Advances in Methods for Overviews of Systematic Reviews

Carole Lunny, PHD, Postdoc
Knowledge Translation Program,
St. Michaels Hospital
carole.lunny@ubc.ca
Twitter: @Carole_Lunny

Land acknowledgement

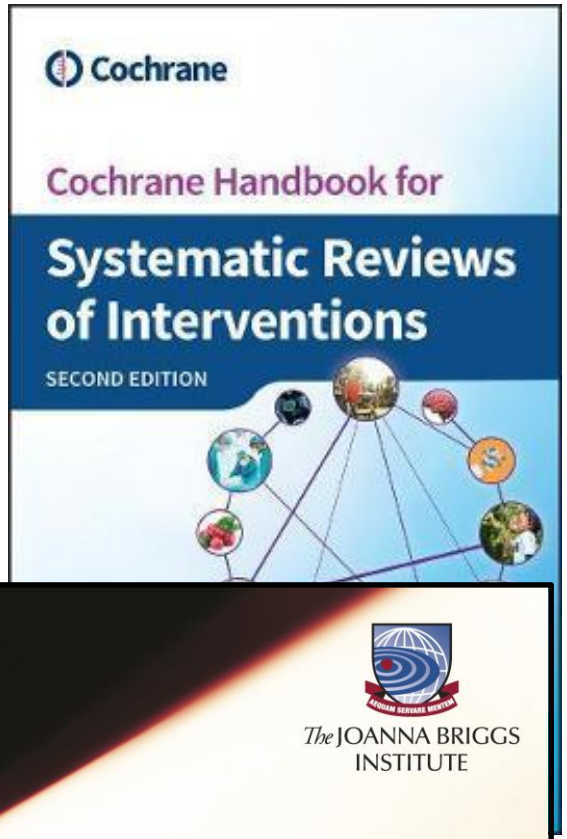
From left to right): Symbols of Musqueam Indian Band (Salmon), Squamish Nation (Thunderbird) and Tsleil-Waututh Nation (Wolf-Man)

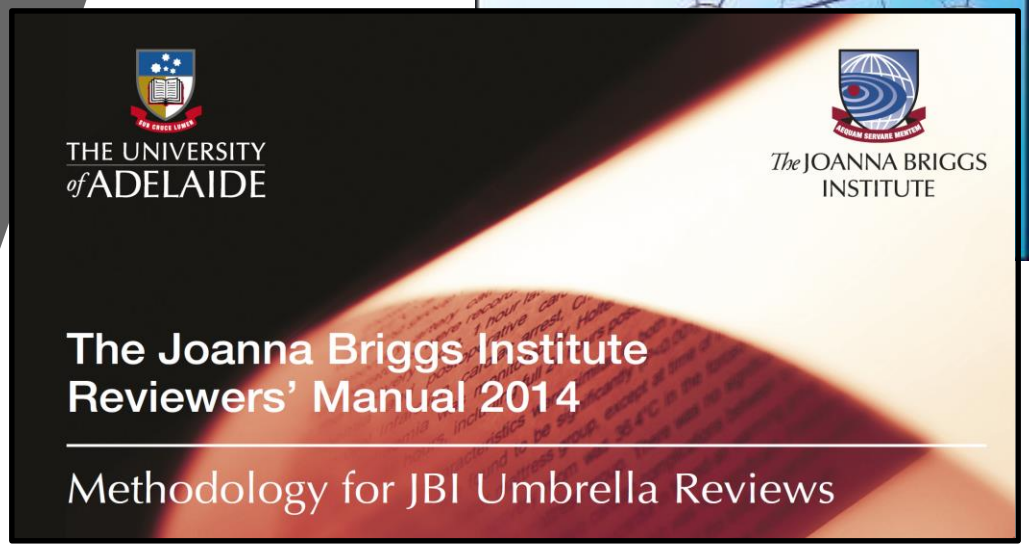
We have no conflicts of interest

Learning objectives

1. Cite the prevalence of overviews
2. How to categorise overviews with taxonomy of PICO eligibility criteria
3. Manage overlap in primary study data across systematic reviews (SRs) on the same topic
4. Assess discordance using the Jadad algorithm
5. Report on opinions of decision makers from a survey to determine how they compare and choose amongst competing SRs
6. Aware of the development of WISEST AI tool

Current methods guidance for overviews

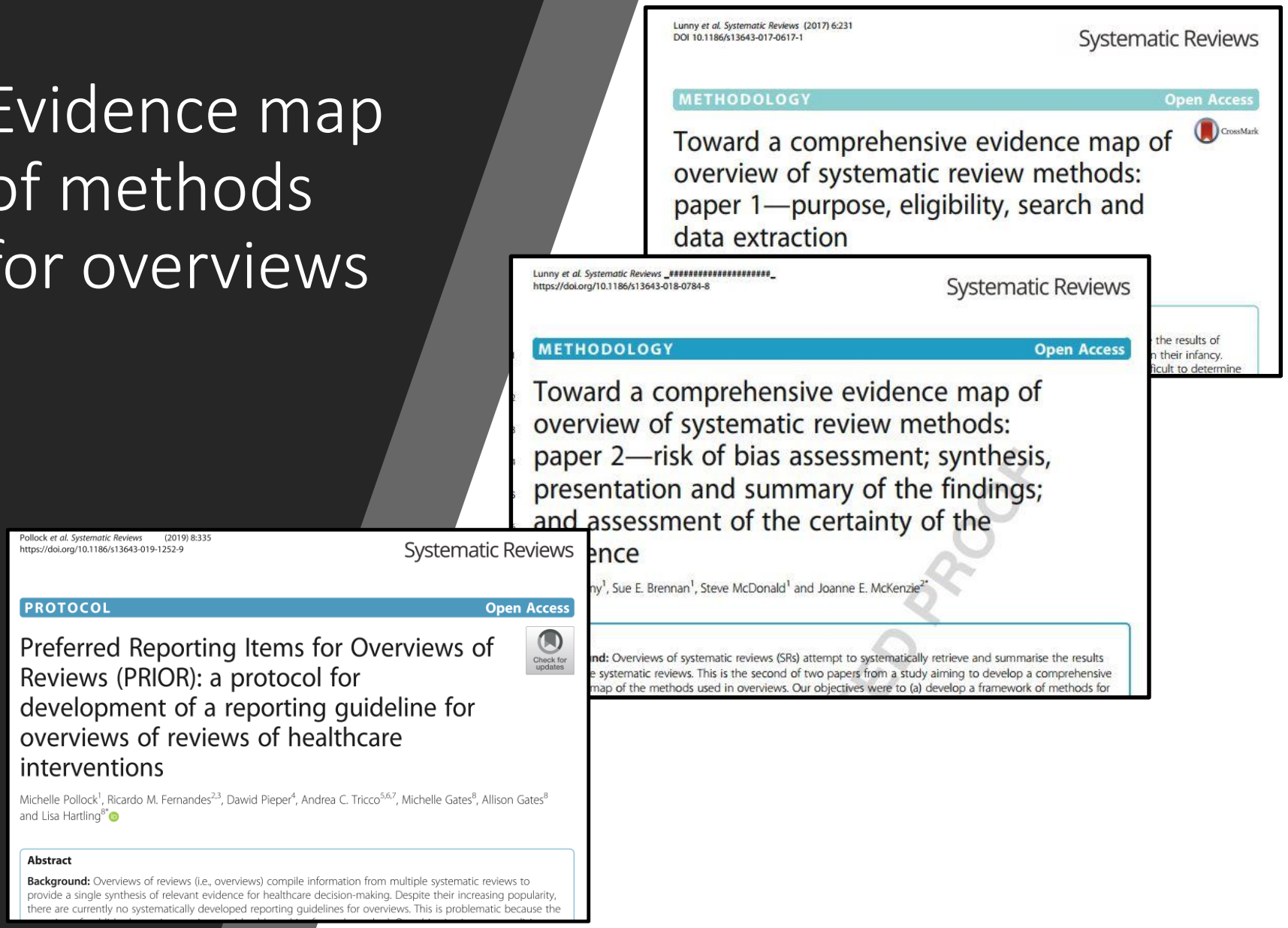




Pollock M, Fernandes R, Becker L, Pieper D, Hartling L. Chapter V: Overviews of reviews. In: Cochrane handbook for systematic reviews of interventions. London: Cochrane; 2020

