



PRO.M.I.S.

Programma Mattone Internazionale Salute

Piano Formazione Nazionale Health Technology Assessment

AGENDE WEBINAR



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IRES Piemonte





L'HTA è un lavoro di gruppo

La ricerca della letteratura necessaria si effettua pertanto cominciando da un brainstorming per chiarire il QUESITO ed il PROTOCOLLO di RICERCA



Chi effettua la ricerca della letteratura

Sia che vi possiate avvalere di un documentalista specializzato, sia che effettuiate personalmente la ricerca della letteratura in un contesto di HTA, è fondamentale chiarire tutti gli aspetti di interesse e individuare **tutti i quesiti** ai quali vorreste che i risultati della ricerca della letteratura rispondessero:

la probabilità di sprecare del tempo prezioso, (evitando di effettuare la ricerca della letteratura senza metodi), si riduce notevolmente !



LA TECNOLOGIA

La 'tecnologia' non costituisce di per sé un 'quesito di HTA': occorre individuare tutti gli aspetti coinvolti nell'UTILIZZO della tecnologia, le ricadute, l'assetto organizzativo nel quale la tecnologia va ad interagire, gli aspetti etici e sociali.....





La ricerca della letteratura è basata sulla presentazione del QUESITO HTA e sulla sua CHIAREZZA.

Talvolta, la definizione del quesito/i HTA è un processo in corso d'opera e l'inizio della ricerca della letteratura può aiutare a raffinarla.



IL QUESITO HTA

'POLICY QUESTION':

Si tratta del 'quesito di contesto' (inteso come 'contesto decisionale'), sulla base del quale si può andare a definire la



'RESEARCH QUESTION':

Conduce alla stesura del PROTOCOLLO di ricerca HTA



Gli utilizzatori dell' HTA in sanità pubblica:

MACRO:



MESO:
(?)

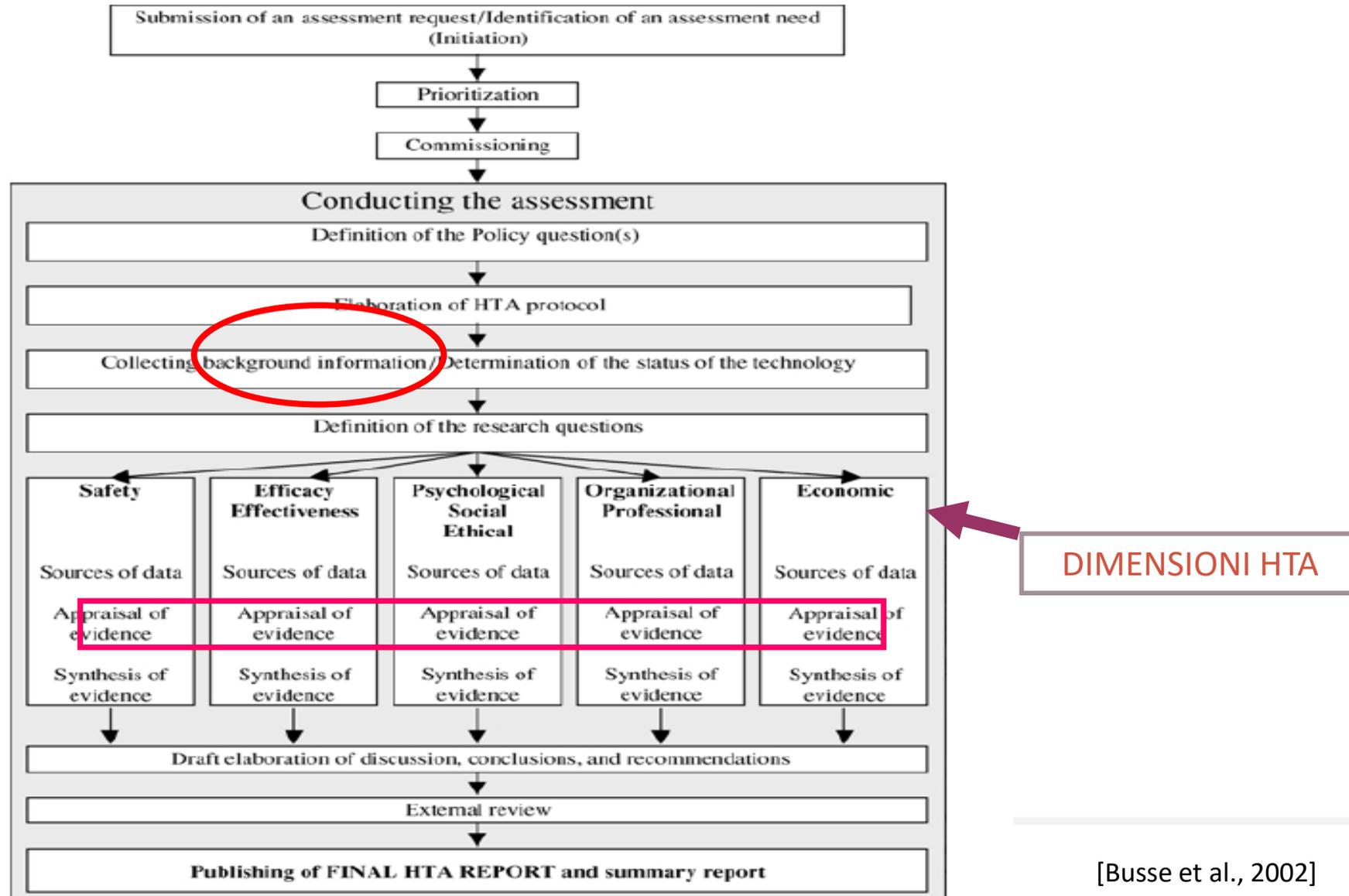


MICRO: reparto
(?)



