Delphi process to stakeholders to achieve consensus.

Results

The literature predominantly focuses on weight loss, with a shortage of research on other important outcomes. Our multidisciplinary expert and stakeholder panel highlighted less studied outcomes such as eating competences and psychological well-being, which are crucial for patients' health. This additional information led to more comprehensive recommendations and contained crucial information for evidence-to-decision tables with impact on the certainty of evidence of several recommendations among which priority of the problem and acceptability.

Discussion

Developing guidelines for complex chronic diseases requires thorough preparation, including extensive challenge analysis. These guidelines demand even more integration of diverse experts, stakeholders and patient perspectives. Adequate communication with experts and stakeholders is crucial to avoid misinterpretations. This approach ensures both scientific rigor and alignment with long-term health outcomes.

Mapping dentistry guidance documents: an evaluation of the breadth and methods for developing clinical practice recommendations

Sara Ibrahim¹, Gonzalo Bravo-Soto¹, Fadi Matloub¹, Nora Edress¹, Negin Alizadeh¹, Onadi Hossain¹, Hamna Naeem¹, Alina Stifoo¹, Reham Elkayal¹, Romina Brignardello-Petersen¹

¹McMaster University, Hamilton, Canada

Background: Guideline development groups may use various methods to formulate their recommendations. Previous research with a sample of guidelines from a decade ago reported that the quality of dental guidelines is variable, with limitations in methodological rigour. It is unclear which methods for guideline development are currently being used in dentistry.

Objective: To classify and characterize recent dental guidance documents.

Methods: We searched Ovid Medline and Embase, along with guideline-specific databases and websites for dentistry-related documents that intended to formulate or provide therapeutic recommendations published within the last five years. Pairs of reviewers independently conducted title and abstract screening, followed by a combined full-text screening and data mapping stage. Using piloted data extraction forms, reviewers extracted characteristics of the included guidelines, including general characteristics (e.g., dental specialty, funding), guideline methods (e.g., evidence-based, consensus-based, or other), and guideline reporting (e.g., dissemination strategies, terminology used to describe the guideline).

Results: This work is ongoing. We will summarize the characteristics using descriptive statistics and report the frequency of evidence-based guidelines, consensus-based guidelines, and guidance documents with unclear methodology. We will also summarize the methodological approaches used by existing guidelines within each of these categories. Finally, we will list the synonyms frequently used in the literature to describe such guidelines and map the terms to the different methods employed.

Discussion: This work is preliminary and focused on mapping the current landscape of dental guidelines. Future research based on this work will aim to assess the methodological rigour of evidence-based dental guidelines.

“Closing the framework loop”: using a WHO guideline process as the foundation to develop a research priority agenda and six core outcome sets for wasting and nutritional oedema

Dr Allison Daniel¹, Zita Weise Prinzo¹, Dr. Michael McCaul², Dr. Kirrily de Polnay¹, **Celeste Naude**¹ ¹ Department of Nutrition and Food Safety, Food and Nutrition Action in Health Systems Unit, World Health Organization, Geneva, Switzerland, ²Centre for Evidence-based Health Care, Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Stellenbosch, South Africa

Background: The Steering Committee and methodologists for the 2023 WHO guideline on prevention and management of wasting and nutritional oedema in children, along with the Guideline Development Group (GDG), identified extensive evidence gaps during guideline development. We also experienced challenges around a lack of standardization of outcome measurement and reporting.

Objective: To develop a research priority agenda and six core outcome sets (COS) for wasting and nutritional oedema in infants and children, building on outputs and knowledge gained while developing the 2023 WHO guideline.

Methods: We are leading the development of a research priority agenda using a systematic Child Health and Nutrition Research Initiative (CHNRI) exercise. The consolidated list of research needs that emerged from GDG discussions over the three-year guideline development process is the starting point, expediting the initial priority-setting phase. We also developed six COS through a Delphi process; the prioritized outcomes for the 16 guideline questions across four populations and topics in the 2023 WHO guideline were the basis, enabling COS completion in six months.

Results: Primary research, future guideline updates, and related decision-making stand to be strengthened by the research priority agenda and the six COS for effectiveness trials on wasting and nutritional oedema, which build on the 2023 WHO guideline.

Discussion: Leveraging efforts, processes and outputs from guideline development to inform research priority-setting and COS development is enabling guideline development to not only yield recommendations, but to also “close the loop” in the unified framework by improving research for a better decision-making ecosystem.

Prevention as a new topic for a WHO guideline on wasting and nutritional oedema in infants and children: strategies to enable multisectoral relevance and partnerships for implementation

Dr Allison Daniel¹, Dr. Michael McCaul², Dr. Jaden Bendabenda¹, Dr. Kirrily de Polnay¹, **Celeste Naude**, Zita Weise Prinzo¹

¹Department of Nutrition and Food Safety, Food and Nutrition Action in Health Systems Unit, World Health Organization, Geneva, Switzerland, ²Centre for Evidence-based Health Care, Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Stellenbosch, South Africa

Background: The 2019 Global Action Plan (GAP) on Child Wasting, a joint statement by United Nations agencies calling for urgent action, highlights the problem of siloed systems and the need for multisectoral collaboration to bolster impact. Within the GAP, WHO committed to updating normative guidance. Previous WHO guidelines addressed management of severe wasting and nutritional oedema in infants and children, but the need to go beyond treatment to cover prevention for the first time was clear.

Objective: To include recommendations on prevention of wasting and nutritional oedema in infants and children in the 2023 WHO guideline and enable multisectoral relevance and partnerships for implementation.

Methods: Strategies used during guideline development to enable multisectoral relevance and partnerships for implementation, included involving partners from sectors beyond health in priority-setting, as guideline development group members and observers, and during dissemination (e.g. agriculture, humanitarian, social and development sectors). The guideline was also underpinned by guiding principles that included multisectoral action with the health system at the center and nutritious home foods as a priority. Three prioritized guideline questions on prevention were addressed.

Results: These strategies supported the process to develop and include two good practice statements, aligning with the GAP, and two recommendations on prevention of wasting and nutritional oedema for the first time, which are being taken up by multisectoral implementers at country level. This has also led to further prevention research and funding efforts and been fundamental in supporting advocacy for coordinated and stronger multisectoral actions to prevent wasting and nutritional oedema.

Informing a WHO guideline on long COVID prevention: Usefulness of systematic reviews when only one relevant study exists

Mr Saifur R. Chowdhury¹, Reed AC Siemieniuk^{1,2}, Romina Brignardello-Petersen¹, Thomas Agoritsas^{1,3,4}, Per Olav Vandvik^{4,5}, Gordon Guyatt^{1,2,4}

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

²Department of Medicine, McMaster University, Hamilton, Canada, ³Division of General Internal Medicine, Department of Medicine, University Hospitals of Geneva, Geneva, Switzerland, ⁴MAGIC Evidence Ecosystem Foundation, Oslo, Norway, ⁵Department of Medicine, Lovisenberg Diaconal Hospital, Oslo, Norway

Background: Some question the usefulness of systematic reviews (SRs) when only one study addresses the relevant question. We faced this situation in an SR of metformin for treatment of non-serious COVID-19 infection undertaken to inform a WHO practice guideline.

Objective: To illustrate how SR authors can emphasize the value of their review when it includes only a single study addressing the question of interest.

Methods: We conducted an SR of randomized controlled trials (RCTs) addressing the effects of metformin on patient-important outcomes including long COVID.

Results: We identified three eligible RCTs, only one of which addressed the key outcome, long COVID. That RCT (1,126 patients) provided low certainty evidence that metformin may decrease long COVID (RR 0.6, 95% CI 0.4–0.9; RD 41 fewer per 1000, 95% CI 62 fewer – 10 fewer). The three trials provided evidence of little to no effect on other outcomes (certainty high to low). Reviewers of our submitted manuscript challenged the usefulness of our review given only a single trial addressed the key outcome. We noted i) that without the systematic search one would remain uncertain that there was indeed only a single RCT and ii) knowing that this was the only RCT allowed GRADE rating of certainty of evidence on the basis of that trial. The journal accepted the paper for publication.

Discussion: When it appears that only one relevant study for a key outcome is available, an SR can definitively ascertain that is the case and provide a GRADE certainty of evidence rating.

Comparison between Real-time Evidence Synthesis Based on the ad^Viser System and Manual Systematic Review: A Mixed Methods Study

Mr JIE Zhang^{1,2}, Pro Yaolong Chen^{1,2}

¹Evidence-based Medicine Center, School Of Basic Medical Sciences, Lanzhou University, Lanzhou, China,

²ADVANCED Working Group, ,

Background

During guideline development, evidence searches for published systematic reviews on specific clinical questions are often required. If no existing systematic review is found, a new one must be conducted. This process is time-consuming and hinders evidence synthesis and translation. Rapid advancements in AI technology, such as the ad^Viser system developed by the ADVANCED working group, now enable real-time evidence integration.

Objective

To compare the ad^Viser system's outputs with peer-reviewed manual systematic reviews on the same clinical questions, and evaluate their value for clinicians' decision-making.

Methods

1. Quantitative comparison of evidence status and outcomes between ad^Viser and manual reviews (limited to RCTs).
2. Integration of conclusions from ad^Viser sub-outcomes and original studies into two independent clinical reports, followed by clinician evaluation via 5-point Likert scale questionnaires.

Results

1. Study inclusion: Comparison of the number of included studies and their overlap between ad^Viser and manual reviews.
2. Outcomes comparison: Analysis of the quantity and overlap of reported outcomes.
3. Clinician preference: Clinicians' ratings for ad^Viser versus manual review outputs based on decision-making utility.

Discussion

The study identifies potential reasons for discrepancies in evidence synthesis, such as differences in literature retrieval strategies or outcome prioritization. The ad^Viser system demonstrates advantages in synthesis speed but may require improvements in contextual interpretation and subgroup analysis capabilities. Future research should focus on optimizing AI-human collaboration frameworks for guideline development.

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Informing guidelines with estimates from additive component network meta-analysis of randomized controlled trials and their certainty rating.

Dr Sheyu Li¹, Dr Yunhe Mao¹, Prof Gordon Guyatt², Dr Leticia Kawano-Dourado³, Dr Qinbo Yang¹ ¹West China Hospital of Sichuan University, Chengdu, China, ²Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ³Hcor Research Institute, Hospital do Coracao, Sao Paulo, Brazil and Pulmonary Division, Heart Institute (InCor), University of Sao Paulo, Sao Paulo, Brazil

Background

Component network meta-analysis (CNMA) is an emerging evidence synthesis for multicomponent interventions such as behavioral treatments. Using GRADE principles, we present a transparent approach to rate certainty of estimates in CNMA.

Initial certainty rating

The certainty rating for CNMA targets individual treatment components and their combinations. Our certainty rating starts from GRADE's current approaches for pairwise and traditional network meta-analysis (NMA). We rated the initial certainty of evidence for NMA based on the contribution of each trial to the final estimates (calculated by leave-one-out approach). For comparisons where over the decision threshold (typically 50%) of the contributing trials was rated as high certainty evidence, the initial certainty is high; if over the threshold high or moderate but less than the threshold high, the initial certainty is moderate; otherwise, if over the threshold very low, it is very low; otherwise, it is low.

Further certainty rating

Reviewers further rate down the initial certainty due to the heterogeneity across indirect comparison trials (intransitivity), the heterogeneity across direct and indirect estimates (incoherence), and the risk of violation of additive effect assumption (inadditivity), which special for additive CNMA.

Reviewers consider using the MID to rate down for imprecision when informing practice such as for a practice guideline. The final certainty should include gestalt considerations in clinical perspective.

Conclusion

We have developed an approach to rate the certainty of estimates from CNMA by anticipation of contributions from individual trials and considering additional assumptions. This approach needs further testing in a wider range of CNMAs.

The Future of Clinical Documentation: Can AI Solve the Burden and Boost Guideline Implementation?

Dr Jungang Zhao¹, Mr Hanxiang Liu¹, Professor Fujian Song^{1,2}, Professor Yaolong Chen^{1,3} ¹Children's Hospital Of Chongqing Medical University, Chongqing, China, ²Norwich Medical School, University of East Anglia, Norwich, United Kingdom, ³Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

The Future of Clinical Documentation: Can AI Solve the Burden and Boost Guideline Implementation?

Background: Globally, healthcare systems struggle with implementing evidence-based guidelines due to administrative burdens on clinicians. Excessive documentation contributes to burnout and reduces patient care time. AI-powered tools, such as ambient scribes and large language models (LLMs), offer opportunities to streamline documentation, improve efficiency, and enhance the integration of guidelines into practice.

Objective: To systematically review the impact of AI-based documentation tools on healthcare professionals' documentation burden and explore their potential to enhance guideline implementation and healthcare system integration.

Methods: A systematic review and meta-analysis were conducted, searching PubMed, Web of Science, and Scopus from database inception to 2025. Studies evaluating AI-based documentation tools used by frontline healthcare professionals were included. Outcomes assessed were documentation time, workload, burnout, and usability. Study quality was assessed using JBI Critical Appraisal Checklists, with narrative synthesis and meta-analysis where appropriate.

Results: Preliminary findings indicate AI tools can significantly reduce documentation time and cognitive workload, with effectiveness varying by technology and context. Full results will be presented at the Summit.

Discussion: This study innovatively evaluates AI's role in reducing documentation burdens, offering insights into enhancing healthcare efficiency and reducing burnout. It highlights the importance of integrating AI into healthcare systems and informs discussions on AI's transformative potential in clinical practice. Future research should optimize AI tools for broader applicability, addressing usability, integration, and ethical challenges for sustainable healthcare practices.

AI-Powered Diagnostic Support for Pediatric Rare Diseases

Dr Jungang Zhao¹, Mr Hanxiang Liu¹, Professor Yaolong Chen^{1,2}

¹Children's Hospital Of Chongqing Medical University, Chongqing, China, ²Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China AI-Powered Diagnostic Support for Pediatric Rare Diseases

Background: Pediatric rare diseases pose diagnostic challenges due to complexity, low prevalence, and atypical presentations, leading to diagnostic delays and misdiagnosis. Artificial intelligence (AI), including large language models (LLMs) and knowledge graphs, offers potential for improved accuracy and efficiency.

Objective: To develop an AI-powered diagnostic support system for pediatric rare diseases, integrating multi-source data to provide clinicians with rapid, accurate diagnostic assistance, reducing delays and improving outcomes.

Methods: We constructed a knowledge base encompassing 141 pediatric-onset rare diseases from China's Rare Disease Catalogs, supplemented by 200+ clinical guidelines and pediatric textbooks. This was structured using a vector database for similarity search and a knowledge graph for reasoning. A Retrieval-Augmented Generation (RAG) approach combined knowledge retrieval with fine-tuned LLMs (e.g., Deepseek, Gemini Pro). The system was evaluated using published case reports, expert-curated question-answer pairs, and clinical exam questions.

Results: The resulting web/mobile application shortens diagnostic cycles, enhances accuracy, and supports clinical decision-making. Preliminary evaluations demonstrate improved efficiency in evidence synthesis and guideline adaptation, with potential for global scalability.

Discussion: This AI-enhanced system offers a scalable approach to improving rare disease diagnosis globally, particularly in resource-limited settings. By integrating specialized knowledge with AI, we democratize access to diagnostic expertise, supporting health system goals of quality improvement and equitable care.

Multimorbidity and guideline-based decision making: a semi-structured interview study

Miss Zijun Wang^{1,2,3}, Prof Liliya E. Ziganshina^{4,5,6}, Prof Yaolong Chen^{1,2,3}, Prof Janne Estill^{1,7} ¹Research Unit of Evidence-Based Evaluation and Guidelines (2021RU017), Chinese Academy of Medical Sciences, School of Basic Medical Sciences, Lanzhou University, Lanzhou, Gansu, China, ²Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, Gansu, China, ³Institute of Health Data Science, Lanzhou University, Lanzhou, Gansu, China, ⁴Centre for Knowledge Translation, Russian Medical Academy of Continuous Professional Education, Moscow, Russia, ⁵Department of Pharmacology, Kazan State Medical University, Kazan, Russia, ⁶Department of General and Clinical Pharmacology, People's Friendship University of Russia named after Patrice Lumumba (RUDN), Moscow, Russia, ⁷Institute of Global Health, University of Geneva, Geneva, Switzerland

Background: The implementation of guidelines in multimorbidity care poses significant challenges. With limited multimorbidity guidelines, managing such patients often requires applying multiple disease-focused guidelines together, which may result in potential disease and drug interactions adversely impacting patient health.

Objective: We aimed to collect and analyze the opinions of key experts on what should be considered when using guidelines to treat or manage multimorbid patients, and to further promote the appropriate implementation of guidelines.

Methods: From September 2024 to February 2025, we invited experts in multimorbidity research and practice and guideline development to participate in our interview. Interviewees were selected using purposive non-systematic selection. Subject analysis using Nvivo 12 software was employed to summarize the findings.

Results: We interviewed fifteen experts from nine countries. The lack of multimorbidity guidelines and the inapplicability of single-disease guidelines may lead healthcare providers to either rely solely on personal experience or rigidly follow guidelines without considering the needs of individual patients. Major barriers to guideline application include insufficient evidence and limited awareness and training among clinicians in both multimorbidity management and guideline implementation. The interviewees emphasized flexible use of guidelines, prioritizing patient values and preferences, and individualized management goals informed by (rather than strictly adhering to) guidelines.

Discussion for scientific abstracts: This interview study highlights significant challenges in applying guidelines to multimorbidity care. Flexible guideline use, comprehensive assessment of the patient's situation, and prioritizing patient preferences are critical. Future efforts should focus on generating robust multimorbidity evidence and developing decision support tools.

The use of guidelines in multimorbidity-related practice: A global questionnaire survey

Miss Zijun Wang^{1,2,3}, Mr Hongfeng He^{1,2,3,4}, Prof Sergey K. Zyryanov⁵, Prof Liliya E. Ziganshina^{5,6,7}, Prof Akihiko Ozaki⁸, Ms Natalia Dorofeeva⁹, Prof Myeong Soo Lee¹⁰, Prof Ivan D. Florez^{11,12}, Prof Etienne Ngeh¹³, Prof Abhilasha Sharma⁹, Prof Ekaterina V. Yudina⁵, Prof Barbara van Munster¹⁴, Prof Jako S. Burgers¹⁵, Prof Opeyemi O. Babatunde¹⁶, Prof Yaolong Chen^{1,2,3}, Prof Janne Estill^{1,17}

¹Research Unit of Evidence-Based Evaluation and Guidelines (2021RU017), Chinese Academy of Medical Sciences, School of Basic Medical Sciences, Lanzhou University, Lanzhou, Gansu, China, ²Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, Gansu, China, ³Institute of Health Data Science, Lanzhou University, Lanzhou, Gansu, China, ⁴School of Public Health, Lanzhou University, Lanzhou, Gansu, China, ⁵Department of General and Clinical Pharmacology, People's Friendship University of Russia named after Patrice Lumumba (RUDN), Moscow, Russia, ⁶Centre for Knowledge Translation, Russian Medical Academy of Continuous Professional Education, Moscow, Russia, ⁷Department of Pharmacology, Kazan State Medical University, Kazan, Russia, ⁸Breast and Thyroid Center, Jyoban Hospital of Tokiwa Foundation, Iwaki City, Fukushima, Japan, ⁹BAU International University, Batumi, Georgia, ¹⁰Clinical Research Division, Korea Institute of Oriental Medicine, Daejeon, South Korea, ¹¹Department of Pediatrics, University of Antioquia, and Pediatric Intensive Care Unit, Clínica Las Americas-AUNA, Medellín, Colombia, ¹²School of Rehabilitation Science, McMaster University, Hamilton, Canada, ¹³Health Research Institute, Sheffield Hallam University, Sheffield, United Kingdom, ¹⁴University of Groningen, University Medical Center Groningen, Department of Geriatric Medicine, University of Groningen, Groningen, Netherlands, ¹⁵Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, Netherlands, ¹⁶School of Medicine, Keele University, Keele, United Kingdom, ¹⁷Institute of Global Health, University of Geneva, Geneva, Switzerland

Background: The use of guidelines in multimorbidity-related practice has not yet been extensively investigated.

Objective: We explored how healthcare professionals use guidelines when managing multimorbid individuals.

Method: We conducted a global survey among medical professionals with clinical experience. The questionnaire addressed whether and how different types of guidelines are used in multimorbidity-related practice, the reasons for not using specific types of guidelines, and other approaches to inform multimorbidity practice. The survey was distributed through the investigators' contact networks. The results were presented descriptively.

Results: We received 311 valid responses: 136 from the WHO European Region, 137 from the Western Pacific Region, and 38 from other regions. Most participants were familiar with the concept of multimorbidity (n=245, 79%). Among the 269 respondents who reported using guidelines in multimorbidity practice, 124 (46%) used guidelines focusing on combinations of diseases, and 148 (55%) multiple single-disease guidelines together. Lack of availability was the main reason for not using guidelines that address multimorbidity itself; and the high number of guidelines (n=76, 40%) and possible interactions between conditions or treatments (n=62, 38%) for not using single-disease guidelines. Respondents frequently consult experts or refer to systematic reviews and primary studies when existing guidelines do not meet their needs. The development of a tool to guide the use of multiple guidelines ranked highest among actions to facilitate multimorbidity practice.

Discussion for scientific abstracts: Although medical professionals are familiar with guideline use in general, there are many unmet needs and tool gaps related to guideline-informed multimorbidity-related practice.

Core GRADE workshop: Implementing Core GRADE

Prof Gordon Guyatt¹, Ass Prof Liang Yao², Prof Linan Zeng³, Methodologist Stefan Schandelmaier⁴, Core GRADE authors⁵

¹Lee Kong Chian School of Medicine, Nanyang Technological University, , Singapore, ²Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ³Pharmacy Department/Evidence-based Pharmacy Centre/Children's Medicine Key Laboratory of Sichuan Province, West China Second University Hospital, Sichuan University; Sichuan University and Key Laboratory of Birth Defects and Related Disease of Women and Children, Ministry of Education; West China Biomedical Big Data Center, West China Hospital, Sichuan University, Chengdu, China, ⁴Division of Clinical Epidemiology, University Hospital and University of Basel, Basel, Switzerland, ⁵All authors from Core GRADE papers, ,

Background

The GRADE approach, extensively outlined in numerous publications, has been extremely influential. Over time, however, GRADE guidance has become increasingly complex, and its evolution difficult to follow. Core GRADE initiative has introduced a new series of guidance articles (we anticipate BMJ to publish the series by the GIN meeting), which offers a solution to these problems: a single, coherent presentation of the essential GRADE principles. This workshop will familiarize participants with Core GRADE.

Objective

The primary objective is to provide participants with an understanding of Core GRADE principles and equip them with practical skills to apply these concepts to their systematic reviews and practice guidelines.

Format for workshops

The workshop will include three key segments:

Introduction (30 minutes): We will introduce the Core GRADE framework, summarize key messages from the Core GRADE series, and demonstrate practical applications with examples.

Group Discussions (45 minutes): Participants will work in small groups (4-10 people for each group, depending on the number of registrants), each facilitated by one of the workshop speakers. Groups will engage in discussions on one of the following topics:

Topic 1: Core GRADE in risk of bias assessment.

Topic 2: Core GRADE in addressing imprecision and inconsistency.

Topic 3: Core GRADE's approach to subgroup analyses applying the ICEMAN instrument to the credibility of subgroup effects.

Topic 4: Core GRADE in addressing moving from evidence to decisions.

Feedback and Summary (15 minutes): Each group will present their findings and challenges, followed by expert feedback and a concluding summary.

Core GRADE: New Guidance for Systematic Review Authors, Guideline Developers, and Health Technology Assessment Practitioners

Prof Gordon Guyatt¹, Ass Prof Liang Yao², Core GRADE Authors³

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

²Lee Kong Chian School of Medicine, Nanyang Technological University, , Singapore, ³All authors from the Core GRADE papers, , The GRADE approach, first introduced in 2004, has revolutionized the process of rating the certainty of evidence in systematic reviews and grading the strength of recommendations. Over the past two decades, GRADE has been endorsed and implemented by over 120 organizations worldwide, significantly influencing the development of systematic reviews and clinical practice guidelines. With over 50 publications that provide guidance for systematic review authors, guideline developers, and health technology assessment practitioners, GRADE has become a cornerstone of evidence-based decision-making.

However, major challenges have emerged. First, the growing complexity of GRADE guidance has made it increasingly difficult for both new and experienced users to navigate and apply. Second, the sequential release of guidance has resulted in a fragmented and sometimes contradictory body of work, with overlapping and outdated information. Thus, staying fully informed and clear regarding evolving GRADE methodologies has proven a daunting task.

To address these challenges, the Core GRADE initiative has introduced a new series of guidance articles (we anticipate the series will be published in BMJ by the time of the GIN meeting), summarizing key advances in GRADE methodology. The Core GRADE series provides a comprehensive framework that consolidates essential concepts and methods, eliminating the need for users to consult multiple prior publications.

In this presentation, we will provide an overview of the Core GRADE series, highlighting how it simplifies the application of GRADE by focusing on the essential components, addresses the challenges of complexity, and resolves challenges related to content accumulated over the past 20 years.

Systematic survey of guidelines with multimorbidity-related recommendations: diabetes, coronary heart disease and stroke as an example

Miss Zijun Wang^{1,2,3}, Mr Zhewei Li^{1,2,3,4}, Mr Jie Zhang^{1,2,3}, Miss Bingyi Wang^{1,2,3}, Miss Di Zhu^{1,2,3,4}, Miss Huayu Zhang^{1,2,3,4}, Ms Ling Wang^{1,5}, Mr Hongfeng He^{1,2,3,4}, Prof Yaolong Chen^{1,2,3,4}, Prof Janne Estill^{1,6}

¹Research Unit of Evidence-Based Evaluation and Guidelines (2021RU017), Chinese Academy of Medical Sciences, School of Basic Medical Sciences, Lanzhou University, Lanzhou, Gansu, China, ²Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, Gansu, China, ³Institute of Health Data Science, Lanzhou University, Lanzhou, Gansu, China, ⁴School of Public Health, Lanzhou University, Lanzhou, Gansu, China, ⁵School of Population Medicine and Public Health, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China, ⁶Institute of Global Health, University of Geneva, Geneva, Switzerland

Background: Despite the increasing promotion of patient-centered care, guidelines still focus predominantly on individual diseases. Particularly for common combinations of concordant comorbidities, dedicated guidelines and recommendations however also exist. Such guidelines can circumvent interactions of diseases and drugs caused by strictly following single-disease guidelines.

Objective: Using diabetes, coronary heart disease, and stroke as an example, we aim to assess the current status and quality of guidelines on combinations of comorbidities.

Methods: We systematically searched scientific literature databases, Google, guideline platforms, and disease society/association websites for guidelines published between 2020 and 2024 that addressed at least two of the following diseases: diabetes, coronary heart disease, and stroke; and included drug therapy interventions. Guidelines targeting complications (e.g., diabetic foot) were excluded. We extracted basic information, drug recommendations, and evidence quality, and assessed guideline quality using AGREE II and RIGHT.

Results: We identified 82 guidelines: 64 focused on one disease with recommendations on the comorbidities, and 18 specifically addressed a combination of at least two diseases. China was the most frequent country of origin (n=50, 61.0%). Most guidelines focused on diabetes and its comorbidities (n=54, 65.9%). Recommended drug therapies for patients with combinations of these diseases can be grouped into four categories: hypoglycemic therapy (SGLT-2 inhibitors and GLP-1 RA), antihypertensive therapy (ACEI/ARB), lipid-lowering therapy (statin), and antiplatelet therapy (aspirin). Results on the quality of the evidence and of the guidelines will be presented at the conference.

Discussion for scientific abstracts Discussion will be presented at the conference after the analyses are fully completed.

Leveraging large language models to enhance the conduct of systematic reviews: a scoping review

Dr Judith-Lisa Lieberum¹, Markus Toews², Dr Maria-Inti Metzendorf³, Felix Heilmeyer⁴, Dr Waldemar Siemens², Dr Christian Haverkamp⁴, Prof Daniel Boehringer¹, Prof Joerg J Meerpohl^{1,5}, **Dr Angelika Eisele-Metzger^{1,5}**

¹Eye Clinic, Medical Center – University of Freiburg / Medical Faculty – University of Freiburg, Freiburg, Germany, ²Institute for Evidence in Medicine, Medical Center – University of Freiburg / Medical Faculty – University of Freiburg, Freiburg, Germany, ³Institute of General Practice, Medical Faculty of the Heinrich-Heine-University Düsseldorf, Düsseldorf, Germany, ⁴Institute for Digitalization in Medicine, Medical Center – University of Freiburg / Medical Faculty – University of Freiburg, Freiburg, Germany, ⁵Cochrane Germany, Cochrane Germany Foundation, Freiburg, Germany

Background: Systematic reviews (SRs) are an important basis for evidence-based guidelines, but their production is time-consuming and resource-intensive. Machine learning and particularly large language models (LLMs) such as GPT offer promising support for SR production.

Objective: To provide an overview of LLM applications for supporting SR conduct in health research.

Methods: We searched MEDLINE, Web of Science, IEEEExplore, ACM Digital Library, Europe PMC (preprints), and Google Scholar, and conducted an additional hand search (last search: 26 February 2024; informal update planned for this conference presentation). We included scientific articles published from April 2021, building on the results of a mapping review that had not yet included LLM applications to support SR conduct. Following independent screening by two reviewers, data extraction was performed by one reviewer and verified by another.

Results: From 8,087 identified records, we included 37 articles that addressed 10 of 13 defined SR steps, primarily literature search (n=15, 41% of studies), study selection (n=14, 38%), and data extraction (n=11, 30%). GPT models dominated the field (n=33, 89%). Most publications were validation approaches in which a defined reference standard or expert review was used to verify accuracy of LLMs (n=21, 57%). The conclusions of study authors were predominantly promising (n=20, 54%), with fewer neutral (n=9, 24%) or non-promising (n=8, 22%) appraisals.

Conclusions: We identified a number of promising applications of LLMs for SR support. However, fully validated approaches were not yet available. LLMs should currently be used with caution and limited to specific SR tasks under human supervision.

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Guideline development: a multidisciplinary approach

Mrs Inge Van Trigt¹, Mrs Lejla Koco, Mrs Brigitt Borggreve

¹Dutch Institute For Palliative Care, Utrecht, Netherlands

Background

The care of palliative patients involves various professionals, including medical specialists, general practitioners, nurses, spiritual caregivers, and paramedics. This diversity necessitates multidisciplinary guidelines to ensure inclusivity and practical applicability. The Dutch institute for Palliative Care (PZNL) developed a stepwise method to engage all relevant professionals in guideline development, ensuring alignment with their expertise and practices.

Objective

To describe and evaluate a structured, multidisciplinary approach to developing palliative care guidelines that reflect the knowledge and needs of all care providers and patient populations.

Methods

A six-step method was applied, involving: (1) topic selection by representatives from professional associations, (2) creation of a multidisciplinary working group including patient representatives, (3) identification of key issues via surveys distributed across professions, (4) iterative feedback and refinement, (5) authorization by professional societies, and (6) dissemination and implementation through guideline platforms and newsletters.

Results

Surveys for four recent guidelines involved 30% nurses, 35% physicians (11% general practitioners), 17% physician assistants, 6% spiritual caregivers, and 8% paramedics.

Across the last eight guidelines, working groups included nurses (100%), internists (88%), geriatricians (88%), general practitioners (75%), and dieticians (50%), alongside patient input.

All steps ensured broad representation and alignment with professional practices.

Discussion

The stepwise method successfully integrates diverse perspectives, resulting in widely accepted and practical guidelines for palliative care. Future research should focus on assessing long-term outcomes of guideline implementation.

Co-Designing implementation guidance for global Guidelines on Hand Hygiene in Community Settings

Dr Olga Kokshagina^{1,2}, Associate Professor Leah Heiss¹, Dr Joanna Esteves Mills³, Elisabetta Minelli³, Kidist Bartolomeos³

¹Monash University, Melbourne, Australia, ²University of Sydney, Sydney, Australia, ³World Health Organization, Geneva, Switzerland

National adaptation and implementation of global guidelines requires detailed planning, adequate investment, forming the backbone of strong delivery systems. It is in those settings where hand hygiene needs are greatest that the systems for delivery are weakest. While systems are highly context-specific, global guidelines can provide guidance on strengthening the system.

Developing systems guidance requires engagement from diverse stakeholders at national and global levels. Engaging governments, service providers, and local authorities is critical, alongside understanding the lived experiences and constraints of healthcare systems.

This research explores how community health needs can inform a system-strengthening approach to guideline implementation. For this, a global design consultation on hand hygiene engaged end-users from ten champion countries to identify enablers and barriers specific to their community settings and co-design an effective implementation framework. In each country, priority settings such as schools, restaurants, and hospitals were identified as focal areas for intervention.

Using a co-design methodology, this study supported WHO and UNICEF in understanding community needs. Data were collected through workshops with 10 champion countries, observations, interviews and iterative tools development.

Findings highlight that co-design tools enhance understanding of community needs and implementation challenges. The key issue is not knowing what to do but how to do it effectively. While context matters, a system-based approach remains essential.

We identified key requirements for design tools:

- Adaptability to co-design objectives and stakeholder needs.
- Accessibility for facilitators without design expertise.
- Systematic organization of multi-country input for analysis.
- Easy transcription and digitization of collected data.

Scalable Training and Knowledge Exchange on guideline development for healthcare consumers, the public, and healthcare professionals (STAKEholder project)

Dr Celine Larkin¹, Shibu Shrestha¹, Shelley O'Neill¹, Stacey Grealis, Dr. Kieran A. Walsh¹, Dr. Louise Larkin¹, Barrie Tyner¹, Ruth Martin¹, Prof. Susan M. Smith², Dr. Máirín Ryan¹

¹Health Information And Quality Authority, , Ireland, ²Trinity College Dublin, , Ireland

Background: Public trust in science and policy requires transparency, collaboration, and accessible communication. At present, members of the public and healthcare professionals may not be familiar with clinical guidelines, what they are, how they are created, and how to get involved in their development. This can lead to a mistrust in health policy and decision-making, as well as a lost opportunity to ensure that recommendations are based on real clinical practice and address outcomes that matter most to people.

Objective: Based at the Centre in Ireland for Clinical guideline support and Evidence Reviews (CICER), the STAKEholder project seeks to: partner meaningfully with people with lived healthcare experience and healthcare professionals; enhance general awareness and transparency regarding clinical guideline development in Ireland; and prepare those with lived experience and healthcare professionals to be actively involved in guideline development groups.

Methods: In partnership with people with lived experience and healthcare professionals, we will apply co-production and knowledge exchange methods to develop accessible micro-learning videos and e-learning courses. We will use an iterative approach, featuring formative involvement in course content, storyboard workshops, user testing, and summative evaluation.

Results: We will present on our approach to co-production of digital learning materials on guideline development, key outcomes, and lessons learned.

Discussion: Our iterative, participatory approach is intended to foster meaningful stakeholder collaboration throughout the co-production process. This project will build transparency and partnership both during development and through our outputs, to help strengthen public trust in science, health systems, and clinical guidelines.

Knowledge Development in Nursing: Priorities and Future Perspectives

Dr Claire Bernaards¹, **Dr Susanne Blauwhoff-Buskermolen**, MSc Greta Rijninks¹, Dr Iris van Doorne¹, Dr Saskia Persoon¹

¹Professional association for nurse professionals (V&VN), , The Netherlands

Background

V&VN (Verpleegkundigen & Verzorgenden Nederland) is the Dutch professional association for nurses, clinical nursing assistants, and nurse specialists (abbreviated to 'nurse professionals'). In 2023, the V&VN Knowledge Institute was established to enhance and implement knowledge through guidelines and implementation tools (e.g., decision trees, infographics, VR scenarios). To determine what guidelines and tools should be updated and generated within the coming years, the Knowledge Institute needs to have a development agenda with prioritized topics.

Objective

To generate a prioritized development agenda for the V&VN Knowledge Institute

Methods

The institute gathered input from nurse professionals on daily challenges, knowledge gaps, and needs for support. A large-scale consultation in nurse professionals included a survey (filled out by >6000 nurse professionals), focus groups, and interviews. Data were processed by a project group from the Knowledge Institute, while a working group of nurse professionals was consulted three times. An user advisory board consisting of nurse professionals from the field then prioritized the topics for the final agenda.

Results

The development agenda identifies key issues and highlights the need for practical tools. Prioritized topics include amongst others handling aggression, digital healthcare solutions and staff shortages. Also, collaboration with informal caregivers, coordination of care in multimorbidity and handling (suspected) cases of elder abuse were important topics.

Discussion

The development agenda shows prioritized topics for future projects to be initiated and executed by the Knowledge Institute. The insights from this initiative will shape practical tool development (guidelines, implementation products) to support nurse professionals and enhance healthcare quality.

A systematic review on quality assurance schemes current evidence and best practices for colorectal cancer services and general cancer care

Dr Claudia Valli^{1,2}, Maria Homs^{1,2}, Fernández María del Mar^{1,2}, Claudio Rocha^{1,2}, Emilia Riggi³, Marta Garcia Escribano³, Alik Stathopoulou³, Shawn Baldacchino³, Carola Orrego^{1,2}

¹Avedis Donabedian Research Institute, Barcelona, Spain, ²Universidad Autónoma de Barcelona, Barcelona, Spain, ³European Commission, Joint Research Centre, Ispra, Italy

Background

Quality Assurance Schemes (QAS) systematically assess and improve healthcare quality. Quality indicators (QIs) are essential for evaluating colorectal cancer care, yet there is limited synthesis of external QAS. Aligning QAS with broader health decision-making frameworks is crucial for integrating evidence and contextual factors into policy and practice.

Objective

This systematic review aims to identify and describe external QAS for colorectal cancer (CRC) services and overall cancer care, their association with people-important outcomes, and the quality of supporting evidence.

Methods

Following Cochrane methods, PRISMA guidelines, and GRADE approach, we conducted systematic searches in MEDLINE, EMBASE, and grey literature sources, including reports from professional organisations and European health initiatives. Data extraction focused on study characteristics, QI definitions, methodological quality, responsiveness, and feasibility. Additionally, we collected information on QAS development, implementation, and scope. A thematic narrative synthesis classified QIs, with Summary of Findings (SoF) tables presenting classification, feasibility, and validation study outcomes.

Results

Six CRC-focused and eight general cancer care studies were included. For CRC the majority of QIs identified focused on the treatment phase (48%), followed by the screening phase (28%) and diagnosis (18%). For cancer care, the treatment phase accounted for the majority (69%), followed by follow-up and survivorship care (15%) and diagnosis (14%). Primary prevention and palliative care emerged as significant gaps.

Discussion

Standardised frameworks are crucial for improving quality in CRC and broader cancer care, ensuring alignment with measurable clinical outcomes. Addressing gaps in primary prevention, palliative care, and survivorship is essential for advancing people-centered care.

A systematic review on existing quality indicators and supporting evidence for colorectal cancer care - The European Commission Initiative on Colorectal Cancer (ECICC)

Dr Claudia Valli¹, Maria Homs^{1,2}, María del Mar Fernández^{1,2}, Claudio Rocha^{1,2}, Marta Garcia Escribano³, Alik Stathopoulou³, Shawn Baldacchino³, Carola Orrego^{1,2}

¹Avedis Donabedian Research Institute, , Spain, ²Universidad Autónoma de Barcelona, Barcelona, Spain,

³European Commission, Joint Research Centre, Ispra, Italy

Background

Colorectal cancer is the second leading cause of cancer-related deaths in Europe, with significant disparities in care. The European Commission Initiative on Colorectal Cancer (ECICC) aims to improve prevention, screening and care, yet a unified approach to quality assessment is lacking. Quality indicators (QIs) help evaluate healthcare standards, informing guidelines and quality assurance (QA) schemes.

Objective

Identify, evaluate, and compile QIs for colorectal cancer care.

Methods

Following Cochrane methods, PRISMA guidelines, and the GRADE approach, systematic searches were conducted in MEDLINE, EMBASE, and grey literature sources. Data extraction focused on study characteristics, QI definitions, methodological quality, responsiveness, and feasibility. A thematic narrative synthesis classified QIs, with Summary of Findings (SoF) tables presenting classification, feasibility, and validation study outcomes.

Results

A total of 207 studies and 21 grey literature records met inclusion criteria. Most studies were retrospective cohort designs (68%), primarily from Europe (63%) and the U.S. (25%). A total of 724 QIs were identified, categorised into general (58 QIs) and specific (666 QIs) requirements and annotated with supporting evidence. Screening (61%) and treatment (22%) were the primary focus areas, with gaps in primary prevention and palliative care.

Discussion

The identified QIs offer a framework to assess and improve care quality across the colorectal cancer continuum. They can be used for monitoring recommendations adherence and for the development of a quality assurance scheme in an integrated methodology supported by evidence. The systematic review approach may serve as reference to support other QIs developments.

From global evidence to local impact: Partnering for Patient-Centred Approach to Management of Multimorbidity in Low and Middle-Income Countries

Dr Opeyemi O Babatunde^{1,2,3,11,12,13}, **Mrs Mobolade M Adesokan**^{2,3,11}, Miss Tilli M Smith^{1,11}, Mrs Ebunoluwa Ayinmode^{2,11,12}, Mrs Olufunmilola Macaulay^{2,11}, Dr Ifeoluwa Kolawole^{3,11}, **Dr Rebecca L. Morgan**^{4,13}, Dr Karen D Gibbs^{5,11,12}, Dr Janne Estill^{6,7,11}, Ms Zijun Wang^{6,11}, Mrs Hanna Tuinhof^{8,11}, **Prof Barbara van Munster**^{8,11}, Prof Jako Burgers^{9,10,11}, GIN Multimorbidity Working Group, GIN Africa, GIN Collaboration Working Group
¹School of Medicine, Keele University, UK, Keele, United Kingdom, ²The West African Institute for Applied Health Research and Socio-economic development (WAFERs), , Nigeria, ³Faculty of Nursing, University of Ibadan, Nigeria, Ibadan, Nigeria, ⁴School of Medicine, Case Western Reserve University, Cleveland, Ohio, USA, , USA, ⁵Baylor College of Medicine, Houston, Texas, USA, , , ⁶School of Basic Medical Sciences, Lanzhou University, China, , , ⁷Institute of Global Health, University of Geneva, Switzerland, , , ⁸Dutch College of General Practitioners, Netherlands, , , ⁹Care and Public Health Research Institute, Department of Family Medicine, Maastricht University, The Netherlands, , , ¹⁰University Center of Geriatric Medicine, University Medical Center Groningen, Groningen, the Netherlands., , , ¹¹GIN Multimorbidity Working Group, , , ¹²GIN Africa, , , ¹³GIN Collaboration Working Group, ,

Background

Multimorbidity is an increasing global health challenge with consequences and widening health inequalities in low-and-middle-income countries (LMICs). Addressing multimorbidity in LMICs demands a shift from fragmented models of care to a more comprehensive and integrated patient centred care model, independent of socio-economic circumstances. Proposed strategies include tailored guideline-development models, capacity sharing and collaboration.

Objective

This workshop will equip participants to identify gaps and tailor guideline development strategies to local contexts, fostering effective and sustainable evidence-informed policies for multimorbidity in LMICs.

Description of activities/interaction plan

The workshop focuses on how to approach contextualisation of global evidence for impact in LMIC settings using guideline development case studies. The session offers deliberative dialogue on collaboration, capacity strengthening and infrastructures for planning and implementation of patient-centred approach to management of multimorbidity in LMICs. This will be a knowledge exchange platform and present practical training to those interested in knowledge translation and evidence-informed policies in low-resource contexts.

We will work in five steps:

1. Introduction including overview of workshop objectives, highlights of previous and ongoing research,
2. Applicable development practices for LMICs working through examples in small groups,
3. Deliberative dialogue on effective partnerships, collaboration, equity and ethics
4. Agreeing priorities and commitments, recognising key multisectoral interest-holders,
5. Summary, Q&A, and closing

Planned Outcomes: Action plan for multimorbidity guideline development for LMIC context, draft terms of reference for effective collaboration, a position statement addressing multimorbidity

guidelines and evidence-informed policies. Longer-term outcomes include a global multi-institutional partnership and commitment to capacity sharing in this field.

A systematic review on quality indicators for cervical cancer - The European Commission Initiative on Cervical Cancer (EC-CvC)

Dr Claudia Valli¹, Maria Homs^{1,2}, María del Mar Fernández^{1,2}, Claudio Rocha^{1,2}, Partha Basu³, Katayoun Taghavi³, Nadya Dimitrova³, Anne Mackie⁴, Marta Garcia Escribano⁵, Shawn Baldacchino⁵, Carola Orrego^{1,2}
¹Avedis Donabedian Research Institute, Barcelona, Spain, ²Universidad Autónoma de Barcelona, Barcelona, Spain, ³International Agency for Research on Cancer, Lyon, France, ⁴UK National Screening Committee, , United kingdom, ⁵European Commission, Joint Research Centre, Ispra, Italy

Background

Cervical cancer remains a major global health concern. The European Commission Initiative on Cervical Cancer (EC-CvC) seeks to improve prevention and care and reduce inequalities within the EU. Quality indicators (QIs) evaluate healthcare quality and can inform both guidelines development as well as quality assurance schemes (QAs). This integrated approach ensures that healthcare facilities meet standards of high-quality care.

Objective

Identify, evaluate, and compile QIs relevant to cervical cancer care.

Methods

Following Cochrane methods, PRISMA guidelines, and the GRADE approach, systematic searches were conducted in MEDLINE, EMBASE, and grey literature sources. Data extraction focused on study characteristics, QI definitions, methodological quality, responsiveness, and feasibility. A thematic narrative synthesis classified QIs, with Summary of Findings tables presenting classification, feasibility, and validation study outcomes.

Results

A total of 121 studies and 25 grey literature records met inclusion criteria. QIs focused mainly on secondary prevention (72%), followed by tertiary (25.4%) and primary prevention (2.6%). Only 2.6% of QIs targeted primary prevention, revealing a gap in early intervention. Thirty-three studies linked QIs to patient outcomes, mainly lesion detection rates. However, most had a “Serious” or “Critical” risk of bias, emphasizing the need for higher-quality research.

Discussion

The identified QIs and PMs offer a framework to assess and improve care quality across the cervical cancer continuum. They can be used for monitoring recommendations adherence and can be adopted within an accredited certification framework ensuring consistency in the quality of care throughout the EU, promoting accountability, and ultimately improving outcomes across all European healthcare facilities.

Challenges in adapting clinical guideline recommendations

Dr Jacoba P. Greving¹, Dr Ton Kuijpers¹, Prof Jako S. Burgers^{1,2}

¹Dutch College of General Practitioners, Utrecht, The Netherlands, ²Care and Public Health Research Institute, Department Family Medicine, Maastricht UMC+, Maastricht, The Netherlands

Background: Adapting guidelines can help avoiding duplication of efforts and the waste of resources compared to developing guidelines de novo.

Objective: To provide an overview of experiences and lessons learned from our efforts to adapt recommendations for a primary care guideline on functional abdominal pain in children.

Methods: We used the GRADE-ADOLOPMENT approach to adapt recommendations for (non-) pharmacological treatment for this guideline. The guideline panel selected a recent national secondary care guideline on functional abdominal pain (2022) as the source for adaptation, based on its scope, credibility, currency, feasibility, and applicability. We used the AMSTAR-2 tool to assess the quality of the systematic reviews.

Results: So far, we have adapted five recommendations. The quality of the systematic reviews included in the guideline was moderate. The rating of the quality of evidence required our attention due to missing justifications for downgrading. As a consequence, conclusions were rephrased, taking into account the minimal clinical importance differences established by the panel. In addition, we formulated new considerations for all recommendations according to the Evidence to Decision (EtD) framework. Three recommendations were changed from weak in favor to weak or strong against due to a lack of benefit. Two recommendations remained unchanged.

Discussion: Adapting guideline recommendations from secondary to primary care can be challenging, even within the same country, if different methods are used. Ideally, source guidelines should be developed using the GRADE approach, and considerations should be structured within an EtD framework.

Systematic review of international acute asthma guidelines: Identifying recommendations suitable for “adoption”

Shelley O'Neill¹, Dr Celine Larkin¹, Aoife Bergin¹, Mohammed Gharbia², Barrie Tyner¹, Olga Andriyashchenko³, Marie Carrigan¹, Prof. Susan M. Smith⁴, Dr. Máirín Ryan¹

¹Health Information And Quality Authority, , Ireland, ²Royal College of Surgeons, , Ireland, ³University College Cork, , Ireland, ⁴Trinity College Dublin, , Ireland

Background: Asthma is a significant health problem in Ireland, representing approximately 9,400 hospital discharges in 2023. The Centre in Ireland for Clinical guideline support and Evidence Reviews (CICER) is supporting the update of the National Clinical Guideline on Management of Acute Asthma Attack in Adults.

Objective: A systematic review was conducted to identify existing international guidelines that addressed key topics of interest to the guideline development group. The review aimed to collate recommendations suitable for subsequent adoption, adaptation, or de novo development (“adoption”).

Methods: A systematic search of databases (MEDLINE, Embase, CINAHL, PsycINFO; Jan 2018–Sept 2024) and grey literature was conducted. Two reviewers independently conducted study selection and quality appraisal using the Appraisal of Guidelines, Research and Evaluation - Global Rating Scale. Data were extracted by one reviewer and verified by another. Recommendations relating to key topics were extracted and presented along with supporting clinical evidence, search parameters, and evidence-to-decision judgments where available.

Results: Databases yielded 1,595 unique citations, of which 84 were selected for full-text review; a total of ten suitable guidelines were included. Coverage of key topics varied among guidelines, with some topics (such as use of intravenous magnesium) appearing in more (n=10) guidelines than others (such as use of extracorporeal membrane oxygenation, n=3). Several key topics were identified that may benefit from additional consideration.

Discussion: Using the adoption approach facilitates guideline developers in reducing duplication of effort by leveraging existing recommendations whilst also clearly identifying recommendations that may require updated evidence synthesis.

Guidelines for the management of multimorbidity in low- and lower-middle-income countries: A scoping review.

Tilli M. Smith^{1,10}, **Ebunoluwa O. Ayinmode**^{2,10}, Miriam Mobolade Adesokan^{2,3,10}, Ifeoluwapo O. Kolawole^{4,10}, Macaulay Olufunmilola O^{2,10}, Elisha O. Olabisi², Karen DiValerio Gibbs^{5,10}, Janne Estill^{6,7,10}, Zijun Wang^{6,10}, Jako Burgers^{8,9,10}, Opeyemi O. Babatunde^{1,2,3,10}, GIN Multimorbidity Working Group¹⁰

¹School of Medicine, Primary Care Centre Versus Arthritis, Keele University, Keele, Staffordshire, United Kingdom, ²The West African Institute for Applied Health Research (WAFERs), Ibadan, Nigeria, ³University of Ibadan, Ibadan, Nigeria, ⁴Faculty of Nursing, University of Ibadan, Ibadan, Nigeria, ⁵Baylor College of Medicine, Houston, USA, ⁶School of Basic Medical Sciences, Lanzhou University, , China, ⁷Institute of Global Health, University of Geneva, , Switzerland, ⁸Dutch College of General Practitioners, , Netherlands, ⁹Care and Public Health Research Institute, Department of Family Medicine, Maastricht University, , The Netherlands, ¹⁰Guidelines International Network (GIN) Multimorbidity Working Group, ,

Background

Multimorbidity is becoming increasingly prevalent in low- and lower-middle-income countries (LMICs). This is burdensome due to limited resources, social disparities, and conditions developing at younger ages compared to in high-income countries (HICs). Previous reviews of guidelines have focused on HICs and it is currently unclear what informs multimorbidity care in LMICs.

Objective

To conduct a scoping review to identify multimorbidity management guidelines and policy documents for LMICs.

Methods

Clinicians and patients with multiple long-term conditions formed an advisory group contributing to study design and interpretation of findings. A protocol was established a priori following JBI methodology and informed by an evidence gap map.

Using a comprehensive search strategy, bibliographic databases (e.g. Medline, Embase, CINAHL, Cochrane Library) were searched in February 2025 to identify multimorbidity-related guidelines and policy documents. African Journals Online and GIN databases were searched manually. Using predefined criteria, titles and abstracts have been screened, and full text screening is in progress. The AGREE and RIGHT tools will be used to assess the quality of included guidelines and a pre-piloted data extraction form will facilitate charting. Contextual understanding of organisation of care and research gaps will be identified and mapped.

Results

The search resulted in 31,673 references, of which 70 have been included following title and abstract screening. Full evidence summaries and results will be presented at the GIN conference.

Discussion

This summary of evidence will provide insight for future multimorbidity guideline research and capacity development, which could help to support management and reduce disease burden.

International collaboration for sustainable updating of guidelines

Dr Hanneke van der Lee¹, Dr Irina Mostovaya¹, Dr Hans Duvekot², Dr Robbert Ensink³, MSc Teus van Barneveld¹

¹Knowledge Institute Dutch Association of Medical Specialists, Utrecht, Netherlands, ²Erasmus University Medical Center, Rotterdam, Netherlands, ³Gelre Hospital, Apeldoorn, Netherlands

Background: The Dutch guidelines database contains more than 650 guidelines for medical specialists comprising 10,000 clinical questions. National funding is insufficient to keep all these guidelines up-to-date. Furthermore, limiting the work of updating guidelines to only one country is inefficient and not sustainable.

Objective: To explore several different models of international collaboration in updating guidelines.

Format: After sharing our experiences in international collaboration and inviting participants to share their experiences and goals, we will split the group into three subgroups. Each of the subgroups will discuss a different model of international collaboration in guideline updating and development.

