

DEVELOPING A UK DUETs MODULE 2009

Mark Fenton, Angus Leitch and Douglas Grindlay

Contact: Mark Fenton: mfenton@lindalliance.org

INTRODUCTION

Uncertainties about the effects of treatments are inevitable. Whatever the basis for judgments about the likely effects of treatments in individual patients, there is no escape from the reality that every such judgment should initiate a clinical trial in which there can be no certainty that an individual patient will benefit. Sometimes the judgment will draw on the patient's past experience of the treatment, more usually on the clinician's experience of treating other patients. Increasingly, clinicians and patients are taking account of collective experience—the results of formal evaluations of treatments. Maybe this is because they recognise that treatments can sometimes do more harm than good, sometimes on a devastating scale.

The UK Database of Uncertainties about the Effects of Treatments (UK DUETs) can be accessed at <http://www.library.nhs.uk/DUETs/>. It has been established to identify and publish uncertainties about the effects of treatments which cannot currently be answered by referring to up-to-date systematic reviews of existing research evidence. This may be either because no relevant up-to-date, reliable systematic reviews are available, or because such reviews have made clear that further research evidence is needed. Information in UK DUETs can thus help those responsible for promoting, commissioning and supporting research to address important gaps in knowledge, taking into account the unmet information needs of patients and clinicians.

The uncertainties included in UK DUETs have been derived from a variety of sources, including – importantly – those identified in patients', carers' and clinicians' currently unanswerable questions about the effects of treatment.

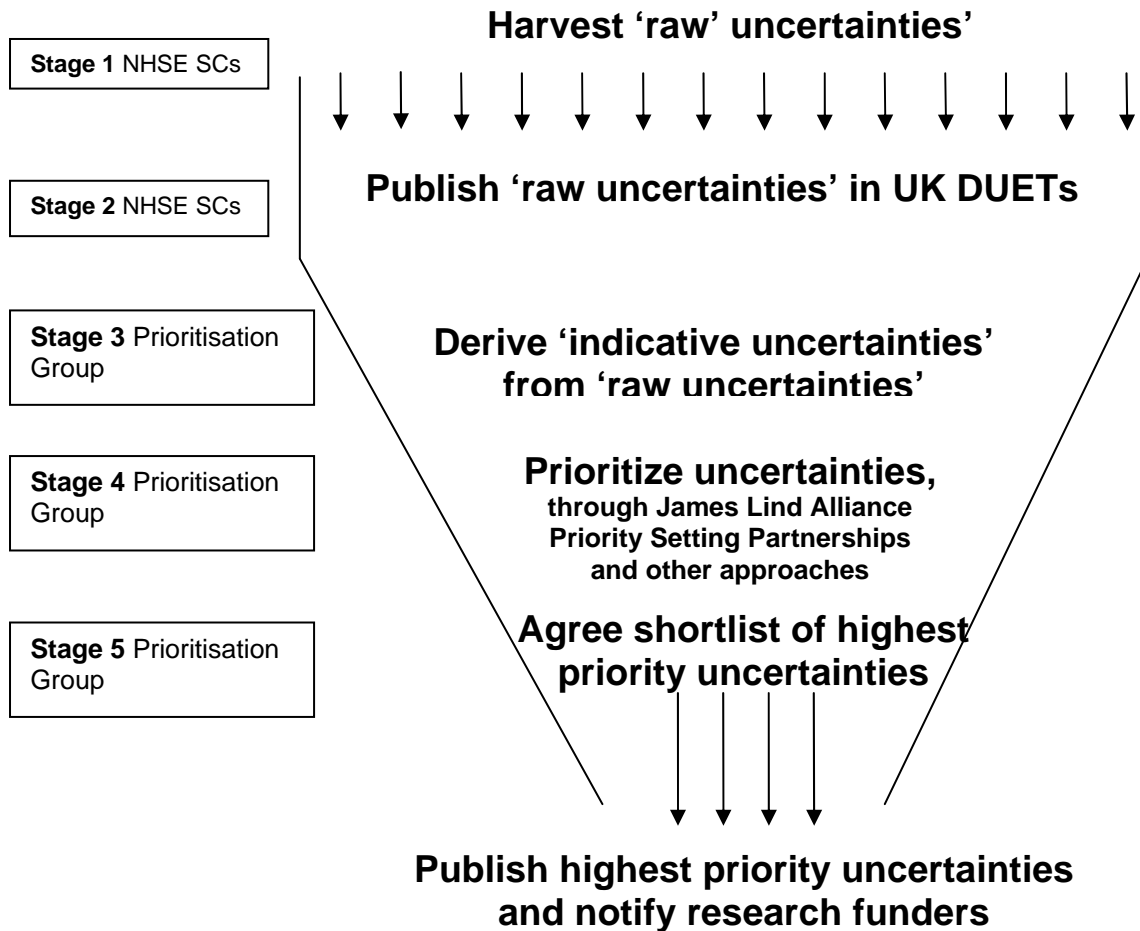
UK DUETs is part of NHS Evidence, and a primary responsibility under the auspices of Specialist Collections, and their Clinical Leads and Information Specialists. Related work to identify research priorities can be found on the website of the James Lind Alliance at <http://www.lindalliance.org/>.

People interested in helping to create UK DUETs modules in any of the many topics not yet covered should contact the relevant Specialist Collections at <http://www.library.nhs.uk/specialistcollections/>, using the 'Contact us' function, where your requests can be fed into the Specialist Collections plans for future Evidence updates or Priority Setting Partnerships.

This manual is a guide for those who are considering contributing to the development of one or more UK DUETs modules.

The Figure below illustrates the flow of uncertainties into UK DUETs and on to prioritisation for research.

Identifying and prioritising uncertainties about the effects of treatment



Each uncertainty published in UK DUETs must have met one, or more, of the following criteria:

- No systematic reviews identified
- Existing relevant systematic reviews need updating or extending
- Up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects

Recommendations for each uncertainty published in UK DUETs are thus either (i) to prepare a systematic review; or (ii) to extend or update an existing systematic review; or (iii) to conduct further research.

A report describing how a James Lind Alliance Priority Setting Partnership formed by Asthma UK and the British Thoracic Society collated uncertainties about the effects of treatments for asthma and identified priorities for new research is available on the James Lind Alliance website (<http://tinyurl.com/yc7o74a>).

