NATIONAL COVID-19 CLINICAL EVIDENCE TASKFORCE

Methods Brief: Sustain Mode

Key Messages

- For the period 1 July – 30 September 2021, the Taskforce will operate in a lower intensity 'sustain' mode, reflecting the lower levels of resource available in the Evidence Team to support the Taskforce
- In this period, evidence work will be guided by levels of priority assigned to existing guideline recommendations:
    - High priority: recommendations which we will continue to responsively update in light of new evidence
    - Moderate priority: recommendations for which we will incorporate evidence which meets certain thresholds when approved by GLG
    - Low priority: recommendations which we are unlikely to update
- We will continue to undertake a broad, daily evidence surveillance process but of a reduced number of sources
- We will remain open to new clinical questions, but the thresholds for taking on new questions will be raised.
- GLG will become the primary development body for new or updated recommendations
- Guideline and Consumer Panels will move to expert advisory mode, convened ad hoc where specific expertise is needed for recommendation development
- Governance and approval processes will remain unchanged, but will operate at a lower frequency

Prioritisation of Recommendations

Recommendations will be prioritised for updating on the basis of:

- Clinical importance
    - Current Strong and Conditional "Use" recommendations – noting that while new evidence is unlikely to change the nature of these recommendations, it may increase or decrease certainty, and that if evidence became available it would be important to ensure recommendations reflect the entire evidence-base
    - Current Strong and Conditional "Do not use" recommendations – noting that while new evidence is unlikely to change the nature of these recommendations, it may increase or decrease certainty, and that if evidence became available it would be important to ensure recommendations reflect the entire evidence-base
    - Recommendations where there is substantial variation in current clinical practice reflecting clinical uncertainty
    - Recommendations impacting large numbers of people with COVID-19 in Australia, or having a potential large clinical impact on people with COVID-19 in Australia
- Strategic importance
    - Recommendations of high public interest where it is important to ensure recommendations reflect the entire evidence-base, e.g. Ivermectin

- Likely changes in evidence
    - Recommendations for interventions where we are expecting imminent publication of results of large, well-conducted research studies which are likely to be able to inform evidence-based 'use' or 'do not use' recommendations

The Evidence Team will work with the Co-Chairs of each Panel to classify current recommendations as high, moderate or low priority for updating.

The Executive will then prepare a draft set of prioritised recommendations for approval by GLG and Steering Committee

High priority: recommendations

For high priority recommendations, we will continue to responsively incorporate any new evidence which meets our current thresholds for relevance and quality, and update recommendations as necessary.

Moderate priority: recommendations

For moderate priority recommendations we will incorporate evidence which meets current thresholds for relevance and quality, and is likely to meaningfully impact on the direction, certainty or interpretation of the recommendation, and only when GLG approves this activity.

Low priority: recommendations

For low priority recommendations, we are unlikely to incorporate new evidence unless GLG determines that the priority of the recommendation has changed due to changes in clinical practice, policy or other factors.

Evidence Surveillance

Our primary evidence surveillance will consist of searches of PubMed and medRxiv daily; and the French COVID-NMA Initiative site weekly.

We will no longer conduct daily searches of WHO COVID-19 Database or Research Square. Our experience is that searches of these sources do not regularly identify additional studies beyond those identified by PubMed and medRxiv and the French COVID-NMA site.

Evidence Screening

We will continue to screen the results of searches using current processes.

We will triage potentially relevant studies according to their relevance for high, moderate, low priority; or potential new, recommendations.

We will maintain a publicly available list of studies currently being included, studies likely to be included at a future date, and studies which are unlikely to be included while we are in Sustain Mode.

Evidence Incorporation

Studies relevant to high priority recommendations will have risk of bias assessed and data extracted and analysed for impact on recommendations as these studies arise, and as per current processes.

Studies relevant to moderate priority recommendations will only have risk of bias assessed and data extracted and analysed when GLG has approved this activity. When approved this will occur as per current processes.

Studies relevant to low priority recommendations will not have risk of bias assessed nor data extracted/analysed.

Recommendation updating

Where new evidence suggests the need for a new or updated recommendation, a member of the Evidence Team will contact the Co-Chairs of the relevant guideline panel/s to determine whether:

- the new/updated recommendation is in line with existing recommendations, and the panel does not need to be convened (or can be convened by email); or
- whether the recommendation requires additional specialist input from the panel.

Where the panel's specialist input is required, the panel will be convened to discuss the new/updated recommendation, and provide draft recommendations to GLG as per current processes.

Where no additional specialist input is required, the Co-chairs will provide draft recommendations to GLG for discussion and approval, and the panel will be notified.

Flowcharts

Flowcharts will continue to be updated to reflect new and updated recommendations, but at reduced frequency, likely monthly.

Consumer input

The GLG will continue to include the two current consumer members. Additional consumer input may be sought if specialist consumer input is required, for example where there are substantive changes to the direction or certainty of a recommendation, or where a new recommendation is developed, particularly if the recommendation is unrelated to current recommendations (e.g. for a new class of drugs).

Potential new recommendations

Where evidence surveillance or other processes identify potential clinical questions for new recommendations, these will be provided to GLG for approval as per current processes.

GLG will be asked to determine whether new recommendations addressing the clinical question are needed, and also whether these are high or moderate priority.

Where the Evidence Team is currently working at full capacity on existing high and/or moderate recommendations, the GLG may be asked to de-prioritise existing recommendations before further new recommendations can be developed.

No new low priority recommendations will be developed.

Governance and approval processes

Governance and approval processes will remain unchanged, however GLG and Steering Committee will move to a reduced meeting frequency. Meetings will be scheduled monthly, with placeholder meetings at fortnightly intervals between monthly meetings.

Publication

Where there are new or updated recommendations (that is, a new major guideline version update is required), publication will follow current processes.

Where there are no new or updated recommendations (that is, only a minor guideline version update is required), the decision to publish the new minor version will be based on operational considerations. This means that if only a minor update is required, a new guideline version may not be published each week.