European Association of Urology

Guidelines Patient Representative Handbook

Version July 2025

Guidelines

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1. Introduction

Every year the European Association of Urology (EAU) updates and publishes the EAU Guidelines. These guidelines contain recommendations which provide practicing clinicians with the most up to date, evidence-based knowledge for the prevention and treatment of urological diseases. These guidelines help clinicians weigh the benefit and risks of a particular treatment and assist them in identifying the most effective treatment options for their patients through a shared decision-making process. Ultimately, this ensures an improved standard of care for their patients.

2. What is the aim of this handbook?

This handbook is meant to help patient representatives understand how an EAU guideline is developed by explaining the steps involved. It is designed to make the process easy to follow and assist patients in understanding how the processes used ensure that the guidelines are trustworthy and meet the EAU's quality standards.

3. What are Clinical Practice Guidelines (CPGs)

Clinical practice guidelines are documents that provide recommendations for medical procedures, that help doctors and patients make decisions about their medical care. The recommendations are based on the best scientific evidence available and sometimes include expert opinion when scientific evidence is lacking. The CPG recommendations take into account what the patient wants, what is best for the patient as well as best for healthcare. They ensure that patients receive the right treatment for them and avoid treatments that do not work or could be harmful.

4. Who develops the EAU Clinical Practice Guidelines?

Currently, the EAU has 20 guidelines, and each one was made by a group of experts (urologists and other healthcare providers) who specialise in urology or a related field. These groups of experts form a panel. Each panel consists of a:

- **Panel Chair** - The panel Chair is responsible for overseeing the update of the guidelines. They provide direction to the group, ensure that the panel is communicating effectively, that deadlines are met and that the guidelines are based on the best scientific evidence available. They lead panel meetings and work with other groups and advisors to make sure the guidelines are accurate and helpful.

  The panel Chair must be aware of any potential conflicts of interest of the panel members and make sure they don't interfere with the guidelines. They set an example by completing their work on time and keeping everything confidential.

- **Panel Members** – The panel consists of panel members from various specialties including urology, gynaecology, radiology, oncology, physiotherapy, paediatricians, nursing specialists, patient representatives etc. They assist the panel Chair by evaluating the latest scientific evidence and updating the guidelines accordingly.

  A methodological expert (someone who has specialised knowledge and expertise in the methods and approaches used) also forms part of the panel, ensuring that the guidelines are developed and updated adhering to a rigorous and

transparent process.

- **Patient representatives** – Each panel has up to three patient representatives who offer their guidance ensuring that the views, experiences, and interests of all patients are considered when creating and updating the guidelines and recommendations. Patient representatives are also actively involved with patient groups to survey wider patient views.

- **Guidelines Associates** – Guideline associates are younger urologists, usually still in training, who support the panel members in creating guidelines. Two of their main tasks are to assist in abstract screening* and to perform systematic reviews*.
  *Please see definition for further information

5. Why should patients be involved?

Patients are involved in creating CPGs because it helps to improve the quality of care delivered to patients. When patients are involved in the process, the resulting guidelines are more patient-centred and considers the patients' unique needs, values, and preferences. This can lead to better adherence to guidelines by healthcare providers and better outcomes for patients.

The EAU Guidelines Office (GO) has a plan to ensure patients are involved from the beginning and throughout the process. This will help make sure that the guidelines take into account each patient's unique situation and needs.

