
How Good is the Evidence Informing Breast Cancer Clinical Practice Guidelines?



A study published in *Clinical Breast Cancer* revealed that the quality of the systematic reviews that provide the evidence to inform clinical practice guidelines differed widely.

The systematic reviews and meta-analyses used to inform the clinical practice guidelines for the National Comprehensive Cancer Network (U.S.) and European Society for Medical Oncology were all examined for their characteristics and methodology in reporting using PRISMA (Preferred Reporting Instrument for Systematic Reviews and Meta-Analyses) guidelines and AMSTAR-2 (A Measurement Tool to Assess Systematic Reviews 2) tools. Since non-Cochrane reviews tend to report larger effect sizes with lower precision than Cochrane reviews, the Cochrane reviews were compared to the non-Cochrane reviews.

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About 1,341 total references were analysed, of which 69 were unique systematic reviews. In total, PRISMA completeness was an average of 76.3% (n = 69), while AMSTAR-2 completeness mean was 66.5%. Cochrane reviews followed PRISMA (0.91 vs 0.74) and AMSTAR-2 (0.95 vs 0.62) guidelines much more than the non-Cochrane reviews. In fact, the study's authors reported that "one-third were of 'critically low' quality".

Two recommendations were made. First, the authors of systematic reviews should adopt a more uniform approach to assess reporting quality. Second, clinical practice guidelines should use a more standardised method to find evidence supporting their recommendations. In turn, clinicians may trust clinical care guidelines more and use them in their decision making.

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