PAPER C: Report of SRI activities and Impact for the year November 2019 to November 2020

EXECUTIVE SUMMARY.

Since November 2019:

- Eleven systematic full reviews, and two systematic review protocols were completed and published (see citations detailed on page 2);
- We secured additional funding from our core funders [UK Forum,] which has safeguarded the future of both our Electronic Libraries, increased the WTE of our core systematic reviewer post and allowed us to make a post permanent;
- We appointed a new, full time systematic reviewer to work with the core SRI team [this post which has been vacant for almost a year];
- We have added COVID-19 specific sections to both of our evidence libraries; Covid-19 records are searched for, screened and updated daily and unlike the rest of the library their content is not restricted by type of study.
- We have curated and sent out fortnightly Covid-19 evidence alerts to all recipients of our evidence libraries normal monthly evidence alerts.
- We have provided the evidence for a Covid-19 and transfusion medicine practice guidance which was published in The Lancet Haematology in July 2020.
- We are supporting two systematic reviews addressing the safety and use of convalescent plasma: one is a living systematic review in patients with Covid-19, the second is a standard review as treatment for any respiratory infections.
- We have put some reviews and work activities on hold in order to focus on Covid-19 activities and our core reviews [see Papers A, B and D];
- We have been working with procurement in NHSBT to understand the options for continuing our working relationship with Evidentia Publishing for our electronic libraries;
- We continued to work towards 'free at the point of access for the Transfusion Evidence Library;
- We provide our monthly evidence alerts to the journal Transfusion Medicine Reviews for use in their journal club.
- We have continued to grow our Twitter accounts [@TransfusionLib, @sritransfusion and @stemcell] to engage with our library communities increase our dissemination activities.
- On request, we have undertaken specialist search activities for professional societies [for example BSH guidelines] and received payment for this work.

Section	Our Evidence
Publications since November 2019 [last face to face SRI steering group meeting]; listed alphabetically by first author. [Authors in bold are members of the SRI] * Systematic reviews that are being undertaken as part of our NIHR Cochrane programme grant [16/114/04]: **Covid-19 publications	***Beverly A, Ong G, Doree C,** Welton N, **Estcourt LJ.** Drugs to reduce bleeding and transfusion in major open vascular or endovascular surgery: a systematic review and network meta-analysis. *Cochrane Database of Systematic Reviews* 2000, Issue 7. Art.No.: CD013649. DOI: 10.1002/14651858.CD013469. **[Protocol]** https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013649/full Browne A, **Fisher SA,** Masconi K, Smith G**, Doree C,** Chung R, Rahimzadeh M, Shah A, Rodriguez SA, Bolton T, Kaptoge S, Wood A, Sweeting M, Roberts DJ. Donor Deferral due to low haemoglobin – an updated systematic review. *Transfusion Medicine Reviews* 2019;S0887-7963(19)30137-3. doi:10.1016/j.tmrv.2019.10.002 https://doi.org/10.1016/j.tmrv.2019.10.002 **Chai KL, Valk SJ, Piechotta V, **Kimber C**, Monsef I, **Doree C,** Wood EM, Lamikanra AA, Roberts DJ**,** McQuilten Z, So-Osman C, **Estcourt LJ,** Skoetz N. Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review. *Cochrane Database of Systematic Reviews*. 2020 Issue 10. Art.No.:CD013600. doi: 10.1002/14651858.CD013600.pub3. PMID: 33044747. https://pubmed.ncbi.nlm.nih.gov/33044747/ **Estcourt LJ.** Thrombocytopenia in Surgery and Neuraxial Anesthesia. *Seminars in Thrombosis and Hemostasis*. 2020;46(3):245-255. doi:10.1055/s-0040-1702918. https://pubmed.ncbi.nlm.nih.gov/32259875/ **Estcourt LJ, Kimber C**, Hopewell S, Trivella M, **Doree C,** Abboud MR. Interventions for preventing silent cerebral infarcts in people with sickle cell disease. *Cochrane Database of Systematic Reviews* 2020, Issue 4. Art.No.:CD012389. DOI: 10.1002/14651858.CD012389.pub3. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012389.pub3/full **Estcourt LJ, Kimber C,** Trivella M, **Doree C,** Hopewell S. Preoperative blood transfusions for sickle cell disease. *Cochrane Database of Systematic Reviews* 2020;Issue 7. Art.No.:CD003149. doi:10.1002/14651858.CD003149.pub4https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003149.pub4/full **Estcourt LJ**, Kohli R, Hopewell S, Trivella M, Wang WC. Blood transfusion for preventing primary and secondary stroke in people with sickle cell disease. *Cochrane Database of Systematic Reviews* 2020 Issue 7. Art.No.: CD003146. doi: 10.1002/14651858.CD003146.pub4. PMID: 32716555; PMCID: PMC7388696. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003146.pub4/full

