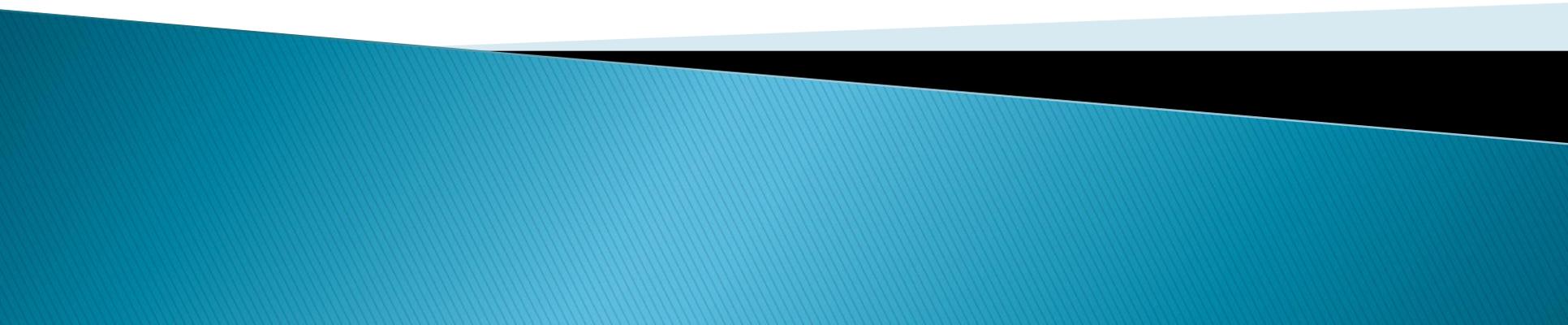


Cochrane Contributors Meeting

Prioritisation of Topics for New and Updated Cochrane Reviews

16th March 2011

Sally Crowe and Mike Clarke

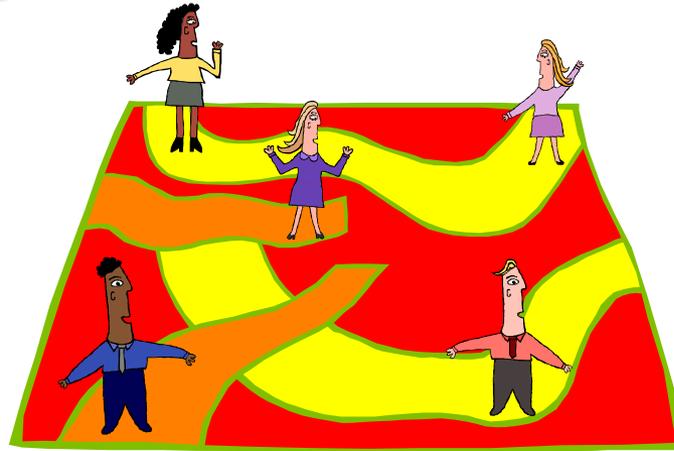


Introductions!

- ▶ Who are you?
- ▶ What is your interest in priority setting?

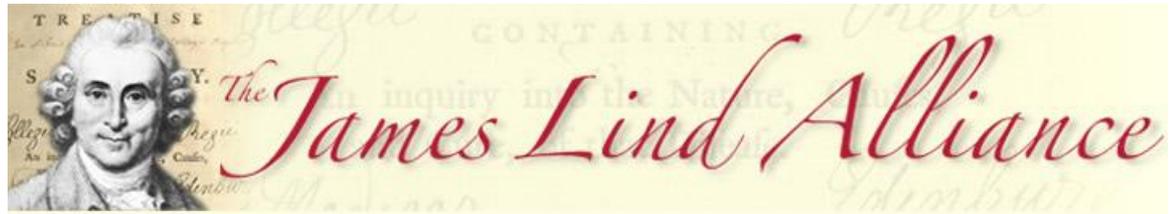


What are your experiences of priority setting?



