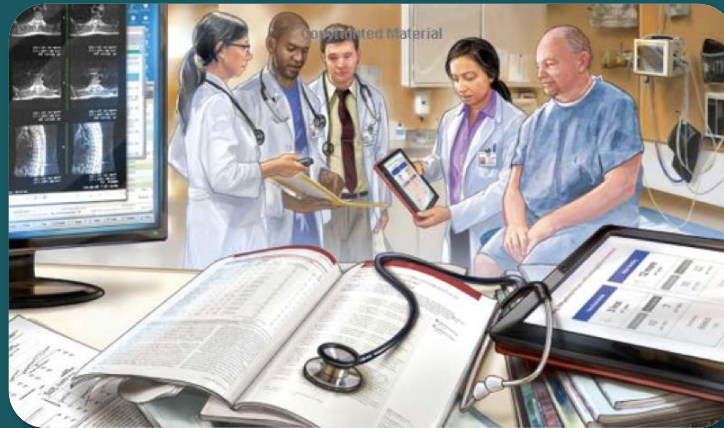


Introduction to living guidelines and recommendations



Special session at GES2017: From living systematic reviews to living recommendations

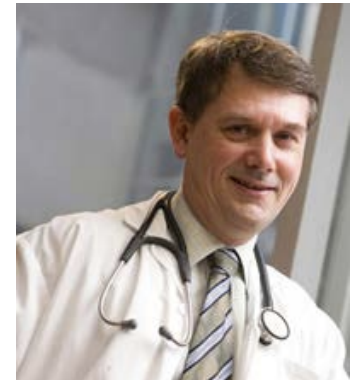
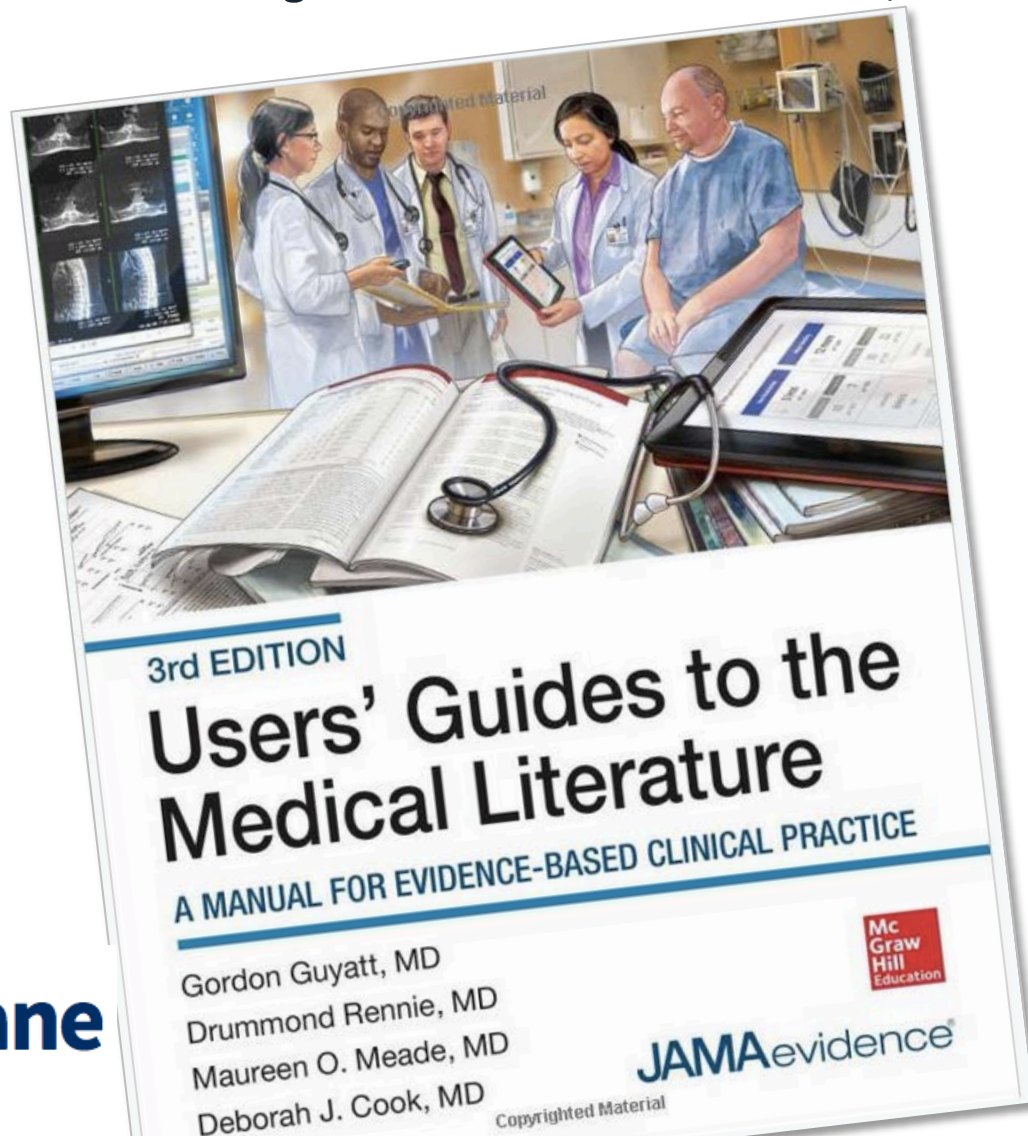
Per Olav Vandvik, on behalf of MAGIC and wonderful Evidence Ecosystem actors

