



Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

Introduction to the KCE methods guides

Mr Patrice X. Chalon, MSc, Knowledge manager



Plan



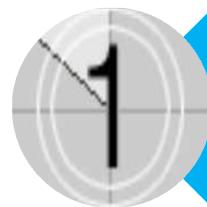
Background



Milestones



KM evaluation



Conclusion



BACKGROUND

3



KCE – history



- **Federal agency
(semi-governmental)**
- **Established in
Dec. 2002**
- **Started with 10 people**



- **KCE = Federaal Kenniscentrum voor de
Gezondheidszorg - Centre fédéral
d'Expertise des soins de santé**



KCE - today



63

active members since 2016



KCE - outputs

KCE reports:
287 published since 2004
(5 “Methods”)

KCE REPORT 187C

THE USE OF QUALITATIVE RESEARCH METHODS IN KCE STUDIES



2012

www.kce.fgov.be



“KCE has read for you”:
17 published since 2012

FULLY Bioresorbable SCAFFOLDS
FOR CORONARY ARTERY DISEASE

- This KCE has read for you was prepared by Lorena San Miguel, Nadia Benahmed
- Published on 18 February 2016

■ KEY MESSAGES

- Percutaneous coronary intervention (PCI) with stents is the most common procedure to restore blood flow in the management of obstructive coronary artery disease. Recently, Bioresorbable Vascular Scaffolds/stents, made from a naturally resorbable material, have been presented as an alternative to other PCI techniques.
- According to a systematic review published by Ludwig Boltzmann Institute® for Health Technology Assessment in March 2015¹, the available evidence is currently insufficient to show that Bioresorbable Vascular Scaffolds/stents are at least as effective and safer than drug eluting stents in coronary artery disease. The authors recommend to re-assess the evidence in 2018, when results from some of the ongoing trials are expected to become available.

■ SUMMARY OF THE PUBLICATION

- Zechmeister-Koss I, Rothschild E. Fully bioresorbable scaffolds for coronary artery disease. Decision Support Document Nr. 81; 2015. Vienna: Ludwig Boltzmann Institute for Health Technology Assessment.

[CLICK TO READ MORE](#)





