

GRADE软件操作

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成都 2016.7

- 发展概述
- 功能简介
- 操作方法

- **GRADE working group**



Welcome to the GRADE working group

From evidence to recommendations – transparent and sensible

What is GRADE?

The GRADE working group

The Grading of Recommendations Assessment, Development and Evaluation (short GRADE) working group began in the year 2000 as an informal collaboration of people with an interest in addressing the shortcomings of grading systems in health care. The working group has developed a common, sensible and transparent approach to grading quality (or certainty) of evidence and strength of recommendations. Many international organizations have provided input into the development of the GRADE approach which is now considered the standard in guideline development.

Why rate the certainty in the evidence and strength of recommendations?

Criteria for applying or using GRADE

- **GRADEpro/GDT(Guideline Development Tool)**
网络应用程序 (web application) www.gradepro.org



GRADEpro GDT

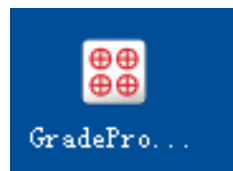
Previous Versions

Previous versions of GRADEpro developed for Microsoft computers can be downloaded and used but are no longer supported.

Download GRADEpro 3.6

Note: GRADEpro requires that **Microsoft® .NET Framework version 2.0 or higher** is installed on your computer. During the installation GRADEpro will check if you have .NET Framework installed. If GRADEpro does not find an appropriate version of .NET Framework you will be prompted to install it.

You can download  **Microsoft® .NET Framework version 2.0** from Microsoft® Download Center.



- 开发目的
卫生技术评估、指南制定
系统评价
- 使用方式
非商业性质：免费软件
商业性质：收费许可

Guidelines developed with GRADEpro GDT

- World Health Organization
- American Thoracic Society and European Respiratory Society
- European Society of Intensive Care Medicine
- Ministry of Health of Saudi Arabia
- American College of Chest Physicians
-

- **主要功能：指南制定全过程**
指南小组组建-推荐意见形成-指南传播
系统评价制作（第三方软件：Revman）
- **技术优势**
支持任何操作系统
支持在线、离线操作，自动同步
支持外部数据交换：eg.RevMan
支持多种语言
嵌入GRADE Handbook

- 登陆<http://gradepro.org/>



HOME

GRADEpro GDT
OVERVIEW

GUIDELINE
RESOURCES

CALENDAR
OF EVENTS

GRADE
HANDBOOK

LOG IN / SIGN UP

Welcome!

See what can you do with GDT

Create Evidence Tables >

Create Guidelines >

Disseminate data >

How can you do that?

Users' Guide to GDT

Tutorials and FAQs

Get started

☐ Don't show it again

My projects Start new Learn and support

Recently edited

Assafbas

Asthma

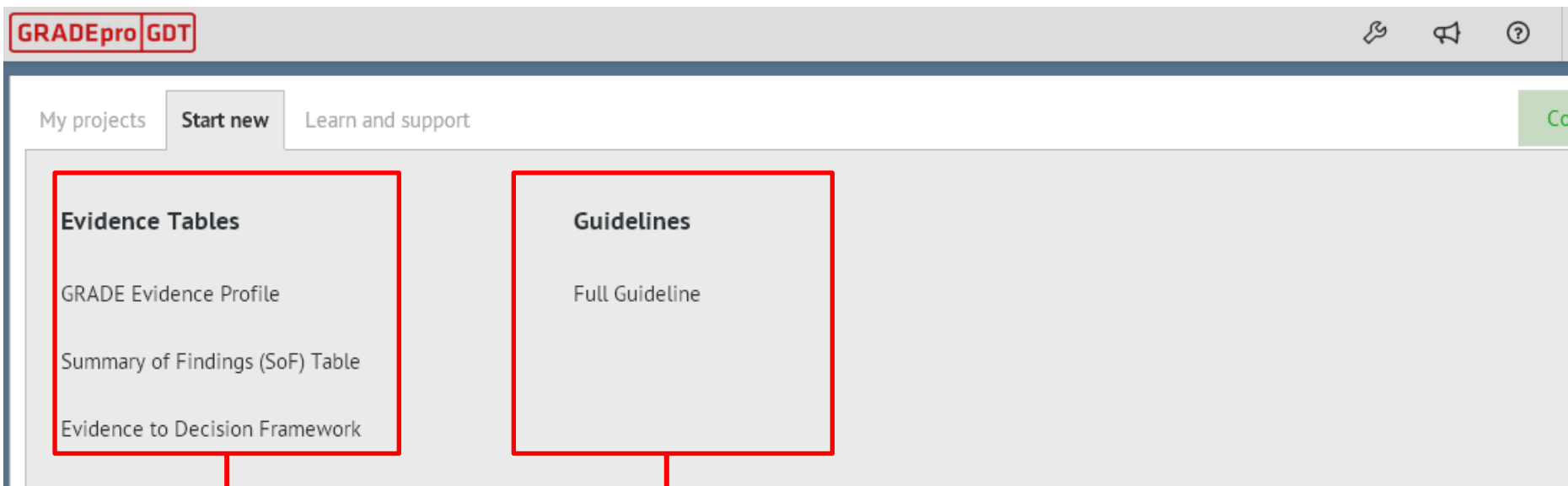
Open list of all projects

My projects **Start new** Learn and support

Evidence Tables	Guidelines
GRADE Evidence Profile	Full Guideline
Summary of Findings (SoF) Table	
Evidence to Decision Framework	

My projects Start new **Learn and support**

GDT support	Learn GRADE methodology	See what can you do with GDT
Users' Guide	GRADE working group	Create Evidence Tables >
Tutorials and FAQs	GRADE handbook	Create Guidelines >
	Guideline Development Process diagram	Disseminate data >



证据表格 (结果、质量)

指南



菜单栏（8项）

- 团队管理
- 范围管理（Scope management）：问题和解决的生成
- 利益冲突管理
- 证据表格（Evidence table）
- 证据至决策转化
- 指南撰写
- 指南传播
- 数据交换（与其他系统）

凝血酶原复合物（PCC）能否用于出血风险新生儿

P: 出血风险新生儿

I: PCC+ViK

C: VitK

O: ICH

原始研究:

Gu Q 2004 RCT

Walt H 1973 RCT

步骤1: Add/import management question

GRADEpro GDT

▼ PCC for Neonate

▼ (select question)

ADMINISTRATION

TASKS

TEAM

SCOPE

DOCUMENT SECTIONS

PROGNOSIS

COMPARISONS

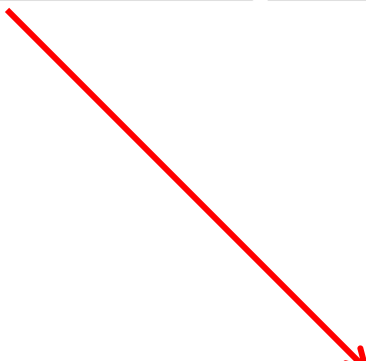
DISSEMINATION

Drag question here to create a new group

Add management question

Add diagnostic question

Import question(s)



Should [intervention] vs. [comparison] be used for [health problem and/or population] ?

Setting

Table title

[intervention] compared to [comparison] for [health problem and/or population]

Switch to manual

Bibliography

? Question author(s)

Last update: June 28 2016, 7:14:06 pm (UTC+08:00)

步骤1: Add/import management question

Should PCC vs. VitK be used for Serious bleeding?		✎
Should PCC+VitK vs. VitK be used for [health problem]?		✎
Should	PCC+VitK vs. VitK be used for	Neonate wih Serious Ble ?
Setting	NICU	
Table title	PCC+VitK compared to VitK for Neonate wih Serious Bleeding	
	Switch to manual	
Bibliography	J Matern Fetal Neonatal Med. 2013.1476-7058:1-3	
? Question author(s)	Linan Zeng	
Last update: June 30 2016, 8:25:45 pm (UTC+08:00)		

(select question)

Explanations

Help



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COMPARISONS

Drag question here to create a new group

Add management question

Add diagnostic question

Import question(s)

PCC+VitK compared to VitK for [health problem]



Outcome	Anticipated absolute effects (95% CI)		Relative effect (95% CI)	Nº of participants (studies)	Quality	Comments
	Risk with VitK	Risk with PCC+VitK				
Incidence of ICH	394 per 1,000	521 per 1,000 (300 to 899)	RR 1.32 (0.76 to 2.28)	135 (2 studies)	-	
Mortality	545 per 1,000	539 per 1,000 (430 to 681)	RR 0.99 (0.79 to 1.25)	236 (3 studies)	-	
APTT	The mean APTT was 0	MD 5.76 lower (9.17 lower to 2.35 lower)	-	117 (2 studies)	-	
Mortality-cohort	300 per 1,000	126 per 1,000 (42 to 363)	RR 0.42 (0.14 to 1.21)	62 (1 study)	-	
Platelets(Turner should be replaced by Walti T)	see comment	see comment	-	188 (3 studies)	-	
PT	The mean PT was 0	MD 1.66 lower (17.54 lower to 14.22 higher)	-	55 (1 study)	-	
Incidence of GI hemorrhage	333 per 1,000	697 per 1,000 (343 to 1,000)	RR 2.09 (1.03 to 4.23)	41 (1 study)	-	

Add outcome

Import outcome(s)



步骤2: Add/import Outcome

GRADEpro GDT

▼ PCC for Neonate

▼ Should PCC vs. Placebo be used for Serious bleeding?