Declaration of interests

Major challenges with EBM, systematic reviews and guidelines but also great advances in standards, methods and tools..



CLINICAL PRACTICE
GUIDELINES
WE CAN TRUST



The challenge of keeping guidelines up to date

Shopping hot spots around the world is

CMAJ

RESEARCH

The validity of recommendations from clinical guidelines: a survival analysis

Laura Martínez García MD MPH, Andrea Juliana Sanabria MD MPH, Elvira García Álvarez MD MPH, Maria Mar Trujillo-Martín MSc PhD, Itziar Etxeandia-Ikobaltzeta PharmD, Anna Kotzeva MD MPH, David Rigau MD, Arturo Louro-González MD, Leticia Barajas-Nava MD PhD, Petra Díaz del Campo PhD, Maria-Dolors Estrada MD PhD, Ivan Solà MSc, Javier Gracia MD MPH, Flavia Salcedo-Fernandez MD, Jennifer Lawson BSc MLIS, R. Brian Haynes MD PhD, Pablo Alonso-Coello MD PhD; for the Updating Guidelines Working Group*

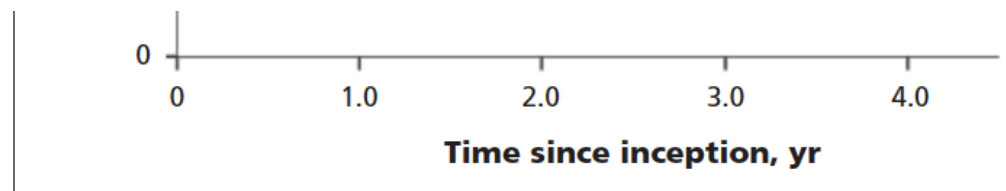
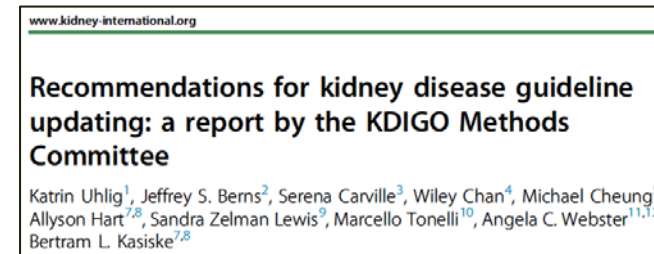
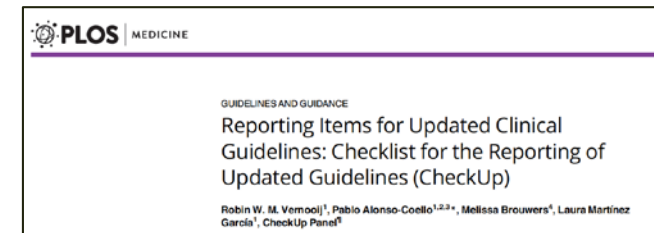
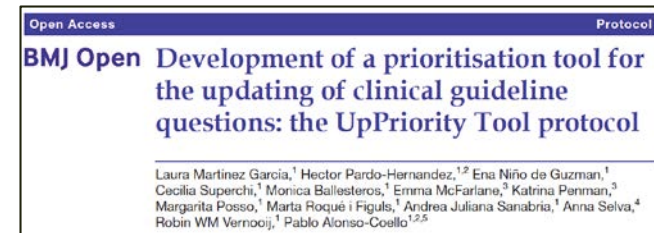


Figure 2: Kaplan–Meier survival curve (solid line) of clinical guideline recommendations with 95% confidence intervals (dashed lines).