MILESTONES



7

2003



**Deloitte
& Touche**

1

Annual
research
program

2

Scoping

3

Operatio-
nalisation

4

Search for
evidence

5

Search for
data

6

Critical
appraisal

7

Synthesis

8

Validation

9

Dissemi-
nation

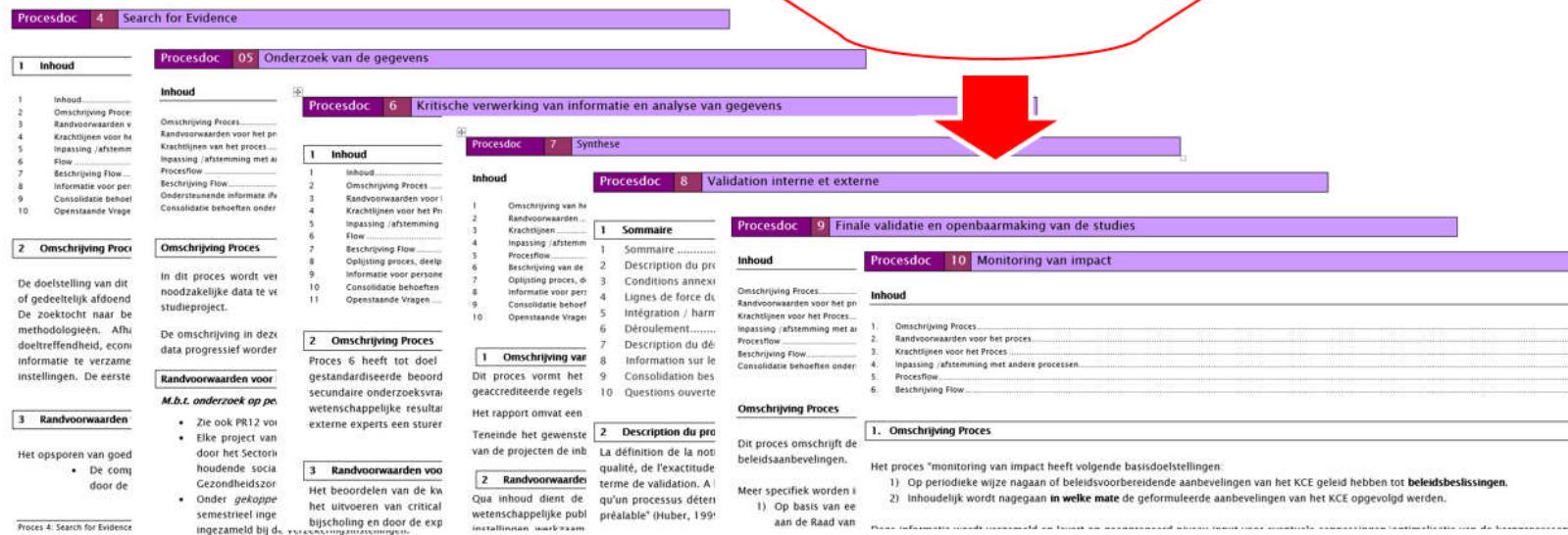
2003



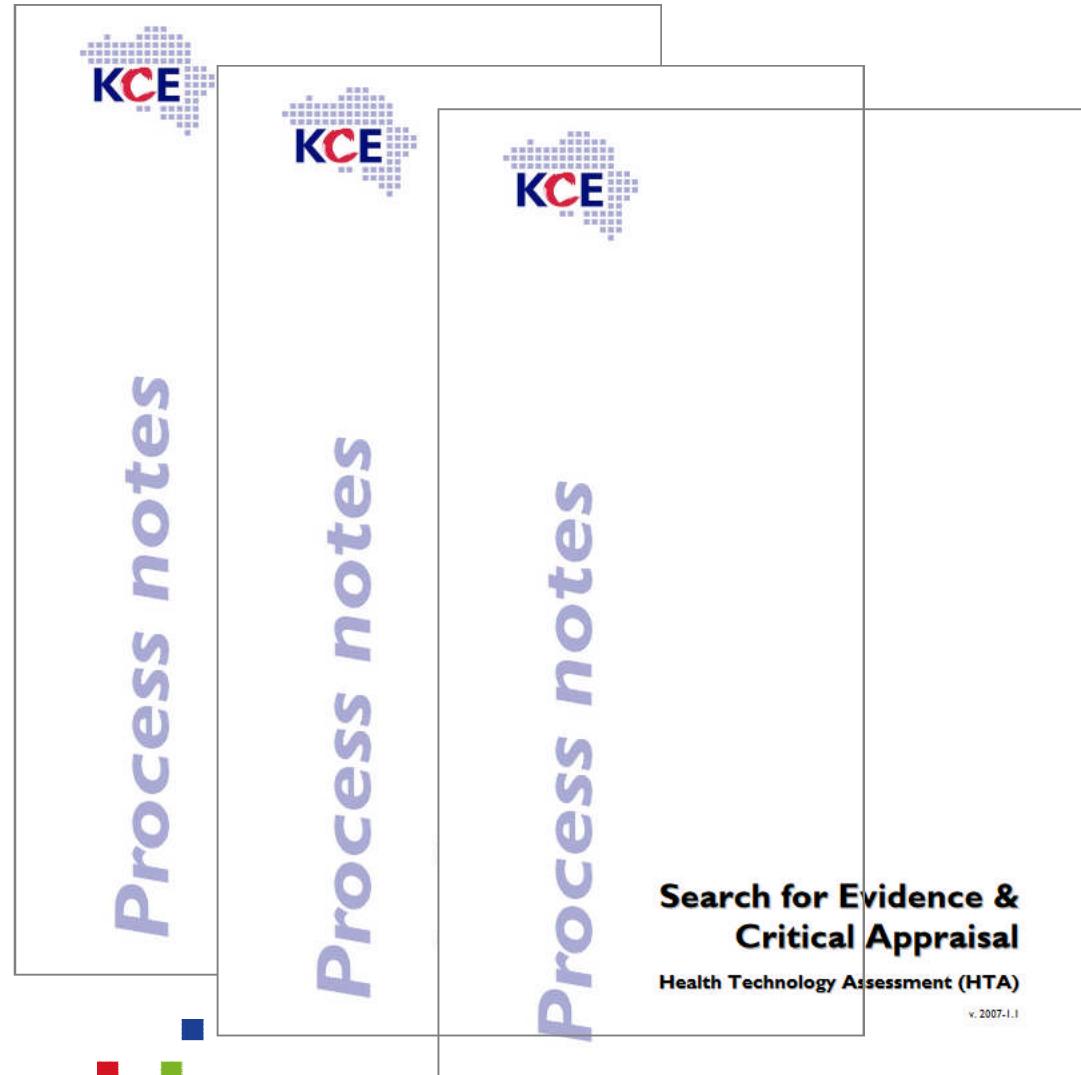
PLATFOR M
Health Technology Assessment



The University of Birmingham



2003 2006





Process Book

Home Bibliography [Restricted access]

Home > KCE Process Book > METHODOLOGICAL APPROACHES > SEARCH FOR EVIDENCE (GCP - HTA) > 3. Searching electronic sources