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Explanations ? Help

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DOCUMENT SECT...

PROGNOSIS

COMPARISONS

EVIDENCE TABLE

RECOMMENDA...

PRESENTATIONS

DISSEMINATION

PCC compared to Placebo for Serious bleeding

Quality assessment							Summary of findings				Importance	≡	
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	No of patients		Effect				Quality
							PCC	Placebo	Relative (95% CI)	Absolute (95% CI)			
Add outcome							Import outcome(s)						

添加结果

导入结果

步骤2: Add/import Outcome

PCC+VitK compared to VitK for Neonate with Serious Bleeding

Quality assessment							Summary of findings				Importance	
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	No of patients		Effect			Quality
							PCC+VitK	VitK	Relative (95% CI)	Absolute (95% CI)		
Incidence of ICH												
Short name ICH		Assessed/measured with		Type								
Length of follow up mean 3 months				☒ dichotomous ☐ continuous ☐ narrative ☒ pooled ☐ not pooled ☐ range of effects ☐ single study ☐ not measured ☐ not reported								
							32/64 (50.0%)	28/71 (39.4%)	RR 1.32 (0.76 to 2.28)	126 more per 1000 (from 95 fewer to 505 more)	-	

Add outcome Import outcome(s)

步骤2: Add/import Outcome

Quality assessment							Summary of findings				Quality	Importance	
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	№ of patients		Effect				
							PCC	VitK	Relative (95% CI)	Absolute (95% CI)			
Mortality (follow up: mean 12 months) 													
									not estimable		-		
Mortality 													
2							42/79 (53.2%)	38/79 (48.1%)	RR 1.11 (0.81 to 1.50)	53 more per 1000 (from 91 fewer to 241 more)	-		
Add outcome							Import outcome(s)						

Import outcomes from RevMan5 or GRADEpro project

RCT+Cohort (160428) .rm5

PCC+VitK vs. VitK for [health problem]

☐ Incidence of ICH

☒ Mortality

☐ APTT

☐ Mortality-cohort

Cancel Import

步骤3: Importance (结局指标重要程度分级)

1-9分表示重要程度

with serious bleeding									
Assessment				Summary of findings					
Bias	Indirectness	Imprecision	Other considerations	No of patients		Effect		Quality	Importance
				PCC+VitK	VitK	Relative (95% CI)	Absolute (95% CI)		
s	not serious	not serious ¹	none	32/64 (50.0%)	28/71 (39.4%)	RR 1.32 (0.76 to 2.28)	126 more per 1,000 (from 95 fewer to 509 more)		
Outcome				Import outcome(s)					

Importance

- 9 - critical
- 8 - critical
- 7 - critical
- 6 - important
- 5 - important
- 4 - important
- 3 - not important
- 2 - not important
- 1 - not important

步骤4: Quality assessment

-研究类型:

-5个降级因素、3个升级因素:

no、serious、very serious（系统要求提供解释说明）

PCC+VitK compared to VitK for Neonate with serious bleeding

Quality assessment							Summary of findings			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	№ of patients		Effect	
							PCC+VitK	VitK	Relative (95% CI)	Absolute (95% CI)
Incidence of ICH										
2							32/64 (50.0%)	28/71 (39.4%)	RR 1.32 (0.76 to 2.28)	126 more 1,000 (from fewer more

Add outcome

Import outcome

- Indirectness

PCC+VitK compared to VitK for Neonate with serious bleeding

Quality assessment							Summary of results		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	№ of patients		Relative risk (95% CI)
							PCC+VitK	VitK	
Incidence of ICH									
2	randomised trials	not serious	not serious		1		32/64 (50.0%)	28/71 (39.4%)	RR 1.3 (0.76 to 2.2)

Add outcome

- 5个方面判定indirectness

Outcome: Incidence of ICH		
Domain (original question asked)	Description (evidence found and included, including evidence from other studies) – consider the domains of study design and study execution, inconsistency, imprecision and publication bias	Judgment - Is the evidence sufficiently direct?
Population:		☐ Yes ☐ Probably yes ☐ Probably no ☐ No
Intervention: PCC+VitK		☐ Yes ☐ Probably yes ☐ Probably no ☐ No
Comparator: VitK		☐ Yes ☐ Probably yes ☐ Probably no ☐ No
Direct comparison		☐ Yes ☐ Probably yes ☐ Probably no ☐ No
Outcome: Incidence of ICH		☐ Yes ☐ Probably yes ☐ Probably no ☐ No
Final judgment about indirectness across domains:	☐ No indirectness ☐ Serious indirectness ☐ Very serious indirectness	

Cancel
Apply

- Other consideration

PCC+VitK compared to VitK for Neonate with serious bleeding

Quality assessment							Summary of findings		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	№ of patients		Relative (95% CI)
							PCC+VitK	VitK	
Incidence of ICH									
2	randomised trials	not serious	not serious	not serious	not serious ¹	Other considerations Publication bias undetected Large effect no			1.32 6 to 2.28)

Add outcome

Other considerations

Publication bias

undetected

Large effect

no

Plausible confounding

no

Dose response gradient

no

Cancel

Apply

PCC+VitK compared to VitK for Neonate with serious bleeding

Quality assessment							No of patients	
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PCC+VitK	VitK
Incidence of ICH								
2	randomised trials	not serious	not serious	not serious	not serious ¹	none	32/64 (50.0%)	28/71 (39.4%)

Add outcome

h serious bleeding

Assessment			Summary of findings				Quality	Importance
Indirectness	Imprecision	Other considerations	No of patients		Effect			
			PCC+VitK	VitK	Relative (95% CI)	Absolute (95% CI)		
not serious	not serious ¹	none	32/64 (50.0%)	28/71 (39.4%)	RR 1.32 (0.76 to 2.28)	126 more per 1,000 (from 95 fewer to 505 more)	⊕⊕⊕⊕ HIGH	

me

Import outcome(s)

步骤5：选择结果呈现方式

GRADEpro GDT

▼ PCC for Neonate

egg15@aliyun.com ▼

🔗

🔊

❓

▼ Should PCC+VitK vs. VitK be used for Neonate with serious bleeding?

🔗 Explanations

❓ Help

👁️

🔗

🕒 ADMINISTRATION

📅 TASKS

👤 TEAM

🎯 SCOPE

📄 DOCUMENT SECTIONS

📈 PROGNOSIS

👤 COMPARISONS

EVIDENCE TABLE

RECOMMENDATIONS

PRESENTATIONS

📄 DISSEMINATION

PCC+VitK compared to VitK for Neonate with serious bleeding

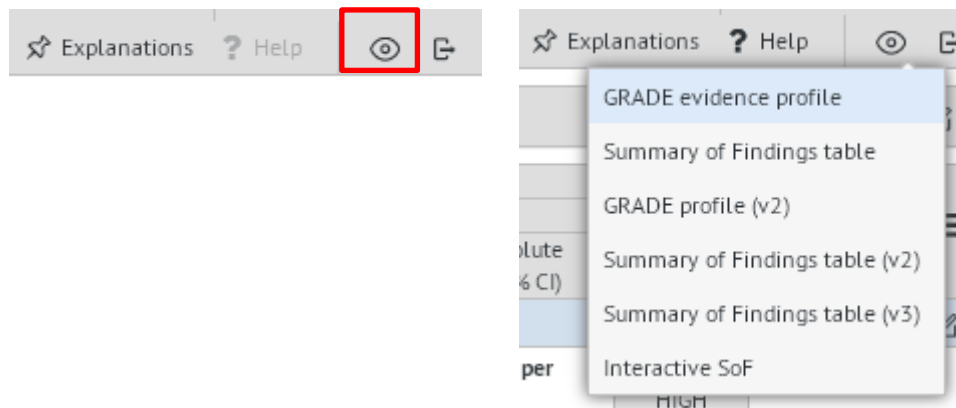
Quality assessment							Summary of findings				Importance	⋮	
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	No of patients		Effect				Quality
							PCC+VitK	VitK	Relative (95% CI)	Absolute (95% CI)			
Incidence of ICH													
2	randomised trials	not serious	not serious	not serious	not serious ¹	none	32/64 (50.0%)	28/71 (39.4%)	RR 1.32 (0.76 to 2.28)	126 more per 1,000 (from 95 fewer to 505 more)	⊕⊕⊕⊕ HIGH		

Add outcome

Import outcome(s)



Evidence based pharmacy



GRADE evidence profile (2种)

Quality assessment							Summary of findings					Importance	≡	
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	№ of patients		Effect		Quality			
							PCC	VitK	Relative (95% CI)	Absolute (95% CI)				
Mortality														✎
2	randomised trials	not serious	not serious	not serious	not serious	none	42/79 (53.2%)	38/79 (48.1%)	RR 1.11 (0.81 to 1.50)	53 more per 1000 (from 91 fewer to 241 more)	⊕⊕⊕⊕ HIGH			
Add outcome							Import outcome(s)							

Summary of Findings table (3种)

Outcome	Anticipated absolute effects (95% CI)		Relative effect (95% CI)	№ of participants (studies)	Quality	Comments	≡
	Risk with VitK	Risk with PCC					
Mortality	481 per 1000	534 per 1000 (390 to 722)	RR 1.11 (0.81 to 1.50)	158 (2 RCTs)	⊕⊕⊕⊕ HIGH		
Add outcome				Import outcome(s)			

证据概要表 (Evidence profile)

- 特点：详细的证据评价结果+统计学结果
- 适用人群：系统评价者
- 用途：

评价证据质量

准备结果总结表 (SoF table)

结果总结表 (Summary of findings)

- 特点：简略的证据评价结果+详细的统计学结果
- 适用人群：更广泛，系统评价、决策者
- 用途：
呈现系统评价主要结果（结果、证据质量）
供决策使用

GRADE Evidence Profile

PCC+VitK compared to VitK for Neonate with serious bleeding



Quality assessment

Summary of findings

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	№ of patients		Effect		Quality	Importance		
							PCC+VitK	VitK	Relative (95% CI)	Absolute (95% CI)				
Incidence of ICH														
2	randomised trials	not serious	not serious	not serious	not serious ¹	none	32/64 (50.0%)	28/71 (39.4%)	RR 1.32 (0.76 to 2.28)	126 more per 1,000 (from 95 fewer to 505 more)	⊕⊕⊕⊕ HIGH			



Add outcome

Import outcome(s)

GRADE Profile

PCC+VitK compared to VitK for Neonate with serious bleeding



Participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%)		Relative effect (95% CI)	Anticipated absolute effects		
							Risk with VitK	Risk with PCC+VitK		Risk with VitK	Risk difference with PCC+VitK	
Incidence of ICH												
135 (2 RCTs)	not serious	not serious	not serious	not serious ¹	none	⊕⊕⊕⊕ HIGH	28/71 (39.4%)	32/64 (50.0%)	RR 1.32 (0.76 to 2.28)	394 per 1,000	126 more per 1,000 (from 95 fewer to 505 more)	

Add outcome

Import outcome(s)

Summary of findings

PCC+VitK compared to VitK for Neonate with serious bleeding



Outcome	Anticipated absolute effects (95% CI)		Relative effect (95% CI)	No of participants (studies)	Quality	Comments	≡
	Risk with VitK	Risk with PCC+VitK					
Incidence of ICH	394 per 1,000	521 per 1,000 (300 to 899)	RR 1.32 (0.76 to 2.28)	135 (2 RCTs)	⊕⊕⊕⊕ HIGH ¹		✎

Add outcome

Import outcome(s)

Summary of findings (v2)

PCC+VitK compared to VitK for Neonate with serious bleeding



Outcome	No of participants (studies)	Quality of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects		
				Assumed risk		
				VitK	Risk difference with PCC+VitK	
Incidence of ICH	135 (2 RCTs)	⊕⊕⊕⊕ HIGH ¹	RR 1.32 (0.76 to 2.28)	394 per 1,000	126 more per 1,000 (95 fewer to 505 more)	

Add outcome

Import outcome(s)

Summary of findings (v3)

PCC+VitK compared to VitK for Neonate with serious bleeding

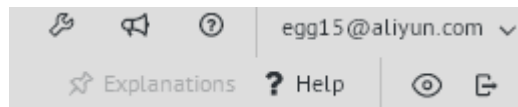


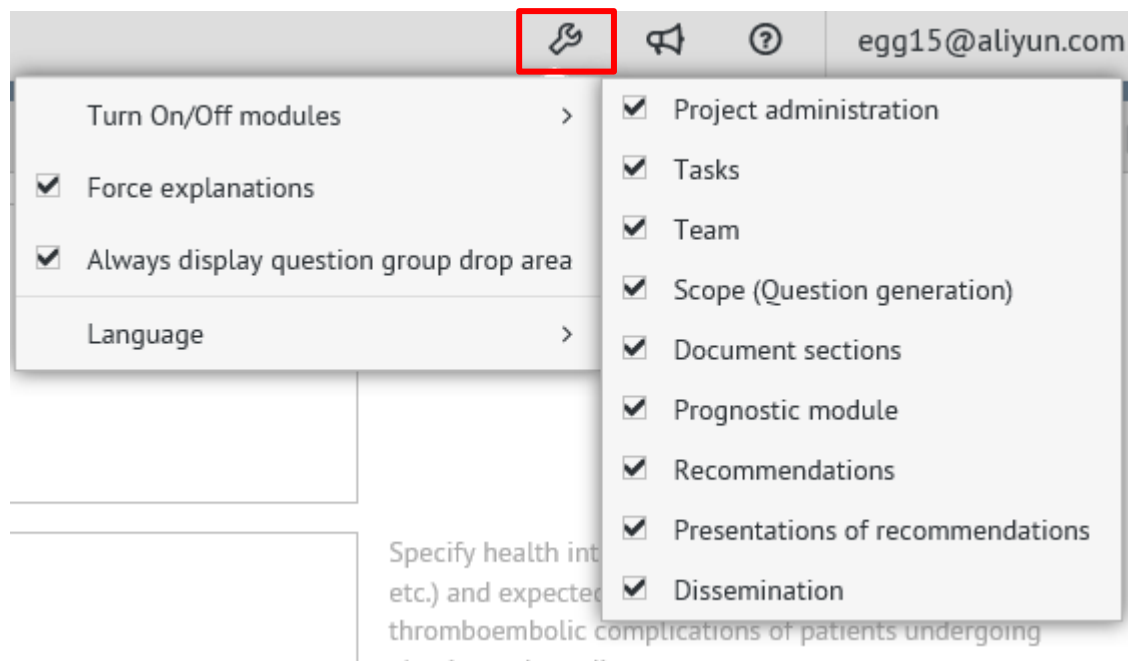
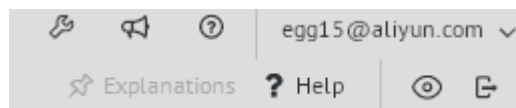
Outcome No of participants (studies)	Relative effect (95% CI)	Anticipated absolute effects (95% CI)			Quality	What happens	≡
		Without PCC+VitK	With PCC+VitK	Difference			
Incidence of ICH No of participants: 135 (2 RCTs)	RR 1.32 (0.76 to 2.28)	39.4%	52.1% (30.0 to 89.9)	12.6% more (9.5 fewer to 50.5 more)	⊕⊕⊕⊕ HIGH ¹		✎

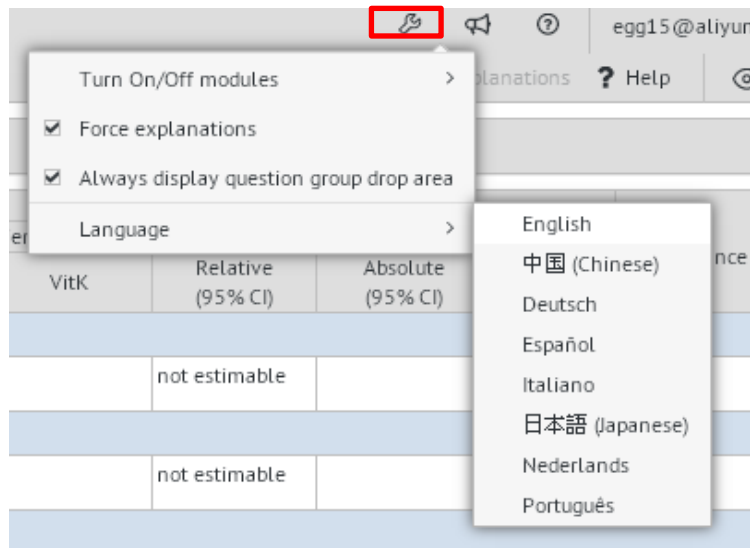
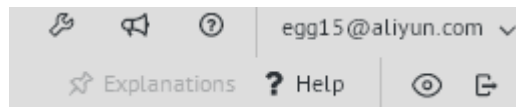
Add outcome

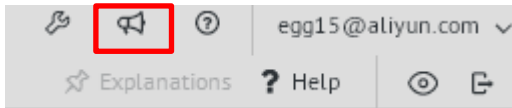
Import outcome(s)

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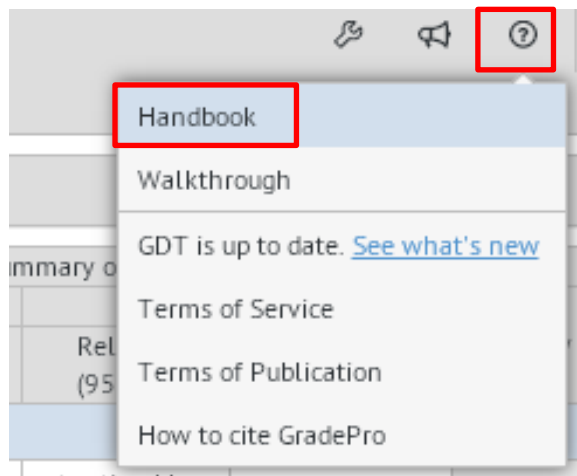
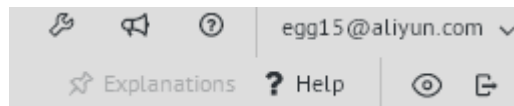
Feedback

