

## 1. JOINT SYNTHESIZING-RECOMMENDING MEETING

### a. Ideas for agenda items for next meeting (October 30<sup>th</sup>)

- Meeting to be re-scheduled to November 6<sup>th</sup>
- Suggested topics:
  - update on equity work and how it could inform and contribute to work with in Recommending and Synthesizing groups
  - horizon scanning and how to prioritize living systematic review (and avoid duplication of effort)
  - thinking through communication and dissemination (e.g. listserve, webinars) and how best to share these products
  - overview of high-quality SRs and NMA on COVID relevant issues with thought around how can feed into guideline and HTA communities (could be done through COVID-END inventory group, along with other partners (e.g. Epistemonikos) but David to think through in more detail)
  - Brian Alper (COKA) is leading work on computerized meta-analysis (related to steroids to COVID-19) with links to the ACTS collaborative; possible connections to work within Synthesizing and Recommending groups ([Steroids for COVID-19 Systematic Meta-Review Protocol](#); [slides](#))
  - consolidating definitions around living systematic reviews (when to identify a review as living and what qualifies as living, when to retire from being 'living' vs still updating but not living, when should we not do a living review, for example when evidence is stable or when shift in evidence is too disruptive for the health system trying to implement recommendations)
  - having honest discussion about barriers to greater coordination (many within COVID-END and this group are still carrying out own reviews despite being committed to greater coordination)
    - some replication is necessary but still too much replication in COVID space, particularly around living SRs and NMA
    - issues of trust and IP for reviews, but in lower resource settings, many don't have capacity to do these reviews, though often can contribute and build from review
    - need to continue facilitate finding high quality reviews (to counter epidemic of flawed SRs)
    - foster explicit agreement to build structure that supports people to generously collaborate in real time; in COVID context, we agree on the outcomes but are still duplicating

- Tamara suggested organizing around vaccine evidence as an opportunity to coordinate fewer reviews, as an issue that could engage many in the working group and across COVID-END
  - suggested including this as part of next joint meeting; exploring with synthesizing working group if there are high skilled groups already taking this on.
  - be clear about advantages of greater coordination and dangers of not coordinating
  - advocate with major journals to have a shared paper across multiple journals to present more unified evidence base
  - critical to have HTA engagement for vaccine implementation and decision-making in how HTA organizations and guideline organizations can make use of this information
- Group agreed to continue to thinking this through, with potential to bring to COVID-END secretariat and partners group to discuss at Recommending working group meeting next and then again at joint meeting with Synthesizing working group

**ACTION: Safa to send calendar invites for November 6<sup>th</sup> joint meeting**

**ACTION: David to share paper on when to support replication of reviews**

**ACTION: David and Taryn to explore additional topics at next week's Synthesizing meeting and share back with Ivan and Per**

## 2. GUIDELINES DOCUMENT

### a. Final comments/feedback

- Ivan thanked all those who have provided comments and especially to Michael for coordinating and leading the development of the guideline document
- Ivan and Michael to review recent comments provided by Sandy, Per and David with the hope of sharing out a final version on Monday October 26<sup>th</sup>
- Will welcome any final comments by Friday October 30<sup>th</sup> after which a small team will do the final edits before passing onto the Secretariat for their review
- Comments from the group included:
  - having clear definitions of living reviews and their contributions to guidelines (text and references suggested by Per by email)
  - including a brief section on implementation of guidelines, not to be addressed in detail in this version of the document, but possibly in a future iteration. Suggested text (provided by Jerry Osheroff) provided below:

“Guideline development should unfold in light of the needs and constraints of guideline implementers, and ideally in collaboration with them. Over the last several years the US CDC has lead the multistakeholder "Adapting Clinical Guidelines for the Digital Age [<https://www.cdc.gov/ddphss/clinical-guidelines/index.html>]" initiative that has provided strategies and tools for doing this in an 'agile' fashion while making guidance computable. Building on this and related work, the US AHRQ has formed the multi-stakeholder "ACTS COVID-19 Guidance to Action Collaborative" [<https://covid-acts.ahrq.gov/pages/viewpage.action?pageId=13605905>]. This Collaborative's goal is to help stakeholders in the US and other countries together to improve the flow from COVID-19 studies to systematic reviews to guidelines to action and then to results that feed back into new evidence. A particular focus is ensuring that

evidence-based living guidance is broadly applied to improve care delivery processes and outcomes. The Collaborative's Participant Window pages [<https://covid-acts.ahrq.gov/display/CLC/Participant+Window+Summary>] outline efforts toward this goal; these details are intended to support others working to successfully implement clinical guidance and address other knowledge ecosystem steps.”

**ACTION: Ivan to share revised document out to group early next week.**

**ACTION: All working group members to provide final feedback on document**

### **3. NEXT STEPS FOR WORKING GROUP**

- a. Discuss ideas and topics to address as a working group

### **4. ANY OTHER BUSINESS**