**Executive Summary**

**Rapid versus full systematic reviews: an inventory of current methods and practice in Health Technology Assessment**

(Adapted from the report of the Review Group by Amber Watt)

**Objectives**

The objectives of this report were:

- to assess current practice in the preparation of rapid reviews by HTA organisations nationally and internationally,
- to examine the current evidence base pertaining to the methodology of rapid reviews and
- to determine if there are differences in the essential conclusions of rapid and full reviews on the same topic.

**Methods**

Three concurrent methodologies were employed to inform this report. A survey tool was developed and distributed electronically to 50 national and international HTA agencies, identified through INAHTA membership records and Review Group advice. Data on a broad range of themes related to the conduct of rapid reviews and their comparison to full reviews were collated via spreadsheet tabulation, discussed narratively and subjected to simple statistical analysis where appropriate.

Systematic literature searches of The Cochrane Database of Methodology Reviews, The Cochrane Methodology Register, EMBASE, MEDLINE and the Australasian Medical Index were undertaken in March 2007 to identify any literature pertaining to methodology developed for undertaking rapid reviews. Comparative studies, guidelines, program evaluations, methods studies, commentaries and surveys were considered for inclusion.

The internet sites of 75 international HTA organisations were searched for rapid reviews meeting pre-defined inclusion criteria. For each rapid review identified, a literature search was undertaken utilising the University of York CRD database to identify full reviews (systematic reviews or HTA reports) published on the same topic within approximately one year of the identified rapid review. Clinical outcomes, the scope of the report, the methodology employed in its production and the essential conclusions of each review were used to compare rapid reviews with full systematic reviews.
Results

Survey of HTA organisations – 23 surveys were returned, with 18 agencies reporting the production of 36 rapid review products. Seventeen of these products were completed between one to three months, and a further sixteen between three to six months. Three products did not fit into these categories and were considered separately. Collectively, the most common reason for conducting a rapid review was in response to political urgency and/or to support decisions (44%), and 69% of respondents indicated that macro-level decision makers commissioned rapid reports. Search strategies varied widely; however, there was an overall focus on identifying higher levels of evidence wherever possible. The components of reviews also varied between product types, with full reviews more likely to report clinical outcomes (100% vs. 94%), examine economic factors (92% vs. 72%) and consider social issues (85% vs. 53%).

Literature on rapid review methodology – A total of 11 relevant studies were identified: one guideline abstract; three program evaluations; one comparative study; two methods studies; three commentaries and one survey. None of the included studies detailed guidelines for the methodology underpinning rapid reviews; rather, many offered examples and discussion surrounding the complexity of the area. Authors suggested restricted research questions and truncated search strategies as potential methods by which to limit the time taken to complete a review.

Identification and comparison of rapid reviews and full systematic reviews – A manual search of HTA agency websites identified eight agencies that produced rapid products. Where there was uncertainty surrounding a product, the agency was contacted to provide clarification. Comparisons were carried out between full and rapid reviews on the topics of drug eluting stents, lung volume reduction surgery, living donor liver transplantation and hip resurfacing. Axiomatic differences between the products were identified; however, there were no instances in which the essential conclusions of the different reviews were opposed. The full reviews consistently provided greater depth of information and more detailed recommendations pertaining to the implementation of each particular health technology.

Conclusion and Recommendations

This report has identified that the current rapid review products being produced by HTA agencies are not well defined and are highly variable in their methodology. However, it is a reality of the HTA environment that there will continue to be pressure to produce reviews that are both timely and accurate, in order to support the ever-increasing speed of the policy making process in this area.

It is therefore recommended that, rather than developing a formalised methodology by which to conduct rapid reviews, which may inappropriate and oversimplified, agencies work to increase the transparency of the methods utilised for each review. It would thus be useful if HTA agencies could clearly identify their HTA products, with respect to the commissioning group and purpose of the review along with some general details outlining the methodologies used in their preparation. Despite this, it should be appreciated that certain parts of a comprehensive systematic review (such as an independent and complete economic evaluation) may not realistically be completed in a rapid timeframe. Furthermore, methods for incorporating the advice of expert panels in a timely manner need to be developed to ensure that rapid reviews reach appropriate conclusions at both clinical and policy levels.
A rapid review should be written in answer to specific questions, rather than as a quick alternative to a comprehensive systematic review. In this manner, rapid reviews could be used to inform specific policy decisions in a timely manner without losing any of the important information that may be expected from a comprehensive review. It is perhaps the focus on appropriate use, along with suitable methodologies, of a rapid review that requires future consideration.

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