Il protocollo di ricerca

Best practice in undertaking and reporting HTA



Assessment Plan – Scientific Component

Context
<p>Context of the request, decision-making questions and decision-making window</p> <p>Brief description:</p> <ul style="list-style-type: none"> - Of the technology - Of the issue (disease, treatment and management, targeted patients / users, issues, present situation, etc.) <p>Literature overview</p>
Assessment Question(s) and Dimensions
<p>Assessment Question(s)</p> <p>Dimensions studied and sub-questions</p> <ul style="list-style-type: none"> - Security, efficacy, efficiency (if necessary) - Economic, legal, ethical, social, organizational issues, etc.
Research Method and Analysis
<p>Type of Assessment</p> <ul style="list-style-type: none"> - Review of reviews, narrative review, systematic review <p>Literature Search (for each dimension)</p> <ul style="list-style-type: none"> - Databases to be used - Language, timeframe (month/year of beginning and end of literature search*), etc. - Grey literature <p style="text-align: right;">* To be re-evaluated according to progress</p> <p>Assessment Method (for each dimension)</p> <ul style="list-style-type: none"> - Inclusion and exclusion criteria for studies and documents according to: <ul style="list-style-type: none"> o the type of study o the patients (type and number – e.g. : patients suffering from condition X or Y, studies with over 100 patients, etc.) o the technology and its comparators o the clinical outcomes (e.g. : quality of glycemc control, as measured by the HbA1c level, the mean blood glucose level, etc.)

Il protocollo di ricerca

[AETMIS, 2007]

- A seconda del ruolo del **soggetto** che PRODUCE o FRUISCE di report HTA, la ricerca si imposterà in maniera diversa
- A seconda del **grado di maturità** della tecnologia e della sua diffusione, si imposteranno le ricerche in maniera diversa



LIVELLI HTA



PRODUZIONE di REPORT
COMPLETI di HTA,
condotti con solide
metodologie, basati su
revisioni sistematiche
della letteratura primaria

FRUIZIONE di REPORT di
HTA prodotti da altri
soggetti: adattamento al
contesto di riferimento



Sia nel caso in cui si PRODUCANO report di HTA,
sia nel caso in cui si fruisca di report già pronti, il
primo passo utile nella ricerca della letteratura si
effettua con una ricognizione della **letteratura
secondaria (o di sintesi) esistente**:

➤ Principio di NON DUPLICAZIONE

➤ Utilità dei lavori già esistenti, di buona qualità



LETTERATURA SCIENTIFICA

- **FONTI di letteratura SECONDARIA (o 'di sintesi'):**

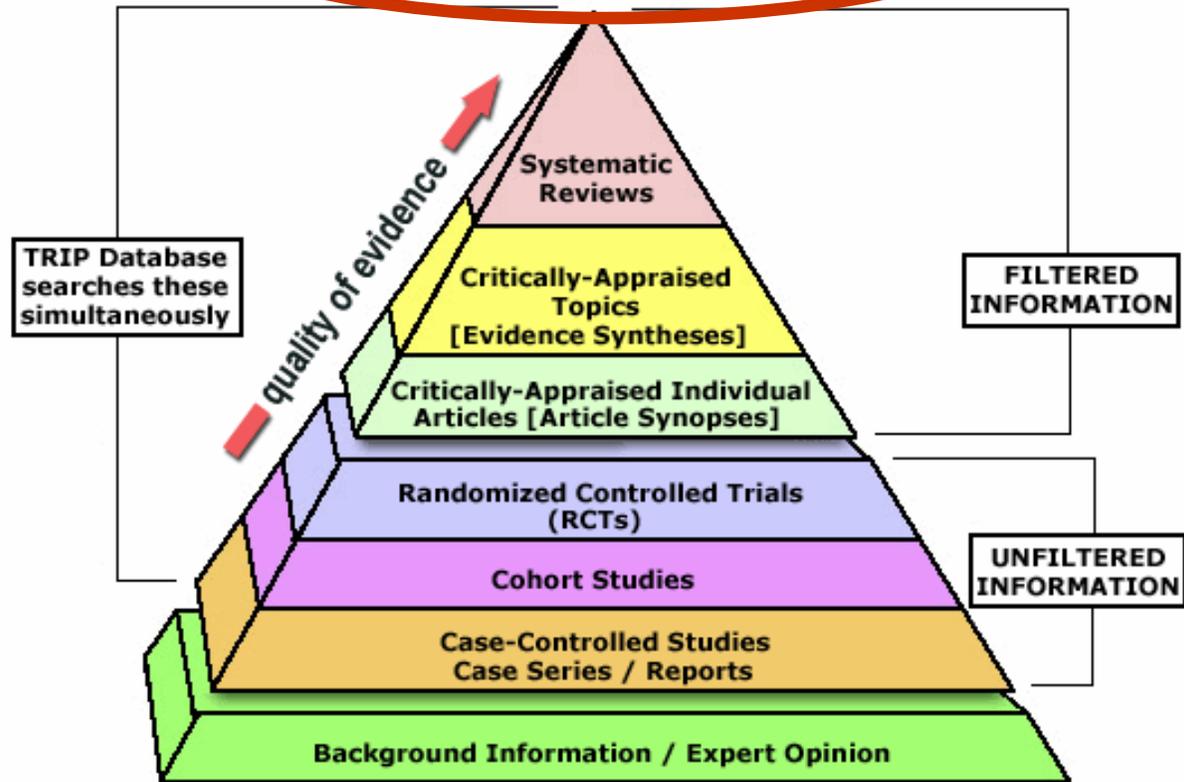
- Report HTA
- Revisioni sistematiche
- Linee guida

- FONTI di letteratura PRIMARIA (studi originali):

- RCT
- Studi di coorte
- Studi caso-controllo
- Altri tipi di studi



REPORT HTA DI BUONA QUALITA'



- la letteratura è identificata secondo una esplicita **strategia di ricerca**
- la letteratura è selezionata sulla base di criteri di **inclusione ed esclusione** definiti (*possibilmente A PRIORI...*)
- la letteratura è **valutata** usando standard metodologici riconosciuti



Nella pratica.....