Section	Our Evidence
	***Gibbs VN, Champaneria R,** Novak A, **Doree C**, Palmer AJR, **Estcourt LJ.** Pharmacological interventions for the prevention of bleeding in people undergoing definitive fixation of hip, pelvic and long bone fractures: a systematic review and network meta-analysis *Cochrane Database of Systematic Reviews* 2019, Issue 12.Art.No.: CD013499.DOI: 10.1002/14651858.CD013499. **[Protocol]** https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013499/full Huber J, **Stanworth SJ, Doree C**, **Fortin PM**, Trivella M, **Brunskill SJ**, Hopewell S, Wilkinson KL, **Estcourt LJ.** Prophylactic plasma transfusion for patients without inherited bleeding disorders or anticoagulant use undergoing non-cardiac surgery or invasive procedures. *Cochrane Database of Systematic Reviews* 2019; Issue 11. Art.No.: CD012745. Published 2019 Nov 28. doi:10.1002/14651858.CD012745.pub2 https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012745.pub2/full **Piechotta V, Chai KL, Valk SJ, **Doree C,** Monsef I, Wood EM, Lamikanra A, **Kimber C**, McQuilten Z, So-Osman C, **Estcourt LJ,** Skoetz N. Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review. *Cochrane Database of Systematic Reviews* 2020, Issue 7. Art. No.: CD013600. DOI: 10.1002/14651858.CD013600.pub2. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013600.pub2/abstract **Shah A**, Palmer AJR, Klein AA. Strategies to minimize intraoperative blood loss during major surgery. *British Journal of Surgery*. 2020; 107: e26 – e28. https://doi.org/10.1002/bjs.11393 ****Stanworth SJ,** New HV, Apelseth TO, **Brunskill S,** Cardigan R, **Doree C,** Germain M, Goldman M, Massey E, Prati D, Shehata N, So-Osman C, Thachil J. Effects of the COVID-19 pandemic on supply and use of blood for transfusion [published online ahead of print, 2020 Jul 3]. *Lancet Haematology* 2020;S2352-3026(20)30186-1. doi:10.1016/S2352-3026(20)30186-1https://pubmed.ncbi.nlm.nih.gov/32628911/ **Valk SJ, Piechotta V, Chai KL, **Doree C**, Monsef I, Wood EM, Lamikanra A, **Kimber C**, McQuilten Z, So-Osman C, **Estcourt LJ,** Skoetz N. Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a rapid review. *Cochrane Database of Systematic Reviews* 2020; Issue 5. Art.No.:CD013600. Published 2020 May 14. doi:10.1002/14651858.CD013600https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013600/full

Section	Our Evidence
Collaborations with people outside the SRI. These have been grouped by type of project. New collaborators this year are identified by an * at the beginning of their details.	We have collaborated with many clinicians and researchers over the last 12 months. Their names and affiliations are provided here: ***Stem Cell Evidence*:** Dr James Griffin – NHSBT Bristol, UK; Mr John Muth - Evidentia Publishing, UK; Mr Mark Schregardus – Evidentia Publishing, The Netherlands. ***NIHR Cochrane Programme Grant*** Cochrane Heart Group [co-applicant]; Cochrane Injuries Group [co-applicant]; Cochrane Vascular Group; Chris Champion – Cochrane Editorial Unit; Dr Nikki Curry - Oxford University Hospitals NHS Foundation Trust, UK [co-applicant]; Toby Lasserson – Cochrane Editorial Unit; Nancy Owens – Covidence; Professor Nicky Welton – University of Bristol; Dr Kirstin Wilkinson - University Hospital Southampton, UK [co-applicant]. ***Systematic review collaborators:*** Dr Miguel Abboud - American University of Beirut Medical Center, Lebanon; *Dr Torunn Apelseth - Haukeland University Hospital, Bergen,Norway; *Andrew Browne – University of Cambridge and NHSBT, UK; Tamara Brown – University of Stirling, Stirling, UK; *Dr Tom Bullock – NHSBT, UK; Dr Rebecca Cardigan - NHSBT, UK; *Dr Khai Li Chai – Transfusion Research Unit, Melbourne, Australia; *Evelyn Clarke - Oxford University Hospitals NHS Foundation Trust, UK; Dr Nikki Curry - Oxford University Hospitals NHS Foundation Trust, UK; Paula Dhiman – University of Oxford, Oxford, UK; *Dr Vishakha Erasu - Oxford University Hospitals NHS Foundation Trust, UK; Dr Jez Fabes – Royal Free NHS Foundation Trust, London, UK; *Dr Marc Germain - Héma-Québec, Québec, QC, Canada; *Dr Mindy Goldman - Canadian Blood Services, Ottawa, Canada; Dr Laura Green – NHSBT & Barts Health NHS Trust, UK; Dr George Greenhall - NHSBT, UK;

