

documented the synonyms listed in the two registries. We imported the registry entries into EndNote and evaluated whether the search terms used were available in the corresponding search fields (condition; intervention).

### RESULTS:

For CT.gov, 96 registry entries on 18 interventions and 190 entries on 12 conditions were analysed. Of these, twenty-three (24 percent) entries for interventions and thirty-eight (20 percent) for conditions were identified by search features, not by search terms. For ICTRP, 32 entries on 10 interventions and 100 entries on 9 conditions were analysed. Of these, five (16 percent) entries for interventions and eight (8 percent) for conditions were identified by search features.

### CONCLUSIONS:

Trial registry search features have an important impact on the sensitivity of searches. Many studies are not identified by the search terms entered, but by searches using synonyms and, additionally in CT.gov, by automatic inclusion of further search fields. Moreover, search features in CT.gov are more effective than in ICTRP – even though the same search terms are used, they consistently yield higher sensitivities.

### REFERENCES:

1. Institute for Quality and Efficiency in Health Care. *Searches in trial registries for studies on newly approved drugs: Working paper; commission no. GA14-01* [online]. 03.02.2016 [accessed: 03.03.2016]. URL: [https://www.iqwig.de/download/GA14-01\\_Arbeitspapier\\_Suchen-in-Studienregistern-nach-Studien-zu-neu-zugelassenen-Arzneimitteln.pdf](https://www.iqwig.de/download/GA14-01_Arbeitspapier_Suchen-in-Studienregistern-nach-Studien-zu-neu-zugelassenen-Arzneimitteln.pdf)

## VP197 Sustainable Production Of Rapid Health Technology Assessments And Clinical Guidelines

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### INTRODUCTION:

With increasing resource pressures on health systems, rapid developments in innovative technologies and limited numbers of skilled assessors, there is a need to establish sustainable methods to provide advice on healthcare technologies for decision makers. The European Network for Health Technology Assessment (EUnetHTA) has been testing an approach of collaborative production of rapid Health Technology Assessments (HTAs) and adaptation of these locally. The Scottish Health Technologies Group (SHTG) participated in two collaborative and adaptation projects to test whether this could save time and resource, whilst providing a product as robust and relevant as if developed locally. Concurrently the Scottish Intercollegiate Guidelines Network (SIGN) has been exploring ways to develop clinical guidelines more efficiently, including the use of rapid HTAs to inform recommendations.

### METHODS:

Having established the relevance of the topics to NHS Scotland, SHTG participated as peer reviewers for EUnetHTA reviews on mitral valve repair and mechanical thrombectomy. On completion, SHTG summarized their content to fit with the well-accepted rapid review report format used in Scotland. Content was supplemented with a review of economic evidence, currently not included in the European reports, local epidemiological information and recently published studies. The thrombectomy report and associated Advice Statement were used by a small expert group to update a SIGN clinical guideline recommendation.

**RESULTS:**

Providing advice through adaptation proved feasible and acceptable to stakeholders. Limited time was saved because of the supplementary work undertaken, and lessons have been learned about what should and should not be done in future .The guideline recommendation was updated and made available more quickly than similar previous updates.

**CONCLUSIONS:**

Further such collaborations and adaptations will be pursued as this appears to be a sustainable approach for the future. The process could be aided by EUnetHTA publishing forward work plans and also by the inclusion of economic information, with details of the decision-making context provided, to allow assessment of its relevance locally.

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**VP198 Efficient Retrieval Of Trial Protocols: An Empirical Study**

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**INTRODUCTION:**

Registration of trial protocols has become increasingly important in recent years. In the context of systematic reviews, published trial protocols facilitate the identification of studies. Data recorded in trials registers requires standardization to assist with ease of identification, and availability of the most current protocol version. Searching sources of trial protocols, for example trials registers, has issues relating to currency, coverage, functionality and indexing. An empirical study was conducted in the context of a funded systematic review, to establish; the proportion of trial protocols retrievable, the most effective retrieval methods, barriers to retrieving protocols, and whether the most easily retrieved protocol copy remains the document of record.

**METHODS:**

In a systematic review of primary care interventions for medically unexplained symptoms, seventy-four trials were identified as potential included studies. To search for the seventy-four trial protocols, multiple sources and methods were utilized to identify the the differential coverage of sources and the relative efficiency of retrieval methods. Retrieval methods included searching trials registers and bibliographic databases, internet searching, checking journal websites and contacting authors.

**RESULTS:**

Results included; (i) number of trial protocols that were referenced in the corresponding study publication(s), (ii) percentage of protocols indexed in each checked source, including MEDLINE and various trials registers, (iii) number of authors that responded to email contact, (iv) number of authors that provided a reference to, or copy of, the protocol. Information on when the trial protocol was published, funding sources, and trial registration, was also recorded.

**CONCLUSIONS:**

Conclusions are made regarding the coverage of different sources of trial protocols. This will enable Information Specialists to prioritize retrieval methods for identifying trial protocols to inform future search methods guidance. The main barriers to retrieving protocols are discussed together with recommendations for future empirical studies.

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**VP199 Limitations Of Studies On Oxygen Therapy In Acute Care Settings**

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**INTRODUCTION:**

A high-level, rapid review (1) was conducted on oxygen therapy issues studied in the past 10 years in acute care