Fonti di informazioni

- Riviste medico-scientifiche e database di letteratura pubblicata e indicizzata
- Database amministrativi e clinici / registri
- Database di linee guida
- Monografie e report di amministrazioni pubbliche
- Report di ricerca e di policy di istituti di ricerca
- Report e linee guida di società scientifiche e associazioni di professionisti
- Report di ricerche di mercato
- Report di industria produttrice e comunicati stampa
- Bibliografie di studi e revisioni scientifiche
- Colleghi e/o ricercatori



Quesito di ricerca, un esempio

(endovascular abdominal aortic aneurysm repair) :

- EVAR come INTERVENTO INNOVATIVO, con minori rischi per il paziente, rispetto al 'tradizionale' intervento *open*
- (Ciò che è *INNOVATIVO*, è SEMPRE 'meglio' della pratica 'corrente'?)



'BACKGROUND INFORMATION'

Si definisce **protesi endovascolare** (o endoprotesi) un tubo di tessuto sintetico supportato da una struttura metallica. Lo stent fa sì che il flusso sanguigno bypassi l'area dell'aorta indebolita dall'aneurisma, evitandone la rottura.



Questo dispositivo è progettato per essere inserito nell'aorta addominale senza la necessità di eseguire un'incisione chirurgica dell'addome e del vaso e senza rimozione di tessuto.



Alcuni consigli pratici

USO DELLA LINGUA INGLESE:

- Tradurre i termini di interesse
- Usare sinonimi
- Controllare il contesto, se non si è sicuri dei termini tradotti (usare articoli pubblicati o, preferibilmente *Mesh term*)



- Usare i vocabolari Mesh (*Medical Subject Headings = termini controllati, o 'descrittori'*)
- Usare i termini booleani (AND, OR, NOT)
- Usare i 'limiti' che il db offre (tipo di pubblicazione, anno, ecc.)



LETTERATURA SECONDARIA (o 'di sintesi')



LE REVISIONI SISTEMATICHE

- «[...] una revisione sistematica è una **sintesi** di studi primari che contiene una descrizione esplicita di **OBIETTIVI**, materiali e **METODI**, condotta secondo una metodologia **ESPLICITA** e **RIPRODUCIBILE**. »

[Greenhalgh, 1997]



LE LINEE GUIDA

Che cosa sono:

Le linee guida (LG) sono «raccomandazioni di comportamento clinico, elaborate mediante un processo di **revisione sistematica** della letteratura e delle 'opinioni di esperti', con lo scopo di aiutare i medici e i pazienti a decidere le modalità assistenziali più appropriate in specifiche situazioni cliniche»



I database di letteratura secondaria

- REPORT HTA: *Centre for Reviews and Dissemination*
- REVISIONI SISTEMATICHE: *The Cochrane Library*
- LINEE GUIDA: <https://snlg.iss.it/>
- INAHTA (International Network of Agencies for Health Technology Assessment)



Centre for Reviews and Dissemination

Contiene tre tipi di raccolte:

- DARE: revisioni sistematiche di qualità
- NHS EED: valutazioni economiche
- HTA: report di HTA (anche in corso)



Principali fonti di letteratura SECONDARIA (di sintesi)

The screenshot displays the CRD Database website interface. At the top, the University of York logo and the NHS National Institute for Health Research logo are visible. The page title is "Welcome to the CRD Database" with "Sign in | Register" links. A search bar is present with dropdown menus for "Any field", "Title", and "Author", and input fields for "Record date" and "Publication year". There are "Search", "Clear", and "MeSH search" buttons. On the right, there are filter checkboxes for "DARE", "NHS EED", and "HTA", each with sub-options. A left sidebar contains navigation links: Home, Results, History, About the databases, News, Guide to searching, My details, RSS, Contact, Link to PROSPERO, and Disclaimer. A "FOLLOW US ON twitter" button is at the bottom left. The "News" section features a headline: "DARE and NHS EED archives secure on CRD website until at least 2021" with a sub-headline: "CRD would like to reassure our many thousands of users that we are committed to maintaining archive versions of DARE and NHSEED until at least 2021 (the point to which we have funds to support maintenance). [Bibliographic records were published on DARE and NHS EED until 31st March 2015."]. The "Most shared" section lists several articles, including "Effect of long-acting beta-agonists on the frequency of COPD exacerbations: a meta-analysis", "Effects of the Finnish Alzheimer Disease Exercise Trial (FINALEX): a randomized controlled trial", "A systematic review and meta-analysis of yoga for low back pain", and "A comparison of the clinical effectiveness and cost-".

'classica' ricerca con termini booleani: AND, OR, NOT

Guide to Searching

Searching for several terms at once

If you are familiar with using Boolean searching on other database systems, you will be able to use these when searching our system words (OR, AND, NOT) to associate your search terms in specific ways.