Proposed models are 1) International guideline updating and development - international guideline panels decide what guidelines need to be updated and develop international guidelines, 2) International guideline updating and development based on national prioritization – national panels decide which guidelines need to be updated or developed and post their wishes on a public website, after which international panels develop international guidelines, and 3) National guidelines based on shared international evidence synthesis - national panels prioritize which guidelines need to be updated or developed and post their wishes on a public website, after which evidence syntheses are made by various groups in different countries and exchanged, and considerations and recommendations are formulated per country, yielding national guidelines. For each model a subgroup will discuss the pros and cons, and at the end of the workshop the results of these discussions will be summarized for the plenary group.

Deliberation in Action: Towards a cohesive cross-sectoral approach to NICE guidance methods and process development

Ms Jean Ryan¹, Dr Nichole Taske¹, Mr Mark Salmon¹, Dr Bhash Naidoo¹, Ms Katrina Penman¹, Mr Adam Brooke¹

¹National Institute For Health And Care Excellence (NICE), , United Kingdom

Background:

The UK's National Institute for Health and Care Excellence (NICE) produces various types of guidance using different decision-making contexts and methodologies. This includes Technology Appraisals (mandatory guidance for the National Health Service [NHS] to make funding available for cost-effective interventions) and advisory guideline recommendations (advice on choice of effective and cost-effective treatment options). NICE is bringing its guidance together by topic to improve accessibility and usability. Initial consultation on interim methods and processes highlighted stakeholder concerns and challenges.

Objective:

To facilitate participatory engagement and open dialogue across a diverse stakeholder landscape, to foster a shared understanding of goals and challenges while establishing robust processes for governance and informed decision-making.

Methods:

An inclusive deliberative approach, based on best practice, was used to identify areas for methods and process development. An advisory stakeholder panel, representing key groups, was established to support the deliberative process. Meetings were structured to balance timeliness with a thorough review of evidence, methods, and processes while ensuring open and meaningful dialogue.

Results:

From April 2025, the panel will meet regularly to provide a framework for critically evaluating complex issues. The deliberative process will foster open dialogue to support decision-making based on an understanding of evidence, methods and processes, divergent stakeholder values and perspectives, and context-specific considerations.

Discussion:

Aligning NICE's methods and processes to support the bringing together of our guidance will improve their usability, support uptake, and enhance patient outcomes while optimising NHS resources. Stakeholder engagement in methods development ensures diverse perspectives, resolves conflicts, and strengthens decision-making.

A shared framework for lifestyle recommendations in CPG's

Dr Janke de Groot¹, Mrs Klaartje Spijkers², Ms Florian Ham¹, Dr. Anh Nhi Nguyen¹, Dr. Maud Heinen³

¹Knowledge Institute for the Federation of Medical Specialists, Utrecht, Netherlands, ²Patient Federation Netherlands, Utrecht, Netherlands, ³Radboud university medical center, Nijmegen, Netherlands

Background: Lifestyle is increasingly being recognized as an integral part of curative care, in addition to medication and medical interventions and technology. At the same time lifestyle interventions are not restricted to one discipline and require a transdisciplinary approach. Yet, recommendations about lifestyle in (para)medical and nursing CPG's are often developed in guidelines for the individual healthcare professions. This leads to a duplication of recommendations, conflicting recommendations and a lack of transdisciplinary approach to the development of lifestyle recommendations in CPG's. In 2023, the Consortium Lifestyle in Healthcare, financed by the Dutch Ministry of Health and led by the Dutch Patient Federation, was initiated with the mission to ensure lifestyle to be an integrated part of healthcare for all citizens in the Netherlands.

Objective: This panel session, organized by the Dutch Consortium Lifestyle in Healthcare shares lessons learned, first outcomes and future directives with regards to working towards lifestyle in all CPG's using a shared framework across disciplines.

After an introduction about the mission and activities within the consortium, four themes will be presented:

- 1) Lifestyle recommendations in Dutch CPG's: a study of current recommendations
- 2) Implementation of lifestyle recommendations in the Netherlands: a study into current practice
- 3) Evidence synthesis and research priorities for lifestyle recommendations in CPG's
- 4) Working towards a shared framework for lifestyle recommendations in CPG's

After these presentations, the audience will be invited to share experiences and join an open conversation about working towards (inter)national transdisciplinary frameworks for lifestyle recommendations in CPG's.

Antidepressant Deprescribing Guidelines: how can we focus on the relevant aspects of the clinical practice

María-José Faraldo-Vallés^{1,2}, PhD Yolanda Triñanes Pego^{1,2}, María del Carmen Maceira Rozas^{1,2}, Dr Eva Madrid Aris^{4,5}, Dr Alberto Durán Rivas³, Ivan Solà Arnau^{4,6,9}, Dr. Manuel Portela Romero^{7,8}, Antidepressant Deprescribing Guideline Working Group

¹Avalia-t, ACIS, , Spain, ²RedETS (Spanish Network of HTA Agencies), , Spain, ³Area Sanitaria de Ferrol. Servizo Galego de Saúde, Servizo Galego de Saúde, Spain, ⁴Iberoamerican Cochrane Centre, Barcelona, Spain, ⁵University of Valparaíso, Valparaíso, Chile, ⁶CIBER de Epidemiología y Salud Pública, CIBERESP, , Spain, ⁷Universidade de Santiago de Compostela, , Spain, ⁸Area Sanitaria de Santiago de Compostela, Servizo Galego de Saúde, Spain, ⁹Institut de Recerca Sant Pau, Barcelona, Spain

Background: Although deprescribing is considered an integral part of good prescribing, it has not been systematically addressed in clinical practice guidelines (CPG) until recently. Moreover, making recommendations for the discontinuation of a diverse group of medicines such as antidepressants can be challenging.

Objective: to describe the decision-making process about clinical areas in an antidepressant deprescribing CPG

Methods: Following the GuiaSalud methodology, a multidisciplinary working group was formed, which included primary and hospital healthcare professionals and patients. Decisions were made through consensus in a series of meetings. We conducted a scoping review (ScR) to overview the available evidence following the Joanna Briggs Institute methodology. We searched four databases in August 2024. The eligibility criteria were any evidence synthesis (ES) document including recommendations for adults on antidepressants in discontinuing treatment.

Results: The ScR included 21 ES and 39 recommendations documents. Four themes were identified in the ES: consequences of withdrawal, impact of interventions, perspectives and implementation issues. The recommendations were related to elective/mandatory discontinuation conditions, good prescribing, deprescribing guidance, shared decision-making and values, and follow-up. The working group met four times and agreed on the following clinical areas: i) identification of conditions for antidepressant deprescribing; ii) barriers and facilitators; iii) deprescribing approaches; and iv) interventions for symptoms arising from withdrawal.

Discussion: A ScR aimed to inform how the topic has been approached can support the GPC panel regarding the agreement on the main relevant clinical areas. Besides, multidisciplinarity in the panel is key in deprescribing guidelines to ensure all perspectives are considered.

Bayesian Evidence Maps (BEM) efficiently connect pieces of background, direct, and indirect evidence and enhance the efficiency of guideline development processes.

Dr Monia Marchetti¹ University Hospital SS Antonio e Biagio e Cesare Arrigo, Alessandria, Italy, ²University of Eastern Piedmont, Alessandria, Italy

Background

Precision medicine aims at stratifying patients in order to suggest tailored diagnostic and therapeutic pathways. However, this approach requires an efficient management of a large amount of heterogeneous knowledge. Therefore, systematic representations of knowledge, namely ontologies, are necessary. Moreover, ontologies need to be connected by knowledge graphs, which are powerful methods for integrating heterogeneous data and making inferences.

Methods

Bayesian networks are knowledge graphs managing a wide set of interlaced ontologies and estimating several outcomes. As such, Bayesian networks can digest the riddle of evidence pieces that an expert panel needs for completing a clinical practice guideline. We developed Bayesian Evidence Maps (BEM) representing the knowledge-base necessary for the development of two guidelines. HuginTM software was the AI tool we used.

Results

We developed BEMs devoted to two clinical problems:

- 1) diagnosis of Evan's syndrome
- 2) treatment of Essential Thrombocythemia.

BEMs completion time during the guideline development process was short and complementary to standard systematic search of the evidence.

BEMs provided the unique opportunity to assess interdependence among clinical variables, but also to quantify uncertainty and explore simulated scenarios.

In particular, missing evidence in specific scenarios could be transparently assessed and indirect evidence either included or not in the map.

Visual plot of input probabilities strongly supported the evidence-to-decision process especially in the assessment of uncertainty.

Visual plot of simulated outcomes supported the evidence-to-decision process especially in the undesirable-to-desirable outcome balancing.

Conclusions

Artificial intelligence methods, such as Bayesian Evidence Maps, should support evidence representation during guideline development processes.

Beyond barriers: strengthening teleconsultation in Colombia through integration and collaboration

Dr Laura Mora Moreo^{1,2}, Dr Kelly Estrada-Orozco³

¹P95, , Belgium, ²London School Of Hygiene And Tropical Medicine, , United Kingdom, ³Universidad Nacional de Colombia , , Colombia

Background

Teleconsultation is a vital tool for improving healthcare access in Colombia, especially in underserved regions. However, its implementation faces persistent challenges, including financial reimbursement challenges and weak integration among key stakeholders. A fragmented regulatory environment and misaligned incentives between insurers, providers, and policymakers further complicate adoption. Addressing these gaps requires a multi-sectoral, collaborative approach.

Objective

This study examines how systemic fragmentation affects teleconsultation in Colombia, and proposes strategies for multi-sector integration.

Methods

A qualitative abductive analysis was conducted based on 27 interviews with key stakeholders, including healthcare providers, policymakers, and patient advocacy representatives. Thematic coding identified patterns related to structural challenges and actor coordination. Findings informed a conceptual model outlining strategies to enhance teleconsultation adoption.

Results

In Colombia, despite the national teleconsultation legal framework mandating government reimbursement, delayed and inconsistent financial payments discourage providers from offering these services. Misalignment between insurers, regulators, and healthcare providers results in fragmented service delivery, while limited institutional support and unclear payment models further hinder adoption. Stakeholders emphasised the urgency of standardised policies and targeted incentives to ensure sustainability.

Discussion

Strengthening teleconsultation requires coordinated policies aligning health, digital infrastructure, and financial frameworks. Strategies like targeted provider incentives, cross-sector partnerships, and patient-centred reimbursement models are critical for sustainable integration. A health-in-all-policies approach, leveraging collaboration across sectors like education and technology, can drive effective telehealth adoption in Colombia. Enhancing governance structures and fostering intersectoral partnerships are essential to embedding teleconsultation into routine healthcare delivery.

Values and preferences in COVID-19 public health guidelines: a systematic review

Miss Sarah Kirsh¹

¹McMaster University, Hamilton, Canada

Background: Internationally accepted standards for trustworthy guidelines include the necessity to ground recommendations in values and preferences. Early anecdotal reports suggest that COVID-19 public health guidelines did not consider values and preferences.

Objective: To systematically evaluate the extent to which COVID-19 public health guidelines considered values and preferences in their development and to assess the methods used for their inclusion.

Methods: We performed a systematic review of COVID-19 public health guidelines. We searched the eCOVID-19 RecMap platform up to July 2023 and the Guidelines International Network (GIN) Library up to May 2024. We included guidelines that made recommendations addressing vaccination, masking, isolation, lockdowns, travel restrictions, contact tracing, infection surveillance, and school closures. Reviewers worked independently and in duplicate to review guidelines for consideration of values and preferences.

Results: Our search yielded 130 eligible guidelines, twenty-eight (21.5%) guidelines considered values and preferences. Among guidelines that considered values and preferences, most did so to assess the acceptability of recommendations (23; 82.1%) and by referencing published research (25; 89.3%). Guidelines only occasionally engaged laypersons as part of the guideline development group (8; 28.6%).

Discussion: Most COVID-19 public health guidelines did not consider values and preferences. When they were considered, it was often suboptimal. Disregard for values and preferences in guidelines may have contributed to unpopular COVID-19 policies and an erosion of trust in public health. Given the possibility of future health emergencies, we recommend guideline developers identify efficient and effective methods for considering values and preferences in crisis situations.

Bridging Healthcare and Lifestyle Interventions: Implementing the Dutch Obesity Guidelines through Lifestyle Front Offices

Ms Florien Ham¹, dr. Mariëtte Boon², dr. Janke de Groot¹, dr. Judith Jelsma³, ms. Meike van Boxtel⁴, dr. Ghislaine van Maastricht⁴, dr. prof. Elizabeth van Rossum²

¹Knowledge Institute of the Dutch Association of Medical Specialists, Utrecht, Netherlands, ²Erasmus Medical Center, Rotterdam, Netherlands, ³Amsterdam Medical Center, Amsterdam, Netherlands, ⁴Maastricht University, Maastricht, Netherlands

Background: The Dutch Obesity guidelines were recently revised, emphasizing (combined) lifestyle interventions as complementary or alternative treatments to medical care. To support implementation, the Netherlands introduced the Lifestyle Front Office (LFO), a strategy designed to bridge hospital care and community-based lifestyle interventions.

Objective: This study investigates the current state of LFO implementation across Dutch hospitals, identifying common practices, discrepancies, and key factors for success.

Methods: A mixed-methods design was applied, combining quantitative and qualitative data. A survey was distributed to all hospitals with operational LFOs (n=17), addressing referral processes, patient eligibility, departmental participation, screening methods, consultation practices, follow-up evaluations, financing, and capacity. Data were analyzed to identify common practices, challenges, and areas for improvement.

Results: The survey yielded an 82% response rate (14/17). Patients with lifestyle-related conditions such as obesity, type 2 diabetes, and cardiovascular diseases were the primary referral group. Most LFOs conducted pre-visit screenings via questionnaires, employed lifestyle coordinators from diverse professional backgrounds, and used structured tools during consultations. Key challenges included inconsistent referral criteria, limited capacity, lack of long-term funding (secured by only 21% of LFOs), and inconsistent follow-up methods.

Conclusions: LFOs represent a promising step toward integrating lifestyle interventions into Dutch healthcare. However, variability in implementation and early-stage challenges persist. Further research is needed to evaluate referral success rates, long-term health outcomes, and structural barriers, while developing strategies to secure sustainable funding and ensure broad implementation.

Applying GRADE Guidance for Optimal Integration of RCTs and NRS to Formulate Practice-changing Recommendations for Antithrombotic Therapy After Percutaneous LAAO

Emily Senerth¹, Scott Firestone², Chelsea Armah², Angela M. Fix³, Yngve Falck-Ytter^{1,4,5}, Rebecca L. Morgan^{1,4,6}

¹Evidence Foundation, , , ²Society for Cardiovascular Angiography & Interventions, , , ³Heart Rhythm Society, , , ⁴School of Medicine, Case Western Reserve University, , , ⁵Department of Gastroenterology and Hepatology, Veterans Affairs Northeast Ohio Healthcare System, , , ⁶Department of Health Research Methods, Evidence, and Impact, McMaster University, ,

Background: Conventional antithrombotic therapy after percutaneous left atrial appendage occlusion (LAAO) is oral anticoagulation (OAC). However, large procedural registries also report data for patients who receive less expensive and less intensive treatment with dual antiplatelet therapy (DAPT).

Objective: We applied strategies for the integration of randomized (RCT) and non-randomized (NRS) studies during a systematic review and meta-analysis comparing post-procedural OAC versus DAPT.

Methods: Study-level risk of bias (RoB) was assessed using the RoB in NRS of Interventions (ROBINS-I) tool, and the Cochrane RoB tool for randomized trials (RoB 2). Overall certainty of evidence (CoE) was assessed using the GRADE approach. We assessed the congruence of pooled results from RCTs with CoE concerns and pooled results of NRS to explore whether NRS could improve overall CoE.

Results: We had very low certainty in the RCT evidence due to serious concerns with RoB and very serious concerns with imprecision. Results from the RCTs and NRS were congruent, demonstrating no meaningful difference in device-related thrombus and major bleeding between DAPT vs. OAC. The NRS had serious concerns with RoB but pooled estimates were more precise, resulting in moderate certainty. We selected higher certainty evidence from NRS to inform critical outcomes for decision-making after determining that these estimates mitigated concerns with imprecision from congruent RCTs.

Conclusion: NRS evidence was instrumental to inform new recommendations for post-LAAO antithrombotic therapy, replacing very low certainty RCTs and introducing the option for a less expensive and intensive treatment.

Advances in guideline development lead to higher quality lung cancer screening guidelines: a systematic review and critical appraisal

Emily Senerth¹, Torsten-Gerriet Blum², Bhavya Abbi¹, Aryn Bhamani³, Joana Catarata⁴, Isabella Francesconi¹, Andres Mauricio Garcia Sierra⁵, Georgia Hardavella⁶, Miles Harder⁷, Joanna Moes-Sosnowska⁸, Sindhu Bhaarrati Naidu³, Tejanth Sai Pasumarthi¹, Neha Tangri¹, Ilona Tietzova⁹, Thorben Witte⁷, Rebecca L. Morgan^{1,10,11}

¹Evidence Foundation, , , ²HELIOS Kliniken Emil von Behring Center of Lung Disease, , , ³University College London, , , ⁴University of Porto, , , ⁵University of Chicago, , , ⁶Sotiria Chest Diseases Hospital, , , ⁷Medical School of Berlin, , , ⁸University of Warsaw, , , ⁹University of Prague, , , ¹⁰School of Medicine, Case Western Reserve University, , , ¹¹Department of Health Research Methods, Evidence, and Impact, McMaster University, ,

Background & Objective: The Strengthening the screening of Lung Cancer in Europe (SOLACE) initiative, funded by the EU4Health Framework, aims to develop new guidelines for lung cancer screening (LCS) in EU Member States. We conducted a systematic review and critical appraisal of existing LCS guidelines to inform prioritization of topics for new guideline development.

Methods: We searched published and gray literature (2009-2024) for recommendations on LCS, diagnosis, or staging. Eligible documents were appraised by ≥ 2 independent researchers using the Appraisal of Guidelines for Research and Evaluation (AGREE II) tool. Domain scores were calculated per the AGREE II handbook and summarized with descriptive statistics. We also examined the relationship between pre-specified document characteristics and domain scores.

Results: Of 14,357 documents identified, 156 met inclusion criteria. Documents using the GRADE (Grading of Recommendations Assessment, Development, and Evaluation) approach to assessing certainty scored higher in AGREE domains for “Rigor” ($p < 0.0001$) and “Clarity” ($p < 0.0001$) than those that used any other system/did not report their approach. Newer guidelines demonstrated higher scores in “Stakeholder Involvement” ($p = 0.003$), “Applicability” ($p = 0.03$), and “Editorial Independence” ($p < 0.0001$).

Conclusion: The quality of LCS guidelines has improved over time, which may be related to the diffusion of standards and approaches to improving guideline rigor and credibility. The availability of high-quality guidelines will inform decisions about which topics to address with new guidelines for LCS.

How to ensure credibility and consistency of subgroup Analyses in meta-Analyses: Best practices for guideline development

Mrs Annick Nonneman¹, MD , PhD Student Simon Van Cauwenbergh¹, MSc, PhD Hayat Bentouhami¹, MD, PhD, Prof Paul Van Royen¹

¹Working group Development of Primary Care Guidelines, Wilrijk, Belgium

Background:

Clinical practice guidelines (CPGs) require precise, context-specific recommendations to address the growing prevalence of comorbidities and the diverse ways of administering interventions or therapies. Subgroup analyses in meta-analyses (MAs) and randomized controlled trials (RCTs) play a crucial role in understanding treatment effect variability across different populations or conditions. When rigorously conducted and interpreted, they can enhance guideline precision. However, their credibility, consistency, and clinical relevance depend on robust critical appraisal process to avoid over-interpretation and potential biases.

Objective:

This workshop aims to explore key challenges in assessing subgroup analyses and apply best practices for their critical appraisal in the context of guideline development.

Format:

This interactive workshop will include:

- Kickoff presentation (15 min):

A brief presentation outlining the role, challenges, and impact of subgroup analyses in guideline development, along with an introduction to appraisal tools that will be used, such as ICEMAN and SUN 2012

- Reflecting (45 min) :

Small-group exercises where participants will critically assess subgroup findings from five selected meta-analyses using the appraisal tools.

- Completion of the workshop (30 min):

An expert-led discussion to identify key criteria for assessing the credibility and consistency of subgroup findings and, exploring their applicability to guideline development, while minimizing the risk of misinterpretation and improving decision-making.

Participants will gain a structured approach for evaluating subgroup analyses. The workshop will conclude with practical recommendations to enhance transparency and methodological rigor in evaluating subgroup evidence.

Current approaches to clinical guideline retirement: A scoping review

Mr Barrie Tyner^{1,2}, Dr Celine Larkin^{1,2}, Dr Karen Cardwell¹, Dr Barbara Clyne³, Ms Shelley O'Neill^{1,2}, Professor Susan M. Smith^{2,4}, Dr Máirín Ryan^{1,2,4}

¹Health Information and Quality Authority, Dublin, Ireland, ²Centre in Ireland for Clinical guideline support and Evidence Reviews (CICER), Cork, Ireland, ³Royal College of Surgeons in Ireland, Dublin, Ireland, ⁴Trinity College Dublin, Dublin, Ireland

Background: Transparent, standardised processes for retiring clinical guidelines (CGs) are essential for maintaining trustworthiness and ensuring healthcare professionals have access to current recommendations. A 2022 systematic review published by CICER on international practices for updating CGs identified nine handbooks that described retirement processes. In 2025, we were requested by the Irish Department of Health to compile an update on international guidance around retiring CGs.

Objective: To summarise international guidance on criteria and processes for retiring CGs.

Methods: We conducted a rapid scoping review updating the grey literature and web searches of the 2022 review to locate newly published guidance. Our data extraction focused on: criteria guideline organisations use for retirement; methods for communicating retirement to guideline development groups, users, and members of the public; and procedures for storing, labelling, accessing, or removing outdated CGs from publicly accessible websites.

Results: We included five previously identified handbooks, two updates to previously identified handbooks, and nine newly identified or newly published handbooks. Fifteen handbooks refer to criteria for retiring a guideline, most often that the expiration date has passed or a more recent or more comprehensive guideline has been published. Eight handbooks refer to methods for communicating, tagging, and or archiving retired guidelines.

Discussion: This review synthesises international practices for retiring guidelines, with a focus on criteria, communication, and storage procedures. Our findings will support guideline organisations in developing transparent, standardised retirement processes, which are crucial for maintaining guideline legitimacy and preserving trust among users of guidelines.

Evaluation of AI-Generated Summaries from Evidence Tables for Evidence-Based Guidelines in the German Guidelines Program in Oncology

Mr Gregor Wenzel¹, Dana Rütters¹, Thomas Langer¹, MPH MSc Dr Markus Follmann¹¹German Cancer Society, , Germany

Objective: The development of S3 guidelines requires meticulous evidence retrieval and synthesis. While comprehensive evidence tables are available, their interpretation is often left to guideline groups, imposing a significant resource burden. This study evaluates AI-generated summaries through a quantitative assessment of endpoint accuracy and a qualitative evaluation of text quality, including plausibility and usability.

Methods: Two AI models, Claude Sonnet 3.5 and OpenAI o3-mini, processed 30 randomly selected evidence tables from 17 clinical guidelines. Two assessors evaluated recognized, erroneous, and hallucinated endpoints quantitatively, as well as plausibility and usability qualitatively on a 3- and 5-point scale, respectively. Summary length was also analyzed for its potential impact on readability and interpretation.

Results: OpenAI o3-mini recognized more endpoints (92.8%) than Claude (53.2%) and had fewer erroneous extractions (0.1% vs. 2.8%). Only Claude hallucinated any endpoints (1.8%). On average, Claude's summaries were shorter (243.5 vs. 630.4 words) and slightly more plausible (1.32 vs. 1.74). Usability scores were comparable (2.15 vs. 2.26), though differences in summary length may influence qualitative assessments.

Conclusion: OpenAI o3-mini excelled in endpoint recognition with minimal errors, while Claude generated summaries that assessors found slightly more plausible. Both models show promise for aiding evidence interpretation, but refinements are needed to optimize usability for guideline development.

Multi-treatment recommendations based on Network Meta-Analysis

Professor AE Ades, Dr Annabel Davies, Dr David Phillippo, Dr Hugo Pedder, Dr Howard Thom, Dr Beatrice Downing, Professor Deborah Caldwell, **Prof Nicky Welton**¹ ¹University Of Bristol, , United Kingdom

Background: Network Meta-Analysis (NMA) is used to synthesise evidence on multiple treatment options, delivering point estimates (Expected Values (EV)) of treatment effects to help decision-makers identify the best option. However, guidelines committees may wish to recommend multiple treatment options, and to take account of uncertainty in the estimates in their decision-making.

Objective: We aimed to propose a decision-rule that allows multiple treatments to be recommended, and to explore the impact of penalising uncertain estimates.

Methods: For multi-treatment recommendations, a two-stage process is proposed: first identify treatments superior to the reference treatment, and then identify treatments that are also within a Minimal Clinically Important Difference (MCID) of the best treatment. Basing recommendations on EV reflects a risk-neutral decision-maker. We introduce the Loss-adjusted EV (LaEV) to penalise uncertainty and reflect a risk-averse decision-maker. We illustrate the decision rules using 10 NMAs from past NICE Guidelines, and compare with the GRADE approach.

Results: In 10 NMAs from NICE guidelines, penalising uncertainty led to a lower number of treatments being recommended. Following the GRADE rules gave rise to anomalies. Among treatments that are superior to the reference, GRADE privileges the more uncertain ones, and in 3/10 cases GRADE failed to recommend the treatment with the highest EV or LaEV.

Discussion: A two-stage approach based on MCID ensures that EV- and LaEV-based rules recommend a clinically appropriate number of treatments. For a risk-averse decision maker, LaEV is conservative and simple to implement.

Consolidation and Systematic Appraisal of Guideline Recommendations for Management of Chronic Pain: A Digital Chronic Pain Recommendation Map

Ass Prof Andrea Darzi¹, Mr. Kian Torabiardakani¹, Dr. Gonzalo Bravo-Soto¹, Ms. Daniela Montalva-Romero¹, Ms. Rachel Couban¹, Ms. Lynn Cooper¹, Dr. Stacey Ritz¹, Dr. Jaris Swidrovich², Dr. Vivian Welch³, Dr. Gordon Guyatt¹, Dr. Holger Schünemann¹, Dr. Jason Busse¹

¹McMaster University, , Canada, ²University of Toronto, , Canada, ³University of Ottawa , , Canada

Background:

Chronic pain affects 1 in 5 people; however, management remains suboptimal. There is an urgent need to improve concordance between evidence and practice.

Objectives:

To develop and mobilize a digital chronic pain recommendation map (RecMap) for opioids, cannabis, and interventional procedures.

Methods:

This project consists of three phases. Planning phase: We engaged diverse interest-holders to co-design an efficient team structure and workflow. Development phase: We systematically searched databases and websites for eligible guidelines since 2019. Pairs of reviewers are appraising guideline quality using AGREE II and AGREE REX. Next steps include extracting data (including equity considerations) and analyzing divergent recommendations. We will develop plain-language recommendations and decision-aids for trustworthy recommendations, in French, Spanish, and Mandarin. Mobilization phase: We will co-create dissemination strategies with diverse interest-holders, including those disproportionately affected by chronic pain.

Results:

We identified 210 guidelines eligible for review, and tailored RecMap interfaces for researchers, healthcare professionals, individuals with lived experience, and policymakers. The researcher interface includes an interactive map of guidelines, recommendations, and research priorities, supporting gap identification and guideline adaptation. The clinician interface provides trustworthy recommendations, divergence assessments, decision aids, and implementation considerations. The patient portal offers plain-language summaries, decision aids, and explanatory videos. A policymaker interface is in development. The project is ongoing, with additional findings expected by GIN 2025.

Discussion:

The RecMap will improve guideline transparency, promote trustworthy recommendations for chronic pain, and enhance evidence-based shared decision making.

Chronic Pain Recommendation Map: Making sense of all the noise

Ass Prof Andrea Darzi¹, Ms. Lynn Cooper¹, Prof Holger Schünemann^{1,2}, Prof Jason Busse¹ ¹McMaster University, , Canada, ²Humanitas University , , Italy

Background

The RecMap is a digital, interactive platform designed to enhance transparency, accessibility and usability of guidelines, particularly in the complex landscape of chronic pain management. Over the past five years, 210 guidelines have been published on opioids, cannabis, and interventional procedures for chronic pain, yet conflicting recommendations and variability in trustworthiness create uncertainty for clinicians, policymakers, and people with lived experience.

Objective

This panel session will present insights from diverse perspectives on the development, impact, and future directions of the RecMap.

Content of Presentations for Panel Sessions:

1. Evolution and Impact of the RecMap (Holger Schünemann)

- Overview and rationale of RecMap initiatives
- Use and impact of previous RecMaps

2. Clinical Perspective: Challenges in Chronic Pain Guideline Implementation (Jason Busse)

- Current landscape and challenges of guidelines for chronic pain management.
- The role of the RecMap in optimizing interpretation of guidelines.

3. Research & Methodology: Advancing Guideline Appraisal and Mapping (Andrea Darzi)

- International collaborations, team structures and workflow
- Conceptualization of the eChronic Pain RecMap and adaptability for diverse users.
- Systematic identification, quality appraisal, and mapping of guidelines.
- Equity appraisal of guidelines and methods for analyzing divergent recommendations.

4. Perspectives of Persons with Lived Experience (Lynn Cooper)

- Enhancing patient-centered RecMap features: plain-language summaries, decision aids, and educational resources.
- Fostering practical, evidence-based knowledge, self-advocacy, and empowered decision-making for people living with chronic pain.

5. Policy Implications of the RecMap (TBD)

- Opportunities for the RecMap to support evidence-informed policies.

6. Implementation and Future Directions (Andrea Darzi)

- Strategies for dissemination and uptake into practice.

Building Trust in Living Evidence Synthesis: A Delphi Process for Best Practices

Melanie Golob^{1,2}, Dr. Jonathan Livingstone-Banks¹, Dr. David Nunan¹

¹University Of Oxford, Oxford, United Kingdom, ²WA State Health Care Authority, Olympia, United States

Background

Best practices in traditional evidence synthesis are well documented, but have yet to be established for living evidence synthesis (LES).

Objectives

Develop objective guidance statements for best practice in designing, conducting, publishing, and implementing the findings of LES.

Methods

A standard Delphi process was used to achieve consensus among 29 panelists with experience in LES. Draft statements were informed by an overview of living systematic reviews, a living evidence survey plus workshop activity, and an ongoing living critical interpretive synthesis of LES.

Results

Twenty-three consensus statements were agreed upon (out of an initial 23) following three rounds of the Delphi process. Final statements concerned ways to enable the living mode, such as: version history; authoring tools; collaboration; unit of update; transparency; communication; publication considerations; and digital and technological considerations.

Panelists agreed least on actionable, objective measures concerning the use of automation and digital tools to enable a living process, but agreed more on subjective, general statements on how to maintain LES and when to employ the living mode.

Discussion

Considering the variety of synthesis types encompassed by living evidence and even varying evidence synthesis definitions, it can be difficult to apply a uniform set of best practices to all. Appraisal tools for LES are an area for future research. Moving forward, it will be difficult to employ the living mode without embracing digital tools to aid in the process. How best to implement this requires further consensus work.

Too Much Evidence, Too Little Time: Developing Trustworthy Guidelines Using Published Systematic Reviews

Miss Tanvir Jassal¹

¹McMaster University, , Canada

Background: Standards for developing trustworthy guidelines requires recommendations be based on systematic reviews. Performing de novo reviews, however, can be time- and resource-intensive.

Objective: We describe our approach using published systematic reviews to inform forthcoming pan-Canadian clinical practice guidelines on the management of 30 infectious syndromes, using pharyngitis as an example.

Methods: We performed a search of medical research databases to identify systematic reviews and meta-analyses comparing various antibiotics and antibiotic regimens for managing pharyngitis. For each clinical question and outcome, we prioritized reviews according to an algorithm considering recency and methodological quality. When reviews did not assess certainty of evidence, we applied the GRADE approach.

Results: For pharyngitis, we identified six eligible reviews. These reviews presented low certainty evidence that, in cases of bacterial pharyngitis, antibiotics, compared to no antibiotics, may reduce the risk of sore throat and rheumatic fever at follow-up. Thus, the panel favored the prescription antibiotics.

The overview, however, found no compelling evidence that any antibiotic is superior to any other for achieving clinical cure. Thus, the panel considered other factors to make recommendations on choice of antibiotics. Consistent with principles of antibiotic stewardship, the panel prioritized the narrowest spectrum antibiotic and recommended penicillin. The panel considered, however, that children may prefer amoxicillin over penicillin for its taste and availability as an oral suspension.

Discussion: Overviews of systematic reviews that consider review quality and recency can inform guideline recommendations while reducing time and resources needed to perform de novo systematic reviews.

Guideline implementation strategies: an update on the evidence

Dra Brígida Fernandes¹, Dra Cynthia Andrade¹, MSc Dalila Gomes¹, **Dra Thais Melo**¹, Dr Marta Souto Maior¹, Dra Luciene Bonan¹

¹Conitec, Brasília, Brazil

Background: The implementation of clinical practice guidelines (CPG) has been a challenge in health care and requires the development of strategies to reduce the know-do gap. An overview carefully evaluated studies published up to the beginning of 2019 on this topic, but since then new evidence has been published.

Objective: To analyze CPG implementation strategies published as of 2019 in scientific literature.

Methods: An overview to identify systematic reviews (SR) that evaluated CPG implementation strategies and published between 08/10/2019 and 08/28/2024 was conducted. Structured research was conducted in four databases and the same criteria used in the previously published overview were followed. After screening the records, the characteristics of the studies and implementation strategies were extracted.

Results: Of the 2886 records retrieved, seven SR were included. One SR was published in 2019, three in 2020 and three in 2024. Two SR focused on CPG implementation strategies in specific professional areas (dental care and nursing), three in specific clinical areas (cancer, knee osteoarthritis and pain/delirium) and two in general clinical areas. The Effective Practice and Organization of Care (EPOC) was the most used taxonomy to categorize strategies (n=3), followed by the Mazza (n=2), Expert Recommendations for Implementing Change (ERIC) (n=1) and Mindspace framework (n=1). Several implementation strategies were described, among them the educational strategies for healthcare workers (supporting materials, meetings and others) were observed in all studies.

Discussion: The new findings provide evidence of CPG implementation strategies that can be adapted by different stakeholders and healthcare settings.

Profile of Public Contributions in the Evaluation of Clinical Practice Guidelines in the Brazilian Health System, in 2024

Dra Brígida Fernandes¹, **Dr Marta Souto Maior¹**, Dra Luciene Bonan¹

¹Conitec, Brasília, Brazil

Background: The Public Consultation (PC) of Clinical Practice Guidelines (CPG) allows capturing patients' values and preferences, as well as considerations regarding technologies and implementation aspects in the evaluation process by the National Committee for Health Technology Incorporation (Conitec).

Objectives: To evaluate the profile of contributions and participants in PC on CPG in 2024.

Methods* Data from all CPG PC in 2024 were collected. Characteristics of the participants and contributions were summarized in frequencies.

Results: Thirty CPG were submitted to PC: of which 70% addressed rare diseases, 16.7% oncology disease, 10% chronic non-communicable diseases and 3.3% chronic communicable diseases. In total, 3,545 contributions were received. The mucopolysaccharidosis type 1 CPG received no contributions. On the other hand, multiple sclerosis CPG received 792 contributions. Most of the participation was from family members, friends, or patient caregivers (32.4%), followed by healthcare professionals (29.4%) and patients (24.3%). The participation of companies, public institutions or pharmaceutical industry represented around 5% of the contributions. Individual participants identified themselves as of white color/ethnicity (65.6%), 25-to-39 years (46.5%) and residing in the south region of Brazil (48.4%). Friends, colleagues, or coworkers (42.4%) and social networks (25.8%) were also the main sources of knowledge in the PC.

Conclusions: Although the profile of participants is similar in CP, the number of contributions varies between CPG, with rare diseases standing out from other topics. Monitoring contributions and the profile of participants can help Conitec understand the dynamics of society's participation in the process and promote improvement strategies.

Adapting WHO Guidelines for cervical pre-cancer lesions in Colombia: A model for interinstitutional collaboration and public health impact

Deissy Rocio Agudelo-ibáñez¹, Dr Santiago Vieira-Serna¹, **Dr Marcela Torres²**, Dr Juan Camilo Fuentes Pachón¹, Dr Lina María Trujillo Sánchez¹, Mrs Paola Andrea Triviño Heredia¹, Mrs Anyela Mercedes Cárdenas Cruz¹, Dr Ludovic Reveiz², Dr Mauricio Antonio Maza Jaime²

¹Instituto Nacional De Cancerología, Bogotá D.C., Colombia, ²Pan American Health Organization/World Health Organization - PAHO/WHO, HQ, Washington D.C., United States

Background: Cervical cancer ranks second in both incidence and mortality among women in Colombia, with an age-adjusted mortality rate of 6.4 cases per 100,000 women in 2022. WHO developed evidence-based guidelines for cervical pre-cancer screening and treatment, supporting its global strategy to eliminate cervical cancer with "90-70-90" targets for 2030.

Objective: To adapt WHO clinical practice guidelines for screening and treatment of cervical pre-cancer lesions to the Colombian context.

Methods: National Cancer Institute of Colombia, supported with PAHO, led an interinstitutional collaboration involving Ministry of Health, Institute of Health Technology Assessment, scientific societies, hospitals, academia, and patient representatives. A multidisciplinary group of experts was included. The guideline was developed using GRADE methodology and was adapted following the recommendations of PAHO methodological guideline for adapting and implementing evidence-informed directives, considering local evidence and experience.

Results: 15 clinical questions were adapted, resulting in 17 evidence-informed recommendations for women in the general population and 15 for women living with HIV. Additionally, 10 clinical algorithms were designed tailored to the Colombian context.

Discussion for scientific abstracts: This successful experience demonstrates how interinstitutional collaboration and rapid adaptation of international guidelines with high-quality evidence can strengthen cancer prevention programs. These guidelines will inform public policies on screening age range, new technologies, and self-sampling, considering resource availability. This effort contributes to aligning Colombia with the WHO goal of eliminating cervical cancer as a public health problem, improving equity in cancer prevention and increasing trust in the health system among key stakeholders who were represented in the process.

Navigating controversial topics when developing clinical practice guidelines and supporting evidence syntheses

Mr Michael Ling¹, Dr Dena Zeraatkar^{1,2}, **Dr Jason Busse**^{1,2}, Dr Paul Garner³

¹Department of Anesthesia, McMaster University, Hamilton, Canada, ²Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ³Department of Clinical Sciences, Liverpool School of Tropical Medicine, Liverpool, United Kingdom

Background

Guidelines are especially valuable in areas of controversy, where clear direction is needed. However, controversy also creates unique barriers to guideline development.

Objective

To describe challenges and facilitators in developing guidelines and accompanying reviews in controversial areas.

Methods

We synthesized lessons learned from our work on guidelines addressing controversial topics, including exercise for myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), management of long COVID, cannabis and opioids for chronic pain, and interventional procedures for chronic spine pain.

Results

Developing guidelines on controversial topics revealed several challenges:

- (1) Controversial topics are characterized by polarized ideological spectrums, with interest holders on both extremes unreceptive to altering their views even in the face of compelling evidence. Moreover, some interest holders may avoid participation, fearing reputational damage.
- (2) While developing trustworthy recommendations requires patient engagement, patient advocacy groups may not represent all patients, and may hold strong ideological views that complicate fair assessment of the evidence.
- (3) Even when guidelines adhere to the highest methodological standards, intense scrutiny can erode trust in recommendations.

We identified several strategies to manage controversy. We relied on established methods and frameworks (e.g., GRADE), which engendered trust in the guideline. We assessed the positionality of the evidence synthesis team and guideline panel to manage intellectual conflicts. Finally, relying on respected, conflict-free experts to champion recommendations helped preserve trust among less ideologically influenced interest holders.

Discussion

Our experiences highlight the need for additional methodological supports for developing guidelines in areas of controversy to navigate polarized beliefs, protect contributors, and maintain credibility.

AGREE III. Updating an international tool designed to evaluate guidelines.

Prof Melissa Brouwers¹, Dr Tari Turner², **Dr Ivan Florez**^{3,4}, Madison McGuire¹, Dria Bennett¹, Dr Heath White², Dr David Moher¹, Dr Julian Little¹, Dr Giorgia Sulis¹, Maxime Le⁵, Dr Stuart Nicholls⁵, Dr Pamela Velasquez-Salazar⁶, Dr Amir Qaseem⁷, Dr Pablo Alonso Coella⁸, Dr Myeong Soo Lee⁹, Dr Raija Siplia¹⁰, Dr Wanderley Bernardo¹¹, Etienne Ngeh¹²

¹School of Epidemiology and Public Health, Faculty of Medicine, University Of Ottawa, Ottawa, Canada,

²School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia, ³Department of Pediatrics, University of Antioquia, Medellin, Colombia, ⁴ School of Rehabilitation Science, McMaster University, Hamilton, Canada, ⁵Ottawa Hospital Research Institute, Ottawa, Canada, ⁶Unit of Evidence and Deliberation for Decision Making (UNED), Faculty of Medicine, Universidad de Antioquia, Medellin, Colombia,

⁷American College of Physicians, Philadelphia, United States, ⁸Sant Pau Institute of Biomedical Research, Barcelona, Spain, ⁹Korea Institute of Oriental Medicine, Daejeon, Daejeon, South Korea, ¹⁰The Finnish Medical Society Duodecim, Helsinki, Helsinki, Finland, ¹¹Faculty of Medicine, São Paulo University, São Paulo, Brazil,

¹²African Regional Community, Guidelines International Network, , Africa

Background: The AGREE II (Appraisal of Guidelines for Research and Evaluation II), an internationally accepted and well-used critical appraisal tool for practice guidelines (PGs), is 15 years old. Since its release, there have been significant advancements in the PG field such as living guidelines, PROGRESS+, and the use of artificial intelligence (AI) that the current tool does not adequately capture. The AGREE III team is an international group of researchers, developers, and users working together to update the appraisal tool to create the AGREE III. As with all of the AGREE iterations, our objective is to have a tool that is rigorous and usable that is designed by, and for, the PG community.

Objective: This workshop will bring together the PG community to get feedback on our approach, the initial data we have collected on new core quality concepts related to livingness, PROGRESS+, and AI, and strategies that should be used to best engage the PG community in the process.

Format: This workshop will involve a short presentation to introduce the project, a series of breakout sessions, followed by a larger group discussion. Each discussion will be facilitated by a member of the research team, and smaller groups will complete a worksheet to then be discussed with the entire group. The larger discussion will be audio recorded, and notes will be taken by a member of the research team.

Evaluating the living component of living guidelines: a scoping review to inform development of the AGREE III

Prof Melissa Brouwers¹, Dr Tari Turner², Dr Ivan Florez^{3,4}, Madison McGuire¹, Dria Bennett¹, Dr Heath White², Dr David Moher¹, Dr Julian Little¹, Dr Giorgia Sulis¹, Maxime Le⁵, Dr Stuart Nicholls⁵, Dr Pamela Velasquez-Salazar⁶, Dr Amir Qaseem⁷, Dr Pablo Alonso Coella⁸, Dr Myeong Soo Lee⁹, Dr Raija Sipilä¹⁰, Dr Wanderley Bernardo¹¹, Etienne Ngeh¹²

¹School of Epidemiology and Public Health, University Of Ottawa, Ottawa, Canada, ²School of Public Health and Preventive Medicine, Monash University, Melbourne , Australia , ³Department of Pediatrics, University of Antioquia, Medellin, Colombia , ⁴ School of Rehabilitation Science, McMaster University, Hamilton, Canada, ⁵Ottawa Hospital Research Institute , Ottawa, Canada, ⁶Unit of Evidence and Deliberation for Decision Making (UNED), Faculty of Medicine, Universidad de Antioquia, Medellin, Colombia, ⁷American College of Physicians, Philadelphia , United States , ⁸Sant Pau Institute of Biomedical Research, Barcelona, Spain, ⁹Korea Institute of Oriental Medicine, Daejeon, Daejeon, South Korea, ¹⁰The Finnish Medical Society Duodecim, Helsinki, Helsinki, Finland , ¹¹Faculty of Medicine, São Paulo University, São Paulo , Brazil, ¹²African Regional Community, Guidelines International Network, , Africa

Background: Living clinical and public health practice guidelines (PGs) ensure continuous incorporation of new evidence so that recommendations remain current. The AGREE II tool is recognized as a valid and reliable tool for assessing the methodological quality of PGs, however it does not account for the unique characteristics of living PGs.

Objective: We aimed to identify concepts related to the “living” component of living PGs to inform the next iteration of the AGREE tool, the AGREE III.

Methods: Any concept paper on clinical living PGs were eligible. Electronic databases were systematically searched (Ovid MEDLINE®, EMBASE, Web of Science, and GIN conference abstracts). Titles/abstracts, and full-text studies were screened in duplicate by two reviewers. Data extraction and analysis will be completed by one reviewer with another verifying, following an adapted critical interpretative synthesis approach. Living concept codes will be generated using inductive open coding that maps against the six domains of the AGREE II.

Results: A total of 311 studies were screened, with 39 meeting inclusion criteria. Data extraction is ongoing; however, three studies have been completed. Preliminary concept codes have been identified and include ensuring iterative data collection and analysis, frequent communication among key stakeholders, transparency in reporting updates, and ease of use of guidelines by stakeholders.

Discussion: Preliminary results suggest that key quality concepts are related to rigour of development and clarity of guideline presentation. As this scoping review continues, results will be essential to fill gaps in the AGREE II so that living PGs can be properly evaluated.

Optimizing the Trustworthiness of Recommendations: Operationalizing a Sustainable Program for Living Clinical Guidelines from the American College of Physicians

Dr Jennifer Yost¹, Dr Tatyana Shamliyan¹, Dr Itziar Etxeandia-Ikobaltzeta¹, Dr Curtis Harrod¹, Ms Chelsea Vigna¹, Ms Kate Carroll¹, Dr Amir Qaseem¹

¹American College Of Physicians, Philadelphia, United States

Background: To optimize the guideline development process, the American College of Physicians (ACP) developed and piloted an approach to maintaining living clinical guidelines.

Objectives: To develop, pilot, and refine a standardized process for living clinical guidelines.

Methods: ACP integrated living processes into its standard clinical guideline development and approval workflow. Guiding criteria are applied to prioritize guidelines to be maintained as living. Once prioritized, the CGC engages with a Topic Expert Panel and ACP Center for Evidence Reviews (CER) to determine the surveillance scope and strategy. Surveillance conducted by the CER is reviewed by the TEP to inform the CGC's determination as to whether new evidence (new eligible studies, new interventions, and new harms/warnings) signals a need to prioritize an update of clinical guideline recommendations (via the supporting living systematic review).

Results: We identified several important lessons learned. For example, it is possible to maintain a high level of engagement from the TEP, the anticipated publication of new studies is important for determining surveillance frequency, and pragmatic search and screening strategies are sufficient for surveillance.

Discussion: There are many practical challenges and considerations to establishing a living guidelines program that is resource efficient. ACP refined its living guidelines process and updating CGC recommendations as new relevant evidence becomes available will allow for more timely and trustworthy advice for decision-makers.

Building Trust in Guidelines: Evolving the American College of Physician's Methods to Incorporate Public and Patients' Perspectives in Guideline Development

Dr Jennifer Yost¹, Dr Itzi Etxeandia-Ikobaltzeta¹, Dr Tatyana Shamliyan¹, Dr Curtis Harrod¹, Ms Chelsea Vigna¹, Ms Kate Carroll¹, Dr Amir Qaseem¹

¹American College Of Physicians, Philadelphia, United States

Background: In 2015, the American College of Physicians (ACP) launched a program to include the public in its guideline development. ACP has continued to evolve its approach to capturing information about values and preferences.

Objectives: To build off ACP's successful model and expand strategies to incorporate public and patients' values and preferences.

Methods: ACP takes a three-pronged approach to soliciting values and preferences: (1) two seats on ACP's Clinical Guidelines Committee are reserved for non-physician public members who have equal standing to physician members, (2) a Public Panel is convened annually to review and comment at various stages of ACP guideline development through electronic surveys and in-person discussion, and (3) including a key question on values and preferences is standardized for any ACP-funded evidence review.

Results: ACP has expanded its approach to include new aspects for review and comment (e.g., perspectives on clinically important thresholds) and enhanced existing strategies to engage public members.

Discussion: Using the explicit and transparent methods, incorporating public perspectives is feasible and important for the development of high guidelines by ACP and other guideline developers. Commitment to improving these methods is critical to ensure the trust of clinicians and the public in guideline recommendations.

The CLEAR Study: Assessing the Comprehensibility of Cochrane Iberoamerica's dissemination materials.

Mrs Melixa Medina-aedo^{1,2,3}, **Mrs Andrea Cervera**¹, Mrs Jessica Beltran^{1,2,3}, Dr. Pablo Alonso-Coello^{1,2,4}, **Dr. Gonzalo Casino**^{1,2}

¹Iberoamerican Cochrane Centre, Barcelona, Spain, ²Institut de Recerca Sant Pau, Barcelona, Spain,

³Department of Pediatrics, Obstetrics, Gynaecology and Preventive Medicine, Universitat Autònoma de Barcelona., Barcelona, Spain, ⁴Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), , Spain

Background:

Effectively disseminating evidence-based information is crucial for promoting informed decision-making and improving health outcomes. Cochrane systematic reviews, known for their rigour, are vital in synthesizing evidence for healthcare decisions. However, ensuring equitable access to this knowledge requires making evidence-based information easier to understand for all stakeholders, including the public.

To bridge the gap between complex research and informed decision-making, the Iberoamerican Cochrane Centre has developed plain-language graphic summaries, such as blog shots, summary cards, and visual abstracts. Despite their potential, their comprehensibility in real-world contexts remains underexplored.

Objective:

This study aims to assess how well graphic summaries (blogshots, summary cards, and visual abstracts) are understood by the public, focusing on user perceptions and preferences to enhance their role in supporting informed decision-making.

Methods:

We are conducting a mixed-methods study, comprising a qualitative observational study and a three-arm randomized trial, to evaluate the comprehensibility of different dissemination materials. The study is currently in its initial phase, and data collection is ongoing.

Expected Results:

This study will identify key aspects of graphic design, information structure, and language in summary cards and visual abstracts. These insights will help improving dissemination materials, strengthening the integration of scientific evidence into policy and practice. Ultimately, this study will contribute to a wider effort to optimize evidence-based dissemination, fostering a more integrated approach to knowledge translation. Preliminary results will be shared at the conference.

Crossing the divide between Health Technology Appraisal and Guideline decision-making

Professor Nicky Welton², Katherine Saxby¹, Adam Brooke¹, Lindsay Claxton¹, Dr Hugo Pedder², Lucy Beggs

¹National Institute For Health & Care Excellence, Manchester, United Kingdom, ²University of Bristol, Bristol, United Kingdom

Background

Health Technology Appraisal (HTA) and clinical guideline development are fundamental to healthcare decision-making, yet they often operate in parallel, leading to misalignment in recommendations, inefficiencies in evidence use, and challenges in implementation.

Objective

By fostering dialogue between HTA experts, guideline developers, and researchers, this session aims to explore the challenges and opportunities of a more integrated approach to align HTA and clinical guideline decision-making processes to work in synergy to improve patient outcomes and resource allocation.

Content

- Introduction: Nicky Welton (University of Bristol) will chair the session and give an overview of key challenges.
- Implementation of HTA and guideline recommendations: Katherine Saxby (NICE) will discuss the challenges developing useable treatment pathways when guideline and HTA recommendations misalign and the complexities for decision making when there are multiple recommended options.
- Unifying decision-making frameworks in HTA: Adam Brooke (NICE) will outline a case for how HTA decisions need alternative frameworks for decision-making to be able to reconsider access and unmet need in multi-comparator decision spaces.
- Aligning the needs of guidelines and HTA: Lindsay Claxton (NICE) will give an overview of issues when aligning many HTA recommendations while creating useful and usable clinical guidelines, illustrated by a NICE pilot to develop a multi-use whole-disease model.
- Bridging evidence gaps between HTA and guidelines: Hugo Pedder (University of Bristol) will discuss the tension between the evidence required for regulatory approval and for decision-making. He will explore advanced evidence synthesis techniques to integrate diverse data sources to support decision-making.

Remote Monitoring using telemedicine technologies of Patients with Heart Failure: Czech National guideline

Dr Jitka Klugarova¹, Prof Milos Taborsky¹, Dr Luliia Pavlovska¹, Msc. Pavel Kopečný¹, Dr Miloslav Klugar¹

¹Cochrane Czech Republic, JBI Centre of Excellence, GRADE working group, National Institute for Quality and Excellence in Healthcare (NIKEZ), Institute of Health Information and Statistics of the Czech Republic, Prague, Czech Republic

Background

Heart failure (HF) is a growing healthcare challenge, especially in aging populations, with rising cases and hospitalizations. Traditional monitoring has accessibility limits, while remote telemedicine offers a promising solution for better patient care and outcomes.

Objective

The primary objective of this guideline was to evaluate whether telemedicine monitoring should be recommended for patients with advanced heart failure (HFrEF phenotype), specifically in terms of reducing rehospitalizations, decreasing mortality rates, and enhancing quality of life.

Methods

The guideline was developed together with the Czech Society of Cardiology based on the best available evidence, following the Czech National Methodology for the Development and Updating of Guidelines and Rapid Recommendations in Healthcare. All steps were carried out according to a standardized process in alignment with the widely adopted GRADE methodology, including a priori protocol registration in the Czech National Guideline Registry.