Aromataris E, Fernandez R, Godfrey C, Holly C, Khalil H, Tungpunkom P. Chapter 10: Umbrella Reviews. In: Aromataris E, Munn Z, editors. Joanna Briggs Institute Reviewer's Manual. Adelaide: The Joana Briggs Institute; 2017.

Evidence map of methods for overviews



Lunny et al. Systematic Reviews (2017) 6:231
DOI 10.1186/s13643-017-0617-1

Systematic Reviews

METHODOLOGY Open Access

Toward a comprehensive evidence map of overview of systematic review methods: paper 1—purpose, eligibility, search and data extraction

Lunny et al. Systematic Reviews _####################_
https://doi.org/10.1186/s13643-018-0784-8

Systematic Reviews

METHODOLOGY Open Access

Toward a comprehensive evidence map of overview of systematic review methods: paper 2—risk of bias assessment; synthesis, presentation and summary of the findings; and assessment of the certainty of the ence

ny[1], Sue E. Brennan[1], Steve McDonald[1] and Joanne E. McKenzie[2*]

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Pollock et al. Systematic Reviews (2019) 8:335
https://doi.org/10.1186/s13643-019-1252-9

Systematic Reviews

PROTOCOL Open Access

Preferred Reporting Items for Overviews of Reviews (PRIOR): a protocol for development of a reporting guideline for overviews of reviews of healthcare interventions

Michelle Pollock[1], Ricardo M. Fernandes[2,3], Dawid Pieper[4], Andrea C. Tricco[5,6,7], Michelle Gates[8], Allison Gates[8] and Lisa Hartling[8*]

Abstract

Background: Overviews of reviews (i.e., overviews) compile information from multiple systematic reviews to provide a single synthesis of relevant evidence for healthcare decision-making. Despite their increasing popularity, there are currently no systematically developed reporting guidelines for overviews. This is problematic because the

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What is the prevalence of overviews and are they growing in number?

Authors: Carole Lunny, Emma K. Reid, Trish Neelakant, Alyssa Chen, Jia He Zhang, Gavindeep Shinger, Adrienne Stevens, Sara Tasnim, Shadi Sadeghipouya, Stephen Adams, Yi Wen Zheng, Lester Lin, Pei Hsuan Yang, Manpreet Dosanjh, Peter Ngsee, Ursula Ellis, Beverley J. Shea, James M. Wright

Background


Research Synthesis Methods

RESEARCH ARTICLE | Free to Read

Bibliometric study of 'overviews of systematic reviews' of health interventions: Evaluation of prevalence, citation and journal impact factor

Carole Lunny, Trish Neelakant, Alyssa Chen, Gavindeep Shinger, Adrienne Stevens, Sara Tasnim, Shadi Sadeghipouya, Stephen Adams, Yi Wen Zheng, Lester Lin ... See all authors

First published: 10 October 2021 | https://doi.org/10.1002/jrsm.1530

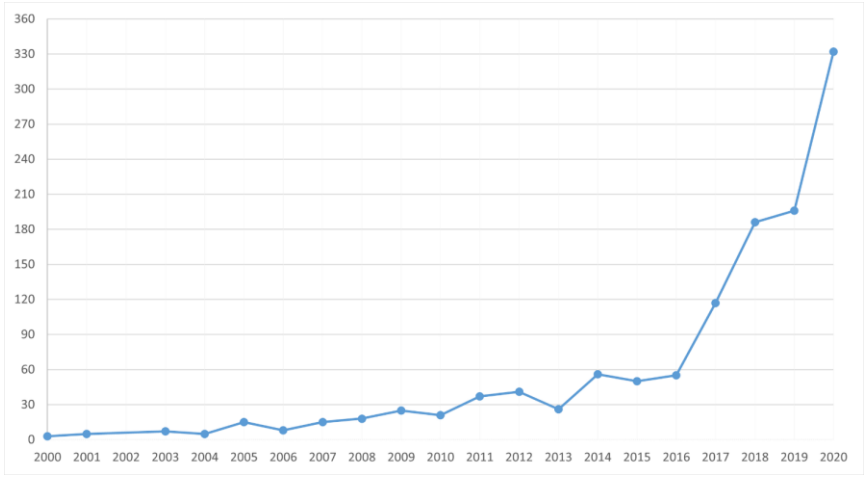
- Bibliometric analysis measures the impact of articles using metrics such as the Journal Impact Factor (JIF) and number of citations
- Overviews have been growing but unknown to what extent
- Evidence syntheses receive a higher citation rate compared to other study designs; but typically represent 4–6% of research output
- Unclear whether overviews are cited equally as highly as systematic reviews

Objectives

- Assess prevalence of overviews (published between 2000-2020)
- Evaluate their citation rates and journal impact factors

Results

- 1218 overviews published from 2000 to 2020
- The majority (73%) published in the most recent 5-year period
- 332 overviews published in 2020, which is equivalent to one overview published per day
- Majority had 4 to 6 authors on the team
- Took on average 1.6 years to produce from search date to publication



Journal Impact Factors (JIF) and citations

Journal characteristic	Category	Summary data
Number of journals		307
Journals	Cochrane Database of Systematic Reviews	44 (8%)
	PLOS ONE	16 (3%)
	Sao Paulo Medical Journal	12 (2%)
Journal impact factor	0.01 - 1.99	153 (29%)
	2.0 – 3.97	216 (41%)
	4.0 – 6.96	61 (11%)
	7.0 – 12.79	79 (14%)
	13.6 – 59.1	23 (4%)
	Median (IQR)	2.8 (1.9-4.6)
Citations	Median (IQR)	8.5 (3.5-18.3)

- 541 (2000-2018) overviews published in 307 journals
- Most prevalent: *the Cochrane Database of Sys Reviews* (8%), *PLOS ONE* (3%) and *Sao Paulo Medical Journal* (2%).
- Median citation count of 8.5 per year / overview
- 70% with JIFs between 0.05 and 3.97
- Overviews with high citation rates and JIFs had:
  - Group authorship
  - Large sample sizes
  - Open access
  - Reported funding

Conclusions

- 20-year bibliometric study across 307 journals
- 8-fold increase = popularity and demand
- 1 overview published per day
- Overviews perform above average for the journals in which they publish
- Citation analysis and impact factor metrics can quantify, compare, and communicate the influence of overviews of reviews

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Are overviews being published on the same topic?

