

QUESTION #17

Should laparoscopic vs. open colorectal surgery be used for the elderly?

POPULATION:	the elderly
INTERVENTION:	laparoscopic
COMPARISON:	open colorectal surgery
MAIN OUTCOMES:	Complications; Length of stay; Readmission;
SETTING:	Inpatient (EU/USA)
PERSPECTIVE:	
BACKGROUND:	
CONFLICT OF INTERESTS:	

ASSESSMENT

Problem		
Is the problem a priority?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input checked="" type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		
Desirable Effects		
How substantial are the desirable anticipated effects?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> Trivial <input type="radio"/> Small <input checked="" type="radio"/> Moderate <input type="radio"/> Large <input type="radio"/> Varies		

○ Don't know

Outcomes	№ of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with open colorectal surgery	Risk difference with laparoscopic
Complications	131241 (81 observational studies)	⊕○○○ Very low ^a	RR 0.70 (0.64 to 0.77)	Study population	
				337 per 1,000	101 fewer per 1,000 (121 fewer to 78 fewer)
Length of stay	87465 (72 observational studies)	⊕○○○ Very low ^a	-	The mean length of stay was 0 days	MD 2.48 days fewer (2.9 fewer to 2.05 fewer)
Readmission	16075 (7 observational studies)	⊕○○○ Very low ^{a,b}	RR 0.85 (0.54 to 1.34)	Study population	
				100 per 1,000	15 fewer per 1,000 (46 fewer to 34 more)

- a. Contains unmatched data
b. I²=82%

Undesirable Effects

How substantial are the undesirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Large ○ Moderate ○ Small ● Trivial ○ Varies ○ Don't know 	None of the outcomes showed undesirable effects with the intervention.	

Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS												
<ul style="list-style-type: none"> ● Very low ○ Low ○ Moderate ○ High ○ No included studies 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Outcomes</th> <th style="width: 33%;">Importance</th> <th style="width: 33%;">Certainty of the evidence (GRADE)</th> </tr> </thead> <tbody> <tr> <td>Complications</td> <td>CRITICAL</td> <td>⊕○○○ Very low^a</td> </tr> <tr> <td>Length of stay</td> <td>CRITICAL</td> <td>⊕○○○ Very low^a</td> </tr> <tr> <td>Readmission</td> <td>CRITICAL</td> <td>⊕○○○ Very low^{a,b}</td> </tr> </tbody> </table> <p style="margin-top: 10px;">a. Contains unmatched data b. I²=82%</p>	Outcomes	Importance	Certainty of the evidence (GRADE)	Complications	CRITICAL	⊕○○○ Very low ^a	Length of stay	CRITICAL	⊕○○○ Very low ^a	Readmission	CRITICAL	⊕○○○ Very low ^{a,b}	
Outcomes	Importance	Certainty of the evidence (GRADE)												
Complications	CRITICAL	⊕○○○ Very low ^a												
Length of stay	CRITICAL	⊕○○○ Very low ^a												
Readmission	CRITICAL	⊕○○○ Very low ^{a,b}												

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Important uncertainty or variability ● Possibly important uncertainty or variability ○ Probably no important uncertainty or variability ○ No important uncertainty or variability 		

Balance of effects

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

<input type="radio"/> Favors the comparison <input type="radio"/> Probably favors the comparison <input type="radio"/> Does not favor either the intervention or the comparison <input checked="" type="radio"/> Probably favors the intervention <input type="radio"/> Favors the intervention <input type="radio"/> Varies <input type="radio"/> Don't know		
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Acceptability

Is the intervention acceptable to key stakeholders?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input checked="" type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		

Feasibility

Is the intervention feasible to implement?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input checked="" type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies

JUDGEMENT							
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention <input type="radio"/>	Conditional recommendation against the intervention <input type="radio"/>	Conditional recommendation for either the intervention or the comparison <input type="radio"/>	Conditional recommendation for the intervention <input checked="" type="radio"/>	Strong recommendation for the intervention <input type="radio"/>
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CONCLUSIONS