Term	Description
OR	If you join words with OR, you will find documents containing any of those words. Searching for heart or cardiac or coronary will locate documents containing at least one of those words.
AND	If you join words with AND, you will find documents containing all of those words. Searching for diabetes and insulin and injection will locate documents containing all three of those words.
NOT	If you join words with NOT, you will find documents containing one of those words but not the other. Searching for ulcer not stomach will locate all documents containing the word ulcer, except for those which also contain the word stomach.
NEAR	You can also look for documents where two words are near to each other, by associating them with the linking word NEAR (or ADJ). Use NEAR with a number to indicate proximity (i.e. NEAR3). The default proximity value for the operator when no number is entered is 6. Users should note that in our system, word order is respected so 'hepatocellular NEAR liver' may return a different number of records 'liver NEAR hepatocellular'.

PICO

- **P** = paziente/i o popolazione di interesse
- **I** = 'intervention', ovvero la TECNOLOGIA di interesse (che può essere un'attrezzatura sanitaria, un dispositivo medico, una procedura, un farmaco, un percorso diagnostico ecc.)
- **C** = comparator, ovvero il principale trattamento alternativo. Se non esiste un trattamento alternativo, può essere il trattamento placebo, o il 'no treatment'
- **O** = gli outcome di interesse



PAROLE CHIAVE



- Il PICO costituisce l'elemento base su cui determinare le parole chiave per la ricerca della letteratura necessaria
- Deve essere pertanto trasformato in parole chiave da utilizzare con i database consultabili



- P = pz affetti da **aneurisma dell'aorta addominale**
- I = EVAR (**endovascular** abdominal aortic aneurysm **repair**)
- C = intervento '**open**'
- O = mortalità pz, complicanze intervento, tasso di reintervento, conversione a intervento 'open', costo-efficacia (o.secondario)



- Talvolta conviene utilizzare una combinazione di soli 2 elementi del PICO (es. combinare P ed I per una prima ricerca)



ANDIAMO A VEDERE CIO' CHE DICE LA
LETTERATURA PUBBLICATA.....



RISULTATI

← → ↻ ⓘ https://www.crd.york.ac.uk/CRDWeb/ResultsPage.asp

UNIVERSITY of York
Centre for Reviews and Dissemination

NHS
National Institute for
Health Research

Home

Results

History

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News

Guide to searching

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RSS

Contact

Link to PROSPERO

Disclaimer

FOLLOW US ON 

Welcome to the CRD Database

[Sign in](#) | [Register](#)

Search results [5 hits] Selected records [0 hits]

Title	<input type="text" value="aortic aneurysm"/>	AND
Title	<input type="text" value="abdominal"/>	AND
Title	<input type="text" value="endovascular"/>	
Record date	<input type="text"/> to <input type="text"/>	
Publication year	<input type="text" value="2009"/> to <input type="text" value="2016"/>	
<input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="MeSH search"/>		

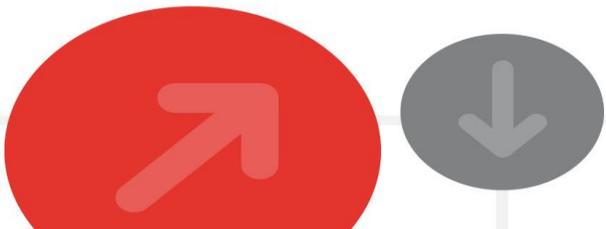
<input type="checkbox"/> DARE	<input type="checkbox"/> CRD assessed review (bibliographic)
	<input type="checkbox"/> CRD assessed review (full abstract)
	<input type="checkbox"/> Cochrane review
	<input type="checkbox"/> Cochrane related review record
<input type="checkbox"/> NHS EED	<input type="checkbox"/> CRD assessed economic evaluation (bibliographic)
	<input type="checkbox"/> CRD assessed economic evaluation (full abstract)
<input checked="" type="checkbox"/> HTA	<input checked="" type="checkbox"/> HTA in progress
	<input checked="" type="checkbox"/> HTA published

Results for: ((aortic aneurysm):TI AND (abdominal):TI AND (endovascular):TI) and (Project record:ZDT OR Full publication record:ZDT) IN HTA FROM 2009 TO 2016

First	1	Last	Show all previews Select all Clear selections Export		
	Year	Database	Source	Title	
<input type="checkbox"/>	2015	HTA	Institute for Clinical Effectiveness and Health Policy (IECS)	[Endovascular repair in abdominal aortic aneurysm] [Preview]	
<input type="checkbox"/>	2015	HTA	Institute for Clinical Effectiveness and	[Endovascular repair of thoracic and thoraco-abdominal aortic aneurysm] [Preview]	

Applicare i **LIMITI/FILTRI** nella ricerca

- **Limiti temporali:** la tecnologia in questione è considerata innovativa: quando è stata introdotta? Fa già parte della pratica corrente?
- Nel nostro caso le endoprotesi aortiche vengono già utilizzate, proprio nel caso di trattamento dell'aneurisma dell'aorta addominale
- **Limiti per il tipo di pubblicazione:** report HTA
- (OVVIAMENTE occorre interpellare gli operatori sanitari che praticano l'intervento. L'opzione ottimale è quella di sentire il parere anche degli operatori che praticano l'intervento *open*, considerato il *comparator* per il quesito HTA.)



La ricerca di REVISIONI SISTEMATICHE

The screenshot shows the Cochrane Library website interface. At the top, the browser address bar displays the URL: www.thecochranelibrary.com/offcampus.dam.unito.it/view/0/index.html. The Cochrane Library logo is prominently displayed, with the tagline "Independent high-quality evidence for health care decision making" and the text "from The Cochrane Collaboration".

The main search area is titled "SEARCH THE COCHRANE LIBRARY". It features a search input field containing the text "endovascular repair abdominal aortic aneurysm" and a "GO" button. A dropdown menu above the input field shows "Title, Abstract, Keywords". Below the search bar, there is a link to "or try an [Advanced Search](#)".

Navigation buttons are located below the search bar: HOME, SIGN UP, LEARN, ACCESS, and HELP. Each button includes a small icon representing its function.

