Systematic Reviews: Content Guidance for Evidence Summaries

Version 3.0

August 2017

Acknowledgments

The original Executive Content Guidance was based on the PRISMA and Institute of Medicine report for reporting systematic reviews, the Methods Guide for Comparative Effectiveness Reviews, and a review of six existing Effective Healthcare Program systematic reviews. Version 2.0 was updated based on a report prepared by Kathleen N. Lohr, PhD, Jacqueline Amoozegar, MSPH, and Linda Lux, MPA (RTI–UNC Evidence-based Practice Center, Research Triangle Park, NC) in 2011 under Contract No. 290200710056I.

Following the Fall 2014 EPC Directors Meeting, the Guidance was revised to allow for the option of a "condensed format" based on the lessons learned from the pilot format projects and streamlined in response to feedback received over the previous three years. Additional concerns about length, readability and content raised in the Oregon EPC Capstone Project "Doorstop to Diamonds" paper of 2012 spurred revisions in 2017.

This version (3.0) of the guidance renames the document as an "Evidence Summary" since the term "executive" had a more narrow interpretation. The new guidance allows more flexibility, and the word limit and structure aligns more closely with the Annals of Internal Medicine submission guidance for systematic review authors. http://annals.org/aim/pages/authorsinforeviewssystematicandmetaanalyses.

A. *Main Expectations*

- The Evidence Summary (ES) is **required for** all reports.
- Brevity and clarity are **critical**
  - Maximum length is 4000 words (excluding tables, figures, and references).
  - Write for a general clinical audience or health professional
- This is a freestanding document, separate from the full report
  - Many readers will only read the ES
  - It must:
    - focus on the take home messages of the review
    - accurately represent the full report
    - ***not*** contain detailed description of individual studies or methods.
    - include its own reference list.

B. Elements (can be reorganized to fit your needs)

- Full **title** *and* word count on the first page
- **Introduction** is a brief description of the condition, current clinical uncertainties or dilemmas. Clearly define the rationale/objectives/scope of the review. *This might include Key Questions, PICOTs and/or Analytic Framework. (use the most efficient approach).*
- **Methods** Must include search dates and any "nonstandard" steps in the review process; Include PROSPERO registration and a link to the protocol) Indicate if draft was peer reviewed and posted for public comment.
- **Results:** Overall summary of evidence.
  Must include:
  - Search results: total number of studies and (nonduplicated) articles included.
  - Key Points: Include strength of evidence.

  Optional:
  - *May* use tables to present key findings and strength of evidence. Do not repeat details in text if it is in the tables.
  - *May* mention important components (e.g., summary tables, evidence tables, extended analyses, detailed descriptions) that are in the full report or appendices**.**
- **Discussion**. Do not repeat results. Consider describing:
  - Current context: 1) how and why these systematic review findings agree/disagree with current knowledge, practice, policies, or guidelines; and 2) implications for current practice
  - Applicability: How does the evidence apply to current clinical practice?
  - Major Limitations
  - Research Needs
- **Conclusions:** A short statement of main conclusions that aligns with abstract, key messages, and full report.
- **References:** Only for material cited in the ES, should include studies that support Key points.
- **Tables and figures**
  - Use letters (A, B, C...) for tables and figures.
  - As with everything in the ES, provide enough detail so Tables/Figures can stand alone.