Authors: Carole Lunny, Emma K. Reid, Trish Neelakant, Alyssa Chen, Jia He Zhang, Gavindeep Shinger, Adrienne Stevens, Sara Tasnim, Shadi Sadeghipouya, Stephen Adams, Yi Wen Zheng, Lester Lin, Pei Hsuan Yang, Manpreet Dosanjh, Peter Ngsee, Ursula Ellis, Beverley J. Shea, James M. Wright

Background

- Volume of systematic reviews published which are overlapping in content is high
- It is not known whether overviews of reviews are overlapping in content
- Multiple overviews conducted on the same topic (“overlapping overviews”) represent a waste of research resources
- Can confuse clinicians making decisions amongst competing treatments.

Research Synthesis Methods

RESEARCH ARTICLE | Open Access

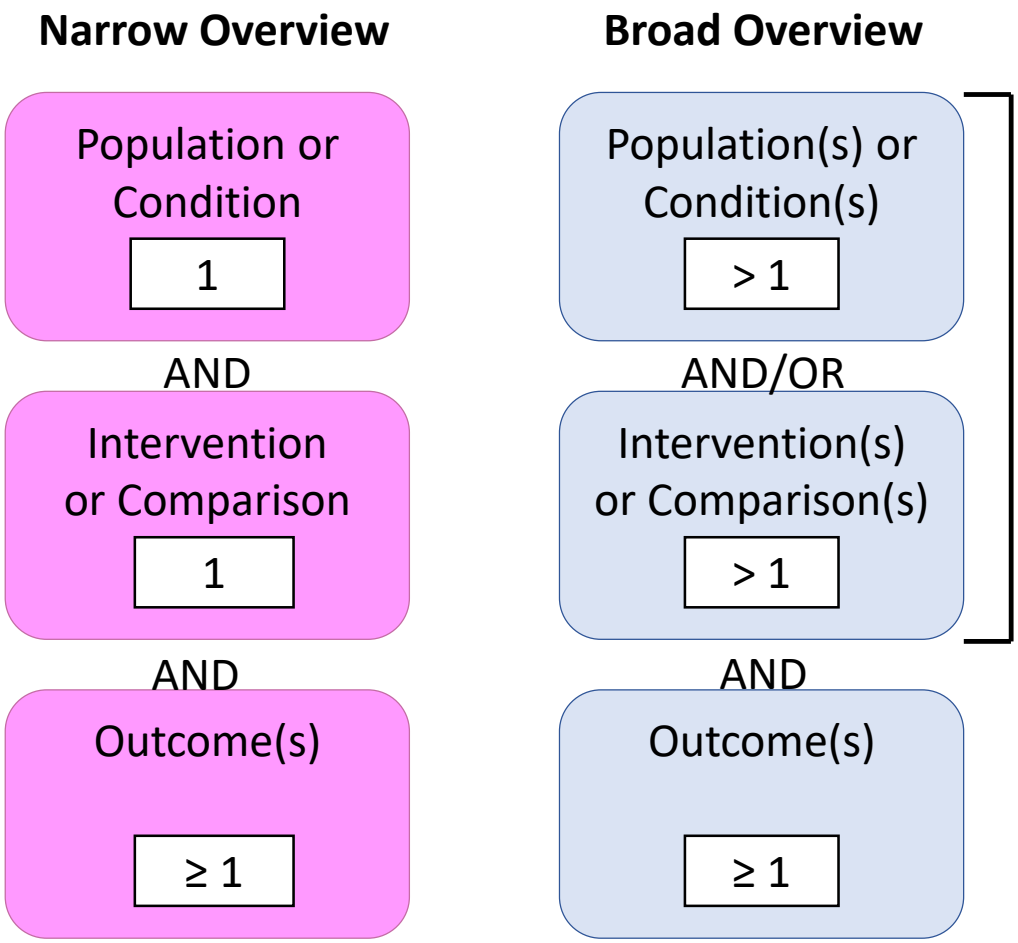
A new taxonomy was developed for overlap across 'overviews of systematic reviews': A meta-research study of research waste

Carole Lunny, Emma K. Reid, Trish Neelakant, Alyssa Chen, Jia He Zhang, Gavindeep Shinger, Adrienne Stevens, Sara Tasnim, Shadi Sadeghipouya **... See all authors**

First published: 19 December 2021 | **https://doi.org/10.1002/jrsm.1542** | Citations: 1

Objectives

- Categorise overviews as being narrow or broad in scope
- Assess if overviews overlap in PICO eligibility criteria
- Categorise overlap as identical, nearly identical, partial, or subsumed



- 1 population only*: broad overview with targeted population*
- 1 intervention only: *broad overview with targeted intervention*
- >1 population and >1 intervention: *non-targeted broad overview*

Aim to answer narrow clinical questions
Identify and explore reasons for variation in SR results, interpretation, or conclusions
Can be completed more quickly
Less generalizable to different populations and settings

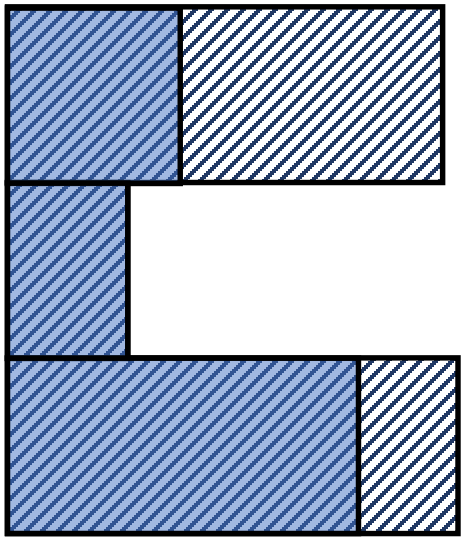
Aim to answer broad questions
Wider range of study populations, conditions, interventions, and contexts
More resource intensive
Allow for policy relevance

What is topic overlap?

We defined topic overlap broadly as

- duplication of PICO eligibility criteria
- not an update
- not a replication

Subsummation:



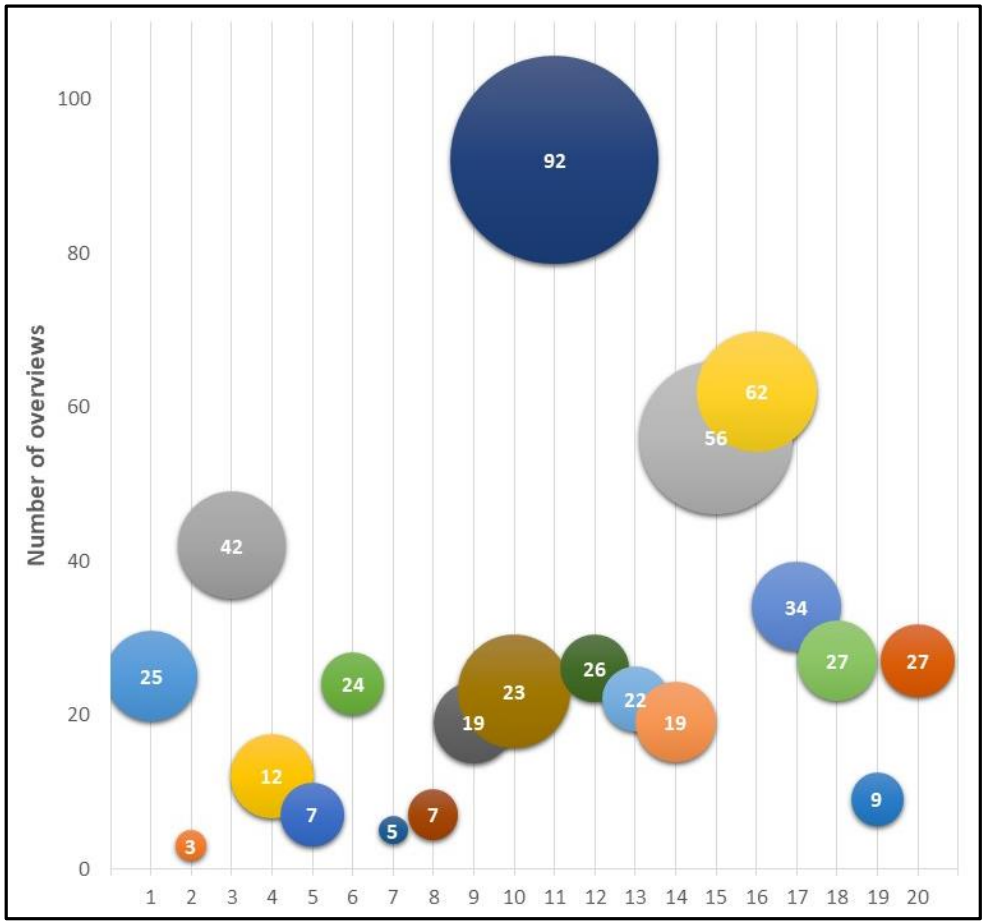
Our taxonomy of 4 types of overlap

- Identical: PICO and aims were identical to another overview
- Nearly identical: PIC and one outcome were identical to another
- Partial: One component of PICO in common
- Subsumed: full scope of PIC and one outcome was fully covered by a second (broader) overview

Valid reasons for topic overlap

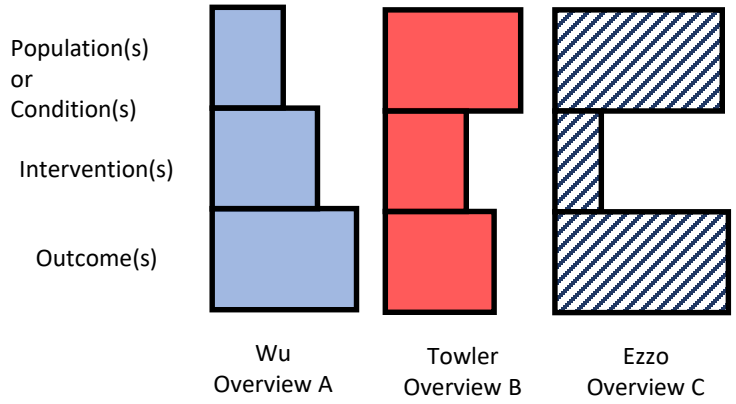
- **Observed overlap in overviews can be justified for several reasons:**
  - **Differences in purpose**
  - **Out-of-dateness/ Emergence of new evidence**
  - **Inappropriate/invalid methods used**
  - **Low methodological quality**
  - **Existing overviews are narrow, therefore broader overview warranted**
  - **Replication by independent and conflict-free academics**

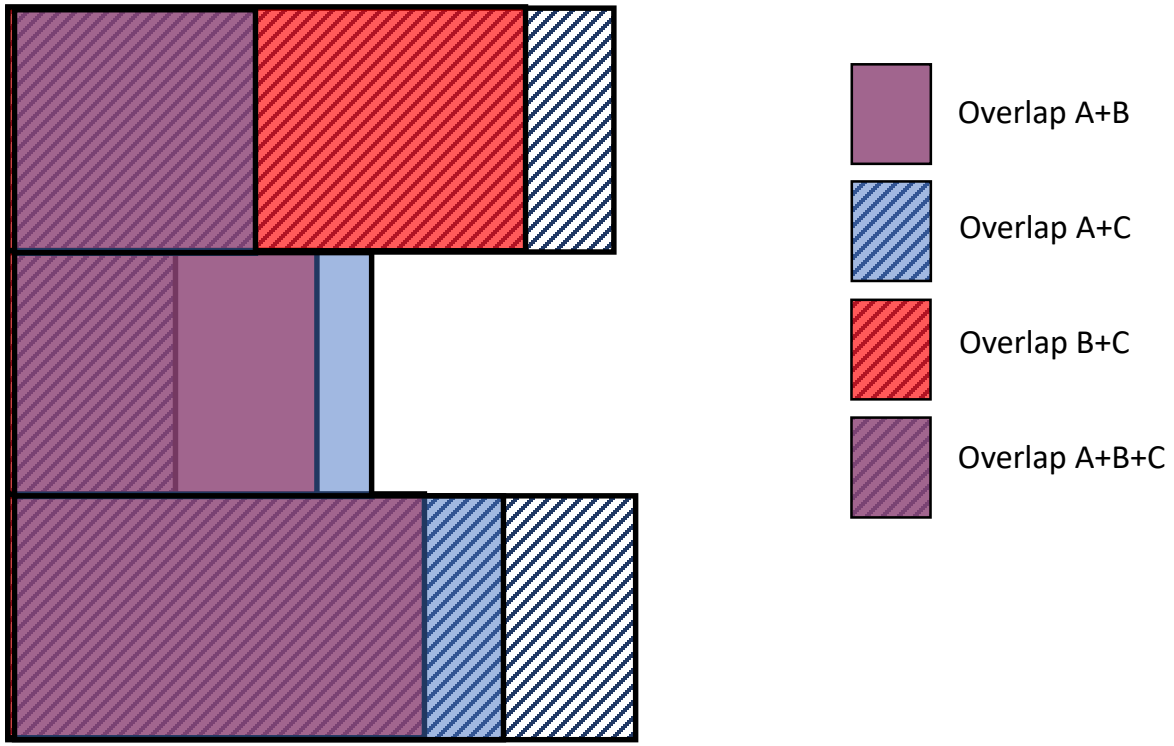
Prevalence of overlap



541 overviews examined	169 (31%) overlapped across similar PICO
	20/22 WHO ICD-10 medical classifications
Overlap prevalence (n = 169)	0 with identical aims and PICOs
	15 (9%) nearly identical overlap
	123 (73%) partial overlap
	31 (18%) subsumed others

Example of partial overlap: Acupuncture for palliative cancer



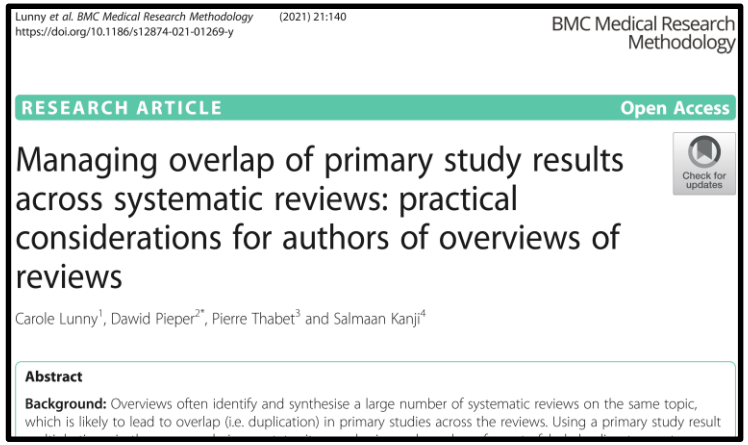


Conclusions

- 31% of 541 overviews (2000-2018) overlapped across 20 WHO ICD-10 medical classifications and 62 subtopics
- Unnecessary overlap identified
- Taxonomy of overlap can be used across overviews, or systematic reviews
- Future research into overlap in other study types using our taxonomy is needed
- No dedicated registry for protocols of overviews and no MeSH term for overviews
- Authors can use our open access sample to identify topics that are already covered, and gaps in the evidence