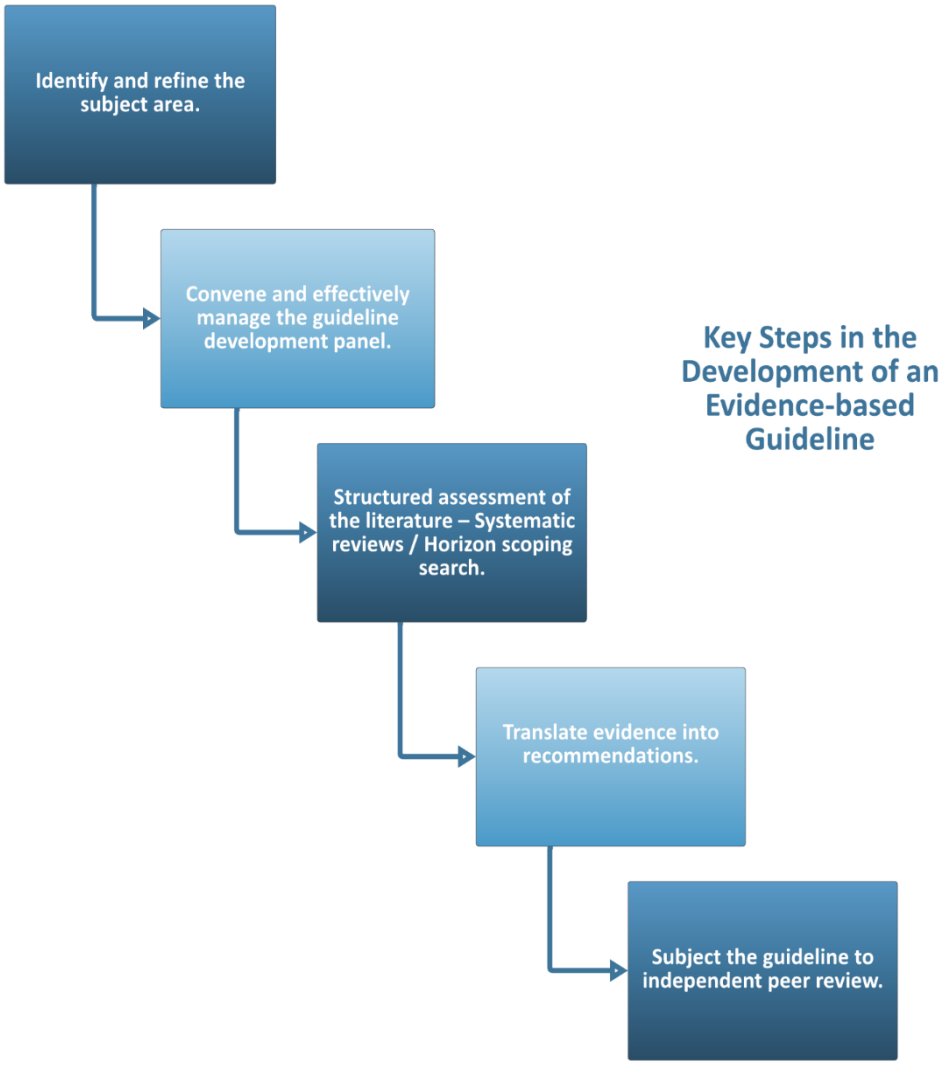
6. How are clinical practise guidelines composed?

Clinical practise guidelines are composed from the evidence generated after performing structured systematic reviews. The goal of these systematic reviews is to find all relevant evidence and create a comprehensive body of evidence that can answer clinical questions and identify gaps in knowledge.

To update the guidelines, regular literature searches are performed to add information and improve the quality of the guidelines. During the update process, consideration is given to the benefits, harms, patient, and stakeholder preferences when making recommendations.

When there is limited evidence, expert opinions or consensus findings may be used, but the strength of the recommendation will be limited. The guidelines only rely on expert opinions or consensus as the main decision-making strategy in areas where quality evidence is lacking.

Figure 1 Key steps in the development of an evidence-based guideline.



7. How are clinical practice guidelines updated?

Step 1

Every year (or every two years for some guidelines), a scope search is conducted to gather a summary of all newly published journal articles on a specific topic. The panel associates then read abstracts of the latest high-quality evidence published in medical literature, including journals and a broad range of studies related to a specific treatment or disease. This is known as the abstract screening phase. During this phase, the panel members assess whether the new literature meets the EAU guidelines' criteria. If the literature meets the criteria, the selected full text articles are sent to the panel members overseeing the specific subsection of the guidelines.

Step 2

Each panel member is assigned a specific section of the current guidelines text and receives all the full-text articles related to that section, that were identified by the associates. The panel members then conduct a detailed examination of every full-text article and perform a thorough assessment of the potential benefits and risks associated with any new care options presented in the literature. The primary aim is to ensure that the benefits outweigh the risks. Furthermore, they safeguard that any new knowledge gained from the article will contribute to enhancing the knowledge base presented in the current guidelines.

