



TARTU ÜLIKOOL

Tõendusmaterjali kokkuvõtte koostamine



Eriline tänu: Holger Schünemann ja GRADE working group

www.gradeworkinggroup.org

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Formulate question

Select outcomes

Rate importance

Outcomes across studies

Create evidence profile with GRADEpro

Rate quality of evidence for each outcome

RCT start high, obs. data start low

P
I
C
O

Outcome Critical

Outcome Critical

Outcome Important

Outcome Not important



Quality assessment		Summary of findings	
Limitations	Inconsistency	Indirectness	Imprecision
Low	Low	Low	Low
Low	Low	Low	Low
Low	Low	Low	Low
Low	Low	Low	Low

Summary of findings & estimate of effect for each outcome

High
Moderate
Low
Very low

Grade down

1. Risk of bias
2. Inconsistency
3. Indirectness
4. Imprecision
5. Publication bias

Grade up

1. Large effect
2. Dose response
3. Confounders

Systematic review

Guideline development

Formulate recommendations:

- For or against (direction)
- Strong or weak (strength)

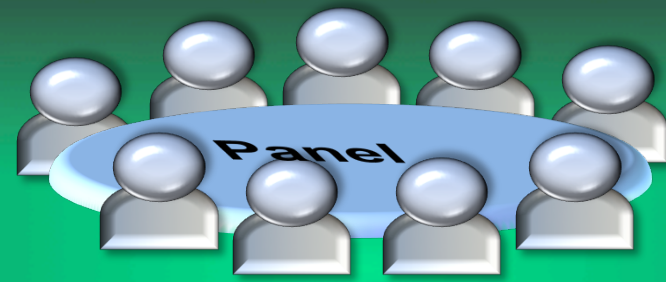
By considering:

- Quality of evidence
- Balance benefits/harms
- Values and preferences



Revise if necessary by considering:

- Resource use (cost)



Rate overall quality of evidence across outcomes based on lowest quality of *critical* outcomes



- "We recommend using..."
- "We suggest using..."
- "We recommend against using..."
- "We suggest against using..."

GRADE: 1.–3. samm

1. Määratle täpselt kliiniline küsimus
2. Vali kliinilise soovitusete tegemiseks tulemid
3. Hinda valitud tulemite suhtelist olulisust



GRADE: 4. samm

Koosta tõenduse kokkuvõte

Tõenduse kokkuvõte

Üks kliiniline küsimus



Kõik selle kliinilisele küsimusele vastavad tulemusnäitajad (eraldi)



Iga tulemusnäitaja kohta kõigi asjakohaste uuringute koondandmed ja –hinnang

Tõenduse kokkuvõtte vormid:

- GRADE [Summary of Findings Table](#)
- GRADE Evidence Profile



GRADE's software for Summary of Findings tables, Health Technology Assessment and Guidelines

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GRADE Evidence Profile

Author(s): Elie Akl & Holger Schunemann **Date:** 2008-09-11

Question: Should parenteral anticoagulation be used in prolonging survival of patients with cancer? **Settings:** Outpatient

Bibliography: EA Akl, FF van Doornaal, M Barba, G Kamath, SY Kim, S Kuipers, S Middeldorp, V Yosuco, H Dickinson, HJ Schünemann. Parenteral anticoagulation for prolonging survival in patients with cancer who have no other indication for anticoagulation. CDSR Reviews. 2007 Issue 3

Quality assessment							Summary of findings				Quality	Importance
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	anticoagulation	control	Relative (95% CI)	Absolute		
Survival at 12 months (study follow up)												
5	randomised trials	no serious limitations ¹	no serious inconsistency	no serious indirectness ²	no serious imprecision	none	339/586 (57.8%)	390/588 (60%)	RR 0.87 (0.8 to 0.95)	78 fewer per 1000 (from 30 to 120 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
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Major bleeding												
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¹ Unclear concealment in one of the five trials did not lead to downgrading the quality of evidence.

² The studies used different LMWHs but indirectness is not likely given the similarity in results across studies.