This document pulls together all of the various documents relating to UK DUETs. Section 1 is a discusses sources of uncertainties for inclusion in UK DUETs; Section 2 is guidance provided by Douglas Grindlay from NHS Evidence Specialist Collection – Skin, on identifying uncertainties from systematic reviews. This has been split into Section 2 and appendix A. which is a more statistical discussion of uncertainty for those who are interested. Section 3 discusses how to assess whether uncertainties are eligible for inclusion in UK DUETs; Section 4 describes the process of entering uncertainties into UK DUETs.

SECTION 1: SOURCES OF UNCERTAINTIES FOR INCLUSION IN DUETs

1.1 Uncertainties reflected in questions asked by Patients, Carers or Clinicians

A major challenge in identifying unanswered questions about the effects of treatments continues to be a widespread reticence to admit uncertainties about treatment effects: information services for patients and clinicians exist to provide answers to questions and often do not see their role as making uncertainties explicit. Experience of how best to solicit patients', carers' and clinicians' unanswered questions about the effects of research remains limited. All of the following sources should be considered:

1.1.1 Bibliographies of articles documenting patients' and clinicians' priorities for research are available at <http://www.library.nhs.uk/DUETs/page.aspx?pagename=BIBLIO>.

1.1.2 Patient Advice Lines and Clinical Question and Answering Services, (e.g. www.clinicalanswers.nhs.uk) are a source of questions revealing uncertainties about the effects of treatments.

1.1.3 Postal and web-based surveys of patients, carers and clinicians can be undertaken to identify uncertainties.

1.1.4. Focus Groups have been undertaken with invited patients with epilepsy and their carers in Wales

1.2 Uncertainties reflected in Research Recommendations

Identifying uncertainties reflected in research recommendations is more readily accomplished than harvesting patients', carers and clinicians' unanswerable questions. There are several easily accessible sources.

1.2.1. Clinical guidelines – for example those issued by the Scottish Intercollegiate Guidelines Network (SIGN – <http://www.sign.ac.uk/>) and the National Institute for health and Clinical Excellence (NICE Research Recommendations <http://www.nice.org.uk/research/index.jsp?action=rr>) – increasingly identify gaps in research evidence, and sometimes make research recommendations.

1.2.2. *BMJ Clinical Evidence* (<http://clinicalevidence.bmj.com/ceweb/index.jsp>) is an important source of uncertainties about the effects of treatments, as it identifies evidence to guide practice and areas in which relevant research is lacking.

1.2.3. The Clinical Knowledge Summaries, (<http://cks.library.nhs.uk/>), also list uncertainties.

1.2.4. Systematic Reviews - Further discussion on systematic reviews available for inclusion can be found in Section 2. Reviews published in the *Cochrane Database of Systematic Reviews* (available through the National Library for Health – www.library.nhs.uk) all contain a section for authors to present judgements about implications of their findings for research. Work is being undertaken within the Cochrane Collaboration to improve the usefulness of this section of Cochrane Reviews. All Cochrane Systematic Reviews are eligible for inclusion in UK DUETs, unless they demonstrate that something is not an uncertainty. This will include reviews that do not meet the requirement for being considered 'up-to date'. When entering these into DUETs, the recommendation will be that they need updating.

1.2.4. Other sources of uncertainties are the websites of the Health Technology Assessment programme (NIHRHTA) (<http://www.hta.nhs.uk/> where remaining uncertainties following research are listed (<http://www.hta.nhs.uk/project/htapubs.asp>).

1.2.5 NHS Centre for Reviews and Dissemination (CRD) (<http://www.york.ac.uk/inst/crd/>) contains systematic reviews published outside of The Cochrane Library. Whilst The Cochrane Library contains a version of the DARE database, always use the version on the CRD website due to the time lag of getting new entries onto The Cochrane Library.

1.3 Uncertainties currently being addressed in Ongoing Research

Information about ongoing research is included in UK DUETs not only to indicate when relevant research addressing uncertainties may become available in new systematic reviews, or for updating existing reviews, but also so that patients, carers or clinicians can assess whether they are eligible to participate in any ongoing studies. Readily accessible sources of uncertainties reflected in ongoing research include:

1.3.1. Information and protocols for systematic reviews in preparation and ongoing studies are available in the *Cochrane Database of Systematic Reviews* (available through the National Library for Health – www.library.nhs.uk), and on the website of the National Coordinating Centre for Health Technology Assessment (NCCHTA) (<http://www.hta.nhs.uk/>).

1.3.2. Information and protocols for additional primary research can be accessed through the World Health Organisation's International Clinical Trials Registry Platform Search Portal (WHO ICTRP - <http://apps.who.int/trialsearch/>).

SECTION 2. GUIDANCE ON IDENTIFYING UK DUETS UNCERTAINTIES FROM SYSTEMATIC REVIEWS AND CLINICAL GUIDELINES

Introduction

Up to date systematic reviews are an important source of uncertainties that appear under the “Research recommendations” tab in UK DUETs. However, depending on how the systematic review is written, treatment uncertainties may not be made explicit in the text, making it difficult to identify uncertainties suitable for UK DUETs.

The Glossary of Cochrane Collaboration and research terms (<http://www.cochrane.org/resources/glossary.htm>) defines a systematic review as:

A review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyse data from the studies that are included in the review.

Most Cochrane Reviews synthesise the findings of **randomised controlled trials (RCTs)**, except when looking for evidence of harms, or for very rare diseases, where RCTs are lacking.

This guidance is intended to help you identify uncertainties for UK DUETs from systematic reviews. It is aimed primarily at Cochrane Reviews, but the principles can also be applied to non-Cochrane systematic reviews. However, it should be noted that non-Cochrane systematic reviews may lack some of the sections included in a Cochrane Review, for example the “Implications for research” box in the “Author’s conclusions” section (which can be a valuable source of UK DUETs uncertainties). Also the word limit on systematic reviews published in journals means they are likely to have a much terser style than Cochrane Reviews, which can, in turn, mean that uncertainties are less explicit.