How to handle overlap in primary study data across systematic reviews (SRs) on the same topic

Authors: Carole Lunny, Dawid Pieper, Pierre Thabet and Salmaan Kanji



Lunny et al. BMC Medical Research Methodology (2021) 21:140
https://doi.org/10.1186/s12874-021-01269-y

BMC Medical Research Methodology

RESEARCH ARTICLE Open Access

Managing overlap of primary study results across systematic reviews: practical considerations for authors of overviews of reviews

Carole Lunny[1], Dawid Pieper[2*], Pierre Thabet[3] and Salmaan Kanji[4]

Abstract

Background: Overviews often identify and synthesise a large number of systematic reviews on the same topic, which is likely to lead to overlap (i.e. duplication) in primary studies across the reviews. Using a primary study result

	Mitchell 2007	Henry 2008	Gray 2011	Nuyen 2018
Review 1	✓	✓		✓
Review 2	✓	✓	✓	✓
Review 3		✓	✓	

Fig. Example of 3 SRs included in an overview

Background

WHY IS OVERLAP A PROBLEM?

- Using a primary study result (ie. effect estimate) multiple times in the same analysis overstates its sample size and number of events, falsely leading to greater precision in the analysis

HOW TO MANAGE OVERLAP?

- Select one SR based on eligibility criteria
- Visually and quantify overlap
- Select one SR at the data analysis stage

Lesson learned

- Approaches to manage overlap were illustrated using six case studies
- No one standard methodological approach to deal with overlap
- Overlap should be dealt with at the outcome level
- Choosing one review eliminates overlap but it may not represent the totality of evidence on the topic, and a loss of data may result.
- Examining potential reasons for different results or conclusions across reviews with high overlap can

be highly informative and may resolve the overlap

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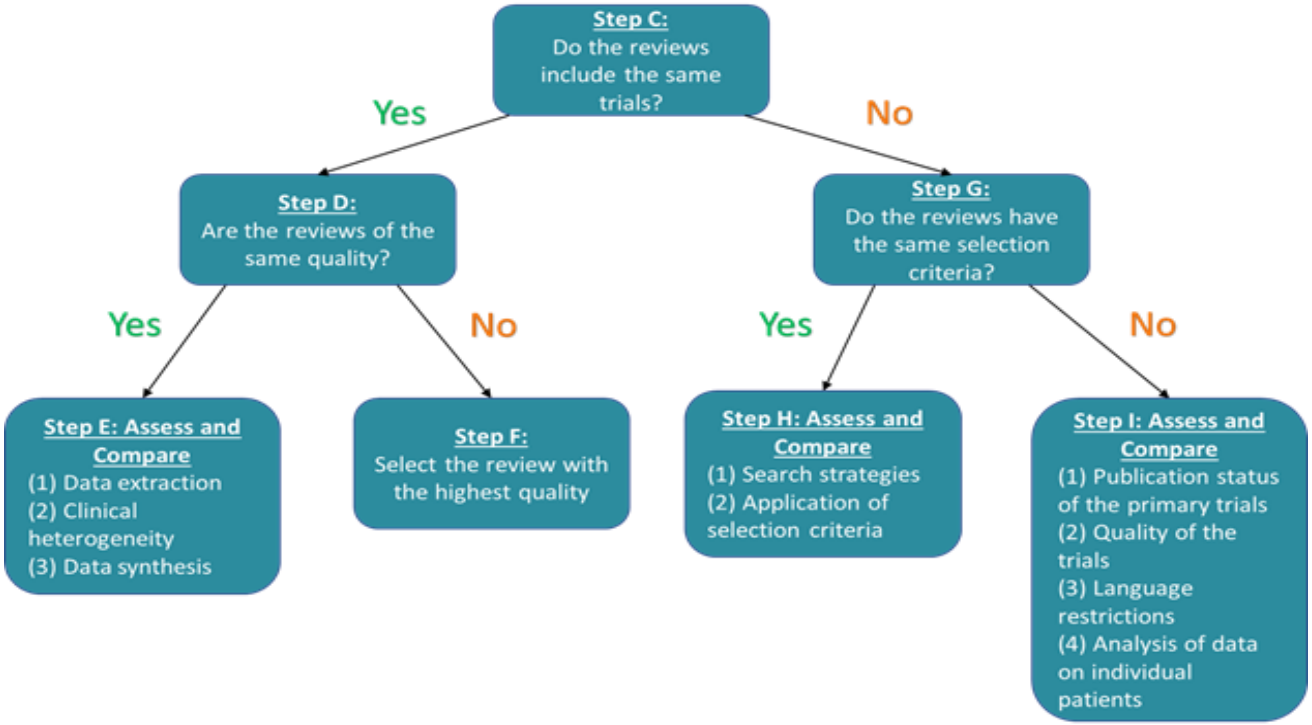
Replication of the Jadad algorithm to assess discordance

Lunny, C., Whitelaw, S., Chi, Y., Zhang, J., Ferri, N., Kanji, S., Pieper, D., Shea, B., Veroniki, A-A., Ardern, C., Pham, B., Reid, E.K., Bagheri, E., Tricco , A.C.

Background

- Overlapping SRs are found on the same clinical, public health, or policy questions
- Conflicting results and/or confuse decision makers
- Algorithm published in 1997 by Jadad et al



Objectives

- Determine if the same SR(s) would be Identify Discordant Reviews that used the Jadad algorithm to address discordance;
- Replicate Jadad assessments done by authors to chosen

Definitions

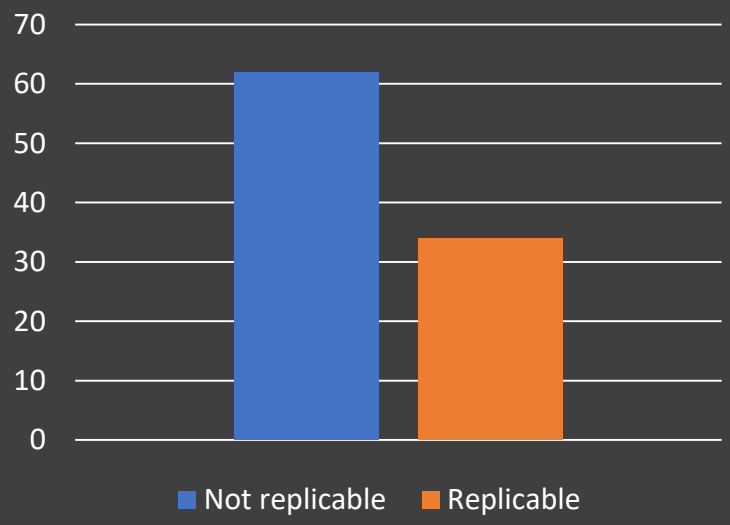
- **Discordance is when SRs with identical or nearly identical clinical, public health, or policy eligibility criteria (as expressed in PICO) report different results for the same outcome.**
- **Discordant reviews aim to assess discordance in results across multiple similar SRs**