Some ongoing efforts to improve updating of guidelines

G-I-N updating working group

- Systematic reviews: need to improve terms, methods, processes and tools
- Tool for updating (UpPriority)
- Updating Glossary
- Updating Database (methods repository)
- Updating technologies: SR of studies of “tools” to update SRs or CGs
- Reporting of updated guidelines
 - Checklist (CheckUp)
 - Communication strategies
- **KDIGO Methods Committee report**
 - ❖ GRADE, NICE, AHRQ, KP, ACCP
- **Living guidelines? In an emerging digital and trustworthy evidence ecosystem?**



When do guidelines need updating? And what is a living guideline?

- The appropriate question is: when to update the recommendation?
- The appropriate answer: as soon as new impactful evidence becomes available for that recommendation

Elie Akl at LSR symposium Cochrane Seoul 2016

- Moving to dynamic updating of individual recommendations, rather than full updating of the entire guideline (irrelevant entity?)
- **Living guidelines:** *“Targeted recommendations are updated continually in the face of new information that warrants a substantial change in practice”*

ACCP 2011, as applied in KDIGO methods report

KDIGO on the value of technology and tools

Recommendations for kidney disease guideline updating: a report by the KDIGO Methods Committee



Katrin Uhlig¹, Jeffrey S. Berns², Serena Carville³, Wiley Chan⁴, Michael Cheung⁵, Gordon H. Guyatt⁶, Allyson Hart^{7,8}, Sandra Zelman Lewis⁹, Marcello Tonelli¹⁰, Angela C. Webster^{11,12}, Timothy J. Wilt^{13,14} and Bertram L. Kasiske^{7,8}

¹Tufts Medical Center, Boston, Massachusetts, USA; ²Perelman School of Medicine at the University of Pennsylvania, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania, USA; ³National Clinical Guideline Centre, Royal College of Physicians, London, UK; ⁴Northwest Kaiser Permanente, Portland, Oregon, USA; ⁵Kidney Disease Improving Global Outcomes (KDIGO), Brussels, Belgium; ⁶Department of Clinical Epidemiology and Biostatistics, Faculty of Health Sciences, McMaster University, Hamilton, Ontario, Canada; ⁷Division of Nephrology, Hennepin County Medical Center, Minneapolis, Minnesota, USA; ⁸University of Minnesota, Minneapolis, Minnesota, USA; ⁹EBQ Consulting LLC, Northbrook, Illinois, USA; ¹⁰Department of Medicine, University of Calgary, Calgary, Alberta, Canada; ¹¹Cochrane Kidney and Transplant and Centre for Kidney Research, Westmead Hospital, Westmead, New South Wales, Australia; ¹²Sydney School of Public Health, University of Sydney, Sydney, New South Wales, Australia; ¹³Center for Chronic Diseases Outcomes Research, Minneapolis VA Health Care System, Minneapolis, Minnesota, USA; and ¹⁴University of Minnesota, Department of Medicine, Minneapolis, Minnesota, USA

Ideally, guidelines should be updated dynamically when new evidence indicates a need for a substantive change in the guideline based on *a priori* criteria. This dynamic updating (sometimes referred to as a living guideline model) can be facilitated with the use of integrated electronic platforms that allow updating of specific recommendations. This report summarizes consensus-based recommendations from a panel of guideline methodology professionals on how to keep KDIGO guidelines up to date.

Kidney International (2016) **89**, 753–760; <http://dx.doi.org/10.1016/j.kint.2015.11.030>

Can technology help? Platforms and tools ready for use (e.g., www.magicapp.org)

MAGIC app

Guideline authoring and publication platform

New evidence
Dynamic updating



Database
Structured and tagged content



Multilayered formats
For all devices



DECIDE

Developing and Evaluating
Communication strategies to support
Informed Decisions and practice
based on Evidence



Integration in the EMR



Adaptation
National and local
or EBM textbooks



Decision aids
For patients and clinicians



Joining forces to solve problems in the Evidence Ecosystem



Trusted evidence.
Informed decisions.
Better health.

