CADTH

CADTH Reference List

Reference List Process

Version: 2.0

CADTH

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1. Introduction

The purpose of this document is to outline a standardized process for producing Reference List projects that meet the needs of publicly funded Canadian health care decision-makers.

1.1 About the Product

CADTH's Reference Lists offer Canadian health care decision-makers quick and efficient access to health technology information based on the best available evidence.

Reference List

Reference Lists are bibliographies of existing evidence on a specific topic, arranged by the hierarchy of evidence. Evidence is identified by CADTH using all reasonable efforts possible within limited time constraints. Reference Lists provide stakeholders with a list of references that address their research questions, along with links to abstracts and any freely available full-text articles. Study findings are not summarized, and no critical appraisal is conducted on the included references.

Reference List: Summary of Abstracts

A Reference List with a Summary of Abstracts provides a bibliography of the existing evidence on a specific topic, arranged by the hierarchy of evidence. However, in addition to providing references, Summary of Abstracts summarize the outcomes and findings that are detailed within the abstracts of the selected studies. Although the abstracts are reviewed, given the short timelines, the full-text articles of the included studies are not read.

1.2 Scope

Topics suitable for Reference Lists include evaluations of medical, surgical, and dental technologies such as:

- drugs
- devices
- diagnostic tests
- medical, surgical, and dental procedures.

Please talk to the Liaison Officer in your jurisdiction to clarify if a topic is suitable for a Reference List or if it is better suited to another product line offered by CADTH.

1.3 Audience

Decision-makers from participating Canadian publicly funded health care jurisdictions (Quebec does not participate in CADTH's Reference List Service) are eligible to request a Reference List from CADTH. Eligible users include the following stakeholders:

- federal, provincial, and territorial health ministries
- health authorities
- hospitals
- national health care programs and regional health care programs.

Requests are made in confidence, and no identifying information is included when the report is made public on the CADTH website.

1.4 Purpose and Application for Decision-making

The purpose of Reference Lists and Reference Lists with a Summary of Abstracts is to quickly identify existing, published evidence on a specific topic that may provide helpful background information for health care decisions. Both products are particularly useful for topic-scoping and determining if good evidence-based summaries exist, or if there are gaps in the available evidence.

CADTH does not critically appraise the published reports it references in Reference Lists and Summary of Abstracts. These reports should not be construed as a recommendation for or against the use of a particular health technology, nor are they intended to replace professional medical advice. Readers are also cautioned that a lack of good-quality evidence does not necessarily mean a lack of effectiveness; particularly in the case of new and emerging health technologies for which little information can be found, but which may still, in future, prove to be effective.

1.5 Transparency

CADTH is committed to being as transparent as possible while still meeting the demanding timelines inherent in the Reference List Service. In each report, the research questions, selection criteria, and search methods are documented. Timelines do not allow for external peer review or stakeholder feedback during the production process for Reference Lists and Summary of Abstracts.

The evidence evaluated for possible inclusion in both Reference Lists and Summary of Abstracts is identified by CADTH using all reasonable efforts within time constraints. The following are the main avenues used to identify evidence for these reports:

- Published literature is identified by searching major biomedical bibliographic databases.
- Grey literature (literature that is not commercially published) is identified by searching Canadian and major international health technology assessment agency websites, as well as with a focused internet search.

These reports are made freely available on the CADTH website, although in exceptional circumstances, embargo periods may be considered. All drafts, search strategies, and working documents used to produce these reports are archived for 15 years and may be requested if required, with the exception of copyright-protected documents and information provided in confidence by customers, manufacturers, and other organizations.

1.6 Timelines

Exact timelines will be negotiated between a CADTH representative and the requester at the time of topic refinement.