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Cancel Send



1. Overview of the GRADE Approach
 - 1.1 Purpose and advantages of the GRADE approach
 - 1.2 Separation of confidence in effect estimates from strength of recommendations
 - 1.3 Special challenges in applying the GRADE approach
 - 1.4 Modifications to the GRADE approach
2. Framing the health care question
 - 2.1 Defining the patient population and intervention
 - 2.2 Dealing with multiple comparators
 - 2.3 Other considerations
 - 2.4 Format of health care questions using the GRADE approach
3. Selecting and rating the importance of outcomes
 - 3.1 Steps for considering the relative importance of outcomes
 - 3.2 Influence of perspective
 - 3.3 Using evidence in rating the importance of outcomes
 - 3.4 Surrogate (substitute) outcomes
4. Summarizing the evidence
 - 4.1 Evidence Tables
 - 4.2 GRADE Evidence Profile
 - 4.3 Summary of Findings table
5. Quality of evidence
 - 5.1 Factors determining the quality of evidence
 - 5.1.1 Study design
 - 5.2 Factors that can reduce the quality of the evidence
 - 5.2.1 Study limitations (Risk of Bias)
 - 5.2.2 Inconsistency of results
 - 5.2.2.1 Deciding whether to use estimates from a subgroup analysis
 - 5.2.3 Indirectness of evidence
 - 5.2.4 Imprecision
 - 5.2.4.1 Imprecision in guidelines
 - 5.2.4.2 Imprecision in systematic reviews
 - 5.2.4.3 Rating down two levels for imprecision
 - 5.2.5 Publication bias

GRADE Handbook

Introduction to GRADE Handbook

Handbook for grading the quality of evidence and the strength of recommendations using the GRADE approach. Updated October 2013.

Editors: Holger Schünemann (schuneh@mcmaster.ca), Jan Brozek (brozeki@mcmaster.ca), Gordon Guyatt (guyatt@mcmaster.ca), and Andrew Oxman (oxman@online.no)

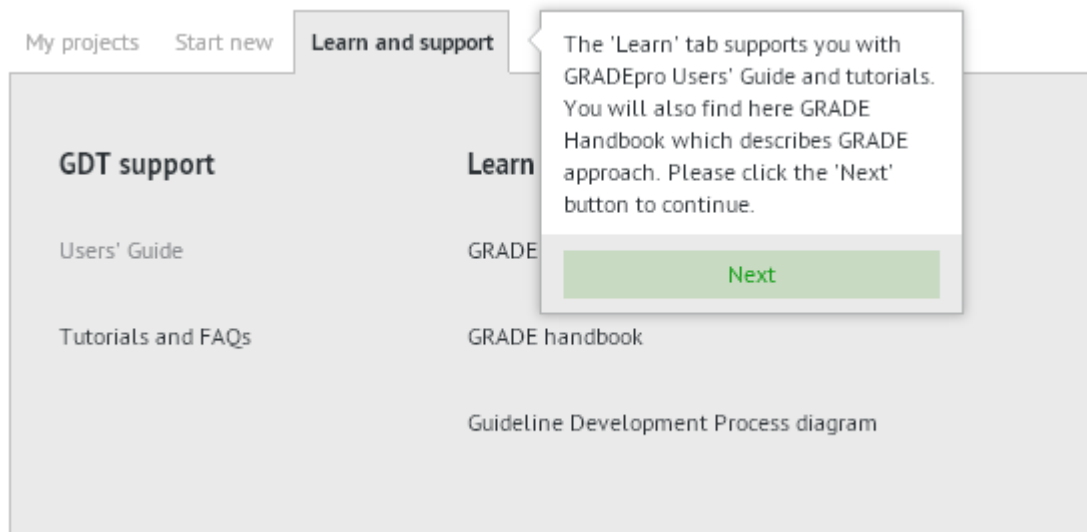
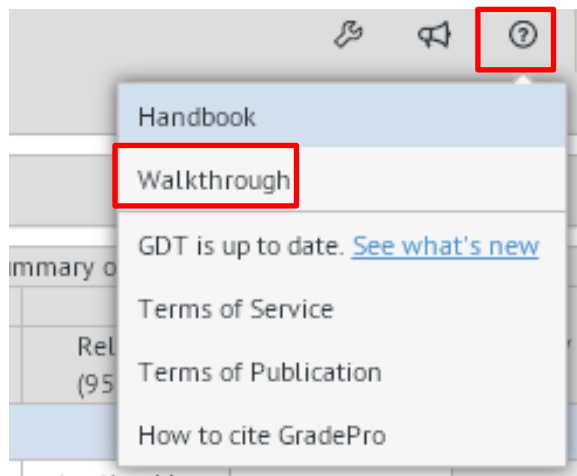
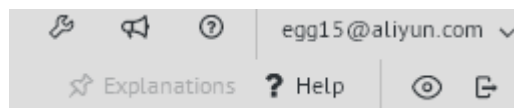
About the Handbook

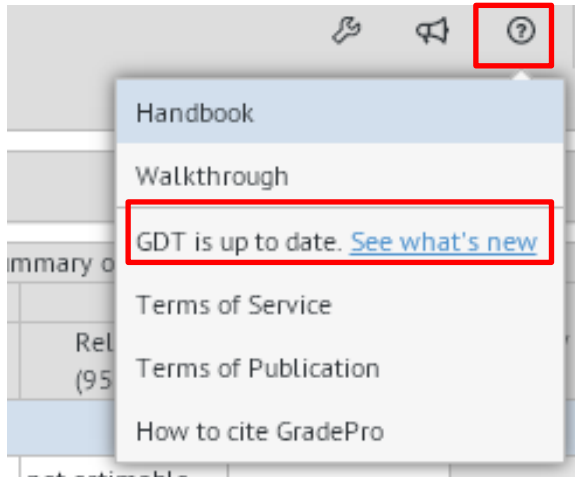
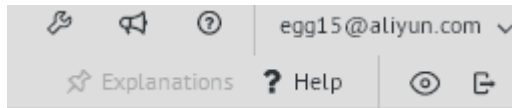
The GRADE handbook describes the process of rating the quality of the best available evidence and developing health care recommendations following the approach proposed by the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) Working Group (www.gradeworkinggroup.org). The Working Group is a collaboration of health care methodologists, guideline developers, clinicians, health services researchers, health economists, public health officers and other interested members. Beginning in the year 2000, the working group developed, evaluated and implemented a common, transparent and sensible approach to grading the quality of evidence and strength of recommendations in health care. The group interacts through meetings by producing methodological guidance, developing evidence syntheses and guidelines. Members collaborate on research projects, such as the DECIDE project (www.decide-collaboration.eu) with other members and other scientists or organizations (e.g. www.rarebestpractices.eu). Membership is open and free. See www.gradeworkinggroup.org and Chapter [The GRADE working group](#) in this handbook for more information about the Working Group and a list of the organizations that have endorsed and adopted the GRADE approach.

The handbook is intended to be used as a guide by those responsible for using the GRADE approach to produce GRADE's output, which includes evidence summaries and graded recommendations. Target users of the handbook are systematic review and health technology assessment (HTA) authors, guideline panelists and methodologists who provide support for guideline panels. While many of the examples offered in the handbook are clinical examples, we also aimed to include a broader range of examples from public health and health policy. Finally, specific sections refer to interpreting recommendations for users of recommendations.

Using the Handbook

The handbook is divided into chapters that correspond to the steps of applying the GRADE approach. The Chapter [Overview of the GRADE approach](#) provides a brief overview of guideline development processes and where the GRADE approach fits in. Chapters [Framing the health care question](#) and [Selecting and rating the importance of outcomes](#) provide guidance on formulating health care questions for guidelines and systematic reviews and for rating the importance of outcomes in guidelines. The Chapter [Summarizing the evidence](#) covers evidence summaries produced using the GRADE software. GRADE acknowledges that alternative terms or expressions to what GRADE called quality of evidence are often appropriate. Therefore, we interpret and will use the phrases quality of evidence, strength of evidence, certainty in evidence or confidence in estimates interchangeably. When GRADE uses the phrase "confidence in estimates" it does not refer to statistical confidence intervals, although the width of this interval is part of the considerations for judging the GRADE criterion [imprecision](#). When GRADE refers





Recent updates to the GDT - 14 DECEMBER 2015

Recent Posts

- Recent updates to the GDT - 14 DECEMBER 2015
- Recent updates to the GDT - 16 NOVEMBER 2015
- Evidence Prime at Guidelines International Network Conference 2015
- New iEtD module available in GRADEpro GDT
- Recent updates to the GDT - 4 AUGUST 2015

Explanations ? Help

- GRADE evidence profile
- Summary of Findings table
- GRADE profile (v2)
- Summary of Findings table (v2)
- Summary of Findings table (v3)
- Interactive SoF

Recent Comments

Recent updates to the GDT - 14 DECEMBER 2015

[Explanations](#)
[? Help](#)

GRADEpro **GDT**

PCC for Neonate



egg15@aliyun.com

Should PCC vs. Placebo be used for Serious bleeding?

[Explanations](#)
[? Help](#)


ADMINISTRATION

TASKS

TEAM

SCOPE

DOCUMENT SECT...

PROGNOSIS

COMPARISONS

EVIDENCE TABLE

RECOMMENDA...

PRESENTATIONS

DISSEMINATION

PCC compared to Placebo for Serious bleeding

No of studies	Study design	Risk of bias	Quality assessment				Other considerations	Summary of findings				Quality	Importance
			Inconsistency	Indirectness	Imprecision	No of patients		Effect					
						PCC		Placebo	Relative (95% CI)	Absolute (95% CI)			
New outcome													
Short name		Assessed/measured with				Type							
Length of follow up													
0													

Explanations

? Help



Export GRADE evidence profile

Choose up to 7 outcomes

☐ Select all

☒ Mortality

Choose file format

☐ .sof (for import to RevMan) ?

☐ MS Word

☐ HTML (for non MS Office users)

☐ PDF

Choose orientation of the table:

☒ Landscape

☐ Portrait

Cancel

Download

GRADEpro GDT

回到起始界面



My projects

Start new

Learn and support

Co

Evidence Tables**Guidelines**

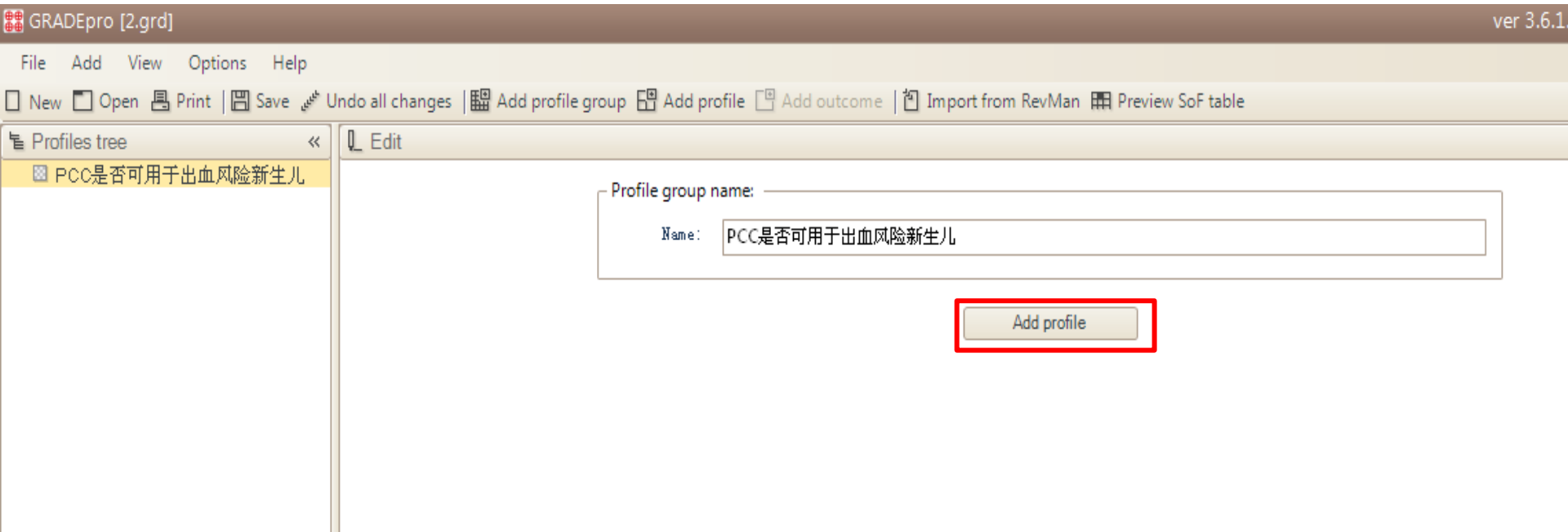
GRADE Evidence Profile

Full Guideline

Summary of Findings (SoF) Table

Evidence to Decision Framework

步骤1：添加项目名称



步骤2：添加问题

GRADEpro [2.grd]

File Add View Options Help

☐ New ☐ Open ☐ Print ☐ Save ☐ Undo all changes ☐ Add profile group ☐ Add profile ☐ Add outcome ☐ Import from RevMan ☐ Preview SoF table

Profiles tree << Edit

☒ PCC是否可用于出血风险新生儿

Evidence profile

Question

SoF title

Edit

Format --choose--

--choose--

Should [intervention] be used for [health problem]?

Should [intervention] vs [comparison] be used for [health problem]?

Should [intervention] be used in [population]?

Should [intervention] vs [comparison] be used in [population]?

Time frame

Delete Add outcome Go to

Profile information

Bibliography (systematic review)

Profile author(s)

Created

Last major update

步骤2：添加问题

GRADEpro [2.grd]

File Add View Options Help

New Open Print Save Undo all changes Add profile group Add profile Add outcome Import from RevMan Preview SoF table

Profiles tree << Edit

- PCC是否可用于出血风险新生儿
 - PCC+VitK vs VitK in Neonate with

Evidence profile

Question: Should PCC+VitK vs VitK be used in Neonate with risk of serious bleeding?

SoF title: PCC+VitK compared to VitK for Neonate with risk of serious bleeding
Edit

Format: Should [intervention] vs [comparison] be used in [pop]

Intervention: PCC+VitK

Comparison: VitK

Population: Neonate with risk of serious bleeding

Setting: NICU

Time frame:

Delete Add outcome Go to

Profile information

Bibliography (systematic review)

Profile author(s):

Created:

Last major update:

步骤3：添加结局指标

GRADEpro [2.grd] ver 3.6.1.20111029

File Add View Options Help

☐ New ☐ Open ☐ Print ☐ Save ☐ Undo all changes ☐ Add profile group ☐ Add profile ☐ Add outcome ☐ Import from RevMan ☐ Preview SoF table

Profiles tree Edit

- ☒ PCC是否可用于出血风险新生儿
 - ☒ PCC+VitK vs VitK in Neonate with
 - ☐ New Outcome

Name of outcome: Short name Importance:

Assessed/measured with

No of studies:

Length of follow

The editing pane for Quality Assessment will appear empty until you choose at least one study and type of studies contributing to the results.

Profile: PCC+VitK vs VitK in Neonate with risk of serious bleeding

[outcome not saved yet]

Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Importance
No evidence available					none	
Patients (PCC+VitK)	Control (VitK)	Relative effect		Absolute effect		Quality

步骤3：添加结局指标

Name of outcome:	Incidence of intracranial hemorrhage	Short name	ICH	Importance:	8	
Assessed/measured with	B ultrasound			CRITICAL		
No of studies:	2		Study design:	randomised trials		
Length of follow	mean		3	months		

Downgrade quality of evidence

Risk of bias		
Inconsistency		
Indirectness		
Imprecision		
Publication bias		

Upgrade quality of evidence:

Large effect	no	
Plausible confounding would change the effect	no	
Dose response gradi	no	

Quality of evidence:

[Delete](#)[Revert](#)[Go to Summary of Findings](#)

步骤4：评价证据质量：5个降级因素，3个升级因素

Name of outcome: Incidence of intracranial hemorrhage Short name ICH Importance: 8 

Assessed/measured with B ultrasound  CRITICAL

No of studies 2  Study design: randomised trials 

Length of follow mean 3 months 

Downgrade quality of evidence

Risk of bias no 

Inconsistency no 

Indirectness no 

Imprecision no 

Publication bias undetected 

Upgrade quality of evidence:

Large effect no 

Plausible confounding would change the effect no 

Dose response gradi no 

Quality of evidence: **HIGH**

Delete

Revert

Go to Summary of Findings

Profile: PCC+VitK vs VitK in Neonate with risk of serious bleeding

Incidence of intracranial hemorrhage (follow-up mean 3 months; assessed with: B ultrasound) | 2 studies

Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Importance
randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	CRITICAL
Patients (PCC+VitK)	Control (VitK)	Relative effect		Absolute effect		Quality
-	-	-		-		⊕⊕⊕⊕ HIGH
	0%			-		

步骤5：添加结果

Undo all changes | Add profile group | Add profile | Add outcome | Import from RevMan | Preview SoF table

Edit

Outcome: Incidence of intracranial hemorrhage

☒ dichotomous ☐ continuous

☒ pooled ☐ not pooled ☐ range of effects ☐ single study ☐ not measured ☐ not reported

Number of participants: Intervention with event 0 total 0 0 % Control with event 0 total 0 0 %
Control risk: ☐ Low 0 % ☒ Moderate 0 % ☐ High 0 %
Label: Low Label: Moderate Label: High

Estimate of the effect: Relative: RR of 0 95% CI from 0 to 0

☒ Auto absolute effect calculation Absolute: 0 fewer per 1000 95% CI from 0 to 0

Delete

Revert

Go to quality assessment

Profile: PCC+VitK vs VitK in Neonate with risk of serious bleeding

Incidence of intracranial hemorrhage (follow-up mean 3 months; assessed with: B ultrasound) | 2 studies

Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Importance
randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	CRITICAL
Patients (PCC+VitK)	Control (VitK)	Relative effect	Absolute effect	Quality		
-	-	-	-	⊕⊕⊕⊕		
	0%			HIGH		

步骤5：添加结果

步骤4和步骤5可交换

Edit

Outcome: Incidence of intracranial hemorrhage

☒ dichotomous ☐ continuous

☒ pooled ☐ not pooled ☐ range of effects ☐ single study ☐ not measured ☐ not reported

Number of participants: Intervention with event 32 total 64 50 %

Control with event 28 total 71 39.4 %

Control risk: ☐ Low 0 % ☒ Moderate 42.3 % ☐ High 0 %

Label: Low Label: Moderate Label: High

Estimate of the effect Relative: RR of 1.32 95% CI from 0.76 to 2.28

☒ Auto absolute effect calculation Absolute: 126 more per 1000 95% CI from -95 to 505

Delete

Revert

Go to quality assessment

Profile: PCC+VitK vs VitK for [health problem]

Incidence of intracranial hemorrhage (follow-up mean 3 months) | 2 studies

Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Importance
randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	CRITICAL
Patients (PCC+VitK)	Control (VitK)	Relative effect		Absolute effect		Quality
32/64 (50%)	28/71 (39.4%)	RR 1.32 (0.76 to 2.28)		126 more per 1000 (from 95 fewer to 505 more)	↑ ↓	CRITICAL
	42.3%			135 more per 1000 (from 102 fewer to 541 more)		HIGH

步骤5：添加结果-Revman导入

GRADEpro [2.grd] ver 3.6.1.20111029

File Add View Options Help

New Open Print Save Undo all changes Add profile group Add profile Add outcome **Import from RevMan** Preview SoF table

Profiles tree << Edit

- PCC是否可用于出血风险
 - PCC+VitK vs VitK in Neonate
 - Incidence of intracranial hemorrhage

Outcome: Incidence of intracranial hemorrhage ☒ dichotomous ☐ continuous

☒ pooled ☐ not pooled ☐ range of effects ☐ single study ☐ not measured ☐ not reported

Number of participants: Intervention with event 0 total 0 0 % Control with event 0 total 0 0 %

Control risk: ☐ Low 0 % ☒ Moderate 0 % ☐ High 0 %

Label: Low Moderate High

Estimate of the effect Relative: RR of 0 95% CI from 0 to 0

☒ Auto absolute effect calculation Absolute: 0 fewer per 1000 95% CI from 0 to 0

Delete Revert Go to quality assessment

Profile: PCC+VitK vs VitK in Neonate with risk of serious bleeding

Incidence of intracranial hemorrhage (follow-up mean 3 months; assessed with: B ultrasound) | 2 studies

Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Importance
randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	CRITICAL
Patients (PCC+VitK)	Control (VitK)	Relative effect	Absolute effect	Quality		
-	-	-	-	⊗⊗⊗⊗		
	0%			HIGH		

步骤6：生成表格（证据概要表/结果总结表）

Export as ..

Selected Profile(s)

PCC+VitK vs VitK in Neonate with risk of serio...

PCC+VitK vs VitK for [health problem]

☒ Export evidence table
☐ Export recommendation

Select format

☐ GRADE evidence profile
☒ Summary of Findings table
☐ Overview of Reviews table
☐ GRADE profile (ACCP)
☐ Summary of Findings table (ACCP)

Options

☐ Export table template
 No. of rows:

Save as HTML file
 Save as Image
 Export to Word Document
 Close
 Select Outcomes
[Help](#)

PCC+VitK compared to VitK for [health problem]

Patient or population: patients with [health problem]

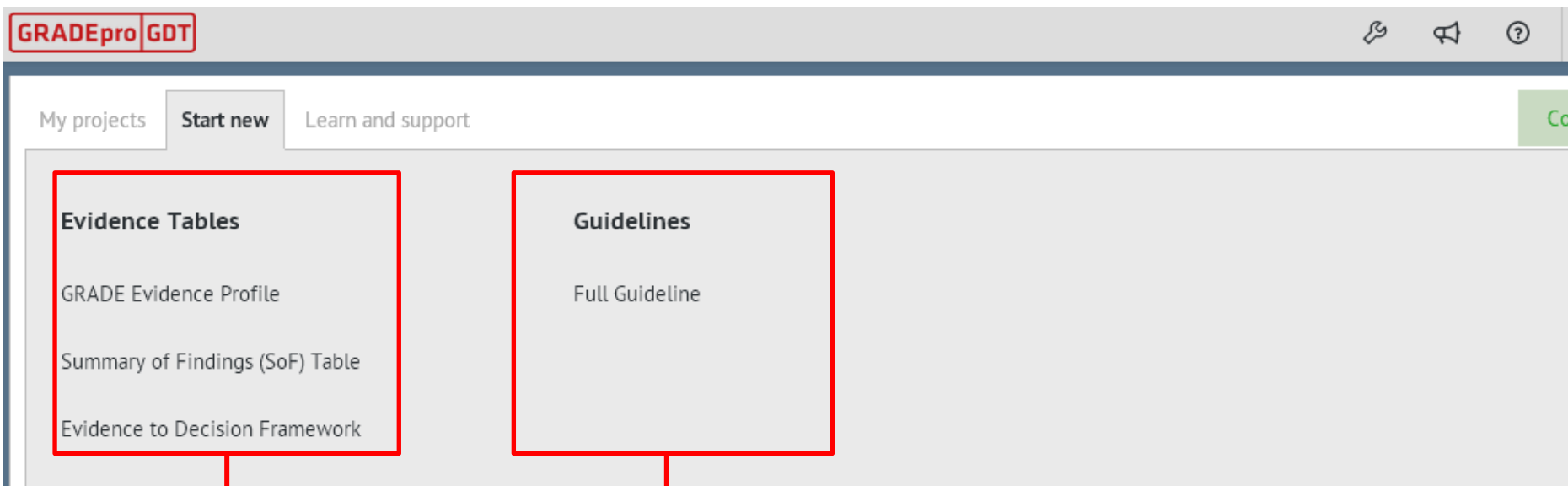
Settings:

Intervention: PCC+VitK

Comparison: VitK

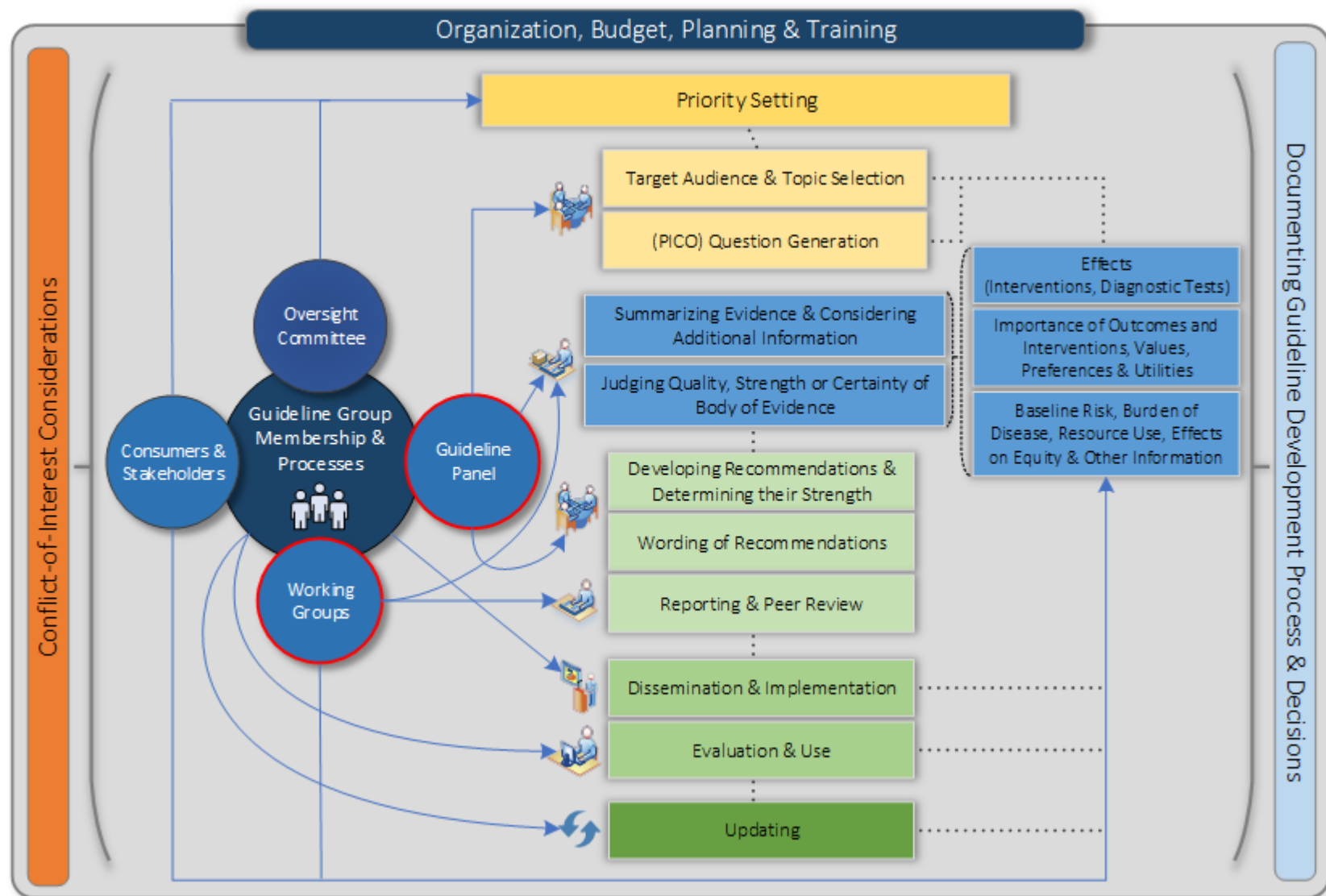
Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk VitK	Corresponding risk PCC+VitK				
Incidence of intracranial hemorrhage Follow-up: mean 3 months	Study population		RR 0 (0.76 to 2.28)	135 (2 studies)	⊕⊕⊕⊕ high	
	394 per 1000	0 per 1000 (300 to 899)				
	Moderate risk population					
	390 per 1000	0 per 1000 (296 to 889)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).



