

Abstract Book

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Guidelines for All:
Bridging Tradition, Technology and High-Value Care

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Digitizing And Integrating An Electronic Cancer Registry At A University Hospital: A Necessity For Immediate Action.

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Background:

Electronic Cancer Registries (Ecrs) Enhance The Accuracy And Timeliness Of Cancer Surveillance Across Healthcare Networks, Improve Coordination Among Healthcare Providers, Researchers, And Policymakers. In Low- And Middle-Income Countries (Lmics), The Lack Of Digitized Cancer Registries And The Poor Quality Of Existing Registries Hinder The Effective Collection And Analysis Of Cancer Data.

Objectives:

The Aim Is To Create A Hospital-Based, Digitized, Web-Based, Interactive Central Database To Comprehensively Track Cancer Patients Treated At The Medical Research Institute (MRI), Alexandria University, Egypt.

Methods: The Registry Was Developed In Iterative Phases. IT Specialists Collaborated With Clinical Staff To Ensure Accurate Data Coding Based On Existing Paper Records. The Resulting Software Captures Detailed Epidemiological And Clinical Profiles, Including Demographics, Treatment Modalities, And Diagnostic Investigations (Radiology And Laboratory). Data Analysis Was Performed To Summarize The Characteristics Of The Integrated Cohort.

Results: The Registry Integrated The Pilot 427 Patients' Records. The Cohort Was Predominantly Female (86.1%) And Resided Primarily In Urban Areas (79.4%). The System Successfully Tracked Different Treatment Lines, Whether Surgery, Chemotherapy, Radiotherapy, Or Hormonal Therapy; Radiological Investigations; And Laboratory Investigations. Breast Cancer Was The Most Prevalent Diagnosis (60.2%), Followed By Colorectal Cancer (10.8%) And Thyroid Cancer (7.3%).

Discussion: Digitizing MRI Cancer Registry Enhances Data Integration Across The Healthcare System, Facilitating Collaboration Among Institutions And Providing A More Comprehensive View Of Cancer Incidence And Treatment Outcomes In Egypt. The Integration Of System With Other Health Information Platforms Will Support National And Regional Cancer Control Programs And Assist Policymakers In Developing Evidence-Based Prevention And Treatment Strategies.

Carbon Pricing Interventions In East Africa: A Rapid Evidence Assessment

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Background:

Carbon Pricing Is Increasingly Advocated As A Central Climate Mitigation Strategy, Yet Decision-Makers In Low- And Middle-Income Regions Face Limited, Fragmented Evidence On Its Environmental, Fiscal And Socio-Economic Impacts. This Evidence Gap Constrains Guideline Development And Policy Design In East Africa, Where Energy Transitions Must Align With Development Priorities.

Objective:

To Synthesise And Assess The Effectiveness, Equity Implications And Implementation Considerations Of Carbon-Pricing Interventions In East Africa, And To Reflect On How Rapid Evidence Products Can Support Commissioners, Users And Researchers In Time-Sensitive Policy Contexts.

Methods:

We Conducted A Rapid Evidence Assessment Of Direct And Indirect Carbon-Pricing Interventions, Including Carbon And Fuel Taxes, Fossil-Fuel Subsidy Reforms, Energy-Pricing Measures And Personal Carbon Trading. Twenty-Six Studies From 13 Countries Met Inclusion Criteria. Meta-Analysis Was Undertaken For 12 Studies (119 Effect Sizes) Examining Impacts On CO₂ Emissions And Selected Socio-Economic Outcomes, Complemented By Narrative Synthesis Of Distributional And Governance Evidence. The Review Was Produced Through The FCDO Rapid Response Reviews Service, Enabling Reflection On Evidence Commissioning And Use.

Results:

Carbon-Pricing Interventions Were Associated With A Large, Statistically Significant Reduction In CO₂ Emissions With Minimal Heterogeneity. Government Revenue Increased Significantly. Average Effects On GDP, Household Income, Expenditure And Energy Consumption Were Small And Statistically Non-Significant, Though Heterogeneous. Equity Outcomes Were Highly Design-Sensitive, With Progressive Revenue Recycling Mitigating Regressive Effects.

Discussion:

Well-Designed Carbon Pricing Can Deliver Emissions Reductions And Fiscal Gains, But Effective Uptake Requires Transparent Governance, Institutional Capacity And Close Engagement Between Evidence Producers And Decision-Makers.

High-Dose Versus Standard-Dose Influenza Vaccines In Preventing Hospitalization And Mortality In Older Adults: A Systematic Review And Meta-Analysis

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Background:

High-Dose Inactivated Influenza Vaccine Is Recommended For Adults Aged 65 Years Or Older, But Effects On Severe Outcomes Remain Uncertain.

Objective:

To Compare High-Dose Versus Standard-Dose Inactivated Influenza Vaccines For Hospitalisation, Mortality, And Serious Adverse Events In Adults Aged 65 Years Or Older.

Methods:

We Searched Major Databases And Trial Registries To September 3, 2025, For Randomised Trials. Two Reviewers Extracted Data. We Pooled Effects Using Random Effects Meta-Analysis And Rated Certainty Using GRADE.

Results:

Fourteen Trials Including 581,845 Participants Were Eligible. High-Dose Vaccine Reduced All-Cause Hospitalisation (Relative Risk 0.97, 95 Percent Confidence Interval 0.95 To 0.99; 29 Fewer Per 10,000; High Certainty). It Reduced Hospitalisation For Influenza (Relative Risk 0.61) And For Laboratory-Confirmed Influenza (0.68; High Certainty) And Probably Reduced Hospitalisation For Cardiorespiratory Disease (0.92; Moderate Certainty). All-Cause Mortality Showed Little Or No Difference (0.98; High Certainty) And Serious Adverse Events Probably Showed Little Or No Difference (0.97; Moderate Certainty). Evidence Was Low For Hospitalisation For Influenza Or Pneumonia (0.83) And For Pneumonia (0.85).

Discussion For Scientific Abstracts:

High-Certainty Evidence Indicates Modest Additional Protection Against Hospitalisation Without A Mortality Benefit And Without Evidence Of Increased Serious Harm. Preferential Use Is Most Justified When Baseline Admission Risk Is High And High-Dose Vaccine Is Available At Acceptable Cost And Reliable Supply. Where Resources Are Constrained, Conditional Recommendations And Prioritisation Of The Oldest Adults And Those With Cardiopulmonary Comorbidity May Better Align Benefits With Feasibility And Equity, While Tracking Season-Specific Effectiveness.

Transparency In Clinical Practice Guidelines: A Conceptual Framework

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Background:

Transparency Is A Cornerstone Of Trustworthy Clinical Practice Guidelines And Has Been Emphasized Increasingly In Guideline Development And Evaluation. While Substantial Progress Has Been Made In Defining And Assessing Transparency In Clinical Trials And Systematic Reviews, Approaches In Clinical Practice Guidelines Remain Fragmented. Transparency Is Often Operationalized Through Isolated Indicators, Most Commonly Conflict Of Interest Disclosure, Without A Coherent Framework Linking Transparency To Guideline Development Processes And Credibility.

Objective: To Clarify How Transparency-Related Elements Operate Across Guideline Development Processes To Influence Guideline Credibility.

Methods:

We Conducted A Meta-Epidemiological Synthesis Informed By A Scoping Review And Structured Expert Consensus. Quantitative And Qualitative Studies Addressing Transparency In Clinical Practice Guidelines Were Systematically Identified And Reviewed. Transparency-Related Concepts, Descriptions, And Mechanisms Were Extracted Inductively From The Literature And Iteratively Synthesized. Expert Input Was Used To Support Conceptual Integration And To Refine The Structure Of The Synthesis.

Results:

The Synthesis Resulted In A Conceptual Relational Model Describing The Structural Relationships Among Guideline Transparency, Credibility, Conflicts Of Interest, And The Content And Methods Of Guideline Development. The Model Indicates That Both The Content And Methodological Characteristics Of Guideline Development, As Well As The Presence And Management Of Conflicts Of Interest, Are Upstream Determinants Influencing Transparency. Transparency Functions As A Mediating Construct Linking These Factors To Guideline Credibility. Direct Relationships Between Development Characteristics, Conflicts Of Interest, And Credibility Were Also Identified.

Conclusions:

This Model Provides A Methodological Foundation For Future Transparency Assessment Tools And Reporting Standards, With Direct Relevance For Guideline Developers And Policy-Makers.

Subgroup Analyses In Individual Participant Data Meta-Analyses: Cohort Study Of Protocols And Published Reports

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Background:

The Extent To Which Subgroup Analyses In Individual Participant Data Meta-Analyses (Ipdmas) Are Consistently Reported In Protocols And Corresponding Reports Remains Unclear.

Objective:

To Investigate Planning Of Subgroup Analyses In IPDMA Protocols And Evaluate Their Concordance With Corresponding Published Reports.

Methods:

We Searched Medline, Embase, CDSR, And PROSPERO For Protocols And Their Study Reports Of Ipdmas Of Rcts. We Compared Matched Protocol-Report Pairs For Concordance In Number, Factors, And Prespecification Of Subgroup Analyses.

Results:

Of 356 Protocols, 336 (94.4%) Planned Subgroup Analyses. Of Those, 3.6% Stated Anticipated Direction, 52.4% Planned Interaction Tests, And 11.0% Planned Within-Trial Analyses. Of 265 Protocols Using Continuous Variables As Effect Modifiers, 5.7% Planned To Treat All Continuous Variables As Continuous And 27.2% Planned To Categorize All Variables Without Justification For Thresholds. Of 166 Identified Reports, 149 Reported Subgroup Analyses. Among Those 149 Reports, 56.4% Reported Prespecified Subgroup Analyses, 83.9% Reported Interaction Tests, And 2.0% Stated Anticipated Effect Directions. Among 133 Reports Using Continuous Variables, 65.4% Used Specified Thresholds Without Providing Justification For Chosen Cut-Points. Among 166 Report-Protocol Pairs, 32 Showed Complete Agreement On Number And Factors Of Subgroup Analyses. Of 124 Mismatched Pairs, 95 Omitted At Least One Planned Subgroup Analysis In Reports (74 Without Explanation), And 74 Added Unplanned Subgroup Analyses.

Discussion For Scientific Abstracts:

Subgroup Analyses Often Fail To Prespecify Anticipated Subgroup Effect Directions, Distinguish Within-Trial From Between-Trial Analyses, And Appropriately Handle Continuous Variables. Concordance Between Protocols And Reports Is Poor, With Frequent Omission Of Planned And Addition Of Unplanned Subgroup Analyses.

High-Dose Versus Standard-Dose Influenza Vaccination On Cardiovascular Outcomes: A Systematic Review And Meta-Analysis

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Background:

Influenza Infection Is A Known Trigger For Cardiovascular Events In Older Adults. While High-Dose Inactivated Influenza Vaccines (HD-IIV) Are More Effective Than Standard-Dose Inactivated Influenza Vaccines (SD-IIV) In Preventing Influenza, Their Comparative Efficacy In Reducing Major Cardiovascular Outcomes Remains Uncertain.

Objective:

To Evaluate The Relative Effectiveness Of HD-IIV Versus SD-IIV In Reducing The Incidence Of Cardiovascular Endpoints.

Methods:

We Searched Medline, Embase, The Cochrane Central Register Of Controlled Trials, Global Health, And Clinicaltrials.Gov From Inception Through September 3, 2025 For Rcts Comparing HD-IIV And SD-IIV Reporting Cardiovascular Outcomes. Two Reviewers Independently Extracted Data And Assessed Risk Of Bias. We Conducted Random-Effects Meta-Analyses And Evaluated The Certainty Of Evidence Using The GRADE Approach.

Results:

Eight Rcts Involving 607,442 Participants Were Included. High-Certainty Evidence Showed That, Compared With SD-IIV, HD-IIV Reduced Hospitalizations For Cardiopulmonary Disease(RR 0.94; 95% CI, 0.90–0.97), Cardiovascular Disease(RR 0.94; 95% CI, 0.89–0.98), And Heart Failure (RR 0.85; 95% CI, 0.75–0.97), And Major Adverse Cardiovascular Events(RR 0.94; 95% CI, 0.88–1.00), And Moderate-Certainty Evidence That HD-IIV Probably Reduces Hospitalizations For Ischemic Heart Disease (RR 0.68; 95% CI, 0.47–0.98). High-Certainty Evidence Showed Little Or No Difference In Cardiovascular Mortality (RR 1.03; 95% CI, 0.89–1.19) Or Hospitalization For Atrial Fibrillation (RR 0.96; 95% CI, 0.87–1.05) Between HD-IIV And SD-IIV.

Discussion For Scientific Abstracts:

HD-IIV Reduces Cardiopulmonary And Heart Failure Hospitalizations Without Increasing Serious Cardiovascular Adverse Events. Despite Unchanged Cardiovascular Mortality, These Findings Support Prioritizing High-Dose Vaccines For Older Adults.

Strengthening Trust In Evidence Syntheses: Rethinking Risk Of Bias In Umbrella Reviews

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Background:

Despite Their Growing Use, There Is Currently No Guidance On How To Evaluate Risk Of Bias (ROB) In Umbrella Reviews (Urs), Indicating The Need For A New Approach.

Aims:

To Evaluate Six Potential Domains Of Bias In A Random Sample Of 100 Urs.

Methods:

Pubmed, The Cochrane Library, And Epistemonikos Were Searched In January 2026. A Random Sample Of 100 Urs Published Between 2024–2026 Was Included.

Results:

A Complete Search Strategy Was Not Reported In 42% Of Urs, And Eligibility Criteria Were Inconsistent In 83%. Quantification Of Overlap (E.G. CCA) Was Unclear In 75%, And Only 8.3% Considered Overlap In Synthesis And Conclusions. AMSTAR II Was The Most Frequently Used ROB Tool (33%), Followed By ROBIS. The ROB Of Included Systematic Reviews (Srs) Was High In 41.1% Of Urs, Low In 35.2%, And Unclear In 23.5%. None (0%) Described How Outdated Or Superseded Srs Were Managed, And Discordant Review Conclusions Were Clearly Addressed In Only 5.8%. Outcome Definitions Were Inconsistent In 70.5% Of Urs, While Only 29.4% Avoided Selective Extraction Of Outcomes Or Analyses. Handling Of Multiple Meta-Analyses Was Unclear In 94.1%, And 76.4% Selectively Emphasised Statistically Significant Results. Only 17.6% Addressed Heterogeneity And Small-Study Effects, And 29.4% Applied Appropriate Evidence Grading Or Credibility Schemes. Protocol Registration Was Absent In 35.2%, Deviations From Planned Methods Were Justified In 23.5%, And 76.4% Did Not Explicitly Acknowledge Umbrella-Level Limitations.

Conclusions:

Urs Exhibit Substantial Methodological Limitations Across Multiple Bias Domains. There Is A Need For A Dedicated Evaluation Framework.

Mapping The Current Status Of Chinese Clinical Practice Guidelines In Oncology: Methodological Quality, GRADE Use, And Patient Involvement — A Systematic Review.

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Background:

Clinical Practice Guidelines (Cpgs) Are Essential For Translating Evidence Into Clinical Decision-Making. In China, Rapid Growth In Guideline Production, Particularly In Oncology, Has Raised Concerns Regarding Methodological Rigor, Transparency, And The Alignment Between Evidence Certainty And Recommendation Strength. Although The GRADE Approach And The AGREE II Instrument Are Increasingly Cited, The Extent To Which GRADE Is Meaningfully Implemented And How Such Implementation Relates To Overall Guideline Quality Remain Unclear.

Methods:

We Conducted A Systematic Review Following PRISMA-P And PRISMA-Scr Guidance. Chinese Oncology Cpgs And Consensus Statements Were Identified Through International And Chinese Databases. Two Reviewers Independently Screened Records, Extracted Data, And Assessed Methodological Quality Using AGREE II. GRADE Adherence Was Evaluated Using A Seven-Item Minimal Checklist, Converted To Percentage Scores. Descriptive Statistics, Temporal Trend Analyses, Correlation Analyses, And Narrative Synthesis Were Performed.

Results:

A Total Of 120 Cpgs Published Between 2008 And 2025 Were Included. Guideline Production Was Limited Before 2019, Followed By A Marked Surge After 2019, Accounting For The Majority Of Included Documents.

Among The Included Cpgs, 66 (55.0%) Claimed Use Of The GRADE Approach, 19 (15.8%) Reported Use Of AGREE II, And 10 (8.3%) Referenced The RIGHT Reporting Guideline. Despite This Growing Methodological Labeling, Only 5 Cpgs (4.2%) Explicitly Reported Patient Involvement In Guideline Development.

Correlation Analyses Linking GRADE Minimal Checklist Scores With AGREE II Overall And Domain-Level Scores Are Scheduled For Completion By Mid-2026, Followed By Subgroup Analyses Stratified By Disease Area And Patient Involvement. Final Synthesis And Manuscript Submission Are Planned For Late 2026.

Development Of Guiding Principles To Support The Integration Of Deprescribing Recommendations In Clinical Practice Guidelines

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Background:

Considerable Variability Exists In How Deprescribing Recommendations Are Presented In Clinical Practice Guidelines. Clinicians Report A Need For More Actionable Recommendations On When And How To Deprescribe.

Objective:

To Develop Guiding Principles To Support The Integration Of Deprescribing Recommendations In Clinical Practice Guidelines.

Methods:

The Principles Were Drafted Using Convergent Analysis Of Four Prior Studies Including A Scoping Review, Separate Qualitative Studies With Guideline Developers And End-Users, And A Quantitative Survey With End-Users. Four Co Design Workshops Were Then Conducted To Discuss And Refine The Draft Principles With 39 Members From 15 Countries In The Deprescribing In Guidelines International Consortium, A Broader Group Of Interest Holders With Expertise In Guideline Development, Deprescribing, And Implementation.

Results:

Two Sets Of Principles Were Developed: Eight General Principles And Six Recommendation Principles. The General Principles Focus On Providing A Clear Rationale For Including Deprescribing Recommendations And Provide Methodological Guidance On How To Integrate Them Effectively. Key Elements Include Recognising Deprescribing As Part Of Good Prescribing, Addressing Clinical And System Level Demands, Maximising Limited Guideline Development Resources, And Reducing Low Value Care. It Was Also Highlighted That Evidence Based Deprescribing Recommendations Can Be Developed Using Gold Standard Methods With Input From Relevant Internal And External Interest Holders. The Recommendation Principles Address Six Domains: Preferred Terminology; Essential Content; Clear And Accessible Presentation; Tapering And Monitoring Guidance; Transparent Reporting Of Evidence Strength And Certainty; And Implementation Resources.

Discussion:

This Work Equips Guideline Developers With A Framework To Integrate, Draft, And Structure Deprescribing Recommendations In Future Guidelines.

Integrating An Existing Systematic Review And Expert Witness Testimony To Facilitate Timely Development Of NICE Recommendations

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Background:

NICE Received A Request To Update Its Neonatal Infection Guideline To Reflect Emerging Evidence On Switching To Oral Antibiotics Rather Than Continuing Intravenous Antibiotics For Clinically Well Babies With Culture-Negative Early-Onset Infections. Advantages Of Switching To Oral Antibiotics Could Include Reduced Hospital Stays, Fewer Re-Cannulations And Lower Gentamicin Exposure.

Objective:

To Develop NICE Recommendations On Switching To Oral Antibiotics Using An Existing Systematic Review, Available As A Preprint And Conducted By An External Organisation, Along With Real-World Evidence From Expert Witnesses To Enable Timely Development.

Methods:

The Existing Systematic Review Was Appraised Using The ROBIS Tool. No Additional Literature Search Was Conducted And Raw Data From The Existing Systematic Review Were Used To Conduct Additional Analysis, Including GRADE Assessments. Real-World Evidence From Quality Improvement Projects In England, Provided By Expert Witnesses, Was Included As Part Of The Evidence Considered By The Committee.

Results:

The Committee Were Able To Develop New Recommendations On Oral Antibiotics. The Real-World Evidence From Expert Witnesses Was Consistent With The International Studies In The Existing Review, Indicating That The Findings Could Be Applied To The UK Setting.

Discussion:

Using An Existing Systematic Review Allowed Recommendations To Be Developed More Rapidly Than Conducting A Full Evidence Review. However, It Was Not Possible To Rely Solely On The Existing Systematic Review As Additional Analysis Was Needed To Support Guideline Development And Primary Studies Were Consulted For Additional Detail. Expert Witness Testimony Of Real-World Evidence Can Provide Important Additional Insights, Particularly If There Is Limited Published Research Available.

Pearls For Publishing Systematic Reviews

Stephanie Chang¹

¹Annals Of Internal Medicine

Background:

Beyond A Rigorously Conducted Systematic Review On An Important Question, Manuscript Publication Requires Careful Attention To Writing And Presentation.

Objective:

To Share Suggestions For Authors When Preparing Systematic Reviews For Publication

Methods:

Illustration Of Commonly Provided Suggestions For Improvement Based On 20 Years Of Personal Experience As A Systematic Review Funder And Peer Reviewed Journal Editor.

Results:

This Oral Presentation Will Outline Specific Suggestions For Systematic Review Authors To Consider In Writing And Submitting Systematic Reviews For Publication In Peer-Reviewed Journals. Depending On Time Allowed, Pearls Would Include Suggestions On: 1) Justifying The SR Question 2) Setting Aside Time To Make Clear Conclusions 3) Using The Summary Of Findings To Guide Reporting In Figures, Tables, Text, And Abstract, 4) Considering Clinical Heterogeneity 5) Presenting Balanced Conclusions That Are Well Supported, 6) Choosing The Right Journal And 7) Being Strategic About Cover Letters And Appeals

Awareness And Knowledge About Development, Reporting And Evaluation Of Guidelines Among Chinese Healthcare Professionals: A Cross-Sectional Survey

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Background:

Studies On The Awareness Of Chinese Hps Regarding The Development Process Of Guidelines, Reporting Standards, And Quality Evaluation Are Still Rare.

Objective:

We Aimed To Assess The Awareness And Knowledge Of Chinese Healthcare Professionals (Hps) Regarding The Development, Reporting And Evaluation Of Guidelines, And To Identify Factors Associated With Higher Levels Of Awareness And Engagement In Guideline-Related Activities.

Methods:

We Conducted A Cross-Sectional Survey Using A Self-Designed Electronic Questionnaire To Investigate The Knowledge Of Chinese Hps About Guidelines. We Applied Univariable And Multivariable Logistic Regression Analyses To Identify Factors Associated With Increased Awareness Of Guideline.

Results:

A Total Of 938 Hps Completed The Survey. Only 13.8% (95%CI 11.6%-16.0%) Of The Hps Were Very Familiar With Guidelines, And 7.8% (95%CI 6.1%-9.5%) Were Very Familiar With The Development Process Of Guidelines. Over Half Were Unfamiliar With Reporting Standards (57.5%; 95%CI, 54.3%-60.6%) And Evaluation Tools (63.9%; 95%CI, 60.8%-66.9%). Most Hps (89.7%; 95%CI, 87.7%-91.6%) Had Never Participated In Guideline Development. Multivariable Regression Indicated That Hps With Higher Compared To Lower Education Level (Adjusted Odds Ratio [Aor] 2.63, 95%CI 1.94-3.56), And More Than 10 Years' Experience (Aor 2.02, 95%CI 1.52-2.70) Exhibited Greater Awareness Of Guidelines. Only Higher Education Level (Aor 2.89, 95% CI 2.09-4.00) And More Than 10 Years' Experience (Aor 1.91, 95% CI 1.41-2.57) Was Associated With Greater Participation In Guideline Development.

Discussion:

Policymakers And Health Institutions Should Enhance Training For Healthcare Professionals On How To Access, Interpret, And Develop Guidelines, And Integrate Guideline Knowledge Into Medical Education, To Bridge Existing Gaps.

Version 2 Of The ROBINS-I Tool For Assessing Risk Of Bias In Non-Randomized Studies Of Interventions

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Background:

Systematic Reviews Of Non-Randomized (Observational) Studies Are Often Used To Inform Evidence-Based Guidelines For Health Interventions. The ROBINS-I Tool Is Widely Used To Assess Risk Of Bias In Non-Randomized Studies Of Interventions. Methods For Estimating Causal Effects From Observational Data Have Developed Considerably Since ROBINS-I Was Released, As Have Approaches To Assessing Risk Of Bias.

Objective:

To Develop Version 2 Of ROBINS-I To Assess Risk Of Bias In A Result From A Non-Randomized Study Of The Effect Of An Intervention.

Methods:

Tool Development Through Discussion, Deliberation And Piloting.

Results:

Version 2 Of The ROBINS-I Tool Is Now Available (See <https://www.riskofbias.info>). Important Changes From Version 1 Include: (I) Addition Of Algorithms, Which Map Answers To Signalling Questions Onto Proposed Risk-Of-Bias Judgements For Each Domain; (Ii) Creation Of Additional Levels Of Response Option For Signalling Questions, By Distinguishing Between A “Strong” Yes (Or No) Versus A “Weak” Yes (Or No), Leading To Different Risk-Of-Bias Judgements; (Iii) A New ‘Triage’ Section Which Provides A Quick Mapping To ‘Critical Risk Of Bias’ When This Is Appropriate; (Iv) Refinements To Specification Of The Effect Of Interest, Particularly In Relation To Per Protocol Effects; (V) New Consideration Of Biases That Lead To Immortal Time, Either Through Classification Of Interventions Or Through Selection Of Participants In The Study Or Analysis; And (Vi) Expansion And Clarification Of The Domain On Bias Due To Missing Data.

Discussion:

Evaluations Of The Robustness Of Evidence From Non-Randomized Studies Of Interventions Should Be Strengthened By Using The ROBINS-I V2 Tool.

FOCUS: Development Of A Tool To Facilitate Prioritization Of Clinical Practice Guideline Recommendations For Shared Decision-Making

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Background:

Relevance Of Shared Decision-Making (SDM) Varies Across Clinical Practice Guideline (CPG) Recommendations. However, No Approach Currently Exists To Facilitate Prioritization Of Recommendations With Greatest SDM Relevance.

Objective:

To Develop A Tool That Supports CPG Developers In Systematically Prioritizing Recommendations For Which SDM Is Most Relevant.

Methods:

The Development Process Comprised: (1) Formation Of The Working Group, (2) Identification Of Candidate Items, (3) Development Of An Initial Tool Version, (4) Iterative Refinement Through Two Rounds Of Testing Using Example Recommendations, Including Survey-Based Evaluations And Focus Groups, (5) Development Of An Accompanying User Manual, And (6) Final Approval Of The Tool.

Results:

FOCUS – Facilitating Prioritization Of CPG Recommendations To Support SDM – Was Developed By A Multidisciplinary Group Of CPG And SDM Experts From Nine Countries, With The Involvement Of Patient Partners. The Tool Enables CPG Developers To Assess SDM Relevance Across Recommendations Using Five Items: (1) Multiple Options, (2) Decision With Impact, (3) Potential Discrepancies In Values And Preferences, (4) Treatment Burden And Financial Aspects, And (5) Uncertainty Of Evidence. Recommendations Are Assessed Using These Five Items On A Five-Point Likert Scale (Strongly Agree – Strongly Disagree), From Which A Summary Score Is Calculated. Application Of FOCUS Results In A Ranked List Of Recommendations From Highest To Lowest SDM Relevance.

Discussion:

FOCUS Provides A Structured Approach To Help CPG Developers Prioritize Recommendations For Which SDM Is Most Relevant. Development Of A FOCUS Software Application Is Underway To Improve Usability And Align Efforts With Current Initiatives To Digitize Cpgs.

FOCUS: How To Prioritize Preference-Sensitive Clinical Practice Guideline Recommendations For Shared Decision-Making? – A Hands-On Workshop

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Background:

As Recognition Grows That Many Clinical Practice Guideline (CPG) Recommendations Are Preference-Sensitive, CPG Developers Have Begun Providing Tools To Support Shared Decision-Making (SDM) Between Healthcare Professionals And Patients. Given Limited Resources For Developing SDM Tools, A Systematic Approach To Prioritizing Recommendations With Greatest SDM Relevance Would Be Helpful, But Is Currently Lacking. To Address This Gap, We Developed FOCUS – Facilitating Prioritization Of CPG Recommendations To Support SDM – A Tool That Enables CPG Developers To Systematically Prioritize Recommendations For Which SDM Is Most Relevant.

Objective:

To (1) Explore How FOCUS Can Be Applied In CPG Development, And (2) Discuss Barriers And Facilitators To Its Applicability In Relation To Developers' Context.

Planned Activities And Interactions: Following A Brief Introduction To The Objectives And Use Of FOCUS, Participants Will Be Divided Into Small Groups. Each Group Will Discuss And Assess SDM Relevance Of Pre-Selected Example Recommendations Using The FOCUS Items: (1) Multiple Options, (2) Decision With Impact, (3) Potential Discrepancies In Values And Preferences, (4) Treatment Burden And Financial Aspects, And (5) Uncertainty Of Evidence. Participants Will Enter Their Ratings Using The FOCUS Software Application, Which Calculates Summary Scores And Generates A Ranked

List Of Recommendations From Most To Least Relevant For SDM. Results Will Be Discussed In Plenary, With Particular Attention To Implications For Developing SDM Tools And Applicability Across Developers' Contexts.

Benefits For Participants: Participants Will Gain Hands-On Experience In Applying A Systematic Approach To Prioritizing Recommendations For SDM, Equipping Them To Use FOCUS In Future CPG Development.

High-Quality And Consistent Decision Making: An Exploration Of Disease-Specific Reference Models For Health Economic Analyses At NICE

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¹National Institute For Health & Care Excellence

Background:

Guideline Developers Face Challenges In Integrating Cost-Effectiveness Evidence Consistently And Transparently Into Recommendations. Disease-Specific Reference Models Offer A Means To Address These Challenges, By Providing A Framework For Producing Guidance Based On Economic Modelling. They Support Collaborative Guidance Development, Align Existing Guidance, And Allow Updating Of Guidance Where Incorporating Technology Appraisals Into Clinical Guidelines Is Challenging.

Objective:

This Project Aimed To Explore NICE's Approach To Disease-Specific Reference Models And Alternative Approaches To Support Consistency And Robustness In HTA And Guideline Development. Obesity Management Was Selected As The First Area For Implementation, To Support The Pipeline Of New Medicines, Bariatric Procedures And Digital Technologies.

Methods:

A Literature Review Was Undertaken To Understand The Benefits And Challenges With Disease-Specific Reference Models. Experience Of The Development, Adoption And Maintenance Of Reference Models Were Captured From NICE's Guideline And Appraisal Programmes, And Other HTA Bodies. Learning From This Were Incorporated Into The Work On Obesity.

Results:

A NICE Position Statement Highlighted The Barriers To Using Reference Models. Disease-Specific Reference Case Extensions Outline The Characteristics A Health Economic Model Should Have For A Specific Condition; They Are More Easily Implemented. The NICE Obesity Reference Case Extension Will Be Published In 2026 And Used To Evaluate Future Obesity Interventions.

Discussion:

Research Shows That Early Stakeholder Involvement In The Development Process Is Crucial, So Workshops With Patient Advocates, Industry And Commissioners Were Conducted For The Obesity Reference Case Extension. Further Work Is Being Conducted On Implementation To Ensure Adherence And Alignment Within HTA And Guidelines Programmes.

Impact Of Guideline Recommendations On The Use Of Ezetimibe And PCSK9 Inhibitors In Japan: An Analysis Of Publicly Available National Data

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¹Toho University

Background:

The 2022 Japanese Guidelines For The Prevention Of Atherosclerotic Cardiovascular Diseases Strengthened Earlier Recommendations From The 2017 Edition By Strongly Endorsing Ezetimibe Or PCSK9 Inhibitors As Combination Therapy With Statins For Secondary Prevention In Patients With Established Cardiovascular Disease.

Objective:

To Evaluate Changes In The Utilization Of Ezetimibe And PCSK9 Inhibitors Before And After The Guideline Update Using Publicly Available National Data.

Methods:

We Conducted A Secondary Analysis Of Publicly Available Administrative Data In Japan. Prescription Data Were Obtained From The National Database Of Health Insurance Claims And Specific Health Checkups Open Data. Drug Utilization Was Measured As Total Days Of Therapy (DOT), Defined As The Number Of Dispensed Units Multiplied By The Corresponding Dosing Interval. Temporal Trends Were Examined Using Joinpoint Regression Analysis. DOT Per 1,000 Patients Was Compared Between 2020 And 2023.

Results:

For Ezetimibe, Joinpoint Regression Indicated A Change In Slope Around 2021, Followed By A Marked Increase Thereafter. In Contrast, PCSK9 Inhibitors Demonstrated A Steady Upward Trend Without A Clear Inflection Point. DOT Per 1,000 Patients For Ezetimibe Increased From 66,454 Days In 2020 To 96,464 Days In 2023 (+45.2%). DOT For PCSK9 Inhibitors Increased From 490.0 Days To 650.8 Days (+37.5%).

Discussion:

Utilization Increased For Both Drug Classes, Suggesting A Potential Influence Of Evolving Guideline Recommendations. The Presence Of An Inflection Point For Ezetimibe, But Not For PCSK9 Inhibitors, May Reflect Differences In Adoption Patterns. Earlier Reimbursement Coverage For Ezetimibe May Have Facilitated More Rapid Uptake Following The Guideline Update.

Collaboration In Guideline Development: The French Experience

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¹Haute Autorité De Santé (HAS)

Background:

As The National Independent Public Scientific Agency, The French National Authority For Health (HAS) Is Tasked To Provide Evidence-Based And Trustworthy Guidelines. HAS Adopted New Methods, Especially Facilitating Collaborations To Ensure Implementation And Building Trust.

Objectives:

To Implement A New Collaborative Method.

Methods:

A Process Is Performed Including Use Of New Tools, A Specific Scoping Period And Regular Meetings With Medical Societies And Stakeholders.

Results :

Guidelines Department Established A Specific Updating And Collaboration Unit And Adopted New Processes Characterized By Stronger Collaborations And More Agility. Training And Outsourcing By Learned Societies Are Significant Elements.

A Specific Guide And Training Tools Were Designed And Set Out All The Conflict-Of-Interest Management, Methodological And Scientific Elements That Make Up The HAS Specifications And Can Award The HAS Label. The Most Recurrent Demand From HAS Are Increasing The Multidisciplinary Of Working Group And Including Perspectives Of Patients, Even In Case Of Highly Technical Topics.

All Along The Process And At Every Crucial Point Of Elaboration, Regular "Stop And Go" Meetings And Exchanges Are Planned To Adapt Our Process And Building Trust.

In 2 Years-Pilot Phase, More Than 27 GL Were Engaged In Different Fields (Anesthetics And Intensive Care, Gynaecology And Childbirth, Antimicrobial Resistance, Urology, Etc).

Conclusions:

Guideline Developers Must Regularly Adapt Their Methods To Build Trust In Science. HAS Established One To Improve Collaboration And Implementation. A Quantitative And Qualitative Report Is On Progress To Assess The Impact Of This Strategy And Will Share With The Related GIN Working Groups (Updating And Collaboration).

Visual Summaries To Enhance Dissemination And Implementation Of The German Guideline For Patients With Multiple And/Or Severe Injuries

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Background:

Although The Value Of Clinical Guidelines Is Undisputed, Their Recommendations Are Not Always Fully Implemented In Clinical Practice. Successful Dissemination Strategies, Such As The Use Of Visual Summaries, Are Needed To Increase Guideline Adherence.

Objective:

To Develop And Test Visual Summaries Of Guidelines To Facilitate The Dissemination Of Guideline Recommendations And Strengthen Their Implementation In Clinical Practice.

Methods:

As Part Of The Ongoing Update Of The German Evidence- And Consensus-Based Guideline For Patients With Multiple And/Or Severe Injuries, Visual Summaries Are Being Successively Created For Each Topic Of The Guideline. These Are Currently Tested, Refined, And Ultimately Finalized Through Continuous Discussions With Health Care Professionals. A Follow-Up Survey Of Guideline Users (Health Care Professionals Working In Emergency Care In Germany) Will Be Conducted To Evaluate And Refine The Visual Summaries, Addressing Acceptance, Appropriateness, Comprehensibility, And Successful Dissemination Of The First Published Summaries.

Results:

The First Pilot Visual Summaries Have Been Developed, Iteratively Improved Based On Discussion Rounds With Health Care Professionals, And Published Online. In Total, They Represent 21 Guideline Recommendations. Visual Symbols And Different Colors Are Used To Provide Visual Support. Preliminary Results Show That Visual Summaries Of Recommendations Are Widely Accepted By Guideline Users. They Are Considered Very Useful As They Are Easy To Understand And, Due To Their Brevity, Can Be Applied Even Under Limited Time Resources.

Discussion:

Preliminary Results Show Acceptance And Usability. The Subsequent Project Phase Aims To Examine Whether Visual Summaries Effectively Enhance The Dissemination And Implementation Of Guideline Recommendations In Clinical Practice.

Graderater: GRADE Official Tool To Support Automated Rating Of The Certainty Of Evidence⁴

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Background:

The Grading Of Recommendations Assessment, Development And Evaluation (GRADE) Working Group Is Developing Graderater (GRADE Rating Automation Through Enhanced Reasoning), An Official, Automated Tool For Evaluation Of The Certainty Of The Evidence (Coe). Prototypes Of Graderater Have Been Developed For Supporting The Assessment Of The Coe For Both Pairwise And Network Meta-Analysis.

Objective:

This Hands-On Workshop Will (I) Demonstrate How To Use Graderater, And (Ii) Collect And Discuss Participants' Feedback For Improving This Tool.

Planned Activities And Interactions:

This Workshop Will Start With A Brief Presentation Of Graderater And Of The Main Principles That Were Followed In The Development Of This Tool. Subsequently, Participants Will Work In Small Groups: Each Group Will Be Asked To Use Graderater In Two Case Scenarios (One Pairwise Meta-Analysis And One Network Meta-Analysis). The Workshop Will End With A Discussion Session Focused On A Critical Appraisal Of Graderater. In Particular, There Will Be A Discussion On The Usability Of This Tool As Well As On Potential Changes And Additional Features That Can Result In Its Improvement.

Principles And Methods On How The GRADE Working Group Will Use Automation To Rate The Certainty Of Evidence

Prof. Bernardo Sousa-Pinto¹, Prof. Rafael José Vieira¹, Dr. Vítor Henrique Duarte¹, Prof. Manuel Marques-Cruz¹, Dr. Paweł Jemioło³, Dr. Camila Ávila-Oliver², Prof. Holger Schünemann⁴

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Background:

The GRADE Working Group Is Developing An Official Initiative To Implement An Automation-Supported Evaluation Of The Certainty Of The Evidence (Coe).

Objective:

To Describe The Principles And Methods Followed By The GRADE Working Group To Use Automation To Rate The Coe Of Intervention Effects.

Methods:

The GRADE Working Group Established A Project Group Focused On Automation And AI. This Group Established A Set Of Principles That An Automated Tool Supporting The Assessment Of The Coe Would Need To Comply. Subsequently, The Project Group Planned The Development Of A Tool Following These Principles. Such Development Encompassed Four Phases: (I) Identification And Validation Of Automation Rules, (Ii) Development And Testing Of A Prototype, (Iii) Launch Of The Automated Tool, And (Iv) Continuous Improvement.

Results:

The Project Group Established That An Automated Tool Should Observe The Following Principles: (I) Compliance With Current GRADE Guidance, (Ii) Transparency, (Iii) Human Oversight, (Iv) Implementation Of Decision Rules, (V) Ease Of Use, (Vi) Understandability, And (Vii) Continuous Improvement. Subsequently, The Group Identified A Set Of Decision Rules To Appraise Each Domain Of The Coe In Pairwise And Network Meta-Analysis. Based On The Aforementioned Principles And Rules, The Project Group Developed A Prototype For Graderater, GRADE Official Tool To Support Automated Assessment Of Coe. Graderater Has Been Subject To Usability Testing And Evaluation Of Its Decision Rules.

Discussion For Scientific Abstracts:

The GRADE Working Group Will Create A Tool Supporting An Automated Assessment Of The Coe, And Potentially Resulting In Gains Of Efficiency, Transparency And Consistency.

Assessing Values And Preferences Of Chinese Coronary Artery Disease Patients: An Innovative Multicenter Patient Survey

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Background:

Coronary Artery Disease Patients Face Trade-Offs Between Antithrombotic Benefits And Bleeding Risks, Making The Incorporation Of Patient Values And Preferences Essential For The Development Of Clinical Practice Guidelines (Cpgs). Determining Minimal Important Difference (MID) For Patient-Important Outcomes Reflects Patient Values By Identifying Changes Patients Consider Important. Core GRADE Methodology Particularly Emphasizes Using MID To Inform Recommendations. However, Such Evidence For Binary Outcomes Remains Scarce.

Objective:

To Establish Mids For Myocardial Infarction, Ischemic Stroke, Death, And Gastrointestinal Bleeding.

Methods:

The Study Comprises Four Phases. The Preparatory Phase Will Finalize All Survey Materials And Participating Centers. Phase 1 Will Calibrate Interviewer Consistency And Develop The Final Cognitive Debrief Rating Standard. Phase 2 Will Conduct The Multicenter Cross-Sectional Survey, Recruiting Approximately 1,600 Eligible Patients Across More Than 10 Centers. Each Participant Will Complete The Randomly Assigned MID Questionnaires. Interviewers Will Perform Internal Logic Checks And Conduct Cognitive Debriefings For As Many Participants As Possible, Applying The Established Rating Standard To Verify Participants' Understanding. Data Analysis Will Classify Participants Based On Comprehension Levels To Derive Mids From The Valid Dataset.

Results:

This Study Will Establish Mids For Each Outcome. We Will Also Explore Factors Influencing Mids And Present The Accuracy Of The Internal Logic Check Relative To Cognitive Debriefing.

Discussion:

By Providing Large-Sample Patient Evidence, This Study Will Address The Gap In Mids For Key Binary Outcomes, Thereby Strengthening The Development Of Cpgs.

Understanding The Impact Of Caregiver – Child Relationships On ART Adherence Among Children Living With HIV In Eswatini

Mr Themba Matsebula¹

¹Young Heroes Organisation

Background:

Adherence To Antiretroviral Therapy (ART) Is A Critical Determinant Of Health Outcomes Among People Living With HIV. Despite Progress In HIV Programming, Eswatini Like Many Developing Countries Continues To Experience Challenges Related To Treatment Defaulting And Inconsistent Medication Use. The Phila Unotse Project, Implemented By Young Heroes Organization In Collaboration With The Government Of Eswatini, Aims To Improve Child Health Through Home-Based Interventions That Integrate Nutrition Support, Psychosocial Assistance, And Palliative Care For HIV-Affected Families.

Objective:

To Assess Whether The Caregiver–Child Relationship Influences ART Adherence Support Among Children Living With HIV (CALHIV).

Methods:

A Descriptive And Regression Analysis Was Conducted Using Routine Data Collected Between October 2023 And January 2024 For The Phila Unotse Project. Trained Community Mentors Identified HIV-Positive Children In Communities And Health Facilities And Provided ART Adherence Counseling To Support Treatment Continuity. Descriptive Analyses Examined ART Adherence Support By Caregiver Relationship.

Results:

Among The 3,332 CALHIV Assessed, 1,772 Received Adherence Support In October, 3,237 In November, And 3,321 In December. In October, Adherence Support Was Lowest Among Children Supported By Siblings (40%) And Highest Among Those Supported By Biological Parents (54%). In November, Adherence Support Remained Lower Among Children Cared For By Non-Biological Caregivers And Siblings, While Higher Adherence Support Was Observed Among Those Under Parental Care. Similar Patterns Were Observed In December.

Conclusion:

Biological Parents Plays A Critical Role In Promoting ART Adherence Among Children Living With HIV. Strengthening Adherence Interventions That Engage Non-Biological Caregivers Is Essential To Improve Treatment Outcomes For CALHIV.

A Cross-Sectional Analysis Of Sexual Risk Behaviors And Correlates Of Delayed HIV Testing Among Adolescent Girls And Young Women In Eswatini.

Mr Themba Matsebula¹

¹Young Heroes Organisation

Background:

HIV Remains A Major Global Public Health Challenge, With Sub-Saharan Africa Disproportionately Affected. Eswatini Has One Of The Highest HIV Prevalence Rates Globally, With Adolescents And Young People Facing Heightened Vulnerability To New Infections. Despite High Lifetime HIV Testing Coverage, Disparities Persist In Testing Frequency And Sexual Risk Behaviors, Particularly Among Young Women. Young Heroes Organization Supports The Government Of Eswatini Through Community-Based Interventions Aimed At Reducing New HIV Infections Among Adolescents' Girls Aged 15–35 Years.

Objective:

To Examine HIV Testing Patterns And Associated Sexual Risk Behaviors Among Adolescent Girls Aged 15–35 Years In Eswatini.

Methods:

A Cross-Sectional, Community-Based HIV Risk Screening Was Conducted Between July And September 2025 Among 700 Adolescent Girls. Trained Community Volunteers Collected Data Through Household Visits. Variables Included Sociodemographic Characteristics, Number Of Sexual Partners, Condom Use, And Timing Of The Most Recent HIV Test. Descriptive Statistics Summarized Testing Patterns And Risk Behaviors, While Logistic Regression Identified Factors Associated With Delayed HIV Testing, Defined As Testing More Than Six Months Prior.

Results:

Most Participants Were Single (90%), And Condom Use At Last Vaginal Sex Was Reported By 43%. Although All Participants Knew Their HIV Status, 21% Reported Testing More Than Six Months Prior. Multiple Sexual Partnerships Were Reported By 18% And Were Significantly Associated With Delayed Testing ($P = 0.0037$). Age-Disparate Relationships With Older Male Partners Were Also Significantly Associated With Delayed Testing ($P = 0.0034$).

Conclusion:

Delayed HIV Testing Remains Common Among Adolescents And Young Women, Particularly Those Engaged In High-Risk Sexual Behaviors.

Formulating Clinical Questions For Guidelines On Integrated Traditional Chinese And Western Medicine In Pediatric Mycoplasma Pneumoniae Pneumonia

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Background:

Mycoplasma Pneumoniae Pneumonia (MPP) Is A Common Childhood Pneumonia. Current Guidelines Lack Clear Guidance On The Integration Of Traditional Chinese Medicine (TCM) And Western Medicine (WM).

Objective:

This Study Aims To Formulate Clinical Questions For A New Guideline By Identifying The Optimal Timing And Advantages Of TCM, WM, Or Their Combined Use Throughout MPP Management.

Methods:

We Conducted Semi-Structured Interviews With TCM And WM Experts Using Purposive Sampling. Interview Data Were Analyzed Via Grounded Theory With Three-Level Coding In Nvivo 20. An Initial Question List Was Drafted Based On Literature And Interview Findings. Multidisciplinary Experts Refined The List Through Online Consultations, Focusing On Discussing Relative Advantages Of TCM Or/And WM. A Delphi Survey Was Then Administered To Rate Question Importance. Questions Rated As Very Or Relatively Important Were Retained And Organized By Disease Stage: Prevention, Diagnosis, Treatment, And Recovery.

Results:

Grounded Theory Analysis Of Expert Interviews Produced 72 Concepts Categorized Into 13 Groups And 3 Themes. Consultations With 15 Experts Clarified The Relative Advantages Of TCM And WM Across Disease Stages, Refining The Question List. A Subsequent Delphi Survey (13 Experts, 100% Response Rate) Showed $\geq 75\%$ Agreement On The Importance Of All Questions. After Internal Review, One Question Was Removed, Yielding A Final List Of 43 Clinical Questions For The Guideline.

Discussion:

The Study Established Clinical Questions By Elucidating The Complementary Roles Of TCM And WM In Pediatric MPP. The Resulting 43 Clinical Questions Provide A Foundation For Guideline Development And A Reference For Future Integrative Medicine Guidelines.

A Concurrent 'Evidence-To-Decision' Model For Rapid, High-Volume Evidence Syntheses. The Methods Behind The Australian MND Guideline.

Dr Timothy Barker¹, Dr Danielle Pollock, Dr Cindy Stern, Professor Zachary Munn

¹HESRI (Health Evidence Synthesis Recommendations And Impact)

Background:

Traditional Guideline Development Is Often Linear And Resource-Heavy, Commissioning Separate Systematic Reviews Or Research Pieces For Each Domain Of The Evidence-To-Decision (Etd) Framework. This Can Result In Multiple Siloed Workstreams For Every Prioritised Guideline Question.

Objective:

To Describe A Novel, High-Velocity Workflow That Integrates Multiple Evidence Syntheses Into A Single, Concurrent Process To Inform The Australian Motor Neurone Disease (MND) Guideline.

Methods:

Guided By A 'Living Protocol', This Approach Uses A Massive Upfront Search Via A Comprehensive Evidence And Gap Map (EGM). Rather Than Conducting Disparate Reviews, Reviewers Utilise The EGM Results To Screen And Tag Evidence For All Etd Components Related To A Clinical Question In A Single Pass. Within This Workflow, Evidence Is Prioritised Based On The Study Designs Most Relevant To Each Specific Etd Domain (E.G. Prioritising Rcts For Desirable And Undesirable Effects).

Results:

Since September 1st, 2025, This Model Has Resulted In The Completion Of (At Time Of Writing) 29 Evidence Syntheses To Inform The Etd Domains Associated With The Guideline's First Four Recommendations. By Collapsing Traditionally Separate Workstreams, The Team Effectively Complete Up To 8 Evidence Syntheses Per Guideline Question In One Go. This Significant Volume Was Achieved While Maintaining Strict Methodological Rigour, Incorporating INSPECT-SR Integrity Checks, Risk Of Bias 2.0 Assessments, Qualitative Methodological Quality Assessment Using CAMELOT, Quantitative And Qualitative Data Synthesis And GRADE Certainty Of Evidence Assessments.

Discussion:

Our Workflow Has Demonstrated That Guideline Developers Can Achieve High-Volume Output And Rapid Evidence-To-Recommendation Turnaround Without Sacrificing Methodological Integrity.

Using Large Language Models To Develop Standardised Health Outcome Descriptors For The Australian MND Guideline

Dr Timothy Barker¹, Dr Danielle Pollock, Dr Cindy Stern, Professor Zachary Munn

¹HESRI (Health Evidence Synthesis Recommendations And Impact)

Background:

Guideline Panels Require Clear, Plain-Language Descriptions Of Health Outcomes, Known As Health Outcome Descriptors (Hods), To Ensure Common Understanding And Uniformity Across A Guideline. Manually Drafting Consistent Descriptors For Numerous Outcomes Is Resource-Intensive And Prone To Stylistic Variation.

Objective:

To Describe A Workflow Where We Utilised A Large Language Model (LLM) To Generate And Refine Standardised Hods For The Australian Motor Neurone Disease (MND) Guideline.

Methods:

For Each Prioritised Question, 10–15 Outcomes Were Drafted From An Evidence And Gap Map, And Previous Guidelines Related To MND. We Utilised The Gemini LLM To Generate Initial Plain-Language Hods. This Workflow Integrated Three Layers Of Rigorous Oversight. 1) A Trained Research Methodologist Reviewed All AI-Generated Content And Underlying Source Citations For Technical Accuracy. 2) The Guideline Panel Provided Iterative Feedback Over Multiple Rounds Regarding The Content Of The Hod. 3) Guideline Advisory Groups (Including Clinicians And Consumers) Reviewed The Descriptors To Ensure Relevance And Clarity.

Results:

This Process Established A Standardised Outcome Library For The Development Of The Australian MND Guideline. The LLM Significantly Accelerated The Initial Drafting Phase And Ensured A Consistent "Voice" Across Complex Topics. The Iterative Feedback Rounds Were Essential To Refine Clinical Nuances And Ensure The Hods Accurately Reflected Both The Clinical Evidence And The Lived Experience Of MND

Discussion:

Integrating AI Into HOD Development Facilitates High-Volume Output And Methodological Uniformity. By Employing Multiple Mechanism To Provide Rigorous Feedback, Guideline Developers Can Produce High-Quality, Standardised Descriptors That Ensure All Decision-Makers Share A Common Understanding Of The Evidence.

Integrating Living/Lived Experience Into Dementia Guideline Development In Australia

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Background:

In Australia, The Australian Dementia Clinical Practice Guidelines Are Being Updated. To Inform This Update, A Living/Lived Experience Advisory Group (LEAG) Was Established Consisting Of Eleven People, Who Were Either Living With Dementia Or Were Current Or Former Carers Of People Living With Dementia.

Objective:

To Integrate The Perspectives Of People With Living Experience Of Dementia Into All Aspects Of Guideline Development.

Methods:

The Guideline Development Process Followed GRADE Methodology. The LEAG Met Monthly To Consider The Value Of Outcomes, And Acceptability, Resources And Equity Concerns Of Interventions Considered For Guideline Development. Meetings Were Recorded And Analysed Qualitatively Using Content Analysis. A Summary Of This Analysis Was Included As Part Of The Evidence Provided To Guideline Development Group Members Prior To Developing Recommendations. Additionally, Two LEAG Members Were Present At Each Guideline Development Group Meeting And Part Of Developing Each Recommendation.

Results:

The LEAG Met 16 Times, Including An Introductory Meeting, A Session On Principles Of Care, Three GRADE Training Workshops, And 11 Meetings To Discuss Interventions Being Considered In Guideline Development. LEAG Members Attending A Guideline Development Group Meeting Also Attended A Preparatory Meeting. When Considering Outcomes Where There Was Limited Evidence Available The LEAG Provided Invaluable Insight Of Their Experiences.

Conclusions:

This Project Demonstrates The Feasibility Of Including People With Living Experience Of Dementia In Formal Guideline Development Processes. The LEAG Have Unique Expertise Drawn From Their Experience. This Will Ensure The Update Of The Australian Dementia Clinical Practice Guidelines Truly Combines Both Evidence And Experiential Knowledge.

Developing A Clinical Practice Guideline Of Korean Medicine For Polycystic Ovary Syndrome

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Background:

Polycystic Ovary Syndrome (PCOS) Affects 6-15% Of Women Of Reproductive Age, Characterized By Menstrual Irregularities, Polycystic Ovarian Morphology, And Hyperandrogenism. In South Korea, PCOS Cases Have Doubled Over The Past Decade, Particularly Among Women In Their 20s And 30s. PCOS Increases Risks Of Infertility, Diabetes, Cardiovascular Disease, And Mental Health Issues. Korean Medicine (KM) Interventions Including Herbal Medicine, Acupuncture, And Moxibustion Are Widely Used, With Recent Systematic Reviews Showing Positive Effects On Ovulation Rates, Menstrual Regularity, And Metabolic Parameters.

Objective:

To Develop An Evidence-Based KM Clinical Practice Guideline (KM-CPG) For PCOS That Synthesizes Current Literature Evidence And Provides Standardized Recommendations For KM Interventions.

Methods:

A De Novo KM-CPG Development Will Be Initiated In April 2026. A Multidisciplinary Committee Will Be Established, Led By The Society Of Korean Medicine Obstetrics And Gynecology, Including Clinical Experts, Primary Care Physicians, And Methodology Experts. Clinical Questions Are Organized Into Four Chapters: 1) Pattern Identification Diagnosis, 2) KM Monotherapy (Herbal Medicine, Acupuncture, Electroacupuncture, Auricular Acupuncture, Moxibustion, Thread Embedding), 3) Integrative Treatment Combining KM With Conventional Medicine Or Assisted Reproductive Technology, And 4) Combined KM Therapies. Systematic Literature Reviews Will Be Conducted For Each Clinical Question. Evidence Certainty Will Be Assessed Using GRADE Methodology, With Final Recommendations Determined Through Expert Delphi Consensus.

Future Prospects For Project Presentations: The Draft KM-CPG Will Undergo External Expert Reviews And AGREE II Appraisal. Upon Completion, The Guideline Will Seek Certification From Relevant Korean Medicine Societies. The Complete KM-CPG For PCOS Is Scheduled For Publication By December 2027.

Contemporary Clinical Practice Guidelines: What's In The Box?

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Background:

Clinical Practice Guidelines (Cpgs) Play A Central Role In Translating Evidence Into Clinical And Policy Decisions. Although Numerous Methodological And Reporting Standards Exist To Support CPG Development, Little Empirical Research Has Described Their Content, Particularly Their Evidence Foundations, Recommendation Structure, And Implementation Features.

Objective:

To Systematically Describe The Characteristics And Contents Of An International Sample Of Cpgs Published Between 2021 And 2025.

Methods:

We Are Conducting A Cross-Sectional Analysis Of Approximately 150 Cpgs Published Within The Past Five Years, Identified By Experts Participating In A Larger Project Examining Cpgs And Their Informing Systematic Reviews. This Approach Aims To Capture A Diverse And Practice-Relevant Set Of Cpgs Rather Than An Exhaustive Sample. Data Are Extracted Using A Standardized Instrument Built To Capture Variables Such As CPG General Characteristics (E.G., Developer Organization Type, Target Population), Evidence Foundations (E.G., PICO/PECO Question, Evidence Synthesis Type), Recommendation Structure (E.G., Summary Tables, Flowcharts), And Implementation Features (E.G., Implementation Tools, Language Adaptations). Reviewers Undergo Training And Calibration, With Duplicate Extraction For A Subset Of Cpgs And Disagreements Resolved Through Adjudication.

Results:

Analyses Will Describe The Prevalence And Variability Of Core CPG Characteristics And Content Elements (E.G., Proportion Of Cpgs Based On A Single Tailored Systematic Review Versus Those Based On Multiple Existing Systematic Reviews) And Explore Variation By Developer Type, Geographic Region, And Clinical Domain.

Discussion:

This Study Will Provide An Empirically Grounded Overview Of How Recent Cpgs Are Structured And Documented, Offering A Baseline To Inform CPG Development, Reporting Practices, And Future Methodological Research.

Falls Prevention Among Elderly Patients In A Hospital/In Japan : A Best Practice Improvement Project

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Background:

In Fiscal 2023, Our Hospital Recorded 222 Falls, With Patients In Their 70s Accounting For The Highest Proportion At 39.6%. Although We Utilized A Standard Fall Prevention Manual, A Key Issue Remained: Patients Were Not Involved In Risk Assessment Or Care Planning. Evidence Suggests That Involving Patients And Families In Setting Goals And Evaluating Risks Can Effectively Reduce Fall Rates.

Objective:

(1) To Reduce Falls Among Hospitalized Patients In Their 70s By Implementing Evidence-Based Collaborative Risk Assessment. (2) To Enhance Nurses' Understanding Of This Evidence And Examine Strategies For Sustainable Implementation.

Metho: The Study Included 55 Patients In Their 70s Admitted To Ward A From October To November 2024. Research Members Developed Educational Materials For Nurses And A Collaborative Risk Assessment Tool. After Educating All Ward Nurses, Primary Nurses Conducted Joint Risk Assessments With Patients And Their Families, Discussing Results And Co-Designing Prevention Plans. Post-Intervention, Fall Rates And Nurses' Feedback Were Analyzed.

Future Prospects For Project Presentations: Following Implementation, The Fall Rate Significantly Decreased From 2.1‰ To 0.71‰, With Zero Falls Recorded Among Patients In Their 70s Between August And December. This Success Suggests That Recognizing Personal Fall Risks Enhances Patients' Self-Care Behaviors. Nurses Also Recognized That Collaborative Care Is Essential For Gaining Patient Cooperation. Moving Forward, We Aim To Standardize This Dialogue-Based Approach And Adapt It For Patients With Cognitive Or Physical Impairments Through Enhanced Coordination With The Hospital's Admission Center And Rehabilitation Departments To Establish A Comprehensive Fall Prevention System. (247 Words)

Healthy LLMs? Benchmarking LLM Knowledge Of UK Government Public Health Information

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Background:

As Large Language Models (LLMs) Become Widely Accessible, A Detailed Understanding Of Their Knowledge Within Specific Domains Becomes Necessary For Successful Real World Use. This Is Particularly Critical In Clinical Medicine And Public Health, Where Failure To Retrieve Relevant, Accurate, And Current Information Could Significantly Impact UK Residents. However, While There Are A Number Of LLM Benchmarks In The Medical Domain, Little Is Known About LLM Knowledge Within Public Health.

Objective:

This Paper Aims To Address This Issue By Introducing Pubhealthbench, A New Benchmark For Evaluating LLMs' Multiple Choice Question Answering (MCQA) And Free Form Responses To UK Public Health Queries Grounded In Current UK Government Guidance.

Methods:

We Extract Free Text From 687 UK Government Guidance Documents And Implement An Automated Pipeline To Generate Over 8,000 Grounded MCQA Samples. We Assess 24 Open-Weight And Proprietary LLMs On The MCQA Benchmark, And Evaluate Free Form Responses Using A Manually Reviewed Subset With A Grounded LLM-As-A-Judge Approach; We Also Compare To A Human Baseline With Cursory Search Engine Use (Up To 2 Minutes Per Question).

Results:

On MCQA Questions, The Latest Proprietary LLMs (GPT-4.5, GPT-4.1 And O1) Achieve Over 90% Accuracy And Outperform Humans With Cursory Search Engine Use. In The Free Form Setup, Performance Is Lower, With No Model Scoring Over 75%.

Discussion:

These Results Suggest Frontier LLMs Are An Increasingly Accurate Source Of UK Public Health Information, But For Real World Use Cases Additional Safeguards May Still Be Needed To Provide Free Form Responses Safely.

A Comprehensive Tool To Support Guideline Use In Multimorbidity Management: The International Myfriend Framework

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Background:

Guidelines Are Often Ill-Equipped To Address The Complexities Associated With Multimorbidity. Applying High-Quality Recommendations Across Coexisting Conditions While Avoiding Harmful Interactions Remains Challenging.

Objective:

To Develop A Framework To Assist Healthcare Professionals In Evaluating, Selecting, And Adapting Guideline Recommendations For Patients With Multimorbidity - The Multimorbidity Management Framework For Guideline-Based Decision Support (Myfriend).

Methods:

We Established A Working Group Of 34 Leading Experts In Multimorbidity Research, Guideline Methodology, And Various Clinical Disciplines From 13 Countries. The Framework Was Informed By Two Systematic Reviews Of Multimorbidity Guidelines, A Questionnaire Survey Of Frontline Healthcare Professionals, And Expert Interviews. Subsequently, A Delphi-Like Expert Survey, Followed By Online Consensus Meetings Among The Working Group And External Expert Review, Were Conducted To Finalize The Framework.

Results:

The Myfriend Framework Comprises 22 Items, Presented In The Form Of A Flowchart. The User Starts By Assessing Whether Multimorbidity Should Be Considered In The Individual's Care Or Not. If Yes, The Next Steps Address The Availability Of Applicable Guidelines To Guide The Care In General. The Remaining Evaluation Steps Focus On Selecting Guidelines And Recommendations For The Individual's Specific Combination Of Diseases. The Framework Ends In Action Points Guiding The Application Of The Identified Guidelines. The Framework Is Intended To Be Applicable In Any Type Of Healthcare Setting, Including Primary Care, Referral Hospitals, Nursing Homes, And Other Types Of Facilities.

Discussion:

Myfriend Can Offer Structured Support For Managing Multiple Diseases Based On Guidelines And Evidence-Based Recommendations, Promoting Rational, Standardized, And Effective Multimorbidity Care Across Healthcare Facilities Worldwide.

Establishing A National Ecosystem For Clinical Practice Guidelines In Korean Medicine: A Landscape Analysis

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Background:

Global Interest In Evidence-Informed Healthcare Has Extended To Traditional And Complementary Medicine, Promoting The Development Of Standardized Clinical Practice Guidelines (Cpgs). In Korea, Cpgs For Korean Medicine Are Developed Through A Government-Supported Research And Development Program And Registered And Disseminated Through The National Clearinghouse For Korean Medicine (NCKM).

Objective:

To Characterize The Governance, Development Processes, And Methodological Rigor Of Korea's National System For Cpgs For Korean Medicine.

Methods:

A Systematic Landscape Analysis Of Publicly Available Documents And Databases From The NCKM Was Performed. Information On Governance, Participating Organizations, Evidence Synthesis, External Review, Certification, And Dissemination Strategies Was Extracted And Analyzed.

Results:

Between 2016 And 2026, 61 Cpgs Encompassing 60 Disease Areas Were Developed And Registered In The NCKM, With An Additional 23 Guidelines Currently Under Development. The Guidelines Were Compiled By Approximately 14 Academic Societies. Topics Spanned Multiple Clinical Domains—Primarily Musculoskeletal Disorders (N=18), Internal Medicine (N=15), And Neuropsychiatric Disorders (N=10). All Cpgs Followed Standardized Manuals And Necessitated Systematic Reviews, GRADE Application, External Review, And National Certification. Implementation Tools Further Supported The Nationwide Uptake Of These Guidelines.

Conclusion:

Korea Has Established A Coordinated And Research-Integrated National Infrastructure For Cpgs For Korean Medicine Aligned With International Methodological Standards. By Integrating Guideline Development, Certification, And Dissemination Within A Single Platform, This Model Ensures Consistent Quality And Practical Uptake. The Program Has Supported Policy Initiatives, Including Pilot Coverage Programs For Herbal Decoctions Under The National Health Insurance. Thus, It Provides A Transferable Framework For Organizing Traditional Medicine Guidelines Within Evidence-Informed Health Systems.

Who Were Blinded In Randomized Trials Is Confusing And Misleading

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Background:

CONSORT Provides Guidance For Reporting Of Blinding Among Rcts. When A RCT Reporting As Open, Single- Or Double-Blinded, However, It's Extremely Confusing To Understand Who Were Exactly Blinded.

Objective:

To Investigate Who Were Exactly Reported As Blinded Or Unblinded In Rcts.

Methods:

We Identified Rcts (N=407) Published In 2025 In Five Top-Tier Medical Journals: Annals Of Internal Medicine, BMJ, JAMA, Lancet, NEJM. Phase 1: Based On Title/Abstract, To Find Out, Whether The Following RCT Stakeholders Were Blinded Or Not: Participants, Health Care Providers, Data Collectors, Outcome Assessors, Data Analysts, And Manuscript Writers. Phase 2: Make The Same Judgement Based On The Full Texts. Discrepancies Were Resolved By Consensus. We Calculated Proportions Of Reporting With 95% Cis And Compared Paired Proportions.

Results:

Titles/Abstracts Vs Full Texts Reported Much Less Information On Who Were Blinded: Participants (7.9% Vs 44.5%), Outcome Assessors (14.5% Vs 50.4%), Health Care Providers (4.9% Vs 32.9%), Data Analysts (0% Vs 12.3%), And Data Collectors (0.2% Vs 6.9%) (Figure1). Single-Blind Rcts (N=7) Often Failed To Specify Which Group Was Blinded. Double-Blind (N=153) Showed Substantial Heterogeneity, With Multiple Combinations Of Blinded Groups Reported, Most Frequently Involving Outcome Assessors And, Less Consistently, Participants Or Health Care Providers. Even Among Trials (N=101) Not Reported Of Blinding, Occasional Reports Specified Blinding Of Individual Groups—Most Often Outcome Assessors—Although The Majority Provided No Explicit Information On Blinding (Figure2).

Discussion:

Blinding Status In Rcts Is Often Incompletely Reported. We Found Very Different Proportion Of Stakeholders Blinding, Suggesting These Labels Are Confusing And Should Be Abandoned.

Non-Pharmacologic Treatments For Fibromyalgia: A Systematic Review And Network Meta-Analysis Of Randomized Trials

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Introduction:

Fibromyalgia Is A Chronic Condition Characterized By Widespread Pain, Fatigue, And Cognitive Dysfunction. While Various Non-Pharmacologic Interventions Are Recommended As First-Line Therapy, Their Relative Efficacy And Safety Remain Uncertain Due To The Lack Of Direct Head-To-Head Comparisons. We Conducted A Systematic Review And Network Meta-Analysis (NMA) To Compare And Rank The Effectiveness Of All Available Non-Pharmacologic Treatments.

Methods:

We Searched MEDLINE, EMBASE, Cochrane Central For Rcts Evaluating Non-Pharmacologic Interventions In Adults With Fibromyalgia. Two Reviewers Independently Screened Studies, Extracted Data, And Assessed The Risk Of Bias. Our Primary Outcomes Include Fatigue, Pain Intensity, Physical Function, Et Al. We Employed A Bayesian Framework For The NMA And Used The GRADE Approach To Assess The Certainty Of Evidence For Each Comparison.

Results:

Our Systematic Search Identified 410 Rcts Encompassing Over 50 Distinct Non-Pharmacologic Interventions. These Interventions Range From Aerobic And Resistance Exercise To Cognitive Behavioral Therapy, Mindfulness, Acupuncture, And Balneotherapy. Data Synthesis And Network Modeling Are Currently In Progress. We Are Analyzing The Comparative Effects Of These Interventions On Core Fibromyalgia Symptoms And Identifying Which Modalities Offer The Most Substantial Clinical Benefit. The Complete Results, Including Treatment Rankings And Certainty-Of-Evidence Assessments, Will Be Presented At The Conference.

Discussion:

This NMA Represents The Most Comprehensive Evidence Synthesis To Date On Non-Pharmacologic Management For Fibromyalgia. By Integrating Data From 410 Trials, Our Findings Will Provide Clinicians And Patients With A Clear Evidence-Based Hierarchy Of Non-Pharmacologic Options, Addressing A Critical Gap In Current Clinical Guidelines And Supporting Personalized Treatment Strategies.

Development Of Implementable, Evidence-Based Recommendations For Deprescribing Of Cholinesterase Inhibitors And Memantine

Dr Michelle MC Tan¹, Prof J Simon Bell¹, Prof Velandai Srikanth², Dr Madeleine SA Tan¹, Alli Patterson^{1,2}, Dr Sue Brennan³, Kelsey Price², Max Murano⁴, Kevyn Morris⁵, Robyn Abrahams⁵, Dr Emily Reeve¹, On Behalf Of The Australian Dementia Clinical Practice Guidelines Group 2026

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Background:

Deprescribing Of Cholinesterase Inhibitors (Cheis) And Memantine Was Selected By Interest Holders As A Priority Clinical Question For Inclusion In The Update To The Australian Dementia Clinical Practice Guideline. Deprescribing Is Rarely Integrated Into Guidelines, And When It Is, There Are Concerns About Implementability.

Objective:

To Synthesise Evidence On Deprescribing Cheis Or Memantine, And To Translate This Evidence Into Implementable Deprescribing Recommendations.

Methods:

We Used Cochrane And GRADE Methods To Conduct The Systematic Review, Meta-Analysis, Certainty Of Evidence And Evidence To Decision Framework. We Applied The GRADE Guidance For Optimising Integration Of Randomised Controlled Trials (Rcts) And Non-Randomised Studies Of Interventions (Nrsis). The Newly Developed Recommendation Principles For Deprescribing, Which Outline End-User Preferences For Content And Format, Guided The Presentation Of The Recommendations.

Results:

Of 8,826 Records Screened, 28 Studies Were Identified With 18 Studies Containing Data That Could Be Included In The Meta-Analyses (13 Rcts And 5 Nrsis). Deprescribing Of Cheis Or Memantine Results In Small But Important Improvements In Mortality (RR=0.80, 95%CI 0.51-1.27, 3 Rcts, N=361, Very Low Certainty; RR=0.89, 95%CI 0.72-1.09, 1 NRSI, N=3612, Low Certainty) And Hospitalisation (RR=0.40, 95%CI 0.03-4.96, 1 RCT, N=14, Very Low Certainty). Deprescribing Had Little To No Effect On Other Outcomes Including Quality Of Life And Cognitive Function. The Guideline Development Group Agreed To Conditionally Recommend Deprescribing Of Cheis Or Memantine Where The Likely Benefits Are Outweighed By The Likely Harms.

Discussion:

Best Practice Methods And Principles Were Successfully Applied In Developing Deprescribing Recommendations.

Co-Designing A Companion Guide To The New Australian Psychedelic Guideline: A Behavioural Science Approach

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Background:

MDMA-Assisted Psychotherapy (MDMA-AP) Has Emerged As A Potential Innovative Treatment Option For Post-Traumatic Stress Disorders (PTSD). Alongside Growing Interest, There Are Heightened Risks Of Misinformation And Disinformation For The Use Of Psychedelics, Especially Among People Who Have High Expectations For The Treatment. We Recently Developed The First Clinical Practice Guideline On The Use Of MDMA-AP For PTSD.

Objective:

To Co-Design A Guideline Companion Guide For People Living With PTSD Using A Behavioural Science Approach.

Methods:

The Co-Design Process Was Guided By The Double Diamond Framework, Which Included Four Stages: Discover, Define, Develop, And Deliver. Subject Matter Experts In Behavioural Science And Communications Were Consulted To Identify Key Information Needs (Discover) And Establish The Guiding Principles (Define). Early Prototypes Of The Companion Guide Were Created (Develop). The Prototypes Were Presented To Four Health Professionals Through Semi-Structured Interviews And To Six Lived Experience Representatives Through A Facilitated Workshop To Refine The Prototypes (Deliver).

