

**CONGRESSO
NAZIONALE 2015**



Italian
Resuscitation
Council

ILCOR 2015 e le nuove linee guida

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ILCOR: International Liaison Committee On Resuscitation



Africa



Timeline

18-20 Apr 2013



Spark Of Life Conference
Melbourne

21-22 Apr 2013



Ilcor meeting Melbourne

23 Apr 2013



Utstein meeting Melbourne

29-30 Apr 2014



ILCOR meeting Canada

2-5 Feb 2015



International Consensus
Conference

15 Oct 2015



ILCOR CoSTR and
Guidelines published

Novità ILCOR 2015 (1)

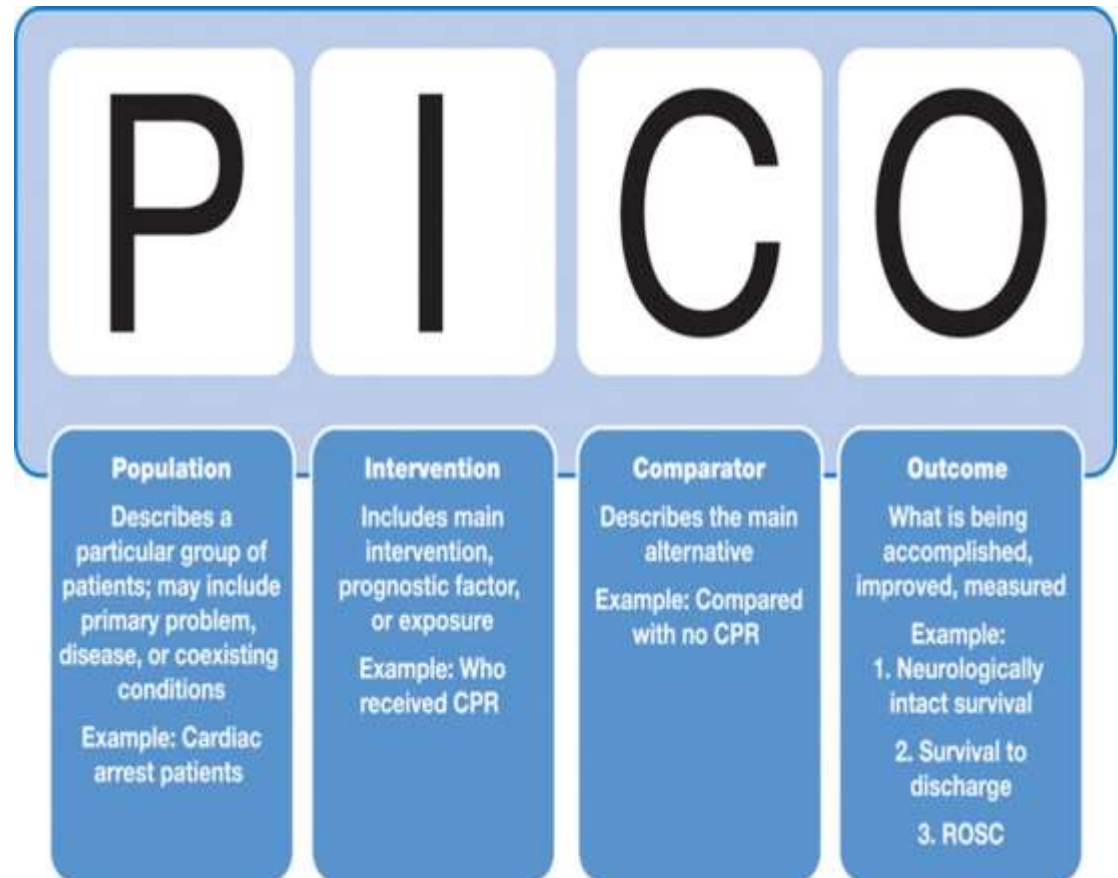
- Processo di revisione trasparente per:
 - Rendere espliciti i conflitti di interesse
 - Ridurre gli errori
- Uso di una griglia on-line (SEERS) per:
 - Rendere uniforme il processo di revisione
 - Rendere pubblica la revisione al fine di:
 - Consentire i commenti degli altri revisori
 - Monitorare i progressi

Novità ILCOR 2015 (2)

