COMET VII - GLOBAL COS INITIATIVES
A GRADE UPDATE

GRADING OF RECOMMENDATIONS ASSESSMENT, DEVELOPMENT AND EVALUATION

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Acknowledgements

• Thanks to the COMET VII organization

• Thanks to Holger Schünemann and the MacGRADE team

Disclosures

• No direct financial COI, funding from ASH
Outcomes in GRADE

Evidence synthesis (systematic review/HTA)

Recommendation/Decision

Grade recommendations (Evidence to Recommendation)
- For or against (direction) ↓↑
- Strong or conditional/weak (strength)

By balancing consequences (evidence to recommendations):
- Certainty of evidence
- Values and preferences (utilities)
- Balance benefits/harms
- Resource use (cost)
- Equity, Feasibility, Acceptability

Formulate Recommendations (↓↑ | ⊕…)
“The panel recommends that ….should…”
“The panel suggests that ….should…”
“The panel suggests to not…”
“The panel recommends to not…”
**Health Outcome Marker States**

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**Major Bleeding** *(Bleeding with Substantial Blood Loss)*

**Symptoms**
You lose a lot of blood (e.g., vomit blood, blood with your stools, blood from a wound) or you have an internal bleeding.

**Time Horizon**
Bleeding does not stop and you have to receive specific urgent care.

**Testing and Treatment**
You may require a CT scan, a flexible tube via your mouth or anus to investigate your bowel, and blood work, and you may be admitted to hospital to receive blood transfusion or surgery.

**Consequences**
You may recover completely, but you may instead have permanent neurological damage if your brain does not receive blood for an extended period of time (e.g., be unable to speak or understand, or wheel-chair bound), or even die.
Marker States – Outcome Importance

- Rating by panel members, based on descriptions
- Indicator of variability in perceived importance among raters
- Ranking from highest to lowest rated
- Core outcomes should be among the highest rated
Marker States – Outcome Utility

Effects on Benefits
Importance

Effects on Harms
Importance
Database of Marker States

ms.gradepro.org

Found 4 results

**Cerebral Venous Thrombosis – Mild**

Population/context:

**Background:** Blood Clot in a Vein Draining Blood from the Brain – Mild Severity

**Author:** Ignacio Neumann

**Date:** 24.05.2016

**Cerebral Venous Thrombosis – Severe**

Population/context:

**Background:** Blood Clot in a Vein Draining Blood from the Brain – Severe

**Author:** Ignacio Neumann

**Date:** 24.05.2016
### Events per 1000 people up to 12 months

Click on the outcome name to display explanation.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Not using Heparin</th>
<th>Using Heparin</th>
<th>Certainty of the evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pulmonary Embolism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 per 1000</td>
<td>17 per 1000</td>
<td>16 fewer</td>
<td>HIGH CERTAINTY</td>
</tr>
<tr>
<td><strong>Any symptomatic DVT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 per 1000</td>
<td>19 per 1000</td>
<td>16 fewer</td>
<td>HIGH CERTAINTY</td>
</tr>
<tr>
<td><strong>Major bleeding</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 fewer</td>
<td>16 per 1000</td>
<td>20 per 1000</td>
<td>MODERATE CERTAINTY</td>
</tr>
</tbody>
</table>

16 people per 1000 that where not using heparin

100 200 300 400 500 600 700 800 900 1000

20 people per 1000 that where using heparin (2 fewer to 11 more)

**What happens**

Using Heparin probably will make little or no difference in the chance of having major bleeding.

<table>
<thead>
<tr>
<th>Mortality</th>
<th></th>
<th>33 per 1000</th>
<th>17 per 1000</th>
<th>HIGH CERTAINTY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Quality of life impairment</th>
<th></th>
<th>no difference</th>
<th></th>
<th>MODERATE CERTAINTY</th>
</tr>
</thead>
</table>

**What happens**

The studies showed that there is little to no difference to quality of life, but there were no specific numbers

See more details go to Summary of findings table
Evidence to Decision Tables

Conclusions:
• Recommendation
• Justification
• Subgroup considerations
• Implementation considerations
• Monitoring and evaluation – Capture COS in practice
• Research priorities – Recommendations for better evidence for COS
Developing COS
1. Marker states database: detailed lay-person descriptions
2. Tools to determine importance and utility for outcomes
3. Connect with large groups of stakeholders - validation

Increasing COS uptake
1. Identification of gaps in knowledge for core outcomes
2. Increase COS uptake through guidelines and developers