The page is divided into several content sections:

- COCHRANE DATABASE OF SYSTEMATIC REVIEWS**: This section highlights "Issue 8 of 12, August 2014" and provides a link to "(Updated Daily) | Contents".
- BROWSE BY TOPICS**: A list of topics with associated counts, including Blood disorders (151), Cancer (512), Child health (1731), Complementary & alternative medicine (596), Consumer & communication strategies (76), Dentistry & oral health (160), Developmental, psychosocial & learning problems (119), and Diagnosis (26).
- SPECIAL COLLECTIONS**: A list of featured content with images and titles: "Malaria diagnosis and treatment", "Malaria prevention and control", "World No Tobacco Day", and "Cochrane Evidence Aid: resources for burns". A "View all" link is provided at the bottom of this section.
- EDITORIALS**: A list of recent editorial pieces with titles and authors: "Cochrane Clinical Answers: putting Cochrane Reviews in clinical context" by Sera Tort, Karen Pettersen & David Tovey; "When will research measure up to our need to know how steroids affect childhood growth?" by James Paton; and "Vitamin D for preventing cancer: evidence and health beliefs" by Bernd Richter. A "View archive" link is also present.

On the right side of the page, there are several promotional banners for Cochrane products: "COCHRANE CLINICAL ANSWERS" (Practical evidence for healthcare decision making), "COCHRANE LEARNING" (Education based on evidence), "Cochrane Journal Club" (Join the discussion), and "The Cochrane Library iPad Edition" (FREE APP). At the very bottom, there is a banner for "COCHRANE METHODS".

Risultati dal db della Cochrane Library

Wiley Online Library

THE COCHRANE LIBRARY
Independent high-quality evidence for health care decision making
from [The Cochrane Collaboration](#)

[Log in / Register](#)

Search | **Search Manager** | **Medical Terms (MeSH)** | **Browse**

[Search Limits](#) | [Search Help](#) | (Word variations have been searched) | [Add to Search Manager](#)

All Results (242)

- Cochrane Reviews (7)
 - All
 - Review
 - Protocol
- Other Reviews (33)
- Trials (143)
- Methods Studies (3)
- Technology Assessments (20)
- Economic Evaluations (36)
- Cochrane Groups (0)

All

Current Issue

Me Methodology

Dx Diagnostic

Cochrane Database of Systematic Reviews : Issue 8 of 12, August 2014

Issue **updated daily** throughout month

There are **7** results from **8616** records for your search on 'endovascular repair abdominal aortic aneurysm in Title, Abstract, Keywords in Cochrane Reviews'

Sort by

[Select all](#) | [Export all](#) | [Export selected](#)

Endovascular treatment for ruptured abdominal aortic aneurysm
Stephen Badger , Rachel Bedenis , Paul H Blair , Peter Ellis , Frank Kee and Denis W Harkin
Online Publication Date: July 2014

Rs **Cc** **Review**

Surgery for small asymptomatic abdominal aortic aneurysms
Giovanni Filardo , Janet T Powell , Melissa Ashley-Marie Martinez and David J Ballard
Online Publication Date: March 2012

Rs **Review**

Endovascular repair of abdominal aortic aneurysm
Sharath Chandra Vikram Paravastu , Rujarai Iavarajasingam , Rachel Cottam , Simon J Palfreyman , Jonathan A

- Dopo aver scelto, sulla base di titoli ed abstract e sui criteri di inclusione/esclusione, le pubblicazioni di potenziale interesse
- dopo aver verificato il livello qualitativo della letteratura reperita, **si passa all'analisi dei testi scelti**
- (si effettuano altri incontri con gli specialisti/operatori, per verificare che la risposta al quesito di HTA sia stata fornita dalla letteratura secondaria)



Alcuni quesiti sull'**appropriatezza** dell'intervento in questione (EVAR) rimanevano aperti, nonostante l'analisi dei report HTA già esistenti e disponibili

Si chiarisce ulteriormente il quesito, focalizzandolo sull'**ORGANIZZAZIONE**

Si passa quindi alla ricerca di ulteriore letteratura, più specifica, in merito: si passa ai DB di **STUDI PRIMARI**



Ricerca della letteratura primaria

Il quesito organizzativo si focalizza su altri
due concetti:

- La SALA OPERATORIA
(*dimensioni* HTA: sicurezza e organizzazione)
- IL PERSONALE



LA RICERCA DEGLI STUDI 'PRIMARI'



I database per la ricerca di studi clinici

- PUBMED
- (Piattaforme) SCOPUS, EMBASE
- La consultazione è GRATUITA, ma molti articoli in full-text sono a pagamento (occorre quindi avere a disposizione una biblioteca biomedica con abbonamenti alle case editrici scientifiche)



<http://www.ncbi.nlm.nih.gov/pubmed>

NCBI Resources How To Sign in to

PubMed.gov US National Library of Medicine National Institutes of Health

PubMed [Search]

Advanced



PubMed

PubMed comprises more than 22 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.