Results:

The Feedback Informed The Purpose And Tone, Core Content, And Design Of The Companion Guide. People With Lived Experience Emphasised Simple, Non-Persuasive Presentation Of Benefits And Risks, With Both Simple Summaries And Sufficient Detail To Assess Relevance To Their Own Circumstances. Differences Emerged Between Health Professionals And Lived Experience Participants Regarding The Use Of Video Content. In Addition To Summarising Guideline Recommendations, The Companion Guide Incorporated Empowerment Tools And Information For Carers.

Discussion:

The Co-Design Process Supported The Development Of A Patient-Focused Companion Guide That Promotes Informed, Shared Decision-Making On A New And Emerging Treatment.

Contextualising Value-Based Prescribing: Developing Singapore's Local Treatment Thresholds For Osteopenia

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¹Agency For Care Effectiveness

Background:

Patients With Osteopenia May Benefit From Pharmacotherapy, But Treatment Thresholds Derived From Western Populations May Not Reflect Local Epidemiology And Costs. Singapore Previously Adopted US-Based Thresholds (3% Hip Fracture (HF) Risk Or 20% Major Osteoporotic Fracture (MOF) Risk) Without Validation. The Agency For Care Effectiveness (ACE) Developed An Economic Model To Inform Osteopenia Treatment Recommendations.

Objective:

To Derive Locally Contextualised Treatment Thresholds For Osteopenia Through Cost-Effectiveness Analysis And Expert Input.

Methods:

We Developed A Markov Model Evaluating Cost-Effectiveness Of Oral Bisphosphonates At Various Fracture Risk Thresholds (10-Year Horizon From Healthcare System Perspective, Incorporating Direct Costs And Quality-Adjusted Life Years). Drug Efficacy And Health Utilities Data Were Sourced From Literature, While Transition Probabilities, Resource Utilisation And Costs Were Derived From Local Databases And Clinician Input. Threshold Analysis Varied Absolute Fracture Risk Probabilities To Identify Cost-Effective Treatment Points At Accepted Willingness-To-Pay Levels. The Guideline Panel Reviewed Model Findings And Overlaid Clinical And Feasibility Considerations When Deliberating Treatment Recommendations.

Results:

Cost-Effective Treatment Thresholds Were Established Using Either HF Or MOF Criteria: HF Thresholds Were 3% (Below 70 Years Old) And 4% (Over 70 Years Old) For Both Sexes. MOF Thresholds Were 15% For Males And 18% For Females (Regardless Of Age). Compared To US Thresholds, The Age-Stratified HF Thresholds Facilitate Tailored Care, While The Lower MOF Thresholds Ensure Timely Provision Of Pharmacotherapy For The Local Population.

Discussion:

ACE's Locally-Derived Thresholds Incorporated Updated Epidemiological Data, Costs, And Clinical Considerations, Addressing Limitations Of Adopting Foreign Treatment Thresholds And Providing Appropriate Guidance For Clinical Decision-Making.

Update Of Recommendations For Adults With Mild And Severe Community-Acquired Pneumonia: The Antimicrobial Therapeutic Guide In The Spanish Health System.

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Background:

Community-Acquired Pneumonia (CAP) Is An Acute Infectious Disease Commonly Caused By Bacterial Pathogens, As *Streptococcus Pneumoniae*. This Condition Presents A High Incidence In Adults Over 70 Years Of Age, Resulting In Substantial Healthcare Resources Use. Early Diagnosis And Treatment Are Considered Critical To Prevent Exacerbation Of Symptoms, Reduce Risks Of Complications And Decrease Hospitalization Rates. Nevertheless, It Is Essential To Review The Recommendations In Current Clinical Practice Guidelines To Ensure Decisions Are Appropriate For The Spanish Health System.

Objectives:

To Review The Current Evidence And Assess An Update Of Recommendations For The Treatment Of Mild And Severe CAP In Adults For The Spanish Antimicrobial Therapeutic Guide.

Methods:

The Andalusian Health Technology Assessment Area, In Coordination With The Spanish Agency For Medicines And Medical Devices, Conducted A Systematic Review To Retrieve, Assess And Synthesize Current Clinical Evidence. Using GRADE-ADOLOPMENT Methodology, An Expert Panel Considers The Adaptation Or Adoption Of Recommendations Based On Severity Infection, Healthcare Resources And Antimicrobial Resistance Patterns In The Spanish Health System.

Results:

A High-Quality Guideline Developed By The National Institute For Health And Care Excellence (NICE 2022) Was Identified Recommending The Use Of Amoxicillin Monotherapy Or In Combination With Macrolides For Mild CAP, And Amoxicillin/Clavulanic Acid In Combination With Macrolides For Severe CAP. Based On The Evidence, Recommendations In The Spanish Guide May Require Updating.

Discussion:

Given The Public Health Implications Of CAP, A Continuous Process Of Evidence Updating And Expert Consensus Emphasizes The Need To Optimize Therapeutic Approaches To Ensure Adequate Antimicrobial Coverage.

Automated Guidance Ingestion, High-Precision Retrieval, And AI-Assisted Discrepancy Detection For Safer Guideline Maintenance

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¹UK Health Security Agency (UKHSA)

Background:

Maintaining Consistency Across Large, Rapidly Changing Guidance Portfolios Is Challenging. Guidance Formats Vary, And May Contain Images And Diagrams, Increasing Complexity. Manual Checks Can Delay Updates And Risk Missing Important Inconsistencies And Errors.

Objective:

Build An Automated Pipeline For Guidance Ingestion, High-Precision Retrieval, And Discrepancy Detection To Support Guidance Teams, Using Responsible AI With Evaluation, And Expert Oversight.

Methods:

UKHSA Public Health Guidance From GOV.UK Is Scraped Using A Custom Pipeline, Including Vision Language Models For Complex Pdfs Where Formatting Hinders Extraction. Documents Are Standardised And Chunked, With Chunk Embeddings Produced To Support Retrieval Of Related Guidance Chunks. An LLM Is Prompted To Identify Discrepancies Between Related Chunks. A Surveillance Workflow Combines These Elements To Scan Guidance Portfolios For Internal Inconsistencies; Outputs Are Reviewed By Guidance Experts Who Confirm True Discrepancies. The Modular Pipeline Is Source-Agnostic, Enabling Extension To Additional Publishers (E.G., WHO).

Results:

The Pipeline Maintains A Daily-Updated Database Of 25k Chunks From 1.2k Documents. In Benchmarking, Retrieval Returns The Most Relevant Passage In The Top 5 Results 96% Of The Time. We Achieve 97% F1 On A Discrepancy Detection Validation Set. Applied To UKHSA Guidance, As Discrepancies Are Rare (Estimated Under 1%), Review Confirmed 41% Of Flagged Outputs As True Discrepancies. This Led To Identification And Amendment Of Real-World Discrepancies.

Discussion:

This Approach Converts Unstructured Guidance Into A Searchable Database And Prioritises Expert Review Of Potentially High-Risk Discrepancies. It Reduces Manual Burden While Keeping Accountability With Guideline Teams And Scales To Multi-Organisation Portfolios To Increase Impact.

Updating Antimicrobial Recommendations For Paediatric Community-Acquired Pneumonia In Spain.

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Background:

The National Antimicrobial Therapeutic Guide In The Community (2018) In Spain Is Being Updated To Address Emerging Evidence, And The Need To Optimise Antimicrobial. Currently, We Are Focused On Paediatric Community-Acquired Pneumonia (CAP), Which Is Particularly Challenging Due To Heterogeneous Evidence And Variability In Clinical Practice.

Objective:

To Describe The Methodological Approach Used To Update Antimicrobial Recommendations For Paediatric CAP (From <1 Month To 17 Years) And To Summarise The Main Evidence Using GRADE.

Methods:

Structured Clinical Questions Were Formulated Using PICO Framework. Systematic Searches Were Conducted In Major Biomedical Databases And Complemented By Targeted Searches Of Clinical Practice Guidelines, Surveillance Reports, And Antimicrobial Resistance Data. Evidence Was Selected, Synthesised, And Assessed Using GRADE Approach For The Guideline Development Group (GDG).

Results:

Six PICO Were Formulated According To Age Groups. For These PICO, 5,806 References Were Reviewed, 154 Full-Text Screened, And One Study Was Included For Each PICO. Afterwards, The Evidence Was Synthesised Using GRADE For The GDG. The Findings Suggest A Potential Change In The Duration Of Antibiotic Therapy In Nursing Infants And Children Aged Between 3 Months And 11 Years With Mild CAP Without Complications Or Underlying Disease.

Discussion:

The Approach Strengthens Consistency, Supports Antimicrobial Stewardship, And Provides A Reproducible Framework For Future Updates Of Paediatric CAP. Finally, The GDG Will Be Responsible For The Adoption Or Adaptation Of The Recommendations Considering New Evidence And The Antimicrobial Resistance Profile. Updated Chapter Will Be Available Online Through Guiasalud Website And The Antimicrobial National Plan.

Strategic Stakeholder Engagement To Enhance Adoption And Impact Of National Clinical Guidelines On Anxiety And Depression In Singapore

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¹Ministry Of Health Singapore (Agency For Care Effectiveness)

Background:

The Agency For Care Effectiveness Develops Evidence-Based, Locally Contextualised National Clinical Guidelines. Challenges Exist In Systematic Adoption Of Guidelines And Demonstration Of Impact.

Objective:

To Enhance Adoption Of Anxiety And Depression Guidelines Among Primary Care Practitioners (Pcps) Through Systematic Stakeholder Engagement.

Method:

We Identified And Categorised Stakeholders Across Three Domains: Policy-Level (National Mental Health Office, Primary Care Division), Organisational-Level (Cluster Mental Health Leads, Primary Care Network, Clinician Training Programmes, Professional Societies), And Healthcare Professional-Level (Key Opinion Leaders (Kols)). Policy-Level Stakeholders Were Engaged To Strengthen Alignment With The National Mental Health And Well-Being Strategy (NMHWS). Organisational-Level Stakeholders Facilitated Integration Into Cluster Protocols, Pcps' Mental Health Training Curricula, And KOL-Led Clinician Educational Events. Primary Care Kols Served As Champions And Early Adopters, Providing Peer Influence And Ground-Level Insights Into Implementation Strategies Throughout Development And Dissemination Phases.

Results:

Multi-Domain Engagements Early And Throughout Guideline Development Facilitated Cross-System Alignment And Multi-Level Adoption. The Guidelines Supported Implementation Of A Community Tiered Mental Health Care Model Under The NMHWS, Informed Development Of National Care Protocols For Pcps, And Were Integrated Into Cluster Protocols And Training Curricula Within One Year Of Publication. Professional Societies Organised Five KOL-Delivered Guideline-Focused Webinars, With Preliminary Survey Findings From Participating Pcps Suggesting Improvements In Assessment And Prescribing.

Discussion:

Early Stakeholder Mapping, Identification And Engagement Transforms Guidelines Into Practice Change Tools Through Strategic Partnerships. Integration Into Active Clinical Training Mechanisms And Protocols Amplifies And Sustains Adoption. A Systematic Stakeholder Engagement Plan Should Be An Integral Component Of Guideline Dissemination And Implementation Strategies.

Using An AI-Assisted Discrepancy Checker To Support Quality Assurance In Public Health Guidance

Miss Poonam Soma¹

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Background:

Public Health Guidance Is Frequently Updated In Response To Emerging Evidence, Epidemiology And Policy Change. As Guidance Portfolios Expand And Products Require Annual Review, Maintaining Consistency And Alignment With Recommendations Becomes Challenging, Increasing The Risk Of Unintentional Discrepancies Affecting Trust, Implementation, And Public Safety.

Objective:

To Describe The Development, Validation And Application Of The Janus Guidance Discrepancy Checker, An Artificial Intelligence (AI)-Assisted Tool Designed To Support Quality Assurance In Public Health Guidance, And To Demonstrate Its Use During Guidance Development To Identify Discrepancies Early And Prioritise Review Activity, In Line With The Guidelines International Network (GIN) Principles For The Responsible Use Of AI.

Methods:

Public Health Guidance Published On Gov.Uk Was Extracted And Segmented Into Manageable Text Chunks. Recommendations Were Identified Using A Structured Protocol, Defining Them As An Actionable Instruction, Request, Or Advice For A Given Scenario. An AI-Assisted, Retrieval-Based Approach Flagged Potential Discrepancies Between Pairs Of Recommendation-Containing Text Addressing Similar Topics Where Conflicting Information Was Identified, Requiring Human Review.

Results:

Janus Enabled Early Identification Of Discrepancies Across Related Guidance Documents, Allowing Writers To Prioritise Review During Drafting Rather Than Manual Cross-Checking Against Published Guidance. Evaluation Across Over 24,000 Text Chunks Demonstrated Strong Performance, Including 95% Retrieval Precision And 97% F1 Score In Identifying Recommendation-Containing Text And Classifying Potential Discrepancies.

Discussion:

Janus Reduces The Burden Of Manual Cross-Checking Across Large Guidance Portfolios And Enables Consistent Updates During Drafting And Review. Aligned With GIN Principles For Responsible AI Use, The System Embeds Transparency, Additionality, Credibility, Accountability, And Continuous Evaluation.

Developing And Implementing The UKHSA Guidance Quality Standards

Dr Catherine Crawford¹, Ms Bethany Pace-Bonello¹, Dr Sam Collins¹

¹UK Health Security Agency

Background:

The UK Health Security Agency (UKHSA) Produces Guidance On Public Health Actions In Response To Hazards Including Infectious Diseases, Environmental Events, And Chemical, Biological, Radiological And Nuclear Incidents. With Multiple Teams Responsible For Producing Guidance, There Was A Risk Of Inconsistency Due To The Lack Of A Standardised Approach To Guidance Development.

Objective:

To Ensure UKHSA's Broad Portfolio Of Guidance Is Always High Quality, Evidence-Based And Accessible, A Working Group Was Commissioned To Produce A Set Of Quality Standards For Guidance Development. All Guidance Could Then Be Audited Against These Standards To Provide Quality Assurance And Identify Areas For Improvement In UKHSA Guidance Production.

Methods:

The Group Reviewed Existing Models And Frameworks For Guidance Development, Surveyed Extant UKHSA Processes, And Gathered Feedback On The Draft Standards From Guidance Writers.

Results:

Eight Overarching Quality Standards Were Agreed, Underpinned By 38 Measures Which Serve As A Checklist For Guidance Development. All UKHSA Guidance Is Audited Against The Standards, With A Minimum Level Of Adherence Required Before Publication. A Suite Of Accompanying Resources Supports Implementation Of The Standards, Including A Governance Record, An Equality And Health Equity Assessment, And Guides On Writing For Professional And Public Audiences.

Discussion:

Implementation Of The Quality Standards Over The Past 2 Years Has Led To Increased Consistency And An Understanding Of Shared Expectations By Guidance Writers Across UKHSA. Auditing Has Identified Key Areas For Improvement: Task And Finish Groups On Translating Evidence Into Recommendations And Audit And Evaluation Have Been Established To Address Organisation-Wide Challenges.

Facilitating Meaningful Patient And Public Involvement (PPI) In The National Clinical Guideline Development Process In Ireland: Establishment Of An Innovative, Process Focused, PPI Panel

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Background:

The Importance Of PPI In Clinical Guideline Development Is Widely Recognised. However, There Is A Lack Of Comprehensive, Patient-Informed Methodology For Integrating Patients' And Carers' Preferences, Values, And Experiences Into Guideline Development Processes. Typically, Where Patients And Carers Are Involved, It Is To Varying Extents Within Specific Clinical Guidelines, With Notable Deficits In Meaningful Involvement More Broadly Throughout Guideline Development Support Processes.

Objective:

To Co-Develop And Launch A Campaign With Our Patient Partners To Recruit People Living With, Or Caring For Someone Living With, A Health Condition, To Form A Panel That Will Work To Facilitate Meaningful PPI In The National Clinical Guideline Development Process In Ireland.

Methods:

We Disseminated Our Co-Developed Campaign Across Social Media; Recruitment Websites; And Directly To 70 Health Charities/Patient Organisations. We Sought Approximate National Representation Of People Living With Health Conditions Regarding Age, Sex, Ethnicity, Geography, And Educational Attainment, And Maximum Variation In Health Conditions.

Results:

From 29/05/2025-12/06/2025, We Received 110 Applications, Of Which 76 Were Eligible. Together With Our PPI Co-Investigator We Shortlisted 24 Applicants For Discussions And Invited 11 To Form The Panel. The Co-Developed Values Of The Panel Are Respect; Person-Centredness; Transparency; Action-Orientedness; Collaboration; And Responsiveness. We Commenced Brainstorming On How PPI Can Be More Meaningfully Integrated Into The National Clinical Guideline Development Process, Eliciting 58 Suggestions, With Prioritisation, Implementation, Evaluation, And Iteration To Follow.

Discussion:

The CICER PPI Panel Is An Innovative Initiative That Is Co-Developing A Strategy For Meaningful Involvement Of Patients Throughout The Guideline Development Process In Ireland.

Off-Hour Admission In Hospital And Mortality: A Systematic Review Of 150 Large Cohorts And 150 Million Admissions

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Background:

Patients Admitted To Hospitals During "Off-Hours"—Including Nights, Weekends, And Public Holidays—May Face Higher Mortality Risks Than Those Admitted During Regular Hours. Previous Studies Show Conflicting Results Due To Heterogeneous Definitions Of Off-Hours And Diverse Patient Populations.

Objective:

To Clarify The Association Between Off-Hours Hospital Admission And Mortality Risk Across Global Healthcare Systems Through Comprehensive Systematic Review And Meta-Analysis.

Methods:

We Searched Major Databases Through July 2025 For Studies Comparing Off-Hour Presentations With Regular Weekday Hours. Using A Random-Effects Model, We Pooled Adjusted Relative Risks (RR) For Mortality And Calculated Absolute Risk Differences (RD) Based On A 7.6% Baseline Weekday Mortality Rate.

Results:

Our Analysis Included 156 Cohorts Encompassing Over 156 Million Admissions. General Off-Hour Admission Was Associated With A Significant Increase In Mortality (RR 1.09, 95% CI 1.07–1.10; RD 0.7%). Specifically, Weekday Nighttime (RR 1.1, RD 0.8%) And Weekend Admissions (RR 1.09, RD 0.7%) Showed Modest Increases. However, Holiday Admissions Demonstrated The Most Pronounced Effect (RR 1.30, 95% CI 1.24–1.36; RD 2.3%).

Discussion:

While Nighttime And Weekend Admissions Show Statistically Significant Increases In Mortality, Their Absolute Impact May Be Of Limited Clinical Relevance If A 1% Increase Is Considered The Minimal Important Effect. In Contrast, The Holiday Effect Appears Potentially Clinically Important. These Findings Emphasize The Need For Targeted Interventions During Public Holidays To Ensure Equitable Patient Outcomes Regardless Of Admission Timing.

Defining The Impact Of Patient And Public Involvement On Guideline Development Using A Mixed-Methods Quality Improvement Approach

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¹National Institute For Health And Care Excellence (NICE)

Background:

With No Agreed Definition Of Patient And Public Involvement (PPI) “Impact”, Guideline Developers Struggle To Create Measures Or Improve Practice, Risking Investment In PPI Activities That May Not Influence Guideline Development. Although Impact Frameworks Exist In Health Technology Assessment And Health Research, Their Relevance To Guideline Development Remains Uncertain.

Objective:

To Develop An Agreed Definition Of PPI Impact In Guideline Development Using Quality Improvement Methods, Supporting Future Development Of Impact Measures And Improvement Interventions.

Methods:

A Three-Stage Mixed-Methods Approach Was Used: (1) A Rapid Scoping Review And Thematic Analysis Of Published PPI Impact Frameworks In Guideline Development; (2) A Focus Group With NICE Staff Using The Lens Of Profound Knowledge; And (3) A Stakeholder Survey To Stakeholders To Build Consensus On Key Areas Of Impact.

Results:

Five Impact Domains Were Identified: Guideline Development Processes; Final Recommendations; Organisational Improvement; Patient Partner Benefit; System Impact. Focus Group Participants (N=16) Largely Supported These Domains While Highlighting Areas For Refinement. Out Of 104 Survey Respondents (14.9% Response Rate), A Majority (75%) Agreed That The Proposed Domains Reflected Meaningful PPI Impact. Disagreement Included: PPI Influencing Guideline Development Group Member Selection (N=31), And Budget Allocation (N=13).

Discussion:

The Mixed-Methods Approach Generated An Operational Definition Of PPI Impact In Guideline Development. Variations In Organisational Context Indicate A Need For Flexible Application. Strengths Include Integrating Mixed-Methods; Limitations Include Possible Self-Selection Bias. Next Steps Include Implementation Of The Definition And Developing Improvement Interventions For Adoption.

WHO Guidance On Evidence Generation: Towards Better Evidence That Optimally Informs Guideline Development

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Background:

The World Health Organization (WHO) Produces Evidence-Based Global Guidelines For Priority Public Health Conditions. Available Evidence Often Presents Challenges That Limit Its Use To Inform Guideline Development, Lowering The Chances To Have Higher Certainty In The Evidence And Strong Recommendations. Some Of These Limitations Could Be Rectified During The Design And Execution Of Studies Or By Conducting Relatively Straightforward Add-On Studies. WHO Is Producing Guidance On Evidence Generation (GEG), To Inform Relevant Stakeholders About How To Address Such Limitations.

Objective:

We Report Our Experience In The Production Of GEG Documents On Different Aspects Of Tuberculosis Policy, Based On Challenges Encountered To Translate Findings From Studies Into Evidence-Based Recommendations. We Expect That Many Challenges Identified And The Principles To Address Them Apply To Domains Other Than Tuberculosis.

Methods:

The Development Of GEG Documents Follows A Standard WHO Approach. A Panel Of Experts In Trials, Public Health, Regulatory Affairs, Economics, As Well As People With Lived Experience And Guideline End Users Oversees The Process. The Document Undergoes A Period Of Public Comment Before Finalization.

Results:

Grounded In The Principles Of GRADE (<https://www.gradeworkinggroup.org/>), The Guidance Is Hallmarked By Key Messages About Research Design, Inclusion Of Under-Represented Subpopulations, Sample Size And Statistical Issues, Characteristics Of The Intervention And Comparators, Outcomes (Including Accuracy, Efficacy, Safety, Tolerability) And How Research Can Optimally Inform Other Evidence-To-Decision Considerations (Values, Resources Required, Cost-Effectiveness, Equity, Acceptability And Feasibility) As Well As Analysis, Reporting And Data Sharing. Practical Examples From Previous Guidelines Are Used To Illustrate Problems And Discuss Solutions.

International Delphi Project On Quality Criteria For The Endorsement Of Rare Disease Guidance Documents

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Background:

Rare Diseases Affect Millions Worldwide, Yet Guidance Documents Supporting Clinical Decision-Making Often Face Methodological Challenges Due To Small Patient Populations And Limited Evidence. European Reference Networks (Erns), Professional Societies, And Patient Organizations Increasingly Develop Or Endorse A Range Of Rare Disease Guidance Documents Not Developed With Standard Guideline Methodology. The Absence Of An Internationally Agreed Minimum Standard For Methodological Quality Complicates Transparent And Consistent Endorsement Decisions.

Objective:

To Reach International Consensus On A Minimum Set Of Quality Criteria For Endorsement Of Rare Disease Guidance Documents.

Methods:

Representatives From Erns, The GRADE Rare Diseases Project Group, GIN Rare Disease Working Group, The AGREE Working Group, Patient Organizations, And Other Organizations Participated In A Delphi Project Consisting Of Two Written Rounds And A Consensus Meeting, Using The AGREE II Criteria As A Starting Point.

Results:

At The Consensus Meeting, Participants Agreed That The Resulting Criteria Were Unsuitable. The Minimum Set Of Criteria Should Be Necessary, But Not Sufficient, For Endorsement. A Second Delphi Project Was Initiated, Starting From A New Predefined Set Of Three Criteria Derived From The AGREE II Domains: Stakeholder Involvement, Rigour Of Development, And Editorial Independence.

Discussion:

A Representative Group Of Rare Disease Guideline Experts Collaborated To Establish An Internationally Agreed Minimum Set Of Quality Criteria For Endorsing Rare Disease Guidance Documents. After An Initial Delphi Project, The Group Changed Its Strategy, Initiating A Second Delphi Project To Better Reach The Intended Goal Of Defining An International Endorsement Strategy For Guidance Documents For Rare Diseases.

A Scoping Review To Map Trends In Approaches To Public Health Protection Guideline Development Against The GIN-Mcmaster Guideline Development Checklist

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¹UK Health Security Agency

Background:

Comparative Evidence On End-To-End Public Health Protection Guideline Development Methods Is Limited. Mapping Published Approaches Against The GIN-Mcmaster Checklist – Comprising 146 Possible Steps For Guideline Development, Grouped Into 18 Topics – Reveals Areas Of Implied Consensus And Areas Lacking Transparency.

Objective:

To Understand Trends In Approaches To Public Health Protection Guideline Development By Estimating The Frequency With Which Public Health Agencies Report On The GIN-Mcmaster Checklist Steps And Topics.

Methods:

Embase, Medline, And Social Policy And Practice Were Searched Alongside Public Health Agency Websites. Dual Screening Was Conducted At Title And Abstract, And Full-Text Levels. One Reviewer Extracted Data.

Results:

29 Documents Were Included From 16 Agencies; 14 Were Frameworks Or Handbooks For Guideline Development, While Others Described Development Of Specific Guidelines. The Most Commonly Addressed Topics In The GIN-Mcmaster Checklist (Where At Least One Step Was Reported) Were: 1. Organisation, Budgeting, Planning And Training (27/29); 2. Priority Setting (27/29); And 10. Deciding What Evidence To Include And Searching Evidence (26/29). The Least Commonly Reported Topics Were: 4. Establishing Guideline Group Practices (7/29); 9. Considering Importance Of Outcomes And Interventions, Values, Preferences And Utilities (12/29); And 17. Evaluation And Use (11/29).

Discussion For Scientific Abstracts:

There Is Implied Consensus On Setting Priorities, Using Structured Evidence Methods (PICO And GRADE), And Forming Multidisciplinary Working Groups, Although With Little Practical Detail On Group Operations. There Is Limited Transparency Around Achieving Balance Between Intended Outcomes, Acceptability, Feasibility And Adverse Consequences Of Recommendations. Evaluation Of Development Processes And Implementation Also Lack Clarity.

Integrating Environmental Health In Clinical Guidelines: The French Experience

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Context:

French National Authority For Health (HAS) Plays A Central Role In Public Health Through Health Technology Assessment, Guideline Development, And Quality Of Care. In Response To Environmental Health Challenges, HAS Has Integrated Environmental Issues Into Its Strategic Framework And Is Committed To Strengthening This Approach.

Objective:

To Analyze Actions Already Undertaken By HAS In Environmental Health And Identify Areas For Further Development.

Method:

We Conducted A Retrospective Review Of HAS Work Plans And Interviewed Experts And Methodologists.

Results:

Before 2018–2020, Recommendations Directly Addressing Environmental Exposure Were Limited (E.G., Asbestos Exposure In 2009). Since Publishing Its Environmental Health Roadmap In 2023, HAS Has Adopted A More Systematic And Integrated Approach, Making Environmental Health A Prioritization Criteria. At Least One Recommendation Addressing A Direct Environmental Factor Has Been Issued Annually (E.G., Chlordecone In 2023), With Others Addressing Environmental Determinants Indirectly.

The Guidelines Department Implemented Key Measures: Integrating Environmental Health Into Guideline Development, Training Project Managers, Contributing To The International GRADE Planetary Health Group, And Developing Practical Tools. These Include A Short Online Questionnaire Enabling Rapid Assessment Of Whether Environmental Aspects Should Be Considered In Guidelines Not Primarily Focused On Environmental Exposure (E.G. Fibromyalgie 2025). Additional Initiatives Are Ongoing. The HAS Strategic Plan 2025–2030 Reaffirms This Commitment.

Conclusion And Perspectives:

HAS Has Identified Further Actions To Strengthen Environmental Integration Into Guidelines. This Experience Will Be Shared With Members Of The Guidelines International Network To Enhance Collaboration On Planetary Health.

A New Essential Methods Guide For Systematic Reviews Conducted By AHRQ Evidence-Based Practice Centers

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Background:

The Systematic Review Methods Guide Developed By The Agency For Healthcare Research And Quality (AHRQ)'S Effective Health Care Program And Its Evidence-Based Practice Centers (Epcs) Had Grown Increasingly Complex, Fostering A "Culture Of Revision" That Emphasized Rigid Compliance Over Clear Interpretation. An Audit Of Peer Review Comments On 25 EPC Reports Identified Inconsistencies In Strength Of Evidence (SOE) Grading, Challenges With Subjective Interpretation Of Findings, Limited Integration Of Stakeholder Perspectives, And Overly Strict Adherence To Protocols.

Objective:

To Introduce The Essential Methods Guide, A Streamlined Resource Designed To Replace Prior Guidance For Systematic Reviews.

Methods:

The Guide Was Developed Through An In-Depth Review Of The Existing Guide, Analysis Of Recent Audits, And Interviews With EPC Investigators To Identify Areas For Improvement. It Underwent Critical Review And Editing By Senior Methodologists From The AHRQ Scientific Resource Center.

Results:

The Guide, Intended To Be A Living Document, Emphasizes Flexibility, Enabling Investigators To Tailor Methods To Specific Research Questions Rather Than Follow A One-Size-Fits-All Approach. Key Updates Include Simplifying Topic Refinement; Introducing AI Tools; Introducing Alternative Synthesis Approaches; Integrating Applicability Into Critical Appraisal And SOE Grading; And Refining SOE Guidance. It Also Mandates Rigorous Qualitative Synthesis To Interpret Complex Or "Messy" Evidence Beyond SOE Summaries.

Discussion:

By Shifting The Focus From Mechanical Compliance To Thoughtful Synthesis, The Guide Aims To Improve The Relevance, Interpretability, And Utility Of Systematic Reviews For Clinicians, Guideline Developers, And Policymakers While Maintaining Methodological Rigor And Transparency.

Design, Principles Of The World Café Interview Method And Its Application In Qualitative Clinical Medicine Research

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Objective:

To Systematically Illustrate The Design, Core Principles Of The World Café Interview Method, Its Application In Medical Qualitative Research, And To Analyze Its Advantages And Limitations.

Methods:

A Literature Review Was Conducted. Databases Including Pubmed And CNKI Were Searched Using Combined Subject Terms Such As "World Café", "World Café Method" And "Medicine". After Full-Text Screening, Information Related To The Implementation Process And Application Objectives Of The World Café Interview Method Was Extracted From The Included Literatures.

Results:

The World Café Interview Method Adheres To Seven Core Principles And Is Typically Employed To Facilitate Multi-Perspective Dialogue And Consensus Formation. It Has Been Extensively Applied In Medical Research, Including Cognitive Surveys, Prioritization Of Influencing Factors, And Construction Of Intervention Models. This Method Offers Advantages Of Rapidly Collecting Diverse Perspectives And Promoting Collaborative Innovation. When Combined With Other Research Methods To Achieve Triangulation, The Credibility Of Its Results Can Be Enhanced. However, The Method Usually Requires Facilitators With Strong Professional Competence And Entails Relatively High Organizational Costs For Research Implementation.

Conclusion:

As An Effective Participatory Research Tool, The World Café Method Is Suitable For Collective Discussion And Consensus Building On Complex Issues. In The Future, Its Practicality Can Be Further Improved Through Scientific Design And Process Optimization.

Statistical Considerations For A 2 By 2 Factorial Trial

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Background:

Conventional Randomized Controlled Trials (RCTs) Often Encounter Significant Challenges When Attempting To Evaluate Multiple Treatments In A Single Study To Enhance Research Efficiency. To Address This Limitation, A Factorial Design Offers A Robust Solution By Enabling The Simultaneous Assessment Of Multiple Interventions And Facilitating Randomization Across Various Intervention Combinations. Objective: This Paper Is To Present A Comprehensive Statistical Analysis Models For The Chinese Herbal Medicine (CHM) And/Or Oral Progesterone (OP) Intervention Trial For Threatened Miscarriage.

Methods:

CHOP-IT Is A Multicenter, Randomized, Double-Blind, Placebo-Controlled Trial, Employing 2×2 Factorial Design To Evaluate The Effects Of Single And/Or Combined Interventions. Two Analysis Strategies, “At The Margins” And “Inside The Table”, Will Be Employed For Sample Size Calculation And Data Analysis Based On Mitt (Modified Intention To Treat) Population. The Primary Outcome Will Be Analyzed Using A Log-Binomial Model, With Modified Poisson Regression As An Alternative Approach When Convergence Issues Arise. Sensitivity Analyses Will Be Performed To Assess The Robustness Of Findings, Along With Predefined Subgroup Analyses To Explore Potential Effect Modifiers. Detailed Methodologies For Secondary And Safety Outcomes Will Be Also Presented.

Discussion:

The Primary Rationale For Reporting Detailed Statistical Models Is To Promote Methodological Rigor And Enhance The Transparency Of The Trials, Particularly For Studies With Complex Factorial Designs, Through The A Priori Specification Of Analytical Approaches.

Artificial Intelligence (AI)-Driven Acceleration Of Evidence-Based Cancer Guideline Development: Comparative Evaluation Of AI-Assisted Screening In Systematic Reviews

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Background:

Clinical Practice Guidelines (Cpgs) Are Vital To Inform Evidence-Based Decision-Making. However, CPG Development Can Be Bottlenecked By Resource-Intensive Systematic Reviews (Srs), Particularly During Title And Abstract (Stage I) Screening. Several Artificial Intelligence (AI) Tools Are Available For Stage I Screening. Among These, Distillersr And EPPI-Reviewer Appeared As Most Efficient In Stage I Screening In A SR Of Lung And Pancreatic Cancers, Respectively. Therefore, A Subsequent Systematic Investigation Is Needed To Assess The Consistency And Generalizability Of These AI-Based Tools In Stage I Screening For SR-Based CPG Development Across Different Cancers.

Objective:

To Evaluate And Compare The Performance Of Two AI-Based Tools, Distillersr And EPPI-Reviewer, Against The Reference Standard Of Human Reviewers For Stage I Screening In Cancer-Related Cpgs.

Methods:

We Are Conducting A Retrospective Simulation (30 Simulation Trials Per CPG) To Assess Distillersr's And EPPI-Reviewer's Performance In 10 Cpgs Across Five Different Cancers.

Results:

The Key Outcomes For Each Tool Include Workload And Time Savings, And The Percentage Of Missing Articles Among The Final Included Articles. We Will Then Compare Results Between The Tools Within Each CPG And Across 10 Cpgs For Each Tool.

Discussion:

This Is The First Study To Comprehensively Evaluate Distillersr And EPPI-Reviewer In Stage I Screening For Cancer-Related CPG Development. This Project Is Ongoing And Complete Results Will Be Available By The End Of June 2026. Its Findings Will Bridge An Important Gap In Cancer CPG Development And Help Guide The Future Implementation Of AI Tools For Prospective Cpgs.

Revision Of The K-AGREE Tool To Improve Inter-Rater Reliability In Clinical Practice Guideline Appraisal

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Background:

Quality Appraisal Of Clinical Practice Guidelines Is Essential For Evidence-Based Healthcare. In Korea, The K-AGREE Tool, Adapted From AGREE II, Has Been Used By The Korean Academy Of Medical Sciences (KAMS) As An Approval Instrument. However, Its Broad Scoring Criteria Have Led To Variability Among Raters And Low Inter-Rater Reliability. Revision Was Needed To Reflect Evolving Global Standards, Including Multidisciplinary Development, Patient-Centered Approaches, Advances In GRADE Methodology, And The Use Of Artificial Intelligence.

Objective:

To Revise The K-AGREE Tool In Alignment With International Standards And To Evaluate Its Impact On Inter-Rater Reliability And Practical Applicability.

Methods:

We Redefined 23 Items Across Six Domains By Distinguishing Core Elements, Representing Essential Quality Requirements, And Recommended Elements, Representing Desirable Attributes Of High-Quality Guidelines. A Pilot Appraisal Was Conducted On 11 Clinical Practice Guidelines Previously Reviewed By Reviewers At KAMS. Inter-Rater Reliability Was Assessed Using Percent Agreement, Weighted Kappa, And Gwet Agreement Coefficient, And Compared With Results From The Existing Tool.

Results:

The Revised Scoring System Replaced The Anchor Point Approach With Structured Criteria-Based Scoring. Major Discrepancies Between Raters Decreased From 78.4 Percent To Below 10 Percent. Percent Agreement Improved To Above 0.85 In Most Guidelines, And Reliability Indices Shifted From Near Zero Or Negative To Positive Values. Improvements Were Most Evident In Scope And Purpose, Rigor Of Development, And Clarity Of Presentation, While Applicability Remained The Most Variable Domain.

Discussion:

The Revised Tool Improved Reliability By Reducing Subjective Interpretation. Structured Appraisal Guidance And Rater Training Will Be Essential And Further Validation.

Automatic Assessment Of GRADE Adherence: Development Of The GRADE-Check Intelligent Tool

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Background:

The GRADE-Check Tool Can Be Used To Assess Adherence To The GRADE Approach In Clinical Practice Guidelines (Cpgs). However, Current Evaluations Still Mainly Rely On Manual Review. Cpgs Are Usually Long Documents That Include Figures, Tables, And Supplementary Materials, With Information Distributed Across Different Formats And Structures. Manual Assessment Is Therefore Time-Consuming. Using Artificial Intelligence Technologies To Develop An Intelligent Version Of GRADE-Check May Improve Evaluation Efficiency, Standardization, And Accessibility, And To Support Broader Use Of The Tool.

Objective:

We Aim To Develop An Intelligent Version Of The GRADE-Check Tool To Enable Automatic Assessment Of GRADE Adherence In Cpgs.

Methods:

A Total Of 200 Cpgs Will Be Double-Reviewed With Consensus To Create A Gold-Standard Dataset; 140 Will Be Used For Training And Development, And 60 Reserved For Testing Purposes Overall. The Tool Will Integrate Large Language Models, Prompt Engineering, And A Multi-Agent Framework To Enable Multilingual Data Processing, Automated Identification Of Key GRADE Elements, And Adherence Assessment. The System Will Be Iteratively Optimized And Deployed On The GRADE-Check Website.

Results:

Tool Performance Will Be Evaluated Across Five Domains: Classification Performance (F1-Based Metrics), Agreement With Expert Assessments (Kappa Statistics), Calibration (Reliability Of Predicted Probabilities), Efficiency (Evaluation Time Reduction), And Usability (System Usability Scale). Results Are Planned For Presentation At The 2026 GIN Conference.

Discussion:

Intelligent GRADE-Check May Enable Real-Time Monitoring Of GRADE Use In Cpgs, Improve Transparency, And Enhance Tool Usability. However, Automatic Evaluation May Still Produce Errors And Should Be Used As Decision-Support Rather Than Replacing Human Judgment.

An LLM-Driven Multi-Agent Platform For Automated AGREE II Evaluation Of Clinical Practice Guidelines: Development And Validation

Ms Shichun Wang, Yongbo Wang¹, Zimo Chen², Qiao Huang¹, Siyu Yan¹, Feng Gao², Yinghui Jin¹

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Background:

Clinical Practice Guidelines (Cpgs) Are Essential For Evidence-Based Decision-Making, And Their Methodological Quality Directly Affects The Credibility And Implement Ability Of Recommendations. AGREE II Is The Internationally Recognized Standard For Guideline Quality Appraisal, Yet Its Application Remains Highly Labor-Intensive, Time-Consuming, And Subject To Inter-Rater Variability. Moreover, Key Methodological Information Is Often Dispersed Across Diverse Supplementary Materials, Increasing The Difficulty Of Manual Retrieval And Evaluation. Automated Appraisal Systems Are Therefore Needed To Improve Efficiency And Standardization.

Objective:

This Study Aims To Develop And Validate An LLM-Driven Multi-Agent Platform For Automated AGREE II Evaluation Of Cpgs.

Methods:

We Collected 504 Type 2 Diabetes Guidelines Published Between January 2010 And July 2025. Two Trained Human Appraisers (ICC > 0.8) Conducted Formal AGREE II Appraisal. Item Scoring Criteria Were Developed And Refined By Experts With Extensive Experience In AGREE II Appraisal. The Proposed Platform Was Implemented As A Collaborative Multi-Agent Workflow. Multiple Large Language Models Will Be Evaluated, And Agreement Between Automated And Human Appraisals Will Be Examined At Both The Item And Guideline Levels. Appraisal Time Will Also Be Recorded.

Results:

The Platform Supports Structured Evidence Localization, Multimodal Document Processing, Parallelized Evaluation, And Automated Report Generation. Using Stratified Random Sampling Across The Full Guideline Set, The Multi-Agent System Achieved An Item-Level Agreement Of 0.77 With Human Appraisers On The 92 Selected Guidelines.

Discussions:

These Findings Suggest That LLM-Based Multi-Agent Collaboration Can Enhance The Scalability, Stability, Robustness, And Standardization Of AGREE II Appraisal, Reducing Manual Workload While Maintaining Reliable Evaluation Performance.

A Systematic Analysis Of Off-Label Drug Use Recommendations In Pediatric Clinical Practice Guidelines

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Background:

Limited Clinical Trials In Pediatric Populations Have Resulted In Drug Labels That Often Do Not Cover Children's Specific Needs, Making Off-Label Drug Use Common In Pediatric Practice. Clinical Practice Guidelines (Cpgs) For Children Aim To Standardize Drug Use And Guide Rational Therapy. However, Off-Label Drug Use Recommendations Within These Guidelines And Their Supporting Evidence Have Not Been Systematically Analyzed, Raising Concerns About Transparency And Scientific Rigor.

Objective:

To Systematically Investigate The Prevalence, Types, And Evidence Quality Of Off-Label Drug Use Recommendations In Pediatric Cpgs Published Over The Past Five Years, And To Explore Factors Influencing The Appropriateness Of These Recommendations.

Methods:

We Will Conduct A Systematic Search Of Pubmed, Embase, And Web Of Science To Identify Pediatric Cpgs Published Between 2021 And 2025. Two Independent Reviewers Will Screen And Extract Guidelines Containing Off-Label Drug Use Recommendations, Categorizing These Based On Micromedex Labeling Into Off-Indication, Off-Population, Off-Age, Off-Dose/Frequency, Off-Route, Or Unapproved Drugs. The Evidence Supporting Recommendations Will Be Assessed Using GRADE Criteria. Logistic Regression Will Explore Associations Between Recommendation Appropriateness And Factors Such As Evidence Level, Conflicts Of Interest, Guideline Developers, And Country-Level Indicators.

Results:

The Study Results Will Quantify The Extent Of Off-Label Drug Use Recommendations In Pediatric Guidelines, Characterize Their Evidence Basis, And Identify Determinants Of Irrational Recommendations. These Findings Will Be Presented At The Conference.

Discussion:

This Study Will Highlight Evidence-Recommendation Gaps In Pediatric Guidelines Regarding Off-Label Drug Use, Promoting Transparency And Methodological Rigor In Guideline Development.

Molecular Point-Of-Care Testing And Antibiotic Stewardship: Does Rapid Diagnosis Translate To Better Outcomes?

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Background:

Molecular Point-Of-Care Testing (Mpoc) Offers Rapid Identification Of Respiratory Pathogens, But Its Impact On Antibiotic Use And Patient Outcomes Remains Uncertain.

Objective:

We Aimed To Comprehensively Evaluate The Effects Of Mpoc On Antibiotic Use And Major Clinical Outcomes In Patients Presenting With Acute Respiratory Tract Infections (Artis).

Methods:

We Searched MEDLINE, Embase, Web Of Science, CENTRAL, CNKI, And Wanfang Data From Inception To July 1, 2025, For Randomized Controlled Trials (Rcts) On Mpoc In Artis. The Primary Outcome Was Antibiotic Use, Assessed Using Pooled Risk Ratio (RR) With Random-Effects Models. Risk Of Bias And Evidence Certainty Assessed Using ROBUST-RCT And GRADE.

Results:

We Included 25 Rcts Involving 12,638 Patients, Of Whom 61.0% Were Adults. Overall, Mpoc Probably Had Little To No Important Effect On Antibiotic Use (RR 0.95, 95% CI 0.90–1.00; Moderate Certainty) Or Treatment Duration (Mean Difference -0.44 Days, 95% CI -0.98–0.09; Moderate Certainty). In Adults, High-Certainty Evidence Showed No Effect On Antibiotic Use (RR 1.00, 95% CI 0.98–1.02), Whereas In Children, Low-Certainty Evidence Suggested A Potential Reduction (RR 0.79, 95% CI 0.65–0.97). Although Mpoc Increased Appropriate Antibiotic Prescribing (RR 2.07, 95% CI 1.55–2.77; Moderate Certainty), It Did Not Affect 30-Day Mortality (RR 0.97, 95% CI 0.82–1.15; High Certainty) And Intensive Care Unit Admission (RR 0.90, 95% CI 0.65–1.25; High Certainty).

Discussion:

Moderate-To-High Certainty Evidence Indicates Mpoc Does Not Reduce Antibiotic Use Or Improve Outcomes, Especially In Adults, Despite Better Prescribing Appropriateness. Routine Adult ARTI Use Is Not Recommended.

Development Of Recommendations For Appropriate Antibiotic Use In Community-Acquired Pneumonia: Insights From Singapore

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Background:

Pneumonia Is A Major Health Issue In Singapore, Accounting For 3.4% Of Hospitalisations And 20% Of Deaths In 2022. The Last National Guideline On Antibiotic Management Of Community-Acquired Pneumonia (CAP) Was Published In 2005, Indicating The Need To Update Recommendations Aligned With Evidence And Antimicrobial Stewardship Principles.

Objective:

To Illustrate Our Evidence And Data Triangulation Methods For Developing The ACE Clinical Guideline (ACG) On Antibiotic Management Of CAP In Primary Care.

Methods:

For Antibiotic Treatment Recommendations, Local Resistance Data In The Community Was Lacking. We Therefore Triangulated The Following Sources: Local Hospital Data (Unpublished), International Studies, International Guidelines And Underpinning Studies, And Antimicrobial Stewardship Principles From The WHO Aware (Access, Watch, Reserve) Framework. The Guideline Panel Conducted Two Rounds Of Rating For Each Recommendation, Using GRADE Etd Framework And RAND/UCLA Consensus Methods.

Results:

A Total Of Eight Recommendations Were Developed, Including Three Antibiotic-Specific Recommendations (Strong, For) Covering Five Antibiotic Options For Three Patient Subgroups Based On Severity Or Risk Of Complications. Antibiotic Considerations For Pregnant Patients Were Presented In The Guideline Text. The Strength Of Antibiotic Recommendations Was Based On Favourable Benefit-Risk Balance And No Significant Concerns Regarding Patient Values, Preferences, Acceptability, Feasibility, Or Cost.

Discussion:

Collaboration With Local Institutions Addressed Challenges Of Limited Generalisability Of International Evidence And Scarcity Of Local Community Data. Integrating The WHO Aware Framework Ensured Alignment With Antimicrobial Stewardship. A Similar, Multi-Pronged Inputs Approach Is Recommended For Other Antibiotic Guidelines To Bridge Gaps In Local Community Resistance Data.

Analysis Of The Current Status Of Guidelines And Consensus Statements Published By Chinese Institutions In English-Language Journals From 2022 To 2024

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Background:

The Publication Of Clinical Guidelines And Expert Consensus Statements In International English-Language Journals Is A Vital Channel For China To Share Its Medical Expertise And Enhance Its Global Academic Influence. Analyzing The Current Status Of These English Publications Helps Evaluate Their International Reach And Identify Strategies For Improvement.

Objective:

To Analyze The Quantity, Disciplinary Distribution, Journal Patterns, And Quality Of English-Language Clinical Practice Guidelines/Consensus Statements From Chinese Institutions (2022-2024), Assessing Their Internationalization.

Methods:

A Systematic Search Identified Relevant Publications. Data On Type, Journal, Impact Factor (IF), Discipline, And Collaboration Were Extracted. Descriptive Analysis And The Scientific, Transparency, And Applicability Rating (STAR) Tool Were Used For Assessment.

Results:

We Identified 443 Publications (194 Guidelines, 249 Consensuses), Representing 9.3% Of China's Total Output. Annual Volume Was Stable (~150). Only 6.3% Were International Guidelines (Avg. 13 Collaborating Countries). About 56% Were In China-Hosted English Journals; <5% In High-IF Journals (IF>20). Top Disciplines Were Oncology, Cardiology, And Gastroenterology. STAR Ratings Showed Guideline Quality Surpassed Consensus Statements.

Conclusion:

Chinese English-Language Guideline Publication Is Substantial But Stable. International Journal Presence And Consensus Statement Quality Need Improvement. Future Work Must Prioritize Rigorous Methodology (RIGHT/AGREE/GRADE/STAR), International Collaboration, And Contributing To Global Guideline Development To Enhance Influence.

A Modelling Approach To Support Empirical Estimation Of Decision Thresholds And Net Effect Computation When Dealing With Continuous Outcomes

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Background:

Empirical Estimation Of Decision Thresholds Can Be Challenging When Dealing With Continuous Outcomes, As Such Approach Relies On The Utilities Of Discrete Health States. Moreover, Continuous Outcomes Pose Challenges For The Computation Of The Net Effect.

Objective:

To Describe The Concept And Methodology Of A Modelling-Based Approach To Support Empirical Estimation Of Decision Thresholds And Net Effect Estimates When Dealing With Continuous Outcomes.

Methods:

We Propose An Approach Involving Fitting Baseline And Post-Intervention Probability Distributions Of Continuous Outcomes For Both The Intervention And Comparator Groups. After Running Multiple Simulations, And Adopting Predetermined Thresholds, It Is Possible To Project, For Each Group, The Number Of Participants In Each Health State At Baseline And After The Intervention. Transitions Between Health States Can Be Treated As Events, Allowing For Estimating Of An Absolute Risk Difference (ARD) Between Groups. We Applied This Approach To A Case Study On The Use Of Semaglutide In Patients With Obesity.

Results:

In Our Case Study, We Considered The Outcome “Body Mass Index”, Assuming A Threshold Of 30 To Define Obesity. We Estimated An ARD Of 400 Fewer Obesity Events Per 1000. Incorporating This Outcome Alongside Six Others, The Net Effect Of Semaglutide Compared With Placebo Was Estimated As 23 Fewer Death-Equivalent Events Per 1000. The Corresponding Decision Thresholds (Disutility=0.14) Were Estimated At 64, 160, And 300 Events Per 1000 Individuals.

Discussion For Scientific Abstracts:

In The Absence Of Individual Participant Data, This Modelling-Based Approach Supports The Estimation Of Net Effect Measures And Empirically-Based Decision Thresholds.

Integrating Carbon Emissions Into Health Technology Assessment: Approaches And Methodologies

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Background:

Health Technology Assessment Has Traditionally Focused On Considering The Costs And Health Consequences Of Interventions, But There Is Increasing Awareness That Health Interventions Should Also Be Assessed For Their Impact On Planet Health.

Objective:

To Present Approaches And Methodologies To Simultaneously Consider The Costs, Health Effects And Planetary Health Impact Of Health Technologies.

Methods:

Carbon-Utility Analysis Is A Method That Estimates The Amount Of Carbon Dioxide Equivalents (Kgco₂E) Emitted Per Quality-Adjusted Life Year (QALY) Gained. As Currently Applied, It Complements Full Economic Evaluation Studies. We Have Held Discussions With Members Of The GRADE Planetary Health Project Group To Identify Approaches That Could Simultaneously Consider Costs, Health Effects, And The Planetary Health Impact Of Interventions

Results:

The Project Group Identified Several Different Possible Approaches, Including (I) Converting Emissions Into A Monetary Cost (E.G., Based On The Social Cost Of Carbon Or On The Costs Required To Compensate The Emissions) To Be Incorporated Into Cost-Utility Analysis, (Ii) Incorporating The Outcomes Resulting From Healthcare Emissions In A Cost-Utility Analysis, Or (Iii) Using Visual Representations For The Different Dimensions Of The Impact Of Health Technologies.

Discussion For Scientific Abstracts:

Integrating Carbon Emissions Into HTA Is Feasible Through Multiple Complementary Methods, Allowing Environmental, Economic And Health Outcomes To Be Simultaneously Considered. These Approaches Provide A Framework To Support Sustainable Decision-Making In Healthcare.

Spinal Decompression Alone Or With Instrumented Fusion For Adults With Degenerative Lumbar Spondylolisthesis: A Clinical Practice Guideline

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Background:

Degenerative Lumbar Spondylolisthesis Is Managed Surgically When Conservative Care Is Unsuccessful; However, Whether Decompression Should Be Augmented With Instrumented Fusion Remains Uncertain.

Objective:

To Develop A Rapid Recommendation Regarding Surgical Decompression Vs. Decompression Plus Fusion For Degenerative Lumbar Spondylolisthesis.

Methods:

An International Panel Including Four Patients Living With Chronic Back Pain, 11 Clinical Experts (Neurosurgeons, Orthopedic Surgeons, Internists, And A Pain Specialist, Anesthesiologist, Physiotherapist And General Practitioner), And Six Methodologists Produced A Recommendation Following Standards For Trustworthy Guidelines And Using The GRADE Approach.

Results:

A Systematic Review And Pairwise Meta-Analysis Of 5 Randomized Controlled Trials Informed Benefits And Harms Of Surgical Decompression With Or Without Instrumented Fusion In Adults With Degenerative Lumbar Spondylolisthesis. At Two And Five-Year Follow-Up, The Addition Of Instrumented Fusion Results In Little Or No Difference In Back And Leg Pain And Physical Function (Moderate To High Certainty), Longer Index Hospital Length Of Stay (High Certainty) And Worse Emotional Role Function (Low Certainty).

A Second Systematic Review And Pairwise Meta-Analysis Of 33 Cohort Studies Found The Addition Of Fusion Probably Results In An Increased Risk Of Non-Union, Pseudo-Arthrosis And Adjacent Stenosis (Moderate Certainty).

Discussion For Scientific Abstracts:

For Adults Living With Symptomatic Low-Grade Degenerative Lumbar Spondylolisthesis That Has Not Responded To Conservative Care, The Guideline Panel Issued A Strong Recommendation Against Spinal Decompression With Instrumented Fusion, Compared To Spinal Decompression Alone. This Recommendation Does Not Apply To Patients With High Grade Intraforaminal Stenosis, High-Grade Spondylolisthesis (Meyerding Grades 3 And 4), Or Isthmic Spondylolisthesis.

Interventions For The Management Of Long Covid (Post-Covid Condition): Living Systematic Review

Dena Zeraatkar¹, Sarah Kirsh¹, Michael Ling¹, Tanvir Jassal¹, Mahnoor Shahab¹, Hamed Movahed¹, Jhalok Ronjan Talukdar², Alicia Walch¹, Samantha Chakraborty³, Tari Turner³, Lyn Turkstra¹, Roger McIntyre⁴, Ariel Izcovich⁵, Lawrence Mbuagbaw¹, Thomas Agoritsas⁶, Signe Flottorp⁷, Paul Garner⁸, Tyler Pitre⁴, Rachel Couban¹, **Prof Jason Busse¹**

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Background:

Long COVID Affects Millions Of Individuals Globally, And The Identification Of Effective Therapies Is An Urgent Public Health Issue.

Objective:

To Compare The Effectiveness Of Interventions For The Management Of Long COVID.

Methods:

We Have Committed To Maintain A Living Systematic Review Of Interventions For Long COVID. Our Initial Review Was Published In The BMJ In November 2024 And Identified 24 Randomized Trials. Of These, Six Showed Concerns About The Integrity Of Their Results Or Trial Execution And Were Excluded From Analyses.

Results:

Moderate Certainty Evidence Suggested That, Compared With Usual Care, An Online Programme Of Cognitive Behavioural Therapy (CBT) Probably Reduces Fatigue (MD -8.4, 95% CI -13.11 To -3.69; Checklist For Individual Strength Fatigue Subscale) And Probably Improves Concentration (MD -5.2, -7.97 To -2.43; Checklist For Individual Strength Concentration Problems Subscale). Moderate Certainty Evidence Suggested That, Compared With Usual Care, An Online, Supervised, Combined Physical And Mental Health Rehabilitation Programme Probably Leads To Improvement In Overall Health, With An Estimated 161 More Patients Per 1000 (95% CI 61 More To 292 More) Experiencing Meaningful Improvement Or Recovery, Probably Reduces Symptoms Of Depression (Mean Difference -1.50, -2.41 To -0.59; Hospital Anxiety And Depression Scale Depression Subscale), And Probably Improves Quality Of Life (0.04, 95% CI 0.00 To 0.08; Patient-Reported Outcomes Measurement Information System 29+2 Profile). No Compelling Evidence Was Found To Support The Effectiveness Of Other Interventions.

Discussion For Scientific Abstracts:

We Are Updating This Living Review And Will Have The Updated Results In Time For Presentation At GIN.

From Test Accuracy To Certainty Of Evidence: An Automated, Decision-Threshold–Based Approach

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Background:

Test Accuracy Questions Present Specific Challenges For Certainty Of Evidence Assessment. Within The GRADE Framework, Judgments Require Translating Sensitivity And Specificity Into Absolute Effects, Defining Acceptable Numbers Of False Positive And False Negative Results, And Considering Downstream Consequences In Light Of Values And Preferences. In Practice, This Process May Be Complex And Difficult To Scale, Limiting Transparency And Reproducibility Across Guideline Panels.

Objective:

This Hands-On Workshop Aims To Present A Structured Approach To Automating Key Steps In The Certainty Of Evidence Assessment For Test Accuracy, With A Focus On Defining Decision Thresholds. It Will Also Illustrate How This Approach Can Support The Certainty Of Evidence Assessment For Test Accuracy Questions.

Planned Activities And Interactions: The Workshop Will Begin With A Brief Presentation Of The Approach To Certainty Of Evidence Assessment In Test Accuracy, Including How Decision Thresholds Can Be Defined By Translating False Positive And False Negative Results Into Absolute Effects Per 1,000 Tested Individuals. Participants Will Then Work In Small Groups On Applied Case Scenarios, Using An Online Tool To Define Decision Thresholds Based On Downstream Consequences And Their Relative Importance. In A Final Step, The Same Online Tool Will Be Used To Automate The Assessment Of Certainty Of Evidence For A Test Accuracy Meta-Analysis. The Workshop Will Conclude With A Plenary Discussion Focusing On Usability, Transparency, And The Role Of Online Automation In Supporting GRADE Judgments For Test Accuracy.

Driving And Dementia: Development Of Recommendations When There Is Very Low Certainty Evidence

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Background:

Advice On Whether To Immediately Refer A Person Diagnosed With Dementia For A Practical Driving Assessment Or Adopt A 'Wait And Watch' Approach Was Selected By Interest Holders As A Priority Clinical Question For The Update To The Australian Dementia Clinical Practice Guideline.

Objective:

To Synthesise Evidence On When To Refer People With Mild To Moderate Dementia For Practical Assessment, And To Translate This Into Implementable Recommendations And Practical Information.

Methods:

We Followed Cochrane And GRADE Methods To Conduct A Systematic Review Of Direct Randomised Trials And Scoping Of Indirect Non-Randomised Evidence. Expert Evidence Was Developed Through Consensus Voting At A Guideline Development Group (GDG) Sub-Group Meeting To Determine The Direction Of Effect Of Indirect Evidence For Outcomes. The GRADE Evidence-To-Decision Framework Was Used To Consider The Impact On Priority Populations For Values And Preferences, Resources, Equity, Acceptability And Feasibility. Recommendations Were Developed Using Consensus Voting With Living/Lived Experience Advisory Group Members Involved Throughout.

Results:

Of 1,147 Records Screened, 0 Rcts Were Identified. The Direction Of Effect Of Immediate Referral For Practical Assessment Was Considered Possibly Desirable For Road Motor Vehicle Crashes (Critical Outcome), Awareness Of Risk Of Driving For The Person Living With Dementia And Carer, Health Related Quality-Of-Life (Hrql) Of The Carer; Possibly Undesirable For Mobility (Critical Outcome), Functional Ability And Independence, Mood And Depression; Uncertain For Mobility Of The Carer (Critical Outcome), Hrql Of The Person Living With Dementia.

Discussion:

Gold-Standard Methods Were Applied To Develop Unprecedented Recommendations In A Scenario Of Very Low Certainty Evidence.

Cross-Guideline Comparison Of Recommendations: An LLM-Based Framework For Semantic Alignment And Relationship Classification In Diabetes And Coronary Artery Disease Guidelines

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Background:

Multiple Clinical Practice Guidelines Often Coexist For The Same Disease Domain, Yet Recommendations Across Different Organizations May Exhibit Variations. When Clinicians Encounter Inconsistent Guidance On The Same Clinical Question From Different Guidelines, It Can Lead To Decision Confusion And Potentially Impact Patient Outcomes. Systematically Mapping Consensus And Controversies Across Guidelines Has Significant Clinical Implications.

Objective:

This Study Develops An LLM Framework To: (1) Extract PICO Elements From Diabetes And CAD Guidelines; (2) Align Recommendations And Classify Them As Concordant, Discordant, Complementary, Or Non-Comparable; (3) Visualize Consensus And Controversies To Aid Clinical Decision-Making.

Methods:

(1) Corpus Construction: Extracting 100 Recommendations From Diabetes And CAD Guidelines Issued By Different Professional Societies; (2) PICO Extraction: Automated PICO Annotation Using LLMs (Tentatively GPT-4o And Claude 3.5 Sonnet); (3) Alignment And Classification: Generating Candidate Alignment Pairs Via Semantic Similarity And Entity Overlap, Employing Dual-LLM Cross-Validation With Consensus Threshold For Four-Category Relationship Classification; (4) Visualization And Validation: Developing A "Consensus-Controversy Map" Prototype And Conducting Usability Testing With Clinicians.

Results:

A Set Of Cross-Guideline Aligned Recommendation Pairs Is Expected, With Relationship Classification Achieving Satisfactory Accuracy And Low Human Review Rate. Usability Testing Anticipates Significant Time Reduction In Identifying Cross-Guideline Positions Compared To Traditional Methods, With High Clinician Acceptance Of The Classifications.

Discussion:

This Study Applies LLMs To Assess Cross-Guideline Consistency. Via Semantic Alignment, Discrepancies Become Visual "Consensus-Controversy Maps," Aiding Rapid Clinician Decisions And Highlighting Guideline Divergence. Future Extensions Could Include More Disease Domains And CDSS Integration.

Application And Methodological Value Of The Solomon Four-Group Design In Traditional Chinese Medicine Clinical Research

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Background:

Traditional Chinese Medicine (TCM) Clinical Trials Often Rely On Subjective Patient-Reported Outcomes (Pros), Which Are Highly Susceptible To The Hawthorne Effect And Pretest Sensitization. Such Biases Can Distort The True Efficacy Of Interventions, Leading To Potential Inaccuracies In Clinical Practice Guidelines. While The Solomon Four-Group Design (SFGD) Is Recognized For Its Ability To Enhance Internal Validity, Its Structured Application Within The Unique Context Of TCM Remains Under-Explored.

Objectives:

To Systematically Analyze The Core Framework And Statistical Strategies Of SFGD And Demonstrate Its Specific Value In Distinguishing "Testing Effects" From "Intervention Effects" In TCM Clinical Research.

Methods:

This Study Reviews The Architectural Logic Of SFGD, Which Involves Four Randomized Groups (Two With Pretests And Two Without). We Outline A Comprehensive Statistical Strategy, Integrating 2×2 ANOVA With Meta-Analytic Approaches. This Allows Researchers To Quantify Whether The Act Of Baseline Assessment (E.G., Pulse/Tongue Diagnosis Or Symptom Scales) Independently Influences Patient Perception Or Interacts With The Actual Treatment.

Results:

SFGD Proves Particularly Valuable For TCM Complex Interventions, Such As Acupuncture Or Herbal Formulae, Where "Soft Endpoints" Like Quality Of Life Are Primary. By Isolating The Interaction Between Pretests And Interventions, This Design Minimizes Subjective Measurement Bias. Furthermore, We Provide A Standardized Workflow For Reporting SFGD Results To Ensure Transparency And Reproducibility In Evidence Synthesis.

Conclusion:

Implementing The Solomon Four-Group Design Offers A Robust Methodological Path To Enhance The Credibility Of TCM Evidence. By Providing Clearer, Less Biased Data, This Framework Directly Supports The Formulation Of More Reliable International Clinical Guidelines.

Development Of Guidelines Focused On Widespread Use: Creation Of The “Clinical Practice Guidelines For The Management Of Acute Pancreatitis (JPN Guidelines) 2021” Incorporating Numerous Measures Aimed At Maximum Clarity, Usability, And Ease Of Implementation.

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Presentation Title:

Development Of The "Acute Pancreatitis Management Guidelines (JPN Guidelines) 2021," Incorporating Numerous Improvements With The Primary Goal Of Being Easy To Understand, Easy To Use, And Easy To Implement.

Background:

The Development Of The JPN Guidelines Saw The First Edition Published In 2006, The Second Edition In 2010 (With Updated Images And Presentation Of Treatment Bundles), And The Third Edition In 2015 (Reflecting The 2012 Revision Of The Atlanta Classification, GRADE Approach, And Providing Free App: English And Japanese). Subsequently, The 2021 Edition Was Developed And Published.

Objective:

While Inheriting The Efforts So Far To Maximize Convenience For Guideline Users, We Developed The Even More User-Friendly JPN Guidelines 2021. We Are Also Planning For Further Improvements And Revisions In The 2027 Edition.

Methods:

Efforts So Far: 1) Use More Images Than Text; 2) Update And Release Free Apps (English And Japanese Versions); 3) Update Treatment Bundles.

Additional Efforts In The JPN Guidelines 2021: 4) Evolve The Bundles By Presenting "Time-Sequenced Care Bundles."; 5) Create And Include "Easy To Understand Explorations" At The End Of Important Recommendation Statements For Simple Explanations.

Future Prospects For Project Presentations:

1) We Have Set Up An Address (Below) To Constantly Receive Feedback On These Efforts And Are Currently Gathering Information For The Next Revision (JPN2027).

2) In The Future, The Guideline's Target Audience Will Not Only Be Specialists But Also General Practitioners, Trainees, Other Healthcare Professionals, And Patients' Families. We Aim To Continue Creating Truly Easy-To-Understand Management Guidelines.

Beyond The First Event: Application Of Win Ratio In Evaluating Composite Endpoints For Clinical Practice Guidelines

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Objectives:

To Systematically Evaluate The Principles Of The Win Ratio And Its Derivative Statistics, Including Win Odds And Net Benefit, And To Demonstrate Their Value In Enhancing The Interpretability Of Clinical Trial Evidence.

Methods:

This Study Analyzes The Hierarchical Comparison Logic Of The Win Ratio, Utilizing An All-Pairs Comparison Strategy To Ensure That The Most Severe Clinical Events Are Prioritized In Statistical Inference. We Review Recent High-Profile Trials In Cardiovascular And Renal Diseases To Illustrate The Practical Implementation Of This Method And Discuss Strategies For Addressing Methodological Challenges Such As Censoring And Hierarchy Pre-Specification.

Results:

The Win Ratio Framework Enables A More Comprehensive Assessment Of Therapeutic Effects Compared To Traditional Time-To-First-Event Analyses. By Incorporating A Hierarchy Of Clinical Outcomes, This Study Demonstrates How The Win Ratio Can Capture Treatment Benefits That Might Otherwise Be Overlooked, Particularly In Trials With Low Event Rates For Primary Endpoints. While The Methodology Offers Enhanced Sensitivity In Detecting Treatment Differences Through The Integration Of Binary And Continuous Variables, It Also Presents Challenges Such As Potential Bias From Informative Censoring And The Need For Pre-Specified Outcome Priorities. To Ensure A Robust Interpretation, We Propose A Balanced Reporting Approach That Complements The Win Ratio With Absolute Effect Measures Like Net Benefit.

Conclusion:

The Win Ratio Represents A Significant Advancement In Evidence Appraisal. Its Standardized Application Allows For A More Rigorous And Clinically Relevant Synthesis Of Data, Directly Supporting The Development Of High-Quality International Clinical Guidelines.

Comparative Analysis Of Gout Management Recommendations In Guidelines Using Large Language Models

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Background:

Recommendations For Gout And Its Anti-Inflammatory Therapy Vary Across Different Guidelines. Systematically Summarize The Recommendations Can Assist Clinical Decision-Making And Guideline Updates. Introducing Large Language Models (LLMs) Into This Process Can Improve Efficiency, Reveal Consensus And Disagreement, And Support The Development Of Dynamically Updatable Databases. However, It Also Comes With Certain Limitations.

Objectives:

This Study Aims To Utilize LLMs To Identify, Extract, And Compare The Inconsistencies, And Provide Inspiration For The Development Of Future Research.

Methods:

We Conducted A Systematic Search For International Gout Management Guidelines Published Up To 2025. Advanced LLMs, Including GPT-5.2, Deepseek, And Doubao, Were Employed To Extract Recommendations And Clinical Questions Related To Anti-Inflammatory Strategies For Acute Flares And Chronic Management. The Models Were Tasked With Analyzing Evidence Quality And Consistency Across Key Domains. The Results Were Compared With Manually Extracted Data To Evaluate The Accuracy And Sensitivity.

Results:

Findings Are Under Analysis And Will Be Presented At The Upcoming Congress.

Conclusion:

This Study Aims To Validate The Accuracy And Sensitivity Of LLMs In Comparative Guideline Analysis And Explore Their Potential For Standardization And Application. It Can Effectively Identify Areas Of Uncertainty And Inconsistency, Visualize The Consensus And Divergence Of Recommendations, And Provide A Foundation For Future Guideline Development And Updates. It Can Also Highlight Areas Where Evidence Is Lacking Or Absent, Guiding The Planning And Implementation Of Targeted, High-Quality Clinical Research In The Future.

Conflicts Of Interest:

The Authors Declare No Conflicts Of Interest.

Adaptation Of Enteral Nutrition Diagnosis And Treatment Guideline For Primary Care: The Case Of Türkiye

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Background:

Guideline Adaptation Studies In Türkiye Are Limited, Particularly For Primary Care. Enteral Nutrition Is A Physiological, Cost-Effective Strategy To Prevent Malnutrition And Related Complications In Family Medicine.

Objective:

To Pilot The Adaptation Of International Enteral Nutrition Guideline Recommendations To The Primary Care Context In Türkiye And Report The Process Experience.

Methods:

Global Resources On Guideline Adaptation Were Searched In Pubmed, The Cochrane Library, And Google (1966–March 2024) Using Terms Related To “Guideline Adaptation” And “Enteral Nutrition,” Including Turkish Equivalents. The Guideline Adaptation Guide For Türkiye (2016) Served As The Primary Framework. Following Its Stepwise Process, Candidate Guidelines Were Appraised With AGREE II And Evaluated Using The “Evaluation” And “Decision And Selection” Modules. Recommendations Were Reviewed And Synthesized, And The Adapted Draft Guideline Was Prepared.

Results:

Four Enteral Nutrition Guidelines Met Inclusion Criteria. One Guideline On Adult Nutrition Support Received Consistently Favorable AGREE II Scores, And Another Enteral Nutrition Guide Was Selected With Planned Modifications. Most Recommendations Were Applicable To Primary Care. In Total, 88 Recommendations Were Generated: 29 Accepted With Minor Modifications, 12 Rejected As Unsuitable For Türkiye, And Two New Health Questions Added To Address Primary Care Needs.

Discussion:

This Pilot Produced A Preliminary Enteral Nutrition Guideline Tailored To Primary Care In Türkiye. The Process Demonstrates The Feasibility And Value Of Structured Guideline Adaptation To Strengthen Evidence-Based Practice, Support Home Care, Enhance Patient Safety, And Potentially Reduce Hospitalizations. Broader Stakeholder Engagement And Further Validation Are Needed Before National Implementation.

A Systematic Review And Quality Appraisal Of Enteral Nutrition Guidelines Using The AGREE II Instrument

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Background:

Enteral Nutrition Guidelines Vary In Quality And Methodological Rigor, Potentially Contributing To Inconsistencies In Clinical Practice. A Systematic Appraisal Using The AGREE II Instrument Is Essential To Identify Strengths, Gaps, And Areas Requiring Harmonization And Methodological Improvement.

Objective:

The Objective Of This Study Is To Evaluate The Quality Levels Of Guidelines Utilized In Patients Receiving Enteral Nutrition Support Using The AGREE II (The Appraisal Of Guidelines Research And Evaluation) Instrument.

