The German Programme for Guidelines in Oncology

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GERMAN GUIDELINE PROGRAMME IN ONCOLOGY (GGPO)

BACKGROUND AND RATIONALE

- need for quality improvement in cancer care
- need for better knowledge management
- need for a common basis to improve networking of quality initiatives
- German National Cancer Plan
  
  launched 2008, setting the goal to develop and implement
  
  high quality clinical practice guidelines (CPGs) in oncology
CPG-development in Germany:

strong engagement of Scientific Medical Societies and Professional Organisations,

lack of funding
GERMAN GUIDELINE PROGRAMME IN ONCOLOGY (GGPO)

PARTNERS

Association of the Scientific Medical Societies (AWMF)

German Cancer Society (DKG)

German Cancer Aid (DKH)
OBJECTIVES

- to support CPG development by scientific medical societies
- to provide independent funding for CPG development
- to improve methodological quality of CPGs
- to improve implementation and evaluation by
  - patient guidelines
  - short / long / pocket versions of CPGs
  - performance measures / quality indicators
- to consolidate the network of quality initiatives
Clinical Practice Guidelines (CPG) provide evidence- and consensus-based recommendations.

Cancer Registries assess and report processes and outcomes, which are linked with Quality Assurance within the framework of the German Social Code Book (§137a SGB V).

Certified Cancer Centers support implementation – transfer of guidelines into practice.
GGPO: ORGANISATION

STEERING COMMITTEE

WORKING GROUP
METHODOLOGY

GGPO Office

GUIDELINE DEVELOPMENT
GROUPS

programme planning
prioritisation

project proposal
CPG development

coordination support
GGPO: METHODOLOGY

BASIS:
GERMAN INSTRUMENT FOR METHODOLOGICAL GUIDELINE APPRAISAL

Key elements:
- stake holder and patient involvement
- editorial independence
- systematic search, selection and appraisal of the evidence
- formal consensus process
  (nominal group technique, Delphi, structured consensus conference)
- facilitation of implementation and evaluation
  (patient guidelines, performance measures)
STAKEHOLDER AND PATIENT INVOLVEMENT

REPRESENTATIVITY: PROFESSIONAL GROUPS AND PATIENTS

- scientific medical societies
- professional organisations (e.g. nurses, physiotherapists)
- methodologists (strongly recommended)
- patient self help organisations / consumer organisations

HEURISTICS

- match with target population, scope and purpose of the guideline
- consider method to identify views, expectations and preferences (surveys/ literature search – especially, if no direct involvement)
EDITORIAL INDEPENDENCE

- **SOURCE OF FUNDING**
  - independent funding by GGPO
  - no influence on guideline content

- **COMPETING INTERESTS OF GUIDELINE DEVELOPMENT GROUP MEMBERS**
  - form sheet according to ICMJE
  - disclosure of financial and academical interests (table)
  - measures taken to minimise the influence of competing interests
SYSTEMATIC SEARCH AND APPRAISAL OF THE EVIDENCE

• documentation of strategy used to search for evidence
  
  clinical questions, databases, time period covered, search terms, inclusion criteria

• stepwise process, beginning with guidelines and systematic reviews
  
  e.g. GIN, AHRQ, NICE, Cochrane Library, PubMed, CINAHL, Hand search

• identification of risks of bias
  
  checklists to assess quality of guidelines, Systematic Reviews, studies

• documentation of results
  
  Evidence tables, GRADE profiles, strength of evidence

• explanatory background text:
  
  strengths and limitations of the body of evidence, health benefits, side effects and risks
Identifying key questions, setting priorities for evidence synthesis

CLINICAL ALGORITHM

Management in case of contra-indications?
Expert Consensus (GCP)

Excercise ECG before imaging?
Adaptation of existing Guidelines/ Systematic Reviews

Risk stratification?
Systematic search de-novo

National Disease Management Guideline for Chronic Coronary Artery Disease (2006)
GRADING RECOMMENDATIONS: CONSENSUS PROCESS

Quality of evidence

1 - high
2 - moderate
3 - low
4 - very low

Strength of recommendation

do / don´t do
"we recommend"
probably do/don´t do
"we suggest"
uncertain
"can be considered"
"we do not know"

considered judgment – a group decision

GermanDM-CPG programme – method report (www.versorgungsleitlinien.de/english/methods)
CRITERIA FOR CONSIDERED JUDGMENT

- relative importance of the outcomes
- quality of evidence for each outcome
- overall quality of evidence
- balance of benefit and harm (burden)
- magnitude of the effects
- precision of the estimates of the effects
- applicability of the evidence to the target population
- ethical, legal, economical considerations

The GRADE Working Group, www.gradeworkinggroup.org
The strength of a recommendation reflects the degree of confidence that the desirable effects of adherence to a recommendation outweigh the undesirable effects.

Strong recommendations are candidates for performance indicators.
why do we need formal methods for consensus?

• Safety in numbers – several people are less likely to arrive at a wrong decision than a single individual.

• Authority – a selected group of individuals is more likely to lend some authority of the decision produced.

• Rationality – decisions are improved by reasoned arguments in which assumptions are challenged and members forced to justify their views.

• Controlled process – by providing a structured process formal methods can eliminate negative aspects of group decision-making.

• Scientific credibility – formal consensus methods meet the requirements of scientific methods.

Murphy, Black et al. HTA 1998 (2)
TOOLS TO FACILITATE IMPLEMENTATION

- Long version
  (Book, Journal Supplement, Internet)
- Short version (Internet)
- Report on Methodology
- Evidence-Report (Systematic Review)
- Patientent guideline /lay version
- Pocket Versions (Algorithms)
- Apps and electronic reminders
<table>
<thead>
<tr>
<th>Guideline Recommendation</th>
<th>Goal</th>
<th>Quality Indicator (Reference Range)</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>We strongly recommend that in all patients diagnosed with invasive breast cancer the hormone-receptor status is determined. LoE 1a, GoR A</td>
<td>Immune-histochemical analysis of hormone-receptor status (Process Quality)</td>
<td>Numerator: patients with documented hormone receptor-status Denominator: all patients with diagnosed invasive breast cancer (&gt;95%)</td>
<td>95.82%</td>
</tr>
</tbody>
</table>

Schulz, Albert et al.: S3-Guideline Early Detection of Breast Cancer Results: National Quality Report, BQS 2005
QUALITY INDICATORS AND QUALITY IMPROVEMENT

Breast Cancer:
Hormone Receptor Status

Assessment: year 2003, 40 Hospitals, county Hessen
(10% of Patients in Germany)

GGPO: PROJECTS

TUMOR SPECIFIC CPGs (12):

Breast Cancer, Colorectal Cancer, Prostate Cancer, Cervical Cancer, Gastric Cancer, Ovarian Cancer, Oral Cavity Cancer,
Pancreatic Cancer; Hepatocellular Carcinoma,
Skin (prevention, early detection), Melanoma (diagnosis, therapy)
Hodgkin’s Lymphoma

CROSS-SECTIONAL, ASPECT-SPECIFIC CPGs (2)

• Psychooncology (diagnosis, counseling, therapy)
• Palliative Care in Oncology
CONCLUSION

THE GERMAN GUIDELINE PROGRAMME IN ONCOLOGY (GGPO):

• solid framework for the development of high quality guidelines
• key instrument for quality improvement in oncology
• powerful start- 14 projects launched in 3 years
• monitoring of CPG effects and GGPO effects are essential
Thank you!