PubReader

A whole new way to read scientific literature at PubMed Central



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More Resources

[MeSH Database](#)

[Journals in NCBI Databases](#)

[Clinical Trials](#)

[E-Utilities](#)

[LinkOut](#)

Opzioni sul vocabolario MeSH

The screenshot shows the MeSH website interface. At the top, there is a navigation bar with 'NCBI Resources' and 'How To' links. Below this is the MeSH search bar with the text 'abdominal aortic aneurysm' and a 'Search' button. A red arrow points to the search bar. Below the search bar, there are options for 'Display Settings' (set to 'Full') and 'Send to'. The main content area is titled 'Aortic Aneurysm, Abdominal' and includes a description: 'An abnormal balloon- or sac-like dilatation in the wall of the ABDOMINAL AORTA which gives rise to the visceral, the parietal, and the terminal (iliac) branches below the aortic hiatus at the diaphragm. Year introduced: 1993'. Below the description, there are 'PubMed search builder options' and 'Subheadings:'. A green arrow points to the 'Subheadings' section. The subheadings are organized into three columns of checkboxes. The first column includes options like 'blood', 'cerebrospinal fluid', 'chemically induced', 'classification', 'complications', 'congenital', 'diagnosis', 'drug therapy', 'economics', 'embryology', 'enzymology', and 'epidemiology'. The second column includes 'ethnology', 'etiology', 'genetics', 'history', 'immunology', 'metabolism', 'microbiology', 'mortality', 'nursing', 'pathology', 'physiopathology', and 'prevention and control'. The third column includes 'psychology', 'radiography', 'radionuclide imaging', 'radiotherapy', 'rehabilitation', 'surgery', 'therapy', 'ultrasonography', 'urine', 'veterinary', and 'virology'. Some options are checked, such as 'complications', 'economics', 'epidemiology', 'surgery', 'mortality', 'nursing', and 'ultrasonography'. Below the subheadings, there are additional options: 'Restrict to MeSH Major Topic.' and 'Do not include MeSH terms found below this term in the MeSH hierarchy.'. The 'Tree Number(s):' are listed as 'C14.907.055.239.075, C14.907.109.139.075'. The 'Entry Terms:' section shows 'Abdominal Aortic Aneurysms'. On the right side of the page, there is a 'PubMed search builder' section with a search query: '("Aortic Aneurysm, Abdominal/complications" [Mesh] OR "Aortic Aneurysm, Abdominal/economics" [Mesh])'. Below this is a 'Search PubMed' button and a 'YouTube Tutorial' link. There is also a 'Related information' section with links to 'PubMed', 'PubMed - Major Topic', 'Clinical Queries', 'NLM MeSH Browser', 'dbGaP Links', and 'MedGen'. At the bottom of the page, there is a 'Search details' section with the query: '"aortic aneurysm, abdominal" [MeSH Terms] OR abdominal aortic aneurysm[Text Word]'. A red circle with a white arrow pointing up and to the right is located in the bottom left corner. A grey circle with a white arrow pointing down is located in the bottom center.

NCBI Resources How To Sign in to NCBI

MeSH MeSH abdominal aortic aneurysm Save search Limits Advanced Search Help

Display Settings: Full Send to:

Aortic Aneurysm, Abdominal
An abnormal balloon- or sac-like dilatation in the wall of the ABDOMINAL AORTA which gives rise to the visceral, the parietal, and the terminal (iliac) branches below the aortic hiatus at the diaphragm.
Year introduced: 1993

PubMed search builder options
Subheadings:

- blood
- cerebrospinal fluid
- chemically induced
- classification
- complications
- congenital
- diagnosis
- drug therapy
- economics
- embryology
- enzymology
- epidemiology
- ethnology
- etiology
- genetics
- history
- immunology
- metabolism
- microbiology
- mortality
- nursing
- pathology
- physiopathology
- prevention and control
- psychology
- radiography
- radionuclide imaging
- radiotherapy
- rehabilitation
- surgery
- therapy
- ultrasonography
- urine
- veterinary
- virology

Restrict to MeSH Major Topic.
 Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): C14.907.055.239.075, C14.907.109.139.075
Entry Terms:
• Abdominal Aortic Aneurysms

PubMed search builder
("Aortic Aneurysm, Abdominal/complications" [Mesh] OR "Aortic Aneurysm, Abdominal/economics" [Mesh])
Add to search builder AND Search PubMed
YouTube Tutorial

Related information
PubMed
PubMed - Major Topic
Clinical Queries
NLM MeSH Browser
dbGaP Links
MedGen

Search details
"aortic aneurysm, abdominal" [MeSH Terms] OR abdominal aortic aneurysm[Text Word]

TERMINI LIBERI da convertire in MeSH

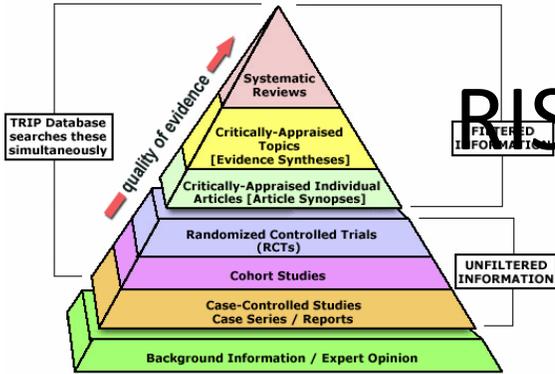
- Abdominal aortic aneurysm=
aortic aneurysm, abdominal
+ subheadings
- endovascular=
Endovascular procedure + SUBHEADINGS



Scelta dei *subheadings*

Per 'raffinare' il quesito HTA, focalizzandolo sull'ORGANIZZAZIONE e sulla SICUREZZA e non essendoci, in questo caso, un termine generale su 'organizzazione', si scelgono i subheadings che possano ricondurci a pubblicazioni che possano riguardare anche l'organizzazione, relativa alla tecnologia in esame: 'complications', 'economics', 'epidemiology', 'nursing', 'mortality'ecc





