

Integrating Bodies of Evidence: Existing Systematic Reviews and Primary Studies

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Preface

The Agency for Healthcare Research and Quality (AHRQ), through its Evidence-based Practice Centers (EPCs), sponsors the development of evidence reports and technology assessments to assist public- and private-sector organizations in their efforts to improve the quality of health care in the United States. The reports and assessments provide organizations with comprehensive, science-based information on common, costly medical conditions and new health care technologies and strategies. The EPCs systematically review the relevant scientific literature on topics assigned to them by AHRQ and conduct additional analyses when appropriate prior to developing their reports and assessments.

To improve the scientific rigor of these evidence reports, AHRQ supports empiric research by the EPCs to help understand or improve complex methodologic issues in systematic reviews. These methods research projects are intended to contribute to the research base in and be used to improve the science of systematic reviews. They are not intended to be guidance to the EPC program, although they may be considered by EPCs along with other scientific research when determining EPC program methods guidance.

AHRQ expects that the EPC evidence reports and technology assessments will inform individual health plans, providers, and purchasers and the health care system as a whole by providing important information to help improve health care quality. The reports undergo peer review prior to their release as a final report.

We welcome comments on this Methods Research Project. They may be sent by mail to the Task Order Officer named below at: Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, or by e-mail to epc@ahrq.hhs.gov.

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Peer Reviewers

Introduction

In 2008, recognizing the exponential growth in the number of systematic reviews being published, the need to update existing reviews, and the increasing constraint of resources, a group of researchers across the AHRQ EPC program developed preliminary guidance on the appropriate role of existing reviews in developing new reviews on related topics.¹ This work identified a series of issues to consider and developed guidance to address some of these issues, which subsequently became codified as a chapter in the AHRQ EPC Program Methods Guide.²

In 2012, an EPC Methods Workgroup sought to identify remaining challenges in integrating existing systematic reviews into new reviews. The Workgroup conducted targeted scans of published and grey literature to identify guidance used or offered by organizations dedicated to conducting systematic reviews or improving the systematic review process.^{3,4} Discussions with EPC directors and staff were conducted to identify ways EPCs have found and used existing systematic reviews. The Workgroup identified eight areas where additional guidance is needed for reviewers completing reviews for topics with existing reviews:

- Criteria to identify when a new EPC review will add value to a field with many existing reviews;
- Organizing principles for integrating primary and secondary (systematic review-level) evidence, (including templates for evidence tables);
- Guidelines for transparently reporting the methods used to identify, select, and decide how best to utilize existing systematic reviews;
- Methods for minimizing bias in selecting prior reviews to use or integrate when there are multiple existing reviews;
- Methods for minimizing bias in incorporating selected portions of an existing review;
- Qualitative and quantitative methods for summarizing bodies of evidence that include a systematic review as the only or as one source of evidence;
- Robust quality assessments for existing systematic reviews (beyond AMSTAR), and;
- Methods to grade the strength of evidence for bodies of evidence that include a systematic review as the only or as one source of evidence.

We convened a new Workgroup in 2013 to develop recommendations on several of these areas that the EPCs had identified as most pressing. Specifically, we focused on methods for selecting reviews, assessing risk of bias of primary studies in existing reviews, synthesizing evidence, and summarizing and assessing the strength of bodies of evidence that include or are limited to existing systematic reviews.

Methods

Approach

We assembled a workgroup of EPC methodologists to develop recommendations on the integration of existing systematic reviews in new reviews, building on the work of the previous EPC Methods Workgroup. We sought information from an updated scan of the literature and interviews with leaders in the field to inform consensus recommendations developed through twice monthly conference calls.

Literature Search

The Scientific Resource Center (SRC) provides support for the AHRQ EPC Program for the advancement of scientific methods, strategic planning, peer review, topic nomination and education. As part of this work, the SRC curates a bibliographic database of nearly 10,000 citations on the methodology of systematic reviews and comparative effectiveness research, dating back to the 1950s. We searched this database (22 April 2014) for publications that included any of the following terms in the title, abstract, or descriptor: Overview; Umbrella; Review of review; Use of secondary studies; Discordant review; Incorporating review; Multiple systematic review; Review of systematic review; Relevant review; Synthesis of systematic review; Secondary evidence; Synopsis of systematic; Synopsis of review. We retrieved 470 citations. Citations were screened first by the SRC informationist to remove material clearly not relevant and then by at least one member of the Workgroup. We sought any literature that could inform discussions and thus did not apply strict eligibility criteria.

