GUIDELINE WORKING GROUP

CURRENT ACTIVITIES AND NEXT STEPS
**Context**

- **Rapid knowledge turnover**
  - 1970: 1700 publications on cancer/month, 2-3 clinical trials
  - 2007: 6500 publications on cancer/month, 250 clinical trials

- **Gap between research results and cancer care**
  - 30-40% of patients do not receive treatment according to evidence
  - Survival rates differ across European regions [Annals of Oncology 2007]

- **Guidelines**
  - Are important tools in an evidence-based approach to transfer research results into practice
  - They have shown their capacity to improve clinical practice and outcome of patients with cancer, but...
  - .... the effects are not as marked as could be hoped.

- **Development, updating and implementation of high quality guidelines that are effectively used**
  - Require substantial time, expertise and resources
  - Less formal guideline entities (hospitals, clinician groups) can be overwhelmed by requirements needed to create these tools
Guideline Working Group

◆ **Mission Statement**
  - The translation of pertinent research results into consistent patient-oriented strategies is a key endeavour of Cancer institutes to help improve cancer care and patient outcomes.

◆ **Key Goals**
  - Improving the quality and efficiency of clinical practice guidelines
  - Reducing unnecessary duplication of effort
  - Mutualise expertise among OECI members

◆ **Benefits to OECI Community**
  - Support for OECI members and their networks in delivering appropriate, high quality care to patients with cancer
ONGOING ACTIVITIES

- Participate in international groups developing tools and activities of added value for OECI members
  - ADAPTE
  - CoCanCPG

- Survey
  - Know about guideline activities of OECI members
  - Identify needs and scope of OECI guideline workshop
  - Refine strategy for Guideline working group
    - Identify specific needs of OECI members
    - Determine priorities
    - Assess training and information needs

- Workpackage ‘Guidelines’ in Project ‘Disease Centers of Reference’ (Accreditation Group)
SURVEY - RESULTS (1)

- **17 Respondents = 39 % of OECI members**
  - Italy (5)
  - France (3)
  - Portugal (2)
  - Germany (2)
  - Sweden
  - Belgium
  - Turkey
  - Lithuania
  - Spain
SURVEY – RESULTS (2)
GUIDELINE DEVELOPMENT

- Develop guidelines
  - systematic review of literature
  - systematic process
  - AGREE instrument
  - 56% (9)

- Develop protocols/referentials
  - Systematic process
  - 81% (13)

- Adapt guidelines
  - From diverse sources
    - ASCO, ESMO, NCCN, SOR, Canadian guidelines, National guidelines
  - 75% (12)
**SURVEY RESULTS (3)**

**DISSEMINATION/IMPLEMENTATION**

- **Disseminate guidelines** 56 % (9)
  - Various supports
    - Electronic version 56% (9)

- **Implement guidelines** 69 % (11)
  - Various modalities
    - Conferences > Educational material > Audit feedback, Patient information material > Reminder > Other (Adaptation, Internet access)
Organisation involved in

- Cancer network 94% (15)
- Practice evaluation 75% (12)
- Guideline research
  - Currently involved 56% (9)
  - Planning to get involved 19% (3)
  - In the past 6% (1)
### Guideline Activities of OECI

#### Activities to be developed

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Access to cancer guidelines on OECI website</td>
<td>87.5% (14)</td>
</tr>
<tr>
<td>Participation in research on knowledge translation</td>
<td>81% (13)</td>
</tr>
<tr>
<td>Definition of quality criteria</td>
<td>75% (12)</td>
</tr>
<tr>
<td>Implementation/Evaluation</td>
<td>63%, 75% (10, 12)</td>
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<tr>
<td>Development/Adaptation</td>
<td>50% (8)</td>
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**Guideline WG – OECI GA – Copenhagen 15/6/2007**

Béatrice Fervers
SURVEY RESULTS (6)
GUIDELINE WORKSHOP

Participate in OECI Guideline working group 87.5% (14)

Participate in Guideline workshop 94% (15)

Training workshop 54% (7)

Strategic workshop 81% (13)
WG Chair Thierry Philip (CLB), Béatrice Fervers (CLB, FNCLCC)

Support Staff: Magali Remy Stockinger (FNCLCC)

WG Participants: (to be confirmed)

- Ulrik Ringborg (Karoloniska Institute)
- Csaba Polgar (National Institute of Oncology, Hungary)
- Otmar Wiestler (DKFZ)
- Danius Characiejus (Institute of Oncology Vilnius)
- Jose R Germa (Institute Catalan of Oncology)
- Tugba Yavuzsen (Dokuz Eylul University)
- Guy Storme (Oncologic Center UZ Brussel)
- ?? (IRE Italy)
- Oscar Alabiso (Istituto Superiore di Oncologia Italy)
- Riccardo Rosso (National Institute for Cancer Research, Italy)
- ? (RCCS Oncologico Bari)
- Manuel Antonio Leitao Silva (Instituto Portugues de Oncologia, Coimbra)
- Pontes (Instituto Portugues de Oncologia)
Funding Sources