Recommendation

Justification

Subgroup considerations

Implementation considerations

Monitoring and evaluation

Research priorities

QUESTION #18

Should laparoscopic vs. open upper GI surgery be used for the elderly?	
POPULATION:	the elderly
INTERVENTION:	laparoscopic
COMPARISON:	open upper GI surgery
MAIN OUTCOMES:	Complications; Length of stay; Readmission;
SETTING:	Inpatient (EU/USA)
PERSPECTIVE:	
BACKGROUND:	
CONFLICT OF INTERESTS:	

ASSESSMENT

Problem		
Is the problem a priority?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		
Desirable Effects		
How substantial are the desirable anticipated effects?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

- Trivial
- Small
- Moderate
- Large
- Varies
- Don't know

Outcomes	№ of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with open upper GI surgery	Risk difference with laparoscopic
Complications	10431 (18 observational studies)	⊕○○○ Very low ^a	RR 0.68 (0.56 to 0.82)	Study population	
				222 per 1,000	71 fewer per 1,000 (98 fewer to 40 fewer)
Length of stay	4134 (14 observational studies)	⊕○○○ Very low ^a	-	The mean length of stay was 0 days	MD 2.84 days fewer (4.24 fewer to 1.45 fewer)
Readmission	328 (2 observational studies)	⊕○○○ Very low ^b	RR 0.40 (0.15 to 1.10)	Study population	
				78 per 1,000	47 fewer per 1,000 (66 fewer to 8 more)

- a. Contains unmatched data
- b. Interval estimates cross statistical and clinical significance thresholds

Undesirable Effects

How substantial are the undesirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Large ○ Moderate ○ Small ○ Trivial ○ Varies ○ Don't know 	There were no outcomes with undesirable effects for the intervention.	

Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

<input type="radio"/> Very low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> No included studies	<table border="1"> <thead> <tr> <th>Outcomes</th> <th>Importance</th> <th>Certainty of the evidence (GRADE)</th> </tr> </thead> <tbody> <tr> <td>Complications</td> <td>CRITICAL</td> <td>⊕○○○ Very low^a</td> </tr> <tr> <td>Length of stay</td> <td>CRITICAL</td> <td>⊕○○○ Very low^a</td> </tr> <tr> <td>Readmission</td> <td>CRITICAL</td> <td>⊕○○○ Very low^b</td> </tr> </tbody> </table>	Outcomes	Importance	Certainty of the evidence (GRADE)	Complications	CRITICAL	⊕○○○ Very low ^a	Length of stay	CRITICAL	⊕○○○ Very low ^a	Readmission	CRITICAL	⊕○○○ Very low ^b	
	Outcomes	Importance	Certainty of the evidence (GRADE)											
	Complications	CRITICAL	⊕○○○ Very low ^a											
	Length of stay	CRITICAL	⊕○○○ Very low ^a											
Readmission	CRITICAL	⊕○○○ Very low ^b												
a. Contains unmatched data b. Interval estimates cross statistical and clinical significance thresholds														

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> Important uncertainty or variability <input type="radio"/> Possibly important uncertainty or variability <input type="radio"/> Probably no important uncertainty or variability <input type="radio"/> No important uncertainty or variability		

Balance of effects

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> Favors the comparison <input type="radio"/> Probably favors the comparison <input type="radio"/> Does not favor either the intervention or the comparison <input type="radio"/> Probably favors the intervention <input type="radio"/> Favors the intervention <input type="radio"/> Varies <input type="radio"/> Don't know		

Acceptability

Is the intervention acceptable to key stakeholders?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Yes		

<input type="radio"/> Varies <input type="radio"/> Don't know		
Feasibility Is the intervention feasible to implement?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention <input type="radio"/>	Conditional recommendation against the intervention <input type="radio"/>	Conditional recommendation for either the intervention or the comparison <input type="radio"/>	Conditional recommendation for the intervention <input type="radio"/>	Strong recommendation for the intervention <input type="radio"/>
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CONCLUSIONS

Recommendation

Justification

Subgroup considerations

Implementation considerations

Monitoring and evaluation

Research priorities

QUESTION #19

Should laparoscopic vs. open HPB surgery be used for the elderly?