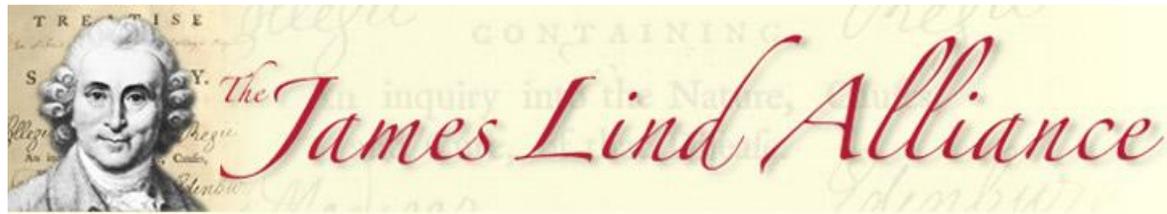


One approach to priority setting.....



Our starting point.....

Do treatment uncertainties considered important by patients and clinicians, influence the clinical research agenda?

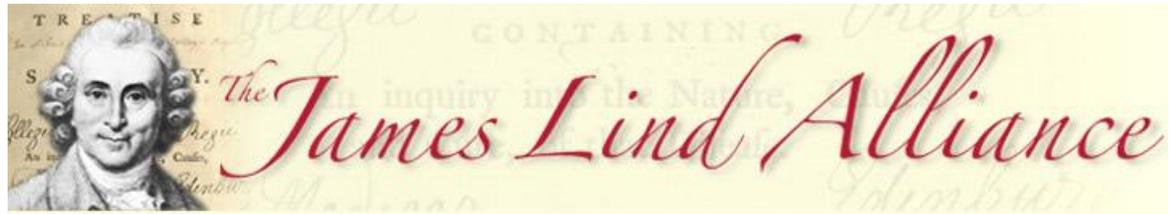


In only 6 of 334 studies were patients' priorities compared with researchers' priorities.

In only 3 of 334 studies were clinicians' priorities compared with researchers' priorities.

[71 reports advocated or described patient involvement in setting research priorities].

A bibliography of research reports about patients', clinicians' and researchers' priorities for new research. Oliver S, Gray J., James Lind Alliance, Dec 2006. www.lindalliance.org



Our new starting point.....

Tackling treatment uncertainties together
to influence the clinical research agenda



What are our principles?

- Evidence based
- Inclusive
- Transparent

Priority Setting Partnerships

▶ Completed

- Asthma
- Urinary Incontinence
- Schizophrenia
- Prostate Cancer
- Vitiligo

▶ Ongoing

- Life after Stroke (Scotland)
- Ear Nose Throat – Aspects of Balance
- Type 1 Diabetes
- Pressure Ulcers
- Eczema
- Head and Neck Cancer
- Pre Term Birth
- Lyme disease
- Intensive Care (Scotland)



Definition of a treatment uncertainty

Uncertainties about the effects of treatment which cannot currently be answered by a relevant, reliable up-to-date **systematic review** of existing research evidence.

UK Database of Uncertainties about the Effects of Treatments

www.library.nhs.uk/DUETs/

Now part of NHS Evidence (NICE)



Gathering uncertainties

- ▶ Searching research recommendations from guidance etc, *(all research uncertainties from new or updated Cochrane Reviews will be published in UK DUETs)*
- ▶ Searching databases of ongoing research
- ▶ From clinicians, patients, healthcare professionals and carers using surveys, focus groups, meetings etc.

