CADTH

Health Technology Review

Rapid Review Process

Version: 2.0

CADTH

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1. Introduction

1.1 About Product

CADTH's Rapid Review Service offers Canadian health care decision-makers quick and efficient access to health technology information based on the best available evidence.

A Rapid Review is a written summary of the existing evidence on a topic that best addresses specific stakeholder research questions. For these reports, full-text documents are appraised using standardized, internationally recognized appraisal instruments such as the Appraisal of Guidelines for Research and Evaluation II (AGREE II) and the Quality Assessment of Diagnostic Accuracy Studies (QUADAS). The final report includes a summary of the evidence, study characteristics, and findings, as well as a brief statement on implications for decision-making or policy-making. In exceptional circumstances, or if requested, a Rapid Review may be externally peer-reviewed; this would be titled a Rapid Review With Expert Input.

1.2 Scope

Topics suitable for Rapid Review reports include evaluations of medical, surgical, and dental technologies, such as:

- drugs
- devices
- diagnostic tests
- medical, surgical, and dental procedures.

Please talk to the Liaison Officer in your jurisdiction to clarify if a topic is suitable for Rapid Reviews or if it is better suited to another product line offered by CADTH.

1.3 Audience

1.3.1 Primary Audience

Decision-makers from participating Canadian publicly funded health care jurisdictions (Quebec does not participate in CADTH's Rapid Review Service) are eligible to request a Rapid Review report from CADTH. These include the following stakeholders:

- federal, provincial, and territorial health ministries
- health authorities
- hospitals
- national and regional health care programs.

Rapid Review requests are made in confidence, and no identifying information is included when the reports are made public on the CADTH website.

1.3.2 Secondary Audience

Anyone can access and review published Rapid Review reports, which are freely available at the CADTH website.

1.4 Purpose and Application for Decision-making

The purpose of a Rapid Review is to quickly identify, appraise, and summarize existing evidence on specific health topics to provide evidence-based support to policy and health care decision-makers. This product is particularly useful for providing an overview of the existing evidence on a specific topic and a brief background of possible implications for decision-making. When externally peer-reviewed, Rapid Reviews With Expert Input provide additional content expertise on a specific report topic.

While Rapid Review reports summarize the available existing evidence, they should not be construed as a recommendation for or against the use of a particular health technology, nor are they intended to replace professional medical advice. Readers are also cautioned that a lack of good-quality evidence does not necessarily mean a lack of effectiveness, particularly in the case of new and emerging health technologies for which little information can be found, but which may still, in future, prove to be effective.

1.5 Transparency

CADTH is committed to being as transparent as possible, while still meeting the demanding timelines inherent in the Rapid Review Service. Each Rapid Review report includes the research questions, selection criteria, selection of included studies, and the methods and appraisal tools used. For reports entitled Rapid Review With Expert Input, drafts are externally reviewed by a content expert and feedback is addressed. Timelines do not allow for stakeholder feedback during the production process of Rapid Review reports.

The evidence evaluated for possible inclusion in a Rapid Review is identified by CADTH using all reasonable efforts, within time constraints. The following are the main avenues used to identify evidence for these reports:

- Published literature is identified by searching major biomedical bibliographic databases.
- Grey literature (literature that is not commercially published) is identified by searching Canadian and major international health technology assessment agency websites, as well as by undertaking a focused internet search.

Rapid Review reports are made freely available on the CADTH website, but in exceptional circumstances embargo periods may be considered. All drafts, search strategies, and working documents used to produce Rapid Review reports are archived for 15 years, and may be requested if required, with the exception of copyright-protected documents and information provided in confidence by customers, manufacturers, and other agencies.

