

## Guideline processes: Variable between Societies

Comprehensive systematic reviews of the literature to support guideline recommendations.

Synthesized either qualitatively or quantitatively using meta-analytic techniques, Delphi-Procedures

Peer-review, dissemination, implementation, audit

Assessing quality of guidelines (AGREE, CoCanCPG)

If scope too broad, SLR not efficient (few evidence)<sup>1</sup>:

Consensus methods: consensus conference, nominal group method, Delphi methods.<sup>2</sup>

**BUT: also few „volunteers“ → official GL (e.g. ESMO)**

- 1: Wee B et al. How useful are systematic reviews for informing palliative care practice? Survey of 25 Cochrane systematic reviews. BMC Palliat Care 2008;7:13  
 2: Kaasa S et al. J Clin Oncol 2008;26:3867-73

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## Guidelines in Medical Oncology



High quality<sup>1</sup>

Literature evidence based  
 Adapt focus: clinical decision making, societies

Clinical Guidelines<sup>2</sup>:

requirements for basic standard of care  
 Expert & Editor based

Table 2. American Society of Clinical Oncology Guidelines Relating to Palliative Care 1999 to 2007

Year	Guideline
1999	Recommendations for the Use of Antineoplastic <sup>23</sup>
1999	Use of Chemotherapy and Radiotherapy Protectants <sup>24</sup>
2001	Platelet Transfusion for Patients with Cancer <sup>25</sup>
2003	Update on the Role of Bisphosphonates and Bone Health Issues in Women With Breast Cancer <sup>26</sup>
2003	Treatment of Unresectable Non-Small-Cell Lung Cancer Guidelines <sup>27</sup>
2006	Use of Larynx-Preservation Strategies in the Treatment of Laryngeal Cancer <sup>28</sup>
2007	Update on the Role of Bisphosphonates in Multiple Myeloma <sup>29</sup>
2007	Update on the Role of Bisphosphonates in Multiple Myeloma <sup>30</sup>
2007	Endorsement of the Cancer Care Ontario Practice Guideline on Nonhormonal Therapy for Men With Metastatic Hormone-Refractory (castration-resistant) Prostate Cancer <sup>31</sup>

**Both: Topics limited (drugs & medical interventions), Symptoms: very few (ESMO)**

- 1: Somerfield MR et al. J Clin Oncol 2008;26:4022-6  
 2: Pavlidis N et al. Ann Oncol 2007;18:1759-63



## The ESPEN – EAPC Approach

ESPEN: disease-specific Guideline Framework

ESPEN and EPAAC (European Partnership for Action Against Cancer)

Goal: Endorsement by various societies

Group members: experts various fields, professions, countries

Methodology: high standard

AGREE & GRADE Standards

Van den Berg et al 2011

Brouwers et al. 2010

List of question to professional institute performing searches

2 experts search hits: choose articles

Data extraction by experts, discussion in the group

Formulation of recommendations, evidence-based

Acknowledge „all“ settings

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ESPEN Guideline on Nutrition in Oncology →

→

### PROPOSED DESIGN OF NEW GL:¶

Overview: → Part A – Technical information¶

A1 → Goals of guideline¶

A2 → Target audience / recipients who should use the GL¶

A3 → professional groups involved in formulating GL¶

A4 → conflicts of interest, funding¶

→ → Part B – Nutrition recommendations¶

B1 → Description of nutritional problems and interventions¶

→ → → B2 → Interventions relevant for all cancer patients¶

→ → → B3 → Interventions relevant to specific patient categories¶

→ → Part C – Post-publication impact¶

C1 → Applicability/barriers to implementation¶

C2 → Possible quality indicators¶

C3 → Procedure to regularly update GL or GL parts¶

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List of Topics -- Assignments	
<b>Part B -- Nutrition recommendations</b>	
B-1 → Description of nutritional problems and interventions	Harmonized with Framework of Cancer Cachexia  - Domains - Phases - Multidimensional Interventions  Joint Guidelines ESPEN & EAPC
B-1.1 → Nutritional and metabolic problems in cancer patients: malnutrition, cachexia, metabolic syndrome	
B-1.2 → Nutritional and metabolic interventions: Description, definitions Nutrition assessment, nutrition counseling, diets, supplements, artificial nutrition, pharmacologic interventions, physical exercise, psychosocial support	
B-2 → Interventions relevant to all cancer patients	
B-2.1 → Basic principle: Evaluation and treatment of Insufficient nutritional intake, decreased physical activity, activation of systemic inflammation	
B-2.2 → nutritional counseling	
B-2.3 → special diets, anticancer diets	
B-2.4 → nutritional supplement	
B-2.5 → supplying artificial nutrition	
B-2.6 → pharmacologic intervention	
B-2.7 → obesity, metabolic syndrome	
B-2.8 → nutrition interfering with anticancer treatments	
B-2.9 → physical activity	
B-2.10 → psycho-social support	
B-3 → Interventions relevant to specific patient categories	
B-3.1 → Pre-/post-cancer surgery	
B-3.2 → During neoadjuvant or adjuvant chemotherapy	
B-3.3 → During radiotherapy or radiochemotherapy	
B-3.4 → Hematologic malignancies: allogeneic HSCT	
B-3.5 → After curative treatment: avoiding recurrence	
B-3.6 → Undergoing palliative treatment and terminal care	

## Representation of EAPC and „cachexia community“

### Participants

Jann Arends (GER)	→	arends@tumorbio.uni-freiburg.de
Patrick Bachmann (FRA)	→	patrick.bachmann@lyon.unicancer.fr
Vickie Baracos (CAN)	→	Vickie.Baracos@albertahealthservice.ca
David Blum (SUI)	→	david.blum@ntnu.no
Marian Bokhorst-de vander Schueren (NED)	→	M.vanBokhorst@vumc.nl
Stein Kaasa (NOR)	→	stein.kaasa@ntnu.no
Zeljko Krznaric (HUN)	→	zeljko.krznaric1@zg.t-com.hr
Maria Larsson (SWE)	→	maria.larsson@kau.se
Stefan Mühlebach (SUI)	→	stefan.muehlebach@unibas.ch
Maurizio Muscaritoli (ITA)	→	maurizio.muscaritoli@uniroma1.it
Jean-Charles Preiser (BEL)	→	Jean-Charles.Preiser@erasme.ulb.ac.be
Florian Strasser (SUI)	→	florian.strasser@kssg.ch
Hartmut Bertz (GER)	→	hartmut.bertz@uniklinik-freiburg.de
Federico Bozzetti (ITA)	→	dottfb@tin.it
Ken Fearon (GBR)	→	k.fearon@ed.ac.uk
Elisabeth Hütterer (AUT)	→	elisabeth.huetterer@aon.at
Ana Manas (ESP)	→	anamanas@telefonica.net
Paula Ravasco (POR)	→	p.ravasco@fm.ul.pt

## The ESPEN – EAPC Approach

Start April 2012 – phone conference  
List of topics → professional literature service  
September: consensus day @ ESPEN  
12.2012 christmas gift of close to completed GL  
Final Deadline 1.2.2013

June 2012: MASCC nutrition group → discuss endorsment  
October 2012: ESMO PCWG → dito