Quality Criteria for Multidisciplinary Oncology Guidelines – the ECCO Multidisciplinary Clinical Guidelines Forum


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Introduction

Guidelines are tools to help oncologists in clinical practice ensure optimal patient care. Oncology treatment and care have become multidisciplinary and guideline development should reflect this trend to provide up-to-date multidisciplinary care.

Many European organisations are producing guidelines in the field of oncology. In a survey on guideline development including 30 European organisations involved in cancer care, 62% of the 21 responding organisations were developing guidelines, mainly focusing on cancer diagnosis and treatment/management to ensure adequate clinical care. Many of them worked with a multidisciplinary team and 74% involved patient representatives. For most development groups there was no formal training but different forms of quality control were applied to ensure validity of the guidelines. Guideline development puts a heavy financial burden on the developing society with a median cost per guideline of €25,000–50,000 [1].

Health care provision differs among European countries and cancer care can be different among European countries and regions. This has an influence on cancer outcome [2] and highlights the importance of guidelines. European guidelines based on internationally accepted criteria can be used as bases for local health care organisations to develop national or regional guidelines to improve cancer care and treatment.

The European CanCer Organisation (ECCO) organised a “Multidisciplinary Clinical Guidelines Forum Working Group” meeting to improve European multidisciplinary oncology guideline development and stimulate cooperation among development groups. A multidisciplinary oncology guideline was defined as a guideline developed by representatives of (cancer) organisations and dealing with cancer prevention, screening, diagnosis, treatment, and care as well as quality and safety of the involved stakeholders. The aim of the meeting was to define quality criteria for the development groups, partners, formats, and quality measures so that they could be endorsed by ECCO as high-quality multidisciplinary guidelines. Also, the role of ECCO in the guideline development and implementation process was discussed.

Methodology and Participants

ECCO invited different ECCO organisations and other organisations involved in cancer care and participating in the previous guideline project [1] to attend the forum. Together with the invitation, a questionnaire on procedures for multidisciplinary guideline development, templates and formats, and quality instruments of guidelines (Table 1) was sent to be returned before the forum meeting to serve as a discussion tool. The “forum” took place on November 27, 2012.

The meeting was structured to encourage interaction and discussion. After an introduction, different organisations made presentations on their guideline development process, followed by a group discussion on different topics, including a standard operating procedure/checklist with quality indicators for the development of multidisciplinary guidelines and the strengths/added value of an endorsement process by ECCO.

A set of conclusions was proposed and a meeting report of the forum was written and distributed among the different organisations for remarks. A final document [3] for approval by the
ECCO board was written and a presentation on the project was given to the ECCO board on February 12, 2013.

**Results**

The organisations that returned the questionnaire and participated in the meeting are listed in Table 1.

**Multidisciplinary Guideline Development Process**

Most organisations involved experts of other disciplines in their guideline groups (EAPC, EAU, EONS, ESMO, ESOP, ESO, ESTRO, EANM). However, these experts were not necessarily representatives delegated by an oncology society. It was felt that multidisciplinary guidelines should be developed by representatives of societies.

Furthermore, guideline development should be based on internationally accepted criteria and written by experts in the field of the guideline’s topic.

Multidisciplinary guidelines should be developed and evaluated according to existing processes in the different societies (eg, guideline committee) and there should be a transparent conflict-of-interest policy in place.

**Partners Involved in Multidisciplinary Guideline Development**

The degree of multidisciplinarity in the guideline development process should be flexible and adjusted to the topic of the guideline. The group producing a multidisciplinary guideline should involve all relevant disciplines related to the topic.

Different guidelines may exist on the same topic with differ-

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**Table 1. Organisations participating in the Multidisciplinary Clinical Guidelines Forum**