Results: Recommendations

The guideline panel issued two “strong recommendations FOR” the use of telemedicine in patients with advanced HF: 1. reducing rehospitalizations, and 2. decreasing mortality rates. One “conditional recommendation FOR” was made regarding improving quality of life.

Discussion

This guideline includes three clinical recommendations supporting remote telemonitoring for heart failure patients. The NIKEZ panel also proposes establishing heart failure teams with 24/7 technical support as a practice recommendation and submitting a request for a new remote monitoring procedure to the Czech Ministry of Health as a policy recommendation. Additionally, three quality indicators were defined, and the guideline includes plain language recommendations.

Development and piloting of a checklist to assess EML application quality

Dr, Prof Thomas Piggott¹, Dr Lorenzo Moja², Dr Jessica Bartozsko¹, Dr Elie Akl^{1,3}, Dr Francesco Nonino⁴, Dr Kristina Jenei⁵, Dr Nicole Skoetz⁶, Dr Rita Banzi⁷, Dr Holger Schünemann^{1,8}

¹McMaster University, Hamilton, Canada, ²World Health Organization, Geneva, Switzerland, ³American University of Beirut, Beirut, Lebanon, ⁴IRCCS Istituto delle Scienze Neurologiche di Bologna, Bologna, Italy, ⁵London School of Economics and Political Science, London, UK, ⁶University of Cologne, Cologne, Germany, ⁷Mario Negri Institute for Pharmacological Research, Milan, Italy, ⁸Humanitas University, Milan, Italy

Background: The World Health Organization (WHO) Essential Medicines List (EML) serves as a vital global resource to guide the selection of essential medicines. However, the application process for new medicines has faced challenges related to completeness and quality of applications. To enhance the transparency and consistency of information submitted and available to the Expert Committee that drives decisions on applications, a structured checklist has been developed. This study aims to pilot and refine this checklist for assessing applications in the 2025 EML revision cycle.

Objective:

1. To pilot the checklist using five new EML applications.
2. To evaluate the completeness, quality, and selection criteria of new medicine applications.
3. To assess the checklist's reliability in identifying strengths and weaknesses in applications.
4. To inform ongoing revisions to EML application procedures.

Methods: This prospective, descriptive study will assess all 2025 applications using the EML application checklist. Domains assessed include application completeness and quality drawing from other checklist/guidance and applied to the EML context. Two independent reviewers will conduct assessments, with discrepancies resolved through discussion. Data will be analyzed using descriptive statistics and qualitative thematic analysis.

Results: Findings will highlight common deficiencies in applications, inter-reviewer agreement levels, and trends across therapeutic areas. Refinements to the checklist will be proposed based on pilot testing results.

Discussion: This study will contribute to improving EML application processes by providing a validated checklist, enhancing application quality, and guiding WHO decision-making for essential medicine selection into the future.

Considering the Planetary Health Dimensions of Face Mask Use Within a Post COVID Condition Prevention Guideline

Dr, Prof Thomas Piggott¹, Miss Keishini Selvaganesh¹, Dr Pakeezah Saadat¹, Dr Andrea Darzi¹, Dr Grigorios Leontiadis¹, Dr Jessica Hopkins¹, Dr Jono Drew³, Dr Wojtek Wiercioch¹, Dr Robby Nieuwlaat¹, Dr Holger Schünemann^{1,2}

¹Mcmaster University, Hamilton, Canada, ²Humanitas University, Milan, Italy, ³Dalhousie University, Halifax, Canada

Background: The global use of face masks during COVID-19 has raised concerns about their environmental impact. While effective in infection prevention, their production, use, and disposal contributed to negative environmental impacts. The Canadian Guidelines for Post-COVID Condition (PCC) Prevention incorporated planetary health considerations into its face mask recommendations as an additional Evidence-to-Decision criterion.

Objective: This study describes a rapid evidence synthesis for a guideline to consider planetary health impacts, particularly CO₂ emissions, of surgical/medical masks, disposable respirators (N95/KN95), and elastomeric reusable respirators for the prevention of PCC. We also seek to situate this evidence as an example of considering planetary health within the context of an Evidence-to-Decision table of a guideline.

Methods: A rapid evidence synthesis reviewed existing systematic reviews and Life Cycle Assessments (LCAs) from multiple databases. Data extraction and analysis followed GRADE guidance, focusing on CO₂ emissions and environmental impact outcomes. We assessed risk of bias of studies using ROBINS-E, and certainty using the GRADE approach.

Results: We identified 0.51/2.01/0.58 kg CO₂ per person per month for medical/respirator/reusable respirator masks. This evidence was integrated into the GRADE Evidence-to-Decision framework to support guideline panel decision-making, and a conditional recommendation in favour of masking was made.

Discussion: Integrating planetary health into guidelines supports balancing infection prevention with planetary health impacts of facemask use. An important consideration impacting panel judgement on planetary health impacts was the preventive benefit of facemasks. Results support evidence-based public health recommendations while minimizing environmental harm, and inform future guideline endeavours that seek to consider planetary health.

How can my health guideline panel effectively consider planetary health?

Dr, Prof Thomas Piggott¹, Dr Pakeezah Saadat¹, Dr Bernardo Sousa-Pinto², Dr Rafael José-Vieira², Dr Ignacio Neumann³, Dr Airtón Tetelbom Stein⁴, Dr Karolina Scahill⁵, Dr Alina Herrmann⁶, Dr Grigorios Leontiadis¹, Dr Holger Schünemann^{1,7}

¹McMaster University, Hamilton, Canada, ²University of Porto, Porto, Portugal, ³Universidad San Sebastián, Santiago, Chile, ⁴Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSPA), Porto Alegre, Brazil, ⁵University of Edinburgh, Edinburgh, United Kingdom, ⁶Heidelberg University, Heidelberg, Germany, ⁷Humanitas University, Milan, Italy

Background

Significant health improvements over the past century have been accompanied by exceedances in safe and just earth system planetary boundaries. Additionally, action on planetary health can come with direct co-benefits for human health. Despite these concerns, health guideline panels rarely consider planetary health when making recommendations. While there is growing interest in integrating planetary health into health decision-making, methodological guidance remains limited. The GRADE working group, widely used in guideline development, currently lacks dedicated guidance for planetary health. This workshop seeks to bridge this gap by introducing work towards GRADE guidance for incorporating planetary health considerations into health guidelines.

Objective

The workshop aims to familiarize participants with the principles of planetary health and its relevance to health guideline development. Specifically, it will provide an overview of GRADE guidance on planetary health and offer practical steps for integrating environmental considerations into health recommendations. Through case studies, participants will explore real-world examples where planetary health has been overlooked or incorporated into guideline development. By the end of the workshop, attendees will be equipped with the knowledge and tools needed to have an approach to considering planetary health impacts in their guideline work.

Workshop Format

This interactive workshop will include a combination of presentations, group discussions, and hands-on exercises. It will begin with an introduction to planetary health and its intersections with health guidelines. Participants will then engage in case studies. The session will conclude with a structured discussion on systematically including planetary health considerations in their health guidelines.

Preparing Effective Essential Medicine List Applications to Support Prioritizing and Access to Medicines Within Universal Health Coverage

Dr, Prof Thomas Piggott¹, Dr Lorenzo Moja², Dr Jessica Bartozsko¹, Dr Patrick Okwen³, Dr Elie Akl^{1,4}, Dr Francesco Nonino⁵, Dr Kristina Jenei⁶, Dr Nicole Skoetz⁷, Dr Rita Banzi⁸, Dr Holger Schünemann^{1,9}

¹McMaster University, Hamilton, Canada, ²World Health Organization, Geneva, Switzerland, ³The University of Bamenda, Bamenda, Cameroon, ⁴American University of Beirut, Beirut, Lebanon, ⁵IRCCS Istituto delle Scienze Neurologiche di Bologna, Bologna, Italy, ⁶London School of Economics and Political Science, London, UK, ⁷University of Cologne, Cologne, Germany, ⁸Mario Negri Institute for Pharmacological Research, Milan, Italy, ⁹Humanitas University, Milan, Italy

Background

The World Health Organization (WHO) Essential Medicines List (EML) guides global medicine selection, ensuring access to critical treatments in the context of Universal Health Coverage. Applications for new medicines to the EML must demonstrate key criteria including public health relevance, clinical effectiveness, safety, and cost-effectiveness. However, inconsistencies in application quality challenge the decision-making process. To address this, we developed a structured checklist to assess the completeness and methodological rigor of applications. This workshop will engage participants in applying the checklist, identifying gaps, and discussing opportunities to strengthen future EML applications.

Objective

This workshop aims to:

1. Introduce participants to the WHO EML framework and selection criteria.
2. Provide hands-on experience using a structured checklist to evaluate sample EML applications.
3. Facilitate discussion on improving EML application quality and decision-making processes.

Workshop Format

The session will include:

- **Introductory Presentation:** Overview of the WHO EML, selection criteria, and common challenges in applications.
- **Interactive Breakout Groups:** Participants will be divided into small teams to assess real example applications using the checklist.
- **Rapid Consensus Rounds:** Groups will debate and refine their assessments through structured discussions, simulating an Expert Committee discussion and review process.
- **Plenary Discussion & Next Steps:** Key insights will be shared, with a focus on actionable strategies for strengthening EML applications.

Participants will gain a deeper understanding of EML application assessment and practical strategies for improving submission quality.

A Delphi Process and Collaborative Work by the GRADE Working Group Project Group on Planetary Health to Develop Guidance and a Checklist for the Consideration of Planetary Health in Health Guidelines

Dr Pakeezah Saadat¹, Dr, Prof Thomas Piggott¹, Dr Alina Herrmann², Dr Grigorios Leontiadis¹, Dr Holger Schünemann^{1,3}

¹McMaster University, Hamilton, Canada, ²Heidelberg University, Heidelberg, Germany, ³Humanitas University, Milan, Italy

Background: Planetary health factors, including environmental impact and sustainability, are increasingly relevant to human health. However, current health guidelines lack explicit guidance on these considerations. The GRADE Working Group framework, widely used for assessing evidence and recommendations, does not systematically integrate planetary health. The GRADE for Planetary Health initiative seeks to address this gap by developing guidance and a checklist extension for planetary health considerations in health guidelines.

Objective: This presentation will address recent advances on the consideration of planetary health in health guidelines presenting two tools: (1) Guidance for Planetary Health Considerations in Health Guidelines and (2) an extension to the GIN-McMaster Guideline Development Checklist to operationalize planetary health within GRADE-based guidelines.

Methods: A Delphi consensus-building process to develop these tools was conducted through online surveys with over 50 experts in GRADE methodologies, guideline development, and planetary health. Items will be rated on a 9-point Likert scale, with qualitative feedback used to refine them. Consensus will be defined as median scores of 7–9 with a narrow interquartile range.

Results: The process is expected to establish a validated set of items to guide the systematic integration of planetary health into health guidelines, ensuring sustainability considerations are effectively incorporated.

Discussion: This initiative will enhance guideline development by embedding planetary health within the GRADE framework. The findings will be disseminated through peer-reviewed publications, conference presentations, and GRADE Working Group resources, contributing to more sustainable and ecologically responsible health recommendations in the context of the planetary health crisis.

Development and Validation of a Decision Framework for Evaluating Indirect Evidence in Pediatric Clinical Practice: A Mixed-Methods Study

Miss 思念 Yueyan Li¹, Professor Fujian Song^{1,2}, Professor Yaolong Chen^{1,3}

¹Children's Hospital Of Chongqing Medical University, Chongqing, China, ²Norwich Medical School, Faculty of Medicine and Health Science, University of East Anglia, Norwich, United Kingdom, ³School of Basic Medical Sciences, Lanzhou University, Gansu, China

Background

Clinical decision-making, particularly in pediatrics and rare diseases, frequently relies on indirect evidence due to insufficient direct data. However, the absence of validated methodologies for appraising and applying such evidence compromises decision reliability.

Objectives

To construct and validate a comprehensive, hierarchical framework for evaluating indirect evidence in pediatric clinical practice.

Methods

This three-phase mixed-methods study comprised: (1) Construction of an initial item pool through systematic review of existing frameworks for evaluating indirectness and extrapolation, followed by identification of their key evaluation criteria, strengths, and limitations; (2) Two-round modified Delphi survey with 15-20 experts (biostatisticians, methodologists and clinicians) to reach consensus on framework components; (3) Framework validation through reliability and validity testing, including content validity, construct validity, and inter-rater reliability assessments.

Results

From an initial retrieval of 22,694 references, 12 frameworks were identified. These included 3 frameworks focused on indirectness assessment (e.g., GRADE) and 9 addressing extrapolation, encompassing qualitative, quantitative, and hybrid approaches. While qualitative frameworks are recognized for potential subjectivity and limited quantifiability, quantitative frameworks heavily depend on pre-existing data. To address these limitations, the initial item pool was supplemented with additional indicators, resulting in 10 elements for Delphi survey evaluation. The Delphi process is anticipated to refine these elements, and subsequent validation is expected to demonstrate robust reliability and validity of the framework.

Conclusion

This novel framework will be the first structured tool for evaluating indirect evidence in pediatric clinical practice, which may offer actionable guidance for clinicians to enhance evidence-based decision-making when direct data are unavailable.

Contributing to GRADE Ontology Development: Harmonizing Technology and Clarity

Dr Saphia Mokrane^{1,2}, **Brian S. Alper**^{3,4}, **Joanne Dehnbostel**^{3,4}, Javier Bracchiglione^{5,6}, Sheyu Li⁹, Airton T. Stein^{7,8}, Paul Whaley^{10,11}

¹Département de médecine générale, Faculté de médecine, Université Libre de Bruxelles, Brussels, Belgium,

²Working group Development of Primary Care Guidelines, Antwerp, Belgium, ³Scientific Knowledge

Accelerator Foundation, Franklin, USA, ⁴Computable Publishing LLC, Franklin, USA, ⁵Iberoamerican Cochrane Centre, Institut de Recerca Sant Pau (IR Sant Pau), Universitat Autònoma de Barcelona, CIBERESP, Barcelona, Spain, ⁶Interdisciplinary Centre for Health Studies (CIESAL), Universidad de Valparaíso, Viña del Mar, Chile,

⁷Federal University of Health Sciences of Porto Alegre, Porto Alegre, Brazil, ⁸Conceição Hospital, Porto Alegre, Brazil, ⁹Department of Endocrinology and Metabolism, MAGIC China Centre, West China Hospital of Sichuan University, Chengdu, China, ¹⁰Evidence-Based Toxicology Collaboration, Johns Hopkins University, Baltimore, USA, ¹¹Lancaster Environment Centre, Lancaster University, Lancaster, UK

Background: The GRADE approach offers a “common, sensible and transparent approach to grading quality (or certainty) of evidence and strength of recommendations” but are GRADE terms used the same way across organizations? Do technological tools such as GRADEpro and MAGICapp result in reporting the same concepts? The GRADE Ontology Working Group is developing a standard vocabulary with thorough consensus and support for use as a technical standard and user-friendly guidance. The GRADE Ontology Working Group meets weekly in open virtual meetings and contributors may comment or vote on terms at any time at <https://fevir.net/gradeontology>. The process curates terms from published GRADE guidance and establishes preferred and alternative terms for key concepts, definitions, and guidance for application. Deliberation continues until a globally agreed approach is reached across a diverse community.

Objective: To provide the immersive experience of participating in GRADE Ontology consensus development.

Format (including interactive elements) for workshops

Conceptual introduction to the GRADE Ontology (10 minutes)

Introduction to the FEVIR Platform as needed for participation, technical support for signing up to participate in the workshop (10 minutes)

Presentation of a term that is open for voting (10 minutes)

Anonymous voting and comments by audience participants, with support from facilitators as needed (5 minutes)

Review of de-identified voting results and feedback comments, then open consensus-development discussion to address all comments (40 minutes)

Discussion, feedback, and questions and answers about the process experienced by the participants (10 minutes)

Review of how to participate after the workshop (5 minutes)

A Survey on Perceived Priorities for the Implementation of Artificial Intelligence in Developing Guidelines at the European Society of Clinical Microbiology and Infectious Diseases (ESCMID).

Mr José Molina^{1,2,3}, **Blin Nagavci**^{1,4}, Tomislav Kostyanev^{1,7}, Miranda W Langendam^{1,8,9}, Mical Paul^{1,5,6}, Jean Paul Stahl^{1,10}, Evelina Tacconelli^{1,11,12}, Sarah Tschudin-Sutter^{1,13}, Marcus Zervos^{1,14}, José Ramón Paño-Pardo^{1,3,15}, Luigia Scudeller^{1,16,17}

¹European Society of Clinical Microbiology and Infectious Diseases, Basel, Switzerland, ²University Hospital Virgen del Rocío/Institute of Biomedicine of Seville (IBiS)/CSIC/University of Seville, Seville, Spain, ³CIBER de Enfermedades Infecciosas, Madrid, Spain, ⁴Doctoral School of Clinical Medicine, Semmelweis University, Budapest, Hungary, ⁵Infectious Diseases Institute, Rambam Health Care Campus. The Ruth and Bruce Rappaport Faculty of Medicine, Haifa, Israel, ⁶Technion - Israel Institute of Technology, , Israel, ⁷Department of Clinical Microbiology, University Hospital of Southern Denmark, , Denmark, ⁸Amsterdam UMC, Amsterdam, Netherlands, ⁹Amsterdam Public Health research institute, Amsterdam, Netherlands, ¹⁰Grenoble Alps University, Grenoble, France, ¹¹University of Verona, Verona, Italy, ¹²European Committee on Infection Control (EUCIC), Verona, Italy, ¹³University Hospital Basel, Basel, Switzerland, ¹⁴Henry Ford Hospital, Detroit, United States of America, ¹⁵Hospital Clínico Universitario Lozano Blesa/Instituto de Investigación Sanitaria Aragón (IIS Aragón), Zaragoza, Spain, ¹⁶Fondazione IRCCS Policlinico San Matteo di Pavia, Pavia, Italy, ¹⁷ESCMID Guidelines Director, Basel, Switzerland

Background.

Artificial intelligence-based tools (AI-t) come with significant challenges, such as establishing reproducible processes, a learning curve, and direct costs. Therefore, a strategic implementation is essential, focusing on areas that would benefit most from these tools while safeguarding the integrity of guidelines (GL) development.

Objective.

To assess which tasks are perceived as a priority for being enhanced through AI-t by ESCMID GL developers.

Methods.

An online survey was disseminated in May 2024 and February 2025 among ESCMID GL developers, including Guidelines Subcommittee (GLSC) members and liaisons, Evidence Review Groups (ERG) and Guidelines Panel Members (GPM). Eighteen GL development tasks were assessed, distributed in 5 domains: planning; development; dissemination; implementation; clinical research. Respondents were asked to rank the perceived priority for each task in a 1 to 10 scale.

Results.

The survey was sent to 123 ESCMID developers (12 GLSC, 51 ERG, 60 GPM), and 66 responses were returned (53.6%). The participants showed a positive predisposition for implementing AI-t, with 17 of 18 proposed tasks ranked with a median grade of 7 to 10. The tasks with the highest ranks were those related to evidence search and abstract screening. Planning tasks were ranked with the lowest grades. With few exceptions, no major divergences were observed between GLSC, ERG and GPM groups.

Discussion.

ESCMID GL developers showed favorable receptiveness for implementation of AI-t. The tasks involving evidence search and screening were identified as priority. This survey will impact future directions of ESCMID GL development strategy.

Updating K-AGREE Criteria to Strengthen the Evaluation and Development of Korean Clinical Practice Guidelines

Dr. Hwan Seok Yong¹, Dr. Miyoung Choi¹, Ms. Jungeun Park¹, Dr. Dong-Ah Park³, Dr. Moo-Kyung Oh⁴, Dr. Soo Young Kim⁵, Dr. You-Kyung Lee⁶

¹KAMS (Korea Academy of Medical Science)/Korea University, College of Medicine, Seoul, South Korea, ²NECA (national Evidence-based Healthcare Collaborating Agency), Seoul, South Korea, ³Cochrane Korea, Korea University, Seoul, South Korea, ⁴National Medical Center, Seoul, South Korea, ⁵Hallym University, College of Medicine, Seoul, South Korea, ⁶Soonchunhyang University, College of Medicine, Seoul, South Korea

Background

The Appraisal of Guidelines for Research and Evaluation II (AGREE II) is a globally recognized tool for assessing clinical practice guideline (CPG) quality. In 2011, K-AGREE was developed by the Korean Academy of Medical Sciences (KAMS) to adapt AGREE II for Korean CPG development, using consensus-based anchor points (1, 3, 5, 7). However, evolving guideline development practices necessitate updates to K-AGREE criteria.

Objective

To revise K-AGREE criteria to align with current guideline development practices and enhance its utility for Korean CPG developers and as an approval instrument of KAMS CPGs Committee.

Methods

Fifteen experts from the KAMS CPG Committee categorized AGREE II criteria into three domains: development structure, process, and recommendation implementation. Each panel reviewed two items and drafted the revised criteria. Consensus on revised criteria was reached through committee meetings, followed by a modified Delphi process for final agreement. To assess validity, 10 Korean CPGs (2020–2023) will be re-evaluated by four assessors using the revised criteria. Pre- and post-revision scores will be compared.

Results

The revised K-AGREE replaces the 1, 3, 5, 7 anchor points with four intervals, aiming to reduce evaluator variation. The highest score (7) reflects full adherence to the 2022 Korean CPG developer's handbook and best practices, while 5–6 (optimal), 3–4 (sub-optimal), and 1–2 (limited) indicate varying degrees of quality.

Discussion

This revision aims to provide a more standardized and practical framework for Korean guideline developers. It's expected to enhance the tool's effectiveness as both a development and an approval instrument for the Korean guidelines.

Barriers and facilitators in digitalising clinical practice guidelines: A scoping review with a focus on tools, methods and experiences.

Mr Markus Toews¹, MD Thomas Gamstaetter⁵, MSc Constance Stegbauer⁴, MSc Nahne-Alina Knizia⁴, MA LIS Heidrun Janka³, MA Ina Mueller⁶, MD MPH Monika Nothacker⁶, MD Prof. Ina Kopp⁶, MD Prof. Joerg J. Meerpohl^{1,2}, **PHD Angelika Eisele-Metzger**^{1,2}

¹Institute For Evidence In Medicine / Medical Center – University of Freiburg / Medical Faculty – University of Freiburg, Freiburg, Germany, ²Cochrane Germany, Cochrane Germany Foundation, Freiburg, Germany, ³Institute of General Practice, Medical Faculty of the Heinrich-Heine-University Düsseldorf, Düsseldorf, Germany, ⁴Department of Evaluation and Implementation Research, aQua – Institute for applied Quality Assurance and Research in Health Care GmbH, Göttingen, Germany, ⁵German Society of Internal Medicine, Wiesbaden, Germany, ⁶Institute for Medical Knowledge Management, Association of the Scientific Medical Societies, Marburg, Germany

Background: Evidence-based clinical practice guidelines (CPGs) are crucial for high-quality patient care. This scoping review is a part of the project Dissolve-E which seeks to enhance the accessibility and usability of CGPs by digitalising the AWMF guideline register and aligning it with digital standards, thus integrating it into a wider digital trustworthy evidence ecosystem.

Objective: To explore tools, methods and experiences with digitalisation of text-formatted CPGs towards executable, computer-interpretable guidelines (CIGs).

Methods: We systematically searched MEDLINE, Web of Science, PMC Europe and Google Scholar on 19 June 2024. We included studies of any design, published from 2014 onwards, focusing on methodological issues and challenges with technical digitalisation processes as well as attitudes and experiences of users of CIGs and knowledge-based clinical decision support systems (CDSS).

Results: The search yielded 14,347 hits. After title/abstract-level, 273 records qualified for full text screening. So far, we included 127 articles for data extraction. Interim analysis indicates that interoperability between different digital guideline formats, databases and applications is crucial. Technically, the implementation of CIG into CDSS was the prominent topic. Medically, the management of conflicting guideline content and avoidance of adverse events in the case of multimorbidity was frequently addressed.

Discussion: Our preliminary results highlight the necessity for multidisciplinary collaboration to address the barriers to digital guideline development and implementation. Our findings will inform stakeholders and point out future directions for the digital transformation of CPG into CIG as well as specific needs for further research.

Enhancing Korea's National Immunization Program: A Systematic Approach to Evidence-Based Recommendations and Evaluation

Dr Miyoung Choi¹, Ms Jimin Kim¹, Ms Seongeun Ryoo¹, Ms. Hyein Lee¹

¹NECA (national Evidence-based Healthcare Collaborating Agency), Seoul, South Korea

Background

Korea's National Immunization Program (NIP) has a long-standing history of providing free essential vaccinations and maintaining high vaccination rates. The program currently covers 19 infectious diseases, continuously expanding its scope. However, there is a need for evidence-based policy decisions to ensure program sustainability.

Objective

To establish a system for evidence-based recommendations and effectiveness evaluations for Korea's NIP Committee, ensuring scientifically informed policy-making and NIP operations.

Methods

The Korea Disease Control and Prevention Agency (KDCA) and NECA's GRADE Center are collaborating to implement a framework for systematic, evidence-based effectiveness evaluations. A new evidence review procedure for introducing vaccines is being established, considering disease and vaccine characteristics, resource allocation efficiency, and vaccination acceptability. Effectiveness evaluations for existing vaccines (e.g., pneumococcal, HPV) are conducted using cohorts linking vaccination history, National Health Insurance Service claims data, and national health screening data.

Results

Evidence evaluation system was established for The NIP Committee's 9 subcommittee through analyzing the latest research on vaccines, diseases, and epidemiology, along with changes in vaccination guidelines. Systematic reviews are being conducted as needed for public recommendation. National surveys on public perception of immunization are ongoing.

Discussion for scientific abstracts

This approach is expected to contribute to evidence-based recommendations tailored to Korea's needs, based on the latest scientific evidence. The establishment of a continuous vaccine effectiveness evaluation system will provide crucial evidence for the NIP's effective operation. This systematic, evidence-based approach will enhance the program's credibility and effectiveness, potentially improving public health outcomes through optimized vaccination strategies.

Justifying Uncertainty Decisions for GRADEing Evidence: The JUDGE Tool for Transparent and Consistent GRADE Certainty Assessments

Dr Prashanti Eachempati^{1,2}, Prof Gordon Guyatt^{1,3}, Prof Per Olav Vandvik¹, Dr Farid Foroutan^{1,3}, Prof Thomas Agoritsas^{1,3,4}

¹MAGIC Evidence Ecosystem Foundation, Oslo, Norway, ²University of Plymouth, Plymouth, United Kingdom,

³McMaster University, Hamilton, Canada, ⁴University Hospitals of Geneva, Geneva, Switzerland

Background:

The GRADE approach is widely used in systematic reviews, health technology assessments (HTAs), and guideline development. However, limitations in transparency and inconsistency of judgments in certainty ratings remain. To address this problem, we developed the JUDGE tool to provide structured signalling questions for all five domains of rating down certainty in randomized trials.

Objectives:

To develop and refine the JUDGE tool to support optimal GRADE application, including teaching, training, translation into practice, and facilitating adherence to GRADE principles.

Methods:

We developed a prototype based on expert input and GRADE papers. Six GRADE experts reviewed the JUDGE first draft through think-aloud sessions and twelve users with varying expertise levels tested the second iteration. We user tested JUDGE with five experts and ChatGPT, asking experts to compare its decisions with standard GRADE assessments, while we prompted ChatGPT to apply GRADE independently and with JUDGE for comparison.

Results:

The final JUDGE tool includes 25 items across the five GRADE domains for rating down, with four categories of response for each item, and a continuous visual analogue scale for rating seriousness of limitations and overall certainty of evidence. Ratings proved consistent across users and experts, while ChatGPT provided detailed justifications for each decision and demonstrated enhanced transparency in reasoning when using JUDGE.

Discussion:

The JUDGE tool demonstrates enormous potential for strengthening GRADE application and transparency, and possibly GRADE education. We plan to automate the tool, integrate it into GRADE platforms, and establish a structured system for documenting and reviewing certainty assessments.

Justifying Uncertainty Decisions for GRADEing Evidence: The JUDGE-AI Approach for Automating Transparent and Consistent Certainty Assessments

Dr Prashanti Eachempati^{1,2}, Prof Gordon Guyatt^{1,3}, Prof Per Olav Vandvik¹, Dr Farid Foroutan^{1,3}, Prof Thomas Agoritsas^{1,3,4}

¹MAGIC Evidence Ecosystem Foundation, Oslo, Norway, ²University of Plymouth, Plymouth, United Kingdom,

³McMaster University, Hamilton, Canada, ⁴University Hospitals of Geneva, Geneva, Switzerland

Background:

The GRADE approach guides systematic reviews, HTAs, and guideline development, but ensuring transparency and consistency in certainty assessments remains challenging. We developed the JUDGE tool, a structured checklist to standardize certainty ratings in randomized trials. To improve efficiency, we explored AI's role in automating GRADE evaluations using the JUDGE checklist.

Objectives:

To develop and test the JUDGE tool for improved GRADE application, focusing on AI's potential to enhance efficiency, consistency, and transparency in certainty assessments.

Methods:

We developed JUDGE based on expert input and GRADE literature, refining it through iterative feedback. The tool underwent multiple revisions to improve clarity, usability, and alignment with GRADE principles. To explore AI applications, we tested three large language models—ChatGPT, Claude, and DeepSeek—by prompting them to apply the JUDGE checklist in certainty assessments across systematic reviews. Each model evaluated risk of bias, inconsistency, indirectness, imprecision, and publication bias. We compared AI-generated ratings to expert assessments for consistency, justification, and reproducibility. Response stability was assessed by repeating prompts.

Results:

AI models demonstrated structured reasoning. ChatGPT provided detailed justifications. Claude overlooked key contextual factors. All models produced variable assessments when provided with the same information regarding the evidence and the same prompts. None fully aligned with expert ratings.

Conclusion:

While AI shows promise in structuring certainty assessments using JUDGE, variability in responses and suboptimal judgements remain. Future work will focus on optimizing AI for GRADE decision-making and integrating JUDGE-based AI support into GRADE authoring platforms.

Setting the agenda: creating relevant research for clinical practice

Dr Anja van der Hout¹, Dr Romy Zwarts-van de Putte¹, Dr Gerjanne Vianen², Drs Inge Zijp², Dr Raphael Hempler¹, Ir Teus van Barneveld¹

¹Knowledge Institute of the Federation of Medical Specialists, Utrecht, Netherlands, ²ZonMw, The Hague, Netherlands

Background

Although the amount of published clinical research grows exponentially, guideline developers encounter daily frustrations with limited scientific evidence supporting guideline recommendations. Strengthening guidelines scientific basis requires addressing the right research questions in healthcare evaluation studies. In the Netherlands, professional organizations of medical specialists prioritize research questions together with patients and stakeholders, resulting in a research agenda for each healthcare discipline.

Objective

To provide insight into how research agendas are utilized by researchers, professional, and funding organizations in order to improve relevant research and integration of these studies in guidelines.

Methods

Evaluation research was performed to analyze 1) prioritized research questions in research agendas, whether they result in (successful) grant applications, and 2) topics outside research agendas funded by the Netherlands Organization for Health Research and Development (ZonMw).

Results

From 2013-2023, 46 research agendas were published, containing 575 prioritized questions. Of these, 64% had no corresponding grant application. For 584 ZonMw grant applications, only 14% was related to research agendas, with 46% funded. The remaining 86% were on topics outside research agendas, with 50% funded. Factors influencing funding decisions will be presented in September.

Discussion

Many prioritized research questions do not result in grant applications. Professional organizations take insufficient action on their endorsed research agendas. Success rates are similar for applications on prioritized questions and topics outside agendas, while the number of applications outside research agendas is six times higher. Close collaboration between researchers, professional organizations, and funders is needed to increase research relevance for guideline recommendations and clinical practice.

The alignment of efficiency studies with clinical guidelines. Where are the opportunities for improvement?

Dr Gerjanne Vianen², Dr Romy Zwarts-van de Putte¹, **Dr Anja van der Hout**¹, Dr Mirte Brom², Ir Teus van Barneveld¹

¹Knowledge Institute of the Federation of Medical Specialists, , The Netherlands, ²ZonMw, The Hague, The Netherlands

Background

The national Dutch research funding organization ZonMw and the Knowledge Institute of the Federation of Medical Specialists aim to optimally align healthcare evaluation research with clinical guidelines. Although many efficiency studies are linked with topics in guidelines, results of this research is often not integrated in these guidelines. How can we ensure optimal integration of research with clinical guidelines together?

Objective

To provide insight as well as challenges and opportunities to more effectively align Dutch efficiency research with clinical guidelines.

Method

Evaluation research was performed to analyze the alignment of existing clinical guidelines regarding medical specialist care with 111 efficiency studies funded by the Dutch national health care research programme, and completed between 2018-2023.

Results

Ninety percent of the studies could be linked to a clinical guideline. However, a limited number (19%) were actually integrated in a guideline and did change or confirm existing clinical policy. Whereas 22% of the studies did not (sufficiently) align with the related questions from the clinical guidelines. Other reasons for not integrating were no publication in international peer reviewed or severe methodological flaws.

Discussion

By providing insight into the processes, it becomes clear that choices must be made in various stages. The results show that the alignment of efficiency research with clinical guidelines is (still) suboptimal. Close collaboration between ZonMw, the Knowledge Institute and relevant stakeholders is therefore essential. The goal is to optimize the processes and make current, well-defined knowledge quickly and effectively available for clinical practice.

Management of conflicts of interests in practice guidelines: time to also account for open-mindedness?

Elie A Akl^{1,2}, **Joanne Khabbsa**³

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 Medical Center, Beirut, Lebanon

Background: The development of practice guidelines requires that panelists approach the process with an open mind. Conflicts of interest (COI) of individuals, e.g., financial relationships, can lead to fixed views. The same applies to the attachment to a specific viewpoint that is not tied to financial interests (i.e., intellectual, or nonfinancial interests).

Objective: We would like to make the case for accounting for open-mindedness as part of the COI management policies, in addition to the declaration of financial interests, and in lieu of the declaration of non-financial interests.

Methods: Concept paper.

Results: Traditionally, we have relied on reported “interests” as surrogate measures of the “extent of fixed-mindedness”. However, the surrogate measure (interests) might not be fully correlated with the target measure (extent of fixed-mindedness). Accordingly, individuals judged to have no COI or COI that does not preclude their participation should be assessed for their open-mindedness. While valid methods for assessing open-mindedness have not been developed, one could ask prospective panel members about their (1) preferences for the direction and strength of the recommendations being considered; and (2) willingness to change their preferences if the evidence and panel discussions favor such changes.

Discussion: Accounting for open-mindedness as part of COI management policies can complement the declaration of financial COI, and negate the need for the non-financial COI category and the challenges of operationalizing it. There is a need to develop and evaluate tools and processes to assess and account for open-mindedness.

User-Centered Design in Action: An Interactive Workshop on Next-Generation Network Meta-Analysis Tools

Mr Bartłomiej Dietl¹, Ms Justyna Litynska¹, MSc, PhD Wojciech Wiercioch^{2,3}

¹Evidence Prime Inc, Krakow, Poland, ²Department of Health Research Methods, Evidence and Impact, Hamilton, Canada, ³Michael G. DeGroote Cochrane Canada & McMaster GRADE Centres, Hamilton, Canada

Background:

Network meta-analysis (NMA) has become an essential methodology in evidence synthesis, but challenges persist in data management, visualization, and communication of results to diverse interest-holders. This workshop introduces a comprehensive, new NMA module in GRADEpro, designed to streamline the evidence synthesis process and enhance the accessibility of complex findings. By incorporating user feedback into tool development, we aim to create more intuitive solutions that bridge the gap between statistical analyses and decision-making about health recommendations, leveraging technology to facilitate more effective collaboration across diverse settings.

Objectives:

To engage participants in hands-on testing of the GRADEpro NMA module for data import and certainty of evidence assessment

To collect structured feedback on usability, functionality, and applicability of this tool

Description:

Participants will experience the workflow of NMA using the new GRADEpro module. The workshop will highlight advanced features that address common challenges in conducting NMAs. Through guided exercises, attendees will provide feedback on tool functionality, suggesting refinements to improve user experience.

Format:

Interactive Demonstration: A comprehensive walkthrough of the NMA module showcasing data import capabilities, evidence assessment, and a digital presentation format

Hands-on Testing: Participants will work with sample datasets to test the tool, providing feedback identifying strengths and areas for improvement

Structured Feedback Session: Using standardized evaluation forms, participants will provide detailed feedback on functionality, usability, and potential clinical guideline applications

Collaborative Problem-Solving: Small groups will address specific challenges in NMA workflows and explore how the new tools might offer solutions

For optimal participation, attendees should bring their own laptops.

Clear, compact & clickable: An Interactive Workshop on Visual Clinical Guideline Presentation Tool

Mr Bartłomiej Dietl¹, Ms Justyna Litynska¹, MSc, PhD Wojciech Wiercioch^{2,3}

¹Evidence Prime Inc, Krakow, Poland, ²Department of Health Research Methods, Evidence and Impact, Hamilton, Canada, ³Michael G. DeGroote Cochrane Canada & McMaster GRADE Centres, Hamilton, Canada

Background:

Dissemination and presentation remain some of the most crucial yet challenging steps of the guideline development process. Complex underlying data must be presented for information and transparency, but at the same time, it must remain clear and understandable for diverse interest-holders. The ever-growing use of network meta-analysis (NMA) has made this endeavour even more challenging.

Evidence Prime, in collaboration with the ACP, has proposed an interactive, digital solution that can automatically create comprehensive summaries of guidelines - Visual Clinical Guidelines (VCG). The aim of this workshop is to present participants with the automated VCG creator and gather user feedback for further development.

Objectives:

To engage participants in hands-on testing of the GRADEpro VCG module for NMA data presentation and dissemination

To collect structured feedback on usability, functionality, and applicability of this tool

Description:

Participants will experience the workflow of VCG creation using the new GRADEpro module. The workshop will highlight advanced features that address common challenges in guideline presentation and dissemination. Through guided exercises, attendees will provide feedback on tool functionality.

Format:

Interactive Demonstration: A comprehensive walkthrough of the VCG creator showcasing data import capabilities, content editor, and a visual presentation format

Hands-on Testing: Participants will work with sample datasets to test the tool

Structured Feedback Session: Using standardized evaluation forms, participants will provide detailed feedback

Collaborative Problem-Solving: Small groups will address specific challenges in VCG and explore how the new tools might offer solutions

For optimal participation, attendees should bring their own laptops.

Strengthening Capacity for Evidence-Based Guideline Development, Implementation and Monitoring in Tanzania

Miss Benedetta Maizza¹, Mr. Giovanni De Carlo¹, Dr. Robert Mrema², Dr. Kidist Bartolomeos³, Dr. Galbert Fedjo², Prof Holger Schünemann¹

¹Humanitas University, Milan, Italy, ²WHO Country Office, Tanzania, Dar Es Salaam, Tanzania, ³WHO Headquarters, Geneva, Switzerland

Background: Evidence-based guidelines are crucial for global health policy, yet their development in low-resource settings is hindered by limited funding, inadequate infrastructure, and a shortage of trained personnel. Tanzania embodies some of these challenges.

Objective: To enhance the quality, standardization, and implementation of guidelines, the INGUIDE program—a comprehensive capacity-strengthening and guideline certification initiative—was launched through a partnership between the WHO and the Ministry of Health of Tanzania and Zanzibar.

Methods: A five-days training program was held in Morogoro, Tanzania. Forty health professionals, academics, policy makers, and economists were selected by the Ministry of Health. INGUIDE training was delivered by a certified INGUIDE trainer and workshops focused on increasing capacity, quality and contextualization of guidelines in Tanzania.

Results: The overall feedback from learners was positive. Participants reported on intended changes to their practice that will strengthen Tanzanian guidelines. We identified seven themes for intended changes in the Tanzanian guideline context, e.g. the collaborative effort resulted in awareness and endorsement of guideline planning, reporting and credibility assessment tools. With the aim to ensure continuous improvement and institutionalization of training within government and academic programs, periodic follow-up and long-term support, including Level 3 and 4 training for some participants will follow. A monitoring and evaluation plan with specific indicators, along with continuous feedback for guidelines uptake, will be rolled out.

Conclusions: This country case in Tanzania study lays the groundwork for extending similar training initiatives to other low-resource settings, thereby fostering the development, adaptation, and implementation of evidence-based guidelines tailored to local needs.

Experiences in generating contextual information to inform development and adaptation of clinical and public health guidelines

Joanne Khabbsa¹, Gladys Honein-AbouHaidar^{2,3}, Hisham Jaber Chehayeb, Elie Akl^{5,6}

¹Clinical Research Institute, American University of Beirut Medical Center, Beirut, Lebanon, ²Hariri School of Nursing, American University of Beirut, Beirut, Lebanon, ³Global Health Institute, American University of Beirut, Beirut, Lebanon, ⁴Clinical Research Institute, American University of Beirut Medical Center, Beirut, Lebanon, ⁵Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, ⁶Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada

Background: When developing or adapting recommendations, considering contextual information (e.g., cost and acceptability of interventions) is as important as evidence about health effects.

Objective: To describe our team's experiences and lessons learnt from conducting studies on contextual factors using different methods to inform practice guidelines.

Methods: Our team conducted primary research (quantitative, qualitative, and mixed methods studies) and systematic reviews to inform different clinical and public health guidelines developed primarily by the World Health Organization. These studies assessed valuation of outcomes, as well as resource use, acceptability, feasibility, and impact on equity of interventions. They sought the views of various interest-holders, including providers, patients, and policymakers.

Results: Primary research generates contextual information directly relevant to the questions of interest, ensures quality of the information, and engages interest-holders. However, it requires significant time and resources, and relies on a single study. Systematic reviews address some of these shortcomings, but might not address all questions of interest, and the quality of information depends on the published research. Quantitative research captures broad views, but might not uncover in-depth details that are better explored through qualitative methods. Key considerations with primary research include good participant understanding of the outcomes and interventions assessed (e.g., through using descriptors), and of the different aspects to consider when assessing contextual factors.

Discussion: Different study designs are available to gather contextual information to inform practice guidelines, each with unique considerations. Based on our experience, we developed a generic protocol for planning quantitative and qualitative studies on contextual factors.

Production, reporting, publication, and appraisal of living health practice guidelines: a scoping review

Joanne Khabisa¹, Sally Yaacoub^{2,3,4}, Lili Zeidan¹, Assem Khamis⁵, Hossam Mohamed⁶, Ivan D Florez^{7,8}, Ariadna Auladell⁹, Maria Ximena Rojas Reyes⁹, Holger J Schünemann^{10,11}, Miranda W Langendam^{12,13}, Elie A Akl^{11,14}, Mariska M.G Leeflang^{12,13}

¹Clinical Research Institute, American University of Beirut Medical Center, Beirut, Lebanon, ²Cochrane France, Paris, France, ³Université Paris Cité and Université Sorbonne Paris Nord, Inserm, INRAE, Centre for Research in Epidemiology and Statistics (CRESS), Paris, France, ⁴Hôpital Hôtel-Dieu Centre d'Épidémiologie Clinique, Paris, France, ⁵Hull York Medical School, University of Hull, Hull, United Kingdom, ⁶American University of Beirut, Beirut, Lebanon, ⁷Department of Pediatrics, University of Antioquia, Medellin, Colombia; Pediatric Intensive Care Unit, Clínica Las Américas-AUNA, Medellin, Colombia, ⁸School of Rehabilitation Science, McMaster University, Hamilton, Canada, ⁹Department of Clinical Epidemiology and Public Health, Institute of research. Hospital de la Santa Creu i Sant Pau (IR Sant Pau), Barcelona, Spain, ¹⁰Clinical Epidemiology and Research Center (CERC), Humanitas University & Humanitas Research Hospital, Milano, Italy, ¹¹Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ¹²Department Epidemiology and Data Science, Amsterdam UMC/University of Amsterdam, Amsterdam, The Netherlands, ¹³Amsterdam Public Health Research Institute, Methodology Program, Amsterdam, The Netherlands, ¹⁴Department of Internal Medicine, American University of Beirut, Beirut, Lebanon

Background: Living practice guidelines provide timely, evidence-based recommendations that help improve healthcare practices. The COVID-19 pandemic highlighted their value, but also uncovered their challenges. Since then, substantial experience has been gained in the production, publication, reporting, and appraisal of living guidelines.

Objective: To map the existing literature on the production, reporting, publication, and appraisal of living health practice guidelines.

Methods: We employed standard scoping review methodology. We included conceptual papers and empirical studies related to the production, reporting, publication, and appraisal of living guidelines. We searched MEDLINE and EMBASE. We developed a data abstraction form based on a published framework for the development of living guidelines in health. We extracted data and synthesized the findings based on the pre-defined categories: production, reporting, publication, and appraisal; and produced an evidence map.

Results: Of 52 included studies, (48%) were conceptual papers (e.g., guidance, frameworks) while (52%) were empirical studies (e.g., meta-research, case studies, evaluations, qualitative and survey studies). Twenty-three studies (44%) focused on living guideline experiences, mostly from Australia (65%). Production was the most addressed concept (85%), followed by publication (46%) and reporting (21%). None of the studies addressed appraisal. Production included criteria for adopting the living mode, literature surveillance, updating frequency, decision thresholds, interest-holder engagement, resources, and collaboration. Publication covered formats, platforms, accessibility, and peer review.

Discussion: Our analysis contributes to advancing the production methods of living guidelines and provides a foundation for more comprehensive guidance. More research is needed on the publication, reporting and appraisal of living guidelines.

Developing recommendations about diagnostic tests and strategies: a survey of methodological guidance documents

Vanessa Helou^{1,2}, **Joanne Khabisa**³, Lynn Basbous¹, Reem A Mustafa^{4,5}, Elie A Akl^{5,6}

¹Faculty of Medicine, American University of Beirut, Beirut, Lebanon, ²Department of Otolaryngology – Head & Neck Surgery, University of Pittsburgh Medical Center, Pittsburgh, USA, ³Clinical Research Institute, American University of Beirut Medical Center, Beirut, Lebanon, ⁴Department of Internal Medicine, University of Kansas Health System, Kansas City, USA, ⁵Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ⁶Department of Internal Medicine, American University of Beirut, Beirut, Lebanon

Background: The development and implementation of diagnostic tests play a crucial role in optimizing clinical decision-making and enhancing patient outcomes. Developing diagnostic guidelines requires the use of rigorous methodologies. However, it is unclear to what extent such methodologies have been incorporated in guideline handbooks.

Objective: To describe processes for developing recommendations about diagnostic tests and strategies as depicted in methodological guidance of guideline-producing organizations.

Methods: We compiled a comprehensive list of eligible organizations using different sources and retrieved their methodological guidance documents on guideline development. We abstracted information following the structure of the Guideline International Network (GIN)-McMaster Guideline Development Checklist, and abstracted information about risk of bias assessment.

Results: Of 130 guideline-producing organizations identified, 53 (41%) described processes for developing recommendations about diagnostic tests and strategies. Most of these organizations were professional (58%) and were at the national level (79%). The median number of topics for which of topics for which guidance specific to diagnostic tests and strategies was provided was 1 (range=1-5). The topics most frequently addressed were “judging the quality, strength, or certainty of evidence” (55%) and “question generation” (32%). Topics not addressed by any organization were “establishing guideline group processes”, “identifying target audience and topic selection”, “consumer and stakeholder involvement”, “conflict of interest considerations”, “dissemination and implementation” and “updating”. Twenty-six organizations (49%) addressed risk of bias assessment.

Discussion: A minority of guideline-producing organizations’ methodological guidance documents mention specific processes for developing recommendations for diagnostic tests and strategies, with more than half addressing assessing the certainty of evidence.

AI and Plain Language Summaries: Three Years of Progress and Persistent Challenges (2022–2025)

Mr Artur Nowak¹, Ms. Ewa Borowiack¹, Ms. Ewelina Sadowska¹, Dr. Jan Brożek^{1,2}

¹Evidence Prime, Krakow, Poland, ²Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada

Background: Plain language summaries enhance understanding of recommendations by providing clear, accessible content. At GIN 2022, we demonstrated the feasibility of automating creation of these summaries, substantially improving readability. However, challenges in factual accuracy remained.

Objective: Evaluate if advanced AI models further improve readability and factuality in generating plain language summaries compared to GPT-3.

Methods: We revisited a dataset of 444 recommendations accompanied by "additional information." We generated plain language summaries using Claude 3.7 Sonnet. Readability was assessed via the Flesch Reading Ease score. Three reviewers qualitatively evaluated readability and factual accuracy on a subset of 40 randomly chosen summaries, comparing the results to the previous GPT-3-based system.

Results: Claude 3.7 Sonnet markedly improved readability compared to GPT-3, increasing the mean Flesch Reading Ease score for recommendations by 42.53 points from baseline (9.33 to 51.86), and 13.87 from GPT-3 (CI: (11.96, 15.78)). Qualitative evaluation showed substantial readability improvements, with 38 out of 40 recommendations rated as improved or much improved, compared to 25 in 2022. Regarding factual accuracy, Claude 3.7 Sonnet significantly reduced outright hallucinations compared to GPT-3 (1 vs. 4 cases). However, it frequently introduced oversimplifications or misinterpretations (7 cases), effectively doubling the overall rate of summaries requiring fact-checking (8 vs. 4 previously).

Discussion: While the last three years brought enormous improvements in terms of model quality, assuring factual accuracy still remains a nontrivial task. Therefore, this area requires further careful research and we advise against using these tools without human supervision.

Generating contextual information to inform development and adaptation of clinical and public health guidelines

Joanne Khabisa¹, Elie Akl^{2,3}, Andrea J Darzi^{3,4}, Tamara Lotfi^{3,5}, Gladys Honein-AbouHaidar^{6,7}, Zachary Munn⁸

¹Clinical Research Institute, American University of Beirut, Beirut, Lebanon, ²Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, ³Department of Health Research Methods, Evidence and Impact (HEI), McMaster University, Hamilton, Canada, ⁴Department of Anesthesia, Faculty of Health Sciences, McMaster University, Hamilton, Canada, ⁵International Initiative for Impact Evaluation, London, United Kingdom, ⁶Hariri School of Nursing, American University of Beirut, Beirut, Lebanon, ⁷Global Health Institute, American University of Beirut, Beirut, Lebanon, ⁸Health Evidence Synthesis, Recommendations and Impact (HESRI), School of Public Health, University of Adelaide, Adelaide, Australia

Background: When developing or adapting recommendations, panelists need to consider not only evidence about the health effects of interventions, but also relevant contextual information (e.g., cost and acceptability of interventions). While the default source for this information is the panelists' input, other sources may be more representative of the relevant interest-holders. This workshop will be delivered by researchers from across GIN, JBI, Cochrane and GRADE membership who work across different countries and contexts.

Objective: To become familiar with the different methods of gathering information on contextual factors for guideline development; and to explore the advantages and disadvantages of each method.

Format: Workshop participants will be introduced to the following: (1) the different contextual factors considered in guideline development and adaptation; (2) the role of contextual information in guideline development and adaptation; (3) sources of information on contextual factors, their advantages and disadvantages, and their special considerations. The workshop will include small group exercises (e.g., on the pros and cons of different sources of contextual information) and large group discussions including interactive polling. Participants will first be encouraged to introduce themselves to promote networking. The workshop facilitators will describe their previous experience conducting quantitative studies, qualitative studies, mixed methods studies, systematic reviews, and qualitative evidence syntheses to inform guideline projects; and share lessons learned. They will encourage participants to refer to their topical areas of interest, their experiences, and their perceived barriers and facilitators of the different sources of information.

A rapid review of stated requirements for national guideline adaptation programs

Dr Qi Wang¹, Prof. Yang Song², Dr Nan Yang³, Ms Shuihua Yang⁴, Ms Mingqi Hu⁴, Dr Kiran Saluja⁵, Prof. Ya Gao⁶, Ms Simin Zhu², Prof. Liang Yao⁷

¹The University Of Hong Kong, , Hong Kong, China, ²The Chinese University of Hong Kong, Shenzhen, , Hong Kong, China, ³Tangdu Hospital, Air Force Military Medical University, Xi'an, China, ⁴Lanzhou University, Lanzhou, China, ⁵Brüyère Research Institute, Ottawa, Canada, ⁶Shandong University, Jinan, China, ⁷Nanyang Technological University, Singapore, Singapore

Background: Guideline adaptation modifies or adopts existing guidelines for local, regional, or national contexts. Despite numerous frameworks, their application varies, and no unified guidance exists for national adaptation programs.

Objective: To identify key requirements for establishing and implementing national guideline adaptation programs, focusing on structures, processes, capacities, and resources.

Methods: A rapid scoping review was conducted using searches in MEDLINE, EMBASE, Google, guideline organization websites, and literature references. Key terms included "guideline," "recommendation," and "adapt." We included empirical and non-empirical studies on national adaptation programs focused on modifying nationally or internationally developed guidelines. The review covers adaptation handbooks, frameworks, methodologies, experiences, and challenges. Content analysis summarized findings.

Results: Thirty-four documents (2011–2024) were included, 17 on adaptation frameworks and 17 on methodology for establishing guideline adaptation programs. Thirteen studies focused on Low- and Middle-Income Countries (LMICs), while five focused on High-Income Countries (HICs), and five on broader regions, such as the Eastern Mediterranean. Four key thematic areas emerged: (1) structured governance, planning, and collaboration with clear timelines and transparency; (2) systematic allocation of financial, technological, human, and infrastructure resources; (3) stepwise adaptation processes and context-tailored framework utilization; (4) strategic implementation, monitoring, evaluation, and updates. Each thematic area includes several subthemes.

