The Evidence-Based Research Network

# 6th EBR Conference

## "Evidence-Based Research for All"

13 - 16 October 2026

from 13:00 to 15:00 CET each day
(online only)

Organised by the EBRNetwork

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# Abstract Book

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## Welcoming words

We are delighted to announce the 6th EBR Conference – ***Evidence-Based Research for All***, to be held virtually 13 October to 16 October 2026 from 13:00 to 15:00 CET each day. Its aim is to raise awareness of the need for and promote the implementation of the evidence-based research (EBR) approach—the transparent and systematic use of evidence to inform decisions about research—among all interest holders, worldwide and across all sciences.

The conference programme is rooted in the EBR principles (explained in more detail here: https://ebrnetwork.org/about-ebr/). The underlying message is simple, yet timely and urgent: a huge number of unnecessary studies are conducted in many scientific disciplines, causing significant waste of financial and human resources. Much of this could be prevented if the planning of new research were to be informed by what is already known. Well-conducted systematic reviews have a prominent role in this process as they currently provide the most robust evidence about prior research in each field.

The EBRNetwork was launched and through the support of the EU-funded COST Action run as an initiative of experts from within the healthcare domain. In more recent times and specifically for the 6th EBR Conference, the aim has been to explore how EBR principles might be applied to scientific disciplines more broadly. Aware of the large variation in how evidence is conceptualized across different scientific fields and that implementing the EBR approach might not be easily applicable or feasible in some contexts, the aim of the 6th EBR Conference is to promote discussion about the nature of evidence itself, about its frameworks, and the associated terminologies used across science. Moreover, we will explore how to maintain research integrity in the current world to protect research against political threats, misinformation, and mistrust in research usage, and how to most effectively and efficiently disseminate and use the existing evidence to maximise the benefit from research to all interest holders.

Aligned with a second key strategic objective of the EBRNetwork, the 6th EBR Conference aims to strengthen the participation of keynote speakers as well as participants from geographical areas with limited resources as applying the EBR principles is of particular value in these regions.

An innovative feature of this conference will be the interactive panel discussion and work in small groups planned for the 3rd day that will provide more opportunities for active engagement of conference participants.

**Abstract Book of the 6th EBR Conference “Evidence-Based Research for All”, Virtual Conference, 13 - 16 October 2026, 1-3pm each day**

## Co-chairs:

- Assoc. Prof. Jiri Kantor – Czech Republic
- Prof. Maritta Välimäki – Hong Kong and Finland

## Scientific Committee:

- Assoc. Prof. Jiri Kantor – Czech Republic
- Prof. Maritta Välimäki – Hong Kong and Finland
- Dr. Klara Brunnhuber – United Kingdom
- Prof. Kristian Buhring-Bonacich – Chile
- Assoc. Prof. Fiona Campbell – United Kingdom
- Assoc. Prof. Nasreen Jessani – South Africa
- Prof. Hans Lund – Denmark
- Assoc. Prof. Patrick Okwen – Cameroon
- Prof. Terri Pigott – United States
- Assoc. Prof. Danielle Pollock – New Zealand
- Prof. Marek Wozniak – Poland
- Dr. Dagmar Sedláčková, Conference Secretary
- Dr. Jacky Chan Chun Kit, Conference Secretary

## Conference Award Jury:

- Dr. Klara Brunnhuber – United Kingdom
- Assoc. Prof. Fiona Campbell – United Kingdom
- Dr. Dagmar Sedláčková, Czech Republic

Programme Overview / Abstract Book of the 6th EBR Conference “Evidence-Based Research for All”, Virtual Conference, Norway 13 - 16 October 2026

**First Published:** 12-10-2026
This booklet is available on the EBR website: 6th EBR Conference - The Evidence-Based Research Network

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CONFERENCE PROGRAMME DAY 1: Tuesday, 13TH October, 1pm – 3 pm CET

## Topic of the day: Protecting EBR in the current world

| *Time* | Topic<br>Speaker | Chair |
|---|---|---|
| *12.45 – 13.00* | **Time to check online connection** | |
| *13.00 – 13.05* | **Opening** | **Dr. Jiří Kantor**<br>Palacky University Olomouc, Czech Republic<br><br>**Prof. Maritta Välimäki**<br>Hong Kong Metropolitan University, HK (SAR) & University of Turku, Finland |
| *13.05 – 13.15* | **Welcome** | **Prof. Karen Robinson**<br>Johns Hopkins University, U.S. (Chair EBR Network) |
| *13.15 – 13.55* | **Keynote – Generating & Implementing Evidence-based Strategies for Newborn Survival: from local to global**<br>**Prof. Zulfiqar A. Bhutta**<br>The Aga Khan University, Pakistan | **Dr. Nasreen Jessani**, Stellenbosch University, South Africa<br><br>**Dr. Jiří Kantor**<br>Palacky University, Olomouc, Czech Republic |
| *13.55 – 14.00* | **Time to join the oral presentations** | |

### Paralel Sessions

6 paralel sessions, 5 time slots and 23 listed presentations

| *14.00–15.00* | ORAL PRESENTATIONS for DAY 1 (10 minutes and 5 minutes Q&A) | | |
|---|---|---|---|
| | **Session #1: Advancing EBR**<br><br>*Chair: Klara Brunnhuber*<br>*Co-chair: Kamila Urbanová* | **Session #2: Interest holders**<br><br>*Chair: Jiří Kantor*<br>*Co-chair: Xianmei Lei* | **Session #3: Meta-Research**<br><br>*Chair: Nasreen Jessani*<br>*Co-chair: Dagmar Tučková* |
| *14.00–14.15* | **Operationalizing Evidence-Based Research Principles for Clinical Trial Design in Oncology: A Framework Using Systematic Reviews, Trial-Level Data, and Artificial Intelligence**<br><br>Ying Sun | **AHRQ's Evidence-based Practice Center Program Advances Evidence-based Healthcare Policy and Research through Partnership**<br><br>*Holly Wethington* | **Citation-preserving optimization of the Prior Research Citation Index using trial-specific publication lag sensitivity analysis**<br><br>*Eduard Baladia* |

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| *14.15–14.30* | The TARCiS statement: Guidance on terminology, application, and reporting of citation searching and its contribution to evidence-based research<br><br>*Julian Hirt* | Interest Holder Perspectives on Implementing an Evidence-Based Equity-conscious Guidance Development Roadmap in a Professional Society<br><br>*Ifeoluwa Babatunde* | Embedding a systematic review or meta-analysis in a report of a randomized controlled trial: A meta-research study<br><br>*Hengameh Goodarzi* |
| *14.30–14.45* | Addressing Unnecessary Redundancy in Systematic Reviews: A Review of Potential Solutions<br><br>*Dawid Pieper* | Publisher Roles in Evidence-Based Research (EBR): How Nursing Journals Instruct Authors to Present Existing Evidence Before New Studies<br><br>*Annu Vanhala* | Overlapping evidence syntheses on HBOT for complex regional pain syndrome: an Evidence-Based Research case study of potentially avoidable duplication<br><br>*Dagmar Tuckova* |
| *14.45–15.00* | Standarder: An Integrated Intelligent Platform for Guideline and Consensus Development and Updating<br><br>*Yuanyuan Yao* | | |
| *14:00 -15:00* | Session #4: Meta-Research<br><br>*Chair: Dagmar Sedláčková*<br>*Co-chair: Alžběta Smrčková* | Session #5: Advancing EBR/ Global EBR/Meta-Research<br><br>*Chair: Karen Robinson*<br>*Co-chair: Tereza Vrbová* | Session #6: Solutions and success stories<br><br>*Chair: Jeniffer Yost*<br>*Co-chair: Jitka Klugarová* |
| *14.00-14.15* | Consistency between Meta-Analyses in Systematic Reviews with an Identical Set of Randomized Clinical Trials: A Cross-Sectional Study<br><br>*Yanxia Jia* | Artificial Intelligence and Machine Learning Tools to (Semi-)Automate Evidence Synthesis: A Rapid Review and Evidence Map<br><br>*Gaelen Adam* | Lost in Translation: The Overinterpretation of In Vitro Studies in Evidence-Based Dentistry<br><br>*Seyyedeh Mahsa Sheikholeslamian* |
| *14.15–14.30* | Impact of Searching and Screening Errors on Meta-Analyses within Systematic Reviews of Pharmacological Randomized Clinical Trials<br><br>*Yuanxi Jia* | Advancing EBR through Meta-Research: A synthesis research design proposal to solve the methodological gap in the research question formulation process<br><br>*Edson Moser* | Mapping the evidence on the effectiveness of music-based interventions for depressive disorder: An umbrella review<br><br>*Klára Horváthová* |
| *14.30–14.45* | Reporting Research for Practice: A Forward Search of Meta-Analytic Evidence<br><br>*Hannah Scarbrough* | Harvest plots in evidence syntheses: a meta-research study on their use and characteristics<br><br>*Julian Hirt* | Umbrella Review as an Efficient Alternative to De Novo Systematic Review in Clinical Guidance Development<br><br>*Ifeoluwa Babatunde* |

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|---|---|---|---|
| *14.45–15.00* | | | **Development of an Equity Roadmap for Pediatric Guidance Development Using Evidence Synthesis and Validation Methodology**<br><br>*Ifeoluwa Babatunde* |
| ***The end of the 1st day and evaluation*** | | | |

## Day 1 Parallel Sessions

### Parallel session 1: Advancing EBR

1. Ying Sun: Operationalizing Evidence-Based Research Principles for Clinical Trial Design in Oncology: A Framework Using Systematic Reviews, Trial-Level Data, and Artificial Intelligence
2. Julian Hirt, Thomas Nordhausen, Thomas Fuerst, Hannah Ewald, Christian Appenzeller-Herzog: The TARCiS statement: Guidance on terminology, application, and reporting of citation searching and its contribution to evidence-based research
3. Dawid Pieper: Addressing Unnecessary Redundancy in Systematic Reviews: A Review of Potential Solutions
4. Yuanyuan Yao: Standarder: An Integrated Intelligent Platform for Guideline and Consensus Development and Updating

### Parallel session 2: Interest holders

5. Holly Wethington: AHRQ's Evidence-based Practice Center Program Advances Evidence-based Healthcare Policy and Research through Partnership
6. Ifeoluwa Babatunde: Interest Holder Perspectives on Implementing an Evidence-Based Equity-conscious Guidance Development Roadmap in a Professional Society
7. Annu Vanhala: Publisher Roles in Evidence-Based Research (EBR): How Nursing Journals Instruct Authors to Present Existing Evidence Before New Studies

### Parallel session 3: Meta-research

8. Eduard Baladia: Citation-preserving optimization of the Prior Research Citation Index using trial-specific publication lag sensitivity analysis
9. Hengameh Goodarzi: Embedding a systematic review or meta-analysis in a report of a randomized controlled trial: A meta-research study
10. Dagmar Tučková: Overlapping evidence syntheses on HBOT for complex regional pain syndrome: an Evidence-Based Research case study of potentially avoidable duplication

### Parallel session 4: Meta-research

11. Yuanxi Jia: Consistency between Meta-Analyses in Systematic Reviews with an Identical Set of Randomized Clinical Trials: A Cross-Sectional Study
12. Yuanxi Jia: Impact of Searching and Screening Errors on Meta-Analyses within Systematic Reviews of Pharmacological Randomized Clinical Trials
13. Scarbrough Hannah: Reporting Research for Practice: A Forward Search of Meta-Analytic Evidence

**Parallel session 5: Advancing EBR/Global EBR/ Meta-research**

14. Adam Gaelen: Artificial Intelligence and Machine Learning Tools to (Semi-) Automate Evidence Synthesis: A Rapid Review and Evidence Map
15. Edson Moser: Advancing EBR through Meta-Research: A synthesis research design proposal to solve the methodological gap in the research question formulation process
16. Julian Hirt: Harvest plots in evidence syntheses: a meta-research study on their use and characteristics