- Our evidence
- About us
- Get involved
- News and events
- Cochrane Library

Cochrane and MAGIC announce partnership

- ◆ News and Events
- ◆ Featured Reviews
- ◆ Jobs
- ◆ Making a Difference

Print

Cochrane and [MAGIC](#) are delighted to announce the launch of an official partnership, aimed at supporting and further strengthening the use of health evidence within the context of a digital and trustworthy evidence ecosystem for health care.

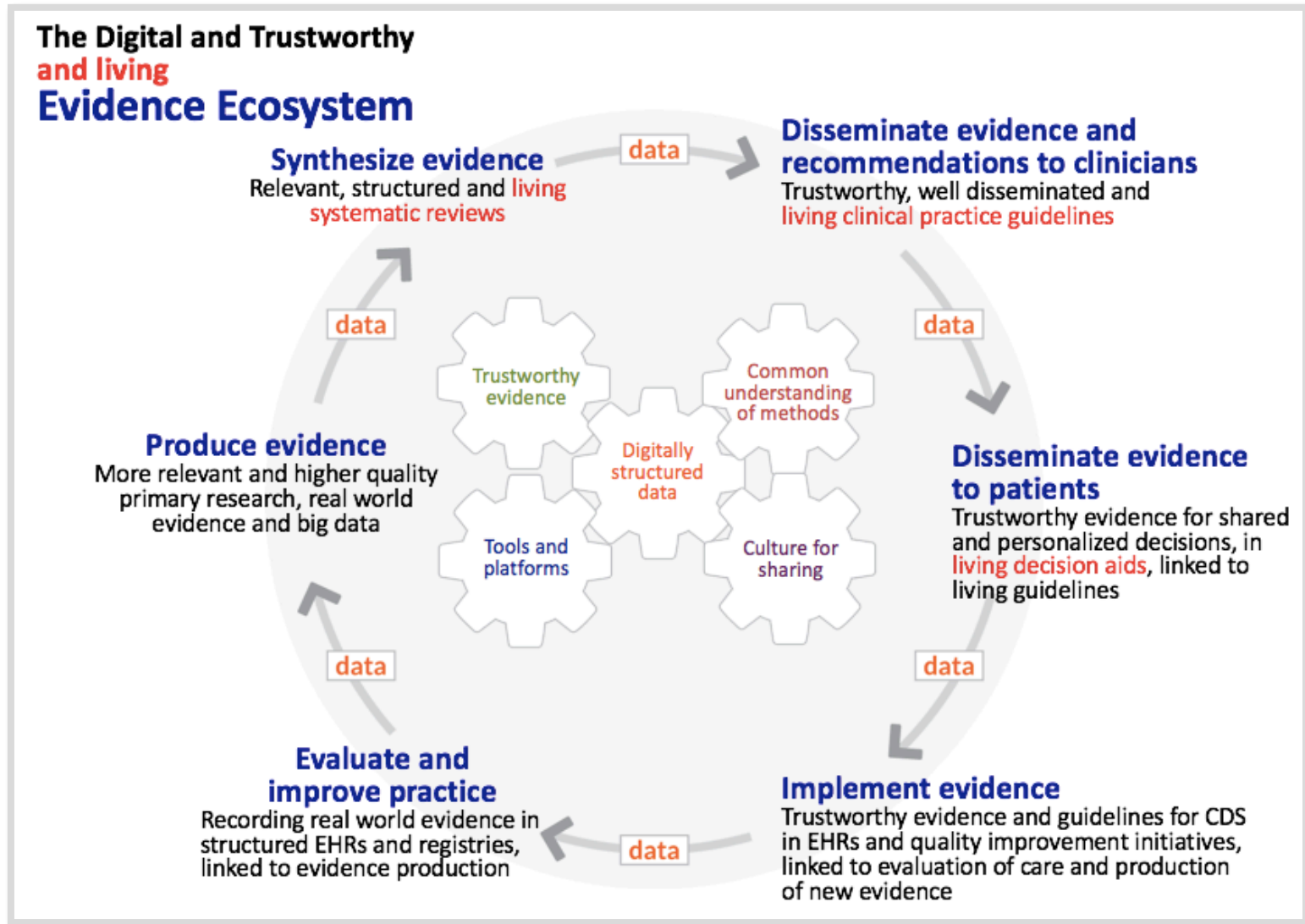


MAGIC (formally known as the Making GRADE the Irresistible Choice (MAGIC) organization) is a non-profit research