



MASTERING THE SYSTEMATIC REVIEW DAY-4



UNDERSTANDING DATA, CRITICAL APPRAISAL & DATA EXTRACTION

1) UNDERSTANDING DATA IN RESEARCH Types of Data, Identify Useful Data, Statistical Parameters **2) CRITICAL APPRAISAL** Appraisal Tools by Study Type **3) DATA EXTRACTION 4) COMMON ISSUES FACED**



BY THE END OF TODAY, YOU WILL BE ABLE TO:

- UNDERSTAND WHAT DATA IS, TYPES OF DATA, AND HOW IT'S USED IN **RESEARCH**.
- EXTRACT RELEVANT AND STATISTICALLY MEANINGFUL DATA FROM STUDIES.
- APPRAISE THE QUALITY OF STUDIES USING STANDARD TOOLS.
- ORGANIZE YOUR FINDINGS IN PREPARATION FOR SYNTHESIS AND WRITING.



DATAIN RESEARCH





UNDERSTANDING DATA IN RESEARCH

DATA REFERS TO THE <u>FACTS</u>, <u>FIGURES</u>, AND <u>OUTCOMES</u> REPORTED IN A RESEARCH STUDY — INCLUDING <u>QUANTITATIVE</u> <u>RESULTS</u> (E.G., CHOLESTEROL LEVELS) AND **QUALITATIVE INSIGHTS** (E.G., THEMATIC ANALYSES).



TYPES OF DATA IN RESEARCH STUDIES

GENERAL

DATA

<section-header>OUTCOME DATA THESE ARE CRITICAL DURING THE DATA EXTRACTION PHASE, AS THEY DETERMINE HOW THE DATA WILL BE INTERPRETED STATISTICALLY.

THESE ARE MOSTLY USED IN DEMOGRAPHICS, BASELINE CHARACTERISTICS, OR DESCRIPTIVE SUMMARIES IN A STUDY.



GENERAL DATA THESE ARE MOSTLY USED IN DEMOGRAPHICS, BASELINE CHARACTERISTICS, OR DESCRIPTIVE SUMMARIES IN A STUDY.



THESE ARE THE BROAD CATEGORIES INTO WHICH ALL DATA CAN BE CLASSIFIED — **REGARDLESS OF THE RESEARCH** DOMAIN. UNDERSTANDING THESE IS ESSENTIAL BEFORE INTERPRETING OUTCOME MEASURES.



LIST OF GENERAL DATA TYPES

NOMINAL

ORDINAL

INTERVAL

Categorical, no Ordered categories order

Example: -Example: -Smoking status: Disease stage: smoker/nonmild/moderate/se smoker vere

Numeric, no true zero

Example: -Temperature in °C

RATIO

Numeric, true Zero

Example: -LDL level, BMI, weight



OUTCOME DATA

THESE ARE CRITICAL DURING THE DATA EXTRACTION PHASE, AS THEY DETERMINE HOW THE DATA WILL BE INTERPRETED STATISTICALLY.

THESE REFER TO HOW THE PRIMARY OR SECONDARY OUTCOMES OF INTEREST IN A STUDY ARE MEASURED AND ANALYZED. THIS IS PARTICULARLY CRITICAL DURING DATA EXTRACTION AND SYNTHESIS.



CONTINUES DATA

BINARY DATA

Example

LDL levels, BMI, HbA1c, Blood pressure

Example

Quit vs not quit smoking, Event vs No event

CATEGORICAL DATA

Example **Response** Level (e.g., none, partial, complete)

TIME-TO-EVENT DATA

Example

Time to relapse, Time to recovery



1) CONTINUES DATA

NUMERICAL VALUES MEASURED ON A SCALE, CAPABLE OF HAVING INFINITE GRADATIONS

COMMON METRICS MEAN- Average value of Data.

SD- Indicates variability.

MD-Main Difference

SMD-Standardized Mean Difference CI-Confidence Interval

P-VALUE-Confidence Interval



COMMON METRICS MEAN- Average value of Data ~ SD- Indicates variability -MD-Main Difference 👞 **SMD-**Standardized Mean Difference **C**-Confidence Interval **P-VALUE-**Confidence Interval

The average value of a data set (sum of all values ÷ number of values)

Measures how spread out the values are around the mean – indicates variability.