**Parallel session 6: Solutions and success stories**

17. Seyyedeh Mahsa Sheikholeslamian: Lost in Translation: The Overinterpretation of In Vitro Studies in Evidence-Based Dentistry

18. Klára Horváthová: Mapping the evidence on the effectiveness of music-based interventions for depressive disorder: An umbrella review
19. Ifeoluwa Babatunde: Umbrella Review as an Efficient Alternative to De Novo Systematic Review in Clinical Guidance Development
20. Ifeoluwa Babatunde: Development of an Equity Roadmap for Pediatric Guidance Development Using Evidence Synthesis and Validation Methodology

## Day 1 Parallel Session Overview by Time

**14:00-14:15**

| | |
|---|---|
| **Parallel session 1**<br>**Advancing EBR** | Ying Sun<br>Operationalizing Evidence-Based Research Principles for Clinical Trial Design in Oncology: A Framework Using Systematic Reviews, Trial-Level Data, and Artificial Intelligence |
| **Parallel session 2**<br>**Interest holders** | Holly Wethington<br>AHRQ's Evidence-based Practice Center Program Advances Evidence-based Healthcare Policy and Research through Partnership |
| **Parallel session 3**<br>**Meta-research** | Eduard Baladia<br>Citation-preserving optimization of the Prior Research Citation Index using trial-specific publication lag sensitivity analysis |
| **Parallel session 4**<br>**Meta-research** | Yuanxi Jia<br>Consistency between Meta-Analyses in Systematic Reviews with an Identical Set of Randomized Clinical Trials: A Cross-Sectional Study |
| **Parallel session 5** | Adam Gaelen |

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|---|---|
| **Advancing EBR/Global EBR/ Meta-research** | Artificial Intelligence and Machine Learning Tools to (Semi-) Automate Evidence Synthesis: A Rapid Review and Evidence Map |
| **Parallel session 6 Solution and success stories** | Seyyedeh Mahsa Sheikholeslamian<br>Lost in Translation: The Overinterpretation of In Vitro Studies in Evidence-Based Dentistry |

## 14:15-14:30

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|---|---|
| **Parallel session 1 Advancing EBR** | Julian Hirt<br>The TARCiS statement: Guidance on terminology, application, and reporting of citation searching and its contribution to evidence-based research |
| **Parallel session 2 Interest holders** | Ifeoluwa Babatunde<br>Interest Holder Perspectives on Implementing an Evidence-Based Equity-conscious Guidance Development Roadmap in a Professional Society |
| **Parallel session 3 Meta-research** | Hengameh Goodarzi<br>Embedding a systematic review or meta-analysis in a report of a randomized controlled trial: A meta-research study |
| **Parallel session 4 Meta-research** | Yunaxi Jia<br>Impact of Searching and Screening Errors on Meta-Analyses within Systematic Reviews of Pharmacological Randomized Clinical Trials |
| **Parallel session 5 Advancing EBR/Global EBR/ Meta-research** | Edson Moser<br>Advancing EBR through Meta-Research: A synthesis research design proposal to solve the methodological gap in the research question formulation process |
| **Parallel session 6 Solution and success stories** | Klára Horváthová<br>Mapping the evidence on the effectiveness of music-based interventions for depressive disorder: An umbrella review |

## 14:30 – 14:45

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|---|---|
| **Parallel session 1 Advancing EBR** | Dawid Pieper<br>Addressing Unnecessary Redundancy in Systematic Reviews: A Review of Potential Solutions |
| **Parallel session 2 Interest holders** | Annu Vanhala<br>Publisher Roles in Evidence-Based Research (EBR): How Nursing Journals Instruct Authors to Present Existing Evidence Before New Studies |
| **Parallel session 3 Meta-research** | Dagmar Tučková<br>Overlapping evidence syntheses on HBOT for complex regional pain syndrome: an Evidence-Based Research case study of potentially avoidable duplication |
| **Parallel session 4 Meta-research** | Scarbrough Hannah<br>Reporting Research for Practice: A Forward Search of Meta-Analytic Evidence |
| **Parallel session 5 Advancing EBR/Global EBR/ Meta-research** | Julian Hirt<br>Harvest plots in evidence syntheses: a meta-research study on their use and characteristics |
| **Parallel session 6 Solution and success stories** | Ifeoluwa Babatunde<br>Mapping the evidence on the effectiveness of music-based interventions for depressive disorder: An umbrella review |

## 14:45-15:00

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|---|---|
| **Parallel session 1 Advancing EBR** | Yuanyuan Yao<br>Standarder: An Integrated Intelligent Platform for Guideline and Consensus Development and Updating |
| **Parallel session 2 Interest holders** | --- |
| **Parallel session 3 Meta-research** | --- |
| **Parallel session 4 Meta-research** | --- |
| **Parallel session 5 Advancing EBR/Global EBR/ Meta-research** | --- |
| **Parallel session 6 Solution and success stories** | Ifeoluwa Babatunde<br>Development of an Equity Roadmap for Pediatric Guidance Development Using Evidence Synthesis and Validation Methodology |

## Day 1 List of Abstracts

## Parallel session 1: Advancing EBR

14:00 – 14:15 **Sun, Y. & Salandha, I.**

*Operationalizing Evidence-Based Research Principles for Clinical Trial Design in Oncology: A Framework Using Systematic Reviews, Trial-Level Data, and Artificial Intelligence*

**Abstract**

Background
Recruitment and retention remain major challenges in oncology clinical trials. Evidence-based research (EBR) principles emphasize that prior research should inform the design of new trials. However, knowledge about how trial design and conduct influence recruitment and retention is seldom used systematically to inform design of new trials.
Objective
To develop a structured framework for applying EBR principles to oncology trial design by organizing prior trial evidence and identifying trial characteristics associated with successful recruitment and retention.
Methods
Using non-small cell lung cancer (NSCLC) as a case study, we developed a multi-source framework beginning with Cochrane reviews to identify eligible trials and link information from reviews, results publications, trial protocols, and trial registries. We will use these trial-level data to evaluate how trial design and conduct influence recruitment and retention. The long-term goal is to develop an AI-assisted decision-support tool that uses prior evidence to support future planning for oncology trials.
Preliminary Results
We have identified 26 Cochrane reviews containing 429 NSCLC trials during pilot screening. Among 41 piloted trials, 73% had identifiable registry records, 20% had publicly available protocols, and 37% had accessible supplementary materials. Reporting completeness varied substantially across sources, with some variables reported only in protocols or registries. We

have identified 50+ variables related to trial design and conduct, and demonstrated feasibility of integrating multi-source information to construct standardized measures of trial characteristics with recruitment and retention.
Conclusions
This framework provides a structured and reproducible approach for applying EBR principles to support more evidence-informed oncology trial design.

14:15-14:30 **Hirt. J., Nordhausen, T., Fuerst, T., Ewald, H. & Appenzeller-Herzog, C.**

*The TARCiS statement: Guidance on terminology, application, and reporting of citation searching and its contribution to evidence-based research*

**Abstract**

Background
Citation searches are used in addition to database searches for evidence syntheses or as stand-alone searches while the aim is to find relevant studies based on their citation relationships with already known publications. The methodology and terminology lack standardization.
Objective
To develop guidance on terminology, application, and reporting of citation searching in health-related research.
Methods
The development of the Terminology, Application, and Reporting of Citation Searching (TARCiS) statement was based on a two-step process. First, we carried out a scoping review on citation searching benefits, tools and terminology to systematically investigate the evidence for the formulation of draft recommendations and identify experts in the field. Second, we conducted a four-round Delphi study with international experts and composed the TARCiS statement. An agreement rate of at least 75% per recommendation was pre-defined as consensus.
Results
Forty-one terms, eight recommendations and one research topic were derived from the scoping review. We invited 35 international experts (mainly researchers and information specialists/librarians) and 27 of them took part in the Delphi study. The Delphi study resulted in one recommendation on terminology (comprising eight terms), eight on conduct, and one on reporting of citation searching, and four suggestions for research priorities. The agreement rate per recommendation was between 83 and 100 percent.
Conclusions
At the conference, we present the recommendations of the TARCiS Statement that contribute to the standardized use and reporting of citation searching and inform evidence-based research methodology. We encourage those performing systematic literature reviewing to incorporate TARCiS into their workflows.

14:30-14:45 **Pieper, D.**

*Addressing Unnecessary Redundancy in Systematic Reviews: A Review of Potential Solutions*

**Abstract**

Systematic reviews (SRs) inform clinical practice guidelines, health technology assessments, health policy decisions, and the planning of primary research. However, the increasing number of published SRs has led to a substantial rise in unnecessary redundancy, with multiple reviews addressing identical or highly overlapping research questions without clear

scientific justification. This contributes to research waste, increases the workload for evidence users, and may generate conflicting findings.
This review aimed to identify potential strategies to reduce unnecessary redundancy in SR production. A structured literature search was conducted in 2026 to identify methodological publications, commentaries, editorials, and empirical studies addressing the causes of and solutions to redundant SRs. The identified strategies were narratively synthesized and grouped into overarching categories.
Proposed strategies include:

- Strengthening methodological training in evidence synthesis.
- Mandatory prospective registration of SR protocols accompanied by a systematic assessment of overlap.
- Requiring authors to explicitly justify the need for a new review (e.g., through a structured "What is already known?" or rationale section).
- Promoting the transition from de novo reviews to updates and living systematic reviews.
- Facilitating international collaboration among researchers, guideline developers, journals, and funding organizations.
- Encouraging open sharing and reuse of review data to support efficient updating.
- Implementing editorial policies that reject unjustified redundant reviews.
- Increasing awareness of the importance of prioritizing the quality rather than the quantity of SRs.

No single strategy can eliminate unnecessary redundancy. Instead, coordinated action by researchers, journals, funders, evidence synthesis organizations, and policymakers is required to promote a more efficient, transparent, and sustainable evidence ecosystem.

14:45-15:00 **Yao, Y., Liu, H. & Chen, Y.**
*Standarder: An Integrated Intelligent Platform for Guideline and Consensus Development and Updating*

**Abstract**

Background: In recent years, the number of guidelines and consensus statements developed annually has increased rapidly. The development process is complex and involves multidisciplinary collaboration, evidence synthesis, conflict of interest management, and recommendation formulation. Current practice often relies on fragmented tools and manual coordination, lacking unified workflow support and structured management, which may affect efficiency and consistency. Objective: To develop a digital platform, ad^Standarder, for standardized and digital management throughout guideline and consensus development. Methods: A multidisciplinary team, involving evidence-based medicine experts, guideline developers, and information technology engineers in platform design and development, was formed by the ADVANCED Working Group to develop the tool. The system architecture was structured around the full development workflow of a guideline, covering registration, working group formation, conflict of interest management, evidence-to-recommendation processes, and consensus development. The platform was iteratively refined through needs assessment, expert consultation, and multiple rounds of user testing. An artificial intelligence (AI) module was integrated to provide support for methodological inquiries. Results: Released in August 2025, ad^Standarder supports full-process online management of guideline and consensus development. It integrates with other guideline development tools including the PREPARE registration platform, RIGHT reporting checklist, and STAR evaluation system. An embedded AI assistant provides methodological support within a user-friendly interface. ad^Standarder is free to use and available online through the ADVANCED website (https://www.advancedguides.ai). Discussion: ad^Standarder serves as a digital support tool

for guideline and consensus development. Further real-world evaluation is needed to test its applicability and potential for broader dissemination

## Parallel session 2: Interest Holders

14:00 – 14:15 **Wethington, H.**, Carr, A., Niebuhr, D.,Wittenberg, K., Jain, A. & Iyer, S.