General principles

- 1. It helps to use plenty of common sense. The more systematic reviews you read and analyse for UK DUETs, the easier the process will become.**
- 2. Try to avoid over-interpretation of the data. Focus wherever possible on explicit statements of treatment uncertainties and research needs.**
- 3. Once you have compiled a draft list of uncertainties from a systematic review, you can contact the authors to ask about any queries you have and to seek their comments on and approval of your list. This is recommended as a matter of course, wherever possible.** The systematic review authors are obviously the people most familiar with the evidence found and the analysis made, and so should be best able to judge whether further research is needed and to confirm or reject a potential uncertainty. There is a useful learning process involved here, as contacting systematic review authors makes them aware of UK DUETs and may encourage them to consider uncertainties and make them more explicit in future systematic reviews. Contact details for the contact author, including an e-mail address, can be found near the end of the full version for older Cochrane Reviews, near the top in recently published Cochrane Reviews, and on what is called the cover sheet in the electronic version. In systematic reviews published in traditional journals, contact details tend to be on the first page, either after the author names or as a footnote.

4. **If you have a relevant and up to date Cochrane Review (with the search undertaken less than three years ago by the criteria of UK DUETs) or a non-Cochrane systematic review which you know has a methodology of similarly high methodological quality, there is no need to go searching specially for further systematic reviews on the same topic.**

5. **If you do find an up-to-date Cochrane Review and also one or more up to date non-Cochrane systematic reviews on the same topic (for example in an Annual Evidence Update), you should give priority to the results and conclusions of the Cochrane Review in deciding on uncertainties, because of their defined and tested methodology and their general high quality.** The only exception to this rule is if clear methodological problems with the Cochrane Review have been identified. Once uncertainties have been identified from the Cochrane Review, it is worth looking through the corresponding non-Cochrane systematic reviews to confirm the conclusions on uncertainties that were made using the Cochrane Review, especially if they are more recent. This may identify additional valid evidence that affects a potential uncertainty or provides an extra uncertainty that can be considered for UK DUETs, for example if there is a new RCT or a new treatment which have not been covered by the Cochrane Review.

6. **It is generally easiest to start with the “definite” first, whether definite treatment uncertainties (little or no RCT evidence) or definite treatment certainties (large amounts of consistent RCT evidence).** With this framework established, you can then move on to the research questions whose answers are less clear and try to decide whether these are uncertainties or not.

How to identify uncertainties from a systematic review

“Begin at the end and work backwards”

In line with the principle of starting with the “definite” first, it is usually easiest to work backwards through a systematic review to identify uncertainties—begin with the Conclusions, then the Discussion, then the Results, and finally the Background (in a Cochrane Review) or the Introduction (in a non-Cochrane review).

Authors’ conclusions

For most systematic reviews, whether Cochrane or non-Cochrane, the easiest place to start identifying uncertainties is the Conclusions section. Cochrane Reviews have two boxes under “Authors’ conclusions”—one for “Implications for practice” and one for “Implications for research”.

Sometimes the research recommendations given under “Implications for research” are very easy to convert into UK DUETs uncertainties, as they directly imply there is an uncertainty about a particular treatment or group of treatments that needs to be addressed by further research. However, in some systematic reviews, particularly for diseases where there is a general lack of reliable evidence, the recommendations may not be specific to particular treatments and so may not help in identifying individual treatment uncertainties. For example, the main recommendations may be improved methodology for clinical trials in general.

Depending on the review, it may also be possible to identify uncertainties from the “Implications for practice” box, but be wary of over-interpretation and look for explicit statements of whether or not there is sufficient evidence on a particular research question.

Discussion

There is often considerable overlap between the Discussion and the Conclusions. Again there may be explicit statement of whether or not there is sufficient evidence on a particular research question. Look out for phrases such as “there is insufficient evidence”, “the evidence is insufficient”, “there is no evidence that”, etc., as possible clues to uncertainties. This said, **care must be taken to distinguish cases where a series of good quality RCTs has shown little or no evidence of the efficacy of a treatment (which implies a *certainty of lack of effectiveness* rather than an uncertainty about effectiveness) from cases where reliable RCTs are lacking (which implies an uncertainty).**

SECTION 3: ASSESSING WHETHER IDENTIFIED UNCERTAINTIES ARE ELIGIBLE FOR INCLUSION IN UK DUETs

3.1. The UK DUETs working definition of a therapeutic uncertainty about the effects of a treatment is: 'an uncertainty that cannot be resolved by reference to reliable and up-to-date systematic reviews of existing research evidence'.

UK DUETs has adopted the Cochrane Collaboration's definition of 'up-to-date' for a review, namely, that it should have been published for the first time, or updated, within the previous two and a half years.

3.2. Questions that need answering before an uncertainty is entered in UK DUETs

(i) Is the uncertainty about the effects of a treatment? If not, it is not eligible for inclusion in UK DUETs.

(ii) Is this an uncertainty? Has it been addressed and resolved in a reliable systematic review? If not, then it is eligible for entry into UK DUETs.

(iii) Might the uncertainty be answered by an existing systematic review if it was updated or extended? To answer this question, decide if the review is relevant to the uncertainty submitted, details of which are in the 'included studies' table.

(iv) Does, or could, the review include people similar to those about whom the question is asked? If so, does the review contain the intervention and comparator that are of interest?

(v) Have the reviewers indicated that they are going to look for the outcome of interest?

(vi) Did the reviewers find any data relevant to the uncertainty?

(vii) Do the outcomes reported reflect the uncertainty expressed?

(viii) What research recommendations do the reviewers make at the end of the review?

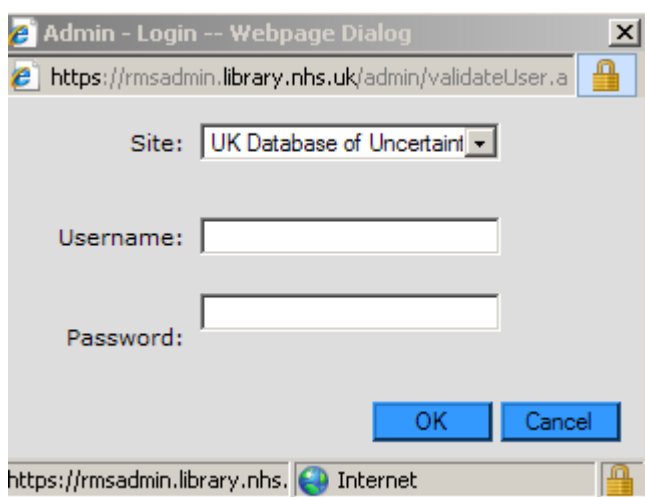
SECTION 4: ENTERING UNCERTAINTIES IN UK DUETS

4.1 Logging on

UK DUETs is now fully integrated into the software of NHS Evidence specialist collections resource management system.

