

## W34: ICS Core Curriculum: Users' Guides to Practical Interpretation of Research Evidence for Shared Decision Making

Workshop Chair: Marco Blanker, Netherlands  
05 September 2019 16:00 - 17:30

Start	End	Topic	Speakers
16:00	16:05	Introduction	Marco Blanker
16:05	16:25	Quality of evidence in RCTs	Kari Tikkinen
16:25	16:40	Interpretation of OR for common conditions	Marco Blanker
16:40	17:00	Decision aids – how to use it in clinical practice	Philippe Violette
17:00	17:20	Clinical relevance vs patient importance?	Kari Tikkinen Rufus Cartwright
17:20	17:30	Discussion	Marco Blanker Kari Tikkinen Philippe Violette Rufus Cartwright

### **Aims of Workshop**

In the 21st century a clinician must be capable at facilitating shared decision making with patients. The evidence for competing interventions in the field of LUTS and POP is increasingly complex. Furthermore, clinicians must master the skill of presenting this evidence for patients. A sound interpretation of estimates of harms and benefits is therefore vital. This workshop provides important principles of evidence based medicine (EBM) to ICS members, and enhances their interpretation of evidence and skills for shared decision-making. The workshop will be supported by videos that can be watched in advance. These videos will be made available through the ICS website.

### **Learning Objectives**

Workshop attendees will learn:

- A. How the GRADE approach can be used to summarise and rate a body of evidence.
- B. How to judge the risk of bias in randomised trials and observational studies.
- C. How to assess inconsistency of results as well as indirectness and imprecision of evidence.
- D. How to compare and present different measures of effect size and understand the difference between patient importance and statistical significance.
- E. How to interpret odds ratios for common conditions.
- F. How to use decision aids to enable shared decision making for complex clinical choices.

### **Target Audience**

Urology, Urogynaecology, Bowel Dysfunction, Conservative Management

### **Advanced/Basic**

Basic

### **Suggested Learning before Workshop Attendance**

GRADE:

<http://help.magicapp.org/knowledgebase/articles/191848-what-is-grade>

<http://help.magicapp.org/knowledgebase/articles/294932-how-to-rate-risk-of-bias-in-randomized-controlled>

<http://help.magicapp.org/knowledgebase/articles/294933-how-to-rate-risk-of-bias-in-observational-studies>

Next, supportive webcasts/videos will be produced and made available in advance.

## **Quality of evidence in RCTs**

**Kari Tikkinen, Finland**

Randomized controlled trials (RCT) can provide the most reliable evidence for questions of efficacy, but do they always? The quality of evidence is based on more than study design alone. Many grading systems consider “study limitations” as a reason to reduce our certainty in evidence for RCTs. However, what does this really mean?

The Grading of Recommendations Assessment, Development and Evaluation (GRADE) working group has developed a systematic approach to assessing the evidence we use for clinical decision-making and guideline development. We will review the key concepts within this framework that are used to evaluate quality of RCTs, and observational studies.

Five factors can lower our certainty about this evidence:

1. Risk of bias (randomization, allocation concealment, blinding, Intention to treat),
2. Inconsistency
3. Indirectness
4. Imprecision
5. Publication bias

Occasionally there are factors that can increase our certainty as well

1. Large effect
2. Dose response
3. Residual confounding supports inferences about effect.

We will give an overview of these factors and how they apply to understanding and interpreting evidence.

## **Interpretation of OR for common conditions**

**Marco Blanker, The Netherlands**

Epidemiological studies often present large odds ratios (ORs), or at least large ORs get much attention. Many physicians regard such high ORs as relevant for their patients. Mostly, ORs are interpreted as relative risks. So an OR of 4 is “translated” in to a four times higher risk for having the outcome. Physicians tend to regard higher risks as more relevant for patients. As a consequence, advises may enter guidelines.

When interpreting ORs, two questions need to be answered. First from what kind of study were the ORs derived? What is the baseline risk in these studies? In other words, what was the chance of having the outcome?

Both OR and RR can be calculated from the same 2x2 Table. Still, the interpretation may differ. We will show that OR and RR are nearly the same in case of low prevalence, and that OR and RR strongly differ in case of high prevalence.

## **Decision aids - how to use it in clinical practice**

**Phillippe Violette, Canada**

Some decisions in urology are straightforward and most patients would agree to one course of action. However, possibly more situations in urology are not so clear. Often there are two, three or more reasonable options for our patients, with different pros and cons. How do we help our patients to make the best decision when we don't know which one is “right”? These situations call for shared decision making. Unfortunately, it's not so clear what that is and how to do it. We will explore the practical aspects of shared decision-making and how decision aids can be helpful in doing more than simply informing our patients.

## **Statistical significance Clinical relevance vs patient importance?**

**Kari Tikkinen, Finland & Rufus Cartwright, UK**

High quality studies sometime identify “significant” results, but when do these matter? With sufficient number of patients in a study even very small differences can be statistically significant. A more important consideration is when we believe that these differences have a clinical meaning and impact an important aspect of patient care. The concept of clinical significance distinguishes mere mathematics from findings that can actually inform our practice. In the era of patient-centred medicine, it is also important to realize that we consider clinically relevant may not be the most important consideration for our patients. We will engage in an overview of these key concepts for modern evidence based urological care.