

GRADEpro Instructions for Creating Evidence Tables

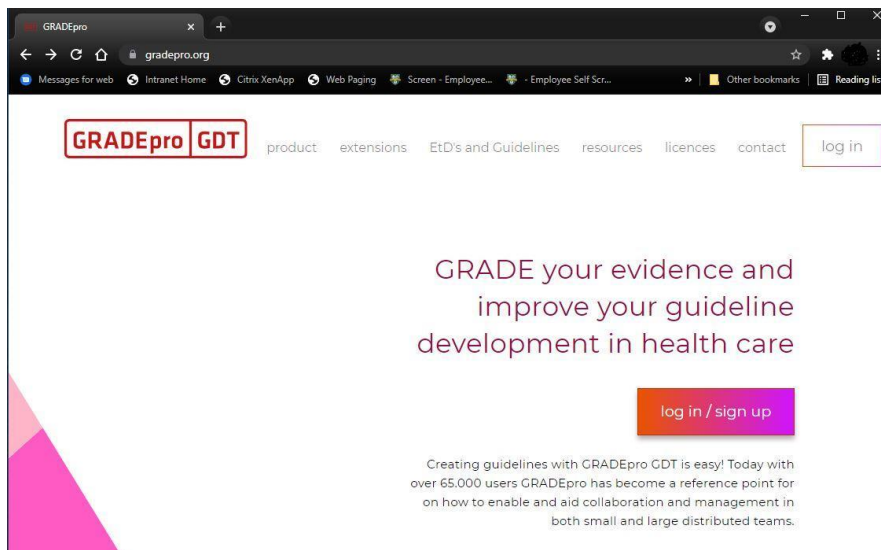
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Aim:

These instructions will cover using the GradePro software to create evidence tables. The software has other team management functions that are outside the scope of this document.

Instructions:

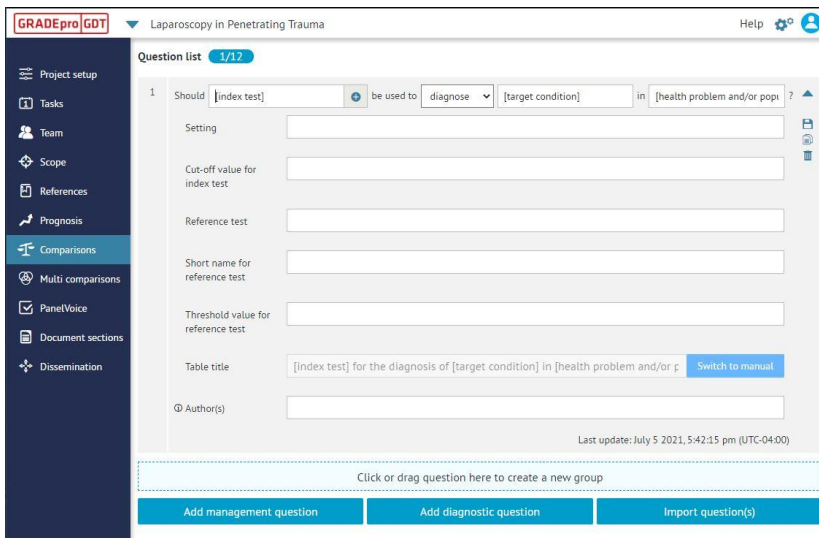
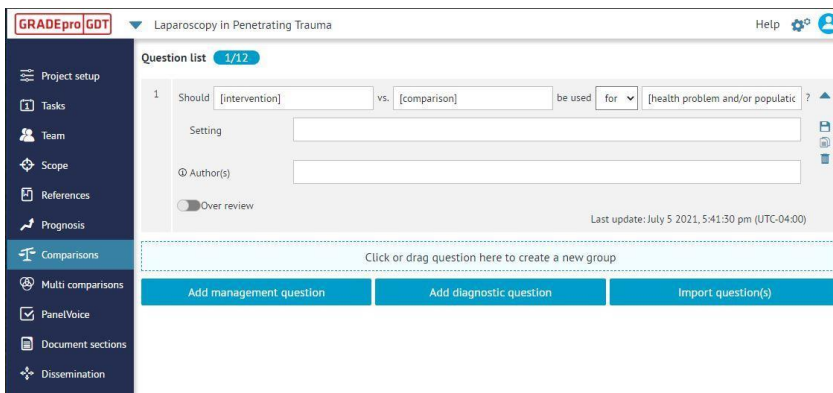
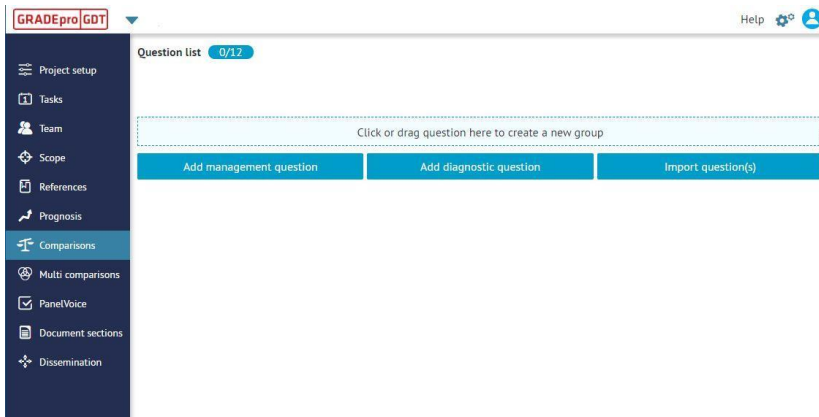
1. Visit <https://gdt.gradepro.org/app/>
 - a. Access is free.
 - b. Sign up with your name, email, password, and agree to the terms.
 - c. Enter username and password to login