Key Informant Interviews

We invited systematic reviewers, representatives from organizations that produce systematic reviews and methodologists to participate in 60-minute telephone interviews. Workgroup members interviewed 11 of these “key informants” (KIs) from various systematic review organizations (Appendix A). Each KI completed a conflict of interest disclosure form prior to participation. Prior to initiating the interviews, we developed and piloted an interview guide to focus the interviews (Appendix B), which includes a brief introduction of the background of the workgroup, the purpose of the interview, and interview questions. KIs were sent this interview guide prior to the call. The interview questions covered three general topics:

- Approaches for using multiple existing reviews,
- Challenges to assessing risk of bias, and
- Challenges to grading strength of evidence.

Five scenarios depicting a range of approaches to integrating an existing review into a new review were used to help frame the discussions. These scenarios, which assume that at least one

relevant existing review has been identified that is considered of acceptable quality, are not mutually exclusive:

- Scenario 1: Use review without modifying or adding new studies
- Scenario 2: Use review and add new studies
- Scenario 3: Use review with new or modified analysis
- Scenario 4: Use selected elements of review
- Scenario 5: Do not use review

Each interview was recorded and transcribed. One investigator analyzed transcripts of the interviews for key themes using NVivo software and these themes were reviewed by at least one other investigator. In the Results section, we present the themes by the three general topics described above. More detail about the issues focused on within each of the themes is provided in Appendix C, organized by both general topics and scenarios.

Results

Literature Search

After screening the 470 citations from the methods research database, we identified no literature relevant to informing our discussions, other than the previous EPC methods work.¹⁻⁴

Synthesis of Key Informant Interviews

We interviewed 11 KIs from various organizations that conduct systematic review. While one organization noted that it chooses not to include any existing systematic reviews in its reviews, most organizations described a process to evaluate and include existing reviews, though none of them has published guidance on this issue. One organization mentioned using the prior EPC methods work in this area.¹ Key themes from the interviews are discussed by the three general topics in this section and more detail is presented in Appendix C.

Using Multiple Existing Reviews

KIs reported that it is common to identify multiple relevant existing systematic reviews and that they would typically use the “best” review rather than include all existing reviews. KIs cited several considerations in deciding which, among a group of reviews, was the “best.” In general, they noted that priority is given to reviews that most closely match the current review; scope (populations, interventions, and outcomes of interest), inclusion/exclusion criteria, and methods. If an existing review matches only some characteristics of the current review, elements of the existing review might be incorporated or the existing review might only need to be supplemented with additional studies. However, “empty” reviews, that is, those with very little evidence, regardless of their relevance and quality, might not be used at all.

In addition, KIs noted the importance of considering the quality and recency of the existing systematic review(s) in selecting reviews and in deciding how to use existing reviews. KIs most often reported that the AMSTAR tool was used to rate the quality of systematic reviews, though they recognized that it has some limitations. Some organizations pick the most recent review with the highest AMSTAR score, while others set an absolute threshold for the AMSTAR score, such as a score greater than eight. Some organizations would also consider whether the review was produced by a reputable source, and do not use reviews with perceived bias or conflict of interest, for example, industry funded reviews.

Reviews that meet the quality threshold may be used in a variety of ways. The currency of the report and, for some KIs, the likelihood that new studies might change the conclusions, helped to determine what elements or how much of the prior review was used or if the existing review was used at all.

KIs indicated that transparency and level of detail reported in the existing reviews was critical for evaluating whether and/or how to use an existing review. Adequate details need to be reported to effectively assess the fit, quality, and recency of the review. Details about how the

statistical analyses were conducted in the existing review are important to KIs so they can assess whether an analysis was adequate and appropriate for the research questions or current standards. If an existing review does not provide sufficient details, KIs said they may not use the review at all or may not use the earlier analysis, and instead would newly conduct their own.

KIs noted that the presence of substantial or unexplained discordance among prior reviews was worrisome and could be interpreted as a signal to conduct a new review. Still, KIs expressed the belief that it is important to acknowledge and discuss discordant reviews in the new review, even if they are not formally “included” as evidence in the new review.

Risk of Bias

KIs noted that assessments of the risk of bias (ROB) of individual studies are among the key findings of a systematic review. Most KIs noted that the tools for assessing the quality of an existing systematic review were not adequate to determine whether the ROB of the individual studies could be used in the current review. The two most important considerations for KIs in determining whether to use the ROB assessment from an existing review were the type of ROB tool used and the transparency of the description of study ROB. KIs also reported that they had more confidence in the ROB assessments in a review conducted by a source that they consider trustworthy (most frequently cited examples were The Cochrane Collaboration and the EPC Program). While KIs said that an existing review need not have used the same ROB tool that will be used in the current review, the existing review needs to have used a tool that is widely accepted and that the review team considers appropriate for the given study design. The importance of transparency was emphasized by all KIs; the ROB tool should have been described in the methods section and study level details that are provided should allow for the reassessment of ROB for a sample of studies. The combination of an acceptable RoB tool, sufficient details about the process of assessment, and agreement on RoB ratings from the sample of studies typically is sufficient for KIs to accept the ratings of the whole review. However, not trusting and therefore needing to redo the ROB assessment would result in questioning whether the existing review could be used at all.