1.6 Timelines

Table 1: Timeline for Rapid Review Process

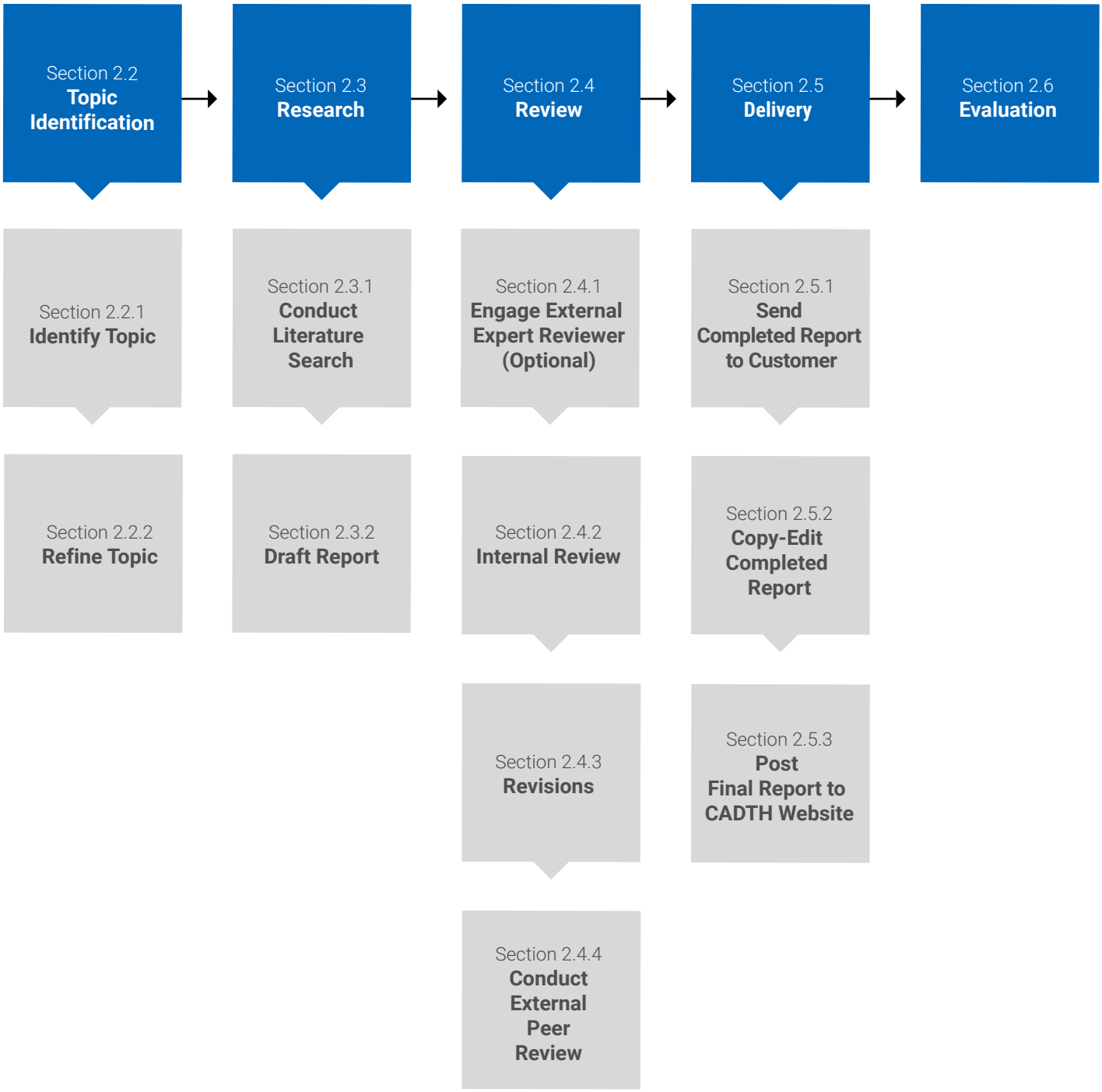
Product type	Deliverables	Approximate turnaround time
Rapid Review	Customer contacted	48 hours from submission of request *(depending upon customer availability)*
	Report finalized	30 business days from point of topic refinement
Rapid Review With Expert Input	Customer contacted	48 hours from submission of request *(depending upon customer availability)*
	Report finalized	2 to 3 months from point of topic refinement

NOTE: Exact timelines will be negotiated between a CADTH representative and the customer at the time of topic refinement.

2. Process

2.1 Flow Chart

Figure 1: Flow Chart of Rapid Review Process



2.2 Topic Identification

2.2.1 Identify Topic

Topics for Rapid Review reports are submitted by decision-makers in Canadian publicly funded health care organizations (see Section 1.3. Audience). Submissions are made by contacting a CADTH Liaison Officer or by independently submitting a request on the CADTH's website.Topics can also be suggested by CADTH's Program Development Office in conjunction with stakeholder feedback.

