

# The European cancer guidelines on screening and diagnosis of breast cancer: piloting of an updating strategy.

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## BACKGROUND

The European Breast Guidelines on screening and diagnosis are evidence-based guidelines developed within the European Commission Initiative on Breast Cancer that aim to ensure the quality of care across Europe. They are developed by a multidisciplinary group (GDG) of experts in the field of screening and diagnosis of breast cancer, as well as patients, using the GRADE approach, including the use of Evidence to Decision frameworks.

We developed an updating strategy and piloted it to ensure the European Breast Guidelines on screening and diagnosis keep providing up-to-date recommendations.

Objectives of this poster is to present the results of the piloting of the updating strategy for the European Breast Guidelines.

## MATERIALS & METHODS

We based the workflow of the updating strategy on the results of a systematic review on guidelines updating experiences/methods. We then piloted the strategy on a convenient sample of seven healthcare questions (HQs) (Figure 1).

We identified specific tools for each step of the process (Figure 2).

The UpPriority Tool is a pragmatic tool to prioritise HQ for updating, it consists of six priority items to be rated on a 7-point Likert scale (1- strongly disagree and 7-strongly agree). Results determine if a HQ should be withdrawn or if a new HQ is needed, if the HQ is still valid or static (can wait for next updating cycle), or if it must go for surveillance (next stage)

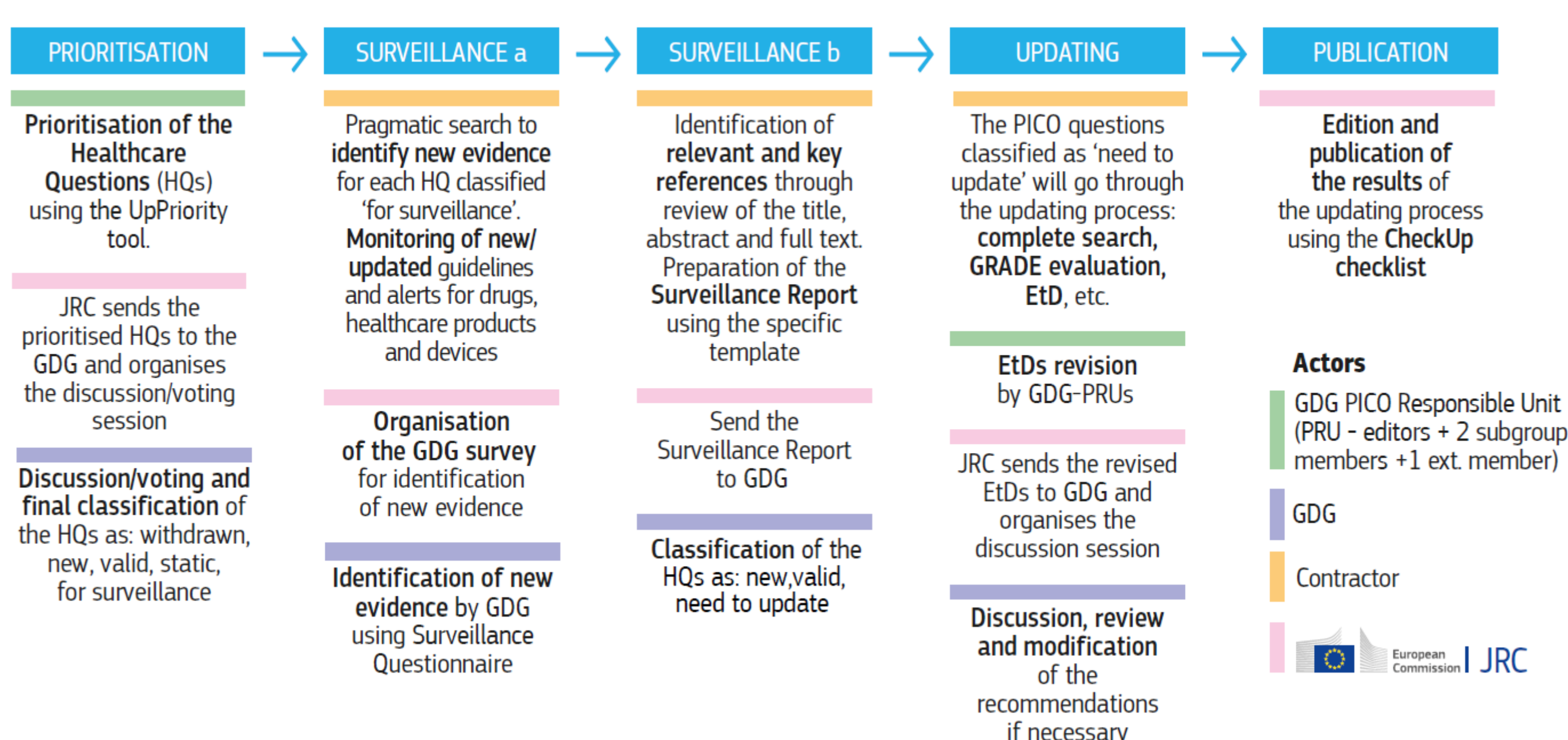
The surveillance questionnaire is used to collect information about new evidence available from the panel members and it consists of 8 questions on specific aspects of the HQ. Results determine if a new HQ should be developed, if it is still valid, or if it needs to be updated (goes to next stage, full EtD development)

The GRADE EtD frameworks is used to summarise and integrate the new evidence to be discussed and voted by the panel.

TheCheckUp reporting checklist helps ensuring that all the steps of the updating process are captured and properly described in the published version.

We collected information about time for completion, understandability and easiness to rate for these tools using a 5-point Likert scale (1 very easy to understand/rate; 5 very difficult).