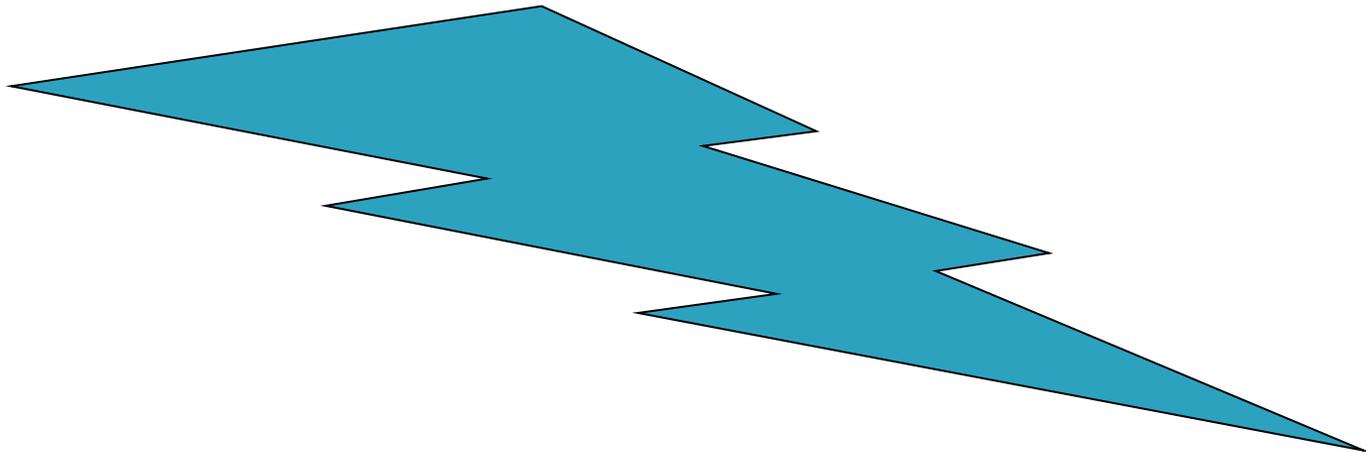


Prioritising treatment uncertainties

START



Total number of treatment uncertainties gathered: 200 – 1,200

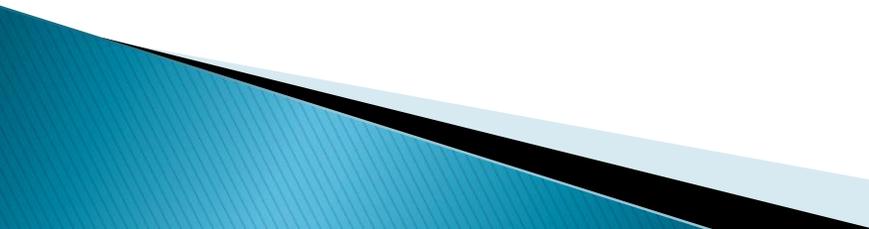


A 'top ten' list of the most important treatment uncertainties, then targeting research funders

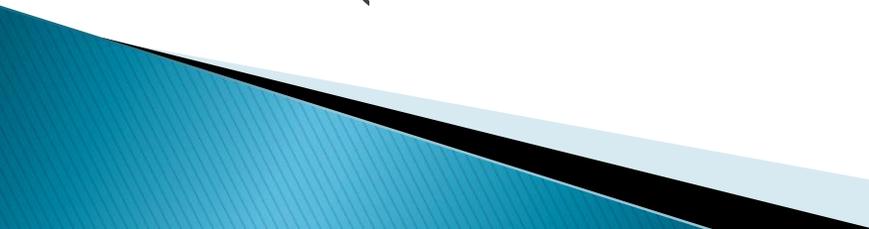
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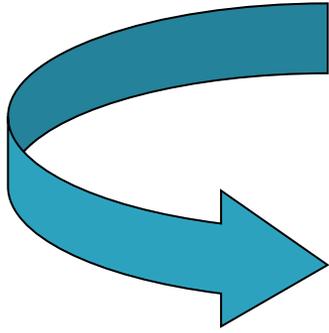


Prioritising – some criteria

- ▶ Importance from the perspective of participants in priority setting and from their respective organisations
 - ▶ Prevalence of an uncertainty submitted and voted for
 - ▶ Whether an uncertainty is shared between patient and clinical groups, AND in research recommendations
 - ▶ Whether an uncertainty has been sourced from multiple ongoing research resources
- 