The difference between the average outcome in two groups (e.g., treatment vs control).



COMMON METRICS MEAN- Average value of Data **SD-** Indicates variability **MD-** Main Difference SMD-Standardized Mean 🗸 Difference C-Confidence Interval ° P-VALUE-Confidence Interval

A mean difference adjusted for differences in measurement scales across studies. A range that likely contains the true effect; usually reported as a 95% certainty range.

Shows the **probability** that the observed results happened by chance; lower means more statistically significant **(commonly < 0.05)**.



2) BINARY DATA

-> OUTCOMES THAT FALL INTO ONE OF TWO MUTUALLY EXCLUSIVE CATEGORIES

COMMON METRICS (RR)- Risk Ratio (OR)- Odds Ratio **RISK DIFFERENCE**



COMMON METRICS (RR)- Risk Ratio (OR)- Odds Ratio **RISK DIFFERENCE** ◦

The ratio of the probability of an event in the intervention group to the control group. RR = 1 means no difference.

The ratio of the odds of an event occurring in one group to the odds in another group; often used in case-control studies.

The absolute difference in event rates between two groups (e.g., **30% - 10% = 20%** reduction).



CATEGORICAL 3] DATA

SOMETIMES USED **INTERCHANGEABLY WITH** NOMINAL/ORDINAL IN OUTCOMES)



COMMON METRICS

FREQUENCIES **CHI-SQUARE TESTS**





The number of times a particular category or value appears in the data set. **Often shown in tables or counts**.

A statistical test used to assess whether there is a significant association between two categorical variables.



TIME-TO-EVENT DATA

OUTCOMES MEASURED BY THE TIME UNTIL AN **EVENT OCCURS**

HR-Hazard Ratio **KAPLAN-MEIER SURVIVAL** CURVES



COMMON METRICS



COMMON METRICS HR-Hazard Ratio « KAPLAN-MEIER SURVIVAL ~ CURVES

Compares the rate at which an event (e.g., death, relapse) happens over time in two groups. **HR = 1** means no difference; **HR < 1** favors treatment.

A graphical method to estimate the probability of surviving (or avoiding an event) over time, allowing comparison between groups.



COMMON METRICS HR-Hazard Ratio KAPLAN-MEIER SURVIVAL CURVES

100

Percent Survival 50

A graphical method to estimate the probability of surviving (or avoiding an event) over time, allowing comparison between groups.





HOW TO EXTRACT CONTINUOUS VS BINARY DATA

WHAT TO EXTRACT	CONTINUOUS
OUTCOME	Measurement (e.g., LDL, BMI, BP)
RESULT FORMAT	Mean ± Standard Deviation (SD)
EFFECT SIZE	Mean Difference, Standardized Me Difference (SMD) (SD)
CONFIDENCE INTERVAL	Typically reported as 95% CI
D- VALLIF	Included for testing significance

BINARY

Event status (e.g., quit smoking = yes/no)

Number of events / total (e.g., 40/100)

ean

Risk Ratio (RR), Odds Ratio (OR), Risk Difference

Typically reported as 95% CI

Same – used to determine statistical significance



HOW IS DATA COLLECTED IN RESEARCH

QUANTITATIVE STUDIES

CLINICAL MEASUREMENTS, INTER LAB RESULTS, SURVEYS. OPEN-E

QUALITATIVE STUDIES IFWS FOCUS GRO

INTERVIEWS, FOCUS GROUPS, OPEN-ENDED QUESTIONNAIRES.



WHAT'S YOUR JOB AS A REVIEWER? WHEN YOU COLLECT THE DATA IN RESEARCH STUDIES...

EXTRACT

WHAT ORIGINAL AUTHORS

ORGANIZE Hors CTED



HOW TO IDENTIFY USEFUL DATA (FROM INCLUDED STUDIES)

FOCUS ONLY ON:

PICO Elements

STUDY CHARACTERISTICS

RESULTS



DRAWING FINAL OUTCOMES FROM MULTIPLE STUDIES

- COMPARE RESULTS ACROSS STUDIES WITH SIMILAR POPULATIONS AND **INTERVENTIONS**
- LOOK FOR CONSISTENCY IN DIRECTION AND MAGNITUDE OF EFFECTS
- USE EXTRACTED STATISTICS TO EVALUATE WHETHER A MEANINGFUL PATTERN EMERGES
- HIGHLIGHT DISCREPANCIES AND HYPOTHESIZE REASONS (STUDY DESIGN, SAMPLE SIZE, QUALITY)



WHAT IS CRITICAL APPRAISAL?