Grading of Evidence

KIs reported a wide range of practices for using the strength of evidence (SOE) grades from an existing review. As with ROB assessment, the importance of transparency—i.e. being able to understand the factors underlying the strength of evidence grading—was emphasized. Some organizations reported using the existing grading of a prior review if the assessment is described in sufficient detail. Other organizations always complete the SOE grading again using their own criteria and judgment.

Recommendations

Our recommendations appear below in *boldface and italics*.

Selecting Reviews

The incorporation of existing systematic review(s) into a current systematic review assumes the identification of relevant reviews of sufficient quality. We refer readers to search filters for identifying systematic reviews, such as those found on the InterTASC Information Specialists' Sub-Group Search Filter Resource site.⁵ Our scope did not include the assessment of such filters. In addition, further research is needed regarding the type of searching that would be necessary or optimal. For instance, it is not known if full comprehensive searches, as we conduct for primary studies, are needed to identify systematic reviews. The implications of identifying existing systematic reviews from only certain sources, such as those considered high quality like The Cochrane Collaboration, are also unknown.

It cannot be assumed that a report called a systematic review is, in fact, a systematic review. Reports need to be screened in full text to identify systematic reviews. Although we found no validated set of criteria to conduct such screening, we would consider the following as minimum criteria based on standard definitions of systematic reviews:^{6,7} (i) presence of explicit and adequate search, (ii) applied pre-defined eligibility criteria, (iii) consideration of quality of included studies or ROB assessment, and (iv) synthesis or attempt to synthesize the findings, either quantitatively and/or qualitatively.

Existing reviews should be confirmed as systematic reviews through the application of a minimum set of eligibility criteria. We propose that the minimum eligibility criteria for systematic reviews include an explicit and adequate search, application of pre-defined eligibility criteria to select studies, risk of bias assessment for included studies, and synthesis of results.

The identification of multiple prior systematic reviews presents uncertainties. While it is important for systematic reviewers to consider all potentially relevant primary studies, it may not be the case that all potentially relevant prior systematic reviews should be considered. It is more important to assess and include prior reviews that are most relevant and of high quality than to attempt to include all reviews. Several factors can be considered in assessing relevance, including the recency of the review, and its methods. Relevancy should be assessed using the PICOT (population, intervention, comparison, outcome, time) framework for the review question. Older reviews may be less useful to use if they use older versions of ROB tools or older methods for ROB assessment. Other factors to consider in the existing review(s) include whether details about the characteristics of included studies, ROB and study-level data are provided. Details about excluded studies, such as in a PRISMA diagram,⁸ could be an added

criterion; a list of excluded studies with reasons for exclusion is ideal but it may not be reasonable to exclude a prior review for not including such a list.

Criteria to assess the relevance, in terms of question elements and currency, and quality of existing systematic reviews under consideration for inclusion in reviews should be pre-defined.

Several tools exist for assessing the methodological strengths and limitations of systematic reviews. The tool most often cited during our interviews, AMSTAR, is currently under revision (B. Shea, personal communication, March 2014). The Cochrane Collaboration is developing a tool to assess ROB for systematic reviews called ROBIS, which is in pilot testing (P. Whiting, personal communication, June 2014). Given the work of these and other groups, we have not assessed tools nor made specific recommendations about which tool(s) to use in assessing the quality of existing systematic reviews. Regardless of tool used, we suggest explicitly considering conflict of interest of the systematic review authors, including whether the review authors are also investigators on any of the studies included in the review.

It is difficult to set a threshold for when we would “trust the results” of an existing systematic review. We suggest establishing a minimum set of criteria for good or high quality systematic review that would be applied to reviews judged to be relevant:

- Search that includes multiple data sources
- ROB assessment using a generally accepted tool appropriate for the design(s) of the included studies and a process to avoid bias (such as independent reviewers)
- Explicit system or method for considering the body of evidence that includes the major domains of SOE such as ROB, directness, consistency, precision and reporting bias.

The quality of relevant existing systematic reviews should be assessed in an explicit manner with a minimum set of quality criteria that include search of multiple sources, use of a generally accepted tool for risk of bias assessment, and explicit methods for considering the strength of the body of evidence that includes the major domains of risk of bias, directness, consistency, precision and reporting bias.