证据表格（结果、质量）

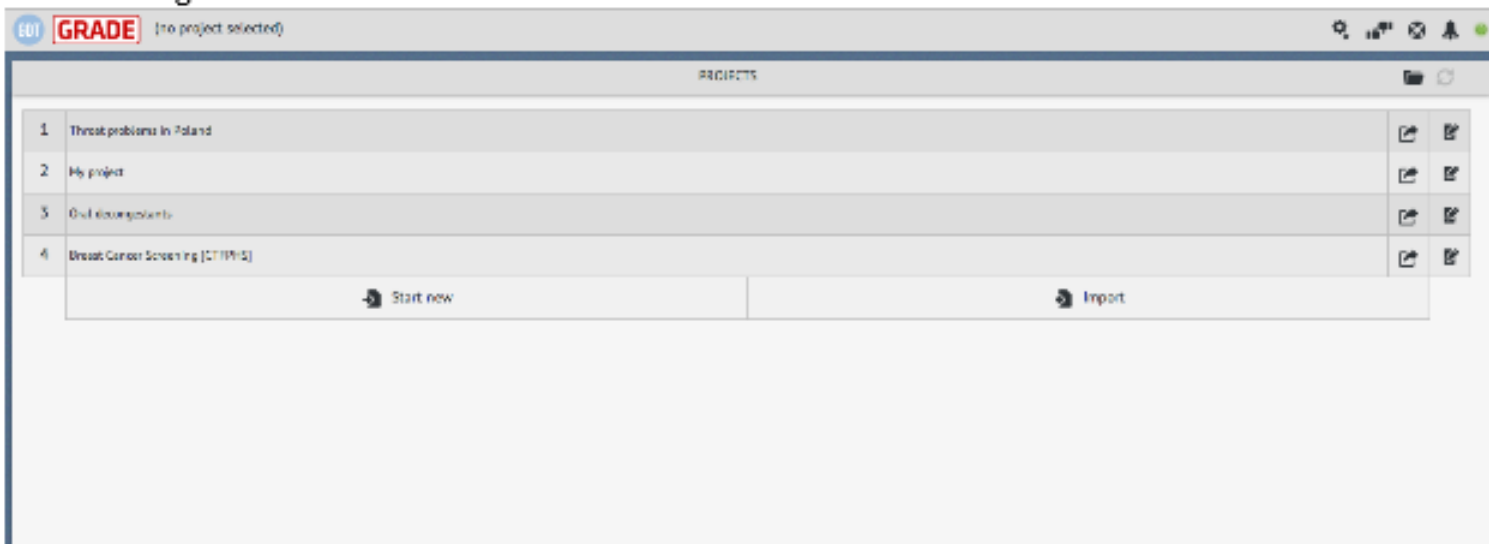
指南



- 项目管理（Project Management）

The Project Management screen

One of the first screens contains a list of the user projects (own or shared by the others), similar to the following:



Available options:

- 1) Add a project by clicking "***Start new***"
- 2) Import projects from .grd () files by clicking "***Import***"

项目管理

ETD模板

任务

团队

范围

文件区

预后

主 对照

传播

GRADE standard EtD templates were developed to facilitate the process of making healthcare decisions by guideline panels. Different EtD templates include various criteria (e.g., equity) depending on type of recommendations/decisions and chosen perspective (e.g., individual, population). [Learn about EtD templates](#)

Template for management questions

Select base template for management questions

Clinical recommendation - Individual perspective

Template name

8种指南制定模板

- Clinical recommendation – individual patient perspective
- Clinical recommendation – population perspective
- Coverage decision
- Test - clinical recommendation - individual perspective
- Test - clinical recommendation - population perspective
- Test - coverage decision
- Health system and public health recommendation
- Health system and public health decision

> Presentations

Cancel

🕒 项目管理

📅 任务

👤 团队

成员

利益冲突

1	名	linan	📁
		This value is required Zeng	🗑️
		Value must be a valid email egg15@aliyun.com	

添加团队成员

🕒 项目管理

📅 任务

👤 团队

成员

利益冲突

选择利益冲突表格类型

☒ ICMJE ☐ WHO ☐ NHF ☐ MSPSC

发送通知

发送提醒

更新

所有成员

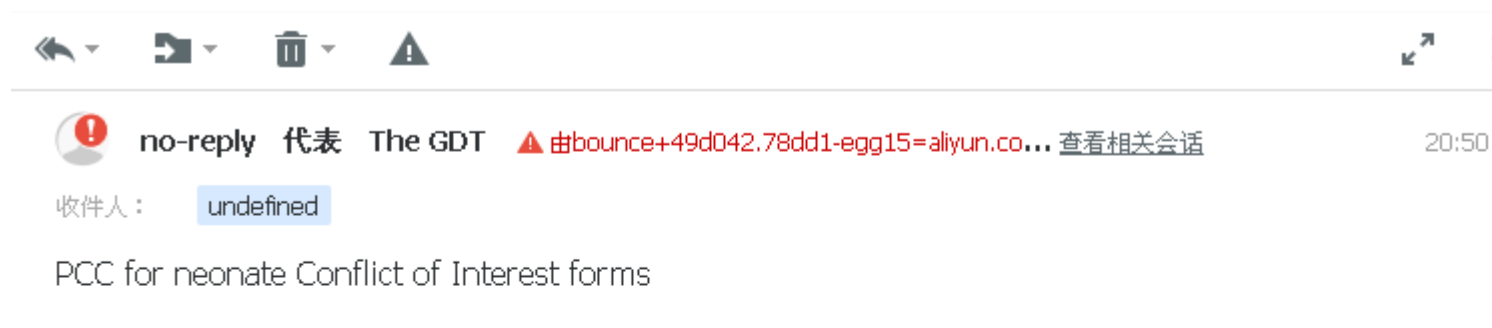
未通知成员

通知成员

已完成利益冲突声明表的成员

利益冲突表

linan Zeng



Recently the PCC for neonate team invited you to fill out the Conflict of Interests form for Guideline panel members and participants.

We have not received your form yet. Please follow this personalized link and fill out the form at your earliest convenience <http://gdt.guidelinedevelopment.org/forms/#coi/ec6a99fc4dc217e3d33cd990c49fbf6e/sections>.

Identifying information

The work under consideration for publication

Relevant financial activities outside the submitted work

No.	Type	No	Money Paid to You	Money to Your Inst.	Name of Entity	Comments	
1.1	Grant	☒	☐	☐			ADD
2.1	Consulting fee or honorarium	☒	☐	☐			ADD
3.1	Support for travel to meetings for the or other purposes	☒	☐	☐			ADD
4.1	Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☒	☐	☐			ADD
5.1	Payment for writing or reviewing the manuscript	☒	☐	☐			ADD
6.1	Provision of writing assistance, medicines, equipment, or administrative support	☒	☐	☐			ADD
7.1	Other	☒	☐	☐			ADD

Previous step

Next step

🕒 项目管理	题目		提供可反映文件或指南范围的主题。
📅 任务			
👥 团队			
🎯 范围			
<u>常规</u>	目的		详细说明健康目的（即预防、诊断、治疗等）和预期效果或结局。例如，预防择期外科手术患者的血栓栓塞并发症。
问题			
📁 文件区			
📈 预后			
👤 对照	目标人群		详细说明推荐意见的应用对象（即患者、社区等）。例如，接受择期外科手术的成年人，所有40岁及以上的妇女等。
📄 传播			
	卫生保健环境【机构】		详细说明可实施推荐意见的卫生保健等级（即初级、二级等）。

① 项目管理

📅 任务

👥 团队

📍 范围

常规

问题

📁 文件区

📈 预后

👤 对照

📄 传播

初始草案 > 头脑风暴 > 已完成清单 > 优先排序 > 申请批准的最终清单 > 批准的清单 > 已完成 >

1 与 是否应该用于 ?

2 与 是否应该用于 ?

3 与 是否应该用于 ?

PCC for neonate

It will likely not be possible to address in the document all questions identified as potentially important. Some questions may have higher priority than the other. For instance, they may address a more frequent and/or more severe problem, or there is higher uncertainty among target users about the answer.

Keeping in mind the scope of the document, please indicate **which of the following questions, in your opinion, have higher priority** to be addressed in this document and/or answered with decisions/recommendations. "1" means the lowest priority, "9" means the highest priority.