*AHRQ's Evidence-based Practice Center Program Advances Evidence-based Healthcare Policy and Research through Partnership*

**Abstract**

Advancing evidence-based research (EBR) into practice or policy relies on strong partnerships among key stakeholders. The Agency for Healthcare Research and Quality's (AHRQ) Evidence-based Practice Center (EPC) Program has several examples of successful collaboration of stakeholders that advance EBR in healthcare. For nearly 20 years, the EPC Program has fostered the advancement of EBR through evidence syntheses in clinical practice and policy. This presentation will describe partnerships between the EPC Program and other federal agencies such as the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Department of Transportation (DOT), the National Institutes of Health (NIH), and the United States Department of Agriculture (USDA). Evidence syntheses have been conducted on various topics to address specific needs, ranging from informing opioid prescribing guidelines to best practices for prehospital EMS blood transfusion and fluid interventions by first responders. This presentation will highlight approaches for successful partnership, including conceptualization of the evidence synthesis product, coordinating input of subject matter experts, and collaboration in dissemination. The AHRQ EPC Program has demonstrated how strong partnerships can lead to integrating EBR into healthcare practice or policy.

14:15-14:30 **Babatunde I.**

*Interest Holder Perspectives on Implementing an Evidence-Based Equity-conscious Guidance Development Roadmap in a Professional Society*

**Abstract**

**Background.** Interest holders within guideline-producing organizations are important in determining how tools and processes are adopted and implemented. The American Academy of Pediatrics (AAP) which maintains approximately 90 authoring groups differing in process, timeline, and methods literacy, making organization-wide equity integration a substantial challenge.
**Objective.** To understand how methodologists, senior leaders, staff, and society members/volunteers assess the feasibility of implementing an evidence-based equity roadmap developed for guidance development within existing organizational structure.
**Methods.** Convergent parallel mixed-methods content validation was conducted between February and April 2026. A structured survey (n=10) assessing comprehensiveness, relevance, language clarity, and potential missingness, was administered. Semi-structured interviews (n=10, 30-45 minutes) were also conducted to further explore feedback from surveys on low ratings, missing content, revision suggestions, and implementation perspectives. Data was coded in duplicate and thematically analyzed.
**Results.** Six themes emerged which represented broad institutional buy-in, need for operationalization guidance, calls for embedding roadmap within existing policy procedure rather than creating an additional process, gaps in peer reviewer equity representation and dissemination considerations, need for clarity on mandatory versus

aspirational roadmap elements, and the value of the roadmap being applicable across various guidance types developed in the organization.
**Conclusions.** Interest holders were essential in identifying roadmap strengths, gaps, and implementation strategies including governance placement, role clarity, and resourcing necessary for roadmap uptake. Their perspectives will directly inform the AAP's next steps towards the uptake of the equity-conscious guidance development.

14:30-14:45 **Vanhala, A.** & Välimäki, M.
*Publisher Roles in Evidence-Based Research (EBR): How Nursing Journals Instruct Authors to Present Existing Evidence Before New Studies*

**Abstract**

Background: Before starting a new study, researchers should assess its worth and value. There remains a lack of knowledge on how scientific nursing journals guide authors in addressing the existing knowledge base of a topic.
Goal: To describe how scientific nursing journals instruct authors to present existing evidence from previous studies.
Methods: We systematically searched SCImago (July 17, 2026) to identify scientific journals in nursing (year 2025). Out of 184 nursing journals, we analysed the first 20 journals. The characteristics of the journals were extracted (country, establishment year, SCImago Journal Rank Indicator (JRI), H-index, and average citations/document over a 2-year period). Journal instructions for authors were categorized into three groups based on the level of detail provided.
Results: All 20 nursing journals were classified as Q1 journals. Their average JRI was 1.31 (SD 0.41), with an average H-index of 81.20 (SD 45.41). The average citation/document over 2 years was 4.63 (SD 1.33). Four (20%) provided clear instructions (e.g. "Two or three single-sentence bullet points summarising existing specific knowledge about the questions covered in the paper; this may include a statement of the knowledge gaps"), while ten (50%) offered more general instructions (e.g. "…a review of literature that describes how the issue has been approached in the past"). Six journals (30%) provided no instructions on how to present existing evidence from previous studies.
Conclusions: To ensure the effective implementation of EBR, journals should provide detailed instructions on how to guarantee that studies are worthwhile and add true value.

## Parallel session 3: Meta-Research

14:00 – 14:15 **Baladia, E.**, Lund, H., Robinson, K. &Farran-Codina, A.

*Citation-preserving optimization of the Prior Research Citation Index using trial-specific publication lag sensitivity analysis*

**Abstract**

Background: The Prior Research Citation Index (PRCI) quantifies how completely randomized controlled trials (RCTs) cite prior trials and serves as a proxy for evidence-based research. Current applications usually assume a fixed 1-year publication lag, although the true lag likely varies across trials.
Aim: To evaluate PRCI robustness across trial-specific lag assumptions and identify optimized estimates.

Methods: We selected one meta-analysis from each eligible systematic review with ≥4 RCTs and included all contributing trials. For each RCT, we calculated the conventional 1-year PRCI and recalculated it across lags from 0 to 10 years in 0.1-year increments. We identified the absolute maximum and a citation-preserving constrained maximum, defined as the highest PRCI retaining the greatest number of cited eligible prior RCTs. Medians, paired differences, strategy differences, and lag intervals were summarized using cluster bootstrap resampling.
Results: Fifty-six meta-analyses contributed 612 RCTs; 538 had a calculable reference PRCI. Median 1-year PRCI was 0.14 (95% CI 0.10–0.19). Constrained optimization increased PRCI in 239 RCTs (44.4%), raising the median to 0.25 (95% CI 0.19–0.30), with a median difference of 0.11 (95% CI 0.08–0.15). Constrained and unrestricted optimization were identical in 465 RCTs (86.4%). Maximum constrained PRCI was supported by publication lags from 0.10 to 4.05 years (median span 1.50 years).
Conclusions: A fixed 1-year lag may underestimate prior-evidence uptake. Citation-preserving optimization avoided artificial PRCI gains from excluding cited prior trials. The resulting lag ranges provide an empirical framework for benchmarking publication-lag assumptions against the publication-bias literature and improving PRCI interpretation over time.

14:15-14:30 **Goodarzi, H.**, Pachanov, A., Kuglet, C.M., Briel, M., Puljak, L., Bala, M.M., Clarke, M., Mayou-Wilson, E., Munn, Z., Leite Pacheco, R., Norgaard, B., Klugar, M. &Lund, H.

*Embedding a systematic review or meta-analysis in a report of a randomized controlled trial: A meta-research study*

Abstract

Background
Systematic reviews (SRs) summarize existing evidence and help interpret new findings. Authors sometimes publish papers reporting both a randomized controlled trial (RCT) and a new or updated SR or meta-analysis (MA) including that trial. Little is known about the methodological and reporting characteristics of SRs/MAs published in the same paper as an RCT.
Methods We conducted a meta-research study of papers published in English between 2016 and 2025 and indexed in PubMed or Embase. The protocol is registered in the Open Science Framework (https://osf.io/akfvu/overview). Two reviewers independently screened titles and abstracts in Rayyan. Potentially eligible papers were randomized, and 10 eligible papers per publication year were included. Data extracted by one reviewer and are currently being verified by a second (expected to be completed before the conference). Variables include SR reporting, registration, methodological characteristics, and reporting practices. Descriptive analyses summarize study characteristics and reporting patterns.
Results
Of 1,976 records, 886 were potentially eligible after title/abstract screening, and 100 were included after randomization and full-text screening. Among included papers, 61% reported an MA, 37% an SR with MA, and 2% an SR. Overall, 73% of SRs/MAs were newly conducted and 26% updated; 42% mentioned the SR/MA in the title, 24% reported a search strategy, 38% eligibility criteria, and 28% included a PRISMA flow diagram.
Discussion
Preliminary findings indicate variable and incomplete reporting of key components of SR/MA methods in these publications, suggesting the need for transparent reporting.

14:30-14:45 **Tučková, D.**, Hájek, M., Kopečná, J. & Klugar, M.

*Overlapping evidence syntheses on HBOT for complex regional pain syndrome: an Evidence-Based Research case study of potentially avoidable duplication*

Abstract

Background: Evidence syntheses without registered protocols and transparent methods risk avoidable duplication when their added value is unclear. In developing a NIKEZ rapid recommendation on hyperbaric oxygen therapy (HBOT) for complex regional pain syndrome (CRPS), Cha et al. (2025) informed the recommendation.
Aim: To retrospectively assess overlap, transparency, and added value when another synthesis was identified after recommendation completion.
Methods: The NIKEZ rapid recommendation followed a registered protocol. The Cha et al. review was appraised using JBI criteria; certainty was assessed using GRADE, and evidence was considered within an Evidence-to-Decision framework. A WorkSafeBC report labelled a rapid systematic review was compared with the Cha et al. review regarding searches, overlap, protocol reporting, methods, and conclusions.
Results: Cha et al. searched PubMed Clinical Queries included 13 reports involving 280 participants and reported neither a protocol nor risk-of-bias assessment. It informed a conditional recommendation based on very-low-certainty evidence. WorkSafeBC searched four databases, but all five included reports were covered by Cha et al.; no new comparative evidence was identified. It reported no protocol, explicit rapid-review framework, reviewer procedures, or validated risk-of-bias method. The synthesis therefore reproduced existing evidence without reporting key methodological safeguards or demonstrable added value. To address gaps identified in the secondary evidence, a protocol for a two-cohort primary study was registered on ClinicalTrials.gov (NCT07446712) to strengthen evidence on HBOT for CRPS.
Conclusion: Evidence syntheses lacking registered protocols, transparent methods, and demonstrable added value risk avoidable duplication. Prospective registration and coordination may reduce duplication and direct resources towards primary research.

14:45-15:00 **Moser, E..**

*Advancing EBR through Meta-Research: A synthesis research design proposal to solve the methodological gap in the research question formulation process*

Abstract

The Evidence-Based Research (EBR) approach requires systematically utilising prior research to justify and design new studies. However, a significant circular loop undermines this process: conducting a systematic review requires a pre-formulated question, which is typically derived from a scoping review, which itself requires its own pre-formulated question. This circularity serves as clear evidence of a critical methodological gap: the lack of a defined, structured, and standardised process for research scoping and question formulation, including health sciences synthesis guidelines. To address this lack of standardisation, and since existing guidelines focus on presenting conceived questions rather than the cognitive process of scoping, my project's rationale is that a meta-research framework is required to structure how researchers convert literature gaps into high-value, reproducible, and evidence-based research questions. I previously developed a preliminary question-formulation meta-framework during my Master's research, utilising a traditional approach – an integrative review of multidisciplinary literature – but the results obtained sound superficial and insufficient to cause the necessary impact and change within the process. I propose utilising Synthesis Research as the optimal methodological design for

this project. This choice is justified because integrating diverse interdisciplinary methods, concepts and terminologies demands the collective expertise of a multidisciplinary team. By treating question formulation as an open-science meta-research problem, this collaborative design aims to co-develop a validated, standardised meta-framework that enhances the rigour of the global research ecosystem.

## Parallel session 4: Meta-Research

14:00 – 14:15 **Jia, Y.**, Robinson, K. & Tam, W.

*Consistency between Meta-Analyses in Systematic Reviews with an Identical Set of Randomized Clinical Trials: A Cross-Sectional Study*

**Abstract**

Introduction
Systematic reviews (SRs) that include identical sets of randomized clinical trials (RCTs) should yield consistent meta-analysis (MA) results. We assessed the consistency of results across such SRs and investigated the magnitude and potential causes of discrepancies.
Methods
We screened umbrella reviews published from January 2021 to July 2026 to identify clusters of SRs that included identical sets of RCTs. Within each cluster, we reviewed SRs published since 2016 and identified pairs of MAs evaluating the same outcome. Pairs were classified as consistent when both trial-level data and summary estimates agreed; all others were classified as inconsistent. For inconsistent pairs, we assessed differences in effect estimates (>10% and >50%) and statistical significance.
Results
This study is ongoing. Of 791 included umbrella reviews, eligible SR clusters are currently being assessed. Among 48 MA pairs identified from 108 umbrella reviews to date, 11 (23%) were consistent, and 37 (77%) were inconsistent. Differences in effect estimates exceeded 10% in 17 pairs and 50% in 10; statistical significance differed in 7 pairs. Potential causes included differences in outcome availability, data extraction, data conversion, model selection, and other analytic decisions.
Conclusion
SRs based on identical sets of RCTs frequently yielded discrepant MA results. More rigorous and transparent outcome selection, data processing, and analytic methods are needed to improve reproducibility.