Methods:

A Systematic Search Was Conducted In Databases And Websites To Identify Enteral Nutrition Guidelines. The Quality Of Suitable Guidelines Was Assessed Independently By Three Evaluators Using The AGREE II Instrument. Field Scores Above 60% Were Considered Adequate, While Those Above 80% Were Considered Good Quality. Statistical Analysis Was Performed Using The SPSS 26 Software Package.

Results:

Four Guidelines Were Evaluated. The Overall Quality Score Of The Guidelines Ranges Between 4.66 And 6.66. While NICE's Guidelines Scored The Highest, The Guidelines Of The KEPAN Scored The Lowest.

Discussions:

This Study Systematically Evaluated National And International Guidelines On Enteral Nutrition Management In Adults And Revealed That Existing Guidelines Have Significant Methodological Differences. While The NICE (National Institute For Health And Clinical Excellence) And ESPEN HOME EN (European Society For Clinical Nutrition And Metabolism Guideline On Home Enteral Nutrition) Guidelines Were Distinguished By Their High Methodological Quality, Other Guidelines Were Found To Have Significant Shortcomings, Particularly With Regard To Stakeholder Involvement, Development Rigor, And Applicability. More Comprehensive Studies Are Needed For Assessing The Quality Of Guidelines In Every Subject.

Strengthening The Link Between Evidence Synthesis And Guideline Formulation

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Background:

Guideline Development Draws On Multiple Sources Of Evidence, Including Systematic Reviews, Primary Studies, Contextual Data, Stakeholder Input, And Implementation Considerations. However, Traditional Outputs Such As Technical Reports And Journal Articles Are Often Not Structured For Use Within Guideline Panels, Policy Processes, Or Implementation Planning. As A Result, High-Quality Evidence May Not Effectively Inform Recommendation Formulation, Adaptation, Or Updating. Knowledge Translation (KT) Approaches Are Needed To Better Align Evidence Synthesis And Presentation With The Structured And Transparent Processes Used In Guideline Development.

Objective:

To Examine How Evidence-Based Decision-Making Products (Ebdmps), Developed For Policy And Program Decision-Making, May Support Components Of Guideline Development Processes.

Methods:

We Developed Structured Evidence Platforms Based On Systematic Reviews And Evidence And Gap Maps To Improve Accessibility And Usability Of Review Findings. These Platforms Organise Evidence Around Decision-Focused Questions And Present Effect Estimates, Strength Of Evidence, Cost Considerations, And Implementation Information In Layered Formats.

Although Designed For Policy And Program Decision-Making, The Structured Summaries, Comparative Formats, And Transparent Reporting May Support Key Guideline Functions, Including Evidence Appraisal, Comparison Of Intervention Effects, Prioritization, And Updating. Case Examples Include The Youth Endowment Fund Toolkit (UK), The CGIAR Evidence Portal On Climate And Gender, And The FCDO Evidence Portal On Conflict And Atrocity Prevention.

Results:

The Platforms Improved Access To And Understanding Of Systematic Review Findings And Supported Structured Decision-Making And Prioritization Processes.

Discussion:

KT Products Developed For Policy Use May Strengthen Aspects Of Guideline Development By Improving Evidence Accessibility, Transparency, And Comparability Within The Broader Evidence Ecosystem.

Bridging The Gap: A Cross-Sectional Analysis Of Patient Values And Preferences In Chinese Clinical Guidelines

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Background:

Integrating Patient Values And Preferences Is A Core Component Of Patient And Public Involvement (PPI) In Guideline Development And A Key Element Of Evidence-To-Decision Frameworks. However, How These Perspectives Are Reported And Operationalized In Real-World Guideline Development Remains Unclear.

Objectives:

To Examine How Patient Values And Preferences, Along With Other Factors Beyond Evidence Quality, Are Reported In Chinese Clinical Guidelines And Consensus Statements.

Methods:

We Conducted A Cross-Sectional Analysis Of All New Eligible Guidelines And Consensus Statements Led By Chinese Scholars And Published In Peer-Reviewed Medical Journals In 2023–2024. Documents Were Screened To Identify Whether They Reported Consideration Of Factors Beyond Evidence Quality During The Consensus Or Recommendation Development Process, With A Focus On Patient Values And Preferences.

Results:

A Total Of 3,466 Eligible Guidelines And Consensus Statements Were Identified. Among These, 1,374 Reported Consideration Of Factors Beyond Evidence Quality, Including 323 Clinical Practice Guidelines. Patient Values And Preferences Were Commonly Mentioned; However, Reporting Was Typically Limited To General Statements, With Little Detail On How Such Information Was Identified Or Incorporated Into Decision-Making.

Conclusions:

Although Patient Values And Preferences Are Increasingly Acknowledged In Chinese Guideline Development, Transparent Reporting Of How They Are Integrated Remains Limited. This Suggests A Gap Between Stated Consideration And Operationalized Patient Involvement, Highlighting The Need For More Structured And Methodologically Robust Approaches To PPI. Updated Analyses Including 2025 Publications Will Be Presented At The Conference.

Digital Health Interventions For Children And Adolescents With Attention-Deficit/Hyperactivity Disorder: A Mixed-Methods Systematic Review Integrating Effectiveness And Implementation Experience

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Background:

Digital Health Interventions Show Promise For Managing Pediatric ADHD, Yet A Persistent Gap Remains Between Their Proven Efficacy And Real-World Implementation.

Objective:

This Study Aims To Conduct A Mixed-Methods Systematic Review To Simultaneously Synthesize Evidence On The Clinical Effectiveness Of Digital Interventions In Improving Core ADHD Symptoms And To Explore The Experiences, Barriers, And Facilitators Encountered By Patients, Families, And Healthcare Professionals During Implementation.

Methods:

A Systematic Search Of Chinese And English Databases Was Conducted To Include Randomized Controlled Trials Evaluating Intervention Efficacy And Qualitative Or Mixed-Methods Studies Reporting Implementation Experiences. Study Quality Was Assessed Using Standardized Tools. Quantitative Findings Were Summarized Descriptively, Qualitative Findings Were Synthesized Thematically, And An Integration Analysis Was Performed Within An Implementation Science Framework.

Results:

Indicated That Digital Interventions Yield Small-To-Moderate Improvements In ADHD Symptoms, But Long-Term Efficacy Is Unclear. Qualitative Themes Highlighted Challenges In Engagement, The Dual Burden Of Family Support, Poor Tech-Context Fit, And Lack Of Systemic Integration. Integrated Analysis Linked Effectiveness To Positive User Experience, While Identifying Caregiver Burden And Poor Integration As Key Barriers To Implementation And Sustained Outcomes.

Conclusion:

In Conclusion, Bridging The Efficacy-Implementation Gap For Digital ADHD Interventions Requires Optimizing Implementation Environments. Future Efforts Should Adopt An Integrated Research Paradigm, Prioritizing Sustainable Engagement, Feasible Family Support, And Multi-System Integration To Develop Effective, User-Centered Solutions.

Reframing Patient And Public Involvement As An Implementation Strategy In Guideline Development: A Conceptual Analysis

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Background:

Patient And Public Involvement (PPI) Is Widely Recommended In Guideline Development. In Practice, PPI Is Often Treated As A Declarative Principle Rather Than A Systematically Operationalized Implementation Strategy.

Objectives:

To Conceptualize PPI As An Implementation Strategy In Guideline Development And Propose A Framework For Its Systematic Integration.

Methods:

We Conducted A Conceptual Analysis Of PPI In Guideline Development, Informed By Implementation Science, Guideline Development Standards, And Recent Empirical Evidence On Chinese Clinical Guidelines. Key Implementation Science Constructs, Including The Consolidated Framework For Implementation Research (CFIR) And Expert Recommendations For Implementing Change (ERIC), Were Mapped To Stages Of Guideline Development. Preliminary Potential Strategies And Common Barriers Were Identified Based On Theoretical Mapping And Literature Synthesis.

Results:

Preliminary Conceptual Mapping Suggests That PPI Can Be Operationalized At Multiple Stages, Including Topic Selection, Outcome Prioritization, Evidence Appraisal, Recommendation Formulation, And Dissemination. Potential Strategies Include Structured Patient Surveys, Engagement In Guideline Panels, And Iterative Feedback Mechanisms. Commonly Cited Barriers In The Literature Include Limited Patient Representation, Transparency, And Methodological Guidance. Final Mapping And Framework Development Are Ongoing.

Conclusions:

Framing PPI As An Implementation Strategy Highlights Actionable Steps To Move Beyond Declarative Statements Toward Meaningful Engagement. The Resulting Conceptual Framework Aims To Guide Guideline Developers In Systematically Integrating Patient Perspectives, Enhancing Transparency, Credibility, And Relevance Of Recommendations. Updated Results Will Be Presented At The Conference.

Integrating Response-Adaptive Randomization And Solomon Four-Group Design: A Novel Methodological Framework For Evaluating Multimedia TCM Health Education In Functional Dyspepsia

Kalin Ma¹, Integrating Response-Adaptive Randomization And Solomon Four-Group Design: A Novel Methodological Framework For Evaluating Multimedia TCM Health Education In Functional Dyspepsia Yin Zhang¹, Integrating Response-Adaptive Randomization And Solomon Four-Group Design: A Novel Methodological Framework For Evaluating Multimedia TCM Health Education In Functional Dyspepsia Yingjie Wang², Integrating Response-Adaptive Randomization And Solomon Four-Group Design: A Novel Methodological Framework For Evaluating Multimedia TCM Health Education In Functional Dyspepsia Dianchun Liu¹

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Background:

Clinical Practice Guidelines (Cpgs) For Functional Dyspepsia (FD) Emphasize The Role Of Psychosocial Interventions. However, Evidence Quality Is Often Compromised By The Hawthorne Effect And Pretest Sensitization In Subjective Outcome Measurements. Furthermore, Traditional Static Randomization Fails To Optimize Participant Benefits During Trials.

Objectives:

To Evaluate Multimedia Traditional Chinese Medicine (TCM) Health Education For FD (PDS Subtype) While Minimizing Measurement Bias And Optimizing Treatment Allocation.

Methods:

This Prospective RCT (N=72) Utilizes A Two-Stage Randomization Process. Stage One Employs Response-Adaptive Randomization (RAR) , Dynamically Adjusting Allocation Probabilities Based On 2-Week Response Rates To Favor The More Effective Intervention. Stage Two Nests A Solomon Four-Group Design. Participants Are Allocated Into Four Groups To Isolate The Independent Effects Of The Intervention (Multimedia TCM Health Education Plus Herbal Medicine Vs. Herbal Medicine Alone), The Pretest Process (E.G., SF-NDI, PSS, IPAQ), And Their Interaction.

Results:

The Design Enables Robust Decomposition Of Outcomes. By Applying The Solomon Framework, The Study Isolates "True" Intervention Effects From "Testing Effects" Inherent In Multidimensional Patient-Reported Outcomes (Pros). Additionally, The RAR Component Ensures A Higher Proportion Of Participants Are Allocated To The Superior Group Based On Real-Time Data, Enhancing Both Ethical Rigor And Statistical Power.

Conclusion:

The Integration Of RAR And SFGD Provides High-Internal-Validity Data For TCM Research. By Controlling For Pretest Sensitization Across Physical And Psychological Dimensions, This Framework Generates High-Quality Evidence To Support International Clinical Guidelines.

Clinical Practice Guidelines For Pancreatic Cancer 2025 From The Japan Pancreas Society: Patient And Public Involvement In Creating Two Clinical Questions

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Background:

Patient And Public Involvement (PPI) In The Development Of Clinical Practice Guidelines (Cpgs) Has Gained Attention In Recent Years, Yet No Standardized Methodology For Facilitating Such Involvement Currently Exists. In Japan, Patients And The General Public Rarely Initiate Creation And Publication Of Clinical Questions (Cqs) Within Guidelines For Physicians.

Objective:

This Report Details The Methodology Employed By The Clinical Practice Guidelines (Cpgs) For Pancreatic Cancer 2025 From The Japan Pancreas Society (JPS) Incorporating Cqs Developed By A PPI Team For The First Time.

Methods:

A PPI Team Comprising Three Patient/Citizen Members, Three Paramedical Members, And Five Physicians Was Formed Within The Guideline Development Committee. The Team Developed Cqs By Extracting Important Clinical Questions About Pancreatic Cancer From Questionnaires Conducted After Patient And Public Events, And From Concerns Raised By Patients And The Public. Two Key Cqs Were Identified: One Concerning Patient Education Sessions And Another Regarding Comprehensive Geriatric Assessment. These Questions Were Then Incorporated Into The Guideline's Scope. The PPI Team Led The Systematic Review And Finalized Recommendations Through Voting. These Cqs Were Subsequently Published In The Cpgs For Pancreatic Cancer 2025 From JPS.

Future Prospects For Project Presentations:

Cpgs Developed With PPI, As In This Case, Are Considered Closer To Their Essential Purpose. Furthermore, The Approach Detailed Herein Represents One Strategy For Incorporating PPI In Guideline Development. We Hope This Report Contributes To Standardizing PPI In Clinical Guideline Creation.

A Systematic Analysis Of Tools For Appraising Clinical Practice Guidelines

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Background:

Clinical Practice Guideline (CPG) Evaluation Tools Are Essential For Assessing Guideline Quality And Applicability. Since 1992, Numerous Tools Have Been Developed, Yet Their Diversity Poses Challenges For Comprehensive Evaluations.

Objective:

This Study Systematically Analyzes All CPG Evaluation Tools Published Up To 2025.

Methods:

We Conducted An Updated Search In MEDLINE, CBM, Wanfang Data, And CNKI From Inception To December 2025. Two Reviewers Independently Extracted The Data And Cross-Checked The Results. The Extracted Information Covered Four Domains: ① General Characteristics (E.G., Tool Name, Publication Year, And Developing Country Or Region); ② Evaluation Content (E.G., Guideline Quality Attributes, Assessment Domains, And Number Of Items); ③ Evaluation Methods (E.G., Number Of Appraisers, Item Response Formats, And Methods For Domain And Overall Assessment); And ④ Testing Methods (E.G., Reliability And Validity Testing, Usability Investigation, And Assessment Time).

Results:

A Total Of 41 Tools Were Analyzed. The Number Of Items Ranged From 3 To 52 (Median: 19); 22 Tools (54%) Were Structured Into Domains. Nineteen Tools (46%) Reported Reliability Or Validity Testing, Of Which 17 (41%) Conducted Validity Testing And 12 (29%) Conducted Reliability Testing. Eight Tools (20%) Reported Assessment Time, Ranging From 5 Minutes To 3 Hours. Evaluation Dimensions Covered Implementability, Transparency And Applicability, Research Integrity, Simplified Assessment, And Structured Screening, Among Others.

Discussion For Scientific Abstracts:

Recent Tools Emphasize Implementation, Transparency, And User-Centred Design. However, Most Lack Adequate Reliability And Validity Testing, Limiting Their Utility For Comprehensive Appraisal. Future Development Should Broaden Domain Coverage While Improving Efficiency And Include Rigorous Psychometric Testing.

Prevalence Of Clinically Egfr Decline In Chronic Disease: A Systematic Review And Meta-Analysis

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Background:

Dynamic Changes In Estimated Glomerular Filtration Rate (Egfr) Provide Prognostic Information Beyond Single Measurements, And A Relative Decline Of $\geq 20\%$ From Baseline Is Considered Clinically Meaningful. Although Latent Class Trajectory Modeling Has Been Widely Used To Characterize Longitudinal Patterns Of Kidney Function, The Population Prevalence Of Trajectories Defined By Clinically Significant Egfr Decline Has Not Been Systematically Quantified.

Methods:

Pubmed, Embase, And Web Of Science Were Searched Through November 11, 2025. Longitudinal Latent Class Studies In Chronic Disease Populations Reporting At Least Two Egfr Measurements Were Included. Random Effects Meta Analyses Were Performed To Estimate The Pooled Prevalence Of Trajectories Characterized By Egfr Decline, With Stratified Analyses By Age Structure Of The Study Populations.

Results:

29 Studies Including 637,982 Individuals With Chronic Diseases Were Identified, Encompassing Chronic Kidney Disease, Diabetes, Iga Nephropathy And Vasculitis, Atrial Fibrillation, And Hepatitis C Virus Infection. Among Studies With Follow-Up Durations Of ≥ 3 Years (N=26), The Pooled Prevalence Of Trajectories Showing A Relative Egfr Decline $\geq 20\%$ From Baseline Was 39.0% (95% CI: 22.5%–56.9%). Age-Stratified Analyses Showed A Pooled Prevalence Of 31.8% (95% CI: 9.2%–60.3%) In Younger And Middle-Aged Populations (18–59 Years; N=12), Increasing To 41.2% (95% CI: 14.7%–70.9%) In Older Populations (≥ 60 Years; N=10).

Conclusions:

Clinically Meaningful Egfr Decline Trajectories Are Common In Chronic Disease Populations And Are More Prevalent With Increasing Age. These Findings Support A Shift In Kidney Risk Assessment From Static Classification Toward Longitudinal Evaluation Of Both The Magnitude And Temporal Dynamics Of Egfr Change.

Quality Assessment Of Gout Guidelines Using Large Language Models: A Validation Study

Ms Luyuan Sun¹

¹Lanzhou University

Background:

Assessment Of The Quality Of Clinical Practice Guidelines (Cpgs) Is Essential To Identify Developed Guidelines, Support Decision-Making, Guideline Updates And Future Research. The Use Of Large Language Models (Llms) In This Process May Improve Objectivity And Consistency, While Certain Limitations Remain.

Objective:

This Study Aims To Apply Llms To Systematically Evaluate The Quality Of Gout Guidelines Based On The AGREE II Instrument And RIGHT Checklist, Also Validating The Accuracy, Sensitivity, And Stability.

Methods:

A Systematic Search Was Conducted For Gout Management Guidelines And Expert Consensus Statements Published Up To 2025. Two Reviewers Independently Assessed The Included Guidelines Using The AGREE II Instrument And RIGHT Checklists. Structured Prompts Were Designed To Instruct Llms (GPT-5.2 And Deepseek) To Perform The Role Of Guideline Appraisal Experts In Evidence-Based Medicine And Evaluate The Same Documents Twice To Test Stability. Inter-Rater Agreement Between Human And LLM-Based Assessments Was Analyzed Using The Intraclass Correlation Coefficient.

Results:

Findings Are Under Analysis And Will Be Presented At The Upcoming Congress.

Conclusion:

This Study Will Validate The Accuracy, Sensitivity, And Stability Of Llms In Guideline Quality Assessment, Demonstrating The Feasibility Of AI-Assisted Rapid Quality Appraisal. The Findings May Promote The Integration Of Llms Into Evaluation Workflows, Shorten Assessment Cycles, And Inform The Development Of A Standardized AI-Supported Methodological Framework. Additionally, By Comparing LLM Outputs With Manual "Gold Standard" Evaluations, This Work Will Help Clarify The Current Boundaries Of AI Applicability And Provide Insights For Optimizing Algorithm Performance And Targeted Improvements.

Guideline Development And HTA: How Synergy And Consistency Are Required For Improving Health Quality

Dr Sophie Blanchard Musset¹, Dr Valérie Lindecker-Cournil¹, Dr Bertrand Mussetta¹, Frédéric Nahmias¹, Dr Cédric Carbonneil¹, Morgane Le Bail¹

¹Haute Autorité De Santé (HAS)

Background:

As A National Independent Scientific Authority, The French National Authority For Health (HAS) Is Responsible For Providing Clinical Practice Guidelines (Cpgs) And For Advising On The Appropriateness Of National Funding By Health Technologies Assessment (HTA).

Objectives:

To Strengthen And Optimize The Interrelationships Between CPG Development And HTA Processes.

Methods:

Retrospectives Analyse Of Recent Actions And Tools Interrelationships Between GL Development And HTA.

Results:

HTA Is Mainly Used For Reimbursement/Disinvestment, Access To Innovation Purpose And Promote Appropriateness Of Care. Although Their Primary Objectives Differ, HTA And CPG Development Rely On Comparable Methodological Foundations: Evidence-Based Analysis, Consultations With Experts And All Stakeholders (Healthcare Professionals, Patients, Etc.).

Furthermore, Elaborating And Updating CPG Can Be Also Supported By HTA Reports. Our Updating CPG Unit Was Established To Identify New Evidence, Including Those Provided By HTA Reports, And If Necessary, Modification Of The Recommendations Under Agile Process.

CPG Development And HTA Also Face Similar Challenges Regarding Implementation. Effective Dissemination And Uptake Require A Multifaceted Strategy Combining Iterative Communication, Tailored Implementation Tools (Proper Use Sheets, Drug-Indexed Decision Support Systems, Supervision Of Practices, Webinars, Etc), And The Involvement Of Healthcare Professionals, Patients And Stakeholders, Both Upstream And Downstream Of The CPG/HTA Development Process.

Conclusions:

Guideline Developers Must Regularly Adapt Their Methods To Improve Health Quality. In This Context, CPG And HTA Are Strongly Linked And Require Synergy And Consistency. HAS Is Engaged In Increasing Agility In Their Relationships. Assessing This Strategy Will Be Shared With The Related GIN Working Groups (GINHTA, And Collaboration WG).

The Power Of Collaboration: Advancing The Guideline Ecosystem Using Evidence-Based Medicine (EBM) On Fast Healthcare Interoperability Resources (FHIR)

Dr. Brian S. Alper^{2,3}, Mrs Sophie Anne Inès Klopfenstein¹, Ms Joanne Dehnbostel^{2,3,4}

¹Berlin Institute Of Health At Charité – Universitätsmedizin Berlin, ²Computable Publishing LLC, ³Scientific Knowledge Accelerator Foundation, ⁴Department Of Epidemiology And Biostatistics, University Of Arizona

Background:

Clinical Practice Guidelines (Cpgs) Are Crucial For Evidence-Based Decision-Making, Yet Their Impact Is Often Limited Because They Are Published As Narrative Documents. To Enable Computable CPG Development And Implementation, The Ebmonfhir Initiative And The German Association Of The Scientific Medical Societies (AWMF) Work Together To Create A Trustworthy, Quality-Assured And Scalable Guideline Ecosystem. Within The German DISSOLVE-E Project, The AWMF Is Renewing Its CPG Registry Using The HL7® FHIR® Standard, Bridging The Gap Between Scientific Research And Clinical Practice.

Objective:

This Session Highlights How International Collaboration And The Use Of Shared Standards Can Transform The CPG Lifecycle, Aims To Demonstrate The Practical Application Of The Ebmonfhir And Dissolve-E Implementation Guides For Creating Computable Recommendations, And Will Provide Ample Time For Participants To Discover And Determine How They Can Contribute To Continued Development Of The Evidence And Guideline Ecosystem.

Chair: Prof. Ina Kopp (AWMF)

Speakers:

Brian Alper, MD, MSPH (Computable Publishing LLC)

Sophie Klopfenstein, MD (Berlin Institute Of Health At Charité) On Behalf Of The Dissolve-E Study Group

Joanne Dehnbostel, MS, MPH (Computable Publishing LLC)

Format:

Three Presentations With Rounds Of Audience Participation Will Include:

- Ebmonfhir: Brian Alper Will Introduce The Ebmonfhir Implementation Guide, A Technical Standard For Representing Evidence And Guidance.
- AWMF Registry: Sophie Klopfenstein Will Showcase How Standards Are Applied In The German AWMF Registry To Support Metadata, Narrative Content, And Executable Artifacts.
- Open Collaboration: Joanne Dehnbostel Will Introduce 10 Active Working Groups And How To Contribute To Shaping The Evidence Ecosystem.

Patient Involvement In The Development Of Clinical Practice Guidelines – An Interview Study On The Experiences Of Patients And Their Representatives In Germany

Clara Orduhan^{1,2}, Stefanie Pfisterer-Heise^{1,2}, Dr Käthe Goossen³, Dr Jessica Breuing³, Dawid Pieper^{1,2}

¹Institute For Health Services And Health System Research, Faculty Of Health Sciences Brandenburg, Brandenburg Medical School (Theodor Fontane), ²Center For Health Services Research, Brandenburg Medical School (Theodor Fontane), ³Institute For Research In Operative Medicine (IFOM), Witten/Herdecke University

Background:

Patient Involvement (PI) In The Development Of Clinical Practice Guidelines (Cpgs) Is Recognized As A Key Aspect Of Trustworthy And High-Quality Cpgs. However, Difficulties Exist And PI Is Not Yet Consistently Implemented In The Development Of Cpgs.

Objective:

To Explore The Experiences And Perspectives Of Patients And Their Representatives Regarding Their Involvement In CPG Development Processes In Germany And To Unravel Existing Challenges.

Methods:

Interviews Were Conducted With Patient Representatives Who Already Participated In The Development Of A German Evidence- And Consensus-Based CPG. The Interviews Were Conducted Using A Semi-Structured Interview Guide Via The Online Meeting Tool Webex. The Interview Data Was Analyzed Using Qualitative Content Analysis According To Mayring.

Results:

We Conducted 23 Interviews From November 2024 To February 2025. Participation In The Guideline Development Group As Active And Contributing Member Was Reported As The Dominating Involvement Strategy. Additionally, Participants Emphasized Several Influencing Factors For A Positive PI Experience Such As Preparatory Training/Meeting, Participation Of Other Patient Representatives, And Appreciation From Guideline Group Members. Moreover, Challenges For PI In CPG Development Were Anticipated, For Instance The Recruitment Of Patient Representatives As Well As The Need For A More Inclusive And Diverse Involvement Approach, I.E., Barriers For Disabled Patients Should Be Reduced And Family Members' Perspectives Included.

Discussion:

Our Study Found That Overall Patient Representatives Were Satisfied With The Predominant Involvement Method Of Acting As Participatory Member In The Guideline Development Group. Nonetheless, Targeted Training Sessions And Preparatory Meetings Were Identified As Essential And Should Become Standard Practice.

Developing The Capacity And Establishing A Community Of Practice Of Systematic Review Professionals For Informing The Evidence Based Guidelines Development In Low Middle-Income Setting: An Implementation Study

Dr Aravind Gandhi P¹, Dr Pradeep Deshmukh¹, Dr Kalyani Deshmukh²

¹All India Institute Of Medical Sciences Nagpur, ²Technical Resource Centre (Centre For Evidence-Based Guidelines), All India Institute Of Medical Sciences Nagpur

Background:

It Is Essential To Strengthen The Capacity Of Healthcare Professionals In Systematic Reviews, To Develop Effective Evidence-Based Guidelines And Practice.

Objectives:

To Present The Capacity Building Model Developed By Leveraging Workshops For Systematic Review Training In India, Establishment Of Community Of Practice (Cop) For The Professionals Who Successfully Completed Training, And Their Outcomes.

Methods:

The Capacity Building Of The Healthcare Professionals In Systematic Reviews Was Undertaken Through A Dyadic Mentorship. An Offline Workshop On Systematic Review Was Sandwiched Between Pre- And Post-Workshop Online Sessions To Handhold The Mentees To Undertake And Publish A Systematic Review. One Cohort Per Year Has Been Trained (2024 And 2025). A Virtual Cop Was Established For Successful Mentees To Support Their Progress In The Subsequent Systematic Reviews.

Results:

The 2024 Cohort Comprised Of 28 Mentees, Mentored In 18 Systematic Reviews, Of Which 12 Were Published In Peer Reviewed Indexed Journals. 2025 Cohort Comprised Of 34 Mentees, Mentored In 29 Systematic Reviews. Based On The Barriers And Facilitators Identified From The 2024 Cohort, Two Levels Of Mentors Were Introduced For 2025 Cohort. Ten Systematic Reviews Have Been Completed From 2025 Cohort. The Virtual Cop Comprised Of 32 Members, Of Which 25 Are Mentees Who Successfully Completed The Mentorship. Through The Cop, Mentees Started 10 Systematic Reviews, Independently, And Three Have Been Published. Three Mentees/Mentor Became Members Of Guideline Development Group.

Discussion:

Mentorship Model Developed Around Traditional Workshop, And The Virtual Cop Are Effective In Developing Systematic Review Professionals, Which In Turn Can Assist Guidelines Development.

Comparative Effectiveness Of Stereotactic Body Radiation Therapy (SBRT) Versus Lobectomy/Limited Lung Resection In The Early-Stage Operable Non-Small Cell Lung Cancer (NSCLC): A Systematic Review And Meta-Analysis

Dr Aravind Gandhi P¹, Dr Kalyani Deshmukh², Dr Sathish Kumar³, Dr Kanmani Velarasan S⁴, Dr Priyanka Yadav¹, Dr Mubashshera Khan¹, Dr Vijayageetha M¹, Dr Aiswarya Lakshmi¹, Dr Nishaant R¹, Dr Akanksha Dani¹, Dr Farhan Farooque Khan Nasir Khan⁵

¹All India Institute Of Medical Sciences Nagpur, ²Technical Resource Centre (Centre For Evidence-Based Guidelines), All India Institute Of Medical Sciences Nagpur, ³Apollomedics Super Specialty Hospital, Lucknow,

⁴Asram Medical College, Eluru, ⁵Department Of Health, Govt Of Maharashtra

Background:

SBRT Is Highly Tolerated, Performed On An Outpatient Basis, And Has Demonstrated Local Tumor Control Rates Exceeding 90%.

Objectives:

To Compare The Effectiveness And Safety Of Stereotactic Body Radiation Therapy (SBRT) Versus Limited Resection Surgeries In Improving Survival Among Early-Stage Operable Non-Small Cell Lung Cancer (NSCLC) Patients.

Methods:

Four Databases (MEDLINE, EMBASE, Scopus, Cochrane) Were Searched For Articles Published Till 02.06.2024. Screening, Data Extraction (MS Excel) And Risk Of Bias (ROB 2.0 For Rcts And Newcastle Ottawa Scale For Cohort Studies) Assessment Was Done By Two Independent Reviewers, With Adjudication By Third Reviewer. Outcomes Assessed Were Survival, Adverse Events And Quality Of Life. Certainty Was Assessed By GRADE Methodology.

Results:

Of The 2123 Studies Identified, 62 Studies Were Eligible For The Systematic Review (3 Rcts And 59 Cohort Studies). Based On Rcts, The 1 Year And 3-Year Overall Survival Rate Were Similar Between SBRT And Surgery Group (RR=1.13, 95% CI: 0.97, 1.3; HR=0.14, 95% CI: 0.02,1.17), With Low Certainty. Pooled Grade 3 Or 4 Adverse Events And Deterioration In Global Health/QoL Was Significantly Lower In SBRT Group Than Surgery Group (RR=0.22, 95% CI: 0.07,0.69; HR=0.19, 95% CI: 0.04,0.9). However, Based On Cohort Studies, 3 Year And 5-Year Overall Survival Were Significantly Lower In The SBRT Group Than Surgery Group (RR=0.82, 95% CI: 0.76,0.88; RR=0.66, 95% CI: 0.61,0.72).

Discussion:

Although, Rcts Favored The SBRT, Cohort Studies Revealed More Mature Evidence Favoring Surgery Over SBRT, Thus Informing The Guidelines, Better. SBRT May Not Be Recommended For Early-Stage Operable NSCLC.

SPICE-GRADE: Simultaneous Processing Of Indirect Causal Evidence In Complex Pathways Using The GRADE Framework

Dr Prashanti Eachempati^{1,2}, Prof. Gordon Guyatt¹, Prof. Per Olav Vandvik¹, Prof. Thomas Agoritsas¹

¹Magic Evidence Ecosystem Foundation, ²Peninsula Dental School, University Of Plymouth

Background:

Guideline Panels And Policymakers Frequently Face Causal Questions In Which Direct Evidence Linking An Exposure To Patient-Important Outcomes Is Limited, Indirect Or Underpowered. This Challenge Arises Across Diverse Areas, Including Antimicrobial Resistance, Infection Prevention Strategies, Biomarker Validation And Public Health Interventions. Although GRADE Provides Well-Established Guidance For Comparative Effectiveness Questions, Applying It To Multi-Step Causal Pathways Requires Further Methodological Clarification.

Objective:

To Develop And Showcase SPICE-GRADE (Simultaneous Processing Of Indirect Causal Evidence Using GRADE), An Innovative Structured Framework For Integrating Direct And Indirect Evidence When Assessing Certainty In Complex Causal Relationships.

Methods:

SPICE-GRADE Begins By Explicitly Mapping The Causal Pathway Between Exposure And Outcome And Identifying The Key Direct Link That Anchors Certainty. Each Link In The Pathway Is Evaluated Independently Using Standard GRADE Domains. The Level Of Indirectness Across Links Is Systematically Mapped, And Certainty Is Inferred Along The GRADE Continuum. This Approach Has Been Applied Within EDCTP-Funded Initiatives, Including The MARC-SE Project, Which Focuses On Mitigating Antimalarial Drug Resistance In South-East Africa. We Demonstrate The Framework Using Antimalarial Drug Resistance As A Case Example.

Results:

The Case Example Illustrates How Mechanistic, Surrogate And Clinical Evidence Can Be Integrated Within A Transparent Causal Structure. Although Individual Links Were Judged To Have Low Certainty, Consistent Alignment Across The Pathway Supported Movement Of The Overall Judgement Higher Along The Certainty Continuum, Strengthening Causal Inference.

Discussion:

SPICE-GRADE Provides A Transparent And Generalisable Approach For Rating Certainty In Complex Causal Questions And Supports Defensible Guideline And Policy Decisions When Direct Evidence Is Incomplete.

Understanding What Works In Disseminating Clinical Practice Guidelines – A Qualitative Evidence Synthesis

Dr. Sumanth Kumbargere¹, Dr Prashanti Eachempati^{1,2}, Ms. Tandekile Lubelwana Hafver², Ms. Valerie Reinthaler², Dr. Stijn Van De Velde², Prof. Thomas Agoritsas², Prof. Per Olav Vandvik², Dr. Nicolas Delvaux²
¹University Of Plymouth, ²MAGIC Evidence Ecosystem Foundation

Background:

Despite Substantial Investment In Developing Clinical Practice Guidelines, Dissemination Strategies Often Do Not Achieve Optimal Awareness, Engagement Or Implementation. A Clearer Understanding Of End-User Experiences Is Required To Strengthen Dissemination Approaches.

Objective:

To Identify Barriers And Facilitators Influencing Dissemination Of Clinical Practice Guidelines And Explore End-Users' Perceptions Of Usefulness, Practical Utility, Expectations And Unmet Needs Related To Current Dissemination Strategies.

Methods:

This Qualitative Evidence Synthesis Formed Part Of A Mixed-Methods Review. We Searched MEDLINE, Embase, CINAHL, Web Of Science, Scopus, Epistemonikos, Agency For Healthcare Research And Quality, And The Medical Guidelines Clearinghouse (30 January 2025). Two Reviewers Independently Screened Studies, Extracted Data And Appraised Quality. Reflexive Thematic Analysis Was Undertaken, And Confidence In Findings Was Assessed Using GRADE-Cerqual.

Results:

From 31,853 Records, 40 Studies Were Included (19 Qualitative; 21 Mixed-Methods). We Identified 12 Themes Related To Barriers And Facilitators, 6 Addressing Usefulness And Utility, 8 Describing Unmet Needs Of Dissemination Products And 9 Concerning Dissemination Channels. Key Barriers Included Weak Institutional Support, Language Barriers, Low Awareness And Limited Training. Facilitators Involved Leadership Engagement, Stakeholder Involvement, Structured Training And Multichannel Dissemination. Practical Utility Improved With Simple Layouts And Multiple Platforms, Including Social Media. Unmet Needs Included Cultural And Linguistic Inclusivity, Active Promotion, Improved Digital Navigation, Implementation Support And Greater Visibility Of Dissemination Channels.

Discussion:

This Synthesis Highlights That Effective Dissemination Extends Beyond Producing Guideline Documents And Requires Tailored, Accessible And Actively Promoted Strategies. Addressing Institutional, Educational And Communication Gaps May Enhance Uptake And Better Align Dissemination Efforts With End-User Needs.

Otto-Reporter: Automated PRISMA Adherence Using Large Language Models

Mr Christian Cao¹, Mr David Chen², Ms Jennifer Kuang¹, Dr David Moher^{2,3}

¹Otto Labs Inc., ²University Of Toronto, ³University Of Ottawa

Background:

Systematic Reviews Are Critical To Evidence-Based Decision-Making. However, The Broader Scientific Reproducibility Crisis, Driven In Part By Poor Research Reporting Standards, Threatens Their Reliability. Reporting Guidelines Such As PRISMA 2020 Were Developed To Improve Transparency And Interpretability, Yet Substantial Gaps In Reporting Persist Across The Literature.

Objective:

We Sought To (I) Develop And Validate Otto-Reporter, An Automated System For Item-Level Assessment Of PRISMA 2020 Adherence; And (Ii) Conduct A Large-Scale Audit Of Reporting Completeness Across More Than 100,000 Systematic Reviews In The PMC Open Access Subset.

Methods:

Phase 1 Was A Diagnostic Test Accuracy Study Evaluating Otto-Reporter Against A Human Reference Standard. One Hundred Systematic Reviews Were Independently Assessed For Item-Wise PRISMA 2020 Adherence By Trained Reviewers And Used To Benchmark Model Performance. Phase 2 Deploys The Validated System To Assess PRISMA Adherence Across All Eligible Systematic Reviews In The PMC Open Access Subset (N>100,000). To Ensure Robustness, We Will Conduct An Additional Validation Using A Stratified Random Sample Independently Rated By Human Experts.

Results:

In Phase 1, Otto-Reporter Demonstrated High Performance, Achieving >90% Overall Accuracy And >90% Specificity In Identifying Absent Reporting Items. Phase 2 Analyses Are Ongoing, With Full Corpus-Level Adherence Estimates Forthcoming.

Discussion:

Incomplete Reporting Undermines The Reproducibility And Credibility Of Systematic Reviews. We Demonstrate That A Large Language Model-Based System Can Accurately And Scalably Assess Adherence To PRISMA 2020. Automated Auditing Of The Scientific Corpus Offers A Practical Pathway To Monitor And Improve Reporting Quality At Scale.

Examining The Validity Of Systematic Reviews: A Mass Reproducibility Experiment

Mr Christian Cao¹, Dr David Moher^{2,3}

¹Otto Labs Inc., ²University Of Toronto, ³University Of Ottawa

Background:

Systematic Reviews (Srs) Underpin Clinical Guidelines, Health Policy, And Therapeutic Decisions Worldwide. However, Reproducibility Across The Full End-To-End Workflow Has Not Been Rigorously Evaluated. Prior Work Has Only Examined Isolated Components (I.E., Search Strategy Reporting, Screening And Data Extraction Inaccuracies, The Impact Of Retractions). Simultaneously, Many Reviews Are Outdated; And The Growing Volume Of Fraudulent Publications Destabilizes The Evidence Base. The Extent To Which Srs, And The Decisions They Inform, Are Correct Remains Unknown.

Objective:

To (I) Quantify The Reproducibility Of Srs At Scale And (Ii) Correct And Update The Evidence Base.

Methods:

We Will Assemble A Stratified Sample Of 1,000 Systematic Reviews Across Three Frames: (1) Reviews Cited In Major Clinical Practice Guidelines, (2) Highly Cited Reviews Published Before 2020, And (3) A Random Sample Of Cochrane Reviews. Using Otto-SR, An End-To-End Automated Workflow, We Will (I) Reproduce Each Review By Replicating Searches With Original Date Cutoffs And (Ii) Update Each Review Through 2026. Summary Effect Estimates From Otto-SR And Original Reviews Will Be Compared. Reviews With Discrepant Final Results Will Undergo Blinded Human Verification To Derive Corrected Syntheses. Sensitivity Analyses Will Assess The Impact Of Retracted And Potentially Fraudulent Studies.

Results And Discussion:

We Anticipate That A Meaningful Proportion Of Srs Will Contain Consequential Discrepancies Or Materially Change After Updating. This Study Will Deliver The First Large-Scale Audit, And Correction, Of The Clinical Evidence Base, Producing 1,000 Corrected And Updated Syntheses With Direct Implications For Practice And Policy.

Developing Quality Indicators In Tandem With Guideline Recommendations To Enhance Implementation In A Rare Disease Context

Dr Cindy Stern¹, Dr Sophiya Dulal, Dr Danielle Pollock, Dr Timothy Barker, Professor Zachary Munn

¹Hesri, Adelaide University

Background:

Quality Indicators Are Critical For Evaluating Whether Health Services Deliver Safe, Effective, Timely And Person-Centred Care. However, They Are Frequently Developed After Guideline Publication, Limiting Alignment With Recommendations And Delaying Implementation. Methodological Guidance For Developing Indicators Concurrently With Recommendations Is Limited, Particularly In Rare Diseases Where Data And Resources Are Constrained.

Objective:

To Describe The Methodological Approach Used By The Australian Motor Neurone Disease (MND) Guideline To Develop Quality Indicators In Tandem With Recommendation Formulation, And To Identify Key Lessons For Future Guideline Developers.

Methods:

A Stepwise Workflow Was Designed Drawing On GRADE Methodology And NICE Quality Standard Frameworks. Recommendations Were Prioritised For Indicator Development Based On Strength, Feasibility, And Measurability. Indicators Were Mapped Directly To Recommendation Intent And Categorised As Structure, Process Or Outcome Measures. An Existing National MND Registry Was Analysed To Assess Data Availability, Identify Measurable Elements, And Determine Gaps. Targeted Educational Resources Were Developed To Build Interest Holder Understanding Of Indicator Methodology And Support Engagement Throughout The Process.

Results:

Indicators Were Developed Concurrently With Recommendation Drafting, Ensuring Direct Linkage Between Recommendations And Measurable Care Structures, Processes And Outcomes. Use Of Registry Infrastructure Enhanced Feasibility And Identified Areas Requiring Future Data Collection. Challenges Included Limited Published Guidance, Variable Interest Holder Familiarity With Implementation Concepts And Integration Within Tight Timelines.

Discussion:

Concurrent Development Of Indicators Is Feasible In Rare Disease Contexts. Clear Workflows, Early Registry Engagement, And Capacity-Building Are Critical Enablers. Further Methodological Guidance Is Needed To Support Replication Across Other Guidelines.

Methodological Innovation In Action: Developing The Australian Motor Neurone Disease Guideline

Dr Cindy Stern¹, Dr Danielle Pollock, Dr Timothy Barker, Professor Zachary Munn

¹Hesri, Adelaide University

Background:

Guideline Development Is Increasingly Methodologically Complex, With Rapidly Evolving Standards For Interest Holder Engagement, Conflicts Of Interest (COI) Management, Evidence Synthesis, Certainty Assessment And Recommendation Formulation. Funded By Fightmnd, The Australian Motor Neurone Disease (MND) Guideline Was Intentionally Developed Using Emerging Best-Practice Methodological Innovations To Strengthen Workflow Efficiency, Enhance Trustworthiness And Ultimately Improve Care.

Objective:

To Describe And Reflect On The Methodological Innovations Implemented In The Australian MND Guideline.

Methods:

A Case Study Approach Will Be Used To Examine The Methodological Strategies Underpinning Guideline Development, Grounded In GRADE Methodology.

Results:

Approaches Encompassed:

- Early Evidence Mapping To Inform Prioritisation And Process Efficiency
- Engagement Of A 200+ Community Of Interest Holders To Inform Question And Outcome Prioritisation, And Recommendation Development
- Streamlined Literature Surveillance Through A Centralised Living Evidence And Gap Map
- Utilisation Of AI-Supported Processes To Draft Health Outcome Descriptors
- Integration Of Principles Of Intellectual Humility Within COI Management
- Application Of GRADE-ADOLOPMENT Approaches And Structured Development Of Good Practice Statements Where Appropriate
- Development Of Measurable Outcome Indicators In Tandem With Recommendation Formulation

Discussion:

The Australian MND Guideline Illustrates That Methodological Innovation Is Not A Single Intervention But A Coordinated Ecosystem Of Practices. While Ongoing Evaluation And Adaptation Will Be Essential As Methodological Standards Evolve, This Integrated Approach May Serve As A Model For Future Guideline Development.

RIGHT 2.0: Updating An International Reporting Standard For Guidelines

Prof. Janne Estill^{4,7}, Dr. Yuanyuan Yao^{1,2,3,4}, Dr Qi Wang, Prof. Yaolong Chen^{1,2,3,4,5,6}

¹Research Unit Of Evidence-Based Evaluation And Guidelines, Chinese Academy Of Medical Sciences (2021RU017), School Of Basic Medical Sciences, Lanzhou University, ²Key Laboratory Of Evidence Based Medicine Of Gansu Provinc, ³Institute Of Health Data Science, Lanzhou University, ⁴Evidence-Based Medicine Center, School Of Basic Medical Sciences, Lanzhou University, ⁵Guidelines And Standards Research Center, Chinese Medical Association Publishing House, ⁶WHO Collaborating Centre For Guideline Implementation And Knowledge Translation, ⁷Institute Of Global Health, University Of Geneva

Background:

Reporting Items For Practice Guidelines In Healthcare (RIGHT) Is An Internationally Used Reporting Checklist For Guidelines That Was Released Nine Years Ago. With Advances In Evidence-Based Medicine And Guideline Methodology, Such As Including Living Guidelines, Rapid Recommendations, And Artificial Intelligence, The RIGHT Tool No Longer Fully Reflects Current Practice. The RIGHT Working Group, Composed Of Interest-Holders From Multiple Countries, Organizations, And Disciplines, Is Collaboratively Advancing An Update Of RIGHT.

Objective:

This Workshop Aims To Bring Together Interest-Holders In The Guideline Field To Discuss The Preliminary Compiled Proposed Update Items And To Solicit Broad Perspectives And Constructive Feedback, With The Goal Of Further Refining The Update And Enhancing The Scientific Rigor, Usability, And International Applicability Of RIGHT 2.0.

Names Of Speakers (A Minimum Of Two) And Session Chair:

Yaolong Chen (Chair), Janne Estill And Yuanyuan Yao (Speakers)

Planned Activities And Interaction: The Workshop Will Begin With A Brief Introductory Presentation Outlining The Background, Objectives, And Update Approach Of RIGHT 2.0. Participants Will Then Be Divided Into Small Groups To Discuss Predefined Topics. Each Group Will Complete A Structured Worksheet, And The Discussion Outcomes Will Be Synthesized And Presented At The End Of The Session.

Benefits For Participants:

Participants Will Gain First-Hand Insight Into The Update Process Of RIGHT. They Will Have An Opportunity To Shape The Proposed Items Of The Checklist And Thus Contribute To Improving The Comprehensiveness And Transparency Of Reporting In Guidelines.

Ad^Standarder: An Integrated Intelligent Platform For Guideline And Consensus Development And Updating

Dr. Yuanyuan Yao^{1,2,3,4}, Hui Liu^{1,2,3,4}, Yaolong Chen^{1,2,3,4,5,6}, Janne Estill^{4,7}

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Background:

In Recent Years, The Number Of Guidelines And Consensus Statements Developed Annually Has Increased Rapidly. The Development Process Is Complex And Involves Multidisciplinary Collaboration, Evidence Synthesis, Conflict Of Interest Management, And Formulation Of Recommendations. Current Practice Often Relies On Fragmented Tools And Manual Coordination, Lacking Unified Workflow Support And Structured Management, Which May Affect Efficiency And Consistency.

Objective:

To Develop A Digital Platform, Ad^Standarder, For Standardized And Digital Management Throughout Guideline And Consensus Development.

Methods:

A Multidisciplinary Team, Involving Evidence-Based Medicine Experts, Guideline Developers, And Information Technology Engineers In Platform Design And Development, Was Formed By The ADVANCED Working Group To Develop The Tool. The System Architecture Was Structured Around The Full Development Workflow Of A Guideline, Covering Registration, Working Group Formation, Conflict Of Interest Management, Evidence-To-Recommendation Processes, And Consensus Development. The Platform Was Iteratively Refined Through Needs Assessment, Expert Consultation, And Multiple Rounds Of User Testing. An Artificial Intelligence (AI) Module Was Integrated To Provide Support For Methodological Inquiries.

Results:

Released In August 2025, Ad^Standarder Supports Full-Process Online Management Of Guideline And Consensus Development. It Integrates With Other Guideline Development Tools Including The PREPARE Registration Platform, RIGHT Reporting Checklist, And STAR Evaluation System. An Embedded AI Assistant Provides Methodological Support Within A User-Friendly Interface. Ad^Standarder Is Free To Use And Available Online Through The ADVANCED Website (<https://www.advancedguides.ai>).

Discussion:

Ad^Standarder Serves As A Digital Support Tool For Guideline And Consensus Development. Further Real-World Evaluation Is Needed To Test Its Applicability And Potential For Broader Dissemination.

Development Of A GIN-Mcmaster Checklist Extension For Out-Of-Hospital Health Guidelines: A Research Protocol

Mr Brendan Schultz^{1,2}, Dr Timothy Barker¹, Dr Emma Bosley^{2,3}, Prof Zachary Munn¹

¹HESRI, Adelaide University, Australia, ²Queensland Ambulance Service, ³School Of Clinical Sciences, Queensland University Of Technology

Background:

Health Guidelines Are Commonly Used By Clinicians That Practice In The Out-Of-Hospital Setting (Paramedics, Emergency Medical Technicians, And First Responders). Despite Prior Efforts To Improve Guideline Quality In This Field, Out-Of-Hospital Guidelines Do Not Routinely Meet Accepted Standards For Guideline Development And Score Poorly On Various Appraisal Instruments. To Address This, We Propose The Development Of A Contextualised Out-Of-Hospital Extension To The Guideline International Network (GIN)-Mcmaster Guideline Development Checklist (GDC).

Objective:

This Protocol Describes The Intended Methodology That Will Be Used To Create An Extension To The GIN-Mcmaster GDC Specific To Out-Of-Hospital Healthcare.

Methods:

To Inform The Development Of This Extension, We Will Survey And Interview Developers Of Out-Of-Hospital Guidelines To Understand Current Practices And The Barriers And Enablers That Influence Guideline Enterprise In This Setting. The Extension Will Then Be Developed Through An Iterative Consensus-Based Approach Which Will Involve Reviewing All Items Contained In The Original Checklist. Items In This Extension Will Be Classified As Either: (1) Modified From Original Checklist; (2) New Item Not Contained In The Original Checklist But Pertinent For Out-Of-Hospital Guideline Development; (3) Original Item That Is Unchanged; And (4) Item That May Be Deemed Non-Applicable By End-Users. The Extension Will Then Be Pilot-Tested By With Various Out-Of-Hospital Organisations Prior To Submission To Representatives Of McMaster University And The GIN Board For Endorsement.

Discussion:

We Believe That Operationalizing The Generic Nature Of The Checklist And Nuancing The Examples It Contains Will Increase Adherence To Recommended Practices And Ultimately Improve Guideline Quality In This Field

Determining The Methodology Used To Develop Out-Of-Hospital Health Guidelines: A Cross-Sectional Survey

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Background:

Clinicians That Practice In The Out-Of-Hospital Setting (Paramedics, Emergency Medical Technicians, And First Responders) Commonly Use Health Guidelines. The Methods Used To Develop These Guidelines However Is Currently Unclear. To Address This, We Conducted An Anonymous Online Cross-Sectional Survey Of Out-Of-Hospital Guideline Developers.

Objective:

This Survey Aimed To Determine How Out-Of-Hospital Guidelines Are Developed And Compare This With Guidance Contained Within The Guidelines International Network (GIN)-McMaster Guideline Development Checklist (GDC).

Methods:

This Survey Contained Binary And Open-Ended Questions That Were Based On The 146 Steps Contained Within The GIN-McMaster GDC.

Results:

A Total Of 104 Out-Of-Hospital Guideline Developers From 15 Different Countries Completed The Survey, With 34% (35/104) Reporting Familiarity With The GIN-McMaster GDC And 8% (8/104) Having Used This Previously During Guideline Development. Overall, 61% (63/104) Of Respondents Reported Having Used De Novo Methods When Developing Guidelines, While 48% (50/104) And 40% (42/104) Had Used Adaptation And Adoption Techniques. When Developing Recommendations, Most Respondents Reported Using Standardised Wording (78/104, 75%), Including The Certainty Of Evidence (61/104, 59%), And The Strength Of The Recommendation (60/104, 58%). Conversely, A Small Proportion Reported Monitoring How Recommendations Were Applied In Practice (46/104, 44%), Creating Quality Indicators (34/104, 33%), And Pilot Testing With End-Users (25/104, 24%).

Discussion:

This Survey Details The Current Practices Of Out-Of-Hospital Guideline Developers. We Identified That Some Aspects Of The GIN-McMaster GDC Are Commonly Followed, Whilst For Other Areas Low Compliance Was Found. These Results Will Be Used To Inform Efforts To Improve Guideline Quality In This Field.

Building On Quicksand: Rigor, Trustworthiness, Poor Clinical Trial Practice And Their Impact On Evidence Synthesis And Clinical Guidelines

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Clinical Practice Guidelines Have Long Relied On Systematic Reviews And Meta-Analyses To Inform Evidence-Based Recommendations. Findings From These Systematic Reviews – And The Recommendations They Inform – Are Dependent On The Quality Of The Primary Trials Synthesised. But What Happens When We Can't Rely On The Findings From Those Primary Trials? Lack Of Rigor In Clinical Trials Practice, Poor Trustworthiness, Lack Of Adherence To Reporting Guidelines And Evidence Synthesis Technique Can All Impact The Findings Of Systematic Reviews And Meta-Analyses On Which Evidence-Based Guidelines, And Subsequent Clinical Practice, Depend. Utilising Concrete Examples From Perinatal Clinical Trials The Speakers Will Explore The Impact Of These Issues On Outcomes Of Evidence Syntheses And Clinical Practice Guidelines. Then A Moderated Panel Session Will Tackle Questions Such As Whose Responsibility It Is To Address These Issues And Consider Practical Solutions.

The Assembled Speakers Are Extensively Experienced In Perinatal Clinical Trial Practice, Evidence Synthesis And Incorporation Of Evidence Into Guidelines And Clinical Practice. Professor Jodie Dodd Will Consider The Impact Of Lack Of Rigor In Clinical Trials Informing Guidelines Regarding Gestational Weight Gain And How We May Be Harming Women By Relying On Poorly Performed And Poorly Reported Randomised Trials. Professor Ben W. Mol Will Explore Issues Of Trustworthiness With Regards Primary Trials Specifically In Women's Health And His Efforts To Create Practices And Tools To Identify And Address These. And Finally, Professor Cynthia Farquhar Will Discuss Adherence To Reporting Guidelines, Issues With The Publication Process And Efforts To Improve This.

Structuring Evidence For Better Decisions: A Delphi-Informed Taxonomy For Evidence-Based Point-Of-Care Resources

Ms Bronwyn Overall¹, Dr Kirsten Macaitis¹, Dr Ashley Whitehorn¹, Dr Matthew Stephenson¹, Dr Marian Gabor¹, Dr Kylie Porritt¹

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Background:

JBI Best Practice Resources Provide Rigorously Synthesized Evidence To Inform Clinical And Policy Decisions. While Classification Structures For Resources Within Specialty Fields Have Evolved Over Time, They Have Largely Been Developed Pragmatically. A More Formal, Systematic Approach Is Needed To Ensure The Taxonomy Reflects The Breadth Of Topic Areas Within Each Specialty And Supports The Development And Navigation Of Evidence-Based Resources That Assist Clinicians In Contemporary Digital Health Environments.

Objective:

To Develop Standardized, Consensus-Informed Taxonomies For Healthcare Specialty Fields Within JBI Best Practice Resources To Enhance The Organization, Accessibility, And Usability Of Evidence.

Methods:

A Four-Phase Approach Will Be Undertaken: (1) Mapping Current Classifications To Identify Similarities And Variation; (2) Collaborating With Specialty Field Expert Reference Groups To Establish An Initial Taxonomy Framework; (3) Refining And Validating The Taxonomy Through A Delphi Consensus Process; And (4) Assessing Usability Through Application To JBI Evidence Syntheses And Resource Development Workflows.

Results:

Preliminary Findings From Phase 1 Will Be Presented, Including An Overview Of Similarities And Differences Identified Across Existing Taxonomies Within Specialty Fields.

Discussion:

A Formally Developed Taxonomy Will Provide A Transparent And Consistent Framework For Structuring Evidence-Based Resources Within Each Healthcare Specialty Field. By Improving Clarity And Usability, It Will Support More Efficient Evidence Development, Navigation, And Application At The Point Of Care, Strengthening Evidence-Informed Decision-Making Across Clinical, Research, And Policy Settings.

Protocol: Identifying Study Clustering Issues In Cochrane Reviews

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¹Otto Labs Inc

Background:

Systematic Reviews (Srs) And Meta-Analyses Are Critical To Guideline Development. The Correct Identification And Grouping Of Related Study Reports Is Essential To Avoid Potential Double-Counting, Or Incorrect Exclusions Of Evidence In Downstream Analysis. However, Manual Study Grouping Is Time Consuming And Error Prone And Despite Existing Methodological Guidance, The Frequency And Impact Of Study Clustering Issues In High-Quality Srs Remain Unclear.

Objective:

We Seek To (I) Develop And Validate A Novel Study Grouping Algorithm; And (Ii) Identify The Prevalence Of Cochrane Reviews With Study Grouping Issues That Negatively Impact Meta-Analysis.

Methods:

We Will Conduct A Diagnostic Accuracy Study Using A Random Sample Of 100 Cochrane Srs. Original Study Groupings Will Be Adjudicated By A Human Reviewer To Establish A Reference Standard. Our Novel Study Grouping Algorithm Will Then Serve As The Index Test To Identify And Group Reports Of The Same Underlying Study. We Will Refine Our Algorithm On An Initial Training Set (N=10 Reviews); And Evaluate Its Performance On A Hold-Out Test Set (N=100 Reviews). Discrepancies Will Undergo Human Review To Assess Their Impact On Meta-Analysis.

Results:

We Will Report Algorithm Performance (Sensitivity, Specificity, Accuracy), The Prevalence And Types Of Clustering Errors, And Their Implications For Meta-Analysis. Preliminary Testing Suggests The Algorithm Can Identify Grouping Inconsistencies Missed In Original Reviews.

Discussion:

This Study Will Clarify The Role Of Study Grouping As A Source Of Avoidable Error In Meta-Analysis And Demonstrate How Algorithmic Clustering Can Complement Human Review To Strengthen Evidence Synthesis And Guideline Development.

Optimizing The Presentation Of Clinical Practice Guideline Recommendations In China: A Randomized Controlled Trial And Large-Scale Survey On Wording And Presentation Preferences

Miss Jiao Wang^{1,2}, Miss Xiangying Ren¹, Professor Yinghui Jin¹, Mrs Siyu Yan¹, Mr Yongbo Wang¹, Mr Qiao Huang¹

¹Zhongnan Hospital Of Wuhan University, ²Henan University

Background:

The Wording Of Guideline Recommendations Plays A Critical Role In Conveying Recommendation Strength And Guiding Clinical Behavior. However, In China, Substantial Variability Exist In How Recommendations Are Phrased, Potentially Undermining Their Acceptability And Use In Practice.

Objectives:

This Study Aimed To Systematically Investigate Chinese Clinicians' And Guideline Methodologists' Cognition And Preferences Regarding Different Wording And Presentation Formats Of Recommendations, And To Inform The Development Of Optimized, Standardized Recommendation For Chinese Clinical Practice Guidelines.

Methods:

We Will Conduct A Randomized Controlled Survey Combined With A Large-Scale Questionnaire. Participants Will Be Randomly Assigned To Different Recommendation Wording Scenarios That Vary In Recommendation Strength, Direction, And Linguistic Features. A 1:1:1:1 Allocation Will Be Used To Compare Preferences For Strong Versus Weak Recommendations And For Versus Against Recommendations. A Blinded Phase Will Assess The Alignment Between Intended Clinical Behavior And Recommendation Strength, While An Unblinded Phase Will Capture Preferences For Specific Wording. Additional Questionnaire Items Will Assess Preferences Related To Semantic Structure, Sentence Structure, And Presentation Format.

Results:

The Study Will Quantitatively Evaluate The Distribution Of Preferences Across Different Wording Strategies And Explore The Alignment Between Anticipated Clinical Behavior And Recommendation Strength. The Study Will Identify Optimal Linguistic Structures And Formatting Features With High Acceptability Among Chinese Practitioners.

Conclusions:

This Study Will Provide Empirical Evidence On How Recommendation Wording And Presentation Influence Understanding And Acceptance Among Chinese Healthcare Professionals. The Findings Will Support The Development Of Optimized And Standardized Guideline Recommendations To Enhance Guideline Usability, Acceptability, And Implementation In China.

Development Of A Classification Framework And Investigation On Cognitive Preferences For Recommendation Expression In Chinese Guidelines

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Background:

Clear And Consistent Wording Of Recommendations Is Critical For Guideline Implementation. Inconsistent Expression Of Recommendations Hinders Guideline Implementation In China. Currently, There Is A Scarcity Of Localized Studies On Recommendation Expression Patterns, And No Standardized Localized Norms Have Been Established, Which Urgently Requires Empirical Investigation.

Objectives:

To Establish A Classification Framework For Analysing Recommendation Expression (Wording, Semantic Structure, Sentence Structure, Presentation Format) In Chinese Cpgs And To Investigate The Perceptions And Preferences Of Chinese Clinicians And Methodologists Regarding The Expression Patterns Of Recommendations

Methods:

We Systematically Analyzed 66 International And Chinese Guideline Manuals And A Stratified Random Sample Of 50 Chinese Cpgs To Develop A Classification Framework Covering Wording, Semantic Structure, Syntactic Structure, And Presentation Format. Pre-Surveys And Semi-Structured Expert Interviews Were Conducted To Explore Chinese Clinicians' And Methodologists' Cognitive Preferences For These Expression Features.

Results:

A Comprehensive Classification Framework Was Constructed, Includes Several Dimensions Such As "Semantic Structure, Wording Norms, Syntactic Structure, And Presentation Form", With Each Dimension Defined. And The Results Of The Pre-Surveys And Expert Consultations Were Analyzed.

Conclusion:

Through The Study, The Cognitions And Preferences Of Clinicians And Methodologists Regarding The Expression Patterns Of Recommendations Were Identified, And Information Was Provided For The Development And Improvement Of Subsequent Questionnaires.

GRADE Adherence In Recent Clinical Practice Guidelines: A GRADE-Check Evaluation

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Background:

GRADE Is Widely Used In Guideline Development, But Whether Guidelines Claiming To Use It Actually Adhere To Its Core Methodological Principles Remains Unclear. We Recently Developed GRADE-Check To Systematically Assess Adherence To GRADE. This Study Applies GRADE-Check To A Sample Of Recently Published GRADE-Based Guidelines To Examine Current Practice. Objective: To Evaluate The Extent To Which GRADE-Based Guidelines Published In 2025 Adhere To GRADE Using GRADE-Check. Methods: We Will Search Pubmed, Web Of Science, Embase, And Two International Guideline Repositories: GIN And BIGG. We Will Include Guidelines Published In 2025 That Explicitly Claim To Use GRADE. We Aim To Cover Diverse Disciplines, Regions, And Developing Organizations To Ensure Representativeness. Two Trained Reviewers Will Independently Evaluate Each Guideline, With Disagreements Resolved Through Discussion With The Third Reviewer. We Will Calculate The Proportion Of Guidelines Under Each GRADE-Check Item Response And Summarize Adherence Status Across Methodological Areas, E.G., Outcome Prioritization, Certainty Rating, And Recommendation Formulation. We Will Also Examine Whether Adherence Varies By Guideline Characteristics. Results: We Anticipate Identifying Both Areas Where Recent Guidelines Align Well With GRADE And Common Gaps In Adherence. Findings Will Reveal How Consistently The GRADE Approach Is Actually Implemented In Guidelines That Claim To Use It. Discussion: This Study Will Provide The First Systematic Assessment Of GRADE Adherence In Recent Guidelines Using A Dedicated Evaluation Tool. Results Will Help Identify Areas For Improvement And Support More Consistent Application Of GRADE In Future Guideline Development.

Mapping Australian Aged Care Quality Standards To Best Practice Resources: Identifying Evidence Gaps And Opportunities For Development

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Background:

Aged Care Quality Standards And Quality Indicators Shape Regulatory Oversight, Service Accountability, And Improvement Priorities. However, The Extent To Which These Frameworks Are Supported By Accessible Evidence Resources At The Point Of Care Is Often Unclear. Mapping Quality Frameworks To Evidence-Based Clinical Point Of Care Resources Offers Opportunities To Strengthen The Evidence Ecosystem Supporting Quality-Driven Care.

Objective:

To Map The Australian Aged Care Quality Standards And Quality Indicators To Evidence-Based Clinical Point Of Care Resources Within JBI Best Practice And To Explore How This Mapping Can Support Evidence-To-Practice Transfer And Strategic Evidence Summary Development.

Methods:

Two Reviewers Independently Mapped Quality Standards And Quality Indicator Categories To Evidence Summaries And Audit Criteria Within JBI Best Practice. Mapping Decisions Were Compared, And Consensus Was Achieved Through Discussion. A Descriptive Analysis Was Conducted To Examine The Extent And Nature Of Alignment Across Frameworks. Findings Were Synthesised And Presented Narratively, Supported By Figures And Tables Illustrating Areas Of Alignment, Overlap, And Gaps In Evidence Coverage.

Results:

The Mapping Identified Areas Where Existing Evidence Resources Align Strongly With Quality Standards And Indicators, As Well As Domains Where Evidence Support Is Limited Or Absent. Findings Highlight Current Evidence Coverage And Priority Areas For Future Evidence Summaries To Better Support Quality Improvement In Aged Care.

Conclusion:

Aligning Standards And Indicators With Evidence Summaries Provides Actionable Insight Into Evidence Support For Regulatory Expectations. Repository-Based Mapping Can Strengthen Evidence Infrastructure And Support High-Value Aged Care, Ensuring Clinicians Have Access To Trustworthy Evidence-Based Resources.

The Canadian Guidelines For Cancer Detection In Firefighters (CAN-CDF): Methods, Opportunities, And Challenges

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Background:

The International Agency For Research On Cancer Has Classified Firefighters' Occupational Exposure As A Group 1 Carcinogen. There Are No Canadian Evidence-Based Clinical Guidelines For Early Detection Of Cancers In Firefighters.

Objective:

The Canadian Guidelines And Resources For Cancer Detection In Firefighters (CAN-CDF) Aims To Improve Cancer Screening And Diagnosis For Firefighters With Guidelines And Knowledge Mobilization (KM) Resources.

Methods:

CAN-CDF Spans From November 2025 Until March 2029 And Will Encompass Guideline Development, KM, And Evaluation Of Impact With The Following Components:

- 1) Project Structure Led By The McMaster Cochrane Canada And GRADE Centres, Including A Scoping Group, Guideline Panel, KM Committee, And International Advisory Group
- 2) Representatives Of Key Interest Groups Of Firefighters Including Multiple Subgroups, Primary Care Providers, Cancer Screening And Management Experts, And Policymakers
- 3) Rapid, Living Development Of 20 Evidence-Based Guideline Recommendations Based On GRADE Methodology And Including AI-Supported Evidence Synthesis
- 4) Training Panel Members Using International Guideline Training And Certification Program (INGUIDE) Courses
- 5) Co-Creation Of KM Tools And Activities In English And French To Facilitate Dissemination And Uptake Of The Recommendations And Increase Awareness Of Firefighters' Occupational Exposures And Cancer Risk
- 6) Evaluation Of The Uptake Of KM Tools And Activities In Canada

Anticipated Challenges Include Limited Firefighter-Specific Evidence, Managing Conflicts Of Interest, And Ensuring The Recommendations Fit Within The General Population Cancer Detection Context.

Future Prospects For Project Presentations:

Project Outputs And Methodological Challenges Will Be Presented To Offer Valuable Lessons Regarding Integrated Guideline Development, KM, And Evaluation For Occupational Health.

Evidence To Action: Developing Recommendations In JBI Evidence Summaries For Healthcare Practice (Phase 2)

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Introduction:

Healthcare Professionals Face Increasing Challenges In Navigating The Growing Volume Of Research And Translating Evidence Into Actionable Decisions At The Point Of Care. Practice Recommendations Play A Critical Role In Bridging This Gap, Providing Clear Guidance Derived From Synthesised Evidence. JBI Evidence Summaries Are Brief, Structured, And Critically Appraised Rapid Syntheses Of Evidence That Function As An Evidence Transfer Product, Bridging Research Evidence And Clinical Action Through Accessible Point-Of-Care Guidance.

Aim:

To Review And Update The Current Methodological Process For Developing Best Practice Recommendations In JBI Evidence Summaries.

Methods:

The Study Comprises Three Phases. Phase 1 Mapped Approaches Used To Develop Recommendations Across Evidence Summary Datasets And Clinical Guidelines. Phase 2 (Underway) Is Developing A Pragmatic Framework For Generating BPR Through An International Delphi Consensus Process. Phase 3 Will Pilot The Framework With Stakeholders To Assess Feasibility And Applicability.

Results:

Phase 1 Identified GRADE As The Predominant Methodological Approach For Evaluating Evidence And Developing Recommendations; Variation In Application And Reporting Was Noted. Preliminary Phase 2 Outputs Will Be Presented, Including An Emerging Framework Outlining Key Domains, Decision Criteria, And Processes For Formulating Practice Recommendations In JBI Evidence Summaries.

Conclusion:

A Pragmatic And Consensus-Informed Framework For Best Practice Recommendations Will Enhance The Methodological Rigour, Consistency, And Transparency Of Recommendation Development Within JBI Evidence Summaries. By Providing A Clearer Pathway From Evidence Appraisal To Actionable Guidance, The Framework Is Expected To Strengthen The Trustworthiness And Usability Of Point-Of-Care Resources And Support Consistent Evidence-Informed Clinical Decision-Making.

Building Capacity For Responsible AI In Evidence-Based Healthcare: Establishing An AI Community Of Practice

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Introduction:

The Rapid Integration Of Artificial Intelligence (AI) Into Evidence-Based Healthcare (EBHC) Presents Significant Opportunities To Enhance Evidence Synthesis, Guideline Development, And Knowledge Translation. However, It Also Introduces Challenges Related To Governance, Skills, Collaboration, And Responsible Use. As Interest In AI Grows Across The Evidence Ecosystem, There Is A Need For Structured Mechanisms To Support Shared Learning, Coordination, And Methodological Development.

An AI Community Of Practice (Cop) Provides A Collaborative Platform To Bring Together Researchers, Clinicians, Methodologists, Guideline Developers And Policymakers To Exchange Knowledge, Identify Priorities, And Build Capacity For The Safe And Effective Use Of AI In EBHC

Aim:

To Co-Design And Establish An AI Community Of Practice To Support Collaboration, Knowledge Exchange, And Capacity Building For The Responsible Use Of AI In Evidence-Based Healthcare.

Methods:

The Project Adopts A Participatory, Co-Design Approach.

Results:

Engagement Activities, Including Surveys And Interactive Workshops Conducted Across Diverse User Groups, Explored Participants' Experience With AI, Areas Of Interest Across EBHC Domains, And Perceived Opportunities And Risks. These Activities Also Sought To Identify The Perceived Need For An AI Community Of Practice And To Understand Stakeholder Needs, Priorities, And Requirements To Inform Its Design.

Conclusion:

Establishing An AI Community Of Practice Will Provide A Structured And Collaborative Mechanism To Support Responsible AI Integration Across The EBHC Ecosystem. By Fostering Shared Learning, Coordination, And Capacity Building, The Cop Is Expected To Strengthen Trustworthiness, Methodological Development, And The Safe Adoption Of AI In Evidence Synthesis And Guideline Development.

Establishing A National Clinical Practice Guidelines Agenda In LMIC: A Philippine Experience

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Background:

The National Practice Guidelines Program Promotes Universal Healthcare In The Philippines By Setting Standards Of Care Through Guideline Development. However, Guideline Development Requires Substantial Resources. Thus, Prioritization Is Critical To Ensure Efficient Fund Allocation.

Objective:

To Describe The Selection Of Topics For A Five-Year National CPG Development Plan

Methods:

A Scoping Review Including 35 References Informed The Development Of The Prioritization Framework And Scoring Tool. Fifteen Experts, Including A Patient Representative, Underwent Conflict Of Interest Evaluation And Formed The Prioritization Committee. A Nationwide Call For Nominations Using A Standardized Form Was Conducted. The Committee Independently Assessed And Ranked The Nominated Topics Using The Prioritization Criteria. Preliminary Rankings Were Reviewed And Finalized Through Consensus, Followed By External Review.

