

**« GUIDELINE » WORKING
GROUP**

OECCI



**CURRENT ACTIVITIES
AND NEXT STEPS**



Sung et al, JAMA 2003;289:1278-86

- ◆ **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

◆ **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 OEI members**

◆ **Benefits to OEI Community**

- **Support for OEI members and their networks in delivering appropriate, high quality care to patients with cancer**

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

- ◆ **Survey**
 - **Know about guideline activities of OECD members**
 - **Identify needs and scope of OECD guideline workshop**
 - **Refine strategy for Guideline working group**
 - ❖ *identify specific needs of OECD 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 OECD members**
 - **Italy (5)**
 - **France (3)**
 - **Portugal (2)**
 - **Germany (2)**
 - **Sweden**
 - **Belgium**
 - **Turkey**
 - **Lithuania**
 - **Spain**

SURVEY – RESULTS (2) GUIDELINE DEVELOPMENT

- ◆ Develop guidelines 56% (9)
 - systematic review of literature 63% (10)
 - systematic process 19% (3)
 - AGREE instrument 19% (3)

- ◆ Develop protocols/referentials 81% (13)
 - Systematic process 38% (6)

- ◆ Adapt guidelines 75% (12)
 - From divers sources
 - ❖ ASCO, ESMO, NCCN, SOR, Canadian guidelines, National guidelines

◆ **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)*

SURVEY RESULTS (5) GUIDELINE ACTIVITIES OF OECD

| | |
|---|----------------------|
| ◆Activities to be developed | 100% (16) |
| ○Access to cancer guidelines on OECD website | 87,5% (14) |
| ○Participation in research on knowledge translation | 81% (13) |
| ○Definition of quality criteria | 75% (12) |
| ○Implementation/Evaluation | 63 %,75% (10, 12) |
| ○Development/Adaptation | 50% (8) |

SURVEY RESULTS (6) GUIDELINE WORKSHOP

Participate in OECD Guideline working group 87,5% (14)

Participate in Guideline workshop 94% (15)

Training workshop 54% (7)

Strategic workshop 81% (13)

GUIDELINE WORKING GROUP COMPOSITION

- ◆ **WG Chair Thierry Philip (CLB), Béatrice Fervers (CLB, FNCLCC)**
- ◆ **Support Staff: Magali Remy Stockinger (FNCLCC)**
- ◆ **WG Participants: (to be confirmed)**
 - **Ulrik Ringborg (Karolinska 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):*

 - OECD members, European Union, Cancer leagues,
Private sources**

- ◆ **Weak participation despite reminders**
- ◆ **Guideline activities**
 - Respondents : ++
 - What about the other OECD 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**



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What's in it for OEI?

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



Guideline Adaptation - Definition

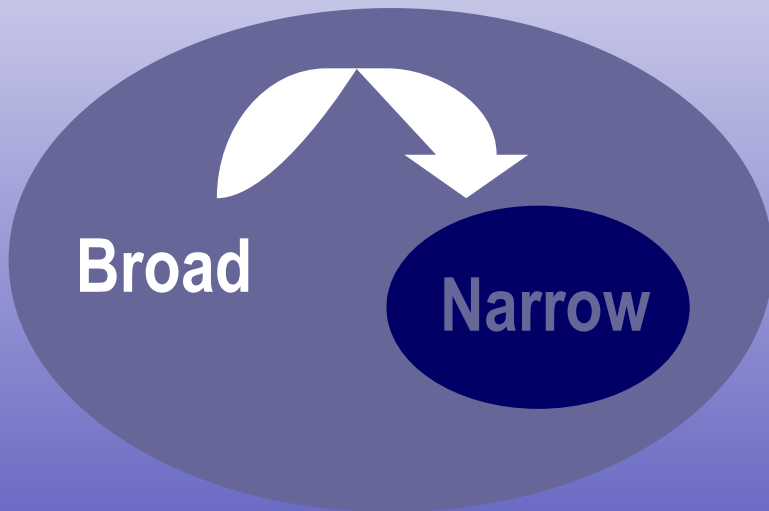
“A systematic approach to considering the use and/or modification of guidelines produced in one cultural and organisational setting for application in another context.”

ADAPTE Group, 2006

Fervers B et al. Adaptation of clinical guidelines.
International Journal of Quality in Health Care 2006;18(3):167-176

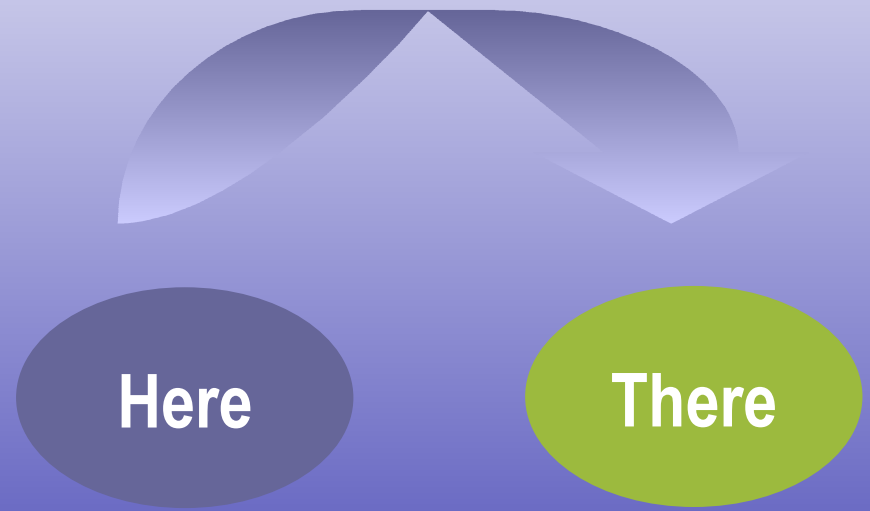


Purpose of Guideline Adaptation



'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 luttés 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 Autorité 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



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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



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**



www.cocancpg.eu



Information exchange framework

Common methods and skills

Database of cancer guidelines



Basis for clinical research priorities by highlighting areas where no evidence exists

Sources for evidence-based patient information

High quality evidence-base for policies

Basis for equitable high quality cancer care

- ◆ **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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