



Using systematic review methodology to inform policy

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Introduction

In 2000, the UK Government published the NHS Cancer Plan, describing a strategy for improving cancer services. In 2006, the development of a new Cancer Reform Strategy was announced, and the Centre for Reviews and Dissemination (CRD) has been commissioned by Cancer Research UK to collate evidence to inform this strategy.

Methods

A number of different groups and individuals are involved in contributing to the Cancer Reform Strategy. Given the broad range of topics to be covered, and the time constraints of the project, it is not possible to provide a full systematic review of the evidence for every topic area.

The topic/clinical areas where it was felt systematic review methodology would be informative were prioritised in discussions between CRD and the National Cancer Director, and review work has begun on the following topic areas: inpatient care, chemotherapy services, early presentation and public awareness, and follow-up.

Inpatient care

There was no established evidence base for this subject area from which to form specific questions. Consequently, a broad scoping search was carried out to obtain an overview of the available evidence. Given that no specific questions were identified, formation of specific inclusion/exclusion criteria for studies was not possible. As such, discussion between reviewers and consideration of the work of the Cancer Services Collaborative and current research in the area formed the basis for determining the type of papers that would be useful. This was an iterative process.

The titles and abstracts of each paper were viewed, and coded according to their relevance and the specific questions that they addressed. The large number of records obtained in the search (13490 records) necessitated the adoption of a pragmatic approach, and the decision was made not to screen the records in duplicate, with a second reviewer checking only those records queried by the first reviewer. All papers considered relevant will be collated within subject areas to form a summary of the current evidence. This information will be used to refine and prioritise areas for more detailed review, in consultation with the National Cancer Director and other clinical experts.

Chemotherapy services

The costs and benefits of chemotherapy services, and in particular home, outreach and ambulatory services, are unclear. A broad search in a range of appropriate medical databases was undertaken to identify relevant evidence. In this case, the more specific nature of the question allowed the development of more explicit, but broad, inclusion criteria. This search yielded a more manageable sized library (4298 records), and all records are being screened by two independent reviewers. The records will be coded according to the specific questions that they address, and the results used to guide further investigation, using full systematic review methodology where appropriate.

Early presentation and public awareness

Previous systematic reviews have been carried out in this area. These reviews will be assessed and, where appropriate, updated using full systematic review methods.

Follow-up

There are questions surrounding the scope and frequency of follow-up in cancer care. This is a difficult area to search for in electronic databases and it is likely that there will be both primary research and systematic review evidence available. Careful consideration is needed to ensure that we focus efforts to identify appropriate information within the time and resource constraints.

Conclusions

- The review process has to be pragmatic, with careful allocation of resources, in order to provide timely, reliable and useful evidence.
- When informing a strategy for the future, it is sometimes necessary to search for the available evidence without specific questions, in order to identify interventions or methods that may not be in use in current practice.
- The review process is necessarily dynamic and is shaped by the evidence found.
- Collating evidence to inform policy can raise a number of methodological challenges, but also provides a valuable opportunity to help ensure a reliable evidence base for future policy.