14:15-14:30 **Jia, Y.**, Li, Y., Lund, H., Ban., J-W., Robisnon, K., Dong, Y.

*Impact of Searching and Screening Errors on Meta-Analyses within Systematic Reviews of Pharmacological Randomized Clinical Trials*

**Abstract**

Objectives
To assess the prevalence of meta-analyses (MAs) within systematic reviews (SRs) that missed eligible RCTs and the impact of missing RCTs on MA pooled effect estimates.
Design
Meta-Research.
Setting

102 clusters from 76 umbrella reviews assessing pharmacological interventions. Each cluster comprised 3-5 MAs addressing the same PICO. Only one MA was selected from each SR.
Participants
434 MAs from 434 SRs, including 1,012 RCTs.
Main outcome measures
For each MA, missing RCTs were defined as those that were not included in this MA but met its eligibility criteria and were identified from other MAs within the same cluster. Eligible RCTs were not considered missing from an MA if cited, mentioned, or listed as an excluded study in its parent SR.
Each MA was updated by incorporating the missing RCTs. The proportion of MAs in which the statistical significance of the pooled effect estimates was reversed (i.e., changed from significant to non-significant, or vice versa) by missing RCTs was calculated.
Results
227 (52.3%) of 434 MAs missed at least one eligible RCT. Among the 227 MAs with missing RCTs, 62 (27.3%) showed a >20% change in effect size due to missing RCTs, and 34 (15.0%) showed a >50% change. In 46 (20.3%) MAs, the missing RCTs led to a reversal of statistical significance.
Conclusions
More than half of the MAs missed at least one eligible RCT, and in more than 20%, the missing RCTs reversed the statistical significance of pooled effect estimates. The searching and screening procedures should be improved.

14:30-14:45 **Scarbrough, H.**

*Reporting Research for Practice: A Forward Search of Meta-Analytic Evidence*

**Abstract**

Meta-analysis is a powerful tool for summarizing research that policymakers and practitioners can use to make decisions in education contexts. A high-quality meta-analysis includes detailed reporting at each stage to increase transparency and reproducibility and mitigate researcher bias, resulting in reports that can be difficult for a non-technical audience to interpret accurately or appropriately. This study explored the documents that cite meta-analytic research in practice contexts, the evidence they report, and how strategies employed by the meta-analysis to communicate evidence are associated with documents that use the evidence. Twenty meta-analyses in K-12 education were forward searched to identify 186 unique non-research, practitioner-facing documents that contained 197 references to the meta-analyses in the sample. Documents were coded for their goals, and the content reported related to effects and contextual information. The findings suggest that the main strategies to increase use (including an interest-holder, transforming effect sizes, visualizations, and dedicated implications) are not being used appropriately or are not as useful to interest-holders as researchers thought. Additionally, there is still some disconnect in the most relevant information a meta-analysis can offer interest-holders. Documents rarely report the variations in an intervention's effects that tell us for whom and under what conditions it works best. This study concludes with a discussion of the results within the context of bridging the gap between researchers and practice. Recommendations for researchers, limitations, and future directions are also discussed.

## Parallel session 5: Advancing EBR/Globa EBR/Meta-Research

14:00 – 14:15 **Gaelen A.,** Kuhn, E., Davies, M., Holmer, H., Ja Mai, H., Copola, E., Wethington, H., Ivlev, I., Balk, E. & Trikalinos, T.

*Artificial Intelligence and Machine Learning Tools to (Semi-)Automate Evidence Synthesis: A Rapid Review and Evidence*

**Abstract**

Introduction/Methods. Tools that leverage artificial intelligence are becoming increasingly important for conducting evidence synthesis (ES) as the volume and complexity of primary literature expands. In response to this challenge, we maintain a living rapid review to understand existing research and identify available tools. This iteration reflects searches of PubMed, Embase, and the ACM Digital Library from January 1, 2021, to April 4, 2026. The protocol and all previous iterations are available on the AHRQ website (https://effectivehealthcare.ahrq.gov/products/machine-learning-tools/white-paper).
Results. To date we have included 168 studies across various systematic review tasks. Tools for identifying randomized controlled trials (RCTs) performed well (median recall 98%, precision 92%). Fully automated abstract screening using a single large language model (LLM) showed promising but variable results (median recall 87%, specificity 91.5%). Active-learning tools with prospective stopping criteria showed mixed performance. Search tools had low recall (median 25%) and precision (median 2%). Data-extraction tools were better at extracting descriptive data (median accuracy 88%) than results (median accuracy 54%). Risk-of-bias assessment tools showed inconsistent agreement with human assessments within and across rubrics.
Discussion. Certain tools, particularly those for automatically identifying RCTs and prioritizing relevant abstracts in screening, show recall and precision sufficient for routine use with human oversight. Tools for searching, data extraction, and risk-of-bias assessment show highly variable performance and are not yet reliable enough for use without close human verification. Key limitations of the evidence base are the absence of standardized evaluation frameworks, the use of imperfect reference standards, and inconsistent reporting.

14:15-14:30 **Abbasi, P.** & Abbasi, T.

*Context Matters: Barriers and Opportunities for Equitable Evidence Generation in Low- and Middle-Income Countries*

**Abstract**

Background: Evidence generation remains concentrated in high-income settings, limiting the applicability of findings for low- and middle-income countries (LMICs). LMICs face persistent barriers to locally relevant research, including limited funding, inadequate infrastructure, and weak alignment between global research agendas and local health priorities.
Objective: To examine major barriers to evidence generation and implementation in LMICs and identify strategies to strengthen research capacity in resource-constrained settings.
Methods: We conducted a narrative review of peer-reviewed and grey literature published from 2015 to 2024 using PubMed, Global Health, and Web of Science. Search terms included evidence-based medicine, research capacity building, LMICs, and implementation science.

Findings were synthesized thematically using WHO health systems and implementation science frameworks.
Results: Five interconnected barriers emerged: inequitable research investment, underrepresentation of LMIC populations in trials, health system heterogeneity affecting transferability, limited research capacity, and weak evidence-to-practice translation. Promising strategies included community-engaged participatory research, South-South collaboration, pragmatic trial design, capacity-building initiatives, and priority-setting partnerships.
Conclusion: Strengthening locally generated knowledge is essential for advancing health equity in LMICs. Institutional investment, implementation science integration, equitable partnerships, and policy reform are needed to support LMIC-led research agendas and ensure evidence is context-specific and actionable.

14:30-14:45 **Hirt, J.,** Mersdorf, B., Pellegrino, M. & Meyer, G.

*Harvest plots in evidence syntheses: a meta-research study on their use and characteristics*

**Abstract**

Background and objective: Harvest plots are a graphical method for the presentation of complex and heterogeneous evidence; and may contribute to an evidence-based research. We aimed at providing a systematic overview of the use and methodological characteristics of harvest plots.
Methods: We used a meta-research approach that we registered (10.17605/OSF.IO/75V6X). We included evidence syntheses on a health-related research question that used and reported a harvest plot for data analysis and synthesis. We searched PubMed and Embase and performed a forward citation search of the original 2008 harvest plot publication. The selection and extraction of data was mainly carried out by one reviewer and double-checked by a second reviewer.
Results: We included 201 harvest plots to our analysis. Study characteristics show that narrative harvest plot descriptions were mainly provided as part of the figure (n=191; 95%). The design of the studies that used a harvest plot was mainly a systematic review (n=186; 93%) including interventional (n=122; 61%) and observational (n=103; 51%) studies. The included harvest plots mainly provide information about intervention or exposure in the row (n=80; 40%), effect direction in the column (n=170; 85%). Bar color indicates mainly study quality (n=27; 13%) or outcome measurement (n=25; 12%). General top or bottom information mainly indicated a study reference (n=114; 57%).
Conclusions: Our results revealed large heterogeneity and a lack of standardization of the design, illustration, and characteristics when providing a harvest plot. Methods and reporting guidance may contribute to a higher degree of standardization and facilitate interpretation of harvest plots.

## Parallel session 6: Solution and Success Stories

14:00 – 14:15 **Mahsa Sheikholeslamian, S.**

*Lost in Translation: The Overinterpretation of In Vitro Studies in Evidence-Based Dentistry*

**Abstract**

Knowledge translation is a fundamental component of evidence-based dentistry, ensuring that research findings are appropriately transferred into clinical practice. It helps to systematically validate the clinical integration of rapidly developing techniques and advanced

biomaterials, ultimately ensuring safer, evidence-based, and personalized patient care. However, one of the major challenges in this process is that some dental interventions reach patients before progressing through the complete evidence hierarchy. In many cases, laboratory results, supported only by a few case reports or observational findings, are interpreted as evidence of clinical effectiveness without considering the safety outcome. Premature adoption of these findings to practice may produce harm for patients.
Given the inherent limitations of in vitro studies, equating laboratory outcomes with clinical outcomes is often an "apples-to-oranges" comparison. Laboratory studies are conducted under controlled condition and cannot fully reproduce the complexity of the oral environment, including patient-related, biological, and operator-dependent factors. Despite these limitations, laboratory findings are frequently promoted through publications, commercial marketing, and professional discussions, facilitating their rapid translation into clinical practice.Therefore, implementing structured evidence-based approaches in dentistry to assess the certainty of evidence, such as the GRADE framework and well adapted risk of bias assessment tool, is essential to understand what our certainty is in the findings from these studies as they inform clinical decision-making.
In this presentation, we will discuss the barriers that contribute to this phenomenon, identify the stakeholders involved in premature translation of laboratory evidence, and explore strategies to strengthen the pathway from laboratory research to evidence-based patients care.

14:15-14:30 **Horváthová, K.,** Kantor, J., Olšan, M. & Klugar, M.

*Mapping the evidence on the effectiveness of music-based interventions for depressive disorder: An umbrella review*

**Abstract**

Background: A growing number of systematic reviews have examined music therapy and other music-based interventions for depressive disorder. However, differences in populations, interventions, outcomes, and methodological approaches may limit interpretation of this evidence and identification of priorities for future research.
Objective: This umbrella review aims to synthesize and critically appraise systematic review evidence on the effectiveness of music-based interventions for adults with depressive disorder and to identify patterns and gaps relevant to future research.
Methods: The review follows JBI methodology for umbrella reviews. Quantitative systematic reviews evaluating music-based interventions in adults with depressive disorder are included. Methodological quality is assessed using the JBI critical appraisal tool. Evidence is synthesized according to outcomes, comparators, and intervention characteristics. Differences are explored according to age, type of music-based intervention, active versus receptive approaches, outcome measurement, and follow-up period. Overlap of primary studies across reviews is also examined.
Results: Eight systematic reviews met the eligibility criteria and were included in the umbrella review. Data synthesis is currently underway, with findings being synthesized across depressive symptoms and other outcomes relevant to the treatment of depression.
Conclusion: By critically synthesizing the existing evidence base, this umbrella review will clarify the current evidence on music-based interventions for depressive disorder and identify evidence gaps relevant to the priorities and design of future research.