It can be accessed by going to <https://rmsadmin.library.nhs.uk/admin/>.

This will take you to page which looks like this:



For those with existing logons.

In the 'Site' box, make sure UK Database of Uncertainties about the Effects of Treatments is selected. Enter your user name and password.

For those requiring a username and password, or reminding of their password and user name, please contact the UK Editorial Team. Once logged into UK DUETs, you will see the following page:

Home

UK Database of Uncertainties about the Effects of Treatments (DUETs)

Topics

- UK Database of Uncertainties about the Effects of Treatments (DUETs)
 - Cancer
 - Cardiovascular diseases
 - Ear nose and throat disorders
 - Eyes and vision
 - Gastroenterological and liver diseases
 - Haematological disorders
 - Infection
 - Mental health
 - Musculoskeletal diseases
 - Neonatal diseases
 - Neurological conditions
 - Nutritional metabolic and endocrine disorders
 - Oral and dental conditions
 - Respiratory diseases
 - Skin disorders
 - Symptoms
 - Trauma
 - Urological and genital disorders
 - Women's health conditions

Resource Types

- [DUETs](#) - a record describing a known uncertainty for the Database of Uncertainties about the Effects of Treatments.

CMS Home Page Manager

- [Home Page Manager](#) - CMS Home and supporting pages Content management.

Site Administration

- [Special Tags](#) - view and edit Introductory Articles & Editors Pick's using the topic tree.

4.2 Add a new draft record

To start the add/edit wizard click on 'Resource Type' 'DUETs', then 'Add' or by highlighting an existing record and clicking on 'Edit'. The UK DUETs editor is split into four consecutive screens which you work through in turn. You can move back and forward as much as you like and press finish anytime - but remember that **nothing you do is saved until you press finish**.

- To create a new UK DUETs record click on the 'DUETs' tab then click on the 'Add' button in the Local 'DUETs' items box on the right of your screen - then follow steps 1 to 4 shown below.
- To edit a UK DUETs item, select the item to be edited (see screenshot below) and then click on the 'Edit' button in the 'DUETs' items box on the right of the screen - then follow steps 1 to 4, shown below.

4.2.1 – 'DUETs' details

DUETs Details - Microsoft Internet Explorer provided by The NHS Institute

DUETs Resource Details

Please enter the details for the DUETs resource in the fields on the right.

The DUETs resource will not appear on the site until the 'Active' checkbox has been checked.

The review date can be set by launching the date dialog from the date button.

The record source can be chosen from sources already entered using the drop-down or you can enter a new source in the text input instead.

Original question*

Approved for public viewing

Last reviewed - Next review date* 16 Dec 2009

Published date

Record source*

Question source URL

Original text

Original text editor comment

PICO outcome

Editor comments

* indicates a required field

UK Database of Uncertainties about the Effects of Treatment (DUETs) Step 1 of 4

This panel is for entering basic metadata about the record and for some supplementary commentary. Please note the following about certain fields on this panel:

Fields marked with * (a red asterisk) are mandatory

The “Original question” field forms the title of the record. To promote ease of reading, the Intervention should be mentioned first [I], followed by the Population/Patient. [P] For example, *Topical steroids (Intervention) in eczema (Population/Patient)*.

If the uncertainty included reference to comparators [C], the Intervention should be mentioned first, followed by the Comparator, followed by the Population/Patient [ICP]. For example, *Systemic steroids (Intervention) compared with inhaled steroids (Comparator) in children with asthma (Population/Patient)*.

If particular Outcomes have been specified in the uncertainty, these should be included in the title in whatever way seems sensible and readable.

The “Approved for public viewing” box must be ticked for the record to be visible in the front-end of NHS Evidence.

The “Published date” is the date on which you approve the record for public viewing.

The “Next review date” will, by default, be one year from the published date. However, you can amend this if necessary.

The “Record source” field is in two parts. The first is a drop-down list of sources already in UK DUETs. The second is a text box for you to enter a new source if the one you want is not in the drop-down list.

The “Question Source URL” is for entering a URL to link to resources not indexed in databases - e.g. a NICE guideline as distinct from a PubMed entry.

The “Original text” field is optional. Copy text here of how the uncertainty was stated in a question or in a research recommendation. If nothing is entered in this field, it remains hidden.

The “Original text editor comment” field is an optional field used to note other UK DUETs records that are based on the same piece of original text - i.e. as it was stated in a question or research recommendation. If nothing is entered in this field, it remains hidden.

The ‘PICO outcome’ box is for any outcomes which are made explicitly in the uncertainty. If there is no explicit outcome mentioned, and there is a Cochrane Systematic Review, the outcomes searched for in the Systematic Review should be used. These should be formatted as follows:

Outcome 1*; outcome 2; outcome 3
*Primary outcome

This could look like the following:

‘Development of type 2 diabetes mellitus; diabetes and cardiovascular-related morbidity*; development of impaired glucose tolerance; development of impaired fasting glucose; anthropometric measures: body weight, body mass index (BMI) and waist-to-hip-ratio; systolic and diastolic blood pressure; lipid levels: total cholesterol, LDL- and HDL-cholesterol, triglycerides; quality of life; adverse effects; all-cause mortality; and costs’*

*Primary outcomes

The “Editor comments” field is also optional. It can be used to record where in a particular document the uncertainty was found, to show a trail for your own records. It can also be used to leave a message for either the UK DUETs editor or your Clinical Lead. For example: questions about the provenance of the uncertainty, the record structure or some other presentational question. This field is only visible in RMS-admin and will not appear in the front-end.

Click on “Next” to go to panel 2, or “Cancel” to discard the changes. You cannot click on “Finish” until all mandatory fields have been completed.

4.2.2. – Referencing

DUETs Details - Windows Internet Explorer

https://rmsadmin.library.nhs.uk/admin/wizards/wizard.asp?pageName=duets/duetsProperties.asp&id=323933&paget

DUETs Resource Reviews

Please enter the details of reviews for the DUETs resource in the fields on the right.

Relevant reviews

McShane R, Areosa Sastre A, Minakaran N. Memantine for dementia. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD003154. DOI: 10.1002/14651858.CD003154.pub5.

