

Assessing the Quality and Applicability of Systematic Reviews (AQASR)

Presenters:

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ASHLEY PURNELL: So hello and welcome, everyone, to today's webcast. As Elizabeth mentioned, my name is Ashley Purnell. And I'm the training and technical assistance lead for the Center on Knowledge Translation for Disability and Rehabilitation Research, funded by the National Institute on Disability, Independent Living and Rehabilitation Research. So I am a Black woman. I have long brown hair. And I'm currently wearing a cream cardigan and a black blouse.

Today's webcast is presented by Joann Starks and Dr. Devin Dedrick. So Joann Starks has been a senior technical assistance consultant at the American Institutes for Research since 2015. She led training and TA activities for KTDRR and has supported the task force of disability researchers that developed AQASR in 2011 and has been working with the team to continuously provide updates.

And then Dr. Devin Dedrick has a PhD in quantitative methods from the University of Texas at Austin. And he is also a researcher here at AIR and supports activities for several projects, including the NIDILRR funded Model Systems KT Center and KTDRR. So Dr. Dedrick has experience in systematic reviews and has also been a part of the process of updating AQASR. So with that in mind, I will hand it off to Joann to self-describe.

JOANN STARKS: Thank you very much, Ashley, for the introductions and the welcome. I'm Joann Starks. And I'm an older white woman with short, gray hair and glasses. Today, I'm wearing a dark blue top, and my background is blurred.

This afternoon, we'll introduce to you KTDRR's tool for assessing the quality and applicability of systematic reviews, or as we shorten it, AQASR. I'll start out with a brief introduction of the background of the tool and then hand things over to Dr. Dedrick, who will talk about the steps of the systematic review. Then, I'll discuss how to use the AQASR checklist. And Devin will share a demonstration on applying the checklist to a specific systematic review. Next slide, please.

So I'll start off with describing the AQASR tool, what it is, why it was created, what it is not, and how it was developed. Next slide.

So what is AQASR? AQASR is a web-based document with a checklist to help readers assess the quality of a systematic review by examining specific questions. And you can find it on the KTDRR website. It has a very easy link. It's ktdrr.org/aqasr.

So a systematic review is the basis of this document. And most people are probably familiar, but it is a synthesis of research evidence that's focused on a particular clinical question. The systematic review follows a protocol to find primary studies, assess for quality, extract relevant information, and then synthesize that information.

So the AQASR tool describes a series of questions that can be asked about the systematic review. And it provides a rationale for the question and what things to look for to help answer those questions. So this checklist is actually a tool for readers to make notes about specific elements related to the review. You can answer those questions and save them online. And so that's really what the AQASR is about. Let's go on to the next slide, please.

So why did we develop it? Mainly because there's so much scientific and professional literature. It's growing at such a huge rate that there's really a need for people to be able to get information from systematic reviews that, as I said, synthesize some of that previous information from the primary studies.

And it's true that there's limited guidance available on how to assist systematic reviews for quality, as well as its usefulness for application by the reader. Again, not all potential users have the knowledge and skills to assess the quality and reliability of a systematic review. You see the document and read it, but if you don't really know how good it is, you don't know how useful and helpful that's really going to be in what the information that you're looking for.

So the basic purpose of the document is to help the busy clinicians, administrators, researchers and others to ask critical questions, to find the strengths and weaknesses of a review in general, and as it's relevant to their particular clinical question or whatever practical concerns they may have. Next slide, please.

So what AQASR is not-- it's not a rating scale. So when you complete the checklist, there's not really going to be a firm answer. Should I rely on this review? There will not be a total score. The checklist helps you organize the questions and your responses so that you can have that information readily at hand to help you interpret how useful is this review for your particular need.

So as I mentioned, the checklist will help you see the strengths and weaknesses of the review. And it'll help you determine its relevance to your particular need. Your situation will help you assess the applicability of a review depending on which elements are more important or critical for your particular purpose. Next slide, please.

So A-Q-A-S-R, or AQASR, was developed and published as a Word document originally in 2011 as a project of the National Center for the Dissemination of Disability of-- the National Center for the Dissemination of Disability Research. And it was funded by the National Institute on Disability and Rehabilitation Research, currently known as NIDILRR. But it was NIDRR back in those days. So the task force was led at that time by Dr. Marcel Dijkers of the Icahn School of Medicine at Mount Sinai. And we are very appreciative for his work in leading that task force and the development of the original AQASR document.