and innovation programme set up to make evidence summaries and recommendations that work for clinicians at the point of care and to facilitate shared decision-making with patients. Established in 2010, the MAGIC project has, among a number of other initiatives, developed the MAGICapp, a web-based platform for preparing guidelines using structured data systems and validated methods.

Get all the latest Cochrane news with our monthly newsletter, **Cochrane Connect.**

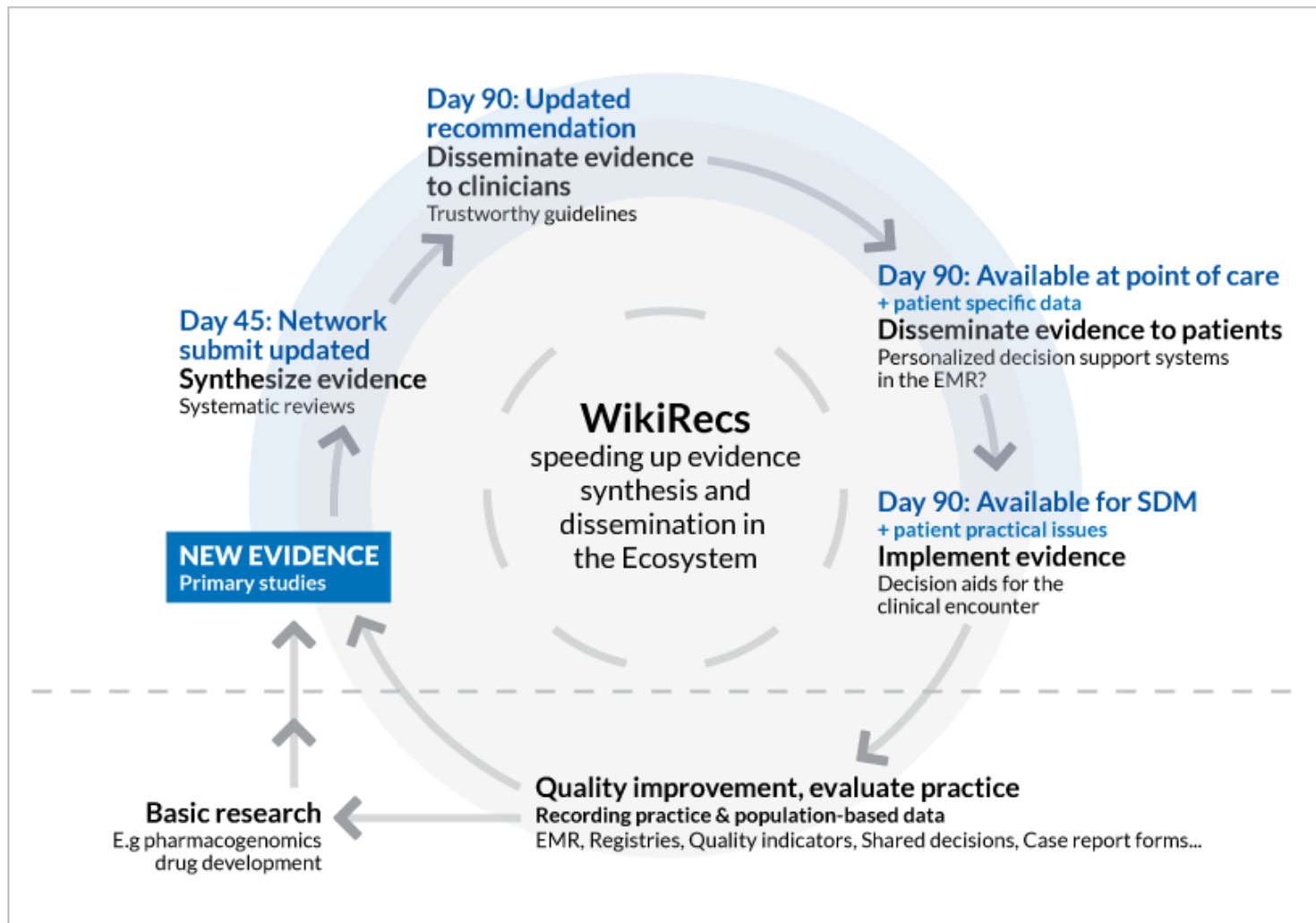
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LSR and LGR: part of a bigger picture