<table>
<thead>
<tr>
<th>Item/Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Present during the forum</td>
<td>EANM, EANO, EAPC, EAU, EBMT, ECCO, ECCO PAC, EONS, EORTC, ESGO, ESMO, ESSO, EUSOMA, OECI, EPAAC</td>
<td>ESO, ESOP, ESTRO, EICC, OECI, EBMT</td>
</tr>
<tr>
<td>1. Is your society involved in guideline development?</td>
<td>ESVO, EANM, ESLO, EANO, EUSOMA, EAU, EAPC, EONS, ESMO, ESTRO, ESOP, EORTC</td>
<td>OECI, EBMT</td>
</tr>
<tr>
<td>2. Do you have a specific procedure for guideline development?</td>
<td>EAU, EANM, ESMO, EANO, ESOP, ESGO, EUSOMA, ESLO, ESTRO (in development), ESSO, EORTC, EAPC</td>
<td>OECI, EBMT</td>
</tr>
<tr>
<td>3. Do you use a procedure for guideline development based on national/international criteria (eg, NICE, WHO, others)?</td>
<td>EAU (partial), ESMO, EANO (EFS), ESOP (German Oncology Society), EUSOMA, ESSO, EAPC, ESO</td>
<td>ESO, EORTC, OECI, EANM, ESTRO, EBMT</td>
</tr>
<tr>
<td>4. Do you produce multidisciplinary guidelines?</td>
<td>ESSO, EANM, EAU, EON, EONS, EAPC, ESMO, ESTRO, ESOP, EORTC, ESO, EUSOMA</td>
<td>OECI, ESGO, EBMT</td>
</tr>
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<td>5. Do you produce multidisciplinary guidelines with the involvement of experts delegated by other ECCO member societies?</td>
<td>EAU (not ECCO), ESMO, ESTRO, ESOP, ESO, EUSOMA, ESSO, EANO</td>
<td>EANO, EAPC, OECI, ESGO, EBMT, EORTC</td>
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<tr>
<td>6. Do you have a system to contact ECCO member societies for participation in guideline development?</td>
<td>ESMO, ESSO, EANM, ESTRO</td>
<td>EAU, OECI, EONS, ESO, ESOP, EORTC, EANO, EAPC, ESOP, EUSOMA</td>
</tr>
<tr>
<td>7. Do you have a specific template to publish the guideline?</td>
<td>ESMO, EANM, EAU, OECI, EUSOMA, EONS, ESGO, ESOP, ESTRO, ESSO, EANO (EFS)</td>
<td>EONS, ESO, EAPC, EBMT, EORTC</td>
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<tr>
<td>8. Do you have a full-text format template of the guideline?</td>
<td>ESMO, ESO, ESOP, ESSO, EANO, OECI, ESTRO, EUSOMA</td>
<td>EAU, EANM, EONS, EAPC, ESOP, ESO, EBMT, EORTC, ESMO, EUSOMA</td>
</tr>
<tr>
<td>9. Do you have a flow diagram format of the guideline?</td>
<td>ESO, ESSO, EUSOMA</td>
<td>EAU, EANM, EONS, EAPC, ESO, EBMT, EORTC, ESMO, EUSOMA</td>
</tr>
<tr>
<td>10. Do you have a patient format of the guideline?</td>
<td>EAPC, EAU (under development), ESMO, ESO, OECI</td>
<td>EONS, ESMO, ESOP, EORTC, ESO, ESMO, EANM, EANO, ESTRO, EBMT, EORTC, EUSOMA</td>
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<td>11. Do you have other formats of the guideline?</td>
<td>EAU, ESO, ESSO, EAPC, ESGO</td>
<td>ESMO, EANM, EANO, ESTRO, EBMT, EORTC, EUSOMA</td>
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<tr>
<td>12. Do you have a quality evaluation instrument of the guideline?</td>
<td>ESMO, ESTRO, ESOP, ESSO, OECI, ESGO</td>
<td>EAU (not routine), EONS, EAPC, ESOP, ESO, EBMT, EANM, EORTC, EUSOMA</td>
</tr>
<tr>
<td>13. Do you use the AGREE instrument for quality evaluation of the guideline?</td>
<td>ESSO, EANM (in preparation), EAU (in the past), ESMO, ESO, ESSO</td>
<td>ESOP, EANM, EAPC, OECI, ESTRO, EBMT, EORTC, EUSOMA</td>
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</table>

EANM: European Association of Nuclear Medicine; EANO: European Association of Neuro-Oncology; EAPC: European Association for Palliative Care; EAU: European Association of Urology; EBMT: European Group for Blood and Marrow Transplantation; ECCO PAC: European Cancer Organisation Patient Advisory Committee; EONS: European Oncology Nursing Society; EORTC: European Organisation for Research and Treatment of Cancer; EPAAC: European Partnership for Action Against Cancer; ESGO: European Society of Gynaecological Oncology; ESMO: European Society for Medical Oncology; ESO: European School of Oncology; ESOP: European Society of Oncology Pharmacy (ESOP); ESSO: European Society of Surgical Oncology; ESTRO: European Society for Radiotherapy and Oncology; EUSOMA: European Society of Breast Cancer Specialists; OECI: Organisation of European Cancer Institutes
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Ent accents depending on the partners involved provided that quality criteria are fulfilled. Patient representatives should be involved in guideline development.

Formats of Multidisciplinary Guidelines
Guidelines can be presented in different forms (eg, extensive version, short version, patient information sheet). Flow charts may add to the user-friendliness and implementation of guidelines. However, it should be avoided that the user only focuses on a specific part of the flow chart. If flow charts are consulted, they should be read completely by the user. It was also felt that when constructing flow charts, professional help may be needed for their development. Advantages of flow charts are that they may serve as quality control tools and may be available in an electronic application.

Quality Control
Guidelines should be of high quality and evaluated according to internationally accepted criteria. They may include quality outcome indicators and measures that can be used by users to evaluate their own performances.

Legal Issues
Implementation of guidelines needs to take into account special local circumstances and patient wishes.

ECCO Quality Criteria
ECCO will endorse multidisciplinary oncology guidelines if they fulfil the following quality criteria:
- Guidelines must be multidisciplinary and must involve representatives of the societies of the relevant disciplines.
- Validated methodologies must be used and must be explicit and transparent.
- A conflict-of-interest policy must be in place and transparent.
- Representatives of patient organisations must be involved.

Role of ECCO in the Guideline Development Process
The role of ECCO was discussed during the forum and at the board. It was concluded that ECCO will not develop clinical practice guidelines. ECCO has a role in – serving as a switchboard for its members and other European societies to inform about the development of new multidisciplinary clinical cancer guidelines so that all interested societies can be involved. This functionality is offered to ECCO members and other European societies as a way to facilitate collaboration between relevant disciplines and develop multidisciplinary guidelines. This will help avoiding redundancies.
- endorsing multidisciplinary guidelines that fulfil the quality criteria and are submitted by the development group for review.
- disseminating the European multidisciplinary guidelines that have been endorsed. ECCO will create a dedicated webpage for the dissemination and promotion of endorsed guidelines (with links).
- representing the voice of oncology on European oncology guidelines at the EU policy level.

Conclusion
Oncology is multidisciplinary and this should be reflected in multidisciplinary guideline development. In this project, different oncology societies discussed the process, the partners, the format, and quality control of multidisciplinary oncology guidelines. Also, the role of ECCO in relation to multidisciplinary guideline development was clarified.

In the future, ECCO will serve as a switchboard for multidisciplinary oncology guidelines and will promote European oncology guidelines fulfilling the ECCO quality criteria. An action plan is being developed, including standard operating procedures to enable ECCO to fulfil its new role.

References: