

# **Rapid Response Reference Lists and Summary of Abstracts Reports Process**

**CADTH** Evidence  
Driven.

## REVISION HISTORY

Periodically, this document will be revised as part of ongoing process improvement activities. The following version control table, as well the version number and date on the cover page, is to be updated when any updates or revisions are made.

Section	Revision Number	Date	Description/Changes Made

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# 1. INTRODUCTION

## 1.1. About Product

CADTH's Rapid Response Service offers Canadian health care decision-makers quick and efficient access to health technology information based on the best available evidence.

### Rapid Response Reference List

Reference Lists are bibliographies of existing evidence on a topic, organized so that the higher-quality evidence is presented first. 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.

### Rapid Response Summary of Abstracts

Like a Reference List, a Summary of Abstracts provides a bibliography of existing evidence on a topic, organized so that the higher-quality evidence is presented first. However, in addition to providing references, Summary of Abstracts reports also summarize the outcomes and findings that are detailed within the abstracts of the selected studies. Although abstracts are reviewed, the full-text articles of included studies are not read, given short timelines.

## 1.2. Scope

Topics suitable for Rapid Response Reports 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 Rapid Response, or if it is better suited to another product line offered by CADTH.

## 1.3. Audience

### 1.3.1 Primary Audience

Decision-makers from participating\* Canadian publicly funded health care jurisdictions are eligible to request a Rapid Response Report 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

\* *Quebec and Ontario do not participate in CADTH's Rapid Response Service.*

Rapid Response requests are made in confidence, and no identifying information is included when the report is made public on [cadth.ca](http://cadth.ca).

### **1.3.2 Secondary Audience**

Anyone can access and review published Rapid Response Reports which are freely available online at [cadth.ca](http://cadth.ca).

## **1.4. Purpose and Application for Decision-making**

The purpose of Rapid Response Reference Lists and Summary of Abstracts reports is to quickly identify existing, published evidence on a 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 reports. 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, 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 Rapid Response Service. In each Rapid Response 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 reports.

The evidence evaluated for possible inclusion in both Reference Lists and Summary of Abstracts reports 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 a focused Internet search.

Rapid Response Reports are made freely available on [cadth.ca](http://cadth.ca), although in exceptional circumstances, embargo periods may be considered. All drafts, search strategies, and working documents used to produce Rapid Response 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.*

Product Type	Deliverables	Approximate turnaround time
Reference List	Customer contacted	48 hours from submission of request <i>(depending upon customer availability)</i>
	Report finalized	5 to 10 business days from point of topic refinement
Summary of Abstracts	Customer contacted	48 hours from submission of request <i>(depending upon customer availability)</i>
	Report Finalized	15 business days from point of topic refinement

## 1.7. Roles and Responsibilities

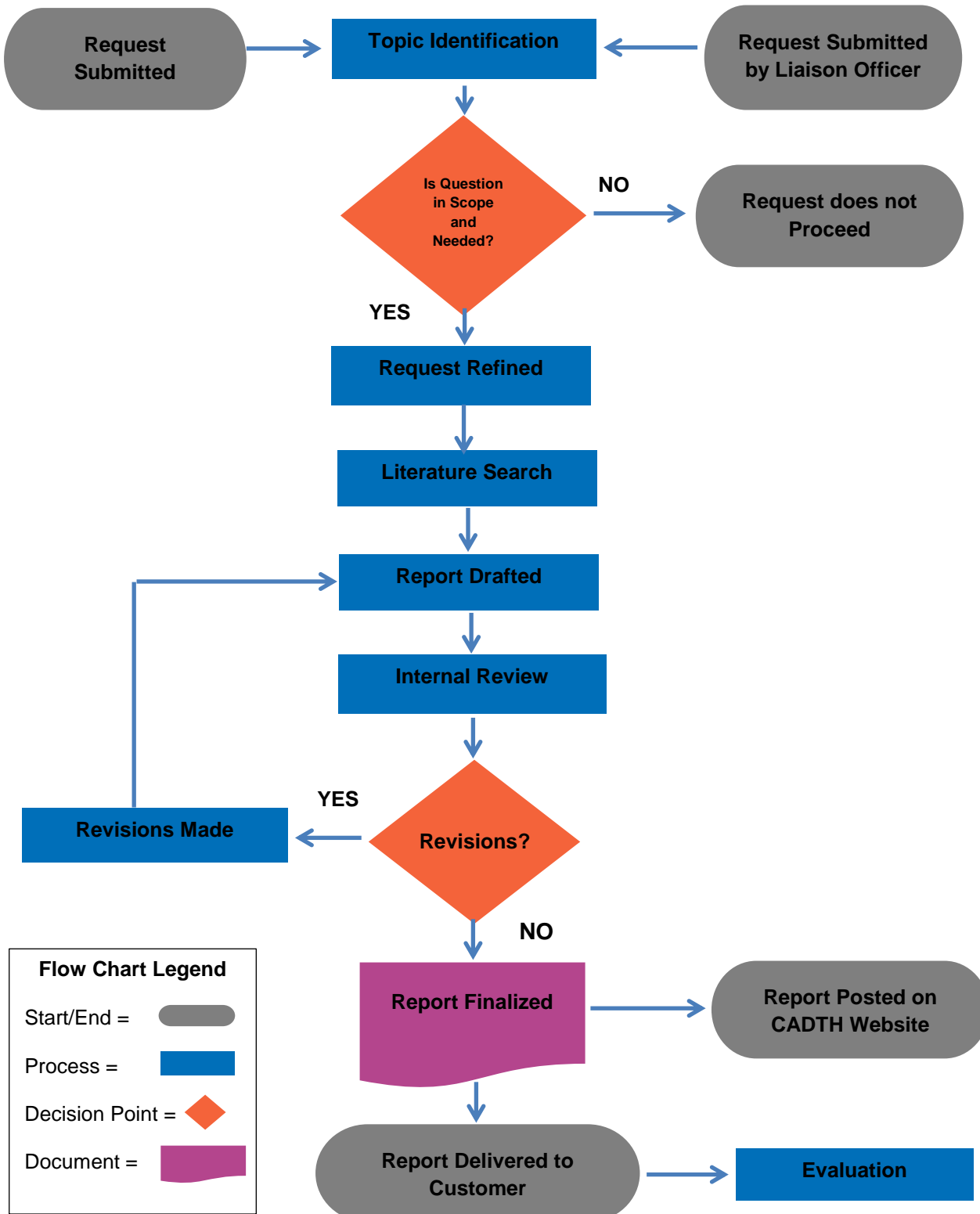
Product Type	Role	Responsibilities
<b>Reference List &amp; Summary of Abstracts</b>	Liaison Officer	Submits Rapid Response requests on behalf of the customer, facilitates knowledge mobilization and uptake of CADTH products, and gathers evaluation and impact data on completed reports.
	Topic Refiner	Reviews request and contacts customer to refine information needs and research questions.
	Information Specialist	Conducts literature search, writes search methods, and ensures reference citations are accurate and follow Citing Medicine standards. Assigns medical subject headings and keywords to document metadata.
	Author	Screens and evaluates evidence, drafts report, and makes revisions when needed.
	Internal Reviewer	Reviews draft, suggests or makes revisions, and provides final sign-off on the report.

*All Rapid Response products are supported by a Project Coordinator as well as CADTH's publishing and Web teams.*

## 2. PROCESS

### 2.1. Flow Chart

\* *Ctrl click* on individual processes for details



## **2.2. Detailed Processes**

### **2.2.1. Topic Identification**

Topics for Rapid Response Reports are submitted by decision-makers in Canadian publicly funded health care organizations. Submissions are made by contacting a CADTH [Liaison Officer](#) or by independently [submitting a request](#) on cadth.ca.

### **2.2.2. Request Refined**

CADTH contacts the requester within 48 hours of receiving the request. A Topic Refiner follows up 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 most effectively support health care and policy decisions. If the topic is not suitable for a Rapid Response request (see 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.

### **2.2.3. Literature Search**

The literature search process for both Rapid Response Reference Lists and Summary of Abstracts reports is the same. A limited literature search is conducted on key resources, including PubMed, The Cochrane Library, NIHR Centre for Reviews and Dissemination (CRD) databases, and Canadian and major international health technology assessment agencies (UK, US, Australia, New Zealand). A focused Internet search is also conducted. All searches are limited to published English-language articles in the human population. A date range of five years is typically applied, however that range may be modified depending upon the amount of recent evidence. Rapid Response 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 Rapid Response Reference List and Summary of Abstracts report.

From the terms used in the literature search, the Information Specialist 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 [cadth.ca](#).

### **2.2.4. Report Drafted**

#### **Reference Lists and Summary of Abstracts Reports**

A single author screens search results based on the selection criteria and study designs agreed upon 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.

### **Summary of Abstracts**

For Summary of Abstracts reports, authors also provide an overall summary of selected study outcomes and findings, as documented within the abstracts of the selected studies. Although study abstracts are reviewed, the full text of included articles is not read due to short timelines.

#### **2.2.5. Internal Review**

##### **Reference Lists and Summary of Abstracts**

Once the report is drafted it is internally reviewed 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 publication dates match those requested. Comments are sent back to the author to address and revise.

### **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.

#### **2.2.6. Revisions**

The author addresses the reviewer's comments and makes appropriate changes and suggested revisions. When the reviewer is satisfied with the draft, it is sent to the Information Specialist to ensure citation details are accurate and references follow Citing Medicine bibliographic style guidelines. Both the Reviewer and Information Specialist check that copyright guidelines were followed.

#### **2.2.7. Report finalized**

The finalized report is sent to the customer and posted to [cadth.ca](http://cadth.ca). Occasionally, if the topic is of high impact, knowledge transfer tools are created to help disseminate findings.

#### **2.2.8. Evaluation**

The Liaison Officer for the jurisdiction follows up with the customer to obtain feedback. All evaluation data is entered into the Rapid Response database and is shared with project team members, including the Rapid Response Manager, to inform lessons learned.