14:30-14:45 **Babatunde, I.**

*Umbrella Review as an Efficient Alternative to De Novo Systematic Review in Clinical Guidance Development*

**Abstract**

Background. The development of clinical guidance needs evidence synthesis. However, guidance development groups have variable resources to commission new reviews for every question informing guidance document being developed. When substantial synthesis already exists, umbrella review offers a formal, resource-efficient mechanism to reuse it rather than duplicate evidence synthesis. Few published examples demonstrate this approach beyond clinical practice guidelines (CPGs).
Objective. To report an umbrella review answering an equity question in the update of the American Academy of Pediatrics (AAP) clinical report on pediatric pain assessment and management in the emergency medical system (EMS), and to assess its sufficiency as a substitute for de novo synthesis.
Methods. An equity-conscious umbrella review was conducted for the AAP authoring group. Searches of PubMed, Embase, and Cochrane through March 2025 identified systematic and scoping reviews on racial, ethnic, and cultural considerations in pediatric pain assessment and management in emergency settings. Reviews were appraised using AMSTAR 2, with findings analyzed thematically and delivered as an evidence report to the authoring group.
Results. Ten systematic reviews met inclusion criteria. The summary was completed within 9 months and adopted by lead authors drafting the clinical report. Unanswered questions were documented and returned as prioritized research recommendations.
Conclusions. Where published reviews are vast, umbrella review answered a guidance question while ensuring that evidence gaps are noted to inform future research priorities. Reuse of systematic reviews is a practical alternative guideline producers can adopt.

14:45-15:00 **Babatunde, I.**, Khawandi, J., Choaib, A., Mustafa, R. & Morgan, R.

*Development of an Equity Roadmap for Pediatric Guidance Development Using Evidence Synthesis and Validation Methodology*

**Abstract**

Background. Tools intended to change how organizations produce guidance are commonly built from expert consensus, and details on the evidence informing them are sometimes lacking. The core principles of evidence-based research, systematic and transparent use of prior research to inform new work, are not always applied to the development of these instruments.
Objective. To describe a transparent, multi-step process for developing an organizational guidance-development tool.
Methods. The roadmap was developed in three steps. First, a scoping review identified existing equity frameworks developed for guideline-producing organizations, which were mapped to the 18 domains of the GIN-McMaster Guideline Development checklist. Second, user testing was conducted through think-aloud usability interviews (n=5, September–October 2025). Third, the revised roadmap underwent mixed-methods validation using surveys and semi-structured interviews (n=10, February–April 2026).
Results. User testing generated 16 themes across five categories, prompting restructuring of the roadmap domains, terminology revision, and addition of an equity glossary. Validation participants rated domains highly for comprehensiveness, relevance, and language clarity, and interviews identified implementation considerations for the organization.

Conclusions. Prior research can be used systematically and transparently to construct organizational tools. Documenting the process from synthesis to tool finalization offers a replicable model for other organizations to adopt.

CONFERENCE PROGRAMME DAY 2: Wednesday, 14TH October, 1pm – 3 pm CET

## Topic of the day: EBR implementation strategies and responsive methods of research communication

| *Time* | Topic<br>Speaker | Chair |
|---|---|---|
| *12.00 – 13.00* | **General Assembly for EBR Network Members** | **Prof. Karen Robinson**<br>Johns Hopkins University, U.S. (Chair EBR Network) |
| *13.00 – 13.40* | **Keynote – EBR implementation strategies within and across scientific disciplines, and responsive methods of research communication**<br>**Prof. Linda Li**<br>University of British Columbia, Canada | **Prof. Maritta Välimäki**<br>Hong Kong Metropolitan University, HK (SAR) & University of Turku, Finland |
| *14.00 – 15.00* | **EBR Workshop: Challenges when using the EBR approach** | **Dr. Klara Brunnhuber**<br>Elsevier, UK<br>**Prof. Karen Robinson**<br>Johns Hopkins University, U.S. (Chair EBR Network) |
| *15.00* | **The end of the 2nd day and evaluation** | |

CONFERENCE PROGRAMME DAY 3: Thursday, 15TH October, 1 pm - 3 pm

## Topic of the day: A shared evidence vocabulary across the research ecosystem (interactive panel with breakout-room discussions)

| Time | Topic<br>Panelist | Chair |
|---|---|---|
| *12.45 – 13.00* | Time to check your online connection | |
| *13.00 – 14.00* | **Interactive panel discussion – Understanding how different scientific disciplines and interest holders define and apply terminology, understanding, and concepts related to evidence**<br><br>**Prof. Zachary Munn** Adelaide University, Australia<br><br>**Dr. Raluca Sfectu** University Spiru Haret, Romania<br><br>**Mr Joseph Tohmoh**<br>Ministry of Education, Cameroon<br><br>**Prof. Karel Hron**<br>Palacky University Olomouc, Czech Republic | **Dr. Miloslav Klugar**<br>NIKEZ, Czech Republic<br><br>**Prof. Karen Robinson**<br>Johns Hopkins University, U.S.<br><br>**Dr. Klara Brunnhuber**<br>Elsevier, UK |
| *14.00-14.30* | **BREAKOUT ROOMS MODERATED DISCUSSION (participants are invited to join a breakout room according to their preference and contribute to the discussion)** | |

| Topic | Moderator |
|---|---|
| **Breakout room 1: Education** | **Prof. Terri Pigott**, Georgia State University, U.S.<br>**Dr. Jakub Vávra**, Palacky University Olomouc, Czech Republic |
| **Breakout room 2: Journal editors and other key interest holders** | **Dr. Klara Brunnhuber**, Elsevier, UK<br>**Dr. Myra Ndum Che**, Effective Basic Services (eBASE), Cameroon |
| **Breakout room 3: Healthcare** | **Dr. Nasreen Jessani**, Stellenbosch University, South Africa<br>**Dr. Jitka Klugarová**, Palacky University Olomouc, Czech Republic |

| Time | Topic |
|---|---|
| *14.30-14.50* | **Highlights of the breakout room discussion – presented by moderators** |
| *14.50-15.00* | **Comments from presenters on the breakout rooms summary** |
| *15.00* | **The end of the 3rd day and evaluation** |

CONFERENCE PROGRAMME DAY 4: Friday, 16TH October, 1 pm – 3 pm CET

## Topic of the day: Challenges of research usage and EBR advocacy

| *Time* | Topic<br>Speaker | Chair |
|---|---|---|
| *12.15 – 12.30* | Time to check your online connection | |
| *12.30 – 13.00* | **Keynote – Protecting EBR from political threats, misinformation, disinformation, and mistrust in research usage**<br>**Dr. Jennifer Byrne**<br>The University of Sydney, Australia | **Dr. Fiona Campbell**<br>University of Birmingham, UK<br>**Dr. Jiří Kantor**<br>Palacky University Olomouc, Czech Republic |
| *13.05 – 13.40* | **Dr. Deborah Cohen**<br>London School of Economics and Political Science, UK | |
| *13.40 – 13.45* | Time to join the oral presentations | |

### Paralel Sessions

5 paralel sessions, 4 time slots and18 listed presentations

| *13.45 –14.45* | ORAL PRESENTATIONS #7 - #11 for DAY 4 (10 minutes and 5 minutes Q&A) | | |
|---|---|---|---|
| | **Session #7:**<br>**SR Efficiency**<br><br>*Chair: Terri Pigott*<br>*Co-chair: Julija Pavlovská* | **Session #8:**<br>**Across disciples**<br><br>*Chair: Fiona Campbell*<br>*Co-chair: Alžběta Smrčková* | **Session #9:**<br>**Advancing EBR**<br><br>*Chair: Maritta Välimäki*<br>*Co-chair: Annu Vanhala* |
| *13.45 -14.00* | **LLM4QS: A Human-in-the-Loop Multi-LLM Platform for High-Quality Qualitative Systematic Reviews**<br><br>*Lijun Nie* | **What Counts as Evidence? Building a shared evidence vocabulary across Brazil's climate policy ecosystem**<br><br>*Miguel Loureiro* | **From Evidence Synthesis to Reusable Data in Voice Training Research**<br><br>*Jiří Kantor* |
| *14.00 –14.15* | **Redundant evidence, redundant work: mapping duplication across systematic reviews during telemedicine guideline development**<br><br>*Julija Pavlovská* | **How scholars in education and special education conceptualise evidence?**<br><br>*Alžběta Smrčková* | **Evidence-based research begins before the search: Verifying questions before commissioning**<br><br>*Augustus Osborne and Regina Mamidy Yillah* |

| | | | |
|---|---|---|---|
| *14.15 –14.30* | Can AI Generate Screening Instructions? Evaluation of Automated Decision Logic for Study Selection<br><br>*Ewelina Sadowska* | Number of authors and countries of affiliation of problematic randomized controlled trials<br><br>*Rafael Pacheco* | Defining Epistemic Templates to support interdisciplinary claim-evidence chains<br><br>*Anita de Waard* |
| *14.30 –14.45* | Development and Validation of a Large Language Model-Based Agent for Literature Screening in Systematic Reviews of Randomized Clinical Trials<br><br>*Yuanxi Jia* | Translating In Vitro Evidence to Clinical Dental Practice<br><br>*Seyyedeh Mahsa Sheikholeslamian* | Clinical Trials Framing Prior Evidence as Conflicting or Incomplete: Prevalence and Later Citation in Clinical Guidelines<br><br>*Wenjing Zhao* |
| | **Session #10: Challenges to EBR**<br><br>*Chair: Jitka Klugarová*<br>*Co-chair: Xianmei Lei* | **Session #11:**<br>**EBR Implementation**<br><br>*Chair: Dagmar Tučková*<br>*Co-chair: Sára Jaštíková* | |
| *13.45– 14.00* | The usage of digital and AI tools in STEM education: A methodological study mapping research waste<br><br>*Kamila Lewandowska* | Operationalising Evidence-Based Research in national guideline development: the NIKEZ approach to reducing research waste<br><br>*Miloslav Klugar* | |
| *14.00-14.15* | The STrategies for developing REseArch Methods guidance (STREAM) project<br><br>*Malena Chiaborelli* | Evidence-Based Research-informed rapid evidence summary for a national health portal<br><br>*Eva Nevrtalová* | |
| *14.15-14.30* | A comprehensive tool to support guideline use in multimorbidity management: the international MyFRIEND framework<br><br>*Zijun Wang* | Teaching Evidence-Based Research Beyond Health Sciences: Synthesising End-User Perspectives to Refine EBR Methodologies Improvements<br><br>*Edson Moser* | |
| *14.30-14.45* | Communicating Evidence-Based Research (EBR) approach to a multidisciplinary panel during development of rapid recommendations: GeriPro project<br><br>*Pavla Drapacova* | | |

| *Time* | Topic | Speaker |
|---|---|---|
| *14.45 – 15.00* | Closing the Conference and invitation to 7th EBR Conference | **Dr. Jiří Kantor**<br>Palacky University Olomouc, Czech Republic |

**Prof. Vasa Curcin**
King's College London, UK
Chair of 7th EBR Conference Scientific Committee

*15.00* **The end of the 4th day; evaluation of the day and the whole conference**

## Day 4 Parallel Sessions

### Parallel session 7: SR Efficiency

1. Lijun Nie: LLM4QS: A Human-in-the-Loop Multi-LLM Platform for High-Quality Qualitative Systematic Reviews
2. Julija Pavlovská: Redundant evidence, redundant work: mapping duplication across systematic reviews during telemedicine guideline development
3. Ewelina Sadowska: Can AI Generate Screening Instructions? Evaluation of Automated Decision Logic for Study Selection
4. Yuanxi Jia: Development and Validation of a Large Language Model-Based Agent for Literature Screening in Systematic Reviews of Randomized Clinical Trials

### Parallel session 8: Across disciplines

5. Miguel Loureiro: What Counts as Evidence? Building a shared evidence vocabulary across Brazil's climate policy ecosystem
6. Alžběta Smrčková: How scholars in education and special education conceptualise evidence?
7. Rafael Leite Pacheco: Number of authors and countries of affiliation of problematic randomized controlled trials
8. Seyydeh Mahsa Sheikholeslamian: Translating In Vitro Evidence to Clinical Dental Practice