2. Click "New project" in the top right corner and enter the project name in the box and hit "Create Project"



3. Click the on the title of the newly created project to open it
4. Click "Comparisons" from the toolbar on the left then select "add management question" (or "add diagnostic question") and fill in the form



5. Click on the name of the newly created question then select "add outcomes" or "import outcome(s)" and fill out the form (Most outcomes will be "di dichotomous" or "continuous", and "pooled" – select the appropriate buttons)
 - a. Import outcomes can be used to upload reviews from RevMan
 - i. This will be the most common method for populating the evidence table for EAST Guideline development purposes

- ii. A separate set of instructions is available for RevMan on the EAST website
- b. Continue the process until every PIC stem and outcome are added
- c. The outcomes will be added to the evidence table for each respective question. Create separate tables for prospective randomized and for retrospective studies. Click on the gray edit boxes on the right of each outcome to fill in any data from the pertinent studies. Certain responses will require an explanation. This can be entered now by following the prompt, or you can return to it later.
 - i. Enter the **'No of Studies'** in the first box
 - ii. Enter the **'Study Design'** in the second. These will overwhelmingly be 'Observational Studies'. (If there are more than a couple of randomized trials, you may want to create a separate table for the same outcome for those, and ensure that data from the two different study types point to the same direction of outcome)
 - iii. Enter the **'Risk of Bias'** in the next. In the vast majority of cases where most studies are observational, the option to select here would be 'Very serious'. (May select 'serious' in cases of prospective trials with lack of blinding/randomization)
 - iv. Fill out the **'Inconsistency'** box. If different studies show different results, and Confidence Intervals are all over the map on the Forest plot, or heterogeneity is high ($I^2 > 70$) consider 'Very Serious'. If confidence intervals are mostly clustered around the same area on the forest plot, consider choosing 'Serious'
 - v. Fill out the **'Indirectness'** box. Unless the studies you have reviewed used exactly the same patient population, intervention, comparator and outcomes, and with the same inclusion/exclusion criteria, select 'Very serious'. May select 'serious' if inclusion/exclusion criteria or comparator were slightly different.
 - vi. Fill out the **'Imprecision'** box. Select 'Very Serious' if there are fewer than 5 studies, if the pooled Confidence intervals are wide, or if there is uncertainty about the magnitude of the intervention effect on the studied outcome.
 - vii. Fill out the **'Other Considerations'** box. In **'Publication Bias'** select 'strongly suspected' if there are fewer than 5 studies, if the majority of studies show a positive intervention-outcome association. In **'Large effect'** select the magnitude of the intervention effect on the outcome – to select anything but 'no', the pooled Confidence Interval on the forest plot needs to be narrow and not cross the y-axis. If >50% change, consider 'very large', otherwise 'large'. In **'Plausible Confounding'** consider one of the options if there is plausible residual confounding that could weaken support for the intervention (e.g. the intervention increases survival in less sick patients, and the severity of illness has not been accounted for in the analysis). In **'Dose Response Gradient'** select

- 'yes' if outcome increases proportionally with intervention dose, e.g. higher risk of bleeding with higher INR, greater survival in sepsis with earlier administration of ABx and achievement of source control, etc.
- viii. Enter the **No of patients** that received the **Intervention** and the **Comparison**.
 - ix. **'Relative effects'** are typically reported as Odds Ratios and 95% confidence intervals. The 'Absolute Effect' is autocalculated as a 95% confidence interval.
 - x. In the **'Importance'** box, select the rating for that outcome, as it was voted early in the PICO question generation step.
 - xi. All the above boxes, provide additional, detailed explanations to guide your selections by clicking the little 'i' sign in each.
 - xii. Once all the options are selected under the certainty tool, the classification of certainty (+ to +++) will automatically be generated
 - xiii. Do the same for each outcome.
 - xiv. Finally select the box-like button all the way to the right of the top bold column for each PICO, and select 'Grade Profile v2', then the top right page corner export button, to Export your tables in word or PDF format.
 - xv. Clicking on the "what happens" tab will allow selection of several automatically generated options for "size of effect" and "narrative statements"
 1. Click "insert" to use the automatically generated option
 2. Manual entries can be typed into the "what happens" free text box.

Other GRADEpro Resources:

GRADEpro user guide https://gdt.gradepro.org/app/help/user_guide/index.html

A handbook is available under the help menu located in the top right corner. This handbook serves as a reference for guideline development using GRADE methodology.

An EAST instructional video is available at the following link: [GRADE - Ch. 5 Using GRADEPro](#)