Annual Report 2024

MAGIC Evidence Ecosystem Foundation

Introduction

Message from the Chair

In a time when health systems face mounting pressures on multiple fronts, the need for trustworthy, accessible, and continuously updated clinical guidance is more critical than ever. The MAGIC Evidence Ecosystem Foundation continues to deliver solutions that meet this moment. Our commitment to a collaborative and synergistic evidence ecosystem—one that reduces research waste and ultimately improves patient care—is not only timely, but essential.

This year also marked a significant transition in our leadership. After more than a decade as CEO, Per Vandvik stepped back from day-to-day operations to assume the role of Chief Scientist, focusing on global partnerships and the future of evidence and guidance. On behalf of the Board, I want to express our deepest gratitude for Per's outstanding leadership since MAGIC's founding in 2010. His vision has shaped MAGIC into the influential, innovative organization it is today.

We are also extremely grateful to Chris Champion, who has stepped into the role of CEO with remarkable skill and dedication. The Board is confident that this evolution in leadership positions prepares MAGIC for continued growth and success in the years ahead, along our magnificent team and partners.

That journey is now guided by a renewed and ambitious five-year strategy, launched in 2024. It brings clarity to our mission, structure to our priorities, and focus to the change we aim to create. With a rapidly evolving MAGICapp, a growing network of global partnerships, and an exceptionally talented and dedicated team, we are building strong foundations for long-term impact.

On behalf of the Board, I extend my sincere thanks to every member of the MAGIC team, our partners, and our wider community. Your work is making a difference—and we're only just getting started.

Thomas Agoritsas
Chair of the Board

Reflection on the year

As we entered 2024, we had three key priorities for MAGIC as a Foundation, which included professionalising our ways of working, developing a new organizational strategy and engaging more people in the use of MAGICapp. This, of course, is in addition to the huge amount of research and product development that is always ongoing at MAGIC.

As you will see from this annual report, we have achieved a huge amount in 2024 including making excellent progress against the key priorities, some of which will always be ongoing.

Below in the MAGICapp section you can read about our improved customer support that is part of an overarching strategy to provide a high level of service to our users. We have added new multimedia learning content to our offering and developed an academy where this content is available to all users. We launched a new knowledge base and help system to provide a better support service to users and better options for self-service support for common issues. We have also remodelled our website.

There have also been changes behind the scenes like implementing a new CRM for better customer management and defining a new sales and onboarding process to give new customers a consistent experience. We will continue working on our professionalisation goals in 2025 with a new communications strategy to better engage with the MAGICapp user community amongst other goals.

The new organizational strategy was launched in Q3, 2024. This strategy gives us an opportunity to provide new ways of presenting ourselves and clarifies important areas such as the way in which we create change. This strategic framework has already proven to be useful for our internal strategic decision-making and we hope it will be a valuable way of communicating and engaging with all our partners across the world.

We have been pleased to introduce many new users to MAGICapp in 2024. Promotion of was centred around the Global Evidence Summit in Prague where we were a Silver Ambassador. This gave us the opportunity to showcase the work of the MAGIC Foundation and MAGICapp to the whole of the evidence community gathered in Prague, more than 1,800 people. We were delighted with the response, as we met hundreds of people and built new partnerships with people from all over the world.

We have also been increasing our online presence in 2024 to better communicate about our vision of an evidence ecosystem and share our work. Traditionally, Twitter was a major channel for our online interactions, but given the changes that have happened, we took the decision to move our activity to LinkedIn, where we already had a strong presence, and BlueSky, which is a new platform for us (*you can find us @magicevidence.bsky.social*). It appears that a lot of the scientific debate that used to happen on Twitter is moving to BlueSky, so hopefully this will be a positive environment in which to share our vision and engage with anyone interested in evidence.

As I look ahead to 2025, I am very excited for what MAGIC can achieve. We have an extremely strong research agenda with four major EU projects and various others within Norway, our user base of MAGICapp continues to grow rapidly, especially amongst those seeking to maintain living guidelines, and our consultancy work to support organisations achieve their goals of trustworthy guidelines is building year on year. I can't wait to see what the extraordinary team of Magicians will achieve this year!

Chris Champion
Chief Executive Officer

New organizational strategy

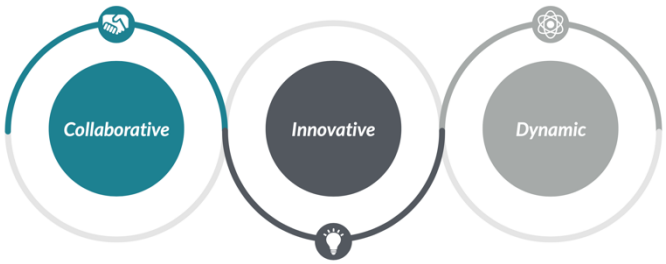
Our new Strategy which is a five year strategy taking us up to 2029 is a key tool for us to describe who we are and what we want to achieve. It will be a living strategy that will adapt to the rapidly changing context over the next few years, but we expect that the fundamentals of who we are, what we want to achieve and how we will approach that will stay the same.

We define ourselves as *clinicians and EBM experts on a mission to improve patient care globally by enabling the creation, dissemination and implementation of trustworthy guidance.*

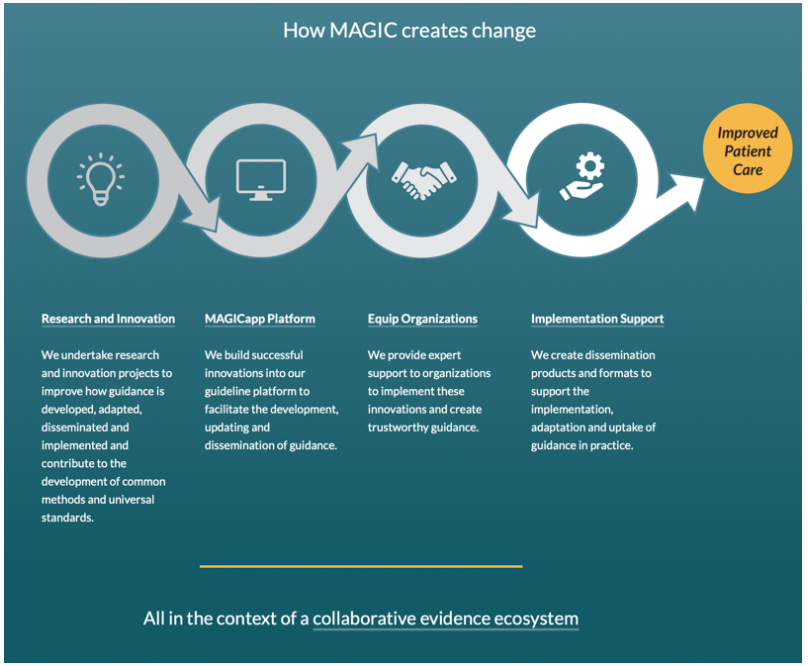
We achieve these goals through four interconnected areas of work:

1. Providing MAGICapp, an innovative guideline platform that facilitates the development, updating and dissemination of trustworthy and digitally structured guidance.
2. Providing expert support to organizations in the evidence ecosystem to implement trustworthy guidance standards, GRADE methods and more efficient processes.
3. Undertaking research and innovation projects focussed on improving how guidance is developed, adapted, disseminated and implemented.
4. Advocating for a connected, collaborative and efficient evidence ecosystem to reduce waste and improve health outcomes.

