

VP195 Using The ISSG Search Filter Resource In Health Technology Assessment

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INTRODUCTION:

Information specialists and others searching for Health Technology Assessments (HTAs) can use the ISSG Search Filter resource (SFR) to identify filters to incorporate into search strategies. This can save time and effort when designing searches and create more efficient searches that retrieve fewer and possibly more relevant database records (link available here: <https://sites.google.com/a/york.ac.uk/issg-search-filters-resource/home>).

What are search filters? Search filters are collections of search terms designed to retrieve selections of records from bibliographic databases. Some filters are designed to retrieve records of specific study designs such as randomized controlled trials (RCTs) or systematic reviews; others aim to retrieve records relating to other features or topics such as the age or gender of study participants.

Search filters may be designed to be sensitive, precise or balanced between sensitivity and precision.

METHODS:

When would you use a search filter in HTA? Search filters can be added to search strategies to limit to specific study types, for example, RCTs, mixed methods studies, systematic reviews. They can also be used when searching for other aspects of HTA such as patient views or specific age groups.

The ISSG SFR includes sections listing search filters to help identify adverse effects, aetiology, economic evaluations, health state utility values, public views, and quality of life.

RESULTS:

How are filters used? A search filter is often used in combination with a topic search to restrict the search results to a specific type of record, for example, records reporting health state utility values or records of randomized controlled trials.

CONCLUSIONS:

Further guidance on the use of search filters can be found in the SuRe Info Search Filters chapter.

VP196 Impact Of Trial Registry Search Features On Searches In CT.gov/ICTRP

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INTRODUCTION:

In contrast to bibliographic databases, trial registries do not offer the option of formulating complex search queries, thus making targeted searches more difficult. However, ClinicalTrials.gov (CT.gov) and the International Clinical Trials Registry Platform (ICTRP) offer different search features that may help compensate this limitation. Our aim was to determine the importance of search features (for example, searches using synonyms or, additionally in CT.gov, automatic inclusion of further search fields) for trial registry searches.

METHODS:

We conducted a project called "Trial registry searches for studies of newly approved drugs" (1). One analysis investigated the question as to whether searches for different health conditions and interventions (new drugs) directly identified registry entries with the search terms entered or whether certain search features were responsible for this. We searched CT.gov and ICTRP for different conditions and interventions using the advanced search interface. For each search, we

documented the synonyms listed in the two registries. We imported the registry entries into EndNote and evaluated whether the search terms used were available in the corresponding search fields (condition; intervention).

RESULTS:

For CT.gov, 96 registry entries on 18 interventions and 190 entries on 12 conditions were analysed. Of these, twenty-three (24 percent) entries for interventions and thirty-eight (20 percent) for conditions were identified by search features, not by search terms. For ICTRP, 32 entries on 10 interventions and 100 entries on 9 conditions were analysed. Of these, five (16 percent) entries for interventions and eight (8 percent) for conditions were identified by search features.

CONCLUSIONS:

Trial registry search features have an important impact on the sensitivity of searches. Many studies are not identified by the search terms entered, but by searches using synonyms and, additionally in CT.gov, by automatic inclusion of further search fields. Moreover, search features in CT.gov are more effective than in ICTRP – even though the same search terms are used, they consistently yield higher sensitivities.

REFERENCES:

1. Institute for Quality and Efficiency in Health Care. *Searches in trial registries for studies on newly approved drugs: Working paper; commission no. GA14-01* [online]. 03.02.2016 [accessed: 03.03.2016]. URL: https://www.iqwig.de/download/GA14-01_Arbeitspapier_Suchen-in-Studienregistern-nach-Studien-zu-neu-zugelassenen-Arzneimitteln.pdf

VP197 Sustainable Production Of Rapid Health Technology Assessments And Clinical Guidelines

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INTRODUCTION:

With increasing resource pressures on health systems, rapid developments in innovative technologies and limited numbers of skilled assessors, there is a need to establish sustainable methods to provide advice on healthcare technologies for decision makers. The European Network for Health Technology Assessment (EUnetHTA) has been testing an approach of collaborative production of rapid Health Technology Assessments (HTAs) and adaptation of these locally. The Scottish Health Technologies Group (SHTG) participated in two collaborative and adaptation projects to test whether this could save time and resource, whilst providing a product as robust and relevant as if developed locally. Concurrently the Scottish Intercollegiate Guidelines Network (SIGN) has been exploring ways to develop clinical guidelines more efficiently, including the use of rapid HTAs to inform recommendations.

METHODS:

Having established the relevance of the topics to NHS Scotland, SHTG participated as peer reviewers for EUnetHTA reviews on mitral valve repair and mechanical thrombectomy. On completion, SHTG summarized their content to fit with the well-accepted rapid review report format used in Scotland. Content was supplemented with a review of economic evidence, currently not included in the European reports, local epidemiological information and recently published studies. The thrombectomy report and associated Advice Statement were used by a small expert group to update a SIGN clinical guideline recommendation.