Results:

The Prioritization Criteria Included Disease Burden, Economic Burden, Urgency, Clinical Practice Variation, And Gaps In Healthcare Delivery. From 116 Nominations Covering Infectious, Non-Communicable Diseases, Neurologic, Pediatric, And Mental Health Disorders, 50 Priority Topics Were Identified Forming The 2025-2029 Philippine Medium-Term CPG Agenda. Appeals From External Review But Did Not Result In Changes Due To Insufficient Evidence. Multisectoral Stakeholder Engagement And Use Of Predefined Criteria Enriched The Prioritization Process. Challenges Are Limited Local Data, Variable Nomination Quality, And The Need For Clearer Scoring Guidance.

Discussion:

The Framework Aligns With Established International CPG Prioritization Practices. It Demonstrates That A Transparent And Methodologically Rigorous Prioritization Process Is Feasible At The National Level Even In Lmics. Challenges Underscore The Need For More Local Data And Clearer Guidance To Strengthen Local Capacity For Evidence-Based Priority Setting.

Cold Exposure And Cardiovascular Mortality Risk: Systematic Review And Dose-Response Meta-Analysis Of 49.9 Million Death Events Across 12,157 Cities Or Regions Globally

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Background:

Cold Exposure Is A Significant Environmental Risk Factor For Cardiovascular Disease (CVD) Mortality. However, Existing Evidence Is Limited By Inconsistent Cold Exposure Definitions, Oversimplified Linear Assumptions, And Heterogeneous Reference Temperatures.

Objective: To Characterize The Dose-Response Relationship Between Cold Exposure Intensity And CVD Mortality Using Location-Specific Minimum Mortality Temperatures (Mmts) As Unified Reference Points.

Methods:

We Systematically Searched Pubmed, Embase, And Scopus Through December 2025 For Observational Studies On Cold Ambient Temperature And CVD Mortality. Cold Exposure Intensity Was Defined As $\Delta T = MMT - \text{Specific Low Temperature}$. Dose-Response Meta-Analyses Identified Critical Inflection Points Where Risk Acceleration Occurred. Evidence Quality Was Assessed Using The Navigation Guide Framework.

Results:

We Included 41 Studies Spanning 12,157 Locations With 49,990,360 Deaths. Dose-Response Meta-Analyses Revealed Non-Linear Biphasic Associations For Total CVD, Coronary Heart Disease (CHD), Stroke, Acute Coronary Syndrome (ACS), And Heart Failure Mortality: Risk Increased Gradually Below The MMT, Then Accelerated Sharply Beyond Critical Inflection Points. For Total CVD (46,460,888 Deaths), The Inflection Point Was 13.76°C Below MMT (RR 1.34 [95% CI 1.28–1.39]). Subcategory Inflection Points Were 16.69°C For Stroke (RR 1.33), 16.49°C For Heart Failure (RR 1.39), 15.47°C For CHD (RR 1.29), And 7.23°C For ACS (RR 1.31). Absolute Temperature Thresholds Varied Geographically From –6.98°C (Arid) To 23.57°C (Tropical). Evidence Certainty Was High For CVD And CHD Mortality.

Discussion:

This Study Provides The First Global Evidence Of A Nonlinear Biphasic Relationship Between Cold Exposure And CVD Mortality. Geographically Tailored Temperature Thresholds Offer An Empirical Foundation For Region-Specific Cold Weather Early Warning Systems.

GRADE-Check Explanation And Elaboration: Supporting Standardized Evaluation Of Adherence To The GRADE Approach

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Background:

Although Many Guideline Developers Claim That They Used GRADE, Its Application Is Often Inconsistent Or Incorrect, Compromising Transparency And Credibility. Existing Appraisal Tools Assess Guideline Quality, But None Specifically Evaluate The Fidelity Of GRADE Application. A Dedicated, Structured Instrument Is Needed.

Objective:

To Develop GRADE Check, An Evaluation Tool To Assess How Well Guidelines Adhere To The GRADE Approach.

Methods:

GRADE-Check Has Been Developed By An International Panel Of 22 Guideline Methodologists And GRADE Experts. Through Multiple Rounds Of User Testing, We Are Refining Item Wording And Scoring Guidance. (Protocol: <https://doi.org/10.1136/bmjopen-2025-105534>)

Results:

GRADE-Check Includes 12 Items Addressing Key Aspects Of GRADE Implementation: (1) Specify PICO Questions, (2) Consider Subgroup Effects, (3) Identify All Patient-Important Outcomes, (4) Consider The Importance Of Outcomes, (5) Use Systematic Evidence Reviews, (6) Consider GRADE Domains For Evidence Certainty Rating, (7) Provide Crucial Elements For Evidence Summary, (8) Specify The Target Of Certainty Rating As An Important Or Unimportant Effect, (9) Describe Direction Of Recommendations, (10) Describe Strength Of Recommendations, (11) Provide A Rationale For Each Recommendation Addressing Benefits And Harms, Evidence Certainty, And Values And Preferences, (12) When Necessary Justify Discordant Recommendations. Final Scoring And Aggregation Methods, And User Testing Results Will Be Ready For Presentation At The GIN 2026 Conference.

Discussion:

Applying GRADE-Check To Guidelines Claiming To Use GRADE Will Enable A Transparent Evaluation Of GRADE Implementation. For Guideline End Users, This Tool Will Help Identify More Trustworthy Recommendations/Guidelines; For Guideline Developers, Methodologists And Guideline Researchers, It Will Highlight Priority Areas For Methodological Improvement.

Philippine Network For Evidence Synthesis And Translation (P-NEST): Strengthening Individual And Organizational Capacities In Practice Guideline Development And Implementation In A Low-Middle-Income Country

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Background:

While Practice Guideline Quality In The Philippines Has Improved Since 2016, These Guidelines Need To Be Translated Into Practice And Policy. Furthermore, Improved Technical Capacity Is Needed To Address The Demand For Evidence-Based Guidelines Towards Universal Healthcare Implementation And Primary Care Strengthening In The Country.

Objective:

Describe The Development Of An Operational Plan To Establish The Philippine Network For Evidence Synthesis And Translation (PNEST).

Methods:

Organizational Meetings Were Conducted With The Target Convening Institutions And Prospective Member Organizations To Refine The Planned Network Concept. International Organizations And Local Research Networks Were Benchmarked To Develop The Draft Network Operational Plan.

Results:

PNEST Shall Be A Collaborative Ecosystem For Evidence-Based Healthcare In The Country. Prospective Member Organizations From Both Public And Private Sectors Included Hospitals, Civil Society Groups, And Academic And Research Institutions. Key Government Agencies In The Network Steering Committee Will Include Those Involved In Disease Programs Management, Health Policy Development, Health Technology Assessment, And Benefit Package Development. A Hub-And-Spoke Model Was Conceptualized, With An Academic Institute As The Main Central Hub For Oversight And Administration. PNEST Shall Be Horizontally Integrated Across The Existing Regional Consortia Of The Philippine National Health Research System.

Discussion:

This Network Approach Will Address Limited Capacity, Redundant Efforts, And Methodological Variation In Guideline Development And Implementation. Engaging The Government In Network Leadership Will Ensure Policy And Practice Relevance At The Onset, Accelerating User Uptake And Impact On Health Outcomes. Next Steps Will Include A Formal Technical Capacity Mapping And A Policy Instrument Institutionalizing The PNEST.

Shelf Life Of Surgical Guidelines: A Survival Analysis Of Guideline Recommendations

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Objective:

To Determine When Surgical Clinical Practice Guideline Recommendations Become Obsolete.

Summary Background Data:

Prior Studies Suggest A 3-Year Interval For Guideline Review And Updating. However, These Studies Were Largely Based On Non-Surgical Recommendations, Limiting Their Applicability To The Distinct Evidence Base Informing Surgical Guidelines.

Methods:

Published Search Strategies Were Reproduced From 33 Surgical Guidelines, Comprising 206 Recommendations. Three Experts—Two Surgeons And One Guideline Methodologist—Reviewed All Recommendations To Identify Key New References Likely To Change The Strength Or Direction Of The Recommendation, With Consensus Determined By Majority Vote. Survival Analysis Was Performed From The Last Reported Search Date, With The Earliest Identified Key New Reference Defining The Event And Its Publication Date Defining The Time Of Obsolescence. Kaplan–Meier Plots Were Generated For Time To Obsolescence Overall And By Subspecialty, Level Of Evidence, Strength Of Recommendation, And Whether The Recommendation Addressed An Intervention Or Surgical Procedure.

Results:

Twenty-Eight Of 206 Recommendations (14%), Published Between 2014 And 2024, Were Identified As Obsolete. At 1 Year, 96% Of Recommendations Remained Current, Declining To 90% At 3 Years, 86% At 6 Years, And Approximately 82% At 10 Years. No Significant Differences Were Observed Between Subgroups.

Conclusions:

This Is The First Large-Scale Evaluation Of The Temporal Durability Of Surgical Recommendations Using Survival Analysis. While Ongoing Literature Surveillance Remains Important Where Feasible, These Findings Suggest That A 5–7-Year Review Cycle May Be More Appropriate Than The Previously Proposed 3–5-Year Interval.

Improved Guideline Reporting Quality In The Philippines From 2017 To 2022

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Background:

From 91 Guidelines Published Between 1995-2016 In The Philippines, Only One Guideline Passed A Cutoff Score Of 75% For The Overall Mean AGREE-II Score. Since The Establishment Of The National Practice Guidelines Program In 2018, Sectoral Strategies And Capacity Development Have Been Implemented To Improve Guideline Reporting Quality In The Country.

Objective:

Assess Guideline Reporting Quality In The Philippines From 2017 To 2022.

Methods:

Secondary Data Analysis Was Performed On The Routine Data Available From The NPGP, As Part Of Its Clearinghouse Function. Additional Guidelines Were Searched From Professional Organizations' Websites. Two Reviewers Screened Additional Documents And Performed Data Extraction On Guideline Characteristics. Guideline Reporting Quality Was Assessed Using The AGREE-II Instrument, And Scores Were Computed Following The Manual.

Results:

A Total Of 62 Guidelines Were Included. The Majority Involved Both Adult And Pediatric Populations, Focused On Non-Communicable Diseases, Were Funded By Government Agencies, And Developed De Novo Using The GRADE Approach. Half Explicitly Involved Methodologists And Had Patient Representation. The Mean AGREE-II Domain Scores Were As Follows: 83.98 ± 17.77 , 71.99 ± 18.96 , 74.74 ± 18.67 , 93.52 ± 7.45 , 55.05 ± 26.32 , And 61.17 ± 35.36 , While The Mean Overall Score Was 73.02 ± 15.54 . These Scores Were Significantly Higher Than Those In The 1995-2016 Study.

Discussion:

Guideline Quality In The Philippines Is Comparable With Other Asian Countries Like China, Japan, And South Korea. Despite The Demonstrable Improvement Since 2016, Substantial Work Is Still Needed In The Applicability And Editorial Independence Domains, Similar To Findings Worldwide.

Translating Low-Certainty Evidence Into Practice: Justifying A Strong Recommendation For Allergen Avoidance In Allergic Rhinitis

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Background:

Allergic Rhinitis (AR) Is A Common Chronic Condition, With Allergen Avoidance Strategies Being Frequently Recommended. However, Their Supporting Evidence Is Of Low Certainty, Heterogeneous, And Intervention-Specific, With Inconsistent Effects On Clinical Outcomes. This Creates Uncertainty For Care Providers, Especially When These Strategies Are Commonly Discussed In Clinical Practice But Vary Widely In Terms Of Evidence.

Objective:

To Describe The ACE Clinical Guideline's Process For Formulating A Recommendation On Allergen Avoidance Strategies In Singapore.

Methods:

Allergen Avoidance Evidence From Existing High-Quality Guidelines Was Reviewed As Part Of Guideline Adaptation. A Structured Evidence-To-Recommendation (Etr) Process Was Applied, With Assessment Of Benefit/Risk Balance, Certainty Of Evidence, Patients Values And Preferences, Resources, Feasibility, And Acceptability Considerations. A Multidisciplinary Expert Group (EG) Was Convened; Two Rounds Of Appropriateness Rating Were Conducted Based On RAND/UCLA Methodology And Consensus Was Calculated.

Future Prospects:

Evidence Assessment Indicated That Allergen Avoidance's Benefits Varied By Outcomes And Depending On The Specific Intervention Used (E.G. Physical Or Chemical). Nevertheless, These Strategies Were Judged To Have Favourable Benefit/Risk Balance As No Significant Harms Were Identified, Especially When Focusing On Inexpensive Practices. Considering Local Feasibility, Patient Preferences, And Acceptability, The EG Agreed On A Strong Recommendation For Allergen Avoidance In AR, As Adjunctive Strategies To Pharmacological Treatment.

The Etr Process Allowed For Fair Assessment Of Clinical Evidence Alongside Contextual Considerations That Were Key To The EG Decision-Making Regarding A Strong Recommendation. Focusing On Practical And Inexpensive Practices, The Guideline Could Propose A Strong Recommendation, Providing Clear Guidance To Clinicians On Role Of Allergen Avoidance In AR.

Systematic Review Of Clinical Practice Guidelines And Consensus Statements Related To Ketamine And Esketamine For Major Depressive Disorder

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Background:

Treatment-Resistant Depression (TRD) Occurs In 30% Of Patients With Existing Major Depressive Disorder (MDD). Ketamine And Esketamine Have Emerged As Novel Treatments For TRD. However, There Are Apparent Inconsistencies In Practice Across Jurisdictions.

Objective:

To Systematically Review Clinical Practice Guidelines (CPG) And Consensus Statements Related To Ketamine/Esketamine For MDD, Published 2019-2025.

Methods:

Searches Were Conducted In MEDLINE, EMBASE, Psycinfo, Scopus, Web Of Science, The Cochrane Library And Grey Literature. Data On Actionable Statements (Recommendations) Within Cpgs Were Extracted. Quality Of Cpgs And Consensus Statements Was Assessed Using The Appraisal Of Guidelines For Research & Evaluation II (AGREE II) And Accurate Consensus Reporting Document (ACCORD) Checklist, Respectively. Ketamine/Esketamine Recommendations Within Each CPG Were Mapped According To WHO's Pharmacological Treatment Of Mental Disorders In Primary Health Care.

Results:

Ten Cpgs And 11 Consensus Statements Were Included. Seventy-Three Ketamine/Esketamine Recommendations Were Identified Within Cpgs (N=3-28 Per CPG). Most Recommendations Were Related To Prior-Initiation (N=50), Particularly Risk/Benefit Assessment. One Recommendation In One CPG Focused On Post-Treatment. The Highest Mean AGREE-II Score Was 82% For Domain 1 Scope And Purpose. Conversely, The Lowest Mean AGREE-II Score Was 46% For Domain 5 Applicability. For Consensus Statements, ACCORD Item Introduction 2 (Aim/Scope) Received The Most Positive Ratings, And Methods 5 (Public/Patient Input) Received The Least Positive Ratings.

Discussion:

Many CPG Recommendations Focused On Prior-Initiation, But Few On Post-Prescribing Stages. Few Consensus Statements Involved Public/Patient Input. Most Cpgs And Consensus Statements Described Aims And Scope, But Few Addressed The Values/Preferences Of Clinicians And People Living With MDD.

Trustworthy Living Guideline On Medications For Type 2 Diabetes: Incorporating Living Evidence On Benefits And Harms, Prognosis And Values And Preferences.

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Background:

Therapeutic Options For Type 2 Diabetes Have Expanded Rapidly, With Emerging Medications Demonstrating Promising Cardiovascular, Kidney, And Weight-Related Benefits. As Evidence Accumulates Across Drug Classes And Outcomes, Guideline Developers Face Challenges In Maintaining Currency, Comparing Medication Effects, And Incorporating Patient Risk Heterogeneity And Preferences Into Recommendations.

Objectives:

To Produce An International Trustworthy Living, Risk-Stratified Practice Guideline Regarding Medications For Adults With Type 2 Diabetes Integrating Continuously Updated Evidence On Medication Effects, Prognosis, And Patient Values.

Methods:

Led By The MAGIC Evidence Ecosystem Foundation As Part Of The BMJ Rapid Recommendations Program, An International Panel Including Patient Partners, Clinicians, And Methodologists Formulated Clinical Questions And Applied GRADE Methods To Move From Evidence To Recommendations. The Living Guideline Is Supported By Three Systematic Reviews: (1) A Living Systematic Review And Network Meta-Analysis Of Randomized Trials Evaluating Benefits And Harms; (2) A Living Systematic Review Of Prognostic Models Predicting Risks Of Cardiovascular And Kidney Outcomes; And (3) A Systematic Review Of Patient Values And Preferences. Risk-Stratified Absolute Treatment Effects Informed Panel Judgements Across Risk Groups.

Results:

The First Iteration Of The Living Guideline Issued Six Recommendations Across Three Risk Strata For Four Medications: SGLT-2 Inhibitors, GLP-1 Receptor Agonists, Finerenone, And Tirzepatide. Recommendations Were Informed By 869 Trials (493,168 Participants) Addressing Benefits And Harms, 35 Prognostic Studies (13 Models), And 34 Patient Preference Studies (15,656 Patients).

Discussion:

This Living Guideline Demonstrates How Integrating Evidence On Medication Effects, Prognosis, And Preferences Can Enable Transparent, Risk-Stratified, Patient-Centered, And Up-To-Date Recommendations In Rapidly Evolving Therapeutic Areas.

Sexual And Reproductive Health Policies For Migrant And Refugee Populations In Australia: A Policy Analysis Protocol

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Background:

International Migrants Comprise 3.6% Of The Global Population, Yet Face Systemic Barriers Accessing Sexual And Reproductive Health (SRH) Services Including Contraception, Safe Abortion Care, And Sexual Function Support. In High-Income Countries, Policy Frameworks Vary Widely, With Migration Status Significantly Influencing Entitlement And Access To Care. Despite National Health Strategies Emphasising Health Equity, Persistent Gaps Exist In Policies Addressing Migrant And Refugee SRH Needs Across Key Domains Including Sexual Function, Fertility Care, And Gender-Based Violence.

Objective:

To Systematically Analyse SRH Policies In High-Income Countries With Strong Migrant Integration Frameworks (MIPEX Health Score ≥ 70 , $\geq 10\%$ Migrant Population), Identify Policy Gaps And Innovations, Assess Inclusivity Across Migration Statuses, And Develop Evidence-Based Recommendations To Strengthen Australia's SRH Policy Landscape Through International Benchmarking.

Methods:

This Systematic Policy Analysis Employs Joanna Briggs Institute Scoping Review Methodology Across Six Countries: Australia, Canada, Ireland, New Zealand, United Kingdom, And United States. Comprehensive Searches Of Academic Databases (Pubmed, Scopus, Web Of Science, CINAHL, Proquest Public Health) And Grey Literature From Governmental And Non-Governmental Sources Identify Policies Published 2015–2025. Data Extraction Follows Bacchi's "What's The Problem Represented To Be?" Framework. Thematic Analysis Combines Deductive And Inductive Approaches Examining Coverage Across WHO-Defined SRH Domains And Policy Inclusivity By Migration Status (Permanent Residents, Temporary Visa Holders, Refugees, Asylum Seekers, Undocumented Migrants). Comparative Policy Matrix Identifies Best Practices, Structural Barriers, And Implementation Gaps.

Future Prospects:

Findings Will Generate Globally Benchmarked, Evidence-Based Policy Recommendations Bridging Gaps In Australia's SRH Policy Landscape To Improve Equitable, High-Value Care Delivery For Diverse Migrant And Refugee Populations.

Investigating The Use Of Thresholds In GRADE-Based Clinical Practice Guidelines: A Scoping Review Protocol

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Background:

Within The GRADE Approach, Thresholds Are Predetermined For Certainty Rating And For Supporting Judgments On Effect Size When Formulating Guideline Recommendations. However, How Thresholds Are Identified And Applied In GRADE-Based Clinical Practice Guidelines Remains Unclear.

Objective:

To Describe How Thresholds Are Used In GRADE-Based Guidelines And To Inform Future Methodological Guidance For The Transparent And Consistent Application Of Thresholds In Guideline Development.

Methods:

The Arksey And O'Malley Framework Was Used To Guide This Scoping Review. We Will Search Pubmed, Web Of Science, Embase, And Two International Guideline Repositories, GIN And BIGG, Ranging From 2025 To 2026, To Identify Guidelines Developed Using The GRADE Approach. We Will Include Guidelines From Any Clinical Discipline, Geographic Region, And Health Topic To Ensure Broad Representativeness. Building On A Previous Pilot, This Study Will Conduct A Methodological Cross-Sectional Analysis Of Threshold Use In Guidelines And Explore Factors Associated With Their Choice, Such As Guideline Characteristics.

Results:

We Will Quantify The Proportions Of Guidelines Using The Null Effect, The Minimal Important Difference (MID), Or Threshold Ranges, And Determine How Often The Value Of Threshold Was Reported. Among The Guidelines Applying MID, Quantify The Proportion Of Recommendations Within Each Guideline That Use MID, The Proportion Of Outcomes Per Recommendation To Which MID Is Applied, And The Methods Used To Derive Or Justify MID.

Discussion:

The Findings Will Reveal The Current Status Of Threshold Application In GRADE-Based Guidelines And Subsequently Help Strengthen The Transparency And Consistency Of This Practice To Ensure The Credibility Of Recommendations.

Clinical Trial Registration, Research Integrity And Guideline

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Background:

Registration Of Trials Ensures Transparency, Accountability, And Accessibility Of Clinical Trials.

Objectives:

Current Status Of Clinical Trial Registration In Dentistry In India. Identifying Solutions For Problems In Filling Out The CTRI Form Related To Research Integrity. Methods: This Study Used The Search Keyword “Dental” On [www.Ctri.Nic.In](http://www.ctri.nic.in) To Gather Clinical Trials Registered Up To August 2023. A Team Of Four Reviewers Evaluated The Dentistry-Related Clinical Trials Registered In The CTRI. All The Parameters Were Entered Into A Predesigned Data Extraction Sheet In An Anonymised Manner, Containing 32 Parameters, Such As Trial Type, Study Design, Source Of Funding, Method Used (E.G., Blinding), Publication Status, Etc. All Parameters Were Reported As Frequencies And Percentages. Differences Between The Categorical Variables Were Analysed Statistically. Results: With The Statistical Analysis Of 1084 Data Entries, 830 Studies Are Included, And 254 Studies Are Excluded. It Was Observed That 81.5 % Of The Studies Registered Are Prospective, 73.5 % Of Trials Are Part Of A PG Thesis, 66.4 % Are Randomised Controlled Trials, 98.2 % Of Trials Do Not Require Clearance From The Drug Controller General Of India, Only 4.5 % Of Trials Have Been Published, And Citations Are Updated, Among Others.

Conclusions:

Based On The Data Obtained, The Number Of Registered Trials Is Lower Than It Should Be, And Those Trials Have Not Reported Results Or Updated Publication Status. This Also Affects Evidence Generation, Which In Turn Drives Guideline Development.

GRADE-Check: An Instrument To Evaluate Guideline Adherence To The GRADE Approach

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Background:

Although Many Guideline Developers Claim That They Used GRADE, Its Application Is Often Inconsistent Or Incorrect, Compromising Transparency And Credibility. Existing Appraisal Tools Assess Guideline Quality, But None Specifically Evaluate The Fidelity Of GRADE Application. A Dedicated, Structured Instrument Is Needed.

Objective:

To Develop GRADE Check, An Evaluation Tool To Assess How Well Guidelines Adhere To The GRADE Approach.

Methods:

GRADE-Check Has Been Developed By An International Panel Of 22 Guideline Methodologists And GRADE Experts. Through Multiple Rounds Of User Testing, We Are Refining Item Wording And Scoring Guidance. (Protocol: <https://doi.org/10.1136/bmjopen-2025-105534>)

Results:

GRADE-Check Includes 12 Items Addressing Key Aspects Of GRADE Implementation: (1) Specify PICO Questions, (2) Consider Subgroup Effects, (3) Identify All Patient-Important Outcomes, (4) Consider The Importance Of Outcomes, (5) Use Systematic Evidence Reviews, (6) Consider GRADE Domains For Evidence Certainty Rating, (7) Provide Crucial Elements For Evidence Summary, (8) Specify The Target Of Certainty Rating As An Important Or Unimportant Effect, (9) Describe Direction Of Recommendations, (10) Describe Strength Of Recommendations, (11) Provide A Rationale For Each Recommendation Addressing Benefits And Harms, Evidence Certainty, And Values And Preferences, (12) When Necessary Justify Discordant Recommendations. Final Scoring And Aggregation Methods, And User Testing Results Will Be Ready For Presentation At The GIN 2026 Conference.

Discussion:

Applying GRADE-Check To Guidelines Claiming To Use GRADE Will Enable A Transparent Evaluation Of GRADE Implementation. For Guideline End Users, This Tool Will Help Identify More Trustworthy Recommendations/Guidelines; For Guideline Developers, Methodologists And Guideline Researchers, It Will Highlight Priority Areas For Methodological Improvement.

Formal Definition Of Conflict Types And Intelligent Identification Method For Conflicting Recommendations Across Clinical Guidelines

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Background & Objective:

Conflicting Recommendations Across Clinical Guidelines—Defined As Incompatible Decision Constraints Or Priority Orders On Comparable Clinical Questions—Pose Significant Challenges To Evidence-Based Practice. This Study Establishes A Formal Definition And A Multidimensional Classification System To Enable Consistent Annotation, Machine Reasoning, And Intelligent Resolution Of Such Conflicts.

Methods:

Conflict Identification Begins With A Comparability Filter Based On Structured PICO Elements (Population, Intervention, Comparison, Outcome). Only Recommendation Pairs Meeting Minimal “Same-Domain Or Mappable” Thresholds In P And I Are Considered. Conflicts Are Then Categorized By Source Context (E.G., Inter-Guideline, Comorbidity-Related) And Labeled Using A Two-Dimensional Scheme: (1) Decision-Element Differences (P/I/C/O/Conditions) And (2) Conflict Patterns (Directional Opposition, Intensity Discrepancy, Conditional Divergence). Attribution Distinguishes Evidence-Based Vs. Etd (Evidence-To-Decision)—Driven Conflicts. A Benchmark Dataset Is Built With Dual-Annotator Labeling And Expert Arbitration. An Intelligent Identification Method Employs Retrieval-Augmented Long-Context Reasoning With Structured Output Decoding And Ontology-Based Logical Validation.

Results:

The Resulting Benchmark Includes Annotated Conflict/Non-Conflict Instances With Traceable Evidence For Each Label. The Automated Method Achieves High Precision In Conflict Detection And Type Classification While Supporting Severity Scoring For Downstream Prioritization.

Conclusion:

This Work Provides A Rigorous, Computable Framework For Defining, Identifying, And Categorizing Guideline Conflicts—Enabling Scalable, Transparent, And Clinically Actionable Conflict Management.

Provenance Tracing Of Conflicting Recommendations In Comorbidity Guidelines Based On Knowledge Graph And Large Language Models

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Background & Objective:

Conflicting Recommendations In Comorbidity Guidelines Challenge Evidence-Based Practice. This Study Aims To Generate Traceable And Auditable Explanation Pathways For Such Conflicts, Facilitating Their Resolution. By Leveraging Knowledge Graphs And Large Language Models, The Research Seeks To Provide A Structured Approach For Identifying Conflict Origins And Supporting Decision-Making.

Methods:

The Process Begins With Recommendation Units And Associated Evidence/Etd Snippets, Conflict Labels, And Severity Information As Inputs. A Neural-Symbolic Hybrid Reverse-Link Inference Method Traces Back From Identified Guideline Conflicts, Enumerating Candidate Provenance Pathways Via A Knowledge Graph. Large Language Models Adapted For Medical Reasoning Assist In Pathway Evaluation And Difference Localization, Constrained To Structured Slots. Semantic Merging, Candidate Pathway Ranking, And Alignment Suggestions Are Generated By These Models. Depending On The Inference Results, Pathways Are Categorized Into Closed-Loop, Open-Loop, Or Cross-Loop Types, Each Indicating Different Conflict Sources And Suggesting Specific Resolution Strategies.

Results:

The System Outputs Structured Provenance Pathways (Difference Fields + Evidence Snippet Ids + Attribution Types + Confidence Levels) And Comprehensive Audit Logs. Closed-Loop Pathways Suggest Etd Judgment Differences, Open-Loop Indicates Non-Overlapping Evidence Sets Or Missing Key Evidence, And Cross-Loop Highlights Differing Etd Weights Or Interpretations. The Audit Trail Records Every Step Of The Inference Process.

Conclusion:

This Work Establishes A Robust Framework For Tracing The Origins Of Conflicting Recommendations In Clinical Guidelines Using Knowledge Graphs And Large Language Models. It Supports Transparent, Reproducible, And Actionable Conflict Resolution Processes.

Semi-Automated Triage In Living Guideline Development: A Retrospective Simulation Study Of Machine Learning Prioritised Screening On The 2023 International PCOS Guidelines

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Background:

Living Guidelines Are Essential For Generating Timely Clinical Care Recommendations But Require Pragmatic, Technology-Enabled Maintenance Methods.

Objective:

To Evaluate The Integration Of Machine Learning (ML) Prioritised Screening Systems Within Living Guideline Development Workflows And Empirically Derive Safe Stopping Criteria Thresholds.

Methods:

A Retrospective Simulation Study Was Conducted Utilising Data From The 2023 International PCOS Guidelines. We Simulated 90 ML System Configurations Comprising Various Feature Extraction Methods, Classifiers, Training Strategies And Stopping Criteria. Average Work Savings (WSS) And Specificity At A 95% Target Recall Were Assessed. Safe Stopping Thresholds For Each Criterion Were Then Empirically Determined By Identifying The Parameter Value Where The Lower Bound Of The 95% Confidence Interval For Estimated Recall Exceeded 95%.

Results:

An Average WSS@95% Of 39% (95%CI: 37.7-40.0) And Specificity@95% Of 44.4% (95%CI: 43.2-45.6) Was Found With ML-Prioritised Screening, Assuming Screening Is Stopped Optimally At 95% Recall. Safe Stopping Thresholds Were Found For Time-Driven (Stop At 70% Of Dataset Screened), Data-Driven (Stop At 5% Consecutive Irrelevant Articles Screened) And Statistical (Stop When 95% Confident That 95% Recall Has Been Achieved, With Bias = 1) Stopping Criteria. Statistical Stopping Criteria Had The Highest Average WSS Of 28.4% (95%CI: 25.1-31.8), And Specificity Of 30.9% (95%CI: 27.4-34.6). This Was Achieved At An Average Recall Of 98.1% (95%CI: 97.3-98.7). This Was Followed By The Time-Driven And Data-Driven Criteria.

Discussion:

Integration Of ML-Prioritised Screening Can Translate To Realistic Work Savings When Implemented With Realistic Stopping Criteria. Integration Of Such Approaches Into Existing Guideline Development Workflows Should Be Considered.

Using Comparative Diagnostic Test Accuracy Evidence To Inform Clinical Guideline Development: A Case Study From The Australian Motor Neurone Disease Guideline

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Background:

Methodological Guidance On Translating Evidence From Comparative Diagnostic Test Accuracy (DTA) Systematic Reviews Into Recommendations Remains Limited, Particularly When Evidence On Patient-Important Outcomes Is Sparse.

Objective:

Using The Australian Motor Neurone Disease Guideline As A Case Study, This Study Illustrates How Comparative DTA Evidence Was Synthesised And Applied To Inform Guideline Development.

Methods:

An Individual Participant Data Meta-Analysis Was Conducted To Inform Recommendations On The Use Of The Gold Coast, Awaji, And Revised El Escorial Diagnostic Criteria For Amyotrophic Lateral Sclerosis (ALS). As No Evidence Was Available On The Proportion Of Individuals Undergoing Diagnostic Evaluation Who Would Ultimately Be Diagnosed With ALS, A Community Survey Was Undertaken To Estimate Prevalence Across Clinical Settings. Assuming That Everyone Diagnosed With ALS Would Gain Earlier Access To Riluzole, A Linked Evidence Approach Was Used To Incorporate Downstream Treatment Effects Of Riluzole Into Recommendation Development. Additional Database Searches Were Conducted To Identify Evidence Relevant To Other Evidence-To-Decision (ETD) Domains.

Results:

Due To Substantial Variation In Assumed Disease Prevalence In The Community Survey; Prevalence Estimates Of 25%, 50%, And 75% Were Modelled To Reflect Different Clinical Settings. Only Two Outcomes Mortality And Adverse Events Were Available For Riluzole Initiated Within Three Years Of Symptom Onset To Inform The ETD Framework. A Single Study Reported Potential Cost Savings Associated With Earlier Diagnosis, Whereas No Studies Were Identified For Other Domains.

Discussion:

Current Guidance On Evaluating Evidence-To-Decision Domains To Inform Diagnostic Test Recommendations Is Insufficient When Applied To Rare Diseases With Limited Patient-Important Outcome Data.

Health Technology Assessment–Informed PMB Definitions For South Africa’s Private Medical Schemes Using Adapted GRADE Adolopment

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Background:

Prescribed Minimum Benefits (Pmbs) Aim To Ensure Access To The Private Sector, But Inconsistent Interpretation Of PMB Definitions And Variable Evidence Use Can Undermine Equity, Efficiency And Transparency In Benefit Design.

Objective:

To Develop And Describe A Transparent Method For Producing HTA-Informed PMB Definition Guidance By Adapting GRADE Adolopment Using Existing Guidelines With Embedded Evidence-To-Decision (Etd) Tables.

Methods:

We Adapted GRADE Adolopment (Adoption, Contextual Adaptation And De Novo Development When Needed). International Clinical Guidelines With GRADE Etd Tables Were Systematically Identified And Appraised (AGREE II). Evidence Was Mapped Across Etd Domains (Population Eligibility, Comparative Effectiveness, Cost-Effectiveness, Budget Impact, Feasibility, Equity And Acceptability) And Supplemented With HTA Reports And Economic Evaluations Where Gaps Existed. A Multistakeholder Clinical Advisory Committee (Clinicians, Pharmacists, HTA Experts, Policymakers, Payers And Patient Representatives) Deliberated On Etd Evidence And Formulated PMB Definition Recommendations.

Results:

We Identified And Appraised Relevant Guidelines, Prioritising Those With GRADE Etd Tables. We Then Synthesised Evidence Across Etd Domains To Develop A Standardised PMB Definition Guidance Package, Including Recommendation Tables, Explicit Evidence Requirements, And Documented Trade-Offs/Value Judgements To Support Consistent Interpretation Across Regulators And Payers. Deliberation Within A Multistakeholder Clinical Advisory Committee Enhanced The Legitimacy, Acceptability, And Anticipated Implementability Of The Recommendations Across Regulatory, Patient Advocacy Groups And Payers.

Discussion:

An Adapted GRADE Adolopment Approach Integrating Etd Frameworks Within HTA Strengthens Transparency And Consistency In Regulated Evidence-Based Coverage Decisions While Offering A Transferable Model.

Integrating Experience And Expertise Of Surgeons Into Clinical Practice Guidelines Development And Implementation: The INSIGHT Framework

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Background:

The AGREE-S (AGREE II Extension For Surgical Interventions), Published In 2022, Recommends That Variability In Surgical Expertise And Experience Of Those Performing The Interventions And Procedures Should Be Considered In Guidelines.

Objective:

To Develop A Framework For Integrating Surgeons' Expertise And Experience Into Guideline Development – The INSIGHT Framework.

Methods:

The Project Consists Of Six Parts: (1) Establishment Of International Working Groups (Coordination Team, Evidence Support Group, And Consensus Group); (2) A Systematic Literature Search To Identify Surgery-Related Guidelines And Guideline Handbooks, And Assess How Expertise And Experience Of Surgeons Is Conceptualized In The Development And Implementation Of Guideline Recommendations; (3) Semi-Structured Interviews With Surgeons (With Different Levels Of Experience) And Guideline Methodologists To Explore Definitions, Dimensions, And Perceived Roles Of Surgeons' Expertise And Experience; (4) Formulation Of An Initial Draft Framework Through Synthesizing And Thematically Summarizing The Findings From Parts 2 And 3; (5) Formulation And Release Of The Final Framework Through A Consensus Process (Expert Survey And A Consensus Meeting); And (6) Testing The Framework By Collecting Feedback From Health Professionals In Different Settings And Applying The Framework In Practice.

Results:

The Project Is Ongoing. Preliminary Findings Indicate Substantial Variability And Limited Transparency In How Expertise And Experience Of Surgeons Is Addressed In Existing Guidelines. Detailed Results Will Be Presented At The Conference.

Discussion:

The Framework Established By The INSIGHT Initiative Will Help To Incorporate The Level Of Expertise And Experience Of Surgeons Into Surgery-Related Guidelines.

Evaluation Of The Use Of Evidence From Mathematical Models In Infectious Disease Guidelines: A Systematic Review

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Background:

Guidelines On The Management Of Infectious Diseases Often Need To Rely On Evidence From Mathematical Models. Whereas There Exist Rigorous Methods For The Use Of Clinical Evidence In Guidelines, The Use Of Modeled Evidence Is Not Well Regulated.

Objective:

To Explore How Modeled Evidence Is Used In Infectious Disease Prevention And Treatment Guidelines.

Methods:

We Conducted A Comprehensive Search In Multiple Biomedical Databases And The WHO Guidelines Review Committee Database. Guidelines Addressing Infectious Disease Prevention Or Treatment That Cited At Least One Mathematical Modeling Study As Evidence, Or Reported Having Developed Their Own Model(S), Were Eligible. We Compared The Proportion Of Studies Using Existing Models Versus Those That Developed Customized Models, And Assessed Whether The Guidelines Systematically Collected All Available Approaches (Either Through A Systematic Review Of Modeling Studies Or Through An Open Call To Invite Modelers To Contribute) Or Relied On Individual Models Only. We Also Assessed The Transparency And Reproducibility (E.G., The Availability Of Full Structure, Parameters, And Code For De Novo Models; Synthesis Methods For Pooling The Results Of Multiple Models). Data Were Extracted Independently By Two Investigators And Summarized Descriptively.

Results:

The Study Is Ongoing. Preliminary Findings Suggest That While Guideline Recommendations Are Often Informed By Evidence From Modeling Studies, Substantial Heterogeneity Exists In Transparency, Uncertainty Assessment, And Integration Of Modeling Studies Into Evidence-To-Decision Processes. Detailed Results Will Be Presented At The Conference.

Discussion:

This Systematic Review Will Provide A Structured Overview Of Current Practices In Incorporating Mathematical Modelling Evidence Into Infectious Disease Guidelines.

Advancing Rapid Guideline Production: Updates From The GIN Accelerated Guideline Development Working Group (AGD-WG)

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Background:

Policy Makers Require Rapid Access To High Quality, Evidence Based Guidance. The Accelerated Guideline Development Working Group (AGD WG) Was Established To Support The Accelerated Development Of Guidelines. Due To Recent Methodological And Technological Advances, Such As Living Guidelines, Artificial Intelligence, And Digital Tools, The AGD WG Is Updating Its Methods, Tools, And Support Mechanisms To Better Integrate These Innovations And Facilitate Their Practical Application.

Objectives:

To Update The AGD WG Methodological Framework And Strengthen Collaborative Networks Focused On The Development Of Rapid Guidelines.

Methods:

The Group Is Identifying Emerging Practices That Support Accelerated Guideline Development. Building On The 2017 AGD WG Manual, Which Outlines 28 Components Adaptable To Different National Contexts, The Update Process Uses A Multifaceted Approach, Including:

- Collection Of Experiences And Case Studies Illustrating Recent Innovations That Accelerate Guideline Development
- Regular Meetings And Webinars
- Collaboration And Knowledge Exchange With Related GIN Working Groups
- A Scoping Review To Identify New Evidence And Practices In Accelerated Guideline Development

Results:

Preliminary Findings Highlight A Diverse Range Of Emerging Practices That Can Streamline Guideline Production While Maintaining Rigor. These Results Will Inform Revisions To The AGD WG Manual And The Development Of New Tools To Support Rapid Guideline Development.

Discussion:

Guideline Developers Must Continually Adapt Their Methods To Respond To Evolving Decision Maker Needs. The AGD WG Is Actively Refining Its Own Practices To Produce An Updated Framework For Accelerated Guideline Development. The Resulting Resources Will Be Shared Broadly With Communities Engaged In Rapid Evidence Production.

Towards The Achievement Of Universal Health Coverage (UHC) In South Africa: Advancing Efficiency In An Evidence Response Service

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Background:

The Evidence To Decision (E2D) Collaboration Harnesses A Decade Of Government-Academic Partnership To Strengthen Healthcare Recommendations Through Evidence Synthesis In South Africa. E2D Provides Timely, Responsive Evidence Synthesis And Methodological Support For Evidence-Informed Decision-Making By National Department Of Health (NdoH). Key To This Is Leveraging Technology To Streamline Evidence Requests And Improve Efficiency.

Objective:

To Describe The Development Of A Customised Data Platform To Meet Specific Needs Of The E2D Collaboration Evidence-Response Service And To 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 Multiple People. We Subsequently Implemented A Microsoft Form For Request Submission, But Updates Remained Manual. With Formalization Of The E2D Collaboration Evidence-Response Service, We Developed A More Robust Data Platform In Redcap To Support Real-Time Updates And Multi-User Accessibility. We Piloted The Platform Using NdoH Evidence Requests.

Results:

We Completed One Pilot Request; Fourteen Are Ongoing. The Platform Enables Streamlining Of Requests; Request Form Templates With All Relevant Information Are Completed Without Multiple Email Exchanges. Available Reviewers Are Allocated On The System. Updates Are Continuing To Enable Focused Real-Time Reviewer Allocation, Progress Updates, And Assigned Reviewers To Access The Relevant Documents On The Platform.

Discussion:

Employing Technology Improves Efficiency, Enhances Reviewer Capacity Management, And Minimizes Risks Of Overlooked Requests. We Expect This Pilot To Inform And Improve Processes Towards A Planned Health Technology Assessment Agency, Supporting South Africa's Transition Toward UHC.

Making The Point: Integrating Acupuncture Therapy Into A Singapore Clinical Guideline For Knee Osteoarthritis

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Background:

Knee Osteoarthritis (KOA) Imposes Significant Burden On Ageing Populations Like Singapore. Beyond Conventional Strategies, There Is Growing Clinician And Patient Interest For Traditional Medicine Modalities Like Acupuncture. However, International KOA Guidelines Present Conflicting Positions On Acupuncture. This Creates Uncertainty For Clinicians, Particularly In Multicultural Contexts Like Singapore, Where Patients Have Varying Cultural Expectations Of Traditional Medicine In Healthcare.

Objective:

To Describe The Assessment Of Acupuncture For The Agency For Care Effectiveness (ACE) Clinical Guideline For KOA.

Methods:

ACE Assessed Acupuncture Recommendations From Six High-Quality Reference Guidelines And Conducted A Systematic Review Of 20 Randomised Controlled Trials Evaluating The Effectiveness Of Acupuncture For KOA. The Multidisciplinary Expert Group (EG) Was Expanded To Include A TCM Physician. The EG Rated The Appropriateness Of The Acupuncture Recommendation Using Two Rounds Of Consensus And Referring To Domains In The Evidence-To-Recommendation Framework.

Results:

Reference Guidelines Showed Conflicting Positions On Acupuncture For KOA Due To Differing Interpretations Of Evidence Quality And Adverse Effects. The Systematic Review Demonstrated Acupuncture's Benefits For Pain Relief And Function Compared To Sham Or No Treatment, Supporting Guidelines That Favoured Acupuncture. During The EG Discussions, The TCM Physician Addressed Queries About Variability In Acupuncture Protocols To Guide Evidence Interpretation. The EG Achieved Consensus To Conditionally Recommend Acupuncture As Adjunctive Treatment Based On Its Favourable Benefit-Risk Profile, While Acknowledging Mixed Patient Preferences.

Discussion:

While This Process May Still Reflect Predominant Biomedical Perspectives Where Study Heterogeneity Affects Evidence Quality, Direct Engagement With TCM Experts Can Provide Essential Context For Evidence Interpretation And Translation.

Outcomes Of The "Scalable Training And Knowledge Exchange On Guideline Development For Service Users, Public, And Health Professionals" Project

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Background:

As With Other Types Of Health Research And Decision-Making, Clinical Guideline Development Is Strengthened By The Meaningful Involvement Of Those Most Affected: Patients And Frontline Health Professionals. Barriers To Meaningful Involvement Include Feeling Unwelcome In, Or Unknowledgeable About, The Clinical Guideline Development Process.

Objective:

To Enhance Interest-Holder Engagement In Clinical Guideline Development By Co-Producing Learning Opportunities That Enhance Understanding And Confidence Of Interest-Holders, While Also Being Scalable And Sustainable.

Methods:

In Partnership With Patients And Health Professionals, We Applied Co-Production And Knowledge Exchange Methods To Develop Accessible And Tailored Micro-Learning Videos, E-Learning Courses, And A Conference Event. We Recruited Advisory Panels And Used An Iterative Approach To Development, Moving From Tailored Course Outlines And Storyboards To Final Products And A Dissemination Plan.

Results:

The Patient Panel Received 30 Applications And Had Six Members: They Were Aged 35 To 65+ Years And Comprised Four Women And Two Men Based Around Ireland. The Patient Panel Met Three Times And Gave Five Rounds Of Feedback. The Health Professionals Panel Had Seven Members From A Range Of Disciplines: They Met Once And Provided Three Rounds Of Feedback. We Hosted A One-Day Hybrid Conference, Which Was Attended By Approximately 200 Delegates. All Evaluation Survey Respondents Were "Very Satisfied" (N=26/32, 81%) Or "Satisfied" (N=6/32, 19%) With The Event.

Discussion:

This One-Year Project Has Led To Both Tangible Outputs (In The Form Of Scalable, Tailored Learning Materials For Patients And Health Professionals) And Intangible Outcomes (Trust-Building Through Co-Production And Knowledge Exchange) For The Wider System.

Behaviour Change Communication In Prevention And Controlling Anemia In India

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Anaemia Continues To Be A Significant Public Health Concern In India, Disproportionately Affecting Women Of Reproductive Age, Adolescents, And Young Children. Despite Decades Of Large-Scale Supplementation And Nutrition Programmes, National Survey Data Indicate Persistently High Prevalence Rates, Necessitating A Comprehensive Review Of Existing Strategies. This Study Synthesised Evidence On The Effectiveness, Delivery, And Implementation Of Interventions Aimed At Preventing And Controlling Anaemia In India.

A Systematic Review Approach Was Adopted, Drawing On Peer-Reviewed And Grey Literature. Multiple Databases Were Searched Using Predefined Inclusion Criteria. Studies Evaluating Iron And Folic Acid Supplementation, Food Fortification, Dietary Diversification, Deworming, And Multi-Component Interventions Were Included. Evidence Was Appraised For Methodological Quality And Synthesised To Assess Effectiveness, Adherence, Equity Considerations, And Contextual Influences On Programme Delivery.

Findings Indicate Strong Evidence Supporting Iron And Folic Acid Supplementation And Food Fortification In Reducing Anaemia Prevalence When Implementation Fidelity And Adherence Are Ensured. However, Programme Impact Is Frequently Constrained By Supply Chain Gaps, Behavioural And Cultural Barriers, Inadequate Counselling, And Systemic Delivery Challenges. Evidence Also Highlights The Importance Of Addressing Infection, Dietary Diversity, And Broader Social Determinants Through Integrated And Context-Sensitive Strategies.

The Review Provided A Comprehensive Evidence Base To Inform National Policy Deliberations And Was Used To Revise The Guidelines On Anaemia Prevention In India. By Strengthening Targeting, Delivery Platforms, And Implementation Mechanisms, The Revised Guidelines Reflect A More Evidence-Informed And Systems-Oriented Approach To Anaemia Control.

Scoping Reviews In Clinical Guideline Development: A Case Study Of A Clinical Guideline On A Paediatric Early Warning System (PEWS) In Emergency Medicine

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Background:

Scoping Reviews Can Play An Important Supplementary Role Alongside Systematic Reviews Within The Guideline Development Process, However There Are Limited Examples Of Their Use. Ireland Is Developing A New National Clinical Guideline On A Paediatric Early Warning System (PEWS) For Emergency Medicine. Numerous Candidate Pewss Exist, So The Centre In Ireland For Clinical Guideline Support And Evidence Reviews Is Undertaking A Scoping Review To Support Selection Of A Specific, Feasible PEWS For This Guideline.

Objective:

To Locate Existing Pewss And Describe Their Components And Characteristics, Assisting The Guideline Development Group (GDG) Select A PEWS For Subsequent Systematic Reviews Of Clinical And Cost-Effectiveness.

Methods:

The Search Strategy And Outputs Were Described And Agreed In Advance. Databases Were Searched Systematically, And Study Screening Was Conducted By Two Researchers Independently. A Tailored Data Extraction Tool Helped Ensure The GDG Would Have All Information Necessary For Detailed Discussions And Decision-Making At The Next Stage.

Results:

A First Round Of Screening Located At Least Nine Pewss That Had Been Applied In Emergency Departments: Therefore, The Protocol Was Amended In Agreement With The GDG, To Focus Only On Pewss Applied In Emergency Departments. The Components And Characteristics Of Various Pewss Will Be Described In Detail.

Discussion:

Utilising A Scoping Review Approach Has Allowed A Balance Of Rigour And Flexibility For Both The Review Team And GDG. It Has Helped Lay The Foundation For Subsequent Systematic Reviews Of Clinical And Cost-Effectiveness Of A Specific, Feasible PEWS, To Support Its Inclusion In A National Clinical Guideline.

Developing A Guideline With Relevant Evidence When GRADE Is Not Feasible

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Background:

Clinical Practice Guidelines Are Essential Tools For Evidence-Informed Decision-Making, Yet They Inevitably Encounter Topics Where The Commonly Used Methodology Falls Short. Although GRADE Is The International Standard, It Does Not Always Align Well With All Types Of Evidence Or Decision-Making Contexts. This May Create Tension Between Methodological Rigor And The Need For Relevant Recommendations.

Objective:

Based On Three Cases (Rare Diseases, Spiritual Care And Complex Social Work Settings) We Describe Situations In Which The Classical Methodology Does Not Yield Appropriate Recommendations. We Offer Guidance For Instances Where The Classical Methods May Fall Short, To Discover The Factors That Make The Current GRADE Approach Challenging And How To Continue To Provide Recommendations That Are Relevant.

Methods:

We Conducted Interviews And Drew On Our Own Experience To Identify Key Challenges In Applying GRADE In Recent Guideline Development Processes. Based On These Insights We Suggest Alternative Strategies.

Results:

Several Factors Were Identified Such As Small Populations, Non-Quantifiable Outcomes, Complex Settings, Multimorbidity, Multisystemic Interventions.

Across The Cases, Four Key Success Factors Were Identified: 1) Making Uncertainties And Assumptions Explicit; 2) Systematically Documenting The Chosen Methodology; 3) Applying Predefined Decision-Making Criteria; And 4) Combining Empirical, Practical Knowledge And Experiences.

This Approach Leads To Recommendations That Are Transparent, Traceable, And Methodologically Sound, Even Without GRADE Evidence Profiles.

Discussion:

Greater Attention Is Needed For Situations In Which GRADE Is Insufficient, Particularly In Complex And Qualitative Guideline Questions. In These Contexts, Transparent Decision-Making And The Careful Use Of Consensus-Based Methods Support Credible And Reliable Recommendations.

Singapore's Guidelines For Guidelines: A National Approach To Clinical Guideline Quality Assurance

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Background:

Singapore's Growing Demand For Clinical Guidelines Stems From Increasing Evidence Production, Varying Clinician Knowledge, And Unwarranted Practice Variations. While The Agency For Care Effectiveness (ACE) Serves As The National Clinical Guideline Agency, Development Remains Decentralised Through Medical Societies. This Increases Availability But Creates Variable Quality Among Local Developers, Potentially Affecting Care Standards. Recent Assessment Of Local Guidelines Revealed Limited Best Practice Application, Presenting An Opportunity For ACE To Implement Quality Standards.

Objective:

To Enhance Clinical Guideline Quality For Singapore's Healthcare Context By Establishing Minimum Standards Nationally And Building Local Capacity.

Methods:

A Quantitative Online Survey Was Conducted Amongst Local Healthcare Professionals, Policymakers, And Professional Societies To Assess Guideline Development Needs. Concurrently, We Reviewed International Guideline Development Standards From GIN, IOM, NICE, NHMRC, And WHO.

Results:

The Survey, Completed By 437 Respondents, Indicated Strong Interest In Guideline Methods, Predominantly Amongst Inexperienced Developers. Evidence-To-Decision, Adaptation, And Evidence Synthesis Methods Were Priority Areas Requiring Support. These Findings Supported And Informed ACE's "Guidelines For Guidelines" (G4G): Nine Minimum Standards Covering Scoping, COI Management, Panel Composition, Evidence-To-Decision Frameworks, Evidence Methods, Implementability, Consensus, External Review, And Updating—As Based On Common International Standards. Following G4G Launch, ACE Conducted Training Sessions And Launched The ACE Repository For Clinical Guidelines (A Curated Platform Publishing Guidelines Meeting G4G Standards), Recommended Resources And A Self-Appraisal Checklist.

Discussion:

The G4G Initiative Represents ACE's Evolution From Guideline Developer To Methodological Validator. Integration Of G4G Into Day-To-Day Guideline Practices Requires Tailored Training And Collaborative Partnerships With Local Developers.

Designing And Adapting A Rapid Evidence Synthesis Course For Diverse Learner Groups Across The JBI Network

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Background:

Rapid Evidence Synthesis (RES) Is Increasingly Used To Support Timely Decision-Making In Healthcare And Policy, Yet Practical Training Opportunities Remain Limited. To Address This Gap, JBI Transfer Team Developed A Course To Build Capability In Producing Evidence Summaries Using Rapid Synthesis Approaches, With Iterative Adaptations To Meet The Needs Of Diverse Learners.

Objective:

To Describe The Development And Evaluation-Informed Adaptation Of An RES Course Tailored For Bespoke Learners, Postgraduate Students, And JBI Stakeholders.

Methods:

The Course Was Piloted As An Instructor-Led Online Workshop (Eight Modules Over Three Days) With Academics And Clinicians. Post-Course Evaluations Were Collected After Each Iteration And Analysed Descriptively To Identify Learner Needs And Content Gaps. Findings Informed Iterative Adaptation And Targeted Course Development. Adjustments To Content Depth, Learning Activities, And Assessment Design Were Guided By Evaluation Data To Align With Audience Requirements.

Results:

Adaptations Were Tailored To Key User Groups, Including JBI Stakeholders Involved In Rapid Evidence Summary Development, Clinicians And Academics With A General Interest In RES, And Clinicians Engaged In Evidence Implementation. Refinements To Content Sequencing, Methodological Depth, Delivery Format (Instructor-Led, Self-Paced, Blended), And Assessments Enabled Tailored Learning Pathways While Maintaining Core Methodological Content.

Discussion:

An Evaluation-Driven Approach Supported The Development Of Flexible RES Training That Can Be Adapted For Varied Audiences While Preserving Methodological Rigour, Offering A Model For Capacity Building Across The Evidence-To-Implementation Continuum.

Socio Oncology As Holistic Approach In Health Needed To Reduce Inequalities: The French Caribbean Experiment

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Background:

The Upper Aerodigestive Tract (UADT) And Cervical Cancer Represent Major Public Health Issues In The French Caribbean, Exhibiting An Incidence Higher Than The National Average. Addressing The Social Determinants Of Health Equity Is Fundamental For Improving Health And Reducing Longstanding Inequities, Especially For Patients With Cancer. In This Context, Socio-Oncology Is An Innovative Approach Based On Four Pillars: Identity, Social Conditions And Interactions, Cultural Determinants, And Environmental Policies.

Objectives:

To Define And Implement The Concept Of Socio-Oncology

Methods:

A Qualitative Study Was Performed (September 2022-June 2025) In Martinique And Guadeloupe
Results

The Study (Field Survey, 305 Participants) Adopted A Multidimensional Perspective And Focused On Various Groups: Women Undergoing Screening, Men Who Have Sex With Men, Traditional And Magico-Religious Practitioners, Users Of These Practices, Healthcare Professionals, And Residents From Diverse Socio-Territorial Contexts, Institutional And Community Stakeholders.

The Study Emphasized The Need To Integrate Biomedical, Social, Cultural, And Identity Dimensions Into Public Health Policies In The Caribbean On The Prevention, Screening, And Management Of UADT And Cervical Cancers.

Implementing The Model Of Socio-Oncology Allows Us To Understand The Complexity Of Cancer In Its Biological, Social, Cultural, And Psychological Dimensions, Integrating Mental Health, The Individual's Social Context And Environment, And The Central Role Of Caregivers And Loved Ones.

Conclusions:

Guideline Developers Have To Adopt Innovative Methods Integrating Guides Prevention, Clinical And Social Care Interventions In A Holistic And Systemic Manner, Considering All Determinants (Individual, Collective, And Environmental)(1). Consequently, We Have Established The First European Degree In Socio-Oncology (University Of Nîmes, France).

Using Large Language Models For Literature Screening In Systematic Reviews: A Systematic Review And Meta-Analysis

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Background:

The Exponential Growth Of Biomedical Literature Has Increased The Workload And Potential Error In The Screening Phase Of Systematic Reviews. Large Language Models (LLMs), Including Models Such As GPT-4 And BERT, Have Been Proposed To Automate Citation Screening, Yet Their Diagnostic Accuracy And Efficiency Remain Uncertain.

Objective:

To Systematically Evaluate The Accuracy, Efficiency, And Influencing Factors Of LLM-Assisted Literature Screening Compared With Human Or Other Automated Approaches.

Methods:

This Review Was Registered In PROSPERO (CRD42024621926). Comprehensive Searches Were Conducted In Pubmed, Embase, Web Of Science, Scopus, Arxiv, And Google Scholar Without Language Or Date Restrictions. Two Reviewers Independently Performed Study Selection, Data Extraction, And Risk-Of-Bias Assessment Using A Modified QUADAS-2 Tool. Pooled Sensitivity, Specificity, And Related Metrics Will Be Estimated Using Random-Effects Bivariate Models, With Subgroup And Meta-Regression Analyses Exploring Heterogeneity.

Results:

A Total Of 13,402 Records Were Identified, And 36 Studies Met Inclusion Criteria. Data Verification And Risk-Of-Bias Assessment Are Ongoing. Meta-Analysis Of Diagnostic Accuracy And Efficiency Outcomes Will Be Completed Before The Conference.

Discussion:

This Study Provides The First Comprehensive Quantitative Synthesis Of LLM-Assisted Screening Performance. The Study Is Ongoing, And Final Outcomes Will Be Available For Presentation At The Conference.

Development And Validation Of An AI-Empowered Methodological Question–Answering System For Clinical Practice Guideline Development And Updating

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Background:

Clinical Practice Guidelines (Cpgs) Rely On Rigorous Methodologies Such As Those Proposed By The World Health Organization And The GRADE Working Group. However, Implementation Remains Resource-Intensive And Expert-Dependent. Large Language Models With Retrieval-Augmented Generation (RAG) May Offer Scalable Methodological Support Across The CPG Lifecycle.

Objective:

To Develop And Validate An AI-Empowered Methodological Question–Answering (QA) System Supporting The Full Process Of CPG Development And Updating.

Methods:

A Structured Methodological Evidence Repository Was Constructed From International Manuals And Methodological Literature. A RAG-Based QA System Was Developed With Prompt Constraints And Safety Mechanisms. Internal Validation Using Expert-Developed Gold-Standard QA Pairs And Blinded Comparative Evaluation Against A General-Purpose LLM And Human Support Are Being Conducted.

Results:

The System Integrates Traceable Evidence Retrieval And Calibrated Refusal Functions. Quantitative Performance Metrics And Comparative Evaluation Results Are Being Generated.

Discussion:

This Project Frames AI As An Evidence-Based Methodological Support Intervention Embedded In Guideline Governance. The Study Is Ongoing, And Final Outcomes Will Be Available For Presentation At The Conference.

Guidelines On Infection Prevention And Control In The Netherlands: An Inventory Of The National Database

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Background:

To Reduce Healthcare-Associated Infections The Dutch Collaborative Partnership For Infection Prevention (Samenwerkingsverband Richtlijnen Infectiepreventie, SRI) Develops National Evidence-Based Infection Prevention And Control (IPC) Guidelines For The Netherlands. However, Clinical Practice Guidelines (Cpgs) Also Include IPC Recommendations, Potentially Leading To Inconsistencies.

Objective:

We Aimed To Quantify The Presence Of IPC Recommendations In Cpgs And Assess Their Concordance With National IPC Guidance (SRI).

Methods:

A Retrospective Inventory Was Performed Using The National Guideline Database (<https://richtlijnendatabase.nl>) Of The Dutch Association Of Medical Specialists, Containing 594 Guidelines With 11468 Modules On February 20th, 2025. To Identify Relevant Modules For IPC, A Systematic Search Strategy Was Used. Two Independent Reviewers Screened And Labelled Modules As Relevant Or Irrelevant. Contradictions Were Examined By Two Independent Researchers. Conflicts Were Resolved Based On Consensus.

Results:

The Search Yielded 1376 Modules. Of These, 84 (6%) Were Relevant, 1243 (90%) Were Irrelevant, 37 Modules From SRI Guidelines Were Excluded (3%), 9 (1%) Were Unavailable, Having Become Obsolete, And 2 Were Duplicated (0.1%). Among The 84 IPC-Relevant Modules, 6 Contained Recommendations Contradicting SRI Guidance, Mostly On Classification Of Operating Rooms. This Highlights Variability In IPC Content, Limited Uptake Of Updated Guidance, And Risk Of Conflicting Guidance.

Discussion:

IPC Recommendations Are Often Included In Cpgs But Do Not Always Align With National IPC Guidance. Although Contradictions Are Rare, Limited Alignment Risks Inconsistent Implementation. Manual Monitoring Of The Expanding Number Of Guidelines Is Not Feasible, Making Cross-Guideline Coordination With National IPC-Guidelines Essential To Ensure Consistency And Avoid Discrepancies.

Clinical And Cost Effectiveness Of Specialist Assessment And Self-Management Education In Adults Presenting To Hospital With Acute Asthma Exacerbation: A Systematic Review

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Background:

Self-Management Educational Interventions And Specialist Assessments May Be Important Aspects Of Care After An Acute Exacerbation Of Asthma.

Objective:

To Conduct A Systematic Review Of The Clinical And Economic Evidence For These Practices In Adults Attending Hospital With An Acute Asthma Exacerbation, To Support An Update To The Irish National Clinical Guideline.

Methods:

Critical And Important Outcomes Were Identified In Collaboration With Patient And Public Representatives. Systematic Database Searches Were Performed By A Librarian And Risk-Of-Bias Assessments Were Conducted By Two Researchers Independently. Meta-Analyses Using Random Effects Models Were Completed Along With Narrative Syntheses.

Results:

Thirteen Studies Were Included: Nine Randomised Controlled Trials (Rcts) And Four Non-Randomised Studies, Investigating Self-Management Education With Or Without Specialist Assessment. No Studies Assessed Specialist Assessment Alone. We Conducted Four Meta-Analyses, With Rcts Only, To Examine Subsequent Severe Exacerbations. The Incidence Rate Ratio For Emergency Department (ED) Visits Was 0.44 (95% CI: 0.34–0.56), And For Hospital Admissions 0.22 (0.07–0.66). The Risk Ratio For Any ED Visit Was 0.91 (0.64–1.27), And For Hospital Admission 0.32 (0.12–0.83). Asthma Knowledge Improved In The Two Studies Reporting It. Certainty Of Evidence Was Assessed Using GRADE And Ranged From Very Low To Moderate. No Cost-Effectiveness Evidence Was Identified.

Discussion:

Educational Self-Management Interventions, With Or Without Specialist Assessment, May Improve Clinical Outcomes Following Acute Asthma Exacerbation; Certainty Of Evidence Was Low. Findings Will Be Considered Alongside Other Key Considerations To Inform An Update To National Clinical Guideline On Management Of An Acute Asthma Attack In Adults.

Crossing The Null Does Not Mean “No Effect”: A Survey Of Internal Medicine Physicians On The Interpretation Of Effect Estimates With Wide Confidence Intervals In Systematic Reviews

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Background:

Results With Confidence Intervals (Cis) Crossing The Null Should Not Be Interpreted As Indicating No Effect.

Objective:

To Assess How Often Clinicians Make This Error And Explored Predictors Of Correct Interpretation.

Methods:

We Conducted A Cross-Sectional Survey Of Internal Medicine Residents, Fellows And Faculty At Mcmaster University (Canada) Between January And March 2025. Eighteen Clinical Cases Presented Treatment Effects With Point Estimates Showing Benefit, Harm, Or No Effect, Paired With Cis That Either Did Or Did Not Cross The Null Or A Minimally Important Difference (MID) Threshold.

Respondents Judged Whether An Effect Was Present. Co-Primary Outcomes Were The Proportions Correctly Identifying (1) Benefit When The Point Estimate Indicated Benefit, But CI Crossed The Null, And (2) Harm When The Point Estimate Indicated Harm, But CI Crossed The Null. We Used Logistic Regression To Explore Associations Between Respondent Characteristics And Correct Responses.

Results:

Among 109 Respondents (65.3% Trainees, 34.7% Faculty), Most Lacked Graduate-Level Research Training (83.2%) And Formal Training In Systematic Reviews (76.2%). When The Point Estimate Showed Benefit Or Harm But The CI Crossed The Null, Only 13 To 18% Correctly Recognized An Effect, Compared With 81 To 98% When The CI Excluded The Null. Similar Patterns Were Observed When Using The MID Threshold. No Characteristics Predicted Correct Interpretations.

Discussion:

Clinicians Commonly Misinterpret A CI Crossing The Null As “No Effect”, Disregarding The Point Estimate And Decision Threshold. This Pervasive Error Risks Misleading Clinical Decisions And Guideline Recommendations, Underscoring The Need For Education On Proper Interpretation Of Cis.

Construction Of An ISO-Informed Quality Management System For The Development Of Traditional Medicine Clinical Practice Guidelines

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Background:

Methodological Rigor In Traditional Medicine Clinical Practice Guidelines (TM-Cpgs) Has Received Increasing Attention In Recent Years. However, Existing Frameworks Primarily Emphasize Technical Components, Such As Evidence Grading And Recommendation Formulation, While Insufficient Attention Is Paid To Systematic Quality Control Across The Entire Development Process. A Structured Quality Management Approach Is Therefore Needed To Strengthen Lifecycle Governance And Enhance Overall Guideline Quality.

Objective:

To Construct A Quality Management Framework For TM-Cpgs Development Based On The Process-Oriented And Continuous Improvement Principles Of ISO Quality Management Systems.

Methods:

The Full Lifecycle Of TM-Cpgs Development And Related Methodological Documents Were Systematically Reviewed And Mapped To The Structural Framework Of ISO Quality Management Systems. Stage-Specific Quality Objectives Were Defined, And Measurable Indicators And Control Checkpoints Were Established To Ensure Process Standardization And Accountability.

Results:

A Comprehensive Quality Management System Covering The Entire TM-Cpgs Development Process Was Developed. The Framework Defines Key Quality Objectives (Clinical Value, Scientific Rigor, Clarity, And Traditional Medicine Characteristics) And Is Supported By Procedural Documents, Operational Instructions, Standardized Tools, And Reporting Templates. It Ensures Systematic Application Of Evidence-Based Methods And Provides A Structured Mechanism For Integrating Traditional Medical Theory And Expert Opinion When High-Quality Evidence Is Limited.

Conclusion:

Integrating ISO-Based Process Management With TM-Cpgs Methodology Enhances Clinical Relevance, Scientific Rigor, And Transparency While Safeguarding Traditional Medicine Features. The Framework Offers A Transferable Model For Standardized Guideline Development And Quality Governance In Other Fields.

Mapping Traditional Medicine Recommendations Across Clinical Practice Guidelines For Functional Dyspepsia: A Recommendation-Level Analysis Of Grading Frameworks And Therapeutic Strategies

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¹National Institute For Korean Medicine Development

Background:

Traditional Medicine (TM) Clinical Practice Guidelines For Functional Dyspepsia (FD) Have Been Developed, Particularly In East Asia. However, Variability In Grading Frameworks And Therapeutic Positioning Complicates Cross-Guideline Comparison. Structured Recommendation Mapping May Facilitate Harmonization And Evidence Linkage.

Objective:

To Map And Characterize TM Recommendations For FD Across Clinical Practice Guidelines, With An Emphasis On Grading Frameworks And Therapeutic Strategies.

Methods:

We Searched 11 Databases From Inception To February 5, 2026, And Conducted Manual Hand-Searching. Eligible Guidelines Addressed FD And Included TM Interventions. Two Reviewers Independently Screened Records And Extracted Data On Intervention Type, Therapeutic Strategy (TM Monotherapy Vs. TM As Add-On To Pharmacotherapy), Grading Approach, Strength Of Recommendation, And Level Of Evidence. Grading Systems Were Classified Into Four Categories: GRADE, GRADE-Informed Consensus, Consensus With Levels Of Evidence (A–C), And Delphi-Based Expert Consensus. Recommendations Were Systematically Mapped And Analyzed.

Future Prospects For Project Presentations:

Six Guidelines From Korea (N = 1), China (N = 4), And Japan (N = 1), Comprising 129 Recommendations, Were Included. TM Monotherapy Accounted For 111 Recommendations, While TM As Add-On To Pharmacotherapy Accounted For 18. Most Interventions Were Pharmacological (N = 103), Followed By Non-Pharmacological (N = 23) And Multimodal Approaches (N = 3). Grading Methods Were Heterogeneous, Highlighting Substantial Cross-Guideline Variability. Future Work Will Include Recommendation–Evidence Linkage, Development Of Visual Evidence Maps, And Further Analyses Of Grading Heterogeneity. Distinguishing Monotherapy From Add-On Strategies May Support The Harmonization And Implementation Of TM Recommendations In Clinical Practice.

A Living Guideline For Chinese Patent Medicines In Perioperative PCI Based On Bayesian Network Meta-Analysis

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Background:

Percutaneous Coronary Intervention (PCI) Is The Cornerstone For Myocardial Infarction (MI), Yet Residual Risks Such As Ischemia–Reperfusion Injury And Microcirculatory Dysfunction Persist. Blood-Activating And Stasis-Resolving (BASR) Chinese Patent Medicines (Cpms) Are Extensively Integrated Into Perioperative Strategies To Mitigate These Mechanisms, But Comparative And Standardized Evidence To Guide Their Optimal Use Remains Fragmented.

Objective:

To Develop An International, Evidence-Based Living Guideline For BASR-Cpms In The Perioperative Period Of PCI To Support Optimized Integrative Care.

Methods:

Following WHO Handbook-Aligned Processes And GRADE Methodology, We Conducted A Systematic Review And Bayesian Network Meta-Analysis (NMA) Of Randomized Controlled Trials (Rcts) Through June 2025. The NMA Enabled Direct And Indirect Comparisons Of 25 Cpms Plus Standard Therapy. An Expert Panel Used GRADE Etd Frameworks To Formulate Recommendations Considering Benefits, Harms, And Feasibility. The Guideline Is Maintained As A Living Document On Magicapp.

Results:

We Included 160 Rcts (N=21,147) And Formulated 15 Recommendations. Two Strong Recommendations Support Danhong Injection And Shexiang Baoxin Pill, Based On Moderate-To-High Certainty Evidence Demonstrating Benefits In Critical Outcomes (TIMI Grade 3 Flow) Without Increased Bleeding Risk. Ten Agents, Including Tongxinluo Capsules, Received Conditional Recommendations Reflecting Either Low Certainty Of Evidence Or Lack Of Significant Improvement In Critical Outcomes.

Discussion: This Living Guideline Bridges Traditional Medicine And Evidence-Based Practice By Translating Network-Based Comparative Evidence Into Recommendations. By Integrating Direct And Indirect Evidence, The NMA Provides Comparative Effectiveness Across BASR-Cpms, Supporting Consistent Perioperative PCI Decision-Making. 翻译

How Rigorous Are National Diabetes Clinical Practice Guidelines? A Systematic Review (2023–2025)

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¹King Saud University

Background:

Clinical Practice Guidelines (Cpgs) Are Central To High-Value, Equitable Diabetes Care. However, Variation In Methodological Rigor And Transparency May Undermine Credibility And Uptake Across Health Systems.

Objective:

To Identify And Appraise The Methodological Quality Of National Diabetes Cpgs Published Between 2023 And 2025.

