Revise modules to keep up-to-date CPGs

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Background

In the Netherlands 32 scientific organizations and several quality institutes are involved in developing clinical practice guidelines (CPGs). They use different procedures, formats and platforms to publish CPGs. This resulted in a lot of time spent on adjusting procedures in each (multidisciplinary) CPG developing project. For the most of the Dutch CPGs the focus of the last few years has been on developing new instead of maintaining existing CPGs. To give patient the best care possible, guidelines should be up-to-date. Especially because the amount and speed of new developed evidence, demands rapid adjustment of existing recommendations. Modularly revision could efficiently revise outdated parts of the CPG.

Goal

One procedure to modularly revise CPGs for all organizations involved in CPG development in the Netherlands.

Lessons

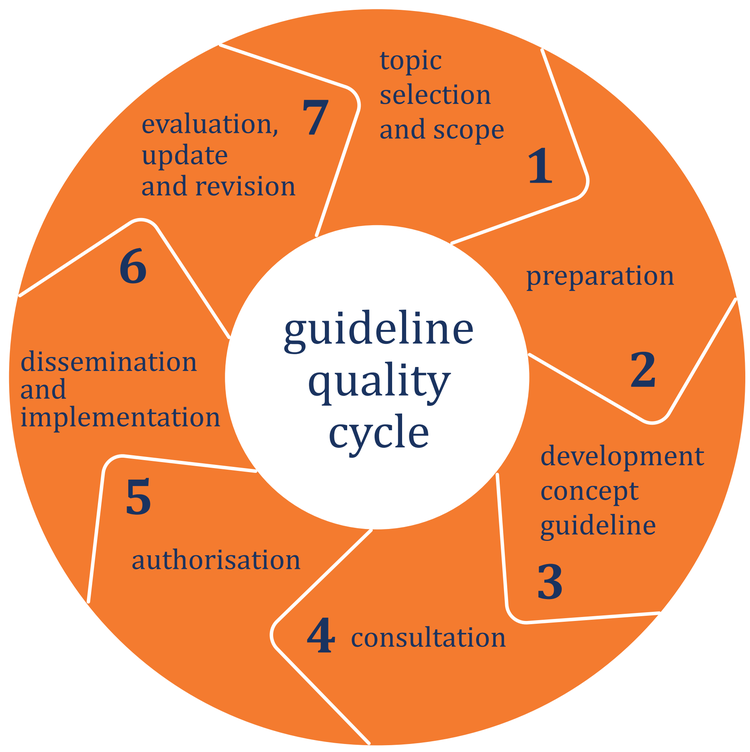
Lessons for CPGs developers, implementers and/or users:

- Processing input for revision of modules –not CPGs- several times a year helps keeping CPGs up-to-date
- Presenting CPGs cut into ready-to-use modules in one database (www.richtlijnendatabase.nl) helps prioritizing modules instead of CPGs
- Long term multidisciplinary CPG working groups, with long term mandated working group members, help monitoring if all modules in the CPGs are up-to-date and they have the authority to revise when required
- Determine one scientific organization as owner per guideline to secure responsibility for keeping up-to-date CPGs

exemple modular view:

Stadium III NSCLC	
- Chemo Radiotherapy locally advanced NSCLC	2011
- Treatment sulcus superior-tumor	2011
- Concomitant vs sequential chemo radiotherapy	2011, 2014
- Indication targeted agents en thoracic radiotherapy	2011, 2014
- Treatment with ALK kinase inhibition	2015
- Surgery after induction treatment	2011

Results



1. **topic selection and scope**
   The CPG owner collects, analyses and prioritizes signals and wishes for revision
2. **preparation**
   The owner or long term multidisciplinary CPG working groups with long term mandated working group members monitor if all the modules in the CPGs are up-to-date and have the authority to revise when required
3. **development concept CPG**
   Create working group with only the relevant and dedicated disciplines
   Evidence is updated using the existing PICO search strategies
   Conclusions, considerations and recommendations are being adjusted only when necessary
4. **consultation**
   Only relevant stakeholders are consultated: maximum of 2 months
   Sent with using track changes to indicate the changes in de module(s)
5. **authorization**
   Authorization by relevant scientific associations: maximum of 2 months
6. **dissemination and implementation**
   Publish revised module(s) on web-based database
   Publish module with: method, authorization date, reaffirmed date, valid until (date)
7. **evaluation, update and revision**
   Assess actuality of the full CPG with an inventory at least once every 5 years
   Up-to-date modules can be reaffirmed for a period of x years (with a maximum of 5 years)
   Outdated modules, which are not revised will be withdrawn

The Dutch Guideline Database was developed on behalf of the Netherlands Federation of Medical Specialists, in which all scientific associations are represented. This project is a collaboration between the Knowledge Institute of Medical Specialists in the Netherlands and the Netherlands Comprehensive Cancer Organization (IKNL). Arrangements were made with scientific associations on the inclusion of their cpgs.

Note: this poster is about revising PICO's not about new PICO's

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