- Uso di GRADE
 - Grades of Recommendation, Assessment, Development, Evaluation
- Creato da revisori indipendenti
 - GRADE working group
- Finalizzato allo sviluppo di linee guida

Domande PICO

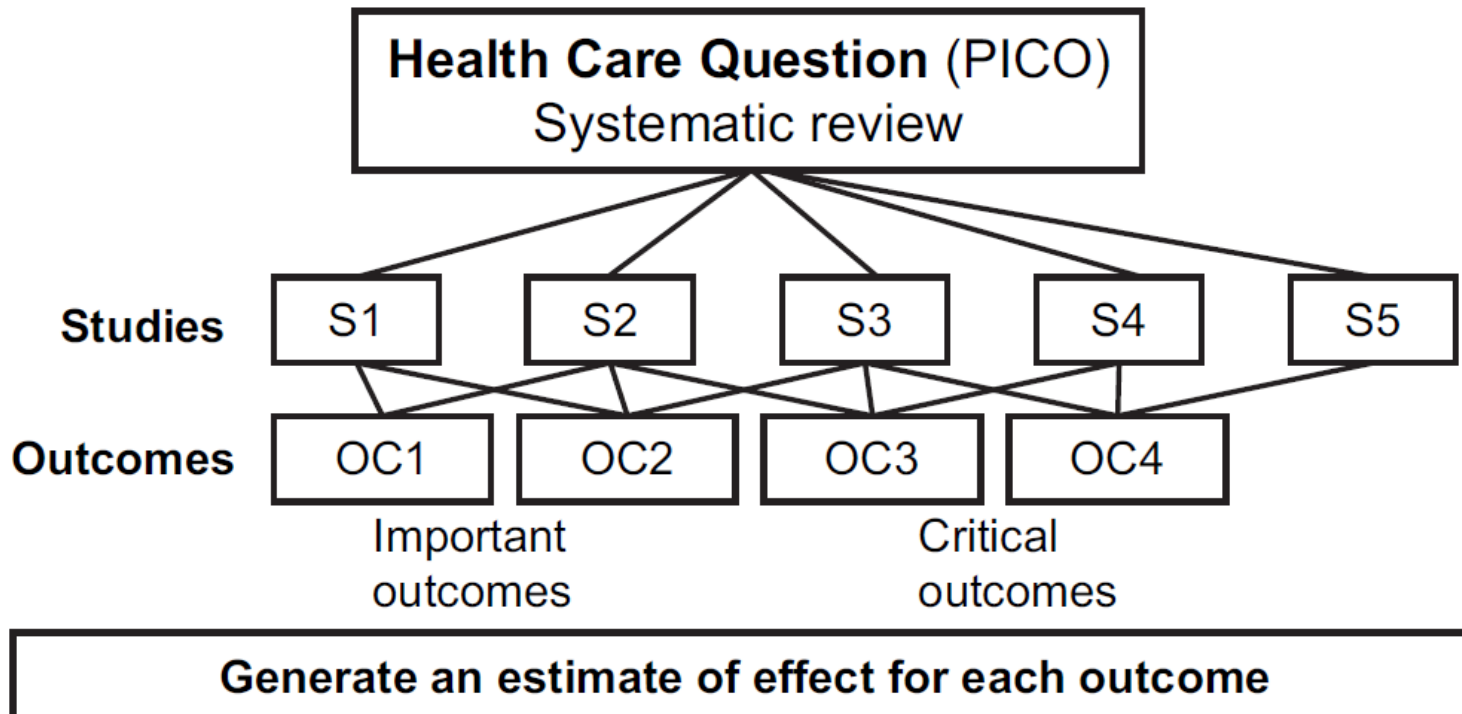
- **P**opolazione
- **I**ntervento
- **C**omparatore
- **O**utcome