Methods:

We Conducted A Systematic Review Of Government-Issued Or Nationally-Endorsed Diabetes Guidelines Addressing Care Across The Lifespan, Including Type 1, Type 2, And Gestational Diabetes. Eligible Guidelines Were National, Current (2023–2025), And Comprehensive, Covering Prevention, Diagnosis, Monitoring, Treatment, And The Management Of Complications. Searches Were Conducted In Pubmed, Embase, Scopus, Web Of Science, And LILACS, Supplemented By Major International Guideline Repositories, With No Language Restrictions. Two Reviewers Independently Screened Records And Extracted Data. Methodological Quality Was Assessed Using AGREE II By Four Independent Appraisers, With A Prespecified Threshold Of >65% In Domain 3 (Rigor Of Development) Required For Progression To Full Appraisal. The Review Was Registered In PROSPERO (CRD420251179942).

Results:

Of 2,745 Records Identified, 156 Full-Text Documents Were Assessed, And 36 National Guidelines Underwent AGREE II Appraisal. Only Six Met The Predefined Rigor Threshold For Final Inclusion, Indicating Substantial Variability In Methodological Quality.

Conclusion:

Most National Diabetes Cpgs Published Between 2023 And 2025 Lack Sufficient Methodological Rigor. Given The Global Burden Of Diabetes, Advancing “Guidelines-For-All” Requires Robust, Transparent Development Processes That Support Equity, Enable Digital Integration, And Promote High-Value Care. Policymakers Should Mandate Formal Appraisal And Rigorous Adaptation Before Adoption.

Integrating Evidence From A Systematic Review Of Measles Epidemiological Parameters To A Living Global Repository Of Epidemiological Parameters (Grep)

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Background:

There Is Need To Understand Measles Transmission Dynamics And Disease Severity To Parameterize Infectious Disease Models For Accurate Projections Of Measles Outbreaks To Guide Timely And Effective Public Health Response Strategies.

Objective:

This Systematic Review (SR) Aims To Provide A Comprehensive Resource Of Measles Transmission And Severity-Related Epidemiological Parameter Estimates. This Dataset Will Feed Into An Accessible Living Global Repository Of Epidemiological Parameters (Grep) Developed By Collaborators Lead By The World Health Organization To Provide A Centralized Resource Of Epidemiological Parameters For Priority Infectious Diseases.

Methods:

A Search Was Conducted From Inception To May 14, 2024 For Measles Epidemiological Parameters And Standard Systematic Review Methodology Was Followed. Evidence Was Synthesized To Identify Trends Over Time Across A Broad Range Of Epidemiological Parameters.

Results:

Between 1910 And 2024, 1324 Studies Reported Data For 32 Transmission And 19 Severity-Related Epidemiological Parameters. Highlights Include An Incubation Period (13.5 Days, 95%CI 12.6-14.4), Serial Interval (12.4 Days, 95%CI 11.5-13.4), Proportion Hospitalized (22%, 95%CI 20-24) Or Requiring Intensive Care (5%, 95%CI 4-7). We Explore The Impact Of Context Including Outbreak Timing, Population, Quality Of Reporting That Are Important For Decision Analysis.

Discussion:

This SR Broadens Our Understanding Of How Measles Transmission Dynamics And Severity Has Changed Over Time. Future Research Should Consider Improved Reporting Of Parameter Data, Measuring Important Parameters For Infectious Disease Modelling, And Reporting On Disaggregated Data To Maximize The Utility Of The Research Conducted. This Work Will Contribute To Reducing Duplicative Synthesis Efforts By Deposition Of This Dataset Into Grep.

Leveraging Artificial Intelligence (AI) To Gather Epidemiologic Data On Infectious Diseases: The Global Repository Of Epidemiological Parameters (Grep) Project 4

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Background:

Public Health Threats Of Emerging Infectious Diseases Highlight The Need To Improve Efficiencies In Acquiring And Maintaining A Global Repository Of Epidemiological Parameter Data In Real-Time To Inform Public Health Response.

Objective:

The Global Repository Of Epidemiological Parameters (Grep) Developed By A Collaboration Lead By The World Health Organization Collaboratory Aims To Curate An Accessible Living Database Of Epidemiological Parameters On Priority Infectious Diseases.

Methods:

Grep Has Five Workstreams: Prioritization Of Pathogens And Key Parameters; Standardized Data Extraction Methods; Tools For Storage And Use Of Data; Data Validation And Continuous Maintenance Of The Database; And Scientific Recognition Of Contributors To The Database. In The Development Of Grep, We Used A Novel Approach Using An Agentic-AI Assisted Pipeline (GREP-EXP) Leveraging Large Language Models (LLMs) To Automate The Evidence Synthesis Process.

Results:

The Presentation Will Highlight The Performance And Integration Of GREP-EXP Into Grep. Using A Comprehensive Set Of Epidemiological Parameter Data From A Recent Measles Systematic Review, GREP-EXP Achieved Sensitivities For Screening Literature Between 84-95% Across Multiple LLMS After Human Fine-Tuning And Varying Thresholds For Workload Reductions. This Presentation Will Explore The Successes And Challenges Of Deploying GREP-EXP To Maintain The Grep Repository.

Discussion:

GREP-EXP Is A Novel, Cutting Edge Application Using An Agentic-AI Approach To Automate Evidence Synthesis Steps That Is Necessary To Sustain Grep. As A Global Living Resource, Grep Has The Potential To Reduce Global Duplication Of Effort In Curating Evidence And Facilitate Faster Evidence-Based Decision-Making To Support Public Health Response Activities, Epidemic Preparedness, And Guideline Development.

High-Potency Traditional Chinese Medicine Candidates For Colorectal Adenoma: A Systematic Evidence-Based Synthesis For Future Guideline Recommendations

Miss Ning Ma¹

¹Lanzhou University

Background:

Colorectal Adenoma (CRA) Recurrence Remains A Significant Challenge In Gastrointestinal Oncology. While Pharmacological Prevention Is Prioritized In Clinical Guidelines, Many Synthetic Chemopreventive Agents Are Limited By Side Effects. Traditional Chinese Medicine (TCM) Presents A Rich Reservoir For Drug Discovery, Yet Systematic Identification Of Candidates Suitable For Standardized Guideline Inclusion Is Lacking.

Aims:

This Study Aimed To Identify And Validate Promising TCM Compounds For CRA Prevention Through A Multi-Modal Drug Discovery Framework, Providing A Robust Evidence Base For Future International Clinical Practice Guidelines.

Methods:

We Conducted A Comprehensive Review Of Randomized Controlled Trials And Meta-Analyses Investigating TCM Formulations For Colorectal Adenoma Prevention And Treatment. Priority Was Given To Multicenter Studies With Rigorous Methodological Designs. Active Constituents Were Analyzed For Their Pharmacological Mechanisms Targeting Key Pathways In Adenomatous Polyp Formation, Including Wnt/B-Catenin Signaling, Inflammatory Modulation, And Epithelial Homeostasis.

Results:

Our Analysis Identified A Core Botanical Candidate Consisting Of Specific Saponins And Flavonoids That Significantly Inhibit Adenoma Cell Proliferation In Preclinical Models. Clinical Evidence Synthesis Indicated A 22% Reduction In Recurrence Risk. This Candidate Demonstrated A Superior Safety Profile Compared To Current NSAID-Based Interventions, Meeting The "Real-World Impact" Criteria Required For Future Guideline Implementation.

Conclusions:

This Research Identifies A Novel TCM-Based Drug Candidate For CRA With High-Quality Supporting Evidence. This Study Bridges The Gap Between Botanical Innovation And Standardized Oncology Care, Offering A Clear Pathway For Integrating Traditional Medicine Into Diverse Clinical Contexts.

Conflict Of Interest:

The Authors Declare No Competing Interests.

High-Potency Traditional Chinese Medicine Candidates For Colorectal Adenoma: A Systematic Evidence-Based Synthesis For Future Guideline Recommendations

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Conflict Of Interest:

The Authors Declare No Competing Interests.

Artificial Intelligence In Health Economics: A Paradigm Shift In Evidence-Informed Decision Making

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Background:

Global Healthcare Faces Rising Costs, Aging Populations, And Data Fragmentation. AI Technologies (E.G., ML, NLP) Offer Transformative Potential In Health Economics By Enabling Real-Time Analytics, Improving Decision-Making, And Enhancing Sustainability.

Objective:

This PRISMA-Guided Review Synthesizes Evidence On AI In Health Economics, Focusing On CEA, RWE For HTA, Forecasting, Resource Allocation, And Ethical Challenges, Aiming To Identify Impacts And Translation Barriers.

Methods:

Systematic Search Of Pubmed, Scopus, Web Of Science, Econlit, And IEEE Xplore (2010–2026) Using Relevant Keywords. Two-Stage Screening, Quality Appraisal Via ROBINS-I And ROBUST-RCT, And Data Extraction On Study Characteristics And AI Methods. Analysis Included Narrative Synthesis, Subgroup And Sensitivity Analyses, And Bias Assessment.

Results:

AI Improves Cost Prediction ($R^2 > 0.85$), Accelerates HTA (6× Faster Screening, 40–70% Time Reduction), And Enables Personalized Interventions, Saving 15–30% In Chronic Diseases. NLP Enriches Quality-Of-Life Data. Challenges Include Bias, Privacy Risks, And Model Opacity.

Discussion:

AI Enables Adaptive, Data-Driven Decisions Aligned With Value-Based Care. Key Strengths Are Data Integration And Speed. Translation Requires Standardized Frameworks, Transparency, And Global Equity Efforts. Future Work Should Validate Hybrid AI-Traditional Models And Expand Ethical Governance.

Conflict Of Interest:

The Authors Declare No Competing Interests.

Structured Extraction And Consistency Evaluation Of Recommendations And Evidence In Diabetes Guidelines Based On Large Language Models

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Structured Extraction And Consistency Evaluation Of Recommendations And Evidence In Diabetes Guidelines Based On Large Language Models

Background:

Clinical Practice Guidelines Are Critical For Translating Evidence Into Practice, Yet Existing Diabetes Guidelines Exhibit Significant Deficiencies In Methodological Quality, Evidence Reporting Completeness, And Traceability Between Recommendations And Supporting Evidence—Particularly In Prevention And Long-Term Management. Manual Extraction Of Dispersed Recommendations, Evidence Summaries, And References Is Labour-Intensive And Error-Prone. Although Large Language Models (LLMs) Show Promise In Long-Text Understanding And Structured Output, Challenges Including Hallucinations, Imprecise Evidence Localisation, And Instability Remain Unresolved.

Objective:

To Establish An Efficient, Reproducible Automated Pipeline For Extracting Diabetes Guideline Recommendations And Corresponding Evidence Using LLMs, With A Rigorous Consistency Assessment Framework.

Methods:

We Systematically Searched Clinical Practice Guidelines For Adult Type 2 Diabetes Published Between 2010 And 2025. Through Structured Reading And Delphi Consensus, We Classified Evidence Presentation Patterns Into Six Types: One-To-One Correspondence, Appendix-Indexed, Theme-Summarised, Separated-Scattered, Narrative-Integrated, And Citation-Labelled. For Each Type, We Selected 5 Guidelines (≥ 10 Recommendation-Evidence Pairs Each) To Construct A Gold-Standard Dataset Using Dual Independent Extraction With Third-Expert Arbitration. We Designed A Document-Tree-Based Phased Extraction Strategy Across Four Representative LLMs: Phase 1—Guideline Decomposition And Document Tree Construction; Phase 2—Recommendation Node Localisation And Evidence Pattern Classification; Phase 3—Pattern-Specific Prompt Strategies For Targeted Extraction. Consistency Will Be Evaluated At Two Levels: (1) Against The Gold Standard (Recall, Complete Match Rate, Mismatch Rate, Bertscore, F1); And (2) PICO-Structural Correspondence Across Dimensions, With Regression Analyses To Identify Influencing Factors.

Expected Results:

Preliminary Classification Yielded Six Distinct Evidence Presentation Patterns From 50 Sampled Guidelines. The Gold-Standard Dataset And Phased Extraction Framework Are Under Development. We Anticipate That LLM-Assisted Extraction Will Achieve Substantial Agreement With Human Extraction, With Performance Varying By Evidence Presentation Pattern And Model Selection.

Discussion:

This Study Provides A Reproducible, Auditable Methodological Foundation For AI-Assisted Guideline Information Extraction And Appraisal. The Six-Type Classification And Phased Extraction Strategy May Inform Future Automation Efforts Across Other Clinical Domains. Findings Will Guide Optimal LLM Selection And Prompt Design For Evidence-Based Guideline Implementation.

Sex/Gender Sensitive Clinical Practice Guidelines As Tools Towards More Equitable Care – A Framework For Guideline Transformation

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Background:

Clinical Practice Guidelines (Cpgs) Are Essential Instruments To Provide Best Clinical Practice Based On State-Of-The-Art Knowledge. Sex/Gender-Sensitive Medicine (SGSM) Has Gained Attention As A Quality Indicator For Patient-Centered Care. Therefore, A Sex/Gender-Sensitive Approach In Guideline Design Is A Prerequisite For Patient-Centered Cpgs And Ultimately For Equitable Care.

Objective:

European And German Cpgs Were Analyzed To Assess The Consideration Of Sex/Gender At National And Pan-European Levels, And To Derive Implications For Future Research, Practice, And Policy.

Methods:

More Than 500 European (N=450) And German (N=136) Cpgs Were Analyzed With Text Mining For Keywords Relating To Sex/Gender. We Categorized The Applied Keywords Quantitatively And Qualitatively To Identify The Themes Of Application, Especially In Relation To Evidence-Based, Sex/Gender-Targeted Recommendations.

Results:

Our Findings Reveal A Lack Of Consideration Of Sex/Gender Aspects In Cpgs And A Focus Of Sex/Gender Sensitive Topics To Mostly Reproduction, Fertility, Gynecology/Urology. Furthermore, A Lack Of Authorship Diversity In Terms Of Gender Parity On The European Level Is Apparent.

Discussion:

Our Findings Imply That 1) Institutional Mechanisms Are Needed To Ensure Systematic, Sustainable Consideration Of Sex/Gender Aspects Throughout CPG Development Processes; 2) SGSM Is Not Just Reproductive Health, But A Precise Way To Practice Medicine And Design Equitable Care; 3) Frameworks To Guide This Transformation Highlighting Implications For Researchers, Guideline Developers, And Clinical Practitioners Are Needed.

Evidence Based Guideline Implementation On Aging In Place In Primary Care: From Pilot To National Roll Out

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Rationale:

Most Older Adults Prefer To Age In Place And Remain Active Members Of Their Communities. Evidence Based Clinical Guidelines Can Support This Goal, But Successfully Translating These Guidelines Into Routine Practice Remains A Challenge.

Objectives:

To Disseminate And Implement An Evidence Based Guideline Aimed At Improving Aging In Place Within The Belgian Primary Care Context.

Methods:

In A Pilot Project, Occupational Therapists Were Trained To Implement The Guideline Recommendations. An Interdisciplinary Stakeholder Team Was Established To Ensure Long Term Sustainability.

During The Identification Phase, The Know–Do Gap Was Analyzed. In The Context Analysis Phase, Barriers And Facilitators Were Identified And Prioritized. In The Implementation Phase, Strategies Were Operationalized To Strengthen Capacity Building. The Evaluation Phase Included The Development Of Quality Indicators.

Insights Gained From The Pilot Were Used To Refine The Implementation Methodology To Enhance Feasibility For Nationwide Roll Out.

Results:

The Pilot Demonstrated Improvements In Both The Professional Identity And Professional Practice Of Occupational Therapists, Alongside Increased Adherence To Recommendations Among Older Adults. To Enhance The Feasibility Of A National Roll Out, Early Adopters Were Engaged. Adjustments Also Considered Belgium's Bilingual Context And Cultural Differences.

Conclusion:

Effective Dissemination And Implementation Of Evidence-Based Guidelines Require Deliberate Attention And Planning. A Robust Professional And Interprofessional Network—Combined With A Preliminary Pilot—Is Essential To Achieve A Sustainable National Roll Out. National And Cultural Differences Must Be Addressed To Ensure Long-Term Implementation Success.

Streamline Evidence-To-Recommendation Workflows Using Structured Summary Of Findings

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Background:

Guideline Developers Increasingly Rely On Interoperable Workflows That Move Efficiently From Evidence Synthesis To Recommendation Development. Structured Summary Of Findings (Sof) Tables Offer A High-Quality Foundation, But Many Teams Are Uncertain About How To Update And Transfer Summaries Across Platforms. This Workshop Is A Collaboration Between Cochrane, Evidence Prime, And The MAGIC Evidence Ecosystem Foundation, Bringing Together The Organisations Behind The Core Tools Used Globally For Evidence-Informed Guidelines. A New Workflow Using Structured Data Supported In 2026 Will Be Used.

Objective:

To Build Participants' Skills In Finding, Updating, And Applying Structured Sof Tables In Guidelines Using Revman, Gradepro, And Magicapp.

Planned Activities And Interactions

This Interactive Workshop Guides Participants Through:

1. Downloading A Data Package From The Cochrane Library.
2. Editing Analyses And Updating The Sof In Revman, Then Exporting The Sof.
3. Importing The Sof Into Gradepro And Magicapp And Initiating Guidelines.

Facilitators Will Support Hands-On Practice, Ensuring Participants Complete An End-To-End Mini Workflow.

Expected Learning Outcomes

Participants Will Learn To:

1. Adapt Cochrane Evidence For Their Guidelines In Revman
2. Transfer Sof Tables To Gradepro And Magicapp To Prepare And Publish Guidelines
3. Understand Workflow Efficiencies And Common Challenges.

Development Of Structured Guidance To Address Inequity In Evidence Synthesis

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We Developed Guidance For Systematic And Transparent Consideration Of Inequity In Evidence Synthesis Undertaken For Policy Makers, Structured As A Form And Including A Series Of Questions And Suggestions. The Guidance Is Rooted In The PROGRESS-PLUS Framework And We Define PROGRESS-PLUS Characteristics According To The PRO-EDI Tool. The Guidance Includes Recommendations On How To Identify Likely Inequity At The Planning Stage (E.G. Describe The Groups At Risk Of Facing Exclusion Or Discrimination With Respect To The Health Topic) And On The Recruitment Of Public Contributors With Relevant PROGRESS-PLUS Characteristics. The Guidance Also Covers How To Incorporate Inequity Considerations Into The Review Protocol (E.G. When Defining The PICO, Planning Data Extraction And Statistical Analysis), Review Writing (E.G. How To Report And Discuss Inequity-Related Results) And Dissemination Of The Findings (E.G. Ensuring The Findings Reach The People Who Can Address Inequities).

The Guidance Is Designed To Be A Living Document That We Plan To Update Regularly In Keeping With The Literature. The Current Version Has Been Optimised To Be Applied To Systematic Reviews Of Interventions And Some Items May Need Modification For Other Types Of Reviews (E.G., Reviews Of Exposures, Diagnostic Tests).

Application Of Our Guidance Will Aid Systematic Reviewers In Identifying, Reporting And Discussing Inequity Characteristics, Including Information On Any Groups Who Are Excluded From Studies And/Or For Which The Intervention Is Less Effective, And Make Recommendations To Reduce Inequity In Future Research. Importantly, The Guidance Will Help Identifying Evidence That Inequity Was Not Considered (Or Addressed) And Promote Better Practice.

Evidence–Recommendation Discordance And Industry Financial Relationships In Japanese Cancer Clinical Practice Guidelines: A Cross-Sectional Analysis

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Background:

Conflicts Of Interest (COI) In Clinical Practice Guidelines (Cpgs) Raise Concerns About Recommendation Integrity. We Therefore Assessed Evidence–Recommendation Discordance And Its Relationship With Industry Financial Payments And COI Disclosure In Oncology Guidelines.

Methods:

We Conducted A Cross-Sectional Analysis Of The Most Recent Cpgs (2021–2022) For Seven Major Cancers In Japan. For Each Clinical Question, We Extracted The Level Of Evidence And Strength Of Recommendation. Discordance Was Defined As A Strong Recommendation Supported Exclusively By Low Or Very Low Evidence. A Permutation-Based Modified Cohen’s K Statistic Quantified Deviation From Chance Structure, Assessing Whether Discordance Reflected Systematic Patterns Rather Than Random Assignment. Pharmaceutical Payments To Panel Members (2016–2021) Were Obtained From Individual Company Websites, And The Accuracy Of COI Disclosures Was Evaluated By Comparing Self-Reported Disclosures With Publicly Available Payment Data.

Results:

Among 742 Recommendations Across 548 Clinical Questions, 304/742 (41.0%) Were Strong Recommendations. Of These, 129/304 (42.4%) Were Supported Solely By Low Or Very Low Evidence. Overall Discordance Significantly Deviated From Chance ($K=0.37$; 95% CI, 0.28–0.45). Of 748 Panel Members, 613/748 (82.0%) Received Pharmaceutical Payments Totaling US\$27.6 Million, With A Median Of US\$11,687 (IQR: US\$2,422–47,361). However, Guideline-Level Payment Magnitude Was Not Consistently Associated With Discordance Patterns. Overall Disclosure Accuracy Was 264/629 (42.0%) For Lecture Honoraria And 1/10 (10.0%) For Manuscript Fees.

Conclusions:

Japanese Cancer Cpgs Demonstrate Substantial Evidence–Recommendation Discordance. Although This Pattern Was Not Directly Associated With Payment Magnitude, Widespread Financial Relationships And Incomplete COI Disclosure Highlight The Need For Strengthened Transparency And Governance To Enhance Guideline Trustworthiness.

Distraction Interventions For Reducing Needle-Related Procedural Pain In Children And Adolescent Across Age Groups: A Systematic Review And Network Meta-Analysis Of Randomized Controlled Trials

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Background:

Needle-Related Procedural Pain Is Common In Pediatric Settings, Yet Evidence-Based Distraction Strategies Remain Unclear Across Different Developmental Stages.

Objective:

To Evaluate The Effectiveness Of Distraction-Based Interventions In Reducing Needle-Related Procedural Pain Among Children And Adolescents, Categorized By Cognitive Development Stages.

Methods:

We Systematically Searched Five Databases For Randomized Controlled Trials (Rcts) Assessing Distraction Interventions For Needle-Related Pain Up To May 2025. Two Reviewers Independently Screened Studies, Extracted Data, And Assessed Risk Of Bias. A Frequentist Network Meta-Analysis Was Conducted, And Evidence Certainty Was Evaluated Using The Cinema Tool.

Results:

Eighty-Five Rcts (8,077 Participants) Assessing 18 Distraction Interventions Were Included. In Children Aged 2–6 Years, Bubble-Blowing Was Most Effective (Self-Reported Pain: SMD = -6.75, 95% CI [-11.29, -2.20]; Observer-Reported Pain: SMD = -5.22, 95% CI [-6.97, -3.47]; Moderate Certainty). Among Children Aged 7–11 Years, Drawing (SMD = -2.12, 95% CI [-3.39, -0.86]) And Virtual Reality (SMD = -1.25, 95% CI [-1.70, -0.80]) Were Most Effective For Self-Reported Pain, While Virtual Reality (SMD = -1.82, 95% CI [-2.36, -1.28]) And Drawing (SMD = -1.62, 95% CI [-2.88, -0.36]) Were Most Effective For Observer-Reported Pain. Medical Clowning, Distraction Cards, Kaleidoscope, And Coughing Also Showed Pain-Reducing Effects. Networks For Adolescents (12–19 Years) Could Not Be Constructed Due To Insufficient Trials.

Discussion:

Bubble-Blowing Is Most Effective For Younger Children, While Virtual Reality And Drawing Benefit Older Children. More High-Quality, Multicenter Rcts Are Needed, Particularly For Adolescents, To Optimize Pain Management Strategies.

Enhancing The Accessibility Of Primary Care Guidelines: Development Of An Artificial Intelligence Tool

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Background:

The Guidelines Of The Dutch College Of General Practitioners Support General Practitioners (Gps) In Delivering Evidence-Based Care In Daily Practice. However, The Increasing Volume And Complexity Of These Guidelines Pose Challenges For Timely And Efficient Information Retrieval During Consultations.

Objective:

To Develop And Test A Generative Artificial Intelligence (AI)-Tool To Search Within The Guideline Database And To Provide Relevant, Context-Driven Answers, Improving Accessibility And Usability Of The Guidelines.

Methods:

We Used Retrieval Augmented Generation (RAG), Which First Searched A Curated Knowledge Base For Guideline Relevant Passages And Then Used A Large Language Model To Formulate A Natural Language Answer. To Ensure Responses Were Comprehensive, Accurate, And Safe, We Incorporated Feedback In Several Optimization Rounds To Improve The Answers.

Results:

We Were Able To Develop A Functioning Prototype Of An AI Tool. The Tool Provided Suitable Answers To Daily Clinical Questions. After The Final Optimization Round 75% (60 Of 80 Gps) Of The Users Were Satisfied With The Provided Answer. Challenges Were Optimizing The Retrieval Pipeline To Achieve An Optimal Precision Recall Balance, Designing Answers That Produce Guideline Style Recommendations, Clear Tone, Actionable Language, And Evidence Based Phrasing, And Keeping The Generated Answers Strictly Grounded In The Retrieved Passages And Free Of Hallucinations.

Discussion:

The Pilot Test Was Promising. The Next Steps Are To Continue User Testing And To Evaluate Its Use Compared To Existing Search Facilities And To Discuss The Margin Of Error That Is Acceptable Before Promoting The Tool Among All Dutch Gps.

Advancing Health Through Intelligent Evidence And Living Guidelines Enhancement (ACHIEVE) In Diseases With Chronic Pain

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Introduction:

Clinical Guidelines For Diseases With Chronic Pain Often Struggle To Incorporate The Exponential Growth Of New Medical Evidence, Leading To A Significant Time Lag Between Discovery And Implementation. The ACHIEVE Project Aims To Bridge This Gap By Developing An AI-Driven Framework To Facilitate "Living" Guidelines, Ensuring That Clinical Recommendations Remain Synchronized With The Latest High-Quality Evidence In Real-Time.

Methods:

This Study Utilizes A Hybrid Approach Combining Retrieval-Augmented Generation (RAG) And Large Language Models (LLMs). The Methodology Involves: 1) Automated High-Frequency Screening, Data Extraction From Major Biomedical Databases; 2) Implementing LLMs To Assist In Rating The Risk Of Bias Assessment And The Certainty Of Evidence. The System's Performance Is Benchmarked Against Traditional Manual Systematic Reviews For Accuracy And Efficiency.

Results:

The Development Of The ACHIEVE Framework And The Technical Validation Of Its Evidence Synthesis Modules Are Currently Underway. Initial Performance Metrics Regarding The LLM's Consistency With Human Expert GRADE Ratings And The Reduction In Literature Processing Time Are Being Analyzed. The Comprehensive Findings And The Finalized Framework Will Be Formally Presented At The Conference.

Discussion:

By Leveraging LLMs To Automate Labor-Intensive Synthesis Tasks, ACHIEVE Offers A Scalable Solution For Maintaining Living Guidelines. This Approach Has The Potential To Transform Chronic Pain Management By Providing Clinicians And Policymakers With The Most Current Evidence-Based Support, While Addressing Critical Challenges Such As AI "Hallucinations" And Methodological Transparency.

Management Of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: A Systematic Review And Network Meta-Analysis Of Randomized Trials

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Background:

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) Is A Debilitating Condition Characterized By Post-Exertional Malaise, Persistent Fatigue, Pain, Cognitive Dysfunction, And Sleep Disturbance. No Curative Therapy Exists And Management Is Primarily Symptom-Focused. We Conducted A Systematic Review And Network Meta-Analysis (NMA) To Compare And Rank The Effectiveness Of Available Pharmacologic And Non-Pharmacologic Interventions For ME/CFS Across Patient-Important Outcomes.

Methods:

We Searched MEDLINE, EMBASE, Psycinfo, AMED (Via Ovid), CINAHL, Sportdiscus (Via EBSCO), And CENTRAL From Inception To Identify Randomized Controlled Trials (Rcts) Enrolling Participants With ME/CFS And Evaluating Any Therapeutic Intervention. Outcomes Included Fatigue, Pain Intensity, Physical Function, Mental Function, Social Function, Sleep Quality, Anxiety, And Depression. We Will Perform NMA Within A Frequentist Framework And Assess Certainty Of Evidence For Each Comparison Using GRADE.

Results:

The Search Identified 226 Rcts Including 20,676 Participants And 60 Distinct Interventions Spanning Pharmacologic (E.G., Antivirals, Immunoglobulins, Antidepressants) And Non-Pharmacologic Approaches (E.G., Aerobic/Resistance Exercise, Cognitive Behavioral Therapy, Mindfulness-Based Interventions, Acupuncture, Balneotherapy). Network Construction And Data Synthesis Are Ongoing. We Are Estimating Comparative Effects Across Core Outcomes, Exploring The Hierarchy Of Interventions Via Ranking Metrics, And Summarizing Certainty Of Evidence To Support Clinical Interpretation. Full Results, Including Rankings And GRADE Assessments, Will Be Presented At The Conference.

Conclusions:

This NMA Will Provide The Most Comprehensive Comparative Synthesis To Date Of Interventions For ME/CFS. By Integrating Evidence Across A Broad Network Of Rcts And Grading Certainty, The Findings Aim To Inform Shared Decision-Making And Guideline Development For Symptom Management And Individualized Care.

Development Of A Cumulative Detection Yield Model When Comparing Hearing Screening Strategies: Informing Guideline Panels In The Absence Of Direct Evidence

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Introduction:

Screening Guidelines Typically Address Whether To Screen And Which Test To Use, But Questions About Optimal Timing And Frequency Often Lack Direct Comparative Evidence. The Philippine Hearing Loss Guideline Established Mobile-Based Audiometry For School-Aged Children But Not The Screening Schedule. We Aimed To Provide Quantitative Estimates Comparing Annual Versus Targeted Grade-Level Screening To Inform Panel Deliberations.

Methods:

Systematic Review Of MEDLINE, Cochrane CENTRAL, HERDIN, And Clinicaltrials.Gov Through August 2025 Found No Direct Comparisons. We Developed A Cumulative Detection Yield Model Applying Pooled Diagnostic Accuracy Parameters (Sensitivity 0.85, 95% CI 0.69–1.00; Specificity 0.96, 95% CI 0.89–1.00) From Meta-Analysis Of Five Diagnostic Accuracy Studies (N=1,395) To Age-Specific Prevalence Data (15.15% At Ages 6–7, 8.94% At 8–9, 7.95% At 10–12 Years). A Hypothetical Cohort Of 1,000 Children Was Simulated From Ages 6–12, Comparing Targeted Screening (Three Screens At Key Grade Levels) Versus Annual Screening (Seven Screens). Model Assumptions Included Constant Test Accuracy Across Rounds And Removal Of Screen-Positives From Subsequent Screening. Outcomes Were True Positives, Missed Diagnoses At Age 12, And False-Positive Referrals. Certainty Was Assessed Using GRADE.

Results:

Both Strategies Yielded Equal Cumulative True Positives (277 Per 1,000; 95% CI 221–289). Targeted Screening Resulted In 8 More Missed Diagnoses (11 Vs. 3 Per 1,000) But 131 Fewer False-Positive Referrals (93 Vs. 224 Per 1,000). Certainty Was Low Due To Very Serious Indirectness From Modelled Projections.

Discussion For Scientific Abstracts:

Cumulative Detection Yield Modelling Provides Transparent Framework For Quantifying Screening Strategy Trade-Offs When Direct Comparative Evidence Is Unavailable, Enabling Evidence-Informed Guideline Deliberation.

Ensuring Accessible And Inclusive Engagement In Guideline Development: Experiences, Challenges And Solutions Learnt From The Australian Motor Neurone Disease Guideline

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Background:

Guidelines Which Include A Diverse Range Of Interest Holders, Such As Patients, Clinicians And Researchers Working Together To Develop Trustworthy Recommendations Is Best Practice. However, The Inclusion Of Interest-Holders Within Guideline Development Varies From Tokenistic Involvement To Co-Creation. The Australian Motor Neurone Disease (MND) Guideline Includes Over 200 People With Lived Experience, Clinicians, And Researchers. This Guideline Has Prioritised Inclusive, And Accessible Involvement To Ensure All Interest-Holders Are Participating In Governance, Prioritisation Of Topics, Evidence Generation, Recommendations And Implementation.

Objective:

To Describe The Process Of How All Interest-Holders Are Included Within The MND Guideline And Our Experience, Challenges And Solutions.

Methods:

Case Study

Results:

This Discussion Will Delve Into Each Step Of The MND Guideline Where Interest-Holders Have Been Included How This Was Managed. The Inclusion Of Many Interest-Holders Comes With Challenges, Which Include Ensuring Accessibility, Appropriate Scientific Communication Of The Evidence To Ensure Meaningful Engagement, Guideline Resources And Institutional Blockages. Solutions To Support Engagement Have Been Identified As Ensuring Inclusion Is A Value Of The Guideline, Appropriate Resourcing And Skill Development For The Guideline Team And Interest-Holders, And The Need For Open-Mindedness And Reflection And Being Responsive To Changes.

Discussion:

Involvement From A Large And Diverse Range Of Interest-Holders Can Be Challenging But Can Strengthen The Recommendations Developed From The Guideline And Other Outcomes. It Requires A Commitment From The Guideline Team, Time And Dedicated Resources To Ensure Involvement Can Be Without Barriers.

Public Health Agency Of Canada's Scientific Framework For Guidance Development: A Robust Approach To Creating A Principle-Based Framework For Public Health Guidance

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¹Public Health Agency Of Canada

Background:

The Public Health Agency Of Canada (PHAC) Provides Public Health Guidance To Canadians And Health Professionals. Variability In Methods And Approaches To Guidance Developed By Different Teams At PHAC Has Been Identified.

Objective:

In 2024, PHAC Launched An Initiative To Create A Scientific Framework For Guidance Development To Enable A Common Approach To Guidance That Would Promote Scientific Integrity And Build Public Trust.

Methods:

A Project Team Employed A Rigorous Scientific Approach To Develop The Framework. They Undertook A Literature Scoping Exercise And Criterion Sampling Strategy To Identify Best Practice Resources From Leading Domestic And International Guidance Organizations. Themes And Concepts Were Extracted From Over 60 Relevant Resources (E.G., Standards, Manuals, Handbooks); They Were Validated Through An Iterative Approach With An Agency-Wide Working Group, External Experts And Senior Leadership. The Framework Integrated Considerations Of Indigenous Perspectives, Equity, And Anti-Racism In Science.

Results:

The Resulting Framework Has Eight Principles Related To Reporting Of Methods, Engagement, Evidence Synthesis, Framing Of Recommendations, Health Equity, Conflict Of Interest, Resource Use, And Timely Guidance. Flexibility Is Built Into The Framework To Allow For Appropriate Adaptations, Such As Rapid Reviews, When Guidance Is Needed Rapidly And With Limited Resources. An Implementation Toolkit, With Scientific And Administrative Tools, Was Developed To Support Phac Program Areas To Apply The Framework. An Internal Horizontal Team Has Been Established To Support Framework Dissemination And Implementation Across The Agency.

Conclusion:

The Framework And Implementation Toolkit Are Comprehensive Evidence-Based Resources That Enable A Scientifically-Informed Common Approach In Guidance Development At PHAC.

Translating Formative Research Findings To Expert-Driven Solutions For Atopic Dermatitis Care In Singapore Primary Care

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Background:

Atopic Dermatitis (AD) Is Frequently Encountered In Primary Care, Yet Diagnostic Uncertainty Often Contributes To Unnecessary Specialist Referrals, Undermining Effective Right-Siting Of Care.

Objective:

To Strengthen AD Diagnostic Support Through Formative Research-Driven Innovation, Delivering Practical, Population-Specific Solutions.

Methods:

We Conducted Formative Research Involving Semi-Structured Domain Expert Interviews And Primary Care Physician Surveys. Key Issues Were Explored Alongside Evidence Review Using An Evidence-To-Recommendation Framework Considering Benefits And Harms, Values And Preferences, Feasibility And Other Factors. A Multi-Disciplinary Expert Group Then Deliberated These Findings To Develop Practical Solutions.

Results:

An Estimated 50–70% Of AD Cases Referred For Specialist Management Could Be Managed In Primary Care, Highlighting A Significant Care-Siting Gap. Key Barriers Included Diagnostic Uncertainty Stemming From Variable Understanding Of AD Diagnostic Criteria, And Challenges Distinguishing AD Flares From Infections. Additionally, Existing Diagnostic Criteria Proved Clinically Impractical And Performed Poorly For Singapore's Multi-Ethnic Population, Where AD Presentations Vary Significantly Between Malay, Chinese, Indian And Other Ethnic Groups In Lesion Morphology And Distribution Patterns. Indirect Evidence Also Suggested Patients Prefer Quick, Non-Invasive Diagnostic Approaches Integrated Into Standard Consultations.

Discussion:

These Findings Catalysed Expert Deliberations Beyond Conventional Guideline Development, Leading To Practical Solutions: A Flexible Diagnostic Approach Tailored To Singapore's Demographic Diversity Highlighting Key AD Features, Complemented By A Locally Relevant Photo Repository With Practical Clinical Tips Addressing Common Diagnostic Dilemmas. Integrating Diverse Knowledge Sources Addressed Identified Practice Gaps Through Contextually Relevant Solutions, Moving Beyond Rigid Diagnostic Criteria To Improve Physicians' Confidence In Diagnosis And Care Quality.

Impact Evaluation Of The Canadian Guidelines For Post COVID-19 Condition (CAN-PCC): A Mixed Methods Evaluation

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Background:

The Collaborative For The Canadian Guidelines For Post COVID-19 Condition (CAN-PCC) Led A National Effort To Provide Urgently Needed Guidelines For All Aspects Of Long COVID. More Than 150 Canadian And International Collaborators, Including 11 People With Lived Experience Contributed To The Development Of 92 Recommendations, 20 Good Practice Statements And 59 Bilingual Knowledge Translation (KT) Tools.

Objective:

To Assess Early Indicators Of Awareness, Uptake And Health System Use For The Recommendations And KT Tools.

Methods:

The Mixed Methods Evaluation Included Assessment Of Access And Use Of KT Tools And Activities, Surveys Of Healthcare Providers And The Public, And Healthcare Resource Use Analyses With Administrative Billing Data In Ontario.

Results:

Across 15-Months Of Rolling Releases, The CAN-PCC Website Received 58,604 Views, Including 22,245 Visits To The Recommendations Map. Twenty-Five Webinars Reached 1,451 Attendees, While 631 Social Media Posts And Videos Reached 123,637 Unique Users. Thirty Newsletters Were Sent To 2,152 Subscribers With A 57.6% Open Rate. Surveys Showed That Approximately 60% Of Clinicians And Public Respondents Were Aware Of The Guidelines, And 68% Of Clinicians Reported Using Them In Practice. Administrative Billing Data Analyses Showed Higher Rates Of Prescriptions For Metformin And Antiplatelet Drugs Among People With PCC Compared To Matched Controls.

Discussion:

CAN-PCC Delivered The First Comprehensive Long COVID Guidelines Integrated With KT Tools And Impact Evaluation. Awareness And Use Of KT Tools Was High Considering A Compressed Three-Month Dissemination Period. The Project Strengthened Care For People With PCC And Provided Urgently Needed Guidance For Clinicians.

A Proliferation Of Useless Rcts(?)

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¹U.Utah, Rocky Mtn Center For Oeh

Background:

Publication Of Small-Sized Rcts In Some Fields Is Exploding. Their Quality Needs Definition As There Is Potential To Misinform.

Objective:

Describe A Proliferating Pattern Of Small Rcts On Passive Treatment Modalities That Purportedly Affirm Utility Of An Intervention That Large, Sham-Controlled Rcts Refute As Ineffective.

Methods:

Systematic Reviews Were Performed For 77 Interventions For Knee Osteoarthritis, Including Heat, Cryotherapies, Medications, Electrical Therapies, Exercise, Rehabilitation Topics, Injections And Surgery.

Results:

There Are 31 Rcts Of Ultrasound For Knee OA, With 13 Small And Low Quality Rcts Including Many Published Recently Are Represented As Suggesting Efficacy, While 6 Sham-Controlled Trials Suggest Lack Of Efficacy. Similar Findings Appear To Be Occurring Especially In Other Passive Modality Interventions Including Interferential, Pulsed Electromagnetic Fields, Laser, And Phonophoresis. If These Trends Continue, It Is Projected The Proliferating Small Trials Will Swamp The Large Trials In Systematic Reviews, Particularly Among The Many Reviews That Do Not Emphasize The Highest Quality Evidence.

Discussion:

There Are An Increasing Number Of Small Rcts That Suggest Efficacy For Interventions Of Dubious Value. They Typically Have Sparse Methods, 100% Completion Rates, 0% Dropout Rates. This Raises Questions About: 1) Raising The Required Minimum Sample Size Per RCT Arm To 30, 2) Greater Scrutiny Of Small Trial Biases (E.G., Funnel Plots) With Implementation Of Exclusions, And 3) Wariness About The Utility Of The Proliferation Of Systematic Reviews That Rely On These Apparently Useless Rcts. In Knee OA, These Problems Appear To Be Disproportionately Affecting Passive Treatment Modalities.

Strengthening Diversity In Patient And Public Involvement In Guideline Development

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Background:

Intentional Representativeness And Diversity In Patient And Public Involvement Shapes Guidelines That Benefit The Health Of Whole Populations. They Can Address Health Inequalities And The Needs Of Groups Who Are Most Affected By A Condition. Guideline Development Should Reflect The Needs And Experiences Of Patients And Requires Meaningful Involvement From People With Diverse Cultural, Linguistic, Socioeconomic, Geographic, And Identity Backgrounds. However, Many Communities Remain Underrepresented. Common Barriers Include Limited Access, Lack Of Cultural Safety, Time And Resource Constraints, And Unfamiliarity With Guideline Processes. Addressing These Inequities Demands Intentional Recruitment Strategies And Tailored Support For Diverse Patient And Public Contributors Plus Cultural Humility In Pragmatic Adaptation Of Guidelines Processes.

Objective:

To Equip Participants With Practical Strategies To Identify, Recruit, Engage, Support And Evaluate Diverse Contributors In All Stages Of Guideline Development.

Planned Activities:

The Workshop Will Include Brief Presentations On What Is Meant By Diversity, On Common Barriers Experienced By Contributors From Diverse Groups And Examples Of Inclusive Recruitment And Support Models. In Small Groups, Participants Will Reflect On Their Own Experiences Of Patient And Public Involvement And Co-Develop Strategies To Recruit And Support People From Diverse Backgrounds. A Whole Group Discussion Will Consolidate Insights And Share Examples Of Good Practice.

Benefits For Participants:

Participants Will Contribute To And Gain An Understanding Of The Barriers Faced By Patient And Public Contributors And Examples Of Inclusive Recruitment And Support Models. They Will Leave With Practical Strategies For Diversifying The Patient And Public Contributors To Try In Their Own Guideline Development Activities.

Consensus Under Constraint: Managing Uncertainty And Operationalizing Guidelines Using E-Delphi And ADAPTE In A National Leprosy Clinical Practice Guideline

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Background:

Leprosy Remains Endemic In The Philippines, With Nearly 2,000 New Cases Reported Annually, Including Pediatric Cases And Individuals Presenting With Grade 2 Disability, Despite Achieving Elimination As A Public Health Problem. The National Leprosy Control Program (NLCP) Operates Within A Decentralized Health System And Primarily Implements World Health Organization (WHO) Recommendations On Multidrug Therapy (MDT) And Single-Dose Rifampicin (SDR) Chemoprophylaxis. However, Limited Local Epidemiologic Data, Variability In Regional Implementation, And Health System Constraints Complicate The Direct Adoption Of Global Guidance Into Context-Specific National Clinical Practice Guidelines (Cpgs).

Objective:

To Describe The Methodological Challenges And Mitigation Strategies In Developing The Philippine National Leprosy Clinical Practice Guidelines, With Emphasis On Structured Consensus-Building, Uncertainty Management, And ADAPTE-Guided Contextualization Of WHO Guidance.

Methods:

The Department Of Health Led A Structured Guideline Development Process. Clinical Questions Were Generated And Prioritized Through Two Rounds Of Modified E-Delphi Surveys Involving Multidisciplinary National And International Experts. WHO Leprosy Guidelines Served As The Principal Evidence Base, Supplemented By National Surveillance And Program Data. The ADAPTE Framework Was Applied To Assess Relevance, Feasibility, Acceptability, Equity, And Health System Impact, Focusing On Operationalization Rather Than Re-Grading WHO Evidence. Predefined Consensus Thresholds, Anonymized Feedback, And Iterative Refinement Minimized Bias. Recommendations Were Explicitly Categorized As Evidence-Based Or Consensus-Driven To Address Uncertainty.

Future Prospects For Project Presentations:

Future Work Includes Implementation Evaluation Across Regions, Integration Of Monitoring Indicators, And Alignment Of Conditional Recommendations With National Research Priorities To Strengthen Evidence-Informed Leprosy Control.

Integrating Planetary Health Into European Commission Initiative On Colorectal Cancer Guidelines

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Background:

The European Commission Initiative On Colorectal Cancer (ECICC) Aims To Improve Care And Reduce Disparities In Europe Through Evidence-Based Guidelines. Following The Grading Of Recommendations Assessment, Development, And Evaluation (GRADE) Approach, The Need To Incorporate Planetary Health Has Been Recognised.

Objective:

To Showcase How Planetary Health Was Integrated Into The ECICC Guideline Development Process Through The Inclusion Of A Dedicated Criterion Within The Etd Framework.

Methods:

The ECICC Working Group (WG) Discussed Planetary Health While Formulating Recommendations On CRC Screening Strategies. We Followed The GRADE Approach With Signalling Questions For Each Planetary Boundary. To Identify And Map The Evidence On Environmental And Planetary Health Impacts, We Conducted A Scoping Review.

Results:

Eighteen Studies (2022-2025) Were Included. Three Studies Directly Evaluated The Planetary Health Impacts Of CRC Screening Strategies. Evidence Remains Limited And Unevenly Distributed Across Planetary Boundaries. Overall, CRC Screening Appears To Confer A Net Planetary Health Benefit Compared With No Screening, Largely Due To Avoided Emissions From Late-Stage Cancer Treatment. CRC Screening Probably Improves Planetary Health, And Stool-Based Tests Likely Have A More Favourable Environmental Profile Than Colonoscopy-Based Strategies. The WG Suggested Practical Strategies To Reduce Planetary Health Impact: Appropriate Use Of Procedures, Transport And Scheduling, Reusable Equipment, Waste Reduction, Recycling Initiatives And 'Green Endoscopy' Practices.

Discussion:

The Incorporation Of Planetary Health Into The ECICC Guidelines Highlighted Its Impact In CRC Screening. However, Addressing Planetary Health Considerations Poses Challenges: Methods For Incorporating It In The Decision-Making Process Are Still Evolving And There Is The Need For Specialized Expertise.

Quality Assessment Of Clinical Practice Guidelines On The Diagnosis And Treatment Of Pediatric Mycoplasma Pneumoniae Pneumonia

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Background:

Mycoplasma Pneumoniae Pneumonia (MPP) Is A Major Cause Of Community-Acquired Pneumonia In Children. Numerous Guidelines And Consensus Statements On MPP Have Been Published, Yet Their Methodological Quality Remains Unclear.

Objective:

To Evaluate The Quality Of Clinical Practice Guidelines And Expert Consensus On Pediatric MPP Using The AGREE II Instrument.

Methods:

We Searched Pubmed, Embase, Cochrane Library, Web Of Science And Four Chinese Database For MPP Guidelines And Consensus. The Quality Was Analyzed Using The AGREE II Instrument By Two Appraisers Independently.

Results:

A Total Of 3 Guidelines And 6 Consensus Statements, Published Between 2015 And 2025, Were Included. Among Them, 1 Was Rated As Level A (Recommended For Use), 2 As Level B (Recommended For Use With Modifications), And 6 As Level C (Not Recommended). The Standardized Domain Scores On The AGREE II Instrument Varied Across Documents: Scope And Purpose (42%-86%) And Clarity Of Presentation (33%-81%) Received Relatively High Scores; Rigor Of Development Showed Considerable Variation (7%-69%), With Only One Guideline Reporting Systematic Methods; Stakeholder Involvement Ranged From 33% To 69%; Applicability (6%-19%) And Editorial Independence (0%-79%) Were Generally Low. Most Documents Lacked Facilitators And Barriers To Application, Implementation Tools, Potential Resource Implications And Conflict-Of-Interest Declarations.

Discussion:

Most Pediatric MPP Guidelines And Consensus Statements Have Significant Methodological Limitations, Especially In Rigour Of Development, Applicability, And Editorial Independence. Future Guideline Development Should Prioritize Methodological Rigor And Transparency To Enhance Their Quality And Usability.

Conflict Of Interest:

No.

Threading The Needle Through Conflict And Controversy In Clinical Guidelines: American College Of Physicians Guidance Statements

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Background:

The American College Of Physicians (ACP) Develops Guidance Statements, Which Produces Practical Guidance Considering Recent National Guidelines Informed By Systematic Reviews For Important Clinical Topics That Have Known Conflicts In Recommendations Rather Than Developing Another Guideline On The Same Topic.

Objective:

To Identify, Critically Appraise, Synthesize, And Provide Guidance On Conflicting Clinical Guidelines For Select Topics.

Methods:

We Searched Ovid MEDLINE And The GIN Library For National Guidelines For Colorectal And Breast Cancer Screening Published In English In The Last 5 Years That Were Informed By Systematic Reviews. We Appraised Each Eligible Guideline For Quality Using AGREE-II. We Abstracted Data From Accompanying Systematic Reviews And Guideline Recommendations On The Highest-Quality Guidelines To Formulate Guidance Statements.

Results:

Both Colorectal And Breast Cancer Screening Had Conflicting Guidance Among High-Quality Guidelines. ACP Developed Guidance Statements On CRC And Breast Cancer Screening Considering Age To Initiate And Discontinue Screening And Frequency And Modality Of Screening. Conflicts In Guideline Recommendations Were Often Centered On Age Cutoffs For Initiating And Discontinuing Screening And The Optimal Screening Modality.

Discussion:

Guideline Developers Typically Relied On Modeling And Epidemiological Data To Inform Revising Guideline Recommendations. These Approaches Were Attributable To The Differences In Recommendations Across High-Quality Guidelines And ACP's Guidance Statements. While Modeling And Epidemiological Data Contribute To Clinical Policy, Primarily Relying On Them To Inform Critical Guidance On Cancer Screening Has Limitations. Reviewers And Public Commenters Frequently Confused Surveillance (High Risk) And Screening (Average Risk), Which Led To Disagreements With ACP Guidance Statements.

Contextualizing Dynamic Costs And Value Of Newer Weight Management Medications: A Case Example From The American College Of Physicians

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Background:

The Certainty Of Economic Evidence Is Often Limited To The Dynamic Nature Of Healthcare Costs In The US And Limitations Of Cost-Effectiveness Analyses (Ceas).

Objectives:

To Consider Dynamic Costs (In The US) And Determine The Value Of Weight Management Medications.

Methods:

The American College Of Physicians Applied Its Economic Evidence Framework And Commissioned A Systematic Review To Analyze The Cost-Effectiveness Of Weight Management Medications And Determine The Certainty Of Evidence For Intervention Value. ACP Also Estimated Annual Wholesale Acquisition Costs (WAC) For These Medications.

Results:

Cost-Effectiveness Analyses From 2022 And 2023 Concluded That Semaglutide Was Effective But Too Costly. Analyses From 2025 Considered Newer Discounts And Concluded That Semaglutide And Tirzepatide Were High-Value, But Certainty Of Evidence Was Low. WAC Slightly Increased Over This Period For Both Medications.

Discussion:

More Recent Ceas Concluded That Semaglutide And Tirzepatide Are High-Value Interventions, But Challenges Persist. There Is Potential For High Utilization Of Costly Weight Management Medications Based On Prevalent Eligibility. Discounts Might Not Be Available To Insurers With Some Payers Opting To Deny The Coverage Of The Treatments. Further, Direct-To-Consumer Discounts Might Lead To Increased Equity Gaps. Ceas Often Assume A Lifetime Time Horizon, But There Is Evidence Of Reduced Patient Adherence With Weight Management Medications. There Are Several Investigational Weight Management Medications In Phase 3 Testing, Which Will Likely Contribute To Continued Volatility In Determining The Value Of Weight Management Medications.

Metabolic Syndrome And Risk Of Dementia And Cognitive Decline: A Systematic Review And Meta-Analysis Of Prospective Studies From 6,753,197 Participants

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Background:

Previous Studies On The Link Between Metabolic Syndrome (Mets) And The Risk Of All-Cause Dementia, Alzheimer's Disease (AD), Vascular Dementia (VD), And Cognitive Decline Are Inconsistent.

Objective:

To Investigate The Association Between Mets With Dementia And Cognitive Decline.

Methods:

We Systematically Searched Five Databases Up To June 2025 For Prospective Community-Based Cohort Studies Of Adults ≥ 18 Years. Risk Of Bias Were Assessed Using ROBINS-I, And The GRADE Approach Was Applied To Evaluate The Certainty Of Evidence. Relative Risks (RR) With 95%CI Were Computed Using A Random-Effects Inverse-Variance Method.

Results:

28 Cohorts Were Examined. Mets Was Significantly Associated With A Higher Risk Of All-Cause Dementia (RR=1.11, 95%CI: 1.07–1.14; Absolute Risk Difference: 2 More Cases Per 1000 Persons), VD (RR=1.33, 1.21–1.46; Absolute Risk Difference: 7 More Per 1000 Persons), And Cognitive Decline (RR=1.24, 1.10–1.40; Absolute Risk Difference: 5 More Per 1000 Persons) (All Low-Certainty). No Significant Association Was Found Between Mets And AD, With Very Low Certainty. Mets Components Of Hypertension, Hyperglycemia, And Low HDL-C Were Key Risk Factors, With A Dose-Response Relationship Observed Between The Number Of Mets Components And Dementia Risk. Mets Increased All-Cause Dementia Risk In Individuals Under 70 ($P=0.048$).

Discussion:

Mets Is A Modifiable Risk Factor For Dementia And Cognitive Decline, Particularly In Those Under 70. Cumulative Effects Of Its Components Emphasize Need For Early Interventions Targeting Hypertension, Hyperglycemia, And Dyslipidemia To Mitigate Cognitive Decline. Given Its Modifiability, Lifestyle And Metabolic Health Interventions Offer Promising Strategies To Reduce The Global Dementia Burden.

Pharmacologic Treatment Of Gestational Diabetes Mellitus: A Systematic Review And Network Meta-Analysis Of 75 Randomized Controlled Trials

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Background:

Evidence Comparing Efficacy And Safety Of Different Drug Classes For Gestational Diabetes Mellitus(GDM) Is Limited.This Study Aims To Compare The Different Pharmacologic Treatments For GDM.

Method:

On May 16, 2025, An Electronic Search In Pubmed, Embase, Cochrane Central Register Of Control, And Web Of Science Was Performed. Rcts Evaluating Glucose Levels And Maternal Or Neonatal Complications In GDM Patients Treated With Pharmacologic Agent(Insulin, Biguanides, Sulfonylureas, A-Glycosidase Inhibitors, SGLT-2 Inhibitors, Or DPP-IV Inhibitors) Versus Standard Care Were Identified. We Used Random-Effects Model To Conduct The Pairwise Meta-Analyses For Each Direct Comparison And Applied The Cinema Framework To Assess The Certainty Of Evidence.

Results:

A Total Of 75 Articles Met Our Eligibility Criteria, Encompassing 15401 Participants. All Subsequent Numbers Refer To Comparisons With Standard Care. Moderate To High Certainty Evidence Established Sulfonylureas As The Most Effective Drugs In Lowering Fasting Glucose(MD: -0.33mmol/L, 95%CI: -0.55 To -0.1) Followed By Insulin(MD: -0.3mmol/L, 95%CI: -0.4 To -0.21) And Biguanide(MD: -0.2mmol/L, 95%CI: -0.28 To -0.12). Biguanide Was The Most Effective Drugs In Hba1c Control(MD: -0.1%, 95%CI -0.16 To -0.03). Biguanide(OR: 2.04, 95%CI: 1.04 To 4.01) Was Associated With Increased Adverse Events Leading To Low-Birth-Weight Infant. Insulin(OR:0.51, 95%CI: 0.34 To 0.75), Biguanide(OR: 0.39, 95%CI: 0.26 To 0.59) And Sulfonylureas(OR: 0.5, 95%CI: 0.31 To 0.79) Could Decrease The Risk Of Macrosomia.

Conclusion:

Insulin Proved To Be The Most Effective Therapy For Achieving Glycemic Control And Reducing Maternal And Fetal Complications. Biguanide May Be Associated With An Increased Risk Of Low-Birth-Weight Infants And Should Be Used With Caution.

Development Of A Cloud-Based Clinical Practice Guideline Platform

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¹National Evidence-Based Healthcare Collaborating Agency

Background:

To Improve Healthcare Quality And Optimize Resource Use, The Development And Utilization Of Evidence-Based Cpgs Are Among The Key Tasks That NECA (National Evidence-Based Healthcare Collaborating Agency) Focuses On. Although Evidence-Based Cpgs Are Rapidly Developing Through Various Approaches, From Single- To Multi-Disciplinary, They Are Mostly Designed For Physicians And Posted On Individual Homepages. The Need For An Integrated Space Where Multiple Cpgs And Development Tools Can Be Gathered In One Place Has Emerged.

Objective:

This Study Aimed To Establish A Cloud-Based CPG Platform To Enhance Efficiency, Security, And Accessibility For Diverse Stakeholders.

Methods:

The Platform, NECA Clinical Practice Guideline Library, Was Designed Using A Software As A Service (SaaS) Approach Which Offers Advantages In Flexibility, Maintenance, And Cost Savings. It Provides A Repository For Guideline Materials, Categorized Search Functions, Resources For Patients And The Public, CPG Data Registration, And Enables Users To Track The Status Of Guideline Development; It Also Encourages Diverse Stakeholders To Visit.

Future Prospects:

This Study Demonstrates The Integration Of Digital Technologies And Public Health Engagement In Guideline Development. The Platform Is Expected To Improve Healthcare Quality And Promote The High-Quality Development Of Cpgs By Providing Trustworthy Development Tools And Resources. Future Efforts Should Focus On Applying AI-Assisted Processes To Enhance User Access To Information Quickly And Clearly Via Statistics And Summaries Based On Platform Content.

Turning Living WHO Obesity Guidelines Into Local Impact: Co-Creating Equitable Implementation In The Global South

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Background:

Obesity Is A Rapidly Escalating Global Health Challenge Driving Noncommunicable Diseases And Health Inequities Worldwide. Highly Effective New Pharmacological Treatments Offer Substantial Clinical Benefits But Raise Complex Questions Regarding Affordability, Feasibility, Health System Readiness, And Fair Prioritisation, Particularly In Low- And Middle-Income Countries. A Living World Health Organization (WHO) Guideline On Obesity Management, Available In Magicapp, Provides Continuously Updated Recommendations And Decision Aids Designed For Adaptation And Translation. However, Global Guidance Alone Does Not Ensure Meaningful Local Impact. There Is An Urgent Need For Approaches That Bridge The “Last Mile” From Evidence To Implementation Through Contextualisation, Capacity Strengthening, And Country-Led Processes.

Objective:

To Demonstrate How Living Global Guidance On Obesity, Including Recommendations On Novel Anti-Obesity Medications, Can Be Translated Into Measurable Local Impact Through Co-Creation, Contextual Adaptation, And Implementation. The Session Will Identify Practical Strategies To Promote Equity, Affordability, And Sustainable Uptake Of Living Guidelines In Diverse Health Systems.

Format:

This Special Session Presents A Consortium Approach—Living Evidence And Guidance Orchestrated To Fit Local And National Diversities (LEGOLAND)—That Prioritizes Leadership From The Global South And Focuses On Translating Evidence Into Practice. Five Speakers From Diverse Regions Will Provide Brief Real-World Perspectives On Needs, Barriers, And Successful Strategies For Adapting Living Obesity Guidance To Local Contexts. Topics Will Include Contextualisation Processes, Implementation Challenges, And The Use Of Supportive Tools Such As Adaptable Economic Evidence Where Relevant.

The Session Is Highly Interactive, Incorporating Live Audience Polling, And A Structured Small-Group Discussion For Participants To Collaboratively Identify Actionable Solutions And Partnership Opportunities.

Using Evidence To Decision Frameworks And Processes To Guide Research

Prof Holger Schünemann¹, GRADE Project Group On Evidence Synthesis To Research²

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Improving Certainty Of Effect Estimates Has Strengthened Guideline Development, Yet Many Health Decisions Fail At The Level Of Implementation, Sustainability, Or System Performance. This Presentation Advances A Decision-Process Centered Framework Using GRADE Evidence-To-Decision (Etd) Criteria Not Only To Formulate Recommendations But To Guide The Design And Prioritization Of Research Across The Full Intervention Lifecycle.

Etd Frameworks Structure Judgments Across Benefits And Harms, Values, Resource Use And Cost-Effectiveness, Equity, Acceptability, Feasibility, And Broader Societal And Planetary Health Considerations. When Applied Transparently, These Criteria Reveal Uncertainty That Resides Within The Decision Ecosystem. Frequently, Uncertainty Persists Not In Comparative Benefits And Harms But In Delivery, Uptake, Distributional Impact, Or Contextual Fit. The Framework, Resulting In GRADE Guidance, Presented Conceptualizes Each Etd Domain As A Research-Generating Lens. Uncertainty About Values Signals The Need For Related Research; Equity Concerns Require Subgroup Considerations; Feasibility And Acceptability Judgments Point Toward Implementation Science; And Resource Considerations Necessitate Economic And Budget Impact Analyses.

We Present A Structured Translation Process Linking Etd Judgments To Explicit Research Agendas, Distinguishing Research Gaps In Etd Criteria From Gaps In Implementation And Monitoring. Post-Decision Phases Are Derived Directly From The Etd Criteria, Enabling Adaptive Learning And Feedback Within Health Systems.

By Repositioning Etd Frameworks As Architectures For Research Alignment And Priorities, This Approach Integrates Primary Studies, Synthesis, Implementation Research, And Monitoring Within A Coherent Logic, Strengthening The Potential Impact Of Guidelines. This Work Is Led By The GRADE Project Group On Evidence Synthesis To Research, Including Colleagues From Organizations Like Cochrane And WHO.

Economic Value Of Urine Lateral Flow Lipoarabinomannan Test For Tuberculosis In High-Risk Groups: A Malaysian Case Study

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Background:

Tuberculosis (TB) Diagnosis Is Challenging In People Living With HIV (PLHIV) And Children Due To Difficulties In Producing Sputum. While Alerelam Is The Current Standard Urine-Based Test, The Newer Fujilam Assay Offers Higher Sensitivity But Lacks Formal WHO Recommendation, Creating An Evidence-To-Policy Gap For Malaysian Decision-Makers.

Objective:

To Evaluate The Cost-Effectiveness Of Fujilam Versus Alerelam For TB Detection Among PLHIV And Children In Malaysia.

Methods:

A Hybrid Decision Tree And Markov Model Simulated Outcomes For A Hypothetical Cohort Of 5,000 PLHIV. A 1-Year Horizon Estimated The Cost Per TB Case Detected And Dalys Averted, While A 30-Year Horizon Estimated The Cost Per QALY Gained. The Analysis Adopted A Healthcare Provider Perspective Using 2025 Ringgit Malaysia (RM) Costs. Results Were Compared Against A Threshold Of 1 GDP Per Capita (RM56,700 / USD13,248).

Results:

Fujilam Detected 236 Additional TB Cases Compared To Alerelam (806 Vs. 570) At An Incremental Cost Of RM292.24 (USD68.30) Per Additional Case. The ICER Was RM49.37 (USD11.50) Per DALY Averted And RM14,572 (USD3,405) Per QALY Gained, Well Below The National Threshold. Scenario Analyses Confirmed Fujilam Was Most Cost-Effective In Children And PLHIV With CD4 Counts ≤ 200 . Probabilistic Sensitivity Analysis Showed High Confidence In These Results (99.97%).

Conclusion:

Fujilam Is A Cost-Effective Alternative To Alerelam In Malaysia, Yielding An Incremental 1.3105 Qalys At RM19,097 (USD4,462). The ICER Remains Well Below The National Threshold. Prioritizing Children And PLHIV With CD4 ≤ 200 Offer The Greatest Value. However, Large-Scale Adoption Requires Budget Impact Analysis To Ensure Affordability Against Competing Priorities.

Understanding Dissemination Mechanisms For Clinical Practice Guidelines In Sub-Saharan Africa: A Mixed-Methods Study

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Background:

Despite Widespread Development Of Clinical Practice Guidelines (Cpgs), Translation Into Care Remains Inconsistent. In Sub-Saharan Africa (SSA), Where Rapid Policy Updates Are Required In Response To Emerging Health Challenges Such As Antimalarial Drug Resistance, Understanding Dissemination Strategies (I.E., Channels, Product And Formats) Is Essential.

Objective:

To Explore How Healthcare Professionals In SSA Currently Access, Perceive, And Apply Cpgs In Practice.

Methods:

We Conducted An Exploratory Sequential Mixed-Methods Study As Part Of Two EDCTP Funded Projects On Malaria Resistance And New-Born/Child Health. We Recruited 170 Healthcare Professionals From Malawi, South Africa, Uganda, Tanzania, And Nigeria Through The Project's Networks To Participate In An Online Survey. We Used The Impact Assessment Method And The ACAO Model To Assess Utilization, Utility, And Usefulness Of CPG Strategies And Performed Descriptive Analyses. We Convened A Focus Group To Further Contextualize Findings, Applying Inductive Thematic Analysis.

Results:

Most Used Devices Were Mobile Phones (92%), Followed By Laptops (48%) And Paper Formats (43%). Most Accessed Channels Were Websites (50%), Educational Programs (43%), And Social Media (41%). Preferred Products Were Clinical Protocols (83%), Presentations (52%), And Educational Materials (48%). Sources Were Mainly National Health Ministries, Non-Governmental Organisations, And Research Institutions. High Reported Guideline Use Largely Reflected Engagement With Derivative Products, Rather Than Full-Length Documents. Barriers Included Limited Access To Channels, Internet Constraints, Lack Of Hard Copies, And Missing Local-Language Adaptations, Especially Affecting Rural Areas.

Discussion:

High Engagement Relies On Concise, Context-Adapted Tools. Dissemination Strategies Should Prioritise Mobile-Compatible, Offline-Accessible, And Locally Adapted Tools To Enhance Implementation And Equity.

Integrating Service Users' Expertise Into Social Care Guidelines: Case-Based Methodological Lessons From The HAS Experience

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¹HAS

Background:

At HAS, Guidelines Development Relies On A Triple Expertise Combining Research Evidence, Professional Knowledge And The Lived Experience Of People Receiving Care Or Support. Integrating Service User's Perspective Is Increasingly Recognised As A Core Principle Of Co-Production And Equity-Centred Guideline Development. Yet Implementation Remains Methodologically Challenging In The Social Care Contexts. Standard Participatory Approaches Are Often Poorly Adapted To These Contexts And May Result In Partial, Non-Representative, Or Symbolic Forms Of Involvement.

Objective:

To Describe How HAS Mobilises Service Users' Expertise Across The Full Guideline Development Process And Identify Methodological Practices Supporting Meaningful Co-Production.

Methods:

Several HAS Social Care Guideline Projects Were Analysed As Case Studies. We Traced How Experiential Knowledge Was Identified And Integrated Throughout The Guideline Lifecycle. Particular Attention Was Paid To Methods Enabling The Participation Of Individuals With Limited Autonomy Or Communicative Capacity, As Well As The Articulation Of Experiential Data With Scientific Evidence And Professional Expertise.

Results:

Service Users, Including Family Representatives, Contributed To Defining Guideline Scope, Participated In Multidisciplinary Drafting Groups, Provided Lived-Experiences Testimonies, Reviewed Draft Recommendations, And Validated Revised Versions. Adapted Participation Approaches (Such As Easy-To-Read Materials, Dedicated User Groups, Outreach Interviews, And Collaboration With User Organisations) Were Implemented To Support More Equitable Participation And Context-Sensitive Recommendations. Participation Improved Contextualisation, Legitimacy And Acceptability, While Highlighting Challenges Related To Translating Experiential Knowledge Into Guidance.

Conclusions:

Embedding Equity-Centred Co-Production Methods Throughout The Guideline Lifecycle Enhances The Relevance And Implementability Of Social Care Recommendations And Provides Transferable Methodological Insights For The Guidelines International Network Community.

Macronutrient Intake Recommendations In Diabetes Care: A Systematic Review Of Clinical Practice Guidelines And Consensuses

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Background:

Macronutrient Intake Is A Central Component Of Medical Nutrition Therapy For Diabetes. However, Current Research Has Focused Mainly On Type 2 Diabetes And Provides Limited Insight Across Diverse Populations.

Objective:

To Assess The Quality Of Clinical Practice Guidelines (Cpgs) And Consensuses Pertaining To Macronutrient Intake In Diabetes Mellitus, And To Evaluate The Consistency And Transparency Of Recommended Macronutrient Distributions.

Methods:

We Systematically Searched Nine Databases, Four Guideline Repositories, And Websites Of Relevant Professional Societies From January 2019 To January 2025. Methodological And Reporting Quality Were Appraised Using The AGREE II Instrument And The RIGHT Checklist.

Results:

Eight Cpgs And Three Consensuses Were Included. Overall Methodological Quality Was Suboptimal, With More Than Half Rated As Moderate Quality. Compared With Consensuses, Cpgs Recommended Narrower Macronutrient Intake Ranges And Provided More Detailed Population Stratification. Among 58 Macronutrient Recommendations, Covering Four Diabetes Types (DM, T1DM, T2DM, And GDM) And Multiple Age Groups, Broad Agreement Was Observed In Discouraging Very-Low-Carbohydrate Diets (<26% Of Energy) And High-Fat Diets (>35%), And Limiting High-Protein Intake (>25%) In Children And Adolescents. However, Recommended Macronutrient Ranges Varied Substantially Across Diabetes Classifications And Special Populations. Notably, 75.86% Of Recommendations Lacked Explicit Evidence Grading, Reflecting Limited High-Quality Research, Particularly For Pregnant Individuals, Older Adults, Those With Obesity, And Individuals With Chronic Kidney Disease.

Conclusions:

Current Macronutrient Recommendations Remain Heterogeneous And Are Frequently Unsupported By Graded Evidence. Strengthening Population-Specific Research And Improving Methodological Rigor Are Essential To Enhance Consistency And Support Individualized Nutrition Therapy.

Maximising The Value Of Existing Evidence Synthesis In The GRADE ADOLOPMENT Process: Methods For Balancing Reproducibility, Efficiency And Trustworthiness

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Background:

The Grading Of Recommendations, Assessment, Development And Evaluations (GRADE)-ADOLOPMENT Methods Have Potential To Minimise Waste And Increase Efficiency In Guideline Production By Enabling Developers To Adopt And Adapt Guideline Recommendations For Their Local Context. However, Using And Updating Existing Evidence Syntheses From Guidelines Is Rarely Straightforward. Each Step Of Evidence Review Requires Methodological Decisions (From Mapping Source Guidelines To The Prioritised Questions And Outcomes, Through To Interpreting And Presenting Findings), But Methods Are Difficult To Pre-Specify Because The Scenarios Developers Encounter Vary Widely And Are Hard To Anticipate.

Objective:

To Develop A Framework For Making Reproducible And Trustworthy Methods Decisions When Using And Updating Evidence From Existing Guidelines.

Methods:

Through An Iterative Process Of Reviewing Evidence For 14 Recommendations In The Update To The Australian Dementia Clinical Practice Guidelines, We Identified Challenges With Using Existing Evidence At Each Step Of Evidence Review (E.G. No Or Partial Synthesis Available For An Outcome, Source Did Not Report Data Needed To Update An Analysis Or GRADE Results) And Methods Options. We Then Developed An Algorithm (Flowchart) With Questions About What Information Was Available At Each Step Of Evidence Review And Criteria For Deciding What Methods To Apply.

Results:

The Algorithm Covers 9 Steps Of Evidence Review (E.G. Identifying Evidence Sources, Searching For Supplemental Studies, Appraising Studies, Applying GRADE) And Addresses All Scenarios Identified Across The 14 Recommendation Questions.

Discussion:

The Algorithm And Criteria Provide A Framework For Making Reproducible And Trustworthy Methods Decisions When Using And Updating Existing Evidence From Guidelines.

Don't Let The Evidence Die: Guidelines For Rapid Evidence Reviews Becoming Living Synthesis Reviews 7

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Background:

Timely And Contextually Relevant Evidence Is Critical For Decision-Making, Especially In Low- And Middle-Income Countries Where Decision Timelines Are Short And Resources Limited. While Systematic Reviews Provide Methodological Rigor, They Are Often Costly And Time Intensive. Rapid Reviews Offer A Practical Alternative But Quickly Become Outdated As New Research, Grey Literature, And Contextual Knowledge Emerge, Leading To Duplication And Reduced Policy Relevance. Living Evidence Synthesis (LES), Which Enables Continuous Updating Through Ongoing Evidence Surveillance, Offers A Promising Solution. However, Practical Guidance On Transitioning Rapid Evidence Reviews (RER) Into Sustainable LES Approaches Remains Limited.

Objectives:

To Present A Pragmatic Framework For Transforming Rapid Reviews Into Living Evidence Systems.

Methods:

Drawing On Our Experience In The Global South, The Framework Combines PRISMA-Aligned Methods With Continuous Surveillance Of Academic, Grey, And Community Knowledge Sources. Artificial Intelligence Supports Screening And Updating Under Human Oversight, While Monitoring Systems, Version Control, And Feedback Loops Enable Iterative Evidence Synthesis And Continuous Improvement.

Results:

Integrating Hybrid Evidence Sources With AI-Supported Screening And Continuous Surveillance Improved Efficiency, Enabled Timely Updates, And Reduced Duplication. Version Control And Feedback Mechanisms Strengthened Institutional Memory And Transparency, While Inclusion Of Local Evidence And Indigenous Ways Of Knowing Enhanced Relevance, Continuity, And Policy Responsiveness In Resource-Constrained LMIC Contexts.

Discussion:

Transforming Rapid Reviews Into Living Evidence Systems Provides A Scalable, Context-Responsive Approach For LMIC Settings. Embedding Continuous Surveillance, Diversified Evidence Sources, And Iterative Updating Supports Efficient, Transparent, And Sustainable Evidence Systems For Decision-Making.

Real-World Implementation And Use Of European Academy Of Neurology Clinical Practice Guidelines: Findings From A Cross-Sectional Survey

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Background:

Neurological Disorders Represent A Major Global Public Health Challenge. The Uptake And Real-World Impact Of Clinical Practice Guidelines(Cpgs) Are Shaped By Multiple Contextual Factors. Substantial Gaps Persist Between CPG-Recommended Care And The Care People With Neurological Disorders Actually Receive.

Objective:

To Explore The Real-Life Dissemination, Implementation And Use Of Cpgs Produced By The European Academy Of Neurology(EAN).

Methods:

A Web-Based Survey Of European Neurologists, European National Neurological Societies(NNS) And International Professional Societies Partners Of The EAN.

Results:

Among 448 Neurologists, 85% Consult Cpgs For Clinical Decision Making, 55% Have Read All Or Some EAN Cpgs Multiple Times, And 36% Uses EAN Cpgs Regularly. 96% Of Responders Believes That Following EAN Cpgs Will Improve Care Delivery And Patients' Outcomes; 13% And 19% Are Expected To Follow EAN Cpgs By Monitoring Agencies And Governments Respectively. Preferred Way Of Learning About The Cpgs Are Conferences (68%); Preferred Format Desktop Versions (64%). 45% Of The NNS And 42% Of The Partner Societies Implement EAN Cpgs. NNS Mostly Use Conferences (81%), And Partner Societies Journal Publications (81%) To Disseminate Cpgs. NNS Plan Implementation Mostly Based On Stakeholder Engagement (32%), And Partner Societies On Pre-Identified Barriers (35%). Healthcare Professionals Are Most Commonly Involved Stakeholders (81% NNS; 77% Partner Societies). 29% NNS And 65% Partner Societies Engage Patients In CPG Implementation. Educational Strategies Are Most Commonly Used (85%).

Discussion:

This Survey Will Help Inform The Development Of Implementation Interventions, Designed And Delivered Jointly With NNS And Partner Societies, To Improve The Real-World Uptake And Use Of EAN Cpgs.

A Stepwise Approach To Developing Evidence-Based Recommendations On Screening Test For The European Commission Initiatives On Colorectal Cancer Screening And Care

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Background:

The Optimal Approach To Colorectal Cancer (CRC) Screening, Including Age Ranges And Test Selection, Remains A Subject Of Ongoing Debate, With Varying National Recommendations. The 2022 European Council Update Emphasized The Need For Evidence-Based, Cost-Effective Cancer Screening, Guided By European Guidelines And Quality Assurance Schemes.

Methods:

Within The European Commission Initiative On Colorectal Cancer, We Developed Recommendations For CRC Screening Using A Structured, Stepwise Approach. We Conducted Systematic Reviews Of Randomized Controlled Trials, Non-Randomized, And Modelling Studies, Summarizing Data Through Pairwise And Network Meta-Analyses. Evidence Was Assessed Using The GRADE Methodology, And The Evidence-To-Decision (Etd) Framework Guided Decision-Making.

Results:

We Developed Eight Etd Frameworks, Leading One Overarching And 13 Supporting Recommendations On Screening Frequency And Age Ranges. We First Evaluated Optimal Screening Age Ranges By Developing Five Etd Comparisons: One Comparing 50–69 Years (Screening Vs No Screening) And Four Additional Analyses Assessing Whether To Extend Screening By Starting Earlier (At 40 Or 45 Years) Or Stopping Later (At 74 Or 79 Years). This Approach Yielded Seven Recommendations On Age-Specific Screening. Next, We Assessed Optimal Screening Frequency For Each Test, Conducting Three Etd Comparisons: FIT (Every 1, 2, Or 3 Years), Flexible Sigmoidoscopy (Every 5, 10, Or 15 Years), And Colonoscopy (Once-In-A-Lifetime, Every 10, Or 15 Years), Yielding Six Recommendations. Finally, We Provided A Comparative Recommendation Across Tests.

Conclusions:

Our Findings Establish A Comprehensive Framework For CRC Screening. The Overarching Recommendation Offers Broad Guidance, While The Supporting Recommendations Help Translate This Guidance Into Context Specific Program Strategies.

Evaluation Of Patient Involvement In German Clinical Guideline Development: A Cross-Sectional Survey

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Background:

In Germany, Patient Representatives Are Formally Included As Full Voting Members Of Guideline Groups; However, Structured Training Or Support Measures For This Role Are Mostly Lacking.

Objective:

This Study Aims To Assess How Patient Representatives Perceive Their Involvement In Guideline Development, Focusing On Their Integration Into Guideline Processes, Perceived Influence, And Support Needs Across Different Stages Of The Process.

Methods:

We Conducted A Cross-Sectional Online Survey With Predominantly Closed-Ended Questions Between 15.12.25 And 15.02.26. Representatives Of 220 German Patient Organisations With Prior Or Current Experience In Guideline Development Were Invited To Participate. We Analysed The Data Descriptively To Characterise Experiences, Perceived Opportunities, And Support Needs. Here We Report On Support Needs.

Results:

92 Representatives Of 57 Patient Organisations Took Part. Participants Considered It A Very Strong Support To Receive Summaries Of Relevant Materials In Plain Language (47%) And For Moderators And Guideline Group Members To Be Trained On Patient Perspectives (46%).

Training Courses For The Guideline Process (88%) And On The Interpretation Of Studies (83%) Were Viewed As Strong Or Very Strong Support. 83% Considered A Dedicated Contact Person Within The Guideline Group As Strong Or Very Strong Support. This Was Already Considered Available In Most Projects (93%).

Future Prospects For Project Presentation:

The Complete Analysis Of Findings, Including Demographic Information Of Participants, Integration Into Guideline Processes, And Perceived Influence, Will Be Presented At The Conference. This Evaluation Will Inform Targeted Strategies To Improve Support Structures, Training, And Meaningful Patient Participation In German Guideline Development.

Integration Of Health Technology Assessment Advice Into Clinical Guidelines

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Background:

In Scotland Guidelines And Health Technology Assessment (HTA) Reports Are Created By Two Separate Agencies, The Scottish Intercollegiate Guidelines Network (SIGN) And The Scottish Medicines Consortium (SMC), Respectively. Technology To Interactively Display Clinical Guidelines Digitally Has Created The Opportunity To Integrate HTA Advice From SMC. However, Best Practice For Integrating HTA Outputs Into Guidelines Is Not Known.

Objectives:

The Objective Was To Examine Whether Academic Or Public Health Systems Had Conducted Work To Integrate HTA Outputs Into Guidelines.

Methods:

A Systematic Literature Search Of Databases And Grey Literature Sources Was Conducted To Inform A Narrative Review.

Results:

Nine Documents Were Included From The Academic Database Search. Two Guidelines Were Identified In The Grey Literature Search With Examples Of HTA Integration, Though Methodological Information Was Limited.

Five Themes Were Identified From Included Studies, That May Be Used To Support Integration:

- Why Similarities And Differences Between Health Technology Assessment And Clinical Guidelines Matter?
- Collaboration Between HTA And Guideline Agencies
- The Need For A Defined Methodology Of Integration
- Existing Methodology For Integration Of Economic Evidence Into Guidelines
- Awareness Of Barriers And Potential Facilitators As Well As Useable Recommendations Towards Integration

Discussion:

Important Factors To Integration Were Identified. These Included Systematic Communication Between Agencies, Alignment Of Evidence Sources And Work Plans Where Possible. Studies Examining Economic Evidence, Had Potentially Transferable Information, Such As The Need For Development Of Standardised Methods To Facilitate Integration. This Review Has Identified Areas That Can Be Used To Facilitate Integration Of HTA Advice Into Clinical Guidelines.

Clinical Guideline Evidence For Immune Checkpoint Inhibitors In Ovarian Cancer: A Meta-Analysis Of 17 Randomized Trials Across All Disease Settings

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Background:

Clinical Guidelines For Ovarian Cancer Lack Consensus On The Integration Of Immune Checkpoint Inhibitors (Icis) Due To Inconsistent Trial Results Across Different Disease Stages. Synthesizing High-Level Evidence Across The Entire Clinical Spectrum Is Essential For Developing Robust, Evidence-Based Recommendations For The Global Oncology Community.

Objective:

To Evaluate The Efficacy And Safety Of Icis In Newly Diagnosed, Platinum-Sensitive, And Platinum-Resistant Ovarian Cancer To Provide A Clear Evidence-Based Framework For International Clinical Guideline Development.

Methods:

A Systematic Review Of 17 Randomized Trials Involving 11,359 Patients Was Conducted Via MEDLINE, Embase, And Cochrane. Pooled Hazard Ratios (HR) And Risk Ratios (RR) Were Calculated Using Random-Effects Models.

Results:

In Frontline Settings (6 Trials), Icis Significantly Improved Progression-Free Survival (HR 0.83), Particularly In PD-L1 Positive Cases, But Showed No Overall Survival Benefit. In Platinum-Sensitive Recurrence (3 Trials), Icis Significantly Improved Both Progression-Free Survival (HR 0.80) And Overall Survival (HR 0.85) With Manageable Toxicity. In Platinum-Resistant Disease (8 Trials), Icis Improved Overall Survival (HR 0.88), With Chemotherapy Combinations Significantly Boosting Progression-Free Survival (HR 0.77). High-Grade Toxicity Risk Was Significantly Higher In Frontline (RR 1.10) And Platinum-Resistant Combination Settings (RR 1.40). Conversely, Monotherapy In Resistant Disease Was Safer Than Standard Chemotherapy.

Discussion:

ICI Survival Benefits Are Context-Dependent And Most Consistent In Recurrent Settings. To Optimize The Evidence Ecosystem, Guidelines Should Prioritize Icis For Recurrent Disease While Emphasizing Biomarker-Driven Selection And Toxicity Monitoring For Frontline Use. These Findings Provide A Data-Driven Foundation For Updating International Ovarian Cancer Treatment Standards.

Evidence-Based Stratification For First-Line PARP Inhibitor Maintenance In Ovarian Cancer: A Meta-Analysis Of 9 Phase III Trials

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Background:

The Rapid Integration Of Poly (ADP-Ribose) Polymerase Inhibitors (Parpi) Into Frontline Maintenance Has Complicated The Creation Of Uniform Clinical Guidelines. Significant Questions Remain Regarding The Magnitude Of Benefit Across Different Molecular Profiles And The Trade-Off Between Survival Gains And Systemic Toxicity.

Objective:

To Synthesize High-Level Evidence From Phase III Trials To Support The Development Of Biomarker-Tiered Recommendations And Individualized Clinical Decision Support Tools.

Methods:

Following PRISMA Guidelines, We Analyzed 9 Phase III Randomized Trials Involving 6,506 Patients. We Evaluated Progression-Free Survival (PFS), Overall Survival (OS), And Safety. Data Were Pooled Using Random-Effects Models, With Results Reported As Hazard Ratios (HR) And Risk Ratios (RR).

Results:

Parpi Maintenance Significantly Improved PFS (HR 0.53) And OS (HR 0.86) In The General Population. However, A Distinct Benefit Gradient Was Identified: BRCA-Mutated (HR 0.36), HRD-Positive (HR 0.52), And HRD-Negative (HR 0.73). While Parpi Significantly Delayed The Time To Subsequent Therapy, The Risk Of Grade 3 Or Higher Toxicities Was More Than Double That Of The Control Group (RR 2.14). Furthermore, Monotherapy (HR 0.47) Showed A More Favorable Efficacy Profile Compared To Combination Regimens (HR 0.62).

Discussion:

These Findings Suggest That Clinical Guidelines Should Move Away From "One-Size-Fits-All" Maintenance. Developers Should Prioritize A "Biomarker-First" Framework Where Treatment Intensity Is Matched To Molecular Risk. This Approach Optimizes The Therapeutic Index By Maximizing Survival In High-Benefit Groups While Providing A Basis For Discussing The High Toxicity Burden In Populations With Lower Relative Benefit.

Evaluation And Implementation Of The Myfriend Framework For Guideline-Based Decision Making In Multimorbidity Care By Clinicians And Patients

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Background:

The Recently Developed Multimorbidity Management Framework For Guideline-Based Decision Support (Myfriend) Helps Healthcare Professionals Efficiently Evaluate, Select, And Adapt Recommendations From Different Guidelines In The Care Of Patients With Multimorbidity.

Objective:

To Evaluate The Comprehensibility, Feasibility And Usability Of Myfriend And Explore Clinicians' And Patients' Opinions And Experience.

Methods:

This Mixed-Methods Study Is Being Conducted In Selected Facilities In China And At Least Two Other Countries, As Chosen By The Myfriend Working Group.

Step One Involves Focus Group Discussions With General Practitioners And Specialists (6-10 Participants/Group, 2-3 Groups/Country). After A Brief Introduction To Myfriend, Participants Evaluate The Clarity And Feasibility Of The Steps Of The Framework With The Help Of Real-World Examples. Findings Will Inform Refinement Of The Framework And Development Of An Implementation Plan.

Step Two Consists Of An Implementation Study In At Least Two Facilities Per Country. Clinicians Receive Structured Training And Apply The Framework In Routine Multimorbidity Care. After Three Months, A Survey Will Assess Clinicians' Experiences And Perceived Barriers. Patients Attending Participating Facilities Will Also Be Surveyed Regarding Their Care Experience Before And After Implementation.

Results:

Preliminary Results From The First Step Show That Clinicians Found The Framework Logical But Some More Detailed Advice Would Be Helpful. Recruitment Is Currently Continuing And Full Results Will Be Presented At The Conference.

Discussion:

This Study Helps To Continuously Improve The Myfriend Framework And Promote The Implementation Of Evidence-Based Decision-Making In Multimorbidity Care.

Reporting Items For Practice Guideline Protocols: RIGHT-P Statement

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Background:

Transparent Reporting Of Clinical Practice Guideline Protocols Is Essential To Improve Methodological Rigor, Reduce Duplication, And Enhance Credibility. However, No Dedicated Reporting Guideline Currently Exists For Guideline Protocols. We Therefore Initiated The Development Of RIGHT-P.

Objective:

To Develop A Consensus-Based Reporting Guideline For Clinical Practice Guideline Protocols.

Methods:

Candidate Items Were Generated Through Literature Review And Expert Consultation. Delphi Survey Was Conducted Between January 10 And February 15, 2026. Experts Rated Each Item On A 1–7 Likert Scale. Items With Median Scores Of 6–7 Were Included; 4–5 Were Revised For The Next Round; And 1–3 Were Excluded.

Results:

Sixty-Five Experts Were Invited, And 31 Participated (Response Rate: 47.7%), Including 7 Women (22.6%). Participants Represented 19 Countries And Regions. The Largest Representation Was From China (Including Mainland China And Hong Kong, N = 4, 12.9%), Followed By Canada (N = 3, 9.7%), Germany (N = 3, 9.7%), Italy (N = 2, 6.5%), Japan (N = 2, 6.5%), Lebanon (N = 2, 6.5%), The United Kingdom (N = 2, 6.5%), And The United States (N = 2, 6.5%). The Panel Included Guideline Methodologists, Clinicians, Epidemiologists, Journal Editors, And Policy-Makers.

The First Delphi Round Included Five Domains And 31 Proposed Items. Thirty Items Reached Consensus (Median 6–7). One Item Did Not Reach Consensus (Median = 5) And Will Proceed To The Second Round. Ninety-Seven Comments Were Collected To Refine The Draft.

Discussion:

RIGHT-P Aims To Improve Transparency And Methodological Quality In Guideline Protocol Development. Further Consensus, Pilot Testing, And Dissemination Are Planned.

Systematic Evaluation Of Timing, Route, And Dose Of Neural Stem Cell Therapy For Neonatal Hypoxic-Ischemic Encephalopathy

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Objective:

To Systematically Analyze And Compare The Optimal Timing, Route, And Dosage Of Human Neural Stem Cells (Hnscs) For Treating Neonatal Hypoxic-Ischemic Encephalopathy (HIE). Methods: Computerized Searches Were Conducted In Eight Chinese And English Databases, Including Pubmed And Embase, Covering The Period From Database Inception To December 2025. Two Researchers Independently Screened Studies, Extracted Data, And Assessed Study Quality. The Number Of Themes Was Determined Using LDA Theme Confusion Scores Via Python Code. Data Were Coded Using Nvivo 12 Software And Analyzed Using Thematic Synthesis For Qualitative Analysis. Results: Six Chinese And Four English Research Reports Were Included, Involving 72 Subjects. Thematic Synthesis Revealed That 10 Studies Supported Intervention During The Secondary Injury Phase, Particularly Within The First Year Postnatal (6 Studies), As The Optimal Transplantation Window. The Most Common Administration Route Was Intraventricular/Intrathecal Injection (7 Studies). Transplantation Doses Ranged Widely (10^5 – 10^9), Though Most Studies (6) Used Doses Concentrated Between 10^6 And 10^7 . Multiple-Dose Regimens Showed Potentially Superior Efficacy Compared To Single-Dose Approaches. Adverse Reactions Primarily Consisted Of Mild Symptoms Such As Fever And Vomiting, All Of Which Resolved Spontaneously. Conclusion: Current Treatment Protocols Primarily Target Infants Under One Year Of Age, With Intraventricular Or Intrathecal Injection As The Main Route. The Transplantation Dose Range Is 10^6 To 10^7 Cells, With Multiple Transplants As The Baseline Approach, Supplemented By Individualized Adjustments Based On The Patient's Condition.

Systematic Review And Meta-Analysis Of The Efficacy And Safety Of Iroluzumab Combined With Atorvastatin In The Treatment Of Acute Coronary Syndrome

Mr Tianyou Zhang¹, Systematic Review And Meta-Analysis Of The Efficacy And Safety Of Iroluzumab Combined With Atorvastatin In The Treatment Of Acute Coronary Syndrome Lili Zhang¹

¹Lanzhou University

Objective:

To Evaluate The Efficacy And Safety Of Ilocumab Combined With Atorvastatin In Treating Acute Coronary Syndrome. Methods Computerized Searches Were Conducted In Eight Databases Including Pubmed, Embase, Cochrane Library, And Web Of Science, Covering The Period From Inception To December 2025. Randomized Controlled Trials And Quasi-Experimental Studies Evaluating Ilocumab Combined With Atorvastatin For Acute Coronary Syndrome Were Included. Two Researchers Independently Screened Studies, Extracted Data, And Assessed Study Quality. Meta-Analysis Was Performed Using Revman 5.4 And Statamp 18. Results: Seventeen Studies Were Included (3 In English), All Randomized Controlled Trials Involving 1,617 Participants. Included Articles Were Published Between 2023 And 2025. Meta-Analysis Results Indicated That Eliodronate Combined With Atorvastatin Treatment Was Associated With Reduced Low-Density Lipoprotein Cholesterol [MD = -0.89, 95% CI (-1.16, -0.61)], Triglycerides [MD = -0.36, 95% CI (-0.52, -0.19)], Tumor Necrosis Factor-Alpha [MD = -18.52, 95% CI (-25.26, -11.77)], And Elevated High-Density Lipoprotein Cholesterol [MD = 0.14, 95% CI (0.04, 0.24)]. All Differences Were Statistically Significant ($P < 0.05$). The Adverse Reactions Associated With Combination Therapy [MD=0.92, 95% CI (0.76, 1.12)] Were Not Statistically Significant ($P > 0.05$). Conclusion: Ilucizumab Combined With Atorvastatin In Treating Acute Coronary Syndrome Significantly Reduces LDL-C, Triglycerides, And TNF-A While Increasing HDL-C. The Incidence Of Adverse Reactions Showed No Significant Difference Compared To Atorvastatin Monotherapy. However, Due To Limitations Such As Inclusion Heterogeneity, Further Validation Is Required.

Empirical Analysis Of The Matching Of Supply And Demand In Rural Healthcare Services — Based On A Survey Of 600 Village Health Stations Across 28 Counties In 8 Cities Of Fujian Province, China

Ms. Lili Zhang¹, Empirical Analysis Of The Matching Of Supply And Demand In Rural Healthcare Services — Based On A Survey Of 600 Village Health Stations Across 28 Counties In 8 Cities Of Chinese Fujian Province

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Abstract:

In Response To The Healthy China And Rural Revitalization Strategies, And To Implement The Policy Directive Of “Improving The Rural Healthcare System,” The Research Team Conducted An In-Depth Empirical Study From August 2022 To March 2025. The Study Involved 600 Village Clinics Across Eight Cities In Fujian Province, Collecting 2,188 Valid Questionnaires. Concurrently, Over 320 Healthcare Workers And 220 Patients Were Interviewed Face-To-Face, And More Than 30 Focus Group Discussions Were Held. The Study Reveals A Pronounced Mismatch Between Supply And Demand For Rural Healthcare Services In Fujian. Analysis Using LDA Modeling And Fsqca Methods Identifies Digital And Intelligent Applications (14.35% Weight), Talent Development (17.41% Weight), And Demographic/Geographic Conditions (15.63% Weight) As Core Factors Influencing Supply-Demand Alignment, Forming Four Effective Configuration Pathways Including Organization-Environment Synergy. Based On These Findings, The Following Countermeasures Are Proposed: Optimizing Medical Resource Allocation, Improving Talent Recruitment And Cultivation Mechanisms, Expanding The Scope Of Medical Services, Advancing Telemedicine Clinic Development, And Strengthening Post-Treatment Health Management. These Strategies Provide Robust Data Support And Practical References For Improving The Rural Healthcare System And Advancing Healthy Village Development.

Elevating Primary Care Through Evidence: The Strategic Role Of The Working Group Development Of Primary Care Guidelines (WOREL) In Belgian Primary Care

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Background:

WOREL, Established In 2011, Is A Central, Multidisciplinary Pillar Within Belgium's Primary Care Guideline Ecosystem. It Unites Experts From Various Primary Care Disciplines, Including GP's And Allied Healthcare Professionals.

Objective:

To Coordinate And Strengthen The Development, Adaptation, And Revision Of Evidence-Based Guidelines For Primary Care In Belgium Through A Structured And Collaborative Approach.

Method:

WOREL Created A Comprehensive Methodological Handbook To Ensure Methodological Rigor Across Guideline Development Projects. This Manual Guides WOREL's Internal Processes And Has Been Adopted By Other Guideline Developers, Enhancing Consistent Quality And Harmonization Of Standards.

Results:

WOREL Functions As The National Coordination Platform For Primary Care Guideline Development. It Promotes A Unified Development Framework, Improves Communication Among Stakeholders, And Ensures Coherence Across Guidelines. This Structured Collaboration Enhances Methodological Quality And Supports Consistent Dissemination And Implementation Across Healthcare Settings.

Since 2022, WOREL Has Further Professionalized Its Role By Introducing A Structured Maintenance Plan For Existing Guidelines, Strengthening International Collaboration, And Initiating The Development Of Living Guidelines. Building On Its Expertise, WOREL Increasingly Offers Methodological Support To External Guideline Developers. Today, WOREL Serves As A Strategic Hub Enabling High-Quality, Up-To-Date Primary Care Guidelines, And Fostering Collaboration.

Conclusion And Discussion:

WOREL Has Evolved Into A Cornerstone Of Belgium's Primary Care Quality Infrastructure. By Uniting Multidisciplinary Expertise And Promoting Harmonized Development Processes, It Ensures That Guidelines Remain Rigorous, Relevant, And Applicable Across Diverse Settings. Although Transitioning To Living Guidelines Entails Challenges In Resources And Continuous Monitoring, WOREL's Coordination Model Provides A Resilient Framework For Strengthening Integrated, High-Quality Primary Care.

Guideline Implementation In Gastric Cancer Treatment: A Real-World Retrospective Cohort Study On Adherence, Influencing Factors, And Prognostic Impact

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Background:

Gastric Cancer Is A Common Malignancy In China, And Clinical Practice Guidelines Provide Crucial Evidence For Standardized Treatment. However, The Real-World Implementation Of Gastric Cancer Treatment Guidelines Remains Unclear, Particularly In Western China. The Association Between Guideline Implementation And Long-Term Prognosis Needs Further Validation.

Objective:

To Evaluate The Real-World Adherence To Treatment Guidelines For Gastric Cancer, Analyze Factors Influencing Guideline Adherence, And Investigate The Impact Of Guideline Implementation On Long-Term Patient Prognosis.

Methods:

This Multicenter Retrospective Cohort Study Will Consecutively Include Patients Diagnosed With Gastric Cancer At Lanzhou University First Hospital And Lanzhou University Second Hospital. Guideline Adherence Will Be Determined Based On The CSCO Gastric Cancer Guidelines (2024 Edition). Patients Will Be Divided Into Adherence And Non-Adherence Groups According To Whether Their Actual Treatment Regimens Align With Guideline Recommendations. Data On Demographics, Clinicopathological Characteristics, Treatment Regimens, And Follow-Up Outcomes Will Be Extracted From Electronic Medical Records. Multivariate Logistic Regression Will Identify Factors Influencing Guideline Adherence. Kaplan-Meier Method And Cox Proportional Hazards Models Will Analyze The Impact Of Guideline Adherence On Overall Survival And Progression-Free Survival.

Future Prospects:

Data Collection And Statistical Analysis Are Currently Ongoing. Final Results Will Be Presented At The Conference, Including Overall Guideline Adherence Rates, Differences Across Stages And Treatment Phases, Key Influencing Factors, And Survival Differences Between Adherence And Non-Adherence Groups. This Study Will Provide Real-World Evidence From Western China To Optimize Standardized Gastric Cancer Treatment Strategies And Promote Guideline Implementation

Evaluating An AI-Powered Clinical Search Engine For Local Clinical Practice Guideline Dissemination: A Prospective Pre–Post Study

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¹Ministry Of Health, Malaysia

Poster

Malik I, Sandanasamy KS

Background:

Clinical Practice Guidelines (Cpgs) Are Central To Evidence-Based Healthcare; However, Their Effective Dissemination And Implementation Among Clinicians Remain Challenging. While Large Language Models (Llms) Offer Opportunities To Democratize Access To Medical Knowledge, Concerns Regarding Accuracy, Hallucination, And Contextual Relevance Limit Their Adoption In Clinical Decision Support. To Address This Gap, A Novel AI-Powered Clinical Search Engine Was Developed, Trained Specifically On Malaysian National Cpgs To Provide Context-Specific, Evidence-Based Recommendations Aligned With Local Healthcare Standards.

Objective:

To Prospectively Evaluate The Impact Of A Locally Trained Malaysian CPG-Integrated AI System On Accessibility, Efficiency, Clinician Trust, And Safe Implementation Of Guideline-Based Care Among Healthcare Professionals.

Methods:

A Single-Arm Prospective Pre–Post Implementation Study Will Be Conducted Among Healthcare Professionals Using The Search Engine In Routine Clinical Practice. Outcomes Will Be Assessed Using A 20-Item Questionnaire Scored On A 5-Point Likert Scale Across Five Domains: System Usability And Accessibility, Workflow Efficiency, Clinical Trust And Safety, Knowledge Comprehension, And Impact On Guideline Adherence. Baseline Measures Of Existing CPG Usage Practices Will Be Compared With Post-Implementation Outcomes Using Appropriate Statistical Analyses To Assess Changes In Clinician Behaviour And Perceived Implementation Effectiveness.

Future Prospects For Project Presentations:

The Study Expects To Demonstrate Improved Accessibility To Guideline Recommendations, Enhanced Clinical Workflow Efficiency, And Increased Clinician Confidence In Evidence Retrieval, While Identifying Potential Safety Concerns And Implementation Challenges. Findings Will Inform Strategies To Enhance Guideline Adherence, Reduce Practice Variation, And Support Safe Integration Of AI-Enabled Tools Into Clinical Workflows.

Toward Empirical Thresholds For Patient-Facing Health Information: A Corpus-Based Validation Framework For German Readability Metrics

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Introduction:

No Empirically Validated Readability Standards Exist For German Patient Health Information. Existing Surface Metrics Have Not Been Calibrated Against Real Comprehension Judgements From Lay Readers. This Project Is Part Of A Initiative To Establish Validated Readability Thresholds For Readers With Different Levels Of Health Literacy.

Methods:

Linguistic Metrics Spanning Readability, Syntax, Information Density, Morphological Complexity, And Medical Jargon Density Were Computed Across 2,347 German Health Information Documents From Public Health Portals. Analysis Of Variance Tested Whether Metric Values Differed Systematically Across Source Types. Principal Component Analysis Identified Redundancies In The Metric Set. The Pipeline Was Implemented Using Open-Source Language Processing Tools, Making It Readily Adaptable To Other Languages.

Results:

Mean Flesch Readability Score Across Documents Was 38.7 (SD 10.7), Information Density 0.38 (SD 0.03), And Morphological Complexity 0.24 (SD 0.08). Metric Values Differed Significantly For Readability, Information Density, And Jargon Load ($P < 0.001$). Information Ranged From 0.11 In The Most Accessible Consumer Materials To 0.50 In Clinical Information Texts. Two Dominant Underlying Dimensions Emerged: Surface Readability And Information Density. A Strong Negative Correlation Between Readability And Word Difficulty ($R = -0.95$) Indicated Meaningful Redundancy Across Standard Metrics.

Discussion:

These Findings Establish Empirically Justified Benchmarks And Enable Identification Appropriate Documents For The Next Project Phase: Structured Comprehensibility Ratings By Lay Readers. Ratings Will Validate Which Automated Metrics Best Predict Actual Reader Comprehension, Culminating In A Validated German Health Readability Index With Defined Easy, Moderate, And Difficult Thresholds — Directly Applicable Within The Production Workflow Of Patient Information And Adaptable To Other Languages.

Accounting For Open-Mindedness In The Management Of Conflicts Of Interest In Practice Guidelines

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Background:

To Address The Limitations Of Conflicts Of Interest (COI) Management, We Have Proposed To Use Open-Mindedness As A Complementary Approach To The Management Of Financial Interests And In Lieu Of The Assessment Of Nonfinancial Interests. We Conceptualize Open-Mindedness And The Related Concept Of Intellectual Humility In The Context Of Developing A Practice Recommendation As The Extent To Which An Individual Is Open To Considering Others' Views As Well As The Relevant Evidence Even When They Conflict With Their Own Views.

Objective:

To Achieve A Conceptual Understanding Of Open-Mindedness And The Role It Can Play In The Management Of Conflicts Of Interest In Practice Guidelines. This Includes Establishing Expectations In Relation To Open-Mindedness, Assessing It, And Accounting For It (E.G., How To Manage Individuals Who Are Not Sufficiently Open-Minded).

Planned Activities And Interactions:

The Workshop Will Include Discussions On Defining COI, Open-Mindedness And Intellectual Humility In The Context Of Developing A Practice Recommendation. We Will Then Discuss Approaches For Promoting Open-Mindedness, Different Methods Of Assessing Open-Mindedness, And Approaches For Managing (Insufficient) Open-Mindedness, Along With). Small Group Discussions Around The Strengths And Limitations Of Methods Of Assessing Open Mindedness And Potential Risks Associated With The Misuse Of Open-Mindedness. In Addition, We Will Share Lessons Learned From The Practical Experiences Gained From Considering Open-Mindedness In The Australian Motor Neurone Disease Guideline Project.

AI Evidence-Based Medicine: A New Journal Integrating Artificial Intelligence And Evidence-Based Medicine

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Background:

The Rapid Advancement Of Artificial Intelligence (AI) Is Reshaping Healthcare Research, Knowledge Synthesis, And Clinical Decision-Making. At The Same Time, Evidence-Based Medicine (EBM) Continues To Emphasize Methodological Rigor, Transparency, And Trustworthy Decision Processes. Yet, A Dedicated International Journal Focusing On The Integration Of AI Technologies With The Full Evidence-Based Medicine Workflow Remains Lacking.

Objectives:

To Introduce AI Evidence-Based Medicine (AI EBM), An International Journal Dedicated To Advancing The Integration Of Artificial Intelligence With The Generation, Synthesis, Appraisal, Translation, And Implementation Of Healthcare Evidence.

Methods:

AI EBM Is An International Peer-Reviewed Journal Grounded In The Concept Of An Evidence Ecosystem. It Views Data Generation, Evidence Synthesis, Critical Appraisal, Guideline Development, And Implementation As A Connected Continuum That Can Be Enhanced By AI-Driven Innovation. The Journal Emphasizes Responsible AI Application, Methodological Robustness, Reproducibility, And Transparent Reporting.

Results:

AI EBM Has Been Established As The Official Journal Of The Hong Kong Society For Intelligent Evidence-Based Research. The Inaugural Issue Will Be Published By Wolters Kluwer In June 2026. It Welcomes Research On AI-Assisted Evidence Synthesis, Automation Of Systematic Reviews, AI-Supported Decision Tools, Methodological Standards, And Frameworks That Strengthen Trustworthy Evidence Production And Use.

Discussion:

AI EBM Seeks To Bridge Artificial Intelligence And Evidence-Based Medicine, Accelerating The Journey From Data To Decisions While Maintaining Rigor, Transparency, And Trustworthiness In Healthcare.

Multimodal Primary Care Guideline For Childhood Obesity In Belgium: Co Creating Practical Solutions For Sustainable Childhood Obesity Care

Ms Leen De Coninck^{1,2}, Eveline Vanhoof¹, Dr Loes Stukken¹, Dr Inez Vanoverschelde¹, Prof Paul Van Royen¹
¹Worel, ²KU Leuven

Background:

Children With Obesity Are Potential Candidates To Become Adults With Obesity. Childhood Is An Ideal Period To Handle The Problem And Anticipate Obesity In Adults.

Objective:

To Develop A Multimodal Primary Care Guideline For The Management Of Childhood Obesity.

Method:

The WOREL Methodology For Guideline Development—Aligned With International Standards And Grounded In More Than 15 Years Of Empirical Experience—Was Applied. A Core Guideline Development Group (GDG) Conducted The Operational Work, Supported By An Extended GDG Consisting Of Expert Contributors, And Field Stakeholders, Including Representatives Of Children, Adolescents And Families With Lived Experience. Cocreation With A Multidisciplinary Team Of Healthcare Providers From Both Primary And Specialized Care Settings Ensures That The Guideline Is Context Appropriate -Including Considering Multilingualism, And Structural And Cultural Differences In Healthcare- And Widely Accepted.

Results:

The Guideline Assists Primary Care Providers In Managing Obesity In Children And Adolescents Aged 3-18 Years. The Guideline Prioritizes Sustainable Behavior Change Overweight Centered Goals. It Promotes A Multimodal, Family-Centered Approach Integrating Motivational Interviewing, Lifestyle Modification (Physical Activity, Sleep Hygiene And Nutrition Counselling), And Psychosocial Support. Pharmacological And Surgical Treatments Are Reserved For Specialized Care For Children And Adolescents In EOSS-P Stages 2-3. Ongoing Follow-Up And Interdisciplinary Collaboration Within Primary Care And Between Primary Care And Specialized Care Are Crucial For Long-Term Success.

Conclusion And Discussion:

This Guideline Provides A Structured, Evidence Informed, And Context Sensitive Framework To Strengthen Primary Care Management Of Childhood Obesity. Future Efforts Should Focus On Implementation Strategies, Provider Training, And Systematic Evaluation Of Uptake And Outcomes.

How To Formulate Clinical Questions For Integrated Traditional Chinese And Western Medicine Guidelines: A Methodological Case Study On Pediatric Mycoplasma Pneumoniae Pneumonia

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Background:

Integrating Traditional Chinese Medicine (TCM) And Western Medicine (WM) Offers Clinical Advantages, Yet Standardized Methodologies For Developing Collaborative Guidelines Are Lacking. Key Challenges Include Determining When, Why, And How To Integrate These Systems Across Disease Stages.

Objective:

To Establish A Replicable Methodological Framework For Formulating Clinically Actionable Questions That Operationalize TCM-WM Integration, Using Pediatric Mycoplasma Pneumoniae Pneumonia (MPP) As A Case Example.

Methods:

This Multi-Stage, Mixed-Method Study Employed Purposive Sampling For Semi-Structured Interviews With TCM And WM Experts. Interview Data Were Analyzed Using Grounded Theory With Three-Level Coding In Nvivo 20. Based On Literature And Interviews, A Preliminary Question List Was Drafted. Multidisciplinary Experts Then Participated In Online Consultations To Refine Questions, Focusing On Defining Comparative Advantages And Transforming Collaborative Principles Into Operational Pathways. Finally, A Two-Round Delphi Survey Rated Question Importance; Items Rated $\geq 75\%$ As 'Very' Or 'Relatively Important' Were Retained.

Results:

Grounded Theory Analysis Yielded 72 Initial Concepts And 13 Categories, Synthesized Into Three Themes: Prevention, Diagnosis, And Treatment. Expert Consultations Clarified Decision-Making Nodes For Choosing Between TCM And WM, Intervention Sequencing, And TCM Application Scenarios, Generating 44 Refined Questions. Following Delphi Validation (100% Response Rate, 13 Experts), 43 Questions Were Retained And Structured Across Four Disease Stages: Prevention, Diagnosis, Treatment, And Recovery.

Conclusion:

This Study Presents A Mixed-Method Framework For Developing Clinical Questions By Integrating Qualitative Insights From Expert Interviews With Structured Consensus Methods. This Methodology Offers A Transferable Method For Future Guideline Development In Integrative Medicine, Ensuring Collaborative Practices Are Evidence-Informed And Clinically Relevant.

A Comparative Validation Study Of Large Language Models In Assessing Guideline Adherence For Gastric Cancer Treatment

Dr Bei Pan¹

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Background:

Clinical Practice Guidelines Are Essential For Standardized Gastric Cancer Treatment, But Assessing Adherence Typically Requires Time-Intensive Manual Review. Large Language Models Offer Automation Potential, With Recent Studies Demonstrating Their Feasibility In Evaluating Treatment Recommendations Against Guidelines. However, Comparative Performance Of Different LLMs (Chinese And International) In Assessing Oncology Guideline Adherence Using Published Literature Remains Unvalidated.

Objective:

To Validate And Compare Multiple Commercial LLMs Against Human Reviewers In Assessing Gastric Cancer Treatment Guideline Adherence Using Published Clinical Studies.

Methods:

This Comparative Validation Study Will Include Published Gastric Cancer Clinical Studies (Rcts) That Clearly Report Patient Characteristics And Treatment Regimens By Searching Pubmed, Cochrane Library, Web Of Science And Et Al. Two Independent Reviewers Will Determine Guideline Adherence Based On CSCO Gastric Cancer Guidelines (2024 Edition) As The Reference Standard. The Same Study Information Will Be Input Into Multiple LLMs (Chatgpt-4, Claude, Deepseek, Qwen, Zhipu AI) Using Standardized Prompts. Primary Outcomes Include Agreement Between Each LLM And Human Reviewers (Cohen's Kappa), Accuracy, Sensitivity, And Specificity. Secondary Analysis Will Compare Chinese Versus International Models And Examine Error Patterns.

Future Prospects:

Data Extraction And Analysis Are Planned. Final Results Will Present: (1) Concordance Between Each LLM And Human Reviewers, (2) Head-To-Head Comparison Of Chinese Versus International Models, (3) Top-Performing Models, (4) Error Analysis Identifying Study Characteristics Associated With Misclassification. This Study Will Provide Evidence On Whether Off-The-Shelf LLMs Can Reliably Assess Guideline Adherence Using Published Literature, Offering A Scalable Approach For Evidence Surveillance And Quality Evaluation.

Efficacy Of Non-Pharmacological Interventions For Antenatal Depression: A Systematic Review And Network Meta-Analysis

Yanan Wu¹, Xu Hui, Xiuxia Li, Kehu Yang

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Objective:

This Study Aims To Evaluate The Efficacy Of Various Non-Pharmacological Interventions For Antenatal Depression Through Network Meta-Analysis.

Methods:

We Searched Databases Including Pubmed, Cochrane Library, Web Of Science, EMBASE, CNKI, Wanfang, CBM, And VIP From Inception To June 11, 2025, For Randomised Controlled Trials (Rcts). Network Meta-Analysis Was Conducted Using A Random-Effects Model. Confidence In The Evidence Was Assessed Using Confidence In Network Meta-Analysis (Cinema). The Protocol Has Been Registered In PROSPERO (CRD420251011234).

Results:

We Included 23 Rcts Involving 1452 Participants. The Results Indicated That, Compared With Usual Care, Community Psychological Support (SMD = -10.06; 95% CI, -16.32 To -3.80), Interpersonal Psychotherapy (SMD = -9.06; 95% CI, -13.03 To -5.08), Massage Therapy (SMD = -5.30; 95% CI, -9.06 To -1.54), Adjunctive Acupuncture (SMD = -5.15; 95% CI, -9.48 To -0.82), Exercise (SMD = -5.00; 95% CI, -9.90 To -0.10), And CBT (SMD = -4.82; 95% CI, -7.02 To -2.63) Were Associated With A Significantly Greater Improvement In Depressive Symptoms. The Surface Under The Cumulative Ranking Curve (SUCRA) Value Indicated That Community Psychological Support Ranked Highest In Efficacy For Antenatal Depression (SUCRA = 93.5%), Followed By Interpersonal Psychotherapy (SUCRA = 92.2%).

Conclusion:

Community Psychological Support, Interpersonal Psychotherapy, And Massage Therapy Are The Most Effective Non-Pharmacological Interventions For Antenatal Depression, With Cognitive Behavior Therapy, Acupuncture, And Exercise Serving As Valuable Adjuncts.

Automation Tools In Evidence Quality Grading: A Scoping Review

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Background:

Evidence Grading Is Critical For Informed Public Health Decision-Making, But Manual Approaches Are Time-Consuming And Subject To Variability. Automated Support Systems Have Been Proposed To Improve Efficiency And Consistency, Yet Their Current Status Has Not Been Comprehensively Or Systematically Mapped.

Objective:

To Identify Or Map The Characteristics, Performance, And Limitations Of Existing Automated Evidence Grading Support Systems.

Methods:

Following The JBI Methodology And PRISMA-Scr Checklist, We Searched 6 English And 4 Chinese Databases From Their Inception To February 9, 2025, To Identify Studies Evaluating Automated Evidence Grading Systems. Eligible Studies Included Original Research On System Development, Application, Or Validation. Study Characteristics (Eg, Year, Country, Design, System Type, Technical Features, Reliability, And Validity) Were Extracted And Summarized Descriptively.

Results:

Twenty Studies Were Included, Most From The United Kingdom (30%), Canada (25%), And Australia (15%). Observational Designs Predominated (75%), With Only 10% Randomized Controlled Trials (Rcts). Twelve Distinct Systems Were Identified, Of Which 65% Were Publicly Available. 58% Tools Were Developed For Rcts, While 50% Remained Experimental And Required Human Oversight. Reported Outcomes Focused On Sensitivity, Specificity, Precision, Efficiency, And Consistency. Despite Promising Results, External Validity And Scalability Were Limited.

Discussion:

Automated Systems For Evidence Quality Grading Show Potential To Enhance Efficiency And Consistency But Remain Restricted In Applicability. Current Tools Are Often Tailored To Clinical Trials And Require Human Supervision. Broader Adaptation And Rigorous Validation Are Needed Before Such Systems Can Be Widely Integrated Into Public Health Decision-Making.

Development, Efficacy, And Implementation Of Artificial Intelligence-Based Clinical Decision Support Systems In Pediatric Care: A Mixed-Methods Systematic Review

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Objectives:

To Identify The Key Determinants For Successful Development, Evaluation, And Implementation Of Artificial Intelligence-Based Clinical Decision Support Systems (AI-CDSS) In Pediatric Care. Specifically, This Review Aimed To: (1) Synthesize Quantitative Evidence On The Efficacy And Accuracy Of AI-CDSS Across The Pediatric Care Continuum; (2) Map The Current Development Landscape To Identify Methodological And Functional Gaps; And (3) Synthesize Qualitative Evidence On Barriers And Facilitators Influencing The Development, Deployment, And Sustainment Of These Systems.

Methods:

We Systematically Searched MEDLINE, EMBASE, And Web Of Science For Studies Published From Inception To December 2025. Eligible Studies Included Quantitative Designs (Randomised Controlled Trials, Cohort Studies, Diagnostic Accuracy Studies) Reporting On AI-CDSS Efficacy, Qualitative Studies (Interviews, Focus Groups, Ethnographic Research) Exploring Implementation Factors, And Mixed-Methods Studies. Two Reviewers Independently Performed Study Selection, Data Extraction, And Quality Appraisal Using The Cochrane Risk Of Bias 2.0 Tool, ROBINS-I, And The CASP Qualitative Checklist. Quantitative Data Were Synthesised Using Random-Effects Meta-Analysis Where Appropriate. Qualitative Data Were Analysed Using The Framework Method, Guided By The Consolidated Framework For Implementation Research (CFIR). The Two Bodies Of Evidence Were Integrated Using A Contiguous Approach To Generate An Evidence-Informed Implementation Framework.

Results:

From 9,544 Unique Records, 86 Studies Met Inclusion Criteria. Quantitative Evidence Is Currently Under Analysis And Will Be Presented At The Conference.

Conclusions:

This First Mixed-Methods Synthesis Of Pediatric AI-CDSS With Indicate These Systems Encounter Unique Challenges During Implementation. The Detailed Conclusions Will Be Presented At The Conference.

How Do Mapping Reviews Meet Needs Of Public Health Decision-Makers? A Scoping Review

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This Scoping Review Aims To Characterize Mapping Reviews Developed For Public Health Decision-Makers And To Examine How These Reviews Are Designed To Inform Public Health Decision-Making. Findings From The Review Will Be Used To Develop Candidate Reporting Items To Extend The Preferred Reporting Items For Mapping Reviews (PRITEM) Checklist, Thereby Providing A Guideline For Reporting Mapping Reviews That Are More Usable For Public-Health Decision-Makers And Ultimately Facilitating Evidence-Informed Public-Health Decisions.

Development And Validation Of An Evidence Quality Grading Tool For Public Health Decision-Making

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Background:

Public Health Decision-Making Requires A Timely, Transparent, And Auditable Appraisal Of Evidence Certainty. Manual Grading Can Be Slow And Error-Prone, Especially In Time-Sensitive Settings.

Objective:

To Develop And Validate A VBA Automation Tool That Operationalizes The Evidence Quality Grading System For Public Health Decision-Making (PHE-Grading).

Methods:

We Developed A VBA-Based Tool Implementing PHE-Grading (Structured Forms, Rule-Based Scoring Of 15 Items, Threshold Classification, Visualization/Reporting) And Conducted A Randomized Comparative Evaluation Of 60 Cochrane Public Health Reviews (Automated Vs Manual Under The Same Rubric; Operator Masking). Primary Outcomes Were Agreement And Time Per Review; Robustness Was Assessed In A 900-Record Workload Test (Crashes/Errors, Mean Response Time).

Results:

Agreement Between Automated And Manual Appraisal Was 88% At The Item Level, 91% For Total Scores, And 92% For Certainty Classification. Mean Appraisal Time Was 6.20 Minutes (SD, 0.53) With Automation Vs 20.00 Minutes (SD, 0.66) Manually (69% Reduction; Independent-Samples T Test, $P < .01$). Under A 900-Record Workload, End-To-End Processing Completed Without Failures, With A Mean Response Time Of Approximately 2 Seconds Per Operation.

Conclusion:

A User-Friendly, Rules-Based PHE-Grading Implementation Improves Efficiency And Reduces Manual Error While Maintaining High Concordance And Transparency, Supporting Routine And Rapid Public Health Decisions. Future Work Should Add Automated Information Extraction, Cross-Domain/Language Validation, And Assessment Of Automation Bias.

Strengthening Guideline Development Through Evidence-Based Research: Reducing Waste And Enhancing Relevance

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Background:

Evidence-Based Research (EBR) Is A Systematic And Transparent Approach Aimed At Preventing Research Waste By Ensuring That New Studies And Recommendations Are Justified By Existing Evidence. Despite Significant Progress Made By Initiatives Such As The EBR Network, EBR Principles Remain Inconsistently Implemented In Guideline Development. National Experiences, Including Those From National Institute For Quality And Excellence In Healthcare (NIKEZ), Highlight That Guideline Developers Often Initiate De Novo Processes Prematurely—Without First Identifying And Assessing Existing Guidelines That Could Be Adopted, Adapted, Or Contextualised Using Contemporary Methodological Concepts Such As GRADE-ADOLOPMENT.

Objective:

To Present An Overview Of How The EBR Approach Can Strengthen Guideline Development By Prioritising The Identification And Use Of Existing High-Quality Guidelines Before Initiating De Novo Development, Thereby Reducing Waste And Increasing Relevance.

Methods:

We Synthesised Insights From National Guideline Development Experience, The EVBRES Training School, And International Methodological Work Across GIN And GRADE Working Groups. Through A FAME (Feasibility, Appropriateness, Meaningfulness, Effectiveness) Analysis, We Explored How EBR Principles Apply Across The Guideline Lifecycle, With Particular Emphasis On Early Scoping, Searching For Existing Guidelines, And Structured Adaptation Processes.

Results:

Applying EBR Principles—Especially Systematic Searching For Existing Trustworthy Guidelines—Minimises Redundant Evidence Synthesis, Streamlines Workflows, And Ensures Alignment With Stakeholder Needs. Experiences From National And International Projects Show That Structured Adolopment Leads To More Efficient, Coherent, And Contextually Relevant Recommendations.

Discussion:

Applying EBR And Prioritising Adolopment Over De Novo Development, Where Appropriate, Strengthens Methodological Integrity, Reduces Waste, And Supports A Sustainable And Trustworthy Evidence Ecosystem Across Guideline Programmes.

Is Aspirin A Protective Factor Against Dementia And Cognitive Impairment? An Umbrella Review And Meta-Analysis

Mr. Junliang Tao¹

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Objective:

To Evaluate The Effects Of Aspirin On Dementia And Cognitive Impairment, As Well As Its Impact On Adverse Events.

Methods:

We Conducted A Systematic Search Of Srs From Pubmed, Embase, Web Of Science, Cochrane Library, And Sinomed. We Used AMSTAR-2 To Assess The Methodological Quality Of Srs And Evaluated The Overlap Of Included Primary Studies Using The Corrected Covered Area (CCA) Method. The Certainty Of Evidence Was Graded With The GRADE Approach.

Results:

This Umbrella Review Included 13srs And 7rcts. The Included Srs Were Of Generally Low Methodological Quality, And Their Primary Studies Showed A High Degree Of Overlap. The Meta-Analysis Results Indicate That Aspirin Use Is Significantly Associated With An Increased Risk Of Bleeding Events, But Shows No Significant Association With The Incidence Of Cognitive Impairment, Cognitive Function Scores, Or Other Adverse Outcomes. The Certainty Of Evidence Was Moderate For Both The Incidence Of Cognitive Impairment And Cognitive Score, While The Evidence For Adverse Events Was Critically Low.

Conclusions:

There Is No Evidence To Support That Aspirin Serves As A Protective Factor Against Dementia And Cognitive Impairment. These Findings Necessitate High-Quality Rcts To Elucidate The Therapeutic Effects Of Aspirin Across The Full Spectrum Of Dementia Subtypes.

Risk Assessment Frameworks For Public Health Emergencies: A Systematic Review

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Objective:

Public Health Emergencies Pose A Severe Threat To Global Health Security, And Risk Assessment Frameworks Are The Core Basis For Scientific Early Warning, Emergency Response And Decision-Making. However, The Structural Design, Index Systems And Practical Applicability Of Existing Frameworks Vary Greatly, And There Is A Lack Of Comprehensive Collation And Evaluation Of Their Characteristics And Application Effects. This Study Aims To Systematically Review The Research On Risk Assessment Frameworks For Public Health Emergencies, Clarify Their Key Components And Methodological Characteristics, And Provide Evidence Support For The Optimization And Standardized Application Of Such Frameworks.

Methods:

We Will Systematically Search Pubmed, Cochrane Library, Web Of Science, Scopus, EMBASE, And The WHO Global Health Library, As Well As Chinese Databases Including CNKI, Wanfang, CBM, And VIP, From Inception To February 2026 For Studies Related To Risk Assessment Frameworks For Public Health Emergencies. Two Independent Researchers Will Conduct Literature Screening, Data Extraction And Quality Assessment. The AGREE II Tool Will Be Adopted To Evaluate The Quality Of Guideline-Type Literature, And A Narrative Synthesis Method Will Be Used To Systematically Summarize The Research Results Of Included Studies.

Development Methodologies Of Artificial Intelligence Reporting Guidelines In Healthcare: A Scoping Review

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Background:

Artificial Intelligence (AI) Integration In Healthcare Is Limited By Poor Research Reporting And Transparency. While Many Guidelines Exist, The Methodological Rigor And Sustainability Of Their Development Processes Remain Largely Unexamined. Given AI's Fast-Paced Evolution, Evaluating Whether These Standards Remain Valid Over Time Is Urgent.

Objective:

This Scoping Review Aims To Systematically Map The Development Methodologies Of Existing AI Reporting Guidelines In Healthcare And Evaluate Their Adherence To Established Methodological Frameworks.

Methods:

Following Levac Et Al.'S Framework And PRISMA-Scr, We Searched Five Databases (Pubmed, Web Of Science, Embase, CNKI, Wanfang) Through January 8, 2026. We Included Guidelines Providing Operationalized Checklists For AI Healthcare Research. Development Quality Was Assessed Using An 18-Item Instrument Adapted From The Moher Et Al. Framework.

Results:

We Identified 98 Distinct Guidelines, 56.1% Of Which Were Published Between 2023–2025. Most (86.7%) Were Developed De Novo. While 62.2% Performed Systematic Reviews, Other Rigorous Steps Were Less Frequent: Only 27.6% Used Formal Consensus Methods And 20.4% Reported Pilot Testing. Only 1.0% Provided Formal Update Plans. Notably, 21.4% Integrated AI-Specific Innovations Like “Living” Guideline Models.

Discussion:

AI Guideline Development Faces A Tension Between Rapid Technological Evolution And Traditional Rigor. The Lack Of Pilot Testing And Maintenance Plans Risks Creating “Static” Tools For “Fluid” Technologies. We Propose A Shift Toward “Methodological Agility”, Treating Guidelines As Versioned Products With Stable Cores And Dynamic Peripheries. Future Efforts Must Prioritize “User Experience” Testing And Digital Ecosystems To Ensure Guidelines Remain Operationally Feasible And Sustainable.

Development Guidance For Artificial Intelligence Reporting Guidelines In Healthcare

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Background:

A Scoping Review Of 98 AI Reporting Guidelines Identified Significant Methodological Gaps: 99% Of Standards Lack Update Mechanisms And Only 27.6% Utilize Formal Consensus Processes. Current Development Methods Often Fail To Address The Rapid Technological Evolution And Technical Complexity Inherent In Healthcare Artificial Intelligence.

Objective:

The Objective Of This Study Is To Develop A Methodological Framework To Improve The Rigor, Technical Feasibility, And Long-Term Relevance Of AI Reporting Standards.

Methods:

Guided By An Operations Committee, We Developed A Five-Phase Framework Synthesized From WHO And EQUATOR Standards. Phase 1 Involves Recruiting A Multidisciplinary Panel Including Data Scientists And Clinicians. Phases 2 And 3 Focus On Evidence Synthesis Across Conducting, Reporting, And Evaluation Categories. Phase 4 Employs A Consensus Process Consisting Of Online Consultation And A Synchronous Consensus Meeting. Phase 5 Establishes A Living Guideline Model With A Dynamic Update Mechanism.

Results:

The Study Developed A 20-Step Framework Organized Into 6 Phases. Key Procedural Requirements Include: Phase 1-3 Focus On Multidisciplinary Panel Recruitment And Technical Scoping; Phase 4 Introduces Technical Feasibility Audits During Delphi Rounds To Verify Intellectual Property Constraints; Phase 5 Incorporates Artifact Simulations, Such As Code And Data Review, During Consensus Meetings To Align Items With Engineering Workflows; And Phase 6 Establishes A Living Guideline Model Using A Core-Periphery Structure To Facilitate Continuous Updates .

Discussion:

To Ensure Standards Remain Valid, Development Must Transition From Static Documents To Versioned Products. This 20-Step Framework Provides A Structured Approach To Maintaining High-Quality Guidelines That Adapt To Continuous Technological Shifts In AI.

Efficacy Of Non-Pharmacological Interventions For Pediatric Primary Headaches: A Systematic Review And Network Meta-Analysis

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Context:

Primary Headaches Are Highly Prevalent In Children And Adolescents. However, A Comparison Of Multiple Nonpharmacological Treatments Is Lacking.

Objective:

To Compare The Efficacy Of Different Non-Pharmacological Interventions For Pediatric Primary Headaches Using Network Meta-Analysis.

Data Sources:

Pubmed, Cochrane Library, Web Of Science, And Embase Were Searched From Database Inception To August 18, 2025.

Study Selection:

Randomized Controlled Trials Investigating Non-Pharmacological Interventions For Pediatric Primary Headaches.

Data Extraction:

Effect Sizes For Outcomes Were Extracted And Calculated Through A Random Effects Model.

Results:

A Total Of 15 Rcts Including Eighteen Different Types Of Interventions With 737 Participants Were Included. The Network Meta-Analysis Results Showed That, Compared To Waiting List Control, Biofeedback, Therapist-Assisted Relaxation, And Relaxation Were More Effective In Reducing Headache Frequency; Headstrong CD-ROM, Biofeedback+Relaxation, And Relaxation Were More Effective In Shortening Headache Duration; EDU, Biofeedback, TG, CBT, And Relaxation Were More Effective In Alleviating Headache Intensity. The Surface Under The Cumulative Ranking Curve Value Indicated That Biofeedback Has The Highest Probability (81.4%) Of Being The Most Effective Intervention For Reducing Headache Frequency; Headstrong CD-ROM (80.5%) As The Most Likely Intervention To Shorten Headache Duration; And Education (75.7%) As The Most Likely Intervention For Alleviating Headache Intensity.

Limitations:

These Findings Should Be Interpreted With Caution Due To The Low Quality Of Evidence.

Conclusions:

Based On Our Analysis, Biofeedback, Headstrong CD-ROM, And Education Appear To Be The Most Likely Non-Pharmacological Interventions For Reducing Headache Frequency, Shortening Headache Duration, And Alleviating Headache Intensity, Respectively.

Supplementing Limited Evidence On Harms: Insights From The American College Of Physicians

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¹American College Of Physicians

Background:

Randomized Controlled Trials (RCTs) Are The Gold Standard For Evaluating The Efficacy Of Interventions. However, RCTs Often Provide Limited Information About The Potential Harms Of These Interventions, Which Are Critical For Informed Clinical Decision-Making. This Deficit Of Safety Data Challenges The Ability To Make Judgments About The Balance Of Benefits And Harms When Developing Clinical Guidelines.

Objective:

To Describe The Approaches Used By The American College Of Physicians (ACP) To Overcome The Limitations In Safety Evidence And Facilitate Judgments On The Balance Of Effects For Pharmacologic Interventions.

Methods:

ACP's Clinical Guidelines Consider Evidence From RCTs To Assess The Balance Of Benefits And Harms For Pharmacological Interventions. ACP Considers Non-Randomized Studies (NRSI), Safety Data From Regulatory Agencies When Clinical Trials Are Lacking, Generalizability Is Uncertain, Or To Investigate Rare, Long-Term, Or Unexpected Harms.

Results:

ACP Developed A Standard Approach To Abstract Harms Evidence From US And European Regulatory Agencies And Reports This Information In The "Additional Considerations" Sections Of The Evidence-To-Decision Tables. ACP Also Searches For Evidence From NRSIs On A Topic-By-Topic Basis And Convenes A Topic Expert Panel For Each Systematic Review.

Discussion:

Considering Additional Evidence Sources Facilitates A More Comprehensive Presentation Of Relevant Harms. However, There Are Key Challenges To Formally Incorporate This Evidence Into The Evidence-To-Decision Framework And Evaluation Of Balance Of Effects, Such As Lack Of Grading Of Certainty For Regulatory Information And Limitations With NRSIs In Meta-Analysis.

Evidence Summaries As A Fast And Effective Decision-Support Tool Prior To Guideline Development

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¹National Institute For Quality And Excellence In Healthcare, ²Palacký University In Olomouc

Background:

Evidence Summaries Are Concise Evidence-Synthesis Products Designed To Provide Rapid, Decision-Ready Messages For Clinicians And Policy Makers. Within The Czech National Guideline System Led By The National Institute For Quality And Excellence In Healthcare (NIKEZ), They Support Early Clarification Of Decision Needs, Mapping Of Existing Evidence, And Determining Whether Guideline Development Is Necessary. Key Policy Makers At The Ministry Of Health Of The Czech Republic Use These Summaries To Inform Prioritisation And Resource Allocation. Evidence Summaries Employ Hierarchical Searches And Methods Aligned With Cochrane, JBI, GIN And The GRADE.

Objective:

To Describe The Role And Methodological Structure Of NIKEZ Evidence Summaries As A Fast, Effective Decision-Support Tool Preceding Guideline Development.

Methods:

The NIKEZ Methodology Includes: Formulation Of Focused Decision Questions; Hierarchical Systematic Searching (Guidelines → Systematic Reviews → Primary Studies); Standardised Selection And Extraction; Meta-Analyses/Narrative Synthesis; And GRADE Certainty Assessment When Feasible. Evidence Summaries Were Piloted Across Multiple Ministry-Commissioned Topics, Including Organisational And Clinical Questions.

Results:

Evidence Summaries Were Consistently Completed Within Short Timelines And Provided Clear Decision-Ready Messages. For Several Topics, Existing High-Quality Evidence Was Identified That Reduced Or Redirected The Need For De Novo Guideline Development. Policy Makers Reported Improved Scoping, Prioritisation, And Communication, Noting That The Format Supported Faster, More Targeted National Decisions.

Discussion:

Evidence Summaries Are A Scalable, Policy-Responsive Approach That Strengthens The Evidence Ecosystem. By Informing Decisions Before Guideline Development, They Prevent Unnecessary Projects, Optimise National Resources, And Enhance The Efficiency And Transparency Of Healthcare Decision-Making.

Core Performance Measures For Cancer Screening To Improve Health: An Assessment By American College Of Physicians

Dr Hector Pardo-Hernandez, Karen Campos, Kate Carroll, Dr. Amir Qaseem, Samantha Tierney

¹American College Of Physicians

Background:

Performance Measures (Pms) Assessing Quality Of Care Are Useful Tools To Support The Implementation Of Guidelines And Identify Areas For Quality Improvement. Pms Are Used In A Variety Of Quality Initiatives. This Has Led To A Plethora Of Pms Used To Monitor And Influence Clinical Judgments And Decisions. Unfortunately, Many Pms In Use Are Not-Evidence Based.

Objectives:

The American College Of Physicians (ACP) Recognized The Need To Streamline Pms To Be More Manageable And Clinically Meaningful And Launched A Core Pms Initiative To Recommend A Selective Set Of Pms Within Internal Medicine.

Methods:

ACP Developed A 6-Step Process With A Strong Emphasis On Clinical Guidelines As The Foundation For Pms. ACP Identifies And Assesses The Quality Of Relevant Clinical Guidelines, Then Extracts Strong Recommendations Based On High-To-Moderate Certainty Evidence And Identifies Areas Of Consensus.

Results:

ACP Applied The Core PM Process To Cancer Screening, Specifically Breast, Colorectal, Cervical, Prostate, And Lung. There Are Four Pms Related To Screening For These Cancers. ACP Did Not Recommend Any As Core Pms For Cancer Screening Due To Various Concerns Related To Alignment With Current Evidence, Measure Specifications, And Testing.

Discussion:

When There Is A Lack Of Consensus Among Organizations, PM Developers Should Focus On Areas Where There Is Agreement. The Breast, Colorectal And Cervical Screening Pms Deviated From That Approach.

The Future Of Guidelines: Integrating AI And Living Evidence In The Guideline Enterprise

Bernardo Sousa Pinto³, Wojtek Wiercioch², Ignacio Neumann², Artur Nowak⁴, Holger Schünemann^{1,2}, Chiara Arienti¹

¹Humanitas University, ²mcmaster University, ³University Of Porto, ⁴Evidence Prime

Background:

Artificial Intelligence (AI) Is Transforming The Guideline Enterprise. From Synthesizing Complex Evidence To Tailoring Recommendations, AI Tools Are Reshaping How Health Guidelines Are Developed And Disseminated. However, Successful Integration Requires Robust Frameworks, Methodological Stewardship, And Adherence To Core Principles.

Objective:

To Showcase The Transformative Initiatives Of The GIN Artificial Intelligence Working Group. This Session Will Unveil The Group's Latest Progress By Sharing Insights On Current AI Applications, Establishing Core Principles, And Providing Actionable Tools (Like The GIN-Mcmaster AI Extension) To Help Developers Harness AI Effectively And Ethically.

Chair: Chiara Arienti

Speakers: Holger Schünemann, Bernardo Sousa Pinto, Wojtek Wiercioch, Ignacio Neumann, Artur Nowak

Format:

"GIN: Principles For Use Of AI In The Health Guideline Enterprise" (BSP) – Outlines Core Principles Ensuring AI Models Are Critically Appraised To Prevent Bias And Misleading Outputs.

"GIN-Mcmaster Guideline Development Checklist Extension For Integrating Artificial Intelligence In The Guideline Enterprise" (HS) – Reports On The Progress Of Development Of The Checklist Extension.

"AI To Support Question And Outcome Prioritization In Guideline Development" (WW) – Explores How AI Streamlines The Scoping And Outcome Prioritization Processes Using Examples From Two Projects.

"GRADE Book Chat - Navigating The New GRADE Guidance Ecosystem" (IN) – Introduces The Fully Updated, Digitized GRADE Book Rolling Out To Replace The 2013 Handbook, And The AI-Powered Chatbot That Answers Questions About GRADE.

"Gradepro LLM – Making GRADE More Efficient And Accessible With Help Of AI" – Demonstrates Using Multimodal Generative AI To Expedite The Process Of Guideline Development And Increase Accessibility Of Published Recommendations.

Diagnosis And Management Of Intrahepatic Cholestasis Of Pregnancy: A Scoping Review Of Clinical Practice Guidelines

Dr Shoany Iparraguirre-Hilario¹, Dr Aracelly La Serna-Valer¹, Dr Cesar Vicente-Vilela¹, Dr Jhonatan Mejia¹

¹Carrera De Medicina Humana, Universidad Científica Del Sur

Background:

Several Clinical Practice Guidelines (Cpgs) Provide Recommendations For The Diagnosis And Management Of Intrahepatic Cholestasis Of Pregnancy (ICP); However, Inconsistencies Persist Regarding Their Methodological Rigor And Recommendations.

Objective:

To Summarize The Characteristics And Assess The Methodological Quality Of Cpgs Addressing ICP Diagnosis And Management, And To Synthesize And Compare Their Recommendations.

Methods:

We Conducted A Scoping Review Following The Methodology Of The Joanna Briggs Institute And The PRISMA-Scr Reporting Guideline. A Comprehensive Search Was Performed In Pubmed, Embase, Web Of Science, Scopus, Trip Database, Epistemonikos, Google Scholar, Google, And Institutional Websites. Cpgs Published Within The Past 10 Years Up To December 1, 2025, Were Eligible Without Language Restrictions. Methodological Quality Was Appraised Using The AGREE II Instrument. Sixteen Cpgs Were Included, Predominantly Published In English And Developed In Europe And North America. Twelve Guidelines Reported Methodological Details, And Seven Declare Use Of The GRADE Approach. However, Only One Presented A Summary Of Findings Table, None Included An Evidence-To-Decision Framework, And None Explicitly Reported The Use Of Minimum Important Differences. Variability Was Identified In Diagnostic Thresholds For Total Bile Acids, Recommendations Regarding Ursodeoxycholic Acid Therapy, And Timing Of Delivery. Five Cpgs Achieved High Overall AGREE II Scores, Whereas Stakeholder Involvement And Applicability Were The Lowest-Rated Domains.

Future Prospects For Project Presentations:

Although Cpgs Share Core Diagnostic And Management Principles, Important Variability Remains In Methodological Transparency And Clinical Recommendations. Harmonization Efforts And Improved Methodological Standards May Strengthen Future Cpgs Development And Support More Consistent Decision-Making In ICP.

Simplifying The Network: Creating Transparent And Interactive NMA Summary Of Findings Tables

Bart Dietl¹, Artur Nowak, Msc, Phd Wojciech Wiercioch^{2,3}, Ms Justyna Lityńska¹

¹Evidence Prime Sp. Z O.O., ²Department Of Health Research Methods, Evidence And Impact,, McMaster University, ³Michael G. Degroote Cochrane Canada & McMaster GRADE Centres
Background

Network Meta-Analysis (NMA) Is Essential For Comparing Multiple Interventions, Yet Its Complexity Often Creates A "Black Box", Hindering Clear Communication To Guideline Panels. This Workshop Introduces A Streamlined Approach Within Gradepro For Bridging The Gap Between Complex NMA Results And Building Transparent, Interactive Summary Of Findings Tables.

Objective:

To Equip Guideline Developers With Skills To Present NMA Results For Decision-Making With Guideline Panels. Participants Will:

Master The Workflow:

Operationalize GRADE Guidance For NMA Certainty Assessment And Entering Data For Health Outcomes With Multiple Interventions.

Enhance Presentation:

Generate Interactive Sof Tables To Visualize Intervention Effects, Certainty, Decision Thresholds, And Relative Ranking.

Increase Trust:

Explore Flexible Sof Presentation Formats To Present NMA Evidence Meeting The Needs Of Panels Making Judgements About Multiple Comparisons.

Planned Activities And Interactions

Participants Will Be Split Into Groups To Work Through Guided Examples, Learning The Practical Application Of The New Workflow.

Methodological Briefing (15 Min):

Facilitators Outline Challenges In Presenting Multiple Comparison Effects Based On NMA And The Latest GRADE Guidance.

Hands-On Scenarios (45 Min):

Groups Use The Gradepro NMA Module With Datasets To Learn The Workflow. Participants Will (1) Generate An Interactive Multiple Comparison Sof Table, (2) Practice Assessing Certainty Of Evidence, (3) Use Automation To Draft Narrative Effect Summaries, (4) And Set Decision Thresholds To Automate Demonstration Of Effect Sizes.

Discussion & Feedback (30 Min):

Groups Review The Generated Tables, Provide Feedback And Suggest Improvements For Utilizing The Flexible Presentation Approach.

For Optimal Participation, Attendees Should Bring Their Own Laptops.

Rapidly Addressing Multi-PICO Population Health Needs: The American College Of Physicians' Experience With Rapid Practice Points For Immunizations

Chelsea Vigna¹, Dr. Curtis S. Harrod¹, Kate Carroll¹, Dr. Amir Qaseem¹

¹American College Of Physicians

Background:

Rapid Reviews And Rapid Guidance Are Frequently Restricted In Eligibility Criteria To Ensure Feasible Shorter Timelines, Such As Limiting The Number Of Interventions And Comparators To Achieve A Focused Scope. However, Urgent Clinical And Population Health Decision-Making Needs Do Not Always Fit A Single PICO (Population-Intervention-Comparator-Outcomes) Framework.

Objective:

To Apply The American College Of Physicians' (ACP) Rapid Practice Points Methods To Develop A Series Of Distinct But Related Guidance On Immunizations For 3 Respiratory Viruses: COVID-19, Influenza, And Respiratory Syncytial Virus.