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	Kennedy Hao – Medical Student, University of Toronto, Canada; *Dr Aqib Hafeez - Oxford University Hospitals NHS Foundation Trust, UK; Dr Sally Hopewell – University of Oxford, Oxford, UK; Dr Jonathan Huber - University Hospital Southampton, UK; Dr Andrew Klein – Papworth Hospital, Cambridge, UK; Dr Ruchi Kohli - Queen Mary University of London & Barts Health NHS Trust, UK; Dr Abi Lamikanra - NHSBT, & University of Oxford, Oxford, UK; Dr Tom Lloyd - Oxford University Hospitals NHS Foundation Trust, UK; Dr Eleni Louka - University of Oxford and Oxford University Hospitals NHS Foundation Trust, UK; Jo Mccullagh – Barts Health NHS Trust, UK; Hollie McKenna - NHSBT, UK; Dr Zoe McQuilten - Monash University, Melbourne, Australia; Dr Edwin Massey – NBSHT, UK; Dr Yazan Migdady – National Heart, Lung and Blood Institute, Washington, USA; Dr Allison Mo - Monash University, Melbourne, Australia; *Ina Monsef - Cochrane Haematology, Cologne, Germany; *Dr Ross Moy - Oxford University Hospitals NHS Foundation Trust, UK; *Dr Helen New – Imperial College, London and NHSBT, UK; Dr Alex Novak - Oxford University Hospitals NHS Foundation Trust, UK; Dr Antony Palmer – University of Oxford and Oxford University Hospitals NHS Foundation Trust, UK; *Vanessa Piechotta – Cochrane Haematology, Cologne, Germany; *Dr Daniele Prati - IRCCS Ca 'Granda Hospital Maggiore Policlinico Foundation, Milan, Italy; Dr Mana Rahimzadeh – Medical student, University of Oxford, Oxford, UK; *Mr Parag Raval – University Hospitals of Leicester, UK; Dr Noemi Roy - Oxford University Hospitals NHS Foundation Trust, UK; Dr Alex Rampotas – Oxford University Hospitals NHS Foundation Trust, UK; Dr David J Roberts – NHSBT and University of Oxford, UK; Dr Akshay Shah - Oxford University Hospitals NHS Foundation Trust, UK; *Dr Nadine Shehata - Mount Sinai Hospital and University of Toronto and University Health Network, Toronto, ON, Canada. Graham Smith – University of Oxford, UK; *Dr Nicole Skoetz – Cochrane Cancer, Cologne, Germany; *Dr Cynthia So-Osman - Sanquin Blood Supply Foundation, Amsterdam and Department of Haematology, Erasmus Medical Center, Rotterdam, Netherlands. *Dr Jecko Thachil - Manchester University NHS Foundation Trust, UK; Dr Marialena Trivella - Centre for Statistics in Medicine, University of Oxford, Oxford, UK;

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	*Sarah Valk – Leiden University, Netherlands; Dr Winifred Wang - St Jude Children's Research Hospital, Memphis, USA; *Dr Ed Watson - Oxford University Hospitals NHS Foundation Trust, UK; Dr Kirstin Wilkinson – University Hospital Southampton NHS Foundation Trust, UK; Dr Erica Wood - Transfusion Research Unit, Melbourne, Australia.
Further Funding	Three funding applications were made between November 2019 and November 2020: 1) A successful application was made to our funders, the UK Forum in December 2019. The funding was threefold; 1) to support our electronic libraries allowing us to make Transfusion Evidence Library free to all from 1st January 2021 and to continue to develop and operate Stem Cell Evidence; 2) to increase the working hours of our systematic reviewer post from part time to full time and 3) to make permanent one of our Assistant Information Specialist posts. 2) A successful application was made to the European Union in July 2020 for funding to support the convalescent plasma living systematic review that is being run through Cochrane Haematology. The development of the search strategy and initial weekly searches were run by us [now done by Cochrane Haematology] and the funding is in recognition of that work and to support the involvement of Catherine Kimber in this work. As this is a living systematic review, this review will continue to be regularly updated for as long as there is relevant evidence and clinical currency in the research question. 3) Susan Brunskill applied to ISBT [International Society of Blood Transfusion] Academy for funding to support 15 editions of our Covid-19 Evidence Alerts. The application was for 5000 Euros but was unsuccessful as ISBT Academy has a focus on low and middle income studies and our alerts aren't specific to this area. However, the CEO and President of ISBT expressed interest in collaborating with us on other library activities and we will pursue this collaboration through 2021.
Next Destination & Skills	No one has left the SRI within the last 12 months.
Engagement Activities	***Social media activity:*** We run 3 Twitter accounts, one for each of our electronic libraries and one for the SRI overall. Our activity on these accounts is one of the aspects of our online presence strategy. These accounts have a combined total of over 2839 followers (318 for Stem Cell Evidence, 2213 for Transfusion Evidence Library and 308 for SRI). The number of followers for each account has increased in the past 12 months.

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	Electronic Libraries Events activity Fliers for the Transfusion Evidence Library were handed out at a Non-malignant Haematology patient evening in November 2019. Since March 2020, there have been no face to face events and the focus of our electronic library activity changed. Since March 2020, the focus has been on the development of Covid-19 specific sections on both libraries www.transfusionevidencelibrary.com and www.stemcellevidence.com and a weekly/fortnightly Covid-19 evidence alert. The project was conceived following a request for Covid-19 and transfusion medicine papers from various groups within NHSBT. In late March 2020, Carolyn Doree devised a Covid-19 and transfusion medicine search strategy that she ran daily on PubMed and weekly on the World Health Organisation's Covid-19 database of global literature. Susan Brunskill screened all results using the eligibility criteria that the SRI core team had developed and added a clinical content tag [see list at the end of this section] to each eligible reference. In a departure from the usual study type focus we use on the libraries; no study filters were used in this work. Since April 2020 and on a weekly basis, the citation and abstracts of eligible references have been uploaded onto our libraries and sent to three groups. The references sent to each group differ to reflect their different interests. The groups were: • the NHSBT Donor and Transfusion consultants; • an NHSBT virologist, an immunologist and an epidemiologist; • Simon Stanworth who is working with other clinicians in the UK and internationally to create a living guidance document, the first version was published in The Lancet Haematology in July 2020. In addition, a weekly Covid-19 evidence alert has been sent initially weekly and since August 2020 fortnightly to all recipients of our usual evidence alerts. Each Covid-19 alert was curated by Catherine Kimber, Mike Murphy and Simon Stanworth. In October 2020, we decided to change some aspects of the project because it was resource heavy and other, priority projects were being side-lined in favour of this work. The changes are to • Limit the clinical scope of the searches to those relevant to our evidence libraries; • Stop searching the World Health Organisation's Covid-19 database of global literature as most of the references on this database eventually get onto PubMed.