### Parallel session 9: Advancing EBR

9. Jiří Kantor: From Evidence Synthesis to Reusable Data in Voice Training Research
10. Augustus Osborne and Ms Regina Mamidy Yillah: Evidence-based research begins before the search: Verifying questions before commissioning
11. Anita DeWaard: Defining Epistemic Templates to support interdisciplinary claim-evidence chains
12. Wenjing Zhao: Clinical Trials Framing Prior Evidence as Conflicting or Incomplete: Prevalence and Later Citation in Clinical Guidelines

### Parallel session 10: Challenges to EBR

13. Kamila Lewandowska: The usage of digital and AI tools in STEM education: A methodological study mapping research waste
14. Malena Chiaborelli: The STrategies for developing REseArch Methods guidance (STREAM) project
15. Zijun Wang: A comprehensive tool to support guideline use in multimorbidity management: the international MyFRIEND framework
16. Pavla Drapáčová: Communicating Evidence-Based Research (EBR) approach to a multidisciplinary panel during development of rapid recommendations: GeriPro project

**Parallel session 11: EBR implementation**

17. Miloslav Klugar: Operationalising Evidence-Based Research in national guideline development: the NIKEZ approach to reducing research waste
18. Eva Nevrtalová: Evidence-Based Research-informed rapid evidence summary for a national health portal
19. Edson Moser: Teaching Evidence-Based Research Beyond Health Sciences: Synthesising End-User Perspectives to Refine EBR Methodologies Improvements

## Day 4 Parallel Session Overview by Time

### 13:45-14:00

| | |
|---|---|
| Parallel session 7<br>SR Efficiency | Lijun Nie<br>LLM4QS: A Human-in-the-Loop Multi-LLM Platform for High-Quality Qualitative Systematic Reviews |
| Parallel session 8<br>Across disciplines | Miguel Loureiro<br>What Counts as Evidence? Building a shared evidence vocabulary across Brazil’s climate policy ecosystem |
| Parallel session 9<br>Advancing EBR | Jiří Kantor<br>From Evidence Synthesis to Reusable Data in Voice Training Research |
| Parallel session 10<br>Challenges to EBR | Kamila Lewandowska<br>The usage of digital and AI tools in STEM education: A methodological study mapping research waste |
| Parallel session 11<br>EBR implementation | Miloslav Klugar<br>Operationalising Evidence-Based Research in national guideline development: the NIKEZ approach to reducing research waste |

### 14:00-14:15

| | |
|---|---|
| Parallel session 7<br>SR Efficiency | Julija Pavlovská<br>Redundant evidence, redundant work: mapping duplication across systematic reviews during telemedicine guideline development |
| Parallel session 8 | Alžběta Smrčková |

| | |
|---|---|
| Across disciplines | How scholars in education and special education conceptualise evidence? |
| Parallel session 9<br>Advancing EBR | Augustus Osborne<br>Evidence-based research begins before the search: Verifying questions before commissioning |
| Parallel session 10<br>Challenges to EBR | Malena Chiaborelli<br>The STrategies for developing REseArch Methods guidance (STREAM) project |
| Parallel session 11<br>EBR implementation | Eva Nevrtalová<br>Evidence-Based Research-informed rapid evidence summary for a national health portal |

### 14:15 – 14:30

| | |
|---|---|
| Parallel session 7<br>SR Efficiency | Ewelina Sadowska<br>Can AI Generate Screening Instructions? Evaluation of Automated Decision Logic for Study Selection |
| Parallel session 8<br>Across disciplines | Rafael Leite Pacecho<br>Number of authors and countries of affiliation of problematic randomized controlled trials |
| Parallel session 9<br>Advancing EBR | Anita de Waard<br>Defining Epistemic Templates to support interdisciplinary claim-evidence chains |
| Parallel session 10<br>Challenges to EBR | Zijun Wang<br>A comprehensive tool to support guideline use in multimorbidity management: the international MyFRIEND framework |
| Parallel session 11<br>EBR implementation | Edson Moser<br>Teaching Evidence-Based Research Beyond Health Sciences: Synthesising End-User Perspectives to Refine EBR Methodologies Improvements |

### 14:30-14:45

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| Parallel session 7<br>SR Efficiency | Yuanxi Jia<br>Development and Validation of a Large Language Model-Based Agent for Literature Screening in Systematic Reviews of Randomized Clinical Trials |
| Parallel session 8<br>Across disciplines | Seyydeh Mahsa Sheikholeslamian<br>Translating In Vitro Evidence to Clinical Dental Practice |
| Parallel session 9<br>Advancing EBR | Wenjing Zhao<br>Clinical Trials Framing Prior Evidence as Conflicting or Incomplete: Prevalence and Later Citation in Clinical Guidelines |
| Parallel session 10<br>Challenges to EBR | Pavla Drapáčová<br>Communicating Evidence-Based Research (EBR) approach to a multidisciplinary panel during development of rapid recommendations: GeriPro project |
| Parallel session 11<br>EBR implementation | --- |

## Day 4: List of abstracts

### Parallel session 7: SR Efficiency

13:45 – 14:00 Zhou, W., Wei, Z., Wen, Y., White,H., Yang, K., Guo, L., Zhang, Y. & **Nie, L.**

*LLM4QS: A Human-in-the-Loop Multi-LLM Platform for High-Quality Qualitative Systematic Reviews*

**Abstract**

Background: Screening and extracting findings from qualitative studies are labour-intensive. Large language models (LLMs) may improve processing efficiency, but single-model workflows can produce unstable outputs and introduce automation bias. To support efficient, high-quality qualitative systematic reviews and researchers' professional judgement, we developed LLM4QS, an auditable, human-in-the-loop multi-LLM platform for study screening, structured evidence extraction, and evidence synthesis and presentation.
Methods and Results: LLM4QS integrates ChatGPT, DeepSeek, and Doubao into a workflow spanning screening, extraction, and synthesis. (1) The study screening module enables researchers to upload bibliographic records, abstracts, or full texts, define eligibility criteria, and select or customise SPIDER-informed extraction elements. Researchers can compare model-generated eligibility recommendations side by side and conduct targeted human review when recommendations differ. (2) The evidence extraction module identifies literature texts relevant to the review question and converts it into editable structured fields for verification, revision, and integration. (3) The evidence synthesis and visualisation module uses customised prompts to generate knowledge graphs from the extracted evidence, supporting cross-study organisation, linkage, visualisation, and interpretive synthesis. Neo4j-based evidence-graph management is currently under development. Throughout the workflow, prompts, model responses, user feedback, and final decisions are recorded as a traceable audit trail.
Conclusions: LLM4QS offers a scalable human-in-the-loop approach to improving the efficiency and transparency of qualitative evidence synthesis. Future work will conduct larger-scale, cross-domain testing and evaluation informed by the RAISE principles to support the platform's continued refinement.

Keywords： Qualitative evidence synthesis; Systematic review; Large language models; Human-in-the-loop; Study screening.

14:00-14:15 **Pavlovská, J.,** Tučková, D., Drapáčová, P., Nevrtalová, E., Kopečný, P. & Klugar, M**.**

*Redundant evidence, redundant work: mapping duplication across systematic reviews during telemedicine guideline development*

**Abstract**

Background: Redundant evidence synthesis is a form of research waste: commissioning reviews without checking existing evidence leads teams to re-analyse the same primary studies rather than build on prior work. We explored how common this is while developing a Czech guideline on telemedicine-based remote monitoring for advanced heart failure (HFrEF).
Methods: We searched for systematic reviews on telemonitoring's effect on rehospitalization, mortality, and quality of life, appraised using the JBI checklist, and mapped overlap in primary studies, outcome definitions, and protocol registration for multi-question reviews.
Results: The search identified 288 systematic reviews across the three questions; 16 met relevance and quality criteria (13 low, 2 moderate, 1 high risk of bias), published 2006-2024. Nearly half (7/16) were published within a single three-year window (2022-2024), indicating that several teams independently re-synthesized the same primary studies rather than

updating prior reviews. Only 6 of the 16 (37.5%) had a prospectively registered protocol. Six reviews addressed all three outcomes, 14 addressed at least two, yet used inconsistent follow-up windows (6 months to 4 years) and non-uniform hospitalization definitions (all-cause vs. heart-failure-related), limiting cross-review comparability.
Conclusion: The volume and recent clustering of overlapping telemedicine reviews, coupled with low protocol-registration rates, illustrates how avoidable this duplication can be. We argue that structured overlap-mapping across existing reviews and their protocols should become standard before commissioning any new review, to reduce research waste and better align guideline development with evidence-based research principles. We stress the importance of pre-registered protocols for any type of review and guideline work.

14:15-14:30 **Sadowska, E.,** Opalek, M., Borowiack, E. & Nowak. A**.**

*Can AI Generate Screening Instructions? Evaluation of Automated Decision Logic for Study Selection*

**Abstract**

Objectives
Structured decision logic (Screening instruction) translates eligibility criteria into explicit operational rules, enabling consistent and transparent study screening. Such decision logic is typically developed by review experts and remains a major barrier to fully automated evidence synthesis. We evaluated whether automatically generated decision logic can replace expert-developed instructions while maintaining screening performance.
Methods
We conducted an experimental study using seven published systematic reviews covering diverse clinical domains, review objectives, and study designs.
Two workflows were compared: one using expert-developed decision logic and the other using automatically generated decision logic, both derived from the same eligibility criteria. The same AI screening model answered decision logic questions ("Yes", "No", or "Unclear") that were mapped to final screening decisions. Performance was evaluated against studies included in the original reviews using sensitivity and precision.
Results
The seven reviews included between 1,445 and 24,765 screened records, (26-54 studies included). Median sensitivity was 92.5% (range 76.0-100%) using automatically generated decision logic and 96.4% (76.0-100%) using expert-developed decision logic. Median precision was 11.0% (4.4-21.1%) and 10.1% (3.5-26.7%), respectively. Across individual reviews, differences between workflows were small, with no consistent advantage for either approach.
Conclusions
Automatically generated decision logic achieved performance comparable to expert-developed instructions across heterogeneous systematic reviews. These findings suggest that automating instruction generation can substantially reduce expert effort while maintaining screening performance. This represents an important step toward scalable end-to-end automation of systematic review workflow.

14:30-14:45 Peng, N., Robinson, K. & **Jia, Y.**

*Development and Validation of a Large Language Model-Based Agent for Literature Screening in Systematic Reviews of Randomized Clinical Trials*

**Abstract**

Objectives
We developed and evaluated a reasoning-capable large language model (LLM) agent for screening randomized clinical trials (RCTs) in systematic reviews (SRs), aiming to minimize human workload without missing eligible trials.
Methods
The agent standardized eligibility criteria, applied structured prompts for abstract and full-text screening, and synthesized LLM outputs through a decision panel.
We assembled a manually verified benchmark of 281 SRs published in 2025 (133,626 records; 2,558 eligible RCTs), randomly divided into development (50 SRs; 24,608 records; 333 RCTs) and validation (231 SRs; 109,018 records; 2,225 RCTs) sets. We optimized the agent on the development set to retain all eligible RCTs while excluding at least 70% of records.
We evaluated it on the validation set and refined it after missing RCTs. Outcomes were sensitivity and workload saved (WS; proportion of records excluded).
Results
A GPT 5.5-DeepSeek V4 panel achieved 99.9% sensitivity and 91.5% WS on the development set. In the initial validation, it missed 3 of 2,225 eligible RCTs. After refinement, sensitivity was 99.9%, and WS was 91.2% across the full benchmark.
Among SRs with >1,000 and >10,000 records, a GPT 5.5-Qwen 3.8 panel achieved 92.8% and 96.5% WS, respectively. Single-model panels achieved 95.4%-97.5% sensitivity and 86.3%-91.7% WS.
Conclusion
The agent reduced screening workload by over 90% while maintaining near-perfect sensitivity, potentially accelerating SRs of RCTs.