CRITICAL APPRAISAL IS THE PROCESS OF EVALUATING WHETHER A STUDY IS TRUSTWORTHY, VALID, AND METHODOLOGICALLY SOUND ENOUGH TO INCLUDE IN YOUR SYNTHESIS.



WHAT TO LOOK FOR?

- IS THE **STUDY DESIGN APPROPRIATE** FOR THE QUESTION?
- ARE <u>METHODS CLEARLY DESCRIBED</u>?
- ARE THERE **RISKS OF BIAS** (E.G., SELECTION, PERFORMANCE, ATTRITION)?
- ARE THE **RESULTS CREDIBLE** AND TRANSPARENTLY REPORTED?



WHAT IS DATA EXTRACTION?

DATA EXTRACTION MEANS PULLING OUT THE KEY INFORMATION FROM EACH STUDY AND ORGANIZING IT IN A STRUCTURED TABLE.



KEY FIELDS TO INCLUDE IN YOUR TABLE

STUDY NAME	EX/
study name	Smith et al.,
Population	Adults agec
Intervention	Aerobic exe
Comparison	No exercise
Outcome	LDL choles
Study Design	RCT
Results	LDL + 15% c
Quality Score	Low Risk of

AMPLE

2020

30-60, n = 200

ercise

terol

over 12 weeks

Bias



COMMON ISSUES & HOW TO SUPPORT PARTICIPANTS

ARTICLE TOO COMPLEX??

START WITH ABSTRACT, THEN METHODS/RESULTS





EXAMPLES & HOW TO SUPPORT PARTICIPANTS

CAN'T DECIDE IF STUDY IS GOOD OR BAD??

USE CHECKLIST AND ASK A MENTOR



COMMON ISSUES & HOW TO SUPPORT PARTICIPANTS

FORGOT TO SAVE FULL TEXTS??

EMPHASIZE USE OF ZOTERO/ **RAYYAN.AI**



K COMMON ISSUES & HOW TO SUPPORT PARTICIPANTS

CONFUSED BY RESULT TERMINOLOGY??

FOCUS ON EFFECT DIRECTION AND SIZE



LET'S DIVE INTO FULL-TEXT SCREENING: THE FINAL FILTER FOR QUALITY EVIDENCE



STEPS FOR LEARNING FULL TEXT SCREENING

1. START WITH THE TITLE & ABSTRACT

2. SKIM THE INTRODUCTION

3.DIVE INTO THE METHODS

7. PRACTICAL TIPS FOR BEGINNERS

5. CRITICALLY READ THE DISCUSSION

6. CHECK REFERENCES

4. ANALYZE THE RESULTS

1. START WITH THE TITLE & ABSTRACT

GOAL: <u>DECIDE IF THE PAPER IS WORTH YOUR TIME.</u>

WHAT TO LOOK FOR:

PICO MATCH: DOES IT ALIGN WITH YOUR RESEARCH QUESTION (POPULATION, INTERVENTION, OUTCOME)?

STUDY DESIGN: IS IT AN RCT, COHORT STUDY, META-ANALYSIS, ETC.?

KEY FINDINGS: WHAT ARE THE MAIN RESULTS?

PRO TIP-USE THE CRAAP TEST (CURRENCY, RELEVANCE, AUTHORITY, ACCURACY, PURPOSE) TO FILTER **LOW-QUALITY PAPERS.**





2. SKIM THE INTRODUCTION

GOAL: UNDERSTAND THE CONTEXT AND RESEARCH GAP.

WHAT TO LOOK FOR: **RESEARCH GAP:** WHY WAS THIS STUDY DONE?

HYPOTHESIS: WHAT IS THE AUTHORS' MAIN CLAIM?

OBJECTIVE: WHAT SPECIFIC QUESTION DOES THE PAPER ANSWER?

RED FLAGS: VAGUE OBJECTIVES (E.G., "TO EXPLORE..." WITHOUT CLEAR HYPOTHESES). NO MENTION OF PRIOR SYSTEMATIC REVIEWS ON THE TOPIC.









3.DIVE INTO THE METHODS

GOAL: ASSESS STUDY QUALITY AND RISK OF BIAS KEY SECTIONS:

WHAT TO CHECK FOR?

- **STUDY DESIGN** RCT? OBSERVATIONAL? QUALITATIVE?
- **PARTICIPANTS** INCLUSION/EXCLUSION CRITERIA (MATCHES YOUR PICO?)
- **INTERVENTION** DOSAGE, DURATION, CONTROL GROUP DETAILS
- **OUTCOMES** PRIMARY VS. SECONDARY OUTCOMES
- STATISTICAL ANALYSIS- SAMPLE SIZE CALCULATION, TESTS USED (T-TEST, ANOVA)

PRO TIP: USE CHECKLISTS LIKE ROB 2 (FOR RCTS) OR NEWCASTLE-OTTAWA SCALE (FOR OBSERVATIONAL STUDIES) TO ASSESS BIAS.





4. ANALYZE THE RESULTS

GOAL: EXTRACT USABLE DATA FOR YOUR REVIEW. WHAT TO LOOK FOR? **KEY NUMBERS**:

- MEAN, SD, P-VALUES, CONFIDENCE INTERVALS (CI), EFFECT SIZES.
- TABLES/FIGURES: FOREST PLOTS, SURVIVAL CURVES, REGRESSION MODELS.
- **SUBGROUP ANALYSES**: DID THEY TEST DIFFERENT POPULATIONS OR DOSES? **EXAMPLE**:

"THE INTERVENTION GROUP HAD A 15% REDUCTION IN LDL (95% CI: -20 to -10; p=0.01)."

RED FLAG: MISSING SDS OR UNCLEAR STATISTICAL METHODS. OVEREMPHASIS ON STATISTICALLY INSIGNIFICANT RESULTS.



5. CRITICALLY READ THE DISCUSSION

GOAL: EVALUATE HOW THE AUTHORS INTERPRET THEIR FINDINGS. WHAT TO LOOK FOR?

- INTERPRETATION: DO THE RESULTS SUPPORT THE HYPOTHESIS?
- LIMITATIONS: DID THEY ACKNOWLEDGE BIASES (E.G., SMALL SAMPLE) SIZE)?
- GENERALIZABILITY: CAN THE FINDINGS APPLY TO YOUR POPULATION?

PRO TIP: **COMPARE THE DISCUSSION TO THE RESULTS—DO THEY OVERHYPE CONCLUSIONS?**





6. CHECK REFERENCES

GOAL: FIND ADDITIONAL RELEVANT PAPERS.

WHAT TO LOOK FOR? • SEMINAL PAPERS: KEY STUDIES CITED REPEATEDLY. • CONTRADICTORY EVIDENCE: REFERENCES THAT DISAGREE WITH THE AUTHORS' CLAIMS.





7. PRACTICAL TIPS FOR BEGINNERS

A. SKIM VS. DEEP READ

- SKIM: ABSTRACT, FIGURES, AND CONCLUSIONS FIRST.
- DEEP READ: ONLY IF THE PAPER IS RELEVANT AND HIGH-QUALITY.

B. TAKE NOTES USE A TEMPLATE LIKE THIS:

- FIELD NOTES
- PICO MATCH : 🗸 (ADULTS WITH DIABETES, METFORMIN VS. PLACEBO)
- **RISK OF BIAS** : HIGH (NO BLINDING, SMALL SAMPLE)
- **KEY RESULTS** : LDL ↓ 12% (P=0.03)

C. USE TOOLS

- **<u>ZOTERO</u>**: HIGHLIGHT AND ANNOTATE PDFS.
- **ELICIT.AI**: SUMMARIZE COMPLEX SECTIONS.



FINAL CHECKLIST

BEFORE INCLUDING A PAPER IN YOUR REVIEW, ASK:

- DOES IT MATCH MY PICO?
- IS THE STUDY DESIGN APPROPRIATE?
- ARE THE RESULTS STATISTICALLY SIGNIFICANT AND CLINICALLY **MEANINGFUL?**
- IS THE RISK OF BIAS ACCEPTABLE?





Thank you for having you guys!!! SEE VOU AV MORKSHOPLI