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	• Stop sending weekly emails to all but Simon Stanworth's project.
	• Stop the Covid-19 evidence alert and instead include relevant Covid-19 references in our normal evidence alerts.
	
	List of Clinical Content Tags used in this project, those in blue were removed from the scope in October 2020. .
	
	- **ABO**
	- **Anaemia**
	  ○ Patients who have COVID-19 and become anaemia
	  ○ Management of patients who have COVID-19 and become anaemic
	- **Asymptomatic**
	  ○ COVID-19 patients who are asymptomatic - investigations of this; outcomes for this,
	  ○ person to person spread from asymptomatic carriers
	- **Characteristics**
	- **Coagulopathy**
	  ○ Papers looking at the increased risk of bleeding / whether there is an increased risk of bleeding on COVID-19 patients
	  ○ Papers looking at the risk of getting a blood clot/ whether there is an increased risk of developing a blood clot in COVID-19 patients
	- **Convalescent plasma**
	  ○ Any records which discuss the use of convalescent plasma for treatment of COVID-19
	- **Core Outcome Sets**
	- **Donor**
	  ○ Any donor related issues
	  ○ Testing/screening for COVID-19 in donors
	  ○ Management of blood donor sessions in the COVID-19 pandemic
	- **Epidemiology**
	- **False negatives**
	- [Management of patients with an underlying] **Haematological disorder**
	  ○ If they develop COVID-19
	  ○ In specific groups of patients, including
	  ▪ Haemoglobinopathy patients
	  ▪ Patients with a blood cancer [e.g. leukaemia, myeloma or lymphoma]
	  ▪ Patients with a non-malignant haematological disorder e.g. MDS, myeloproliferative disease, aplastic anaemia
	- **Incubation**

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	○ Duration of time between contact with infected person and COVID-19 development - **Mesenchymal stem cells** - **RNA testing** ○ PCR methods to detect COVID -19/ test for COVID-19 ○ Papers looking at testing strategies for COVID-19 infection - **Serology** ○ Incidence of false negative results ○ Antibody testing [igm/ igg] ○ Neutralising antibodies ○ Antibody testing techniques - **Stem cell transplant** ○ How to manage stem cell transplant pts who develop COVID-19 ○ Ways to minimise risk of COVID-19 to stem cell transplant patients - **Thrombocytopenia** ○ Patients who have COVID-19 and become thrombocytopenic ○ Management of patients who have COVID-19 and become thrombocytopenic - **Transfusion** ○ Blood shortage due to COVID-19 ○ Papers that look at possibility of blood borne COVID transmission ○ Anything that mentions transfusion and COVID-19 ○ Anything that mentions PBM and COVID-19 - **Viral shedding** ○ viremia [virus in the blood] in COVID-19 infected patients ○ Respiratory viral shedding ○ Levels of positive covid-19 virus testing in samples [blood, oral, faecal, nasal, urine etc] ***Talks or Presentations:*** **Members of the SRI have given the following talks over the last year: -** • ***[Naomi Gibbs]:*** gave a talk at the National Centre for Modernising Transfusion Practice Congress on "Preoperative Anaemia in Elective Orthopaedic Surgery" on the 12th November 2019 • ***[Mike Murphy***]: gave a talk about Patient Blood Management at the ASH Education Program in December 2019: • ***Provision of training to external collaborators:***

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	We have provided on-the-project training to all our new [identified by an Asterix in the Collaborations section above] collaborators as required. For systematic reviews this included an understanding of the review process and methodology as well as training on how to use Covidence and Review Manager software packages. Mike Murphy and Akshay Shah have been faculty members for Transfusion Camp an international transfusion education program for multispecialty postgraduate trainees. This is currently in its 5th year of running.
Influence on Policy	We explored 'influence on policy' by looking at which guidelines our reviews had been cited in. **26 guidelines were published from late 2019 to November 2020 that have been informed by 19 SRI systematic reviews**: 1. **Anesthesic and surgical guidelines for the treatment of the ascending aorta and aortic arch. Consensus document of the Spanish Societies of Anesthesia and Cardiovascular Surgery (2020).** López Gómez A, Rodríguez R, Zebdi N, Ríos Barrera R, Forteza A, Legarra Calderón JJ, et al. *Cirugia Cardiovascular*. 2020;27(2):47-74. 1 Systematic Review: *McQuilten, Z.K., Crighton, G., Engelbrecht, S., Gotmaker, R., Brunskill, S.J., Murphy, M.F., Wood, E.M. Transfusion interventions in critical bleeding requiring massive transfusion: A systematic review. (2015) Transfusion Medicine Reviews, 29 (2):127-137.* 2. **Australian Guidelines for the Clinical Care of People with COVID-19 (2020).** Australian National COVID-19 Clinical Evidence Taskforce. (https://app.magicapp.org/#/guideline/L4Q5An) 1 Systematic Review: *Piechotta V, Chai KL, Valk SJ, Doree C, Monsef I, Wood EM, Lamikanra A, Kimber C, McQuilten Z, So-Osman C, Estcourt LJ, Skoetz N. Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review. Cochrane Database of Systematic Reviews 2020, (7): CD013600.* 3. **British Society of Gastroenterology (BSG)-led Multisociety Consensus Care Bundle for the Early Clinical Management of Acute Upper Gastrointestinal Bleeding (2020).** Siau K, Hearnshaw S, Stanley AJ, Estcourt L, Rasheed A, Walden A, et al. *Frontline Gastroenterology*. 2020;11(4):311-23. 1 Systematic Review: *Odutayo A, Desborough MJ, Trivella M, et al. Restrictive versus liberal blood transfusion for gastrointestinal bleeding: a*