POPULATION:	the elderly
INTERVENTION:	laparoscopic
COMPARISON:	open HPB surgery
MAIN OUTCOMES:	Complications; Length of stay; Readmission;
SETTING:	Inpatient (EU/USA)
PERSPECTIVE:	
BACKGROUND:	
CONFLICT OF INTERESTS:	

ASSESSMENT

Problem		
Is the problem a priority?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		
Desirable Effects		
How substantial are the desirable anticipated effects?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> Trivial <input type="radio"/> Small <input type="radio"/> Moderate <input type="radio"/> Large <input type="radio"/> Varies		

o Don't know

Outcomes	No of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with open HPB surgery	Risk difference with laparoscopic
Complications	6222 (36 observational studies)	⊕⊕○○ Low ^a	RR 0.60 (0.50 to 0.71)	Study population	
				305 per 1,000	122 fewer per 1,000 (152 fewer to 88 fewer)
Length of stay	5862 (25 observational studies)	⊕⊕○○ Low	-	The mean length of stay was 0 days	MD 3.85 days lower (5.12 lower to 2.59 lower)
Readmission	2180 (5 observational studies)	⊕○○○ Very low ^b	RR 0.83 (0.59 to 1.17)	Study population	
				123 per 1,000	21 fewer per 1,000 (50 fewer to 21 more)

- a. Complications: I²=68%, however interval estimates beyond decision thresholds
- b. Interval estimates cross decision thresholds

Undesirable Effects

How substantial are the undesirable anticipated effects?

JUDGEMENT

- o Large
- o Moderate
- o Small
- o Trivial
- o Varies
- o Don't know

RESEARCH EVIDENCE

There were no outcomes with undesirable effects for the intervention.

ADDITIONAL CONSIDERATIONS

Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS												
<ul style="list-style-type: none"> <input type="radio"/> Very low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> No included studies 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Outcomes</th> <th style="width: 33%;">Importance</th> <th style="width: 34%;">Certainty of the evidence (GRADE)</th> </tr> </thead> <tbody> <tr> <td>Complications</td> <td>CRITICAL</td> <td style="text-align: center;">⊕⊕○○ Low^a</td> </tr> <tr> <td>Length of stay</td> <td>CRITICAL</td> <td style="text-align: center;">⊕⊕○○ Low</td> </tr> <tr> <td>Readmission</td> <td>CRITICAL</td> <td style="text-align: center;">⊕○○○ Very low^b</td> </tr> </tbody> </table> <p style="margin-top: 10px;">a. Complications: $I^2=68\%$, however interval estimates beyond decision thresholds</p> <p>b. Interval estimates cross decision thresholds</p>	Outcomes	Importance	Certainty of the evidence (GRADE)	Complications	CRITICAL	⊕⊕○○ Low ^a	Length of stay	CRITICAL	⊕⊕○○ Low	Readmission	CRITICAL	⊕○○○ Very low ^b	
Outcomes	Importance	Certainty of the evidence (GRADE)												
Complications	CRITICAL	⊕⊕○○ Low ^a												
Length of stay	CRITICAL	⊕⊕○○ Low												
Readmission	CRITICAL	⊕○○○ Very low ^b												

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> <input type="radio"/> Important uncertainty or variability <input type="radio"/> Possibly important uncertainty or variability <input type="radio"/> Probably no important uncertainty or variability <input type="radio"/> No important uncertainty or variability 		

Balance of effects

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> <input type="radio"/> Favors the comparison <input type="radio"/> Probably favors the comparison <input type="radio"/> Does not favor either the intervention or the comparison <input type="radio"/> Probably favors the intervention <input type="radio"/> Favors the intervention <input type="radio"/> Varies <input type="radio"/> Don't know 		

Acceptability

Is the intervention acceptable to key stakeholders?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		

Feasibility

Is the intervention feasible to implement?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention <input type="radio"/>	Conditional recommendation against the intervention <input type="radio"/>	Conditional recommendation for either the intervention or the comparison <input type="radio"/>	Conditional recommendation for the intervention <input type="radio"/>	Strong recommendation for the intervention <input type="radio"/>
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CONCLUSIONS