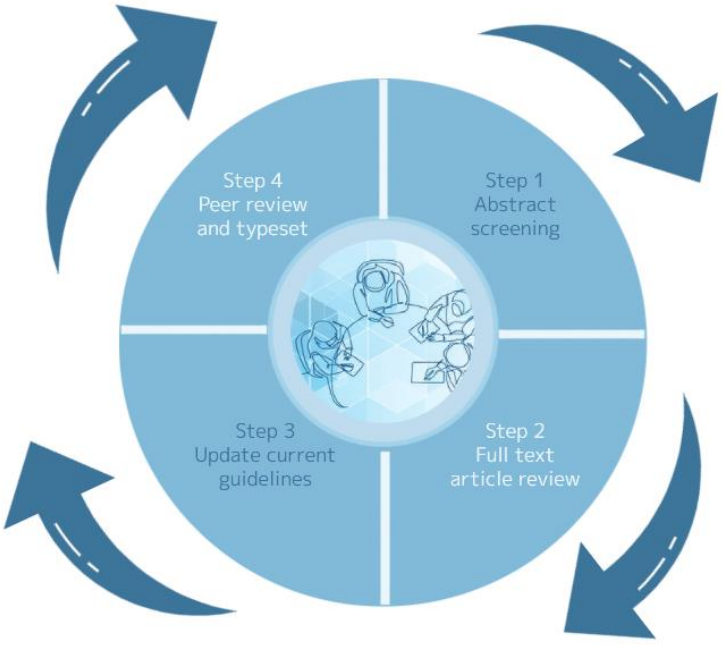
Step 3

Once all the relevant new literature has been identified, the panel meets to discuss the new literature and incorporate it into the current text. These meetings are held online or in-person.

Step 4

Every four years, the updated text undergoes a peer review process. This is an independent assessment of the quality and suitability of the guidelines. This serves as a quality control measure and provides valuable feedback to the panel. Once the document is completed, it is typeset and released during the annual **EAU congress**.

Figure 2: Clinical practice guidelines update cycle.



8. How are clinical practice guidelines structured?

Clinical practice guidelines start with an introduction, history, classification of the disease, followed by various diagnostic evaluations and how to manage the disease, either by conservative, medical or surgical management. Where possible, they end with a section on follow-up. How the guidelines are structured depends on the classification of the guideline (oncology or non-oncology). However, there is a standard format for each introductory section of every guideline, regardless of the topic.

Table 1: Standard requirements for all introductory guidelines' sections

Introduction Sub-headings	Description of content
Aim and scope	Overall scope and purpose of the guideline (clinical, healthcare, or social questions covered by the guideline). Also mention what has not been addressed and explain why.
Population to whom the guidelines apply	Population and/or target audience to whom the guideline applies (if this is not directly apparent from the title).
Panel Composition	Multidisciplinary panel, stakeholder involvement. Also rational for not including obvious groups.
Available publications	Brief description of all available scientific publications related to the guideline.
Publication history	Brief history on the guideline when it was first published and last updated.
Methods	Description of methodology used in which the level of evidence and strength of recommendation are addressed.
Review	Description of the guidelines peer review process.
Future Goals	If relevant, comment on the continual work within the panel.

Each guideline is formed by various chapters. The exact outline of the chapters depends on the guideline subject. For uniformity and ease of use, the guidelines panels strive to conform to either the oncology or non-oncology templates where possible.

Table 2: Oncology and non-oncology templates

Template	Chapters
Oncology	1. Introduction 2. Methods 3. The Epidemiology, Aetiology and Pathophysiology 4. Staging and classification systems 5. Diagnostic evaluation 6. Prognosis 7. Disease management 8. Follow-up 9. References 10. Conflict of interest
Non-oncology	1. Introduction 2. Methods 3. Guideline 3.1 Condition A 3.1.1 Epidemiology, Aetiology and Pathophysiology 3.1.2 Classification system 3.1.3 Diagnostic evaluation 3.1.4 Disease management 3.1.4.1 Conservative management 3.1.4.2 Pharmacological management 3.1.4.3 Surgical management 3.1.5 Follow-up

	3.2 Condition B (if applicable) 4. References 5. Conflicts of interest

Each main section of the CPGs ends with a summary of evidence and a recommendation that assists clinicians with deciding on what the best course of action is for diagnosis or treatment of a particular disease. An example of a summary of evidence and recommendation could be as follows:

Summary of evidence	**LE**
A medical history is an integral part of a patient's medical evaluation.	4
A medical history aims to identify the potential causes of lower urinary tract symptoms as well as any relevant co-morbidities and to review the patient's current medication and lifestyle habits.	4

Recommendation	**Strength rating**
Take a complete medical history from the patient.	Strong

The summary of evidence is always accompanied by a **Level of Evidence (LE)**, including a rating from level 1-4. Level 1a is the highest quality of evidence and is obtained from a meta-analysis of randomised controlled trials, with Level 4 being the lowest quality, based on clinical expert opinion or experience.