Our values: how we do our work



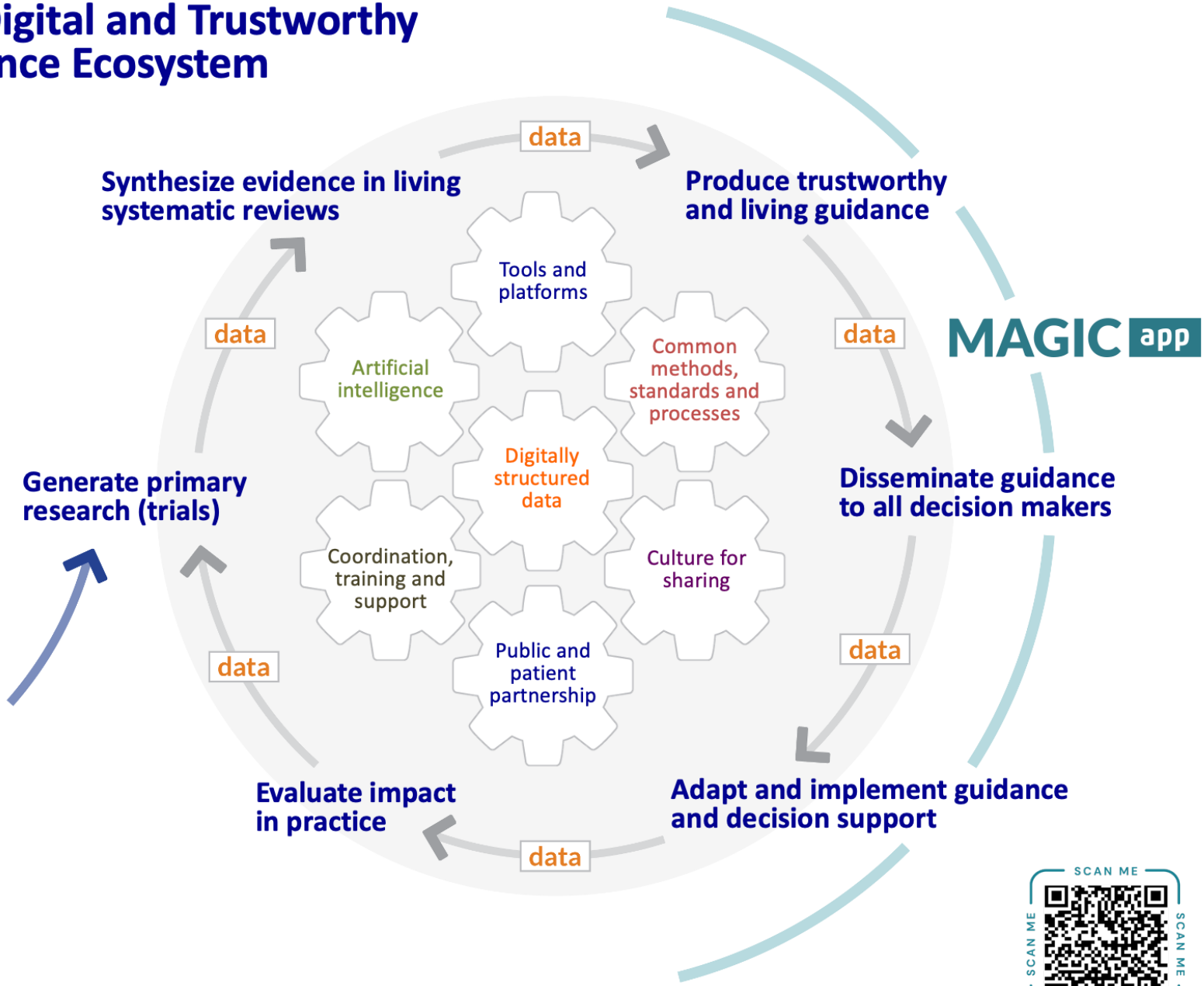
A new element is an illustration of how we create change. This explains how our various activities fit together into a coherent strategy to improve patient care globally.



Whilst this new graphic tells the story of how our activities work together to form a coherent strategy for achieving change, the MAGIC evidence ecosystem diagram remains critically important, as a means of communicating the fundamental principle of what MAGIC stands for.

We are more convinced than ever that a collaborative, efficient ecosystem is essential for achieving improved health outcomes globally and we continue to advocate for this and do whatever we can to encourage the uptake of this way of thinking and operating and this advocacy is embedded as one of our four goals.

The Digital and Trustworthy Evidence Ecosystem



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Evidence Ecosystem Video

MAGICapp

We are always updating MAGICapp with new features to make the platform the best it can be to support our users and make producing trustworthy guidelines as easy as possible.

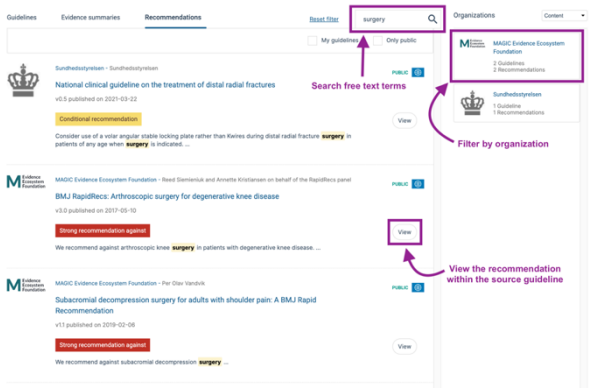
We had a particular focus on efficiency in 2024, which has involved developing new features that help to streamline processes. In particular, we have been making it easier for teams to work on very large guidelines, as that is where the efficiency gains make the biggest difference.

Examples of new features to increase efficiency include:

- Collapsable sections now allow you to expand or minimize all sections, or specific sections in the guideline. This improves navigation, especially in larger guideline, as you can minimize sections whilst browsing and then expand the sections you want to read or work on.
- Renumbering references is a slow and tedious process, so we have introduced an automatic tool to re-number references by citation placement.
- It is now possible to filter recommendations by unresolved comments, which provides a more efficient workflow for addressing feedback given in MAGICapp. We are interested in other ideas for how filters like this could improve the workflow, so do let us know what ideas you have.
- New "Info and Docs" section allows you to add information and documents so they are available for the whole author group. It is meant for internal information, and it is not shown to public users.

Discoverability of content has been another area of focus, starting with a new search concept called recommendation search.

- You can now search for recommendations across all guidelines in MAGICapp, using free text terms. This allows you to find relevant recommendations without having to know which guidelines they are in. Search results can also be filtered by organization.
- In addition, when looking at guideline or recommendation search results, you now have the option to filter by more than one organization at a time, allowing more flexible searching and filtering.
- Language is now shown next to guidelines and is available as a filter. So, as more guidelines are published in a range of languages, you can use this functionality to quickly access content in your language.



Finally, we have introduced new administrative features, including:

- A new feature in our version control settings allows you to decide which version is the current published version. This can be useful when creating new versions of a guideline for pre-publication consultation.
- A new feedback option allows users to quickly send the MAGICapp team feedback on MAGICapp from within the tool. The “Feedback” is in the top right corner, between the “Help” and “Resources” links.

This is all in addition to the behind the scenes work that has been undertaken to improve system analytics and upgrades to ensure that MAGICapp is built on the latest technology to give you the best and fastest experience we can.

Looking forward, we have done a lot of preparatory work on new features for 2025, including qualitative findings reporting and new and improved widgets, which will be released in Q1 2025 and support for multiple comparison data, which will be coming later in the year.

Improvements to MAGICapp support

We have been working hard to develop multimedia support content for our users and now have a wide range of videos on our MAGICapp Academy. These are mostly short tutorials focussed on distinct features, but there is also a full hour-long overview of the platform as well. We keep adding new videos and are always happy to receive suggestions.

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MAGICapp Academy

At the end of 2024, we launched a new knowledge base, which gives us more flexibility in how we present our help content. In future, we will be integrating multimedia content into the help articles and providing the widest range of support possible. The new knowledge base helps users find answers quickly, but it also allows users to create tickets for support if they can't find what they need.

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MAGICapp Knowledge Base

MAGICapp Usage

We launched a new analytics suite in 2024, which allows us to understand far more about the way in which MAGICapp is used. We are confident in the data held in these analytics from July 2024 onwards, so here we are reporting on 6 months of data, from 1 July 2024 to 31 December 2024. In future year we will report full year data.

187,925

Unique users

10,280

Authenticated sessions

In quarter 3 and 4 of 2024, we had 187,925 unique users accessing MAGICapp. The majority of these users were accessing the platform to read guidelines.

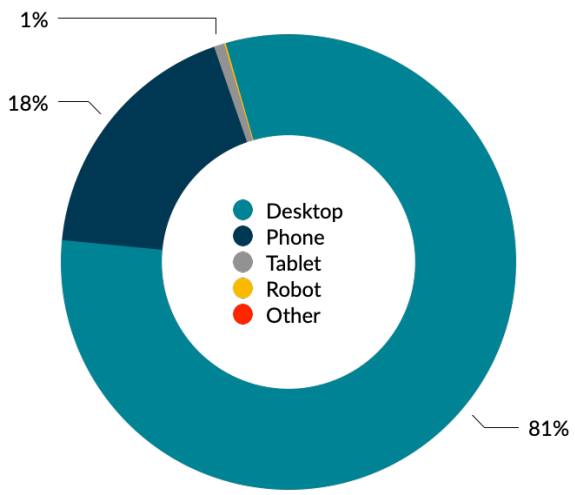
There were 10,280 authenticated sessions. Most of these will be people logging in to their MAGICapp account to do guideline development work in MAGICapp.

Top 15 most accessed guidelines in MAGICapp

1. WHO guidelines for malaria - 16 October 2023
2. Australian Pregnancy Care Guidelines
3. Australian and New Zealand Living Clinical Guidelines for Stroke Management - Chapter 3 of 8: Acute medical and surgical management
4. Australian and New Zealand Living Clinical Guidelines for Stroke Management - Chapter 5 of 8: Rehabilitation
5. Therapeutics and COVID-19: living guideline
6. Seponeringslisten - anbefalinger til seponering af hyppigt anvendte lægemidler hos voksne
7. Australian guidelines for the clinical care of people with COVID-19
8. Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)
9. BMJ Rapid Recommendations: PCSK9-inhbititors, ezetimibe and statins to reduce cardiovascular risk
10. Australian and New Zealand Living Clinical Guidelines for Stroke Management - Chapter 4 of 8: Secondary prevention
11. WHO guidelines for malaria - 30 November 2024
12. WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years
13. S3 Leitlinie Demenzen AWMF-Reg.-Nr. 038-013
14. An Australian Living Guideline for the Pharmacological Management of Inflammatory Arthritis
15. Australian and New Zealand Living Clinical Guidelines for Stroke Management - Chapter 6 of 8: Managing complications