3.1 Sources of biomedical literature

Author(s): Joan Mayen
Patrice Chaton

Core databases

1. MEDLINE contains records from 5600 journals (39 languages) in the biomedical field, from 1946 onwards (Access for KCE | Free access through Pubmed)
2. EMBASE: Records from 7600 journals (70 countries, 2000 not covered by Medline) in biomedical field, from 1974 onwards (Access for KCE)
3. CENTRAL - The Cochrane Controlled Trials Register, part of the Cochrane Library: Records of randomised controlled trials and controlled clinical trials in healthcare identified through work of the Cochrane Collaboration including large numbers of records from MEDLINE and EMBASE as well as much material not covered by these databases (Dickerhoek, 2002) (Access for KCE through CDSL) | Free access to abstracts)

Databases for systematic reviews

1. CRD Database of reviews of effectiveness (DARE) contains structured abstracts, including critical appraisal, of systematic reviews identified by regular searching of bibliographic databases, and handsearching of key journals. [The update of CRD DARE has ceased March 2015]
2. Cochrane Database of Systematic Reviews (CDSR, part of the Cochrane Library) lists the results of systematic reviews (full text) conducted by Cochrane groups, but also ongoing projects (Access for KCE through CDSL | Free access to abstracts)
3. Special queries exist for Medline or Embase to limit the identified records to articles identified as Systematic reviews. See appendix.

Databases for HTA reports

1. The CRD HTA database is a bibliographical database of published HTA reports. It also lists ongoing HTA projects. Members of INIHTA are regularly invited to update their information on the HTA database. Access is free, records of the HTA database are also searchable via the Cochrane Library
2. HTA reports can also be found at individual agencies' sites, the HTAi portal lists HTA organisations, it also provides a custom Web search engine that limits the Google results to pages published on the website of HTA organisations listed on the HTAi portal

Chapter

Section

Section

Chapter

Appendix



The screenshot shows the 'Book navigation' sidebar of the KCE Process Book. At the top, there's a search bar with a magnifying glass icon and a 'SEARCH' button. Below the search bar, the KCE logo is displayed. The sidebar menu includes: KCE Process Book, INTRODUCTION, METHODOLOGICAL APPROACHES, and SEARCH FOR EVIDENCE (GCP - HTA). Under 'SEARCH FOR EVIDENCE (GCP - HTA)', there are several numbered sections: 1. Introduction, 2. Building a search question, 3. Searching electronic sources, 3.1 Sources of biomedical literature, 3.2 Sources of economic literature, 3.3 Sources of clinical practice guidelines, 3.4 Sources of ongoing clinical trials, 3.5 Sources of grey literature, 3.6 Building a search strategy, 3.7 Documenting a search strategy, 4. Searching supplementary sources, 5. Searching for evidence on adverse effects, 6. Selecting studies, 7. Quality assessment of studies, 8. Data extraction, 9. Analysing and interpreting results, and 10. Reporting of the literature review. Further down the menu are LITERATURE REVIEW AND INTERNATIONAL COMPARISON (HSR), DATA - COLLECTION AND ANALYSIS, and ECONOMIC EVALUATION AND BUDGET IMPACT ANALYSIS.

KCE REPORT 174C

STAKEHOLDER INVOLVEMENT IN KCE WORKING PROCESSES



2012



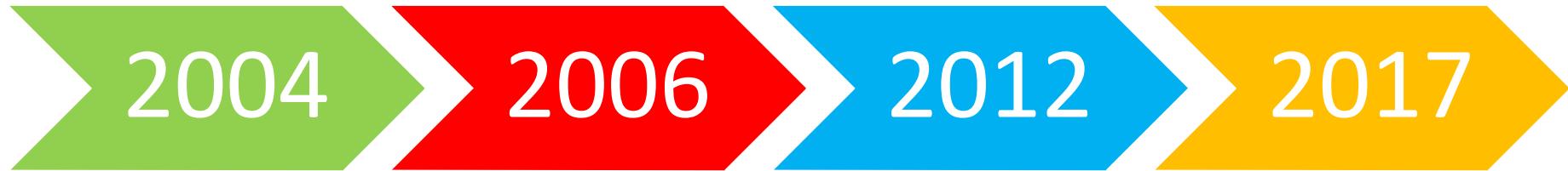
THE USE OF QUALITATIVE RESEARCH METHODS IN KCE STUDIES



2012



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Process Book

Home Bibliography [Restricted access]

Home ▶ KCE Process Book ▶ METHODOLOGICAL APPROACHES

LITERATURE REVIEW AND INTERNATIONAL COMPARISON (HSR)

See the attached document

Table of content

1. Introduction
2. Literature review
 1. Introduction
 2. Literature review
 3. Meta review: review of review
3. International comparison
 1. Ratios for international comparisons in HSR research: does an international comparison serve your problem?
 2. Adapt the "set-up" of the international comparison to the problem you want to address

Attachment

2015-72-[Method]_HGR Process Notes Literature review and international comparison_Report_0.pdf