Recommendation

Justification

Subgroup considerations

Implementation considerations

Monitoring and evaluation

Research priorities

QUESTION #20

Should laparoscopic vs. open hernia surgery be used for the elderly?	
POPULATION:	the elderly
INTERVENTION:	laparoscopic
COMPARISON:	open hernia surgery
MAIN OUTCOMES:	Complications; Length of stay;
SETTING:	Inpatient (EU/USA)
PERSPECTIVE:	
BACKGROUND:	
CONFLICT OF INTERESTS:	

ASSESSMENT

Problem		
Is the problem a priority?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		
Desirable Effects		
How substantial are the desirable anticipated effects?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

- Trivial
- Small
- Moderate
- Large
- Varies
- Don't know

Outcomes	No of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with open hernia surgery	Risk difference with laparoscopic
Complications	29285 (5 observational studies)	⊕○○○ Very low ^{a,b,c}	RR 0.68 (0.38 to 1.22)	Study population	
				93 per 1,000	30 fewer per 1,000 (58 fewer to 20 more)
Length of stay	29040 (5 observational studies)	⊕○○○ Very low ^{d,e,f}	-	The mean length of stay was 0 days	MD 5.08 days fewer (10.6 fewer to 0.44 more)

- a. High risk of bias in 2 out of 3 studies
- b. $I^2=67\%$
- c. Interval estimates cross decision thresholds
- d. High or unclear risk of bias in 4 out of 5 studies
- e. $I^2=99\%$
- f. Interval estimates cross decision thresholds

Undesirable Effects

How substantial are the undesirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> <input type="radio"/> Large <input type="radio"/> Moderate <input type="radio"/> Small <input type="radio"/> Trivial <input type="radio"/> Varies <input type="radio"/> Don't know 	There were no outcomes with undesirable effects for the intervention, however, none of the included studies reported readmission rates, which was a critical outcome.	

Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

<input type="radio"/> Very low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> No included studies	<table border="1"> <thead> <tr> <th>Outcomes</th> <th>Importance</th> <th>Certainty of the evidence (GRADE)</th> </tr> </thead> <tbody> <tr> <td>Complications</td> <td>CRITICAL</td> <td>⊕○○○ Very low^{a,b,c}</td> </tr> <tr> <td>Length of stay</td> <td>CRITICAL</td> <td>⊕○○○ Very low^{d,e,f}</td> </tr> </tbody> </table>	Outcomes	Importance	Certainty of the evidence (GRADE)	Complications	CRITICAL	⊕○○○ Very low ^{a,b,c}	Length of stay	CRITICAL	⊕○○○ Very low ^{d,e,f}	
	Outcomes	Importance	Certainty of the evidence (GRADE)								
Complications	CRITICAL	⊕○○○ Very low ^{a,b,c}									
Length of stay	CRITICAL	⊕○○○ Very low ^{d,e,f}									
<p>a. High risk of bias in 2 out of 3 studies</p> <p>b. $I^2=67\%$</p> <p>c. Interval estimates cross decision thresholds</p> <p>d. High or unclear risk of bias in 4 out of 5 studies</p> <p>e. $I^2=99\%$</p> <p>f. Interval estimates cross decision thresholds</p>											

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> Important uncertainty or variability <input type="radio"/> Possibly important uncertainty or variability <input type="radio"/> Probably no important uncertainty or variability <input type="radio"/> No important uncertainty or variability		

Balance of effects

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> Favors the comparison <input type="radio"/> Probably favors the comparison <input type="radio"/> Does not favor either the intervention or the comparison <input type="radio"/> Probably favors the intervention <input type="radio"/> Favors the intervention <input type="radio"/> Varies <input type="radio"/> Don't know		

Acceptability

Is the intervention acceptable to key stakeholders?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Yes		

<input type="radio"/> Varies <input type="radio"/> Don't know		
Feasibility Is the intervention feasible to implement?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention <input type="radio"/>	Conditional recommendation against the intervention <input type="radio"/>	Conditional recommendation for either the intervention or the comparison <input type="radio"/>	Conditional recommendation for the intervention <input type="radio"/>	Strong recommendation for the intervention <input type="radio"/>
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CONCLUSIONS

Recommendation

Justification

Subgroup considerations

Implementation considerations

Monitoring and evaluation

Research priorities

QUESTION #21

Should ERAS vs. Conventional Care be used for Colorectal Surgery in Elderly Patients ?