Section	Our Evidence
	systematic review and meta-analysis of randomised controlled trials. The Lancet Gastroenterology & Hepatology 2017;2:354-360. 4. **Clinical standards for patient blood management and perioperative hemostasis and coagulation management. Position Paper of the Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care (SIAARTI) (2019).** Cinnella G, Pavesi M, De Gasperi A, Ranucci M, Mirabella L. *Minerva Anestesiol*. 2019;85(6):635-64. 2 Systematic Reviews: *1) McQuilten ZK, Crighton G, Brunskill S, Morison JK, Richter TH, Waters N, et al. Optimal Dose, Timing and Ratio of Blood Products in Massive Transfusion: results from a systematic review. Transfusion Medicine Reviews 2018;32:6–15.* *2) Docherty AB, O'Donnell R, Brunskill S, et al. Effect of restrictive versus liberal transfusion strategies on outcomes in patients with cardiovascular disease in a non-cardiac surgery setting: systematic review and meta-analysis. BMJ (Clinical research ed) 2016;352:i1351.* 5. **Consensus report on patient blood management in cardiac surgery by Turkish Society of Cardiovascular Surgery (TSCVS), Turkish Society of Cardiology (TSC), and Society of Cardio-Vascular-Thoracic Anaesthesia and Intensive Care (SCTAIC) (2019).** Ertugay S, Kudsioğlu T, Şen T, Yildirir A, Vural AH, Demir A, et al. *Turkish Journal of Thoracic and Cardiovascular Surgery*. 2019;27(4):429-50. 1 Systematic Review: *Yang, L., Stanworth, S., Hopewell, S., Doree, C., Murphy, M. Is fresh-frozen plasma clinically effective? An update of a systematic review of randomized controlled trials (CME). Transfusion 2012; 52(8):1673-1686.* 6. **Diagnosis and management of acute lower gastrointestinal bleeding: guidelines from the British Society of Gastroenterology (2019).** Oakland K. CG, East J.E., et al. *Gut*. 2019;68:776-89. 2 Systematic Reviews: *1) Docherty AB, O'Donnell R, Brunskill S, et al. Effect of restrictive versus liberal transfusion strategies on outcomes in patients with cardiovascular disease in a non-cardiac surgery setting: systematic review and meta-analysis. BMJ (Clinical research ed) 2016; (352):i1351.* *2) Odutayo A, Desborough MJ, Trivella M, et al. Restrictive versus liberal blood transfusion for gastrointestinal bleeding: a systematic review and meta-analysis of randomised controlled trials. The Lancet Gastroenterology & Hepatology 2017;2:354-360.*

Section	Our Evidence
	7. **Evidence-Based Medicine Chapter of China International Exchange and Promotive Association for Medical and Health Care (CPAM); Chinese Research Hospital Association (CRHA). Chemoprophylaxis, diagnosis, treatments, and discharge management of COVID-19: An Evidence-Based Clinical Practice Guideline (updated version). (2020)** Jin YH ZQ, Peng ZY, Ren XQ, Yin XT, Cai L et al; . *Military Medical Research* 2020;7(1):41. 1 Systematic Review: *Piechotta V, Chai KL, Valk SJ, Doree C, Monsef I, Wood EM, Lamikanra A, Kimber C, McQuilten Z, So-Osman C, Estcourt LJ, Skoetz N. Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review. Cochrane Database of Systematic Reviews 2020, (7): CD013600.* 8. **Guidelines on the use of liver biopsy in clinical practice from the British Society of Gastroenterology, the Royal College of Radiologists and the Royal College of Pathology (2020).** Neuberger J, Patel J, Caldwell H, Davies S, Hebditch V, Hollywood C, et al. *Gut*. 2020;69(8):1382-403. 1 Systematic Review: *Huber J, Stanworth SJ, Doree C, Trivella M, Brunskill SJ, Hopewell S, Wilkinson KL, Estcourt LJ. Prophylactic plasma transfusion for patients undergoing non-cardiac surgery. Cochrane Database of Systematic Reviews 2017, (8): CD012745.* 9. **Management and Prevention of Anemia (acute bleeding excluded) in Adult Critical Care Patients (2020).** Lasocki S, Pène F, Ait-Oufella H, Aubron C, Ausset S, Buffet P, et al. *Annals of Intensive Care*. 2020;10(1). 3 Systematic Reviews: *1) Docherty AB, O'Donnell R, Brunskill S, et al. Effect of restrictive versus liberal transfusion strategies on outcomes in patients with cardiovascular disease in a non-cardiac surgery setting: systematic review and meta-analysis. BMJ (Clinical research ed) 2016;352:i1351.* *2) Shah A., Fisher S.A., Wong H., Roy N.B., McKechnie S., Doree C., Litton E., Stanworth S.J. Safety and efficacy of iron therapy on reducing red blood cell transfusion requirements and treating anaemia in critically ill adults: A systematic review with meta-analysis and trial sequential analysis. (2019) Journal of Critical Care, 49:162-171.* *3) Shah A., Roy N.B., McKechnie S., Doree C., Fisher S.A., Stanworth S.J. Iron supplementation to treat anaemia in adult critical care patients: A systematic review and meta-analysis. (2016) Critical Care, 20 (1): Art. No. 306* 10. **Management of Nonvariceal Upper Gastrointestinal Bleeding: An Updated Interpretation of 2019 International Consensus Group Guideline (2020).** Yang X, Zhu L, Chen Y. *Chinese Journal of Evidence-Based Medicine*. 2020;20(9):1000-3. 1 Systematic Review:

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	Odutayo A, Desborough MJ, Trivella M, et al. Restrictive versus liberal blood transfusion for gastrointestinal bleeding: a systematic review and meta-analysis of randomised controlled trials. The Lancet Gastroenterology & Hepatology 2017;2:354-360. 11. **Management of Nonvariceal Upper Gastrointestinal Bleeding: Guideline Recommendations from the International Consensus Group (2019).** Barkun AN, Almadi M, Kuipers EJ, Laine L, Sung J, Tse F, et al. *Annals of Internal Medicine*. 2019;171(11):805-22. *3 Systematic Reviews:* *1) Docherty AB, O'Donnell R, Brunskill S, et al. Effect of restrictive versus liberal transfusion strategies on outcomes in patients with cardiovascular disease in a non-cardiac surgery setting: systematic review and meta-analysis. BMJ (Clinical research ed) 2016;352:i1351.* *2) Odutayo A, Desborough MJ, Trivella M, et al. Restrictive versus liberal blood transfusion for gastrointestinal bleeding: a systematic review and meta-analysis of randomised controlled trials. The Lancet Gastroenterology & Hepatology 2017;2:354-360.* *3) Carson JL, Stanworth SJ, Roubinian N, Fergusson DA, Triulzi D, Doree C, Hebert PC. Transfusion thresholds and other strategies for guiding allogeneic red blood cell transfusion. Cochrane Database of Systematic Reviews 2016, (10):CD002042.* 12. **Managing Haematology and Oncology Patients during the COVID-19 Pandemic: Interim Consensus Guidance (2020).** Weinkove R, McQuilten ZK, Adler J, Agar MR, Blyth E, Cheng AC, et al. *Medical Journal of Australia*. 2020; 212(10): 481-9. 1 Systematic Review: *Docherty AB, O'Donnell R, Brunskill S, et al. Effect of restrictive versus liberal transfusion strategies on outcomes in patients with cardiovascular disease in a non-cardiac surgery setting: systematic review and meta-analysis. BMJ (Clinical research ed) 2016;352:i1351.* 13. **National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Hematopoietic Growth Factors, Version 2. (2020)** Becker PS GE, Alwan L, Bachiashvili K, Brown A, Cool R, et al. *Plymouth (PA): National Comprehensive Cancer Network;* January 2020. 2 Systematic Reviews: *1) Carson JL, Stanworth SJ, Roubinian N, Fergusson DA, Triulzi D, Doree C, Hebert PC. Transfusion thresholds and other strategies for guiding allogeneic red blood cell transfusion. Cochrane Database of Systematic Reviews 2016, (10): CD002042.*

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Research Tools & Methods	**NIHR Cochrane programme grant [2].** We will be using a form of analysis: network meta-analysis that has not been used by the core group before. All working on the programme grant have attended specific NMA training both in Oxford in June 2019 and Bristol in December 2019. . We will receive support from both the Cochrane Complex Reviews Unit and Professor Nicky Welton from the University of Bristol in writing about, performing and analysis network meta-analyses. We have been using the software package **Covidence** for data extraction within the NIHR Cochrane Programme Grant. The programme grant team had substantial difficulties with the exporting of data from Covidence to the Cochrane systematic

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	review software, Review Manager. Involvement in this issue by senior Cochrane staff and two virtual meetings led to the resolution of the issues albeit adding a delay of a few months to the timelines of the largest review in the programme.
Research Databases & Models	See section below: **Software & Technical Products**
Intellectual Property & Licensing	Conversations with NHSBT procurement over the past 6 months have highlighted that aspects of our Electronic Libraries should be registered as intellectual property, most specifically the database structure. The current structure of the database was developed by Evidentia Publishing and they do not think it is appropriate to apply for intellectual property for the database structure. There is interest within NHSBT in bringing the development and hosting of both electronic libraries in-house and should that happen we could explore registering intellectual property rights for the new structure of the electronic libraries.
Medical Products, Interventions and Clinical Trials	***Clinical Trials*** that have developed from one of our systematic reviews*: • *REVIEW: Granulocytes for treating infection* [2016]: CLINICAL TRIAL: PROGRES: An observational study of the incidence of infectious episodes eligible for granulocyte transfusion and outcomes. Awarding Body: NHSBT. Trial currently ongoing. • *REVIEW Granulocytes for preventing infection* [2016]: CLINICAL TRIAL: PROGRES: An observational study of the incidence of infectious episodes eligible for granulocyte transfusion and outcomes. Awarding Body: NHSBT. Trial currently ongoing. • *REVIEW: Anti-fibrinolytics for the prevention of bleeding in patients with haematological malignancie* update of this review was referenced in the updated TREATT [An ongoing, international trial "to evaluate a patients with haematological malignancies] trial documentation [ClinicalTrials.gov Identifier: NCT03136445] Trial currently ongoing.