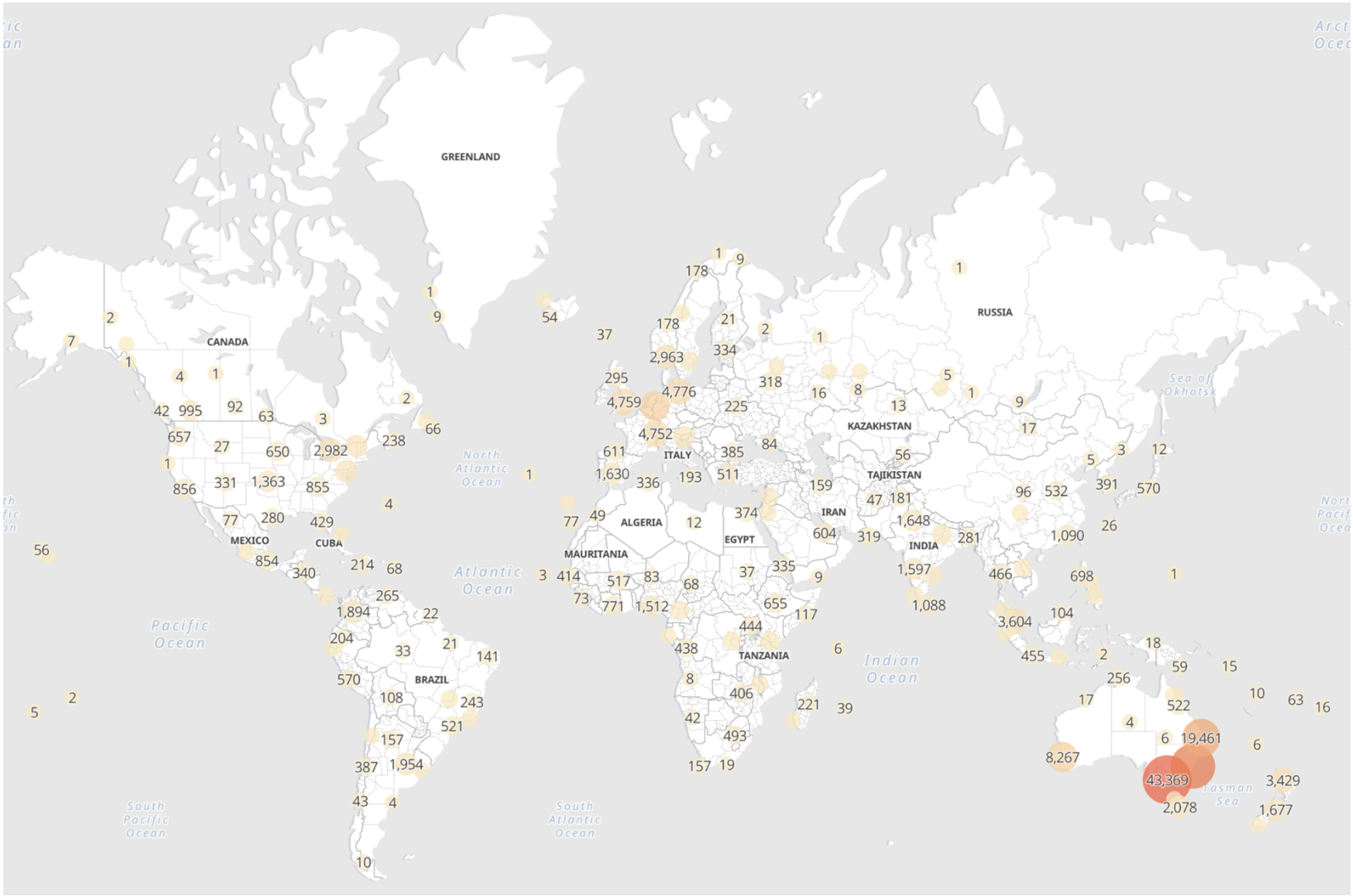
Device usage

MAGICapp provides an optimised reading experience for users on mobile devices, which is helping us reach users on the go and as is shown below, this now makes up 18% of our users. We factor this split into the priority setting in our development plans.



Geographic spread of usage

We are seeing usage all over the world, with clear hotspots in Australia, but otherwise quite an even spread with lots of activity in Africa and South America and South East Asia, which aligns well with our ambition to support a global evidence ecosystem. This map shows unique users over the period of 1 July 2024 to 31 December 2024.



Research and innovation

Introduction from our Chief Scientist

MAGIC has an extensive program of research and innovation activities performed in parallel with product development. These are all geared towards enhancing the evidence ecosystem for true impact on policy and practice; our long-term vision. Beyond continuing our work in 4 EU Horizon projects, REMEDY (funded by the Norwegian Research Council) and a record-number of ongoing BMJ Rapid Recommendations – we have launched two new research programs aiming to: 1) create trustworthy evidence on patient experiences, values and preferences and 2) enhance dissemination of guidelines by a range of mechanisms. Both these programs include education, through interactive and engaging online modules that also allows running global surveys, with real-time evaluation and research.

MAGIC is also scaling up efforts to allow Artificial Intelligence (AI) to enhance the evidence ecosystem in a trustworthy way. Beyond MAGICapp offering simultaneous translation of guidelines to multiple languages we initiated a range of projects. These include: 1) how to increase efficiency in evidence synthesis and the use of GRADE, 2) how to disseminate MAGICapp recommendations through the Large Language Models (LLMs) to provide trustworthy answers to clinical queries and 3) how to make use of the LLMs in moving from evidence to recommendations, and adapting those recommendations, based on IOM standards, GRADE methods and tools

Finally, the BMJ Rapid Recommendation on the use of Computer Assisted Detection of polyps during colonoscopy was developed in 2024 and published recently, exemplifies how trustworthy and living guidelines are a perfect fit for the rapid development of AI technologies and devices for use in clinical practice. It also shows how global collaboration is possible through MAGIC, with the American Gastroenterology Association and the European Society of Gastrointestinal Endoscopy publishing their guidelines based on the same evidence synthesis.

Per Olav Vandvik
Chief Scientist

BE SAFE

Overview

The BE-SAFE Project has achieved significant milestones this year in advancing the deprescription of benzodiazepines and sedative hypnotics (BSHs). While there were no expected deliverables for 2024, our efforts have focused on systematic reviews, guideline development, and international collaboration, ensuring impactful and evidence-based outcomes.

Key Achievements

Systematic Review and Network Meta-Analysis

A systematic review and network meta-analysis (NMA) were conducted, analysing data from 49 trials (58 reports) to evaluate the comparative effectiveness of deprescription interventions. The findings were submitted to the British Medical Journal (BMJ) in the form of a manuscript currently under peer review.

Rapid Recommendations Development

Significant progress was made in transforming the clinical guideline into a manuscript titled "Rapid Recommendations: BE-SAFE Deprescription of Benzodiazepines and Sedative Hypnotics in Insomnia Disorder: A Clinical Practice Guideline." This work was supported by collaboration with the Ottawa Hospital Research Institute (OHRI) team, led by Jeremy Grimshaw, which involved developing evidence-based guidelines and implementation recommendations as part of Work Package 2.3. Data from 49 studies were extracted and mapped using the Effective Practice and Organisation of Care (EPOC) framework, further supporting the deprescription systematic review.

Adaptation of Guidelines

The adaptation of deprescription guidelines in Norway and Belgium saw good progress, facilitated by the BE-SAFE Adaptation Core Group.

