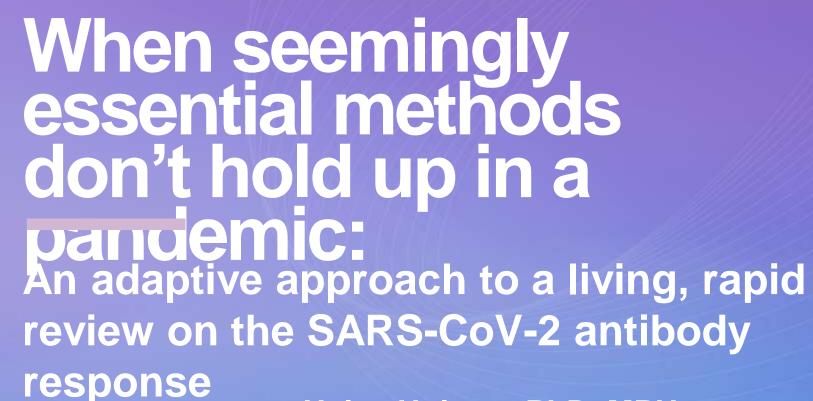


THE ECOSYSTEM OF EVIDENCE

Lessons learned in the pandemic era and future challenges

10* International Conference for EBHC Teachers and Developers 10* Conference of the International Society for EBHC Taoming, 25*- 28* October 2023

#EBHC2023



Haley Holmer, PhD, MPH Kate Mackey, MD, MPP Celia Fiordalisi, MS Mark Helfand, MD, MS, MPH

Scientific Resource Center AHRQ Evidence-based Practice Center Program



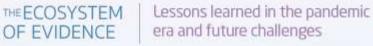


Nothing to disclose

<u>Co-authors</u> Kate Mackey, Celia Fiordalisi, Mark Helfand: Nothing to disclose

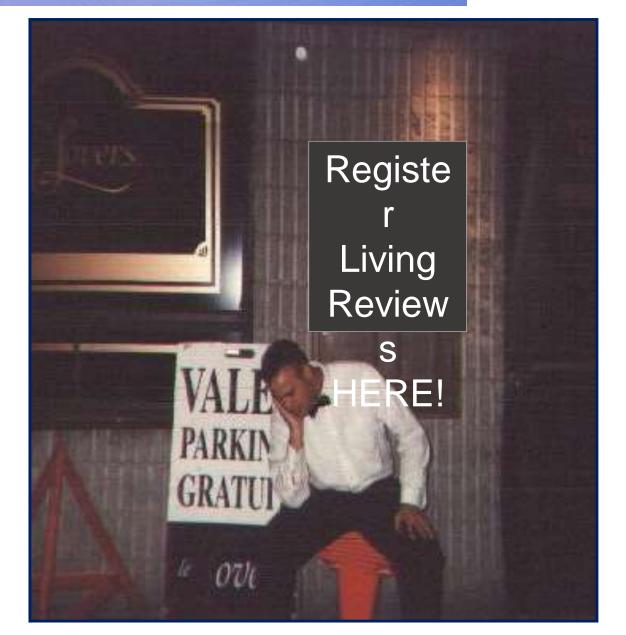
The authors are responsible for the content of this presentation. It does not necessarily represent the views of the Agency for Healthcare Research and Quality (AHRQ). No statement in this presentation should be construed as an official position of AHRQ or of the US Department of Health and Human Services. This work was funded by AHRQ through the Scientific Resource Center (290-2017-00003-C) contract.







Background



Background



To describe our novel "SWATH" approach to conducting a living, rapid review on the SARS-CoV-2 antibody response.



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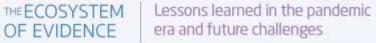
Methods

• Conducted a living, rapid review on SARS-CoV-2 antibody response

| Reviews June 2021 Antibody Response After SARS-CoV-2 Infection and Implications for Immunity FREE | | Annals of Internal Medicine [®] | | |
|---|---|---|--|--|
| A Rapid Living Review | Reviews April 2022 Risk for Reinfection After SARS-CoV-2: A Living, Rapid Review for American College of Physicians Practice Points on the Role of the Antibody Response in Conferring Immunity Following | | | |
| | SARS-CoV-2 Infection FREE | Reviews January 2023 Major Update 2: Antibody Response and Risk for Reinfection After SARS-CoV-2 Infection—Final Update of a Living, Rapid Review FREE | | |

Demonstrate step-by-step approach to keep review living











 KQ1:What is the prevalence, level, and duration of SARS-CoV-2 antibodies among adults infected with or recovered from SARS-CoV-2 infection?
KQ2:Do antibodies acquired from SARS-CoV-2 infection confer immunity against reinfection?

