Evidence Synthesis is the process of summarizing systematically obtained and critically appraised evidence. Frequently clinical recommendations are created from evidence syntheses.

Creating Your Synthesis
Summarize the best available evidence. This may be a text statement or a table documenting characteristics of the evidence you have identified as being the best available. There is no one correct way to summarize the evidence — you will have to apply judgment. Quantitate as you can.

Evidence Grading
For individual studies, you grade the study or conclusions. For summaries of the evidence, you rate the level of evidence.

Level of Evidence (LOE) or Strength of Evidence (SOE) Example
- **High:** More than one grade A or B study
- **Moderate:** At least one grade A or B study
- **Borderline:** At least two grade B-U studies with consistent results
- **Inconclusive:** Single grade B-U study, B-U studies with conflicting results or Grade U studies

Elements You May Choose to Summarize
- Key clinical question
- Quality of the evidence
  - Key threats
- Type, number and size of studies (the “n”)
- PICPOTS: population/condition, intervention, comparators, study performance outcomes (i.e., on-study adherence, on-study use of co-interventions, etc.), outcomes, timing, setting
  - Population description (see inclusions, exclusions and baseline characteristics)
- Interventions used and how
- How measured, successful outcome as defined as what?
- Results
- Limitations
- Reviewer conclusions and/or comments

Format Suggestion: Supporting Documentation
- Background
- Drug information
- FDA information
- Representation in Guidelines
- Expert Commentary
- Balance Sheet Information (Triangulations)
- Measurement Instruments and Interpretations
- Ideal study parameters
- Evidence synthesis tables
- Search & filtering strategy (efficacy, harms, other)
- Selection criteria for studies
- Methods used to determine validity and usability
- Grading scheme
- Table of included studies
- Critical appraisals of included studies
- Table of excluded studies
- References
- Glossary
- Conflicts of interest
- Reviewers
- Preparers
- Date

Example of Evidence Synthesis: MRI Use for Women At High Risk of Breast Cancer
- The strength of the evidence (SOE) is insufficient to conclude that, in high risk women, the addition of MRI to mammographic screening reduces the need for mammography or ultrasound.
- Adding MRI will change treatment plans and result in more extensive surgery for some women (SOE: Borderline), but may not change incomplete excision rates or breast cancer recurrence rates (SOE: Inconclusive).
- We found no evidence that adding MRI to conventional screening in women at high risk of breast cancer will reduce mortality rates SOE: Inconclusive).