Ongoing Systematic Review on Non-Pharmacological Interventions

An ongoing systematic review and network meta-analysis focused on non-pharmacological interventions for chronic insomnia management. This extensive effort included screening 26,273 titles and abstracts, completing full-text screening for 2,251 reports, and including 359 trials (453 reports) covering 105 interventions categorized into 16 nodes. Preliminary results from the network meta-analysis and GRADE assessments for 10 outcomes based on Minimal Important Differences (MIDs) are under development.

Implementation Aspects

The team is conducting a secondary analysis exploring the implementation aspects of deprescription interventions. This work is ongoing and aims to provide deeper insights into the practical application of deprescription strategies.

Preparatory Work

In preparation for 2025, a BMJ Rapid Recommendations (RR) panel meeting took place on 6 December 2024, where the core committee discussed agenda items and scheduling for the upcoming year.

https://besafe-horizon.eu/en/home

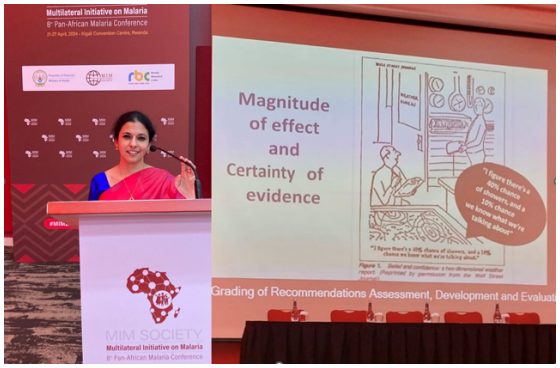
BE-SAFE

Funded by the European Union

MARC SE Africa

In 2024, the **MARC-SE Africa project**, funded under the European Union's Horizon Europe programme, continued to focus on translating evidence on antimalarial drug resistance into actionable policies to combat malaria. **MAGIC, leading Work Package 4**, concentrated on evidence synthesis and GRADE assessments to support policy and practice. Key achievements included the completion of a GRADE assessment for the WWARN Individual Patient Data Meta-Analysis on the efficacy and safety of single-dose primaquine to interrupt *Plasmodium falciparum* malaria transmission in paediatric patients compared to adults. This work is now **submitted to *The Lancet Infectious Diseases***, and the pre-print is available at this link. View publication

Additionally, our team developed **SPICE-GRADE**, a methodology linking molecular markers with patient-important outcomes. Initially developed for antimalarial resistance, SPICE-GRADE has potential applications in broader antimicrobial resistance (AMR) contexts, addressing indirectness in evidence synthesis.



At the **8th Multilateral Initiative on Malaria (MIM) Society Conference** in Kigali, Rwanda in April 2024, a presentation titled *Dissemination of Evidence-Based Treatment Guidelines and Decision Aids – Reaching Health Care Workers and Beyond!* focused on dissemination strategies for trustworthy clinical practice guidelines using the MAGICapp platform.

At the **Global Evidence Summit 2024** in Prague, the presentation *Challenges in Evidence Synthesis for Antimalarial Drug Resistance in Sub-Saharan Africa – A Causal Pathway for Evaluating Indirectness Using the GRADE Approach* addressed the complexities of synthesising evidence for policy relevance, showcasing the use of causal pathways in this process.

Our team also collaborated with GELA team to develop and pilot *infographics for guideline dissemination* and *designed a survey*, now under ethical review, to identify the most effective guideline dissemination methods for healthcare professionals. Discussions with Uganda, Tanzania, and Malawi have been initiated to explore participation for development and implementation of malaria guidelines.

MARC SE-Africa

Funded by the European Union

GELA

The Global Evidence, Local Adaptation project (GELA) aims to enhance evidence-informed guideline recommendations on newborn and child health in Malawi, Nigeria and South Africa.

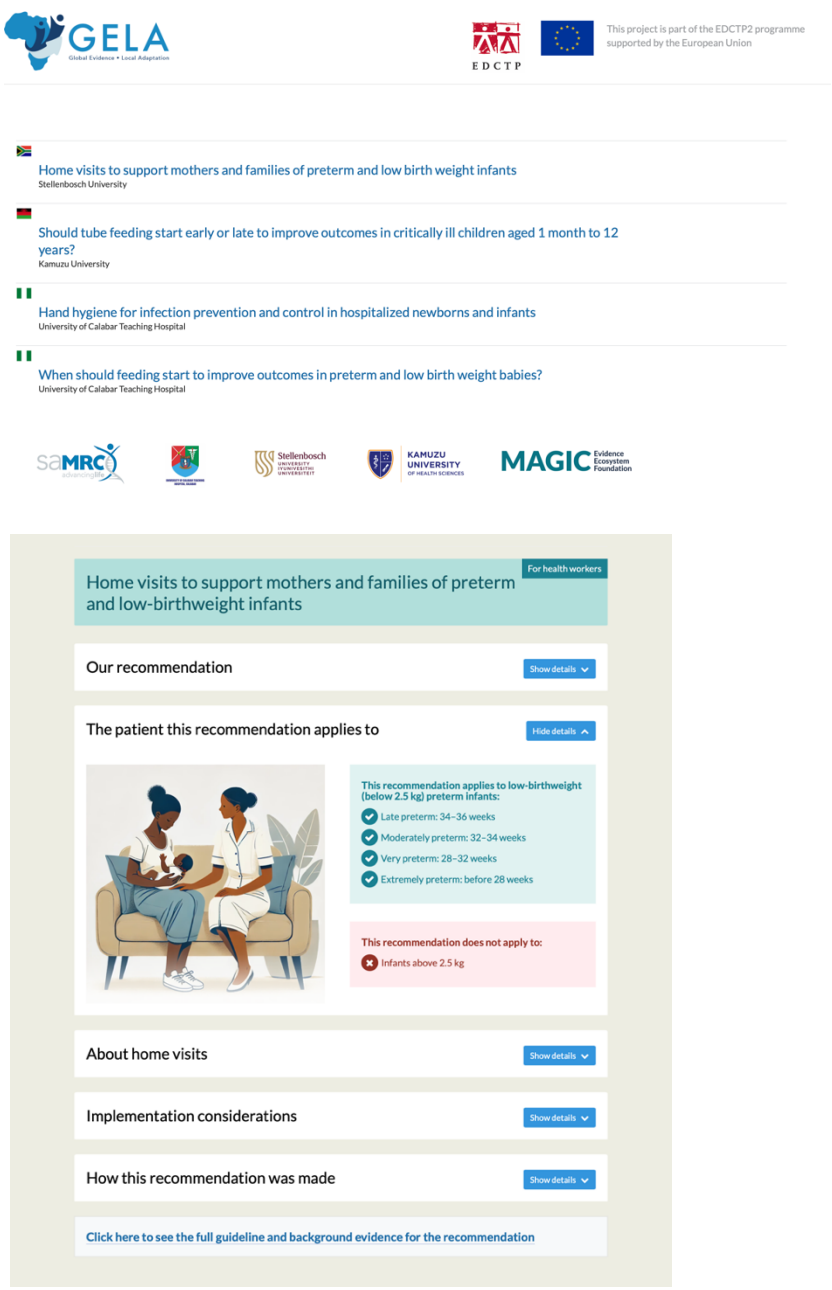
In 2024, GELA partners in the participating countries have developed/adapted guidelines on selected priority topics, and MAGIC has produced guideline summaries/infographics for disseminating the recommendations to various users. One innovation from this work has been the use of AI to create design elements and contextualized illustrations for each of the clinical topics. To ensure that the guideline summaries/infographics developed in GELA are understandable and useful for their target audiences, MAGIC carried out user-testing interview in Malawi and South Africa. Learnings from these interviews will help improve the final dissemination products to be completed in 2025.