So the group focused on the importance of a number of questions that were identified from the literature that were related to quality of systematic reviews. So the questions helped the team determine which would be the final elements. Does the item or question address the quality of a review? For example, how the review was planned and conducted. Can the reader find the answer to the question by reading the review at hand? If you have to actually go to other sources to find that information, then the question is probably not that useful for this particular checklist document. So those questions were eliminated.

Does asking the question help readers to understand the strengths and limitations of the review? If that isn't available, then again, that's not going to be helpful information for the reader. So finally, does the question assist readers in making decisions about whether or not to use the review for their specific situation? So these questions were reviewed and modified over several months to come up with what the team felt were the most important items to develop the checklist. Next slide.

So now, I'm going to hand this off to Dr. Devin Dedrick, who will briefly discuss the steps of a systematic review, which provides the framework for the AQASR document and checklist. So, Devin.

DEVIN DEDRICK: Thank you so much, Joann. So before I get started, I am Devin Dedrick. I am a white male with reddish hair and clear framed glasses in a grayish collared shirt.

And I'll be talking through the next slide here. Well, we see a diagram on our left. And since we'll be tasked with assessing a systematic review, we could start there by introducing many topics and themes that will be useful to understanding AQASR as a tool and how each piece fits together. I'll be using the diagram on the left as a guide to examine systematic reviews from a broad perspective and break them down piece by piece.

So this diagram includes many of the common and most necessary steps to producing a systematic review. Starting with step 1, one can begin by assessing the target audience. So what might they need? What information are we looking to gather from this target audience? Et cetera.

And from there, we can narrow those needs to a focused clinical question or a set of questions in step 2. In step 3, the author would begin writing the systematic review protocol. In order to write the protocol, the author would need, what we have termed, tools.

But essentially, when writing the protocol, the research team would start by putting together criteria and produce guides that will help them provide a proper scope for their systematic review while making it clear to the reader what methods were used to assess the articles that were included in the review. And these tools are represented by points 2 through points 10, and include but are not limited to inclusion/exclusion criteria, abstract screening criteria, full text screening criteria, quality checklist or rating scales, extraction forms, and a set of synthesis procedures or code, and evidence grading scheme.

Now on to the key steps or actions the research team would make to perform the systematic review. In step 11, as you can see in the diagram, database searching, researchers would use inclusion/exclusion criteria, key words, and search terms. The abstract screening criteria would then be used by the team to scan the abstracts in step 12.

Next, the full text screening material would be used for the full text screening in step 13. From there, some sort of tools aren't always utilized in systematic reviews, but are certainly recommended. For instance, the quality checklist or rating scale can be used to assess methodological quality of an article that is to be included in the systematic review for step 14.

Then, when extracting the data in step 15 from the articles the research team have deemed to be acceptable for the scope of work, the extraction form that was previously made would be utilized. And once the data are extracted, the code or procedures that have been put together will be used to synthesize the data in step 16. Finally, to draw conclusions and make recommendations in step 17, authors can use the evidence grading scheme to help support some of the conclusions.

So to quickly recap, the key steps of actions authors would make to produce a systematic review are listed on the right. Essentially, we need to generate research questions, search databases, screen abstracts, review full text articles, assess the methodological quality, extract the data, synthesize the data, and finally draw conclusions from the data. And now, I'll pass the presentation back to Joann, who will walk through how to navigate AQASR-- the checklist through the website.

JOANN STARKS: OK, thank you very much, Devin. So we've got a few screenshots here to help you figure out how to get to and make your own AQASR checklist. Next slide, please.

So this first screenshot is on using AQASR. And it's how to use the A-Q-A-S-R, or AQASR. There is a link that you can actually copy and paste if you wanted to. But if you go to the site, you will see on the left-hand side margin a number of items. And the first one I've got there is "how to use." This online tool provides questions in 12 separate sections for all systematic reviews. And there's an option to select questions for several different types of studies, including interventions, prognostic studies, diagnostic accuracy, studies of quality of measurement instruments, and economic evaluations.

So again, on the left, one of the other items is about AQASR, why it was developed, and who participated, the information that I just shared. Next is the introduction to the process of creating systematic reviews. And that basically expands a little on the framework that was just explained by Devin.

And then two other items are References and Further Reading. We have a listing of all the different references and further reading items that are provided for each of the 17 sections of the tool are collected here in one document. And then we also have a glossary that contains definitions for terms used within AQASR. And we also have a list of other terms related to assessing the quality of systematic reviews.

