

wound care and highlighting needed research and education initiatives.

P111 A WORKFLOW CHECKLIST FOR IMPROVING MANAGEMENT OF THE GUIDELINE DEVELOPMENT PROCESS

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Background Keeping track of progress and meeting deadlines can be difficult for organisations that simultaneously develop multiple guidelines involving multiple systematic review teams.

Objectives To improve planning, organising and managing of guideline development projects by creating a standardised workflow checklist.

Methods In a one-day meeting, the five guideline development methodologists, the chairman and the editorial assistant identified the main steps involved in the guideline development process. For each step, we identified specific tasks and ordered them chronologically. All decisions were made based on group consensus. The identified steps and tasks formed the basic elements of the workflow checklist.

Results We identified the need for two separate checklists per guideline development project; one for overall workflow and one for each clinical question covered by the guideline. The overall guideline development workflow checklist comprised 42 tasks organised in 11 sequential steps, including items such as topic selection, composition of the guideline development group, and framing the questions. For each clinical question we identified 27 tasks organised in 8 sequential steps, excluding steps already covered by the overall workflow.

Discussion This workflow checklist represents a first step in developing a standardised project management strategy to improve efficient management of the guideline development process. Further development of this tool involves selecting appropriate software for practical implementation applicable not only for our own means but also for those of other groups.

Implications for Guideline Developers/Users We believe developing a standardised workflow checklist will improve efficient management of guideline development and allows transparent and up-to-date communication of its progress.

P114 THE QUALITY OF EVIDENCE OF SYSTEMATIC REVIEWS OF TRADITIONAL CHINESE MEDICINE: A CROSS-SECTIONAL STUDY

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Background There has been an increasing interest in systematic reviews of traditional Chinese medicine (SR-TCM) over the past

10 years. Little is known about the quality of evidence of SR-TCM.

Methods GRADE (Grading of Recommendations Assessment, Development and Evaluation) system is a tool to rate evidence quality of SRs and other evidence body. We searched CBM (China Biomedicine Database) from 1978 to 2012 and included all SR-TCM in the field of cancer treatment. We used GRADE system to assess the quality of evidence of those SRs. Two reviewers independently screened the titles and abstracts of identified studies. Full texts of potentially included articles were further assessed. Disagreements were resolved by discussion.

Results The preliminary results showed that the quality of evidence of SR-TCM were: high (1%), moderate (25%), low (50%), very low (24%). We also compared with the quality of evidence of SRs published in Chinese medical journals (5%, 27%, 49%, 19%) and Cochrane SRs (5%, 27%, 49%, 19%). Risk of bias, inconsistency and publication bias were the major factors for downgrading evidence of SR-TCM.

Conclusion More and more SR-TCM had been published in Chinese medical journals, however, the proportion of high quality evidence is lower and the very low quality evidence is higher compared with national and international levels.

P115 HOW MANY CLUSTER RANDOMIZED CONTROLLED TRIALS WERE USED IN CLINICAL PRACTICE GUIDELINES?

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Background There has been an increasing interest in cluster randomised controlled trial (CRT) over the past 20 years. Little is known about how many CRTs were used by clinical practice guidelines.

Methods We searched National Guideline Clearinghouse (NGC) which is a public resource for evidence-based clinical practice guidelines on December 31, 2012. We selected guidelines which provide MEDLINE full-text linking and then we checked all references cited by those guidelines.

Results We included 564 guidelines and they contained 57495 references. We identified 13 guidelines cited 17 cluster randomised controlled trials as their references. Guidelines are about primary care, cancer, obesity, breastfeeding, cardiovascular and orthopaedics disease. Screening studies accounts for as much as 35% (6) of all CRTs.

Conclusion Cluster randomised controlled trial is considered as the golden standard to assess the effect of intervention in health research. Based on the retrieval strategy study for cluster randomised controlled trial we developed, we estimated that there are about 8000 CRTs in Medline, however, only 17 CRTs were used or cited by clinical practice guidelines, the reasons of low utilisation of CRTs in guidelines are now being investigated and we are going to present the final findings.

P117 UNIFORMITY IN ANAESTHESIOLOGY RECOMMENDATIONS

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Background The field of anaesthesiology is multidisciplinary and includes the perioperative trajectory, but also the domains of pain, palliative, intensive and emergency care. In The Netherlands there are numerous guidelines on anaesthesiology, from generic to disease and target group specific. These were developed by different stakeholders and were not always thoroughly checked on consistency with other guidelines.