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	• *REVIEW: Desmopressin for the treatment of platelet dysfunction and reversal of antiplatelet agents* [2017]: 2 new CLINICAL TRIALS: (1) DRIVE: a pilot, randomized trial of desmopressin versus placebo prior to procedure in intensive care patients. Awarding Body: NHSBT [ISRCTN12845429]. Trial completed and available as a conference abstract Desborough M, Laing E, Griffiths A, Mora A, Hodge R, Martin S, Shah A, Hutton P, Parke T, Wise M, Morgan M, McKechnie S, Stanworth S, DRIVE Trial Investigators . Desmopressin for Procedures or Radiological Interventions (DRIVE): Participant Characteristics in a Placebo-Controlled Double-Blind, Randomised Feasibility Trial of Desmopressin in Thrombocytopenic Critically Ill Patients Prior to Procedures [abstract]. *Res Pract Thromb Haemost*. 2020; 4 (Suppl 1). https://abstracts.isth.org/abstract/desmopressin-for-procedures-or-radiological-interventions-drive-participant-characteristics-in-a-placebo-controlled-double-blind-randomised-feasibility-trial-of-desmopressin-in-thrombocytopenic-cr (2) DASH (desmopressin for reversal of antiplatelet drugs in stroke due to haemorrhage) trial from the National Institute for Health Research, Research for Patient Benefit funding stream Trial started on 1st April 2019. [ClinicalTrials.gov Identifier: NCT03696121]. Trial currently ongoing. • *REVIEW: Iron supplementation to treat anaemia in adult critical care patients* [2016]: 1 new clinical trial: INtravenous Iron to Treat Anaemia following CriTical Care (INTACT): a randomised feasibility study. [ISRCTN13721808] Trial completed and awaiting publication. ***GRANT APPLICATIONs* that have developed from one of our systematic reviews*:** • *REVIEW: Red blood cell transfusion for people undergoing hip fracture surgery. [2015]* has informed a grant application to NIHR HTA for a randomised clinical trial of red cell thresholds in patients experiencing hip fracture surgery. • *REVIEW: Prophylactic platelet transfusion for prevention of bleeding in patients with haematological disorders after chemotherapy and stem cell transplantation [2012]* has informed a grant application to NIHR HTA for a randomised clinical trial exploring platelet use in critical care. • *REVIEW: Iron supplementation to treat anaemia in adult critical care patients* [2016]. informed a successful grant application to Human Iron Research Oxford [University of Oxford] for a study of "Erythroferrone

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	in critical illness anaemia: an opportunity for novel mechanistic insights and developing clinical prediction models". Awarded **£13,420.** • *REVIEWs in maternity [Gaps in the evidence for prevention & treatment of maternal anaemia, 2012]* have informed a successful funding application to NIHR titled: "Primary prevention of maternal ANaemia to avoid preterm Delivery and other Adverse outcomes (PANDA)". Awarded £2.3 million by NIHR in September 2019. • *REVIEW: Transfusion of fresher versus older red blood cells for all conditions* [2016] informed a successful NIH grant application for an individual patient data meta-analysis: "Clinical Impact of Red Cell Storage Age: Individual Patient Data Meta-Analysis of Four Recent Large Randomized Trials" Grant awarded by NIH in June 2019. * These being trials and grant applications that the PI's working with the SRI have been involved with.
Artistic & Creative Products	Nothing to report
Software & Technical Products	***Transfusion Evidence Library*** (www.transfusionevidencelibrary.com)**.** As of October 2020, the library contains just over 13,000 records. Of those 8297 are RCTs, 2502 are Systematic Reviews and 83 are Economic Studies. There are currently 2185 COVID-19 records. Annual maintenance bill = £ 10,000. From October 2019 to October 2020: • The TEL users by country were: 25% from USA, 15% from UK, 10% from Australia, 5% from Canada, and 5% also from Germany. • Users visit the TEL mostly between Mondays to Thursdays. Monday is the busiest day, the most popular times to visit the TEL are between 8am and 3pm. • Most users (74%) visit the TEL using a desktop, followed by a mobile phone device (23%), and then by tablets with nearly 3%. **Transfusion Evidence Library usage (taken from Google Analytics data**) Since the beginning of 2020 Transfusion Evidence Library has had 18748 hits from 12746 users, a rise in both hits [up 77% n=10595] and users [up 72% n=7399] since October 2019.

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	Transfusion Evidence Alert We have ~11,300 subscribers to the Transfusion Evidence Alert; the number of subscribers is static compared to 2019. From April to October 2020 we have been providing a fortnightly COVID-19 specific alert to subscribers, in addition to the monthly Transfusion Evidence Alert. In response to the launch of the COVID-19 alerts, Transfusion Evidence Library recorded its highest ever usage for a single day (953 users, with significantly higher usage continuing thereafter). **Transfusion Evidence Library on Twitter** On 27th October 2020, Transfusion Evidence Library (*@TransfusionLib*) had 2,221 followers [a 24% rise from 1796 in previous year].Tweets are posted about monthly email alerts and their contents, relevant awareness days, news items that contain content relevant to the Transfusion Evidence Library as well as retweeting tweets from the SRI and SCE Twitter streams as relevant. Since the beginning of the year, we have been tweeting PICO summaries for each record in the Transfusion Evidence Alert, which has increased reach and engagement, particularly gaining retweets and follows from high profile accounts. A link to the Transfusion Evidence Library website link can be found on the following websites: • Nice: https://www.nice.org.uk/about/what-we-do/evidence-services/journals-and-databases • British Blood Transfusion Society: https://www.bbts.org.uk/links/ • Wiley Online Library: https://onlinelibrary.wiley.com/journal/13653148 • NHSBT Library, Evidence Search section https://nhsbloodandtransplant.sharepoint.com/sites/NHSBTLibrary/SitePages/Evidence-Search.aspx?web=1 ***Other dissemination:*** • A report with the monthly content uploaded in TEL is emailed to the editor of Transfusion Medicine Review. • A report is emailed every six months to with the content uploaded in TEL to the Royal College of Pathologists. ***Stem Cell Evidence*** (www.stemcellevidence.com), As of October 2020 the library contains nearly 7000 records (a rise of ~2000), including 294 RCTs, 306 systematic reviews, and 162 guidelines. There are currently 177 COVID-19 references, relating to stem cell transplantation or the use of mesenchymal stromal cells in COVID-19 treatment.