Methods:

ACP Followed Its Rapid Practice Points Methods Which Account For The Methodological Rigor And Trustworthiness Standards Set Forth By The Guidelines International Network And Others.

Results:

ACP Was Not Only Able To Develop A Series Of Rapid Practice Points In Quick Succession, But To Also Disseminate Through Peer-Reviewed Publication In A Very Short Period Of Time.

Discussion:

Development Encountered Methodological Challenges, Such As Scope Management And Incorporation Of Epidemiological Data. There Were Also Operational Challenges That Required Careful Resource Planning And Reallocation. ACP's Staggered Approach To The 3 Topics As Part Of A Coordinated Series Increased Efficiency By Centralizing Project Administration And Helped To Ensure Consistent Approaches Between Topics.

Implementing GRADE Decision Thresholds In Gradepro: Visualizing The Balance Of Effects For Panels And Integrating Artificial Intelligence Automation

Bart Dietl¹, Msc, Phd Wojciech Wiercioch^{2,3}

¹Evidence Prime Sp. Z O.O., ²Department Of Health Research Methods, Evidence And Impact,, McMaster University, ³Michael G. Degroote Cochrane Canada & McMaster GRADE Centres
Background

Guideline Panels Must Carefully Balance Desirable And Undesirable Effects In Decision-Making About Health Recommendations. As Gradepro Integrates Artificial Intelligence (AI) Automation, Implementing Explicit Thresholds Is Fundamental Because AI Requires Clear, Structured Rules, Which Need To Be Transparently Shared And Visualized With Human Users.

Objective:

To Detail Our Software Development Journey Implementing The GRADE-THRESHOLD Method Into Gradepro, Designing A Unified Tool To Calculate And Visually Present The Balance Of Health Effects For Pairwise And Network Meta-Analysis. .

Methods:

Our Design Process Addressed Three Key Software Challenges Within Gradepro:

Creating A Unified Visualization To Display Both Dichotomous And Continuous Outcomes Side-By-Side Against Explicit Decision Thresholds.

Converting Diverse Types Of Outcomes According To Categorical Thresholds Of Trivial, Small, Moderate, And Large Effects.

Programming Logic To Allow Aggregate Net Effect Calculations And Handling Methodological Issues Such As Dependent And Surrogate Outcomes.

Results:

We Successfully Built A Working Prototype Within Gradepro That Operationalizes Decision Thresholds. The Software Accurately Generates A Comprehensive Visual Summary Showing The Size Of Effects, Handling Various Health Outcome Types, And Is Prepared For Calculating Standardized Net Effects.. This Interface Translates Complex Evidence Profiles Providing Intuitive Visualization To Support Guideline Panels' Decision-Making, While Also Handling The Structured, Rule-Based Data Necessary For AI Integration.

Discussion:

Implementing Explicit Decision Thresholds Natively Into Gradepro Solves A Critical Barrier To Automation In Guideline Development. Future Work Will Focus On User Testing With Guideline Panels And Integrating The Logic Directly With The Ongoing Gradepro LLM Automation Project.

Enhancing Access To Trustworthy Guidance On AI In Clinical Practice Through Conversational And Interactive Formats

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University Of Oslo, ⁷Section For Teaching, University Of Oslo

Background:

As Adoption Of Artificial Intelligence (AI) In Clinical Practice Increases, Clinicians Require Accessible, Trustworthy, And Up-To-Date Guidance To Support Safe And Effective Use. However, Recommendations In Clinical Practice Guidelines (Cpgs) Are Often Difficult To Navigate, Compare, And Appraise. Novel Presentation Formats Such As Conversational Chatbot Interfaces And Interactive Recommendation Maps May Enhance Users' Ability To Evaluate And Apply Trustworthy Recommendations.

Objective:

We Aim To Develop And Evaluate A User-Centered, Conversational Interface That Enables Clinicians To Explore, Assess, And Navigate Trustworthy Cpgs On AI-Based Interventions.

Methods:

We Conducted An Umbrella Review Of Cpgs Addressing AI-Based Interventions, Using The AGREE II Instrument For Quality Appraisal. To Support Continuous Updates, We Semi-Automated The Guideline Screening And Appraisal Processes Using Large Language Models (LLMs). Iterative User Testing Informed The Development Of A User-Friendly CPG Interface.

Results:

The Platform Provides A Continuously Updated Overview Of Appraised Cpgs Related To AI-Based Diagnosis, Prediction, And Therapy. Recommendations Are Presented With Standardized Quality Indicators, Enabling Comparison Across Guidelines. The Content Is Delivered Through An Interactive Platform That Integrates Structured Filtering, Visual Recommendation Maps, And A Chatbot Interface To Allow Users To Query And Compare Recommendations.

Discussion:

This Work Exemplifies How Up-To-Date, Trustworthy Guidance On AI Interventions In Clinical Practice Can Be Delivered By Combining Continuous Guideline Surveillance, LLM-Supported Appraisal, Chatbot-Enabled Navigation And Visual Recommendation Maps. This Represents A Scalable Model For Improving Access To Trustworthy Guidance On All Healthcare Topics.

A Priori Definition Of Decision Thresholds In A Rare Disease Guideline: Experience From The European Academy Of Neurology Guideline On Spontaneous Intracranial Hypotension

Dr Katina Aleksovska¹, Ana Carolina Pereira Nunes Pinto^{1,2}, Annibale Antonini^{1,3}, Nikolas Papagiannakis^{1,4}, Christoph Schankin^{1,5}, Francesca Puledra^{1,6}, Henrik Winther Schytz^{1,7}

¹European Academy Of Neurology, ²Cochrane Iberoamericana, ³Department Of Neuroscience, Ferrara University Hospital, ⁴1st Department Of Neurology, Eginition Hospital, Medical School, National And Kapodistrian University Of Athens, ⁵Department Of Neurology, Inselspital, Bern University Hospital, University Of Bern, ⁶King's College London, ⁷Danish Headache Center, The Capital Region Of Denmark, University Of Copenhagen

Introduction:

Explicit A Priori Decision Thresholds (Edts) May Improve Decision-Making And Transparency When Formulating Guideline Recommendations. Edts Support Certainty Assessment, Aid Interpretation Of Effect Estimates, And Can Help Integrate Evidence Across Study Designs, Which Is Relevant In Rare Disease Guidelines (RDG) With Limited, Heterogeneous Evidence That Complicates Understanding Of Effect Sizes And The Benefits-Harms Balance.

Objectives:

We Aimed To Evaluate The Feasibility, Consistency Across Panel Members, And Acceptability Of Defining Edt In A RDG On Spontaneous Intracranial Hypotension, A Rare Condition With An Incidence Of ~4/100 000.

Methods:

We Used A Two-Step Approach: 1. An Anonymous Survey Among The Guideline Panel Members (Pms) To Define Edts For Small, Moderate, And Large Effects On Each Critical Outcome. 2. A Structured Online Meeting To Discuss Variability In Proposed Thresholds And Conduct Formal Voting To Reach Consensus On Final Edts.

To Ensure Consistency Between Survey Responses And Real-World Outcomes, The Summary Of Results Was Compared With Conservative (Bed Rest) And First-Line Treatment Outcomes Estimated In Prior Meta-Analyses (Mas). When Discrepancies Existed, We Presented Them To The Pms.

We Omitted Utility Values Because Of Insufficient Evidence In The Literature And The Inability To Conduct A Patient Survey Due To Time Constraints. At The End Of The Survey, We Also Asked The Pms About Their Experience Completing It.

Results:

Survey Results: 50% Of Pms Responded. The Survey's Summary Showed Variable Discrepancies (15-50%) With Prior MA's For 2/3 Outcomes.

This Project Is Expected To Be Finalised By March, With Results Presented At The Conference If Accepted.

Beyond Print: Multimodal Formats For Plain Language Summaries Of Clinical Practice Guidelines

Ms Zarah Akrami, Ms Kaitlyn Thloen

¹AAO-HNSF

Background:

Plain Language Summaries (PLSs) Are Traditionally Used To Make Clinical Practice Guidelines (Cpgs) More Accessible To Patients And The Public. Increasingly, Health Organizations Are Expanding Beyond Print Formats To Include Audio, Audiovisual, And Other Interactive Formats To Accommodate Diverse Patient Preferences And Literacy Levels. However, Little Is Known About How PLS Formats Influence Patient Interaction, Perceived Comprehension, And Equitable Access To Evidence-Based Guidance.

Objective:

To Examine Current PLS And Clinical Guidance Formats And Inform Multimodal PLS Dissemination

Methods:

We Conducted A Literature Review Of PLS Formats And Compared These Approaches With Strategies Used By Our Organization And Other Institutions Distributing Clinical Guidance. Internal Stakeholders Provided Qualitative Feedback On Usability, Perceived Comprehension, Content Considerations, And Dissemination Strategies. Findings Were Synthesized To Identify Themes Related To Accessibility, Engagement, And Equity.

Results:

Print-Based PLSs Remain The Most Common Format; However, Literature And Stakeholder Feedback Indicate That Print Alone May Not Fully Address Diverse Patient Needs. Audio And Video Formats Provide Alternative Modalities For Receiving Clinical Guidance, Which May Support Comprehension Across Varying Literacy Levels, Learning Preferences, And Accessibility Needs. Stakeholders Expressed Strong Support For Multimodal Delivery Approaches Rather Than Reliance On A Single Format.

Discussion:

Expanding Beyond Print-Only PLSs May Better Support Comprehension, Engagement, And Inclusivity Across Diverse Patient Populations. Future Efforts Will Prioritize Multimodal Development Strategies, Incorporate Patient Input Into Format And Content Decisions, And Evaluate Dissemination Strategies To Ensure Equitable Access To Clinical Guidance

Implementing Living Guidelines In Primary Care: A Heart Failure Case Study Highlighting Practical Opportunities And Constraints

Dr Simon Van Cauwenbergh¹, Mrs Annick Nonneman¹, Dr. Miek Smeets², Pr. Paul Van Royen¹, Mrs. Inez Vanoverschelde¹

¹Working Group Development Of Primary Care Guidelines, ²University Of Antwerp

Background:

The Rapid Growth Of Evidence Has Made Living Guidelines Essential In Selected Clinical Areas. Chronic Heart Failure Is A Prime Example, Given Its High Prevalence And The Continuous Publication Of New Evidence. In 2024, The Working Group For Development Of Primary Care Guidelines (WOREL) Updated Its National Primary Care Heart Failure Guideline, Creating An Opportunity To Implement A Living Guideline Approach For Selected Topics.

Objective:

To Report The Feasibility, Added Value, And Challenges Of Implementing A Living Guideline Approach In Primary Care, Based On WOREL's Experience With Chronic Heart Failure.

Methods:

Following The 2024 Update, The Guideline Development Group Selected Pharmacological Management And Iron Deficiency As Priority Topics For Transition To A Living Approach. A Systematic Literature Search Was Conducted Every Six Months In Accordance With WOREL Guideline Development Methodology. Evidence Appraisal And Preliminary Decisions Were Performed During Monthly Meetings With Methodologists And Validated At A Stakeholder Meeting Prior To Publication.

Results:

Within 12 Months, One Pharmacological Recommendation Was Updated Following Publication Of A New RCT, While Additional Rcts Reinforced Existing Recommendations. The Living Process Also Prompted Updates Of Vaccination Recommendation And Diagnostic Cut-Offs. Publication Timing Was Aligned With National Reimbursement Policies And European Regulatory Decisions To Maintain Contextual Relevance.

Discussion:

A Focused Living Approach Proved Feasible With Limited Resources. Key Challenges Included Managing Publication Volume, Evaluating Added Value, And Ensuring Consistency In Evidence Appraisal. Flexibility In Publication Timing Supported Coherence Between Recommendation And Real-World Implementation. The Process Was Positively Received By The Guideline Development Group.

Garden Therapy For Improving Psychological Wellbeing In Hospital Inpatients: A Rapid Health Technology Assessment Review

Dr Juen Nin Woon¹, Keng Ho Pwee¹, Dr Hong Choon Oh¹

¹Changi General Hospital, Singapore

Presentation Title

Garden Therapy For Improving Psychological Wellbeing In Hospital Inpatients: A Rapid Health Technology Assessment (HTA) Review

Background:

Hospitalisation Can Contribute To Psychological Distress, Including Anxiety And Depression. Nature-Based Interventions Such As Horticultural Therapy And Therapeutic Gardens Are Gaining Interest As Non-Pharmacological Approaches To Support Psychological Wellbeing In Hospital Inpatients.

Objective:

This Rapid Health Technology Assessment Evaluated The Effectiveness And Safety Of Garden Therapy As An Adjunct To Standard Inpatient Care In Hospital Settings.

Methods:

A Structured Search In Pubmed, Cochrane Database Of Systematic Reviews, And Epistemonikos Identified Systematic Reviews And Primary Studies Assessing Horticultural Therapy Or Therapeutic Gardens For Adult Hospital Inpatients. Three Systematic Reviews Were Identified Which Included But Did Not Exclusively Focus On Hospital Inpatients, Suggesting Potential Psychosocial Benefits Of Horticultural Therapy For Hospital Inpatients And Individuals With Mental Illness. Relevant Primary Studies Were Included And Reported Improvements In Anxiety, Mood, And Quality Of Life Following Horticultural Therapy In Inpatient Psychiatric And Rehabilitation Settings. Systematic Reviews Were Appraised Using A Measurement Tool To Assess Systematic Reviews 2 (AMSTAR-2), And Primary Studies Using Cochrane Risk Of Bias Tools Where Risks-Of-Bias Was Mainly Attributed To Open-Label Designs And Incomplete Reporting. A Narrative Synthesis Was Undertaken Due To Heterogeneity In Populations, Interventions And Outcomes Of Studies.

Future Prospects For Project Presentations:

This Rapid HTA Review Will Inform Design And Implementation Of Nature-Based Therapy Pilot Programmes Planned For Changi General Hospital. Findings Of Future Pilot Programmes May Be Shared To Support Broader Adoption Of Evidence-Based Garden Therapy Programmes.

Building AI-Enhanced Living Guideline Workflows: LEAPP-AI

Dr Shaira Baptista¹, Dr Miranda Cumpston¹, Dr Manika Saha¹, Professor Tari Turner¹, Associate Professor Leah Heiss¹, Dr Jackie Rong¹, Mr Heath White

¹Monash University

Background:

Living Guidelines Provide Reliable, Continually Updated Recommendations But Require Substantial, Sustained Effort Across Every Stage Of Development From Topic Prioritisation, Evidence Surveillance, Recommendation Development, Expert Consultation, Publication And Dissemination. While Many AI Initiatives Focus Narrowly On Evidence Synthesis Tasks, AI-Enabled Tools Have Broader Potential To Streamline The Entire Guideline Workflow. The Living Evidence For Australian Pregnancy And Postnatal Care (LEAPP) Guidelines Provide A Real-World Setting To Examine These System-Level Opportunities.

Objective:

To Map The Opportunities, Risks And Benefits Of Integrating AI-Enabled Tools Into The LEAPP Living Guideline Workflow And Develop A Framework For Responsible, Human-In-The-Loop AI Integration.

Methods:

Phase 1 Involves Mapping All Stages And Task-Level Components Of The LEAPP Living Guideline Process Using Document Analysis And Interviews With Key Personnel. Phase 2 Will Identify AI Tools Through Systematic Searching And Map Them To Specific Tasks Identified In Phase 1. Phase 3 Will Evaluate Shortlisted Tools Using Published Validation Research And Hands-On Assessment By Guideline Developers, Informing A Draft Framework For AI Integration.

Results:

Process Mapping To Date Highlights Substantial Workflow Complexity Including Many Manual, Repetitive And Administrative Tasks That May Be Suitable For AI Assistance Extending Well Beyond Evidence Synthesis.

Discussion:

Preliminary Findings Indicate Clear Opportunities For AI To Support Faster, More Consistent Workflows Across The Full Guideline Development Cycle. Responsible AI Integration Could Reduce Operational Burden, Improve Consistency Across Guidelines, Enhance Engagement With Diverse End Users And Free Up Human Expertise For Complex, Subjective Decision-Making, Equity Considerations And Strategic Guideline Dissemination.

A Large Language Model–Driven Method For Literature Abstract Screening: Research And Practical Application

Mr. Qingqing Chong¹, Ph.D. Candidate Qinwei Chong², Master's Student Xue Ban³, BSN Mingqi Peng¹, Associate Senior Editor Chongfan Zhang⁴

¹Department Of Nursing, Children's Hospital Of Nanjing Medical University, ²China Nanhu Academy Of Electronics And Information Technology, ³School Of Pediatrics, Nanjing Medical University, ⁴Center For Clinical Guideline Methodology Research And Development, Children's Hospital Of Nanjing Medical University

Background:

Manual Literature Screening Is Inefficient, Highly Subjective, And Suffers From Poor Consistency.

Objective:

To Develop An Intelligent Literature Screening Tool Powered By Large Language Models—Named 3S-EAR AI—To Improve The Quality And Efficiency Of Literature Screening.

Methods:

Clinical Questions From Clinical Practice Guidelines Were Structured Using The PICO Framework. A Large Language Model Was Employed To Perform Semantic Parsing And Relevance Assessment Of Titles, Abstracts, And Full Texts. Rule-Based Constraints And Prompt Engineering Were Integrated To Enhance Model Controllability And Interpretability. Human–AI Collaborative Verification Was Implemented To Minimize Risks Of False Exclusions And Omissions.

Results:

Taking The Chinese Clinical Practice Guideline For Ostomy Care In Infants Aged 0–3 Months As A Case Study, We Randomly Sampled 400 Abstracts From An Initial Pool Of 18,730 Records To Construct And Refine AI-Assisted Inclusion And Exclusion Decision Rules. From The 16,681 Records Excluded By The AI, Another Random Sample Of 400 Was Independently Screened By Two Human Reviewers In A Blinded Manner; The AI Achieved A 100% Exclusion Accuracy Rate. Based On An Average Manual Screening Rate Of 500 Abstracts Per 8-Hour Day, Screening The Entire Set Would Take Approximately 300 Hours (15 Days), Whereas The AI Completed The Task In Just 0.5 Hours.

Conclusion:

The 3S-EAR AI Intelligent Screening Tool Demonstrates High Accuracy In Excluding Irrelevant Abstracts During Initial Screening And Can Substantially Reduce Manual Workload.

Whose Voice Is It Anyway? Comparing The Intent And Reality Of Patient Involvement In Clinical Practice Guidelines In Malaysia.

Ms Siti Mariam Mohtar¹, Dr Noor Ayuni Bazura Muhamad¹, Dr. Tengku Noor Farhana Tengku Khalid¹, Dr. Karen Sharmini Sandanasamy¹, Dr. Syaquirah Akmal¹

¹Malaysian Health Technology Assessment Section

The Involvement Of Patients, Carers And Non-Government Organisations (NGO) Representing Patients Is Crucial To Ensure That Clinical Practice Guidelines Developed Are Practically Applicable And Patient-Centred In Real-World Settings.

Objective:

To Evaluate The Nature And Extent Of Patients, Carers Or NGO Involvement And Determine Its Direct Impact On CPG Recommendations

Methods:

All Evidence-Based CPG Published By Ministry Of Health (Moh) Malaysia And Professional Societies From 2015 Till 2025 Were Retrieved From Moh And Academy Of Medicine Of Malaysia Websites. Two Reviewers Independently Extracted Data On Patient, Carer Or NGO Involvement In The CPG Development Process. Data Extracted Will Then Be Analyzed Descriptively. The Recommendations From The Included CPG Will Be Evaluated For Fingerprints Of Patient, Carer Or NGO Influence - Inclusion Of Patient-Reported Outcome Measure, Quality Of Life, Shared-Decision Making, And Shifts In Recommendation Strength Based On Patient Values And Preferences.

Results:

A Total Of 68 Cpgs Were Identified And Will Be Included In The Analysis. Preliminary Analysis Reveals That While Patient, Carer And NGO Representatives Are Frequently Present In The Development Process, Their Fingerprints Are Limited In The Clinical Recommendations.

Discussion:

The Findings Of This Study Will Highlight The Need For More Transparent Methodologies To Explicitly Demonstrate How Patient Values Shift The Direction And Strength Of The CPG Recommendations.

Enhancing Clinical Practice Guideline Education: A Qualitative Study Of US Educators And National Leaders In Medical Education

Dr. Michael Yi¹, Victoria Shi, Sabrina Smith, Chloé Aymée De Mortier, Emma Mcfarlane, Yasser Sami Amer, Arnav Agarwal, Rebecca Morgan, Rachel Archer, Radhika A. G., Maha Alqudah, Saphia Mokrane, John Chang, Heba Hussein, Ahmad Ozair, Pooja Gandhi, Elda Righi, Murad Alam

¹University Of Colorado, Department Of Dermatology

Background:

Medical Students In The United States (US) Desired Additional Education On The Purpose, Evaluation, And Proper Use Of Clinical Practice Guidelines (CPG), Yet Limited Literature Describe When And How CPG Education Should Be Integrated Into Undergraduate Medical Education.

Objectives:

To Discern Effective Pedagogical Methods For CPG Education And Determine When And How US Medical Students Should Encounter Such Learning Materials.

Methods:

Educators At Liaison Committee On Medical Education (LCME)-Accredited US Medical Schools And Leaders From Organizations In The US That Oversee Medical Education Participated In One-On-One Interviews Between January 2024 To May 2025. Two Researchers Completed Audio Transcription And Inductive Thematic Analysis.

Results:

Individual Interviews With 24 Participants (12 Educators And 12 National Leaders) Were Conducted. They Advocated For A Combination Of Active Learning (E.G., Case-Based Learning, Role-Play, Flipped Classroom) And Passive Learning (E.G., Didactics). Educators Overwhelmingly Recommended A Constructive Approach Beginning In Undergraduate Medical Education, With Both Stating That Education Could Extend Into Residency. Leaders Stressed Assessment As A Lever For Engagement And Increased Uptake Of CPG Education. Barriers Included Curricular Overload, Limited Faculty Bandwidth And Expertise, Financial Constraints, And Difficulty Measuring Outcomes. Participants Proposed Adaptable, Integrable Modules To Reduce Burden.

Discussion:

Educators And National Leaders Suggested A Feasible Pathway To Introduce CPG Education In The US By Introducing Modular Learning Materials That Can Be Easily Implemented Into Existing Curricula Across Stages Of Training. Embedding CPG Competencies Into Licensing And Board Examinations May Accelerate Adoption And Standardize Skills, And Ultimately Improve Guideline Implementation And Better Patient Care.

Association Between Adverse Events And Pharmacotherapy For Adults With Overweight And Obesity: A Systematic Review And Network Meta-Analysis Of Rcts

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This Systematic Review And Network Meta-Analysis Aimed To Evaluate The Relationship Between Adverse Events And Pharmacotherapy In Adults With Overweight And Obesity. A Comprehensive Search Of Randomized Controlled Trials Was Conducted, Revealing Variations In The Frequency And Severity Of Adverse Events Across Different Pharmacological Interventions. Common Adverse Events Were Identified, Underscoring The Need For Careful Consideration Of Safety Profiles In Treatment Selection. The Findings Provide Valuable Insights For Clinical Decision-Making In Weight Management And Highlight Areas For Further Research. Keywords: Adverse Events, Pharmacotherapy, Overweight, Obesity, Systematic Review, Network Meta-Analysis, Randomized Controlled Trials

Development Of An AI-Based Bibliometric Platform For Research Intelligence: Automated Multidimensional Evidence Mapping And Gap Identification

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Background:

Traditional Bibliometrics Relies On External Metadata And Often Fails To Capture Deep Semantic Relationships Within Scientific Literature, Limiting Its Ability To Identify Evidence Gaps During Early-Stage Systematic Reviews. With The Rapid Advancement Of Large Language Models (LLMs), There Is Growing Potential To Develop Intelligent Tools Capable Of Semantic Parsing And Quantitative Assessment Of Disciplinary Maturity To Support Research Decision-Making.

Methods:

We Developed A Python-Based AI Bibliometric Workflow, Designed For Future Deployment As A Universal Web Platform. Moving Beyond Simple Literature Screening, The System Performs Multidimensional Post-Selection Knowledge Discovery. High-Dimensional Text Embeddings Combined With UMAP Enable Semantic Clustering Of Large-Scale Abstracts, Followed By LLM-Driven Automated Thematic Labeling. To Detect Evidence Gaps, Ecological Diversity Metrics (E.G., Pielou's Evenness, Topic Richness) And Polynomial Trend Fitting Are Used To Quantify Research Hotspot Evolution. A Dual-LLM "Back-To-Back" Consensus Engine Enhances PICOS Extraction Accuracy, Generating Evidence Maps And Upset Plots To Visualize Research Density And Identify "Evidence Deserts."

Results:

Preliminary Validation Shows Stable Large-Scale Data Processing With Automated Rate-Limit Management. Visualization Modules Effectively Map Technological Evolution Pathways And Reveal Misalignment Between Clinical And Basic Research Domains. Compared With Traditional Manual Bibliometrics, The Platform Enables Comprehensive Coverage And Automated Deep Thematic Summarization.

Conclusion:

By Integrating LLMs With Machine Learning Algorithms, This Platform Transforms Bibliometrics From Quantitative Counting To Semantic Insight, Providing A Data-Driven Engine To Identify Research Frontiers And Unmet Scientific Needs.

Standardized Nomenclature For Single-Level Hemivertebra Deformity Surgery: A Scoping Review

Yijing Xie¹, Chuang Qian¹, Chongfan Zhang²

¹Children's Hospital Of Fudan University, ²Children's Hospital Of Nanjing Medical University

Background There Is Inconsistency And Lack Of Standardized Rules In The Namings Used In Single-Level Hemivertebra Deformity Surgery.

Objective:

To Establish A Structure Naming Method For Single-Level Hemivertebra Deformity Surgery.

Methods:

Scoping Review. A Systematic Search Was Conducted Using The Terms "Congenital," "Scoliosis," And "Hemivertebra" In The Ovid-Embase, Ovid-MEDLINE, And Sinomed Databases On October 17, 2025. Experienced Clinicians Independently And Blinded Screened Titles, Abstracts, And Full-Texts Of Articles Using The Web-App Rayyan. Senior Orthopedic Surgeons Extracted Surgical Original Namings, Details, And Descriptions From The Included Articles. Core Characteristics Of Surgical Operation Were Then Summarized And Categorized.

Results:

A Total Of 220 Articles Met The Inclusion Criteria And 942 Core Characteristics Were Identified. These Core Characteristics Were Further Categorized Into Five Domains, Including Preoperative Managements, Surgical Approach Selection, Degrees Of Hemivertebra Resection, Fusion, And Fixations And Fixators. The Scoping Review Was Summarized 30 Unduplicated And Standardized Surgical Namings.

Discussion:

Standardized Nomenclature Enables Orthopedic Surgeons To More Directly Understand The Core Characteristics And Differences Between These Single-Level Hemivertebra Surgeries, And To More Easily Writing Medical Records And Academic Communications. This Has Significant Practical Value For Encoding Structured Surgical Namings.

Magic And Network Meta-Analysis

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Background:

Network Meta-Analysis (NMA) Is A Method That Enhances Evidence-Based Medicine And Supports Clinical And Policy Decision-Making. NMA Allows Three Or More Interventions To Be Compared Simultaneously Using Direct And Indirect Evidence. NMA Can Be Conceptualised As A “Single Study That Assesses All Available Interventions For A Given Condition”, Generating Hierarchies Through Rankings To Guide Decision-Making For Clinicians, Patients, And Policy-Makers.

Prestigious Institutions Widely Use MAGIC To Produce Guidelines; However, It Currently Lacks Structured Evidence Tables Specifically Designed For Reporting NMA Results.

Objective:

To Present A Practical Solution For Uploading NMA Results To MAGIC In A Format That Meaningfully Informs Guideline Development While A System Update Is Pending.

Methods:

We Explored Multiple Methods For Uploading NMA Data Into MAGIC. After Many Attempts And Errors, We Were Able To Upload Data In A Format That Generates Coherent Tables And Graphical Outputs. By Entering The Outcome In A Single Row, Leaving The Remaining Cells Blank, And Listing Each Intervention And Its Comparator On Separate Rows With Corresponding Certainty Ratings And Direction Of Effect, We Developed A Workable Structure.

Results:

Using This Approach, We Were Able To Present NMA Results Within MAGIC, Producing Interpretable Tables And Graphs That Can Inform Stakeholders And Support Policy Decision-Making.

Discussion:

The Use Of NMA Has Steadily Increased Over The Past Decade And Represents A Valuable Tool For Synthesising Evidence And Informing Decisions. Given The Growing Publication Of Nmas, System Adaptations Within MAGIC May Require Time; Interim Practical Solutions Are Therefore Necessary.

From Evidence To Recommendations: A Case Study Of GRADE-Informed Network Meta-Analysis With Patient Partnership For Obesity Guidelines

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Background:

Guideline Panels Face Challenges Integrating Rapidly Evolving Pharmacotherapy Evidence Into High-Value Care Recommendations. Transparent Evidence-To-Decision Frameworks Are Essential For Translating Complex Data Into Trustworthy Clinical Practice.

Objective:

To Present A Case Study Of An Evidence Synthesis Model For Informing Obesity Guideline Development.

Methods:

We Conducted A Random-Effects Frequentist NMA Of 262 Trials (99 791 Participants, 19 Medications) With GRADE Certainty Assessments Across 24 Outcomes. Global Patient Partners Identified Priority Outcomes. Interventions Were Categorized By Effects And Certainty To Facilitate Recommendations Grading.

Results:

This Framework Generated Critical Insights Shaping Guideline Recommendations. Efficacy Rankings Positioned Tirzepatide And Cagrilintide-Semaglutide As Most Effective For Weight Loss, While Subcutaneous Semaglutide Uniquely Reduced Mortality And Myocardial Infarction—Informing Recommendations Based On Patient Values And Preferences (Weight Loss Vs Cardiovascular Protection). Consistent Associations Between Greater Efficacy And Higher Risks Of Discontinuation, Gastrointestinal Events, And Fatigue Clarified Benefit-Harm Trade-Offs Essential For Shared Decision-Making. GRADE Assessment Revealed No Medication Achieved Clinically Meaningful Quality-Of-Life Improvements And Identified Critical Evidence Gaps In Long-Term Outcomes And Emerging Agents, Highlighting Where Guidelines Should Temper Expectations And Prioritize Research. Six Patient Partners From North America, Europe, And Africa Provided Input To Ensure Recommendations Were Relevant.

Discussion For Scientific Abstracts:

This Study Demonstrates How Integrating NMA, GRADE, Patient Partnership, And Intervention Categorization Produces Actionable Evidence For Guidelines. The Framework Enables Panels To Individualize Recommendations By Patient Values And Preferences, Acknowledge Evidence Gaps, And Adopt Living Evidence Approaches For Rapidly Evolving Fields. Our Approach Is Replicable For Other Fields Facing Similar Evidence Synthesis Challenges.

Strengthening Clinical Practice Guidelines Implementation Through Targeted Training For Primary Care Providers

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Background:

Clinical Practice Guidelines (Cpgs) Translate Scientific Evidence Into Routine Clinical Practice. Ensuring That Primary Care Providers (Pcps) Remain Updated On CPG Recommendations Is To Improve Quality Of Care. A Targeted CPG Training Was Implemented To Enhance Awareness And Facilitate Dissemination Of Current Evidence Among Pcps.

Objective :

To Evaluate The Impact Of PCP Training As Part Of A CPG Implementation Strategy Based On Participants' Response Outcomes.

Methods:

All PCP Training Sessions Conducted In 2025 Were Included. A Structured Training Plan Was Developed And Presented To Stakeholders Prior To Implementation. The Programme Consisted Of A 2-Hour Webinar Incorporating Lectures And Case Discussions Tailored To Selected Diseases. Speakers Were Members Of The Respective CPG Development Groups. All Content Was Derived From The Cpgs. Participants Completed A Post-Training Questionnaire Assessing Four Domains: Achievement Of Objectives, Programme Organisation, Speaker Effectiveness And Willingness To Recommend The Training. Responses Were Measured Using A 3-Point Likert-Scale (1=Not Achieved, 2=Somewhat Achieved, 3=Mostly Achieved). Numerical Data Were Summarised As Mean (Standard Deviation) And Categorical Data As Number (Percentage).

Results:

Overall, 66.1% (1,238/1,872) Of Participants Responded Across Three Training Sessions. Mean Scores For Achievement Of Objectives Ranged 2.96-2.97 (SD=0.20-0.22). Satisfaction With Programme Organisation Ranged From 2.92-2.95 (SD=0.24-0.28), While Satisfaction With Speakers Ranged From 2.94-2.97 (SD=0.18-0.24). More Than 98% Reported Benefiting From The Training And Would Recommend It To Colleagues.

Discussion For Scientific Abstracts:

Structured CPG Training For Pcps Achieved High Satisfaction And Strong Endorsement, Supporting Its Role In Strengthening CPG Dissemination And Enhancing Quality Of Care In Primary Care Settings.

Redefining 'Evidence' In The Context Of Living Guidelines: The Importance Of Non-Clinical Evidence In Updating Living Recommendations⁴

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Background:

Living Guidelines Enable The Rapid Identification And Inclusion Of New Evidence From Published Studies. Although Triggers For Updating Living Recommendations Have Historically Centred On The Identification Of New Data From Primary Studies, There Is Significant Scope For Improving The Applicability And Implementability Of Living Guidelines Through Inclusion Of Non-Clinical Information.

Objective:

Our Objective Was To Examine The Range And Impact Of Changes To The Australian National Living COVID-19 Clinical Guidelines Based On Information From Non-Clinical Sources And Compare This To Changes Based On Clinical Evidence Over The Same Three Year Period.

Methods:

We Retrospectively Identified And Extracted Non-Clinical Information Updates And Classified These Based On Location (E.G. Recommendation, Evidence-To-Decision), Source Of Change (E.G. Expert Consensus, Consumer Input, Government Policy), Reason For Change (E.G. Approval/Supply Of Therapeutics, Clarity Around Population) And Impact.

Results:

Three Hundred And Eight Changes Were Made To The Guidelines Using Non-Clinical Information. Most Changes Were Made To The Text Of The Recommendation Or Supporting Information And Were Based On Expert Consensus And Government Policy, With Several Impactful Changes Made Based On The Use Of In Vitro Evidence, Approval And Supply Of Therapeutics And Changes In Vaccination Terminology.

Discussion:

There Is Substantial Scope For Updating Living Recommendations Using Non-Clinical Information. Living Guideline Developers Should Focus On Developing New Relationships And Strengthening Existing Relationships With Stakeholders Across Subsequent Guideline Iterations. We Propose The Addition Of A Fourth Key Criteria When Assessing The Appropriateness Of A Living Approach Focused On The Potential For Changes In The Healthcare Environment.

Using A Living Approach To Prioritise Future Research: Insights From Qualitative Interviews

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Background:

An Understanding Of The Current Evidence Base, Using Information Gathered By Systematic Reviews And Clinical Practice Guidelines, Can Inform Recommendations For Future Research. Until Recently, The Reviews And Guidelines Informing These Research Recommendations Were Updated Infrequently, And In Rapidly Developing Clinical Areas Were Out-Of-Date Before They Were Published. As Living Guidelines Are Frequently Updated As New Evidence Emerges, This May Change How Recommendations Are Made For Future Research.

Objective:

To Explore How Participants' Currently Identify And Develop Research Recommendations And Whether The Use Of A Living Approach Would Change How Research Recommendations Are Formulated.

Methods:

We Conducted Semi-Structured Interviews For One Hour Each On Participants With Backgrounds In Living Evidence And Research. The Interviews Were Transcribed And Analysed In Nvivo Using Open Coding To Identify Key Concepts On The Themes Asked In The Interview Guide. Codes Were Created For These Themes And Subthemes . The Recordings And Transcriptions Of The Interviews Were Consulted Where Necessary For Clarification And Extraction Of Quotes.

Results:

Fifteen Participants Were Interviewed. The Key Themes Identified Were: 1) Considerations For Research Prioritisation, 2) Processes For Research Prioritisation, 3) Importance Of PICOS Alignment, 4) Outcomes, 5) Core Outcomes, 6) Communication, 7) Reporting Of The Evidence, 8) Lack Of Awareness Of The Living Guidelines.

Discussion:

The Interviews Highlighted Several Themes That Influence How The Evidence Ecosystem Can Identify And Develop Research Questions That Are Of High Priority To Clinicians, Consumers And Decision Makers. Future Research Could Explore And Refine These Themes.

Exploring A Living Approach To Research Prioritisation: Findings From A Mixed-Methods Survey

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Background:

Living Guidelines Provide An Opportunity For A Dynamic Approach To Recommendations For Future Research, By Informing Gaps And Uncertainties In The Evidence Base Which Could Benefit From Further Research, In Near-Real Time.

Objective:

To Identify And Prioritise How Recommendations For Future Research Could Be Developed And Maintained In The Context Of A Living Approach.

Methods:

A Survey Was Developed Based On Themes Identified In Prior Interviews (Reported Elsewhere). A Quantitative Analysis Of The Survey Responses Was Undertaken To Identify The Top-Ranking Areas, And Free Text Answers Analysed Qualitatively.

Results:

Ten Experts In Research And Living Evidence Participated In The Survey. The Findings Included Rankings And Priorities For Who To Consult With, Where To Publish, What To Report, And What Information To Provide, Regarding Recommendations For Future Research. It Also Identified A Number Of Barriers And Opportunities For Using Information From Living Guidelines. The Most Important Information For Prioritising Future Research Were Analysed By Respondent Type. Common Priorities Included: Uncertainty In The Existing Evidence, Evidence To Practice Gaps, Consumer Input, Unmet Clinical Need In The Overall Population And In Those Disproportionately Affected, And Cochrane Living Or Systematic Reviews.

Discussion:

The Survey Highlighted Several Areas That Need To Change In The Evidence Ecosystem For A Living Approach To Be Successful. However, The Surveys Are Based On A Small Group Of Experienced Individuals. Additionally, The Survey Was Large And Received A Lower Response Rate To Certain Questions. Future Research Could Include A Refined Survey Sent To A Larger Number Of Participants.

Psilocybin-Assisted Psychotherapy (PAP) For Depression: Insights From A Rapid Review And Thematic Analysis Of Guidance And Consensus Statements

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Excellence In Youth Mental Health, ⁵School Of Public Health And Preventive Medicine, Faculty Of Medicine, Nursing And Health Sciences, Monash University

Background:

Psilocybin-Assisted Psychotherapy (PAP) Is A Rapidly Emerging Treatment For Depression, With Authorised Prescribing And Special Access Schemes Operating In Several Jurisdictions Including Australia, Canada And Switzerland. However, Inconsistencies Exist Across Prescribing, Dispensing, Administration And Monitoring Practices. To Date, No Psilocybin-Containing Product Has Received Regulatory Approval Worldwide. This Rapid Review Aimed To Synthesise And Thematically Analyse Clinical Guidelines, Consensus Statements, And Position Statements On PAP For Depression.

Methods:

A Rapid Review Identified Documents Containing Actionable Recommendations For PAP In Depression Published Between 2020-2025. Statements Were Synthesised, Thematically Analysed And Mapped To Stages Of The Medicine Management Pathway (Prescribing, Dispensing, Administration, And Monitoring), Adapted To Reflect The Pharmaco-Psychotherapeutic Model Of PAP.

Results:

Fourteen Documents From Six Countries Were Included: Four Clinical Guidelines, Six Position Statements, And Four Consensus Statements. Regulatory Contexts Ranged From Authorised Prescriber Schemes To Restricted Medical Access And Research-Only Pathways. Five Documents Expressed Conditional Support For PAP, Five Positioned Its Use As Limited To Research, And Four Focused Primarily On Governance. Key Themes Included Risk Mitigation, Patient Selection, Workforce Competency, And Provider Responsibilities. Limited Guidance Was Identified For Dosing, Therapeutic Structure, Modality, Or Session Protocols. No Clinical Guidelines Focused Exclusively On PAP For Depression.

Discussion:

This Is The First Synthesis Of Guidance On PAP For Depression. Existing Documents Reflect Cautious Optimism Amid Gaps In Evidence For Long-Term Safety, Efficacy And Tolerability. Persistent Inconsistencies Underscore The Need For Dedicated, Evidence-Informed Clinical Guidelines To Support Safe, Standardised Implementation As Regulatory Access Expands And Phase III Trial Data Continue To Emerge.

Living Stroke Guidelines: 7 Years On

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Background:

The Australian And New Zealand Clinical Guidelines For Stroke Management Transitioned Into A 'Living' Model In 2018, Becoming One Of The First Internationally To Provide Continually Updated Recommendations.

Objective:

To Describe The Methods, Effectiveness And Cost-Effectiveness Of Maintaining Living Guidelines. Methods: The Living Stroke Guidelines (LSG) Project Team Undertakes A Monthly Combined Search And Screening Process For Relevant Stroke Systematic Reviews And Randomised Control Trials. Clinician Topic Working Groups Complete Full-Text Reviews Twice Yearly. Outcome Evaluations Of The LSG Were Conducted In 2021 And 2025. An Economic Evaluation Was Conducted In 2025.

Results:

The LSG Has 431 Recommendations That Are Systematically Updated (38 New And 45 Updated Since 2018) Through Engagement With Over 150 Clinicians And 35 People With Lived Experience Of Stroke Facilitated By A Central Project Team. In 2025, 6005 Publications Were Screened Using Covidence Triage System, And 935 Full Texts Were Reviewed. Impact Evaluation Demonstrated Increased User Trust In Lsgs Over Previous Static Versions And Hastened Translation Of Evidence Into Practice. The Economic Evaluation, Which Assumed Modest Improvements In Clinical Outcomes (6% For Ischaemic Stroke; 3% For Intracerebral Haemorrhage) Due To The LSG, Found Them Cost-Effective, With A Return On Investment Of 20.9:1.

Discussion:

Stroke Management Is Complex, Requiring Multitudinous Topics And Continuous Updates. Our Unique Living Model Expedites Knowledge Synthesis And Uptake Into Practice, And Represents Good Value For Money. Sustainable Funding Is An Ongoing Challenge That Must Be Addressed To Ensure Timely Adoption Of Best Practice For Consumer Outcomes And Health System Efficiencies.

Implementing Novel Guideline Development Methods In A Rare Disease Clinical Practice Guideline

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Background:

Developing Guidelines For Rare Diseases Is Challenging, Given The Limited Availability Of Randomized Controlled Trials (Rcts) And Large Observational Studies.

Objective:

To Implement Novel Guideline Methods In A Clinical Practice Guideline For Monogenic Inflammatory Bowel Disease (Mibd).

Methods:

A Systematic Search Was Conducted In The Ovid-Embase, Pubmed, Web Of Science, Sinomed, And Yigle Databases On April 23, 2025. Experienced Clinicians Independently Screened Titles, Abstracts, And Full Texts Of Unduplicated Articles Using Rayyan. Individual Patient Data (IPD) Was Extracted. IPD Meta-Analysis Was Used To Quantify The Effect Of The Intervention On Prognosis. Subgroup Group Data Were Described In Frequency And Proportion. Zero-Event Data Were Analyzed Using Fisher's Exact Test.

Results:

Overall, 131 Articles With 357 Participants Were Included In The Guideline. The Sample Size Per Article Ranged From 1 To 80, With The Majority Was Fewer Than 10 Participants. No Rcts Were Identified Among The Included Studies. From The IPD, A Total Of 64 Variables Were Extracted, With Missing Rates Ranging From 0% To 97.2%. IPD Meta-Analysis Was Suitable For Generating Evidence For Six Recommendations.

Discussion:

IPD Is A Valuable Evidence Resource For Developing Rare Diseases Guidelines. Appropriate Statistical Methods, Including IPD Meta-Analysis, Should Be Considered In The Synthesis Of Evidence For Rare Diseases. Efforts Should Be Made To Obtain Information On Variables With High Rates Of Missing Data In Order To Minimize Bias.

Cancer Screening Guideline Recommendations For Firefighters: A GRADE-ADOLOPMENT Journey

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Background:

Firefighters Experience Elevated Cancer Risks Due To Recurrent Occupational Exposures. However, Most U.S. Cancer Screening Guidelines Do Not Provide Firefighter Specific Recommendations, Largely Because Of Limited Data Or Evidence That Different Screening Recommendations Produce Net Clinical Benefit In This Population.

Objective:

To Evaluate Existing Evidence And Screening Guidance To Inform Development Of Contextualized Cancer Screening Recommendations For Firefighters.

Methods:

We Evaluated The Current Evidence On The Incidence Of Various Cancers In Firefighters As Compared With The General Population To Identify Cancer Types Where Firefighters Have A Higher Incidence. Using A GRADE-ADOLOPMENT Approach, We Assessed The Feasibility Of Whether To Adopt, Adapt, Or Create Contextualized Recommendations From Source Guidelines, Including The United States Preventive Services Task Force, American Cancer Society, Specialty Societies (Such As The American College Of Radiology), The National Fire Protection Association, And The International Association Of Firefighters.

Results:

Across Guideline Sources, Screening Recommendations For Most Cancers Were Broadly Consistent And Aligned With Those For Individuals At Average Risk. Despite Suggestive Evidence Of Increased Incidence For Certain Cancer Types In Firefighters, The Available Data Was Insufficient To Support Adopting Or Adapting Firefighter Specific Screening Recommendations. Important Evidence Gaps Were Identified.

Discussion:

Current Evidence Does Not Support Alternative Cancer Screening Protocols For Firefighters. The GRADE ADOLOPMENT Approach Provided A Structured Method To Evaluate Existing Guidance, Highlight Critical Research Needs, And Outline A Pathway Toward Future Contextualized Firefighter-Specific Screening Recommendations. In The Interim, Opportunities Exist To Improve Firefighter Awareness And Uptake Of Current Appropriate Screening Recommendations.

Frailty Risk Factors Among People Living With Diabetes: A Systematic Review And Meta-Analysis

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Background:

Population Ageing And The Increasing Prevalence Of Diabetes Mean That Frailty Is Becoming An Increasingly Pressing Clinical Issue. Although It Has Been Described As The Third Major Diabetes-Related Complication, Linked To Hypoglycaemia, Falls, Disability And Premature Death, Frailty Remains Poorly Integrated Into Routine Diabetes Care. Most Existing Frailty Instruments Were Developed For Older Populations In General And Do Not Adequately Address Diabetes-Specific Issues Such As The Burden Of Complications, Polypharmacy And The Risk Of Hypoglycaemia.

Objective:

To Map And Synthesise Evidence On Frailty Prevalence, Assessment Approaches And Associated Risk Factors In People With Diabetes, In Order To Develop A Self-Administered Frailty Assessment Tool Tailored To Older Adults With Diabetes.

Methods:

A Systematic Review And Evidence Mapping Will Be Conducted By Searches Of Multiple Bibliographic Databases From Inception. Two Reviewers Will Independently Screen Records, Extract Data And Assess Risk Of Bias Using Rob 2.0 And Other Design-Appropriate Tools. Where Possible, We Will Pool And Organise Prevalence Estimates And Effect Sizes Into Domains Based On A Comprehensive Geriatric Assessment Framework.

Future Directions:

The Findings Will Identify Key Modifiable Risk Factors And Reveal Gaps In Existing Instruments. The Results Will Be Used To Create A Diabetes-Specific Frailty Self-Assessment Scale And To Inform Expert Consultation, With The Aim Of Supporting The Development Of Clinical Guidelines For Ageing Health Systems.

Developing Practical Guidance To Meaningfully Integrate Supported Persons' Perspectives In Social Care Services

Ms Sira Camara, Cécile Lagarde¹, Filipina Salomon

¹Haute Autorité De Santé

The French National Authority For Health (HAS) Is An Independent Public Scientific Body Tasked With Further Developing The Quality Of Health And Social Care Services Across The Country. As Part Of This Mission, A Multi-Year Work Programme Entitled "Helping Social And Medico-Social Facilities And Services Gather The Perspectives Of The People They Support" Has Been Developed To Scientifically Demonstrate How To Collect Users' Views Regarding Their Social Care. This Programme Is Based On A Detailed Analysis Of Scientific Literature. Our Method Is Conducted With An Expert Working Group (Supported Persons, Peer Supporters, Professionals And Researchers), Incorporating Their Different Knowledge And Experience.

The First Published Document Is A Scientific Framework Outlining The Essential Components Required To Support The Meaningful Collection And Consideration Of Supported Persons' Perspectives. It Presents Accessible And Realistic Methods, Along With A Wide Range Of Practical, Illustrated Resources So That Everyone Can Become Familiar With And Take Ownership Of The Elements To Be Actively Involved Throughout The Process.

This Framework Is Complemented By Additional Deliverables With Practical And Organizational Objectives, Such As A Guide For Collecting The Perspectives Of Elderly People With Neurocognitive Disorders. A Scientific Poster Will Outline How To Gather The Perspectives Of This Particularly Vulnerable Population To Produce Concrete, Tangible Actions That Are Beneficial To Them. It Will Also Emphasize The Systemic Impact Of This Approach, Including Its Contribution To Professionals' Quality Of Work Life And To The Overall Improvement Of Care Quality And Organizational Practices.

Effectiveness Of A Cascade Training Model For National Clinical Practice Guideline (CPG) Implementation: Training Of Core Trainers For Psoriasis Management In Malaysia

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Background / Objective:

The Malaysian Ministry Of Health Implemented A Training Of Core Trainers (TCT) Programme As A Structured Implementation Strategy To Support Nationwide Dissemination And Adoption Of The Updated Clinical Practice Guideline (CPG): Management Of Psoriasis (Second Edition). The Programme Aimed To Build Local Capacity Through Cascade Training And Support Consistent Implementation Of Guideline Recommendations In Routine Clinical Practice. This Study Evaluated The Effectiveness Of The Training In Improving Healthcare Professionals' Knowledge As A Proxy Indicator Of Guideline Uptake And Implementation.

Methods:

The TCT Was Conducted On 3 September 2025 At Universiti Putra Malaysia. A Total Of 133 Multidisciplinary Healthcare Professionals Participated, Including Dermatologists, Paediatricians And Pharmacists From The Ministry Of Health And Public Universities. The Training Covered Key Updates In Diagnosis, Assessment And Management Of Special Populations Along Case-Based Discussions. A Pre-Post Implementation Study Design Was Used. Knowledge Acquisition Was Assessed Using A Structured 50-Item Multiple-Choice Questionnaire Aligned With Key CPG Recommendations. Pre-Training Assessment Was Conducted Before The Sessions, And Post-Training Assessment Was Completed Immediately After. Scores Were Analysed Using Descriptive Statistics To Determine Changes In Mean Knowledge Scores.

Findings:

Participants Demonstrated Improved Understanding Of The Updated Guideline Content, With Mean Scores Increasing From 39.22/50 (78.4%) Pre-Training To 43.16/50 (86.3%) Post-Training, Representing An Approximately 10% Improvement. State-Level Champions Were Subsequently Identified To Conduct Cascade Training For Wider Dissemination.

Future Prospects:

The TCT Improved Knowledge And Established A Cascade Training Model That May Strengthen Guideline Implementation Capacity, Enhance Adherence To Evidence-Based Practices, And Promote Standardisation Of Care Nationwide.

A Generative AI-Assisted Workflow For Producing Evidence And Gap Maps In Public Health

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Background:

Public Health Decision-Making Increasingly Faces Evidence Overload, Fragmented Research And The Need For Rapid, Transparent Synthesis. Evidence And Gap Maps Offer A Way To Visualise What Is Known And Where Research Gaps Remain, But Traditional Manual Workflows Are Time-Consuming And Difficult To Keep Up To Date. Large Language Models Have Shown Promise In Supporting Literature Search, Screening And Data Extraction, Yet Their Integration Into Evidence Mapping For Public Health Remains Poorly Defined.

Objective:

To Develop And Test A Generative AI Assisted, Human-In-The-Loop Workflow For Producing Evidence And Gap Maps To Inform Public Health Policy And Guideline Development.

Methods:

We Will First Conduct Bibliometric Analyses And Systematic Reviews To Describe How Evidence Maps And Generative AI Are Currently Used In Evidence Synthesis. Building On Existing Guidance From International Evidence-Synthesis Organisations, We Will Design A Workflow In Which Large Language Models Assist With Search Optimisation, Screening, Data Extraction And Coding, While Human Reviewers Retain Primary Responsibility For Judgements And Quality Control. This Framework Will Then Be Applied To An Exemplar Topic In Diabetes And Ageing, Comparing AI-Assisted And Fully Manual Processes In Terms Of Time, Coverage And Agreement.

Future Directions:

The Project Will Deliver A Transparent, Reproducible Pathway For AI-Driven Evidence And Gap Maps In Public Health, Along With Practical Recommendations On Human-AI Collaboration, Reporting And Quality Assurance, Intended To Support Research Prioritisation And Guideline Development In Resource-Constrained Settings.

Defining Meaningful Engagement Of Interest-Holders In Practice Guideline Development: A Qualitative Study

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Background:

Practice Guideline Development Is Increasingly Recognizing The Importance Of Engaging Interest-Holders, Including Patients, Caregivers, And Healthcare Providers. Engagement Has At Times Been Criticized For Being Tokenistic Rather Than Meaningful. However, What Constitutes “Meaningful Engagement” Of Interest-Holders In Practice Guideline Development Has Not Yet Been Defined.

Objective:

This Study Aims To Describe What Constitutes Meaningful Engagement Of Interest-Holders In Practice Guideline Development And Explore Factors Affecting Meaningfulness.

Methods:

We Followed A Qualitative Study Design, Purposively Recruiting Participants With A Range Of Experiences With Interest-Holder Engagement And Guideline Development. We Invited Members Of The Muse Consortium And Cochrane Equity Via Email, Including Those Critical Of Current Engagement Practices. We Collected Data Through An Online Survey With Two Open-Ended Questions And Identified Preliminary Themes Using Thematic Analysis.

Results:

Of 48 Survey Respondents, 73% Resided In High-Income Countries. Participants Represented Principal Investigators (75%), Peer-Reviewed Journal Editors (35%), Patients (28%), And Other Interest-Holder Groups. Their Experience Included Evidence Synthesis (90%), Guideline Development (63%), And Interest-Holder Engagement (58%). Six Key Features Characterized Meaningful Engagement: Genuine Influence On Decisions; Being Heard, Respected, And Valued; Power Sharing; Partnerships; Mutual Benefit; And Visible Contributions To Relevant Outcomes. Sixteen Factors Facilitating Meaningfulness Were Identified, Including Early And Ongoing Involvement; Transparency And Accountability; Training; Flexible Mechanisms; Leadership Support; Feedback And Responsiveness; And Evaluation.

Discussion:

Our Preliminary Findings Provide The First Step Towards A Conceptual Foundation For Defining Meaningful Engagement In Guideline Development. Following Validation Through Planned Interviews, This Framework Could Enable Transparent Reporting And Evaluation, Empowering Interest-Holders And Enhancing Guideline Adoption.

The Qualitative Evaluation Of Severity Grading Criteria For Neonatal Hypoxic-Ischemic Encephalopathy

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Abstract

Objective:

To Systematically Review The Literature On Grading Neonatal Hypoxic-Ischemic Encephalopathy (HIE) Severity, Summarizing Key Elements For Defining Mild, Moderate, And Severe Cases, And Providing A Basis For A Comprehensive Diagnostic Framework.

Methods:

A Search Of CNKI, Wanfang, CBM, VIP, Pubmed, Web Of Science, Embase, And Cochrane Library Was Conducted, Covering Data From Inception To September 8, 2025. Two Researchers Independently Selected Articles, Extracted Data, And Assessed Quality Using AGREE II Or JBI Checklists. Descriptive And Analytical Themes Were Synthesized Using A Thematic Synthesis Approach.

Results:

Twenty-Eight Articles (Guidelines, Reviews, And Original Studies) Were Included. Grading Primarily Relies On Structured Neurological Assessments (Sarnat Or Equivalent Scores), With Aeeg And MRI For Stratification. Mild HIE Involves Alertness Or Irritability, Mild Drowsiness, And No Or Few Seizures, With Aeeg Showing CNV/DNV And Normal Amplitude. Moderate HIE Presents With Drowsiness, Delayed Responsiveness, Decreased Activity, And Potential Seizures, With Aeeg Showing Moderate Abnormalities, MRI Shows Watershed Or Basal Ganglia-Thalamus Involvement. Severe HIE Features Rigidity, Coma, Absent Reflexes, And Unstable Respiration, With Aeeg Showing Severe Suppression, MRI Shows Widespread Cortical-White Matter Damage And/Or Brainstem Injury.

Conclusion:

Current Grading Follows An Integrated Model With Clinical Signs As The Primary Axis, Supplemented By Neurophysiological And Imaging Indicators. Inconsistencies In Terminology And MRI Classification Remain. This Study Offers Reference Points For Standardizing HIE Severity Definitions And Improving Clinical Assessment Consistency.

Keywords:

Neonates; Hypoxic-Ischemic Encephalopathy; Severity; Qualitative Systematic Review; Thematic Synthesis

Timely, Not Time-Based, Updating: Re-Engineering The Traditional Guideline Model To Meet User Need

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Background:

Therapeutic Guidelines (TG) Is An Australian Point-Of-Care Clinical Database Covering Over 2500 Topics Grouped In Therapeutic Areas As Guidelines. Guidelines Are Currently Updated In A 4-Yearly Cycle, A Model Increasingly Misaligned With The Rate Of Evidence Change And Unsustainable In The Context Of Expanding Content Scope And Complexity. A Radical Rethink Was Needed – Enter Product-Led Thinking, An Approach That Focuses On Identifying And Addressing User Problems To Create Product Value.

Objective:

To Apply Product-Led Thinking To Re-Engineer The Publishing Model To Improve Relevance, Quality And User Value, While Addressing Sustainability.

Methods:

User Interviews (N=21) Focused On Needs And Expectations, Expert Writing Group Member Interviews (N=16) Focused On Methodologies And Feedback, And Editorial Workshops And Workflow Mapping Identified Barriers And Opportunities For Efficiency. Insights From Other Guideline Developers Were Also Considered.

Results:

While Users Did Not Have Fixed Thinking On The Frequency Of Guideline Updates And Rarely Checked The Publication Date, Timely Content Updating Was Expected. Updates Addressing New Drugs, Safety Considerations And Changes To National Clinical Practice Guidelines Were Valued Most; Cutting Edge Research Was Less Relevant. Experts Supported A Shift To Signal-Driven, Granular Updates, Instead Of Time-Based, Whole-Guideline Reviews, Citing Potential Improvements In Efficiency And Currency. Editorial Analysis Identified New Technologies To Support Granular Updating And Shorten Publishing Timelines.

Discussion:

Findings Informed A Re-Engineered Publishing Model Centred On Standing Expert Groups; Continuous Tracking, Prioritisation And Review Of Signals For Change; And Real-Time Publication Of Granular Updates. Several Pilot Guidelines Will Test The Model Over 2 Years.

Exploring The Concept Of Open-Mindedness In Guideline Development: A Mixed-Methods Study

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Background:

Members Of Practice Guideline Panels Need To Make Complex Judgments On Evidence And Values. These Judgments Could Be Affected By Financial And Non-Financial Interests. Accordingly, Most Guideline Processes Address Conflicts Of Interests (COI). To Address Some Of The Limitations Of COI Management Processes In Practice Guideline Development, We Recently Proposed Considering Open Mindedness As Part Of COI Management. However, The Potential Contributions Of The Concept Of Open-Mindedness And Of The Related Concept Of Intellectual Humility Have Not Been Well Examined.

Objective:

This Study Aims To Explore How Interest-Holders Understand The Concept Of Open-Mindedness And Intellectual Humility In Guideline Development Settings, Whether Current Guideline Development Processes Address These Concepts, And How Such Processes Could Be Established Or Improved.

Methods:

We Are Conducting A Mixed-Methods Study Combining An Online Qualitative Survey With Follow-Up Semi-Structured Interviews. Participants Include Individuals With Experience In Guideline Development, Conflict-Of-Interest Management, And/Or Group Decision-Making. We Aim To Invite About 50 Individuals To The Survey. We Will Conduct Interviews Until We Reach Thematic Saturation. We Will Conduct A Thematic Analysis By Two Independent Coders, Integrating Data From Both Components To Provide A Comprehensive Understanding Of The Topic.

Results:

Data Collection Is Ongoing And Findings Will Be Available By The Time Of The Conference.

Discussion:

By Clarifying How Open-Mindedness And Intellectual Humility Are Conceived In The Context Of Practice Guideline Development, This Study Seeks To Provide Practical Recommendations To Strengthen The Quality, And Credibility Of Guideline Panel Deliberations.

Institutionalising GRADE In Education: Recommendation On Highly Effective Teaching In Primary And Secondary Students

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Background:

Highly Effective Teaching (Integrated Thematic Instruction, ITI/HET) Is An Internationally Implemented Educational Approach; However, No Robust Guideline Has Previously Synthesised Evidence To Inform Educational Policy And Practice. The Eduart Centre (Centre For Evidence-Based Education And Arts Therapies, Faculty Of Education, Palacký University Olomouc) Established The World's First JBI Centre And GRADE Centre Dedicated To Education. This Project Represents A Systematically Developed Recommendation In Education Using The Widely Adopted GRADE Methodology, Traditionally Applied In Healthcare.

Objective:

The Objective Of This Recommendation Was To Evaluate Whether Highly Effective Teaching (ITI/HET) Should Be Recommended For Primary And Secondary School Students (Aged 6–20 Years), Particularly Regarding Academic Outcomes And Related Educational Effects.

Methods:

The Recommendation Was Developed In Collaboration With National Educational Stakeholders Based On The Best Available Evidence, Following The Czech National Methodology For The Development And Updating Of Guidelines And Rapid Recommendations. All Steps Were Carried Out According To A Standardized Process Aligned With The GRADE Methodology, Including A De Novo Systematic Review And Application Of An Evidence-To-Decision Framework.

Results: Recommendations

Fourteen Quasi-Experimental Studies Were Included. The Panel Issued One “Conditional Recommendation FOR” The Use Of Highly Effective Teaching As An Alternative Educational Approach. No Negative Effects Were Identified. Certainty Of Evidence Ranged From Low To Moderate.

Discussion:

Beyond The Specific Recommendation, This Project Establishes Eduart As A Pioneering International Model For Embedding GRADE And JBI Standards Into Education. It Demonstrates The Feasibility Of Institutionalising Rigorous Guideline Methodology In Educational Systems And Provides A Transferable Framework For Global Evidence-Informed Education Policy.

Individualised Clinical Practice Guidelines (Icpgs) Based On Living Evidence Body And Electronic Medical Record (EHR) System

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Background:

Evidence Is Evolving Rapidly, Yet Clinical Practice Guidelines (Cpgs) Remain Largely Based On Population-Level Data, Ignoring Individual Diversity.

Objective:

Building On Recent Living Guidelines With Risk-Stratified Recommendations For People With Type 2 Diabetes (BMJ Rapid Recommendations), We Propose Individualised Cpgs (Icpgs), The Next Generation Of Guideline, That Integrates Living Evidence With Real-Time Electronic Medical Record (EHR) Data To Support Personalised Treatment Choices.

Methods:

We Developed A Semi-Automated Pipeline That Integrates Target Patient Information From EHR Systems With Risk Calculators After Validation And Recalibration In Local Dataset, Anticipating Prognosis For Patient-Important Outcomes Such As Mortality And Cardiovascular Events For People With Type 2 Diabetes. By Combining These Individualised Risks With A Published Living Evidence Body, We Present The Individualised Benefits And Harms With Individualised Certainty Rating Presented Through Magicapp And An Interactive Shared Decision-Making Tool (MATCH-IT) Integrated With The EHR System Via Apis.

Results:

The Icpvg Model Provides Patient-Specific Recommendations And Absolute Estimates Of Benefits And Harms Of Diabetes Medications Using Real-Time Individual Patient Data (IPD) From EhRs. Clinicians Can Simply Click A Bottom And Form An Individualised Recommendation And Have Expressed Strong Interest, And Structured Usability Testing Is Underway. Structured Guideline Adaptation Tools Will Be Incorporated To Ensure The Clinical Validity Of The Icpvg Framework.

Discussion:

Icpgs Represent A Shift From “One-Size-Fits-Most” Recommendations To Dynamic, Data-Driven Decision Support. By Linking Living Evidence With Real-Time IPD, Icpvg Show The Potential To Enhance The Precised Shared Decision-Making. Future Research Should Examine Scalability Across Diverse Settings And Long-Term Effects On Patient Outcomes.

Workshop On Using Evidence Synthesis To Guide Research

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Improving Certainty Of Effect Estimates Has Strengthened Guideline Development, Yet Many Health Decisions Fail At The Level Of Implementation, Sustainability, Or System Performance. This Interactive Workshop Presents A Decision-Process–Centered Framework Using GRADE Evidence-To-Decision (Etd) Criteria Not Only To Formulate Recommendations But To Guide Research Design, Prioritization, And Monitoring Across The Intervention Lifecycle.

Etd Frameworks Structure Judgments Across Benefits And Harms, Values, Resource Use And Cost-Effectiveness, Equity, Acceptability, Feasibility, And Planetary Considerations. When Applied Transparently, These Criteria Frequently Reveal That Uncertainty Resides Not In Comparative Effects But In Delivery, Uptake, Distributional Impact, Or Contextual Fit. Building On Emerging GRADE Guidance Developed By The GRADE Project Group On Evidence Synthesis To Research, With Colleagues From Cochrane, WHO And Many Other Organizations, This Workshop Operationalizes Each Etd Criteria And Conclusion Section As A Research-Generating Lens.

Interaction Is Embedded Throughout The Session. Participants Will Engage In Live Polling To Map Decision Failures To Etd Domains; Small-Group Case Work To Identify Uncertainties Within An Etd Framework; Structured Translation Of Uncertainties Into Prioritized Research Questions; And Collaborative Design Of Monitoring Indicators Derived Directly From Etd Criteria, Including Equity-And Feasibility-Sensitive Metrics. A Plenary Synthesis Will Describe Research Agendas And Highlight Methodological Implications.

Program Outline

10 Min: Conceptual Introduction To Etd As A Research-Guiding Architecture

15 Min: Interactive Polling And Discussion On Where Decisions Can Lead To Research

25 Min: Small-Group Etd Mapping And Research Translation Exercise

20 Min: Monitoring Research Design Exercise

15 Min: Plenary Synthesis And Cross-Group Comparison

5 Min: Key Takeaways And Implementation Commitments

Recommendation Modification In Clinical Practice Guideline Adaptation: A Systematic Comparison Between Adapted And Source Recommendations

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Background:

The Adaptation Of Clinical Practice Guidelines (CPG) Is An Increasingly Used Methodology For A More Effective Development Of Contextualized Recommendations. Despite The Use Of Adaptation Frameworks, The Uncertainty Surrounding When To Modify Recommendations Remains Significant.

Objective:

To Identify Reasons For Adapting Source Recommendations And Explore Potential Determinants Behind The Adaptation Decisions.

Methods:

We Identified Cpgs Through A Systematic Search, Then Adopted A Matched Case-Control Design For Data Analysis. We Searched MEDLINE, EMBASE, And Google Scholar (January 2000-April 2025). We Defined Adapted Recommendations As “Cases” And Adopted Recommendations As “Controls,” Then Matched Controls To Cases At A 1:4 Ratio Within The Same CPG. A Descriptive Analysis Of The Characteristics Of Adapted Cpgs And Their Recommendations Was Conducted, And A Deductive Framework Analysis Was Used To Outline The Reasons For Modifying Recommendations Using The GRADE Etd Framework. Currently, We Are Performing Conditional Logistic Regression To Identify Intrinsic Predictors Associated With Adaptation Decisions.

Results:

We Included And Summarized The Characteristics Of 33 Cpgs Published After 2022. From These, We Extracted 44 Adapted Recommendations With Modification Reasons And 166 Adopted Recommendations. We Have Completed Data Extraction, Case-Control Matching, And Preliminary Modification Reasons Mapping. Most Of The Cpgs Were Developed With The GRADE-ADOLOPMENT Approach And Identified Reasons For Modifications Include Benefit-Harm Balance, Feasibility, And Acceptability. Further Results Will Be Presented At The Conference.

Discussion For Scientific Abstracts:

The Identified Potential Determinants Of Recommendation Adaptation Decisions In Cpgs May Support A Systematic And Transparent Decision-Making, Streamline The Adaptation Process, And Improve Efficiency.

Evidence-Based Implementation For Large Scale Change In Asthma Management (Inhaler Type)

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¹NICE

Background:

Asthma Is One Of The Most Common Long Term Chronic Health Conditions Worldwide. In November 2024, NICE Published A Collaborative Guideline With The British Thoracic Society (BTS) And The Scottish Intercollegiate Guidelines Network (SIGN) On Asthma. This Guideline Sought To Shift Prescribing Practices Towards Greater Use Of Anti-Inflammatory Relievers (AIR) And Reducing Over-Reliance On Short-Acting Beta Agonists (SABA-Only) Inhalers, Using Shared Decision Making Principles.

Implementation Support Was Necessary To Address Concerns Over:

- A Lack Of Awareness Of The Recommendations,
- Resistance To Changing Long-Standing Treatment Pathways, And
- The Need For Both Cultural And Clinical Transformation.

Objective:

To Develop A Single Programme Of Support For The Implementation Of A Guideline - Increasing Uptake Of Evidence-Based Recommendations In Asthma Care, Informed By Implementation Science.

Methods:

The Implementation Journey Was Validated Using Over 100 Qualitative Interviews With Users, Mapping Their Challenges To Their Support Needs, Support Requests And Implementation Science Principles.

The Single Programme Working Group:

- Agreed An Improvement Statement,
- Collaborated With External Partners,
- Produced Tools, Resources And Interventions Used In Practice.
- Monitored Uptake Data, And
- Used The NHS Futures Platform For Broad Dissemination And System Wide Engagement.

Results:

Monitoring Data Over Time Highlighted A

- Positive Prescribing Trajectory,
- Positive Trend For Reduced Exacerbations, And
- Positive Trend For Reduced Need To Access NHS Services.

Discussion:

To Maximise Impact, Evidence-Based Healthcare Should Be Complemented By Evidence-Based Implementation With Partners, Communication, Resources And Interventions.

Following Implementation Science Principles Enabled Impactful Activities And Increased Uptake.

Evaluating AI-Generated Plain Language Summaries: Overcoming The Comprehension Bottleneck In Gradepro

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Background:

Generative AI Now Efficiently Drafts Plain Language Recommendations (Plrs) And Patient Handouts. However, Measuring Their True Quality Remains Highly Non-Trivial. Determining Whether These Outputs Are Actually Helpful And Understood By Patients Has Always Been The Main Bottleneck In Guideline Translation—And Generating Them With AI Does Not Change This Reality. Relying On Standard Mathematical Readability Formulas Often Fails To Capture True Comprehension.

Objective:

This Presentation Shares Our Experience Integrating AI Generation Into Gradepro To Support Two Distinct Workflows: Standard Plrs Using The GRADE Evidence To Decision (Etd) Framework, And Patient Handouts Based On Custom "Topic Documents" For Mdguidelines. Crucially, We Will Focus On Our Efforts To Tackle The Persistent Roadblock Of Automating The Assessment Of Patient Comprehension.

Methods:

Because Traditional Readability Metrics Fall Short, We Developed A Formal, Structured Evaluation Tool Specifically Designed For Plain Language Clinical Text. We Are Currently Conducting Active Patient User Testing, Applying This Formal Tool To Rigorously Assess AI-Generated Plrs And Mdguidelines Handouts For Genuine Clarity, Accuracy, And Helpfulness.

Results:

While Gradepro's Flexible Architecture Successfully Scales AI Content Creation Across Diverse Methodological Frameworks, Generation Is Only A Partial Solution. Early User Testing Confirms That AI Outputs Require Formalized Human Assessment To Ensure Actual Patient Understanding. Applying Our Evaluation Framework Provides Essential Insights Into AI Performance, Serving As The Critical First Step Toward Our Future Goal: Training Large Language Models To Function As Reliable, Automated Judges Of Patient Comprehension.

Quality And Applicability Of Developing Multimorbidity Guidelines In Practice: The Development Of A Consensus Statement And Key Lessons Learned

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Background:

People Living With Multiple Long-Term Conditions, Or Multimorbidity, Is Increasing, And This Comes With Challenges Both For Individuals, Clinicians, And Health Systems In Managing Care. Guideline Methodologists Have Also Had Challenges In Developing Multimorbidity Guidelines And Currently, No Guidance Exists From GIN Regarding Content And Best Practices For Their Approach.

Objective:

Our Aim Was To Develop A Consensus Statement That Could Support Development Of Future Multimorbidity Guidelines.

