

Rapid Reviews

Drive us crazy

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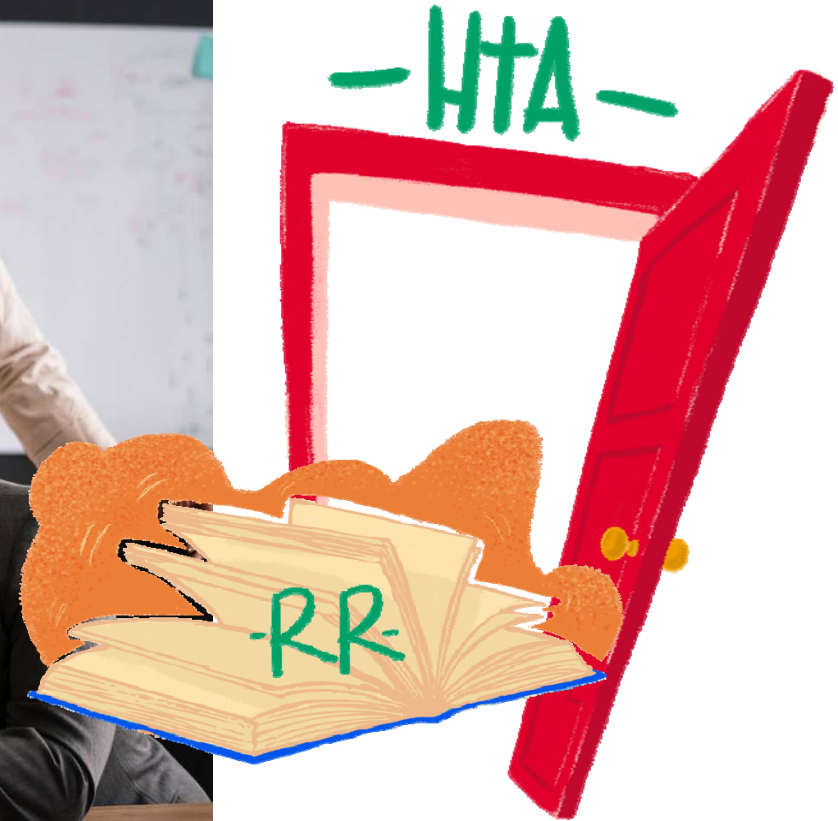
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INTRODUCTION



OBJETIVES

To compile
and review
literature
about rapid
products (RP)

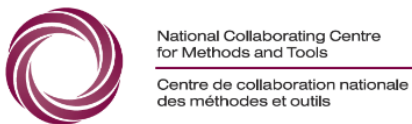
To review
and analyse
recommendations
from the main
agencies

To analyse
what are
known for RP



**“Rapid
products
at a
glance”**

METHODS



Narrative review of literature

Selection of institutions

Search for available recommendations

Analyse of key points

OUTCOMES: DEFINITION PROBLEM

- ✓ Terminological diversity:
rapid review vs rapid product
 - ✓ Many definitions

OUTCOMES: SOME EXAMPLES OF DEFINITIONS

RRs are a form of knowledge synthesis in which components of SR process are Simplified or omitted to produce information in a timely manner [Khangura 2012]

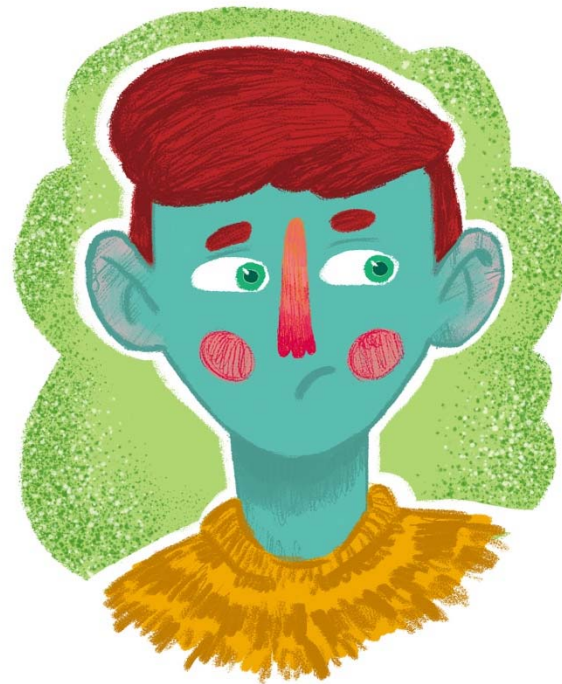
RRs are literature reviews that use methods to accelerate or streamline traditional systematic review processes [Ganann 2010]