Assessing Risk of Bias of Primary Studies

It is important to remember that determining the quality of a systematic review tells us nothing about the ROB of the primary studies or SOE of the body of evidence included in that review. Even when incorporating existing systematic reviews into a review, we need to consider the underlying primary studies in evaluating the body of evidence. As such, the question is the extent to which we can rely upon the work completed in the prior review. Whether the ROB assessments of the studies from the prior review can be used first assumes that the process used in conducting ROB assessment was clearly reported.

The second consideration is the approach used to assess ROB in the prior review. Appraising the approach used to assess ROB includes determining if the prior review used a generally accepted tool and explicit methods, as well as whether that approach is similar enough to that being used in the new review. Because the ROB is ultimately collapsed to study limitations domain categories of high, medium or low for the synthesis and grading of the SOE, a tool need not be exactly the same as the one being used in the current review. The main consideration is that the tool used in the prior review covers the key sources of potential bias, such as those outlined in the EPC Program Methods Guide,¹ so that the assessment of key sources of bias of the previously and newly identified primary studies could be reasonably synthesized together. If the prior review used an approach that is the same or similar to the approach used in the current systematic review, then we recommend that ROB assessment only needs to be conducted again on a sample of the primary studies. This step is suggested to confirm the concordance of those prior assessments with those of the current systematic review authors. This step might also provide further information as to the ability to translate and use the prior assessments if a different tool is used.

The risk of bias assessments from the existing systematic review may be used when the review described an explicit process, including the use of a tool that assessed the key sources of potential bias.

We recommend that risk of bias assessment be repeated in a sample of studies from an existing review under consideration for inclusion in a new review to confirm accuracy and concordance with current review team assessments.

Qualitative and Quantitative Synthesis

One rationale often used for including existing systematic reviews in new reviews is to leverage the work completed by the prior systematic review authors. The more limited funding allocated to updates within the EPC program is also predicated on this assumption of being able to use elements of the prior work, such as data abstraction, evidence tables and synthesis. However, in all tables and syntheses, whether presenting evidence from the existing review(s) or new review, it should be clear that the synthesis is based on the underlying primary studies.

For evidence tables, we suggest using separate tables or subheadings to make a clear distinction between the data abstracted by the current review authors and information from the existing review(s). We recognize that the review authors may want to display different data than were collected in the prior review or that the detailed tables of individual primary studies may not be available from prior reviews. Otherwise, data from the primary studies in the prior reviews do not necessarily need to be re-abstracted.

We recommend that at a minimum reviews should narratively describe findings of the prior review(s), including the number and types of studies included, and the overall findings.

We recommend that newly identified studies be clearly distinguished from studies in the existing review(s) when presented in the narrative and any tables (e.g., separate tables).

Summary tables of existing reviews should incorporate review characteristics or assessments that are tied to the SOE domains. These tables should summarize this information with sufficient detail to make the weight of evidence clear. Information that should be presented includes the number of studies, the number of study participants, point estimates of effect measures and their confidence intervals. If multiple prior reviews are included, it is helpful to provide a matrix comparing which studies were included in which reviews. Study characteristics of newly identified individual primary studies may be added to those from the prior reviews but these should be clearly distinguished. An example table is presented in Appendix D.

Summary tables should include sufficient information to support ratings for overall strength of evidence, including ratings for individual strength of evidence domains (study limitations, consistency, precision, directness, reporting bias). The strength of evidence ratings should be based on the underlying primary evidence, not the number or quality of existing systematic reviews.

No clear rules exist for when a new quantitative synthesis needs to be conducted or when a synthesis, qualitative or quantitative, may be used from a prior review; however, a group of EPCs has attempted to address this gap as it relates to updating reviews.⁹⁻¹¹ We suggest that review authors consider the SOE domains approach in synthesis. Using SOE domains as a framework, authors would consider if any new primary studies identified would change the judgments about the SOE domains (i.e., study limitations, consistency, precision, directness, and reporting bias). If the new studies would change the conclusions or the SOE judgments or the new studies are in some way different, it will be necessary to conduct a new quantitative synthesis. If the new studies are consistent with prior syntheses and likely will not to change the conclusion of the review, the reviewer authors may choose not to conduct an updated synthesis. Rather, the synthesis from the prior review could be presented along with an updated qualitative synthesis including the newly identified studies and an explanation of how they are consistent with the prior findings. However, review authors may wish to conduct a new quantitative synthesis regardless of any changes in conclusions expected to present a more precise or more up-to-date estimate. In addition, the development of new standards in the conduct of systematic reviews, such as the selection of the model used for quantitative synthesis,¹² may necessitate updating reviews that might not have otherwise been considered out-of-date.