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	Stem Cell Evidence usage (taken from Google Analytics data) Since the beginning of 2020 Stem Cell Evidence has had 2679 hits this year from 2037 individual users, a rise in both hits [up 33% n=2010] and users [up 46% n=1399] since October 2019. **Stem Cell Evidence Alert** We have 973 subscribers to the Stem Cell Evidence Alert. A small increase from last year (n=963). **Stem Cell Evidence on Twitter** On 27th October 2020 Stem Cell Evidence (*@evidencestemc*) had 317 followers [a 43% rise from 221 previous year]. Tweets are posted about monthly email alerts and their contents, relevant awareness days, news items that contain content relevant to Stem Cell Evidence as well as retweeting tweets from the SRI and TEL Twitter streams as relevant. Since May 2019 we have been tweeting PICO summaries for each record in the Stem Cell Evidence Alert, which has increased reach and engagement, particularly gaining retweets and follows from high profile accounts. A link to Stem Cell Evidence can be found on the following websites: • BSBMT: http://bsbmt.org/for-healthcare-professionals/ • NHSBT Library, Evidence Search section https://nhsbloodandtransplant.sharepoint.com/sites/NHSBTLibrary/SitePages/Evidence-Search.aspx?web=1 ***Final thought***: Something to note is that the numbers of subscribers to the alerts is static for both libraries this year. A focus for the coming year will be to increase the number of subscribers to the alerts. However, we have increased library usage and Twitter presence on all indicators - the COVID alerts which have been a significant focus of activity for the last 7 months are a big contributor to the increased usage but not the whole story: generally, the libraries are doing well.
Spin Outs	Nothing to report.
Awards and Recognition	Mike Murphy was the Immediate Past President of AABB [formerly American Association of Blood Banks for the last 12 months.
Use of Facilities & Resources	***Resources:***

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	We use Covidence for all our screening activities and are now using Covidence to undertake data extraction for our Cochrane reviews. We are required to use Covidence for all our Cochrane systematic reviews and have bought a licence which gives us 5 separate, non-Cochrane review screening activities per year. ***Training Received:*** SRI team members have attended the following training activities since 1st November 2019: <u>Susan Brunskill</u> • Attended a Cochrane Webinar Attended a Cochrane Webinar **Narrative synthesis of quantitative effect data in Cochrane reviews: current issues and ways forward** on 4th February 2020; • Attended a Cochrane Webinar **Presenting network meta-analysis results in Summary of Findings Tables** on 11th February 2020; • Attended a Cochrane Webinar **Reporting guidelines for synthesis without meta-analysis** on 4th March 2020; • Attended a Cochrane Webinar **Editorial considerations in reviews with network meta-analysis** on 17th March 2020. <u>Carolyn Doree</u> • Attended "A **day with…Information Retrieval Methods Group** Cochrane workshop on 22nd October 2020. <u>Catherine Kimber</u> • Received in-house training and support on **Covidence and the systematic review process**, from Lise Estcourt. • Received **Risk of Bias training (ROBINS-I and Cochrane RoB 2)** from Vanessa Piechotta and Nicole Skoetz as part of the Covid LSR project <u>Alicia Plaza-Cajide</u> • Completed **Create a Social Media Marketing Campaign** workshop through FutureLearn https://www.futurelearn.com/courses/create-a-social-media-marketing-campaign • Completed an Introduction to GDPR webinar through FutureLearn https://www.futurelearn.com/courses/gdpr <u>Giok Ong</u>

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	• Completed Cochrane **NMA learning live webinar series** between November 2019 and March 2020. • Attended a 2-day course on **Network Meta-Analysis** at the University of Bristol , 11th -12th December 2019. • Completed Cochrane **Risk of Bias learning live webinar series** from May 2020.
Other Outputs & Knowledge	The information science workload has increased substantially the past year with the new Covid-19 daily activity taking place on top of the routine support required for the NIHR Programme Grant network meta-analyses, and for many new and updated SRI systematic reviews. During 2019/20 Carolyn has also given full information science support to the following external projects who have paid for this support: • Inherited Bleeding Disorders for UK Haemophilia Centre Doctors' Organisation[Susie Shapiro] in May 2020. Full search plan and searches for 2 research questions: (i) What is the risk of developing cardiovascular disease (IHD/AF) and associated thrombotic risks in people with inherited bleeding disorders compared to the normal population? (ii) What is the risk/benefit of antithrombotic/antiplatelet treatment for cardiovascular disease in people with inherited bleeding disorders compared with/to normal? • Update of BCSH Guideline: Specification, Implementation and Management of Information Technology (IT) Systems in Hospital Transfusion Laboratories (November 2020)

PAPER C, APPENDIX 1: SRI staff November 2019 to current