Discussion for scientific abstracts: National guideline adaptation programs need clear structures, resources, and processes to adapt international guidelines to local contexts. There is a gap in identifying these requirements, highlighting the need for structured guidance to establish and implement effective adaptation programs.

Use of Decision Thresholds to guide GRADE EtD judgements: experience from the European Commission Initiative on Colorectal Cancer

Dr Silvia Gianola¹, Dr Gian Paolo Morgano¹, Dr Annett Janusch-Roi¹, Dr Greta Castellini¹, Dr Agnes Männik², Dr Wendy Nieto-Gutierrez³, Dr Pablo Alonso-Coello^{3,4}, Dr Zuleika Saz-Parkinson⁵, Dr Holger Schünemann⁶

¹European Commission, Joint Research Centre, Ispra, Italy, , ²European Commission, Joint Research Centre, Geel, Belgium, , ³Institut de Recerca Sant Pau (IR SANT PAU), Barcelona, Spain, , ⁴Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), Spain, , ⁵European Research Executive Agency, Brussels, Belgium, , ⁶CERC, Humanitas University and IRCCS Humanitas Research Hospital, Milan, Italy, ,

BACKGROUND

The European Commission Initiative on Colorectal Cancer (ECICC) aims to enhance the quality of care and reduce disparities for colorectal cancer (CRC) across Europe through its guidelines on primary prevention, screening, and diagnosis. The guidelines adhere to the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach and incorporate Evidence to Decision (EtD) frameworks. A key component of the ECICC is the a-priori establishment of decision thresholds (DTs) to assess the magnitude of health benefits and harms

OBJECTIVES

To evaluate the use of decision thresholds (DTs) in developing recommendations using the GRADE EtDs

METHODS

We employed the GRADE Guidance to determine outcome-specific DTs for CRC screening. The ECICC Working Group (WG) applied these thresholds to issue evidence-based recommendations, informed by a systematic review that considered data from randomised controlled trials (RCTs), observational studies, and modelling studies

RESULTS

We surveyed the WG to establish decision thresholds for CRC mortality, incidence, late-stage diagnosis, major bleeding, and perforation. The WG has applied these DTs to support 13 screening tests, ages, and frequencies recommendations. The use of DTs facilitated: a) the identification of discrepancies in the effects of CRC screening on benefits and harms between modelling and research evidence from RCTs and observational studies, and b) informed the rating of imprecision

DISCUSSION

The application of DTs in the ECICC guidelines garnered support from panel members, enhanced transparency, and ensured consistency in judgments across different recommendations. Overall, the use of DTs promoted methodologically sound decision-making, ultimately contributing to the development of high-quality, evidence-based guidelines

The new integrated methodological framework for development of the European Commission Initiatives on cancer screening and care: introduction and focus on guidelines

Dr Gian Paolo Morgano¹, Dr Holger J Schunemann², Dr Zuleika Saz-Parkinson³, Dr Elena Parmelli², Dr Thomas Piggot⁴, Dr Miranda Langendam^{5,6}, **Dr Silvia Gianola**¹, Dr Marta Garcia Escibano¹, Dr Shawn Baldacchino¹, Dr Annett Janusch-Roi¹

¹European Commission, Joint Research Centre, Ispra, Italy, , , ²CERC, Humanitas University and IRCCS

Humanitas Research Hospital, Milan, Italy, , , ³European Research Executive Agency, Brussels, Belgium, , ,

⁴Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, ON, Canada,

, , ⁵Departement of Epidemiology and Data Science, Amsterdam UMC, The Netherlands, , , ⁶Amsterdam Public Health Research Institute, Methodology Program, Amsterdam, The Netherlands, ,

BACKGROUND AND OBJECTIVE

The 2022 update of the European Council's recommendation on cancer screening reaffirmed the crucial role of European guidelines and quality assurance schemes in ensuring evidence-based, cost-effective, and high-quality cancer screenings in the EU. Conscious of the importance of methodological alignment, the European Commission's Joint Research Centre reviewed its methodological framework to underpin ongoing and future cancer initiatives.

METHODS

Using the European Commission Initiative on Breast Cancer (ECIBC) experience as well as an independent expert evaluation of its methodology, gaps and areas of improvement were identified. A revised framework for guideline development, based on GRADE and its Evidence to Decision (EtD) frameworks, was proposed.

RESULTS

The new framework marks a significant shift towards integrated development of guidelines and quality assurance. Key innovations include a collaborative approach, featuring a single working group (WG) as the decision making body issuing guideline recommendations and quality requirements, supported by topic-specific groups (TSG) comprising WG representatives and external experts. The guideline development approach has incorporated enhanced methodologies like decision thresholds, quality indicators to monitor recommendations, and upfront prognostic reviews to inform risk-stratified recommendations.

DISCUSSION

The new framework aims at ensuring methodological consistency and rigour across the European Commission Initiatives on breast, colorectal, cervical, lung, prostate, and gastric cancer, and may serve as a blue-print to other efforts, including EU-funded projects on cancer and other non-communicable diseases.

AI-Assisted Cross-Cultural Adaptation of a Tool for Situational Diagnosis of Support for Routine Evidence Use in Policymaking: The EviPolicy-Brazil Study

Prof Luciane Lopes¹, PhD Alan Maicon de Oliveira¹, PhD Ana Carolina Figueiredo Modesto^{1,4}, PhD Luis Phillipe Nagem Lopes³, PhD Fernanda Campos de Almeida Carrer⁵, PhD Silvio Barberato- Filho¹, PhD Cristiane de Cassia Bergamaschi¹, Ms Laura dos Santos Boeira²

¹Pharmaceutical Science Graduate Course, University Of Sorocaba, Sorocaba, Brazil, ²Instituto Veredas, Sao Paulo, Brazil, ³Faculty of Dentistry of the University of Sao Paulo, Sao Paulo, Brazil, ⁴State University of Rio de Janeiro, Rio de Janeiro, Brazil, ⁵Federal University of Goias, Goiania, Brazil

Background: Institutionalizing evidence-informed policymaking (EIPM) requires structured approaches to integrating evidence into policy processes. The World Health Organization (WHO) checklist supports routine evidence use in policymaking but requires adaptations to local contexts.

Objective: To cross-culturally adapt the WHO checklist Supporting the Routine Use of Evidence During the Policymaking Process to the Brazilian context using AI-assisted methods and expert evaluation.

Methods: The adaptation process included semantic and cultural modifications by AI-driven EIPM researchers and expert validation via the Hybrid Delphi method. A multidisciplinary panel of 30 experts from the Ministry of Health, universities, and Evidence Centers assessed clarity, relevance, and representativity using a Likert scale. Items with a Content Validity Index (CVI) < 0.80 were refined in virtual discussions, followed by a final reassessment.

Results: The adapted WHO checklist achieved clarity, relevance, and representativeness (all items CVI > 0.80) and was approved by two Brazilian researchers involved in the original tool's development. A pilot study applied the checklist in two Brazilian evidence centers at different EIPM institutionalization stages, including a mini-focus group. The tool was also discussed in a deliberative dialogue with 16 EIPM organization representatives, highlighting challenges and improvements.

Discussion: Expert input and AI ensured a rigorous adaptation, reinforcing the tool's applicability in Brazil. Future applications will include a national survey of Health Technology Assessment Centers to assess EIPM maturity and inform capacity-building efforts.

GRADE Prioritization Project Group: Towards a conceptual framework for prioritization of guideline topics, questions and outcomes

Prof Michael McCaul¹, DR Joanne Khabisa², Dr Sally Yaacoub³, Prof Airton Stein^{4,5}, Prof Elie A. Akl^{6,7}

¹Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Cape Town, South Africa, ²Clinical Research Institute, American University of Beirut Medical Center, Beirut, Lebanon ,

³Cochrane France, Paris, France , ⁴Health Science Graduate Course, Universidade Federal de Ciencias da Saude, Porto Alegre, Brazil, ⁵Health Technology Assessment, Conceicao Hospital, Porto Alegre, Brazil, ⁶Department of Internal Medicine, American University of Beirut, , Lebanon, ⁷Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada

Background: Prioritizing guideline topics, questions and outcomes is crucial in guideline development to ensure that the resulting recommendations are relevant, timely, and impactful for all interest-holders. Various guideline prioritization processes, criteria and tools exist, and their use varies. Towards ensuring synergy and a common point of departure for guideline prioritization efforts across topics, questions and outcomes, a unified framework for guideline prioritization is required.

Objective: To develop a unified conceptual framework for prioritization of guideline topics, questions and outcomes towards supporting guideline prioritization efforts across different modes of development and approaches.

Methods: Through the lens of the unified ‘theory of everything in health decision-making’ framework and a methodological survey of guidance documents on prioritization, a multidisciplinary group led by the GRADE Prioritization Project Group aims to develop a conceptual framework for guideline prioritization through content analysis and iterative working group meetings. The conceptual framework aims to map the key components for guideline prioritization across different modes of development and approaches.

Results: We have identified 94 published methodological guidance documents on prioritization in guideline development, with updates in the pipeline, including establishing a multidisciplinary group of experts to review key themes and concepts via the content analysis. Through the GRADE Prioritization Project Group, this review of prioritization guidance and key interest-holder input will support the development of a conceptual framework to further support work to develop GRADE guidance on the steps, methods, tools and outputs for prioritization of guideline topics, questions and outcomes, especially applicable to resource-limited settings.

The use of indirect evidence in pediatric guidelines: a systematic review and bibliometric analysis

Miss 思念 Yueyan Li¹, Miss Ye Wang⁴, Professor Fujian Song^{1,2}, Professor Yaolong Chen^{1,3}

¹Children's Hospital Of Chongqing Medical University, Chongqing, China, ²Norwich Medical School, Faculty of Medicine and Health Science, University of East Anglia, Norwich, United Kingdom, ³School of Basic Medical Sciences, Lanzhou University, Gansu, China, ⁴School of Public Health, Lanzhou University, Gansu, China

Background

Pediatric clinical guidelines often rely on indirect evidence due to the limited availability of child-specific research, potentially compromising the reliability of recommendations. However, comprehensive analyses of indirect evidence utilization in pediatric guidelines remain scarce.

Objectives

To assess the prevalence, distribution, and characteristics of indirect evidence use in pediatric clinical practice guidelines.

Methods

We conducted a systematic search of MEDLINE (via PubMed), Web of Science, Embase, CNKI, Wanfang, and SinoMed for pediatric guidelines published between January 2022 and December 2024, supplemented by manual searches of guideline repositories. We included pediatric guidelines that used the GRADE system for grading evidence quality, featuring explicit recommendations and evidence summaries. Data extraction focused on indirect evidence prevalence, age-specific/disease-specific utilization patterns, consistency with previous indirectness evaluations, and GRADE application rigor.

Results

Among 93 eligible pediatric guidelines, encompassing 1020 clinical questions and 2009 recommendations, the total evidence base was 3468, of which 1482 were indirect. The proportion of indirect evidence use in pediatric guidelines was approximately 42.7%, with higher proportions in children (58.1%) and rare disease (60.2%) domains. Only 51.6% (n=48) of indirectness assessments aligned with established evaluation frameworks, highlighting discrepancies in evidence interpretation. GRADE implementation has demonstrated deficiencies in critical areas, including assessing individual studies rather than the body of evidence, and grading quality based merely on study type.

Conclusions

Indirect evidence constitutes a foundational component of pediatric guideline development, while our findings highlight the need for standardized approaches to evaluating and reporting indirect evidence in pediatric guidelines to ensure optimal clinical decision-making.

Multidisciplinary collaboration in developing innovative dissemination materials

Ms B.C.M. (Brigitt) Borggreve¹, **Ms. MSc. I. (Inge) van Trigt¹**, Ms. Prof. Dr. M.H.J. (Marieke) Van den Beuken - van Everdingen², Mr. Dr. G.J. (Gert-Jan) Van der Putten^{3,4}, Ms. Dr. J.M. (Johanna) Kroese⁵, Ms. E.J.M. (Ellen) De Nijs⁶

¹Dutch Institute of Palliative Care (PZNL), Utrecht, the Netherlands, ²MUMC+, Centre of Expertise Palliative Care, Maastricht, the Netherlands, ³Radboudumc, Geriatric Dentistry, Nijmegen, the Netherlands, ⁴Dagelijks Leven: Medical department, Apeldoorn, the Netherlands, ⁵ACTA: Department of Oral Public Health, Amsterdam, the Netherlands, ⁶LUMC: Centre of Expertise Palliative Care, Leiden, the Netherlands

Background

The guideline 'Oral problems in the palliative phase' was developed by a multidisciplinary working group, using an evidence-based approach. Professionals and patients actively participate in the guideline development process to ensure that recommendations align with their perspective. Multidisciplinary collaboration is also essential in the development of materials for guidelines. Successful implementation of guidelines requires tailored dissemination strategies that effectively reach diverse target groups including healthcare professionals, patients and family.

Objective

We explore whether simultaneously developing innovative dissemination materials has an effect on guideline implementation.

Methods

A multidisciplinary working group, collaborated to develop dissemination materials. Various formats were selected to enhance accessibility and usability:

To evaluate the impact of these dissemination strategies, a mixed-methods approach was employed, combining web analytics.

Results

We have established successful collaborations with several parties. This resulted in the following developed products or that are under development such as:

- An AI-generated video highlighting key updates for healthcare professionals;
- Information for patients and family on websites www.overpalliatievezorg.nl and www.Thuisarts.nl;
- Integration of results in existing apps and formulary for health care professionals (app PalliArts and the Palliative Formulary).

Figures and success factors will be shared during the conference.

Conclusion

Simultaneously developing innovative dissemination materials improved guideline accessibility. Multidisciplinary collaboration is essential for effective dissemination and implementation of palliative care guidelines.

Future prospects for project presentation

Future developments, such as AI-driven summaries, interactive e-learning and real-time decision support tools, will focus on enhancing accessibility, engagement, and integration of guideline materials into daily practice and support healthcare professionals.

QUEST-TCM - A Framework for Human Evaluation of Large Language Models in Traditional Chinese Medicine Practice

Miss Jiayi Liu¹, Dr Honghao Lai¹

¹Lanzhou University, Lanzhou, China

Abstract

Background: Traditional Chinese Medicine (TCM) has gained international attention while large language models (LLMs) show promise in assisting healthcare. Existing LLM evaluation frameworks focus on Western medicine and cannot accommodate TCM's unique characteristics.

Objective: This study develops a standardized framework for evaluating the performance of LLMs in TCM practice, addressing the lack of TCM-specific evaluation methodologies.

Methods: We conducted a scoping review following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines. Literature searches were performed across multiple databases including PubMed, Embase, Web of Science, CNKI, and Wanfang. Studies that examined the application of LLMs in tasks related to TCM practice, such as developing guidelines or in clinical practice itself. We reviewed these studies across multiple dimensions including accuracy, relevance, comprehensiveness, consistency, safety, and usability. Based on the findings of the review, we developed a TCM-specific evaluation framework of LLMs.

Results: From 1,100 initial records, 41 articles were selected for analysis after screening. The framework, named as QUEST-TCM, was built on five core evaluation principles: TCM knowledge conformity, diagnostic accuracy, treatment rationality, safety and ethics, and modern integration. The framework provides a structured approach across preparation, execution, and evaluation phases.

Discussion for scientific abstracts: The QUEST-TCM framework provides a comprehensive, standardized approach for evaluating LLMs in TCM application. This framework bridges traditional knowledge systems with modern AI capabilities, promoting responsible integration of LLMs into TCM practice while preserving its philosophical foundations.

Using Large Language Models to Generate Medical Plain-Language Summaries: A Comparative Study

Miss Jiayi Liu¹, Dr Honghao Lai¹

¹Lanzhou University, Lanzhou, China

Abstract

Background: Effective translation of medical evidence for lay audiences is crucial for guideline implementation. While generative artificial intelligence (GenAI) increasingly supports healthcare communication, its outputs often exhibit unwarranted optimism that may obscure critical uncertainties (e.g., risks of bias, certainty of evidence) and generate misinformation.

Objective: We aimed to assess gaps in plain language summaries (PLS) of systematic reviews generated by GenAI based on standardized prompts from different large language models (LLMs), identify reasons for incomplete disclosures, and test how better prompt engineering improves the quality of the PLS.

Methods: We analyzed 50 Cochrane reviews (2018–2023) comparing five PLS versions: 1) manually developed (published), 2) standard GPT-4o, 3) standard Claude-3, 4) GPT-4o refined using Cochrane guidelines, and 5) Claude-3.7 refined. A multidisciplinary panel assessed completeness (16-item checklist), readability (Flesch-Kincaid), and risk communication adequacy (Likert scale), with inter-rater reliability validated (Kappa>0.75).

Results: Standard LLMs omitted 66–71% of limitations from the PLSs (GPT-4o: 68% [95% confidence interval 61–75%], Claude-3: 71% [64–78%]) vs. 12% manual. Evidence-structured prompts improved the disclosure of limitations 3.8–4.5-fold (GPT-4:4.2-fold; Claude-3:3.9-fold), achieving parity with humans in conflict-of-interest transparency ($\Delta \leq 5\%$, $p > 0.05$). Claude-3 showed marginally higher lexical diversity (measure of textual lexical diversity =83.6 vs GPT-4o: 79.2), while GPT-4 better replicated Cochrane terminology (86% vs Claude-3: 72%). Both LLMs maintained readability at the level understandable for 8th–9th grade students.

Discussion for scientific abstracts: Evidence-structured prompts greatly improve the quality of AI-generated plain-language summaries, bridging a critical gap in the communication of medical information.

Keywords: LLMs, evidence translation, plain language summary

Strengthening Evidence-Informed Decision-Making Through the Global Coalition for Evidence – A ‘3Cs’ Approach

Dr, Phd Tanja Kuchenmueller¹, Annette Boaz, Laura Dos Santos Boeira, Peter Kasadha, Laurenz Mahlanza-Langer, Sandy Oliver, Holger Schünemann, Marge Reinap

¹World Health Organization, Geneva, Switzerland

Complex health challenges—such as the COVID-19 pandemic, climate change, and One Health—have exposed critical weaknesses in the global evidence architecture, underscoring the urgent need for stronger, more coordinated mechanisms to support evidence-informed decision-making (EIDM). In response, the Global Coalition for Evidence was launched at the Global Evidence Summit 2024 as an ambitious transformative effort that unites complementary organizations, institutions, and networks spanning the evidence ecosystem—from evidence producers (including evidence synthesis, health technology assessment, and guideline developers) to intermediaries and users. Driven by a shared commitment, the Coalition works to strengthen the global evidence ecosystem and enhance its impact on health and well-being. Convened by the World Health Organization (WHO) and its partners, this initiative fosters equitable and reciprocal partnerships, strengthens capacities, and integrates evidence into policymaking frameworks.

This session explores the Coalition’s ‘3Cs’ approach—Collaboration, Coordination, and Consolidation—to address systemic challenges in EIDM: Collaboration is key to tackling transnational health challenges, fostering networks, knowledge exchange, and joint learning. Coordination across evidence workstreams within the ecosystem reduces duplication and enhances efficiency. Consolidation integrates independently developed EIDM tools, frameworks, and guidelines to ensure coherence and accessibility for policymakers.

Through interactive discussions and case studies, participants will engage with the Coalition’s core areas of work: (i) Institutionalizing EIDM, (ii) Integrating evidence workstreams, (iii) Advancing research on research use, and (iv) Strengthening collaborative learning to link evidence and decision-making. The session aims to deepen engagement, expand collaboration, and drive actionable strategies to enhance the global impact of EIDM.

The development of a quality instrument for systematic analysis of regional practice variation, guidelines and their coherence: pelvic floor care by general practitioners, pelvic physiotherapists, gynecologists and urologists in the Netherlands as a case study.

Dr Irina Mostovaya¹, Ir Teus van Barneveld¹, Drs. Simon Loop², Drs. Karlijn Hermans³, Dr. Piet Stam², Dr. Marian Engberts⁴, Drs. Nicole van Bergen⁵, Dr. Doreth Teunissen⁶, Dr. Maria Meurs-Szojda⁷, Dr. Lara Gerbrandy – Schreuders⁸, Drs. Tine van den Bos⁹, Drs. Monica de Heide⁹, Drs. Joggem Veen¹⁰, Dr. Hugo van Eijndhoven⁴, Dr. Coen Baeten¹¹, Dr. Dorry Bol¹², Prof. Dr. Eric van der Hijden²

¹Knowlegde Institute of the Dutch Association of Medical Specialists, Utrecht, the Netherlands, ²Talma Institute, Vrije Universiteit Amsterdam, Amsterdam, the Netherlands, ³Maastricht University, Maastricht, the Netherlands, ⁴Isala Clinics, Zwolle, the Netherlands, ⁵Physiotherapeutic Center Van Bergen, Bennekom, the Netherlands, ⁶Radboud University Medical Center, Nijmegen, the Netherlands, ⁷North-West Hospital Group, Almere, the Netherlands, ⁸Bergman Clinics, , the Netherlands, ⁹Pelvic Floor4all Foundation, , the Netherlands, ¹⁰Maxima Medical Center, Eindhoven, the Netherlands, ¹¹Het Groene Hart Hospital, Gouda, the Netherlands, ¹²Catharina Hospital, Eindhoven, the Netherlands

Background

There is considerable regional variation in the treatment of urinary incontinence and pelvic organ prolapse in the Netherlands in primary and secondary care.

Objective

The objective was to determine what part of variation in care results from unclear guidelines.

Methods

A conceptual model was developed, that analyses practice variation within pelvic floor care. Adult women with prolapse, and/or urinary incontinence were included. Then, 35 care activities concerning pelvic floor care, were identified and included based on nationwide registries and health insurance claims data. Second, the expected practice variation per activity, was determined by an expert panel. Then, the actual practice variation was analyzed. All relevant guidelines were evaluated to determine which treatments were considered appropriate. Each care activity was assessed for its appropriateness in pelvic floor care based on guidelines and knowledge.

Results

87 combinations of care activity-diagnosis-specialty were analyzed. Of these, 46 (53%) had no guideline advice. Of the remaining 41: 14 had positive, 14 had unclear and 13 had negative recommendations. 91% of care activities were deemed as appropriate for diagnosis, 2% possibly appropriate and 6% not appropriate.

Discussion

There are three scenarios in which guideline revision can be considered:

- 1) Appropriate care with a negative recommendation: guideline revision may be necessary.
- 2) Inappropriate care with an unclear recommendation: clarification is necessary.
- 3) Inappropriate care without a recommendation: a guideline can contribute to better care.

This method showed potential to assess variation in relation to guidelines and could be applied to other diseases as well.

Enhancing guideline accessibility: using large language models to generate executive summaries in leading gastroenterology and hepatology guidelines

Dr Qianling Shi¹, Dr Yaolong Chen^{2,3}, Dr Wenbo Meng⁴

¹The First School of Clinical Medicine, 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, ³WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁴Department of General Surgery, The First Hospital of Lanzhou University, Lanzhou, China

Background: Despite wide publication, clinical guidelines have had limited effect on surgery practice. Barriers include heavy workloads, limited resources, and guideline complexity. A guideline executive summary provides a concise overview of recommendations, background, and methods, to give readers a quick preview of its contents. Large language models (LLMs) are featured in processing vast amounts of text, extracting key information, and generating concise, structured summaries. By leveraging natural language processing, LLMs can potentially distill complex guideline content into accessible formats while maintaining accuracy and clarity.

Methods: This study will investigate the accuracy, clarity, and clinical utility of LLM-generated guideline summaries. We will analyze gastroenterology and hepatology guidelines (priority for those with clear methodology and recommendations) from leading academic societies and journals. Journal selection will be guided by the Journal Citation Reports of the Web of Science, including the 10 highest-impact gastroenterology and hepatology journals of 2023 and 4 general medical journals (NEJM, The Lancet, JAMA, and The BMJ). OpenAI's GPT-4 Turbo and DeepSeek models will be employed to generate structured summaries, evaluated gastroenterologist and guideline methodologist across four criteria: (a) inaccuracy of summarized information; (b) hallucination of information; (c) omission of relevant clinical information; (d) ease of understanding. Processing time and performance across guideline types (different languages, standard vs. rapid) will also be recorded.

Results: This study is ongoing and detailed results will be presented at the Colloquium.

Conclusions: If effective, LLM-generated summaries could be used to enhance guideline accessibility globally and rapid decision support, especially in resource-limited settings.

Evidence-based Interventions for individuals with gender dysphoria: The Case of Phalloplasty

Dr Lucinda Paz-Valiñas¹, Dr Patricia Gómez Salgado², **Dr María Xosé Faraldo Vallés¹**, Beatriz Casal Acción¹

¹Scientific and Technical Advice Unit, Avalia-t. Galician Health Knowledge Agency (ACIS), Galicia, Spain., Santiago de Compostela, Spain, ²Santiago de Compostela University, Santiago de Compostela, España

Healthcare for individuals with gender dysphoria should be based on the best available evidence, but for some procedures, the existing scientific literature is scarce. For adults undergoing masculinizing [female-to-male] genital surgery, two different procedures exist: phalloplasty and metoidioplasty. Phalloplasty aims to provide an aesthetic, functional neophallus, often requiring multiple surgical stages.

Objectives: To evaluate the effectiveness and safety of phalloplasty as a masculinizing genital surgical procedure.

Methods: A systematic review was conducted according to PRISMA guidelines. Medline, Web of Science, Cochrane Library, Embase and CINAHL databases were searched for studies published up to February 2024. A meta-analysis was conducted on the safety results using the random effects model.

Results: Three moderate-quality systematic reviews (63 studies) and 11 additional case series were included. For safety outcomes, 50 studies (2,921 patients) were meta-analyzed. The overall pooled data showed a total flap loss rate of 3.3% (95% CI: 2.0–5.0%) (25 studies, n=1,587 patients), partial flap loss of 11.6% (95% CI: 8.0–15.9%) (28 studies, n=1,717), urethral fistula rate of 34.4% (95% CI: 27.4–41.7%) (32 studies, n=2,296), and urethral stenosis rate of 27.7% (95% CI: 22.1–33.7%) (29 studies, n=2,186). Effectiveness reported outcomes, such as sensitivity, orgasm, erection, and satisfaction, varied widely across studies, preventing a quantitative analysis.

Discussion: Phalloplasty is a complex, individualized procedure with high complication rates and uncertain effectiveness results. Available evidence is limited to case series, highlighting the need for high-quality, comparative research to help clinical decision-making. Standardized protocols and long-term studies are needed to improve the healthcare of gender dysphoria patients.

Bridging the Gaps: Synthesizing and communicating Equity, Acceptability, and Feasibility in Cancer Screening Decisions

Mr Derek Gravholt¹, Dr Ana Carolina Pereira Nunes Pinto¹, Ms Karina Fernandez Saenz¹, Dr David Rigau Comas¹, Dr Ivan Solà Arnau^{1,2}, Dr Agnes Männik⁵, Dr Katayoun Taghavi⁴, Dr Gian Paolo Morgano³, Dr Salvatore Vaccarella⁴, Dr Marta Garcia Escribano³, Dr Pablo Alonso Coello^{1,2}, **Ms Fiorella Karina Fernandez-Saenz**
¹Cochrane Iberoamerica, Barcelona, Spain, ²Institut de Recerca Sant Pau, Barcelona, Spain, ³European Commission, Joint Research Centre, Ispra, Italy, ⁴International Agency for Research on Cancer, Lyon, France, ⁵European Commission, Joint Research Centre, Geel, Belgium

Background:

Screening programs for breast, cervical and colorectal cancer are crucial for early detection of precancerous lesions. Ensuring equitable access, public acceptability, and implementation feasibility remains challenging. Evidence to Decision (EtD) frameworks address these factors, but communicating subjective and indirect evidence presents challenges.

Objective:

We aimed to investigate strategies to communicate evidence on equity, acceptability, and feasibility in EtDs to expert panels.

Methods:

We conducted overviews of systematic reviews (SR) to examine the available evidence on equity, acceptability, and feasibility of cancer screening. When no direct evidence was found for some questions, a stepwise approach was used to find additional evidence. If there was still a lack of evidence after additional searches, we attempted to communicate the generalized findings in a way that supported expert panel decision-making.

Results:

The initial overview searches informed EtDs for 18 PICO's but found no direct evidence. Lacking direct evidence on equity, acceptability, and feasibility led to reliance on general, often heterogeneous findings. Expert panels faced difficulties in contextualizing such evidence, highlighting a critical gap in existing EtD methodologies. The integration of simple language summaries was a promising approach, but further refinements are needed.

Discussion:

Overviews of systematic reviews provide a baseline summary of existing research on general acceptability, equity and feasibility of cancer screening. However, they can lack detail when examining outcomes for specific populations or interventions. Enhancing clarity in evidence interpretation, developing better strategies for summarizing indirect evidence, and fostering panel understanding are crucial next steps to better inform decision-making.

Patient Values and Preferences and Patient Engagement in Opioids and Non-Cancer Chronic Pain Evidence-Based Guidelines: a Systematic Review

Dr Gonzalo Bravo-Soto¹, Daniela Montalva-Romero¹, Kian Torabiardakani¹, Dr Yuan Zhang¹, Dr Andrea J Darzi¹

¹McMaster University, Hamilton, Canada

Background: Chronic pain, affecting one in five individuals, is increasingly prevalent and often managed with opioid therapy. However, its use remains controversial, particularly in the U.S. and Canada. Evidence-based practice guidelines (EBPG) aim to balance benefits and harms systematically, yet challenges arise when this balance is close. In such cases, incorporating the patient into the development process and the patient's values and preferences is crucial. Still, variability exists among guideline developers in how or whether they integrate these factors.

Objective: To identify whether and how patient engagement and patients' values and preferences are integrated into developing EBPG.

Methods: We searched in Medline and Embase, and we also manually searched in guideline organization websites. We will include EBPG from the last five years about the use of opioids (any formulation, dose or administration route) in non-cancer chronic pain patients, including adults and children. Two researchers will independently conduct the title/abstract screening, full-text screening and data extraction. We will describe general and methodological characteristics. We will also explain whether and how patient engagement and patients' values and preferences were integrated into these guidelines.

Results: The project is currently underway. After removing duplicates, we screened 11,959 titles/abstracts. We then evaluated 244 full-text articles based on our inclusion criteria and have already identified 58 guidelines.

Discussion for scientific abstracts: Reviewing previous experiences can help pinpoint areas for improvement and identify critical stages in EBPG development where patient engagement and considering patients' values and preferences may be impactful.

Developing and validating an Equity Assessment Tool for Guideline Development Handbooks

Ms Ramaa Chitale¹, Dr. Adam Richards¹, Ms. Precious Williams¹, Dr Deana Baptiste², Dr Tari Turner³, Dr Rachel Kowalsky⁴, Dr Stephanie Goodrick⁵, Sagam Kimutai Caleb⁶, Dr Eleanor Ochodo⁶, Dr Christina McMillan Boyles⁷, Dr Ana González Ramos⁸, Dr Emily Smith¹

¹George Washington University, , United States, ²American Cancer Society, , , ³Monash University, , , ⁴Weill Cornell Medicine, , , ⁵National Health and Medical Research Council, , , ⁶Kenya Medical Research Institute, , , ⁷Laurentian University, , , ⁸The Spanish National Research Council, ,

Background

Guidelines development handbooks provide guidance on how to create public health/clinical practice guidelines. Despite previous work to identify best practices, currently, there is no published tool to assess equity considerations in guideline development handbooks.

Objective

We undertook two phases of tool development and validation.

Methods

In phase one, we reviewed literature to generate a list of “essential elements” or tasks experts agree are part of guideline development methodology. We mapped “essential elements” to relevant equity concepts, and drafted an equity assessment tool for use in reviewing guideline development handbooks. In phase two, we surveyed experts (previous guideline panel members/researchers) for feedback and pilot tested the tool with experts using the WHO guideline development handbook.

Results

We identified 18 “essential elements” of guideline development. Each item has 5 parts: essential element name, definition, criteria/consideration, where to look, and illustrative quote. Twenty experts responded to the online survey. Based on qualitative coding, most experts either provided no feedback or added language to existing tool criteria. Eight experts participated in pilot testing the revised tool. Among experts some essential elements had higher agreement in their assessments compared to other essential elements. Potential reasons include differing equity frameworks, and different individual’s research interests. We incorporated their feedback and finalized our tool.

Discussion

We propose an equity assessment tool to identify opportunities to further enhance equity in guidelines development handbooks. Future research may include further validation by applying the tool to international and national guideline development handbooks.

Rapid Recommendations for the secondary prevention of osteoporotic fractures in individuals over the age of 50; example of the GRADE-ADOLOPMENT

Dr Dagmar Tuckova¹, MD, Ph.D. Richard Pikner², prof. MD., CSc. dr.hc. Vladimír Palička³, prof. MD., Ph.D. Jiří Gallo⁴, doc. MD, Ph.D. Ludmila Brunerová⁵, MD Jan Rosa⁶, Mrs. Edita Müllerová⁷, Mr. Pavel Kopečný¹, Ph.D. Pavel Němec¹, Ph.D. Tereza Vrbová¹, Ph.D. Miloslav Klugar¹

¹Institute of Health Information and Statistics, Brno, Czech Republic, ²Department of Clinical Laboratories and Bone Metabolism, Klatovská Hospital, Inc, Klatovy, Czech Republic, ³Institute of Clinical Biochemistry and Diagnostics, University Hospital Hradec Králové, Hradec Králové, Czech Republic, ⁴Orthopedic Clinic, University Hospital Olomouc, Olomouc, Czech Republic, ⁵Diabetology Centre, University Hospital Královské Vinohrady, Prague, Czech Republic, ⁶Affidea Prague Ltd., Šustova 1930, 148 00 Prague, Prague, Czech Republic, ⁷Rheumatic League of the Czech Republic, Prague, Czech Republic

Background:

WHO estimated that only 24% of women and 14% of men with osteoporosis in the Czech Republic were treated, revealing 'care gap' due to lack of care programs for patients after osteoporotic fractures. Therefore, this topic was prioritized by National Institute for Quality and Excellence in Healthcare.

Objective:

Goal was to develop rapid recommendations for clinical osteology, diabetology, geriatrics, neurology, orthopedics, traumatology, and general practice medicine, supporting implementation of coordinated care for patients at risk of or after osteoporotic fractures.

Methods:

Systematic search was conducted focusing on databases for clinical practice guidelines: G-I-N, BIGG, ECRI, Epistemonikos GRADE guideline repository, Guideline Central, MAGICapp, CPG Infobase, TRIP, Guideline Registry, Database of GRADE EtD's and Guidelines. Of the 171 results found, 11 guidelines were deemed the most relevant and forwarded for critical appraisal. Systematic review search was conducted in MEDLINE® ALL (Ovid), Embase (Ovid), and Epistemonikos databases. For the first recommendation regarding the effectiveness of FLS, clinical practice guideline was used. Summary of Findings was necessary to be done to support the evidence for second and third recommendation. Evidence-to-Decision frameworks were created for all questions.

Results:

Four recommendations were created. The first recommendation is linked to quality indicator. Information for patients was developed in form of plain language summary for each recommendation. Recommendation for health policy was created also.

Conclusions:

Rapid recommendation is a step toward implementing FLS coordinator program in the Czech healthcare system. Legislative framework is in place, but funding and collaboration with insurance companies are necessary for full implementation.

Gender bias in gastroenterology and hepatology guidelines: A cross-sectional analysis of leading publications

Dr Qianling Shi¹, Dr Yaolong Chen^{2,3}, Dr Wenbo Meng⁴

¹The First School of Clinical Medicine, 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, ³WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁴Department of General Surgery, The First Hospital of Lanzhou University, Lanzhou, China

Background: Gender bias is a significant yet underexplored factor influencing the management of gastrointestinal and liver diseases. Studies have identified differences in the epidemiology, clinical presentation, and response to therapy in women from men due to a sex-specific genetic, hormonal and immune background. However, the extent to which clinical practice guidelines incorporate these differences remains unclear.

Methods: This study aims to map gender-related disparities in symptom presentation, diagnosis, treatment, and outcomes by analyzing gastroenterology and hepatology guidelines. We will prioritize guidelines with clear recommendations and evidence summary from leading academic societies and journals. Journal selection will be guided by the Journal Citation Reports of the Web of Science, including the 10 highest-impact gastroenterology and hepatology journals of 2023 and 4 general medical journals (NEJM, The Lancet, JAMA, and The BMJ). We will extract the following data: (a) guideline characteristics, (b) development methodology, (c) number and content of recommendations, and (d) presence of sex-disaggregated in recommendations, evidence summary or any rationale in the full-text. Data collection, screening, extraction and evaluation will be performed by pairs of researchers, with discrepancies at all stages resolved through discussion.

Results: This study is ongoing and detailed results will be presented at the Colloquium.

Conclusion: Our findings will contribute to a broader understanding of gender disparities and support more equitable care for female patients. Further guidelines may benefit from integrating sex-specific considerations, emphasizing the need for tailored outcomes, data and recommendations in the development process.

Values and preferences in the ecosystem of health decision making

Ass Prof Yuan Zhang¹, Marge Reinap, Tanja Kuchenmüller, Dr. Lorenzo Moja, Rebekah Thomas, Professor Holger Schünemann

¹Brock University, St. Catharines, Canada, ²McMaster University, Hamilton, Canada

Background

Evidence-based medicine necessitates integrating robust evidence with patient values and preferences. However, the approach of incorporating values and preferences varies across decision making actors —such as regulators (U.S. Food and Drug Administration, European Medicines Agency), guideline developers (World Health Organization, professional associations, national guideline programs, etc.), and HTA agencies (e.g., National Institute for Health and Care Excellence)—resulting in inconsistent applications in clinical practice.

Objective

This study aims to summarize and evaluate current methodological approaches for incorporating values and preferences into decision making.

Methods

We will conduct a systematic review complemented by a jurisdiction scan to identify method manuals, handbooks, and policy documents from key decision making actors. Our analysis plan will summarize and compare the approaches used to incorporate values and preferences. Specifically, we will examine: (1) how decision making actors define values and preferences; (2) from whom they consult or elicit these inputs (e.g., patients, proxies, public); (3) the methods and tools used for elicitation—including formal research activities or public consultations; (4) the timing of elicitation (e.g., before research, during research and development, evidence synthesis, at the point of decision making, or post-market introduction); and (5) how these values and preferences influence the overall decision process.

Results

The study will yield a comparative tabulation of methodological approaches, list of tools and identify gaps and opportunities for harmonization.

Discussion

Anticipated findings will inform the development of a unified framework to standardize the integration of values and preferences, ultimately enhancing transparency, consistency, and patient-centered outcomes.

Should guidelines consider antimicrobial resistance (AMR) in agricultural production in Latin America?

Medical Student Josefina A. Ceron¹, MLib Camila Micaela Escobar Liquitay³, **Dr Juan Victor Ariel Franco**²

¹Universidad Hospital Italiano De Buenos Aires , Ciudad Autonoma de Buenos Aires , Argentina, ²Cochrane Evidence Synthesis Unit Germany/UK Dusseldorf Subunit, Dusseldorf , Germany, ³Cochrane Evidence Synthesis Unit Iberoamérica/Universidad del Hospital Italiano de Buenos Aires Subunit, Ciudad Autonoma de Buenos Aires, Argentina

Background

Antimicrobial resistance (AMR) is a growing threat to Latin America's public health, agricultural production and food security. The indiscriminate use of antibiotics in intensive livestock farming has accelerated the emergence of resistant microorganisms, compromising the effectiveness of treatments and increasing the risks of transmission of pathogens through the food chain.

Objective

To assess the burden of AMR associated with agricultural production in Latin America and their acknowledgement in national and regional guidelines.

Methods

This is an ongoing scoping review. Our inclusion criteria are studies addressing AMR in agricultural production in Latin America and national and regional clinical practice guidelines on antibiotic stewardship in Latin America. We searched the following databases: Medline, Global Health, Food Science Source, Lilacs, Web of Science, and study registers. We will collect data on the burden of AMR and investigate whether national or regional guidelines considered this in framing their recommendations.

Future prospects for project presentations

- Identify the strategies used in Latin America to combat AMR in agricultural production.
- Evaluate the impact of these measures on reducing the use of antibiotics and on food security.
- Analyze the barriers and facilitators in the implementation of health policies and agricultural practices.
- Identify evidence-based proposals for improvement to strengthen the fight against AMR and ensure safe food in the region.

Do patient values and preferences influence gastroenterology and hepatology guidelines? A cross-sectional analysis of leading publications

Dr Qianling Shi¹, Dr Yaolong Chen^{2,3}, Dr Wenbo Meng⁴

¹The First School of Clinical Medicine, 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, ³WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁴Department of General Surgery, The First Hospital of Lanzhou University, Lanzhou, China

Background: Clinical practice guidelines informed by patient values and preferences (PVP) are more likely to be used and widely advocated. For many gastroenterology and hepatology conditions, which have multiple treatment options with varying risks and benefits, PVP varies and plays an important role in improving patient adherence and shared decision-making. For example, compared to conservative treatment, surgical technique (general invasive but proved to be effective) are often declined based on their high cost, influence on quality of life and other considerations. However, the extent to which gastroenterology and hepatology guidelines integrate PVP remains unclear.

Methods: This study aims to investigate the consideration of PVP in gastroenterology and hepatology guidelines. We will conduct a cross-sectional analysis of guidelines from leading academic societies and journals, prioritizing those with explicit methodology. Journal selection will be guided by the Journal Citation Reports of the Web of Science, including the 10 highest-impact gastroenterology and hepatology journals of 2023 and 4 general medical journals (NEJM, The Lancet, JAMA, and The BMJ). We will extract the following data: (a) guideline characteristics, (b) guideline development methodology, (c) frequency and content of PVP-related consideration, and (d) transparency in reporting patient engagement (if possible). Data collection, screening, extraction and evaluation will be performed by pairs of researchers, with discrepancies at all stages resolved through discussion.

Results: This study is ongoing and detailed results will be presented at the Colloquium.

Conclusion: Our findings may inform future efforts to enhance patient-centered care in gastroenterology and hepatology practice.

Outcome Importance Rating to Prioritize Outcomes in The Canadian Guidelines for Post COVID-19 Condition

Dr Robby Nieuwlaat¹, Dr. Pakeezah Saadat¹, Ms Dana Green-Campbell¹, Dr. Tejan Baldeh¹, Ms Heather Travis¹, Dr. Tamara Lotfi^{1,2}, Dr. Nancy Santesso¹, Mr. Jordi Pardo Pardo³, Dr. Holger Schünemann^{1,4}, Dr. Wojtek Wiercioch¹

¹McMaster University, Hamilton, Canada, ²International Initiative for Impact Evaluation, London, United Kingdom, ³University of Ottawa, Ottawa, Canada, ⁴Humanitas University, Milan, Italy

Background:

Rating the importance of health outcomes for guideline development and decision making is particularly challenging for new, complex conditions like post COVID-19 condition (PCC), and may differ between key interest groups.

Objective:

To describe the outcome importance rating results from the Canadian Guidelines for Post COVID-19 Condition (CAN-PCC), and to assess differences between subgroups of responders.

Methods:

CAN-PCC sent an outcome importance rating survey with health outcome descriptors for standardization to all collaborators, including patients, healthcare professionals, policymakers, and researchers. Rating results were collected on a 9-point Likert scale, whereby scores 1-3 were not important, 4-6 important but not critical, and 7-9 critical for decision making. Median (25th-75th) percentile was calculated overall and for subgroups. For group comparisons with medians falling in different decision-making categories, Chi-square test was used for critically vs not critically important, as few ratings were in the lowest range (1-3).

Results:

The survey received 100 responses for 130 outcomes. Overall, 70 outcomes were rated critically important, including eight outcomes with a median score 9, and only one outcome had a median score below 4. When testing subgroup differences for statistical significance, PCC patients rated 23 outcomes higher, healthcare professionals rated 2 outcomes lower, people with disability rated 6 outcomes higher, and people <24 years rated 4 outcomes lower than their counterparts.

Discussion:

The CAN-PCC survey identified outcomes for which key interest groups assigned different importance in health decision making. Further research will need to explore reasons and assess applicability to other outcomes and conditions.

Using Indirect Evidence to Develop Recommendations for a New Condition: The Canadian Guidelines for Post COVID-19 Condition Experience

Dr Robby Nieuwlaat¹, Dr. Wojtek Wiercioch¹, Ms Macy Zaatar¹, Ms Heather Travis¹, Dr. Nancy Santesso¹, Mr. Jordi Pardo Pardo², Dr. Holger Schünemann^{1,3}

¹McMaster University, Hamilton, Canada, ²University of Ottawa, Ottawa, Canada, ³Humanitas University, Milan, Italy

Background:

Post COVID-19 condition (PCC) is a relatively new condition that is associated with over 200 symptoms. While health guidelines are urgently needed, research evidence for PCC is only gradually emerging. With a paucity of directly relevant evidence, indirect evidence can inform guideline recommendations.

Objective:

To describe the experience and examples of using indirect evidence in the Canadian Guidelines for Post COVID-19 Condition (CAN-PCC).

Methods:

CAN-PCC has developed approximately 80 full recommendations for the full scope of PCC. For each recommendation, published on a recommendation map, a GRADE Evidence-to-Decision framework is provided, including Evidence Profiles with certainty of evidence assessments and rationales.

Results:

So far, our descriptive analyses for recommendations of 35 recommendations included 401 health outcomes with GRADE assessments. Indirectness was judged as serious for 166 (41%) and very serious for 19 (5%) outcomes. Important reasons for rating down for indirectness included: 1) different population, such as other post-viral or chronic conditions; 2) different intervention, such as multi-component interventions not isolating the intervention of interest; 3) different comparator, such as comparing test results in PCC patients with healthy controls instead of testing with no testing in PCC patients; 4) different outcomes, such symptoms associated with PCC but not PCC diagnosis or severity. We will expand this analysis to include all recommendations.

Discussion:

Our approach for the CAN-PCC guidelines illustrates how indirect evidence can play an important role to inform urgently needed recommendations in the absence of more direct evidence.

A Simple Approach To Reduce Administrative Burden and Avoid Inter-Panel Resentment About Unfair Standards When Managing Financial Conflicts of Interest During Guideline Development

Mr Robert Kunkle¹, Ms. Meghan Brooks¹, Dr. Matthew Cheung², Ms. Rachel Cohen¹, Mr. Patrick Irelan¹, Ms. Natalie Martin¹, Dr. Menaka Pai³

¹American Society of Hematology, Washington, United States, ²Sunnybrook Odette Cancer Centre, University of Toronto, Toronto, Canada, ³McMaster University, Hamilton, Canada

Background

Many developers require a majority of a guideline panel to have zero financial conflicts of interest. This approach has two disadvantages: First, scrupulous collection and review of sometimes trivial financial disclosures creates high administrative burden. Second, use of two standards (a stringent one for an “unconflicted” majority, and an unlimited one for a “conflicted” minority) generates resentment about unfairness. From 2020 to 2025, the American Society of Hematology (ASH) implemented a new conflict of interest policy that includes a simple rule: All participants on an ASH guideline panel must avoid direct financial payments from for-profit healthcare companies > \$X per year, considering all payments for all activities in aggregate per year regardless of relevance to the guideline topic. From 2020 through 2022, X was set at \$5,000 (USD); from 2023 through 2025, at \$7,500.

Objective

Assess compliance with new policy

Methods

The proportion of individuals willing to adhere to the policy and the proportion who actually adhered were retrospectively assessed.

Results

From 2020 to 2025, 1,606 individuals were nominated (or self-nominated) for 12 ASH panels; of these, 789 completed a vetting survey assessing eligibility. In the survey, 80% agreed they could adhere to the policy (122 for X = \$5,000; 667 for X = \$7,500). Of the 271 appointed to a panel, 99% actually adhered; 4 were dismissed because they were unable to adhere.

Discussion

Using an aggregate annual threshold reduced the administrative burden of judging the relevance of direct financial relationships and avoided inter-panel resentment about unfairness.

'Ecosystems for Organisation of Care and Health Decision Making for Multimorbidity in Africa – A Stakeholder Mapping Analysis

Dr Opeyemi O Babatunde^{1,2,3,4}, **Mrs Ebunoluwa Ayinmode**^{1,3,4}, **Mrs Ebunoluwa Ayinmode**^{1,4}, Mrs Funmilola Macaulay^{1,4}, Miss Tilli M Smith^{2,4}, Dr Ifeoluwa Kolawole^{3,4}

¹West African Institute of Applied Health Research (WAFERs), Ibadan, Nigeria, ²School of Medicine, Keele University, Keele, United Kingdom, ³Faculty of Nursing, University of Ibadan, Nigeria, Ibadan, Nigeria,

⁴Consortium for Patient Centred Approach to Management of Multimorbidity (PAM Consortium), ,

Background

Mechanisms and decisions underlying multimorbidity healthcare delivery are multifaceted and multilevel, but current healthcare in Africa focused on single diseases management, are uncoordinated, often inadequate, and potentially harmful. There is limited evidence on the ecosystems (actors, interest-holders and resources) involved in organisation of care and health decision making for multimorbidity in Africa.

Objective

To map out multimorbidity ecosystem, including identifying key actors and interest-holders across African countries and to understand the extent /mechanisms by which they influence multimorbidity care delivery in the region.

Methods

A three-step mixed-methods study is being conducted: 1). identification of actors/interest holders via online survey; 2) differentiation and categorisation of actors/interest holders using an interest/influence grid informed by WHO framework and 3) semi-structured interviews to inform multimorbidity ecosystems mapping. An initial sample frame (for step 1) involved database searches of funders, guideline/policy document authors (linked scoping review), and websites of health ministries and relevant organisations across 54 African countries. Snowballing was used to recruit actors. Semi-structured interviews (n~40) with actors and interest-holders explore roles, remits, and strategies to address multimorbidity guidelines and policy needs in the region.

Results

A “living” repository of multimorbidity actors/interest-holders in Africa and an actor-linkage matrix will be published August 2025. Preliminary analysis shows low linkage between high power influence actors/actions and person-centered care delivery.

Discussion

The key next step is to build effective cross-sectoral partnerships with actors and interest-holders to address multimorbidity guidelines needs in Africa.

Keywords: Multimorbidity, guidelines, policy, stakeholder mapping, Africa, health systems.

The European Commission Initiatives on cancer screening and care: Developing the European quality assurance schemes within an integrated methodology

Dr Shawn Baldacchino¹, Prof Holger Schünemann², Dr Thomas Piggot³, Dr Emilia Riggi⁴, Dr Carola Orrego^{5,6}, Dr Elena Parmelli², Dr Miranda Langendam^{7,8}, Ms Marta Garcia Escribano¹, Dr Gian Paolo Morgano¹, Dr Alik Stathopoulou⁹, Dr Annett Janusch Roi¹

¹European Commission, Joint Research Centre, Ispra, Italy, ²Clinical Epidemiology and Research Center, Humanitas University and Research Hospital, Milano, Italy, ³Department of Health Research, Evidence and Impact, McMaster University, Hamilton, Canada, ⁴Department of Business Economics, Health and Social care (DEASS), University of Applied Sciences and Arts of Southern Switzerland (SUPSI), Manno, Switzerland, ⁵Avedis Donabedian Research Institute, Barcelona, Spain, ⁶Universidad Autónoma de Barcelona, Barcelona, Spain, ⁷Department of Epidemiology and Data Science, Amsterdam UMC, Amsterdam, The Netherlands, ⁸Amsterdam Public Health research institute, Methodology, Amsterdam, The Netherlands, ⁹European Commission, Joint Research Centre, Geel, Belgium

Background

The European Commission's Joint Research Centre (JRC) has steered the development of an integrated method for developing the European guidelines and quality assurance (QA) schemes. This common methodology is applicable for the European Commission (EC) initiatives on breast (ECIBC), colorectal (ECICC), cervical (EC-CvC) and the upcoming initiatives on lung, prostate and gastric cancer. The QA schemes are the vehicle for guideline implementation, ensuring that healthcare services provide accessible and high-quality care.

Objective

To operationalise the QA scheme and quality indicator development in an integrated methodology with guideline development.

Methods

Building on the experience of ECIBC, conducted systematic reviews and contributions from a multidisciplinary groups of experts, a conceptual framework for QA developments is published describing the themes to be considered and the key elements of quality assurance. The framework has been implemented within ECICC and we present the detailed workflow.

Results

Based on the scope of the initiatives, a database of existing performance measures (PMs) is systematically extracted and complemented with critically appraised evidence. The Working Group details cancer care pathways to map and spatially visualise the PMs. A shortlist of candidate PMs is evaluated for scientific soundness, responsiveness, and feasibility to select the PMs for the QA scheme as requirements. The requirements are tested for feasibility across European cancer care services.

Discussion

The integrated method provides a systematic and transparent approach to developing a QA scheme, ensuring that it is evidence-based and aligned with guideline recommendations. The method has the potential to be applied to other healthcare areas.

Promoting efficiency in an evidence response service towards advancing universal health coverage (UHC) in South Africa

Dr Natasha Gloeck¹, Prof Tamara Kredo¹, Mrs Solange Durao¹

¹South African Medical Research Council, Cape Town, South Africa

Background

The Evidence to Decision (E2D) Initiative builds on a decade of engagement with academic and government partners to strengthen healthcare recommendations through evidence synthesis for Universal Health Coverage (UHC) in South Africa. E2D advances the partnership through clear workplans and funding to ensure timely, responsive evidence synthesis and methodological support. A key component of this initiative involves leveraging technology to streamline the evidence requests process and improve overall efficiency.

Aim

To develop a tailored database to meet specific needs of the E2D evidence-response system and enhance review request processes.