The impact of a guideline relies on effective dissemination. Therefore, MAGIC has launched a research program to optimize the dissemination mechanisms for trustworthy guidelines. In 2024 we completed a systematic review focusing on guideline dissemination mechanisms in resource-constrained settings (the protocol has been accepted for publication in Clinical and Public Health Guidelines, and the manuscript for the systematic review is in preparation). We also distributed a survey via GELA stakeholders to learn more about how health care providers in sub-Saharan Africa use clinical practice guidelines, including barriers, facilitators and unmet needs.

Explore the interactive GELA infographics we have created at: https://portal.magicevidence.org/gela/

GELA
Global Evidence • Local Adaptation

Funded by the European Union



OperA

Over the past year, as part of the OperA project, we reached several major milestones:

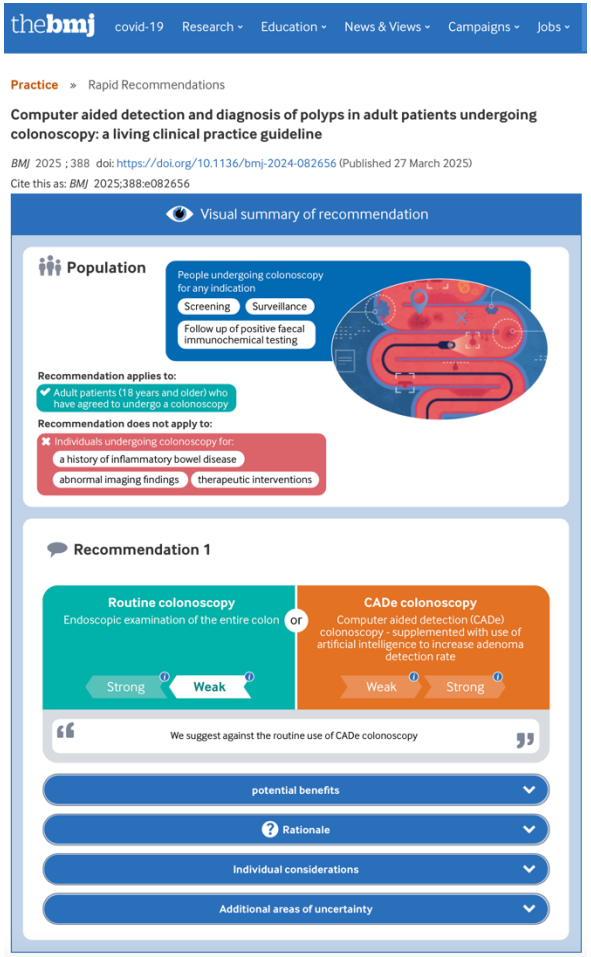
We completed the first draft of our Rapid Recommendation on the use of CADe, marking the first formal clinical practice guideline on AI in medicine.

In collaboration with the AGA, we finished multiple evidence synthesis projects that support this guideline.

We showcased our successful partnership with the AGA at the Global Evidence Summit in September.

We submitted the first draft of the guideline to the BMJ, and because it is a living guideline, we plan to publish several updates. The first iteration focuses on a patient-centric approach to AI, while future iterations will address the societal perspective of CADe. We will also develop an iteration that focuses on both CADe and CADx (detection plus diagnosis).

Through our collaboration with the AGA, we launched and contributed to a living systematic review of all CADe trials. We also conducted reviews to examine care providers' attitudes toward AI and a separate review to explore patients' values and preferences. Because no trials to date have addressed patient-important outcomes, we partnered with the University of Oslo to conduct decision modeling. This model extends beyond endoscopy outcomes to capture patient-important outcomes such as mortality and cancer incidence. We also submitted these findings to the BMJ, where they are currently under review. This model serves as the foundation for cost-effectiveness assessments, which will inform our upcoming recommendations on CADe from a societal perspective.



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Read the living guideline here

OperA

Optimising Colorectal Cancer Prevention through Personalised Treatment with Artificial Intelligence

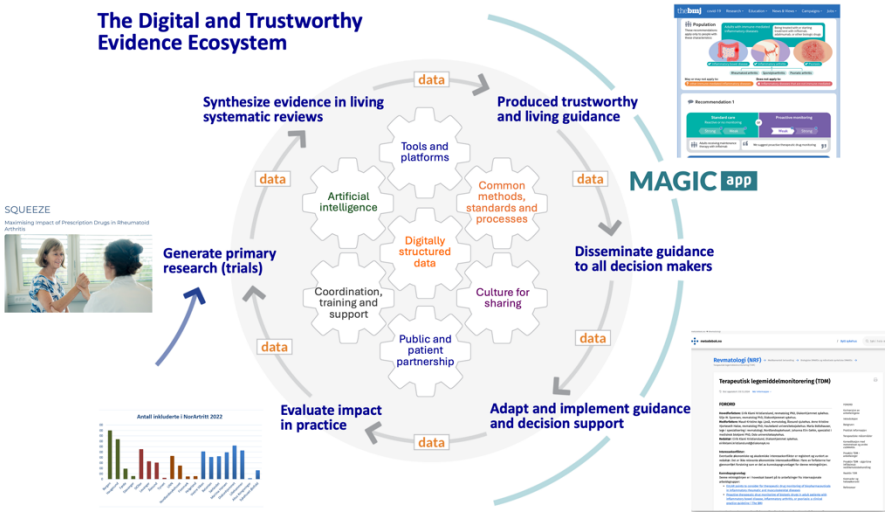
Funded by the European Union

Remedy

2024 has been a landmark year for the MAGIC Evidence Foundation, and the REMEDY project exemplifies our commitment to driving research and innovation. One of our key achievements was the completion of a BMJ Rapid Recommendation on proactive therapeutic drug monitoring (TDM) for biologic drugs in immune-mediated inflammatory diseases. This groundbreaking work, designed to serve a global audience, delivers trustworthy, accessible guidance within the evolving field of personalized medicine. A conditional recommendation for proactive TDM with infliximab was published in the BMJ November 202. In addition to the BMJ Journal publication, the supporting systematic review and meta-analysis were featured in BMJ Medicine, ensuring a robust evidence base. The guideline is also freely accessible via MAGICapp, reflecting our dedication to transparency and impact.