And if you can see at the bottom two lines on this screenshot, the words meta-analysis and synthesis are highlighted in green. Those indicate that they are in the glossary. And if you hover over them with a mouse you get the definitions. OK, let's go to the next slide.

OK, creating your AQASR checklist. So you can see again on the left-hand margin, if you go down to the bottom, Your Checklist, and there's a link for Create Your AQASR Checklist. And here, you'll be able to follow the links within the system to keep track of all of your steps. We did not do a live demo because we just felt it would be difficult for everybody to be able to follow along. And once you start in the process, what you see might be a little bit different because it will remember that you were there before. So let's go ahead and go to the next slide.

When you go to create or edit your AQASR checklist, you'll see several different options. On the left, you can still access how to use AQASR at any time. You can go back to that page. And it tells us at the top that you can either create an account or log in if you already have an account.

And we do have a demo option. If you would like to see the checklist without signing up for an account, you can log into the demo account, although you will not be able to save information in the demo. But you'll be able to see all the pieces and parts of the checklist. Excuse me.

The next section shows where you will log on or create your account. In the first time you would go, you would register for an account. And also there's an option to change your password if you've forgotten your password. So we'll go on into the next slide.

This is the registration box. And the required information includes your email address, which will also be your user ID, your first and last names, and your institution or organization. There is a verification box to prevent automated submissions. And then you will press the Register button. Next slide.

This is the Configure Your Checklist. This is where you will create your very first AQASR checklist. When you log in, you'll be able to open any saved checklist or create a new one. So the menu on the left side again shows the items that are available-- configure your checklist, save or print your checklist, change your password, or log out.

The right side, you can see the Configure Your Checklist. And it starts off with a name. We suggest that you put in the review name and the authors to help identify your checklist. This is what will print out when you print the document. This will be the-- whatever you put in here will be printed out as the name of your checklist. And you'll see it says Type of Systematic Review, Select Optional Questions. Let's go to next slide, please.

And these are the optional questions that showed at the top half. This is the bottom half of that same screen. So in addition to all the 12 items that are the elements of a systematic review, these are questions for the optional reviews that you could use.

So if your systematic review is a review of intervention or prevention studies, you click the Yes box. And whichever of these you click, those items will be added to your checklist. If none of them are checked, then obviously you won't have them, and it won't be there.

So once you've finished your selection, click the Save box. And your checklist will be saved. Next slide, please.

So this is getting really into the meat of the document. Once you've created your checklist, you can see off to the left-hand side the 12 items. These are the categories that follow the framework for a systematic review. And there's the questions were developed by the task force to help you determine the quality and the applicability of the review for your particular need.

So the first section is a systematic review question and its clinical applicability. So there are six questions in this section. This, again, is just the top of the page.

And so you can see that it has a little brief introduction. And then the first question-- do the authors ask a concrete, concise, clearly stated question as the basis for their review? And

there's where you would type in your notes to help you answer that question from where you found it within that review. Next slide.

This is the bottom half then of that. Once you go through it, the very end, you'll have the six-- this is the last of the six questions, RQ6. And you can see that there's the box for you to put in your notes. And there's the items to look for and the rationale. And then at the very end, you'll see that it says Save. And once you save the box, your checklist will be saved.

And if we could go back to the previous slide, once you finished, where it's highlighted a review question because that is the first section, you'll get a green check box showing you that you've completed that section. Then you would go on to the next section protocol. OK, let's go on to slide 20.

Next is printing your checklist. So once you save the copy of your checklist, you can log in at any time and return to it to update it. But if you are ready to print it out and see what you have, then on the right-hand side, you can see where it says print. You could click that print box.

So when you click Print, you can see that-- you will see your entire review and you can print any part of it or you can print the entire document. You can copy and paste parts of it into a Word processor. You can use your web browser's print feature. Or you can save it to a PDF file. And when it's complete, then you can see on the left-hand side, you can go to log out. So next slide.

So the final items there under create or edit your checklist are, in addition to configuring and saving and printing your checklist, you can change your password as needed. And then you can go ahead and log out. So this is a brief introduction how to go through the parts of the checklist. And Devin is next going to be sharing an example AQASR checklist that he's created for a specific systematic review. So, Devin.

DEVIN DEDRICK: Thank you, Joann. Now that we've covered the general topics and how to navigate the tool through the website, let us get into the demonstration where I'll first cover an overview of each of the sections within the tool. And then, we'll move on to the demonstration part, where I'll be giving a few examples from some of the selected items. And some of the items within the tool were omitted purely due to time constraints, as filling out the entire tool would be very comprehensive. So if anything looks like it's missed, this was just purely removed for time.

