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جامعة الإمارات العربية المتحدة United Arab Emirates University



# Is there a need for implementation of more specified reporting guidelines for the search process in systematic reviews and meta-analyses?

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## Systematic reviews and meta-analyses

- The foundation for systematic reviews and meta-analyses:
  - a comprehensive, systematic search, with the aim to exhaust all available studies matching a specific research question and pre-set inclusion criteria (Institute of Medicine, 2011; Deeks et al. 2011)
  - a transparent and detailed method documentation for reproducible search results (Deeks et al. 2011;Koffel & Rethlefsen, 2016; Institute of Medicine, 2011)
- Connection between the quality of the search and the search documentation and the overall quality and risk of bias of SRs and MAs (Golder, Loke, & Zorzela, 2013; Opheim, 2019; Peters et al., 2015; Salvador-Oliván et al. 2019; Rethlefsen et al. 2015)



# Reporting guidelines/standards

### 1996- The Cochrane Handbook

- 2009- PRISMA (Preferred Reporting Items for Systematic Reviews and Meta- analyses)
- 2011- IOM (Institute of Medicines Standards for Systematic Reviews)





## PRISMA

- Preferred or required reporting guidelines for many high impact medical journals (The Lancet, Annals of Internal Medicine, JAMA, BMJ etc.)
- General quality improvement of the method and method documentation with PRISMA (Panic, 2013)
- Further endorsement of standardize reporting methods like PRISMA and IOM is recommended (Koffel & Rethlefsen, 2016; Peters et al., 2015; Panic et al., 2013)



# Current research on reporting standards of search strategies in SRs and MAs

- The search in many SRs and MAs are still of poor quality and includes a very high percentage (up to 93%) of search technical errors (Golder, Loke, & Zorzela, 2013; Grossetta et al. 2019; Koffel & Rethlefsen, 2016; Opheim et al. 2019; Rethlefsen et al. 2015; Salvador-Oliván et al. 2019).
- Many SRs and MAs lack transparent, re-producible search documentation (up to 92%) which reduces the usefulness of the reviews in evidence-based clinical settings (Golder, Loke, & McIntosh, 2008; Golder, Loke, & Zorzela, 2013; Knehans, Dell & Robinson, 2016; Koffel & Rethlefsen, 2016; Maggio, Tannery & Kanter, 2011; Peters et al. 2015)
- A poorly conducted and documented systematic search may lead to serious consequences for clinical decision making (Institute of Medicine, 2011)



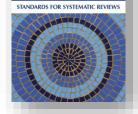


## The Cochrane Handbook

**All searches should be reproducible**. A full search strategy for each database should be presented in an appendix.

## IOM Standards

FINDING WHAT WORKS IN HEALTH CARE



"**Provide a line-by-line description** of the search strategy including the date of every search for each database, web browser etc." (Standard 3.4., Search documentation)

## The PRISMA Checklist



#### PRISMA 2009 Checklist

METHODS		22						
METHODS	1 -	L						
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.						
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.						
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.						
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.						
P	Protocol and registration Eligibility criteria Information sources		5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.				
E			6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.				
Ir			7	7 Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.				
s	Search		8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.				
s	Study selection		9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).				
D	Data collection process		10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.				
	Data items		11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.				
-	Risk of bias in individual studies		12	P Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.				
S	Summary measures		13	B State the principal summary measures (e.g., risk ratio, difference in means).				
s	Synthesis of resu	ults	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I <sup>2</sup> ) for each meta-analysis.				

## Practical example: search result variations

	Is the current HbA1c level of 6.5% for diabetes diagnosis too high	Systematic review and meta- analysis on the effect of soy on thyroid function	The association between boarding in the emergency department and in- hospital mortality	Cost-effectiveness of non-surgical weight loss interventions for diabetic obese patients	A systematic review to assess the relationship between sleep duration and mood in adolescents
PubMed result	4916	1501	1451	518	781
Result from additional databases included	7880	3424	6242	1157	1381
Total no. of references after de-duplication	9324	1816	4321	1120	1532
% of total no. of references not covered by PubMed	47,3%	17,3 %	66,4%	53,7%	49%

# Small mistakes can lead to large variations

 374 out of 1120 references missed due to the lack of one "OR" operator



Index"[Mesh] OR "Overweight"[Mesh:NoExp] OR overweight AND (T2D[Title/Abstract] OR "diabetes type II"[Title] "PRESS" for peer-reviewing diabetes"[Title/Abstract] OR "diabetes type T2DM[Title/Abstract] OR NIDDM[Tit noninsulin-dependent"[Title dependent"[Title/Abc mellitus"[Titl depend s mellitus, type II"[Title/Abstract] OR mellitus"[Title/Abstract] OR "diabetes mellitus r diabesity[Title/Abstract] OR "Diabetes Mellitus, Type AND (("Costs and Cost Analysis"[Mesh] OR "Cost ...esh] OR "Economics"[Mesh] OR "Health Care Costs"[Mesh] OR "Hospital Costs" [Mesh] OR "Health Expenditures" [Mesh] OR economic\*[Title/Abstract] **OR** cost[Title/Abstract] OR costs[Title/Abstract] OR "Economics, Medical" [Mesh:NoExp] OR "burden of illness" [Title/Abstract] OR "Illness Burden" [Title/Abstract] OR utility [Title/Abstract] OR "life years" [Title/Abstract] OR "quality-adjusted life years" [Title/Abstract] OR "disability adjusted life years" [Title/Abstract] OR "cost-benefit analysis" [Title/Abstract] OR "cost-effectiveness analysis" [Title/Abstract] OR "cost-utility analysis" [Title/Abstract] OR "economic evaluation" [Title/Abstract] OR expenditure\*[Title/Abstract] OR "illness Burdens"[Title/Abstract] OR

