



**Joint Synthesizing and Recommending  
 Working Group meeting**  
*Notes from MS Teams call on 14 August 2020*

*Chairs: Taryn Young and Ivan Florez*

<p><b>a. INTRODUCTIONS</b></p> <p><i>a. Welcome and objective of the meeting (Ivan)</i></p> <p><i>b. Recap of each Working Group’s terms of reference (Taryn, Ivan)          (can be found on the COVID-END website within each respective Working Groups’ pages - <a href="https://www.mcmasterforum.org/networks/covid-end">https://www.mcmasterforum.org/networks/covid-end</a>)</i></p>	<p>5 min</p>
<p><b>2. SPECIFIC ITEMS FOR DISCUSSION</b></p> <p><i>a. COVID-19 Outcome definitions. The selection of appropriate outcomes for measuring the effectiveness of interventions for systematic reviews (SRs), HTA and guidelines (CPGs). These outcomes need to be relevant to patients, policymakers and clinicians. Synthesis and Recommending WGs need to discuss how COVID END could collaborate to define and/or disseminate a list of core outcomes to consider when designing or using SRs, CPGs or HTA. (Lead: Ivan)</i></p> <ul style="list-style-type: none"> <li>• <i>Core issues with outcomes are the outcomes definitions used in reviews and outlined in guidelines, and especially when there is a large degree of heterogeneity in the COVID-related guidelines</i></li> <li>• <i>COMET initiative that has been leading the development and application of agreed standardized sets of outcomes, known as ‘core outcome sets’ (COS). Core outcome sets represent the minimum that should be measured and reported in all clinical trials of a specific condition, but COS are also suitable for use in routine care, clinical audit and research other than randomized trials</i></li> <li>• <i>COMET is undertaking the development of a ‘core outcome set’ in response to COVID-19</i></li> <li>• <i>In order to move forward with this, COVID-END and COMET might support each other at an organizational level.</i></li> <li>• <b>ACTION:</b> Small group (David Tovey, Nichole Taske and Ivan Florez) to take this conversation forward with Paula Williamson from COMET</li> </ul> <p><i>b. Network meta-analysis (NMA). NMAs have become an attractive tool to determine the relative effectiveness of interventions and preferred tools in some contexts for decision-making (clinical and policy levels). For COVID-19 there are some available living NMAs and some of them have start to produce results</i></p>	<p>40 min</p>

*and will definitely be key for decision-makers or to inform CPGS or HTA. Both Recommending and Synthesis WGs need to discuss specifically for NMAs what the role of COVID END in this specific product would be. The topic is a priority that would need to be addressed considering that the NMA methodology is relatively new, it is continuously under development and most of potential users and CPG/HTA developers do not have the necessary skills to assess the quality of NMAs. COVID END might be crucial in providing guidance on how to assess NMAs? (Lead: Per)*

- *Questions raised included:*
  - i. *Should there be media attention for network meta-analyses?*
  - ii. *What are the issues that users face in accessing network meta-analyses?*
  - iii. *How are users dealing with the varying quality of network meta-analyses?*
- *Currently, most systematic reviews published are rapid or network analysis. However, it can be concerning that there are many different quality assessments for different types of reviews as it complicates the process of data extraction and conducting a network meta-analysis*
- *For Epistemonikos, currently collecting reviews, however data extraction is proving to be difficult due to the different approaches and methodologies of the reviews (as stated above)*
- *There is potential for collaboration with Epistemonikos, although it may be wise to have a limited number of network meta-analyses to avoid duplication of effort. Rather than duplication, replication may be encouraged, especially in a methodological area of focus in which certain aspects are not commonly agreed on*
- *Teams within Epistemonikos conducting network meta analyses are willing to collaborate with COVID-END*

*c. Repository of existing COVID-19 guidelines (Lead: Cristián Mansilla, Kaelan Moat and John Lavis)*

- *1123 reviews have been harvested*
- *Included: 251 documents (considered the “best”/high quality through AMSTAR or GRADE profile, whether it’s a living review or not)*
- *Currently, there are 645 still to be assessed*
- *On COVID-END website, the taxonomy category is now ‘inventory of best evidence syntheses’*
- *It is becoming increasingly difficult to identify high quality reviews for the economic and social response due to the varying differences in methodologies*
- *For assessment, the process includes the date of last search, quality rating (currently not distinguishing the low threshold of quality for a review as there are few reviews in a particular area of focus), GRADE evidence profile, key findings (displayed through declarative titles) which flag any*

<p><i>ongoing academic debate. Extra columns include: Living evidence, type of syntheses, type of question</i></p> <ul style="list-style-type: none"> <li>• <i>Also co-development of living hub of hubs with the Africa Center for Evidence (ACE), which serves as a repository of any knowledge organizations publishing resources related to COVID-19, including syntheses and recommendations (can be found here: <a href="https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/living-hub-of-covid-19-knowledge-hubs">https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/living-hub-of-covid-19-knowledge-hubs</a>)</i></li> </ul> <p><i>d. Equity issues. The issue of equity in relation to evidence synthesis has been increasingly studied over the past few years, and is applicable on a number of levels in relation to the pandemic. Firstly, we are aware that there are disease and socio-economic factors that apply disproportionately to people living in low resource settings. In addition, the virus appears to be particularly dangerous for people in some communities, particularly those that are most vulnerable for other reasons such as comorbidity, poverty and poor baseline health. Finally there will be the question of whether different interventions exacerbate or minimise these inequities, or are more or less effective or harmful in certain groups and individuals. We would like to discuss this issue to determine the lessons for the synthesising and recommending groups, and in particular seek to identify areas where a joint or aligned approach is important (Lead: David)</i></p> <p><b>ACTION:</b> Equity issues to be discussed at the next joint Synthesizing- Recommending meeting</p>	
<p><b>3. EXPLORING NEXT STEPS</b></p>	<p>10 min</p>
<p><b>4. CLOSURE</b></p>	<p>5 min</p>