

## Core outcome sets should incorporate the perspectives of both clinical trialists and systematic reviewers

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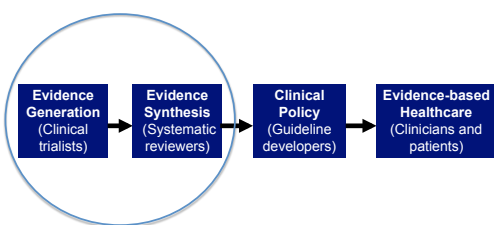
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## Key points

- Trialists and reviewers do not often report similar outcomes.
- COS developers should consider both trialists' and systematic reviewers' perspectives.

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## Evidence-based healthcare paradigm



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## Problems with non-overlap of trial and review outcomes

- Research waste
  - Relevant trials fail to contribute to evidence-based healthcare
- Ethical
  - Are trials truly advancing science?

Ioannidis 2015

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## Brief Methods – HIV/AIDS

- We examined all outcome domains in 84 Cochrane systematic reviews and 524 trials included in the reviews.
- Compared outcomes within 4 subgroups:
  - Clinical management
  - Biomedical prevention
  - Behavioral prevention
  - Health services

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## Way more trial outcomes than review outcomes!

	Systematic reviews (N=84)	Clinical trials (N=524)
Discrete outcomes	218	779

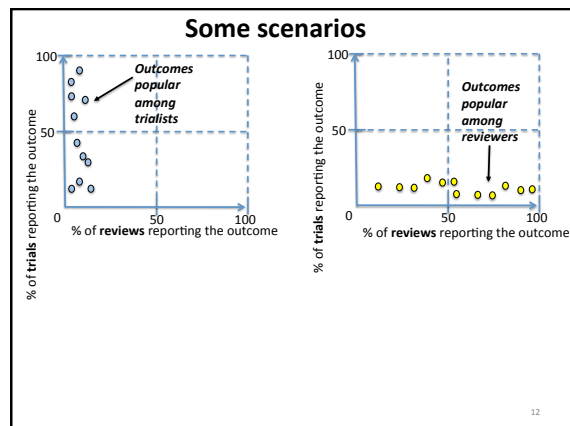
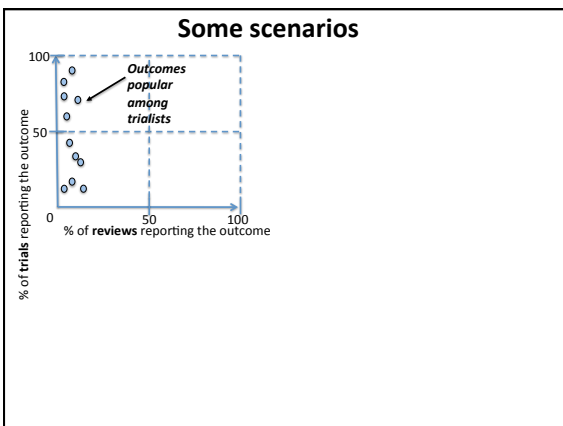
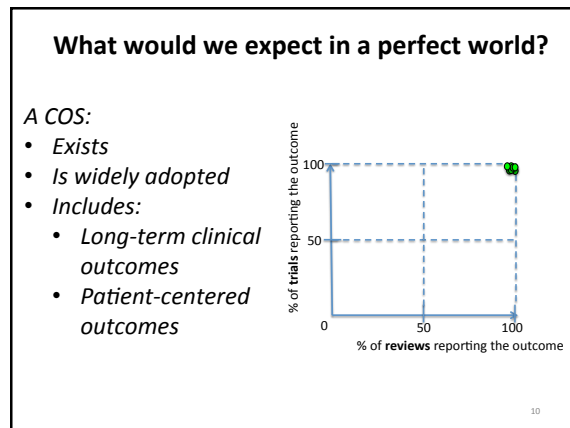
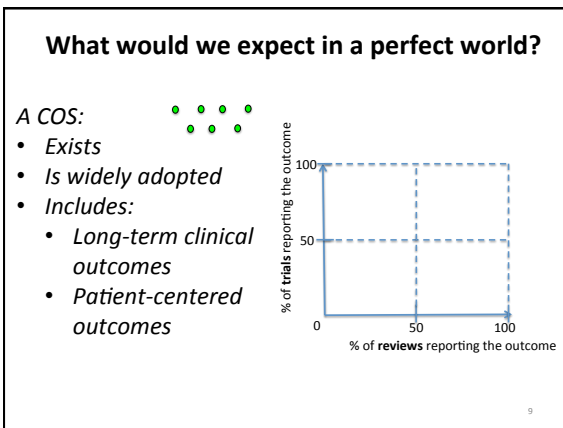
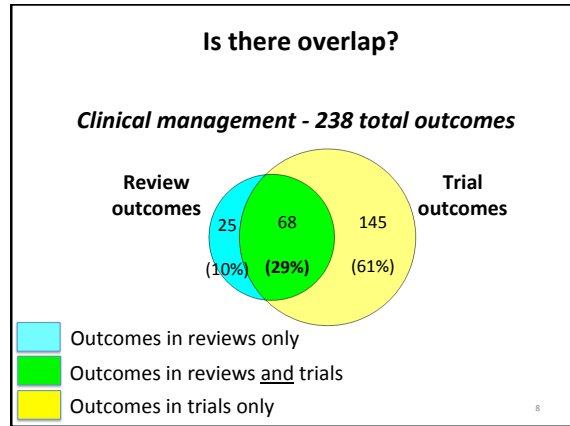
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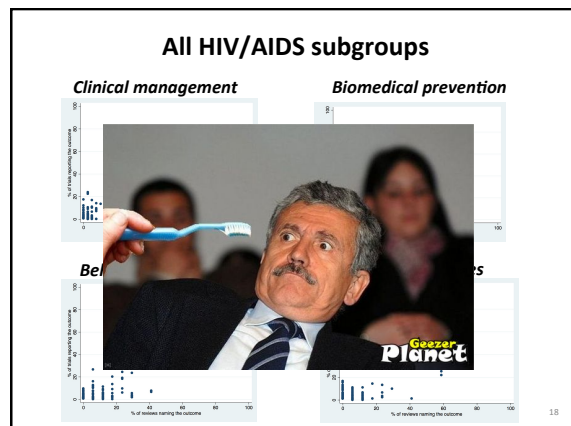
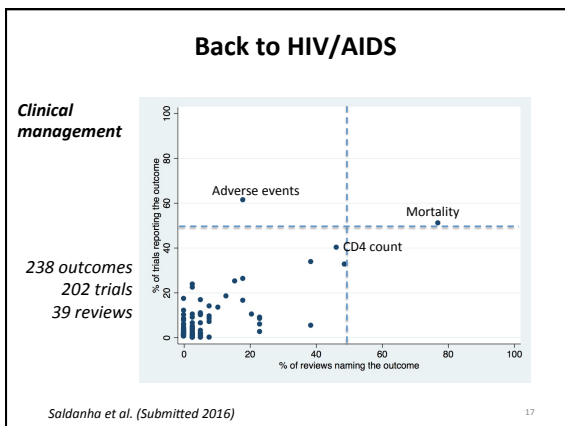
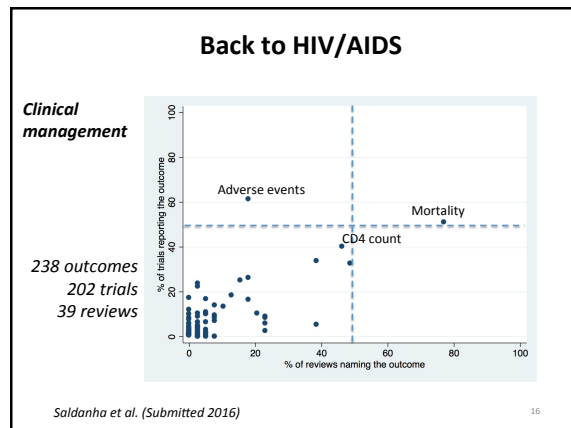
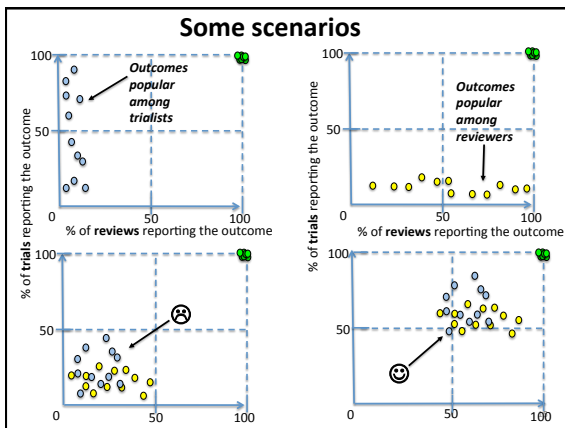
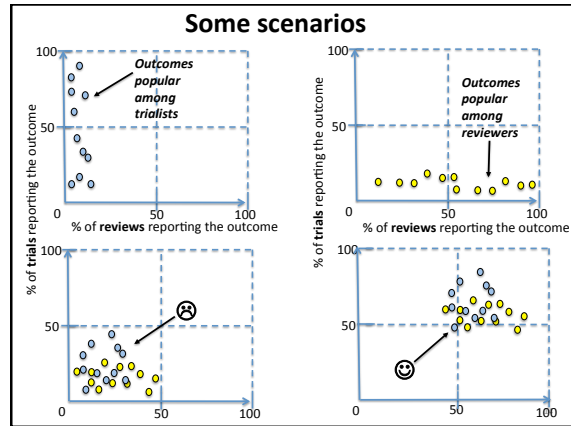
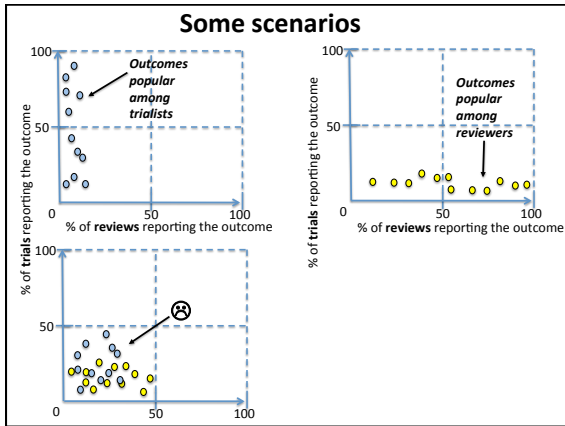
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### Way more trial outcomes than review outcomes!