How can guideline panels rapidly update and disseminate recommendations: people, methods, processes and tools

Overcoming organizational hurdles in a collaborative network



BMJ Rapid Recommendations, triggered by new evidence

Editorials

Introduction to *BMJ* Rapid Recommendations

BMJ 2016 ; 354 doi: <http://dx.doi.org/10.1136/bmj.i5191> (Published 28 September 2016)

Cite this as: *BMJ* 2016;354:i5191

HOW WE MAKE A **RAPID REC**

Rapid Recommendations process step by step (with target times)

Step 1: Monitor and identify potentially practice changing evidence



Step 2: Executive + chair triggers process and RapidRecs panel (day 7)



Step 3: Systematic reviews created by separate teams (day 45)



Step 4: RapidRecs created in MAGICapp and as synopsis paper (day 60)

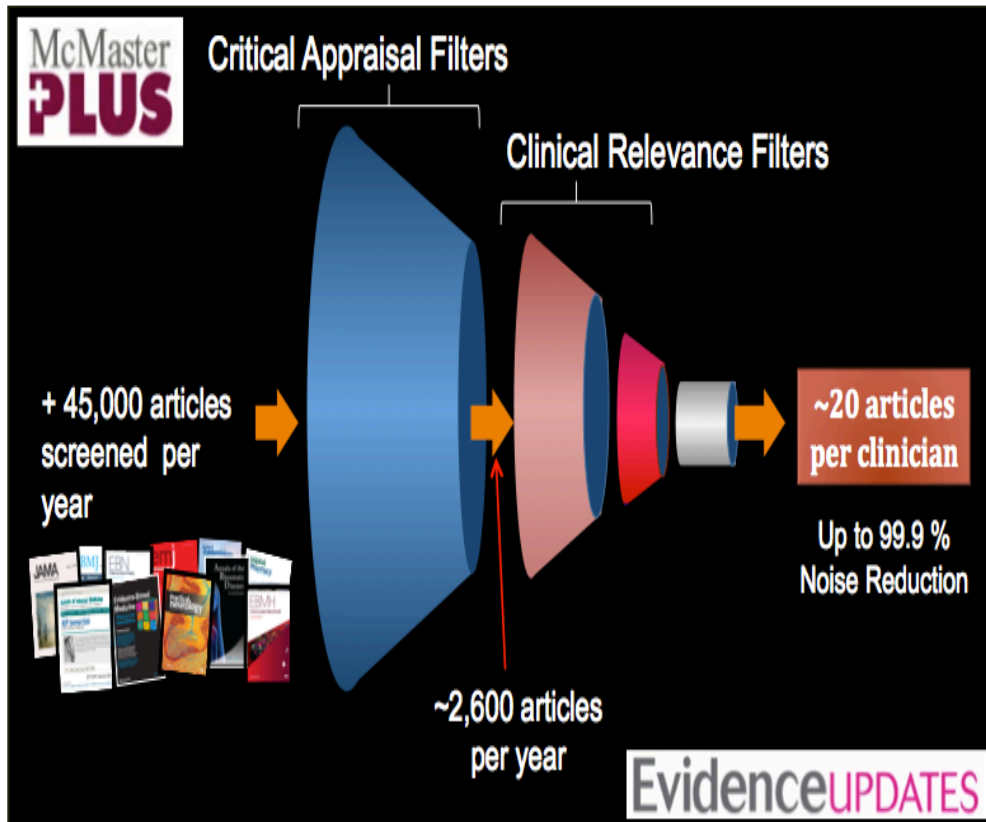


Step 5: RapidRecs + reviews submitted for peer review (day 60)



Step 6: RapidRecs and reviews disseminated globally (day 90)