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Kanna tabelisse GRADE'i 1.–3. sammu tulemused

1. kliiniline küsimus

2. kliinilise soovitusete tegemiseks tulemid

3. tulemite suhtelisele olulisusele antud hinnang

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Lisa tabelisse asjakohaste (vastava tulemiga) uuringute arv, kavand ja tulemused

Taustainfoks: ekspositsiooni ja tulemi seose näitajad

... võrdlevad tulemit eksponeeritutel ja mitte-eksponeeritutel

- Jagamistehe annab **suhtenäitaja** ehk mitu korda esineb tulemit eksponeerituil rohkem kui mitte-eksponeerituil ('1' tähendab, et vahet pole)
- Lahutustehe annab **absoluutse erinevuse näitaja** ehk kui palju esineb tulemit eksponeerituil rohkem kui mitte-eksponeerituil ('0' tähendab, et vahet pole)

Taustainfoks: suhteline risk (RR) või šansside suhe (OR)

OR'i on raskem tõlgendada

Kui andmed võimaldavad mõlemaid arvutada, tasub eelistada RR'i

nt ei ole RR'i võimalik arvutada juhtkontrolluuringutes (ingl *case-control studies*)

Harva esineva tulemi korral $OR \approx RR$

Kui tulemi esinemissageduse suureneb, eemaldub OR 1'st (ehk tulemist 'vahet pole') rohkem kui RR – võib tekkida ekslik mulje ekspositsiooni ja tulemi seose tugevusest

Taustainfoks: suhteline risk (RR)

		tulem		Kokku
		Jah	Ei	
ekspositsioon	Jah	80	20	100
	Ei	40	60	100
Kokku		120	80	200

Tulemi (nt haigestumise) risk eksponeeritutel $80 : 100 = 0,8$

Tulemi (nt haigestumise) risk mitte-eksponeeritutel $40 : 100 = 0,4$

$$\mathbf{RR} = 0,8 : 0,4 = 2$$

Tõlgendus: Suhteline risk tulemi tekkeks (nt haigestumisrisk) eksponeeritutel 2 korda suurem kui mitte-eksponeeritutel

Taustainfoks: šansside suhe (OR)

		tulem		Kokku
		Jah	Ei	
ekspositsioon	Jah	80	20	100
	Ei	40	60	100
Kokku		120	80	200

Tulemi tekke (nt haigestumise) šanss eksponeeritudel $80 : 20 = 4$

Tulemi tekke (nt haigestumise) šanss mitte-eksponeeritudel $40 : 60 = 2/3$

$$\text{OR} = 4 : 2/3 = 6$$

Tõlgendus: Šanss haigestuda on eksponeeritudel 6 korda suurem kui mitte-eksponeeritudel

Taustainfoks: riskide vahe / liigrisk (ARR)

		tulem		
		Jah	Ei	Kokku
ekspositsioon	Jah	80	20	100
	Ei	40	60	100
Kokku		120	80	200

Tulemi tekke (nt haigestumise) risk eksponeeritutel $80 : 100 = 0,8$

Tulemi tekke (nt haigestumise) risk mitte-eksponeeritutel $40 : 100 = 0,4$

$$\mathbf{ARR} = 0,8 - 0,4 = 0,4$$

Tõlgendus: Põhjusliku seose eeldusel on 40 haigestumist eksponeeritute seas tingitud ekspositsioonist



GRADE: 5. samm

Hinda iga tulemi tõenduse kvaliteeti

Hinda asjakohaste uuringute piiranguid ehk erinevate nihete tõenäosust



	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of patients?	Blinding of providers?	Blinding of data collectors?	Blinding of outcome adjudicators?	Blinding of data analysts?	Incomplete outcome data addressed?	Free of selective reporting?	Free of other bias?	Intention-to-treat-analysis?
Altinbas 2004	+	-	-	-	-	-	-	+	+	+	+
Kakkar 2004	+	+	+	+	+	+	-	+	+	+	+
Klerk 2005	+	+	+	+	+	+	-	+	+	-	+
Lebeau 1994	+	+	-	-	-	-	-	+	?	+	+
Sideras 2006	+	+	-	-	-	-	-	+	+	+	?

Vt koolitusel lisamaterjalina jagatud Cochrane'i käsiraamatu nihkevõimaluste tabelleid

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Lisa tabelisse koondhinnang nende 5 uuringu piirangutele ehk nihke tõenäosusele neis uuringuis

Vajadusel lisa hinnangule joonealusena selgitavad märkused

Seejärel hinda tõenduse kvaliteeti ehk kas

2. uuringute tulemused on / ei ole kooskõlas (ingl *inconsistency of results*)
3. tõendus on kaudne (ingl *indirectness of evidence*)
4. uuringute tulemused on ebatäpsed (ingl *imprecision*)
5. uuringute tulemused on avaldatud valikuliselt (ingl *publication bias*)

Kaalu, kas on põhjust tõenduse kvaliteedi taset langetada või tõsta

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Lisa tabelisse hinnang nende 5 uuringu tulemuste kooskõla, kaudsuse, täpsuse ning vajadusel ka muude kvaliteedinäitajate kohta

Kvaliteeditaseme langetamisel/tõstmisel lisa joonealusena selgitavad märkused



Lõpetuseks anna kõigi kriitilise tulemi tõenduse kohta koondhinnang

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GRADE Handbook

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