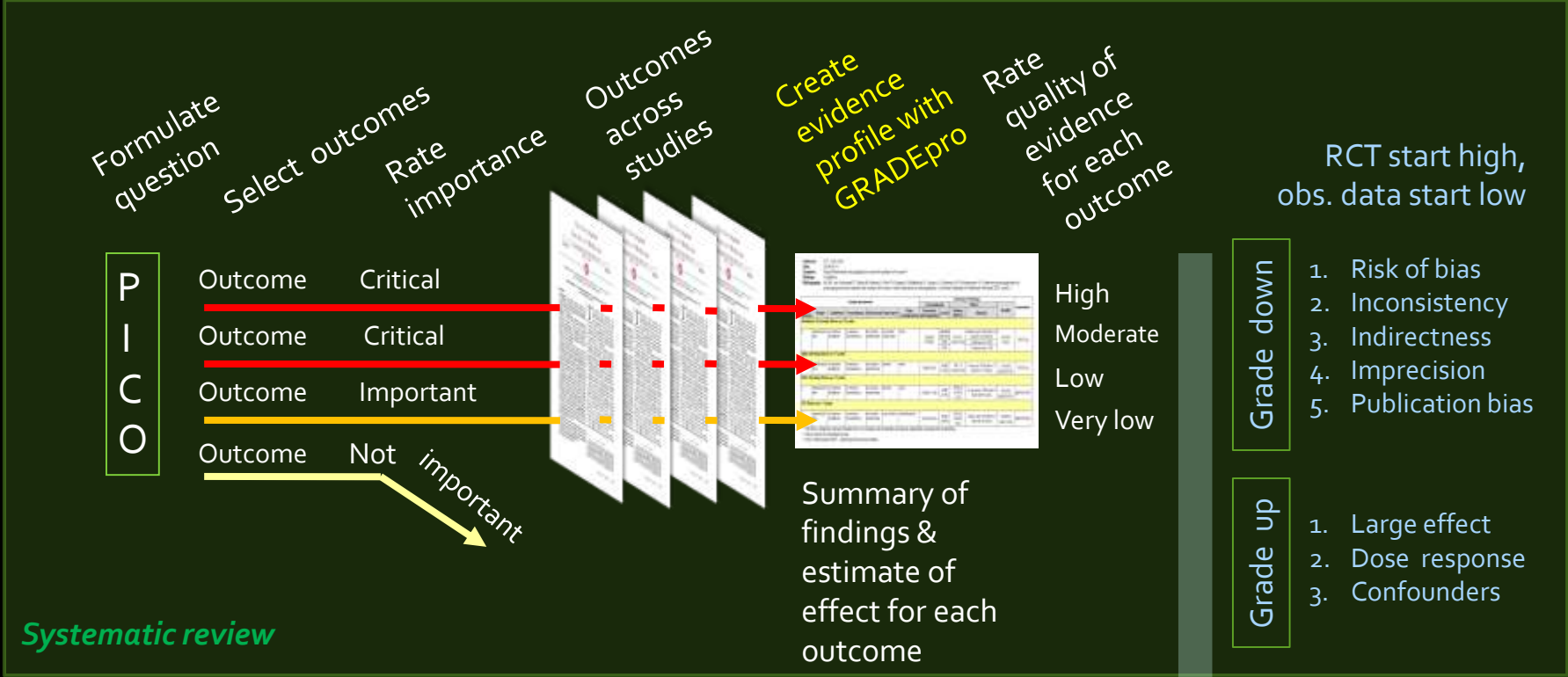


GRADE SERIES - GUEST EDITORS, SHARON STRAUS AND SASHA SHEPPERD

**GRADE guidelines: A new series of articles in the
*Journal of Clinical Epidemiology***

Gordon H. Guyatt^{a,b,*}, Andrew D. Oxman^c, Holger J. Schünemann^{a,b},
Peter Tugwell^d, Andre Kottner^c