Level	**Type of evidence**
1a	Evidence obtained from meta-analysis of randomised trials.
1b	Evidence obtained from at least one randomised trial.
2a	Evidence obtained from one well-designed controlled study without randomisation
2b	Evidence obtained from at least one other type of well-designed quasi-experimental study.
3	Evidence obtained from well-designed non-experimental studies, such as comparative studies, correlation studies and case reports.
4	Evidence obtained from expert committee reports or opinions or clinical experience of respected authorities.

*modified from [5]

The final recommendation is accompanied by a strength rating of either **Strong** or **Weak**. To aid the panel with the decision of whether a recommendation has a **Strong** or **Weak** strength rating, an accompanied strength rating form is completed.

The strength rating form considers the overall quality, size (magnitude) and certainty of the evidence, the benefits to harms balance as well as the patient ideals, values and preferences. It also highlights where there is a gap in the current evidence [1]. All these factors are taken into consideration when assigning either a **Strong** or **Weak** strength rating.

Figure 3: Strength rating form

Guideline:

Section:	

Recommendation			
Strength rating	*Select*	Certainty of evidence	Select
Benefits to harms assessment		Select	
Patient values/preference assessment		Select	

Reasoning	
Please provide brief comments and reasons for the certainty of evidence and strength ratings given above, particularly for recommendations that have been upgraded or downgraded. Certainty criteria: High – further evidence is unlikely to affect the recommendation Moderate – further evidence from high quality studies may affect the recommendation if effect is high Low – further evidence from high quality studies is likely to change the recommendation Very low – the recommendation is largely based on panel consensus and other considerations such as patient values/preferences or benefit/harm balance	
Evidence gaps	
Change to recommendation/strength rating/certainty in this update cycle? Tick if yes	☐

The EAU guidelines office strives to ensure consistency is maintained throughout the document. A concerted effort is made to avoid any unnecessary inclusion of information, thereby encouraging presentation of the material in a more comprehensible format using tables or flow charts.

Prior to typesetting, the guidelines undergo scrutiny by at least two proficient English language speakers to ensure the adherence to standardised formatting and that quality control requirements such as spelling, and grammar checks have been performed to minimise errors.

The accuracy of the contents contained within the guidelines is taken seriously; it is the responsibility of the guidelines panel to ensure the authenticity and relevance of information provided. Despite this, it should be noted that guidelines cannot substitute a clinician's individualised guidance, and therefore all Guidelines text include the following disclaimer:

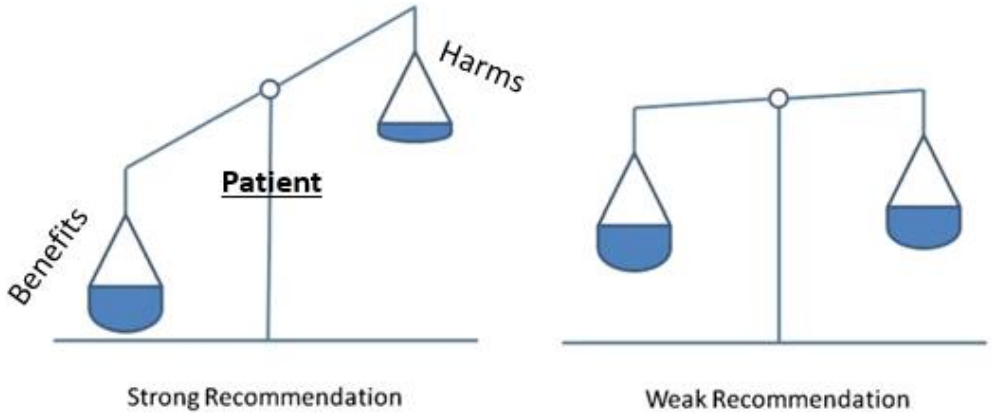
> *"It must be emphasized that clinical guidelines present the best evidence available to the experts. However, following guideline recommendations will not necessarily result in the best outcome. Guidelines can never replace clinical expertise when making treatment decisions for individual patients, but rather help to focus decisions - also taking personal values and preferences/individual circumstances of patients into account. Guidelines are not mandates and do not purport to be the legal standard of care."*

9. The role of the patient representative when assessing the strength of a recommendation?

Patient representatives have a unique role in providing feedback on both the balance between benefits and harms of a particular recommendation, as well as the patient's ideas, values, and preferences.