	Systematic reviews (N=84)	Clinical trials (N=524)
Discrete outcomes	<b>218</b>	<b>779</b>
Outcomes per review/trial (Median [IQR])	7.5 [4 to 11]	8 [5 to 12]

*Saldanha et al. (Submitted 2016)*





### Are trial and review outcomes of a different nature?

- An HIV/AIDS specialist helped classify outcomes:

- Duration

- Long-term clinical vs. interim vs. unclear

- Patient-centeredness:

- Patient-centered vs. not vs. unclear

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### Comparison of 7 most frequent outcomes in reviews and trials

Types of intervention	Number of long-term clinical outcomes (Out of 7)	
	In reviews	In trials
<i>Clinical management</i>	5	4
<i>Biomedical prevention</i>	6	5
<i>Behavioral prevention</i>	2	0
<i>Health services</i>	4	2

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### Comparison of 7 most frequent outcomes in reviews and trials

Types of intervention	Number of long-term clinical outcomes (Out of 7)		Number of patient-centered outcomes (Out of 7)	
	In reviews	In trials	In reviews	In trials
<i>Clinical management</i>	5	4	5	4
<i>Biomedical prevention</i>	6	5	7	6
<i>Behavioral prevention</i>	2	0	5	0
<i>Health services</i>	4	2	4	3

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### Conclusions

- Large number of outcomes
  - 3 times more outcomes in trials than reviews
- Limited overlap
  - Need for COS for HIV/AIDS
- Kinds of outcomes
  - Long-term clinical outcomes (Reviews > Trials)
  - Patient-centered outcomes (Reviews > Trials)

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### Implications

- Differences in goals and perspectives?
  - Trials: Patient care
  - Reviews: Guidelines and policy
- COS developers should incorporate complementary perspectives of trialists and systematic reviewers.

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### Thank you!

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