"Models, Economic" [Mesh] OR "Cost of Illness" [Mesh]))

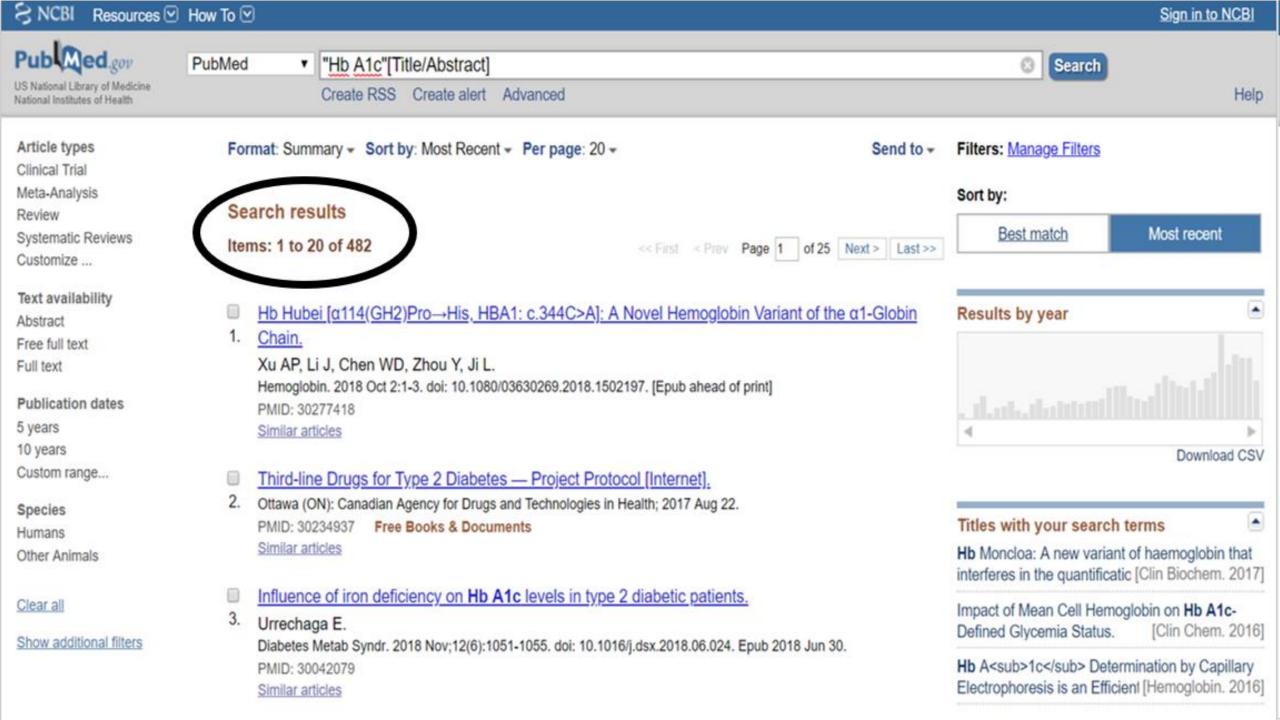
(((("weight reduction"[Title/Abstract] OR "weight management"[Title/Abstract] OR "weight control"[Title/Abstract] OR "weight reductions"[Title/Abstract] OR

"weight loss"[Title/Abstract] OR "weight losses"[Title/Abstract] OR "Weight Loss"[Mesh])) AND (obesity[Title/Abstract] OR obese[Title/Abstract] OR

Abdominal" [Mesh] OR "Obesity, Metabolically Benign" [Mesh] OR "Obesity

obesities[Title/Abstract] OR "Obesity"[Mesh:NoExp] OR "Obesity,

Hypoventilation Syndrome"[Mesh] OR "Obesity, Morbid"[Mesh] OR BMI[Title/Abstract] OR "body mass index"[Title/Abstract] OR "Bod



## **Conclusions and limitations**

- Conclusion
  - small variations or errors in the search strategy can have a large impact on the search result
  - documenting only one or a few of the included databases has a negative impact on the reproducibility and transparency of the systematic search and hinders the appraisal and risk of bias analysis of the study
  - implementation of more specified reporting guidelines for the search process could increase the overall quality and clinical usefulness of SRs and MAs

### Limitations

 more research on the quality impact of SRs and MAs only reporting on "at least one" database compared to reviews with comprehensive reporting of the entire search process and all information sources included is needed.

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