



**Participating on call**

*Andrea Tricco  
Cheow Peng Ooi  
Cristian Mansilla  
David Tovey  
Gabriel Rada  
Gunn Vist  
Karla Soares-Weiser  
Nikita Burke  
Stephanie Chang*

*Secretariat: Anna Dion and Safa Al-Khateeb*

**1. FOLLOW-UP ON ACTION ITEMS**

- *David reviewed notes from last week's meeting. Confirmed that the interactive Synthesizing resource document is fully operational on the website. Have received some suggestions for changes but will gather any further changes and to make them all at once in 2-3 weeks*

**2. QUALITY ASSESSMENT OF REVIEWS**

- *Group discussed need for additional tools to assess qualitative and complex reviews*
- *David reminded the group that had discussed differences between AMSTAR 1 and 2 last week*
- *Several people agreed that AMSTAR 1 offers efficient way to assess core components*
- *Emphasized value of having common quality framework so that people aren't using significantly different approaches to assessing quality, but recognized that different contexts and decision-making needs may require different quality assessment tools, so not to be too restrictive or prescriptive*
- *Group also emphasized importance of distinguishing between quality of review and uncertain evidence- importance of clear communication for decision-making*
- *How findings from a tool will be communicated; and how they will be communicated for decision-making*

**4. SHARING EVIDENCE TABLES**

- a. How can this term of reference be addressed?*

- i. Term of reference 3. Share evidence tables that can be used in local guideline-development processes (or local evidence-contextualization processes more generally)*
- b. What are the obstacles?*
- c. How can these be overcome?*
- d. Where should these be stored/curated? SRDR has been proposed by Stephanie Chang, however should COVID-END have a role in this?*

- *Already possible to share evidence tables through GRADEPro, database of GRADE tables publicly accessible*
- *Not all reviews use GRADEPro, would need to expand what is accepted or identify other repository for other kinds of reviews*
- *Given the rate of change in evidence, using and maintaining soft tables may be more complicated than starting from scratch (e.g. requires figuring out if table is up to date, what evidence is in the table)*
- *Other alternative is to share raw data that feeds into table in a structured way, similar to way to share data through Revman*
- *Evidence table needs to be connected to systematic review (tables are as up to data as the study)*
  
- *Stephanie shared a brief description of the Systematic Review Data Repository (SRDR) <https://srdhr.ahrq.gov/>, funded by AHRQ and hosted by EPC at Brown University. Repository stores underlying study data from systematic reviews as it would go into data extraction form. Currently hosts all EPC data, but anyone can contribute and extract. Open access, under creative commons license.*
- *SRDRPlus under development, <https://srdhrplus.ahrq.gov/>, which will include storage of summary of findings tables, link into GRADEPro and MAGICapp among others to link into living reviews*
  
- *Also need to capture other domains of GRADE decision framework (e.g. feasibility, reasonableness, etc.), though may fall more within scope of Recommending working group*
- *Gabriel shared information about evidence matrix to compare between reviews to support judgments about best available reviews.*
- *With additional coordination across existing infrastructure within evidence synthesis workflow, community could support greater data sharing with processes for continuous updating*

## 5. LIVING REVIEWS

- a. What are the criteria for nominating a review as “living” in the context of COVID-19?*
- b. Are these allied to key process steps?*

- *Conventional approach to updating reviews every 3 months not applicable to COVID-19 context; change of evidence too fast and broad*
- *Karla shared on-going discussions with WHO and relevant stakeholders to identify immediate as well as forward looking priorities to identify which reviews should be updated regularly, recognizing that not all rapid reviews can be living. Considering potential for health impact, potential for change in evidence, potential influence on decision-making*
- *COVID-NMA has been helpful to inform this process, demonstrating dynamic nature of evidence*
- *Andrea explained that decision to make reviews living for their group is decision-maker driven. Have asked all decision-makers involved in current set of ~10 reviews if want to make living, but none have taken up offer. Priorities changing daily, may not have capacity to adapt and adjust. Canadian Agency for Drugs and Technology in Health (CADTH) have taken on task of making several of their existing reviews into living reviews*
- *RIS file as a start of building connections across repositories, but clear added value to end user still needs to be demonstrated*

#### 6. ANY OTHER BUSINESS

- a. For next meeting on July 8<sup>th</sup>: Addressing equity in COVID-19 reviews. Can guidance be developed on this?*
- b. Addressing next priorities outlined in the terms of reference*