RRs are efforts to assess and synthesize evidence in less time than traditional “full” SR [Academy Health’s Rapid Evidence Review Project 2015]

RR products are intended to synthesize available evidence and meet the time constraints of healthcare decision-makers [Featherstone 2015]

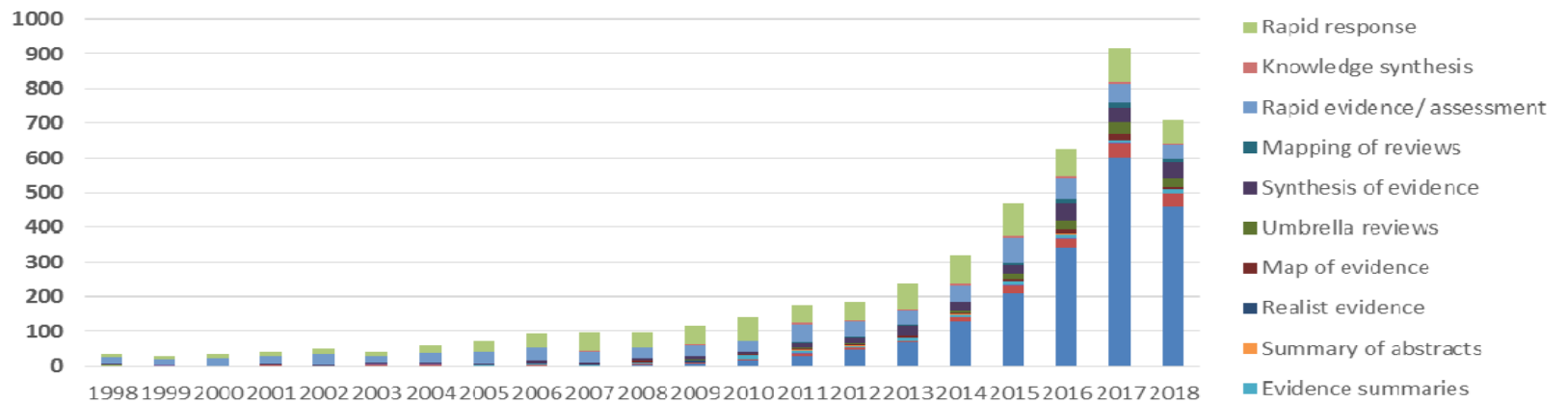
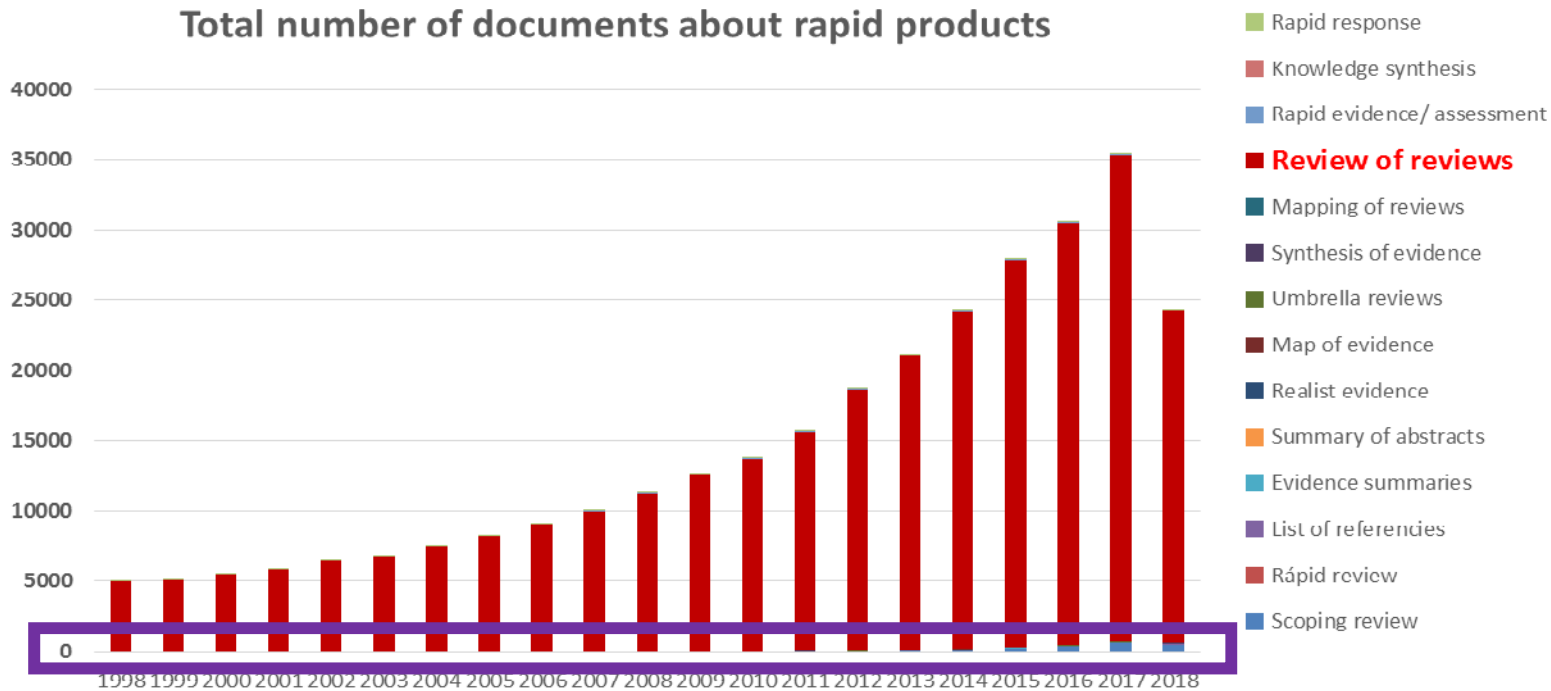
And many more...

