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Title **Rapid versus Full Systematic Reviews: An Inventory of Current Methods and Practice in Health Technology Assessment**

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Aim

To assess current practice in preparing rapid reviews by HTA organizations nationally and internationally; to examine the evidence base for the methodology of rapid reviews; and to identify any differences in the essential conclusions of rapid and full reviews on the same topic.

Conclusions and results

Survey of HTA organizations: 23 surveys were returned, with 18 agencies reporting the production of 36 rapid review products. The most common reason for conducting a rapid review was in response to political urgency and/or to support decisions. Search strategies varied widely. The components of reviews also varied between product types, with full reviews more likely to report clinical outcomes (100% vs 94%), examine economic factors (92% vs 72%), and consider social issues (85% vs 53%).

Literature on rapid review methodology: 11 relevant studies were identified. None of the included studies detailed guidelines for the methodology of rapid reviews. Authors suggested restricted research questions and truncated search strategies as ways to limit the time taken to complete a review.

Identification and comparison of rapid reviews and full systematic reviews: Full and rapid reviews were compared on the topics of drug eluting stents, lung volume reduction surgery, living donor liver transplantation, and hip resurfacing. Axiomatic differences between the products were identified, but in no instances were the essential conclusions of the different reviews opposed. Full reviews consistently provided deeper information and more detailed recommendations for implementation.

Recommendations

This report shows that rapid review products by HTA agencies are not well defined and vary widely in methodology. It is recommended that rather than developing formalized methods for conducting rapid reviews, which may inappropriate and oversimplified, agencies should increase the transparency of methods used in each review. It would be useful if HTA agencies clearly identified their HTA products with respect to the commissioning group, the purpose of the review, and general details outlining the methods used. Certain parts of a comprehensive systematic review (eg, an independent and complete economic evaluation) might not realistically be completed in a rapid timeframe. Methods need to be developed to incorporate timely advice from expert panels, ensuring that rapid reviews reach appropriate conclusions at clinical and policy levels. A rapid review should be written to answer specific questions rather than as a quick alternative to a full systematic review. Hence, rapid reviews could be used to inform specific policy decisions in a timely manner without losing any of the important information that may be expected from a comprehensive review.

Methods

Three concurrent methods were used: A survey was developed and distributed electronically to 50 HTA agencies identified through INAHTA membership records and Review Group advice. Data were collated via spreadsheet tabulation, discussed, and subjected to simple statistical analysis.

Systematic literature searches of the Cochrane Database of Methodology Reviews, the Cochrane Methodology Register, EMBASE, MEDLINE, and the Australasian Medical Index were undertaken in March 2007 to identify literature pertaining to methodology for undertaking rapid reviews.

Internet sites of 75 international HTA organizations were searched for rapid reviews meeting pre-defined inclusion criteria. For each rapid review identified, a literature search was undertaken utilizing the University of York CRD database to identify full reviews (systematic reviews or HTA reports) published on the same topic within approximately one year of the identified rapid review.

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