KQ3:If antibodies to SARS-CoV-2 confer immunity against reinfection, how long does immunity last?



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June 2020 Version 1

Time to write the

- **KQ1:** What is the prevalence, level, and duration of SARS-CoV-2 antibodies among adults infected with or recovered from SARS-CoV-2 infection?
- KQ2: Do antibodies acquired from SARS-CoV-2 infection confer immunity against reinfection?
- **KQ3:** If antibodies to SARS-CoV-2 confer immunity against reinfection, how long does immunity last?

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June 2020 Version 1: RR Findings

- KQ1: What is the prevalence, level, and duration of SARS-CoV-2 antibodies among adults infected with or recovered from SARS-CoV-2 infection?
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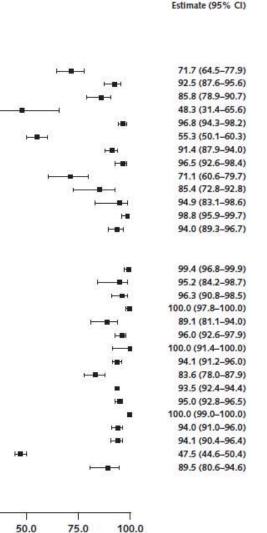
| 0-30 d from positive RT-PCR resu | ult | | |
|----------------------------------|-----|------|------|
| Zhao et al, 2020 (78) | 15 | 124 | 173 |
| Zhao et al, 2020 (78) | 20 | 160 | 173 |
| Staines et al, 2021 (58) | 20 | 115 | 134 |
| Fafi-Kremer et al, 2020 (27) | 20 | 14 | 29 |
| lyer et al, 2020 (36)* | 21 | 329 | 340 |
| Iversen et al, 2020 (35) | 21 | 199 | 360 |
| Hou et al, 2020 (30)† | 21 | 309 | 338 |
| Zhao et al, 2020 (78) | 25 | 167 | 173 |
| Fafi-Kremer et al. 2020 (27) | 27 | 59 | 83 |
| Fafi-Kremer et al, 2020 (27)* | 28 | 41 | 48 |
| Petersen et al, 2020 (50) | 29 | 37 | 39 |
| Zhao et al, 2020 (78) | 30 | 171 | 173 |
| Staines et al, 2021 (58) | 30 | 157 | 367 |
| ≥31 d from positive RT-PCR resul | t | | |
| Zhao et al, 2020 (78) | 35 | 172 | 173 |
| Gudbjartsson et al, 2020 (29) | 35 | 40 | 42 |
| Petersen et al, 2020 (50) | 39 | 103 | 107 |
| Zhao et al, 2020 (78) | 40 | 173 | 173 |
| Staines et al, 2021 (58) | 40 | 82 | 92 |
| Petersen et al, 2020 (50) | 49 | 218 | 227 |
| Staines et al, 2021 (58) | 50 | 41 | 41 |
| Petersen et al, 2020 (50) | 59 | 364 | 387 |
| Terpos et al, 2020 (63)† | 62 | 178 | 213 |
| Petersen et al, 2020 (50)† | 64 | 2297 | 2457 |
| Petersen et al, 2020 (50) | 69 | 529 | 557 |
| Huang et al, 2020 (31) | 70 | 366 | 366 |
| Petersen et al, 2020 (50) | 79 | 328 | 349 |
| Petersen et al, 2020 (50) | 89 | 238 | 253 |
| Gudbjartsson et al, 2020 (29)† | 102 | 539 | 1134 |
| Petersen et al, 2020 (50) | 118 | 68 | 76 |
| | | | |
| | | | |

Maximum

Days From Positive RT. Positive, n

Total

Tested. n



Percentage IgM-Positive

25.0





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Study, Year (Reference)

June 2020 Version 1: RR Findings

- KQ1: What is the prevalence, level, and duration of SARS-CoV-2 antibodies among adults infected with or recovered from SARS-CoV-2 infection?
- KQ2: Do antibodies acquired from SARS-CoV-2 infection confer immunity against reinfection?
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June 2020 Version 1