OUTCOMES: TOO MANY DEFINITIONS!!!



OUTCOMES: DOCUMENT RETRIEVAL

Total number of documents about rapid products



OUTCOMES: OVERLOAD OF DOCUMENTS AND HETEROGENEITY!!!



OUTCOMES: WHAT DO AGENCIES TELL US?



2015

Research White Paper

EPC Methods: An Exploration of Methods and Context for the Production of Rapid Reviews

Research White Paper

EPC Methods: AHRQ End-User Perspectives of Rapid Reviews

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- Chapter 6: Systematic reviews of economic evidence
- Chapter 7: Systematic reviews of etiology and risk
- Chapter 8: Mixed methods systematic reviews
- Chapter 9: Diagnostic test accuracy systematic reviews
- Chapter 10: Umbrella reviews**
 - 10.1 Umbrella reviews and evidence-based practice
 - 10.2 Development of an Umbrella review protocol
 - 10.3 Umbrella Review and Summary of the evidence of research
 - 10.4 Chapter references
 - Appendix 10.1 JBI Critical Appraisal Checklist for Systematic Reviews
 - Appendix 10.2 Discussion of JBI Critical Appraisal Checklist for Systematic Reviews
 - Appendix 10.3 JBI Data Extraction Form for Review for Systematic Reviews
- Chapter 11: Scoping reviews
 - 11.1 Scoping reviews and evidence-based practice
 - 11.2 Development of a scoping review protocol
 - 11.3 The scoping review and summary of the evidence
 - 11.4 Chapter references
 - Appendix 11.1 JBI template study details, characteristics and results

Chapter 10: Umbrella reviews

Edoardo Aromataris, Ritin Fernandez, Christina Godfrey, Cheryl Holly, Hanan Khalil, Patrapom Tungpunkom

How to cite:
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*. The Joanna Briggs Institute, 2017. Available from <https://reviewersmanual.joannabriggs.org/>

2017

2015

Summary with Critical Appraisal Process

Updated: April 2015
Version 1.0

2015

Rapid Response Systematic Review & Meta-Analysis Process

Updated: April 2015
Version 1.0

2015

Rapid Response Reference Lists and Summary of Abstracts Reports Process

Updated: April 2015
Version 1.0

CADTH Evidence Driven.