Prioritising treatment uncertainties

- ▶ Partnerships are asked to be as inclusive as they can – paper trail of who was asked and who declined to be involved
 - ▶ Protocol (partnerships decide on their methods) and JLA holds them to account for this, protocol available on JLA site
 - ▶ Blend of voting and developing consensus
 - ▶ Mix of online, email and face to face activity
 - ▶ Two stages of priority setting – interim and final (face to face workshop)
- 



G	How much do psychological interventions (such as counselling) help people with vitiligo?	6	5	1	1	13
L	Is the treatment of underlying autoimmune conditions also effective for vitiligo in the same individual?	5	2	12	2	21
M	Which treatment is more effective for vitiligo:	1	12	5	8	26
V	light therapy or calcineurin inhibitors (e.g. tacrolimus, pimecrolimus)?	3	6	6	11	26
D	How effective is UVB light therapy when combined with creams or ointments (e.g. steroid creams) in treating vitiligo?	9	11	4	3	27

Challenges encountered in prioritising treatment uncertainties

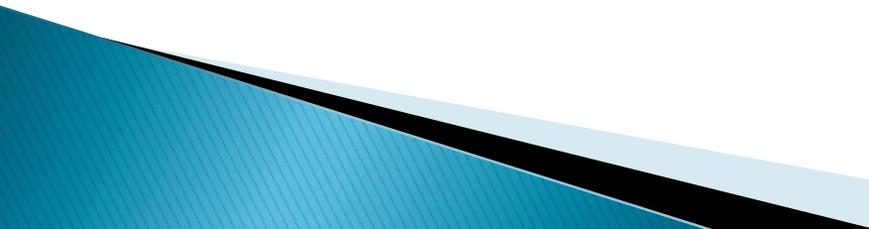
- ▶ Ensuring participation from all
 - ▶ Managing large and complex datasets
 - ▶ Explaining large and complex datasets! (for voting purposes)
 - ▶ Agreeing prioritisation methods where resources and capacity are limited, being pragmatic, (not about making the excellent the enemy of the good)
- 

Time for group work!

- ▶ Three groups addressing three sets of issues in priority setting for updated and new systematic review titles
 - ▶ The big picture
 - ▶ Methods and data
 - ▶ Practicalities
-
- ▶ Be prepared to feed back and keep some notes from your discussions – Sally will write them up for UKCC



Prioritising review titles – the big picture

- ▶ What is your data set - populating taxonomy areas for reviews? Suggestions from review community? Updates versus new review titles?
 - ▶ What are you aiming for (in terms of priorities)? Contracts, capacity, research proposals? What are the boundaries?
 - ▶ What are your core principles? Role of consumers? UK or International perspectives? Pressure on new v existing technologies
- 

Prioritising review titles – methods and data used

- ▶ Policy and politically driven?
 - ▶ Data driven – using what we already know and then voting or ranking?
 - ▶ Discussion driven – using what we already know and achieving consensus?
 - ▶ And/or gathering new data or perspectives on review titles
- 

Prioritising review titles – practicalities

- ▶ What resources and capacity do you need and or have?
 - ▶ What are important criteria for the condition area you (or your CRG) work in?
 - ▶ Who should have a say or vote?
- 

Working with Cochrane Collaboration – opportunities as we see them!

- ▶ Our priorities can be your priorities. Most top tens/shortlists contain uncertainties which can be addressed by an updated, extended or new systematic review
- ▶ If the CRG is part of the Priority Setting Partnership (PSP) then it benefits from networks and links to patient and clinician groups
- ▶ Priorities identified via PSPs have the benefit of wide consultation and refinement and don't need any more feedback
- ▶ We can share experience/expertise (www.jlaguidebook.com and Cochrane Handbook <http://www.cochrane.org/training/cochrane-handbook>)
- ▶ CRG 'Agenda Setting and Prioritisation Methods Group' (Mona Nasser, Sally Crowe and others)