

1. Which of the following statements best describe your organization/group? (Please tick one of the following options)

- A funder of systematic reviews (including as part of Clinical Practice Guidelines (CPGs), or Health Technology Assessments (HTAs))
- A producer of systematic reviews (including as part of Clinical Practice Guidelines (CPGs), or Health Technology Assessments (HTAs))
- Both a funder & producer of systematic reviews (including as part of Clinical Practice Guidelines (CPGs), or Health Technology Assessments (HTAs))

2. Which of the following statements best describe why your organization/group produces systematic reviews? (Please tick one of the following options)

- For knowledge support (e.g., Cochrane reviews or other discrete systematic reviews)
- For decision support (e.g., policy or clinical decision-making; evidence for HTA's or CPG's)
- For both knowledge & decision support
- Other (please specify)

3. We suggest UPDATE refers to "a discrete event aiming to search for and identify new evidence to incorporate into a previously completed systematic review." (New evidence is taken to mean any evidence not included in the previously completed review, irrespective of its' chronological appearance in the literature)

To what extent do you think your organization/group would agree or disagree with this definition? (Please tick one of the following options):

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- No opinion

4. Overall, what level of importance would you estimate your organization/group places on updating systematic reviews? (Please tick one of the following options)

- 1 (low) 2 3 4 5 (high)

5. How would you rank updating of systematic reviews compared to other research mandates within your organization/group? (Please tick one of the following options)

1 (low) 2 3 4 5 (high)

6. Does your organization/group have a policy on updating systematic reviews?

- Yes
- No
- Not sure

7. Is establishing a formal updating policy or process something your organization/group would view as important? (Please tick one of the following options)

- Yes
- No
- Not sure
- Not applicable

8. Please describe the updating policy of your organization/group (if applicable):

(or list any working documents detailing the updating policy of your organization in the box provided below)

9. In general, how would you describe the current 'updating' practices of your organization/group? (Please tick one of the following options)

- Update regularly
- Update irregularly
- Do not update

10. Of the systematic reviews either produced or commissioned by your organization/group, what percentage would you estimate are up to date?

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Not sure

11. Which of the following does your organization/group feel is the most responsible for ensuring systematic reviews are updated?

- Funder(s) of original review
- Authors of the original review
- Information specialist/Librarian
- Policy-maker utilizing the evidence
- All of the above

- The organization/group itself as original funder of a systematic review
- Patient(s) or consumer group

20. How often do the following issues impact your organization/group's decision-making process of whether to fund or conduct an update? Please tick one answer for each reason

- | | Always | Often | Sometimes | Seldom | Never | Not sure | Not applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| - Cost utility of updating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Impact on policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Impact on clinical practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Political context | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Current public controversy/interest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Burden of illness/costs of disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Organization/group credibility of being current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Anticipated change in effect size or precision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - To address a quality gap in care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. Please list any other additional issues that may factor into your organization/group determining WHEN to update a systematic review using the box provided below.

If there are no additional issues that you are aware of, please leave blank.

22. How would you best describe the methods or strategies used by your organization/group to determine HOW to conduct an update of a systematic review? Please tick one of the following options

- Formal method(s) used
- Informal method(s) used
- No method(s) used
- Not sure

23. Please describe the formal/informal method(s) in the box provided below (if applicable):

24. On average, which of the following best estimates the time your organization/group typically expends on implementing an updating strategy? Please tick one of the following options

- 0-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- 13-15 months
- 16-18 months
- 19-21 months
- 21-24 months

- >24 months
- Not sure
- Not applicable

25. On average, what is your organization/group's estimated budget for implementing an updating strategy? (U.S. Dollars) Please tick one of the following options

- <\$10,000
- \$10,000 - \$20,000
- \$21,000 - \$30,000
- \$31,000 - \$40,000
- \$41,000 - \$50,000
- \$51,000 - \$60,000
- \$61,000 - \$70,000
- \$71,000 - \$80,000
- \$81,000 - \$90,000
- \$91,000 - \$100,000
- \$100,001 - \$200,000
- >\$200,000
- Not sure
- Not applicable

You have reached the half-way mark of this survey.

26. How often has your organization/group been involved in the following scenarios? Please tick one answer for each activity.

