McMaster University | HEALTH FORUM

COVID-END COVID-19 Evidence Network to support Decision-making ... in Canada

COVID-19 existing resource response #1

(Last updated 20 December 2020)

Question

How can we best leverage existing resources to provide evidence-based advice on COVID-19 therapeutics and issue guidance statements to inform decision-makers and healthcare professionals on the use of pharmaceuticals for the treatment or chemoprophylaxis of COVID-19?

What we found

Based on the scoping call, the specific needs are: 1) efficient literature search processes; and 2) efficient GRADE evidence-profile production capability.

Response for efficient literature search processes

Several top literature searching teams are maintaining COVID-19 literature searching about drug treatments (see Table 1), and COVID-END in Canada connected Public Health Agency of Canada staff with two of the teams that are key COVID-END partners, both of which agreed to set up a mechanism to share their searches.

Response for efficient GRADE evidence-profile production capability

Three top evidence synthesis teams in the world are maintaining living evidence syntheses about drug treatments (see Table 2), and COVID-END in Canada connected PHAC staff with two of them, both of which agreed to share draft reports and one of which agreed to create new profiles if requested.

Box 1: Our approach

COVID-END in Canada responds to requests for evidence syntheses about topics related to COVID-19 that are likely to be explicitly considered by high-level decision-makers in multiple Canadian jurisdictions. This includes conducting rapid evidence profiles, living evidence profiles, rapid syntheses and living evidence syntheses. Examples of these evidence products can be viewed here.

Sometimes requests are submitted about questions that have already been addressed by one or more recently updated, high-quality evidence syntheses or will be addressed soon by work underway (e.g., through a rapid synthesis underway with or being planned by a Canadian team, registered synthesis protocol or CIHR funding to conduct a synthesis). In these situations, we prepare a response that profiles these existing resources. These responses are typically prepared by a combination of: 1) searching both the COVID-END domestic inventory and the COVID-END global inventory; and 2) contacting 40+ Canada evidence-synthesis teams to identify any additional resources or work underway that is relevant to the question posed in a request. Such an existing resource response is equivalent to a rapid evidence profile prepared with the same turn-around time.

We followed this approach to prepare this existing resource response, which was prepared in two business days (and hence the equivalent to a two-day rapid evidence profile) to inform next steps in evidence synthesis, guideline development and/or decision-making related to the question that was posed.

Table 1: Top literature searching teams maintaining COVID-19 literature searching about drug treatments

Groups leading COVID-19 literature search processes (and key contacts)	Willing to share searches
Health Information Research Unit, McMaster • Evidence service: COVID-19 Evidence Alerts • Senior scientific contact for the team: Alfonso Iorio (iorioa@mcmaster.ca)	• Yes, and they are now sharing feeds for three types of content – therapeutic and biological trials, vaccine trials, and guidelines – at three time points: 1) on first capturing (usually within 24 hrs from first appearance in PubMed); 2) when quality criteria are met; and 3) when relevance ratings are added
Epistemonikos • Evidence service: Epistemonikos and its L*VE platform • Senior scientific contact for the team: Gabriel Rada (radagabriel@gmail.com)	• Yes

Table 2: Top evidence synthesis teams in the world maintaining living evidence syntheses about drug treatments

Groups leading a living evidence synthesis focused on drug treatments (and key contacts)	Willing to share GRADE evidence profiles before publication if requested	Willing to prepare GRADE evidence profiles under contract if requested and no current plan to prioritize one
McMaster • First edition and updates: BMJ • Senior staff contact: Jessica Bartoszko (bartosj@mcmaster.ca) • Senior scientific contact for the bigger team: Romina Brignardello Petersen (rominabp@gmail.com)	• Yes	• Yes
COVID-NMA • COVID-END intermediary: David Tovey, senior advisor to both COVID-END and COVID-NMA (daviditovey@gmail.com) • General contact: Isabelle Boutron (isabelle.boutron@aphp.fr)	• Yes	• Not asked given above team is based in Canada and willing to do the work if requested
Copenhagen trial unit • Most recent edition of the living review: second edition • Senior scientific contact for the bigger team: Sophie Juul (sophie.juul@ctu.dk)	• Not approached given above teams addressed the question	• Not approached given above teams addressed the question

Lavis JN. COVID-END in Canada existing resource response #1: How can we best leverage existing resources to provide evidence-based advice on COVID-19 therapeutics and issue guidance statements to inform decision-makers and healthcare professionals on the use of pharmaceuticals for the treatment or chemoprophylaxis of COVID-19?. Hamilton: McMaster Health Forum, COVID-END in Canada, 20 December 2020.

The COVID-19 Evidence Network to support Decision-making (COVID-END) is supported by an investment from the Government of Canada through the Canadian Institutes of Health Research (CIHR). To help Canadian decision-makers as they respond to unprecedented challenges related to the COVID-19 pandemic, COVID-END in Canada is preparing rapid evidence responses like this one. The opinions, results, and conclusions are those of the evidence-synthesis team that prepared the rapid response, and are independent of the Government of Canada and CIHR. No endorsement by the Government of Canada or CIHR is intended or should be inferred.

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