Methods

Previously, the service operated through email requests, informal discussions and manual spreadsheet updates, making real-time updates cumbersome and dependent on several people for maintenance. The current approach utilizes Microsoft Forms for request submissions where updates still rely on manual input. However, formalization of the evidence response service through E2D highlighted the need for a more robust platform supporting real-time updates and multi-user accessibility.

Results

We have developed and are piloting a new platform to manage requests for evidence from NDoH, using Redcap technology. This links databases and creates more streamlined processes for allocating available reviewers. This also enables real-time updates of review product progress. Further testing is ongoing, and inclusive of additional modules such as report generation.

Discussion

Harnessing technology will enhance efficiency, improve reviewer capacity management, and minimize the risk of overlooked requests. We further anticipate this serving as a pilot project to optimize processing for a planned Health Technology Assessment agency, supporting the transition towards UHC in South Africa.

Dealing with moderate conflicts of interest: Do abstention rules make a difference?

Thomas Langer¹, Dr. Monika Nothacker², **Dr. Markus Follmann**¹, Gregor Wenzel

¹German Cancer Society, , Germany, ²AWMF-Institute for Medical Knowledge Management (AWMF-IMWi), , Deutschland

Background:

In Germany guideline group members (GGMs) who have moderate conflicts of interest (COI) in specific subject areas should abstain from voting on recommendations in those areas. In the German Guideline Program in Oncology (GGPO), this regulation is implemented through an electronic voting system where GGMs with and without moderate COI vote separately and anonymously.

Objective:

Our aim is to investigate the frequency of moderate COI during voting at consensus conferences and the influence of these conflicts on voting outcomes regarding approval rates.

Methods:

The protocols from consensus conferences conducted over the last 4 years were analyzed. The total number of votes as well as the proportion of votes by GGMs with moderate COI were determined. For votes with involvement of GGMs with moderate COI, the potential impact on voting outcomes was assessed.

Results:

We analyzed 1,328 votes across 70 conferences held between 2021 and 2024 for 21 guidelines. In 338 (25.5%) of these votes, GGMs with moderate COI were involved. In 40 cases (11.8%), the non-abstention of GGMs with COI would have significantly altered the voting outcome. In 22 (6.5%) cases, a rejected recommendation would have been accepted, and in 18 (5.3%) cases, an accepted recommendation would have been rejected. In 118 cases (34.9%), the consensus strength of the vote would have changed while maintaining consensus.

Discussion:

The involvement of individuals with moderate COI may influence voting outcomes in guideline conferences. Abstention rules thus help reduce the impact of COI on guideline recommendations.

Multi-Sectoral Approaches to Building Partnerships In A Digital Era: How We Disseminated Canada's First Evidence-Based Post COVID-19 Condition Guidelines

Ms Heather Travis^{1,2,3,4}, Ms Ashley Motilall^{1,2,4}, Ms Dana Green-Campbell^{1,2,4}, Dr Nancy Santesso^{1,2,4}, Mr Jordi Pardo Pardo^{7,8}, Dr. Wojtek Wiercioch^{1,4}, Dr. Robby Nieuwlaat^{1,3,6}, Dr. Holger Schünemann^{1,5,6,9,10}

¹McMaster University, , Canada, ²Cochrane Canada , , Canada, ³Michael DeGroote Cochrane Canada Centre, , Canada, ⁴MacGRADE Centre, , Canada, ⁵Humanitas University, , Italy, ⁶INGUIDE program, , Canada, ⁷Campbell & Cochrane Health Equity Thematic Group, , Canada, ⁸University of Ottawa, , Canada, ⁹Guideline International Network, , , ¹⁰GRADE Working Group, ,

Introduction: Post COVID-19 Condition (PCC) is a debilitating condition characterized by 200+ symptoms and affecting around 3.5 million adults in Canada. To support the management of this condition, over 80 evidence-based recommendations were created as part of the Canadian Guidelines for Post COVID-19 Condition (CAN-PCC).

Objective: To examine CAN-PCC as a case study for strategies employed to develop multi-sectoral relationships to ensure widespread awareness among national, provincial, and local organizations across Canada.

Methods: A systematic online search was conducted to identify organizations that may provide care for people with PCC. We also attended Canadian medical and patient-facing conferences to establish in-person connections while maintaining engagement online. Outreach relied on newsletters, phone calls, emails, and social media messages, but personal engagement remained essential for building trust and fostering meaningful collaboration.

Results: Over the course of a year, our outreach efforts expanded from 15 to 350 organizations across 10 provinces and 3 territories. This network included interest holders from healthcare, allied health, patient-centred, and equity-engaged organizations. Engagement opportunities included invitations to join the collaborative, monthly public consultation surveys on recommendations, and dissemination of knowledge mobilization activities. Positive outcomes included: guideline publication on six provincial websites, eight invited presentations, 5,400+ responses to 12 surveys, 625 attendees for 17 webinars, and 50,000 website visits.

Discussion: This initiative successfully expanded engagement, fostering new relationships across sectors to improve PCC management. Key achievements include increased awareness, widespread participation and strengthened partnerships. This study underscores the importance of sustained effort, persistence, and strategic communication in disseminating guidelines.

Patient and public involvement in clinical practice guidelines: a rapid scoping review

Dr Natasha Gloeck¹, Dr Michael McCaul², Prof Tamara Kredo¹

¹Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, ²Centre for Evidence-based Health Care, Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Cape Town, South Africa

Background

Including patient values and preferences (V&Ps) in healthcare decision-making is critical, especially when treatments have uncertain benefits, challenging side-effects, or may impact quality of life, like in tuberculosis (TB) management. Global guideline methodological standards recommend the inclusion of patients and the public into guideline development groups, however, how well this is implemented, practically, is unclear.

Objective

To review TB guidelines to describe their approach for inclusion of patient V&Ps in recommendations.

Methods

We reviewed published TB guidelines from various international and national guideline developers, including WHO and NICE, from the past four years. One reviewer searched the GIN, NICE and WHO databases, as well as specific country guideline websites. We extracted data on inclusion of patient V&Ps in methods sections, evidence-to-decision tables and guideline panel lists. We described findings narratively.

Results

We identified six guidelines published/updated between 2022 and 2025. TB guidelines from Australia and South Africa did not clearly address/include patient and public involvement in their methodology. Other guidelines reported limited patient representation, with some including one to two patient representatives on guideline panels or findings from patient perspective studies, but lacked broader evidence of patient engagement or in-depth qualitative findings of patient perspectives.

Discussion

Although widely accepted that patient and public involvement and patient V&Ps should be included in the guideline development process, methods are not always clear or consistently applied. Different organisations follow varying approaches, and in some cases, no involvement is evident. Further research is needed to understand effective, culturally appropriate ways of including patient V&Ps into guideline development, within different settings.

Knowledge Brokers to Implement Clinical Practice Guidelines in Long Term Care

Dr Amanda Cross¹, Associate Professor Adam La Caze², Professor Terry Haines³, Ms Amelia Stapley¹, Dr Shakti Shrestha², Dr Sara Whittaker³, Professor J Simon Bell¹

¹Centre for Medicine Use and Safety, Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, Parkville, Australia, ²School of Pharmacy and Pharmaceutical Sciences, The University of Queensland, Dutton Park, Australia, ³Faculty of Medicine Nursing and Health Sciences, School of Primary and Allied Health Care, Monash University, Clayton, Australia

Background: Poor concordance with clinical practice guidelines is associated with medication-related harm. Medication-related harm is a leading cause of preventable hospitalisations and a burden to individuals and the health system. Innovative strategies are needed to support efficient translation of medication-related guidelines into clinical practice, and sophisticated trial designs are required to evaluate these strategies.

Objective: To describe a helix-counterbalanced randomized controlled trial (RCT) comparing guideline implementation by knowledge brokers, pharmacist-led education, and passive distribution of guideline resources.

Methods: The EMBRACE trial was a 12-month, helix-counterbalanced RCT in 19 Australian long-term care facilities (LTCFs) that evaluated implementation of Australia's new Clinical Practice Guidelines for the Appropriate Use of Psychotropic Medications in People Living with Dementia and in Residential Aged Care. Guideline concordance was measured using a composite dichotomous measure of LTCF-level concordance with Guideline recommendations and good practice statements.

Results: The helix-counterbalanced design allowed all LTCFs to receive all three strategies simultaneously, with each strategy addressing one of three medication classes (antipsychotics, benzodiazepines and antidepressants). Seven knowledge brokers worked at a system-level to facilitate guideline implementation. Average baseline Guideline concordance across the 19 LTCFs was <5%. Preliminary analysis of 12-month Guideline concordance showed some LTCFs reached 100% concordance for their knowledge-broker targeted medication.

Discussion: The helix-counterbalanced trial design is a powerful tool to evaluate guideline implementation interventions. Benefits of the trial design included that all LTCFs received the knowledge broker intervention, and a smaller sample size was required to evaluate three strategies than would have been required for a traditional RCT.

Canadian Guidelines for Post COVID-19 Condition (CAN-PCC): Country-Wide Knowledge Mobilization Initiatives to Disseminate Long COVID Guidelines Among Health Professionals

Ms Ashley Motilall^{1,2}, Heather Travis^{1,2}, Nancy Santesso^{1,2}, Laura Boland³, Jason Pagaduan³, Kevin Pottie^{4,5,6}, Ammar Saad^{4,6,7}, Arash Mohammadi^{4,6}, Andrea Vasquez Camargo⁸, Nina Mohaghegh Kojidi⁸, Carolyn Hoessler⁸, Simon Décary⁹, Thao Huynh¹⁰, Hiten Naik^{11,12}, Karen Tran^{11,12}, Kyla Pongratz¹³, Wojtek Wiercioch^{1,2}, Robby Nieuwlaat^{1,2,14}, Holger Schünemann^{1,14,15,16,17}, CAN-PCC Knowledge Mobilization Collaborators

¹McMaster University, , Canada, ²Cochrane Canada and the MacGRADE Centre, , Canada, ³Public Health Agency of Canada, , Canada, ⁴Western University, , Canada, ⁵Dalhousie University, , Canada, ⁶Canadian Collaboration for Immigrant and Refugee Health, , Canada, ⁷University of Ottawa, , Canada, ⁸College of Medicine, University of Saskatchewan, , Canada, ⁹Université de Sherbrooke, , Canada, ¹⁰McGill Health University Institute, , Canada, ¹¹Post-COVID-19 Interdisciplinary Clinical Care Network, , Canada, ¹²University of British Columbia, , Canada, ¹³Provincial Health Services Authority, , Canada, ¹⁴International Guideline Training and Certification Program (INGUIDE), , Canada, ¹⁵Humanitas University, , Italy, ¹⁶GRADE Working Group, , International, ¹⁷Guidelines International Network, , International

Background: Post COVID-19 Condition (PCC), or long COVID, has affected over 3.5 million adults across Canada. In response to this, over 80 evidence-based clinical recommendations were created as part of the Canadian Guidelines for PCC. Several knowledge mobilization (KM) activities were implemented with the aim of making the guidelines accessible to multidisciplinary health professionals across Canada.

Objective: To target health professionals to build awareness, share knowledge, and inform decision-making about PCC recommendations through a co-designed and centrally coordinated KM strategy.

Methods: Four projects from Canadian institutions were selected through a review process to raise awareness and implement the guidelines to health professionals through different activities. Through national KM committee meetings, investigators were able to centrally coordinate, collaborate, and monitor progress. A framework was developed by our committee to ensure process or health outcomes were achieved. The impact of the KM initiatives targeting health professionals will be evaluated using frameworks including the RE-AIM, Moore's, and GRADE FACE framework.

Results: Educational activities were implemented for health professionals across Canada. These included 10 CME-accredited webinars offered through the University of Saskatchewan; a training program for 153 internationally trained health professionals offered by the EBM Connect Canada network; and a Continuing Professional Development course on strategies for PCC management led by Université de Sherbrooke/McGill University. Recommendations were also disseminated through infographics, conferences, an EMR, and newsletters with a database of over 2000 subscribers.

Discussion: Results of the evaluation, including barriers and opportunities, will inform and strengthen guideline dissemination in Canada and internationally.

Validation of the RIGHT-Ad@pt checklist through a systematic assessment of adapted clinical guidelines 5.7

Ms Tong Wu¹, Mr Xi He¹, Ms Simin Zhu¹, Ms Jiawen Li¹, Prof Yang Song¹, Prof Pablo Alonso Coello Coello^{2,3}

¹School of Medicine, The Chinese University of Hong Kong, Shenzhen, China, ²Iberoamerican Cochrane Centre (CClb) – Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, ³Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), , Spain

Background: The RIGHT-Ad@pt checklist is an international standard to assess and guide the reporting of adapted guidelines. However, so far, no systematic assessment of the reporting of adapted guidelines exists.

Objective: We aimed to examine (1) the completeness of reporting the adapted process in and (2) the inter-observer reliability of RIGHT-Ad@pt checklist.

Methods: A systematic survey to assess the reporting of the adapted guidelines using the RIGHT-Ad@pt checklist. We systematically searched MEDLINE and EMBASE from 2015 to October 2024 to identify guidelines that were developed by professional societies, based on at least one existing source guideline, and containing at least one recommendation. One reviewer will extract the main characteristics of the adapted guidelines. Three reviewers will independently evaluate the guideline reporting using RIGHT-Ad@pt checklist (34 items). We will calculate median scores per item, section, and overall, using a 10-point scale. We will calculate the intraclass coefficient (ICC) and 95% confidence interval (95% CI) for sections and overall score. We will perform multiple linear regression analyses to identify any determinants on the reporting quality based on development country, type of organisation, and health topic of adapted guidelines.

Results: We have identified 120 adapted guidelines in English as sample and are currently finishing the reporting assessment using RIGHT-Ad@pt checklist. We will report the assessment process and results in the GIN conference 2025.

Discussion for scientific abstracts: The reporting assessment results of the adapted guidelines using RIGHT-Ad@pt checklist can inform improvement of methods and reporting strategies in adapted guidelines in the future.

Knowledge Translation Strategies for the Implementation of Clinical Practice Guidelines: An Overview of Systematic Reviews

Dr Andrea Darzi¹, **Mr Kian Torabiardakani**¹, Ms. Shraddha Sawant¹, Dr Gonzalo Bravo-Soto¹, Ms Daniela Montalva-Romero¹, Ms Rachel Couban¹, Dr Norman Buckley¹, Dr Gordon Guyatt¹, Dr David Juurlink², Dr Jason Busse¹

¹McMaster University, Hamilton, Canada, ²University of Toronto, Toronto, Canada

Background: Healthcare guidelines are necessary to optimize patient care and health outcomes. However, they are not sufficient alone. For evidence to change practice, impactful knowledge translation (KT) activities are needed.

Objectives: To identify, map and assess the effectiveness of KT strategies used to mobilize guidelines.

Methods: Following PRISMA-P and the guidance on overviews of reviews in the Cochrane handbook, we searched MEDLINE, CRD, SCOPUS, Cochrane, Web of Science, Health Systems Evidence, Epistemonikos, CINAHL, and Embase from 2019 till November 13, 2024. Eligible studies were systematic reviews on KT interventions for guideline implementation. Screening, extraction, and AMSTAR 2 risk of bias assessments were conducted independently in duplicate. Results will be presented in tabular and narrative formats.

Results: Fifty-eight systematic reviews were identified, encompassing 30 unique KT strategies spanning multiple domains. These include organizational interventions (e.g., care pathways), provider-focused interventions (e.g., educational materials, audit and feedback), patient-directed interventions (e.g., patient education), and broader structural or financial approaches. Categorized by the target audience, the strategies target healthcare organizations (n=6), community settings (n=1), healthcare professionals (n=21), and patients (n=2). Data extraction is in progress, with results to be ready by GIN 2025.

Discussion: This overview of reviews will provide valuable insights into what KT strategies have been used along with their effectiveness in guideline implementation. These findings can support guideline developers and implementers, including funders, to decide which strategies to use to enhance the dissemination and uptake of guidelines.

Living recommendations don't 'flip-flop' – examining the probability of directional changes to recommendations in living guidelines

Mr Heath White¹, Prof Tari Turner¹, Dr Anneliese Synnot¹

¹Monash University, Melbourne, Australia

Background:

Living recommendations are updated as and when new relevant clinical evidence is available. At present, the stability of living recommendations across multiple updates is yet to be established, and there is a risk that the direction of recommendations may change following inclusion of new evidence.

Objective:

The objective is to determine the probability of living recommendations changing direction following the inclusion of new clinical evidence, and whether any of the recommendations changed direction more than once (i.e. flip-flopped).

Methods:

A retrospective review of three Australian living guidelines (COVID-19, stroke and inflammatory arthritis) was conducted to quantify and characterise all instances in which evidence from a new clinical trial was used to update a living recommendation. Changes were categorized based on impact on the recommendation.

Results:

Over a cumulative life of 13 years, there were a total of 247 new recommendations added and 241 individual updates across the three living guidelines. The majority of updates did not result in a change in strength or direction of recommendation, however there were 26 instances in which a recommendation changed direction from 'for' to 'against' or vice versa. No recommendations changed direction more than once.

Discussion:

The present analysis suggests that living recommendations change direction infrequently and instances in which a recommendation changes direction twice (i.e. flip-flops) is likely rare. Guideline users can be confident that the decisions they make today won't suddenly change following updates to living recommendations.

Development of a Critical Appraisal Tool for Pairwise Meta-Analyses Using an International Consensus Approach

Mr Shahab Sayfi¹, Dr. Joseph Beyene¹, Dr. Gordon Guyatt¹, **Dr. Rohan D'Souza¹**

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

Background: By synthesizing data from multiple studies to inform clinical and public health decisions, systematic reviews and meta-analyses play a crucial role in evidence-based medicine. While pairwise meta-analysis remains the predominant approach for evaluating treatment effectiveness, methodological shortcomings in meta-analyses, such as publication bias and data duplication, threaten the reliability of pooled estimates. Current appraisal tools for systematic reviews provide limited guidance for critically assessing the methodological quality of pairwise meta-analyses, highlighting the need for a standardized evaluation instrument.

Objective: This project aims to develop a user-friendly and robust critical appraisal tool specifically for pairwise meta-analyses within systematic reviews.

Methods: We are developing the instrument through a multi-step international consensus process. An operations committee is overseeing the project, while an expert panel comprising systematic review methodologists, biostatisticians, and evidence-based medicine educators is providing input. The development process involves: (1) identifying candidate items from existing systematic review quality assessment tools, ad hoc approaches within published systematic reviews, and expert recommendations; (2) gathering empirical evidence from meta-epidemiological studies on risk of bias issues in pairwise meta-analyses; (3) conducting a structured panel process to finalize the instrument; and (4) performing user testing with novice and expert systematic reviewers to ensure usability and comprehensibility.

Results: We have established the operations committee and initiated systematic surveys to identify candidate items for the tool.

Discussion: This project will address a critical gap in systematic review methodology by providing a comprehensive tool for evaluating the quality of pairwise meta-analyses, ultimately optimizing evidence synthesis and healthcare decision-making.

It's more than the clinical evidence – the importance of non-clinical evidence-based information in updating living recommendations

Mr Heath White¹, Prof Tari Turner¹, Dr Anneliese Synnot¹

¹Monash University, Melbourne, Australia

Background:

Living guidelines rely on high throughput methods of evidence identification and incorporation to ensure that recommendations remain up to date. Although the focus has historically been on evidence from new clinical studies, other non-clinical based information is equally important in ensuring that the applicability and implementability of living recommendations is maximised.

Objective:

The objective is to identify areas where non-clinical evidence-based information was used to update the Australian Living COVID-19 Clinical Guidelines, and determine what impact the addition of this information had.

Methods:

A comprehensive analysis of all 135 updates to the Living Australian National COVID-19 Clinical Guidelines identified instances in which non-clinical evidence-based information was used to update living recommendations. Changes were categorised based on impact, impetus, source of the information and location of change within the recommendation.

Results:

Impactful updates occurred frequently across recommendations, supporting information and evidence to decision elements. Changes were based on numerous types and sources of non-clinical information, including government approvals and subsidies, consumer and other stakeholder input, and the use of in vitro evidence and vaccine nomenclature.

Discussion:

Although clinical evidence is critical in identifying treatments and strategies that are safe and effective, the use of other non-clinical information is equally important in contextualising care and maximising the implementability of a guideline. Due to the endurance of living guidelines and the frequency of updating, developers need to ensure that the guideline remains up-to-date not only from a clinical perspective, but also with regards to applicability and implementability.

A National Approach to the Dissemination of the Canadian Guidelines for Post COVID-19 Condition (CAN-PCC) Among Patients and the Public in Canada

Ms Ashley Motilall^{1,2}, Heather Travis^{1,2}, Nancy Santesso^{1,2}, Laura Boland³, Jason Pagaduan³, Sarah Elliott⁴, Samantha Cyrkot⁴, Andrea Vasquez Camargo⁵, Carolyn Hoessler⁵, Nina Mohaghegh Kojidi⁵, Hiten Naik^{6,7}, Karen Tran^{6,7}, Kyla Pongratz⁸, Samer Karam^{1,2}, Stephanie Duda^{1,2}, Wojtek Wiercioch^{1,2}, Robby Nieuwlaat^{1,2,9}, Holger Schünemann^{1,9,10,11,12}, CAN-PCC Knowledge Mobilization Collaborators

¹McMaster University, , Canada, ²Cochrane Canada & the MacGRADE Centre , , Canada, ³Public Health Agency of Canada, , Canada, ⁴Alberta Research Centre for Health Evidence, University of Alberta, , Canada, ⁵College of Medicine, University of Saskatchewan, , Canada, ⁶Post-COVID-19 Interdisciplinary Clinical Care Network, , Canada, ⁷University of British Columbia, , Canada, ⁸Provincial Health Services Authority, , Canada, ⁹International Guideline Training and Certification Program (INGUIDE), , Canada, ¹⁰Humanitas University, , Italy, ¹¹GRADE Working Group, , International, ¹²Guidelines International Network, , International

Background: Over 80 evidence-based recommendations were created as part of the Canadian Guidelines for Post COVID-19 Condition (CAN-PCC). To ensure the guidelines were accessible to patients, equity-deserving populations, and the public across Canada, a national knowledge mobilization (KM) strategy was integrated.

Objectives: Our KM projects aimed to target patients and the public to build awareness, share knowledge, inform decision-making about the guidelines through a co-designed and centrally coordinated strategy.

Methods: To support dissemination of the guidelines, the McMaster project team and three projects led by investigators at Canadian institutions, selected through a review process, created tools and activities for patients and the public. Through KM committee meetings, investigators were able to collectively coordinate, collaborate, and monitor their progress. An overarching KM framework was developed by the committee to ensure process outcomes were achieved.

Results: Infographics, online resource sheets, and videos in different languages were co-designed with the target audience and summarized the CAN-PCC recommendations in a user-friendly way. Each recommendation was also accompanied by a plain language version which presented recommendations at a grade 8 reading level. MyGuide, a customizable self-management tool for patients, also integrated CAN-PCC recommendations into their existing content. Finally, webinars were conducted offering patients the opportunity to engage and learn about the recommendations.

Discussion: The impact of the initiatives will be evaluated using frameworks including the RE-AIM framework, Public Patient Engagement Evaluation Tool, and through other multi-faceted metrics. This process will help to identify barriers and opportunities to strengthen the dissemination of the guidelines.

Post COVID Prevention Recommendations from the Canadian Post-COVID Condition Guideline (CAN-PCC)

Ass Prof Thomas Piggott¹, Ass Prof Andrea Darzi¹, Dr. Cowan Juthaporn², Dr. Kednapa Thavorn², Dr. Jennie Johnstone³, Dr. Jennifer Hulme³, Dr. Fatima Fazalullasha⁴, Dr. Mehdi Aloosh¹, Dr. Cheryl Peters⁵, Dr. Nicholas Henschke⁶, Dr. Vinita Dubey⁷, Dr. Andrea Vasquez Camargo⁸, Dr. Carolyn Grosse⁹, Associate Prof Robby Nieuwlaat¹, Dr. Jessica Hopkins¹, Prof Holger Schünemann^{1,10}

¹McMaster University, , Canada, ²University of Ottawa, , Canada, ³University of Toronto, , Canada,

⁴Scarborough Health Network, , Canada, ⁵BC Centre for Disease Control, , Canada, ⁶Cochrane Response, , United Kingdom, ⁷Toronto Public Health, , Canada, ⁸University of Saskatchewan, , Canada, ⁹Eastern Health, , Canada, ¹⁰Humanitas University, , Canada

Background: Post COVID-19 condition (PCC), commonly referred to as long COVID, is a significant public health concern with wide-ranging impacts. Prevention strategies for PCC are critical in mitigating long-term complications. The Canadian Guidelines for Post COVID-19 Condition (CAN-PCC) were developed to provide evidence-based recommendations for PCC prevention.

Objective: To summarize and present key recommendations from the CAN-PCC guidelines for PCC prevention, including vaccination, ventilation, masking, and pharmaceutical interventions.

Methods: Guideline development followed the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) approach and adhered to AGREE II standards. The Evidence-to-Decision (EtD) framework was used to assess benefits, harms, values, costs, equity, acceptability, feasibility, and planetary health impacts of preventive interventions. Public and stakeholder consultations informed final recommendations.

Results: Key recommendations include: (1) additional doses of COVID-19 vaccines to reduce PCC risk (conditional recommendation, very low certainty), (2) optimizing indoor ventilation and considering air filtration for PCC prevention (conditional recommendation, low to very low certainty), (3) mask use in high-risk settings (conditional recommendation, very low certainty), and (4) pharmaceutical interventions such as metformin and nirmatrelvir-ritonavir for PCC prevention (conditional recommendation, low to very low certainty).

Discussion: While the recommendations provide actionable guidance, the evidence base remains limited, underscoring the need for further research on PCC prevention. Future studies should focus on high-risk populations, long-term effectiveness of interventions, and implementation feasibility. The CAN-PCC guidelines serve as a foundation for ongoing evaluation and adaptation in response to emerging evidence and evolving public health needs.

European Commission initiative on Cervical cancer: thresholds to judge the magnitude of desirable and undesirable effects

Dr Paolo Giorgi Rossi¹, Prof. Marc Arbyn², Prof Holger Schunemann³, **Dr Katayoun Taghavi**⁴, Dr Nathalie Broutet⁵, Dr Amir Qaseem⁶, Dr Andrzej Nowakowski⁷, Dr Neerja Bhatla⁸, Dr Andrea Gigi⁴, Dr Iacopo Baussano⁴, Ms Marta Garcia Escribano⁸, Dr Gian Paolo Morgano⁹, Dr Partha Basu⁴

¹Azienda USL-IRCCS di Reggio Emilia, Reggio Emilia, Italy, ²Sciensano, Brussels, Belgium, ³Humanitas University, Milan, Italy, ⁴International Agency for Research on Cancer/ World Health Organisation, Lyon, France, ⁵World Health Organization, Geneva, Switzerland, ⁶American College of Physicians, Philadelphia, USA, ⁷Maria Sklodowska-Curie National Cancer Institute, Warsaw, Poland, ⁸All India Institute of Medical Sciences (AIIMS), New Delhi, India, ⁹European Commission's Joint Research Centre, Ispra, Italy

Background: In GRADE guideline development, experts evaluate the balance between desirable and undesirable effects, judging their magnitude as large, moderate, small, or trivial. However, expert judgments in this process may lack transparency.

Objective: To define decision thresholds (DTs) for magnitude of effects within the European Commission initiative on Cervical Cancer (EC-CvC) screening guidelines.

Methods: The EC-CvC expert panel (18 members) prioritized key outcomes, including cervical cancer incidence, mortality, CIN2+/CIN3+ detection, quality of life, overdiagnosis, recall for assessment, pre-cancer treatments, major adverse events, preterm birth, and HPV infection. Recognizing these outcomes are not independent, first two core DTs were determined: incidence reduction and referral to colposcopy, from which DTs for related outcomes could be derived. An online survey among the panel was conducted to vote on core DTs and to comment on methods for defining related outcomes. Feedback was incorporated to quantify related DTs using empirical studies and modelling. Preliminary thresholds were piloted and will be finalized through consensus at an in-person panel meeting.

Results: We used the WHO elimination threshold and the EU average incidence (4 and 10 cervical cancer cases per 100,000 person-years respectively) as references to calculate incidence reduction aligned with global public health goals. Colposcopy DTs used EU screening reports. Related DTs were defined considering logical constraints and using empirical studies and modelling to ensuring consistency. Heterogeneity in time horizons and metrics remains a limitation.

Conclusions: Establishing DTs ensures consistent expert judgments, enhances transparency, helping end-users to understand the rationale behind judgements made in the EC-CvC.

Analysis of key characteristics for systematic review of clinical practice guideline: a meta-epidemiological study

Miss Hejing Pan¹, Dr Xuanlin Li¹, Dr Hui Liu², Prof. Lin Huang¹, Prof. Yaolong Chen², Prof. Chengping Wen¹

¹Zhejiang Chinese Medical University, Hangzhou, China, ² Lanzhou University, Lanzhou, China

Objective: This study aims to identify existing systematic reviews of clinical practice guidelines (CPGs), assess their key characteristics and development rigor, and provide a basis for creating the reporting checklist for systematic reviews of CPGs (SCREEN). **Methods:** We searched PubMed and Web of Science for systematic reviews of CPGs published until July 2024. Three researchers independently screened titles, abstracts, and full texts, resolving disagreements through discussions. Data on basic information and key characteristics were extracted using an Excel database. Descriptive statistics, including mean, variance, and intra-class correlation coefficients (ICC), will be analyzed with Excel and SPSS 25 for consistency and subgroup analysis.

Results: A total of 35,992 articles were retrieved. After deduplication and screening, 995 clinical practice guideline systematic reviews that met the inclusion and exclusion criteria were included. We randomly selected 200 clinical practice guideline systematic reviews and analyzed their meta-epidemiological content. Among them, 28% had a protocol, and 88% reported clear inclusion and exclusion criteria, but only 10% followed the PICAR framework. Additionally, 61% reported the PRISMA flowchart, and Embase was the most commonly used database for retrieval. Most studies reported conflicts of interest. The research findings are expected to be presented at the Guidelines International Network (GIN) Annual Conference.

Conclusion: This critical appraisal of systematic reviews of CPGs will provide suitable items for the SCREEN checklist and offer references for the standardized reporting of systematic reviews of CPGs.
Keywords: clinical practice guideline; systematic review; reporting checklist

Key Factors Influencing the National Programs for Clinical Practice and Public Health Guidelines: A Thematic Analysis

Dr Mehrnaz Kheirandish¹, **Dr Ranin Soliman**¹, Professor Arash Rashidian

¹WHO Regional Office for the Eastern Mediterranean (WHO EMRO), , Egypt

Background. WHO has taken important steps to strengthen evidence-informed policy-making in countries of the Eastern Mediterranean Region. This study aims to identify key factors affecting the development and adaptation of clinical and public health guidelines on the national level.

Methods. We conducted a qualitative study using semi-structured interviews. Purposive sampling was used to recruit the key informants from the region. Thematic analysis was conducted semantically to develop themes and sub-themes using NVivo software.

Results. Fourteen key informants from 13 countries participated in the study. We developed a multi-layer thematic framework of key factors affecting such national programs. At the core level, the following themes (sub-themes) were identified: (1) governance (leadership, structures and processes, accountability and transparency, stewardship and resource management); (2) technical capacity (training and skill development, professional credentialing, formal EBM/EBHC training); (3) local data and evidence (information systems for health, national research systems, availability and access); (4) implementation capacity (monitoring and evaluation, acceptability and feasibility, end-users' adherence); and (5) partnership and collaboration (stakeholder engagement, collaboration with experts and key entities, and patient and public involvement). Additionally, we identified health system-related factors (health system structure, practice culture, digitalization, private sector engagement, health workforce retention) and country-level factors (sustainability, and science ecosystem) affecting national guideline program.

Conclusion. Our study unveils a comprehensive framework that identifies the critical factors shaping the successful implementation of national guideline programs. This framework provides a novel understanding of the key elements driving or hindering progress and proposes strategic domains to empower nations in advancing evidence-informed policy-making.

When trust is not enough - improving use and impact of WHO Guidelines through development of the WHO design principles and tools.

Ass Prof Leah Heiss¹, Associate Professor Olga Kokshagina², Dr Myra Thiessen¹, Elisabetta Minelli³, Kidist Bartolomeos³

¹Monash University, Melbourne , Australia, ²University of Sydney, Sydney, Australia, ³World Health Organization, Geneva, Switzerland
Background

WHO guidelines are a trusted source of health advice for nations globally, particularly in low resource settings. Yet despite this high level of trust, uptake and implementation of WHO guidelines within countries remains low. Factors leading to poor uptake include, for example, funding and infrastructural issues (e.g. power, internet, personnel etc.), lack of training to support guideline uptake, and challenges with dissemination. Beyond infrastructural and logistical barriers, the content and format of WHO guidelines also presents significant challenges to use and uptake, and guidelines are often perceived as too long, too technical and not closely aligned to user needs.

Methods

To support guidelines developers, the research team engaged in a 2.5 year global consultation and co-design process to develop the WHO design principles and tools to improve use and impact of WHO guidelines. We describe the process of iteratively designing and developing the principles and tools with diverse stakeholders from 15 countries.

Results and discussion

The WHO design principles and tools to improve use and impact of WHO guidelines is a set of design considerations that support guideline developers to empathise with end users and understand the barriers they may face in accessing and using guideline content. They enable developers to design for living guidelines, to write concisely with clarity, to prioritise accessibility and to consider translation in the planning stages of guideline development. By integrating WHO design principles, guidelines developers can improve trust in guidelines by prioritising end user engagement, accessibility and clarity in guideline development.

Evidence Based Research: Towards Economy, Efficiency, and Equity

Prof Joseph L Mathew¹, Dr Klara Brunnhuber⁴, Prof Karen Robinson², Dr Jennifer Yost³

¹P.g.i.m.e.r Chandigarh, , India, ²Johns Hopkins University, Baltimore, USA, ³Villanova University, , USA,

⁴Guideline Programs, Elsevier Inc, , UK

Background:

The Evidence-Based Research (EBR) movement emphasizes that those conducting primary research studies should take into consideration all the already available evidence till that point in a systematically and transparent manner. This has great potential to increase research value and reduce redundancy and waste.

Objectives:

This Workshop explores the concept of EBR, its contribution towards making evidence (including evidence syntheses and guidelines) more trustworthy and efficient; modalities to implement EBR; and the global efforts of the Evidence-Based Research Network (EBRNetwork).

Format:

Interactive workshop with four short Presentations (10 minutes each) addressing the objectives (stated above) in diverse healthcare and non-healthcare settings, followed by a Moderated Discussion amongst the facilitators and participants (45 minutes), and Conclusion (5 minutes).

Presentation topics (4 presentations of 10 minutes each): (i) What? (This will outline the concept of EBR). (ii) Why? (This will explore how EBR contributes to building trustworthy evidence efficiently and economically). (iii) How? (This will outline potential approaches for implementing EBR in diverse settings. (iv) Who? (This will explore the efforts of the EBRNetwork to foster global equity in EBR).

Moderated discussion (45 minutes): Workshop participants will (i) share their perceptions and experiences of EBR in various settings; (ii) identify challenges in implementing the approaches presented by the facilitators; (iii) discuss empowerment of individuals and institutions to foster equity in EBR.

Conclusion (5 minutes): Wrap-up and next steps.

Activities/Interaction Plans:

The Workshop is designed to be interactive. Over 50% of the time is allocated for discussion, participant engagement, and mutual sharing.

Co-designing the future of Living Guidelines to meet the needs of all regions

Ass Prof Leah Heiss¹, Professor Tari Turner², Heath White², Associate Professor Olga Kokshagina³, Elisabetta Minelli⁴, Kidist Bartolomeos⁴

¹Monash University, Melbourne, Australia, ²Monash University, Australian Living Evidence Collaboration, Melbourne, Australia, ³University of Sydney, Sydney, Australia, ⁴World Health Organization , ,

Background

Living guidelines are increasingly being used to ensure health decision-makers have access to reliable, up-to-date summaries of evidence when they need them. The WHO 14th General Programme of Work commits to continuing 'to produce and maintain evidence-based, methodologically rigorous, up-to-date, quality-assured and living public health guidelines and other normative products' with many current examples of WHO Living Guidelines, including for maternal and perinatal health. To support global uptake of living guidelines there is a need to continue to evolve intuitive, accessible, technology-enabled solutions that meet the needs of diverse users at the country level.

Objective

This workshop will explore the needs and understanding of diverse stakeholders (e.g. technical units, guideline developers, clinicians, consumers, policymakers) of living guidelines, to support a global conversation on the requirements for a global living evidence architecture. The work builds on engagements conducted in Australia and Indonesia with WPRO and SEARO regional stakeholders to understand the future needs of guideline developers and users, and on work conducted by Product Design and Impact Unit, WHO Quality Assurance, Norms and Standards to understand country needs for guideline adaptation.

Methods

Using a combination of co-design and futuring approaches, this workshop will engage participants to envisage a future technology-enabled evidence infrastructure to meet the needs of diverse users in country contexts. The workshop will immerse participants in global health scenarios (e.g. infectious diseases, NCD) to ideate on technology-enabled approaches to support a world in which all health decisions are rapidly, regularly and reliably informed by research evidence.

End-user's perspectives on the challenges and considerations in developing gabapentinoid deprescribing guidelines: a preliminary analysis

Mr Chun Hei Justin Cheng¹, Professor Danijela Gnjidic¹, Dr Stephanie Mathieson¹, Associate Professor Bridin Murnion², Associate Professor Claire Ashton-James¹, Associate Professor Emily McDonald³, Dr Linda Taoube¹, Dr Marguerite Tracy¹, Professor Vasikaran Naganathan¹, Dr Vlasios Blakoulas¹, **Dr Aili Langford**¹, Associate Professor Carl Schneider¹

¹The University of Sydney, Sydney, Australia, ²The University of New South Wales, Sydney, Australia, ³McGill University Health Centre, Montreal, Canada

Background. Gabapentinoids (pregabalin, gabapentin), originally marketed for epilepsy, have become widely prescribed for neuropathic pain, and other off label conditions. However, concerns about harms that outweigh benefits have prompted some prescribers to reconsider their use. Understanding stakeholders' perspectives is crucial in developing a gabapentinoid deprescribing guideline.

Objective. To understand perspectives of consumers and health professionals on the need and scope of developing a gabapentinoid deprescribing guideline.

Methods. A qualitative study with a grounded theory approach was undertaken with a purposive and snowball sample of consumers and health professionals. Semi-structured interviews were conducted, audio recorded, and transcribed verbatim, with inductive thematic analysis, from a functional perspective of role theory. Recruitment began on February 3, 2025, and is ongoing.

Results. Preliminary results from interviews included seven consumers, one GP, and one hospital pharmacist. Consumers perceived that GPs were the central coordinators of care, responsible for prescribing, monitoring, adjusting dosage, and tapering gabapentinoids. Consumers expressed concerns about withdrawal effects and the lack of resources to guide deprescribing. Other specialists were seen as peripheral consultants in gabapentinoid management, except neurologists who were actively involved in prescribing. Consumers perceived pharmacists as only responsible for medication supply, overlooking their cognitive and structural roles. Participants were open to greater pharmacist involvement when informed about their potential roles in deprescribing. All participants agreed that a deprescribing guideline for gabapentinoids would provide helpful guidance.

Discussion. Consumers are fearful of deprescribing and feel inadequately informed. Clear, evidence-based deprescribing guidelines for gabapentinoids could improve the safe and appropriate use of gabapentinoids.

Development of Risk of Bias Instrument for Use in Systematic Reviews - for Cluster Randomized Controlled Trials (ROBUST-CRT)

Mr Shahab Sayfi¹, Dr. Ying Wang¹, Dr. Jhalok Ronjan Talukdar¹, Dr. Jiaxing Yai¹, Dr. Lawrence Mbuagbaw¹, Dr. Romina Brignardello-Petersen¹, Dr. Gordon Guyatt¹

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

Background: Cluster randomized controlled trials (CRTs) are essential for evaluating interventions in which individual randomization is impractical or risks contamination. While existing risk of bias (RoB) tools, including the Cochrane RoB 2.0 extension for CRTs, address CRT-specific biases, gaps remain in their practical application, often causing systematic reviewers to rely on ad hoc methods, resulting in inconsistent assessments.

Objective: We aim to develop a user-friendly and robust instrument specifically for assessing RoB in CRTs within systematic reviews.

Methods: A multidisciplinary operations committee and expert panel selected based on their methodological publications regarding CRTs are collaborating to create the instrument. The process involves three stages. First, we will assemble candidate items for the new instrument from three sources: initially, a survey of Cochrane RoB tool's items for CRTs and other relevant risk of bias instruments that include additional considerations for CRTs, as well as ad hoc approaches used in systematic reviews that included CRTs for their included studies; subsequently, methods articles that address RoB issues in CRTs; and finally, suggestions from the panelists. Second, the panel will evaluate and refine these items using predefined criteria. Third, response options will be developed. User testing with novice and expert systematic reviewers will assess the tool's clarity, usability, and reliability.

Results: We have established the operations committee and initiated systematic surveys to identify candidate items.

Discussion: The new ROBUST-CRT tool will enhance systematic reviews by standardizing bias assessments. Its adoption will improve evidence synthesis, facilitating trustworthy clinical practice guidelines and public health recommendations.

Beyond 'train and hope': improving the uptake of evidence-based practice for co-occurring alcohol and other drug and mental health conditions with the Guidelines Implementation Toolkit

Ms Erin Madden¹, Associate Professor Christina Marel¹, Dr Alana Fisher^{1,2,3}, Ms Stephanie Habak⁴, Professor Katherine Mills¹

¹The Matilda Centre For Research In Mental Health And Substance Use, Sydney, Australia, ²eCentreClinic, School of Psychological Sciences, Macquarie University, Sydney, Australia, ³MindSpot, MQ Health, Macquarie University, Sydney, Australia, ⁴The University of Sydney, Sydney, Australia

Background

Despite co-occurring alcohol and other drug (AOD) and mental disorders ('co-occurring conditions') being two of the most common and burdensome conditions in Australia, and the availability of evidence-based training resources (such as the Guidelines on co-occurring conditions, 'the Guidelines'), capacity building for co-occurring conditions continues to be a priority AOD workforce need. Current implementation strategies focus on workforce training, with minimal consideration of organisational factors.

Objective

The Australian Government Department of Health and Aged funded the Matilda Centre to develop the Guidelines Implementation Toolkit ('the Toolkit') to facilitate the translation of the Guidelines into practice at an organisational-level.

Methods

The Toolkit study aims to support the development of the Toolkit, occurring over three stages from May 2024 – June 2025. Study design was informed by best-practice guidance on toolkit development, which recommended: 1) reviewing contents and effectiveness of existing toolkits; 2) conducting an implementation needs assessment and 3) subjecting a draft toolkit to usability testing.

Results

Preliminary results from stages 1-2 indicate that toolkit contents and study methods are highly variable, which made head-to-head comparisons to determine effectiveness of specific toolkit contents difficult. The implementation needs assessment showed that stakeholders providing care were more likely to perceive Guidelines recommendations as implemented than those receiving care. Stakeholder groups agreed that barriers at the health-system level (e.g., funding, resources, service availability, stigma) prevented the implementation of Guidelines recommendations in practice. A draft Toolkit informed by study findings has been developed for usability testing and will be shared with attendees.

Barriers and facilitators in the guideline adaptation process: a scoping review

Miss Jiawen Li¹, Simin Zhu¹, Rui Wang², Qi Wang³, Qichu Song¹, Andrea J. Darzi⁴, Ray Zhang⁴, Yasser Amer^{5,29,30}, Holger J. Schünemann^{4,6}, Elie A. Akl^{4,7}, Maria M. Trujillo-Martin^{7,8,9}, Laura de la Torre-Pérez^{10,11}, Marilina Santero^{10,11,13}, Etienne Ngeh^{14,15}, Lotfi Tamara^{4,16}, Alicia Aleman¹⁷, Joanne Khabisa¹⁸, Airton Tetelbom Stein¹⁹, Tamara Kredo^{20,21,22,23}, Mccaul Michael²⁴, Hui Li²⁵, Opeyemi Babatunde²⁶, Ivan D. Florez²⁷, Karen Gibbs²⁸, Yang Song¹, Pablo Alonso-Coello^{11,12,13}, On behalf of the GIN adaptation working group³⁰

¹The Chinese University Of Hong Kong(Shenzhen), , China, ²Children's Hospital of Fudan University, Shanghai, China, ³The University Of Hong Kong, Hong Kong, China, ⁴Department of Health Research Methods, Evidence, and Impact (HEI), McMaster University , , Canada, ⁵Pediatrics Department, Clinical Practice Guidelines and Quality Research Unit, Quality Management Department, King Saud University Medical City, Riyadh, Saudi Arabia , ⁶Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, ⁷Canary Islands Health Research Institute Foundation (FIISC), Tenerife, Spain, ⁸Evaluation Unit (SESCS), Canary Islands Health Service (SCS), Tenerife, Spain, ⁹Network for Research on Chronicity, Primary Care, and Health Promotion (RICAPPS) , , Spain, ¹⁰Methodology of Biomedical Research and Public Health PhD Program, Universitat Autònoma de Barcelona, , Spain, ¹¹ Institut de Recerca Sant Pau (IR SANT PAU), Sant Quintí 77-79, Barcelona 08041, Spain, ¹²Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP) , , Spain, ¹³Centro Cochrane Iberoamericano, Sant Antoni Maria Claret, 167, Barcelona 08025, Spain, ¹⁴Department of Allied Health Professions, Health Research Institute, Sheffield Hallam University , Sheffield, England, ¹⁵Research Organization for Health Education and Rehabilitation Cameroon (ROHER-CAM), Bamenda, Cameroon, ¹⁶International Initiative for Impact Evaluation (3ie), London, UK, ¹⁷Department of Medicine Prevention and Social Medicine, School of Medicine, University of the Republic of Uruguay, Montevideo, Uruguay, ¹⁸Clinical Research Institute, American University of Beirut Medical Center, Beirut, Lebanon, ¹⁹Department of Public Health, Federal University of Health Sciences of Porto Alegre, Porto Alegre, Rio Grande do Sul, Brazil, , Brazil, ²⁰Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, ²¹Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Cape Town, South Africa, ²²Division of Clinical Pharmacology, Department of Medicine, Stellenbosch University, Cape Town, South Africa, ²³School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa, ²⁴Centre for Evidence-based Health Care, Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Cape Town, South Africa, ²⁵Guangdong Hospital of Traditional Chinese Medicine, Guangzhou, China, ²⁶School of Medicine, Primary Care Centre Versus Arthritis , Keele University, Keele, Staffordshire, UK, ²⁷Department of Paediatrics, Universidad de Antioquia, Calle 67 No. 53-108, Medellín, Antioquia 050001, Colombia, ²⁸Pediatrics - Hematology & Oncology International, Global HOPE (Hematology/Oncology Pediatric Excellence), Baylor College of Medicine, Texas, US, ²⁹Department of Internal Medicine, Ribeirão Preto Medical School, University of São Paulo (FMRP-USP), Ribeirão Preto, São Paulo, Brazil, ³⁰Adaptation Working Group, GIN, Perth, Scotland

Background: The adaptation of Clinical Practice Guidelines (CPGs) offers a more efficient method than the de novo approach for developing contextualized guidelines. Nonetheless, its value is often hindered by challenges such as inconsistent experiences in adaptation practices. A systematic analysis of barriers and facilitators is crucial to addressing these gaps.

Aim: To identify and summarize the barriers, facilitators, and knowledge gaps in previous guideline adaptation practices globally.

Method: Scoping review. We conducted searches in MEDLINE and EMBASE (until October 2024). Additionally, we performed forward citation tracking based on the main adaptation approaches until February 2025. We included studies reporting barriers/facilitators of guideline adaptation, regardless of study design. Two reviewers independently extracted data, while one performed an initial thematic analysis using NVIVO 15.0. All themes were discussed and confirmed by the three authors.

Results: We are updating and have currently included 23 studies published between 2013 and 2023, conducted in high- and middle-income countries. The included studies evaluated different guideline adaptation approaches, such as ADAPTE and GRADE-ADOLOPMENT, and so on. Sixteen studies reported through guideline adaptation experiences, while the remaining used case studies, cross-sectional studies, or other methods. We will report the main findings and draw on knowledge gaps at the GIN Conference 2025.

Discussion: The identified barriers and facilitators can inform standardized frameworks, training programs, and digital tools to streamline adaptation processes. By integrating these insights, we can advance evidence-informed decision-making, ensuring more efficient and contextually relevant guidelines for future healthcare challenges.

Heterogeneity in thresholds for assessing reporting quality of clinical practice guidelines using the RIGHT tool

Mr Tianhu Liang¹, Mr Hui Liu², Ms Yuanyuan Yao², Mr Junxian Zhao¹, Prof Yaolong Chen^{1,2,3,4,5}

¹Research Center for Clinical Medical, The First Hospital of 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, ⁴Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, China, ⁵Institute of Health Data Science, Lanzhou University, Lanzhou, China

Background: The RIGHT Statement is a key tool for evaluating the reporting quality of clinical practice guidelines (CPGs). However, its lack of standardized thresholds to classify reporting quality (e.g., high vs. low) hinders consistent interpretation and cross-study comparisons.

Objective: To analyze how existing studies applying the RIGHT tool define reporting quality thresholds and identify methodological inconsistencies.

Methods: We conducted a systematic review of studies using the RIGHT tool to assess CPG reporting quality. Databases (PubMed, China National Knowledge Infrastructure) were searched up to February 2025. Inclusion criteria: peer-reviewed articles (English/Chinese) applying RIGHT tool for reporting quality evaluation. We extracted data on thresholding and classification methods.

Results: Among 116 studies, only 17 (14.7%) explicitly defined thresholds. Three distinct approaches emerged, but, no study empirically justified thresholds.

1. Based on reporting rates: 6 studies used reporting rates $\geq 70\%$ = high quality, 40-70% = moderate quality, $\leq 40\%$ = low quality; 5 studies adopted $\geq 80\%$ = high quality, 50-80% = moderate quality, $< 50\%$ = low quality; 1 study used 60% as a 'qualified' threshold.
2. Total score thresholds: 4 studies scored 35 criteria (1 point/item), defining ≥ 30 = high quality, 20-29 = moderate quality, ≤ 19 = low quality.
3. Unilateral thresholds: 1 study classified $< 50\%$ as low quality.

Conclusion: Substantial variability in threshold definitions undermines the comparability of RIGHT-based evaluations. Standardized criteria are urgently needed. Limitations include incomplete database coverage; future work should expand searches to ensure comprehensiveness.

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The GRADE Ontology Project

Dr Saphia Mokrane^{1,2}, **Joanne Dehnbostel**^{3,4}, Carlos Alva-Díaz^{18,19}, Stavros A. Antoniou¹⁵, Javier Bracchiglione^{5,6}, Alexandre Cole¹⁴, Therese Dalsbø¹³, Jennifer Hunter^{26,27}, Alfonso Iorio^{23,28}, Miloslav Klugar^{24,25}, Sheyu Li¹⁰, Pr Holger Schünemann^{16,17}, Jasvinder A. Singh^{20,21,22}, Airtion T. Stein^{7,8}, Paul Whaley^{11,12}, Xiaomei Yao⁹, Brian S. Alper^{3,4}

¹Département de Médecine Générale, Université Libre de Bruxelles, Brussels, Belgium, ²Working group Development of Primary Care Guidelines, Antwerp, Belgium, ³Scientific Knowledge Accelerator Foundation, Franklin, USA, ⁴Computable Publishing LLC, Franklin, USA, ⁵Iberoamerican Cochrane Centre, Institut de Recerca Sant Pau (IR Sant Pau), Universitat Autònoma de Barcelona, CIBERESP, Barcelona, Spain, ⁶Interdisciplinary Centre for Health Studies (CIESAL), Universidad de Valparaíso, Viña del Mar, Chile, ⁷Federal University of Health Sciences of Porto Alegre, Porto Alegre, Brazil, ⁸Conceição Hospital, Porto Alegre, Brazil, ⁹Department of Health Research Methods, Evidence and Impact, Department of Oncology, McMaster University, Hamilton, Canada, ¹⁰Department of Endocrinology and Metabolism, MAGIC China Centre, West China Hospital of Sichuan University, Chengdu, China, ¹¹Evidence-Based Toxicology Collaboration, Johns Hopkins University, Baltimore, USA, ¹²Lancaster Environment Centre, Lancaster University, Lancaster, UK, ¹³The National Institute of Occupational Health, Oslo, Norway, ¹⁴Great Lakes Toxicology and Ecology Division, U.S. Environmental Protection Agency (this abstract does not necessarily reflect US EPA policy), Duluth, USA, ¹⁵Papageorgiou GRADE Center, Papageorgiou General Hospital, Thessaloniki, Greece, ¹⁶Clinical Epidemiology and Research Center (CERC), Department of Biomedical Sciences, Humanitas University, Milano, Italy, ¹⁷WHO Collaborating Center for Evidence-Based Decision-Making in Health, Clinical Epidemiology and Research Center (CERC), Department of Biomedical Sciences, Humanitas University, Milano, Italy, ¹⁸Grupo de Investigación NEMECS: Neurociencias, Metabolismo, Efectividad Clínica y Sanitaria, Universidad Científica del Sur, Lima, Perú, ¹⁹Servicio de Neurología, Departamento de Medicina y Oficina de Apoyo a la Docencia e Investigación (OADI), Hospital Daniel Alcides Carrión, Callao, Perú, ²⁰Medicine Service, Michael E. DeBakey VA Medical Center, Houston, USA, ²¹Department of Medicine, Baylor College of Medicine, Houston, USA, ²²Department of Medicine at the School of Medicine, University of Alabama at Birmingham (UAB), Birmingham, USA, ²³Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ²⁴Cochrane Czech Republic, Czech Republic: A JBI Centre of Excellence, Czech GRADE Network, Institute of Health Information and Statistics of the Czech Republic, Czech Republic, ²⁵Center of Evidence-based Education and Arts Therapies: A JBI Affiliated Group, Faculty of Education, Palacký University Olomouc, Olomouc, Czech Republic, ²⁶Health Research Group Pty Limited, Sydney, Australia, ²⁷Faculty of Medicine and Health, The University of Sydney, Sydney, Australia, ²⁸Department of Medicine, McMaster University, Hamilton, Canada

Background: GRADE is a methodological framework for certainty-of-evidence and evidence-to-decision judgements. Despite several guidance papers, there is still a heterogeneous understanding of the key terms, resulting in a reduced computability of evidence summaries. Computer applications (e.g. GRADEPro, MAGICapp) require harmonised and well-defined terms. Formalising the definition of terms in GRADE into a harmonised ontology will provide a technical infrastructure that will enhance the efficiency of creating and reusing GRADE data. Standard terminology can be used in other systems, such as the Medical Subject Headings (MeSH) having a term for the GRADE approach. **Objective:** To develop and maintain a standardized, computable vocabulary of terms, called GRADE Ontology.