While clinicians may assume what their patients would consider an acceptable trade-off between benefits and harms, this approach is not ideal. Ideally, a large population of patients should be consulted on every question, but this is often not practical. Therefore, patient representatives' step in to provide their personal experiences and knowledge of others through the patient organisations they represent, to inform clinicians on their views regarding the balance between benefits and harms.

Figure 3: Benefit vs Harm



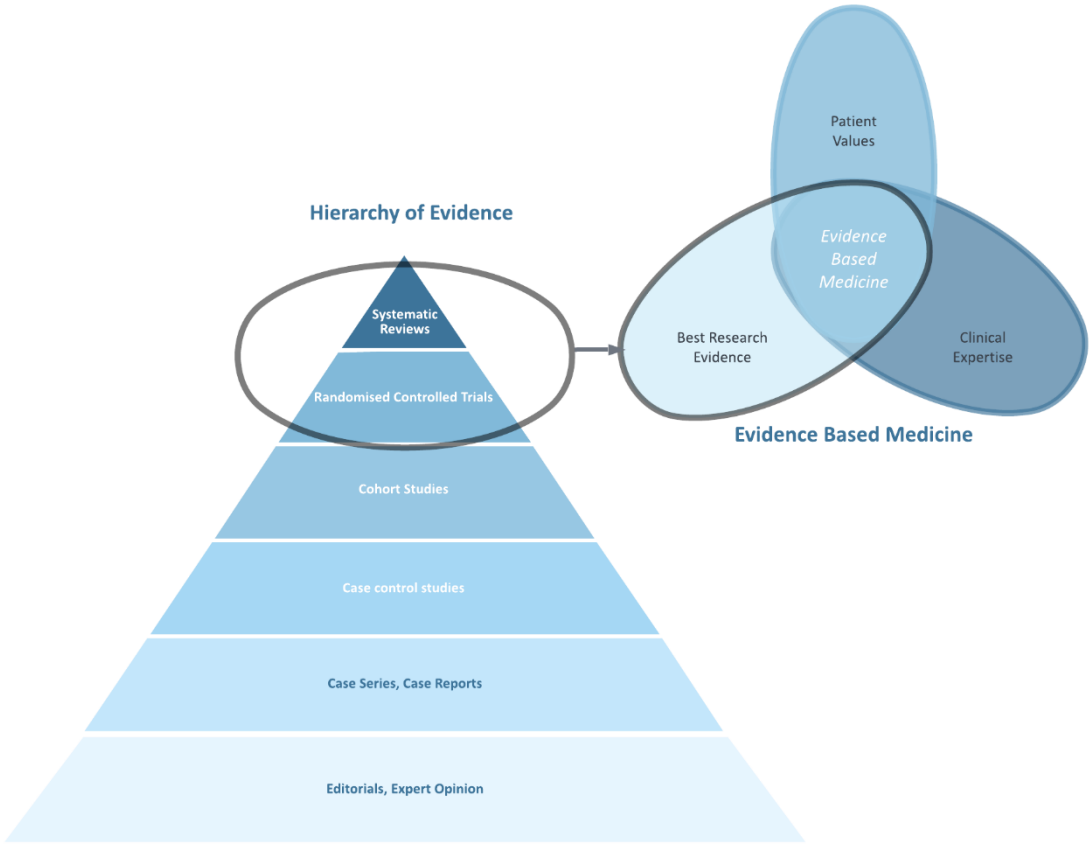
Patient representatives further inform regarding the patients' ideals, values and preferences, especially in instances where the benefit and harms ration are quite difficult to weigh up. In these instances, the patients' values and personal preferences are important.

With a strong recommendation, all or almost all fully informed patients will make the same choice, whereas with a weak recommendation, there is variability or uncertainty in what the fully informed patient may choose.

10. What is the hierarchy of evidence and evidence-based medicine?

The **evidence-based medicine** movement is an approach to patient care which embodies three crucial elements**: the best evidence, patient values**, and **clinical expertise**.

The **hierarchy of evidence** in clinical research is a way of ranking the strength of evidence from different types of studies. The strongest evidence comes from systematic reviews and meta-analyses of randomised controlled trials (RCTs). Next in line are individual RCTs, followed by observational studies, case series, and expert opinion. This ranking helps clinicians make decisions based on the best available evidence. However, it's important to consider the limitations of each study and carefully evaluate each article. The hierarchy of evidence helps improve medical practice by making sure decisions are based on the best evidence available.