Using strength of evidence domains as a framework (study limitations, consistency, precision, directness and reporting bias), review authors should consider how new evidence would change estimates of effect or ratings for strength of evidence. If new studies would change conclusions or strength of evidence judgements, or to obtain a more precise or more up-to-date estimate, a new quantitative synthesis is needed.

Grading Strength of Evidence

The considerations of whether to use the SOE grading from an existing review are similar to those in determining whether to use the ROB assessments: did the prior review use an acceptable grading system in an appropriate manner? We would consider an acceptable grading system to include the domains outlined in the AHRQ EPC Program Methods Guide: summary of the strengths and limitations of primary studies (study limitations), directness, consistency, precision, and reporting bias. Assessments that are compatible include the EPC SOE, GRADE, and USPTF tools.¹³⁻¹⁵ However, no matter the approach used in the previous review, because SOE is a judgment about the body of evidence for a particular question and outcome, it may not be possible to use the prior grades.

When no new studies have been identified, the review team needs to consider if the prior SOE grading was conducted using acceptable criteria. If the existing systematic review used the same or similar grading system, we suggest that grading be conducted again on a sample of the questions and outcomes to check for concordance with current review team assessments. It is also important to assess concordance to ensure that the questions with and without new studies are graded in a similar manner.

If new studies have been identified that address a particular key question, it may be desirable to identify thresholds or triggers for when grading needs to be repeated. However, the process for how to determine if there is sufficient evidence to change a prior grade is an open question. As described above, recent EPC work has addressed when to update a review⁹⁻¹¹ and an EPC Workgroup is currently seeking to determine the predictive validity of SOE grading. In general, the judgment is whether enough new evidence exists to change the conclusions or confidence in the conclusions. For example, if the prior review included 10 studies with low ROB and reviewers identify 3 new smaller studies with high ROB, it is unlikely that the conclusions will change.⁹

In cases where the existing systematic review(s) did not complete strength of evidence grading for a comparison and outcome of interest, the strength of evidence should be assessed for the body of evidence, considering primary studies from prior review(s) and any new studies identified.

In cases where no new studies are added to the body of evidence, the strength of evidence assessment from the existing systematic review may be used if conducted using an acceptable grading approach consistent with current review context. In these cases, we recommend that

the overall strength of evidence assessment be reviewed, considering the strength of evidence domains, to confirm accuracy and concordance with current review team assessments.

In cases where new studies are added to the body of evidence, the strength of evidence may need to be reassessed based on all studies/evidence.

Discussion

Future Research

The motivation for this work was the concern expressed by members of EPCs about the lack of guidance on how to integrate existing systematic reviews into new reviews. We sought but did not find evidence in the literature to inform our recommendations. Therefore, our recommendations are based on expert opinion and this work should be considered a working document. We envision additions and changes to these recommendations as more work in this area is conducted. We identified several areas for such future research:

- Specific to this document, there is a need for feedback from reviewers as they implement these recommendations. This will help to assess if the recommendations are helpful and to identify areas of remaining challenges.
- Further assessment of how to most appropriately and informatively present reviews that integrate existing reviews needs to be conducted with end users of the reviews.
- The recommendations were developed to be generally applicable. Going forward, we need to consider if different recommendations may be needed for different types of reviews, such as network meta-analysis or individual patient data reviews.
- There is a need for empiric work on the resources used in integrating existing systematic reviews into new reviews with comparison to standard methods for new reviews to help guide decisions about when to integrate existing reviews and when to start from scratch.
- Further research or consensus is needed on specific elements such as:
 - The definition of a systematic review, operationalized to aid in searching and selection.
 - Identifying existing systematic reviews: Is it possible to selectively use prior systematic reviews rather than conducting a full comprehensive search? This could be through a sampling mechanism or by prioritizing reviews from particular sources.
 - Evaluating quality of existing systematic reviews, particularly if there are criteria for determining when a prior review may be included or excluded.
- Further work around decisions about synthesis including:
 - A methods study to empirically test approaches for combining new studies with the summary estimate from prior meta-analyses versus with estimates from the individual studies included in the prior meta-analyses.
 - If the review authors choose not to do an updated quantitative synthesis, determining when it is appropriate to use an estimate from a prior review if different meta-analyses methods were used. As new methods are developed or old methods questioned, when are the prior estimates no longer considered reliable? For instance, if the prior review used Dersimmon-Laird model, do new summary estimates need to be obtained using better models? In cases of different models for meta-analysis were used, are there standards that can be established for when

the prior estimates would be acceptable or thresholds for determining when a new estimate would be needed?