2017

Rapid Review Guidebook

Steps for conducting a rapid review

Maureen Dobbins, RN, PhD



KCE PROCESS NOTES METHODS

METHOD – RAPID REVIEWS

DOMINIQUE ROBERFROID, NICOLAS FAIRON, LORENA SAN MIGUEL, DOMINIQUE PAULUS

2017

2017



2017

RAPID REVIEWS TO STRENGTHEN HEALTH POLICY AND SYSTEMS: A PRACTICAL GUIDE

EDITED BY:
ANDREA C. TRICCO
ETIENNE V. LANGLOIS
SHARON E. STRAUS



World Health Organization

OUTCOMES: WORKING GROUP TO INFORM A RR METHODOLOGY



Cochrane Methods
Rapid Reviews

Trusted evidence.
Informed decisions.
Better health.


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Welcome to the **Cochrane Rapid Reviews Methods Group (RRMG)** website. The RRMG is one of 17 **Cochrane Method Groups** world-wide comprised of individuals with an interest and expertise in the science of systematic reviews.

While the concept of rapid evidence synthesis, or **rapid review (RR)**, is not novel, it remains a poorly understood and as yet ill-defined set of diverse methodologies supported by a paucity of published, available scientific literature. The speed with which RRs are gaining prominence and are being incorporated into urgent decision-making underscores the need to explore their characteristics and use further. While rapid review producers must answer the time-sensitive needs of the health decision makers they serve, they must simultaneously ensure that the scientific imperative of methodological rigor is satisfied. In order to adequately address this inherent tension, a need for methodological research and standard development has been identified. For these reasons, we have established the **Cochrane Rapid Reviews Methods Group (RRMG)** to better inform 'rapid review' methodology.

Cochrane News

- ◆ Cochrane seeks eight NIHR Network Support Fellows - various locations
- ◆ Featured Review: Saline irrigation for allergic rhinitis
- ◆ Announcing the winners of the Rosamund Snow Prize
- ◆ 2017 Journal Impact Factor for Cochrane Database of Systematic Reviews rises to 6.754

OUTCOMES: AND AGAIN, WIDE VARIABILITY OF NAMES, TYPES, DEFINITIONS AND METHODS...

						
Protocol	✓	Depending on the type of RP	✓	✓	?	✓
Timeframe	1 week-8 months	Days - 6 months max.	?	6 months max.	Days – several months	4 months max.
Screening	Single author if necessary	Single author + internal review also from IS	Peer reviewed	1 author + internal review	Peer review if possible	1 or 2 authors + internal review
Shortcuts	Scope, date, sources (databases, grey literature)	Scope, date, sources (databases, grey literature), English	Scope, date, sources (databases, grey literature), English	Scope, date, sources (databases, grey literature), language	?	Scope, date, sources (databases, grey literature), language
Sources	?	Pubmed; CL; CRD; major international HTA websites	Medline; Embase; Cinahl, and specific case by case	Medline; Embase; Central. Can be reduced if necessary	Suggested to focus on the pyramid of evidence	Medline; Embase; CL
Information Specialist (IS)	?	✓	“Extremely useful for Scoping reviews”	?	“Consider a librarian for the scope or search”	IS are an essential part of the team
Transparency	✓	✓	✓	✓	?	✓
End users	✓	✓	✓	✓	✓	✓

OUTCOMES: AND AGAIN, WIDE VARIABILITY OF NAMES, TYPES, DEFINITIONS AND METHODS...