Our collaboration extended with the Norwegian Rheumatology Society adapting this guideline nationally without loss of time, demonstrating its relevance across diverse healthcare systems and completing a critical step in the evidence ecosystem. Finally, this is also the first BMJ Rapid Recommendation where we are able to actively monitor and evaluate implementation in clinical practice. This last step of the evidence ecosystem is possible through the Enhancing the Evidence sEcosystem (E3) project—a joint effort with Lovisenberg Diaconal Hospital, funded by South-Eastern Hospital Trust. Meanwhile the large multicentre SQUEEZE trial represents a great example of how our guidelines are followed by evidence production, here looking into the use of subcutaneous adalumimab. We stand ready to update our guidelines based on new practice changing evidence.

These milestones highlight the strength of our multidisciplinary team and our ability to translate complex evidence into actionable recommendations, in an enhanced evidence ecosystem. As we reflect on 2024, we celebrate the strides we've made in improving health outcomes through evidence-based innovation and look forward to building on this success in the coming year.



REMEDY
CENTER FOR TREATMENT OF RHEUMATIC AND MUSCULOSKELETAL DISEASES

E3: Enhancing the Evidence Ecosystem

The E3 project explores ways to improve the implementation of guidelines, focusing on enhancing their implementability. We ground this initiative in the concept of evidence ecosystems, recognising that knowledge traverses multiple silos—from pure research to systematic reviewers, guideline developers, and finally those who adapt and implement guidelines in practice. By examining the BMJ Rapid Recommendations as a model of exemplary international guidelines that meet high standards of trustworthiness, we aim to discover methods to strengthen the use of guidelines through closer collaboration among these silos. Although guideline developers seldom directly implement guidelines, they play a crucial role in ensuring a seamless transition of knowledge to the next group.

In our initial study, AID-1, we have used a multi-method approach to evaluate the usage and assess factors influencing the implementability of 14 BMJ Rapid Recommendations, and we are approaching submission. Our research shows that these recommendations are used in both high- and low-income countries. While stakeholders consider them methodologically robust and well-structured, we also identify challenges in their implementability. Our findings particularly highlight the interplay between methodological rigour and perceived credibility, as well as the delicate balance between innovation and compatibility.

Can we further enhance the implementability of international guidelines? In our second study, AID-2, we are completing the planning phase. We will employ workshops to explore strategies to enhance guideline implementability while maintaining the expediency and methodological strength of the BMJ Rapid Recommendations. Hopefully this will contribute to a more interconnected and effective evidence ecosystem.

Funded by:

HELSE SØR-ØST

BMJ Rapid Recommendations

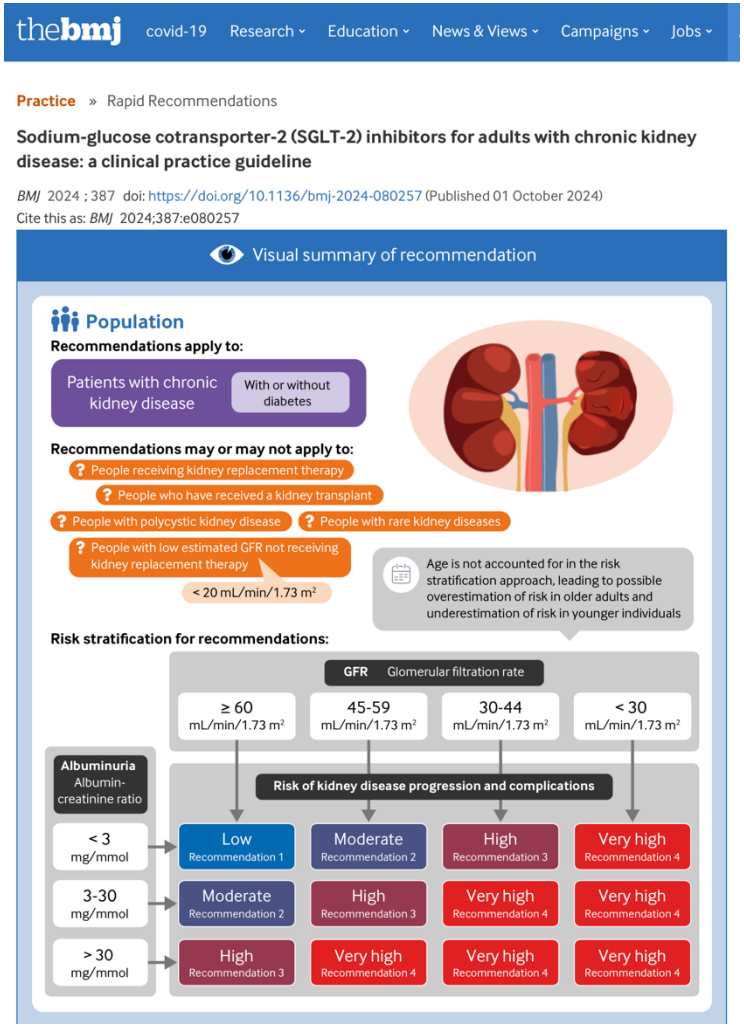
The Rapid Recommendation series, over nine years, has produced 25 trustworthy guidelines with 114 recommendations, 87 of which are 'static' and 27 of which are part of a living guideline. These guidelines have been accompanied by 32 published systematic reviews, including 26 addressing questions related to benefits and harms (of which 6 are network meta-analyses), one addressing a question of harms only, three addressing values and preferences of patients, and two addressing minimal important differences.

In 2024, MAGIC published two new Rapid Recommendations in *The BMJ*, one addressing SGLT-2 inhibitors for adults with chronic kidney disease (https://www.bmj.com/content/387/bmj-2024-080257) and another addressing proactive therapeutic drug monitoring of biologic drugs in adult patients with inflammatory bowel disease (https://www.bmj.com/content/387/bmj-2024-080257). Both generated great interest among the international readership of *The BMJ*; as exemplified by the former generating an Altmetric score of 163 in three months and making the cover of an issue of *The BMJ*.