Birks J, Harvey RJ. Donepezil for dementia due to

Relevant reviews in preparation

Relevant reviews need updating

Loy C, Schneider L. Galantamine for Alzheimer's disease and mild cognitive impairment. Cochrane Database of Systematic Reviews 2006, Issue 1. Art. No.: CD001747. DOI: 10.1002/14651858.CD001747.pub3

Relevant ongoing trials

A double-blind, placebo-controlled, 2-year study of galantamine used to treat patients with mild to moderate Alzheimer's disease. NCT00679627

* indicates a required field

UK Database of Uncertainties about the Effects of Treatments (DUETs) Step 2 of 4

Step to panel: DUETs Resource Reviews

Cancel < Back Next > Finish

Use the first three fields here to enter details of relevant, reliable systematic reviews, protocols for systematic reviews, or systematic reviews which need extending or updating. Use the fourth for relevant ongoing controlled trials. DOIs, PubMed IDs, ISRCTN and clinicaltrials.gov (NCT) numbers will automatically be recognised by the system and will be formatted as links in the front-end to (for example) Cochrane, PubMed, the ISRCTN and ClinicalTrials.gov.

Enter these numbers on a separate line below the title or citation.

In the screenshot above, a Cochrane SR has been cited and a DOI has been entered which will automatically link to that Cochrane SR. In the 4th field NCT numbers have been used - these will automatically link to ClinicalTrials.gov.

If the reference does not have a standard identifier such as those listed above, then enter the full URL instead, again on a separate line.

Please refer to the following examples when formatting references:

Cochrane Systematic Review

Burton MJ, Doree CJ. Ear drops for the removal of ear wax. *Cochrane Database of Systematic Reviews* 2003, Issue 3. Art. No.: CD004326.

DOI: 10.1002/14651858.CD004326.

(note the space between "DOI:" and the number itself)

Cochrane Protocol

Bath-Hextall F et al. Dietary exclusions for established atopic eczema (Protocol). *Cochrane Database of Systematic Reviews* 2005, Issue 2.

DOI: 10.1002/14651858.CD005203

Systematic review without a DOI

Hoare C (et al...). Systematic review of treatments for atopic eczema. *Health Technology Assessment* 2000; Vol. 4: No. 37.

<http://www.ncchta.org/fullmono/mon437.pdf>

Ongoing trials

Induction of tolerance through early introduction of peanut in high-risk children
ISRCTN94818122

Efficacy and Safety Trial of ALK-Depot SQ Mites in Subjects With Atopic Dermatitis
NCT00310492

(note that there are no spaces in these identifiers, unlike DOIs)

Please refer to the Specialist Collection Standards of Presentation manual for further information on standard approaches to formatting citations.

4.2.3. – Classification (which UK DUETs health conditions)

DUETs Topics from DUETs Classification

Please select the topics for the DUETs resource from the list on the right.

- Cancer
- Cardiovascular diseases
- Gastroenterological and liver diseases
- Ear nose and throat disorders
- Eyes and vision
- Haematological disorders
- Infection
- Trauma
- Mental health
- Musculoskeletal diseases
- Neonatal diseases
- Neurological conditions
- Nutritional metabolic and endocrine disorders
- Oral and dental conditions
- Women's health conditions
- Respiratory diseases
- Skin disorders

Topics in **black** are visible to users.
Topics in **grey** are disabled and are not visible to users.
Note: topics that appear below a disabled topic will not be visible to users of this site.

UK Database of Uncertainties about the Effects of Treatment (DUETs) Step 3 of 4

Step to panel: DUETs Topics (DUETs Classification) Cancel < Back Next > Finish

Select applicable health conditions from the topic tree by ticking the boxes. Use the plus signs to open up particular branches.

If you tag records with health conditions applicable to another SL please notify them that there are records potentially relevant to their SC in the UK DUETs collection for them to link to.

New topics can be added by asking for the UK DUETs Editorial Team to make the addition.

4.2.4. – further classification (controlled vocabularies)

Attach Controlled Vocabularies
Please select the controlled vocabulary values to be attached to this resource.

Highlighting a term in the "Not Selected" box and using the ">>" button will add this keyword to the resource.

Highlighting a term in the "Selected" box and using the "<<" button will remove this keyword from the resource. The keyword will be added to the end of the "Not Selected" list

Terms highlighted in dark red and prefixed with 'Dep:' are deprecated and can no longer be used.

DUETs Evidence Available* Existing relevant systematic re

DUETs Intervention*

Selected

Drug

Move Up Move Down

Not Selected

Complementary therapies
Contraception
Devices
Diagnostic
Diet
Education and training

DUETs Person Age* Adult

DUETs Record Type* Uncertainties identified from cli

* indicates a required field
* indicates a deprecated term is currently selected

UK Database of Uncertainties about the Effects of Treatment (DUETs) Step 4 of 4

Step to panel: Controlled Vocabularies Cancel < Back Next > Finish

There are four further classifications to be made to each uncertainty, each of which uses a controlled vocabulary. Every field on this panel is mandatory.

The first, third and fourth field are simple drop-down menus from which one term can be selected. The second field allows for multiple selections. Select terms by highlighting them in the lower box (hold down the Ctrl key to add more than one at a time) and then click on the "Move Up" button. To de-select terms, highlight them in the upper box and click on "Move Down".

Note that the first field "DUETs Evidence Available" appears in the front-end display as "Why is there uncertainty?" A limitation of the RMS means you cannot see the full option as the wizard does not allow the full box to be displayed. Until you are familiar with the options, it is useful to have the written version available to allow you to identify and choose the correct option.

Available options for evidence available are:

- Existing relevant systematic reviews are not up to date
- No relevant systematic reviews identified
- Relevant reliable up-to-date systematic reviews do not address continuing uncertainties about treatment effects

- Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects

Options for person age are:

- Adult
- Any age
- Child/adolescent
- Elderly
- Unclear

Options for record type are:

- Uncertainties being addressed in ongoing research
- Uncertainties identified from carers' questions
- Uncertainties identified from clinicians' questions
- Uncertainties identified from patients' questions
- Uncertainties identified in research recommendations

4.4. - Link/Push UK DUETs items

As with other RMS resource types, UK DUETs items can be linked to from any other SC which supports the "DUETs" resource type. Unlike other resource types, links to UK DUETs items can be "pushed" into other SLs which support the "DUETs" resource type. Pushing enables the main UK DUETs database to continue to be the comprehensive collection of all uncertainties by allowing users to add UK DUETs records centrally and push a link to the record into their own library. **Please only push records into your own collections.** If you think a record should appear in another library please notify the SC in question.