## UPDATING STRATEGY WORKFLOW – Figure 1



## IMPLEMENTED TOOLS – Figure 2

PRIORITISATION	SURVEILLANCE	UPDATING	PUBLICATION
UpPriority tool <sup>1</sup>	Surveillance Questionnaire <sup>2</sup>	GRADE EtD framework <sup>3</sup>	CheckUp checklist <sup>4</sup>

<sup>1</sup> Martínez García L et al. Development of a prioritisation tool for the updating of clinical guideline questions: the UpPriority Tool protocol. *BMJ Open*. 2017 Aug 3;7(8); <sup>2</sup> Martínez García L et al. The validity of recommendations from clinical guidelines: a survival analysis. *CMAJ*. 2014;186(16):1211-9; <sup>3</sup> Alonso-Coello P et al. GRADE Working Group. GRADE Evidence to Decision (EtD) frameworks: a systematic and transparent approach to making well informed healthcare choices. 1: Introduction. *BMJ*. 2016 Jun 28;353; <sup>4</sup> Vermaoij RW et al. Checklist for the Reporting of Updated Guidelines (CheckUp). *PLoS Med*. 2017 Jan 10;14(1)

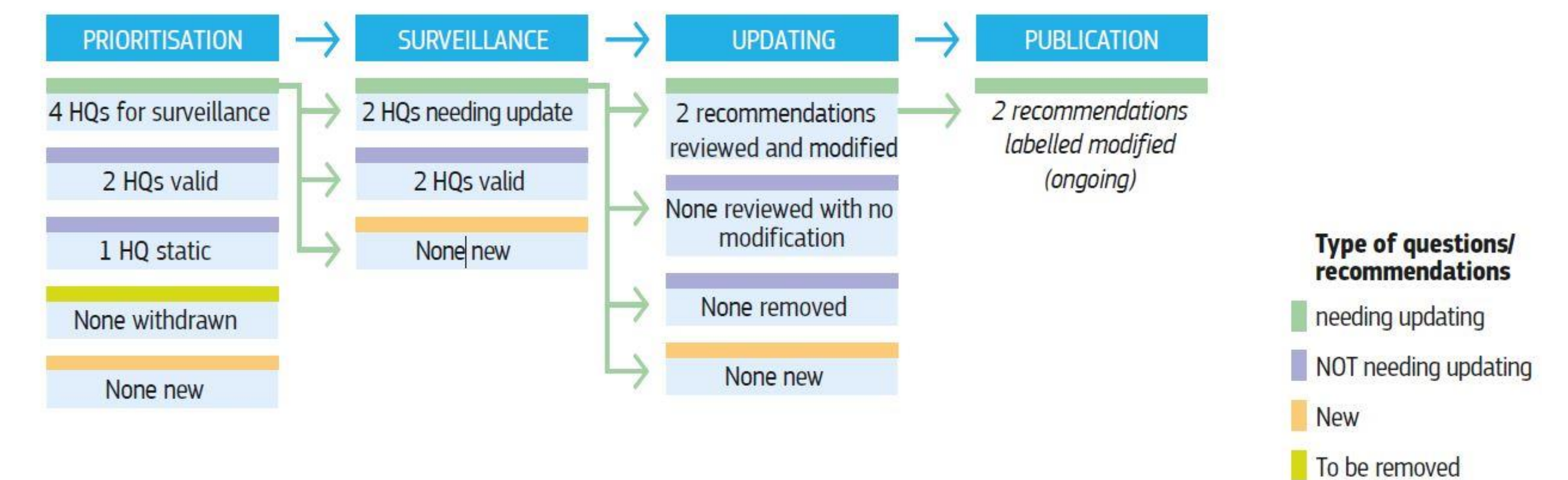
## RESULTS

We piloted the updating process, starting in March 2018, on seven HQs selected by the GDG based on criteria like time of the searches and rapidly evolving topic. Three HQs were judged as not needing update during the Prioritisation phase, the same happened to another two during the Surveillance phase (Figure 3).

Finally, two HQs completed the Updating phase by November 2018 and both were modified. Only a small part of the GDG took part in the exercise ranging from 11 to 5 out of 27 members depending on the phase.

The UpPriority tool (Prioritisation) mean score for understandability was 2.65 (range 1 to 5), and for easiness to rate was 2.75 (1 to 5); mean completion time in minutes for each HQ was 5.2 (1 to 15). For the Surveillance Questionnaire (Surveillance), the mean scores for understandability and easiness to rate were both 1.78 (1 to 4), and the mean completion time in minutes for each HQ was 15.33 (3 to 30) (Figure 4).

## RESULTS OF THE PILOTING – Figure 3



## EVALUATION OF THE TOOLS – Figure 4

TOOL	UNDERSTANDABILITY	EASINESS TO RATE	MEAN COMPLETION TIME
UpPriority	2.65 (range 1 to 5)	2.75 (range 1 to 5)	5.2 minutes (range 1 to 15)
Surveillance questionnaire	1.78 (range 1 to 4)	1.78 (range 1 to 4)	15.33 minutes (range 3 to 30)

## CONCLUSIONS

The piloting served to highlight challenges and strengths of the updating strategy. The evaluation of the tools was positive both for understandability and easiness to rate.

Possible limitations are:

1. The preselection of seven HQs may have undermined the role of the Prioritisation phase
2. Just a minority of the GDG members participated

We will use the results of the piloting to revise the strategy that will be then constantly applied to the European Breast Guidelines to keep them updated. Future developments of the strategy include the identification of the best and sustainable life cycle for the European Breast Guidelines i.e. living-guidelines, two-year time-laps.