11. What is the role and expectations of patient members:

As a Patient Member of an EAU Guidelines Panel, your role is to provide guidance that represents the views, experiences, and interests of all patients or people who use health services.

- You will work with the Chair and Guidelines Office staff to review information and provide a patient or caregiver perspective. This means that you will need to communicate effectively, participate in meetings and discussions, and follow instructions and timelines.
- You will also need to collaborate with patient associations and networks to gather wider patient views and preferences to inform guideline development and to disseminate guidelines.
- It is important to maintain confidentiality throughout the process.

By actively engaging in these tasks, you will help shape the guidelines to ensure that they are patient-centred and reflect the needs of those who use health services.

12. Preparing for meetings

As a patient representative, it is beneficial to be well-prepared for meetings because being better prepared and equipped to advocate, enables you to make a more meaningful impact in the guidelines development process.

First, before the meeting, contact your assigned Guidelines Office staff member to add any relevant

topics to the agenda (i.e. a discussion on informed decision making or any other topic you wish the panel to address). To enhance your understanding of the issues at hand, it also aids if you read through the agenda, guideline and/or papers before the meeting and make a list of topics or areas which you wish to address with the panel.

If there are any ambiguities or uncertainties regarding the meeting's topics or terminology, then communicate this with your Guidelines Office staff member for further clarification.

Lastly, it helps to inform other patient representatives of your attendance at the guidelines meeting and inquire as to whether they may be open for consultation during the time of the meeting via alternate means, such as email, app, or telephone. This is specifically valuable when you are uncertain of a larger population's view, if you do not have experience with all the stages of the disease being discussed and the different treatment options.

By taking these steps, you can be better prepared and equipped to advocate and make a meaningful impact as a patient representative.

13. How to make an impact

There are various ways in which a patient representative can make an impact and add value to the panel discussions:

- Understand that where the evidence is not strong, patient preferences can strongly influence the recommendation from the panel. Therefore, generate evidence where possible about the patient preferences (e.g., via polls, online forums, and discussion with patients). Your main source of information should be your own patient organisation and the exchange of information there.
- Do not feel overwhelmed by the medical jargon. Each panel has an assigned patient chaperone, and their goal is to support the patient representatives. Your Guidelines Coordinator will introduce you to the panel chaperone, so please feel free to sit next to this member of the panel and ask for an explanation when needed. Also, have a printed copy or your specific guidelines ready for consultation. The versions being updated are generally shared before the meeting, however the latest in print version can be found on the EAU website, here: https://uroweb.org/guidelines
- Remember to speak for all patients with the condition, not just your personal experience. It is however clear that you did not have all possible treatments in all possible stages of the disease, so rely on what your fellow patients told you about their disease.
- Recognise that there are parts of Guideline production that do not require patient input and are more technical in nature. Do not feel like you need to comment on everything. However, try to understand and follow the discussion, you will eventually come to learn and understand even the quite technical matters.
- Sometimes patients may not want to be treated at all. Feel free to remind the panel that shared-decision making should always be central, and **no treatment** is also a choice. Likewise, you may feel quite different from your fellow patients, you can bring both points of view to the table, ultimately the treatment decision should be the result of "**a discussion between clinician and patient**".

Remember to speak up when you feel the language is not entirely patient-friendly. For example, rather than saying "'the patient failed therapy" politely correct the language to "the therapy failed the patient". Also, do not forget that you are part of a team and that you are free to confer with other team members, even disagree, during breaks etc. But the deliberations of the team are confidential even though the final published guidelines are not.

14. What support do patient representatives receive from the Guidelines Office:

The EAU Guidelines office will provide you with training, guidance, and all the information you need to feel confident as a member of the Panel. A staff member from the EAU Guidelines Office and a nominated Panel Member will be available to offer help and support throughout the process.

You will also receive support from experienced patient representatives who act as mentors to the new patient representatives.

The GO will arrange all logistics for face-to-face meetings to meet your needs, including suitable overnight accommodation, when necessary, cover all costs meals and refreshments during the meeting, as well as any food and drink expenses incurred during travel. As a member of the Panel, you will receive free patient membership to the European Association of Urology.

If you have any problems or queries, please do not hesitate to speak up, whether it's during a meeting or outside of it. Your GO coordinator is always there to assist you.

15. Confidentiality

The EAU Guidelines Office will request all patient advocates and members of the EAU Guidelines panels to complete and sign a confidentiality agreement.

Confidential information includes, without limitation, the Guidelines (prepublication), the content of draft chapters, the meetings and discussions of the Guidelines Panel, and the development process for the Guidelines. Confidential information might be in written, oral, electronic, magnetic, photographic or any other form, and it loses protection under this provision only if or when it becomes generally known to the public.

*See appendix 1 for the confidentiality statement. The COI policy can be found on the EAU website, here: https://uroweb.org/eau-guidelines/methodology-policies.

16. Other useful information

16.1 Structure of the EAU Guidelines Office

Within the EAU CPG production is coordinated by the EAU Guidelines Office. The EAU Guidelines Office consists of:

The **EAU Guidelines Central Office** roles and responsibilities

- Coordinate all organizational aspects, including meetings, training, and document delivery.
- Manage project timelines and ensure adherence to deadlines.
- Interact with other organizations, guidelines panels, and patient representatives.

The **EAU Guidelines Office Board** roles and responsibilities:

- Guide and support guidelines development, including methodology, dissemination, and implementation.
- Promote continuous quality improvement and establish priorities for the strategic development of the guideline's projects.

The **EAU Guidelines Office Methods Committee** roles and responsibilities:

- Development and implementation of methodological standards across all EAU guidelines.
- Provision of methodological support and comprehensive training in systematic review methodology as well as overall quality control relating to all systematic reviews produced by the EAU Guidelines Panels.

The **EAU Guidelines Office Associates Committee** roles and responsibilities:

- Development and co-ordination of the EAU Guidelines Office Associates program that manages all senior and junior associates.
- Co-ordination and management of all ongoing systematic review activities.

The **EAU Guidelines Office Dissemination Committee** roles and responsibilities:

- Engage with National Societies to obtain endorsement of the EAU Guidelines.
- Ensure effective dissemination of EAU Guidelines and projects, including coordinating social media activities and promoting discussion and feedback from guidelines users.

16.2 Who is who in the EAU Guidelines Office

Guidelines Office Committee	Members	
EAU Guidelines Board	Prof. Dr. Maria J. Ribal (Chair) Prof. Dr. Anders Bjartell Prof. Dr. Steven Canfield Prof. Dr. Philip Cornford Prof. Dr. Caroline Moore	Prof. Monique Roobol Dr. Gianluca Giannarini Dr. Nuno Pereira-Azevedo Prof. Dr. Mauro Gacci Prof. Dr. James N'Dow (ex-officio)
EAU Methods Committee	Prof. Dr. Steven Canfield (chair) Dr. Imran Omar (vice-chair) Dr. Steven MacLennan Dr. Lorenzo Marconi Prof. Catrin Tudur Smith	Dr. Cathy Yuhong Yuan Dr. Arjun Nambiar Dr. Bhavan Rai Dr. Vasileios Sakalis Prof. Dr. Maria J. Ribal (ex-officio)
EAU Associates Programme	Dr. Gianluca Giannarini GO Central Office staff	
EAU IMAGINE Group	Prof. Monique Roobol Prof. Dr. Maria Ribal Dr. Steven MacLennan	Dr. Nuno Pereira-Azevedo GO Central Office staff
EAU Dissemination Committee	Dr. Gianluca Giannarini (Chair) Dr. Nikita Bhatt Dr. Vito Cucchiara Dr. Esther Garcia Rojo Dr. Jeremy Teoh	Dr. Claudia Mercader Barrull Dr. Vineet Gauhar Prof. Dr. Maria J. Ribal (ex-officio) GO Central Office staff
EAU Guidelines Central Office	Dr. Emma Jane Smith Ms. Julie Darraugh	Ms. Carla Bezuidenhout Ms. Hala Ali

	Mr. Robert Sheperd Ms. Natasha Schouten	Mr. Gene Madlon Ms. Maresa Botha

17. Appendix 1 – Confidentiality statement

European Association of Urology

CONFIDENTIALITY STATEMENT

I herewith declare that I will treat all information, which I will receive in relation to the production of EAU guidelines as confidential. I ensure that my staff will also treat this information confidential.

Confidential information includes, without limitation, the Guidelines (prepublication), the content of draft chapters, the meetings and discussions of the Guidelines Panel, and the development process for the Guidelines. Confidential information might be in written, oral, electronic, magnetic, photographic or any other form, and it loses protection under this provision only if or when it becomes generally known to the public.