And here, we have all of the AQASR checklist items. You may remember them from a few slides ago. And users can select them when filling out the online tool.

On the left, all of the standard checklist items are ones researchers would typically find across all or at least most systematic reviews. However, within those items, there are several optional items, where if you answer yes, you may not need to answer the following question. Or if you answer no, you may not need to answer the following question. So ultimately, this tool is used to support people who read systematic reviews. So when working on your own, feel free to be as detailed as you see fit. And on the right-hand side, we have the additional items that are used in particular cases that would only apply if the systematic review covers a particular topic.

For the example today, we'll be using the present study. And this one examines multifaceted interventions and their use for supporting community participation among adults with disabilities. To give more background on this topic, multifaceted interventions are interventions which target two or more individual or environmental characteristics in different domains.

So, for example, as used in the present review, many factors affect the outcome of integrated competitive employment for people with disabilities. Among those factors there can be points of interventions related to a few different domains, namely, number one, the individual, such as their work experience, social skills, level of support, needs, their education or training. Number two, the employer or workplace-- so does this employer have disability awareness, a given level of accommodation or accessibility? And number three, the community-- so access to transportation or proximity to the workplace.

So a multifaceted intervention in this case would integrate a number of these factors together in one. To learn more about this systematic review and follow along with the demonstration, more information can be found at the links provided here. And we should be able to drop the link to the full article in the chat, if it hasn't already been done so.

Across the upcoming slides, I'll be pulling quotes and providing a page number for each example to give you all an idea of how one can put together their own AQASR checklist. But there are a variety of ways in which you can use this tool. So I just want to reiterate that this platform gives you the freedom to be as detailed as you would like.

So starting with the first set of items in AQASR, the review questions-- do the authors ask a concrete, concise, clearly stated question as a basis for their review? So things that we would want to look for this question-- a specific, well-defined question, including overall conceptual framework, specification of population, settings, conditions of interest and outcome. And overall, I believe this review does accomplish this task. In this case, the review questions were, for one, what are the reported community participation outcomes of multifaceted interventions targeted on adults with disabilities? And two, what are the identified components of effective, multifaceted interventions?

So I found this line in page 6. I copy and pasted it into the text box, and I moved on to the next item, which is RQ2. But for the purpose of this demonstration, I'll skip right to RQ4, which asks, are the outcomes of interest described or defined? For this, we would want to look for explicit definitions of outcomes and justifications for outcomes chosen, including the degree to which these outcomes are meaningful to patients, clients, clinicians, et cetera. And we may see inclusion of both positive and adverse outcomes in this case. But for this, for the purpose of this example, there were no adverse effects.

Again, I think this review does a good job of outlining the outcomes of interest. So I copy and pasted from page 8, and I moved on. And for the purposes of this demonstration, I'll be skipping the next set of items which pertains to protocols, and jump straight to database searching, which is actually the third set of items in AQASR.

OK, for database searching, our first item is where the methods for locating evidence-- were the methods for locating evidence described? And we would look for some sort of description of how studies and reports were identified using one or more of the following methods. So bibliographic database searching, gray literature searching, hand searches, correspondence with experts, ancestor searches, descendant searches-- there's a lot of different methods for finding articles.

And for this instance, I found a good response on page 3. Again, I copy and pasted. And then I moved on to DB2, the next item. But for this demonstration, I'll jump to DB9, which asks, was the gray literature searched for primary studies?

So it was pretty clear that-- this one was actually included in the answer or response for DB1. So it was pretty clear that they had made an attempt to search the gray literature. And I copy and pasted that again from that little section on page 3 and moved on to the next item. And I'll move on to section 4, which is about other searches.

And I'll run through this section pretty quickly because typically when the primary search does a sufficient job, there is not much left over to do additional searching, especially in the case of the present review, where multifaceted interventions and disability work was the scope of their search. And since this was somewhat of a narrow area of research, the authors were pretty plugged into the topic as well. So there wasn't as much to do.

In any case, a couple of questions from this section ask, for instance, OS1, were experts and prolific authors asked to identify published or unpublished studies? For the case of the present review, the answer was no. And question two, were the reference lists of identified publications reviewed for additional studies?

So again for the first item, there were no instances where the author reached out to other researchers. And for the second item, sometimes researchers will be able to identify additional articles in their scope from other systematic reviews they come across in their search. But in this instance, it was not the case. And the primary search was sufficient. But this area is just unfortunately under-researched and likely requires more attention in the future.