4.4.1. Link to a UK DUETs item

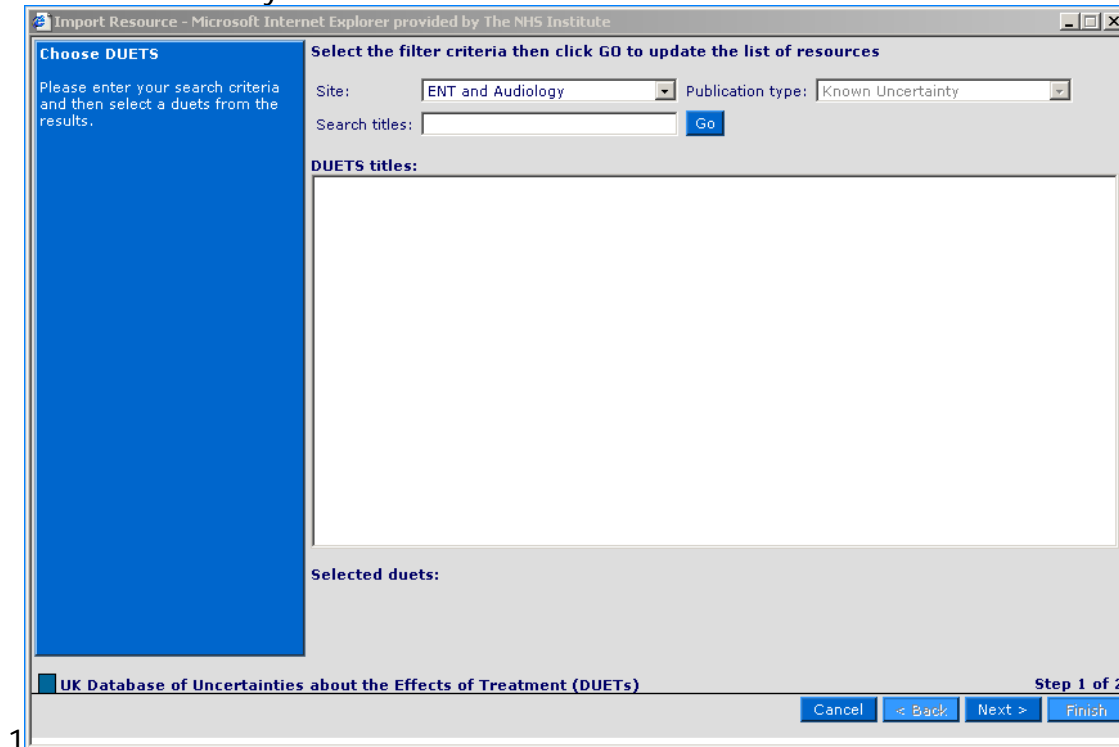
The screenshot shows a web interface for the UK DUETs database. At the top, there are navigation tabs: Article, CARDEX, Care Pathway, Clinical Guideline, Contact, DUETs (selected), Event, News, and Organisation. Below the tabs is a 'Show filters' checkbox. The main area is a table with two columns: 'Publisher' and 'Title'. The 'Publisher' column contains the text 'none specified' for all rows. The 'Title' column contains various medical research titles. The third row is highlighted in blue. To the right of the table is a sidebar with two sections: 'Local DUETs items' and 'Linked DUETs items'. The 'Local DUETs items' section has buttons for 'Add...', 'Edit...', 'Delete', and 'Renew'. The 'Linked DUETs items' section has buttons for 'Link...', 'Tags...', 'Unlink', and 'Push'. Below the sidebar are buttons for 'Details' and 'Preview'. At the bottom left, there is a 'Note:' section with two lines of text: 'DUETs items in **black** are editable.' and 'DUETs items in **green** are imported from other sites and can only have their tags changed.'

Publisher	Title
none specified	A patient has been prescribed Zoladex and Tamoxifen for stage 1 Breast cancer ER+ with d
none specified	Adjuvant chemotherapy for small intestine adenocarcinoma
none specified	Chemoimmunotherapy versus chemotherapy for metastatic malignant melanoma
none specified	Chemotherapy for metastatic carcinoma of the esophagus and gastro-esophageal junction
none specified	Concurrent chemoradiotherapy (alternative fractionation schedules) versus sequential chem
none specified	Do particular groups of non-small cell lung cancer patients benefit more or less from pre-op
none specified	Do purported neuroprotective agents (amifostine, diethyldithiocarbamate, glutathione, Org 2
none specified	Does external beam radiotherapy reduces the risk of death for patients with stage 1 endom
none specified	Does neoadjuvant chemotherapy prior to debulking surgery for women with advanced epith
none specified	Erythropoietin and Darbepoetin for patients with malignant disease
none specified	For patients with oral cancer and a clinically N0 neck undergoing surgery to the primary site
none specified	High dose chemotherapy and autologous bone marrow or stem cell transplantation versus c
none specified	High dose chemotherapy and autologous bone marrow or stem cell transplantation versus c
none specified	High dose chemotherapy and autologous bone marrow or stem cell transplantation versus c
none specified	How best to design ethically sensitive research to examine the effectiveness of different me
none specified	How is it best to deliver cancer genetic risk assessment services in terms of health profess
none specified	In cases of metastatic squamous cell carcinoma (SCC) in cervical lymph nodes with occult p
none specified	In cases of metastatic squamous cell carcinoma (SCC) in cervical lymph nodes with occult p
none specified	In cases of squamous cell carcinoma of the Head & Neck, for which specific anatomical sites
none specified	In which circumstances is post operative radiotherapy to lymph node areas beneficial for He
none specified	Interventions for cachexia-anorexia syndrome in people with lung cancer
none specified	Is a patient controlled analgesia (PCA) better than continuous infusion method for controlli

Note:
 DUETs items in **black** are editable.
 DUETs items in **green** are imported from other sites and can only have their tags changed.

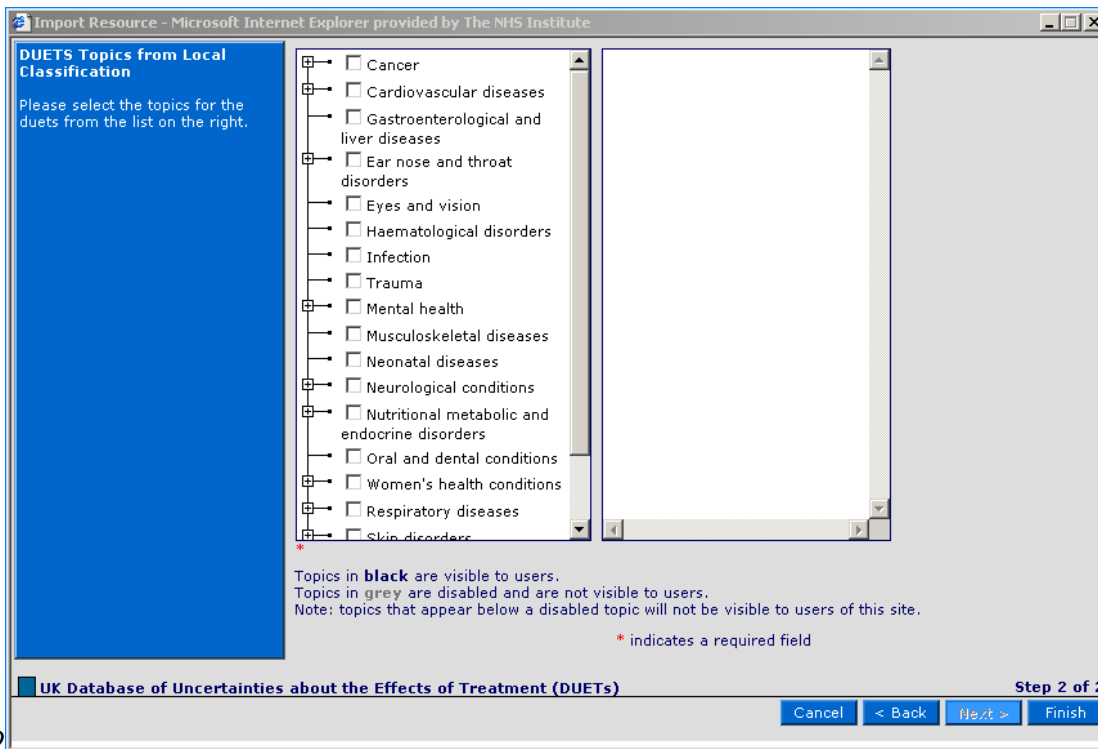
To link to a UK DUETs item in the UK DUETs collection or in another SC click on the “Link...” button.

The Link wizard will open up. It contains 2 panels. The first panel allows you to locate and select the record you want.



First select the SC or collection that is home to the record you wish to link to. Publication type (PT) is preset to “Known uncertainty”. This is the only applicable PT for UK DUETs items.

In the “Search titles” box enter a keyword or two and click on “Go”. Select the record you want from the main box and then click on “Next >”.



2

Apply your SC's topic terms to the record you are linking to by ticking the relevant boxes. Click on the plus signs to expand any branch of the topic tree. Click on "Finish" when you have finished.

Appendix A. – Further discussion for extracting uncertainties from systematic reviews

It should be possible to harvest most of the relevant uncertainties from the Results section, but this may need more work as this section lacks the interpretation by the author that is provided in the Conclusions and Discussion. Some results and consequent uncertainties may be identifiable in the Results section that are not subsequently considered in the Conclusions and Discussion, so it is important to analyse the Results section in detail as well as these later sections. This is particularly relevant for comprehensive systematic reviews on conditions where there is a large number of potential treatments.

In interpreting the results of systematic reviews, it helps to have a basic understanding of the main statistical measures used, so an attempt is made to summarise these below. The definitions used are taken from the Glossary of Cochrane Collaboration and research terms:

<http://www.cochrane.org/resources/glossary.htm>.

Note that further details on systematic review methodology can be found in the Cochrane Handbook for Systematic Reviews of Interventions (but this level of detail should not be needed for UK DUETs purposes):

<http://www.cochrane-handbook.org/>.

Often, *but not always*, a systematic review will include a **meta-analysis**, where statistical techniques are used to integrate the results of several research studies. This allows greater precision in estimating a **treatment effect**, yielding **an overall statistic that summarizes the effectiveness of the experimental intervention compared with a control intervention**. According to Chapter 9 of the Cochrane Handbook:

Potential advantages of meta-analyses include an increase in power, an improvement in precision, the ability to answer questions not posed by individual studies, and the opportunity to settle controversies arising from conflicting claims. However, they also have the potential to mislead seriously, particularly if specific study designs, within-study biases, variation across studies, and reporting biases are not carefully considered.

A meta-analysis may be accompanied by a **Forest plot**, a graphical representation of the individual results of each study included in the meta-analysis together with the combined meta-analysis result. The plot can also show the heterogeneity among the results of the studies. See fig.1.

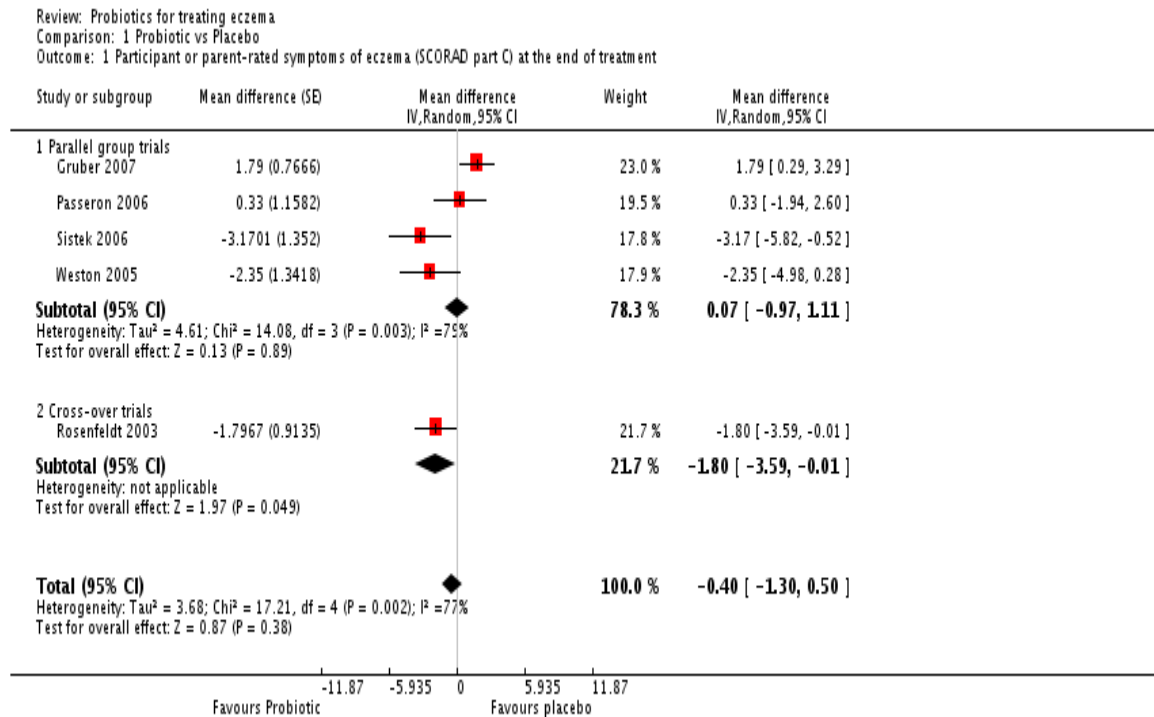


Fig.1.