Conclusions

The increasing number of systematic reviews, along with the resources required to undertake a review, has motivated a desire to incorporate existing systematic reviews in a new review. In considering the integration of existing systematic reviews into new reviews, there is a tradeoff between accepting the results of the prior review and needing to either complete again the selected elements of the review or the review in its entirety. The key is to find the right balance in terms of an efficient and unbiased approach to conducting and reporting the integration of existing systematic reviews into the new review. In this working document, we have provided preliminary guidance to help find that balance.

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Appendix A. Key Informants

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Appendix B. Interview Guide

Introduction

The overall mission of the Agency for Healthcare Research and Quality's (AHRQ) Effective Health Care (EHC) Program is to provide evidence-based information to health care stakeholders that is relevant to their needs, timely, objective, scientifically rigorous in construct, and developed and presented with transparency. In the production of systematic reviews, we aim to answer questions about effectiveness of interventions and average population effects. We are aware that for certain conditions and behavioral interventions, these questions may miss important issues.

AHRQ engages stakeholders in all facets of their research enterprise, including the producing of systematic reviews, with the goals of ensuring that research findings reflect the needs of diverse users, are relevant to their unique challenges, and are applicable in real-world situations.

Purpose of the discussion session

The goal of our project is to understand qualitative and quantitative methods for synthesis of evidence based on one or more existing systematic reviews.

We are very interested in learning from your experience.

There are not right or wrong answers, so please feel free to share your thoughts openly.

We would welcome any materials that you would like to share with us either before or after the discussion session. Please send any materials to Johanna.anderson2@va.gov.

Ground rules for discussion session

The discussions will be tape recorded, transcribed, and analyzed for overarching themes.

Although the report may list individuals who were interviewed, answers will not be identifiable to individuals or specific organizations.

You may refrain from answering any questions and are welcome to leave the discussion at any time.

Interview Guide

Introduction

There are several scenarios in which an existing systematic review or multiple reviews may be used in a new review. Questions to consider in each of these scenarios are presented below along with general questions to consider when using existing systematic reviews. These scenarios assume that existing reviews for consideration are on point (i.e., relevant PICO) and of “sufficient quality” (i.e., well conducted and well-reported). These scenarios are not mutually exclusive and any of these scenarios may arise alone or in combination in a single review for different review questions, outcomes, and/or comparators.

In this discussion, we will present you with one or more specific examples of reviews using existing systematic reviews. The goal of this discussion is to examine these examples within each scenario and understand how you would address the questions which arise in incorporating existing systematic reviews.

Scenarios

Scenario 1: Use existing review without modifying or adding new studies

Scenario 2: Use review and add new studies

Scenario 3: Use review with new or modified analysis

Scenario 4: Use selected elements of review

Scenario 5: Don't use review

1. Which of these scenarios do you have experience with?
2. Do you have any specific guidance you rely on in using existing systematic reviews?

General considerations for this interview

Risk of Bias

- 1) What factors make it possible to translate/use prior risk of bias (RoB) assessment? What level of detail is needed to help you make this decision?
- 2) Under what circumstances would you need to complete assessment again?

Strength of Evidence

- 1) What factors make it possible to translate/use prior strength of evidence (SOE) grading? What level of detail is needed to help you make this decision?

- 2) Under what circumstances would you need to complete grading again?

Multiple existing systematic reviews: (Example 1)

- 1) Do you try to use all concordant reviews or are you more selective. If so, what factors do you select?
- 2) What factors do you use to resolve discrepancies between reviews?

Scenario Specific Considerations

Scenario 1: Use existing review without modifying or adding new studies (Examples 2 & 5).

- 1) What factors allow you to use a review without modifications?
- 2) How do you integrate the existing SR synthesis into a new review?
- 3) How do you integrate existing SOE into a new review?
- 4) How do you use existing risk of bias?
- 5) When is it okay not to add new studies (or conduct a search for new studies)? Very recent review (within 1 year, 2 years, 3 years)? Well established body of evidence in which the findings are unlikely to change with addition of new studies? Lack of resources? Other reasons?

Scenario 2: Use review and add new studies (Examples 3 & 5).

- 1) How do you integrate the existing SR synthesis into a new review with new studies added?
- 2) How do you integrate existing SOE and SOE of added studies? Is there a need to complete judgments about strength of evidence again?
- 3) What is enough, in terms of studies/type of evidence, to prompt a change in grade?
- 4) How do you integrate existing risk of bias and risk of bias of added studies?

Scenario 3: Use review with new or modified analysis (Example 4)

- 1) What factors make you want to modify to redo parts of the analysis (different statistical methods, confirm risk of bias ratings or use different method, etc.)?
- 2) How do you use the existing systematic review synthesis in a modified or new analysis?
- 3) How do you use the existing strength of evidence in a modified or new analysis? Is there a need to complete judgments about strength of evidence again?