## Parallel session 8: Across disciplines

13:45 – 14:00 **Loureiro, M.**, D'Albuquerque, R., Dias, G., Freire, A., Gabriel, M., Koga, N., Marques, A., Oliveira, M., Palotti, P., Potyguara, R., Silva, A.P., Ximenes, J. & Zambiasi, T.

*What Counts as Evidence? Building a shared evidence vocabulary across Brazil's climate policy ecosystem*

**Abstract**

In this paper we examine how evidence is defined, used, and contested in Brazil's climate policy space. Drawing on a multi-method study with federal policymakers, bureaucrats, scientists, and civil society organisations, we show that evidence does not enter policymaking through neutral or linear pathways, but is shaped by competing narratives, institutional routines, and uneven power relations. What matters is not simply the availability of evidence, but how evidence is organised, filtered, and made legible within institutional settings.
There is a hierarchy where quantitative, standardised, and comparable knowledge travels more easily than territorially grounded and community-based knowledge. Yet this hierarchy is also a site of struggle, with actors fighting over languages, formats, and standards that determine what counts as valid evidence. We identify three broad evidence ecosystems operating with distinct vocabularies: scientific and policy-facing arenas, mediated by specialised brokers and dominated by a largely quantitative vocabulary; the federal bureaucracy, where some actors move between producing, brokering, and using evidence, while better-resourced sectoral coalitions shape formats; and territorial spaces, where communities produce knowledge on their own terms, rarely reaching formal policy instruments in recognisable form. These ecosystems coexist but connect poorly: formal policy spaces rely on a small number of brokers, while civil society works through dense but largely parallel networks.
Comparing what actors say and do reveals a latent capacity for more inclusive evidence use. Building a shared evidence vocabulary is less about producing better data and more about reshaping the institutional conditions under which evidence is recognised, translated, and used.

14:00-14:15 **Smrčková, A.**, Kantor, J. & Rozmarinová, J.

*How scholars in education and special education conceptualise evidence?*

**Abstract**

Based on the results of a recent scoping review this presentation aims to introduce how evidence is conceptualised in education and special education, including related vocabulary used by the authors writing about evidence-based education (EBE). These findings suggest that the term evidence is understood in many ways that may differ and be incompatible. Some authors conceptualise evidence in a framework of studies with experimental design only, whereas other authors consider also studies with observational designs. Qualitative evidence and evidence not based on empirical studies was typically not mentioned in the EBE frameworks, notwithstanding its significant role in educational research. Such conceptualisations of scholars may have serious impact on the use and implementation of evidence in the decision making in policy and educational practice. Based on the suggestions of some authors, huge part of research may be intentionally abandoned, contributing to a significant research waste in the area. Another risk of this approach is practical absence of

evidence in some der-researched areas where experimental studies cannot be easily produced. We recommend the scholars, researchers, policymakers and all other users of evidence in education and special education to search for a more united and coherent way how to define shared vocabluary related to eviden

14:15-14:30 Machado, V., Eiji, E., Riera, R. & **Pacheco, R.L.**

*Number of authors and countries of affiliation of problematic randomized controlled trials*

**Abtract**

Problematic studies in the scientific literature receive growing attention, and problematic randomized controlled trials (RCTs) may generate recommendations based on untrustworthy data. Readers are expected to detect unexplained inconsistencies, yet few RCTs share raw data, which limits scrutiny. Strengthening self-regulation within the RCT ecosystem is one possible response. We hypothesized that plural teams from multiple institutions across different countries ("many eyes on data") could reduce the risk of data fabrication and flawed analysis. This cross-sectional meta-research analyzed the number of authors and countries of affiliation in problematic RCTs. Problematic trials were identified in the Retraction Watch database using the article-type filter set to "Clinical Studies", and retrieved records were screened by two independent authors to confirm eligibility. The search covered September 2014 to September 2024, and the protocol was prospectively published (https://osf.io/ha4mj/). After selection, 571 RCTs were included, comprising 3,569 individual authors. A retraction notice was present for 85.6% (489/571) of included trials. The median number of authors was 5 (Quartile 1 = 4, Quartile 3 = 8), and 86.6% (492/568) reported a single country of affiliation. Most analyzed problematic RCTs had one to ten authors and were conducted by researchers from a single country. Whether this distribution differs from that of non-problematic RCTs published in the same period was not assessed and warrants formal empirical investigation. The descriptive pattern is compatible with the hypothesis that distributed authorship across institutions and countries may act as a structural safeguard against integrity issues.

14:30 -14:45 **Sheikholeslamian, S.M.** & Morgan, R.

*Translating In Vitro Evidence to Clinical Dental Practice*

**Abstract**

In vitro studies have long served as a foundation of dental research, providing a controlled setting to examine materials and techniques while avoiding many of the practical and ethical limitations associated with clinical trials. For these reasons, they remain an essential and widely adopted approach, particularly in the early phases of dental material research and development.
However, in vitro studies cannot fully replicate the dynamic nature of the real-world oral environment. Factors such as saliva, humidity, pH fluctuations, and mechanical loading present additional challenges that may influence real performance of materials in oral environment. This challenge represents a question of evidence applicability, where differences between the in vitro studies context and the clinical decision context may affect interpretation and use of findings. Addressing the gap between in vitro evidence and clinical dental practice remains an important methodological challenge. In this presentation from a methodological perspective, we will provide an overview of the challenges in clinical research that necessitate the use of in vitro studies, identify gaps that arise when applying in

vitro findings to inform clinical decision making and contribute to concerns regarding external validity and indirectness. Finally, we will discuss approaches to identify and address sources of indirectness to support more effective translation of laboratory evidence into clinical practice.

## Parallel session 9: Advancing EBR

13:45 – 14:00 Frič, M., **Kantor, J.** & Talášek, T.

*From Evidence Synthesis to Reusable Data in Voice Training Research*

**Abstract**

Primary studies may contribute to research waste when they duplicate existing work, address insufficiently justified questions, or produce data that cannot be reused. Evidence-Based Research (EBR) and open science offer complementary strategies for ensuring that new studies respond to identified evidence gaps and generate accessible, well-documented outputs. This presentation describes a Czech initiative applying EBR principles to a multimodal dataset developed within an ongoing study comparing Estill Voice Training (EVT) and semi-occluded vocal tract exercises (SOVTE). First, a systematic review of voice-training interventions was conducted to identify knowledge gaps, evaluate previously applied outcomes and methods, and inform both the study design and the future expansion of the dataset. The next step is a development of a longitudinal dataset. It will include audio recordings, electroglottographic and accelerometric signals, aerodynamic measurements of oral airflow and pressure, voice range profiles, acoustic voice-quality measures, perceptual ratings, and self-reported outcomes. Selected subsets will contain simultaneous recordings from different microphones and microphone-to-mouth distances. Data are collected before and after training, after standardized vocal loading, and at long-term follow-up.
Standardized metadata and descriptions of recording, processing, and analytical procedures will support transparency and secondary use. Also, it will be suitable for preparation of future researchers.
Eligible data will be deposited in a suitable repository in accordance with informed consent, data-protection requirements, and FAIR principles. The presentation will discuss how linking evidence synthesis, prospective data collection, and responsible data sharing may reduce duplication, support secondary analyses, and make voice research more efficient and accessible.

14:00-14:15 Yilah, R.M., Bash-Taqui, A., Gbessay, M. & **Osborne, A.**

*Evidence-based research begins before the search: Verifying questions before commissioning*

**Abstract**

Background. Evidence-Based Research requires new studies to be justified against existing knowledge yet typically begins only after a research question is formulated. For policymakers and funders, it must first be developed from a decision or policy problem. Published government research-interest questions show recurrent failures: several sub-questions in one sentence, success-presupposing verbs that cannot be settled, undefined terms, and an implicit decision-owner. These weaknesses generate misleading searches, spurious gaps and unnecessary research.

Methods. We conducted a critical interpretive synthesis of the evidence-informed policy and review-methodology literatures. Searches with purposive citation-tracking and theoretical sampling identified 214 sources; 31 of 67 full-text reviews met inclusion criteria, describing 14 framework families. We extracted each framework's purpose, demand-side function, strengths and limitations, then grouped and sequenced them.
Results. The frameworks perform five functions: convening and priority-setting; problem and option framing; question structuring; quality screening; and verification against prior evidence. None spans the demand side alone. Sequenced, they form a seven-step account from decision elicitation to evidence-pathway matching, with two reformulation loops. Verification must precede prioritisation, since prioritising an answered question wastes resource. Crucially, absence of evidence must be verified, not assumed: "not found" differs from "not adequately checked."
Conclusions. Evidence-Based Research begins too late when it assumes a question already exists; research waste cannot be tackled through synthesis alone. Our account gives funders, intermediaries and public bodies an auditable route from policy decision to a verified, answerable question, and a design specification for AI tools that strengthen the demand side rather than automate its weaknesses.

14:15-14:30 **De Waard, A.**

*Defining Epistemic Templates to support interdisciplinary claim-evidence chains*

**Abstract**

One unresolved issue in scientific collaboration that hinders interdisciplinary progress is the fact that different scientific domains use different types of evidence to support different types of claims. In medicine, there is a well-defined framework of ‘evidence levels’, where predefined types of studies provide different levels of trust in the claims that are based on them [1]. In the social sciences, there is a strong culture of ‘codebooks’ [2], where the interventions conducted on a population is explicitly defined ahead of the study, and made available as part of the generated dataset. We call the summary of habits, rules and ways of knowing in each domain its ‘epistemic template’. Such a template holds the most important ways in which claims, reasoning and the data underpinning it is represented in a specific domain.
The fact that epistemic templates are differently and not explicitly defined in different domains hampers cross-domain understanding and collaboration. Practitioners with a medical background look for evidence levels fruitlessly when they try to read a paper in, e.g., cell biology. In most cases, this leads to researchers giving up trying to understand a paper outside of their field, often with the exasperated exclamation that ‘this is not science!’.
To enable better cross-disciplinary understanding, we propose to formalize and identify a number of epistemic templates for adjacent fields and explore whether making them explicit can improve use and comprehension between fields. We invite participants of the EBR community for a dialogue to explore concrete implementations.

14:30-14:45 **Zhao, W.**, Ma, J., Xie, S. & Du, J.
*Clinical Trials Framing Prior Evidence as Conflicting or Incomplete: Prevalence and Later Citation in Clinical Guidelines*
**Abstract**

Objective Within the Evidence-Based Research framework, clinical trials should justify new research in relation to prior evidence. We examined whether framing prior evidence as incomplete (“gap-filling”) versus conflicting (“controversy-resolving”) differ in citation to

prior evidence syntheses and downstream translation pathways within the evidence ecosystem.
Methods Analyzing 961,501 PubMed-indexed clinical trials (1980–2022), we used a hybrid natural language processing pipeline to identify abstracts explicitly framing prior evidence. Upstream outcome was citation of prior systematic reviews/meta-analyses (SR/MAs); downstream translation outcomes included subsequent citation in SR/MAs and direct or review–mediated integration into clinical guidelines. Models were adjusted for publication year, team size, Journal Citation Indicator, disease category, and research type.
Results Among 961,501 clinical trial publications, 43,912 abstracts explicitly framed evidence, with 74.0% being gap-filling and 26.0% controversy-resolving. Over two decades, gap-filling framing increased by 67%, while controversy-resolving declined by 15%. Compared with controversy-resolving trials, gap-filling trials had higher adjusted odds of citing prior SR/MAs (aOR, 1.36; 95% CI, 1.31-1.41; P < .001). Conversely, gap-filling trials had lower adjusted odds of subsequent citation in SR/MAs (aOR, 0.88; 95% CI, 0.84-0.92; P < .001) and clinical guidelines (aOR, 0.83; 95% CI, 0.77-0.88; P < .001). The review–mediated pathway accounted for 1.3% of the total association with guideline citation.
Conclusions Clinical trials that framed prior evidence as incomplete vs conflicting demonstrate divergent pathways across the evidence ecosystem. Evaluating a trial's relevance must extend beyond mere upstream citation counts to recognize how different epistemic framing shapes evidence synthesis and clinical guidance.

## Parallel session 10: Challenges to EBR

13:45 – 14:00 **Lewandowska, K.** & Kurmanova, A.

*The usage of digital and AI tools in STEM education: A methodological study mapping research waste*

**Abstract**

This presentation introduces an ongoing project conducted in cooperation between the Educational Research Institute – National Research Institute in Poland and Palacky University Olomouc, inspired by the principles of the EBR Network. The aim of the project is to design a systematic review examining the effectiveness of digital and AI tools used in elementary and secondary STEM education.
As a first step in developing the review protocol, we conducted a meta-study to identify existing evidence syntheses in the field and critically appraise their methodological quality. The study revealed a substantial level of research waste in this area. Among more than 400 publications labelled as systematic reviews, fewer than 80 actually adhered to systematic review methodology, while the remaining studies were more accurately described as mapping or narrative literature reviews. Moreover, the overall methodological quality of the studies presented as systematic reviews was generally low.
The findings made it possible to identify key knowledge gaps in the field and to formulate recommendations for improving evidence synthesis practices in this important area of educational research.

14:00-14:15 **Chiaborelli, M.**, Hirt, J., Briel, M., Shiely, F., Boulsteix, A-L., Guaytt, G., Bretz, F., Mohr, D., Stewart, D. & Schandrlmier, S.

*The STrategies for developing REseArch Methods guidance (STREAM) project*

**Abstract**

Introduction: Health researchers use methods guidance (MG) to plan, conduct, analyze and interpret their studies. How to develop trustworthy and researcher-friendly MG is unclear; existing strategies are fragmented and lack a coherent framework. The STREAM project aims to provide such a framework for MG developers.
Methods: STREAM includes four studies: 1) a combined literature review of proposed and applied strategies for developing MG with a combined qualitative content analysis, 2) an interview study to explore the needs of MG users, 3) a consensus study to develop the new framework, and 4) user testing to evaluate the emerging framework in ongoing MG development projects.
Results: We will present the overall project and the results of the first two studies: The combined review included 17 publications that proposed and 102 MG articles that applied strategies for developing MG. The qualitative analysis identified 14 steps including assessing the need for MG, establishing a working group, considering the findings from methodological studies, gathering input from interest-holders, and user-testing the MG.
We are currently interviewing MG users (n=15 at the time of writing this abstract). They mostly selected MG based on recommendations from colleagues, or conferences; trusted MG guidance from well-known authors or organisations; cared little about MG development; and found MG useful when it was simple, well-structured, and directly applicable.
Discussion: The review identified possible strategies for developing MG and knowledge gaps. The ongoing interviews will identify MG users’ needs and preferences. The findings will inform the new framework for developing MG.

14:15-14:30 **Wang, Z.**, Burgers, J.S., van Munster, B.C., Ziganshina, L.E., Al-Ansary, L.A., van den Akkr, M., Batatunde, O., Battegay, E., Bautista-Mier, H., Chu, D.K., Gong, E., Lopez-Rodriguez, J.A., Ostromova, O.D., Pavlov, C.S., Schrer, M., Skou, S.T., Tian, M., Xu xuaolin, X., Wu, S., Yan, L., Zyryanov, S.K., Anzueto, A., Kaplan, A.m Li, S., Chen, Y. & Estill, J.

*A comprehensive tool to support guideline use in multimorbidity management: the international MyFRIEND framework*

**Abstract**

Background: Guidelines are often ill-equipped to address the complexities associated with multimorbidity. Applying high-quality recommendations across coexisting conditions while avoiding harmful interactions remains challenging.
Objective: To develop a framework to assist healthcare professionals in evaluating, selecting, and adapting guideline recommendations for patients with multimorbidity - the Multimorbidity management FRamework for guIdEliNe-based Decision support (MyFRIEND).
Methods: We established a working group of 34 leading experts in multimorbidity research, guideline methodology, and various clinical disciplines from 13 countries. The framework was informed by two systematic reviews of multimorbidity guidelines, a questionnaire survey of frontline healthcare professionals, and expert interviews. Subsequently, a Delphi-like expert survey, followed by online consensus meetings among the working group and external expert review, were conducted to finalize the framework.
Results: The MyFRIEND framework comprises 22 items, presented in the form of a flowchart. The user starts by assessing whether multimorbidity should be considered in the individual’s care or not. If yes, the next steps address the availability of applicable guidelines to guide the care in general. The remaining evaluation steps focus on selecting guidelines and recommendations for the individual’s specific combination of diseases. The framework ends in action points guiding the application of the identified guidelines. The framework is intended to be applicable in any type of healthcare setting, including primary care, referral hospitals, nursing homes, and other types of facilities.
Discussion: MyFRIEND can offer structured support for managing multiple diseases based on guidelines and evidence-based recommendations, promoting rational, standardized, and effective multimorbidity care across healthcare facilities worldwide.

14:30-14:45 **Drapáčová, P.**

*Communicating Evidence-Based Research (EBR) approach to a multidisciplinary panel during development of rapid recommendations: GeriPro project*

**Abstract**

Introduction:
As scientific information expands, we face various challenges. One major challenge is the failure to use existing high-quality evidence, instead of conducting research from scratch. This may lead to duplication of research. In some cases, the problem is not a lack of awareness of existing evidence, but rather a lack of understanding of the EBR approach and its implementation in the formulation of recommendations.
Objective or aims:
To demonstrate how EBR principles can be communicated to a multidisciplinary panel using evidence on Cognitive Disorders and Comorbidities as an example within the GeriPRO project.
Methods:
A systematic search of guidelines on the topic was conducted by an information specialist on February 10,2026.
Eleven guidelines were identified and forwarded to the methodologists for evaluation. One guideline was selected as relevant to the key question and critically appraised using the AGREE II tool.
Results:
Instead of developing a guideline from scratch, we used the best available evidence using the GRADE-ADOLOPMENT approach and adapted and contextualized the recommendation for

the Czech Republic. Had no suitable guideline been identified, the search would have continued to systematic reviews and if necessary, primary studies. This approach was presented and explained to the panel.
Conclusions:
Finding evidence to address a key question is important, but it is equally important to present it clearly to a multidisciplinary panel that may not be familiar with the EBR approach.

## Parallel session 11: EBR implementation

13:45 – 14:00 **Klugar, M.**

*Operationalising Evidence-Based Research in national guideline development: the NIKEZ approach to reducing research waste*

**Abstract**

Background Evidence-Based Research (EBR) requires new research to be informed by existing evidence and unnecessary duplication avoided. The Czech NIKEZ national methodology for national guidelines (DP) and rapid recommendations (OD) operationalises these principles across guideline planning, evidence synthesis, updating and registration.
Objective To identify EBR mechanisms embedded in the NIKEZ methodology and their role in minimising guideline-related research waste.
Methods We mapped version 3.2 of the national methodology against EBR domains: justification of new work, use of prior evidence, transparency, duplication prevention, gap identification and updating.
Results Before development, each DP/OD protocol must be prospectively registered in the NIKEZ Central Registry. Existing national and international guidelines are searched first; trustworthy, current guidelines are preferentially reused through GRADE-ADOLOPMENT or adaptation. De novo development when a high-quality GRADE guideline exists is explicitly considered a waste of human and financial resources. Only when no suitable guideline exists are systematic reviews sought; primary studies and a new review are undertaken only if suitable reviews are absent. Existing reviews are updated when outdated, incomplete or superseded by new evidence. Evidence-to-Decision frameworks, patient and public involvement, recommendations for further research, planned or living updates, public review and subsequent GIN registration strengthen transparency and relevance. The Central Registry is designed to prevent parallel development of the same national recommendation by independent teams.
Conclusions NIKEZ extends EBR from individual studies to a national guideline ecosystem, linking prospective registration, evidence reuse and gap-driven synthesis to minimise redundant research while preserving methodological rigour.

14:00-14:15 **Nevrtalová, E.** & Klugar, M.

*Evidence-Based Research-informed rapid evidence summary for a national health portal*

**Abstract**

Background
Before developing visualisations for the Czech National Health Information Portal (NZIP), the NIKEZ Executive Board at the Ministry of Health commissioned a rapid evidence summary, as defined in the national NIKEZ methodology, to ensure that subsequent research was systematically and transparently informed by existing evidence.

Objectives
To assess how visualisation format affects lay comprehension, examine overlap across evidence syntheses, and identify priorities for further research.
Methods
A hierarchical search was conducted on 10 June 2026. After no relevant guidelines were identified across seven sources, reviews were searched in MEDLINE, Embase, Epistemonikos, Trip and PubMed. Syntheses were assessed against the review question. Primary studies were mapped across reviews and verified against original reports; indirectly relevant reviews were retained as contextual evidence.
Results
The searches identified 106 guideline records and 17 review records; 11 primary studies were verified. No shared primary studies were identified across the mapped evidence sets. Convergent conclusions therefore reflected conceptual convergence across research domains rather than repeated confirmation. EBR analysis showed that the number of reviews overstated the completeness of directly applicable evidence. Infographics were often preferred but did not consistently improve knowledge; comprehension was better supported by structure, question-and-answer formats, unambiguous data encoding and lower complexity.
Conclusions
EBR reframed the decision from selecting the “most attractive” format to distinguishing evidence-supported design principles from questions requiring NZIP testing. Primary-study mapping prevented review counts from being misinterpreted as evidence strength and defined an efficient and non-redundant research agenda.

14:15-14:30 **Moser, E.** & Rauber, D.

*Teaching Evidence-Based Research Beyond Health Sciences: Synthesising End-User Perspectives to Refine EBR Methodologies Improvement*

**Abstract**

The Evidence-Based Research (EBR) approach advocates that no new research should be conducted without systematically reviewing existing evidence and understanding end-user perspectives. Applying this principle to capture the researchers' own perspectives on both learning the EBR approach and implementing a previously developed meta-framework, a 9-week online extension course was delivered at a Brazilian university (UTFPR). This regional initiative aimed to educate researchers in EBR principles by adapting established health-centric synthesis guidelines into a universally applicable meta-framework for research question formulation. The course trained both postgraduate and established researchers to mitigate common systematic errors and biases in the literature review process. Rather than passively seeking gaps, the course emphasised a dialectical approach to: synthesise published scientific knowledge into a theoretical-conceptual framework, promote rigorous problematisation, and prevent Type III errors in the selection of research questions. Practical sessions guided participants in deconstructing research topics into core elements, validating compound terms, and creating transparent 'keyword glossaries' to execute robust search strategies in multidisciplinary databases. Furthermore, the course functioned as an observational setting. It aimed to disseminate EBR principles whilst gathering the participants' perspectives and challenges as the 'end-users' of the proposed question-formulation meta-framework. This allowed us to refine the preliminary meta-framework, mitigating potential confusion before elaborating its definitive version for future empirical testing and publication. Ultimately, this effort highlights the feasibility of expanding EBR training beyond health sciences, integrating it into diverse ecosystems whilst demonstrating

how synthesising end-user perspectives actively improves future research proposals and contributions.

# Conference Keynotes

## DAY 1: 13th of October 2026, 13:15-13:55

**Generating & Implementing Evidence-based Strategies for Newborn Survival: from local to global**

**Prof. Zulfiqar A. Bhutta**
The Aga Khan University, Pakistan

## DAY 2: 14th of October 2026, 13:00-13:40

**EBR implementation strategies within and across scientific disciplines, and responsive methods of research communication**

**Prof. Linda Li**
University of British Columbia, Canada

## DAY 4: 16th of October 2026, 12:30-13:40

**Protecting EBR from political threats, misinformation, disinformation, and mistrust in research usage**

**Dr. Jennifer Byrne**
The University of Sydney, Australia

**Dr. Deborah Cohen**

London School of Economics and Political Science, UK

Abstract Book of the 6th EBR Conference
"Evidence-Based Research for All",
Virtual Conference,
Norway 13 - 16 October 2026