2.2.2 Refine Topic

CADTH contacts the customer within 48 hours of receiving the request (depending upon customer availability) to obtain additional details to ensure that the request, needs, and research questions are clearly understood. Before starting a project, CADTH confirms the research questions to be addressed, how the information will be used, and when the information is required in order to support health care and policy decisions most effectively. If the topic is not suitable for a Rapid Review request (see Section 1.2. Scope), or the refiner is able to identify a previously published report that answers the customer's research needs, the request does not proceed.

2.3 Research

2.3.1 Conduct Literature Search

A limited literature search is conducted on key resources, including PubMed, the Cochrane Library, the National Institute for Health Research's Centre for Reviews and Dissemination databases, and Canadian and major international (i.e., UK, US, Australia, New Zealand) health technology assessment agencies. A focused internet search is also conducted. All searches are limited to published English-language articles in the human population. A date range of 5 years is typically applied; however, that range may be modified depending on the amount of recent evidence identified. Rapid Review searches may also be limited by study design, including some or all of the following, as negotiated with the customer:

- systematic reviews, meta-analysis, or health technology assessments
- randomized controlled trials
- non-randomized studies
- economic evaluations
- evidence-based guidelines
- adverse events reports

An overview of the literature search process is detailed in the Methods section of each individual Rapid Review report.

From the terms used in the literature search, CADTH assigns French and English medical subject headings and keywords to the document metadata to facilitate retrieval in both official languages once the document is posted on the CADTH website.

2.3.2 Draft Report

Literature search results are screened by the author based on the inclusion and exclusion criteria agreed on with the customer. Once screened, selected references are sent to information technicians to retrieve full-text documents. When the author receives the full-text documents, they are appraised (when applicable) using standardized, internationally recognized appraisal instruments, such as the Appraisal of Guidelines for Research and Evaluation II (AGREE II) and the Quality Assessment of Diagnostic Accuracy Studies (QUADAS). Articles required for background information are also selected and read to help draft the Context and Policy Issues section of the report. Report examples can be found on the CADTH website.

2.4 Review

2.4.1 Engage External Expert Reviewer (Optional)

If an external peer review is requested or required, CADTH identifies and contacts potential external reviewers with expertise in the topic area or subject matter. CADTH arranges the engagement of the reviewer and ensures that a conflict-of-interest form is filled out.

2.4.2 Internal Review

Once the report is drafted, it is internally reviewed to ensure that all author requirements for a Rapid Review are followed. The reviewer also ensures that all the study types requested have been included and all research questions are addressed in the Conclusions and Implications for Decision- and Policy-Making section.

2.4.3 Revisions

The author addresses the reviewer's comments and makes appropriate changes. When the reviewer is satisfied with the draft, it is sent to the information specialist to ensure its citation details are accurate and its references follow JAMA Oncology bibliographic style guidelines. The team also checks that copyright guidelines were followed.

2.4.4 Conduct External Review (Optional)

If an external peer review is requested or required, CADTH sends the internally reviewed draft to the previously identified external expert reviewer (see Section 2.4.1. Engage External Peer Reviewer) for feedback. Comments from the external reviewer are forwarded to the internal reviewer, who reads the feedback and discusses required revisions with the author. The disposition form is filled out by the author to document feedback and CADTH's response. CADTH confirms that the external feedback has been accurately addressed and documented. The reviewed draft is sent to the information specialist to ensure its citation details are accurate and its references follow JAMA Oncology bibliographic style guidelines. The team also checks that copyright guidelines were followed.

2.5 Delivery

Once the report is finalized, it is sent to the customer, then copy-edited and posted to the CADTH website. Occasionally, if requested, knowledge mobilization tools, such as a Report in Brief, are created to help disseminate findings.

2.6 Evaluation

The Implementation Support or Liaison Officer for the jurisdiction follows up with the customer to obtain feedback.

Revision History

This document will be periodically revised as part of ongoing process improvement activities. The following version control table, as well the version number and date will be updated when any revisions are made.

Section	Revision number	Date	Description of changes made
All	1.1	October 2018	Process streamlined and updated
All	1.2	June 2021	Minor process updates completed
All	2.0	February 2022	Major revisions to bring to current state