Objective To assess uniformity in recommendations in the field of anaesthesiology.

Methods Four guidelines were considered the base of anaesthesiology care; pre-, peri- and postoperative care and postoperative pain treatment. The recommendations of these four guidelines were combined with a number of consensus statements and matched with disease and target group specific recommendations. These recommendations were categorised into three groups: 1) no controversy; 2) controversy, update necessary; 3) new guideline(s) needed. For the recommendations in the categories 2 and 3 a working group was formed to address these issues.

Results The inventory is on-going and will be finished in spring 2013.

Discussion The total number of guidelines and recommendations on the topic of anaesthesiology are great. This makes it complex for the clinician to find the right recommendation and calls for a more convenient way of presenting them. Supervision from the anaesthesiology association is required for the development of new guidelines to guarantee uniformity between anaesthesiology recommendations.

Implications for Guideline Developers/Users It is of great importance that recommendations throughout guidelines are never conflicting. An electronic modular database could be a more convenient way of presenting recommendations.

P118 ARE LEVELS OF EVIDENCE FROM DIFFERENT CLINICAL PRACTICE GUIDELINES COMPARABLE? – TESTING OF A METHOD FOR STANDARDIZATION OF DIFFERENT EVIDENCE GRADING SYSTEMS

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Background In 2009 we presented a method for standardisation of different evidence grading systems (EGS) to simplify the comparison of levels of evidence (LoE) from different guidelines. For this purpose, LoE from guidelines were allocated to a reference standard, the EGS from the Federal Joint Committee's (G-BA) Code of Procedure. This approach has not yet been tested on several different EGS from guidelines.

Objective To test the feasibility of a method for standardisation of different EGS from COPD, asthma and breast cancer guidelines.

Methods We conducted a systematic search for the above guidelines in guideline databases and websites of guideline providers. The search period covered 11/2007 to 7/2012. Eligible guidelines were evidence-based English or German guidelines using an EGS. The LoE reported were allocated to the EGS from the G-BA's Code of Procedure.

Results 43 guidelines on chronic diseases with 19 different EGS and 188 different LoE were included. With 4 exceptions, all LoE used in the EGS could be allocated to at least one category of the reference standard. In 44 cases, the LoE from the

identified EGS could be allocated to exactly one category and in 63, an LoE was allocated to several categories. Several LoE from one guideline were allocated to one category in 15 cases; this can result in loss of information.

Discussion The testing of a method for standardisation of different EGS indicates that standardisation of LoE using a reference standard can be successfully implemented and can simplify the comparison of different EGS.

P119 THE RARE-BEST PRACTICES PROJECT: AN OVERVIEW

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Background RARE-Best Practices is a 4-year project (2013-2016) funded by the EU FP7.

Objective Developing a sustainable networking platform, supporting an efficient exchange of reliable and up to date information on the management of rare diseases (RD) to improve patient health outcomes.

Methods RARE-Best Practices will reach its goals by promoting collaboration among partners with a strong track record in RD research as well as in clinical practice guidelines (CPG) and systematic review development from academic institutions, governmental bodies, patients organisations and networks.

Results Project expected outputs: 1) identification of challenges to be considered in deriving high quality standards for CPG on RD; 2) creation of transparent procedures and criteria for the evaluation and the collection of CPG on RD in a publicly searchable database; 3) identification of the available notations for graphic representation of processes within CPG to improve user understandability and implementation; 4) production of mechanisms to identify and prioritise RD clinical research needs to optimise the research agenda on RD; 5) development of training activities targeted to key stakeholders to disseminate process and tools for developing and evaluating CPG.

Discussion/Implication for Guidelines Developers Users RARE-Best Practices will address the patients and health care providers demand for updated and high quality CPG on RD. It intends also to respond to the Directive 2011/24/EU which encourages EU MS to the development of European Reference Networks in the area of RD which, among other criteria and conditions, 'should have the capacity to produce good practice guidelines'.

P121 CLINICAL DECISION SUPPORT: A VALUABLE TOOL FOR MANY REASONS

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Background Oncology is complex and time-consuming care. Because evidence changes frequently, implementation of knowledge is viable for putting evidence into daily practice and decreasing variation in treatment advice.

Context Clinical Decision Support (CDS) based on Clinical Practice Guidelines improves both individual care for cancer patients, including increase in safety, efficiency and transparency and