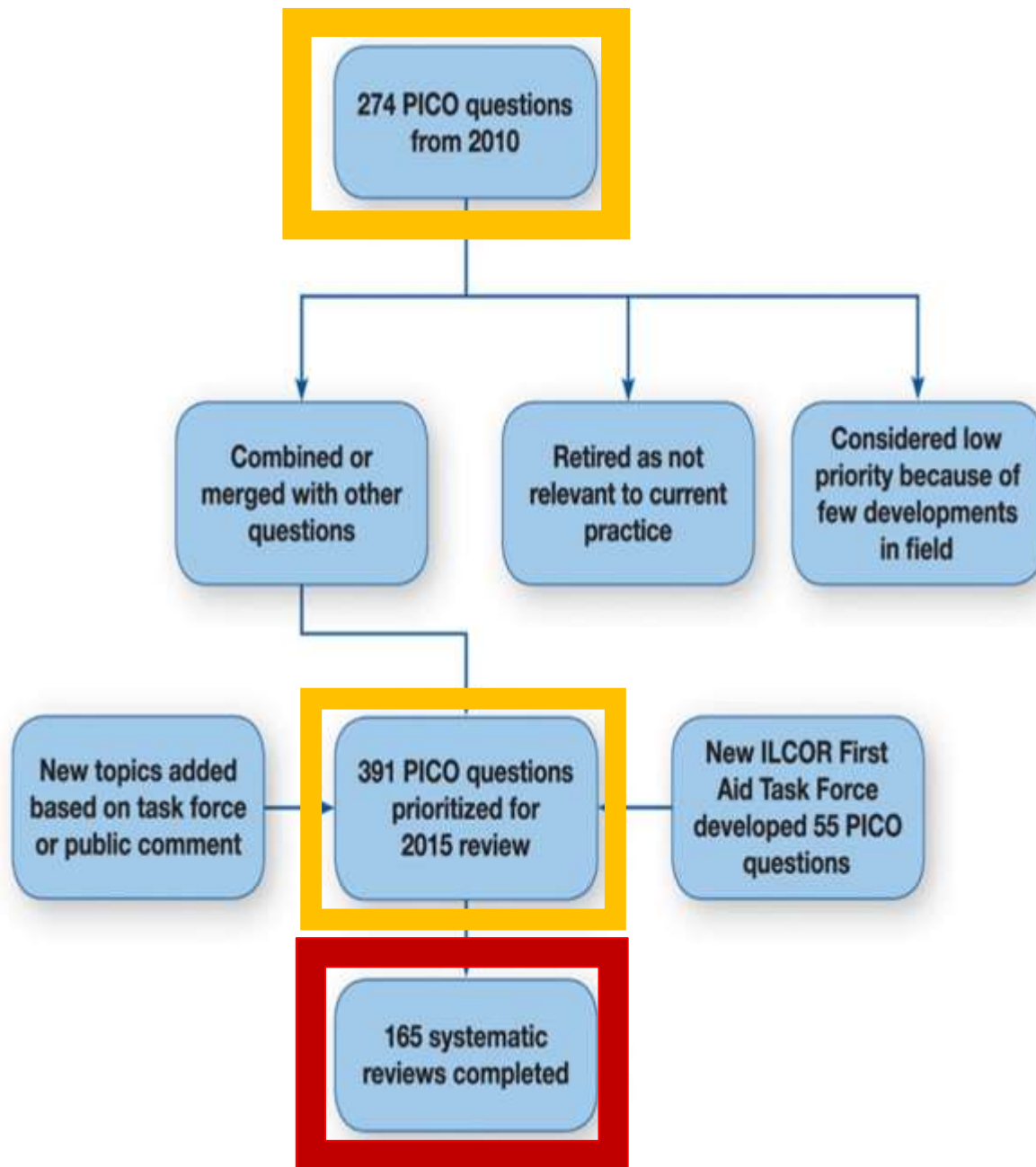


Courtesy of Peter Morley

ILCOR process for prioritizing PICO questions for systematic reviews



Morrison LJ et al. Circulation 2015;132:S368-S382



I numeri di ILCOR 2015

- **165** revisioni sistematiche
- **250** Revisori
- **39** Paesi

14. GRADE's Limitations

Those who want to use GRADE should consider five important limitations of the GRADE system. First, as noted previously, GRADE has been developed to address questions about alternative management strategies, interventions, or policies. It has not been developed for questions about risk or prognosis, although evidence regarding risk or prognosis may be relevant to estimating the magnitude of intervention effects or providing indirect evidence linking surrogate to patient-important outcomes.

Prognostication

- **Prognostication** studies investigate the association between a predictive index and the subsequent outcome of a relatively small cohort of patients with prognostic uncertainty
- The investigated association is usually univariate
- It is reported using the same parameters used for diagnostic accuracy studies, such as sensitivity, specificity, PPV, LR
- For these studies, the GRADE methodology appears to be applicable