- FNCLCC, Centre Léon Bérard, Lyon
- Other sources: to be found!
  - Workshop, website
  - Propositions (results of survey):
    OECI members, European Union, Cancer leagues,
    Private sources
SURVEY DISCUSSION

- Weak participation despite reminders

- Guideline activities
  - Respondents: ++
  - What about the other OECI members??
  - Priorities: Access to cancer guidelines, Implementation, Evaluation/Quality criteria, Adaptation

- Guideline Workshop
  - Topics
    - Strategy
    - Adaptation
    - Implementation
    - Quality criteria/Evaluation
  - Funding?

- Next steps
  - Organize a guideline workshop
  - Access to Oncology guidelines: collaborate with CoCanCPG
  - Guideline development ⇒ adaptation: Use and assess ADAPTE to reduce time needed to develop high quality guidelines, improve relevance for local practice
What’s in it for OECI?
Background

❖ There is a need for efficient use of resources and avoiding duplication of efforts

❖ Why don’t we use existing high-quality guidelines in our process?

‘Globalize the evidence, localize the decisions’

John Eisenberg
“A systematic approach to considering the use and/or modification of guidelines produced in one cultural and organisational setting for application in another context.”

ADAPTE Group, 2006

Purpose of Guideline Adaptation

'Broad-narrow' adaptation
- From national level to local or regional context

'Transcontextual' adaptation
- Distinct cultural and organisational setting
International collaboration of researchers and guideline developers

- Melissa Brouwers, Cancer Care Ontario, McMaster University, Canadian Strategy for Cancer Control, Canada
- George Browman, Alberta Cancer Board, Canadian Strategy for Cancer Control, Canada
- Jako Burgers, Dutch Institute for Healthcare Improvement CBO, Netherlands
- Bernard Burnand, Health Care Evaluation Unit and Clinical Epidemiology IUMSP, DUMSC Hospices, Université de Lausanne, Switzerland
- Béatrice Fervers, Fédération des centres de luttes contre le cancer (FNCLCC), Lyon, France
- Ian Graham, Ottawa Health Research Institute, University of Ottawa, Canadian Strategy for Cancer Control, Canada
- Margaret Harrison, Queen’s University School of Nursing, University of Ottawa, Kingston, Canada
- Jean Latreille, Direction de la lutte contre le cancer, Ministère de la santé et des services sociaux, Québec Hôpital Charles Lemoyne, Canadian Strategy for Cancer Control, Montréal, Québec
- Najoua Mlika-Cabanne, Haute Authorité de Santé, Paris, France
- Louise Paquet, Direction de la lutte contre le cancer, Ministère de la santé et des services sociaux, Québec Hôpital Charles Lemoyne, Canadian Strategy for Cancer Control, Montréal, Canada
- Raghu Rajan, McGill University Hospital Centre, Comité d’évolution de la pratique en oncologie, Montréal, Canada
- Anita Simon, Alberta Cancer Board, Calgary, Alberta, Canada
- Joan Vlayen, Catholic University of Leuven, Belgium
- Louise Zitzelsberger, Ottawa Health Research Institute, Canadian Strategy for Cancer Control, Ottawa, Canada
ADAPTE - a systematic approach to guideline adaptation

◆ **Objectives**
  - Help ensure the quality and validity of the adapted guideline
  - Enhance relevance of adapted guideline to the context of use
  - Encourage confidence in and acceptance of the guidelines by targeted users

◆ **Audience**
  - Groups from local to international level
  - Manual takes into account level of experience with guideline development and available resources

◆ **Applications**
  - Groups interested in selecting 1 guideline and adapting it to the local context
  - Groups wishing to identify all quality guidelines and customize one that meets their needs
  - Manual designed to be flexible
More information is available on www.adapte.org

To obtain ADAPTE manual: contact@adapte.org
Coordination of Cancer CPGs
17 Partners from 11 countries

French National Cancer Institute
4 years: 2006-2010
EU funding
2006-2010
Objectives of CoCanCPG

Provide a high quality evidence base for cancer guidelines to improve equitable access to high quality cancer care in Europe

- Avoid duplication of effort and reduce fragmentation
- Set up joint activities for guideline development
- Assemble a critical mass for pertinent research on CPGs development and implementation
- Set up an appropriate environment for sharing and joint activities
CoCanCPG Advisory Board

- OECI
- EORTC
- Canadian Partnership Against Cancer
- FECS
- European Cancer Leagues
- Guidelines International Network
- European Oncology Nursing Society
- EUROCAN PLUS +
- Patient organisation: to be nominated (ECPC)
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