

1. PARTICIPATING IN CALL

Alric Ruther
David Tovey
Ivan Florez
Jerry Osheroff
Ludovic Reveiz
Michael McCaul
Mireille Goetghebeur
Newman Dieyi
Nichole Taske
Per Olav Vandvik
Sandra Zelman Lewis
Xuan Yu

Secretariat: Anna Dion, David Tovey, Safa Al-Khateeb

2. FOLLOW-UP ON ACTION ITEMS

- a. Update on collaboration between ACTS-EPC initiative and COVID-END, and discussion on evidence supply chain*
- Ivan provided a brief update on collaboration discussion between the ACTS project and COVID-END*

ACTION ITEM: Zac, Michael, Jerry and Ivan to follow-up on discussion. Safa to help support meeting coordination

3. RAPID/LIVING REVIEWS AND GUIDELINE EFFORTS *[Per]*

- a. BMJ Rapid Recommendations on COVID-19 (joint collaboration with WHO)*
- Per walked through the evidence ecosystem and production of guidelines in this space*
 - Guidelines production before COVID-19 was within 3 months*
 - Currently working with Norwegian government to move from new evidence around treatments to guidance (for 4 key COVID-related treatment) in 4 weeks, without skipping any steps of trustworthy process*
 - Critical to speed of process to agree on process, organized upfront, build shared trust and collaboration across organizations (standing committee, NMA committee, working with publisher willing to innovate in their process)*
 - Week 1: living NMA informed by guideline panel; committee standard to feed into guideline panel.*

- *Week 2: discuss evidence and make recommendations.*
- *Week 2-4: goes to peer review, open access in pre-prints and in MAGIC app to support access and public comments, adaptation across to other countries and health systems*
- *NMA helpful to assess comparative effectiveness, as rarely find a review that answers the questions of the guideline developers*
- *Core platforms and players include WHO, Norway (through national HTA system)*
- *In Norway, recommendations separate process from HTA (though do share reports)*
- *Potential to coordinate HTA into this process. National HTAs informed by living NMA, informs selection of outcomes*
- *Jerry and Per agreed that interests overlap with ACTS focus on living clinical decision support project as conceptually related processes*
- *Important to coordinate across different questions and topics, as well as evidence and guidance.*
- *Each country wants to develop own review; but collaboration in use of reviews; many different SRs, published across platforms, with different standards. Effort around coordination in production. (many focus on few questions) don't feel that addressing duplication at that point*
- *Opportunity for coordination in identifying where people can get resources around living guidelines*
 - *Australian living guidelines (<https://covid19evidence.net.au>) Structured evidence and recommendations; update recommendations weekly (update based on NMA data)*
- *Unless guideline developers and synthesizers work closely together, guideline developers won't get what they need from existing evidence processes*
- *Many challenges to support coordination across organizations and governments (e.g. depending on who is on the recommending panel will shape the recommendations (organizations not trust or use recommendation without re-doing their own panel).*
- *Opportunities to shortcut some processes by sharing documentation (e.g. shared repository of systematic reviews, sharing joint assessment (and other) reports that would be understandable by EUnetHTA and MAGIC)*
- *Alric shared that INAHTA is launching open access database of COVID-specific HTA reports from members and beyond.*
- *WHO is coordinating commission to centralize studies and large trial with multiple and dynamic testing arms. HTA to help identify gaps and inform future studies*
- *Opportunity for working group to play coordination role across this space*

4. UPDATE ON ASSESSMENT OF THE QUALITY/TRUSTWORTHINESS OF CPGs

[Ivan]

- a. *Discussion around relevance for COVID-related guidelines and what would be defined as “good enough” trustworthy guidelines in context of COVID-19*

- *Currently identified 150 guidelines, collaborating with group in Middle East to assess quality*
- *Currently focused on the 30-35 guidelines for critical care management*
- *Newman leading quality assessment effort*

5. DEVELOPING A DOCUMENT OF COVID-RELATED GUIDELINES AND GUIDELINE DEVELOPMENT

- Develop a resource and tool document similar to that prepared by Synthesizing Working Group – from items 1, 2 and 3
(<https://www.mcmasterforum.org/networks/covid-end/working-groups/recommending>)*
- Interactive flowchart for COVID-19 guidance processes adapted from work by Synthesizing Working Group
(see attachment 3 and <https://www.mcmasterforum.org/networks/covid-end/resources-for-researchers/interactive-flow-diagram>)*

- *David walked through the guidance document developed by the Synthesizing working group*
- *Michael walked through a decision algorithm to support guideline development developed by Cochrane South Africa and Stellenbosch University as a potential starting point for a similar product by Recommending working group*

ACTION ITEM: Ivan and Michael to work on developing a first draft of recommending guidance document

- *Once developed, critical opportunity to integrate across guideline and synthesizing decision algorithms*
- *Opportunity to develop similar resource for HT, with content linking across synthesizing and recommending, such as living and interactive flow chart*

6. ANY OTHER BUSINESS

- Breaks in meetings schedule for partners, co-chairs and working groups:
June 29th – July 3rd
August 3rd – August 7th
August 31st – September 4th*