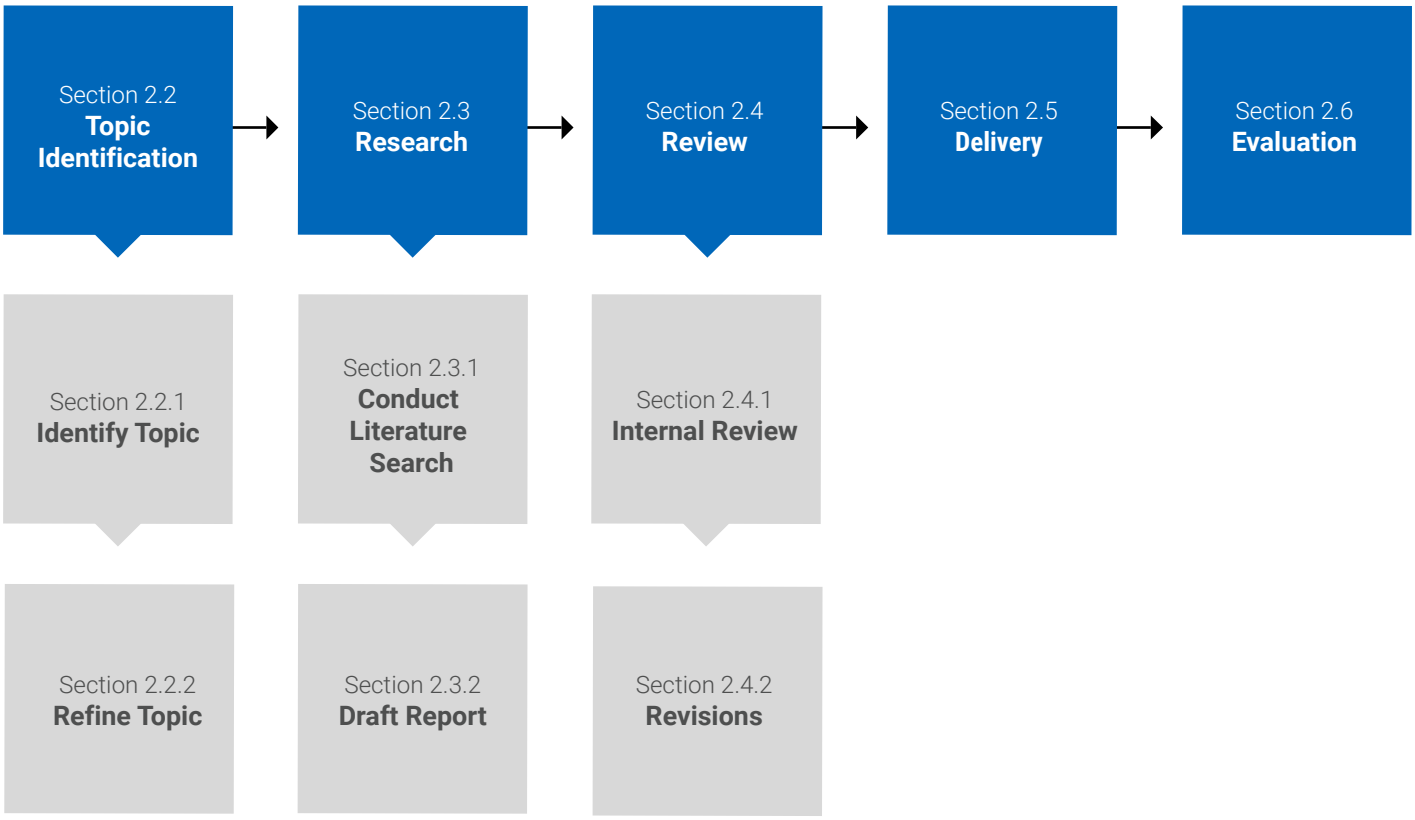
Table 1: Timeline for Reference List Process

Product type	Deliverables	Approximate turnaround time
Reference List	Customer contacted	48 hours from submission of request *(depending on customer's availability)*
	Report finalized	5 to 10 business days from point of topic refinement
Reference List with a Summary of Abstracts	Customer contacted	48 hours from submission of request *(depending on customer's availability)*
	Report finalized	15 business days from point of topic refinement

2. Process

2.1 Flow Chart

Figure 1: Flow Chart of Reference List Process



2.2 Topic Identification

2.2.1 Identify Topic

Topics for Reference Lists are submitted by decision-makers in Canadian publicly funded health care organizations (see Section 1.3. Audience). Submissions are made by contacting a CADTH Liaison Officer or by independently submitting a request on the CADTH website.