Methods

- Searched MEDLINE, Epistemonikos, and Cochrane Database of SRs
- Included any study using the Jadad algorithm with:
  - A minimum of two SRs with a meta-analysis of RCTs
- Two authors independently extracted the primary intervention and outcome
- Blinding process to delete content related to Jadad results

Results

- 21 studies included that used the Jadad algorithm
- 62% not replicable and we chose a different SR (Fig.)
- 86% agreed in direction of effect despite 62% of these having chosen a different SR
- Some Jadad algorithm steps were vague in description, making it difficult to operationalise, interpret, and use



Conclusions

- Jadad algorithm is not reproducible
- Assess discordance using:
  - ✓ Relevance
  - ✓ Recency
  - ✓ Comprehensiveness (most trials)
  - ✓ Quality/ Risk of bias
- Extensive time, complexity, and expertise needed by researchers to manually assess and compare similar SRs that differ across their results and conclusions

SLIDE SECTION

Survey of decision makers to determine how they compare and choose amongst competing systematic review on the same topic

Authors: Carole Lunny, Sera Whitelaw, Yuan Chi, Janet Zhang, Nicola Ferri, Sal Kanji, Dawid Pieper, Bev Shea, Argie Veroniki, Clare Ardern, Ba' Pham, Emma Reid, Ebrahim Bagheri, Andrea Tricco

Background

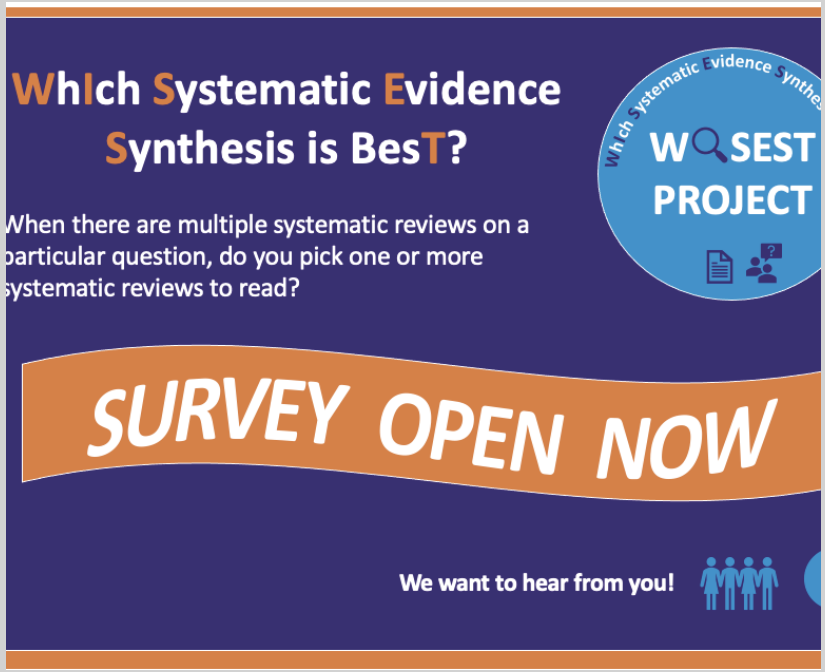
- SRs are of importance to frontline clinicians, guideline developers, policymakers and commissioners of health research who need to make decisions about the most effective and safe interventions and policies for patient care
- Confusion arises when more than on SR is found on a given topic
- What variables or features do policymakers, practitioners and other types of decision makers (e.g. journal editors, students) choose when comparing multiple SRs?

Objectives

- We surveyed decision makers to understand how they use and select one or more SRs and learn what features they consider when choosing from multiple SRs on the same topic.

Methods

- Electronic cross-sectional survey
- 20 open and closed questions: (a) demographic info; (b) barriers and facilitators to the use of SRs, and (c) how users select SRs when multiple are encountered on the same topic
- Disseminated through social media and professional networks



Results

- 684 respondents: 25% were clinical practitioners, 9% policymakers, 39% researchers/academics
- They sometimes (32.6%) or often (64.5%) sought out SRs as a source of evidence in their decision making
- Sometimes (54.6%) or often (43.1%) faced a situation where they found more than one SR on a given topic of interest to them
- 40% struggled to choose the most valid and trustworthy SR
- Difficulties related to:
  - Lack of time (55.2%)
  - Skills and/or experience for quality appraisal (27.7%)
  - Difficulty comparing different SRs (54.3%)
- Features considered: relevance to their question of interest; recency of SR search date; and methodological quality/risk of bias

Conclusions

- Not one best review in the real world to choose from
- Read and review all the SRs and assess their strengths and weaknesses
- Features important to decision makers will be used in WISEST

SLIDE SECTION

Development of the WISEST AI tool to automatically quality assess and compare the PICO, methods and results across systematic reviews on the same topic

Authors: Carole Lunny, Sal Kanji, Bev Shea, Dawid Pieper, Sera Whitelaw, Yuan Chi, Janet Zhang, Nicola Ferri, Argie Veroniki, Clare Ardern, Ba' Pham, Emma Reid, Ebrahim Bagheri, Andrea Tricco

Background

- Evidence-informed practice/policy and guideline development requires quality appraisal to choose the best evidence
- Skill, time and cost needed to manually assess systematic reviews (with tools like AMSTAR 2 or ROBIS)
- An automated method for comparing systematic reviews, and selecting the best evidence does not exist

Objectives

We **aim** to develop an AI approach to model quality appraisals for systematic reviews (based on AMSTAR assessments), and to compare PICO criteria and other methods (called features) across systematic reviews

Our **objectives** are to:

A. Select features that will be used to compare overlapping systematic reviews

B. Create a labelled dataset of 10,000 systematic reviews that are clustered by topic;

C. Train, test and validate Machine Learning models, comparing accuracy

Objective A: Preliminary studies

Test existing tool, and survey decision makers

- **Study 1:** Assessed the replicability of the Jadad algorithm
- **Algorithm not replicable**
- **Study 2:** Survey decision makers to determine how they compare and choose between systematic reviews on the same topic

Completed

- **Study 1**: Lunny et al. How can clinicians choose between conflicting and discordant systematic reviews? A replication study of the Jadad algorithm. In process with *BMC Medical Research Methodology*
- **Study 2**: Lunny et al. Decision maker opinions on how to compare the strengths and weaknesses of systematic reviews on a similar topic: a cross-sectional study. Preprint.

Select features to include in the models

- **Study 3:** Qualitative study of features extracted by researchers used to identify discordance
- **Features chosen based Studies 1-3**
- Quality indicators based on AMSTAR 2 items

Completed

- **Study 3**: Lunny et al. Features used by researchers to identify discordance across multiple systematic reviews on the same topic. Preprint.

