



SBU and core outcome sets

SBU is an independent national agency, whose task it is to assess health care and social service interventions from a broad perspective, covering medical, economic, ethical and social aspects. The assessments are often called systematic reviews. They are based on published research that has been identified systematically.

By Swedish law, health care staff must work in accordance with scientific knowledge and accepted standards of practice. But how should this be done?

Each year, millions of scientific articles are published in biomedical journals and journals of social science. There is a need to review all this knowledge systematically and critically – scientific assessment is needed.

SBU's assessments review the benefits, risks, and costs of methods used in healthcare delivery. For example, the reports may show which methods are most appropriate for treating asthma, preventing blood clots or dealing with obesity.

It is also important to identify methods that are ineffective, or not cost effective, so that they can be avoided. Just as it is essential to identify important evidence gaps – areas where we simply do not know which methods offer the greatest benefits and where further research is urgently needed.

When doing HTA, we start by formulating the questions we want to answer. In order to do so in a systematic way, the question is formulated according to the PICO. PICO stands for P = population, I = intervention, C = control or comparison and O for outcomes. To be able to synthesize research studies, more than one study must have used the same PICO and studied the same outcomes.

One of the most common reasons why we cannot synthesize research findings is the fact that they have used different PICOs and measured different outcomes. This is why agreeing on a core set of outcomes is really important.

As an HTA agency, we focus on outcomes that are of importance for patients. This is because these outcomes are crucial when making decisions about treatment alternatives. *(On screen: Will this affect my ability to speak? Can I continue to exercise after this surgery? What impact will this have on my sexlife? Will this affect my child's activities after school? Will I be able to sleep with this medication? Can I drink wine when taking this pill? Will I be nauseous of this treatment? How much more time to live will I have?)* For example, this could be outcomes related to quality of life and side effects. We have emphasized this in the two projects prioritizing core outcome sets that we have been part of so far. *(On screen: coreHEM www.cmtbnet.org and*

SCORE-IT www.comet-initiative.org). Other stakeholders are also involved in the process of identifying core outcome sets.

We think that two of the most important groups are health care staff and patients as they are directly faced with the consequences in real life.

Why do we need core outcome sets? That's a really good question! To know and to be able to draw reliable conclusions from research, we need to have the correct data outcomes measured in the same way from several studies. And if we have that, our work will improve, and this will lead to better guidance for health care professionals, better decision aids for patients and in the end, better health care. This is why we need core outcome sets.

More information on SBU's involvement on core outcome sets: www.sbu.se/en

SBU – Swedish Agency for Health Technology Assessment and Assessment of Social Services

*Link to the film: <https://youtu.be/PGMbUkdoZag>
(SBU's YouTube channel: www.youtube.com/sbukunskapscentrum)*

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