Now, with the search limitations, I jumped to SL5, the fifth item in this list of items, in this section. And this question asked, was the literature collected limited by the research design? So some things we would want to look for would be some sort of statement regarding the research design of publications included or included in or excluded from the review.

And usually, they may provide some sort of justification for why the included literature was limited by the research design. On page 7, I found a pretty simple explanation of the search limitations where they included randomized controlled trials and quasi experiments. But they excluded case studies, single case designs, and qualitative research.

And then on to SL6, we ask if the literature collected was limited by the type of intervention. And this response was pretty clear for the present review on page 8, because the whole purpose of this review and in the example was revolved around the type of intervention. So they give a pretty thorough response there.

And on to the next section, onto scanning, where we have the first item, which reads, did the author specify the inclusion and exclusion criteria used for screening abstracts? On page 7 and 8, I found a response that provides a statement describing the type of target sample, the intervention outcomes and setting, which follows roughly a PECOS format, which is pretty common in systematic reviews. And this is important because we need to have a clear understanding of the population of patients, clients, et cetera, on whom the review is focused and for which full text reports and articles will be selected, as well as clear description of the intervention.

Moving on to the third item in scanning, where we ask, were all abstracts of studies reviewed by two or more persons independently? On page 11, we can see that the line that I pulled and put into the text box, the abstracts were screened in pairs and decisions were made jointly. And this is just another important part to note, because if abstracts were just screened by one researcher, the results could be biased. Two is really the minimum reviews, 10 to shoot for.

For the next section on methodological quality, we ask if there were tools or instruments used to assess quality. And in the case of the present example, the authors used N-T-A-C-T, N-T-A-C-T, which rates the quality of included studies. This passage I pulled from page 3. And in the

present example, they found 13 of the included articles were deemed acceptable according to this tool, and two were considered high quality.

And then we can move on to the next section. Looking at the data extraction set of items, we are mostly concerned with how the data were pulled in. So we ask questions, such as were study data extracted by two or more persons independently? And is the experience or qualifications of the data extractor specified? In both responses, we can see on page 3 and page 22 respectively that the authors pretty clearly outline the procedure for independent extraction from two reviewers, where they compared results, and detailing the experience and qualifications of the extractors are described in roles and responsibilities.

This was a section in the article that I didn't paste into the full passage into this section here because it was quite a long section. But I could always refer back to the article. And in any case, you could always paste in longer sections in your example.

But as with any study, the quality of the results depend on the expertise of those conducting the research. Most systematic reviews, both methodology specialists and clinical specialists should be used. And in the case of the present example, the roles and responsibilities section was pretty comprehensive and used their team wisely for this recommendation.

Now moving on to some of the final steps for the synthesis section, the authors ran a meta analysis and are using an appropriate package. And this information was found on page 12 of the article and overall does a pretty good job to describe how the data were brought together. A systematic review can only answer the clinical question if it finds and then summarizes the right type of evidence. And overall, I feel the present example, did a pretty good job.

In the discussion section, we ask in DI1, the first item of this section, are study limitations discussed? In other words-- search limitations, the effects of publication and other biases, strength of studies, decisions on synthesis, et cetera. And for DI1, the second item, publication bias was assessed using Egger's regression. And this can be found on page 10.

And I'll skip past the 11th set of questions, which pertain to the various section. And these questions did not really fit with the present example. So I'll jump straight to the final section on meta-analysis.

And in this section, we asked for the second item, was the heterogeneity of studies in terms of outcomes analyzed and reported? And we could pretty firmly answer this one, yes, by the article. The presented review does assess heterogeneity on page 12. And I copy and pasted the response into the text box.

Furthermore, the authors also provided a priori subgroup analysis on page 12. However, as indicated by the line in the text box, they were unable to perform the analysis due to the limited sample size. And that concludes the demonstration today. And I will move on to the summary slide and following questions, et cetera. Here we are. And I think this is for Ashley.

ASHLEY PURNELL: All right. Well, thank you, Devin. So I'm going to invite Joann and Devin to come back on to camera. And we can do a little bit of Q&A. I see that there's been quite a few questions going on in the chat. So thank you, Elizabeth.

And so, Joann, I know you've been responding to Rossmann in response to some of the questions. But it would be great if you could give a summary of some of the tools that you've been talking about in the chat.