KCE REPORT 284Cs

SYNTHESIS

BETTER TAILORING KCE GUIDELINES TO USERS' NEEDS



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KCE PROCESS BOOK
METHOD



HSR PROCESS NOTES: LITERATURE REVIEW AND INTERNATIONAL COMPARISON

PATRIK MITSIAEN, ROOS LEROUY, CARINE VAN DE VOURDE, SABINE STORDEUR, KOEN VAN DEN HEDE

KCE PROCESS NOTES



METHOD – RAPID REVIEWS



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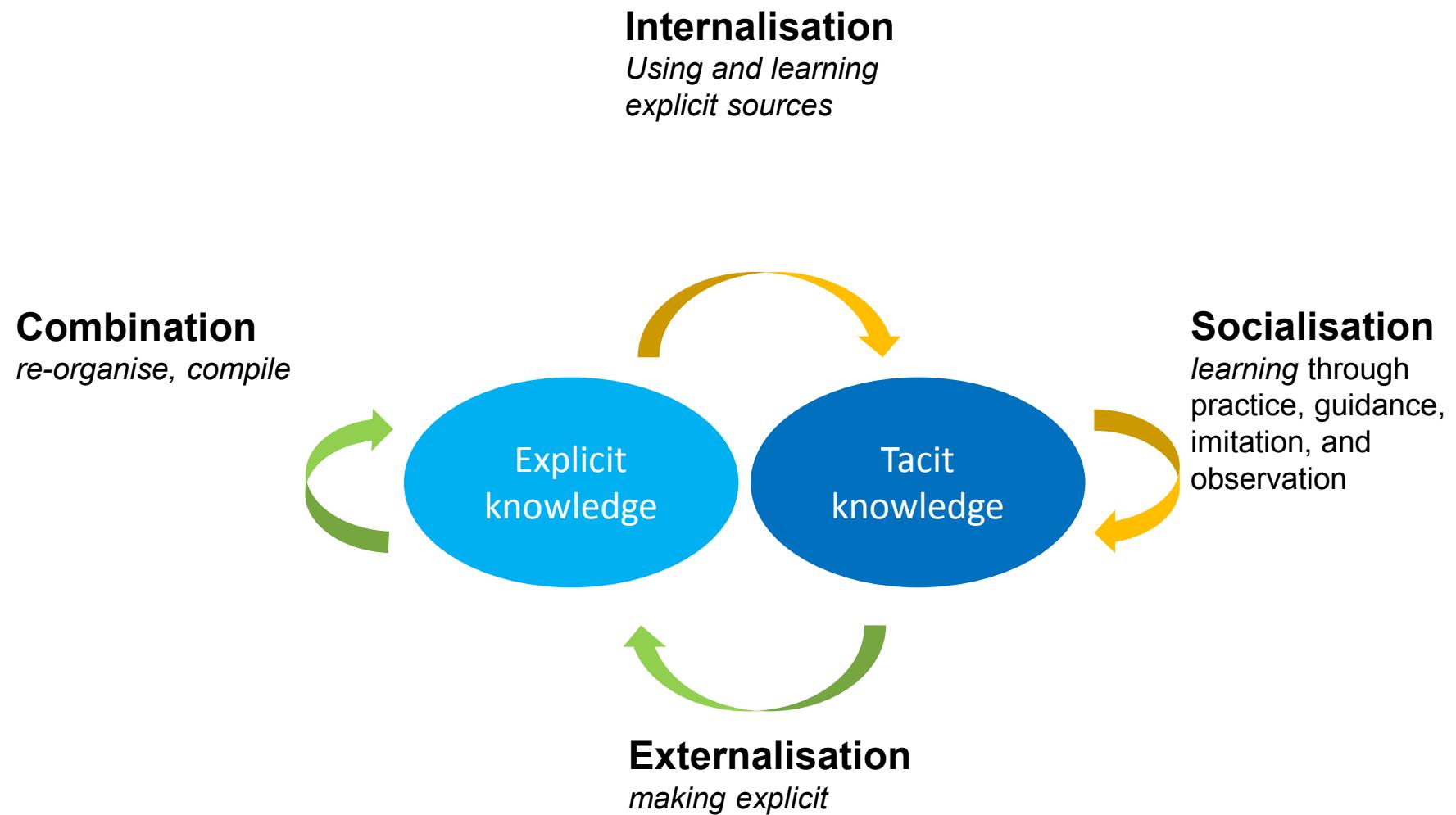


Using KM principles and tools to explore the maintenance process...

KM EVALUATION



KM tool 1: SECI Model Knowledge Creation Spiral



KM tool 2: The KM house model

KM
house



Freely inspired by :Knowledge Management in Practice: Connections and Context, Michael Koenig and Tavarekere Srikantaiah, Information Today Inc, March 2008
Transfert des savoirs. Stratégies, moyens d'action, solutions adaptées à votre organisation, Françoise Rossion, Hermès-Lavoisier, Paris, 2008

Learning from others authors



**Undertaking Systematic
Reviews of Research on Effectiveness**

**CRD's Guidance for those Carrying Out
or Commissioning Reviews**

CRD Report Number 4 (2nd Edition)

March 2001

16

Journal of Clinical Epidemiology

Journal of Clinical Epidemiology 64 (2011) 383–394

GRADE guidelines: 1. Introduction—GRADE evidence profiles and summary of findings tables

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Accepted 8 April 2010

Abstract

This article is the first of a series providing guidance for use of the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system of rating quality of evidence and grading strength of recommendations in systematic reviews, health technology assessments (HTAs), and clinical practice guidelines addressing alternative management options. The GRADE process begins with asking an explicit question, including specification of all important outcomes. After the evidence is collected and summarized, GRADE provides explicit criteria for rating the quality of evidence that include study design, risk of bias, imprecision, inconsistency, indirectness, and magnitude.

Recommendations are characterized as strong or weak (alternative terms conditional or discretionary) according to the quality of the supporting evidence and the balance between desirable and undesirable consequences of the alternative management options. GRADE suggests summarizing evidence in succinct, transparent, and informative summary of findings tables that show the quality of evidence and the magnitude of relative and absolute effects for each important outcome and/or as evidence profiles that provide, in addition, detailed information about the reason for the quality of evidence rating.

Subsequent articles in this series will address GRADE's approach to formulating questions, assessing quality of evidence, and developing recommendations. © 2011 Elsevier Inc. All rights reserved.

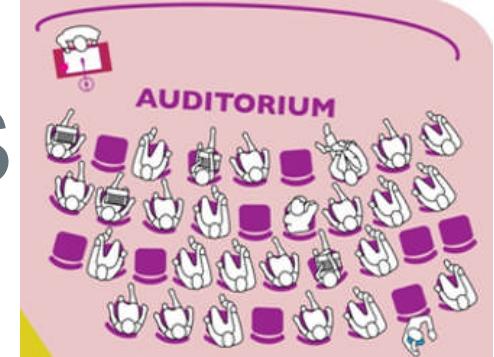
Keywords: GRADE; systematic review; clinical practice guideline; health technology assessment; quality of evidence; strength of recommendations

1. Introduction

In this, the first of a series of articles describing the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach to rating quality of evidence and grading strength of recommendations, we will briefly summarize what GRADE is, provide an overview of the GRADE process of developing recommendations, and present the endpoint of the GRADE evidence summary: the evidence profile (EP) and the summary of findings

Learning from others

lecturers, trainers, ...



Learning from others

co-authors, validators, stakeholders, ...



KCE REPORT 271
HEALTH SERVICES RESEARCH
Project run in close collaboration with Zorginstituut Nederland



Zorginstituut Nederland



KCE
Federated Cochrane Centre for Health Services and Outcomes Research
Centre Federé d'Évaluation des Soins et de la Santé
Belgian Health Care Knowledge Centre

FUTURE SCENARIOS ABOUT DRUG DEVELOPMENT AND DRUG PRICING

PHILIPPE VANDENBROECK, PETER RAEYMAKERS, RACHEL WICKERT, KIM BECHER, JO GOOSSENS, IRINA CLEEMPUT, FRANK HULSTAERT, LYDIA DE HEIJ, RAF MERTENS

2016

www.kce.fgov.be



Title:

Authors:

Guideline Development Group:

Scoping of the guideline:

Project Coordinator:

Reviewers:

Stakeholders:

External validators:

Other reported interests:

Management of pancreatic cancer: capita selecta – Part 1: Introduction and methodology

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Frederik Berrevoet (UGent), Alain Bols (BSMO), Nicolas Christian (BVRO – ABRO), An Claes (Kom op tegen Kanker), Wim Demey (BSMO), Joelle Collignon (UZ Leuven), Pieter Demetter (Hôpital Erasme), Lorraine Donnay (BVRO-ABRO), Karen Geboes (UGent), Bernard Geurde (BGES), Anne Hoorens (BVP-SBP), Catherine Hubert (BSHIPBS – RBSS), Philippe Malvaux (CHWAPI, Tournai), Els Monsaert (AZMMSJ), Geert Roeyen (UZA), Raphael Rubay (BGES), Marc Simoens (VVE), Bart Smet (AZ Delta), Baki Topal (UZ Leuven), Daniel Van Daele (CHU Liège), Nancy Van Damme (Stichting Kanker Register), Daniel Van Gansbeke (Hôpital Erasme), Jean-Luc Van Laethem (Hôpital Erasme), Joseph Weerts (CHC Liège), Dirk Ysebaert (BSSO)

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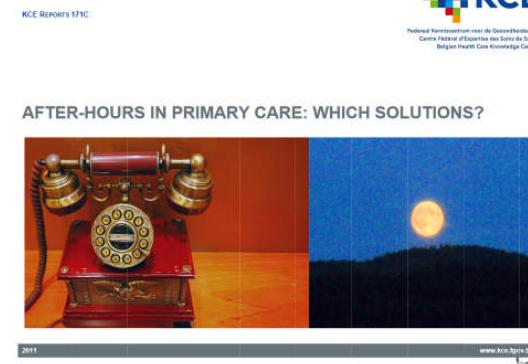
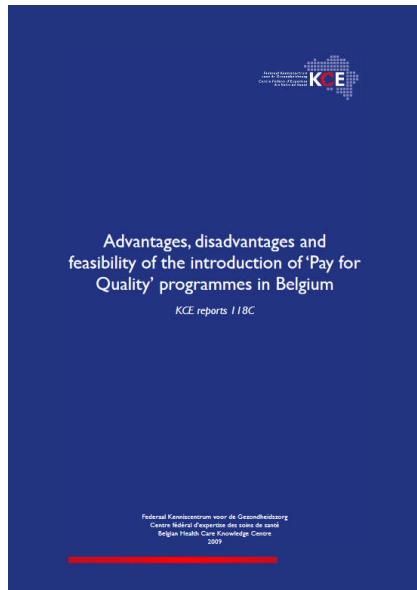
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Marco Bruno (University Medical Center Rotterdam), Bas Groot Koerkamp (University Medical Center Rotterdam), Thomas Seufferlein (Universitätsklinikum Ulm)

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Participation in scientific or experimental research as an initiator, principal investigator or researcher: Marco Bruno (multiple studies), Karen Geboes (many commercial studies related to metastatic pancreatic cancer), Karin

Learning from experience



EXAMPLE : Sources of oxygen for home therapy



Figure used in KCE report 156C "Home oxygen therapy", page 11st. Source: Hulpmiddelen Kompas 2004, Zuurstofapparatuur – ISBN 90-70918-38-2



Identifying opportunities



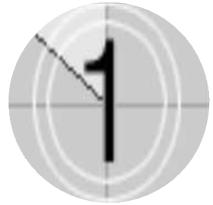
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Mixed Treatment Comparison (MTC) – Network Meta-analysis

Include in our processes?

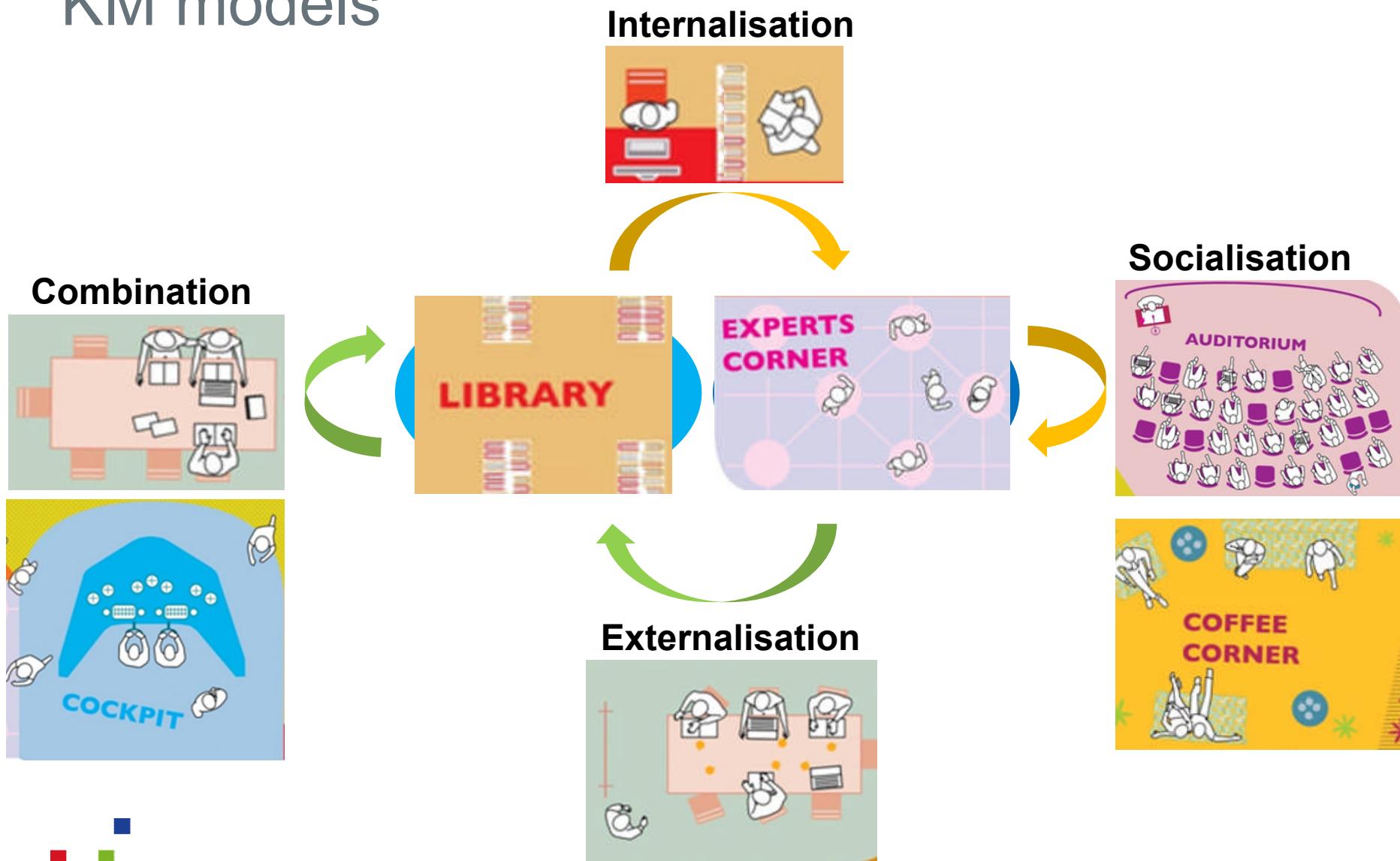


- Accepted by NICE
- To be discussed – decision case per case
- A method TPF will be introduced for the 2015 work program

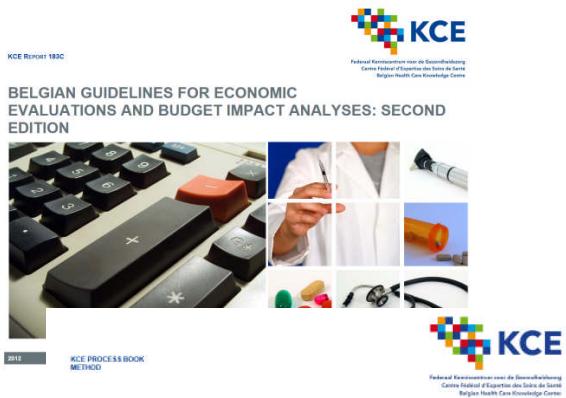


CONCLUSION

Maintenance of KCE methods guides fulfil the KM models



Moving out of the “Office” format is a challenge



HSR PROCESS NOTES: LITERATURE REVIEW AND INTERNATIONAL COMPARISON

PATRIK MISTI
2014



Federal Konsortium voor de Gezondheidswetenschap
Centre Fédéral d'Expertise des Soins de Santé
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METHOD – RAPID REVIEWS