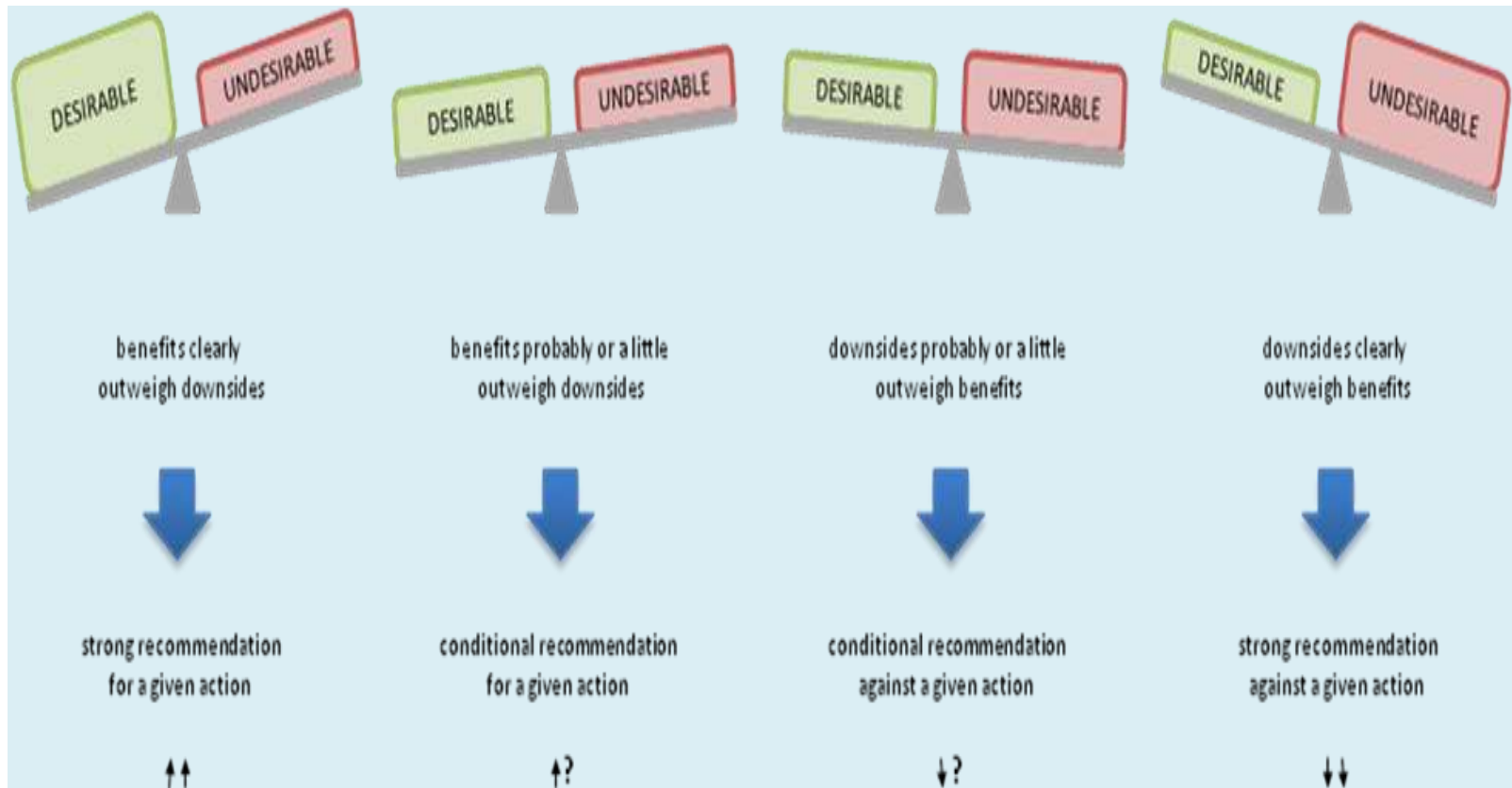
Prognostic accuracy study

- A prognostic accuracy study can be compared to a diagnostic accuracy study where the prognostic index corresponds to the diagnostic test, and the final patient outcome represents the reference standard.

Evidence profile

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
					Limitations	Indirectness	Inconsistency	Imprecision	Publication bias	Quality of evidence	Positive test		Negative test	
	Author, year	Index	Timing	Definition of poor outcome	Serious or Very serious	Serious or Very serious	Serious or Very serious	Serious or Very serious	Serious or Very serious	High, moderate low, or very low	Poor	Good	Poor	Good
28	Rossetti 2010	1 or more BR absent	at 36h-72h	3-5 vs. 1-2	very serious	no		very serious		very low	45	2	39	23
29	Rossetti 2012	1 or more BR absent	at 36h-72h	3-5 vs. 1-2	very serious	no		very serious		very low	21	3	12	25
30	Oddo 2014	1 or more BR absent	at 72 h	3-5 vs. 1-2	very serious	no		very serious		very low	39	4	33	58
31	POOLING	1 or more BR absent			very serious	no	no	very serious		very low	105	9	84	106
33	Bouwes 2012	Absent corneal reflex	at 72h	3-5 vs. 1-2	serious	no		very serious		very low	21	2	60	47
35	Bouwes 2012	Absent PLR	at 72h	3-5 vs. 1-2	serious	no		serious		LOW	21	1*	96	78
36	Choi 2012	Absent PLR	at 72h	3-5 vs. 1-2	very serious	no		VERY LOW		VERY LOW	4	0	3	4
37	POOLING	Absent PLR at 72h			very serious	no	very serious	very serious		very low	25	1	99	82
39	Okada 2012	Absent PLR	admission	3-5 vs. 1-2	very serious	no		very serious		very low	22	12	4	28
40	Choi 2012	Absent PLR	admission	3-5 vs. 1-2	very serious	NO		VERY LOW		VERY LOW	14	2	2	2
41	POOLING	Absent PLR on admission			very serious	no	very serious	very serious		very low	36	14	6	30
43	Okada 2012	M 1-2	admission	3-5 vs. 1-2	very serious	no		very serious		very low	24	21	2	19

Moving from Evidence to Recommendations



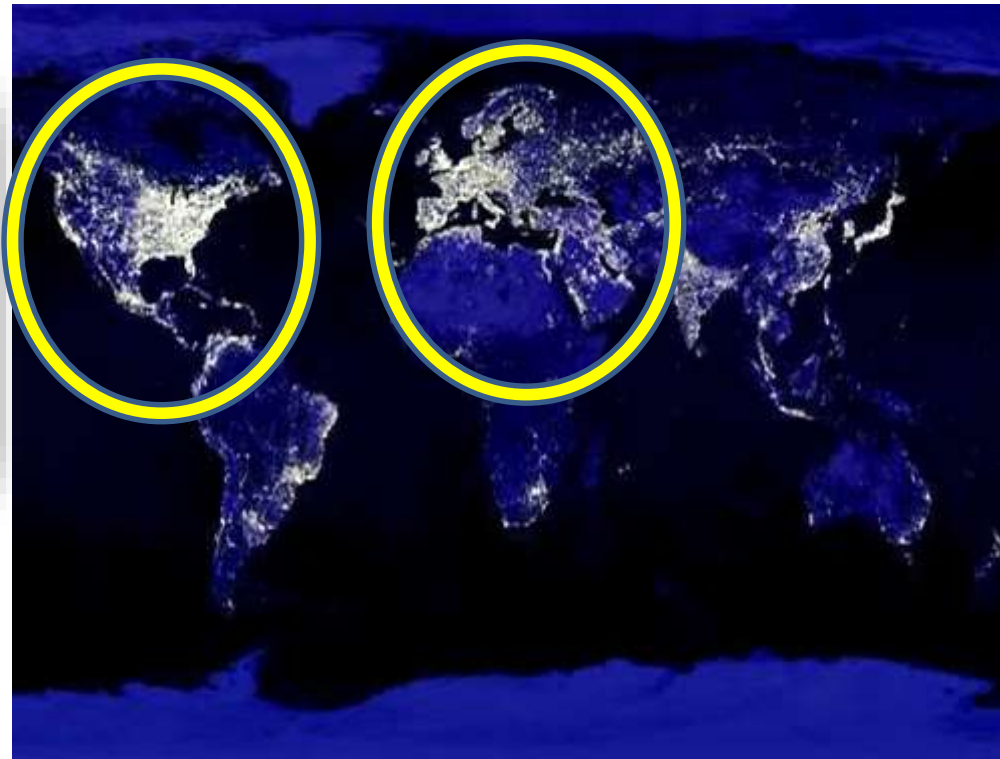
We recommend in favor – We suggest in favor – We recommend against – We suggest against

CoSTR

Consensus on Science with Treatment
Recommendations



Linee Guida



Grazie dell'attenzione!

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