2.2.2 Refine Topic

Depending on the customer's availability, CADTH attempts to contact the requester within 48 hours of receiving the request to obtain additional details to ensure that the request, needs, and research questions are clearly understood. Before starting a project, CADTH confirms the research questions to be addressed, how the information will be used, and when the information is required to support health care and policy decisions most effectively. If the topic is not suitable for a Reference List request (see Section 1.2. Scope), or the topic refiner is able to identify a previously published report that answers the research needs, the request does not proceed.

2.3 Research

2.3.1 Conduct Literature Search

A limited literature search is conducted on key resources, including PubMed, the Cochrane Library, the National Institute for Health Research's Centre for Reviews and Dissemination databases, and Canadian and major international (i.e., UK, US, Australia, New Zealand) health technology assessment agencies. A focused internet search is also conducted. All searches are limited to published English-language articles in the human population. A date range of 5 years is typically applied; however, that range may be modified depending on the amount of recent evidence. Searches may also be limited by study design, including some or all of the following, as negotiated with the customer:

- systematic reviews, meta-analysis, or health technology assessments
- randomized controlled trials
- non-randomized studies
- economic evaluations
- evidence-based guidelines.

An overview of the literature search process is detailed in the Methods section of each individual Reference List.

From the terms used in the literature search, CADTH assigns French and English medical subject headings and keywords to the document metadata to facilitate retrieval in both official languages once the document is posted on the CADTH website.

2.3.2 Draft Report

Reference List

A single author screens search results based on the selection criteria and study designs agreed on with the customer. The selection criteria used for each report are documented in the Selection Criteria section, and study designs requested are listed in the Methods section of every report. Articles selected for inclusion are reviewed and listed according to study design, in order of quality of evidence, using a standard template. Documents that do not meet the selection criteria but may be of interest are considered for the appendix, along with additional references.

A brief description of the number of studies found that address the research questions is written in both the Results and Key Findings sections.

Reference List With Summary of Abstracts

For Summary of Abstracts, the author(s) also provide an overall summary of the outcomes and findings of the selected studies, as documented within the abstracts of those studies. Although study abstracts are reviewed, due to short timelines, the full text of each included article is not read.

2.4 Review

2.4.1 Internal Review

Reference List

Once the report is drafted, it is reviewed internally to ensure that the selected articles address the research question. The reviewer also ensures that the study types requested were searched and properly listed, and that the publication dates match those requested. Comments are sent back to the author to address and revise.

Reference List With Summary of Abstracts

For reports containing abstract summaries, the summaries are also reviewed to ensure accuracy and to double-check that only listed references are summarized.

2.4.2 Revisions

The author addresses the reviewer's comments and makes appropriate changes and suggested revisions. The references cited in the reports will be verified, as will compliance to copyright guidelines.

2.5 Delivery

The finalized report is sent to the customer and posted to the CADTH website. Occasionally, if the topic is of high impact, knowledge transfer tools are created by the Implementation Support and Knowledge Mobilization team to help disseminate findings.

2.6 Evaluation

The Implementation Support or Liaison Officer for the jurisdiction follows up with the customer to obtain feedback.

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Revision History

This document will be periodically revised as part of ongoing process improvement activities. The following version control table, as well the version number and date will be updated when any revisions are made.

Section	Revision number	Date	Description of changes made
All	1.1	October 2018	Process streamlined and updated.
All	1.2	June 8, 2021	Minor process updates completed.
All	2.0	February 2022	Major revisions to bring to current state.