Name:

Signature:

Date:

18. Appendix 2 – Definitions

Abstract Screening: In research, an abstract is a short summary of a study that gives you a quick idea of what the research is about without reading the whole paper. It helps you decide if the study is relevant to your interests.
At the beginning of each guidelines update cycle, the associates receive abstracts (summaries) of all the latest research papers released in the past year in a specific field of urology. The associates review these abstracts and decide if they meet certain predefined criteria and can contribute to the guidelines. If these identified abstracts are deemed relevant, the full text articles of these are then provided to the panel members for evaluation and review.

Bias: In a scientific research study or clinical trial, bias is a flaw in the study design or the method of collecting or interpreting information. Biases can lead to incorrect conclusions about what the study or clinical trial showed. There are many forms of bias, with publication bias occurring when studies with positive or significant results are more likely to be published than those with negative or insignificant results.

Clinical Practice Guidelines: Clinical Practice Guidelines (CPG) are tools used in everyday clinical practise to improve clinical care, harmonise global healthcare and manage healthcare related funds. It is therefore very important that CPGs are free of bias and present a balanced view of risks and benefits for all interventions (treatment options). The goal of CPG is to promote effective therapy and discourage/avoid ineffective or potentially harmful interventions.

Conflict of Interest: This occurs when a panel members personal interests, ie. family, friends, financial, research or social factors can compromise his or her judgment or decision making.

Evidence based medicine (EBM): This is an approach to medical practice that combines the best research evidence, doctors' expertise, and patient values. It involves carefully reviewing scientific studies to make informed decisions about patient care.

Evidence based medicine relies on high-quality evidence from well-designed studies, like randomized controlled trials,

to guide medical treatments. The goal of EBM is to provide healthcare professionals with the most reliable and up-to-date information to improve patient outcomes. It also recognizes the importance of considering what each patient prefers and values, when making decisions about their care.

Medical Intervention: A treatment, procedure or other action taken to prevent or treat disease.

Meta-analysis: A statistical analysis method that assesses and summarizes the results of different studies on the same topic. By combining the results from all these studies, a meta-analysis can provide a more powerful and accurate view of the results than any of the individual studies alone [2]. This makes the result more powerful and accurate and helps to find out how well a treatment works for a certain disease [4].

Patient Advocate: Acts as a liaison between patients and healthcare providers, advocating for the best interests of the patient and ensuring the quality of healthcare delivery. Patient advocates play a crucial role in various aspects of healthcare, including partnering with healthcare professionals to assess and treat patients, educating patients and their families about treatment plans, and advocating for patients when necessary. They can help bridge the gap between healthcare professionals and patients, ensuring that patients' voices are heard, and their needs are met.

Patient Representatives: A patient representative on a guidelines panel is an individual who represents the perspective and interests of patients in the development of clinical guidelines. Patient representatives are included in guideline panels to ensure that the patient's voice is heard and considered during the decision-making process. They provide valuable insights based on their personal experiences and can contribute to the development of patient-centred guidelines. Patient representatives participate in discussions, provide feedback, and offer input on various aspects of the guidelines, such as treatment options, outcomes, and patient preferences. Their involvement helps to ensure that the guidelines are relevant, practical, and responsive to the needs and preferences of patients.

Peer Review: Peer review is a process in which experts in a

particular field evaluate and provide feedback on a CPG before it is published. The purpose of peer review is to ensure that the guideline is of high quality, accurate, and based on the best available evidence. During peer review, authors are required to disclose any conflicts of interest, and reviewers provide feedback on the guideline's content, methodology, and overall quality. Peer review is an essential step in the development of clinical practice guidelines, as it helps to ensure that the guideline is trustworthy and reliable.

Randomised Controlled Trial: Randomised controlled trials (RCTs) are a type of study in which participants are randomly assigned to two or more groups for assessing different interventions [3]. This provides several advantages including:

- The elimination of selection bias.
- It facilitates blinding(masking), therefore conceals the identity of the treatment being received, and ultimately eliminating bias.
- It permits the application of statistical methods to the analysis of data.

Systematic Review: A systematic review is a way of doing research that looks at all the information available on a certain topic. It uses a structured approach to find, check, and summarise information. The goal is to give a complete and fair summary of what we know about the topic. Systematic reviews are important because they help doctors and researchers make good choices based on the best evidence available [2]

19. References

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