CORRESPONDENCE

Re: "Systematic Review and Meta-Analysis of Very Urgent Carotid Intervention for Symptomatic Carotid Disease"

Milgrom et al.[1] recently performed a systematic review that discussed the timing of symptomatic carotid interventions. It is encouraging to see many authors trying to answer this question. Although these interventions are commendable for stroke patients, there are necessary comments that need to be made in terms of this review.

The published article has incomplete reporting of the search strategy. Therefore, it is very difficult to know if the search was conducted poorly or just reported poorly. In searching literature databases, a search strategy typically uses the terms and their synonyms for each of the components of the PICO model that are related to elements in the research question. A librarian or search specialist to design and conduct the literature search is recommended to improve search quality.

The systematic review's aim is to assess the quality of included articles and heterogeneity, to disclose the risk of bias and conclude the level of evidence. The concluded level of evidence in a systematic review is an important source of both future research and clinical recommendations. Moreover, systematic reviews have to provide the effectiveness of interventions with the quality (level) of evidence of included studies.[2] Thus, to determine the level of evidence, we believe that adapting the Grading of Recommendations Assessment, Development and Evaluation approach is highly recommended and efficient.

REFERENCES

1 Milgrom D, Hajibandeh S, Hajibandeh S, Antoniou SA, Torella F, Antoniou GAA. Systematic review and meta-analysis of very urgent carotid intervention for symptomatic carotid disease. *Eur J Vasc Endovasc Surg* 2018;**56**:622—31.
2 Moher D, Liberati A, Tetzlaff J, Altman DG, PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Med* 2009;**21**:b2535.

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The GRADE Approach to Evaluating the Evidence on Very Urgent Intervention for Symptomatic Carotid Disease

Our evidence synthesis research group conducted a systematic review and meta-analysis of outcomes of very urgent ($<$48 h) vs. urgent ($\geq$48 h) carotid intervention for symptomatic carotid disease.[1] A prespecified search strategy was set and a thorough search was conducted of several bibliographic health and care sources using broad subject headings and keywords to capture relevant reports. Meta-analysis of 12 observational studies and one randomised controlled trial reporting a total of 5751 carotid interventions found that very urgent intervention was associated with increased risk of peri-operative stroke compared with urgent intervention, but there was no significant difference in mortality, transient ischaemic attack, or myocardial infarction.

Systematic reviews of the effects of health care provide essential information for making well informed decisions. Explicit judgements about the quality of evidence help healthcare professionals and policy makers draw conclusions and guide subsequent decisions. The certainty of evidence reflects the extent to which we are confident that an estimate of the effect is correct. The Grades of Recommendation, Assessment, Development and Evaluation Working Group (GRADE Working Group) has developed a system for grading the quality of the body of evidence, which has been adopted by several organisations. This system was applied in our review considering the within-study risk of bias, directness of evidence, inconsistency, precision of effect estimates, and risk of publication bias, using an online tool (https://gdt.gradepro.org/app/) (Table 1). For critical outcomes (stroke and death), the grade of evidence was found to be low (further research is very likely to have an important impact on confidence in the estimate of effect and is likely to change the estimate) or very low (any estimate of effect is very uncertain). Such an