There are always more topics to consider

- Patient's involvement
- **SURE**
Supporting the Use of Research Evidence
-

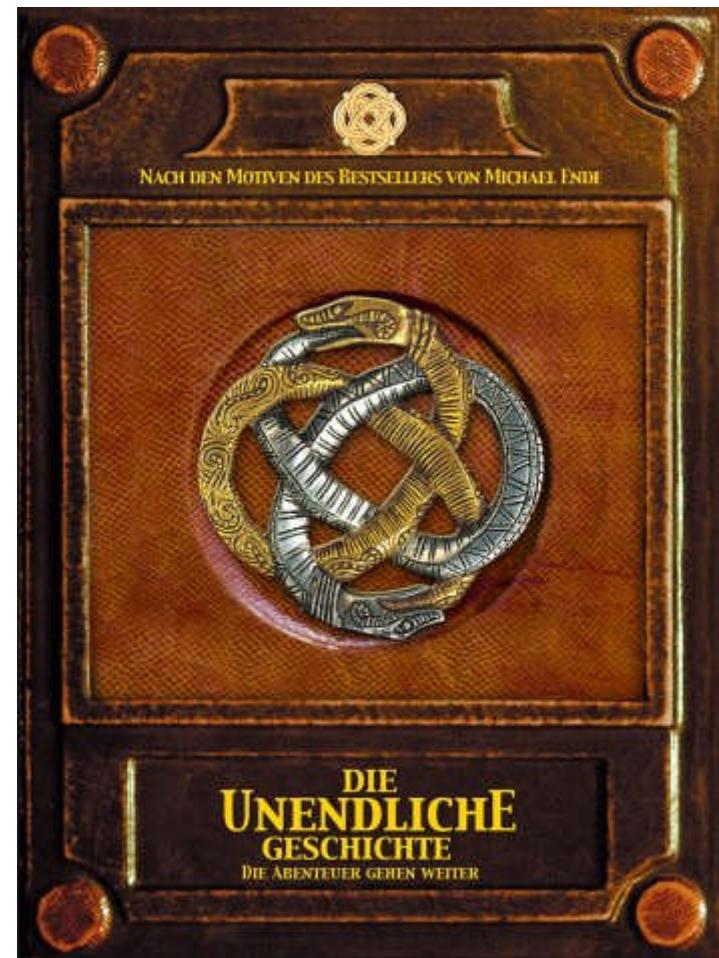
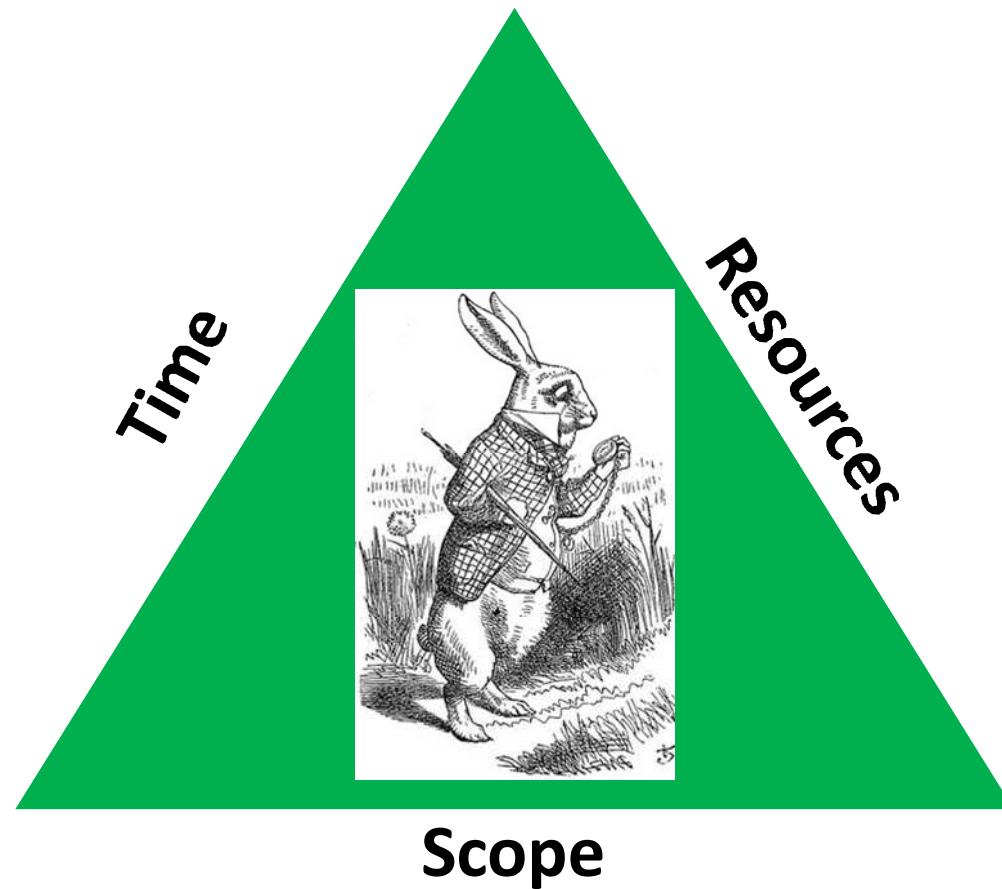


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Research projects are continuously adjusted



PRIORITIES

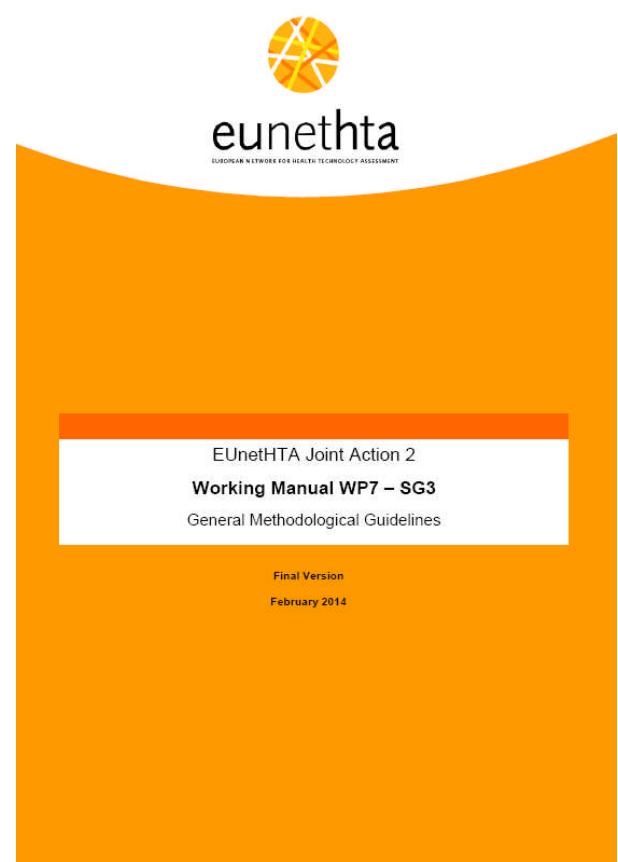
- 1.
- 2.
- 3.
- ...

Option for a manageable future...



Image source: http://2.bp.blogspot.com/-otdh9S613J8/Tam_YAWNk9I/AAAAAAAACKc/6ON8bk4KPIE/s1600/douglasfairbanks.jpg

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