RESULTS:

Systematic comparison of yield from sifting with yield from the Publish or Perish software reveals (i) major trials for which corresponding qualitative studies were not previously identified, (ii) qualitative studies identified independently from, and potentially unlinked to, associated trials, (iii) associated trial reports (for example, protocols, feasibility studies, etc), economic evaluations and systematic reviews, and (iv) commentaries and correspondence; all with the potential to enhance understanding of trial context.

CONCLUSIONS:

The potential of the Publish or Perish-enabled CLUSTER approach to identify trials or qualitative studies, through "joining up" and mapping of clusters, potentially missed from separate quantitative/qualitative sift processes, means that it should be considered for any HTA that seeks to integrate quantitative and qualitative studies.

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OP106 The Impact Of Searching Fewer Databases In Health Technology Assessment Rapid Reviews

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INTRODUCTION:

Multiple databases are often searched in Health Technology Assessment systematic reviews. However in rapid reviews, time and resources are limited and modifications to the search methodology may be necessary. In this retrospective study, the impact of searching fewer databases for three completed rapid reviews (i) Severe Mental Illness (SMI), (ii) Cannabis Cessation (CC), iii) Premature Ejaculation (PE) for the United Kingdom National Institute for Health Research was investigated.

METHODS:

The database coverage and indexing of the study references from the reviews were initially identified. The impact of fewer databases searched was then tested by (i) the number of studies that might be missed, (ii) the number of records for sifting and (iii) the overall rapid review conclusions.

RESULTS:

A total of 178 included study references were found in the reviews (SMI n = 14 for 13 studies, CC n = 34 for 33 studies, PE n = 130 for 102 studies). Searching Medline only for SMI, Medline+Embase for CC, Medline+Embase+Cochrane Library for PE, would result in 1902 (74 percent), 466 (43 percent) and 240 (11 percent) fewer records needed to sift, respectively. There would also be a total of ten 'would be missed' references (SMI n = 1, CC n = 5 and PE n = 4). However, nine out of the ten references were found to have no or minimal impact on the overall findings of the reviews. The ten references were secondary reports of an included study,

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papers that lacked sufficient data for meta-analysis such as a conference abstract or an ongoing trial.

CONCLUSIONS:

From the three reviews examined, limiting the search to fewer databases had no or minimal impact on the review conclusions despite the variable number of studies that would be missed and records needed to sift. More exploration during the scoping search prior to commencing the review will aid the decision on whether to limit the search to fewer databases.

OP107 Sources Used To Find Studies For Systematic Reviews Of Economic Evaluations

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INTRODUCTION:

Evidence about which information resources should be searched to identify economic evaluations (EEs) of healthcare interventions when conducting a systematic review (SR) predates closure of the National Health Service Economic Evaluation Database (NHS EED) and Health Economic Evaluations Database (HEED). We assessed which databases are now the best sources of EEs and identify the most efficient combination of databases, taking into account the order in which databases could be searched.

METHODS:

We gathered a reference set of EEs from published reviews of EEs undertaken to inform Health Technology Assessments (HTA). We calculated yield and relative recall (RR) (number of reference set records identified / total number of records in reference set) for each database, and combination of databases. We assessed the order in which databases should be searched, to identify the most efficient combination of databases to identify the reference set. We report the characteristics of records not included in any database studied and implications for identifying this type of evidence.

RESULTS:

To date, a reference set of fifty-five EEs from seven HTAs has been processed. Embase and Scopus each yielded 53/55 records (RR .96). MEDLINE yielded 52/55 (RR .95). Embase or Scopus included all of the journal publications in the reference set; no additional unique records were provided by MEDLINE, CEA Registry, EconLit, or Science and Social Science Citation Indexes. The two records that were not identified were unpublished evidence, one of which was included in the National Institute for Health Research (NIHR) HTA database. Processing will continue until we reach the threshold of a reference set of 350 records.

CONCLUSIONS:

Preliminary results suggest that searching two or three databases may be most efficient, provided that resources are searched using appropriate strategies. Searchers should concentrate on developing search strategies that work well in those databases to ensure adequate sensitivity, and use freed time to identify grey literature.

OP108 Health Intervention Assessment Report Adaptation: Tunisian Experience

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INTRODUCTION:

Health Technology Assessment (HTA) reports adaptation process is an important tool for emerging HTA agencies. INASanté (National Instance for Accreditation in Healthcare) has chosen to rely on this approach, to develop its first health intervention assessment report: comparative study of computed

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