Figure 1. is an example of a forest plot showing a narrow summative result, with a narrow confidence interval where you might say evidence of no effect. The review says in the Discussion section:

Five studies ([Rosenfeldt 2003](#); [Weston 2005](#); [Passeron 2006](#); [Sistek 2006](#); [Gruber 2007](#)) reported visual analogue scores of eczema symptoms (pruritus and sleep loss; SCORAD part C score) assessed by parents or participants - the data from these studies suggest that probiotics are not an effective treatment for eczema symptoms, albeit with significant heterogeneity between studies.

If the Results section includes the statistics from a meta-analysis, these may be of help in identifying treatment uncertainties, particularly if the meaning and implications of the statistics are interpreted later in the Discussion and Conclusions sections (which *should* be the case).

In systematic reviews where there is no meta-analysis (usually because there are insufficient studies or because the study designs are incompatible), the statistical results of individual studies may be given in the systematic review. However, these must be viewed with more caution than the results of a meta-analysis due to the smaller sample size and the risk of error and bias, and you should be extra careful to base your decisions about treatment uncertainties just on the conclusions of the systematic review authors.

Generally the aim of trials and systematic review is to estimate **treatment effects**, the observed relationship between an **intervention** and a defined **outcome**. Most clinical trials, including RCTs, are **controlled**, i.e. the treatment being studied is compared to a **control** or comparator group. Often the control group is given a **placebo** (i.e. a sham treatment) but this is not necessarily the case; controls may also receive no treatment, an inactive treatment, or a **standard treatment** with which a new treatment is being compared.

An important indicator for an estimate of a treatment effect is the **statement of statistical significance**. A result is described as **statistically significant** if it is unlikely to have happened by chance, in which case we can be reasonably sure that there is a true treatment effect. The usual threshold for this judgement is that the result (or more extreme results) would occur by chance with a **probability of less than 0.05** (or 1 in 20). Look out for statements such as “there was no significant difference between the treatment group and the control group” or “treatment A caused a significantly greater reduction in disease severity than treatment B”.

When comparing treatments, summary results will usually be given as the **risk ratio (RR)**, also known as the **relative risk**. **In intervention studies, the risk ratio is the ratio of the risk in the intervention group to the risk in the control group. A risk ratio of one indicates no difference between comparison groups.** For undesirable outcomes, a risk ratio that is less than one indicates that the intervention was effective in reducing the risk of that outcome.

Instead of the risk ratio, you may also see treatment comparisons described using the **odds ratio (OR)**. It suffices to know that this is an alternative way of comparing treatments, and can be converted into the risks ratio using a formula. Risk ratios are easier to interpret than odds ratios and so are often used in summary tables. However, odds ratios have favourable mathematical properties, so a review author may decide to undertake a meta-analysis based on odds ratios. In formal statistical terms, the odds ratio is the ratio of the odds of an event in one group to the odds of an event in another group. In studies of treatment effect, the odds in the treatment group are usually divided by the odds in the control group. An odds ratio of one indicates no difference between comparison groups.

Estimates of unknown quantities, including the risk ratio and the odds ratio, are usually presented as a **point estimate** and a **95% confidence interval (CI)**. **The confidence interval is a measure of the uncertainty around the estimate. Narrower confidence intervals, as indicated by the upper and lower confidence limits, indicate greater precision**, and tend to be the result of larger sample sizes (i.e. more and/or larger trials in the meta-analysis). The statistical meaning of the 95% confidence interval is that if someone were to keep repeating a study in other samples from the same population, 95% of the confidence intervals from those studies would contain the true value of the unknown quantity. **For our purposes, if the 95% confidence interval is large, then there is a large degree of uncertainty about the true value of the treatment effect.** This *may* then be used as an indicator of an uncertainty for UK DUETs, but you should rely as much as possible on the authors' conclusions and contact them to get their opinion if there is any doubt.

Background or Introduction

It is possible that some treatments may be mentioned in the Background or the Introduction that are not considered in the Results or later sections because no RCT evidence was found. In such cases you should consider including these treatments as UK DUETs uncertainties, especially if they are widely used despite the lack of supporting RCT evidence, but this should be done after consultation with the systematic review authors if possible.

Consideration of “PICO”

In compiling UK DUETS uncertainties you should always consider the **PICO** model, which is used to construct sound clinical questions (see for example <http://healthlinks.washington.edu/ebp/pico.html>).

In PICO, **P** stands for Patient, Population or Problem; **I** stands for Intervention; **C** stands for Comparison; and **O** stands for Outcome.

If the need is apparent from the systematic review, elements of PICO such as specific patient groups or comparator treatments should be built into UK DUETs uncertainties. For example, a systematic review may find that there is no evidence about the effectiveness of a particular treatment in children, or may indicate that there is uncertainty about the safety of a treatment in pregnant women. In these cases, specific UK DUETs uncertainties to match these PICO criteria would be appropriate.

To promote ease of reading in the title field of each uncertainty, the **I**ntervention should be mentioned first, followed by the **P**opulation/**P**atient. **[IP]** For example, Topical steroids (**I**ntervention) in eczema (**P**opulation/**P**atient).

If the uncertainty relates to comparators and/or specifies outcomes, the **I**ntervention should be mentioned first, followed by the **C**omparator, followed by the **P**opulation/**P**atient. **[ICP]** For example, Systemic steroids (**I**ntervention) compared with inhaled steroids (**C**omparator) in children with asthma (**P**opulation/**P**atient).

If particular **O**utcomes have been specified in the uncertainty, these should be included in the title in whatever way seems sensible and readable.