RISULTATI con applicazione dei LIMITI / FILTRI

OFF Campus Library | Gatew... ("Aortic Aneurysm, Abdomin...
 www.ncbi.nlm.nih.gov/pubmed/?term=("&Aortic%20Aneurysm%2C%20Abdominal%2Fcomplic...
 NCBI Resources How To Sign in to NCBI
 PubMed.gov US National Library of Medicine National Institutes of Health
 PubMed ("Aortic Aneurysm, Abdominal/complications"[Mesh] OR "Aortic Aneurysm, Abdom... Search Help
 RSS Save search Advanced
 Article types Clinical Trial Review Customize ...
 Text availability Abstract Free full text Full text
 Publication dates 5 years 10 years Custom range...
 Species Humans Other Animals
 Clear all Show additional filters
 Summary 20 per page Sorted by Recently Added Send to: Filters: Manage Filters
 Results: 1 to 20 of 48
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 ("Aortic Aneurysm, Abdominal/complications"[Mes PubMed

I SITI delle AGENZIE di HTA

- È utile consultare direttamente i siti delle più autorevoli **agenzie di Health Technology Assessment**: talvolta mettono a disposizione i loro report completi gratuitamente, non ancora messi a disposizione sul sito dell'INAHTA, o sui database di raccolta di report (CRD ecc.)
- oppure si può verificare la presenza di lavori in corso non ancora terminati
- Sono più facilmente consultabili (per titolo, o argomento) senza la necessità di utilizzare complesse stringhe di ricerca



RICERCA RCT / TRIAL

- Ci sono 2 fonti principali che vengono utilizzate in HTA per la ricerca dei trial, le quali permettono di individuare anche studi non ancora conclusi:
- **Clinicaltrials.gov** : sito USA
- **COCHRANE CENTRAL REGISTER OF CONTROLLED TRIALS (CENTRAL)** : <https://www.cochranelibrary.com/central>



STRUMENTI PER LA
VALUTAZIONE QUALITATIVA
DELLA LETTERATURA



Esistono strumenti di valutazione specifici, per ognuno dei tipi di pubblicazione utili all'HTA

Si presentano sottoforma di GRIGLIE di VALUTAZIONE

Sono strumenti scaricabili GRATUITAMENTE on-line

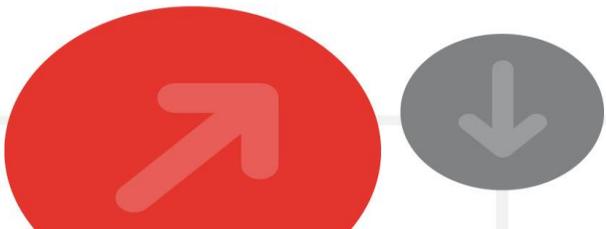
Sono strumenti prodotti da gruppi scientifici di Evidence
Based Medicine (quindi secondo metodi rigorosi)



STRUMENTI DI **VALUTAZIONE** della LETTERATURA in HTA

Valutazione della qualità della letteratura
secondaria (o 'di sintesi')

- 1) QUALITA' dei **REPORT HTA**
- 2) QUALITA' delle **REVISIONI SISTEMATICHE** (e METANALISI)
- 3) QUALITA' delle **LINEE GUIDA**



Componente della buona qualità di OGNI tipo di pubblicazione medico-scientifica è L'ASSENZA di CONFLITTO di INTERESSI

Sebbene non esista, nel nostro paese, una normativa che sanziona, comunemente, il c.d. conflitto di interessi, l'onestà della ricerca medico-scientifica ne richiederebbe l'ASSENZA (o, quantomeno, la DICHIARAZIONE di ASSENZA, o eventuale presenza, di conflitto di interessi):

v. art. 30 del CODICE DI DEONTOLOGIA MEDICA



Valutazione qualità di report HTA

- INAHTA checklist:

http://www.inahta.org/wp-content/uploads/2014/04/INAHTA_HTA_Checklist_English.pdf



INAHTA checklist

Copyright INAHTA Secretariat 2007

A checklist for HTA reports

This summary form is intended as an aid for those who wish to make a record of the extent to which a health technology assessment report meets the 14 questions given in the checklist.

It is NOT intended as a scorecard to rate the standard of HTA reports — reports may be valid and useful without meeting all the criteria that have been listed.



Item	Yes	Partly	No		
Preliminary					
1. Appropriate contact details for further information?					
2. Authors identified?					
3. Statement regarding conflict of interest?					
4. Statement on whether report externally reviewed?					
5. Short summary in non-technical language?					
Why?					
6. Reference to the policy question that is addressed?					
7. Reference to the research question(s) that is/are addressed?					
8. Scope of the assessment specified?					
9. Description of the assessed health technology?					
How?					
10. Details on sources of information and literature search strategies provided?					
Search strategy	Databases	Year range	Language restriction	Primary data	Other kind of information resources
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete reference list of included studies	List of excluded studies	Inclusion criteria	Exclusion criteria		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
11. Information on basis for the assessment and interpretation of selected data and information?					
Method of data extraction described?	Critical appraisal method (for quality assessment of the	Method of data synthesis described?	Results of the assessment clearly presented, e.g. in the form of evidence		

4. Statement on whether report externally reviewed?								
5. Short summary in non-technical language?								
Why?								
6. Reference to the policy question that is addressed?								
7. Reference to the research question (s) that is/are addressed?								
8. Scope of the assessment specified?								
9. Description of the assessed health technology?								
How?								
10. Details on sources of information and literature search strategies provided?								
Search strategy	Databases	Year range	Language restriction	Primary data	Other kind of information resources			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Complete reference list of included studies		List of excluded studies	Inclusion criteria	Exclusion criteria				
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
11. Information on basis for the assessment and interpretation of selected data and information?								
Method of data extraction described?	Critical appraisal method (for quality assessment of the literature) described?	Method of data synthesis described?	Results of the assessment clearly presented, e.g. in the form of evidence tables?					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Context? <i>(may or may not apply to each HTA)</i>								
(Medical) legal implications considered?	Economic analysis provided?	Ethical implications considered?	Social implications considered?	Other perspectives (stakeholders, patients, consumers) considered?				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
What then?						Yes	Partly	No
12. Findings of the assessment discussed?								
13. Conclusions from assessment clearly stated?								
14. Suggestions for further action?								