Step 1: Monitoring of new studies through McMaster PLUS



WikiRecs Home Studies ▾ Screening Schedule My Account ▾

To-Be-Reviewed Studies

#	Study	Review
1	Effect of Deutetrabenazine on Chorea Among Patients With Huntington Disease: A Randomized Clinical Trial. <i>JAMA. 2016 Jul 5;316:40-50. First author: Frank S</i>	Review
2	Effects of Moderate and Vigorous Exercise on Nonalcoholic Fatty Liver Disease: A Randomized Clinical Trial. <i>JAMA Intern Med. 2016 Aug 1;176:1074-82. First author: Zhang HJ</i>	Review
3	Cryoballoon or radiofrequency ablation for symptomatic paroxysmal atrial fibrillation: reintervention, rehospitalization, and quality-of-life outcomes in the FIRE AND ICE trial. <i>Eur Heart J. 2016 Jul 5;.: First author: Kuck KH</i>	Review
4	Unloading Shoes for Self-Management of Knee Osteoarthritis: A Randomized Trial. <i>Ann Intern Med. 2016 Jul 12;.: First author: Hinman RS</i>	Review
5	Olanzapine for the Prevention of Chemotherapy-Induced Nausea and Vomiting. <i>N Engl J Med. 2016 Jul 14;375:134-42. First author: Navari RM</i>	Review

A recent example, illustrating challenges for living systematic reviews and guideline recommendations

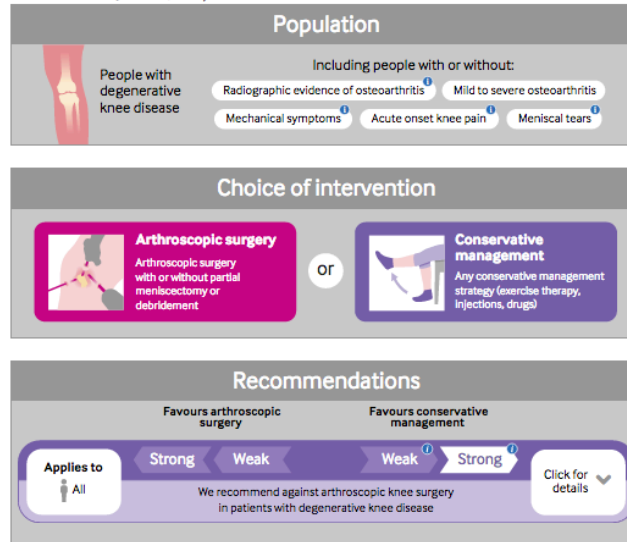
Practice

Rapid Recommendations

Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline

BMJ 2017 ; 357 doi: <https://doi.org/10.1136/bmj.j1982> (Published 10 May 2017)

Cite this as: *BMJ* 2017;357:j1982



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MAGIC app

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Article tools

PDF 6 responses

Respond to this article

Table 2 New evidence which has emerged after initial publication

Date	New evidence	Citation	Findings	Implications for recommendation(s)
There are currently no updates to the article				

2 of 2

Online digitally structured and multilayered guideline

Living or dead? How to communicate update to users?

g app BMJ RapidRecs: Arthroscopic v3.1 published on 5/17/17 Home Help Resources Log in EN ONLINE

Search for recommendations

1 Arthroscopic surgery for degenerative knee disease [View Section Text](#)

Strong recommendation **AGAINST** [Updated](#)

Benefits outweigh harms for almost everyone. All or nearly all informed patients would likely want this option. [Learn more](#)

We recommend against arthroscopic knee surgery in patients with degenerative knee disease.

[VIEW LESS DETAILS](#)

Research evidence Key info Rationale Practical info Decision Aids References Feedback (0)

Arthroscopy vs Conservative management

Patients with degenerative knee disease - KEY OUTCOMES

11 Outcomes

Outcome Timeframe	Study results and measurements	Absolute effect estimates		Certainty in effect estimates (Quality of evidence)	Plain text summary
		Conservative management	Arthroscopy		
Knee replacement 1-2 years	Relative risk 1.89 (CI 95% 0.51 - 7) Based on data from 497 patients in 2 studies Follow up: 1 year.	12 per 1000	23 per 1000	Moderate Due to serious imprecision	Knee arthroscopy may increase the chance of having a knee replacement
		0	0	Low	Arthroscopy may

Questions?