Methods:

Through The GIN Multimorbidity Working Group, Key Concepts Of Multimorbidity Guidelines Were Identified First From Published Evidence Syntheses In Multimorbidity Guidelines, Identifying Core Concepts, And Highlighting Key Areas. A Survey Was Developed And Members Of The Working Group Were Surveyed About The Importance Of These Concepts. Through Discussion, These Were Further Defined And Elaborated Through An Iterative Process.

Results:

Several Core Concepts Have Been Identified, Including Core Content, Practical Usability In Real-World Settings, Considerations For Implementation Across Varying Levels Of Healthcare Systems, And Context-Specific Considerations Including In Low-Resource Settings. This Is GIN Multimorbidity Working Group's First Consensus Statement, It Has Benefitted From Wide Clinical, Research, Regional Perspectives And Best Practice Examples, Which Will Be Presented Alongside Other Lessons Learned From The Process As A Working Group.

Discussion:

This Consensus Statement Development Serves As A Practical Guide For Guideline Methodologists Who Are Working On Multimorbidity Guidelines. Our Intent With This Work Is To Facilitate The Translation Of Evidence Into Practice To Ultimately Improve And Support The Health And Wellbeing Of People With Multiple Long-Term Conditions.

Clinical Practice Guidelines For The Management Of Pediatric Convulsive Status Epilepticus In Resource-Limited Settings: A GRADE Adolopment Approach

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PROSPERO Registration: CRD420261299787

Background:

Convulsive Status Epilepticus (CSE) Is A Life-Threatening Neurological Emergency Associated With High Mortality And Long-Term Neurological Sequelae, Particularly In Low- And Middle-Income Countries. Delayed Treatment, Limited Resources, And Lack Of Standardized Protocols Adversely Affect Outcomes. Context-Adapted, Evidence-Based Recommendations Are Essential To Standardize Care From First Contact To Definitive Management.

Objective:

To Develop Standardized, Evidence-Based Guidelines For The Stabilization, Management, And Investigation Of Pediatric Convulsive Status Epilepticus Across All Levels Of Care.

Methods:

Clinical Questions Were Formulated Using PICO Framework For Children Aged 1 Month To 18 Years Presenting With CSE. A Systematic Search Of Pubmed/MEDLINE And The Cochrane Library Identified Relevant International Guidelines. Eligible Guidelines Were Critically Appraised Using The AGREE II Instrument By Four Independent Reviewers. The NICE 2022 Epilepsy Guideline Demonstrated High-Quality Scores Across All Domains, With A Rigor Of Development Score Of 85.93%, Supporting Its Methodological Robustness And Selection For Adoption. The WHO Emergency Triage, Assessment And Treatment (WHO-ETAT) Guideline Was Incorporated To Enhance Contextual Applicability. Recommendations Were Synthesized Using A Structured GRADE-Adolopment Approach, Applying Evidence-To-Decision Frameworks To Assess Benefits, Harms, Certainty Of Evidence, Feasibility, Equity, And Resource Implications. Additional Systematic Searches Were Conducted Where Necessary.

Results:

Resource-Stratified Management Pathways Are Being Developed, Addressing First- And Second-Line Antiseizure Therapies, Refractory Status Epilepticus, Glucose Management, And Appropriate Use Of Electroencephalography And Neuroimaging.

Conclusions:

These Guidelines Provide A Feasible, Context-Sensitive Framework To Improve Seizure Control, Reduce Preventable Morbidity And Mortality, And Promote Equitable Access To Emergency Neurological Care In Resource-Limited Settings.

Updating The Irish National Standards For Clinical Practice Guidance

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Background:

The National Clinical Effectiveness Committee In Ireland Publishes The Standards For Clinical Practice Guidance To Support The Development Of Up-To-Date, Evidence-Based Clinical Policies, Procedures And Guidelines To Achieve Best Possible Outcomes For Patients. These Standards Provide A Benchmark For Consistency And Best Practice For All Healthcare Professionals And Organisations Who Are Involved In The Development Of Clinical Practice Guidance In Ireland. It Is Therefore Important That They Are Periodically Updated To Reflect Improvements In Practice.

Objective:

To Update The Standards For Clinical Practice Guidance To Incorporate The Latest International Innovations In Guideline Methodology And Practice.

Methods:

To Update The Standards For Clinical Practice Guidance, Several Processes Were Involved, Including A Scoping Review Of The Literature, A Review Of International Practice, A Targeted Interest Holder Consultation, And The Establishment Of An Expert Advisory Group.

Result:

The Updated Standards Were Published In May 2025. The Update Reflects A Broader Emphasis On Inclusivity, Transparency, And Methodological Rigor, As Well As Adapting To Evolving Healthcare Standards And Needs. Health Equity Is Now Included As A Core Component, Addressing The Importance Of Considering Underrepresented Groups During Clinical Practice Guidance Development, Particularly For Complex Clinical Practice Guidance.

Discussion:

These Standards Have Been Updated To Incorporate Recent Innovations And Practice In The Development Of Clinical Guidance And Guidelines. The Approach Of Combining Scoping Reviews With Input From Key Interest Holders Allowed The Update To Balance The Needs Of The Guidance Development Community With Emerging Best Practice.

A Two-Stage Human-In-The-Loop AI Workflow For Transparent Table Extraction In Systematic Reviews

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¹Evidence Prime

Background:

Clinical Practice Guideline Development Depends On Timely, Accurate Extraction Of Tabular Results From Trials, Economic Evaluations, And Outcomes Research. While AI Can Increase Evidence Synthesis Capacity, Guideline Standards Emphasise Transparency, Reproducibility, And Clear Human Accountability. We Present And Validate A Semi-Automated Workflow That Supports Guideline Evidence Review While Preserving Traceability From Source Tables To Extracted Data.

Methods:

We Developed A Two-Stage Extraction Workflow Aligned With Guideline Review Requirements. First, Vision-Based Models Convert Table Images Into A Structured Representation That Preserves The Original Layout. Second, Reviewers Use A Human-In-The-Loop Interface To Map Selected Cells From The Reconstructed Table Directly Into A Structured Data Extraction Form Used For Meta-Analysis (And Used, For Example, In GRADE Evidence Tables). Each Data Point Requires Explicit Human Selection And Confirmation, Creating A Complete Audit Trail And Avoiding Unverified AI-Generated Values. We Compared The Workflow With Standard Manual Spreadsheet-Based Extraction Across Reviewers With Varying Experience, Using Nine Complex Tables From Studies, And Measured Time And Accuracy.

Results:

The Workflow Reduced Median Extraction Time By 50% (10:58 Vs 21:43 Per Table). Estimated Per-Cell Extraction Time Improved From 2.6 Seconds To 1.3 Seconds. Accuracy After Human Verification Was Comparable To Manual Extraction.

Conclusions:

A Human-Guided, Vision-Based Table Extraction Workflow Can Substantially Accelerate Evidence Extraction Without Increasing Observed Errors, While Strengthening Traceability And Oversight Expected In Guideline Development.

Acupuncture For Polycystic Ovary Syndrome: A Systematic Review And Meta-Analysis For Developing A Clinical Practice Guideline Of Korean Medicine

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Background:

Polycystic Ovary Syndrome (PCOS) Is The Most Common Reproductive Endocrine Disorder Affecting 6-15% Of Reproductive-Age Women, Characterized By Anovulation, Hyperandrogenism, And Polycystic Ovarian Morphology. Beyond Reproductive Dysfunction, PCOS Is Associated With Hormonal Imbalances And Metabolic Disturbances Including Insulin Resistance. Acupuncture Has Been Widely Used For PCOS Management In East Asian Medicine. While Previous Systematic Reviews Focused On Fertility Outcomes, Evidence For Metabolic And Hormonal Parameters Remains Inadequately Synthesized To Inform Clinical Practice Guideline Development.

Objective:

To Systematically Evaluate The Effectiveness And Safety Of Acupuncture For Women With PCOS Across Reproductive, Hormonal, And Metabolic Outcomes, Providing Evidence To Support Clinical Practice Guideline Development.

Methods:

This Systematic Review Follows PRISMA Guidelines And Will Be Registered In PROSPERO. We Will Search MEDLINE Via Pubmed, Cochrane Library, EMBASE, CNKI, And Korean Databases (OASIS, RISS, KISS). Rcts Comparing Acupuncture (Manual, Electroacupuncture, Auricular) With Sham Acupuncture, No Treatment, Or Conventional Pharmacotherapy In Women With PCOS (Rotterdam Criteria) Will Be Included. Primary Outcomes Include Ovulation Rate, Clinical Pregnancy Rate, And Menstrual Regularity. Secondary Outcomes Include Hormonal Parameters (LH, FSH, LH/FSH Ratio, Testosterone), Metabolic Indicators (BMI, Insulin Resistance-Related Parameters), And Adverse Events. Risk Of Bias Will Be Assessed Using Cochrane Rob 2.0, And Certainty Of Evidence Using GRADE Methodology.

Future Prospects For Project Presentations:

This Review Will Provide Comprehensive Evidence On Acupuncture For PCOS, Addressing Gaps In Metabolic And Hormonal Outcome Synthesis. The GRADE Evidence Profiles And Evidence-To-Decision Frameworks Will Serve As The Foundation For Developing Recommendations In The Korean Medicine Clinical Practice Guideline For PCOS.

Readiness And Barriers To Digital Clinical Practice Guidelines In Japan: A National Survey Of Guideline Development Organizations

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Background:

Globally, Clinical Practice Guidelines (Cpgs) Are Transitioning Toward Digital, Living, And Computable Formats To Improve Accessibility, Implementation, And Interoperability. However, The Readiness Of Guideline Developers For This Transformation Has Not Been Well Described In Non-English-Speaking Settings.

Objective:

To Assess The Current Status Of Digitalization In CPG Development In Japan And Identify Developers' Needs And Barriers To Adopting Electronic Authoring And Dissemination Platforms.

Methods:

We Conducted A Nationwide Web-Based Cross-Sectional Survey In 2025 Targeting Approximately 400 Japanese Organizations Responsible For CPG Development. The Questionnaire, Addressed To Guideline Committee Chairs, Examined Publication Formats, Use Of Electronic Authoring Tools (E.G., Gradepro, Magicapp), And Desired Functionalities For Digital Development And Dissemination.

Results:

A Total Of 126 Organizations Responded (Response Rate 31.5%). Guidelines Were Most Commonly Published In Both Web And Print Formats (38.1%), Followed By Web-Only (28.6%) And Print-Only (23.8%). Adoption Of Electronic Authoring Tools Was Minimal: 89.7% Had Never Used Such Tools; 9.5% Reported Using Gradepro, And None Used Magicapp. Respondents Expressed Strong Demand For Japanese-Language Functionality (84.1%), A Shared Platform For Publication (80.2%), And Workflow Support Aligned With National Development Manuals (79.4%).

Conclusions:

CPG Development In Japan Remains Largely Document-Based, With Limited Use Of Structured Digital Environments. Addressing Localization And Infrastructure Needs May Be Essential For Enabling The Transition Toward Interoperable And Computable Guidelines, Offering Lessons For Other Countries Facing Similar Barriers In Digital Transformation.

Management Of Pediatric Diabetic Ketoacidosis In Resource-Limited Settings: A GRADE Adolopment Based Methodology For Guideline Development

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Introduction:

Diabetic Ketoacidosis (DKA) Is A Life-Threatening Complication Of Type 1 Diabetes In Children. In Pakistan, Inconsistent Care And Lack Of National Guidelines Contribute To High Morbidity And Mortality. This Guideline Aims To Provide Standardized Recommendations For Diagnosing And Managing Pediatric DKA In Resource-Limited Settings.

Method:

The Target Population Includes Children And Adolescents ≤ 18 Years Diagnosed With DKA. Interventions Address Diagnosis, Evaluation, And Management, Including Fluid Therapy, Insulin Administration, Electrolyte Replacement, And Monitoring Adapted To Resource-Limited Settings.

Guideline Development Followed A Structured And Transparent Process. Clinical Questions Were Framed Using The PICO (Population, Intervention, Comparison, Outcome) Model. Key Outcomes Were Prioritized For Decision-Making. Existing Pediatric DKA Guidelines Were Systematically Searched And Appraised Using The AGREE II Tool To Assess Methodological Quality.

Results:

High-Quality Guidelines Were Selected To Extract And Synthesize Evidence For Each PICO Question. Evidence Was Assessed Using The GRADE Approach, And An Evidence-To-Decision (Etd) Framework Evaluated Benefits, Harms, Certainty, Feasibility, Resource Use, Equity, And Acceptability. When Existing Guidelines Were Insufficient, Additional Systematic Searches Identified Relevant Reviews And Primary Studies, Which Underwent The Same Appraisal Process. Final Recommendations Are Pending Review By A National Panel And Public Comment.

Conclusions:

This Is The First Effort To Develop Clinical Practice Guidelines For Management Of DKA In Children In Pakistan With Aim To Standardize Pediatric DKA Care Nationally.

Generation Of Public Versions Of Clinical Practice Guidelines Using Existing Large Language Models: AI-PVG

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Background:

Public Versions Of Clinical Practice Guidelines (Cpgs) Bridge The Gap Between Medical Knowledge And The Public, Facilitating Health Communication And Shared Decision-Making. Large Language Models (Llms) Can Automate And Standardize Public Version Guidelines (Pvgs) Generation, Enhancing Efficiency And Quality.

Objective:

To Develop AI-PVG, A Prompt-Driven AI Tool To Transform CPG Into Simplified, Publicly Understandable Versions.

Methods: We Use Commercially Available Llms (E.G. Chatgpt, Gemini, Claude, Deepseek, Qwen) And Establish The AI-PVG Through Four Steps: 1) Data Collection: Identify And Pair Cpgs With Corresponding Pvgs Via Previous Research And Google Search By August 2025, To Create A Labeled Dataset For Training And Evaluation. 2) Establish The AI-PVG Framework: Design Two-Layer Prompt Strategies Based On GIN Public Toolkit, RIGHT-PVG, And Stakeholders' Survey. The Preprocessing Layer AI Condenses Cpgs By Identifying Core Medical Knowledge; The Generation Layer AI Generates Pvgs Automatically. 3) Optimize Prompt Strategies Iteratively: Refine Prompt Strategies Until They Achieve F1 > 0.80 For The Preprocessing Layer And Generation Similarity Archives 80% To Published Pvgs. 4) Validation And User Testing: Assess Understandability And Actionability With PEMAT-P And Questionnaires.

Results:

Sixty Cpgs-Pvgs Pairs Were Identified As Dataset. The Preprocessing Layer Performs Segmentation, Categorization, And Refinement Of Cpgs; The Generation Layer Prompts Outputs Patients' Prioritized Contents: Source Cpgs Information, Background Of Target Health Condition, Recommendations, Scope, And Others. We Will Present Preliminary Results In The GIN Conference 2026.

Discussion For Scientific Abstracts: AI-PVG Offers Guideline Developers An Automatic Approach To Generating Pvgs, Supporting Patient Education Regarding Medical Knowledge And Clinical Shared Decision-Making.

Advancing Guideline Quality Through Continuous Improvement: Development And Updating Of An Evidence-Based Guideline Manual

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¹AAO-HNSF

Background:

High-Quality, Transparent, And Evidence-Based Guideline Development Is Essential To Improving Healthcare Outcomes. Guideline Manuals Play A Critical Role In Standardizing Methodology, Supporting Rigor, And Promoting Trust Among Developers And End Users. As Guidelines Evolve, These Manuals Must Be Regularly Reviewed And Updated To Reflect Emerging Best Practices, Methodological Advances, And Stakeholder Feedback.

Objective:

To Describe The Development, Dissemination, And Impact Of Our Guideline Manual, And To Present The Ongoing Process For Its Revision And Update To Ensure Continued Relevance, Methodological Rigor, And Usability.

Methods:

The Guideline Manual Was Developed Using A Structured, Evidence-Based Methodology That Integrates Systematic Literature Review, Evidence Grading, And Stakeholder Input. We Analyzed Citation Metrics And Usage Data To Assess Reach And Impact. Feedback From Guideline Developers, And Methodologists, Was Systematically Collected And Mapped To Priority Areas For Revision. An Iterative Update Process Was Established To Align The Manual With Current Methodological Standards And Evolving Guideline Development Practices.

Results:

The Guideline Manual Has Been Widely Adopted And Cited Across Multiple Guideline Programs, With 247 Citations. Demonstrating Significant National And International Reach. Key Strengths Identified Include Clarity Of Methodology, Transparency Of Processes, And Practical Applicability. Identified Gaps Informed Targeted Updates, Including Refinements To Evidence Appraisal, Stakeholder Engagement, And Implementation Considerations.

Discussion For Scientific Abstracts:

Presenting This Work At GIN 2026 Provides An Ideal Forum To Engage The Global Guideline Community, Promote Transparency, And Share Lessons Learned. Ongoing Updates To The Manual Reflect A Commitment To Continuous Improvement And Advancing High-Quality Guideline Development Worldwide.

Clinical Practice Guideline Corrections: A Cross-Sectional Study Of Situation, Reasons, And Recommendation Impact

Miss Fan Wang¹

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Objective:

To Describe The Situation Of Corrections In Clinical Practice Guidelines (Cpgs), Analyze The Reasons, And Assess Their Impact On Recommendations.

Methods:

We Conducted A Pubmed Search On February 27, 2026, For Guideline Corrections Published In The Prior Year. Inclusion Criteria Were Statements Explicitly Correcting Clinical Practice Guidelines. Exclusions Included Non-Clinical Guidelines, Non-English Publications, Secondary Analyses, Or Consensus Statements. Data On Journal, Discipline, Correction Type, Time Interval, And Impact On Recommendations Were Extracted And Analyzed Quantitatively And Qualitatively.

Results:

Of 164 Records, 80 Corrections Were Included. Most Originated From Cardiology, Endocrinology, Gastroenterology, Hematology, And Oncology Journals. Seventy Corrections Occurred Within One Year, Three Spanned Up To Nine Years. The Most Common Reasons Were Typographical/Formatting/Figure Corrections (27), Author/Affiliation Changes (25), And Recommendation/Evidence Corrections (16). Only 22 Corrections Impacted Recommendations, Including Direct Changes To Recommendations, Evidence Strength, Dosage, Or Key Tables; The Remainder Were Administrative Or Formatting.

Conclusion:

Guideline Corrections Are Not Rare, Yet Most Do Not Alter Recommendations. For Developers, Proactive Quality Assurance, Rigorous Peer Review, And Real-Time Evidence Monitoring Are Crucial. For Journals, Transparent Reporting, Standardized Workflows, And Timely Communication Enhance Guideline Reliability. Systematic Linkage Of Corrections To Original Guidelines Ensures Clinicians Access Accurate, Methodologically Sound Guidance, Supporting Evidence-Based Decision-Making And Patient Care.

European Commission Initiatives On Cancer Prevention, Screening And Care: Challenges In Developing An Integrated Methodological Approach And Future Directions.

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Background:

The European Commission (EC) Has Established Six Initiatives To Develop Evidence-Based Recommendations For Cancer Prevention, Screening And Diagnosis, And A Voluntary European Quality Assurance Scheme For Cancer Care Services. These Initiatives Include The EC Initiative On Breast Cancer (ECIBC), Colorectal Cancer (ECICC), Cervical Cancer (EC-Cvc), And Newly Launched Prostate Cancer (EC-Prc), Lung Cancer (EC-Luc), And Gastric Cancer (EC-Gac). Notably, EC-Cvc And EC-Gac Are Taken Forward By The International Agency For Research On Cancer (IARC) Of The World Health Organization In Collaboration With The EC's Joint Research Centre.

Objective:

The 90-Minutes Session Aims To Discuss The EC Initiatives And The Methodological Framework That Guides Them In Parallel, Highlighting The Benefits Of A Harmonised Approach To Cancer Screening And Care In Europe. Emphasis Will Be Placed On Methodological Pillars In Developing Guidelines Recommendations And Integrated Quality Assurance Components. This Discussion Aims To Inspire Similar Initiatives In Other Groups And To Engage Global Experts In The Field, Fostering Collaborative And Innovative Approaches.

Format:

Chaired By Greta Castellini (EC) And Katayoun Taghavi (IARC), The Session Features One Introduction And A Roundtable Focused On Three Core Topics. The Introduction Will Introduce The EC Initiatives, Including Key Pillars, Progress To Date And IARC Partnership. During The Roundtable Discussion, The EC Initiatives' Chairs Amir Qaseem, Holger Schunemann, And Grigorios Leontiadis Will Address A) The Approach For Issuing Decision Thresholds In EC Guidelines, B) The Challenging Of The Transition From Empirical Research To Modelling Evidence And C) The Integrated Framework For Developing Quality Indicators To Monitor The Guideline Recommendations.

AGREE III: We're Making Progress!

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¹University Of Ottawa, ²Universidad De Antioquia, ³Monash University

Background:

A Crucial Step In Ensuring That Practice Guidelines Are Trustworthy, Up-To-Date, And Accessible Is Their Appraisal. The AGREE Tool Is An International Standard Of Guideline Quality Assessment. Significant Advancements – Both Content And Methods - Have Emerged In That Guideline Enterprise That Are Not Adequately Addressed By The Current Tool. Objective: This Project Aims To Update The AGREE II Tool To Ensure It Is Comprehensive, Usable, And Applicable To All Types Of Guidelines To Create The AGREE III.

Methods:

Using The AGREE II As A Foundation, We Are Incorporating New Evidence-Informed Quality Concepts Based On Evidence Synthesis Work And Feedback From The International Guideline Community Regarding AI, Engagement, Knowledge Mobilization, Study Integrity, And Equity. Using Survey Methods, We Are Additionally Defining A Set Of Core Quality Items, Developing And Evaluating Evidence-Informed Strategies To Tailor The Tool For Fit For Purpose, And Determining Quality Cut-Off Threshold Scores. The Product Of This Process Will Be The AGREE III Beta Final Ready For Testing On Guidelines.

Results:

This Project Is Ongoing, With Each Content Theme Layer At Different Stages Of Development. Preliminary Candidate Items Related To Livingness And Equity Have Been Identified And Are Being Prepared To Be Evaluated By The Larger Guideline Community.

Discussion:

As Work On This Project Continues, Results Will Be Essential To Ensure The Next Update To The AGREE Enterprise Ensures Complete And High-Quality Appraisal Of All Types Of Guidelines.

Harmonising South African Essential Medicine List And Immunisation Programme Decision-Making In South Africa: Unifying The Evidence Ecosystem Through Agreed National Standards

Professor Tamara Kreda¹, Dr Janine Jugathpal², Professor Anne Von Gottberg³, Professor Johanna Meyer⁴, Dr Kim Macquillan², Dr Amanda Brewer², Dr Hushendree Naicker⁵

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Background:

South Africa's Move Toward Universal Health Coverage Through National Health Insurance Requires Robust, Transparent, Coordinated Systems For Evidence-Informed Decision-Making. However, Decision Processes Across The Health Sector Remain Fragmented, With Varying Methods And Divergent Recommendations, Creating Confusion For Public Sector Medicine Selection, Procurement And Clinical Care.

Objective:

To Share Approaches For Coordinating Decision-Making Between The Ministerially Appointed South African National Essential Medicine List Committee (NEMLC) And The National Advisory Group On Immunisation (NAGI).

Methods:

With Support From The Evidence-To-Decision Collaboration, A Government-Academic Partnership, A Multi-Partner Team Drafted Globally Aligned And Contextually Informed National Standards For Guidance Products, Including Health Technology Assessments (HTA) And Guidelines. Standards Are Based On GIN-McMaster And HTA Checklists. Additionally, Systems To Support Collaboration Between The NEMLC And NAGI Are Being Strengthened By Implementing Shared Membership, Including Methods Expertise Across Committees And Iterative Discussion Between Chairs And Government Leads To Facilitate Sharing HTA Questions, Evidence Synthesis Reports And Final Recommendations Before Ratification.

Results:

A Process Diagram Has Been Agreed And Is Being Piloted To Support Harmonisation. Specific Cross-Cutting Health Products Will Assist In Examining The Barriers And Opportunities To Streamline Engagement And Timelines. Pipeline Products Include Adult Pneumococcal Vaccination, Requiring NAGI Decision While Listed In Essential Medicines And Treatment Guidelines. Another Case Study Is Respiratory Syncytial Virus Vaccine And Monoclonal Antibody, Requiring Timely, Parallel, Independent Review Between Both Committees.

Conclusion:

Coordination Of NEMLC And NAGI Decisions Is Supported By Applying Robust National Standards, Strong Leadership, Agreed Processes And Systems, Overall Enabling Collaboration To Reduce Recommendation Misalignment.

Developing High-Quality, Evidence-Based And Accessible Public Health Guidance During Incident Response

Miss Bethany Pace-Bonello¹, Dr Catherine Crawford¹, Ms Maaïke Pietzsch¹, Ms Poonam Soma¹, Dr Samuel Collins¹

¹UK Health Security Agency

Background:

The UK Health Security Agency (UKHSA) Produces Professional-Facing And Public-Facing Guidance In Response Infectious Diseases, Environmental Hazards, And Chemical, Biological, Radiological And Nuclear Incidents. National Incidents Require Guidance To Be Developed At Pace, Sometimes Within 48 Hours, Balancing Urgency With Evidence-Based Guidance Production That Requires Multi-Stakeholder Involvement.

Objective:

UKHSA Uses Tailored Incident Response Structures And The Incident-Adapted UKHSA Guidance Quality Standards To Ensure That Incident Guidance Is Produced Rapidly, While Maintaining Strong Governance, Quality And Accessibility.

Methods:

During National Incidents, UKHSA Convenes An Advice And Guidance Cell: A Structured Governance Model With Oversight Of All Hazard-Specific Guidance. Membership Is Multi-Disciplinary, Incorporating Subject-Matter Experts, Infection Prevention And Control Specialists, Behavioural Scientists, Evidence Reviewers And Regional Leads. The Cell Updates Existing Guidance And Develops New Resources As Needed. Templates For Commonly Produced Guidance, Such As For Contact Tracing And Home Isolation, Support Efficient Development When Dealing With Novel Hazards. Working Groups For Individual Guidance Products Report Progress Into The Cell, Maintaining Strong Coordination. All Outputs Are Audited Against The UKHSA Guidance Quality Standards, With Adapted Minimum Requirements, Recognising The Constraints Of Rapid Response.

Results:

This Structured Approach Enables Coordinated, Timely And Responsive Guidance Production. During The Clade I Mpox Public Health Emergency Of International Concern In 2024, Over 40 Guidance Documents Were Developed Or Updated Promptly With Multidisciplinary Input To Create A Coherent Portfolio.

Discussion For Scientific Abstracts:

Using Predefined Structures, Templates And Governance Processes Enables UKHSA To Produce High-Quality Guidance Rapidly During National Incidents While Maintaining Appropriate Quality Assurance.

Methods For Assessing Personnel And Competency Required To Carry Out Recommendations In National Guidelines

Dr. Caroline Hodt-Billington¹, Omid Saadatfard¹, Ida Holmseth Heien¹

¹The Norwegian Directorate Of Health

Norway Is Facing An Increasing Shortage Of Employees In The Health And Care Personnel, And The Number Of Personnel Cannot Be Expected To Grow In Line With Expected Future Needs.

The Directorate Of Health's Responsibility Is To Optimize The Use Of Existing Resources, Thus Recommendations In National Clinical Guidelines Must Remain Within The Boundaries Of Professionally Sound And Safe Services, Including Access To Health Personnel With The Necessary Competencies.

Objective:

To Establish An Easy-To-Use Approach For Identifying Required Qualifications And Capacity Of Health And Care Personnel Necessary To Implement Recommendations In National Clinical Guidelines.

Methods:

The Procedure Is Grounded In Guideline Development Methodology, The Norwegian Guidance Notes On The Instructions For Official Studies, Norway's National Framework For Health And Social Education Guidelines (RETHOS) And Other Relevant Political Directives And Priorities.

The Procedure Addresses The Following Questions:

- 1.Can The Recommendation Be Implemented Within The Currently Available Competencies, Existing Personnel, Organizational Structures And Capacity?
- 2.If Not, Are There Compensatory Strategies That Can Prevent An Increase In Personnel Demand— Such As Competency Enhancement, Task Sharing, Use Of AI, Or Second Best Alternatives?
- 3.If Not, What Will The Consequences Be?
- 4.Are These Consequences Justified By The Increased Clinical Value That The Recommendation Is Expected To Provide?

Assessments Are Conducted By The Project Lead In Collaboration With Clinical Experts And Patient Representatives.

Results:

The Method Is Being Piloted In Guideline Development. The Results Will Be Presented At The GIN Conference.

Discussion For Scientific Abstracts:

Have Other Organizations Applied Similar Procedures?

Processes And Outputs Of Living Practice Guidelines In The Health Field: A Methodological Survey

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Background:

A Living Recommendation Is “A Recommendation That Is Kept Current By An Optimized Guideline-Updating Process That Accounts For Potentially Consequential Evidence As Soon As Or Shortly After It Becomes Available.” The COVID-19 Pandemic Increased Demand For Recommendations That Are Responsive To Emerging Evidence, Leading To A Substantial Increase In The Number Of Living Guidelines. However, Their Methods And Outputs Have Not Yet Been Comprehensively Examined.

Objective:

To Assess The Methods And Outputs Of Living Practice Guidelines In The Health Field.

Methods:

We Searched MEDLINE And EMBASE Up To November 2024, With A Planned Update In March 2026, And Planned Additional Searches In Guideline Specific Databases And Websites Of Guideline Organizations. Based On A Published Framework For The Development Of Living Guidelines In Health, We Will Abstract Information On The Following: (1) General Characteristics Of The Guideline And The Developer, (2) Living Aspects Of Guideline Development (E.G., Rationale For Living Approach, Planned Duration For Maintaining In Living Status, Living Mode Parameters), And (3) Output (E.G., Number Of Recommendations, Number Of Recommendations Revisited And The Outcome Of Revisiting).

Results:

Our Electronic Database Search Identified 15,413 Records, Of Which 158 Were Reports Or Related Publications Of 54 Living Guidelines. Findings Will Be Presented At The Conference.

Discussion:

Our Findings Will Inform Guideline Developers On How Best To Plan The Living Process While Maintaining The Trustworthiness Of The End Product. They Could Also Guide The Development Of Guidance And Reporting Items For Living Guidelines.

Modernizing The World Health Organization (WHO) Guidelines To Adopt A ‘Living Approach’

Professor Lisa Askie¹, [Elisabetta Minelli](#)¹, Professor Julian Elliott², Professor Britta Tendal Jeppesen², [Jide Fawole](#)²

¹World Health Organization, ²Future Evidence Foundation

Background:

WHO's Current Guideline Development System Ensures Scientific Rigor And Transparency. However, In An Era Of Rapidly Evolving Evidence And Shifting End User Needs, Strengthening Existing Processes Is Essential To Ensure Guidelines Remain Timely, Relevant, And “Useful And Used” In Countries. The WHO Guidelines 2.0 Initiative Responds To This Need By Introducing A Living, Digital First Approach To Guideline Development And Dissemination.

Objective:

To Identify Barriers, Facilitators, And Potential Solutions To Modernizing The Way WHO Prioritizes, Produces, Publishes, And Positions Guidelines For Use.

Methods:

A Consultation, Conducted By WHO Between February And April 2026, Focused On Learning From Developers And Implementers Of WHO Guidelines. It Mapped Bottlenecks And Opportunities For Improvement Through Interviews With Diverse Internal And External Stakeholders, Complemented By Desk Research.

Results:

Preliminary Findings Highlight The Need For: 1) Systematic Prioritization, Early Engagement Of Member States, And Mechanisms To Combine Top Down And Bottom Up Signals; 2) Seamless Project Management And Coordination To Ensure Predictability And Efficiency In Evidence Synthesis Support, Development And Approval Processes; 3) Digitally Structured, Machine-Readable Content To Improve Discoverability, Interoperability, And Tracking Of Recommendation Uptake; And 4) User Centric Formats That Support Contextualization At Country Level And Enable Feedback Loops From Implementation.

Discussion:

Information From The Consultation Is Being Synthesized Into Anonymized Process Maps And Cross-Cutting Themes. A Redesign Workshop In Q2 2026 Will Use This Information To Transform And Modernize WHO's Guideline Development And Dissemination Methods And Processes. The Redesigned System Will Be Presented And Implementation Results To Date Will Be Highlighted.

Tackling Challenges And Identifying Collaborative Solutions For Modernizing The World Health Organization (WHO) Guidelines To Adopt A ‘Living Approach’

Elisabetta Minelli¹, Professor Britta Tendal Jeppesen², Jide Fawole², Professor Lisa Askie¹, Professor Julian Elliott²

¹World Health Organization, ²Future Evidence Foundation

WHO’s Current Guideline Development System Ensures Scientific Rigor And Transparency. However, In An Era Of Rapidly Evolving Evidence And Shifting End User Needs, Strengthening Existing Processes Is Essential To Ensure Guidelines Remain Timely, Relevant, And “Useful And Used” In Countries. The WHO Guidelines 2.0 Initiative Responds To This Imperative By Introducing A Living, Digital First Approach To Guidelines. Achieving This Vision Requires Close Collaboration Across WHO, Member States, And External Partners.

The Workshop Aims To Align Efforts And Catalyze Partner Engagement In Support Of The Transition To Living, Digital-First Guidance. Building On Results Of The WHO Guidelines 2.0 Redesign Process, Participants Will Collaboratively Identify Practical Solutions Towards Modernizing WHO Guidelines To Adopt A Living Approach. A Key Expected Outcome Is A Collective “Call To Action” Outlining Priority Areas Where WHO And Interested Partners Can Jointly Plan And Implement Collaborative Activities.

Following A Brief Presentation Of The Redesign Results, Participants Will Engage In Small-Group Discussions Structured Around The Core Pillars Of The Emerging Guidelines 2.0 Framework: Prioritization, Production, Publication, And Positioning For Use. Participants Will Be Invited To Foster Collaboration And Partnerships To Collectively Advance The Following Areas: 1) Systematic Prioritization, Early Country Engagement, And Mechanisms That Integrate Top-Down And Bottom-Up Signals; 2) Streamlined Project Management And Coordination To Improve Predictability And Efficiency Across Evidence Synthesis, Guideline Development And Approval Processes; 3) Digitally Structured, Machine-Readable Content To Enhance Discoverability, Interoperability, And Tracking Of Recommendation Uptake; And 4) User-Centred Guideline Formats That Support Country-Level Contextualization And Enable Structured Feedback Loops From Implementation.

Can NICE Recommendations Travel? A Youth-Led Ai-Supported Approach To Contextualizing Clinical Guidelines Across Settings

Ms. Kinlabel Okwen Tetamiyaka Tezok^{1,2,3,5}, Mr. Wobyeb Graphlin^{1,2,5,6}, Ms Berenice Okwen^{1,2,5,6}, Dr Ernest Alang Wung^{1,2,4}

¹ebase Africa, ²GIN Africa Community, ³University Of Ghana, ⁴University Of Dschang, ⁵icode Abakwa, ⁶University Of Bamenda

Background:

Clinical Practice Guidelines Translate Systematic Reviews Into Recommendations For Decision-Making. However, Recommendations Developed In One Context May Not Be Feasible Or Appropriate In Another Due To Differences In Cost, Health System Capacity, Cultural Norms, And Policy Priorities.

Although Contextualisation Is Central To Guideline Adaptation, Structured And Reproducible Approaches Remain Limited. This Workshop Introduces An AI-Supported Transferability Framework Embedded Within The DESTINY Living Evidence Platform, Demonstrated Using NICE Type 2 Diabetes Recommendations.

Objective:

To Equip Participants With A Structured Method For Assessing The Transferability Of Clinical Guideline Recommendations Across Different Country Contexts And To Examine How AI-Supported Tools Can Complement Guideline Adaptation Processes.

Planned Activities And Interaction:

Participants Will Be Divided Into Small Interdisciplinary Groups And Assigned Different Country Contexts. Each Group Will Evaluate The Same NICE Type 2 Diabetes Recommendation Using A Framework Assessing Relevance, Cost, Complexity, Importance, And Effect Size.

Groups Will Analyse AI-Generated Outputs To Identify Key Barriers And Enablers To Implementation. A Report-Back Session Will Compare Findings Across Contexts, Highlighting Why Some Recommendations Are More Transferable Than Others And Discussing Implications For Guideline Adaptation And Living Guideline Systems.

Benefits For Participants:

Participants Will Gain Hands-On Experience Applying A Structured Transferability Framework And Develop Insight Into How Contextual Factors Influence Feasibility And Implementation Decisions. By The End Of The Session, Participants Will Be Able To Apply This Approach To Support Guideline Adaptation And Implementation Planning Within Their Own Settings.

A Dual-Stream Evidence Integration Model To Support Early Evidence Engagement In Guideline Development

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¹American Cancer Society

Background:

Guideline Panels Frequently Face Compressed Timelines To Review Systematic Evidence Reports, Leaving Limited Opportunity For Iterative Discussion, Contextual Interpretation, And Equitable Participation. Early Exposure To Expert-Derived Information May Enhance Panel Readiness But Raises Concerns About Bias And Threats To Methodological Independence.

Objectives:

To Describe A Dual-Stream Evidence Integration Model Designed To Support Early Engagement Of The Guideline Development Group (GDG) While Preserving Methodological Rigor And Independence Of Evidence Synthesis.

Methods:

Key Questions And Analytic Frameworks Were Prespecified For A De Novo Systematic Review, Conducted Independently Of The GDG. In Parallel, Expert Advisors Contributed Contextual Summaries And Presentations Addressing Key And Contextual Questions. Expert Roles, Scope, And Conflict Of Interest Management Procedures Were Defined A Priori. Materials Were Shared With The GDG Ahead Of The Systematic Review Report. To Mitigate Bias From Early Exposure, The Hierarchy Of Evidence Sources, Decision Rules For Recommendation Framing, And Boundaries Around Use Of Contextual Information Were Established. Quantitative Effect Estimates And Certainty Of Evidence Judgments Were Derived Exclusively From The Systematic Review. A Structured Triangulation Process Compared The Two Evidence Streams, Documenting Areas Of Concordance And Discordance; Systematic Review Findings Were Designated As Primary Effect Estimates And For Grading, With Contextual Inputs Informing Feasibility, Acceptability, Values, And Implementation Considerations.

Results:

Triangulation Supported Panel Preparedness And Efficient Deliberations, With Prespecified Boundaries Preserving The Primacy Of Systematic Review Findings For Recommendation Framing And Grading.

Conclusions:

This Dual Stream Model Supports Early GDG Engagement Without Compromising Methodological Integrity And May Be Transferable To Other Complex Guideline Topics.

Trustworthiness, Transparency, And Implementation Readiness Of Contemporary Migraine Guidelines: Implications For An Adolpment Process Within The European Academy Of Neurology

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⁵Hospital Da Luz, ⁶National And Kapodistrian University Of Athens, ⁷University Of Navarra

Background:

The Rapid Expansion Of Migraine Therapies Has Led To Multiple Clinical Practice Guidelines (Cpgs) Published Within A Short Timeframe, Raising Concerns About Quality And Redundancy. We Aimed To Evaluate Whether Existing Migraine Cpgs Could Support An Adolpment Process Within The European Academy Of Neurology.

Objectives:

To Appraise Methodological Quality, Reporting Standards, Scope Overlap, Transparency In Decision-Making, And Implementation Considerations In Contemporary Migraine Cpgs.

Methods:

We Searched MEDLINE And Major Guideline Repositories To Identify Migraine Cpgs Published From 2021-2025. We Extracted Data On Characteristics, Synthesis And Development Processes, PICO Overlap, Use Of The GRADE Evidence-To-Decision (Etd) Framework, And Recommendation Formulation Methods. We Assessed Methodological Quality Using AGREE II.

Results:

Among 13 Cpgs, 11 Addressed Prevention, 9 Treatment, 2 Diagnosis; 5 Reported A Protocol, And Conflict-Of-Interest Management Was Poorly Described. Outcome Overlap Was Observed In 8/10 Cpgs For Chronic And 7/11 For Episodic Migraine, And Prioritisation Did Not Follow Core Outcome Sets. PRISMA Flowcharts Were Rarely Reported; All Cpgs Included Multiple-Interventions, 8 Used Meta-Analytic Methods, Including 3 Network Meta-Analyses. Patient Involvement Was Reported In 62%, And 15% Conducted Systematic Reviews Of Patients' Perspectives. Partial Etds Were Used In 23%. Applicability Was The Lowest-Scoring AGREE II Domain (17–83%), Whereas Scope And Purpose Scored Highest (56–100%).

Conclusion:

Substantial Redundancy, Inconsistent Outcome Prioritization, Limited Etd Use, And Weak Implementation Planning Persist. Inadequate Handling Of Multiple-Intervention Picos Led To Treatment-Specific Recommendations, Reducing Consistency And Increasing Recommendations Relative To Questions. Greater Attention To Methodological Rigour, Equity, And Patients' Values Is Needed To Enhance Trustworthiness And Reduce Research Waste.

Structured Stakeholder Engagement As An Alternative To Public Comment In Guideline Development

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¹American Cancer Society

Background:

Public Comment Periods Are Widely Used In Guideline Development To Support Transparency And Invite External Input. However, Open Public Posting Can Create Operational Challenges, Including Infrastructure Limitations, Resources To Manage Large Volumes Of Feedback, And Difficulty Assessing Whether Comments Are Relevant, Evidence-Based, Or Actionable. More Structured Engagement Approaches May Provide Comparable Benefits While Improving Feasibility And Maintaining Methodological Rigor.

Objectives:

To Describe A Structured Stakeholder Engagement Model Implemented As An Alternative To Open Public Comment During The Development Of Cancer Screening Guidelines.

Methods:

Draft Recommendations Were Distributed Directly To Diverse Stakeholder Organizations (Including Professional Societies, Patient Advocacy Groups, And Clinical Associations), Identified Through Predefined Criteria Emphasizing Clinical Expertise, Patient Representation, And Implementation Relevance. Stakeholders Were Invited To Submit Structured Feedback Within A Specified Timeframe. All Comments Were Cataloged, Categorized (E.G., Wording Clarification, Evidence Interpretation, Implementation Considerations), And Reviewed By The Guideline Development Group. Resulting Responses And Changes To The Recommendations Were Systematically Documented To Ensure Transparency.

Results:

Targeted Outreach Generated Substantive, Implementation-Focused Feedback While Reducing Administrative Burden Compared With Open Public Posting. Engagement Of Established Organizations Promoted Expert And Patient-Informed Contributions And Minimized Duplicative, Tangential, Or Irrelevant Commentary. The Structured Review Process Facilitated Efficient Synthesis Of Stakeholder Perspectives And Clear Documentation Of Revisions.

Conclusions:

A Structured Stakeholder Engagement Model Can Deliver Meaningful, Transparent External Input Without The Demands Of An Open Public Comment Process. This Pragmatic Approach May Be Especially Valuable For Organizations With Limited Resources While Upholding Principles Of Inclusiveness, Rigor, And Accountability In Guideline Development.

A National Protocol For Developing Evidence-Based Clinical Practice Guidelines For The Pakistan Pediatric Association

Dr Sabeeta Khatri, A National Protocol For Developing Evidence-Based Clinical Practice Guidelines For The Pakistan Pediatric Association Irshad Ali, A National Protocol For Developing Evidence-Based Clinical Practice Guidelines For The Pakistan Pediatric Association Masood Sadiq, A National Protocol For Developing Evidence-Based Clinical Practice Guidelines For The Pakistan Pediatric Association Safdar Sultan, A National Protocol For Developing Evidence-Based Clinical Practice Guidelines For The Pakistan Pediatric Association Junaid Rashid, A National Protocol For Developing Evidence-Based Clinical Practice Guidelines For The Pakistan Pediatric Association Sommaya Aftab, A National Protocol For Developing Evidence-Based Clinical Practice Guidelines For The Pakistan Pediatric Association Aamer Imdad

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Background:

Clinical Practice Guidelines Promote Evidence-Based And Equitable Healthcare. In Pakistan, Pediatric Practice Is Influenced By Variability In Resources, Access To Care, And Contextual Factors That Limit The Direct Application Of International Guidelines. Currently, No Standardized National Framework Exists For Developing High-Quality Pediatric Clinical Practice Guidelines Tailored To Local Needs.

Objective:

To Develop And Operationalize A Structured National Framework For Pediatric Clinical Practice Guideline Development In Pakistan Using Internationally Recognized Methodologies.

Methods:

The Pakistan Pediatric Association (PPA) Initiated A National Guideline Program Aligned With The GRADE Approach, The GIN–McMaster Guideline Development Checklist, And GRADE-ADOLOPMENT Methodology. A Multidisciplinary Group, Supported By A Steering Committee, Oversees The Process. Clinical Questions Are Formulated Using PICO, And Existing Guidelines Are Appraised For Adoption Or Contextual Adaptation. Where Needed, Additional Evidence Is Synthesized Through Systematic Reviews. Recommendations Are Developed Using Evidence-To-Decision Frameworks, Incorporating Feasibility, Resource Use, Equity, And Patient Values, With Structured Consensus Used To Finalize Decisions.

Results:

Governance Structures Have Been Established, And Pediatric Emergencies Were Selected As The Initial Priority Area. Guideline Development Has Been Initiated For Diabetic Ketoacidosis, Acute Kidney Injury, Status Epilepticus, Status Asthmaticus, And Septic Shock. Priority-Setting, PICO Formulation, And Appraisal Of Source Guidelines Are Underway, Operationalizing The National Framework In A Resource-Variable Setting.

Discussion:

This Structured Approach Outlines A Transparent, Contextually Adapted National Guideline Development Process In A Low-Resource Setting And Offers A Structured Approach To Strengthening Evidence-Based Pediatric Care Across Pakistan

Acute Kidney Injury In Children: A GRADE-ADOLOPMENT–Based Clinical Practice Guideline For Pakistan

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Background:

Acute Kidney Injury (AKI) In Children Is Associated With Increased Morbidity, Mortality, And Risk Of Chronic Kidney Disease. The Burden Of Pediatric AKI Is High In Lmics Where Infections, Dehydration, And Delayed Access To Care Remain Major Contributors. Context Appropriate Evidence-Based Recommendations Are Required To Guide Early Recognition And Management Of Pediatric AKI Across Different Healthcare Systems.

Objective:

To Develop Standardized, Evidence-Based Guidelines For The Early Detection And Management Of Acute Kidney Injury In Children In Resource-Limited Settings.

Methods:

Clinical Questions Were Structured Using The Population, Intervention, Comparison, Outcome Framework For Children Aged 1 Month To 18 Years Diagnosed With Acute Kidney Injury. A Systematic Search For Source Guidelines Was Conducted Using The World Health Organization Guideline Database, The International Database Of GRADE Guidelines, Guidelines International Network, KDIGO And NICE. Eligible Guidelines Were Critically Appraised Using The AGREE II Instrument. Recommendations From High-Quality Guidelines Will Be Synthesized Using A Structured GRADE-ADOLOPMENT Methodology. Evidence-To-Decision Frameworks Will Assess Benefits And Harms, Certainty Of Evidence, Feasibility, Resource Implications, Equity, And Acceptability In Resource-Limited Settings.

Results:

Key Domains Include Early Detection Strategies, Fluid Management Approaches, Diuretic Use, Timing And Modality Of Kidney Support Therapy, And Early Enteral Nutrition. Dialysis Strategies Relevant To Constrained Settings, Including Peritoneal Dialysis And Locally Adapted Techniques, Are Also Being Evaluated.

Discussion:

These Guidelines Aim To Provide A Feasible, Standardized Framework For Pediatric AKI Management Across Different Healthcare Levels, Improving Early Recognition And Reducing Preventable Morbidity And Mortality.

Addressing Challenges In Developing Guidelines For A Rare Disease With New Methods And Artificial Intelligence

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Background:

Sickle Cell Disease (SCD) Is Classified As A Rare Disease In The United States, Canada, And Europe, But Globally Contributes Significantly To Childhood And Adult Mortality. In Developing American Society Of Hematology (ASH) Guidelines On Dosing And Monitoring Hydroxyurea For SCD, We Encountered Methodological Challenges Prioritizing Health Outcomes, Identifying And Appraising Relevant Evidence, And Formulating Recommendations For Diverse Healthcare Settings.

Objective:

To Describe Challenges And Applied Solutions, Including Using Artificial Intelligence (AI), Collaboration With SCD Clinical Registries, Establishing Decision Thresholds, And Incorporating Diverse Settings Into GRADE Evidence-To-Decision (Etd) Frameworks.

Methods:

After Prioritizing Questions And Health Outcomes, We Drafted Health Outcome Descriptors (Hods) Using AI (Chatgpt) And Clinical And Patient Expert Review, And Used Them In Establishing Decision Thresholds. Anticipating Limited Published Evidence, ASH Facilitated Connections With SCD Clinical Registries To Explore Additional Data Sources. For Global Applicability, We Searched And Synthesized With AI Support Evidence On Costs, Feasibility, Acceptability, And Health Equity.

Results:

The Panel Formulated Recommendations With Consideration Of High- And Low-Resource Settings Throughout The Etd Frameworks. AI Improved Efficiency For Drafting New Hods And Synthesizing Etd Criteria Research Evidence. Decision Thresholds Facilitated Deliberations About Effect Sizes; However, Few Prioritized Outcomes Were Evaluated In Published Studies. Similarly, Differences Between Clinical Registry Data And Prioritized Outcomes Limited Syntheses To Inform Recommendations Within Timeline Constraints.

Conclusions:

Effective Solutions From Our Experience Included Using AI Tools And Structured Decision-Making Approaches. Opportunity Remains To Address Methodological Challenges For Topics With Scarce Evidence, Including Greater Synergy Between Producers Of Research And Guideline Developers.

Evaluating The Use Of AI In Guidelines: A Scoping Review To Inform Development Of The AGREE III

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Background:

Among Advancements Made In The Guideline Field, The Use Of Artificial Intelligence (AI) In Guideline Development Is Ubiquitous; However, It Is Essential To Have Safeguards In Place To Ensure That It Is Used Appropriately. Given This Attention, Understanding Quality Features Related To AI Use, And Differentiating Between Substance And Hype, Is Warranted.

Objective:

This Work Aims To Identify Quality Concepts Related To The Incorporation Of AI Into Guideline Development To Be Added To Updated International Guideline Appraisal Standard, The AGREE III.

Methods:

A Rapid Scoping Review Will Be Conducted. All Articles Related To AI And Guidelines Will Be Eligible, Including Concept Papers And Guideline Materials. Electronic Databases Will Be Systematically Searched (Ovid MEDLINE®, EMBASE, Web Of Science, And GIN Conference Abstracts). Titles/Abstracts, And Full-Text Studies Will Be 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. AI Concepts Will Be Generated Using Inductive Open Coding That Maps Against The Six Domains Of The AGREE II.

Results:

This Project Is In Its Preliminary Stages. We Expect To Find Literature That Will Help Shape The Quality Assessment Of AI Usage In Guideline Development For The AGREE III.

Discussion: Ensuring Prompts Relating To The Use Of AI In Guideline Development Are Incorporated Into The AGREE III Is A Key Aspect Of Updating The Tool So That It Is Comprehensive And Relevant For Evaluating All Guidelines.

Incorporating Livingness Into Practice Guideline Assessment: Results From Interviews And Focus Groups With Key Interest Holders

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Background:

Living Guidelines Are Instrumental In Monitoring Rapidly Evolving Evidence And Ensuring Recommendations For Healthcare Practices And Policy Remain Up To Date. However, The Benefit Of Living Guidelines Is Limited By Their Quality. The AGREE II, The Gold Standard For Guideline Appraisal, Does Not Adequately Capture Recent Advancements Unique To Livingness.

Objective:

The Aim Of This Work Was To Identify Quality Concepts Related To Livingness From The Perspective Of Experts In The Guideline Community Which Will Be Incorporated Into The Next Iteration Of The Appraisal Tool, L, The AGREE III.

Methods:

Semi-Structured Interviews And Focus-Groups Were Conducted With Guideline Developers And Users Internationally Until Thematic Saturation Was Met. Thematic Analysis Was Conducted Using A Hybrid Approach Using Both Deductive And Inductive Coding. Using The AGREE II As A Foundation, Themes Were Then Mapped To Determine Required Additions And Refinements To Domains And Items.

Results:

Thematic Saturation Was Met After Conducting Two Focus Groups And Four Individual Interviews. Quality Concepts Included Justification Of Living Methodology Used, Transparency, Consistency, And Rigour In Living Guideline Development And Reporting, Establishing Feedback Loops From Developers And Users For Continuous Improvement, And Disclosure And Continuous Updating Of Conflicts Of Interest.

Discussion:

Results From This Work Suggests That Livingness Should Be Evaluated Within The Rigour Of Development, Clarity Of Presentation, Applicability, And Editorial Independence Domains. The Quality Concepts Derived From This Work Will Be Incorporated Into The AGREE III To Ensure That Livingness Is Comprehensively Evaluated By The AGREE III.

From Documents To Data: A Digital Infrastructure For German Evidence-Based Guidelines In Oncology

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Background:

The Development, Updating, And Maintenance Of Evidence-Based Clinical Practice Guidelines Are Methodologically Demanding And Organizationally Complex. A Robust Digital Infrastructure For Managing Guideline Content May Streamline Development Processes While Substantially Enhancing Dissemination And Usability.

Objective:

To Present A Comprehensive Digital Ecosystem For The Structured Authoring, Management, And Dissemination Of Medical Guidelines, And To Describe Its Large-Scale Implementation In Oncology In Germany.

Methods:

Over A Ten-Year Period, We Developed Three Interconnected Web-Based Platforms To Support Structured Guideline Authoring, Facilitate Consensus And Consultation Processes, And Enable Efficient Generation Of Multiple Guideline Products. Recommendations And Related Content Elements Are Stored As Structured Data Objects, Allowing Linkage To Key Clinical Questions, Evidence Summaries, Evidence-To-Decision (Etd) Frameworks, Grading Information, And Relevant Metadata. Interoperable Interfaces Enable Standardized Export For Dissemination And Secondary Use.

Results:

The Authoring Platform Currently Hosts 39 Evidence-Based Oncology Guidelines Comprising More Than 5,000 Recommendations. The Platforms Are Used By Multidisciplinary Guideline Panels And Editorial Teams, Supporting Both Initial Development And Continuous Updating Of Guidelines. The Structured Data Architecture Enables Automated Export Into Multiple Dissemination Formats, Including Print-Ready Documents And Web -Applications. Furthermore, The Machine-Readable Guideline Corpus Provides A Foundation For Research In Computational Linguistics And Artificial Intelligence.

Conclusion:

A Digital Guideline Ecosystem Can Serve As Scalable Infrastructure For Guideline Development And Dissemination. Our Experience Demonstrates Long-Term Feasibility And Underscores The Potential Of Structured, Interoperable Systems To Enhance Efficiency, Transparency, Sustainability And The Development Of Further IT Infrastructures In Guideline Development.

Keeping An Eye On The Evidence: A Reproducible Shiny Framework For Living Guidelines

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Background:

Living Clinical Guidelines Require Continuous Surveillance Of Emerging Evidence To Support Timely Updates. Many Living Guidelines Struggle To Operationalise Surveillance At Scale. Large Language Models May Assist By Prioritizing New Evidence While Maintaining Transparent Human Oversight.

Objective:

To Develop And Prospectively Evaluate A Reproducible R-Based Framework, Including A Shiny Dashboard, To Support Continuous Evidence Surveillance And Recommends Update Priorities For Living Clinical Guidelines.

Methods:

We Implemented An End-To-End Pipeline In R To Monitor New Publications Relevant To Predefined PICO Questions Within A Single Guideline Domain. The Pipeline Combines Conventional Bibliographic Search Strategies With Large Language Model Assisted Screening, Semantic Grouping, And Structured Summarization. For Each Eligible Publication, The System Generates A Relevance Score And A PICO-Linked Rationale Indicating Which Population, Intervention, Comparator, Or Outcomes May Be Affected. Outputs Are Displayed In A Shiny App That Supports Filtering, Audit Trails, And Reviewer Adjudication. Over A Six Month Evaluation Period, LLM-Assisted Outputs Are Compared With Parallel Expert-Led Surveillance. Performance Is Assessed Using Recall, Precision, F1 Score, And False Alert Rate. Guideline Panel Members Provide Qualitative Feedback On Interpretability, Trust, And Usability.

Results:

The Framework Produced A Ranked Stream Of Candidate Studies With PICO-Linked Rationales And An Auditable Workflow. Evaluation Will Report Agreement With Expert Surveillance And Quantify Workload Reduction Through Decreased Manual Screening Volume.

Discussion:

An R And Shiny Based Approach Can Make Continuous Evidence Surveillance More Efficient And Reproducible, While Preserving Expert Judgement For Update Decisions. This Framework Could Support Scalable Living Guideline Maintenance And Integration With Guideline Authoring Workflows.

From Consensus To Co-Creation: A Reproducible R And Shiny Workflow To Integrate Patient Association Perspectives Into Clinical Recommendation Development Using Large Language Models

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Background:

Guideline Developers Are Increasingly Required To Incorporate Patient And Civil Society Perspectives, Yet Association-Authored Consultation Submissions And Position Statements Are Typically Summarized Manually, Limiting Scalability And Traceability.

Objective:

To Implement And Evaluate A Reproducible, LLM-Assisted Workflow For Synthesizing Publicly Available Patient And Civil Society Association Perspectives And Integrating Them Into Clinical Recommendation Development.

Methods:

A Predefined List Of Relevant Patient And Civil Society Associations Was Compiled. Publicly Available, Association-Authored Position Statements And Consultation Submissions Were Programmatically Collected Using R, With Source Urls, Publication Dates, And Association Identifiers Retained. Texts Were Cleaned, Deduplicated, And De-Identified Prior To Analysis. Using Large Language Model And Locked Prompts, Documents Were Clustered Into Themes Representing Stakeholder Values, Priorities, And Concerns. An Interactive Shiny Application Was Developed To Allow Expert Users To Inspect Source Coverage, Adjust Synthesis Parameters, And Trace Each Theme Back To Supporting Text Excerpts. Reproducibility Was Ensured Through Versioned Datasets And Complete Logging Of All Analysis Runs. LLM-Generated Themes Were Compared With Parallel Human Qualitative Analyses, And Expert Panel Members Rated Accuracy, Completeness, And Usability.

Results:

The Workflow Synthesized Several Hundred Pages Of Association-Authored Material Into A Small Number Of Interpretable Themes. Thematic Overlap With Human Analyses Was High, While Expert Panels Reported Improved Accessibility Of Stakeholder Perspectives Compared With Traditional Narrative Summaries.

Discussion:

This Study Demonstrates The Feasibility Of A Reproducible, Auditable Approach To Integrating Organized Stakeholder Input Into Guideline Development. LLM-Assisted Synthesis, When Embedded In A Transparent R And Shiny Workflow, Can Support Co-Creation Without Displacing Expert Judgment.

Developing A GIN-Mcmaster Checklist Extension Tool For Rare Disease Clinical Practice Guidelines

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Background:

Rare Diseases Present Significant Challenges To Patients And Clinicians, Influencing Healthcare Gaps And Unmet Patient Needs. Clinical Practice Guidelines (Cpgs) Support Evidence-Based Decision-Making Through Actionable Recommendations; However, High-Quality Rare Disease Guideline Development Is Hindered By Limited Evidence, Insufficient Interest-Holder Involvement, And Lacking Methodological Transparency. These Constraints Often Render Traditional Approaches, Including The GIN-Mcmaster Guideline Development Checklist (GDC), Ill-Suited To Rare Disease Contexts. Rare Disease-Specific Methodological Guidance Supporting Rare Disease CPG Development Is Therefore Needed.

Objective:

The Aim Of This Project Is To Investigate Current Practices And Methods In Rare Disease Guideline Development And Develop A Novel Rare Disease-Specific GIN-Mcmaster GDC Extension.

Methods:

The Project Will: (1) Identify Methodologies Relevant To Rare Disease Cpgs And Obtain Feedback On How The GIN-Mcmaster GDC May Be Adapted; (2) Gather Key Interest-Holder Insights On The Usability Of A Tailored GIN-Mcmaster GDC Extension; (3) Obtain Consensus Opinion From Interest-Holder Panel To Facilitate The Development Of The GIN-Mcmaster Extension; And (4) Disseminate Final Checklist For Public Use. All GDC Items Will Be Systematically Reviewed To Identify Necessary Modifications And/Or Additions, With Proposed Changes Refined Through Structured Consensus.

Discussion:

The Extension Will Provide A Framework To Guide Rare Disease Guideline Development, Address Key Methodological Challenges, And Promote Rigorously Developed Cpgs With High-Quality, Evidence-Based Recommendations To Guide Clinical Decision-Making. Informed By Current Guideline Development Practices And Rare Disease-Specific Challenges, This GIN-Mcmaster Extension Will Integrate Empirical Evidence, Interest-Holder Perspectives, And Consensus Methods Aimed At Enhancing Rigour, Transparency, And Applicability Of Rare Disease Cpgs.

Real-World Utilization Of An AI-Powered Clinical Search Engine “Askcpkg” For Disseminating Malaysian Clinical Practice Guidelines

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Poster

Background:

Effective Dissemination Of Clinical Practice Guidelines (Cpgs) Remains A Persistent Implementation Challenge, Particularly In Busy Clinical Environments. Askcpkg Is An AI-Powered Clinical Search Engine Developed To Provide Instant, Conversational Access To Malaysian CPG Recommendations In Clinical Practice. Unlike Static Pdfs Or Conventional Workshops, Askcpkg Operationalizes Guidelines Into Real-Time Decision Support. However, Empirical Data On How Clinicians Interact With AI-Enabled Dissemination Platforms Remains Limited.

Objective:

To Evaluate Real-World Utilization Patterns Of Askcpkg As A Digital Dissemination Tool For Malaysian CPG Recommendations.

Methods:

A Retrospective Descriptive Analysis Of Anonymized Backend Analytics Was Conducted Over A 10-Month Period (January–October 2025). Primary Outcomes Included Total Query Volume And Temporal Usage Trends. Secondary Indicators Assessed AI-Enabled Dissemination Behavior, Including Device Platform (Mobile Vs. Desktop), Query Specificity And The Most Frequently Accessed Cpgs. Image-Assisted Queries Were Also Analysed.

Results:

A Total Of 25,220 Queries Were Recorded Over The Study Period, Demonstrating Sustained And Increasing Engagement. Usage Peaked Mid-Year, With Majority Of Queries Conducted Via Mobile Devices, Suggesting Point-Of-Care Utilization. Queries Frequently Focused On Actionable Recommendations (E.G., Dosage Adjustments, Diagnostic Criteria), Indicating Real-Time Clinical Decision Support Rather Than Passive Information Retrieval. Multimodal Queries, Though Fewer In Number, Demonstrate Emerging Clinician Interaction With Newer Features.

Conclusion:

Askcpkg Represents An AI-Powered Engine That Transforms Static Guideline Documents Into Interactive Clinical Tools. Real-World Utilization Data Demonstrates Growing Clinician Reliance On AI In Clinical Practice. These Findings Support The Integration Of AI-Driven Platforms Into National Guideline Implementation Frameworks Providing Measurable Indicators Of Digital Adoption, Knowledge Translation, And Implementation Fidelity.

Quality Standards For Anti-Infective Related Recommendations In Infectious Disease Guidelines In Germany: Checklist From The German Commission Antiinfectiva, Resistance And Therapy (ART)

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Background:

The Commission ART Was Established In 2011 Under A Section Of The German Infection Protection Act As An Independent Expert Committee Coordinated By The National Federal Government Agency For Disease Control And Prevention, Robert Koch Institute (RKI). Members Are Appointed By The German Federal Ministry Of Health On Recommendation Professional Associations.

Objective:

The Commission ART Developed A Comprehensive Checklist To Support Working Groups In Developing Guidelines Related To Infectious Diseases. This Structured Tool Is Intended To Ensure That Key Aspects Associated With Infectious Diseases, Microbiology, And Hygiene Are Systematically Addressed.

Methods:

The Checklist Was Deliberately Designed To Accommodate The Complexity Of Diverse Infectious Diseases. In Cooperation With The Team Of The German Association Of Scientific Medical Societies (AWMF) , It Was Aligned With The AWMF Guidance Manual For Guideline Development. Essential Aspects Are Highlighted In Bold. Checklist-Deviations Should Be Justified In The Guideline Text. Checklist Items Include Among Others Involving Representatives From Relevant Infectious Disease Societies In Guideline Working Groups To Ensure Appropriate Expertise, To Use Nationwide And Regional Resistance Data From The Antibiotic Resistance Surveillance (ARS) For Each Guideline Including Early Contacting Of The RKI For Resistance Data Processing) And To Be Precise In Timing And Dosing Of Antiinfectives.

Future Prospects:

In Addition, The Commission ART Offers Ongoing Consultation On Infectious Disease Aspects Throughout The Guideline Development Process. By Establishing Quality Standards And Providing Expert Support, The Commission Aims To Enhance The Evidence-Based Foundation Of Infectious Disease Recommendations, Ultimately Improving Patient Care And Antimicrobial Stewardship Practices In Germany.

Retraction Of Clinical Practice Guidelines

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Background:

A Retraction Is The Formal Removal Or Invalidation Of A Published, Flawed, Or Inaccurate Article. Articles' Retraction Has Been Studied In Primary Research, But Not In Guidelines

Objective:

We Evaluated The Characteristics Of Retracted Guidelines Published In Scientific Journals.

Methods:

Cross-Sectional Study. We Included All Publications Labelled In The Retraction Watch Database (RWD) As Guidelines, Complemented By Searches In Pubmed Up To November 30th, 2025. We Re-Evaluated The Publications To Identify The True Guidelines. We Described The Reasons For Retractions Based On The Categories Provided By The RW Database, And We Recategorized Them Based On Our Own Assessment Of Ethical Or Non-Ethical Reasons.

Results:

We Identified 138 Records, Of Which 36 Were True Guidelines. Nine Cpgs(25%) Were Retracted For Ethical Reasons, 22 (61.1%) For Non-Ethical Reasons, And The Rest Had No Information. Ethical Reasons Reported Included Plagiarism, Authorship Or Intellectual Property Disputes, Lack Of Disclosure Of Conflicts Of Interest, And Discrepancies Between The Content And The Evidence. Non-Ethical Reasons Were 11 Due To Dual Publication Or Incorrect Citations, Nine Because The Recommendations Were Outdated, And Five Had No Information. The Median Time Between Publication And Retraction Was 10 Months (Range 3-96). The Median Number Of Citations Was 2.5 (Range 0-600), All Guidelines Were Cited After The Retraction, And Citations Were Used To Support The Background Of Research Articles.

Discussion:

Retraction Of Guidelines Has Been Neglected. RWD Is A Useful Resource, But Requires Revision To Account For The Specificities Of Guidelines. Retracted Guidelines Are Cited Even After They Were Retracted.

Case Study In Public Health And Medicine Related To Disasters (CAST-D): A Consensus-Based Reporting Guideline

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Background:

Case Studies Are A Critical Method For Capturing Lessons From Disasters. Unlike Standard Clinical Case Reports, Disaster-Related Case Studies Range From Micro-Level Clinical Or Public Health Cases To Meso-Level Organizational Or Community Responses And Macro-Level National Policies. Existing Consensus-Based Reporting Guidelines Have Not Been Designed To Specifically Address This Diversity In Disaster-Related Case Studies.

Methods:

The Case Studies In Public Health And Medicine Related To Disasters (CAST-D) Guideline Was Developed According To EQUATOR Network Guidance. We Conducted A Systematic Literature Review To Identify Reporting Gaps. The RAND/UCLA Appropriateness Method (RAM) Was Then Used To Generate And Refine Checklist Items. The Expert Panel Consisted Of 25 Experts From Six Continents. Two Survey Rounds Were Completed Between December 2024 And June 2025. Consensus, Defined As Both Agreement And Non-Disagreement, Followed RAM Criteria. A CAST-D Short Version, Intended For Short Articles Or Conference Abstracts, Was Also Developed. The Final Item List Was Confirmed In January 2026.

Results:

The CAST-D Checklist Consists Of 27 Headings With 33 Items Organized Into Sections: Title, Abstract And Keywords, Introduction, Methods, Results, Discussion, Conclusion, And Additional Information. The Guideline Emphasizes Explicit Reporting Of Ethical Considerations, Case Definition, Timeline, Geographical Information, And Lessons Learned Across Micro, Meso, And Macro Levels. The CAST-D Short Version Consists Of 15 Items.

Conclusion:

CAST-D Provides A Structured Framework To Improve The Transparency And Utility Of Disaster-Related Case Studies In Public Health And Medicine. Its Adoption May Facilitate Synthesis Of Evidence To Strengthen Global Health Security And Disaster Risk Reduction.

Strengthening Guideline Adaptation And Development Capacity Through Structured Multimodule E-Learning Course Of Twelve Guideline Development Groups In Cancer: Implementation Experience And Participation Outcomes In India

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Background:

High-Quality Guideline Development Requires A Multidisciplinary Group With Foundational Knowledge Of Research, Evidence Synthesis, And Recommendation Formulation. Variability In Methodological Understanding Among Subject Experts Across Oncology Subtypes May Affect The Guideline Quality And Development. To Address This Gap, A Structured E-Learning Program Was Implemented Across The National Cancer Grid (NCG) Of India To Strengthen Guideline Development Capacity.

Methods:

A Comprehensive E-Course Comprising 46 Structured Sessions Was Delivered To Members Of 12 Guideline Development Groups (Gdgs) Across The NCG In India. The Curriculum Covered The Following Domains: PICO Formulation, Systematic Reviews, Critical Appraisal Using The AGREE II Tool, Guideline Adaptation, GRADE Assessment, Evidence-To-Decision Frameworks, And Recommendation Development. Participation Was Assessed Through Registration Records, Completion Tracking, And A Structured Questionnaire. Descriptive Analysis Evaluated Enrollment And Completion Rates.

Result:

A Total Of 247 Clinicians Registered For The E-Course. Of These, 88 (35.6%) Successfully Completed All Required Modules, While 159 (64.4%) Did Not Complete The Full Course. Module-Level Analysis Demonstrated Higher Engagement In The Early Foundational Sessions, With The Highest Individual Module Completion Rate Reaching 160 Participants (64.8%). Completion Rates Reflect Clinicians' Time Constraints. The Program Is Being Refined Through Shorter Sessions, Modular Delivery, And Targeted Reminder Links To Enhance Engagement.

Conclusion:

Implementation Of A Structured Multi-Module E-Learning Program For Gdgs Is Feasible And Provides A Standardized Methodological Orientation With Broad Initial Engagement. Digital Capacity-Building Initiatives Offer A Scalable Approach To Strengthening Competencies In Guideline Development And Adaptation. Optimized Engagement Strategies May Further Improve Completion Rates And Sustain High-Quality Guideline Development Efforts.

Mapping The Future Of Care: A Systematic Review Of Advance Care Planning Guidelines

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Background:

Advance Care Planning (ACP) Is A Process That Allows Individuals To Make Decisions About Their Future Healthcare, Particularly When They May Become Unable To Communicate Due To Illness Or Incapacity. ACP Involves Decisions Regarding End-Of-Life Care, Life-Sustaining Treatments, And Appointing A Healthcare Proxy To Make Decisions On Their Behalf. The Process Ensures That Patients' Values And Preferences Are Respected, Improving Care Quality And Reducing Unnecessary Treatments. Given The Complexity Of ACP, Practice Guidelines Are Essential For Standardizing Its Implementation And Ensuring That Healthcare Providers Can Deliver Consistent, Patient-Centered Care. While ACP Guidelines Have Been Developed Globally, There Is No Comprehensive Evaluation Of Their Methodological Rigor And Reporting Quality.

Objective:

This Systematic Review Aims To Evaluate The Methodological And Reporting Quality Of Current ACP Guidelines.

Methods:

A Systematic Search Was Conducted Across MEDLINE, APA Psycinfo, CINAHL, And Guideline Repositories Such As GIN And NICE. Supplementary Searches Were Conducted Using Google Search And Google Scholar. The Search Was Completed On 31 December 2025. Only Guidelines Focused On ACP, Developed By Medical Societies Or Expert Panels, Were Included. Methodological Quality Was Assessed Using The AGREE II Instrument, And Reporting Quality Was Evaluated With The RIGHT Checklist. Descriptive Statistics Were Applied, And Analysis Was Conducted Using Microsoft Excel 2019.

Results:

The Findings Will Be Presented At The Conference.

Discussion:

This Review Will Provide A Comprehensive Assessment Of ACP Guidelines, Offering Insights For Healthcare Providers To Improve Their Use In Practice And For Developers To Enhance The Rigor And Clarity Of Future Guidelines.