COSA CONTIENE UN REPORT HTA (COMPLETO)

Health Quality Ontario

Let's make our health system healthier

ONTARIO HEALTH TECHNOLOGY ASSESSMENT SERIES

Continuous Monitoring of Glucose for Type 1 Diabetes: A Health Technology Assessment

KEY MESSAGES

What Is This Health Technology Assessment About?

Type 1 diabetes is a condition in which the pancreas produces little or no insulin. Insulin is a hormone that helps the body's cells use glucose (a type of sugar) for energy. Without insulin, glucose builds up in the blood and can cause serious damage to the body. People with type 1 diabetes must take insulin via injection or an insulin pump, and they should monitor their blood glucose levels several times a day.

Most people with type 1 diabetes use a blood glucose meter to check their blood glucose levels. They prick their finger to obtain a drop of blood, and they apply the blood to a test strip inserted into the meter. This is called self-monitoring of blood glucose. Continuous glucose monitoring is another way to measure blood glucose. It measures a person's blood glucose levels every few minutes via a sensor inserted under the skin.

This health technology assessment evaluates how effective continuous glucose monitoring is for people with type 1 diabetes, if it is good value for money, and the preferences and values of people living with type 1 diabetes and/or their caregivers.

What Did This Health Technology Assessment Find?

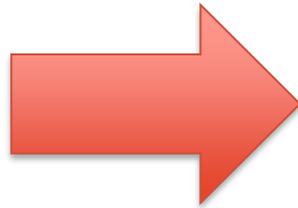
People who used continuous glucose monitoring spent more time in the target blood glucose range, less time out of range, and had fewer severe low blood glucose episodes than people who used self-monitoring of blood glucose.

Compared with self-monitoring of blood glucose, the costs of continuous glucose monitoring were higher, with only small increases in health benefits. Publicly funding continuous glucose monitoring for people with type 1 diabetes in Ontario would result in additional costs to the health system over the next 5 years.

Adult patients and parents of children with type 1 diabetes reported very positive experiences with continuous glucose monitoring, but the high cost of using the devices was a barrier to their widespread use.

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Valutazione della qualità delle REVISIONI SISTEMATICHE

- **PRISMA** [Moher *et al.*, 2009]
- **AMSTAR** (*Assessment of Multiple Systematic Reviews*) [Shea *et al.*, 2007]
- **CASP** (*Critical Appraisal Skills Programme*)
www.phru.nhs.uk/casp/appraisa.htm



<http://www.casp-uk.net/>

find appraise act **Critical Appraisal Skills Programme** Making sense of evidence

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Welcome to the CASP UK Website

The Critical Appraisal Skills Programme helps people to find and interpret the best available evidence from health research.

It is part of an [international network](#) that shares a commitment to self-directed learning and promoting better understanding of science.

On this website you can [find out about the CASP approach](#), download the CASP checklists, and find out what sort of workshops we offer to help improve your appraisal skills.

You can even [commission one](#) that is custom designed for your needs.

Introduction by Amanda Burls:

➔ Checklists

Download the CASP critical appraisal checklists for:

- [Randomised Controlled Trials](#)
- [Systematic Reviews](#)
- [Cohort Studies](#)
- [Case-Control Studies](#)

➔ Workshops

This years CASP International Training Week was held from 18th – 22nd March 2013. This 5 day course aimed to help participants feel confident about both finding and critically appraising research evidence & teaching critical appraisal skills to others. See here for

➔ Network News

[Tweets by @CASPUK](#)

It's time all clinical trial results are reported. Patients, researchers, pharmacists, doctors and regulators everywhere will benefit from publication of clinical trial results. Wherever you



CASP Tool

A/ Are the results of the review valid?

Screening Questions

1. Did the review address a clearly focused question?

Yes

Can't tell

No

HINT: An issue can be 'focused' in terms of

- the population studied
- the intervention given
- the outcome considered

2. Did the authors look for the appropriate sort of papers?

Yes

Can't tell

No

HINT: The 'best sort of studies' would

- address the review's question
- have an appropriate study design (usually RCTs for papers evaluating interventions)

Is it worth continuing?

Detailed questions

3. Do you think the important, relevant studies were included?

Yes

Can't tell

No

HINT Look for

- which bibliographic databases were used
- follow up from reference lists
- personal contact with experts
- search for unpublished as well as published

Valutazione qualità delle LINEE GUIDA: metodo AGREE II

AGREE II Score Sheet

Domain	Item	AGREE II Rating						
		1 <i>Strongly Disagree</i>	2	3	4	5	6	7 <i>Strongly Agree</i>
Scope and purpose	1. The overall objective(s) of the guideline is (are) specifically described.							
	2. The health question(s) covered by the guideline is (are) specifically described.							
	3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.							
Stakeholder involvement	4. The guideline development group includes individuals from all the relevant professional groups.							
	5. The views and preferences of the target population (patients, public, etc.) have been sought.							
	6. The target users of the guideline are clearly defined.							
Rigor of development	7. Systematic methods were used to search for evidence.							
	8. The criteria for selecting the evidence are clearly described.							
	9. The strengths and limitations of the body of evidence are clearly described.							
	10. The methods for formulating the recommendations are clearly described.							
	11. The health benefits, side effects and risks have been considered in formulating the recommendations.							
	12. There is an explicit link between the recommendations and the supporting evidence.							
	13. The guideline has been externally reviewed by experts prior to its publication.							
	14. A procedure for updating the guideline is provided.							