JOANN STARKS: OK, well, some of the tools that were mentioned were AMSTAR. And AMSTAR was developed in 2007, I believe. And it's been recently replaced by the AMSTAR number 2. And AMSTAR was created to look strictly at systematic reviews of interventional studies. And then AMSTAR 2 expanded to be either randomized or non-randomized.

So another difference is that AMSTAR had 11 elements. And you could come up with a rating scale. If you answered yes or no, you would get a 1 or a 0. And then you also had can't answer or not applicable as options. So then you would have an actual score from 0 to 11, could be your options. So that you could get a score from that.

But it's so much more focused that it really wouldn't be that applicable in a situation of such as a disability research or things that are so unique and often have such very small numbers. So the AMSTAR 2 then does expand to include non-randomized trials. And also interestingly, they got rid of the actual rating at the end. So it's more similar to AQASR.

And we felt rather than come up with numbers, it was more important to just get all that information in one space so that people can interpret for themselves what's most important based on what it is that they want to use this for. Again, because it's so unique, really having a score is not going to help you. It'd be difficult to weight the items because you might weight something more important and stronger in a particular case. And it might be less important in another case. So rather than have a number like a rating scale, we wanted to just help you collect the most important information, have it in one space so that you would be able to refer to it when you needed to.

Rossmann had mentioned you could talk to someone else. Well, if you did talk to someone else, then that might mean you want to change it. You can go back in and edit your document and add that new information at any time.

So again, it's not something to take to the bank. It's something for you to use to keep notes for yourself about something that you've looked at. And whenever you need it, you'll be able to go back to it and print your document. Or like I said, you can edit it, update it at any time.

ASHLEY PURNELL: Thanks, Joann. And you probably answered this already in the chat, but one of the questions that was brought up, has AQASR been validated and published?

JOANN STARKS: It has not been validated and published. We did look at that possibility of validation. And we determined that it was not-- scientifically, we were not be able to really validate it, again, in part because of the fact that it's so unique in that each AQASR checklist that you use is just for your particular use in that particular situation. So to be able to validate it would be to broaden it, and it would be impossible to really have a tool that we could validate in such a way that it would have that kind of broad use. And then it would sort of lose its ability to just be helpful for you and your particular situation. And for the same reason it hasn't been published elsewhere either.

ASHLEY PURNELL: Great. And one of the questions was, how does the AGREE II tool differ from AQASR.

JOANN STARKS: AGREE and the AGREE II that replaced it is a tool for looking at clinical practice guidelines. It's not for really looking at systematic reviews. The clinical practice guidelines are developed when usually a team looks at, again, a wide range of research. So it could include a wide range of systematic reviews. And then they develop clinical practice guidelines to share with practitioners. And so the AGREE II tool is useful for assessing those practice guidelines.

ASHLEY PURNELL: OK, great. And then Rossmann asked another question, and it was, I know AQASR was designed kind of with disability research in mind. So are there any specific questions or is there anything specific that helps make this tool more relevant for disability research?

JOANN STARKS: Well, that is a really good question. And we did think about that. But as it turns out, all these elements are critical for the research background of the systematic reviews. So there's nothing really there that wouldn't be pertinent to other systematic reviews. So I think what AQASR has is that it was developed by disability researchers. So that helped them determine which questions were more important, maybe from that perspective in terms of helping them determine how applicable could certain information be to you in your specific situation.

ASHLEY PURNELL: All right. Thank you for that, Joann. So just to make sure I'm not missing any additional questions, does anybody else want to come off mute and ask any questions before we go on to the summary? OK, great. So if anybody has any additional questions, feel free to drop them in the chat.

I'm going to go over the summary. So thank you again, Joann and Devin for doing this presentation. The AQASR tool is actually available on the ktdrr.org website. The link is within the slides. We will be putting a copy of the slides as well as the presentation onto the website. So that will be available soon, and it will contain all the links that were shared during today's presentation.

We also would like for you to complete an evaluation. Elizabeth has dropped that into the chat. If you could please complete the evaluation, it helps so much us in designing and following up on these webcast presentations. And then if you'd like to view any of our past presentations, there were some references to additional webcasts in this presentation. The link is also within this slide deck, and I can drop it into the chat. And you can see some of the previous webcasts that have gone on and talked about content similar to this.

So with that being said, if there are no other questions, thank you again, Joann and Devin, for your presentation today.

JOANN STARKS: Thank you, everyone.

DEVIN DEDRICK: Yeah, thanks, everybody, for coming.