Methods: Using the 13-step term definition protocol developed for the Scientific Evidence Code System (SEVCO), a group of GRADE experts meet weekly in virtual meetings to curate terms from published GRADE guidances, establish preferred and alternative terms for included concepts, define concepts, and write guidance for application. Any dissenting comments or votes are discussed until agreement is reached.

Results: The first version of the GRADE Ontology consists of 77 terms covering certainty-of-evidence and evidence-to-decision judgements. Fifty-five experts from multiple countries have participated. Twenty-two terms have reached 100% agreement with an average of 4.6 voting rounds, and 50.0 total votes per term, with an average of 10.4 votes per final round that resulted in 100% agreement.

Discussion for scientific abstracts: Clarifying key terms following the GRADE approach, the GRADE Ontology will lead to coherence across GRADE reports and their computability, facilitating dissemination and equal understanding.

Development of Decision Aids for the Canadian Guidelines for Post COVID-19 Condition (CAN-PCC)

Dr Samer Karam¹, Heather Travis¹, Thomas Piggott¹, Grigorios Leontiadis¹, Andrea Darzi¹, Wojtek Wiecech¹, Jessica Hopkins¹, Kieran Quinn³, Holger Schünemann^{1,2}, **Robby Nieuwlaat**¹

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

²Humanitas Research Hospital, Via Rita Levi Montalcini 4, 20090 Pieve Emanuele, Milan, Italy, ³Department of Medicine, University of Toronto, Toronto, Canada

Background

Post COVID-19 condition (PCC), presents a significant burden on affected individuals and healthcare systems and is a relatively new, complex condition with uncertainty around optimal care decisions. Evidence-based Decision Aids (DA) can support informed shared decision-making about prevention and treatment options, incorporating patients' values and preferences. The Canadian Guidelines for Post COVID-19 Condition (CAN-PCC) developed evidence-based recommendations for all aspects of PCC prevention, testing, and treatment.

Objective

To describe the development and refinement of patient-centered DAs for prioritized CAN-PCC prevention and treatment recommendations that require shared decision-making.

Methods

An iterative, user-centered co-creation design process is being used. The development follows a systematic approach using the recommendations Evidence-to-Decision (EtD) Frameworks to draft an initial DA based on a standardized design. Consultations with guideline team leads ensures inclusion of relevant information including health-state outcome descriptors and decision thresholds. DA drafts are refined through patient partner feedback on comprehensibility and usability. Finalized DAs will be released on the online CAN-PCC Recommendation Map.

Results

DAs are being developed for PCC prevention (metformin, Paxlovid, masking, vaccines) and treatment (low-dose naltrexone, metformin). These DAs provide evidence summaries, graphical representations of benefits and harms, and utility value measures for informed decision-making. Data on DA uptake and user feedback will be collected.

Discussion

CAN-PCC provides a standardized process for evidence-based DA development that can serve as example for other PCC recommendations as well as other new, complex conditions. Effects on informed decision making will need to be evaluated.

A new approach to harmonize global collaborative evidence interpretation for increased trust in science

Prof Holger Schünemann¹, Prof. Robby Nieuwlaat⁴, Dr. Jeanett Friis Rohde⁵, Dr Kate Morissette³, Prof Kieran Quinn⁷, Dr. Lara Maxwell⁶, Dr. Francesca Reyes Domingo³, Dr. Samantha Chakraborty⁹, **Dr. Jamie Rylance**², International Collaboration for the Post-Covid Condition⁸

¹Humanitas University, Milan, Italy, ²World Health Organization, Geneva, Switzerland, ³Public Health Agency of Canada, Ottawa, Canada, ⁴McMaster University, Hamilton, Canada, ⁵Danish Health Authority, Copenhagen, Denmark, ⁶University of Ottawa, Ottawa, Canada, ⁷University of Toronto, Toronto, Canada, ⁸International Collaboration for PCC , , , ⁹Cochrane Australia, Monash University, Melbourne, Australia

Background: To enhance trust in COVID-19 science and harmonize evidence interpretation on Post-COVID-19 Condition (PCC), we established an international collaboration led by the Canadian Guidelines for Post-COVID-19 Condition (CAN-PCC) and the World Health Organization (WHO) Collaborating Centres for Infectious Diseases and Research Methods and Evidence-Based Decision-Making.

Approach: This voluntary partnership emerged from existing networks and shared goals among organizations engaged in evidence synthesis and guideline development. Other participating organizations include:

Agency for Healthcare Research and Quality (AHRQ) and Centers for Diseases Control and Prevention (CDC) – USA

Association of the Scientific Medical Societies in Germany (AWMF) – Germany

Australian Living Evidence Collaboration (ALEC) – Australia

Canadian Agency for Drugs and Technologies in Health (CADTH) – Canada

Danish Health Authority (Sundhedsstyrelsen) – Denmark

Public Health Agency of Canada (PHAC) – Canada

Scottish Intercollegiate Guidelines Network (SIGN) – Scotland

World Health Organization

The collaborative operates through an oversight body and evidence groups that interpret evidence syntheses. WHO representation ensures the inclusion of global perspectives. The collaboration reviewed over 60 PCC Evidence to Decision (EtD) frameworks, incorporating partner feedback impacting on evidence interpretation and, occasionally, leading to important changes to CAN-PCC recommendations.

Conclusions: We believe this initiative reduces contradictions in evidence interpretation, particularly for very low-certainty evidence, and fosters alignment without mandating joint recommendations. While through global collaborations guideline developers can remain independent, they would be encouraged to document how evidence is used to formulate recommendations. This initiative promotes mutual learning, resource efficiency, and the credibility of PCC-related recommendations worldwide.

Transparency in Systematic Reviews of Guidelines: A Systematic Survey

Mr Hui Liu^{1,2,3,4,5}, Dr Yuanyuan Yao^{1,2,3,4,5}, Dr Xuanlin Li⁶, Ms Huayu Zhang⁷, Prof Yaolong Chen^{1,2,3,4,5}

¹Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ²Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, China, ³Institute of Health Data Science, Lanzhou University, Lanzhou, China, ⁴Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ⁵WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁶School of Basic Medical Sciences of Zhejiang Chinese Medical University, Hangzhou, China, ⁷School of Public Health, Lanzhou University, Lanzhou, China

Background: Systematic reviews of guidelines have garnered increasing attention from guideline developers and researchers in recent years.

Objective: To investigate the transparency of systematic reviews of guidelines, including prospective registration, protocol details, adherence to existing reporting guidelines, and public accessibility of research data.

Methods: Using search terms such as “guideline,” “systematic review,” “Appraisal of Guidelines for Research & Evaluation”, and “Reporting Items for Practice Guidelines in Healthcare”, we systematically searched PubMed and Web of Science databases. Two researchers independently screened the literature, included systematic reviews of guidelines across all topics, and performed data extraction and cross-checking. Extracted data included: adherence to PRISMA or other reporting guidelines, registration platforms, public accessibility of protocols, availability of search strategies as supplements, provision of exclusion lists with reasons, public accessibility of study data and so on. Data were collated using Microsoft Excel, and descriptive statistical methods were applied for analysis.

Results: The initial search yielded 35,992 records. After screening based on inclusion and exclusion criteria, 995 articles were ultimately included. Due to the large number of included studies, data extraction is currently ongoing. Preliminary results indicate that common registration platforms for systematic reviews of guidelines include Open Science Framework and PROSPERO. Other detailed findings will be presented at the conference.

Discussion: This study will provide insights into the current state of transparency in systematic reviews of guidelines and propose actionable recommendations for improvement in future research.

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Development of Plain Language Recommendations (PLRs) for the Canadian Guidelines for Post COVID-19 Condition (CAN-PCC).

Dr Samer Karam¹, Stephanie Duda¹, Heather Travis¹, Ashley Motilall¹, Wojtek Wiercioch¹, **Robby Nieuwlaat**¹, Holger Schünemann^{1,2}

¹Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ²24) Humanitas Research Hospital, Via Rita Levi Montalcini 4, 20090 Pieve Emanuele, Milan, Italy

Background

Plain Language Recommendations (PLR) facilitate the understanding of guideline recommendations by simplifying complex medical terms into accessible language. PLRs should be clear, useful, and easy-to read summaries of the published recommendations.

Objective

Our aim is to develop clear, evidence-based PLRs for the Canadian Guidelines for Post COVID-19 Condition (CAN-PCC) across six guideline teams. A grade 8 reading level was set for the developed PLRs and the final versions are published on the CAN-PCC RecMap.

Methods

We followed a transparent and structured process involving multiple steps of refinement to develop the PLRs, including:

1. Drafting – A trained PLR drafter translated the guideline recommendations and good practice statements into an initial PLR draft.
2. Checking – A checker would review the first draft, ensuring accuracy and clarity of the developed PLR.
3. Citizen Editing – Guideline team patient partners reviewed the PLRs for readability.
4. Medical Editing – Guideline team chairs and medical experts verified that the PLRs retained the original recommendations.
5. Copyediting – Feedback is incorporated, and PLRs were finalized.
6. French translation & Publication : The finalized PLRs are translated to French and published on the CAN-PCC RecMap.

Results

To date, we have finalized 60 PLRs across six guideline teams. The remaining PLRs are in progress and are expected to be completed by the end of March.

Discussion

The development of PLRs is essential for improving public understanding of guidelines. This is done by ensuring that the recommendations are available in an accessible format for patients.

Large language models facilitate dissemination and implementation of clinical practice guidelines: a systematic review

Mr Hui Liu^{1,2,3,4,5}, Dr Yuanyuan Yao^{1,2,3,4,5}, Mr Haodong Li⁶, Prof Yaolong Chen^{1,2,3,4,5}

¹Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ²Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, China, ³Institute of Health Data Science, Lanzhou University, Lanzhou, China, ⁴Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ⁵WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁶School of Public Health, Lanzhou University, Lanzhou, China

Background: Large Language Models (LLMs) have shown potential in optimizing the development of clinical practice guidelines (CPGs). However, their application in the dissemination and implementation of CPGs has not been systematically evaluated.

Objective: This study aims to systematically assess the utilization and effectiveness of LLMs in facilitating the dissemination and implementation of CPGs.

Methods: On February 14, 2025, we conducted a search using terms such as “large language model” and “guideline” across several databases, including CNKI, WANFANG MED ONLINE, SinoMed, MEDLINE (via PubMed), Embase, and Web of Science. Two researchers independently performed literature screening and data extraction, resolving any conflicts through consensus or by consulting a third party.

Results: A total of 11,204 records were retrieved, with 17 publications ultimately included in the analysis. Regarding the countries of the first authors, nine countries were represented: China, Italy, Germany, France, Qatar, South Korea, Canada, the United States, and Singapore. In terms of LLMs utilized, 13 studies focused on a single LLM, while four studies involved multiple LLMs, with ChatGPT-4 being the most frequently used model. The content areas addressed included the use of LLMs for extracting CPG recommendations, answering questions based on CPGs, interpreting CPGs, adapting CPGs, and generating patient health education materials based on CPGs.

Discussion for scientific abstracts: LLMs demonstrate significant promise for enhancing the dissemination and implementation of CPGs. It is recommended that future stakeholders give greater attention to this emerging technology.

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Is it time to update the Reporting Items for practice Guidelines in Healthcare (RIGHT)? An analysis based on citations

Miss Yuanyuan Yao^{1,2,3,4,5}, Mr Hui Liu^{1,2,3,4,5}, Mr Haodong Li⁶, Prof Yaolong Chen^{1,2,3,4,5}

¹Research Unit of Evidence-Based Evaluation and Guidelines, Chinese Academy of Medical Sciences (2021RU017), School of Basic Medical Sciences, Lanzhou University, , China, ²Key Laboratory of Evidence Based Medicine of Gansu Province, , China, ³Institute of Health Data Science, Lanzhou University, , China, ⁴Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, , China, ⁵WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, , China, ⁶School of Public Health, Lanzhou University, , China

Background: Since the Reporting Items for practice Guidelines in Healthcare (RIGHT) release in 2017, it has become a key reference tool for guideline developers, users, and journal editors.

Objective: To analyze extract comments and suggestions on the RIGHT checklist, and evaluate its revision needs and priority areas for improvement.

Methods: Citations to the original RIGHT checklist, from its official release until December 4, 2024, were searched in the PubMed and Web of Science Core Collection databases. The inclusion criterion was that the citations contained substantive comments and suggestions on the RIGHT checklist. Two independent evaluators extracted and integrated the comments and suggestions.

Results: A total of 640 records were screened, and after full-text review, 22 articles met the inclusion criteria. The extracted comments and suggestions were categorized into three main themes, resulting in 21 items. Specifically, these included: (1) Item content: Researchers noted that the checklist did not include registration and protocols, and did not adequately address patients' values and preferences; (2) Rules of use: Researchers highlighted that the checklist lacked clear specifications for the domains and weights of the items and did not include preset thresholds to differentiate between high-, medium-, and low-quality reports; and (3) Other aspects: Researchers suggested developing an extended version of the checklist for pediatrics.

Discussion: This paper provides valuable user feedback for the revision and refinement of the RIGHT checklist and offers data to support the direction of future revisions.

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Advancing GRADE: Updates to the GRADE Handbook and a New Mapping Approach for Accessing Up-to-Date GRADE Guidance

Prof Holger Schünemann¹, Prof. Ignacio Neumann¹, **Dr. Antonio Bognanni**¹, in collaboration with the GRADE Guidance Group²

¹Humanitas University, Milan, Italy, ²GRADE Working Group, ,

Background: The Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) approach is used by over 100 organizations in evidence-based decision-making. However, users often face challenges in locating the most up-to-date guidance across multiple GRADE sources. To enhance clarity and accessibility, the GRADE recently released is official and free online artificial intelligence-supported resource: GRADE Book.

Objectives: This presentation provides the latest updates on GRADE as well as its core basics and introduces a novel mapping approach through the book interface, incorporating artificial intelligence (AI), to streamline access to GRADE guidance.

Methods: GRADE systematically reviews and integrates methodological advancements into the GRADE Book. A structured mapping system categorizes and cross-link guidance from the Book, published articles, to the online resource GRADEpro. Additionally, AI-driven but validated querying capabilities are being integrated to facilitate efficient navigation and retrieval of relevant guidance. **Results:** Updates to GRADE include refinements in rating the certainty, evidence-to-decision frameworks, considerations for multiple interventions, and improved approaches considering decision thresholds. The mapping approach, developed through careful consultation, allows users to locate guidance by topic, methodological category, or publication source and lists only up to date resources. AI-powered search functionality further enhances usability by enabling precise and context-aware queries.

Conclusions: This official GRADE resource, combined with the new mapping approach and AI-assisted querying, provides the coherent and accessible pathway for applying GRADE methods, from basic to advanced. These enhancements should improve the uptake and consistency of GRADE methods in guideline development, systematic reviews, and health policy decision-making.

Are WHO normative products used and useful in countries? An approach for monitoring the dissemination, use and impact of WHO normative products at country level.

Ms Elisabetta Minelli¹, Dr Caron Rahn Kim¹, Dr Saurabh Jain¹, Professor Jacinta Nzinga², Professor Aklilu Azazh³, Ms Giorgia Valleriani⁴, Mr Nicola Crosta⁴, **Kidist Bartolomeos¹**

¹World Health Organization, , Switzerland, ²Liverpool School of Tropical Medicine , , Kenya, ³Addis Ababa University, , Ethiopia, ⁴Impact 46, , Thailand

Background

While there is already strong qualitative evidence of WHO normative product use at the country level, monitoring their impact should be much stronger. Currently, there is not a standardized way to monitor across different normative products and technical areas of work. To address this gap, WHO has developed a systematic approach to report to what extent such products are used and useful, to inform decision-making and ensure accountability.

Objective

To develop a systematic approach for monitoring and reporting the impact of WHO normative products at country level.

Methods

The concept of the approach and its three dimensions (dissemination, use and impact) was initially reviewed for applicability and feasibility with emergency care guidance in Ethiopia and Kenya. The approach tools were subsequently piloted with the Neglected Tropical Diseases Programme and the Human Reproduction Programme in Ethiopia and Pakistan, in collaboration with WHO-three level and partners.

Results

The initial review found the three proposed dimensions were applicable and feasible across the two countries and products. The impact reports from the pilot (currently for clearance with relevant stakeholders) provide key information under each dimension, demonstrating the potential of this approach to be robust, efficient, and scalable across different technical areas, products and country contexts.

Discussion

Further application and mainstreaming will be essential for the refinement of the approach and its scalability. Use and impact of a normative product are linked to the health ecosystem (system, factors and actors) of the country considered, that is context-specific and need to be accounted for.

Development of a Guideline supported Laboratory test Prescription Search Support (PSS) system for Primary Care: a multistakeholder collaboration

Prof Paul Van Royen^{1,2}, **Dr. Nicolas Delvaux**^{3,4}, Dr. Saphia Mokrane^{1,5}, Dr Annemie Verpoorten¹, Dr. Christine Leyns^{1,6}, Dr Elise Van Campen³, Dr Annemie Heselmans^{3,4}, Inez Vanoverschelde¹

¹Working Group Development of Primary Care Guidelines (WOREL), Antwerp, Belgium, ²Department of Family Medicine and Population Health, Faculty of Medicine and Health Sciences, University of Antwerp, Antwerp, Belgium, ³Ebpracticenet vzw, Louvain, Belgium, ⁴Academic Centre of General Practice, University of Louvain, Louvain, Belgium, ⁵Department of Primary Care, Faculty of Medicine, Université Libre de Bruxelles, Brussels, Belgium, ⁶Department of Public Health and Primary Care, Faculty of Medicine and Health Sciences, University of Ghent, Ghent, Belgium

Background: In primary care, laboratory testing plays a crucial role in screening, diagnosis and monitoring diseases and treatments. However, inappropriate test ordering is common, contributing to false positives, unnecessary interventions, increased healthcare costs, and compromised quality of care. There is a pressing need for supportive systems to optimize test-ordering practices among primary care physicians.

Methods: At the request of the National Institute for Health and Disability Insurance (INAMI-RIZIV), WOREL updated and developed evidence-based guidelines for laboratory testing. Meanwhile, Ebpracticenet extracted decision rules and algorithms from these guidelines and integrated them into a Prescription Search Support (PSS) system. This digital platform analyses electronic medical record data to support appropriate laboratory test selection.

Results: Evidence-based laboratory testing guidelines were developed for six topics: cardiovascular monitoring, hypertension, heart failure, chronic kidney disease, diabetes mellitus, and sexually transmitted infections. In 2025, guidelines will be expanded to include five additional topics: general health check-ups, pregnancy, liver function, thyroid function and fatigue. For each recommended test associated with a specific clinical indication, a decision algorithm was formulated based on a combination of literature evidence and consensus.

Discussion: Key challenges in this process were ensuring binary decision-making —determining whether a test is appropriate—, defining optimal test repetition intervals and the need for specific recommendations while maintaining clinical validity. Despite these challenges, collaboration between guideline developers and implementation teams has been successful. The integration of evidence-based laboratory testing guidelines into decision algorithms and a PSS system represents a promising approach to optimizing laboratory diagnostics in primary care.

A tool for more ethical, effective and feasible guidelines? A case study with LDL-targets for Finnish type 2 diabetes population

Dr Aapo Tahkola^{1,2}, **Dr Ilkka Kunnamo**^{3,4}

¹The Wellbeing Services County of Central Finland, Jyväskylä, Finland, ²Finnish Institute for Health and Welfare, Helsinki, Finland, ³Duodecim Publishing Company, Helsinki, Finland, ⁴Primary Care Centre of Central Finland, Karstula, Finland

Background:

Over time, guideline updates tend to recommend treating lower than before risks and aiming at lower risk factor targets. Tools are needed to help guideline panels for more informed and ethically equal decision-making.

Objective:

Using real world health record data from Finnish Diabetes Register to assess feasibility and effectiveness of different target LDL cholesterol levels in type 2 diabetes.

Methods:

Number of persons that would avoid different cardiovascular outcomes by lowering LDL was estimated and converted into utility-derived death equivalents. The baseline risks of cardiovascular events, corresponding target LDL levels (<2.6, <1.8, <1.4, <1.0), existing LDL levels, need for and effect of cholesterol-lowering drugs (statin, statin-ezetimibe, PCSK-9) were analyzed utilizing core concepts of net effect (DOI:10.1136/bmjopen-2018-027445) and a decision-analytical model (DOI: 10.1111/jep.70051).

Results:

Out of 408 491 patients, 47 440 adults at moderate/high risk had LDL>2.6 mmol/l and 48 937 at very high risk had LDL>1.8 mmol/l (coverage of LDL measures 76 – 86%). Preliminary results show that treating all not-in-target patients to target would bring great population health benefits. The lower the target, the more health benefits are gained. However, aiming at LDL-levels lower than 1.8 mmol/l, the costs of treatment increase exponentially due to larger need for PCSK-9. The direct cost of one prevented death-equivalent varies from about 5000 euros for LDL<2.6 target to over 200 000 euros for lowest target levels.

Discussion:

These methods can be used across different health conditions and interventions to inform guideline development to maximize health gains by prioritizing recommendations.

Meeting the Growing Demand for Guideline Capacity to achieve Health in all Policies: Innovation from the INGUIDE program

Prof Holger Schünemann¹, Dr. Getrud Joseph Mollel², Dr. Simon Ernest³, Dr. Chrisogone J German³, Prof. Robby Nieuwlaat, Dr Kidist Bartolomeos⁴

¹Humanitas University, Milan, Italy, ²Ifakara Health Institute Ifakara Health Institute, Ifakara, Tanzania,

³Ministry of Health, , Tanzania, ⁴World Health Organization, Geneva, Switzerland, ⁵McMaster University, Hamilton, Canada

Panel Overview:

The trustworthiness and quality of health guidelines influence health in all policies. Despite their significance, guideline development often lacks formal regulation, resulting in inconsistent methods and quality gaps. INGUIDE, GIN initiative, addresses this issue by offering structured, evidence-based training and certification focusing on "everything evidence", including clinical and content chair, adaptation, quality assurance and GRADE focused modules.

Speakers:

This panel brings together INGUIDE-certified experts, representatives from the World Health Organization (WHO), and the Ministry of Health in Tanzania to discuss how standardized training improves guideline development and increases global equity and capacity in evidence-based decision-making.

Panel Objectives:

1. Highlight INGUIDE's goals, with over 2,000 trained professionals, including dedicated support for low- and middle-income country (LMIC) participants through scholarships and institutional collaborations.
2. Discuss how certified training programs strengthen capacity for evidence-based guideline development.
3. Showcase LMIC-led initiatives, such as training programs in Tanzania and certification of INGUIDE methodologists and trainers in Africa, illustrating the program's role in addressing global disparities.

Discussion Topics:

- The role of certified training in improving guideline consistency and credibility.
- Challenges and successes of applying INGUIDE training in LMIC settings and global health organizations.
- The importance of a sustainable commitment from funders and institutions to support capacity-building in guideline development.

Conclusion:

This session will demonstrate how INGUIDE certification, WHO engagement, and national health leadership collectively professionalize guideline development, promote "everything evidence," and ensure global inclusivity in guideline implementation.

Evaluating Adherence to PRISMA Checklist in Systematic Reviews Using Large Language Models: A Feasibility Study

Ms Ye Wang¹, Mr Yaolong Chen^{2,3,4}

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, ³Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, China, ⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China

Evaluating Adherence to PRISMA Checklist in Systematic Reviews Using Large Language Models: A Feasibility Study

Background: Systematic reviews and meta-analyses are crucial for evidence-based decision-making, and adherence to PRISMA guidelines ensures their quality. Evaluating adherence manually is labor-intensive. Large language models (LLMs) such as ChatGPT, Gemini, and Claude offer potential efficiency gains, but their accuracy and feasibility require validation.

Objective: To evaluate the feasibility and accuracy of ChatGPT, Gemini, and Claude for assessing adherence to the PRISMA checklist.

Methods: We assessed 23 systematic reviews previously evaluated by experts against PRISMA guidelines, using the study "Adherence to the PRISMA Checklist in Systematic Reviews: A Meta-epidemiological Study" published in Cochrane as the reference standard. Assessments by ChatGPT, Gemini, and Claude models were compared with expert evaluations using overall consistency scores (OCS), Cohen's kappa, prevalence- and bias-adjusted kappa (PABAK), sensitivity, specificity, and F1 scores.

Results: Preliminary results from this pilot phase are based on an initial subset of the data, and comprehensive results will be presented upon completion of the full study. Preliminary results showed an average OCS of 76.9% (95% CI: 67.0%-86.8%). Of 42 checklist items, 76.2% had consistency scores above 70%, and 10 items reached 100% consistency.

Discussion: ChatGPT, Gemini, and Claude showed potential in assessing adherence to PRISMA, although performance varied across specific items.

Conclusions: LLMs demonstrate promising feasibility as auxiliary tools for assessing PRISMA adherence. However, further improvements are required for comprehensive accuracy. The author gratefully acknowledges the support of K.C.Wong Education Foundation, Hong Kong¹.

Representation of culturally and geographically diverse populations in guidelines - do we have a problem?

Dr Cindy Stern¹, Dr Danielle Pollock¹, Dr Tim Barker¹, Ms Ines Semendric¹, Ms Jay Beasley-hall², Ms Camille Schubert³, Dr Nipun Shrestha¹, Associate Professor Lynne Giles⁴, Professor Steve Vucic⁵, Professor Tracy Merlin³, Professor Zachary Munn¹

¹Hesri, University Of Adelaide, , Australia, ²University Library, The University of Adelaide, Adelaide, Australia,

³Adelaide Health Technology Assessment (AHTA), School of Public Health, Faculty of Health and Medical Science, The University of Adelaide, Adelaide, Australia, ⁴School of Public Health, Faculty of Health and Medical Science, Adelaide, Australia, ⁵Brain and Nerve Research Centre, Concord Clinical School, The University of Sydney, Sydney, Australia

Introduction:

The process of guideline development is complex and requires input from multiple stakeholders. Although a guideline can be comprehensive in its methods and produce trustworthy recommendations, it also needs to consider the target population including culturally and geographically diverse populations to ensure its relevance. It is unclear however, how often these populations are considered in guidelines and how these considerations are described.

Objective:

To describe how considerations for culturally and geographically diverse populations are described in a set of existing guidelines that address motor neurone disease (MND).

Methods:

A scoping review following JBI methodology was undertaken as part of a series of activities to map the MND literature to inform a national guideline. The review question was 'What health and social care guidelines exist that address MND?' Twelve databases/resources were searched; records were screened and data extracted and analysed.

Results:

Forty-two guidelines were included in the review. Only a small proportion of guidelines mentioned considerations for rural communities, indigenous populations and culturally and linguistically diverse groups and the level of detailed varied in length and information.

Conclusion:

Based on the results of a scoping review of guidelines that address MND care, considerations for culturally and geographically diverse populations are rarely mentioned and poorly reported.

Recommendations for further research are provided.

The development of the GIN-McMaster checklist extension for guideline adaptation

Ms Simin Zhu¹, Dr Yang Song^{1,2}, Dr Yuan Zhang^{2,3}, Dr Yasser S. Amer^{2,4,5,6,7}, Dr Andrea J. Darzi^{2,3}, Dr Elie A. Akl^{2,3,8}, Dr Caron R. Kim⁹, Dr Pablo Alonso-Coello^{2,10,11}, Dr Holger J. Schünemann^{3,12}

¹School of Medicine, The Chinese University of Hong Kong, Shenzhen, , China, ²Adaptation Working Group, Guidelines International Network, Glasgow, UK, ³Department of Health Research Methods, Evidence, and Impact (HEI), McMaster University, Hamilton, Canada, ⁴Pediatrics Department, King Saud University Medical City, Riyadh, Saudi Arabia, ⁵Clinical Practice Guidelines and Quality Research Unit, Corporate Quality Management Department, King Saud University Medical City, Riyadh, Saudi Arabia, ⁶Research Chair for Evidence-Based Health Care and Knowledge Translation, Deanship of Scientific Research, King Saud University, Riyadh, Saudi Arabia, ⁷Department of Internal Medicine, Ribeirão Preto Medical School, University of São Paulo (FMRP-USP), Ribeirão Preto, São Paulo, Brazil, ⁸Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, ⁹UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Department of Sexual and Reproductive Health and Research (SRH), World Health Organization, , ¹⁰Iberoamerican Cochrane Centre (CCIb) – Institut de Recerca Sant Pau (IR Sant Pau), Barcelona, Spain, ¹¹Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), , Spain, ¹²Clinical Epidemiology and Research Center (CERC), IRCCS Humanitas Research Hospital and Humanitas University, Pieve Emanuele, Milan, Italy

Background: Methodological challenges have been continuously documented in guideline adaptation processes. To ensure rigor and transparency, standardized tools based on methodological principles in the guideline adaptation are needed.

Objective: To develop a guideline adaptation extension to the Guideline International Network (GIN)-McMaster guidelines development checklist (GDC) - GDC adaptation extension.

Methods: This project follows multiphase iterative approach, including (1) identifying key methodological principles for guideline adaptation based on a scoping review, (2) proposing initial version of the methodological principles and GDC-adaptation extension items; (3) iteratively refinement through working group discussions, and several rounds of Delphi consensus surveys and (4) Public consultation, user testing and finalization. Finally, we will submit the final outputs to the GIN board and seek final approval.

Results: We proposed the initial version of the methodological principles and GDC adaptation extension based on the scoping review, working group member's experience, and inputs from workshop in GIN 2024. We generated 8 methodological principles and formed the 32 GDC adaptation extension items (modifying 19 items and adding 14 new items to the original GIN McMaster GDC). We will further conduct two working group meetings for optimization from March to July 2025 and report the latest version in the GIN 2025 conference.

Discussion for scientific abstracts: The methodological principles and the GIN-McMaster GDC extension for guideline adaptation will provide clarity in the planning and execution of adaptation, adoption, and/or development of recommendations, ultimately improving efficiency and reducing research waste in guideline development while maintaining rigor and transparency.

A Reporting Quality Assessment AI-model for Adapted Guidelines in Health Care: The Ad@pt-AI

Ms Simin Zhu¹, Ms Wenya Xie², Ms Xiaoxiao Liu², Dr Chi-ho Ban Tsui¹, Dr Davy Cheng¹, Dr Jenkin Tsui¹, Dr Renke Li¹, Dr Laura de la Torre^{3,4}, Dr Wendy Nieto-Gutierrez⁴, Dr Karina Fernández Sáenz⁴, Dr Benyou Wang², Dr Pablo Alonso Coello⁴, Dr Yang Song¹

¹School of Medicine, The Chinese University of Hong Kong, Shenzhen, , China, ²School of Data Science, The Chinese University of Hong Kong, Shenzhen, , China, ³Methodology of Biomedical Research and Public Health PhD Program, Universitat Autònoma de Barcelona, , Spain, ⁴Iberoamerican Cochrane Centre (CClb) – Institut de Recerca Sant Pau (IR Sant Pau), Barcelona, Spain, ⁵ Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), , Spain

Background: The RIGHT-Ad@pt checklist is an international standard to assess and guide the reporting of adapted guidelines. However, the assessment process is repetitive and lengthy. Large language models (LLMs) demonstrate their capabilities to process and generate human language, offering a promising solution to improve efficiency.

Objective: To develop Ad@pt-AI, a prompt-driven automated tool leveraging an existing LLM to assess the reporting quality of adapted guidelines based on the RIGHT-Ad@pt checklist.

Methods: We will develop and validate Ad@pt-AI through multiple processes: 1) establishing a prototype using an existing LLM and creating initial prompts based on the RIGHT-Ad@pt checklist and user guide, enabling the AI to assess 34 checklist items and retrieve relevant quotes; 2) iteratively optimizing Ad@pt-AI using prompt engineering until an F1 score of 0.75 is achieved; 3) conducting user testing of the optimized Ad@pt-AI in internal and external settings. We built a ground-truth set by annotating 120 adapted guidelines identified from previous scoping reviews. In user testing, each sample will be assessed by three groups: 1) Ad@pt-AI model, 2) a combined scholar evaluation team (internal and external scholars), and 3) a hybrid scholar-AI approach.

Results: We have established the Ad@pt-AI prototype and are currently finishing the annotation. We will report the optimization process and results at the GIN conference 2025.

Discussion for scientific abstracts: Ad@pt-AI can save time and resources while ensuring substantial accuracy and consistency in assessing the reporting of adapted guidelines. Its establishment process will also inform future automation in adapting clinical practice guidelines.

Determinants on the decision making of clinical guidelines adaptation: A systematic comparison between adapted and source recommendations

Xi He¹, Tong Wu¹, Steven Barnes^{2,3}, Joanne Khabisa^{3,4}, Opeyemi Babatunde^{3,5}, Etienne Ngeh^{3,6,7}, Hui Li^{3,8}, Andrea Darzi^{3,9}, Lotfi Tamara^{3,9,10}, Airtion Stein^{3,11}, Alicia Aleman^{3,12}, Yasser Amer^{3,13,14}, Michael Mccaul^{3,15}, Ivan Floren^{3,16}, Karen Gibbs^{3,17}, Yang Song¹, Pablo Coello^{3,18,19}, GIN Adaptation working group³

¹School of Medicine, The Chinese University of Hong Kong, Shenzhen, China, , , ²Institute for Health and Care Excellence, Manchester, UK, , , ³Adaptation Working Group, Guidelines International Network, Glasgow, UK, , ,

⁴Clinical Research Institute, American University of Beirut Medical Center, Beirut, Lebanon., , , ⁵School of Medicine, Primary Care Centre Versus Arthritis | Keele University, Keele, Staffordshire, UK ST5 5BG, , ,

⁶Department of Allied Health Professions, Health Research Institute, Sheffield Hallam University, Sheffield, England., , , ⁷Research Organization for Health Education and Rehabilitation Cameroon (ROHER-CAM), Bamenda, Cameroon, , ,

⁸Guangdong Hospital of Traditional Chinese Medicine, Guangzhou, China., , ,

⁹Department of Health Research Methods, Evidence, and Impact (HEI), McMaster University, Hamilton, Canada, , , ¹⁰International Initiative for Impact Evaluation (3ie), London, UK., , , ¹¹Department of Public Health, Federal University of Health Sciences of Porto Alegre, Porto Alegre, Rio Grande do Sul, Brazil , , , ¹²Department of Medicine Preventive and Social Medicine, School of Medicine, University of the Republic of Uruguay, Montevideo, Uruguay. , , , ¹³ Pediatrics Department, Clinical Practice Guidelines and Quality Research Unit, Quality Management Department, King Saud University Medical City, Riyadh, Saudi Arabia, , ,

¹⁴Department of Internal Medicine, Ribeirão Preto Medical School, University of São Paulo (FMRP-USP), Ribeirão Preto, São Paulo, Brazil , , , ¹⁵Centre for Evidence-based Health Care, Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Cape Town, South Africa , , , ¹⁶Department of Clinical Epidemiology & Biostatistics, McMaster University, Juravinski Site. G Wing, 2nd Floor; 711 Concession Street, Hamilton, ON, L8V 1 C3, Canada. 16 ivan.florez@udea.edu.co. Department of Pediatrics, Universidad de Antioquia, Medellín, Colombia. ivan.florez@udea.edu.co., , ,

¹⁷Pediatrics - Hematology & Oncology International, Global HOPE (Hematology/Oncology Pediatric Excellence), Baylor College of Medicine, , ,

¹⁸Iberoamerican Cochrane Centre (CCIB) – Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain, , , ¹⁹Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), Spain, ,

Background

Adaptation of clinical guidelines (CG) is an increasingly used methodology for a more efficient development of contextualized recommendations. Despite use of adaptation frameworks like GRADE-ADOLOPMENT and ADAPTE, ambiguity surrounding decision-making when modifying recommendations through CG adaptation remains significantly challenging.

Objective

To summarize reasons for adapting source recommendations and explore potential determinants in guideline adaptation process.

Methods

We adopted a case-control study design. We conducted systematic search in MEDLINE and EMBASE until 2024 October, and identified adapted guidelines developed by professional societies, based on at least one existing guideline, and including at least one recommendation. We defined adapted recommendations as “cases”, and adopted recommendations as “controls”. One reviewer will extract data regarding characteristics of adapted guidelines, recommendations, decision making process, and supporting evidence during adaptation process. We will perform descriptive analysis on the characteristics of adapted guidelines and recommendations, and conduct inductive and deductive thematic analysis to summarize reasons for modifying recommendations. We will perform multiple logistic regression to identify intrinsic predictors associated with adaptation decisions.

Results

We are updating literature and currently include 120 adapted guidelines in English, published from 2013 to 2023. We are performing data extraction and will report assessment process and results in the GIN conference 2025.

Discussion of scientific abstracts

Identifying potential determinants for decision making on whether to adapt or not could help guideline adaptation developers streamline adaptation process, improve efficiency, reduce duplication of effort, and enhance decision-making clarity. These insights may contribute to standardizing adaptation methodologies, ensuring more transparent and consistent guideline modifications.

Reporting guideline for the use of chatbots and other generative Artificial Intelligence tools in mEdical research: the RAISE Statement

Dr Xufei Luo¹, Prof. Yaolong Chen¹, Prof. Yih Chung Tham², Prof. Janne Estill¹

¹Evidence Based Medicine Center, Lanzhou University, Lanzhou, China, ²Department of Ophthalmology, Yong Loo Lin School of Medicine, NUS, , Singapore

Background

Generative artificial intelligence (GAI) tools can enhance the quality and efficiency of medical research, but their improper use may result in plagiarism, academic fraud, and unreliable findings. Transparent reporting of GAI use is essential, yet existing guidelines from journals and institutions are inconsistent, with no standardized principles.

Objective

To address this, we developed the RAISE checklist (Reporting guideline for the use of chatbots and other generative Artificial Intelligence tools in mEdical research) through an international, multidisciplinary expert group.

Methods

The development process included a scoping review, two Delphi rounds, and virtual meetings with 51 experts from 26 countries.

Results

The final checklist comprises nine reporting items: general declaration, GAI tool specifications, prompting techniques, tool's role in the study, declaration of new GAI model(s) developed, AI-assisted sections in the manuscript, content verification, data privacy, and impact on conclusions.

Discussion for scientific abstracts

RAISE provides universal and standardised guideline for GAI use in medical research, ensuring transparency, integrity, and quality.

Common Methods for Guideline Development and Adaptation in countries of the Eastern Mediterranean Region: A Scoping Review of the Literature

Dr Ranin Soliman¹, Dr Mehrnaz Kheirandish¹, Professor Arash Rashidian¹

¹WHO Regional Office for the Eastern Mediterranean (WHO EMRO), Cairo, Egypt

Background: It is essential to have national guidelines that are developed based on rigorous methodologies and adapted to local contexts. This study aims to review the methods adopted by countries in the Eastern Mediterranean Region (EMR) for the development of clinical practice and public health guidelines on the national and the sub-national levels.

Methods: We reviewed the regional practices for development and adaptation of the guidelines through: (1) literature search on the MEDLINE (PubMed) database from January 2013 to June 2024; (2) grey literature search for guidelines, policy documents, frameworks/roadmaps for national guidelines; and (3) direct contact with key informants from countries in the EMR.

Results: The initial PubMed search identified 3,060 studies, of which 75 articles were deemed eligible for inclusion in this review: 17 articles focused on the national level, and 58 on the sub-national level. The 17 national-level studies came from six countries: Iran, Egypt, Lebanon, Qatar, Saudi Arabia, and the UAE. Additionally, studies from ten countries addressed guideline development at sub-national levels. No information on guidelines was available from six countries in the region. The methods used for guideline development varied, with the most common being the GRADE framework (31.9%), the modified ADAPTE model (10.5%), NICE methodology (5.2%), GRADE/ADAPTE combination (5.2%), and other methodologies (47%).

Conclusion: This review summarizes the current status and methods of guideline development and adaptation in the EM Region, reflecting on the main strengths and challenges. Further efforts are needed to improve collaboration and knowledge-sharing to strengthen guideline development across the region.

Validation of the CARE-Radiology Reporting Guideline for Effectiveness and Feasibility: A Cluster Randomized Controlled Trial

Dr Mengshu Wang², Dr Xufei Luo¹, Prof. Jinhui Tian¹, Prof. Junqiang Lei², Prof. Yaolong Chen¹, Prof. Janne Estill¹

¹Evidence Based Medicine Center, Lanzhou University, , China, ²Department of Radiology, The First Hospital of Lanzhou University, Lanzhou, China

Background: Case reports are essential in medical literature, yet the effectiveness of reporting guidelines like the CAsE REport (CARE) and its radiology-specific extension, CARE-Radiology (CARR), remains insufficiently validated. This study addresses the need for empirical evidence on CARR's utility in enhancing radiology case report quality.

Objective: To evaluate the effectiveness and feasibility of the CARR guidelines in improving the quality of radiology case reports through a cluster randomized controlled trial.

Methods: In a three-arm, double-blind, multicenter trial, 62 radiology professionals from 21 institutions across five Chinese regions were randomized to CARR, CARE, or control groups. Following standardized training, participants wrote case reports based on provided clinical data. An independent panel assessed the reports for completeness, clarity, risk of bias, and other outcomes using standardized scales.

Results: The CARR group outperformed others in completeness (mean difference 1.50, $P=0.01$), clarity, and CARR assessment scores (mean 24.2 vs. 16.0 in control, $P<0.001$), with higher JBI scores (6.6 vs. 5.7 in CARE, $P=0.03$). The CARE group completed reports faster (median 300 vs. 480 minutes in CARR, $P=0.02$) but with lower quality. No significant differences emerged in perceived writing difficulty or publication suitability.

Discussion: Both CARR and CARE enhance reporting quality, with CARR excelling in radiology-specific contexts, underscoring the value of structured guidance. Future research should explore CARR's global applicability and integration into journal standards.

Adapting guideline recommendations on smoking cessation within a cross-border primary care collaboration: Lessons learned

Dr Simon Van Cauwenbergh^{1,4}, Mrs. Leen De Coninck¹, Mr. Ton Kuijpers³, Mrs. Jacoba Greving³, Mrs. Martine Goossens¹, Mrs. Inez Vanoverschelde¹, Prof. Dr. Paul Van Royen^{1,2}

¹Belgian Working Group Development of Primary Care Guidelines (WOREL), Antwerp, Belgium, ²Department of Family Medicine and Population Health, Faculty of Medicine and Health Sciences, University of Antwerp, , Belgium, ³Department of Guideline Development and Research, Dutch College of General Practitioners (NHG), Utrecht, the Netherlands, ⁴Faculdade de Medicina, Universidade de São Paulo, São Paulo, Brazil

Background: The collaboration between WOREL (Belgium) and NHG (Netherlands) was initiated at the GIN 2022 conference in Toronto. This partnership was formalized with a Memorandum of Understanding in 2023. Recently, both primary care organisations were accredited by the Belgian Centre for Evidence-Based Medicine.

Objective: To present facilitators, barriers and practical considerations when exchanging summaries of evidence (including GRADE SoF tables) and evidence to decision formats for guideline recommendations on smoking cessation in primary care.

Methods: The collaboration focuses on the guideline development process on smoking cessation. In 2024, the topic was coincidentally addressed by the other organization, providing a unique opportunity to assess the feasibility of combined cross-border guideline adaptation and adoption (adoption procedure). The collaboration involves:

- exchanging methodological details, development processes, search strategies and resources,
- using MagicApp to facilitate the sharing of critically appraised research evidence, rationales and evidence-to-decision frameworks,
- identifying barriers, facilitators, and practical considerations in cross-border guideline development.

Results: During the adoption process, search strategies, SoF tables and evidence to decision formats are exchanged. Key outcomes will include a bilateral exchange of guideline development methodologies, identification of challenges and facilitators in cross-border collaboration, and documentation of lessons learned.

Discussion: The collaboration will establish/generate a roadmap for the next steps of collaboration, outlining strategies to optimize the exchange and joint development of primary care guidelines in future.

Improving medication safety during pregnancy: A consensus-based framework for clinical practice guidelines

Ms Iméze Hieltjes^{1,2}, T. Van Barneveld¹, P.G.J. Ter Horst³, T De Vries⁴, I.M. Mostovaya¹, J.J. Duvekot⁵

¹1. Knowledge Institute of the Dutch Association of Medical Specialists, Utrecht, Netherlands,

²Amsterdam UMC, University of Amsterdam, Emma Children's Hospital, Amsterdam, Netherlands, ³Isala Hospital, Zwolle, Netherlands, ⁴Dutch Association of Paediatrics, Utrecht, Netherlands, ⁵Erasmus MC, Rotterdam, Netherlands

Introduction

Over 160,000 women give birth in the Netherlands each year, and nearly all pregnant women use some form of (self-administered) medication. Adjustments to medication regimens before, during, and after pregnancy are often necessary due to potential effects on fertility, fetal development, pregnancy outcomes, and lactation. However, existing clinical guidelines frequently lack structured and evidence-based recommendations on medication use during this period. This study aimed to develop a structured framework to support the inclusion of medication-related recommendations in clinical guidelines.

Methods

A consensus-based approach was used to develop a decision tool and key questions for assessing the necessity of medication-related recommendations in guidelines. An expert group comprising a gynecologist, pediatrician, hospital pharmacist, and two guideline methodologists formulated a decision flowchart and a set of key questions to ensure standardized evaluation and integration of medication-related considerations into clinical practice guidelines.

Results

The developed framework consists of a structured flowchart for decision-making and a set of 12 key questions to assess the necessity and content of medication-related recommendations. The tool facilitates the systematic inclusion of information on medication safety, risks, and benefits in clinical guidelines, ensuring clarity and consistency. The tool was piloted for COVID-19 and Inflammatory Bowel Disease. The results were well received and demonstrated its value.

Discussion

This framework should be applied to all clinical practice guidelines addressing medication use in individuals of reproductive age, with particular emphasis on chronic medication. The structured approach supports the development of clear, evidence-based recommendations, ultimately improving patient safety and clinical decision-making.

Automated Evidence Integration System for Pediatric CAP Knowledge Graphs: Enhancing Guideline Currency Through AI-Driven Updates

Ms Yingwen Wang¹, Ms Xiaobo Zhang¹, Mr Rui Feng², Ms Yuejie Zhang²

¹Children's Hospital of Fudan University, Shanghai, China, ²School of Computer Science Fudan University, Shanghai, China

Purpose: To designed an automated knowledge graph update mechanism for pediatric community-acquired pneumonia (CAP).

Methods: Given the volume and continuous updates of evidence-based medical data from systematic reviews and randomized controlled trials, manual knowledge graph construction is costly and inefficient. We utilized a high-quality knowledge graph constructed by expert teams as training data. For model development, we fine-tuned BioBERT, a biomedical pre-trained language model based on Transformer architecture, to perform named entity recognition and relationship extraction from medical texts. The model was applied to large-scale evidence-based medical data to automatically extract and structure knowledge. We then implemented knowledge fusion to integrate new findings with existing graphs, resolve conflicts, and ensure consistency. Finally, we established an automatic update mechanism that periodically collects new data and repeats this process, enabling dynamic knowledge graph updates.

Results: From sources including 7 guidelines, 4 protocols, 10 consensus documents, 2 textbooks, 53 systematic reviews, and 232 original studies, three specialists and twenty annotators manually identified 2,769 entities and 8,283 relationships. The automated system extracted 3,983 entities and 14,652 relationships. Validation on 4 RCTs showed strong performance: entity extraction (precision=0.877, recall=0.947, F1=0.911) and relationship extraction (precision=0.839, recall=0.929, F1=0.882).

Conclusion: This research supports data-driven and knowledge-driven deep learning models, with potential to further enhance the accuracy and reliability of clinical prediction models and guideline updates. The automated system enables more efficient integration of new evidence into clinical guidelines for pediatric CAP.

Applying LLM Extraction and Reasoning Models to ROB2 Domain Risk Assessment

Christopher Wolfkiel¹

¹Clinical Guidelines Resources, Chicago, United States

Background: Risk of Bias tools require considerable time and expertise to implement. Gen AI prompts theoretically can be designed to draft domain responses.

Objective: To test performance of AI prompts in assessing ROB2 domain risk compared to published results.

Methods: ROB2 prompts were implemented in three platforms: Indico's Data Extraction, GRADE GPT and Anthropic Claude 3.7 Sonnet. Implementation included an iterative prompt design/editing process with 2-3 representative PDFs. AI results from available RCT PDFs from three systematic reviews were compared to published data. Available PDFs were defined as those open access or available through Google Scholar. AI Models tested include Indico's api implementation of GPT-4o, Grade GPT-4-Turbo and Anthropic Claude 3.7 reasoning model. Prompts were designed as to not include copyrighted ROB2 text, rather generic instructions to assess domain risk were used (i.e. "Assess ROB2 Domain Risk"). Claude's prompt also included a request for signaling question detail.

Results: AI ROB2 domain agreement with published data from 44 RCTs was modest:

Indico 4o - 60% (range 39-80%)

Grade GPT 4-Turbo - 56% (range 39-75%)

Claude 3.7 - 62% (range 50-68%)

In all models Missing Outcome Bias was the lowest agreement domain (30-50%).

Discussion: While the allure of using AI to semi-automate risk of bias determination is great. There appears to be significant limitations of a generic prompt approach which assumes the LLM has enough inherent understanding of ROB2 to accurately complete the task. Perhaps an implementation of proprietary content with more advanced AI tools could lead to a reliable implementation.

Interactive Workshop on the use of GRADE MC-EtD Framework for Formulating Recommendations for Multiple Interventions

Ms Jessica Beltran^{1,2}, Dr Itziar Etxeandia-Ikobaltzeta³, Dr Carlos Canelo-Aybar¹, Dr Ana Carolina Pereira Nunes Pinto¹, Miss Karina Fernandez-Saenz¹, Dr Thomas Piggott^{4,5,6}, Dr Holger J. Schünemann⁷, Dr Pablo Alonso-Coello^{1,8}

¹Iberoamerican Cochrane Centre, Barcelona, Spain, ²Department of Pediatrics, Obstetrics, Gynaecology and Preventive Medicine, Universitat Autònoma de Barcelona, Barcelona, Spain, ³American College of Physicians, Philadelphia, United States of America, ⁴Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ⁵Michael G. DeGroote Cochrane Canada & McMaster GRADE Centres, McMaster University, Hamilton, Canada, ⁶Department of Family Medicine, Queens University, Kingston, Canada, ⁷Clinical Epidemiology and Research Center (CERC), Department of Biomedical Sciences, University & Humanitas Research Hospital, Via Rita Levi Montalcini 4 - 20090 Pieve Emanuele, Milano, Italy, ⁸CIBER de Epidemiología y Salud Pública, Instituto de Salud Carlos III (CIBERESP), Barcelona, Spain

Background:

The GRADE Multiple-Intervention Comparison Evidence-to-Decision (MC-EtD) framework provides a structured approach to comparing multiple interventions and formulating transparent recommendations. By systematically considering all relevant decision-making criteria, it helps address the complexity of multiple options during guideline development.

Objective:

This workshop will equip participants with the knowledge and skills to:

- Apply the MC-EtD framework step by step to develop recommendations.
- Identify key challenges and facilitators in its application.
- Gain hands-on experience in structuring recommendations for multiple interventions.

Methods:

This 90-minute interactive session includes:

Introduction and Case Study: Overview of multiple-intervention comparisons and rationale for the need of the MC-EtD, and a 7–15-minute video demonstrating its application using a real-world example.

Hands-On Activity “MC-EtD Framework Deconstruction”: Participants will work in small groups to analyse and break down the formulation of the recommendation from the example. Using a structured matrix and guiding questions, they will evaluate how judgments were made for each MC-EtD domain. This activity will focus on identifying strengths, gaps, and areas for improvement in the decision-making process using the MC-EtD framework.

Plenary Discussion and Wrap-Up: Groups summarize key takeaways, discussing framework strengths, common misunderstandings, and strategies for improving implementation.

Expected Outcomes:

This workshop offers a practical, hands-on approach to the use of MC-EtD framework for decision-making. By the end, participants will:

- Develop a deeper understanding of decision-making with multiple interventions.
- Strengthen their ability to apply the GRADE MC-EtD framework effectively.
- Identify opportunities for future research and collaboration in refining the framework.

Mapping the Role of Large Language Models in Guideline Adaptation: A Scoping Review

Ms Meihua Wu^{1,2}, Doctor Yaolong Chen², Doctor Xiaohui Wang¹

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

Innovative artificial intelligence (AI), particularly large language models (LLMs), offers transformative potential for evidence synthesis and guideline adaptation. Its capacity to enhance recommendation accessibility, promote the efficient utilization of existing guidelines, and mitigate unnecessary resource allocation warrants systematic exploration.