SR quality/ risk of bias tools


Systematic Reviews

Open Access

METHODOLOGY

Toward a comprehensive evidence map of overview of systematic review methods: paper 2—risk of bias assessment; synthesis, presentation and summary of the findings; and assessment of the certainty of the evidence

Carole Lunny[1], Sue E. Brennan[1], Steve McDonald[1] and Joanne E. McKenzie[1]*

Abstract

Background: Overviews of systematic reviews (SRs) attempt to systematically retrieve and summarise the results of multiple systematic reviews. This is the second of two papers from a study aiming to develop a comprehensive evidence map of the methods used in overviews. Our objectives were to (a) develop a framework of methods for

Many tools exist
No specific recommendations for which tools to use
Lack of empiric evidence to guide choice

We'll look at two tools
AMSTAR 2 and ROBIS

Type of research study (design)	Number of tools	Number addressing all domains	Tools with rigorous development*
Systematic reviews with or without meta-analyses	57	2	AMSTAR 2, AMSTAR, ROBIS, OQAQ, Higgins

ELSEVIER

Journal of Clinical Epidemiology 62 (2009) 1013–1020

Journal of Clinical Epidemiology

AMSTAR is a reliable and valid measurement tool to assess the methodological quality of systematic reviews

Beverley J. Shea[a,b,c,*], Candyce Hamel[a], George A. Wells[d,e], Lex M. Bouter[b], Elizabeth Kristjansson[f], Jeremy Grimshaw[g], David A. Henry[h], Maarten Boers[c]

Items
1. Was an 'a priori' design provided?
2. Was there duplicate study selection and data extraction?
3. Was a comprehensive literature search performed?
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?
5. Was a list of studies (included and excluded) provided?
6. Were the characteristics of the included studies provided?
7. Was the scientific quality of the included studies assessed and documented?
8. Was the scientific quality of the included studies used appropriately in formulating conclusions?
9. Were the methods used to combine the findings of studies appropriate?
10. Was the likelihood of publication bias assessed?
11. Were potential conflicts of interest included?

11 questions

- judgement for each item reported as: yes, no, can't answer, n/a
- some authors provide a rationale for judgements
- some report a overall score, usually assigning equal weight to items (may be difficult to justify)
- some stratify reviews as high, medium, low quality (using cutoffs)

MSTAR 2: a critical appraisal tool for systematic reviews th
nclude randomised or non-randomised studies of healthcar
nterventions, or both

everley J Shea,[1,2,3] Barnaby C Reeves,[4] George Wells,[3,5] Micere Thuku1,[2] Candyce Ham
lian Moran,[6] David Moher,[1,3] Peter Tugwell1,[2,3,7] Vivian Welch,[2,3] Elizabeth Kristjansso
avid A Henry[9,10,11]

ne number of published systematic views of studies of healthcare nterventions has increased rapidly and ese are used extensively for clinical nd policy decisions. Systematic

assist decision makers in the identification of high quality syst reviews, including those based c non-randomised studies of healt interventions.

Journal of Clinical Epidemiology ■ (2015) ■

Journal of Clinical Epidemiology

ORIGINAL ARTICLE

ROBIS: A new tool to assess risk of bias in systematic reviews was developed

Penny Whiting[a,b,c,*], Jelena Savović[a,b], Julian P.T. Higgins[a,d], Deborah M. Caldwell[a], Barnaby C. Reeves[e], Beverley Shea[f], Philippa Davies[a,b], Jos Kleijnen[c,g], Rachel Churchill[a], the ROBIS group

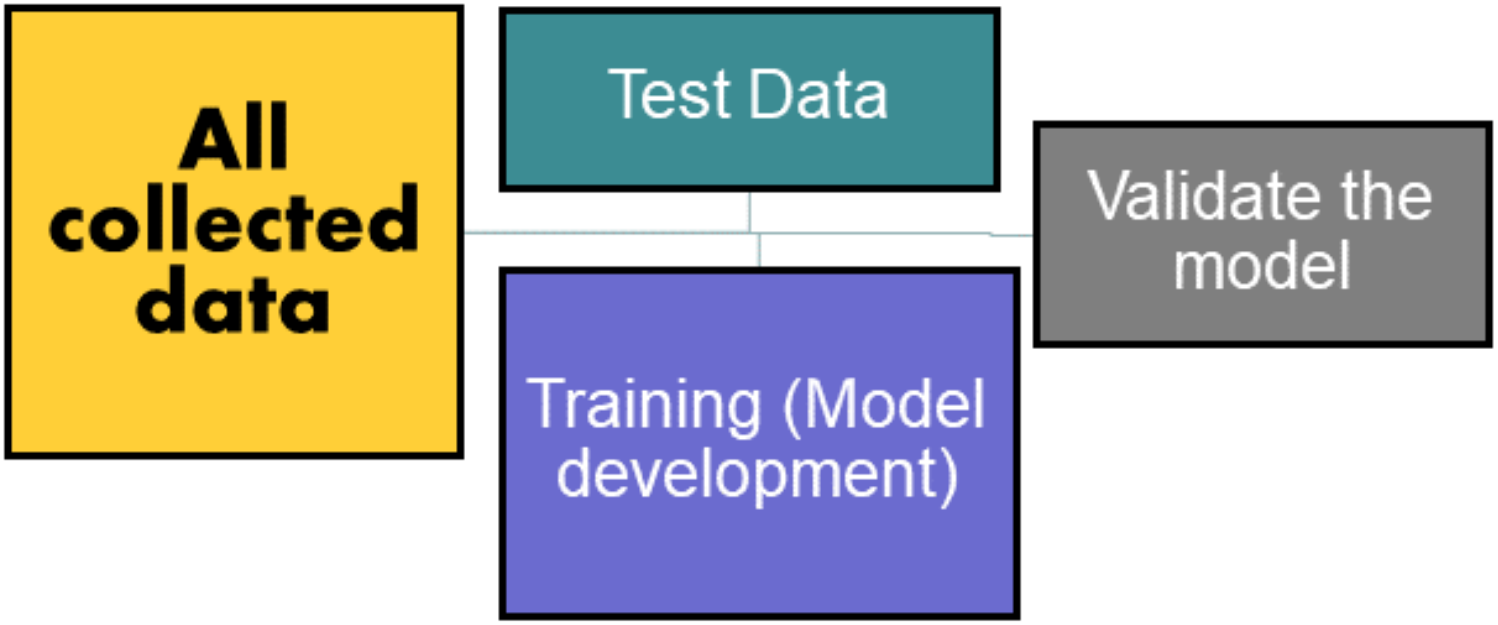
[a]*School of Social and Community Medicine, University of Bristol, Canynge Hall, 39 Whatley Road, Bristol BS8 2PS, UK*
[b]*The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West at University Hospitals Bristol NHS Foundation Trust, 9th Floor, Whitefriars, Lewins Mead, Bristol BS1 2NT*
[c]*Kleijnen Systematic Reviews Ltd, Unit 6, Escrick Business Park, Riccall Road, Escrick, York YO19 6FD, UK*
[d]*Centre for Reviews and Dissemination, University of York, York YO10 5DD, UK*
[e]*School of Clinical Sciences, University of Bristol, Bristol Royal Infirmary, Level Queen's Building, 69 St Michael's Hill, Bristol BS2 8DZ, UK*
[f]*Community Information and Epidemiological Technologies Institute of Population Health, 1 Stewart Street, Room 319, Ottawa, Ontario, K1N 6N5, Canada*
[g]*School for Public Health and Primary Care (CAPHRI), Maastricht University, PO Box 616, 6200 MD, Maastricht, The Netherlands*

Accepted 5 June 2015; Published online xxxx

"…authors wishing to assess ***risk of bias*** of systematic reviews may wish to use the more recently developed ROBIS tool"

Uses a similar approach to the Cochrane tool for assessing RoB in randomised trials (domain based)