- ✓ Inventories
- ✓ Rapid responses
- ✓ Rapid reviews
- ✓ Automated approaches



- ✓ Reference List
- ✓ Summary of abstracts
- ✓ Summary with critical appraisal
- ✓ Peer-reviewed summary with critical appraisal
- ✓ Rapid SR and meta-analysis
- ✓ Rapid HTA



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- ✓ Umbrella reviews
- ✓ Scoping reviews
- ✓ Mixed methods reviews

Key points of interest

- AHRQ: to create a repository for RR
- CADTH: PRESS _ Peer Review for Electronic Search Strategies
- WHO: Text mining techniques
- Big differences about how deep or detailed are those guidelines

OUTCOMES: NO CONSISTENCY IN THE METHODS AND RECOMMENDATIONS



OTHER STANDARDISATION INITIATIVES

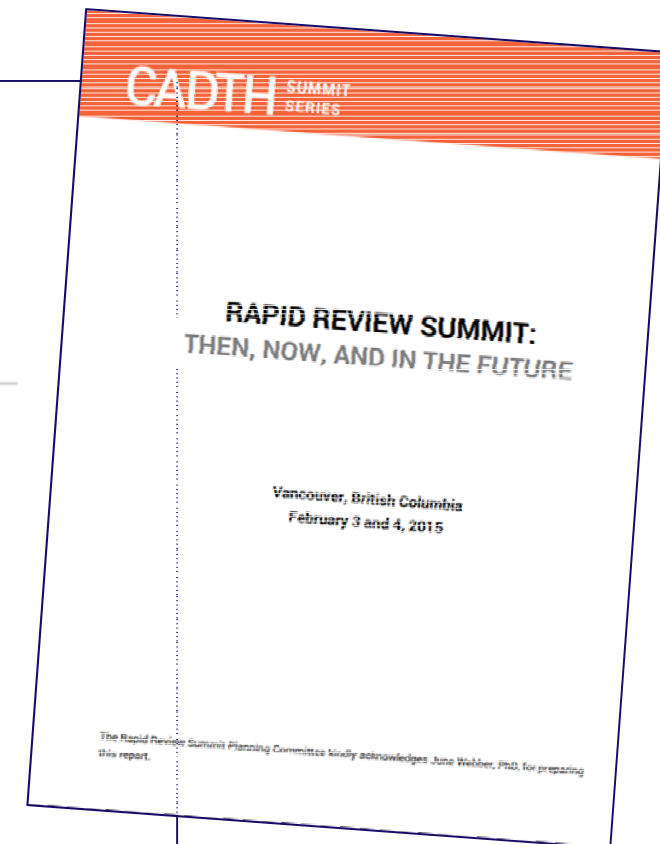
Rapid Review Summit: Then, Now, and in the Future Summary Report Available

Published on: May 25, 2015

Result type: News

In February 2015, CADTH hosted the Rapid Review Summit: Then, Now, and in the Future, in partnership with the British Columbia Ministry of Health, the Centre for Clinical Epidemiology and Evaluation (C2E2), the Ottawa Hospital Research Institute, and the University of Pennsylvania.

The purpose of the Summit was to focus on the evolving role of rapid reviews to support informed health care policy and clinical decision-making, including the uptake and use of health technology assessment. Approximately 150 participants attended, including knowledge producers and users of rapid reviews from a wide range of research and practice settings across Canada and internationally.



EVOLUTION

- ✓ Taxonomy
- ✓ Accuracy
- ✓ Appropriate
- ✓ Evaluation
- ✓ Repositories
- ✓ Tools and guidelines for consistency and uniformity

PRISMA: INITIATIVES FOR REPORTING



Enhancing the **QUALITY** and
Transparency Of health Research



EQUATOR resources in
[Portuguese](#) | [Spanish](#)

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[Home](#) > [Library](#) > Reporting guidelines under development

Reporting guidelines under development

The following guidelines are currently being developed:

- [REporting Manualised Interventions for Dissemination and Evaluation \(REMI\)](#)
- [CONSORT Extension for Social and Psychological Interventions: CONSORT-SPI](#)
- [STROBE checklist for conference abstracts](#)
- [Consort extension to stepped wedge cluster randomised controlled trial](#)
- [eMERGe – Meta-ethnography Reporting Guidelines](#)
- [Reporting Guidelines for IDEAL Prospective Development and Prospective Ex](#)
- [Checklist for the conduct and reporting of micro-costing studies in health care](#)
- [SPIRIT Extension for trials in Child Health: SPIRIT-C](#)
- [CONSORT Extension for trials in Child Health: CONSORT-C](#)
- [Preferred Reporting Items for Systematic reviews and Meta-Analysis – Report](#)
- [Preferred Reporting Items for Systematic reviews and Meta-Analysis – Protoc](#)
- [Reporting of orthotic \(splinting\) interventions](#)
- [Reporting guidelines for implementation research and operational research](#)
- [Reporting of Home Visiting Effectiveness/Efficacy Research \(RoHVER\)](#)
- [PRISMA-RR: an extension to PRISMA for rapid reviews](#)
- [Instrument for reporting of Planned Endpoints in Clinical Trials \(InsPECT\) – A](#)
reporting tool
- [SPIRIT Extension for N-of-1 Trial Protocols \(SPENT\)](#)
- [Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews \(PRISMA-ScR\)](#)

PRISMA-RR: an extension to PRISMA for rapid reviews (registered 4 November 2015)

This reporting guideline will address reporting for rapid reviews, including those with analogous terminology (e.g., rapid evidence synthesis, rapid knowledge synthesis).

- Read the [project protocol](#) (February 2018)
- September 2017 update: stage 1 of the guidance is for rapid reviews that include primary studies. Following completion of stage 1, guidance for rapid reviews that include secondary evidence, such as systematic reviews, will be developed and aligned with the development of the PRIOR reporting guideline (currently under development).
- Contact: Adrienne Stevens, adstevens@ohri.ca

Observational studies	STROBE	Extensions
Systematic reviews	PRISMA	Extensions
Case reports	CARE	Extensions
Qualitative research	SRQR	COREQ

Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) (registered 18 December 2015)

The objective is to develop a guideline to standardize the reporting of scoping reviews – Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR).

- Read the [executive summary](#)
- Website: <http://www.prisma-statement.org/Extensions/InDevelopment.aspx>
- Contact: Andrea C. Tricco PhD, Li Ka Shing Knowledge Institute of St. Michael's Hospital, 209 Victoria Street, Toronto, Ontario, M5B 1W8, Canada, tricco@smh.ca

Clinical practice guidelines	AGREE	RIGHT
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OTHER COMPREHENSIVE STUDIES AND RESOURCES

EVIDENT Guidance for Reviewing the Evidence: a compendium of methodological literature and websites

Dr Andrew Booth, BA Dipl Lib MSc PhD MCLIP School of Health & Related Research(ScHARR), University of Sheffield, United Kingdom for and on behalf of the EVIDENT Project

January 2015

Rapid-Reviews.info



COMMENTARY

Value of Information to help with the SR v RR debate?

I posted a post-Evidence Live blog last week which explored the notion of harms associated with doing rapid reviews (RRs). There is overlap from that post but I've had time to reflect and hopefully this will be better written. I've also added a vote!! It may need re-writing again, if you think it needs clarification then please let me know! The question I was asked ... [Continue reading](#)

JUNE 26, 2018 / 2 COMMENTS

COMMENTARY

Systematic versus rapid reviews – what about harms?

I was at the wonderful Evidence Live and presented on rapid reviews. One question came from the wonderful Iain Chalmers who asked about the potential for harm if health professionals followed the advice of a RR that was subsequently shown to be wrong. Later, in conversation, it became clear that 'wrong' meant a reversal of conclusion – so the SR might say the intervention is ... [Continue reading](#)

JUNE 21, 2018 / 1 COMMENT

Categories

[Article review](#)

[Autosynthesis](#)

[Background](#)

[Commentary](#)

[Community rapid review](#)

[Comparisons](#)

[Event](#)

[Example Rapid Review](#)

[Example RRs](#)

[List of articles](#)