- 4) What is enough, in terms of studies/type of evidence, to prompt a change in grade?
- 5) How do you use existing risk of bias in a modified or new analysis?

Scenario 4: Use selected elements of review

- 1) What factors make you only use selected elements of the review (e.g., problems with the analysis or concerns they missed studies, ongoing controversy, etc.)?
- 2) What elements might you use (might one only use the included studies or reference lists or some elements of data abstraction)?

Scenario 5: Don't use review

- 1) What reasons may cause you to not use a review at all (e.g., few studies, poor quality, etc.)?

Appendix C. Interview Themes

Table 1: Interview Themes: Practices and opinions on using existing reviews

Overall Themes	
Multiple existing reviews	
	Use the 'best' review per question rather than including all systematic reviews
	<ul style="list-style-type: none"> • Choose the review that is the best match for scope and PICOTS and that is of the highest quality, includes the most recent studies and has no perceived bias due to conflict of interest.
	<ul style="list-style-type: none"> • Adequate details need to be reported to effectively rate the review
	<ul style="list-style-type: none"> • AMSTAR, though not perfect, has been used to assess the quality of existing reviews.
	Discordant reviews is a signal to conduct own review if discordance cannot easily be explained
	Discuss existing discordant reviews in discussion section
Risk of Bias for individual studies	
	An existing review must have completed some sort of risk of bias assessment of primary studies in order to be used.
	An existing review must have used an accepted and validated tool.
	Risk of bias assessment methods need to be transparent
	May confirm assessment by re-doing a few studies. If confirmed, will accept the risk of bias assessment of all studies in an existing review.
	If the risk of bias assessment needs to be re-done, the existing review will not be used
Grading Strength of Evidence	
	Practices range from not conducting grading strength of evidence, using the existing review's grading to always using own grading criteria
	If using existing review's grading, the methods need to be transparent
	Once one domain of the SOE is called into question, the whole SOE needed to be redone.
	Some will not use an existing review if the grading needs to be re-done
Scenario Specific Themes	
Scenario 1	Use review without modifying or adding new studies
	Will use a review with no changes or new studies added if: <ul style="list-style-type: none"> • current in the context of the research question and includes all relevant studies • Matches of PICOTS, scope, study designs • Meets quality standard – it helps if an existing review is from a trusted source. • Methods are transparent. • No conflict of interest
	Synthesis is qualitative with narrative summary of the review's results and a critique of the limitations and strengths of the review.
	Will use existing review's risk of bias assessment
	Will use existing review's grading
	Factors to consider when it is fine not to adding new studies: recency, new studies not likely changing the results and lack of resources. <ul style="list-style-type: none"> • One organization chooses to do a rapid review.

Scenario 2	Use review and add new studies
	It is common to use an existing review with a bridge search.
	The way to integrate the existing SR synthesis into a new review with new studies may depend on the amount and quality of the new studies and the purpose of the review.
	Synthesis can range from a qualitative comparison of the existing review's results with analysis of new studies to adding the new studies and re-running the existing analysis.
	Will use the review's risk of bias results as long as review used acceptable tool and has transparent methods
	If an organization does grade SOE, there is usually some kind of effort of re-do the SOE to incorporate the new studies.
	There is difference between updating one's own review vs. updating other's review.
	Grading practices range from grading all studies using own criteria to grading the new studies and comparing that to the grading in the existing review.
Scenario 3	Use review with new or modified analysis
	Will do a new analysis if the existing analysis does not meet the new standard; or has a more general scope.
	The data synthesis will need to consider the impact of the new analysis or new methods.
	The data synthesis will need to consider the impact of the new analysis or new methods.
	The data synthesis will need to consider the impact of the new analysis or new methods.
Scenario 4	Use selected elements of review
	May not use the review at all if only selected elements could be used.
	May use existing review's search strategy, reference list or summary if chose not to use it as a whole
	May use the data for the subgroup of interest
	Decision was made on a case-by-case basis.
	Only using certain parts of an existing review may introduce bias
Scenario 5	Do not use review
	Will not use an existing review if: <ul style="list-style-type: none"> • Different scope • Inadequate quality • Outdated • Funded by industry/ Conflict of interest • Lack of transparency • Only selected elements could be used. • "Empty review" with very little evidence.
	May discuss existing reviews that are not used in the discussion section