	Always	Often	Sometimes	Seldom	Never	Not sure	Not applicable
- A partial update involving only certain sections of a review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A full update of all sections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- An entirely new review upon updating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Knowing a systematic review is out of date but unable to commence updating due to lack of resources (e.g. funding, personnel, time etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. When you do an update, how often is your organization/group able to draw on the same people who did the original review?

Please tick one of the following options

- Always
- Often
- Sometimes
- Seldom
- Never
- Not sure

- funding resources
- Diversion from an organization/group's research mandate
- Perceived delays in working across organizations/groups

39. To what extent would your organization/group agree or disagree with development of a central registry of systematic reviews including existing systematic reviews and protocols (i.e., similar to efforts within the clinical trials community)? Please tick one of the following options

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- No opinion

40. Does your organization/group encourage the following activities when funding or conducting systematic reviews? Please tick one answer for each activity

- | | Yes | No | Not sure |
|--|--------------------------|--------------------------|--------------------------|
| - Inclusion of a prediction for updating in the text of original reviews | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Withdrawal of systematic reviews from circulation when assessed as out of date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Formal retirement of systematic reviews when deemed no longer in need of further investigation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

41. Which of the following best describes your organization/group? Please tick one of the following options

- Academic Institution
- National Government Agency
- Regional/Local Government Agency
- Private Organization (Industry)
- Medical Specialty Society
- Disease Specific Society
- Managed Care Organization
- Other (please specify)

42. What is your organization/group's primary funding structure? Please tick one of the following options

- For profit
- Not for profit

43. What type(s) of funding does your organization receive? Please tick all that apply

- Industry/Private Sector
- Government (Infrastructure; grants)

- Non-profit (Academic; non-governmental organizations)
- Endowment fund
- Internal
- Other (please specify)

**44. What is your organization/group's total estimated proportion of work expended annually on the following research synthesis areas?
Please tick one answer for each activity**

	Original systematic reviews	Updating of systematic reviews	Clinical practice guidelines (CPGs)	Health technology assessments (HTAs)
<10%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-30%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31-40%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41-50%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-60%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61-70%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71-80%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81-90%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91-100%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**45. What is your organization/group's estimated budget generated/expended annually on the following research synthesis areas in US Dollars?
Please tick one option for each activity**

	Original systematic reviews	Updating of systematic reviews	Clinical practice guidelines (CPGs)	Health technology assessments (HTAs)
<10%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$11,000-40,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$41,000-70,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$71,000-\$100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$100,000-200,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$200,000-500,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$500,000-1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>\$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**46. In what capacity have you previously participated in a systematic review?
Please tick all that apply**

- Lead author of a systematic review
- Co-author of a systematic review
- Information specialist
- Statistician
- Methodologist/Epidemiologist
- Clinical expert
- Editor
- Project Manager/Coordinator
- None
- Other research capacity (please specify)

**47. Please describe your training in systematic reviews.
Please tick all that apply**

- University-level training or research in systematic reviews
- Continuing education course(s) in systematic reviews
- Workshop(s) in systematic reviews
- Lecture(s) in systematic reviews
- No training in systematic reviews
- Other (Please specify)

**48. How often do you utilize evidence from systematic reviews in the following capacities?
Please tick one of the following options**

	Daily	Weekly	Monthly	Never	Not applicable
To inform clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To inform policy-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To inform funding decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For research purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**49. Would you like to receive a summary of this research when it is available?
Please tick one of the following options**

- Yes
- No

50. May we contact your organization/group within the next 12 months for more in depth information on its updating experiences? Please tick one of the following options

- Yes
- No

51. Please enter your contact information below. This will remain confidential and will only be viewed by the primary researcher.

Responses are required for each field below:

First & Last Name:

Email address:

Name of Organization/Group:

Title or position:

Degrees held:

Numbers of Yrs with the Organization/Group:

Street Address of the Organization/Group:

City:

Province/State/Region:

Country:

Postal/Zip Code:

Website address of your organization:

You have now completed the survey! As a token of our appreciation for your time, an Amazon voucher will be sent to you shortly.

On behalf of the University of Ottawa EPC, we thank you!