MAGIC also continued a long-standing collaboration with the World Health Organization in producing living practice guidelines for therapeutics for COVID-19 (https://www.bmj.com/content/370/bmj.m3379), published in *The BMJ*. Progress was made on a fifteenth iteration of the guideline. The guideline has accrued an Altmetric score of 8,200 since September 2020.

MAGIC has made substantial progress on numerous ongoing Rapid Recommendations. Four Rapid Recommendations are currently undergoing peer review for publication in *The BMJ*, planned for early 2025: one addressing common interventions for chronic spinal pain, another addressing use of computer aided detection for adults undergoing colonoscopy, a third addressing de-prescription of benzodiazepines and sedative hypnotics for insomnia disorder, and a fourth being a living practice guideline addressing medications for adults with type 2 diabetes.

Several other Rapid Recommendations remain in progress, including one addressing smoking cessation interventions for adults with severe mental illness, another addressing spinal decompression with fusion surgery for adults with symptomatic lumbar spondylolisthesis, another addressing management of chronic fatigue syndrome and myalgic encephalomyelitis, and a WHO guideline addressing drugs for influenza.



New research initiatives

ECOPOP: EARLY COLORECTAL CANCER: PATIENT-TARGETED AND ORGAN PRESERVING TREATMENT

Colorectal cancer (CRC) remains the second most common cancer in Europe. While screening programs increasingly enable early detection of CRC, the current standard of care—surgical tumor removal—is often too invasive, particularly for elderly or frail patients. Expanding options for local tumor removal via flexible endoscopy offers a promising alternative, potentially avoiding surgery and improving patients' quality of life (QoL).

However, to achieve this shift in clinical practice, high-quality, long-term oncological outcomes, patient-centered criteria for identifying high-risk lesions, and robust guidelines are urgently needed. The EU Horizon funded project **ECOPOP**, led by the University of Oslo, aims to address these needs through large-scale, randomized controlled trials comparing endoscopic treatment to surgery. Alongside evaluating oncological efficacy, safety, QoL, and environmental impact, this research will integrate advanced biomarkers, novel endoscopic imaging, and artificial intelligence to personalize treatment strategies.

Funded by
the European Union

MAGIC's Role: creating multidisciplinary clinical 'living' guidelines

MAGIC Evidence Ecosystem Foundation plays a pivotal role in Work Package 7, focusing on the development of trustworthy, 'living' clinical guidelines for the treatment of early-stage colorectal cancer. MAGIC ensures that research findings are transformed into actionable, evidence-based recommendations for clinicians, patients, and healthcare systems.

Key Contributions Include:

- Developing multidisciplinary living guidelines that are continuously updated to reflect the latest evidence.
- Integrating findings from the trials, biomarkers, and AI-driven tools into user-friendly, dynamic guidelines.
- Supporting shared decision-making by aligning treatment options with patient values, preferences, and clinical outcomes.
- Promoting sustainable, less invasive care pathways to enhance quality of life and reduce unnecessary surgical interventions.

Through our expertise in living guideline methodology and evidence dissemination, MAGIC is enabling healthcare providers and patients across Europe to navigate new treatment options confidently, ensuring a shift toward next-generation, organ-preserving therapies for early-stage CRC. The project will start in January 2025 and continues until the end of 2029, main researchers involved will be Per Olav Vandvik and Farid Foroutan.

LAYCAREMIX: Lay responders in emergency care for underserved populations in the North

In 2024, the MAGIC Evidence Ecosystem Foundation contributed to the LAYCAREMIX project, a key initiative addressing health emergencies in Arctic and remote northern populations. In 2025, this work will featured at the Arctic Emergency Management Conference, organized by the Arctic Council in Bodø, and the Arctic Health Preparedness Conference, hosted by the Red Cross in Oslo.

LAYCAREMIX conducts a mixed-methods review to explore how laypersons can be engaged to respond effectively to emergencies. By supporting evidence-based decision-making both locally and globally, this project strengthens emergency response systems for vulnerable communities. It reflects MAGIC's mission of bridging evidence and practice to create meaningful, equitable, and sustainable impact.

Funded by Red Cross, Norway.

Advocacy for the Ecosystem

MAGIC dedicates significant energy to advocacy for the digital and trustworthy evidence ecosystem.

Of the initiatives we engaged in during 2024, we wanted to emphasise three in particular.

Firstly, the Evidence Synthesis Infrastructure Collaborative (ESIC) was set in motion by Wellcome Trust in 2024, aiming to define what is need to achieve a step change in available of living evidence synthesis. MAGIC has participated actively in the process from the very beginning and both our Chief Scientist, Per Olav Vandvik and our CEO, Chris Champion, are members of ESIC working groups. Through our participation in this initiative, we particularly want to emphasise the importance of considering the needs of guideline developers when developing an infrastructure around living evidence, so that data sharing, priority setting and other features of a global infrastructure are all well aligned with the needs for downstream use of the evidence synthesis.

In Germany, a large project started in 2024 to digitise the whole German guideline system and create a central repository of digitally structured guidelines. As MAGICapp is one of the tools used by AWMF (The Association representing all medical specialities across Germany), we have been integral to this project from its conceptualisation and continue to contribute actively. This initiative will create a fully digital guideline infrastructure in Germany, providing new opportunities for integration and use of guidance in practice, so we are excited to see how this evolves.

We have also been actively participating in the ALIVE imitative, the Alliance for Living Evidence. As a key partner engaged in one of the pilot projects we have been involved in this initiative from conceptualisation onwards. We are working on the workstream around data sharing for more efficient use of evidence synthesis, with a focus on cost sharing models. It is clear that there is a lot to be gained from sharing and re-using data of this kind, but currently, the business models to support this are not optimised.

About MAGIC

We are clinicians and EBM experts on a mission to improve patient care globally by enabling the creation, dissemination and implementation of trustworthy guidance.

Our leadership consists of our four Founders and our CEO.

Per Olav Vandvik, M.D, Ph.D
Founder, Chief Scientist

Thomas Agoritsas, M.D, Ph.D
Founder, Chair of the Board

Linn Brandt, M.D
Founder, Technical Lead

Gordon Guyatt, M.D, Professor
Founder, Chief Methodologist

Chris Champion
Chief Executive Officer

You can learn more about MAGIC and read our strategy on our website.
https://magicevidence.org/about/