POPULATION:	Colorectal Surgery in Elderly Patients
INTERVENTION:	ERAS
COMPARISON:	Conventional Care
MAIN OUTCOMES:	Complications (30d); Hospital Length of Stay (LOS); Readmissions;
SETTING:	
PERSPECTIVE:	
BACKGROUND:	
CONFLICT OF INTERESTS:	

ASSESSMENT

Problem

Is the problem a priority?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input checked="" type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		

Desirable Effects

How substantial are the desirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> Trivial <input type="radio"/> Small <input type="radio"/> Moderate <input checked="" type="radio"/> Large <input type="radio"/> Varies <input type="radio"/> Don't know		

Undesirable Effects

How substantial are the undesirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

- Large
- Moderate
- Small
- Trivial
- Varies
- Don't know

Outcomes	No of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with Conventional Care	Risk difference with ERAS
Readmissions	150 (1 RCT)	⊕⊕○○ Low ^a	OR 1.22 (0.35 to 4.18)	Study population	
				67 per 1,000	13 more per 1,000 (42 fewer to 163 more)

Must consider patients that live far from operative institution and that may be a greater harm than one who lives close by. Any positive impact should be considered to patients, so should not be trivial. Readmission practices ranges in other countries and can be a huge burden to patients.

- a. Very small sample size and even smaller event rate in conjunction with a confidence interval that crosses multiple standards of clinical meaningfulness. The estimated effects ranges from moderate benefit to large harms.

Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT

- Very low
- Low
- Moderate
- High
- No included studies

RESEARCH EVIDENCE

Outcomes	Importance	Certainty of the evidence (GRADE)
Complications (30d)	CRITICAL	⊕⊕⊕○ Moderate ^a
Hospital Length of Stay (LOS)	CRITICAL	⊕⊕⊕○ Moderate ^b
Readmissions	CRITICAL	⊕⊕○○ Low ^c

- a. The number of events is below the threshold of 300, hence the certainty was downgraded for imprecision.
- b. Two trials had a high risk of bias due to lack of reporting of loss to follow up, missingness, and planned statistical analysis.
- c. Very small sample size and even smaller event rate in conjunction with a confidence interval that crosses multiple standards of clinical meaningfulness. The estimated effects ranges from moderate benefit to large harms.

ADDITIONAL CONSIDERATIONS

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"><input type="radio"/> Important uncertainty or variability<input type="radio"/> Possibly important uncertainty or variability<input checked="" type="radio"/> Probably no important uncertainty or variability<input type="radio"/> No important uncertainty or variability		Because there was no patient representation, experts thought there may be patients that would value different outcomes.

Balance of effects

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"><input type="radio"/> Favors the comparison<input type="radio"/> Probably favors the comparison<input type="radio"/> Does not favor either the intervention or the comparison<input type="radio"/> Probably favors the intervention<input checked="" type="radio"/> Favors the intervention<input type="radio"/> Varies<input type="radio"/> Don't know		

Acceptability

Is the intervention acceptable to key stakeholders?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"><input type="radio"/> No<input type="radio"/> Probably no<input type="radio"/> Probably yes<input checked="" type="radio"/> Yes<input type="radio"/> Varies<input type="radio"/> Don't know		

Feasibility

Is the intervention feasible to implement?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"><input type="radio"/> No<input type="radio"/> Probably no<input checked="" type="radio"/> Probably yes<input type="radio"/> Yes<input type="radio"/> Varies<input type="radio"/> Don't know		Patients that live far away may not be appropriate for ERAS Literacy, language, transportation, lack of home support,

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention ○	Conditional recommendation against the intervention ○	Conditional recommendation for either the intervention or the comparison ○	Conditional recommendation for the intervention ○	Strong recommendation for the intervention ●
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CONCLUSIONS

Recommendation

There is no discussion that ERAS is an advantage, the problem is implementing it in 100% patients for reasons mentioned above. Need institutional help to implement to everyone.

Justification

Subgroup considerations

Implementation considerations

More support of ERAS programs for patients outside of the hospital, social support

Monitoring and evaluation

Research priorities

More standardized data collection and definitions to collect better evidence

Multi-institutional studies with collaborative groups

Develop registries for large, international studies

QUESTION #22

Should ERAS vs. Conventional Care be used for Gastric Surgery in Elderly Patients ?