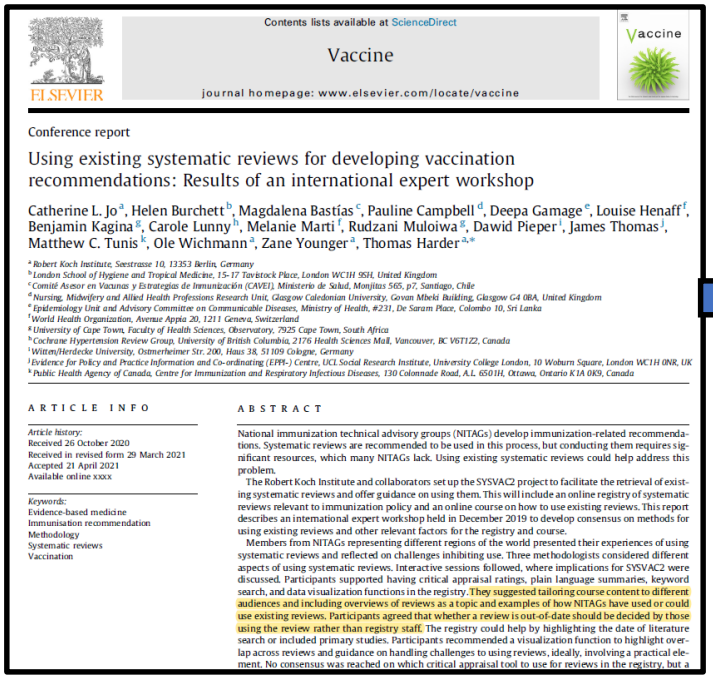
Name of organisation	Tool	Database	Number of assessments
University of Melbourne	AMSTAR 1	CrowdCARE	500
McMaster University	AMSTAR 1	McMaster PLUS	6000
Canadian Agency for Drugs and Technologies in Health (CADTH)	AMSTAR 1	Rx for Change	900
Robert Koch, WHO, and London School for Hygiene and Tropical Medicine	AMSTAR 2	SYSVAC	1050
TOTAL			**8450**



- Extracted features (e.g. publication bias) will be used to **train** the models through a process known as supervised learning
- **Test** to determine accuracy
- **Validate** the model chosen using a separate dataset than the training/testing sets

Conceptual framework

PDF of the systematic review publication



Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Conference report

Using existing systematic reviews for developing vaccination recommendations: Results of an international expert workshop

Catherine L. Jo[a], Helen Burchett[b], Magdalena Bastías[c], Pauline Campbell[d], Deepa Gamage[e], Louise Henaff[f], Benjamin Kagina[g], Carole Lunny[h], Melanie Marti[f], Rudzani Muloiwa[g], Dawid Pieper[i], James Thomas[j], Matthew C. Tunis[k], Ole Wichmann[a], Zane Younger[a], Thomas Harder[a,*]

[a] Robert Koch Institute, Seestrasse 10, 13353 Berlin, Germany
[b] London School of Hygiene and Tropical Medicine, 15-17 Tavistock Place, London WC1H 9SH, United Kingdom
[c] Comité Asesor en Vacunas y Estrategias de Inmunización (CAVEI), Ministerio de Salud, Monjitas 565, p7, Santiago, Chile
[d] Nursing, Midwifery and Allied Health Professions Research Unit, Glasgow Caledonian University, Govan Mbeki Building, Glasgow G4 0BA, United Kingdom
[e] Epidemiology Unit and Advisory Committee on Communicable Diseases, Ministry of Health, #231, De Saram Place, Colombo 10, Sri Lanka
[f] World Health Organization, Avenue Appia 20, 1211 Geneva, Switzerland
[g] University of Cape Town, Faculty of Health Sciences, Observatory, 7925 Cape Town, South Africa
[h] Cochrane Hypertension Review Group, University of British Columbia, 2176 Health Sciences Mall, Vancouver, BC V6T1Z2, Canada
[i] Witten/Herdecke University, Ostmerheimer Str. 200, Haus 38, 51109 Cologne, Germany
[j] Evidence for Policy and Practice Information and Co-ordinating (EPPI-) Centre, UCL Social Research Institute, University College London, 10 Woburn Square, London WC1H 0NR, UK
[k] Public Health Agency of Canada, Centre for Immunization and Respiratory Infectious Diseases, 130 Colonnade Road, A.L. 6501H, Ottawa, Ontario K1A 0K9, Canada

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ABSTRACT

National immunization technical advisory groups (NITAGs) develop immunization-related recommendations. Systematic reviews are recommended to be used in this process, but conducting them requires significant resources, which many NITAGs lack. Using existing systematic reviews could help address this problem.

The Robert Koch Institute and collaborators set up the SYSVAC2 project to facilitate the retrieval of existing systematic reviews and offer guidance on using them. This will include an online registry of systematic reviews relevant to immunization policy and an online course on how to use existing reviews. This report describes an international expert workshop held in December 2019 to develop consensus on methods for using existing reviews and other relevant factors for the registry and course.

Members from NITAGs representing different regions of the world presented their experiences of using systematic reviews and reflected on challenges inhibiting use. Three methodologists considered different aspects of using systematic reviews. Interactive sessions followed, where implications for SYSVAC2 were discussed. Participants supported having critical appraisal ratings, plain language summaries, keyword search, and data visualization functions in the registry. They suggested tailoring course content to different audiences and including overviews of reviews as a topic and examples of how NITAGs have used or could use existing reviews. Participants agreed that whether a review is out-of-date should be decided by those using the review rather than registry staff. The registry could help by highlighting the date of literature search or included primary studies. Participants recommended a visualization function to highlight overlap across reviews and guidance on handling challenges to using reviews, ideally, involving a practical element. No consensus was reached on which critical appraisal tool to use for reviews in the registry, but a

Text extraction system for quality indicators

SR	Number of primary studies	Were PICO eligibility criteria unambiguous?	Was an appropriate range of databases searched?	Was risk of bias (or methodological quality) formally assessed
Tui 2018	7	+	?	+
Participants		Postnatal women (<12 months postpartum), postnatal women		
Interventions		Physical activity (PA) interventions, theory-based physical activity, control		
Outcomes		PA participation, walking for exercise, PA frequency, walking frequency		

- Users upload SRs as PDFs
- WISEST allows the user to see the rationale behind the AI's output
  - Comparison of SR quality indicators
  - Ranked choice of the best SRs

Conclusions

- WISEST impact:
  - Time saved compared to manual approaches (e.g. resources, money)
  - Broadened audience of decision makers who wouldn't habitually use manual tools (e.g. clinicians)
- Functionality to extract PICO, methods and other features
- Flexible approach tailored to the needs of the user
- Evaluate the relevance and validity of SRs
- Increase the uptake of applicable and high quality evidence
- Ultimately improving patient outcomes

Overall conclusions

High quality overviews give the best perspective of our current state of evidence for decision makers

Gaps in methods for overviews that we have addressed in our recent research included:

- Overlap taxonomy based on PICO eligibility criteria
- Management of primary study overlap across SRs
- Assessment of the Jadad algorithm for discordance
- Criteria that decision makers use to compare similar SRs

Many other important gaps exist related to the issues that are unique to overviews and we encourage groups to take on research to advance this methodological field

ST. MICHAEL'S
UNITY HEALTH TORONTO

Thank you and I welcome questions

Carole Lunny, MPH, PHD

Postdoctoral Fellow, carole.lunny@ubc.ca

Twitter: @carole_Lunny and use #overviews