

1. INTRODUCTIONS

As Chair, David welcomed participants and introduced Dr. Allison Tong, Sydney School of Public Health, University of Sydney, Australia, who joined the meeting as a guest presenter

Please find a recording of this meeting here:

https://drive.google.com/file/d/1P0G7gYtJ4Cw_aVK2iOnXwgL8jLWWRB4j/view?usp=sharing

2. FOLLOW-UP ON ACTION ITEMS

- a. Review previous meeting notes and action items from August 14th*
 - David reviewed notes from previous joint meeting (see attachment 2)*
 - Will follow-up on possibility of having Paula Williamson join a future meeting to share work on core outcomes set for prevention; currently presenting publication to their Steering Committee. Interest in inviting COVID-END partners to participate in next round of Delphi surveys*

3. SPECIFIC ITEMS FOR DISCUSSION

- 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: Allison Tong)*
(see attachments 3 & 4)
 - Allison shared her presentation of developing core outcomes developed collaboratively with clinicians, researchers, decision-makers, funders, patients, families and the public.*
 - Outcomes set centered around mortality, respiratory failure, multiorgan failure, shortness of breath and recovery are of priority and shared interest across stakeholder groups*
 - Several participants shared questions or comments:*
 - David commented on similarity between shortness of breath and respiratory failure, and improvement vs. recovery and potential for blending between measures. Allison highlighted that respiratory failure follows WHO scale, while shortness of breath is a patient reported outcome- measures are certainly related but emerge from different perspectives. Recovery defined as no longer having symptoms and returning to previous state of health. Many trials look at this as*

discharge from hospital and negative testing whereas patients emphasize improvement in health status as priority. Both shortness of breath and recovery (both patient reported outcomes) were newly identified outcomes through this work

- *Elie highlighted challenge in using multi-organ failure as core outcome set, as it has some overlap with respiratory failure and is an infrequent outcome for trials. Allison highlighted scales often used to classify multi-organ failure (SOFA and MAUD scales), some consider sepsis as related to multi-organ failure*
- *Elie asked how this group is working to translate findings to influence primary studies. Allison shared that they are working to translate findings into national evidence taskforce, and working with NIH and clinicaltrials.gov to integrate into databases. This primarily falls under the work of implementation focused group within COMET*
- *Elie also highlighted importance of having a strong understanding of baseline risk of core outcomes to capture absolute effects of interventions (e.g. SR of baseline risk for core outcomes)*
- *Allison also highlighted that priorities can evolve. This work was completed when there was little awareness of longer-term effects of COVID; many patients prioritize immunity post-COVID as a way to combat the stigma of having had COVID*
- *Allison offered to share specific measures (WHO respiratory failure scale, adapted MMRC for shortness of breath and recovery measure) those some of these are still being field tested (NOTE: these can be shared within teams, but not to be distributed further)*

*b. 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)*

- *David shared interest in equity across COVID-END, highlighting inclusive approach to developing core outcomes set, with particular interest in addressing needs in low-income and vulnerable populations*
- *Mireille suggested including cost of interventions as a practical and feasible approach to address equity, for example, including statement of cost or affordability within repository. Decision-makers need to have idea of efficacy and investment, beyond cost effectiveness; can think about some range to allow people to think about whether it fits within their capacity.*

- *Several members of the group emphasized that cost of interventions (affordability) is different than cost effectiveness, which has often been the standard measure for cost considerations. Including cost (as opposed to cost effectiveness) may be seen as a statement in itself (as it is a little bit taboo to include cost)*
- *In some countries, drug prices are not publicly available (not confidential, but sometimes hidden). Mireille shared that at INESSS, required to look at cost effectiveness and fairness of price, but is politically challenging, as some suggest that cannot give price to life; make decision just on cost, however COVID is forcing us to be more practical in decision-making; addressing real hurdle of decision-makers.*
- *Suggested that this discussion continue as part of the equity working group, with support from those in Recommending working group*

4. EXPLORING NEXT STEPS

- a. *Equity working group to explore equity concerns, set up by Vivian Welch, Andrea Tricco and Anna Dion*
- *Emphasized that anyone who would like to join to please let Anna know*

5. CLOSURE

- *David welcomed comments about continuing joint recommending-synthesizing groups, frequency of meetings*