

An overview of our work

Phase 1

Aim

To understand issues and challenges with currently available guideline methods

Methods

- Systematic reviews evaluating features of current methodologies (see Table)*
- In depth interviews of guideline developers
- Application of GRADE for diagnostic tests to three diagnostic test accuracy reviews.**

Key conclusions

Methods currently available lack features important for medical test guideline development: inclusion of a clinical pathway; going beyond accuracy evidence to include patient outcomes and explicit methods to link different types of evidence across 12 grading systems.*

Phase 2

Aim

To enhance current strategies and/or develop new strategies to fulfil gaps identified in Phase 1

Methods

- Developing a clinical pathway framework using key features identified in Phase 1 as a basis and via an iterative process strengthen the framework through several rounds of informal user testing
- Developing (interactive) Summary of Findings (iSoF) tables for diagnostic test evidence
- Developing a framework for moving from Evidence to Decisions about diagnostic tests (EtD framework)

This work is currently on-going.

Phase 3

Aim

To user test the strategies developed in Phase 2

Methods

Formally test the strategies in real guidelines

Overview of methodological features across 12 grading systems*

Study Category	Grading system	AHAPG	EGAPP	EULAR	ESC	GRADE	ICSI	NIMRC	NICE DAP	OCMB	SIGN	SORT	USPSTF	Row Total
1. Structuring the Search														
1a	Preparatory steps prior to evidence collection	●	●	○	○	●	○	●	●	●	○	○	●	8/12
1b	Scoping the literature	●	●	○	○	○	○	●	●	○	●	○	●	6/12
1c	Formulating a PICO styled key question	○	●	○	○	●	○	○	○	●	●	○	●	5/12
1d	Defining outcomes of interest	○	●	○	○	●	○	●	●	●	○	○	●	7/12
1e	Clinical scenario	○	●	○	○	○	○	○	○	○	○	○	○	2/12
1f	Care pathway	○	○	○	○	○	○	○	○	○	○	○	○	1/12
1g	Analytical framework	○	●	○	○	○	○	○	○	○	○	○	○	2/12
Sub-totals		2/7	6/7	0/7	0/7	3/7	0/7	3/7	5/7	3/7	4/7	0/7	5/7	
2. Searching for Evidence														
2a	Explicit methodology exists	●	●	○	○	○	○	●	●	○	●	○	●	7/12
2b	Minimum no. of databases	3	○	1	○	○	○	3	○	○	6	○	2	5/12
Sub-totals		2/2	1/2	2/2	0/2	0/2	0/2	2/2	1/2	0/2	2/2	0/2	2/2	
3. Types of Evidence Gathered														
3a	Accuracy data	●	●	○	○	●	○	●	●	○	●	●	○	7/12
3b	Patient important outcome data	○	●	○	○	●	○	○	○	○	●	●	●	6/12
3c	Other	○	*	○	○	**	○	○	***	○	○	○	○	3/12
Sub-totals		1/3	3/3	0/3	0/3	3/3	0/3	1/3	3/3	0/3	2/3	2/3	1/3	
4. Appraising the Evidence														
4a	1 tier (individual study)	●	●	○	○	●	●	●	●	●	●	●	●	11/12
4b	2 tier (as a total body of evidence)	●	●	○	○	●	●	●	○	●	○	●	●	9/12
4c	3 tier (combining different bodies of evidence)	○	●	○	○	○	○	○	○	○	○	○	○	3/12
Sub-totals		2/3	3/3	2/3	0/3	2/3	2/3	2/3	2/3	2/3	1/3	2/3	3/3	
5. Explicit Criteria for Appraising the Evidence														
5a	1 tier (individual study)	○	●	○	○	●	●	●	●	●	○	○	○	9/12
5b	2 tier (as a total body of evidence)	○	●	○	○	●	●	○	○	○	○	○	○	7/12
5c	3 tier (combining different bodies of evidence)	○	○	○	○	○	○	○	○	○	○	○	○	2/12
Sub-totals		0/3	2/3	2/3	0/3	2/3	2/3	1/3	2/3	2/3	2/3	0/3	3/3	
6. Formulating Recommendations														
6a	Method on how recommendations are derived	●	●	○	○	●	○	●	●	○	○	○	○	9/12
6b	Guidance on wording of recommendations	●	●	○	○	○	○	○	○	○	○	○	○	5/12
6c	Patient important outcomes considered	○	●	○	○	○	○	○	○	○	○	○	○	6/12
6d	A method exists to translate indirect evidence into recommendations	○	○	○	○	○	○	○	○	○	○	○	○	3/12
6e	Applicability of recommendations considered	○	●	○	○	○	○	○	○	○	○	○	○	6/12
Sub-totals		3/5	4/5	0/5	0/5	5/5	0/5	4/5	4/5	1/5	2/5	2/5	4/5	
Overall Column Totals		10/23	19/23	6/23	0/23	15/23	4/23	13/23	17/23	8/23	13/23	6/23	18/23	

● Yes * Ethical, legal and social implications; unpublished literature, analytical validity
○ No ** Costs, benefits vs harms, patients' values and preferences
○ Brief *** Cost, resource use

Want to read more? + <http://goo.gl/jdSPLb> ++ <http://goo.gl/ou7q06>



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