International collaboration to increase efficiency of updating evidence syntheses to support guidelines for disease prevention

Julian Little, PhD
University of Ottawa
Alexandria Bennett (Canada)
Nicole Shaver (Canada)
Sian Taylor-Philips (UK)
Bob Steele (UK)
Ivan Florez (Colombia)

Saskia Cheyene (Australia)
David Fraile Navarro (Australia)
Tarri Turner (Australia)
David Moher (Canada)
Melissa Brouwers (Canada)
Competing Interests

Financial
  - none

Academic
  - Dr Brouwers is (co)principal investigator on the AGREE II, AGREE REX tools which will be used in the proposed study
“Living” guidelines and evidence syntheses

Becoming increasingly normative

Considerations

◦ has “livingness” resulted in evidence syntheses and guidelines of better quality? do we have the tools to appropriately assess “livingness”?

◦ impact on users
  ◦ more credible? more implementable? more useful?
  ◦ impact on cognitive load of individuals?
  ◦ impact on the process of policy design and action?
Questions

1. What is the quality of “living” evidence syntheses and guidelines?
2. Are existing appraisal tools appropriate to assess the quality of “livingness”?
3. What are the defining characteristics of “living” that need to be captured in existing quality assessment tools?
Rapid scoping review - methods related articles

Can we get an early signal of unique defining features relevant to appraisal tools?

◦ n=9 – majority (8) about evidence syntheses
◦ includes the 2017 *Journal of Clinical Epidemiology* series
◦ monitoring work of https://livingevidenceframework.com/en/living guidelines
◦ no papers outside the Cochrane or GIN communities
What is the quality of “living” guidelines? Are the guideline appraisal tools adequate for the job?

n=22 “living” guideline candidates

International participants to appraise with AGREE II and AGREE-REX
  ◦ mean and quartile (domain) scores
  ◦ consistency in scores

International participants to appraise the appraisal process
  ◦ were the AGREE tools appropriate?
  ◦ what concepts are missing?
  ◦ were the appraisal tools easy to apply?
Limits

• Living evidence syntheses and guidelines relatively new, and perhaps rather dominated by recent pandemic experience, so as yet limited variability expected in scoping review

• Relatively small number of stakeholders so far (Canada, UK, Australia) but we are exploring beyond this

• From equity perspective, living evidence syntheses may not be applicable to all stakeholders (how will we consider those in low-resource settings), given the countries where stakeholders currently involved

• Work is still in progress!
Next Steps

“livingness” - impact on users

◦ more credible? more implementable? more useful?
◦ impact on cognitive load of individuals?
◦ impact on the process of policy design and action?
Why Should We Care?

Evidence syntheses and guidelines are not ends unto themselves. They are in service to a larger agenda:

- decision making
- public health and clinical action
- health policy
- appropriate use of resources
- health equity and justice

Development strategies must be mindful of the ultimate goals:

Every expectation and step comes at a price.