

P059 DYNAMIC UPDATING OF CLINICAL PRACTICE GUIDELINES (CPGS)

D Regidor, C Robbins. Kaiser Permanente, Care Management Institute, Oakland, USA, Kaiser Permanente

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Background We have been developing CPGs for use within our organisation since 2002. Our lengthy, text-based rationales were not widely read by guideline users. We created a decision support (rationale) table, based on GRADE methodology, and added a summary statement (basis of recommendation) to allow readers a concise and transparent snapshot of our justification for recommendation and strength.

Context The rationale serves as a bridge between systematic review and recommendation, and provides users with a high-level justification for a recommendation. The basis of recommendation (BoR) summarises the 4 GRADE domains of strength of recommendation and how they are integrated to derive the final recommendation & strength. The BoR serves to: •Provide information to the Guideline Development Team and frontline clinicians to facilitate discussion and consensus and aid clinical decision-making. •Provide a structured, standardised portal into more detailed information in the CPG.

Description of Best Practice We follow GRADE's 2-level designation of recommendation strength (strong/weak), and developed standardised recommendation language to align with recommendation strength. We considered two approaches to derive the final recommendation strength, finally settling on an approach that allows flexible weighting of the contribution of each domain to recommendation strength. With this approach, in special circumstances, a strong recommendation may be given in the absence of a high-level of certainty. We plan to provide direct links from the CPG to our electronic medical record's decision support tools.

Implications for Guideline Developers/Users A concise and targeted rationale helps clinicians understand how the evidence was used to develop clinical practice recommendations.

P060 WHEN EVIDENCE IS WEAK OR INSUFFICIENT, HOW CAN WE PRODUCE GUIDANCE THAT IS TRUSTWORTHY?

¹S Zelman Lewis, ¹J Omelas, ^{1,2}K Casey. ¹American College of Chest Physicians, Northbrook, USA; ²University of Cincinnati College of Medicine, Cincinnati, USA

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Background The GuideLine Implementability Appraisal (GLIA) instrument has been suggested for identifying potentially remediable implementability issues during the guideline development process.

Objective To explore to what extent using GLIA during the development process would result in guideline revision before publication.

Methods The development process of the European hyponatremia guideline -coordinated by European Renal Best Practice - was our study context. Using the GLIA web-tool, eleven clinicians and methodologists from eight countries individually appraised 27 guideline statements. In a face-to-face consensus meeting, four GLIA panelists and one guideline development group (GDG) representative summarized potential implementability issues. The GDG discussed these issues, and revised the guideline if deemed necessary.

Results We identified 33 issues; the GDG accepted 26 as potentially hampering implementability. This resulted in statement

reformulation with (n=5) and without (n=10) influencing clinical content, adding or (re)moving entire statements (n=8), and adding information to tables or rationales (n=3). The majority of issues declined by the GDG (n=7) addressed clinical situations that were covered elsewhere in the guideline or were considered to be uncommon.

Discussion Using GLIA during the development process resulted in a revised guideline. We felt that GDG representation in the consensus meeting optimize our appraisal process.

Implications for Guideline Developers Guideline organizations may want to consider incorporating GLIA into their development process. This may raise GDGs' awareness of potential implementability issues, and allow revision of the guideline accordingly prior to publication. Future research should explore the effect of GLIA-based revisions on implementability as assessed by guideline users.

P066 WHAT KINDS OF CHANGES DID THE PUBLICATION OF LARGE-SCALE RCTS RELATED TO HPV TESTING LEAD TO IN CERVICAL CANCER SCREENING GUIDELINES?

¹C Hamashima, ²T Kishi. ¹National Cancer Center, Tokyo, Japan; ²Keio University, Tokyo, Japan

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Objectives Although the mortality of cervical cancer has decreased in developed countries, HPV testing has been anticipated as a new technique for cervical cancer screening. Since 2009, three RCTs have reported final outcomes that evaluated reduction of the mortality of cervical cancer or of the incidence of invasive cancer. Changes in the assessment of HPV testing in guidelines, evidence reports, and statements are examined.

Methods A search was performed from January 2010 to January 2012 using MEDLINE, the GIN library, and the National Guidelines Clearinghouse to identify guidelines, evidence reports, and statements that evaluated HPV testing. Additional reports recommended by experts were also included as needed. Assessments of HPV testing and related evidence were compared.

Results Eight guidelines and two evidence reports matching our criteria were identified. When HPV testing was recommended and introduced, it was based on the results of studies conducted in the respective countries. The methods of HPV testing were different, because interpretations of the results of the RCTs were different among these guidelines and reports.

Discussion Although new techniques are expected to be introduced early in comminutes, long follow-up is needed to evaluate efficacy. In such situations, studies conducted in respective countries are often considered to represent favourable results. To resolve this problem, a modelling approach could be used, but the appropriateness of such an approach for guideline development needs to be investigated.

Implication for Guideline Developers To evaluate the efficacy of a new technique, modelling studies should be standardised for guideline development.

P069 CLINICAL PRACTICE GUIDELINES MANUALS AND TOOLKITS. ARE THEY DIFFERENT AMONG LANGUAGES, COUNTRIES AND DEVELOPERS?

^{1,2}I Florez, ¹Á Perez, ¹L Prieto, ¹E Peña, ¹L Cañón. ¹Instituto de Evaluación Tecnológica en Salud, Bogotá, Colombia; ²Universidad de Antioquia, Medellín, Colombia

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