This scoping review aims to map the state of the art regarding the role of LLMs in guideline adaptation, focusing on technological advances, methodological approaches, and their potential to catalyze equitable healthcare delivery.

A comprehensive literature search will be conducted across multiple databases, grey literature, and relevant conference proceedings. The review adheres to the PRISMA-ScR (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews) guidelines to ensure transparency and reproducibility. Two researchers will independently extract data on application contexts, implementation strategies, methodological frameworks, and outcome measures.

While preliminary findings indicate a growing interest in the integration of LLMs within digital guideline adaptation processes, with the potential to improve healthcare system efficiency, this field remains in early development. Detailed results will be finalized before the GIN 2025 conference.

We will explore how LLM-driven innovations can enhance global accessibility of guideline recommendations and address implementation challenges. Ethical, methodological, and scalability issues will also be discussed. The study is ongoing, and final outcomes will be available for presentation at the conference.

Rationale for Developing Guidance Independently of Clinical Practice Guidelines in Japan

Ms Akiko Okumura¹, Mr Shinjiro Miyake¹, Ms Eri Kawabe¹, Minds Group¹

¹Japan Council for Quality Health Care • Minds, Chiyoda-ku, Japan

[Background]

During the COVID-19 pandemic in 2020, Japanese medical societies provided the best available information, even if it did not meet the criteria for clinical guidelines. These were disseminated as “guidance” or “advices,” allowing for a rapid response distinct from formal guidelines.

[Objective]

To analyze trends in the development of “guidance” and “advices” by Japanese medical societies and examine the reasons for their distinction from clinical guidelines.

[Methods]

A questionnaire survey was conducted among approximately 300 organizations with experience in developing clinical guidelines. The survey explored trends in creating “guidance” and “advices” as separate from formal guidelines.

[Results]

A total of 156 organizations responded, with 88.4% (138/156) reporting the development of “guidance” or “advices.” The most cited reason was “insufficient evidence for clinical guidelines” (52.6%, 82/156), followed by “inability to formulate recommendations as formal clinical guidelines” (13.4%, 21/156).

Further analysis revealed that 25.0% (39/156) found it challenging to clarify the robustness and limitations of evidence, while 12.8% (20/156) struggled to define selection criteria, and 11.5% (18/156) had difficulty linking recommendations with evidence.

[Discussion]

The findings suggest that limited evidence and challenges in establishing clear links between recommendations and evidence significantly influence the development of “guidance” or “advices.” To address these issues, raising awareness of guideline development methodologies under limited evidence and reassessing the role of clinical guidelines in medical practice is essential.

Leveraging technology for developing living evidence, guidelines, and decision aids using MAGICapp

Ms Lyubov Lytvyn^{1,2}, Mr Chris Champion¹, Dr Linn Brandt¹, Dr Per Olav Vandvik^{1,3}, Dr Thomas Agoritsas^{1,2,4,5}

¹MAGIC Evidence Ecosystem Foundation, , Norway, ²McMaster University, , Canada, ³University of Oslo, , Norway, ⁴University Hospitals of Geneva, , Switzerland, ⁵University of Geneva, , Switzerland

Background:

There is increasing interest from guideline users and funders for living evidence and guidance to inform healthcare decision-making. Producing trustworthy and responsive evidence and guidance is resource-intensive and requires efficient workflows and innovative solutions.

MAGICapp (www.magicapp.org) is an open-access web-based platform, developed by the not-for-profit MAGIC Evidence Ecosystem Foundation, designed to streamline creating and maintaining living evidence, guidelines, and decision aids. This workshop will provide applied examples of how living guidelines can be managed in MAGICapp, with insights into living processes, training on MAGICapp, and opportunities for discussion.

Objectives:

1. Explore what is involved in developing and maintaining living evidence and guidelines using real-life case studies in MAGICapp: BMJ RapidRecs guideline on drugs for type 2 diabetes and WHO guideline on therapeutics and COVID-19.
2. Learn the basics of creating living guidelines in MAGICapp through a hands-on exercise.

Format:

Part I: Presentation of case studies of living guidelines (diabetes, COVID-19), and group discussion of advantages and challenges.

Part II: Demonstration of digitally structured guideline development, with MAGICapp's key features including structured PICO-linked content, real-time updates, and dissemination opportunities.

Part III: Hands-on exercise simulating a guideline panel updating a recommendation based on new evidence. Working in pairs, participants will integrate new study findings into an evidence profile, modify a linked decision aid, and update the recommendation. Facilitators will provide guidance throughout.

Part IV: Reflection in small groups on the advantages and challenges of living guidelines, and identification of key areas where further technological innovation would benefit the guideline community.

Technological innovation to facilitate guideline adaptation

Ms Lyubov Lytvyn^{1,2}, Mr Chris Champion¹, Dr Linn Brandt¹, Dr Per Olav Vandvik¹, Dr Thomas Agoritsas^{1,2,4,5}

¹MAGIC Evidence Ecosystem Foundation, , Norway, ²McMaster University, , Canada, ³University of Oslo, , Norway, ⁴University Hospitals of Geneva, , Switzerland, ⁵University of Geneva, , Switzerland

Background:

Adapting global guidelines to local contexts is critical for improving equitable access to trustworthy healthcare guidance to inform decision-making and for increasing impact of guidelines. MAGICapp (www.magicapp.org) is an open-access web-based platform, developed by the not-for-profit MAGIC Evidence Ecosystem Foundation, designed to support developers of evidence synthesis and guidelines in authoring, updating, and adapting digitally-structured evidence, recommendations, and decision aids. This workshop is focused around the technological challenges and opportunities associated with guideline adaptation and is designed for guideline developers, policymakers, and healthcare professionals.

Objectives:

1. Explore how MAGICapp enables local impact through dissemination and adaptation.
2. Share our latest innovations in guideline adaptation technology (working prototype), and multi-format dissemination.
3. Discuss user needs for adaptation technology.

Format:

Part I. Demonstration of MAGICapp's key features, including structured PICO-linked content, real-time updates, and current dissemination and guideline adaptation features.

Part II. Demonstration of our prototype guideline adaptation tool and how we have tested it so far and what we have learnt.

Part III. Participants will break into small groups to discuss their needs and challenges when adapting guidelines in their own contexts. Discussion will be framed around four key areas: technology, process, methods, and skills. Participants will have an open discussion about each of these factors and will be invited to identify barriers and opportunities associated with each area.

Part IV. After the discussions, groups will share their insights with the larger audience, fostering a collective dialogue on best practices and potential solutions for improving guideline adaptation using digital tools.

Evaluating GRADE Implementation in Clinical Practice Guidelines: A Systematic Survey of Criteria and Tools

Ms Siyu Yan¹, Ms Xiangying Ren¹, Prof Gordon Guyatt², Prof Pablo Alonso-Coello³, Prof Philipp Dahm⁴, Ms Ziyi Wang¹, Mr Qiao Huang¹, Mr Yongbo Wang¹, Prof Xiaomei Yao⁵, Prof Yinghui Jin¹

¹Center For Evidence-based And Translational Medicine, Zhongnan Hospital Of Wuhan University, Wuhan, China, ²Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ³CIBER de Epidemiología y Salud Pública, Instituto de Salud Carlos III (CIBERESP), Madrid, Spain, ⁴Department of Urology, University of Minnesota, Minneapolis, USA, ⁵Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada

Background: Despite the widespread claim that clinical practice guidelines (CPGs) follow the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach, its implementation remains unclear.

Objective: To identify existing standards, criteria, or assessment tools for evaluating adherence to GRADE in CPGs, and summarize findings from studies applying these criteria.

Methods: We systematically searched PubMed, Embase, Web of Science, and the Cochrane Library from January 2004 to November 2024, supplemented by manual reviews of the GRADE handbook, GRADE Working Group website, and GRADE centers and networks. We included studies that proposed criteria to evaluate GRADE adherence or applied such criteria, summarizing findings descriptively.

Results: We identified 11 eligible publications, including eight studies that proposed evaluation criteria, the most frequently reported domains addressed the certainty of evidence (CoE) (87.5%) and recommendation formulation (87.5%). Less frequently addressed domains included framing research question (37.5%), following evidence-to-decision frameworks (37.5%), and selecting outcomes (37.5%). Three studies applied evaluation criteria, reporting inconsistent adherence to the GRADE approach among the CPGs that claimed to use it.

Discussion: These findings highlight the inconsistent application of GRADE in CPGs and a lack of structured evaluation tools for assessing adherence. Improving guideline developer's adherence to GRADE presents a challenge. A user-friendly standardized instrument to assess the application of GRADE in CPGs may help improve transparency and guideline quality. Future work should focus on developing and validating such an instrument to support both guideline developers and users.

Application and Exploration of Large Language Models in the Dissemination and Implementation of Infertility Guidelines

Yishan Qin^{1,2,3}, Jungang Zhao⁴, Yaolong Chen^{1,2,3}

¹Research Unit of Evidence-Based Evaluation and Guidelines (2021RU017), Chinese Academy of Medical Sciences, School of Basic Medical Sciences, Lanzhou University, Lanzhou, Gansu, China, ²Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, Gansu, China, ³Institute of Health Data Science, Lanzhou University, Lanzhou, Gansu, China, ⁴Chevidence Lab Child & Adolescent Health Department, Children's Hospital of Chongqing Medical University, Chongqing, China

Infertility is rising in reproductive-age populations and is now a major global public health issue. The promotion and implementation of clinical practice guidelines is the key to promoting medical equity, improving medical quality and solving public health problems. This research uses infertility guidelines as an example to study the application of large language models in adapting guideline content and helping its spread and implementation.

We first collected and processed key recommendations from infertility-related guidelines. Then, we used large language models to create explanatory and promotional texts and videos. Next, medical experts and patient representatives checked the accuracy and readability of these materials. The early results show that these models can quickly produce information in many formats. This information is easy for patients from different cultural and educational backgrounds to access, thus boosting guideline accessibility. These models also have the potential to offer personalized patient information and support healthcare providers in low-resource settings.

This new method provides a promising way to enhance the efficiency and coverage of guideline dissemination and implementation, promoting fair access to evidence - based recommendations. However, ensuring the accuracy of generated content and sticking to clinical and legal rules are crucial for future development and use.

Achieving International Consensus on Key Recommendations for Managing Multiple Long-Term Conditions: A Modified Delphi Study

Ms Hanna Tuinhof¹, Emma Gans¹, Marlies Verhoeff¹, Karin Vermeulen¹, Robbert Duvivier², Jako Burgers³, Barbara van Munster¹

¹University Center of Geriatric Medicine, University Medical Center Groningen, Groningen, The Netherlands,

²Department of Medical Education, University Medical Center Groningen, Groningen, The Netherlands, ³Care and Public Health Research Institute, Department of Family Medicine, Maastricht University, Maastricht, The Netherlands

Background

Patients with multiple long-term conditions (MLTC) face fragmented care, requiring a patient-centred, coordinated approach guided by tailored MLTC guidelines. Several guidelines have been published worldwide, demonstrating a global problem that requires a concerted, international response.

Objective

To achieve international consensus on key recommendations for managing MLTC.

Methods

54 professional experts from 25 countries and 64 patients experts from 9 countries were invited to participate in an online modified Delphi survey. The survey included 64 recommendations, derived from 233 recommendations found in 14 guidelines through a systematic search. Professionals rated the recommendations on relevance in two Delphi rounds. In round three, patients assessed relevance, while professionals evaluated feasibility. Consensus was defined a priori as $\geq 70\%$ rating a recommendation ≥ 7 on an 11-point Likert scale. Both groups prioritized their top three recommendations for implementation.

Results

After two rounds, professionals (74% response rate) reached consensus on 31 relevant recommendations, confirmed by patients (67% response rate). Consensus on feasibility was reached among professionals (65% response rate) for 5 of the 31 recommendations: identifying the target population, providing information, optimizing medication management, deprescribing, and medication review intensity. Shared top priorities for implementation included a structured vision of MLTC care and interprofessional collaboration. Professionals prioritized identification of target populations, while patients emphasized comprehensive assessments.

Discussion

Experts reached consensus on the relevance of 31 recommendations, but their feasibility was limited. Among the prioritized recommendations, identifying the target population was the only one that aligned with feasibility and could serve as a starting point for implementation.

Enhancing Clinical Practice Guideline Development: Insights from a Panel Survey on Resource Use and Costs in the European Union.

Dr Laura De La Torre Pérez^{1,2}, Gian Paolo Morgano³, Agnes Männik⁴, Katayoun Taghavi⁵, David Rigau², Carlos Canelo², Partha Basu⁵, Pablo Alonso^{2,6}

¹Methodology of Biomedical Research and Public Health PhD Program, Universitat Autònoma de Barcelona, Barcelona, Spain, ²Iberoamerican Cochrane Centre (CCIB) – Institut de Recerca Sant Pau (IR Sant Pau), Barcelona, Spain, ³European Commission, Joint Research Centre (JRC), , Italy, ⁴European Commission, Joint Research Centre (JRC), , Belgium, ⁵International Agency for Research on Cancer/ World Health Organisation, , France, ⁶CIBER de Epidemiología y Salud Pública, Instituto de Salud Carlos III (CIBERESP), , Spain

Background

Understanding cost-effectiveness and resource use requirements is essential for evaluating interventions in guideline development, but obtaining reliable data on resource use and costs remains challenging, particularly in diverse settings with varying healthcare structures and conditions.

Objective

To describe the development, implementation, and impact of a panel survey designed to collect data on resource use and costs for guideline decision-making, and to report how panels integrated this information into their evidence assessments.

Methods

A survey was developed to gather resource use and cost data related to three guidelines on cancer screening strategies. The survey was reviewed internally and by the steering group before distribution to panel members. It was iteratively refined for each initiative to incorporate feedback, insights, and lessons learned from previous iterations. Data collection and presentation to panel members occurred over 2–4 weeks. The findings and key points from panel discussions were presented during guideline panel meetings.

Results

Survey participation varied by country. Respondents more frequently provided cost estimates (total costs or fees). Panels interpreted and valued the information differently, considering its relevance for cost-effectiveness analyses, international cost comparisons, capacity assessments, and payer perspectives. The data informed feasibility and capacity of implementing recommendations, considering vertical and horizontal segmentation of services.

Discussion

Surveying panellists represents a structured approach to integrating cost and resource use data into guideline development. Initial findings suggest it can enhance considerations of economic factors but highlights the need for consistency in data collection and interpretation. This may improve evidence-based health recommendations across diverse health systems.

Enhancing Guideline Development: Interactive Workshop on Integrating Resource Use and Costs

Dr Laura De La Torre Pérez^{1,2}, Gian Paolo Morgano³, Agnes Männik⁴, Katayoun Taghavi⁵, David Rigau², Carlos Canelo², Partha Basu⁵, Pablo Alonso^{2,6}

¹Methodology of Biomedical Research and Public Health PhD Program, Universitat Autònoma de Barcelona, , Spain, ²Iberoamerican Cochrane Centre (CCIB) – Institut de Recerca Sant Pau (IR Sant Pau), Barcelona, Spain, Barcelona, Spain, ³European Commission, Joint Research Centre (JRC), , Italy, ⁴European Commission, Joint Research Centre (JRC), , Belgium, ⁵International Agency for Research on Cancer/ World Health Organisation, , France, ⁶CIBER de Epidemiología y Salud Pública, Instituto de Salud Carlos III (CIBERESP), , Spain

Background: Incorporating data on resource use and costs (RUC) into health guidelines presents significant challenges, particularly across diverse healthcare settings. Effective integration of RUC data is crucial for developing comprehensive, evidence-based, and applicable guidelines. However, practical steps for achieving this remain unclear.

Objective: To facilitate an interactive discussion on potential steps for integrating RUC data into guideline development, encouraging participants to share experiences and insights while analysing real-world examples.

Format:

Introduction: Brief presentation of challenges in incorporating RUC data into guidelines and explanation of structured facilitation techniques used.

Idea Generation: Participants will individually write steps for incorporating RUC data using a digital Brainwriting platform. This method ensures all ideas are captured without group influence. A Time-Boxing technique ensures clarity in idea-sharing.

Clustering and Prioritization: Notes will be collaboratively grouped to identify common themes. Participants will vote on key steps for in-depth discussion.

Focused Discussions: Moderators will present examples of RUC integration. Participants will be divided into groups to analyze the selected steps using a Refined SWOT Approach (pros, cons, missed opportunities, and acquired strengths) and share insights.

Plenary Session & Wrap-Up: Group representatives will report key points, summarize insights, and identify next steps for further exploration.

The discussion focuses on strategies for integrating RUC data into guidelines, leveraging real-world examples and participant input. It aims to enhance creativity through structured facilitation and strengthen the research network. Identifying potential barriers and facilitators in incorporating RUC data for selected steps lays the groundwork for future discussions and research.

EvaluationN instrument of Guideline's Adherence to GRADE approach (ENGAGE)—A Tool for Evaluating Guideline Adherence to GRADE

Prof Yinghui Jin¹, Ms Siyu Yan¹, Prof Pablo Alonso-Coello², Prof Philipp Dahm³, Prof Xiaomei Yao⁴, **Dr, Prof Gordon Guyatt**

¹Center For Evidence-based And Translational Medicine, Zhongnan Hospital Of Wuhan University, Wuhan, China, ²CIBER de Epidemiología y Salud Pública, Instituto de Salud Carlos III (CIBERESP), Madrid, Spain,

³Department of Urology, University of Minnesota, Minneapolis, USA, ⁴Department of Health Research Methods, Evidence and Impact, Department of Oncology, McMaster University, Hamilton, Canada,

⁵Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada

Background: Many clinical practice guidelines (CPGs) claim to use GRADE approach, but its implementation varies, suggesting that CPG users would benefit from a tool to evaluate the extent to which CPGs adhere to GRADE standards. Such a structured instrument is currently unavailable. **Objective:** To develop an EvaluationN instrument for Guideline's Adherence to GRADE approach (ENGAGE).

Methods: The development process for ENGAGE will consist of the following five phases: (1) recruitment of a panel of GRADE experts; (2) development of ground rules for the development of ENGAGE and criteria for choosing items; (3) generation of candidate items through a literature review and panel consultation; (4) panelist discussion to construct the initial draft and extended explanation manual; (5) user testing.

Results: The panel will include over 20 individuals, including experienced authors of GRADE guidance and methodologists from relevant organizations. The ground rules focus on the key elements of GRADE, aiming for clarity for non-expert users and simplicity by targeting a small number of items. The goal is to identify items to which guidelines frequently fail to adhere, thereby discriminating across guidelines. We will present an initial draft of ENGAGE at GIN 2025.

Discussion: Unlike existing quality assessment tools (e.g., AGREE II) and reporting checklists (e.g., RIGHT), ENGAGE is designed specifically to assess adherence to GRADE, rather than overall guideline quality or reporting completeness. By applying ENGAGE, guideline users will be able to distinguish CPGs that rigorously implement GRADE, improving their ability to select highly trustworthy guidelines for clinical and policy decisions.

Workshop on how to use GRADE to identify science gaps and priorities that guide future research

Prof Holger Schünemann¹, Prof. Elie Akl², Prof. Maura Marcucci¹

¹Humanitas University, , Italy, ²American University of Beirut, , Lebanon

Background

The GRADE approach is the most widely used framework for evaluating certainty of evidence and guiding health decision-making. However, a systematic method for identifying research gaps and prioritizing future research based on use of GRADE has not been fully operationalized. The GRADE project group to guide primary research reviewed case examples from guidelines on multidrug-resistant tuberculosis, colorectal cancer, and other clinical, public health, and policy areas. Judgments and explanations for rating down certainty have direct implications for research. For example, imprecision in a critical outcome signals a need for larger studies with more events and participants. Identifying indirectness explicitly based on population, interventions, comparison and outcome (PICO) considerations directly inform missing PICO elements to enhance applicability of evidence through research.

Objective

To demonstrate and practice how structured guidance can translate research gaps identified through GRADE into actionable research funding strategies, study designs, and evidence-generation priorities.

Format

We will practice - using interactive, example and case-based approaches - how to derive research needs from specific GRADE certainty domain judgments (e.g., risk of bias, inconsistency, imprecision). We will work with participants how GRADE research implications can be structured according to shortcomings on specific Evidence to Decision (EtD) criteria, such as equity and acceptability. By embedding research priority setting into evidence-based decision-making, this framework will allow participants understanding the role of GRADE in shaping scientific research agendas, e.g. in guideline recommendations. It ensures that participants will understand how evidence gaps are systematically addressed to generate high-certainty evidence to support future decision-making.

Using GRADE to identify science gaps and priorities that guide future research

Prof Holger Schünemann¹, Prof. Maura Marcucci¹, Prof. Elie Akl², from GRADE to Research Project Group³

¹Humanitas University, , Italy, ²American University of Beirut, , Lebanon, ³GRADE Working Group, ,

Background

The GRADE approach is the most widely used framework for evaluating certainty of evidence and guiding health decision-making. However, a systematic method for identifying research gaps and prioritizing future research based on use of GRADE has not been fully operationalized.

Objective

To demonstrate how structured guidance can translate research gaps identified through GRADE into actionable research funding strategies, study designs, and evidence-generation priorities.

Methods

The GRADE project group to guide primary research reviewed case examples from guidelines on multidrug-resistant tuberculosis, colorectal cancer, and other clinical, public health, and policy areas. We describe how to link research needs to specific GRADE domains (e.g., risk of bias, inconsistency, imprecision).

Judgments and explanations for rating down certainty have direct implications for research. For example, imprecision in a critical outcome signals a need for larger studies with more events and participants. Identifying indirectness explicitly based on population, interventions, comparison and outcome (PICO) considerations directly inform missing PICO elements to enhance applicability of evidence through research. Additionally, we outline how GRADE research implications can be structured according to shortcomings on specific Evidence to Decision (EtD) criteria, such as equity and acceptability. These approaches will be presented at GIN 2025 for feedback.

Discussion

By embedding research priority setting into evidence-based decision-making, this framework enhances the role of GRADE in shaping scientific research agendas. It ensures that evidence gaps are systematically addressed, optimizes research investments, and accelerates the generation of high-certainty evidence to support future decision-making.

Enhancing the usability by practice guideline developers of the framework for actionable statements: a qualitative study

Dr Tamara Lotfi^{1,2}, Dr. Nancy Santesso², Dr. Elie A. Akl^{2,3}, Dr. Pablo Alonso Coello^{4,5}, Zil Nasir², Dr. Holger Schünemann^{2,6}

¹International Initiative For Impact Evaluation (3ie), London, United Kingdom, ²Health Research Methods, Evidence & Impact, McMaster University, Hamilton, Canada, ³Faculty of Medicine, American University of Beirut, Beirut, Lebanon, ⁴Institut de Recerca Sant Pau, Barcelona, Spain, ⁵CIBER Biomedical Research Center in Epidemiology and Public Health (CIBERESP), Health Institute Carlos III (ISCIII), Madrid, Spain, ⁶CERC, Humanitas University and Humanitas Research Hospital, Milan, Italy

Introduction

We developed a framework that classifies actionable statements in practice guidelines into five categories: formal recommendations, informal recommendations, good practice statements, research only recommendations, and implementation considerations, tools and tips. The objective of this study was to explore guideline developers' views on utilizing the framework to create actionable statements.

Methods

We conducted a qualitative study using an iterative two-phase data collection approach, starting with online one-on-one interviews with guideline developers, analyzed using Morville's honeycomb model themes. We coded the transcripts and compiled them accordingly, incorporating additional themes brought by the participants. For the second phase, an online focus group discussion (FGD) was conducted, we coded the transcripts and derived themes to gain deeper input on the frameworks' usability.

Results

Between October 2023 and June 2024, 13 individuals participated in one-on-one interviews, while five participated in a focus group discussion. Participants worked in Belgium, Canada, Croatia, Italy, Lebanon, South Africa, Switzerland and the United States of America. Some were involved in global guidelines (e.g., with the World Health Organization). They emphasized the need for the framework to be tailored to the different stages of guideline development, be interactive, and integrated with existing tools. Additionally, they appreciated its focus on actionable statements, and requested step-by-step guidance with more examples and more flexibility.

Conclusion

The insights from our study offer valuable improvements to the current framework for actionable statements. Building on these findings, a customized guidance should be developed to enhance its effectiveness.

The potential of AI in assisting palliative care guideline revisions: insights from a pilot study

Ms Lejla Koco¹, Brigitt Borggreve¹, Inge van Trigt¹, Corinne Stoop¹

¹Stichting PZNL, Utrecht, Netherlands

Background:

Artificial Intelligence can potentially assist in different ways during all phases of the guideline development process, such as collection of evidence, formulating recommendations, structuring texts and the writing process. However, integration of AI must align with established guideline development frameworks to ensure transparency and reliability. Despite growing use of AI in medicine, its role in palliative care guideline development remains limited.

Objective:

This study explores how AI can be applied in guideline development, focusing on various prompt engineering techniques. We evaluate multiple AI-generated texts on their content, quality and expected usefulness and assess the required recourses, human efforts and potential benefits for guideline developers.

Methods:

We examined various AI applications by using ChatGPT 4o for text generation with several prompt variations for generating new texts. Different prompt structures were tested to optimize the AI-generated output. The content of the generated AI texts was evaluated through text analysis and expert opinions.

Results:

Well-structured prompts significantly improved AI-generated content quality, ensuring coherence and relevance. By providing reference materials for AI, as input, the quality of AI-generated texts improved and is expected to reduce undesired hallucinated output. These AI applications reduced drafting time and enhanced content consistency of guideline recommendations and considerations. However, human checks remained crucial for maintaining methodological rigor and clinical accuracy.

Discussion:

Future research should focus on refining AI applications, integrating them into structured workflows, and ensuring alignment with established guideline development methodologies. Responsible AI implementation will require ongoing evaluation and adaptation to maintain scientific integrity and trustworthiness.

Frameworks For Equity Consideration Within Organizational Products: A Scoping Review

Dr Jana Khawandi¹, Dr Ali Choib¹, Dr Aseel Khader¹, Ms. Lama Hamade², Mr Abdullah Alhalbouni³, Dr Jood Ahmad³, Ms. Ifeoluwa Babatunde⁴, Dr Rebecca L Morgan^{4,5}, **Professor Reem A. Mustafa**^{5,6}

¹Evidence-Based Practice and Impact Center, Department of Internal Medicine, University of Kansas Medical Center, Kansas City, United States, ²Faculty of Medicine, American University of Beirut, Beirut, Lebanon, ³The University of Jordan, Amman, Jordan, ⁴Case Western Reserve University School of Medicine, Cleveland, United States, ⁵Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ⁶Division of Nephrology and Hypertension, Department of Internal Medicine, University of Kansas Medical Center, Kansas City, United States

Background: Equity consideration has been recognized as an important aspect for healthcare decision-making. In this study we aim to conduct a scoping review examining available frameworks for considering equity related considerations in healthcare decision making including guideline development.

Methods: We searched PubMed, Embase, Web of Science and Cochrane databases. The review team screened references in duplicates using Covidence and extracted data using Google forms. We excluded frameworks addressing equity in primary research or in dissemination and implementation studies.

Results: The search identified 4810 references after removing duplicates. The review included 610 references that considered equity in general or any specific PROGRESS-Plus populations (Place of residence, Race/ethnicity/culture/language, Occupation, Gender/sex, Religion, Education, Socioeconomic status, Social capital, Personal characteristics associated with discrimination, Features of relationships and Time-dependent relationships). We are in the process of completing data extraction. There is considerable overlap between themes identified in the frameworks. However, there is significant variability among the items included and how they are considered in every framework.

Conclusion: While frameworks to guide equity considerations into healthcare decision-making exist, it remains unclear how they overlap or complement each other. Our scoping review will help summarize existing frameworks to facilitate integrating equity considerations effectively in healthcare decision-making.

Optimising Prostate Cancer Screening: Evidence-Based Operational Recommendations for Clinical Practice in the Czech Republic

Dr Marcela Koudelková^{1,2}, profesor Marek Babjuk³, Dr Michaela Matoušková⁴, profesor Roman Zachoval⁵, **Dr Dagmar Tučková⁶**, Mgr Kateřina Hejčmanová^{1,2}, Dr Miloslav Klugar⁶

¹National Screening Centre, Institute of Health Information and Statistics of the Czech Republic, Prague, Czech Republic, ²Institute of Biostatistics and Analyses, Faculty of Medicine, Masaryk University, Brno, Czech Republic, ³Department of Urology, 2nd Faculty of Medicine, Charles University, Motol University Hospital, Prague, Czech Republic, ⁴Urocentrum, Prague, Czech Republic, ⁵Department of Urology, 3rd Faculty of Medicine, Charles University and Faculty Thomayer Hospital, Prague, Czech Republic, ⁶NIKEZ, Institute of Health Information and Statistics of the Czech Republic, Prague, Czech Republic

Background:

The launch of a prostate cancer screening programme in January 2024 in the Czech Republic required the development of rapid, evidence-based recommendations for urologists and general practitioners to optimise early detection.

Objective:

Based on NIKEZ (The National Institute for Quality and Excellence in Healthcare) Executive Board prioritisation, five key clinical questions were identified regarding the appropriate age to start and stop screening, management of borderline Prostatic specific antigen values, and the impact of LUTS (lower urinary tract symptoms) on screening recommendations.

Methods:

A systematic search was conducted in two rounds over four weeks. International guidelines (GIN Library, BIGG, Epistemonikos) and systematic reviews (MEDLINE, Embase, Web of Science) were analysed. Evidence quality was assessed by two independent experts using the AGREE II and JBI. Recommendations were developed following NIKEZ and GRADE-ADOLOPMENT methodologies, focusing on guidelines and systematic reviews from 2018–2023.

Results:

Five rapid recommendations were developed to ensure a standardised approach to prostate cancer screening in the Czech Republic. Four were based on existing guidelines, while the fifth was developed de novo from a systematic review. The first strong recommendation, defining the optimal age to start screening in men without risk factors, has high-certainty evidence and is linked to a quality indicator.

Conclusions:

These recommendations provide a unified, evidence-based framework for effective prostate cancer screening. Rigorous evidence appraisal enables optimised early detection and improved patient care. Future efforts will focus on developing quality indicators based on these recommendations.

Towards a practical model of collaboration and partnerships for Health; Barriers and Solutions along the Ecosystem of Health Decision Making

Mr Juan Antonio Blasco-Amaro¹, Tanja Kuchenmüller², Marge Reinap², Rebekah Thomas Bosco², Dr. Lorenzo Moja², Dr. Ilse Verstijnen⁴, Dr. Mouna Jameleddine⁵, Dr Holger Schünemann³

¹AETSA, , Spain, ²World Health Organization, Geneva, Switzerland, ³Guidelines International Network, , ,

⁴Zorginstituut Nederland, , Nederland, ⁵INEAS, , Tunisia

This Workshop will explore innovative collaboration models that facilitate integration across health policies. Participants will engage in developing a roadmap to guide future decision-makers toward sustainable partnerships fostering an evidence-informed health ecosystem. In this context, effective partnerships and cooperation among key stakeholders are essential to ensuring that health policies are not only grounded in the best available evidence but also adaptable to the rapidly evolving healthcare landscape.

Recent research (Schünemann et al., 2022) highlights that health technology assessment (HTA) bodies, guideline developers, and policymakers share fundamental approaches—starting with structured questions (PICO framework) and following similar criteria to translate evidence into recommendations. However, despite these commonalities, collaboration across these stakeholders remains fragmented. Differences in terminology, processes, and institutional frameworks often create barriers to seamless integration, leading to inefficiencies, duplication of efforts, and inconsistent decision-making. Strengthening cooperation at all stages of the decision-making cycle—from evidence generation to implementation—can reduce redundancy, enhance efficiency, and ultimately improve healthcare quality and patient outcomes.

Through interactive discussions and case studies, participants will explore real-world examples of successful collaboration, analyze challenges in building cooperative frameworks, and co-develop actionable solutions. The workshop aims to lay the groundwork for future collaborative initiatives, ensuring that decision-making processes are more interconnected, transparent, and responsive to emerging health challenges.

Consistency and Limitations of Large Language Models in Clinical Decision-Making: A Systematic Review Against Practice Guidelines

Miss Bingyi Wang^{1,2,3}, Professor Yaolong Chen^{1,2,3}, Xufei Luo^{1,2,3}

¹Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China,

²World Health Organization Collaboration Center for Guideline Implementation and Knowledge Translation, 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

Objective: To systematically evaluate the alignment of large language models (LLMs) with clinical practice guidelines across diverse medical specialties and identify methodological gaps in existing validation studies.

Methods: Following PRISMA 2020 guidelines, we searched PubMed, Embase, Web of Science, and preprints (up to March 7, 2025) for empirical studies comparing LLM-generated recommendations with authoritative guidelines. Data extraction focused on disease domains (ICD-11 classification), LLM versions, evaluation metrics, and methodological rigor. Two reviewers independently screened studies and assessed quality using the QUADAS-2 tool.

Results: Among 183 included studies (n=51 unique first-author groups in the preliminary dataset), musculoskeletal disorders (28.4%) and oncology (22.9%) were the most represented specialties, followed by urology (15.3%), gastroenterology (12.0%), and cardiovascular diseases (9.8%). The pooled accuracy of LLMs across all domains was 54.7% (95% CI: 48.2–60.9%, I²=89.2%). The accuracy of specific disciplines will be presented at the conference.

Conclusions: While LLMs demonstrate potential for standardized decision support, their reliability remains context-dependent and constrained by dynamic guideline updates. This review highlights an urgent need for standardized evaluation frameworks addressing version control, temporal validity, and domain-specific calibration. Future research should prioritize transparency in model training data, ethical safeguards against misinformation, and prospective validation in clinical workflows.

Frameworks and guidelines for conducting evidence and gap maps

Mrs Suchi Malhotra¹

¹Campbell South Asia, , India

Background: This workshop introduces Evidence and Gap Maps (EGMs) as systematic tools for synthesizing evidence, visually representing research findings, and identifying gaps to guide future research. EGMs support evidence-based decision-making, research prioritization, and policy formulation for policymakers, practitioners, and researchers. The session will also cover key guidelines for conducting EGMs, particularly in the health sector, providing valuable resources for navigating complex evidence landscapes. **Objective:** Participants will gain a clear understanding of EGMs in health research, learning to visualize evidence, identify gaps, formulate research questions, and apply Campbell EGM guidelines.

Methodology: This interactive workshop will combine presentations with hands-on exercises to enhance participant engagement and practical learning. The session will start with a conceptual overview of EGMs, including their importance, theoretical framework, and step-by-step guidance on conducting them based on Campbell guidelines. A World Café Discussion will take place, where participants will rotate between stations covering various aspects of EGM development, such as framing research questions, identifying data sources, recognizing evidence gaps, and applying guidelines. This format will encourage collaboration and engagement with EGM methodologies.

The workshop will also include polls and quizzes using tools like Mentimeter, providing an engaging way to assess participants' knowledge of EGM guidelines. The session will conclude with a sharing and reflection period where participants will summarize key takeaways from the discussions. By the end of the workshop, attendees will possess theoretical knowledge, guidelines, and practical skills to effectively conduct EGMs and contribute to evidence-based decision-making in health research.

Integrating theoretical frameworks into systematic reviews for health-related decision-making

Mrs Suchi Malhotra¹

¹Campbell South Asia, , India

Background: International development research has increasingly adopted more effective evaluation methods, with theory-based systematic reviews emerging as a key framework. These reviews provide a structured approach to assessing intervention effects and implementation, enhancing evidence synthesis for policy decisions. This workshop is in line with the concept of a unified framework for health decision-making, illustrating how theoretical frameworks can enhance evidence synthesis and guide policy.

The objectives of this workshop are to understand the role of theory-based systematic reviews in health decision-making, learn how to construct a Theory of Change (ToC) to map causal pathways in health interventions, identify key ToC components and their roles in evaluation, and synthesize evidence along the causal chain.

Methodology - Presentation (20 minutes)-The workshop will commence with a presentation on theory-based systematic reviews and their application in health decision-making, followed by a brief Q&A session. **Interactive Discussion (25 Minutes):** In the small group activity, participants will define intervention objectives and intended outcomes based on their area of interest. **Group exercise (20 minutes):** They will identify the main steps in the causal chain for a specific intervention. **Validation and revision of the Theory of Change (TOC).** **Gallery walk activity (15 minutes):** Participants will review and provide feedback on the theory of change diagrams created by other groups. **Conclusion (10 Minutes):** The workshop will conclude with a summary of key takeaways and reflections from participants on how to apply theory-based systematic reviews in health decision-making and practice.

Modification of the GRADE Adolopment method to adapt clinical practice guidelines for LMICs

Ms Nashia Ali Rizvi¹, Dr Samar Fatima¹, Dr Hareem Akhtar¹

¹Aga Khan University, Karachi, Pakistan

Background:

The adoption of international guidelines in LMICs presents significant challenges, primarily due to resource constraints that hinder their implementation. Conversely, creating new ones is difficult due to limited high-quality evidence. This highlights the need for innovative approaches to bridge global standards with local realities for evidence-based, relevant guidelines.

Objective: Create contextually relevant CPGs through modified Adolopment process.

Methods: To address this gap, the Centre for Clinical Best Practices (CCBP) was established in 2020 at Aga Khan University, Pakistan. Recognizing the need for a structured, evidence-based, and context-sensitive approach to guideline development, CCBP collaborated with the US GRADE Network to modify the GRADE Adolopment method.

The modified method begins with selecting a source guideline (SG) through the AGREE II tool and expert consensus, recommendations from the SG (including their level of evidence) are then extracted into a Table of Recommendations (TOR), followed by three columns: adopt, adapt and exclude. An expert panel reviews each recommendation, either adopting as is, excluding, or adapting recommendations based on local relevance. Adaptations with contextual changes are created using EtD tables in the GRADEPro software.

Results: 135 common disease conditions in the country were identified through a priority-setting exercise and ICD coding to ensure the CPGs were locally relevant. The innovative use of TORs streamlined the decision-making process for reviewers by focusing efforts on recommendations which were adapted, enabling a systematic and efficient approach. While the lack of local level 1 evidence was a limitation, CCBP successfully filled the gap by producing locally applicable CPGs.

Impact of retracted studies on oncological guidelines: A German perspective

Thomas Langer¹, Gregor Wenzel¹, Dr. Markus Follmann¹

¹German Cancer Society, Berlin, Germany

Background

Retraction of scientific studies is a critical process for maintaining the integrity of the scientific literature. Studies may be retracted due to errors, ethical issues, or falsified data. Since retracted studies can continue to be cited in subsequent research and guidelines, it is essential to evaluate their impact on clinical recommendations.

Objectives

This study investigates the impact of retracted studies on the guidelines of the German Guideline Program in Oncology (GGPO).

Methods

Using Extraction Watch, we identified retracted studies in the GGPO database by matching PMIDs or titles. For matching titles, we assessed identity via Levenshtein distance. If a match for a retracted study was found, the following information was collected: title, author, year, reasons for retraction, name of the guideline, and type of content (recommendation, text, table).

Results

As of January 16th, the GGPO contained 34 guidelines with 59,719 cited publications. Of these, 51 studies (0.0085%) were identified as retracted. The most common causes of retraction were "withdrawn (out of date)" (n=28), "removed" (n=13), "retract and replace" (n=10), and "unreliable results" (n=6). Eighteen of the 51 retracted studies were cited as the basis for recommendations.

Discussion

Our study demonstrates that a semi-automatic check for withdrawn studies can be implemented. The results reveal a marginal impact of retracted studies on oncological guidelines in Germany. Nevertheless, the review of withdrawn studies should be established as part of quality assurance in guideline development.

GRADE conceptual framework for modeling integration of multiple evidence bodies to inform health decision-making

Dr Antonio Bognanni^{1,2}, Prof. Bernardo Sousa-Pinto³, Prof. Derek K. Chu^{2,4}, Prof. Nancy Santesso², Prof. Alfonso Iorio², Prof. Holger Jens Schünemann^{1,5}, Prof. Jan Brozek^{2,4}

¹Clinical and Epidemiology and Research Center (CERC), IRCCS Humanitas Research Hospital, & Department of Biomedical Sciences, Humanitas University, Via Rita Levi Montalcini 4 - 20090 Pieve Emanuele (Milano), Italy,

²Department of Health Research Methods, Evidence & Impact, McMaster University, Hamilton, Canada,

³MEDCIDS - Department of Community Medicine, Information and Health Decision Sciences; Faculty of Medicine, University of Porto, Porto, Portugal, ⁴Division of Clinical Immunology and Allergy, Department of Medicine, McMaster University, Hamilton, Canada, ⁵Fraunhofer Institute for Translational Medicine and Pharmacology ITMP, Berlin, Germany

Background: Integrating evidence on prognosis, diagnostic accuracy, and intervention effects via a modeling approach may be required whenever guideline questions are particularly broad or direct data are unavailable. However, a rigorous and structured linkage of these evidence bodies remains a major methodological challenge.

Objective: To develop a structured GRADE conceptual framework and decision-aid tool for integrating prognostic-diagnostic evidence to health consequences via modeling, assisting guideline panels to choose optimal model structure and parameters.

Methods: We conducted a systematic search of Medline, Embase, and key guideline repositories to identify guidelines using modeling to link evidence on prognosis, diagnosis, and treatment effects. The retrieved case-examples guided iterative discussions with experts in modeling, guidelines and systematic reviews development to refine the conceptual framework.

Results: Of 270 screened records, two met the eligibility criteria and served as case-studies. We conceptualized a framework to link evidence on prognosis, diagnostic accuracy, and intervention effects, with prognosis informing pre-test probabilities of disease. We outlined three strategies to derive prognostic model parameters: (i) evidence from clinical prediction models, (ii) systematic reviews of prognostic factors, and (iii) predefined risk categories based on qualitative assumptions. Additionally, we developed a decision-aid to guide panels on pre-modeling considerations and sequential steps for parameters selection and model building. Finally, we proposed two approaches for linking diagnostic evidence to health consequences: using diagnostic accuracy categories or calculating post-test probabilities to predict downstream effects.

Discussion: This structured framework provides guideline developers with an actionable and adaptable blueprint for modeling integration of different evidence bodies.

Harmonizing terminology for so-called “real-world” evidence: a structured glossary to enhance transparency in health research and decision-making

Dr Antonio Bognanni^{1,2}, Prof. Bernardo Sousa-Pinto³, Prof. Federico Germini¹, Prof. Maura Marcucci¹, Dr. Rafael José Vieira³, Prof. Ioana Agache⁴, Prof. Danilo Di Bona^{5,6}, Prof. Vera Mahler⁷, Prof. Tracy Merlin⁸, Prof. Pablo Alonso Coello^{9,10}, Prof. Zachary Munn¹⁶, Prof. Torsten Zuberbier^{11,12}, Prof. Alfonso Iorio², Prof. Jean Bousquet^{11,12,13}, Prof. Giorgio Walter Canonica^{14,15}, Prof. Holger Jens Schünemann^{1,12}, on behalf of the GRADE RWE project group

¹Clinical and Epidemiology and Research Center (CERC), IRCCS Humanitas Research Hospital, & Department of Biomedical Sciences, Humanitas University, Via Rita Levi Montalcini 4 - 20090 Pieve Emanuele (Milano), Italy,

²Department of Health Research Methods, Evidence & Impact, McMaster University, Hamilton, Canada,

³MEDCIDS - Department of Community Medicine, Information and Health Decision Sciences; Faculty of Medicine, University of Porto, Porto, Portugal, ⁴Faculty of Medicine, Transylvania University, Brasov, Romania,

⁵Department of Emergency and Organ Transplantation; School of Allergology and Clinical Immunology, University of Bari-Aldo Moro, Bari, Italy, ⁶Department of Medical and Surgical Sciences, University of Foggia, Foggia, Italy, ⁷Paul-Ehrlich-Institut, Federal Institute for Vaccines and Biomedicines, Division of Allergology, Langen, Germany, ⁸Adelaide Health Technology Assessment (AHTA); School of Public Health, University of Adelaide, Adelaide, Australia, ⁹Institut de Recerca Sant Pau (IR Sant Pau), Barcelona, Spain, ¹⁰CIBER de Epidemiología y Salud Pública (CIBERESP), Instituto de Salud Carlos III, Madrid, Spain, ¹¹Institute of Allergology, Charité - Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin and Humboldt-Universität zu Berlin, Berlin, Germany, ¹²Fraunhofer Institute for Translational Medicine and Pharmacology ITMP, Immunology and Allergology, Berlin, Germany, ¹³ARIA, Montpellier, France, ¹⁴Asthma and Allergy Unit, IRCCS Humanitas Research Hospital, Rozzano, Milan, Italy, ¹⁵Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, Milan, Italy, ¹⁶Health Evidence Synthesis, Recommendations and Impact (HESRI), School of Public Health, University of Adelaide, Adelaide, Australia.

Background: The growing reliance on so-called “real-world evidence” (“RWE”) in healthcare decision-making has raised concerns about inconsistent terminology and the absence of a standardized taxonomy. This lack of clarity hinders transparency and the appropriate use of RWE, increasing the risk of misuse or misinterpretation.

Objective: To develop a consensus-based glossary with a breakdown of concepts that provide a standardized reference for researchers, guideline developers, regulators, and policymakers to improve interpretation, use and reporting of “RWE”.

Methods: We manually searched published literature, regulatory documents, and glossaries to compile a list of RWE-related terms. A panel of 36 experts, including methodologists, regulatory experts, and guideline developers, iteratively refined the list through three survey rounds.

Panelists provided narrative feedback and voted on (I) term inclusion/exclusion, (II) classification of terms’ relevance in facilitating the understanding/use of “RWE”, and (III) agreement with definitions. Terms reaching 80% consensus were included, while others underwent revision and re-voting. Terms not achieving consensus after three rounds were labeled as “Controversial”.

Results: The preliminary glossary includes 89 terms classified as “critical” or “important”. It promotes a structured and transparent reporting of (i) data sources, (ii) intervention/exposure assignment, (iii) randomization, and (iv) primary data collection vs. secondary data use.

Discussion: This glossary provides a foundation for more consistent, and transparent reporting of data from different sources, including the so-called “RWE”. By addressing challenges related to terminological heterogeneity and vagueness, it fosters improved communication and enhances the reliability of RWE use in primary research, guidelines, and regulatory frameworks.

An integrative GRADE decision-making framework for incorporating multiple evidence sources including the spectrum of so-called “real-world evidence”

Dr Antonio Bognanni^{1,2}, Prof. Bernardo Sousa-Pinto³, Prof. Federico Germini¹, Prof. Maura Marcucci¹, Dr. Rafael José Vieira³, Prof. Ioana Agache⁴, Prof. Danilo Di Bona^{5,6}, Prof. Vera Mahler⁷, Prof. Tracy Merlin⁸, Prof. Zachary Munn¹⁶, Prof. Alfonso Iorio², Prof. Pablo Alonso Coello^{9,10}, Prof. Torsten Zuberbier^{11,12}, Prof. Jean Bousquet^{11,12,13}, Prof. Giorgio Walter Canonica^{14,15}, Prof. Holger Jens Schünemann^{1,12}, on behalf of the GRADE RWE project group

¹Clinical and Epidemiology and Research Center (CERC), IRCCS Humanitas Research Hospital, & Department of Biomedical Sciences, Humanitas University, Via Rita Levi Montalcini 4 - 20090 Pieve Emanuele (Milano), Italy,

²Department of Health Research Methods, Evidence & Impact, McMaster University, Hamilton, Canada,

³MEDCIDS - Department of Community Medicine, Information and Health Decision Sciences; Faculty of Medicine, University of Porto, Porto, Portugal, ⁴Faculty of Medicine, Transylvania University, Brasov, Romania,

⁵Department of Emergency and Organ Transplantation; School of Allergology and Clinical Immunology, University of Bari-Aldo Moro, Bari, Italy, ⁶Department of Medical and Surgical Sciences, University of Foggia, Foggia, Italy, ⁷Paul-Ehrlich-Institut, Federal Institute for Vaccines and Biomedicines, Division of Allergology, Langen, Germany, ⁸Adelaide Health Technology Assessment (AHTA); School of Public Health, University of Adelaide, Adelaide, Australia, ⁹Institut de Recerca Sant Pau (IR Sant Pau), Barcelona, Spain, ¹⁰CIBER de Epidemiología y Salud Pública (CIBERESP), Instituto de Salud Carlos III, Madrid, Spain., ¹¹Institute of Allergology, Charité - Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin and Humboldt-Universität zu Berlin, Berlin, Germany, ¹²Fraunhofer Institute for Translational Medicine and Pharmacology ITMP, Immunology and Allergology, Berlin, Germany, ¹³ARIA, Montpellier, France, ¹⁴Asthma and Allergy Unit, IRCCS Humanitas Research Hospital, Rozzano, Milan, Italy, ¹⁵Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, Milan, Italy, ¹⁶Health Evidence Synthesis, Recommendations and Impact (HESRI), School of Public Health, University of Adelaide, Adelaide, Australia

Background: Guidelines traditionally rely on randomized and non-randomized studies with primary data collection as main evidence sources. However, despite the increasing relevance of so-called “real-world evidence” (“RWE”), no framework exists for systematically and comprehensively incorporating it into decision-making.

Objective: To develop an integrative GRADE decision-making framework that systematically evaluates the appropriateness, and advantages/limitations of incorporating multiple evidence sources, including “RWE”, into guidelines using a “target-evidence” approach.

Methods: We conducted a conceptual analysis of the GRADE decision-making framework, examining how different evidence sources, including the “RWE-spectrum”, inform each step and Evidence-to-Decision (EtD) criterion. Using a “target-evidence” approach, we defined optimal evidence sources, guiding when and how “RWE” can be integrated with traditional evidence. The framework was iteratively refined through expert discussions, using 2024-2025 ARIA guidelines as a case-study.

Results: The framework outlines the structured integration of different evidence sources within the GRADE decision-making approach. Initially, it focuses on topic prioritization and question formulation. When moving to the EtD, a “target-evidence” approach is applied to each criterion to define: (i) the most informative (target) evidence source, (ii) applicability of different sources, (iii) advantages/limitations of different sources relative to the target, and (iv) target-scenario to guide integration. This approach recognizes that different evidence sources offer complementary strengths

and limitations relative to each criterion, and that systematic integration enhances the robustness of decision-making.

Discussion: This framework provides a structured and transparent approach for integrating diverse evidence sources in decision-making. Future work will focus on refinement and validation to enhance implementation across different guideline contexts.

Guideline Dissemination: Strategic Approaches for Better Uptake of contextual guidelines across Pakistan

Ms Nashia Ali Rizvi¹, Dr Samar Fatima¹, Dr Hareem Akhtar¹, Dr Sarin Ali Jafri¹

¹Aga Khan University, Karachi, Pakistan

Background: Clinical Practice Guidelines (CPGs) are a cornerstone of medicine, however, encouraging their use is challenging, particularly in resource-constrained regions, where physicians preclude their use with the assumption that they are not contextually relevant.

Objective: To develop, implement a comprehensive strategy to increase uptake of locally adapted CPGs in Pakistan.

Methods: Centre for Clinical Best Practices at Aga Khan University developed locally relevant guidelines, in collaboration with US GRADE Network, and published a three-volume CPG manual, covering 135 common diseases. The guidelines were adapted into multiple formats: a free web and mobile application, video lecture series, a physical manual ensuring easy access for healthcare practitioners nationwide.

To encourage uptake, committee consisting of internal and external members was formed, their expertise and networks utilized for dissemination. Through collaborative efforts, Pakistan Medical and Dental Council (national physician licensing and undergraduate medical education regulatory body) supported dissemination in medical universities, and College of Physicians and Surgeons Pakistan (which oversees postgraduate medical training) facilitated physician training in CPGs. Partnerships with federal and provincial ministries, Pakistan Armed Forces, leading medical societies ensured broad reach and effective implementation of guidelines.

Results: Application of these strategies led to an increase in web and mobile application user base by 994%: 600 users in September 2024 to 6,829 in February 2025. A significant proportion of users (51%) were from AKUH, remainder from institutions across Pakistan. 64% were medical graduates, 12% holding master's degree, 1.63% PhD holders.

These approaches increased CPG uptake while accessibility through digital formats further boosted usage.

An Equity-Focused Critical Appraisal of Global Pediatric Autism Spectrum Disorder Guidance Documents

Dr Ifeoluwa Babatunde^{1,6}, Dr Venkata Neelima Kothapudi², Tejanth Pasumarthi³, Michelle Watson⁵, Nicole Palmer⁴, Tiffany Yu⁵, **Dr. Rebecca L Morgan**^{1,5,6}

¹Case Western Reserve University, Cleveland, United States of America, ²Department of Internal Medicine, Bronxcare Health Systems, New York City, United States of America, ³School of Interdisciplinary Science, McMaster University, Hamilton, Canada, ⁴Weil Medical College, New York City, United States of America, ⁵Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ⁶Evidence Foundation, Cleveland Heights, United States of America

Background

Autism spectrum Disorder (ASD) is a neurodevelopmental disorder with a crucial need for early diagnosis in children to optimize developmental outcomes. Therefore, it is important for guideline developers to create methodologically rigorous recommendations which address factors that may lead to disparities in diagnosis and management.

Objectives

The objective of this study is to conduct an equity review and critical appraisal of professional and government sponsored pediatric ASD diagnosis and management guideline documents.

Methods

A comprehensive search was conducted in PubMed and EMBASE until August 2024. Professional and governmental websites of organizations which produce pediatric focused health policy documents were also searched for relevant documents. Data from eligible studies were extracted to a spreadsheet. Equity factors were assessed and extracted using the PROGRESS-Plus framework. The quality of each eligible document was assessed using the Appraisal of Guideline Research and Evaluation Second Edition (AGREE-II) tool.

