Table 8: Review protocol: monitoring

ID	Field	Content
0.	PROSPERO registration number	Not registered
1.	Review title	Monitoring
2.	Review question	What is the most clinically and cost effective strategy for monitoring OSAHS/OHS/OS (for example based on outpatient visits, download of data from devices or telemonitoring)? What is the optimum frequency of monitoring of OSAHS/OHS/COPD-OSAHS overlap syndrome?
3.	Objective	To determine the most clinically and cost effective strategy for monitoring OSAHS/OHS/OS, encompassing both modes of monitoring and their frequency
4.	Searches	The following databases will be searched: • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Embase • MEDLINE • Epistemonikos Searches will be restricted by: • English language • Human studies • Letters and comments are excluded. Other searches:

		• Inclusion lists of relevant systematic reviews will be checked by the reviewer. The searches may be re-run 6 weeks before the final committee meeting and further studies retrieved for inclusion if relevant. The full search strategies will be published in the final review.
5.	Condition or domain being studied	Obstructive sleep apnoea/hypopnoea syndrome is the most common form of sleep disordered breathing. The guideline will also cover obesity hypoventilation syndrome and COPD-OSAHS overlap syndrome (the coexistence of obstructive sleep apnoea/hypopnoea syndrome and chronic obstructive pulmonary disease).
6.	Population	People with OSAHS/OHS/COPD-OSAHS overlap syndrome Stratified by: OSAHS vs OHS vs COPD-OSAHS overlap syndrome Stage of treatment (<1 year vs >/= 1 year) Severity (mild vs moderate vs severe, based on AHI) Mild OSAHS: AHI >5 but <15 Moderate OSAHS: AHI >/= 15 but <30 Severe OSAHS: AHI >/= 30
7.	Intervention/Exposure/Test	• In person outpatient visits • Download of data from devices • Telephone follow-up • Telemonitoring Any of the above at any of the following frequencies: • No routine monitoring • 3 yearly

		• Yearly • 6 monthly • 3 monthly • 1 monthly • <1 monthly
8.	Comparator/Reference standard/Confounding factors	Any of the above methods at any frequency vs the same or any other method at any frequency
9.	Types of study to be included	RCTs will be prioritised, if insufficient RCTs are found for guideline decision making, non-randomised studies will be considered if they adjust for key confounders (age, sex, BMI, co-existing conditions) Minimum duration of follow-up 1 month Parallel or crossover studies to be included
10.	Other exclusion criteria	None
11.	Context	N/A
12.	Primary outcomes (critical outcomes)	Generic or disease specific quality of life measures (continuous) Mortality (dichotomous)
13.	Secondary outcomes (important outcomes)	• Sleepiness scores (continuous, e.g. Epworth) • Apnoea-Hypopnoea index (continuous) • Oxygen desaturation index (continuous) • CO2 control (continuous) • Hours of use (adherence measure, continuous) • Minor adverse effects of treatment (rates or dichotomous) • Driving outcomes (continuous)

		• Neurocognitive outcomes (continuous) • Healthcare contacts (rates/dichotomous) • Impact on co-existing conditions: o HbA1c for diabetes (continuous) o Cardiovascular events for cardiovascular disease (dichotomous) o Systolic blood pressure for hypertension (continuous)
14.	Data extraction (selection and coding)	EndNote will be used for reference management, sifting, citations and bibliographies. All references identified by the searches and from other sources will be screened for inclusion. 10% of the abstracts will be reviewed by two reviewers, with any disagreements resolved by discussion or, if necessary, a third independent reviewer. The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above. EviBASE will be used for data extraction.
15.	Risk of bias (quality) assessment	Risk of bias will be assessed using the appropriate checklist as described in Developing NICE guidelines: the manual. • Systematic reviews: Risk of Bias in Systematic Reviews (ROBIS) • Randomised Controlled Trial: Cochrane RoB (2.0) 10% of all evidence reviews are quality assured by a senior research fellow. This includes checking: • papers were included /excluded appropriately • a sample of the data extractions • correct methods are used to synthesise data • a sample of the risk of bias assessments Disagreements between the review authors over the risk of bias in particular studies will be resolved by discussion, with involvement of a third review author where necessary.
16.	Strategy for data synthesis	• Pairwise meta-analyses will be performed using Cochrane Review Manager (RevMan5). • GRADEpro will be used to assess the quality of evidence for each outcome, taking into account individual study quality and the meta-analysis results. The 4 main quality elements (risk of bias, indirectness, inconsistency and imprecision) will be appraised for each outcome.

		Publication bias is tested for when there are more than 5 studies for an outcome. The risk of bias across all available evidence was evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group http://www.gradeworkinggroup.org/ • Where meta-analysis is not possible, data will be presented and quality assessed individually per outcome. • WinBUGS will be used for network meta-analysis, if possible given the data identified. Heterogeneity between the studies in effect measures will be assessed using the I^2 statistic and visually inspected. An I^2 value greater than 50% will be considered indicative of substantial heterogeneity. Sensitivity analyses will be conducted based on pre-specified subgroups using stratified meta-analysis to explore the heterogeneity in effect estimates. If this does not explain the heterogeneity, the results will be presented pooled using random-effects.
17.	Analysis of sub-groups	• High risk occupational groups (for example heavy goods vehicle drivers) vs general population • Sleepiness – Epworth >9 vs Epworth 9 or less • Coexisting conditions – type 2 diabetes vs atrial fibrillation vs hypertension vs none • Type of treatment received – CPAP vs oral devices vs positional modifiers
18.	Type and method of review	☒ Intervention ☐ Diagnostic ☐ Prognostic ☐ Qualitative ☐ Epidemiologic ☐ Service Delivery ☐ Other (please specify)
19.	Language	English
20.	Country	England
21.	Anticipated or actual start date	
22.	Anticipated completion date	
24.	Named contact	5a. Named contact National Guideline Centre

		5b Named contact e-mail SleepApnoHypo@nice.org.uk 5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and the National Guideline Centre
25.	Review team members	From the National Guideline Centre: Carlos Sharpin, Guideline lead Sharangini Rajesh, Senior systematic reviewer Audrius Stonkus, Systematic reviewer Emtiyaz Chowdhury (until January 2020), Health economist David Wonderling, Head of health economics Agnes Cuyas, Information specialist (till December 2019) Jill Cobb, Information Specialist
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Centre which receives funding from NICE.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10098
29.	Other registration details	NA – not registered
30.	Reference/URL for published protocol	NA – not registered

31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	-
33.	Details of existing review of same topic by same authors	N/A
35..	Additional information	N/A
36.	Details of final publication	www.nice.org.uk