POPULATION:	Gastric Surgery in Elderly Patients
INTERVENTION:	ERAS
COMPARISON:	Conventional Care
MAIN OUTCOMES:	30d Complications; Hospital Length of Stay (LOS); Readmissions;
SETTING:	
PERSPECTIVE:	
BACKGROUND:	
CONFLICT OF INTERESTS:	

ASSESSMENT

Problem		
Is the problem a priority?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input checked="" type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		
Desirable Effects		
How substantial are the desirable anticipated effects?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

- Trivial
- Small
- Moderate
- Large
- Varies
- Don't know

Outcomes	No of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with Conventional Care	Risk difference with ERAS
30d Complications	299 (2 RCTs)	⊕○○○ Very low ^{a,b,c}	OR 1.01 (0.17 to 5.97)	Study population	
				527 per 1,000	2 more per 1,000 (368 fewer to 342 more)
Hospital Length of Stay (LOS)	299 (2 RCTs)	⊕⊕○○ Low ^{a,d}	-	The mean hospital Length of Stay (LOS) was 0 days	MD 0.83 days lower (1.65 lower to 0.01 lower)

Trivial Complications, but easily changed with more data

- a. Although one trial was well done, the other included study did not explain the randomization process well and the groups were not compared enough to know if the randomization was well done
- b. The two included studies had opposite findings, with one demonstrating less complications with ERAS and the other less with conventional care. This may be explained by the lack of definition of complications and unknown comparability between cohorts in the high risk of bias trial.
- c. In addition to the small sample size and relatively small event size, there is a wide confidence interval with the estimated effects ranging from large benefit to large harm with ERAS.
- d. The small sample size increases the fragility of this outcome.

Undesirable Effects

How substantial are the undesirable anticipated effects?

JUDGEMENT

- Large
- Moderate
- Small
- Trivial
- Varies
- Don't know

RESEARCH EVIDENCE

Outcomes	No of participants (studies) Follow-up	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)	
				Risk with Conventional Care	Risk difference with ERAS
Readmissions	299 (2 RCTs)	⊕⊕○○ Low ^{a,b}	OR 3.88 (1.22 to 12.35)	Study population	
				27 per 1,000	69 more per 1,000 (6 more to 226 more)

ADDITIONAL CONSIDERATIONS

- a. Although one trial was well done, the other included study did not explain the randomization process well and the groups were not compared enough to know if the randomization was well done
- b. There was a small number of events and a confidence interval that crosses minimally important differences.

Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT

- Very low
- Low
- Moderate
- High
- No included studies

RESEARCH EVIDENCE

Outcomes	Importance	Certainty of the evidence (GRADE)
30d Complications	CRITICAL	⊕○○○ Very low ^{a,b,c}
Hospital Length of Stay (LOS)	CRITICAL	⊕⊕○○ Low ^{a,d}
Readmissions	CRITICAL	⊕⊕○○ Low ^{a,e}

- a. Although one trial was well done, the other included study did not explain the randomization process well and the groups were not compared enough to know if the randomization was well done
- b. The two included studies had opposite findings, with one demonstrating less complications with ERAS and the other less with conventional care. This may be explained by the lack of definition of complications and unknown comparability between cohorts in the high risk of bias trial.
- c. In addition to the small sample size and relatively small event size, there is a wide confidence interval with the estimated effects ranging from large benefit to large harm with ERAS.
- d. The small sample size increases the fragility of this outcome.
- e. There was a small number of events and a confidence interval that crosses minimally important differences.