Questions	1 - lowest priority	2	3	4	5	6	7	8	9 - highest priority	
Should [干预] vs [对照] be used for [健康问题 and (或) 人群]?	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Should [干预] vs [对照] be used for [健康问题 and (或) 人群]?	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Should [干预] vs [对照] be used for [健康问题 and (或) 人群]?	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Save

Save and finish

- 部门列表
- 题目
- 副标题
- 作者
- 潜在利益冲突的报告
- 评审小组
- 目录
- 执行总结
- 简介
- 方法学
- How to use these guidelines
- 关键问题
- 推荐意见
- 简介与背景
- 范围
- 方法
- 团队组成
- 小组会议
- 附件

▼ (选择问题)

解释

项目管理

任务

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预后

对照

传播

What is the course of [health condition] over [time]?

What is the course of [health condition] in ▼ over [time] ?

环境

表格名称

Course of [health condition] over [time]

Switch to manual

参考资料

? (提出) 问题的作者

Add prognostic question



• 证据决策表 (Evidence to Decision Table)

PROBLEM	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE				ADDITIONAL CONSIDERATIONS																								
	Is there a problem priority?	No Probably no Uncertain Probably yes Yes Varies	1. Overall risk of AR in adults Saudi Arabia is 90 per 1000 (79% SAR) Overall in the Middle East: Runny nose, nasal and throat itching, postnasal drip, and nasal congestion or stuffed up nose were the most common and bothersome symptoms of AR. 58% of participants with AR reported that the condition had an impact on their daily private and professional life. 72% reported that limitations on their work/school activities 35% reported that interfered with and caused them to miss work or Sleep disturbances were shown in this survey to be extremely troubling in 15% of AR patients. (Abdulrahman H, 2012. Survey conducted in Middle East including KSA) 2. A high percentage of patients with AR surveyed missed work or had their work performance affected by allergies: work productivity decreasing by 23% in AIA, 24% in AIAP, 33% in AILA and 30% in Middle East when allergy symptoms were at their worst. Nasal allergies also interfered with many patients' sleep, and were associated with feelings of depression, anxiety, irritability and tiredness. (Blaiss 2012, America, Asia pacific, Latin America, and Middle East)				The Saudi Expert Panel estimates a prevalence of 20% to 40% of AR in KSA. They consider that due to the lack of an appropriate data base with this data, the self- reporting studies could underestimate the prevalence (for not recognize the symptoms or not having a medical diagnosis) or overestimate (for considering any kind of rhinitis not only the allergic one).																								
	What is the overall certainty of this evidence?	No included studies Very Low Low Moderate High	The relative importance or values of the main outcomes of interest: <table><tr><th>Outcome</th><th>Relative importance</th><th>Certainty of the evidence (GRADE)</th></tr><tr><td>Nasal symptoms</td><td>CRITICAL</td><td>⊕⊕⊕⊕ MODERATE</td></tr><tr><td>Nasal congestion</td><td>IMPORTANT</td><td>⊕⊕⊕⊕ MODERATE</td></tr><tr><td>Rhinorrhea</td><td>IMPORTANT</td><td>⊕⊕⊕⊕ MODERATE</td></tr><tr><td>Sneezing</td><td>IMPORTANT</td><td>⊕⊕⊕⊕ MODERATE</td></tr><tr><td>Nasal Itching</td><td>IMPORTANT</td><td>⊕⊕⊕⊕ MODERATE</td></tr><tr><td>Ocular and non-nasal symptoms</td><td>IMPORTANT</td><td>⊕⊕⊕⊕ MODERATE</td></tr><tr><td>Quality of Life</td><td>CRITICAL</td><td>⊕⊕⊕⊕ MODERATE</td></tr></table>				Outcome	Relative importance	Certainty of the evidence (GRADE)	Nasal symptoms	CRITICAL	⊕⊕⊕⊕ MODERATE	Nasal congestion	IMPORTANT	⊕⊕⊕⊕ MODERATE	Rhinorrhea	IMPORTANT	⊕⊕⊕⊕ MODERATE	Sneezing	IMPORTANT	⊕⊕⊕⊕ MODERATE	Nasal Itching	IMPORTANT	⊕⊕⊕⊕ MODERATE	Ocular and non-nasal symptoms	IMPORTANT	⊕⊕⊕⊕ MODERATE	Quality of Life	CRITICAL	⊕⊕⊕⊕ MODERATE	Based on two systematic reviews of intranasal corticosteroids versus placebo, and our own update of the evidence from individual RCTs, in patients with seasonal/intermittent AR intranasal glucocorticosteroids moderately reduced total nasal symptoms (measured by the total nasal symptom score -TNSS) of seasonal allergic rhinitis in adults; as well as the symptoms of nasal congestion, rhinorrhea, sneezing, itching, and a small reduction on ocular symptoms. Three studies measured quality of life with a reduction in the total score in favour of the intranasal glucocorticosteroids. One study was performed in children with seasonal allergic rhinitis and found an effect of mometasone on nasal symptoms similar to that in adults.
	Outcome	Relative importance	Certainty of the evidence (GRADE)																												
	Nasal symptoms	CRITICAL	⊕⊕⊕⊕ MODERATE																												
	Nasal congestion	IMPORTANT	⊕⊕⊕⊕ MODERATE																												
	Rhinorrhea	IMPORTANT	⊕⊕⊕⊕ MODERATE																												
	Sneezing	IMPORTANT	⊕⊕⊕⊕ MODERATE																												
	Nasal Itching	IMPORTANT	⊕⊕⊕⊕ MODERATE																												
	Ocular and non-nasal symptoms	IMPORTANT	⊕⊕⊕⊕ MODERATE																												
Quality of Life	CRITICAL	⊕⊕⊕⊕ MODERATE																													
Is there important uncertainty about how much people value the main outcomes?	Important uncertainty or variability Possibly important uncertainty or variability Probably no important uncertainty of variability No important uncertainty of variability No known undesirable	Summary of findings: Intranasal corticosteroids compared to no intranasal corticosteroids in patients with seasonal/intermittent allergic rhinitis <table><tr><th>Outcome</th><th>Without intranasal corticosteroids</th><th>With intranasal corticosteroids</th><th>Difference (95% CI)</th><th>Relative effect (RR) (95% CI)</th></tr><tr><td>The mean nasal</td><td></td><td></td><td></td><td></td></tr></table>				Outcome	Without intranasal corticosteroids	With intranasal corticosteroids	Difference (95% CI)	Relative effect (RR) (95% CI)	The mean nasal					Both systematic reviews included patients with perennial allergic rhinitis and the information could be updated with new randomized trials. Based on this body of evidence, intranasal glucocorticosteroids moderately reduced total nasal symptoms (measured by the total nasal symptom score -TNSS) in patients with perennial / persistent AR. As in seasonal rhinitis, intranasal															
Outcome	Without intranasal corticosteroids	With intranasal corticosteroids	Difference (95% CI)	Relative effect (RR) (95% CI)																											
The mean nasal																															

▼ 与 是否应该用于 ?

🕒 项目管理

📅 任务

👤 团队

📍 范围

📁 文件区

📈 预后

👤 对照

📊 证据表

📝 推荐意见

📝 推荐意见的呈现

📢 传播

推荐意见的呈现是供终端用户使用的对指南专家组决策的总结。不同呈现方式可适用于三类人群（临床医生、患者和政策制定者）。

Fill in presentation and export it as an interactive link that you send to anyone

呈现给 Clinicians ▼

Clinicians

Policymakers

Patients

Background

Subgroup considerations

Justification

Detailed justification

Summary of findings

Background

Assessment

Background

Decision

Implementation

Justification

Monitoring & Evaluation

▶ Problem

▶ Desirable Effects

Justification

What it means for you

Who is this for

Justification

Detailed justification

ADMINISTRATION

TASKS

TEAM

SCOPE

DOCUMENT SECTI...

PROGNOSIS

COMPARISONS

DISSEMINATION

PUBLISH

Publication status

Database of Evidence Profiles

The primary objective of the Database of Evidence Profiles (DBEP) is to facilitate collaboration, reduce duplication of efforts, health care decision makers. DBEP accepts input in a common data format to allow publication and download of data from

The central item in the DBEP is an evidence profile. Guideline developers may choose to publish the evidence profile together with rationale etc. Profiles may be grouped by the guideline/document they come from, but it is also possible to share separate evidence profiles that have been developed and tested in multiple research projects with multiple stakeholders for comprehension and usability supported work on Summary of Findings tables etc.).

Currently publication to DBEP from GRADEpro/GDT is not fully automatic: when you click "Publish" we will contact you via email and users will be able to update their uploaded evidence profiles directly in DBEP at any time.

Preview in DBEP

Publish

Mobile Application for Health Professionals

GRADEpro/GDT includes a mechanism for preparing and previewing the mobile device applications from guidelines produced by health professionals and tested in the GRADE working group's EU-supported DECIDE project.

You can preview your project as mobile application at any time. After you click "Produce mobile app" we will contact you to inform you about the app Store etc.

Preview and edit

Produce mobile app

- Database of Evidence Profile (证据概要数据库)
 - 目的：共享信息（系统评价、指南、卫生决策者）
 - 核心条目：证据概要表
 - 功能：
 - 将证据概要表按内容分组
 - 指南制定者提取证据概要表和证据
 - 目前尚未与GRADEpro对接

感谢聆听， 敬请指正