

# Introducing JAMA Clinical Evidence Synopsis From Systematic Reviews to Clinical Practice

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**I**N THIS ISSUE, A NEW ARTICLE TYPE IS LAUNCHED: JAMA Clinical Evidence Synopsis.<sup>1</sup> JAMA Clinical Evidence Synopsis will appear approximately once per month in *JAMA* and will concisely summarize a high-quality systematic review, typically from the Cochrane Collaboration or the US Preventive Services Task Force. This new article type will cover clinical topics of interest to the practicing clinician. JAMA Clinical Evidence Synopsis will distill the most important information from longer systematic reviews, enabling clinicians to easily understand the evidence and key take-home messages that are relevant to daily medical practice.

To ensure that JAMA Clinical Evidence Synopsis articles are timely and topical, typically only systematic reviews published during the previous 18 to 24 months will be selected for summary. For instance, in this issue of *JAMA*, Carson and colleagues<sup>1</sup> address the important issue of whether a lower or higher hemoglobin threshold is a better trigger for red blood cell transfusion with regard to minimizing such transfusions and adverse clinical outcomes among patients with anemia in critical care settings. The synopsis is based on the authors' Cochrane Collaboration review, published in April 2012. Occasionally, older systematic reviews may be selected if the topic is particularly relevant to a current health issue, such as epidemics of infectious disease.

The format of JAMA Clinical Evidence Synopsis has been carefully designed to concisely emphasize the key elements of the main systematic review from which it is derived. Articles in this section will be no more than 2 printed pages and the manuscripts will have a consistent format and organization. JAMA Clinical Evidence Synopsis articles will begin by defining the key clinical question addressed in the systematic review, followed by a summary "bottom line" or take-home message. A short introduction will describe why the key clinical question addressed by the systematic review is relevant and timely to current medical practice. Methods will be summarized briefly in a bulleted table using a format that is consistent across articles. This methods summary will include information such as the number of included studies; the number of participants in the systematic review; the sex, race, and ethnicity of included participants; and the primary and secondary outcome measures. One table or figure with key findings from the main systematic review will be included in

See also p 83.

each article, along with a summary of the results in text form. Readers who desire more details about the methods or results can refer back to the original systematic review. A concluding comment section will contain paragraphs on the limitations of the systematic review and how the results are similar to or differ from current clinical practice guidelines. Areas in need of future research will be defined.

We anticipate that most JAMA Clinical Evidence Synopsis articles will be solicited by JAMA editors, who will contact authors of recent systematic reviews from the Cochrane Collaboration or the US Preventive Services Task Force that are likely to be of interest to our readers. Authors of the selected systematic reviews will be invited to prepare a JAMA Clinical Evidence Synopsis article, according to the format described above. If the authors prefer not to prepare the shorter summary for *JAMA*, or are unable to prepare it in a timely fashion, other authors who may not have been involved in the preparation of the original full-length systematic review may be invited to write the JAMA Clinical Evidence Synopsis article. Thus far, all 7 authors of selected full-length systematic reviews who have been invited to prepare a JAMA Clinical Evidence Synopsis article have accepted the invitation. JAMA Clinical Evidence Synopsis manuscripts will undergo peer review, typically by both content experts and generalists.

*JAMA* aims to provide clearly presented, evidence-based medical knowledge to our readers. This new article type extends our long and rich commitment to evidence-based medicine. Structured abstracts were introduced in 1991, The Rational Clinical Examination in 1992, and the Users' Guides to the Medical Literature in 1993. We aim to widely disseminate information important to ensure the highest quality of patient care. We intend for JAMA Clinical Evidence Synopsis to bring clinically relevant, topical information to the busy generalist in a format that is relatively easy to interpret and apply in clinical practice. We welcome suggestions and look forward to input from readers regarding this new feature.

**Conflict of Interest Disclosures:** The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

## REFERENCE

1. Carson JL, Carless PA, Hébert PC. Outcomes using lower vs higher hemoglobin thresholds for red blood cell transfusion. *JAMA*. 2013;309(1):83-84.

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