ADDITIONAL CONSIDERATIONS

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT

- Important uncertainty or variability
- Possibly important uncertainty or variability
- Probably no important uncertainty or variability
- No important uncertainty or variability

RESEARCH EVIDENCE

ADDITIONAL CONSIDERATIONS

Long distance traveled patients – readmissions and LOS may be more important than Cxs as they are very impactful

Balance of effects

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> Favors the comparison <input type="radio"/> Probably favors the comparison <input checked="" type="radio"/> Does not favor either the intervention or the comparison <input type="radio"/> Probably favors the intervention <input type="radio"/> Favors the intervention <input type="radio"/> Varies <input type="radio"/> Don't know		Readmissions more important to patients than LOS which may

Acceptability

Is the intervention acceptable to key stakeholders?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input checked="" type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		

Feasibility

Is the intervention feasible to implement?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input checked="" type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		Global considerations – local culture, MIS technology, no follow up due to long distances traveled Long distance for patients, social support Need close follow up after discharge Need institutional support to implement

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies

	JUDGEMENT						
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention <input type="radio"/>	Conditional recommendation against the intervention <input type="radio"/>	Conditional recommendation for either the intervention or the comparison <input checked="" type="radio"/>	Conditional recommendation for the intervention <input type="radio"/>	Strong recommendation for the intervention <input type="radio"/>
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CONCLUSIONS

Recommendation

Justification

Subgroup considerations

Implementation considerations

Monitoring and evaluation

Research priorities

Need ERAS implementation studies in resource limited environments
 Multi-institutional RCT looking at ERAS in gastric surgery in elderly patients
 At least prospective observational studies due to feasibility issues of doing RCT

QUESTION #23

Should ERAS vs. Conventional Care be used for HPB Surgery in Elderly Patients ?

POPULATION:	HPB Surgery in Elderly Patients
INTERVENTION:	ERAS
COMPARISON:	Conventional Care
MAIN OUTCOMES:	30day Complications; Length of Stay; Readmission;
SETTING:	
PERSPECTIVE:	
BACKGROUND:	
CONFLICT OF INTERESTS:	

ASSESSMENT


Problem

Is the problem a priority?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input checked="" type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		

Desirable Effects

How substantial are the desirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE					ADDITIONAL CONSIDERATIONS						
<input type="radio"/> Trivial <input checked="" type="radio"/> Small <input type="radio"/> Moderate <input type="radio"/> Large <input type="radio"/> Varies <input type="radio"/> Don't know	Outcomes 30day Complications	No of participants (studies) Follow-up 265 (2 observational studies)	Certainty of the evidence (GRADE)  Very low ^{a,b,c}	Relative effect (95% CI) OR 0.69 (0.11 to 4.37)	Anticipated absolute effects* (95% CI) <table border="1"> <tr> <th>Risk with Conventional Care</th> <th>Risk difference with ERAS</th> </tr> <tr> <td>Study population</td> <td></td> </tr> <tr> <td>405 per 1,000</td> <td>85 fewer per 1,000 (335 fewer to 343 more)</td> </tr> </table>	Risk with Conventional Care	Risk difference with ERAS	Study population		405 per 1,000	85 fewer per 1,000 (335 fewer to 343 more)	
Risk with Conventional Care	Risk difference with ERAS											
Study population												
405 per 1,000	85 fewer per 1,000 (335 fewer to 343 more)											

	Length of Stay	265 (2 observational studies)	⊕○○○ Very low ^{a,d}	-	The mean length of Stay was 0 days	MD 2.03 days lower (5.01 lower to 0.95 higher)
	Readmission	265 (2 observational studies)	⊕○○○ Very low ^{a,c}	OR 0.64 (0.20 to 2.06)	Study population 87 per 1,000	29 fewer per 1,000 (68 fewer to 77 more)
<p>a. Both studies were judged to be of high risk of bias based on the Newcastle-Ottawa Scale. This was due to unclear description of how patients were selected for either intervention and lack of reporting on follow up.</p> <p>b. The two included studies had opposite findings which introduces heterogeneity into the analysis (I² 84%).</p> <p>c. There is considerable imprecision due to small sample sizes and large confidence intervals. The estimated effects range from large benefit to large harms.</p> <p>d. Small sample sizes increase the fragility and thus imprecision of this outcome.</p>						

Undesirable Effects

How substantial are the undesirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> Large <input type="radio"/> Moderate <input type="radio"/> Small <input type="radio"/> Trivial <input type="radio"/> Varies <input checked="" type="radio"/> Don't know	There were no undesirable effects with ERAS for any critical outcomes.	

Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

- Very low
- Low
- Moderate
- High
- No included studies

Outcomes	Importance	Certainty of the evidence (GRADE)
30day Complications	CRITICAL	⊕○○○ Very low ^{a,b,c}
Length of Stay	CRITICAL	⊕○○○ Very low ^{a,d}
Readmission	CRITICAL	⊕○○○ Very low ^{a,c}

- a. Both studies were judged to be of high risk of bias based on the Newcastle-Ottawa Scale. This was due to unclear description of how patients were selected for either intervention and lack of reporting on follow up.
- b. The two included studies had opposite findings which introduces heterogeneity into the analysis ($I^2 = 84\%$).
- c. There is considerable imprecision due to small sample sizes and large confidence intervals. The estimated effects range from large benefit to large harms.
- d. Small sample sizes increase the fragility and thus imprecision of this outcome.

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Important uncertainty or variability ● Possibly important uncertainty or variability ○ Probably no important uncertainty or variability ○ No important uncertainty or variability 		

Balance of effects

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Favors the comparison ○ Probably favors the comparison ○ Does not favor either the intervention or the comparison ● Probably favors the intervention ○ Favors the intervention ○ Varies ○ Don't know 		

Acceptability

Is the intervention acceptable to key stakeholders?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input checked="" type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		

Feasibility

Is the intervention feasible to implement?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input checked="" type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		

SUMMARY OF JUDGEMENTS

PROBLEM	JUDGEMENT						
	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention <input type="radio"/>	Conditional recommendation against the intervention <input type="radio"/>	Conditional recommendation for either the intervention or the comparison <input type="radio"/>	Conditional recommendation for the intervention <input checked="" type="radio"/>	Strong recommendation for the intervention <input type="radio"/>
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CONCLUSIONS

Recommendation

Justification

Subgroup considerations

Implementation considerations

Monitoring and evaluation

Research priorities

QUESTION #24

Should ERAS vs. Conventional Care be used for Foregut Surgery in Elderly Patients ?	
POPULATION:	Foregut Surgery in Elderly Patients
INTERVENTION:	ERAS
COMPARISON:	Conventional Care
MAIN OUTCOMES:	
SETTING:	
PERSPECTIVE:	
BACKGROUND:	
CONFLICT OF INTERESTS:	

ASSESSMENT

Problem		
Is the problem a priority?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input checked="" type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know		
Desirable Effects		
How substantial are the desirable anticipated effects?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> Trivial <input type="radio"/> Small <input type="radio"/> Moderate <input type="radio"/> Large <input type="radio"/> Varies <input checked="" type="radio"/> Don't know	No included studies.	
Undesirable Effects		
How substantial are the undesirable anticipated effects?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> Large <input type="radio"/> Moderate	No included studies.	

<ul style="list-style-type: none"> <input type="radio"/> Small <input type="radio"/> Trivial <input type="radio"/> Varies <input checked="" type="radio"/> Don't know 		
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Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> <input type="radio"/> Very low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input checked="" type="radio"/> No included studies 	No included studies.	

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> <input type="radio"/> Important uncertainty or variability <input checked="" type="radio"/> Possibly important uncertainty or variability <input type="radio"/> Probably no important uncertainty or variability <input type="radio"/> No important uncertainty or variability 		

Balance of effects

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> <input type="radio"/> Favors the comparison <input type="radio"/> Probably favors the comparison <input type="radio"/> Does not favor either the intervention or the comparison <input type="radio"/> Probably favors the intervention <input type="radio"/> Favors the intervention <input type="radio"/> Varies <input checked="" type="radio"/> Don't know 		

Acceptability

Is the intervention acceptable to key stakeholders?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input checked="" type="radio"/> Don't know 		

Feasibility		
Is the intervention feasible to implement?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input checked="" type="radio"/> Don't know		

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention <input type="radio"/>	Conditional recommendation against the intervention <input type="radio"/>	Conditional recommendation for either the intervention or the comparison <input checked="" type="radio"/>	Conditional recommendation for the intervention <input type="radio"/>	Strong recommendation for the intervention <input type="radio"/>
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CONCLUSIONS

Recommendation

Nissen, esophagectomy, PEH

May not have a lot to gain from pushing for more ERAS – Nissen already leaves early hard to improve, Esophagectomy limited data in elderly patients, let alone ERAS

Justification

Subgroup considerations

Implementation considerations

Monitoring and evaluation

Research priorities