Appendix D: Example Table

Table 6. Characteristics of studies: Tympanostomy tube comparisons

Study, Study Type, Country	Arm N Randomized	Diagnosis Criteria	Wait Period Between Diagnosis and Study	Inclusion/ Exclusion Criteria	Length of Followup	Age (Range)	Risk of Bias
Wielinga et al., 1990 ⁸³ RCT by ear Ireland	G1: Goode Silicon tube (N=15) G2: Teflon Armstrong tube (N=15)	Otoscopy, PTA, tympanometry	≤ 6 months	Include: OME, 6 months unsuccessful treatment with standard decongestive meds; mucoid secretion	Mean: 6.8 years	Male mean: 7 years Female mean: 6	Medium
Abdullah et al., 1994 ⁶⁴ NRCT by ear England	G1: Trimmed high- grade silicone Shah permavent tube (N=25) G2: Polyethylene Shah tube (N=25)	NR	NR	Include: Age 3-10 years, de novo MEE Exclude: History of significant AOM	29 months	Mean: 6 years (3-10 years)	Medium
Licameli et al., 2008 ⁸⁵ RCT by ear United States	G1: Phophoryl- choline-coated fluoroplastic Armstrong tube (N=70) G2: Uncoated fluoroplastic Armstrong tube (N=70)	NR	3-4 months	Include: OME with 3-4 months medical management Exclude: Prior TT	24 months	Mean: 19 months (8-51 months)	Medium
Iwaki et al., 1998 ⁸⁶ Observational by ear Japan	G1: Teflon Shepard tube (N=75) G2: Silicone Goode- T tube (N=39) G3: Silicone Paparella II tube (N=106)	Audiometry, tympanometry and clinical history	6 months	Include: 25 dB air-bone gap conductive HL, failed politerization and unsuccessful conservative management, retracted and glue-colored TM Exclude: children with craniofacial	24 months	Mean: G1: 6.2 G2: 6.2 G3: 5.8 (3-12 years)	Medium
Ovesen et al., 2000 ⁸⁷ RCT by person and by ear Demark	G1: TT ^a + N-acetylcysteine instilled (N=37) G2: TT ^a + placebo vehicle (N=38)	Otiomicroscopic examinations including tympanometry	3 months	Include: OME, pressure <200mmHg Exclude: Recent antibiotics or AOM at time of surgery	39 months	Mean: 38 months (1-7 years)	Medium

Table 6. Characteristics of studies: Tympanostomy tube comparisons (continued)

Study, Study Type, Country	Arm N Randomized	Diagnosis Criteria	Wait Period Between Diagnosis and Study	Inclusion/ Exclusion Criteria	Length of Followup	Age (Range)	Risk of Bias
Slack et al., 1987 ^{45b} Retrospective cohort by ear	G1: Shepard TT (N=214) G2: Shah TT (N=70) G3: Paparella TT (N=275)	NR	NR	Include: Children < 16 years old; TT inserted for OME in 1983	Until extrusion or end of study period	Children < 16 years old	High
Systematic Review							
Hellstrom et al., 2011 ²¹ Systematic Review Hampal et al., 1991, ⁷⁵ Heaton et al., 1991, ⁷⁶ Hem and Jonathan, 1999, ⁷⁷ Youngs and Gartland, 1988, ⁷⁸ Pearson et al., 1996, ⁷⁹ Kinsella et al., 1994, ^{80b} Salam and Cable, 1993, ^{81b} and Hampton and Adams, 1996 ^{82b}	Arms differ across 9 studies (arms appear in Table 7 and Table 31) (N=828 participants)	Varies by study	Minimum of 3 months	Include: RCTs (individual or ear), NRCTs, and cohort studies published between 1966 and 2007 of effectiveness of TT on hearing, language development, QOL and of complications	Various	Children or adolescents, one study included an unknown mix of adults and children ⁷⁹	Medium

AOM = acute otitis media; dB = decibels; G = group; HL= hearing loss; MEE = middle ear effusion; mmHg = millimeters of mercury; mos = months; N = number; NR = not reported; NRCT = nonrandomized controlled trial; OME = otitis media with effusion; PTA = pure-tone audiometry; QOL = quality o life; RCT = randomized controlled trial; TM = tympanic membrane; TT = tympanostomy tubes; tx = treatment ^aTympanostomy tube type not specified. ^bStudy included for harms (KQ 3) only.

Example Table Adapted From: Berkman ND, Wallace IF, Steiner MJ, Harrison M, Greenblatt AM, Lohr KN, Kimple A, Yuen A. Otitis Media With Effusion: Comparative Effectiveness of Treatments. Comparative Effectiveness Review No. 101. (Prepared by the RTI-UNC Evidence-based Practice Center under Contract No. 290-2007-10056-I.) AHRQ Publication No. 13-EHC091-EF. Rockville, MD: Agency for Healthcare Research and Quality. May 2013
www.effectivehealthcare.ahrq.gov/reports/final.cfm.