Results

The 24 included documents addressed at least one PROGRESS-Plus equity characteristic. The Australian, New Zealand, and National Institute for Health and Care Excellence (NICE) guidelines which had the highest AGREE-II scores translated their equity considerations to specific recommendations for each subgroup of ASD persons. In contrast, other guidelines mainly presented background information.

Discussion for scientific abstracts

This appraisal revealed varying degrees of methodological rigor organizations incorporate in the development guidelines. Future guidelines should prioritize a more comprehensive approach to equity by providing recommendations or actionable statements to aid the practitioner in addressing systemic barriers that lead to disparities and inequity in ASD Diagnosis and management.

Integrating modelling evidence in clinical practice guidelines: Experience of the European Commission Guidelines

Miss Wendy Nieto^{1,2}, Laura de la Torre Pérez¹, Pablo Alonso-Coello¹, Gian Paolo Morgano³, Agnes Männik³, Katayoun Taghavi⁴, Carlos Canelo-Aybar¹

¹Centro Cochrane Iberoamericano, Barcelona, Spain, ²Methodology of Biomedical Research and Public Health PhD Program, Universitat Autònoma de Barcelona, Barcelona, Spain, ³European Commission, Joint Research Centre (JRC), Ispra, Italy, ⁴International Agency for Research on Cancer, Lyon, France

Background: There is growing experience in incorporating modelling evidence to develop recommendations in health guidelines (HG).

Objective: Describe the experience of integrating analytical decision model evidence into HG of the European Commission initiative on cancer screening, and discuss the challenges and limitations based on the experience.

Methods: As part of the European Commission's initiatives on cancer screening, an multiple international panel of multidisciplinary experts developed questions and corresponding recommendations, based on systematic reviews of the evidence. These systematic reviews first retrieved empirical studies (randomized and non-randomized evidence) and, in some cases, modeling studies. In such cases, discussions with guideline methodology and modelling experts were conducted, to establish and validate how this type of evidence should be evaluated and incorporated in decision-making.

Results: We present flowcharts illustrating the integration process of modelling evidence into guideline development. Our experience highlighted key challenges, including: 1) Determining the necessity of modelling evidence, establishing when modelling studies are essential versus when indirect empirical evidence is sufficient; 2) Balancing modelling and empirical evidence, addressing how to integrate modelling studies when they provide similar certainty of evidence as empirical data; 3) Standardizing evaluation criteria, ensuring methodological consistency in assessing and incorporating modelling studies into guideline recommendations.

Conclusion: Our findings underscore the need for clearer methodological guidance on integrating modelling evidence into clinical practice guidelines. Future steps include developing clearer guidance, enhancing collaboration between modelling experts and guideline developers, and standardizing approaches for transparency and consistency.

Bridging the Gap: A Case Study Analysis of Global Approaches to Social Determinants of Health and Their Integration into Nursing Practice in South Africa

Miss Linda Velapi¹

¹University Of The Western Cape, Cape Town, South Africa

Background: Despite apartheid's official end in 1994, South Africa continues to struggle with profound healthcare inequalities disproportionately affecting marginalized communities. The healthcare system faces severe workforce shortages, deteriorating infrastructure, and systemic inefficiencies, with nurse-to-patient ratios far exceeding WHO recommendations.

Literature Review: Research indicates that in public sector facilities, particularly in rural and township areas, nurses often care for 20-25 patients simultaneously, significantly impacting treatment outcomes for prevalent communicable diseases.

Research Methods: This study employs qualitative case study methodology to examine successful global approaches to addressing social determinants of health (SDH) and their potential application to the South African context.

Findings: Analysis of initiatives from Brazil, New Zealand, and Rwanda reveals transferable strategies including formalized cross-sectoral collaboration, strategic utilization of community health workers, decentralized implementation with centralized coordination, integrated data systems, and culturally responsive approaches.

Discussion: These findings highlight the need for nursing practice to evolve beyond traditional clinical boundaries toward more collaborative approaches addressing social determinants.

Recommendations: Comprehensive strategies for nursing education, policy development, practice innovation, research initiatives, and leadership development are proposed to better equip South African nurses to address SDH.

Conclusion: By expanding nursing roles to encompass social determinant assessment and intervention, nurses can serve as critical agents in breaking cycles of disadvantage that perpetuate poor health outcomes in high-burden communities, requiring a fundamental reconceptualization of nursing's societal role.

Keywords: healthcare inequalities, social determinants of health, nursing practice, South Africa, cross-sectoral collaboration, community health workers

Approach and Outcomes of Open Public Comment Periods to Inform the Development of Recommendations for the Canadian Guidelines on Post COVID-19 Condition (CAN-PCC)

Dr Wojtek Wiercioch¹, Macy Zaatar¹, Samia Afzal¹, Aaron Yim¹, Stephanie Duda¹, Kimia Khoshroo¹, Nancy Santesso¹, Jordi Pardo Pardo², Holger Schünemann^{3,1}, **Dr Robby Nieuwlaat**

¹McMaster University, Hamilton, Canada, ²University of Ottawa, Ottawa, Canada, ³Humanitas University, Milan, Italy

Background: For guidelines addressing topics related to public health, such as those for post COVID-19 condition (PCC), input through public engagement is critical to ensure usability and uptake of recommendations.

Objective: To describe our approach and results of administering online public comment surveys for feedback on draft recommendations.

Methods: From November 2023 to February 2025 we conducted monthly online surveys, asking respondents whether they had major, minor, or no concerns about draft recommendations and to provide free-text comments. We summarized the proportions for each recommendation, and two reviewers independently reviewed the comments to identify actions for improvement. With increasing responses, we implemented AI-assisted comment review to identify key themes using ChatGPT 4o. We also assessed differences between respondents with and without lived PCC experience using a logistic regression model.

Results: We received 5512 survey responses. People with lived PCC experience made up 56.7% of the respondents. Across 95 recommendations and good practice statements, 'major concerns' constituted 10.5% (SD: 0.1, Min: 0.4%, Max: 56.3%) of the responses, 'minor concerns' 12.2% (SD: 0.05, Min: 3.1%, Max: 26.0%), and 'no concerns' 77.3% (SD: 0.13, Min: 35.9%, Max: 94.0%). Members of the public with lived PCC experience had 1.8-times greater odds of having concerns about the recommendations than those without PCC. Key themes from comments included wording clarity, describing target populations, and elaborating on justifications.

Conclusions: Although resource-intensive, the open public comment periods provided valuable insight for finalizing recommendations. Feasibility of the approach can be enhanced with use of AI-assistance for analysis of comments.

Evidence Synthesis to Support Equity Considerations in Pediatric Autism Spectrum Disorder Diagnosis and Management Guidelines: An Umbrella Review with an Equity Lens

Dr Ifeoluwa Babatunde^{1,2}, Dr. Leena AlShenaiber³, Adeola Adeyemo⁴, Dr. Chidinma Enweremadu⁵, Dr. Jana Khawandi⁷, Dr. Ali Choib⁷, Dr. Reem A Mustapha^{2,6,7}, **Dr. Rebecca L Morgan**^{1,2,6}

¹Case Western Reserve University, Cleveland, United States of America, ²Evidence Foundation, Cleveland Heights, United States of America, ³Khalifa University, , United Arab Emirates, ⁴Médecins Sans Frontières, , France, ⁵Boston University, Boston, United States of America, ⁶Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ⁷University of Kansas Medical Center, Kansas City, United States of America

Background

Health equity is critical to inform clinical practice guidelines and policy. Integration of concepts of health equity into the decision-making of recommendations ensure applicability to a diverse population. The American Academy of Pediatrics (AAP) plans to update previous policies for the diagnosis and management of children with autism spectrum disorder with a more race-conscious approach.

Objectives

This study conducted an umbrella review of systematic reviews on race- and ethnicity-related factors that impact pediatric ASD diagnosis and management to inform an update of AAP policy on ASD care.

Methods

A comprehensive search was conducted in PubMed, EMBASE and Cochrane library from inception to October 2025 for published systematic reviews reporting on ASD prevalence, diagnostic tools, interventions and outcomes within the context of race and ethnicity. Two reviewers independently screened studies and extracted data. Reviewers assessed the quality of using the Assessment of Multiple Systematic Reviews (AMSTAR 2) tool. PROGRESS-Plus framework was employed to identify other equity factors related to race & ethnicity.

Results

At the data extraction stage, we have identified 80 published systematic reviews. However, we anticipate variations in the methodological rigor that indicate an opportunity for more robust methods in evidence synthesis, especially relating to equity.

Discussion for scientific abstracts

This umbrella review will facilitate an improvement in how racial equity is approached in the design, conduct, synthesis and interpretation of ASD research. If an underrepresentation of ethnic groups is found, it will be a call for future researchers to actively engage the diversity of persons with ASD.

Teaching Activities by GRADE Centers and Networks: Insights from an International Survey

Philipp Dahm^{1,2,3}, Juan V. Franco⁵, Holger Schünemann^{6,7}, Nancy Santesso⁷, David Tovey⁸, L. Susan Wieland⁹, Ignacio Neumann¹⁰, Shahnaz Sultan^{1,3,4}

¹Minneapolis Veterans Affairs Healthcare System, Minneapolis, United States, ²University of Minnesota, Department of Urology, Minneapolis, United States, ³United States GRADE Network and Evidence Foundation, Cleveland, United States, ⁴University of Minnesota, Department of Medicine, Division of Gastroenterology, Hepatology and Nutrition, Minneapolis, United States, ⁵Institute of General Practice, Centre for Health and Society, Medical Faculty, Heinrich-Heine University-Düsseldorf, Düsseldorf, Germany, ⁶Humanitas Universitas, Department of Biomedical Sciences, Pieve Emanuele, Italy, ⁷Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ⁸Journal of Clinical Epidemiology, Sussex, United Kingdom, ⁹George Washington University School of Medicine and Health Sciences, Washington, United States, ¹⁰San Sebastian University, School of Medicine, Santiago de Chile, Chile

Background: The GRADE approach is the most widely used framework for rating the certainty of evidence and developing guidelines. While GRADE Centers are known for education and training, little is known about their teaching activities.

Objectives: This study aimed to identify structured educational activities, target audiences, and teaching methods used by GRADE Centers.

Methods: Between April and July 2024, an online cross-sectional survey was conducted among leaders of GRADE Centers and networks. The structured questionnaire, based on existing GRADE training frameworks and competency-based education literature, covered organizational capacity, teaching activities, target audiences, content, and delivery formats.

Results: After removing duplicates, responses from 27 of 28 GRADE Centers were analyzed (response rate: 94.4%). Most centers (40.7%) trained up to 50 individuals annually with two centers reporting an annual capacity of 201–250 trainees. The median number of scheduled workshops was three (IQR: 2–4.5). Over time, an estimated 13,850 individuals have received GRADE training, with current annual training capacity of approximately 2,000. Most centers (81.4%) relied on small numbers of trainers (1–5 individuals). English was the primary training language (63%); 44.4% centers offered additional languages. Training was primarily in-person (70.4%), with virtual (51.9%) and hybrid (11.1%) options. All organizations offered GRADE training to address questions of therapy/prevention and five (5/27; 18.5%) for diagnosis.

Conclusions: GRADE training is widely available, with growing online and multilingual offerings, reinforcing its role as a global framework for evidence-based decision-making.

Eleven-year educational impact of a country-level network providing evidence synthesis and guideline development training

Philipp Dahm^{1,2,3}, Madelin R. Siedler^{3,4}, Shahnaz Sultan^{1,3,5}, **Reem A. Mustafa**^{3,6}, Rebecca L. Morgan^{3,7}, M. Hassan Murad^{3,9}, Yngve Falck-Ytter^{3,10}

¹Minneapolis Veterans Affairs Medical Center, Minneapolis, United States, ²University of Minnesota, Department of Urology, Minneapolis, United States, ³United States GRADE Network and Evidence Foundation, Cleveland, United States, ⁴College of Saint Benedict and Saint John's University, Department of Exercise and Health Science, Collegeville, USA, ⁵University of Minnesota, Department of Medicine, Division of Gastroenterology, Hepatology and Nutrition, Minneapolis, United States, ⁶University of Kansas Medical Center, Evidence-Based Practice and Impact Center (EPIC), Kansas City, United States, ⁷McMaster University, Department of Health Research Methods, Evidence and Impact, Hamilton, Canada, ⁸Veterans Affairs Northeast Ohio Healthcare System - Cleveland, Cleveland, United States, ⁹Mayo Clinic, Evidence-Based Practice and Impact Center (EPC), Rochester, United States, ¹⁰Case Western Reserve University, Department of Medicine, Division of Gastroenterology and Hepatology, Cleveland, Un

Background: Since 2014, the US GRADE Network/Evidence Foundation (USGN/EF) has provided competency-based workshops on the use of the GRADE approach for rating the certainty of evidence and developing trustworthy recommendations and, more recently, INGUIDE certification.

Objectives: This study assesses the impact of the USGN/EF Guideline Development workshops on the uptake and dissemination of GRADE and guideline development methods.

Methods: We retrospectively queried prospectively collected data on the number of participants, their country of origin and affiliation with professional organizations, as well as information on the type of workshop and format.

Results: USGN/EF has hosted a total of 59 workshops. Most (35; 59.3%) were held in person; the remainder were held in a virtual format (24; 40.7%; first 2019). The total number of trainees was over 1,850, of which at least 188 (approximately 10%) were from outside the US. The median number of participants per workshop was 39.5 (IQR: 22; 50). During this time, the USGN/EF supported a total of 45 scholars with free registration. Most workshops were related to interventions (85.7%); some (n=8) had a special topic focus such as non-randomized studies, sparse evidence, and use of GRADE for time-to-event outcomes. Surveys demonstrated that >90% of participants had 'increased understanding of how to apply GRADE' and would 'recommend the workshop' to others.

Conclusions: The educational impact of the USGN/EF workshops extends beyond US borders and includes both in-person and virtual instructional settings. Over an eleven-year period, over 1,850 trainees participated in experiential, problem-based learning to apply the GRADE framework.

Lessons from the Global Evidence, Local Adaptation (GELA): enhancing evidence-informed guideline methods for newborn and young child health in three countries in sub-Saharan Africa

Prof Tamara Kredo¹, Dr Nyanyiwe M. Mbeye², **Prof Emmanuel Effa**³, Ms Solange Durão¹, Ms Trudy D Leong¹, Dr Bey-Marrie Schmidt¹, Prof Simon Lewin^{1,4}, Prof Claire Glenton⁵, Prof Susan Munabi-Babigumira⁵, Ms Moriam Chibuzor³, Dr Willem Odendaal¹, Dr Elodie Besnier⁴, Dr Amanda Brand⁶, Ms Dachi Arikpo³, Prof Celeste Naude⁶, Dr Michael McCaul⁶, Dr Anke Rohwer⁶, Dr Ekpereonne Esu³, Mrs Joy Oliver¹, Mr Ameer Hohlfeld¹, Dr Carmen Spath¹, Prof Sara Cooper^{1,6}

¹South African Medical Research Council, Cape Town, South Africa, ²Kamuzu University of Health Sciences, Lilongwe, Malawi, ³University of Calabar Teaching Hospital, Calabar, Nigeria, ⁴Norwegian University of Science and Technology, , Norway, ⁵Høgskulen på Vestlandet , , Norway, ⁶University of Stellenbosch, Cape Town, South Africa

Background

Capacity for evidence-informed decision-making is critical to inform optimal care options and to reach the UN's Sustainable Development Goals. GELA strengthened the capacity of decision-makers and researchers to use global and local research and create locally relevant guidelines for newborn and child health in Malawi, Nigeria and South Africa. Sharing lessons from GELA may enhance vital decision-making capacity for similarly resource-constrained countries.

Methods

GELA comprised six work packages (WPs), WPs 1-3 steered guideline development including partnering with ministries, setting country-level priorities, synthesising evidence, facilitating guideline panel meetings, and producing recommendations. WPs 4-6 addressed knowledge translation; capacity development of guideline panelists, students and researchers; and overall project evaluation.

Results

Guideline Development Groups and Steering Groups were established in each country. To date, over 30 team members supported five priority guideline questions across the countries resulting in 14 evidence synthesis reports (effectiveness, qualitative and economic), four infographics, and 20 manuscripts. Four post-doctoral fellows and four Masters' students successfully completed their programmes. We reached over 150 individuals through bespoke capacity-building initiatives including guideline simulation workshops and a community of practice. Multi-actor and sustained collaboration facilitated cross-learning within and across WPs and countries. Formal and experiential learning for guideline panelists, future methodologists, researchers, and students was core to success.

Conclusion

GELA demonstrated that establishing researcher-decision-maker collaborative guideline development processes in resource-constrained settings is feasible. This required dedicated funding and activities to build the capacity of both decision-makers and researchers. Sustained collaborative efforts are needed to institutionalize the guideline development processes.

Evidence Synthesis to Support Global Guidelines for Pediatric Fluid and Blood Management

Dr Ifeoluwa Babatunde^{1,2}, Dr. Hala Nas³, Neha Tangri⁴, Sara Moradi⁴, Tejanth Pasumarthi⁴, Dr. Volf Gaby⁴, Dr. Ahmad Sofi-Mahmudi⁴, Dr. Karen Gibbs⁵, Dr. Shama Patel⁶, Dr. Behnam Sadeghirad^{4,7}, **Dr. Rebecca L Morgan**^{1,2,4}

¹Case Western Reserve University, Cleveland, United States, ²Evidence Foundation, Cleveland Heights, United States of America, ³Cleveland Clinic Foundation, Cleveland, United States of America, ⁴Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ⁵Baylor College of Medicine, Houston, United States of America, ⁶University of Florida College of Medicine, Gainesville, United States of America, ⁷Department of Anesthesia, McMaster University, Hamilton, Canada

Background

WHO guidelines development are a collaborative effort created to provide support to member states in the delivery of optimal healthcare. This is largely dependent on rigorous evidence synthesis and applicability to the local context of each region.

Objective

This project aimed to synthesize available research on to support the World Health Organization (WHO) guideline update on pediatric fluid and blood management in acute illness.

Methods

A comprehensive search was conducted in PubMed, EMBASE, CENTRAL, and CINAHL until August 2023. Two reviewers independently screened titles & abstracts and full texts according to prespecified eligibility criteria. Data was extracted and quantitatively pooled. Risk of bias was assessed using either Cochrane risk of bias 2 (RoB) or the Risk of bias in nonrandomized studies of intervention (ROBINS-I). We assessed the certainty of evidence (CoE) using the GRADE approach.

Results

Forty-four studies informed our analyses. Eighteen (40%) were from high income countries (HICs) and 26 (60%) were from low- and middle- income countries (LMICs). In children unable to tolerate enteral intake, isotonic fluids reduced hyponatremia risk versus hypotonic fluids (RR:0.34, 95% CI:0.25 to 0.46, High CoE). In children with circulatory impairment, bolus administration increased 48-hour mortality (RR:1.45, 95% CI:1.13 to 1.86, Moderate CoE).

Discussion for scientific abstracts

The largest trial, informing the guideline on resuscitation with fluid boluses, posed issues with generalizability to HICs with facilities for fluid overload monitoring and other regional patient-specific characteristics. An innovative approach to interpreting and implementing evidence from one resource setting to another should be prioritized.

From Evidence to Action: 80 Rapid Recommendations Developed Using GRADE-ADOLOPMENT at the National Institute for Quality and Excellence in Healthcare

Dr Miloslav Klugar¹, Dr Dagmar Tučková¹, Dr Iulia Pavlovská¹, Dr Dana Vigašová¹, Zuzana Krpelanova¹, Dr Marcela Koudelková¹, Prof. Vladimír Černý¹, Dr. Jitka Klugarova¹

¹Cochrane, JBI and GRADE Centres of the Czech Republic, NIKEZ, ÚZIS ČR, Prague, Czech Republic

Background

The GRADE-ADOLOPMENT approach enables the efficient adaptation and development of evidence-based recommendations by integrating existing guidelines and new evidence syntheses. At the National Institute for Quality and Excellence in Healthcare (NIKEZ) in the Czech Republic, we applied this methodology to develop 80 rapid recommendations with quality indicators, following the latest GRADE-ADOLOPMENT guidance published in 2024.

Methods

The NIKENZ Executive Board identified priority topics for rapid recommendations, which were then prospectively registered within the NIKENZ guideline registration system. Each recommendation was developed using the standardized NIKENZ methodology (based on GRADE), ensuring consistency and methodological rigor. Where feasible, quality indicators were derived directly from the recommendations to support implementation and monitoring. Additionally, every recommendation was accompanied by a plain-language recommendation (PLR) to enhance accessibility for the public and patients.

Results

The 80 rapid recommendations developed through this approach addressed key healthcare priorities in the Czech Republic. The integration of quality indicators and PLR reinforced their applicability and impact. The process emphasized the use of local evidence to tailor recommendations effectively while maintaining alignment with the GRADE-ADOLOPMENT framework.

Discussion

This large-scale application of GRADE-ADOLOPMENT in NIKENZ demonstrates its feasibility and effectiveness in rapidly generating high-quality, context-specific recommendations. By integrating global evidence with national priorities, this work contributes to the broader implementation of evidence-based healthcare decisions. Our experience highlights key lessons for future guideline adoption and development efforts.

Facilitating Guideline Development in Different Jurisdictions: The NICE Contextualisation Approach

Mr Hugh McGuire¹

¹NICE, London, United Kingdom

Background: Systematic reviews play a crucial role in clinical practice, serving as the foundation for guidelines and practical recommendations. However, creating new guidelines demands substantial time and resources. An efficient alternative is adapting existing guidelines for use in a different jurisdiction, a process that is faster and more resource-effective compared to starting from scratch. Traditionally, adaptation methods are carried out solely by the adapting committee or organization. NICE, however, enhances this process through contextualization, incorporating capability-building initiatives to support organizations in locally adapting guidelines.

Objective: To explain the NICE contextualization process, highlighting the support and guidance provided, and illustrating the process through various scenarios.

Format: Interactive Workshop: The session starts with a brief presentation of the NICE contextualization process (20% of the time), followed by an engaging practical exercise (50% of the time). This is complemented by a facilitator-led discussion with participants (25% of the time) and concludes with a summary (5% of the time).

Practical Exercise: Participants will work in smaller groups to explore curated scenarios. They will adapt recommendations to different contexts and document the changes made, along with the reasoning behind these modifications.

Discussion: Facilitators will encourage participants to reflect on their experiences with the NICE contextualization process, discuss potential enhancements to the tools, and compare this approach with others used in their own settings.

Summary and Conclusion: The moderator will lead a collaborative effort between facilitators and participants to develop a concise summary of actionable outcomes.

A Framework for Integrating Informatics and Artificial Intelligence into Living Clinical Guidelines

Dr Nofisat Ismaila^{1,2}, Dr. Syed Arsalan Ahmed Naqvi³, Dr. Irbaz Riaz⁴

¹ASCO, Alexandria, United States, ²Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada, ³Division of Hematology and Oncology, Mayo Clinic, Phoenix, United States,

⁴Living Evidence Program, Mayo Clinic Evidence Based Practice Centre, Phoenix, United States

Background: Living guidelines (LGs) have been proposed as the solution to the challenge of keeping up with the rapid pace of evidence generation. Integration of artificial intelligence (AI) and informatics into (LGs) holds the potential to enhance their adaptability, efficiency, and responsiveness to new evidence. However, there is limited guidance on how to systematically incorporate these technologies into LG development. This study aims to develop a comprehensive framework for integrating informatics and AI into LGs using a structured, multi-phase approach.

Methods: The framework development follows three steps. Step 1 involves a systematic review of existing literature and frameworks related to AI integration in LGs. This review will identify key themes, methodologies, and challenges associated with AI integration, informing the initial structure of the framework. In Step 2, a draft framework will be constructed based on the findings from Step 1, incorporating core components such as organization readiness, living evidence synthesis, automation of updates and publication, and AI-assisted decision support. Finally, in Step 3, the draft framework will be refined through expert consultation, utilizing a modified Delphi process with stakeholders in guideline development and health informatics.

Expected outcome and Relevance: A preliminary version of the framework will be completed in time for the presentation at the conference. The final framework aims to improve the sustainability and responsiveness of LGs, ensuring that they remain current with the evolving evidence base. Future applications of this framework may support the development of AI-enhanced guideline methodologies, ultimately improving clinical decision-making and patient care.

Interdisciplinary collaboration for developing a national guideline for health needs assessment for child protection services in Norway

Omid Saadatfard¹, Caroline Hødt-Billington

¹Helsedirektoratet, Oslo, Norway

Background

The Norwegian Directorate of Health is mandated to develop and maintain national clinical guidelines. These guidelines provide normative recommendations for healthcare providers on various aspects of healthcare services delivery. This is to ensure high quality and equitable healthcare services for all Norwegians. Research has shown that health of individuals is affected by their socioeconomical status. Factors affecting the socioeconomical status of individuals such as education, childcare, employment or other social welfare issues are affected by various services delivered through other directorates or organizations under the Norwegian government. We present a case where The Norwegian Directorate of Health in collaboration with The Norwegian Directorate for Children, Adolescents and Families has developed a new national guideline for interdisciplinary health assessment in the context of child protection services in Norway.

Objectives

The objective of the new guidelines is to facilitate interdisciplinary health assessment in child protection services in an equitable manner for all Norwegians. The recommendations are intended to help ensure that child protection services receive adequate information about children health and support needs, to reduce the risk of unintended transfers and wrongful placements.

Methods

We follow an evidence-based approach in developing national guidelines, where knowledge from academic literature, clinical experience and user feedback is systematically assessed in the development process. Due to a limited body of research addressing this area, we drew more on professional experience and user feedback.

Results

This is a work in progress and the project team is currently receiving and evaluating external feedback.

Thresholds Applied in Certainty Ratings Using the GRADE Approach: A Systematic Survey of Systematic Reviews

Dr Hamed Movahed¹, Dr Romina Brignardello-Petersen¹, Dr Alfonso Iorio^{1,2}, Dr Reza Mirza^{1,2}, Dr Niveditha Devasenapathy³, Dr Mobina Bagherianlemraski¹, Ms Sara Ibrahim¹, Ms Maria-Jose Oliveros¹, Dr Erfan Taherifard⁴, Mr Hossein Movahed⁵, Mr Md. Kamrul Hasan¹, Ms Mahya Dorri¹, Mr Qinwei Fu^{1,6}, Mr Shahab Sayfi¹, Ms Rachel Couban^{1,7}, **Dr Gordon Guyatt**^{1,2,8}

¹Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Ontario, Canada, Hamilton, Canada, ²Department of Medicine, McMaster University, Hamilton, Ontario, Canada, Hamilton, Canada, ³The George Institute for Global Health India, Delhi, India, New Delhi, India, ⁴MPH Department, Shiraz University of Medical Sciences, Shiraz, Fars, Iran, Shiraz, Iran, ⁵Jahrom University of Medical Sciences, Jahrom, Iran, Jahrom, Iran, ⁶Chengdu University of Traditional Chinese Medicine, Chengdu 610072, China, Chengdu, China, ⁷McMaster University Faculty of Health Sciences, Hamilton, Ontario, Canada, Hamilton, Canada, ⁸MAGIC Evidence Ecosystem Foundation [www.magicvidence.org], Lovisenberggata 17C, 0456 Oslo, Norway, Oslo, Norway

Background: Systematic review authors using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework establish thresholds to assess certainty of evidence. There are currently debates among GRADE leaders about the relative merits of the use of the available thresholds and in particular about the merits of using the null as a threshold.

Objectives: To investigate (1) how frequently systematic reviews applying GRADE have identifiable thresholds for certainty ratings; (2) the specific thresholds applied; and (3) in instances where the threshold is the null, how often point estimates are close to the null threshold, requiring a shift to the minimally important difference threshold.

Methods: We are performing a systematic survey of Cochrane and non-Cochrane systematic reviews published from 2018 onwards. Eligible reviews are those in English that assess the certainty of evidence using the GRADE approach and include a summary of findings table. We are sampling the 200 most recent eligible Cochrane reviews and 200 most recent eligible non-Cochrane reviews. Sampling will be repeated until we have collected at least 100 Cochrane and 100 non-Cochrane systematic reviews that have identifiable thresholds of certainty or until we have exhausted the available reviews.

Results: This ongoing systematic review is expected to be completed by May 2025.

Discussion: This systematic survey will offer insights into the current use of GRADE, addressing ongoing debates about the null as a threshold and drawing attention from systematic review authors, methodologists, health researchers, decision-makers, and guideline developers.

Adapting guideline development methods to the International Development sector

Dr Tamara Lotfi¹, Dr Anil Thota¹, Dr Birte Snilstveit¹

¹International Initiative For Impact Evaluation (3ie), London, United Kingdom

Background

The international development sector (IDS) could benefit from standardization of practices to develop evidence-based guidelines that best fit this context.

Objective

To adapt guideline development methods to the IDS to enhance the transparency, rigor and reproducibility of Evidence Informed Decision-Making.

Methods

We will conduct a modified Delphi to explore the perspectives of interest holders we regularly work with on the value of guidelines in the IDS. We will first provide them with a training manual on guideline development methods. Then we will share a draft extension of the GIN-McMaster Checklist for IDS and ask them for their agreement on the proposed items using an online survey. We will refine and conduct a consensus meeting to discuss any items that received less than 80% agreement. Then we will draft a set of signaling questions to help make judgements for the criteria of the Evidence to Decision framework (EtD). We will reach out to the interest holders for their input on the EtD criteria and the signaling questions, and ask them to assess the likelihood of them applying it in their practice, and refine accordingly.

Results

We will present the draft extension for the GIN McMaster checklist in the IDS, summarize the perspectives of interest holders, and the modified version of the EtD. We will present the distribution of scores and show the range of responses.

Discussion

The findings will be used to pilot a guideline development project in key priority areas for the International Initiative for Impact Evaluation (3ie)'s partners.

PREPARE-Registered Practice Guidelines and Consensus Statements in Traditional and Integrative Medicine

Dr Xuan Yu¹, Jie Zang², Prof. Zhaoxiang Bian¹, Prof. Yaolong Chen²

¹Chinese EQUATOR Centre, Hong Kong Baptist University, Hong Kong, China, ²Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

Background: Guideline registration refers to the process of documenting the topic, purpose, methodology, and progress of a guideline on an open registration platform prior to its development. With advances in traditional and integrative medicine (TIM), there has been a substantial annual increase in the publication of TIM guidelines. However, the TIM guidelines' methodological and reporting quality is relatively low.

Objective: We will focus on the free international guideline registration platform—PREPARE (Practice guideline REGistration for transPAREncy), as well as analyze the registration status of TIM guidelines on the PREPARE platform.

Methods: Authors conducted a manual review and classification of all registered information through PREPARE platform. The screened items include the title, version, type, category, country, developer, start/end date, whether the guideline would be informed by systematic reviews, aims of the guideline, target populations, users, rating system for the hierarchy of evidence, funding sources, contacts, email, address, phone number, and protocol.

Results: As of October 31, 2024, a total of 567 TIM guidelines and consensus had completed registration and obtained registration numbers, accounting for 17.8% of all registrations. The first TIM guideline, also the first on the PREPARE platform, was registered in 2014. Analysis of the registration versions reveals that 94.0% of the guidelines and consensus are original versions. In terms of clinical focus, nearly half of the guidelines and consensus address diagnostic and therapeutic procedures. Among these, 420 use the GRADE system, 51 use a modified version of GRADE, 12 use the Oxford grading system, and 12 (2.1%) use other methods.

The GIN-McMaster Guideline Development Checklist Extension for Engagement

Jennifer Petkovic¹, Lyubov Lytvyn, Elie Akl, Joanne Khabsa, Peter Tugwell

¹University Of Ottawa, Ottawa, Canada

Background: Better engagement of diverse groups of interest-holders in the development of health guidelines has been proposed to improve their usefulness, implementability, and acceptability.

Objectives: We developed the GIN-McMaster Guideline Development Checklist Extension for Engagement to assist guideline developers with engaging multiple interest-holders throughout all 18 topics in the checklist.

Methods: To produce this checklist extension, we conducted a three-phase mixed methods study. First, we categorized 10 groups of interest-holders (described in previous work) to be engaged in health guideline development: patients, the public, providers, program managers, principal investigators, payers/purchasers of health services, payers/funders of health research, policymakers, peer-reviewed journal editors, and product makers. We recruited project co-leads to represent each of these groups. We conducted a series of reviews to identify existing methods and barriers/facilitators for engagement, approaches to managing conflicts of interest, and describing the impacts of engagement on the guideline development process. The results of these reviews informed the development of an online survey, and survey results were clarified through key informant interviews. Consensus methods were used to finalize the guidance.

Future prospects for project presentation: A guidance checklist for engaging with interest-holders in guideline development will be presented.

Development of the GIN-McMaster GDC Extension for Engagement

Jennifer Petkovic¹, Lyubov Lytvyn, Elie Akl, Joanne Khabsa, Peter Tugwell

¹University Of Ottawa, , Canada

Background: Guidelines shape clinical, public health practice, or health system decision-making. Trustworthy guidelines are systematically developed documents that include actionable statements based on evidence and a formal, structured, and transparent decision process. The Guidelines International Network (GIN)-McMaster Guideline Development Checklist (GDC) is a standard tool for considering 18 topics across guideline development, from planning to updating. We have developed an extension for engaging with various ‘interest-holders’ including patients, health care providers, payers of research, purchasers of health services, program managers, policymakers, principal investigators and researchers, publishers and peer review editors, product makers, and the public.

Objective: To present the methods used and challenges encountered during the development of the GIN-McMaster Guideline Development Checklist Extension for Engagement.

Methods: Our project team included co-leads representing each of our identified interest holder groups. We conducted a series of reviews assessing engagement in guidelines, including methods of engagement, barriers and facilitators, impacts, and managing conflicts of interest. Using the results of the reviews, we conducted an international survey and key informant interviews to develop draft guidance that was finalized through consensus with the MuSE team.

Results: We used the results of each phase described in the methods to develop guidance for engaging with each of our 10 identified groups throughout all 18 topics of the GIN-McMaster Guideline Development Checklist.

Discussion: We will present challenges and facilitators that were utilized both to inform the consensus process and the guidance itself.

Evaluation of Compliance of Methodological Quality Compared with LLM with AMSTAR 2 Tool: A Cross-Sectional Survey

Mr Haodong Li¹, Mr Xufei Luo^{2,3,4,5,6}, Mr Hui Liu^{2,3,4,5,6}, Mrs Yuanyuan Yao^{2,3,4,5,6}, Prof Yaolong Chen^{2,3,4,5,6}

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, ³Key Laboratory of Evidence Based Medicine of Gansu Province, Lanzhou, China, ⁴Institute of Health Data Science, Lanzhou University, , China, ⁵Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, , China, ⁶WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, , China

Abstract

With the increasing application of Large Language Models (LLMs) in the medical field, their potential in assessing the methodological quality of systematic reviews has garnered significant attention. This study aims to compare the assessment results of methodological quality between three LLMs (Kimi, DouBao, and DeepSeek) and human evaluation in 73 systematic review articles using the AMSTAR 2 tool. The study is ongoing, with all tests expected to be completed and results presented before the conference.

Background:

The methodological quality of systematic reviews is crucial, and the AMSTAR 2 tool is widely used for evaluation. This study compares the performance of three LLMs (Kimi, DouBao, DeepSeek) and two human evaluators in assessing 73 systematic reviews.

Methods:

Each review is assessed three times by LLMs and humans. Primary indicators include overall consistency score (OCS), OCS for each item, testing time, LLM stability, and intraclass correlation coefficient (ICC).

Results:

The study is ongoing, and complete results will be available before the conference. Preliminary findings show differences in overall OCS between LLMs and humans. Detailed analysis will reveal LLM performance in different dimensions, efficiency differences, and consistency.

Conclusion:

This study will provide empirical evidence on LLMs' strengths and limitations in medical literature evaluation, guiding future research and practice.

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Poor quality literature searching methods in evidence synthesis compromises trustworthiness

Ms Maria J Mathew², Dr Davinder Kaur¹, Dr Garima Singh¹, **Prof Joseph L Mathew¹**

¹P.g.i.m.e.r Chandigarh, Chandigarh, India, ²JIPMER Puducherry, Puducherry, India

Background:

Appropriate literature searching and processing of the output are crucial to trustworthy evidence synthesis (and therefore evidence-based guidelines).

Objectives:

To examine the trustworthiness of literature searching and screening methods in a sample of systematic reviews.

Methods:

We identified all systematic reviews (SRs) related to child-health published in 2023, and selected a stratified random sample of 10%. From these, we extracted data related to the literature search procedure (number and types of databases searched, searching methods, and presentation of the output). We also examined the citation screening and study selection process, focusing on the number of reviewers who screened studies, and presentation of their outputs.

Results:

We identified 41672 citations, from which 39942 were excluded (being duplicates or not SRs or unrelated to child-health). From the remaining 1730, we selected a random sample of 10%. Among 173 SRs, 21.4% had searched only two databases (most frequently PubMed and Embase). Less than half had searched >3 databases, and <10% had searched clinical trials registries. Almost 22% reviews stated using Google-Scholar as a 'database'. Amongst SRs claiming to have searched grey literature, trials registries, and hand-searching, the respective outputs were presented in only 4.6%, 2.3%, and 1.1%.

Only 17.3% SRs reported that literature searching had been done independently by two reviewers, but none showed their outputs separately. Similarly, none of the SRs claiming independent citation screening and selection by two reviewers, reported the data separately.

Discussion/Conclusion:

Literature searching, citation screening, and study selection methods are inappropriate/inadequate in most systematic reviews, impacting trustworthiness.

Analysis of the Current Status of Chinese Clinical Guidelines for Children and Critical Appraisal of Evidence-Based Clinical Guidelines

Miss Jianing Liu^{1,2,3,4,5}, **MS Zhenyan Bo**^{1,2,3,4,5}, MS Ruonan Gao^{1,3,4,5}, MS Nan Yang^{1,3,4,6}, MS Panda Qiu^{1,3,4,6}, Dr Hailong Li^{1,3,4}, Dr Linan Zeng^{1,3,4,7}, **Dr Lingli Zhang**^{1,2,3,4,7}

¹Department of Pharmacy/Evidence-Based Pharmacy Center, West China Second University Hospital, Sichuan University; Children's Medicine Key Laboratory of Sichuan Province, Chengdu, China, ²Chinese Evidence-based Medicine Center, West China Hospital, Sichuan University, Chengdu, China, ³NMPA Key Laboratory for Technical Research on Drug Products In Vitro and In Vivo Correlation, Chengdu, China, ⁴Key Laboratory of Birth Defects and Related Diseases of Women and Children, Sichuan University, Ministry of Education, Chengdu, China, ⁵West China School of Medicine, Sichuan University, Chengdu, China, ⁶West China School of Pharmacy, Sichuan University, Chengdu, China, ⁷West China Biomedical Big Data Center, West China Hospital, Sichuan University, Chengdu, China

Short Oral

Background: An increasing number of Chinese clinical practice guidelines for children have been published, but the status and quality is unknown.

Objective: We aim to analysis the current status of Chinese clinical practice guidelines for children from 2010-2024, and evaluated the quality of the evidence-based guidelines.

Methods: PubMed, EMbase, there Chinese database and relevant domestic and foreign guideline websites were searched to collect Chinese clinical practice guidelines for children from Jan. 1 st 2010 to July 23th 2024. Two reviewers independently screened literature, extracted data, and 4 reviewers used AGREE II to evaluate the quality of the included evidence-based guidelines.

Results: A total of 272 guidelines were included, involving 149 evidence-based guidelines. Most of the guidelines were published in Chinese (97.4%) and 191(70.2%) were western medicine guidelines.

The guidelines cover diseases across 21 systems. And the results of quality assessment of 150 evidence-based guidelines showed average scores in 6 individual domains were 73.31%, 57.52%, 61.24%, 70.83%, 20.11%, 74.54%, the score in the region of Applicability is the lowest, followed by Stakeholder involvement. The results of subgroup analysis showed a higher score for guidelines published in journal(Mean Difference[MD] 6.80, 95%Confidence Interval[CI] 3.04-10.56) and guidelines with patient participation(MD 8.71, 95%CI 5.39-12.03) in applicability, and guidelines with patient participation(MD 11.67, 95%CI 6.51-16.83) in stakeholder involvement.

Conclusions: From 2010 to 2024, the clinical practice guidelines for children in China have been continuously improved in both quantity and quality. However, it still needs further improvement in the areas of applicability and stakeholder involvement.

Large language models in clinical decision-making support: A scoping review

Ms Siyu Yan¹, Ms Erwen Pa¹, Ms Xiangying Ren¹, Mr Qiao Huang¹, Mr Yongbo Wang¹, Prof Yinghui Jin¹

¹Center For Evidence-based And Translational Medicine, Zhongnan Hospital Of Wuhan University, Wuhan, China

Background: Large language models (LLMs) have demonstrated impressive capabilities across various domains, but the bar for clinical applications is high and their utility in clinical decision-making remains unclear.

Objective: To explore the current applications, evaluation, and challenges of LLMs in clinical decision-making support, and provide a comprehensive overview of their role in enhancing medical practice.

Methods: The Arksey and O'Malley framework was used to guide this scoping review. We systematically searched PubMed, Web of Science, Embase, Cochrane, and IEEE up to March 2024. We included peer-reviewed empirical studies on developing or applying LLMs in clinical decision-making.

Results: Of 114 eligible studies, 86 utilized existing LLMs directly like ChatGPT, Bard, Bing, Claude, Perplexity, Llama-2, PaLM2; 23 employed techniques such as fine-tuned, pre-trained or retrieval-augmented generation; and 5 were user-facing surveys or qualitative studies. LLMs were tested in diverse clinical departments and tasks, including diagnosis, treatment, risk assessment, alert improvements, triage, question answering, clinical reasoning, and patient consultations. Real or published clinical cases were frequently used as test samples. Evaluations covered multiple dimensions including accuracy, consistency, hallucinations, and evidence-based performance, employing quantitative metrics or Likert scales. Most users have a relatively high acceptance level of LLMs.

Discussion: LLMs have demonstrated significant potential in clinical decision support but struggle with complex clinical decisions and high-risk scenarios, along with ethical and safety concerns. Future efforts should focus on addressing existing limitations, improving model performance, increasing transparency, and fostering interdisciplinary collaboration to enhance the quality and efficiency of healthcare services.

Rare Diseases Clinical Practice Guidelines developed in the context of the Brazilian Public Health System in Thirteen years.

Dr Rosângela Gomes¹, **Dr Marta Souto Maior¹**, Dr Luciene Bonan¹

¹Conitec, Brasília, Brazil

Background: Rare Diseases (RD) affect up to 65 people out of 100,000 individuals. In Brazil, approximately 13 million people have RD. Clinical practice guidelines (CPG) are especially important to guide diagnoses and treatment of RD patients. The National Committee for Health Technology Incorporation (Conitec) advises Brazilian Ministry of Health (MoH) in CPG development.

Objective: To present RD CPG published by MoH and developed in Brazil public health context in the last thirteen years.

Methods: Descriptive qualitative study about RD CPG development and update by Conitec in Brazilian Unified Health System context. Data collection and analyses used Excel 2010 software.

Results: MoH has published 64 RD CPG, such as Cystic Fibrosis and Fabry disease. In 2012-2024 period, 100 RD CPG were published: 31 (31%) new CPG, 75 (75%) updates and 6 (6%) revoked. The annual average for RD CPG was 7.7. The largest number of CPG (n=13) were published in 2013 and 2018 and the smallest number (n=1) in 2023. New CPG were mostly published in 2019 and 2020. CPG revocations occurred in 2018 (n=1), 2021 (n=1) and 2022 (n=4).

Conclusions: Developing and updating CPG, based on the best scientific evidence available, contributes to better health outcomes in this population.

Brazilian Ministry of Health has been investing in production and updating CPG with a view to qualifying the health care provided to people with rare diseases throughout the country. Developing and updating CPG, based on the best scientific evidence available, contributes to better health outcomes in these populations.

Rapid update of Clinical Practice Guidelines in the Brazilian Unified Health System – a summary of the process

Dr Marta Souto Maior¹, Dra Rosângela Gomes¹, Dra Luciene Bonan¹

¹Conitec, Brasília, Brazil

Background: Brazilian public and universal health system ensure the entire population receive health care through organized health actions and services. By force of law, Brazilian Ministry of Health (MoH), advised by the National Committee for Health Technology Incorporation (Conitec), must develop and update clinical practice guidelines (CPG) to orientate adequate access to health care. National normatives and MoH methodological guidelines regulate CPG elaboration/updating. Considering the increase in incorporation of medical technologies' incorporation, keeping evidence-based guidelines updated is a challenge.

Objective: To describe CPG's rapid update the context of the Brazilian Public Health System.

Methods: Descriptive study of CPG's rapid update process developed by Conitec/MoH.

Results: A guideline update uses a rapid update process when punctual changes are necessary, such as an inclusion of new technology. International guidelines and scientific evidence are consulted to support changes in text. Then, in order to identify possible critical points, a expert and, later, Conitec's Subcommission analyze the CPG. After initial evaluation by Conitec, the CPG is made available for public consultation to receive contributions by society. These contributions are evaluated and included in the CPG, if it is possible. The final version is evaluated by Conitec, which issues a final recommendation for the updated CPG.

Conclusions: The increase in health technology incorporation in Brazil's public health system becomes a challenge for updating guidelines in a timely manner. Therefore, adopting a rapid updating process was an important strategy to ensure quick CPG review, to maintain these documents' quality and to guarantee access to these technologies.

Platform for consulting drug recommendation in Clinical Practice Guidelines

Ms Loraine Dal-Ri¹, Mrs Weina Siqueira¹, **Dr Marta Souto Maior**¹, Dr Luciene Bonan¹

¹Conitec, Brasília, Brazil

Background: The National Committee for Health Technology Incorporation (Conitec) advises Brazilian Ministry of Health (MoH) in Clinical Practice Guidelines (CPG) developing. These documents establish criteria for diagnosing a disease or health problem; treatment, clinical control mechanisms; and the monitoring and verification of therapeutic results, to be monitored by managers of the Unified Health System (SUS).

Objective: To describe the development of a platform for consulting drug recommendation in Clinical Practice Guidelines

Methods: Descriptive qualitative study about platform development.

Results: For each CPG published by MoH until December 2024, it was collected its title, International Classification of Diseases codes and drug recommendations and publishing date. All data were organized using Excel 2010 software. Later, data was exported to Microsoft Power BI, to create a platform. The platform is now being improved so that it can be made available on Conitec website.

Conclusions: The platform will improve access of patients, health managers and health professionals to information on which drugs are recommended in each guideline and which guidelines provide recommendations on the care of each disease.

AI-driven decision support system for use of guidelines in Youth Health Care

Dr Olivier Blanson Henkemans¹, Imme Moeskops^{1,2}, Tim Broek, van den¹

¹TNO Child Health, Leiden, Netherlands, ²SBOH, Utrecht, Netherlands

Background

Decision Support Systems (DSS) help transform clinical guidelines into actionable recommendations within electronic health records (EHRs). Traditional DSS rely on structured data and rule-based logic, making it challenging to process unstructured information in guidelines and free-text EHR entries. This study explores the integration of generative artificial intelligence (AI) to enhance decision support for Youth Health Care (JGZ) professionals.

Methods

An AI model, based on large language models (LLM), was developed using JGZ guidelines, data protocols, and an ontology, i.e., the "basis dataset". It was validated by analysing 14 pediatric cases (ages 0-4 years), focusing on hip dysplasia, skin conditions, and congenital heart defects. The AI-generated recommendations included the identification of abnormalities, suggested follow-up actions, and assessment of intervention urgency. These AI recommendations were compared with 1) existing guideline-based recommendations and 2) real-world decisions made by JGZ professionals.

Results

- * Full agreement between AI-generated recommendations and guidelines in distinguishing normal vs. abnormal findings.
- * 60% agreement on follow-up actions, with discrepancies primarily due to missing contextual factors, such as patient history, regional guidelines, and professional expertise.
- * AI-generated recommendations provided relevant and actionable educational guidance for parents, supporting informed decision-making.

Conclusions

AI-driven decision support can effectively assist YHC professionals, particularly in identifying abnormalities and providing tailored education and advice. However, human expertise remains essential for context-based decision-making. Future improvements should focus on integrating historical client data, coping with regional variations, and an interactive user interface to enhance AI-human collaboration in clinical practice.

Developing data-protocols for healthcare guidelines to support the use of decision support tools

Dr Jacqueline Deurloo¹, Dr. Caren Lanting¹, Hristiyanna Ivanova¹, Dr. Olivier Blanson Henkemans¹

¹TNO, Child Health, Leiden, Netherlands

Background

Data is playing an increasingly crucial role in healthcare, supporting monitoring, research, and innovations such as decision support systems (DSS). This requires accurate, consistent and reliable data. In the Netherlands, Youth Health Care (YHC) professionals routinely monitor growth and development of children aged 0-18 years. Data are registered in electronic healthrecords (EHR), in accordance with a national ontology, the Basic DataSet (BDS).

Objective

Translating recommendations of all 35 YHC guidelines into elements fitting the BDS. This will contribute to accurate, reliable and consistent data.

Methods

Recommendations are 'translated' to what needs to be registered in the EHR. Subsequently, these registering requirements are compared to items in the BDS. The relevant items in the BDS are documented in a BDS-protocol. Criteria for inclusion in the BDS-protocol are: required for individual care and/or required for DSS.

Results

BDS-protocols are developed for each YHC-guideline. If necessary, if registering requirements do not match the items in the BDS, a change request for the BDS is submitted. Adjustments to the BDS and the EHR required a very long lead time. For some guidelines it was difficult to create accurate and consistent data-elements.

Discussion

The development and use of a protocol for data registration should be a standard part of guideline development. It will contribute to more accurate, consistent and reliable data in the HER, accommodating the use of DSS and monitoring of the use of guidelines. Further research is needed to explore opportunities for optimization, and define key conditions necessary to enhance data-driven decision-making.

Evidence resources on the preparedness for the Pandemic response

Frida Mowafi², Kevin Ouma Ojiambo¹, Sujata Shirodkar¹, Maria Starborg², **Bhumika TV**¹, Howard White³

¹Campbell South Asia, , India, ²Swedish Research Council, , Sweden, ³Research and Evaluation centre, , Uk

Background: Throughout history, the occurrence and rapid transmission of infectious diseases in the form of pandemics have had a significant impact on humanity and various sectors of development. These pandemics have consistently highlighted the urgent need to identify effective preparedness measures and strong health policies to promptly address and mitigate the detrimental consequences they entail.

Objective: The objective of this paper was to create a comprehensive map of available evidence resources pertaining to a specific set of pandemics. By doing so, the paper aimed to prevent redundancy in primary research and identify priority areas for future research endeavors. The intention was to provide an overview of these resources, facilitating a more focused approach towards addressing key research gaps in the field.

Approach: The literature search utilized Google and selected agency websites like WHO, the Centres for Disease Control and COVID-End. A snowballing approach was employed to gather relevant evidence resources. A total of 802 evidence resources were obtained through the search process. Following a stepwise screening process, 496 resources were deemed relevant and included in the map.

Primary conclusions: The map reveals an inadequacy of evidence resources for several pandemics, including Nipa and henipaviral diseases, SARS, swine flu (H1N1), Zika, arenaviral haemorrhagic fevers, Chikungunya, Crimean-Congo haemorrhagic fever, Ebola and Marburg, emergent non-polio enteroviruses (including EV71, D668), Hong Kong flu (influenza A/H3N2), and MERS. Each of these areas had fewer than 50 evidence resources available, indicating a lack of sufficient evidence and highlighting the need for consolidated research and policy efforts to prepare for the recurrence of these pandemics. The majority of the evidence resources focus on transmission, prevention and management, disease burden, and virology. However, significant gaps exist in areas such as social economic impact, behavioral response, gender and equity, health system organization, and evidence systems. Research and policy attention should be directed towards these topics as shortcomings in these areas can undermine the effectiveness of therapeutic and preventive measures. The map provides valuable insights into the strengths and weaknesses of the available evidence system for various pandemics, offering guidance for policy development and areas requiring attention in preparation for the listed pandemics.

Evidence-informed language: impact on intentions to treat- results from an online survey

Sven Benson², Henrik Herrmann^{1,3}, Justine Schmidt², **Dr, Prof Reinhard Griebenow¹**

¹European Cardiology Section Foundation, Cologne, Germany, ²Institute for Medical Studies, University Essen, Essen, Germany, ³Marburger Bund Germany, Berlin, Germany

Background

Current evidence suggests, that use of a large variety of linguistic expressions to differentiate between different strengths of recommendations in clinical practice guidelines lacks discriminative power.

Objective

Determine how a simplified 4 grade recommendation scheme translates into intentions to treat

Methods

Online, anonymous convenience sample survey in German speaking medical students and physicians, respectively. For each type of recommendation (strong positive- weak positive- weak negative- strong negative) respondents were asked to indicate either qualitatively (all/none- selected patients- only consider treatment) or quantitatively (from 0-100% of eligible patients on a visual analog scale) how they would translate them into intentions to treat.

Results

N=1081 physicians and n=539 medical students completed the survey.

Although 87% of respondents would treat “all” eligible patients in case of a “strong positive” recommendation, the others might treat only up to 50% (or less) of eligible patients.

Interpretation of weak recommendations showed a high variability, with no clear response pattern for intentions to treat. This applies in particular to a “weak positive” recommendation, where treatment rates of almost never to almost always were observed

Although 93% of respondents would not treat “any” patient in case of a “strong negative” recommendation, individual physicians would apply a harmful treatment in up to 25% of their patients.

Responses from physicians and medical students were largely comparable.

Discussion

These findings cast doubt on that linguistic means alone will lead to optimally targeted intentions to treat.