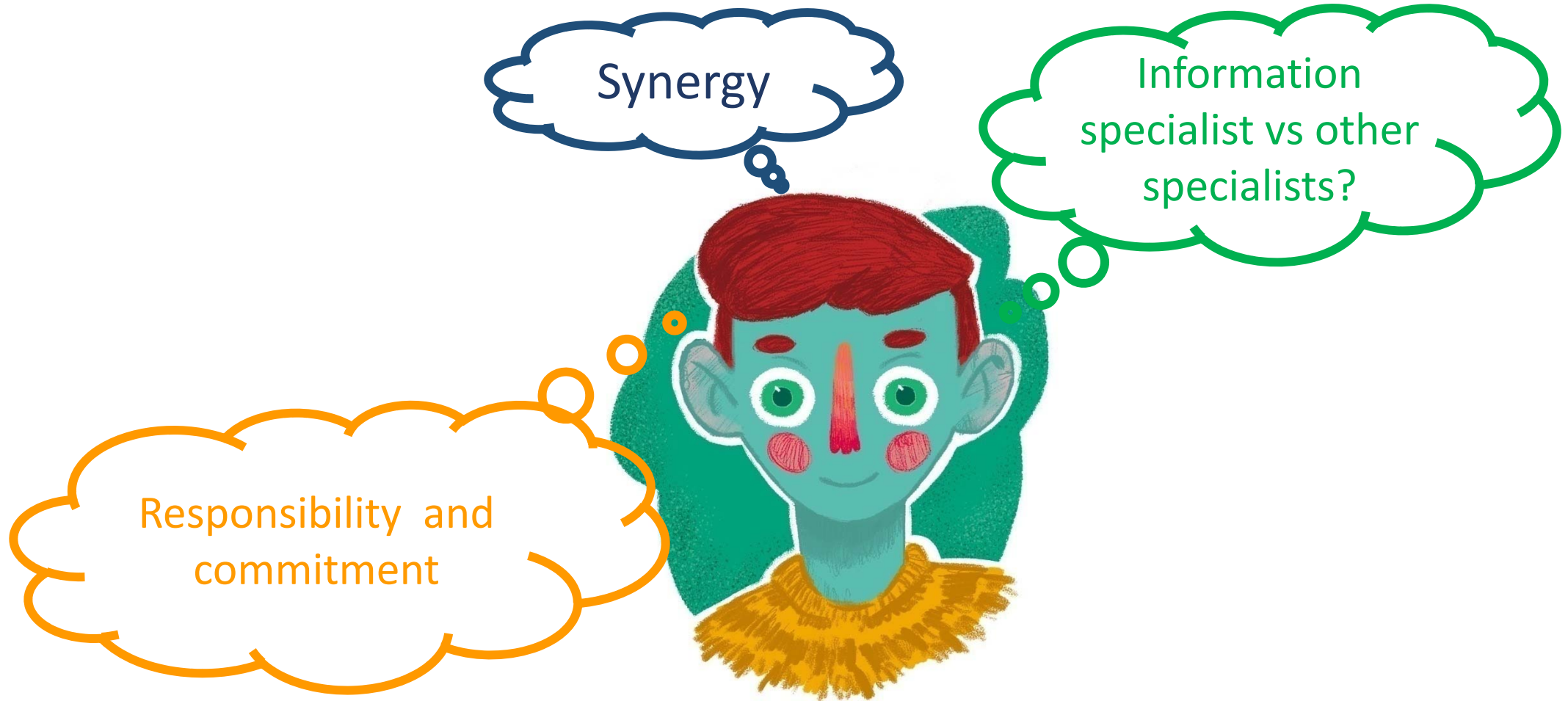
[New article](#)

[Overview](#)

CONCLUSIONS - REFLEXIONS

- ✓ There is not an accepted and validated terminology and taxonomy
- ✓ The number of guidelines and recommendations about how to perform rapid products has increased extremely, however there is any consensus
- ✓ Most of the recommendations highlighted the importance of being transparent (reporting!)
- ✓ End-users of rapid reviews should be consider from the beginning and at any stage of the development of any rapid products
- ✓ Finally, a repository for those kind of products should be developed (but who could/should be in charge?)

TO BE CONSIDERED...



THANK YOU FOR YOUR ATTENTION!

For further questions:

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Rebeca Isabel Gómez

rebeca.isabel.ext@juntadeandalucia.es