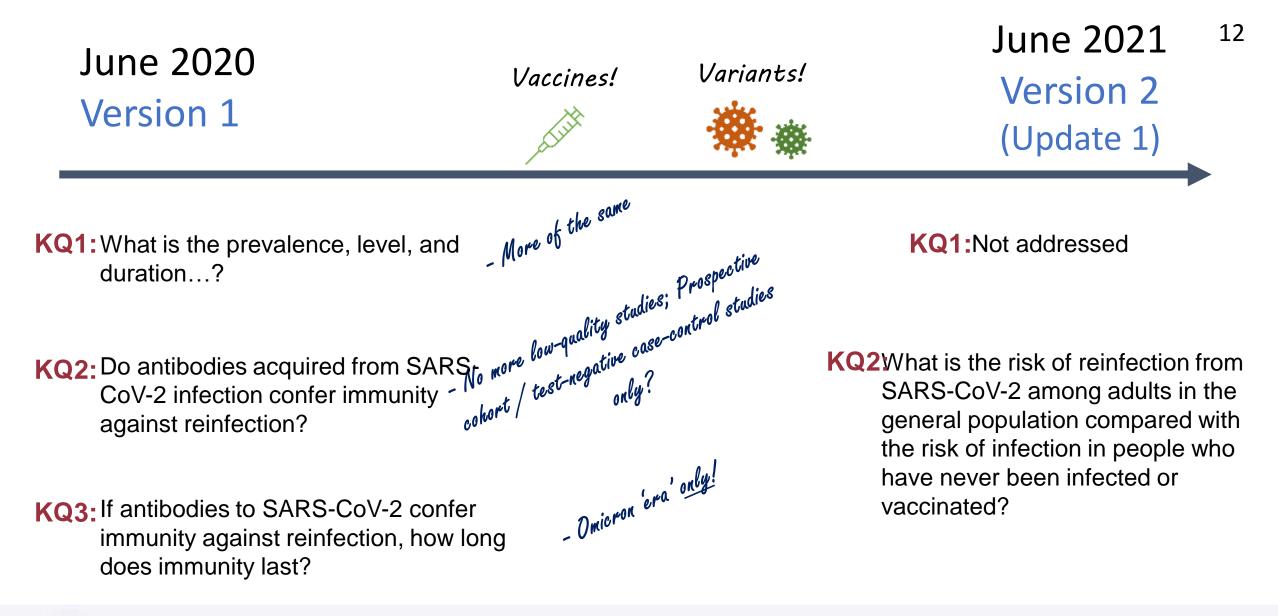
June 2021 ¹¹ Version 2 (Update 1)

- KQ1: What is the prevalence, level, and duration of SARS-CoV-2 antibodies among adults infected with or recovered from SARS-CoV-2 infection?
- KQ2: Do antibodies acquired from SARS-CoV-2 infection confer immunity against reinfection?
- **KQ3:** If antibodies to SARS-CoV-2 confer immunity against reinfection, how long does immunity last?











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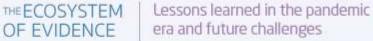


What concerns were raised about our methods?













What concerns were raised about our methods?

Annals of Internal Medicine

Editorial

Living, Rapid Reviews in a Rapidly Evolving World

Ann Intern Med. 2023;176:135–136. doi:10.7326/M22-3283

"This living, rapid review demonstrated novel methods to maintain flexibility and relevance in a rapidly changing environment. As interest and experience in living reviews increase, the systematic review field will continue to learn and experiment with different approaches to handle changing questions and methods."



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What does "SWATH" stand





'SWATH'

- Systematic Without All The Hassle
- Strategic While Also Timely & Helpful
- Systematic With All The Headaches

Send other suggestions to Mark.Helfand@va





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- This is a story based on our observations over the course of 3 years.
- There was no formal evaluation of our approach.







- Protocol rigidity in systematic reviews is ensconced in our methods for good reason → to reduce bias
- Need research: which protocol changes are more likely to introduce bias? Reduce bias?
- How do we best meet end-user needs in the setting of new disease / evolving context?



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Acknowledgements

- Mark Helfand, MD, MS, MPH
- Kate Mackey, MD, MPP
- Celia Fiordalisi, MS
- Charlotte Armstrong, BA
- Devan Kansagara, MD, MCR
- Susan Norris, MD, MPH



