

## Purpose and Key Messages

### *Instructions*

**What is it?** After May 2017, all systematic reviews, technical briefs, and methods papers will have a ‘Purpose and Key Messages’ section summarizing the most important findings.

**Purpose:** Quickly and concisely convey the purpose and important findings of the review to the reader (also used to help AHRQ disseminate findings more quickly and accurately).

#### **Criteria:**

1. <840 characters with spaces
2. Should include most important findings, but not an exhaustive list. Do not need to cover all Key Questions. Do NOT have a bullet saying “We found x studies.” (the Key Message is what these studies mean, not how many there are).
3. Consider including one bullet for future research, if appropriate.
4. Must be consistent with the conclusion paragraph of abstract.
5. Plain language. A non-physician with some college education and an interest in the topic (such as a reporter) should be able to understand what you are trying to say.
  - No abbreviations.
  - No jargon (i.e. words we use when we could use an ordinary English word; you can use medical terms if there is no ordinary English word, such as “Glasgow Coma Scale”).
  - One idea per bullet
  - Keep sentences short. Avoid multiple clauses.
  - Don’t use passive sentences.
6. Nothing on methods.
7. No clinical recommendations.
8. Balanced and unbiased.
9. There are several plain language options (see below) for incorporating information on the strength of evidence in the key messages

#### **Format**

- Two headers - “Purpose of Review” (one sentence describing the purpose of the review), then “Key Messages” (3-4 bullets)

#### **Process**

1. EPC places Key Messages within the draft and final report in ScholarOne.
2. AE and TOO review draft and final Key Messages for required criteria, clarity, and balance and give feedback. The TOO will also share the draft and final Key Messages with the Office of Communications and Shareholder Coordinator to help them prepare for dissemination.
3. For the final report, the Office of Communication (OC) will format the content:
  - a. HTML. The webteam will position the Purpose and Key messages as the first items on the landing page for the report, following the model of the Diabetic Peripheral Neuropathy report.

- b. PDF: In the final report OC will place the purpose and key messages in the box in the stand alone final Evidence Summary before posting.

### ***Examples***

#### **Purpose of Review**

To assess the effectiveness of tonsillectomy for treating children with obstructive sleep-disordered breathing or recurrent throat infections.

#### **Key Messages**

- Tonsillectomy can modestly improve sleep and reduce throat infections in the short term. This benefit must be weighed against a relatively low risk of postoperative bleeding.
  - Different surgical techniques had little effect on either outcomes or bleeding risk.
  - Use of dexamethasone and pre-emptive 5-HT receptor antagonist anti-emetics before or after surgery may improve pain and reduce vomiting immediately after surgery.
  - Future research should address long-term outcomes and include enough detail to identify which children benefit most from surgery and which children benefit most from watchful waiting.
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#### **Purpose of Review**

To compare the accuracy of core needle biopsy with open surgical biopsy for diagnosing suspicious breast lesions and to compare the accuracy of different core needle biopsy techniques with each other.

#### **Key Messages**

- Ultrasound and stereotactically guided core needle biopsy procedures have similar accuracy to open biopsy procedures for women at average risk of breast cancer, and are associated with fewer harms than open biopsy.
  - Freehand procedures are more likely to miss cancers than imaging-guided methods.
  - Vacuum-assisted procedures may have a higher risk of bleeding than automated methods.
  - More research is needed on the accuracy of MRI-guided methods and the accuracy of all methods when used for women at high risk of cancer
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#### **Purpose of Review**

To compare the effectiveness and safety of treatments for atrial fibrillation.

#### **Key Messages**

- Both rate control strategies (to slow the heart rate to a normal range) and rhythm control strategies (to bring the heart rhythm back to normal) result in similar all-cause mortality, cardiovascular mortality, and stroke in most patients.
- For older patients with mild symptoms from atrial fibrillation, rate control strategies are more effective than rhythm control strategies in reducing hospitalizations from cardiovascular events.

Additional studies are needed to compare the safety and effectiveness of specific rate and rhythm control medications and procedures, especially within different groups of patients, such as patients with heart failure.

### ***Resources for how to write plain language***

- AHRQ Plain language guidance. <https://www.ahrq.gov/policy/electronic/plain-writing/index.html>
- CDC Clear Communication Index. Available at: <https://www.cdc.gov/ccindex/index.html>
- NIH Plain Language Training. Available at: <https://plainlanguage.nih.gov/CBTs/PlainLanguage/login.asp>

### **Examples of Plain Language Strength of Evidence in Key Messages**

<b>Strength of Evidence</b>	<b>Option 1</b>	<b>Option 2</b>
Strong	Use “Is”  Ex:  Drug A <b><u>is</u></b> more effective than Drug B.	Use “Is” and (high confidence)  Ex:  Drug A <b><u>is</u></b> more effective than Drug B (high confidence).
Moderate	Use “Is most likely”  Ex:  Drug A <b><u>is most likely</u></b> more effective than Drug B.	Use “Is most likely” and (moderate confidence)  Ex:  Drug A <b><u>is most likely</u></b> more effective than Drug B (moderate confidence).
Low	Use “may”  Ex: Drug A <b><u>may</u></b> be more effective than Drug B.	Use “may” and (low confidence)  Ex: Drug A <b><u>may</u></b> be more effective than Drug B (low confidence).