

# LEITLINIENPROGRAMM ONKOLOGIE



## The German Programme for Guidelines in Oncology

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International Symposium on Evidence-based Cochrane Reviews in Haemato-Oncology  
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# GERMAN GUIDELINE PROGRAMME IN ONCOLOGY (GGPO)

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## BACKGROUND AND RATIONALE

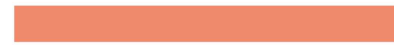
- need for quality improvement in cancer care
- need for better knowledge management
- need for a common basis to improve networking of quality initiatives
- German National Cancer Plan

launched 2008, setting the goal to develop and implement high quality clinical practice guidelines (CPGs) in oncology

**Nationaler Krebsplan**  
Aktueller Stand und Perspektiven



[www.bmg.bund.de](http://www.bmg.bund.de)



# GERMAN GUIDELINE PROGRAMME IN ONCOLOGY (GGPO)

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**CPG-development in Germany:  
strong engagement  
of Scientific Medical Societies  
and Professional Organisations,  
lack of funding**



# GERMAN GUIDELINE PROGRAMME IN ONCOLOGY (GGPO)

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## PARTNERS

Association of the Scientific Medical Societies (AWMF)



German Cancer Society (DKG)




German Cancer Aid (DKH)



# GERMAN GUIDELINE PROGRAM IN ONCOLOGY (GGPO)

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## 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
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## GGPO CONTEXT: QUALITY IMPROVEMENT IN ONCOLOGY

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### Clinical Practice Guidelines (CPG)

provide evidence- and consensus-based recommendations



### Cancer Registries

assess and report processes and outcomes

are linked with

### Quality Assurance

within the framework of the German Social Code Book (§137a SGB V)

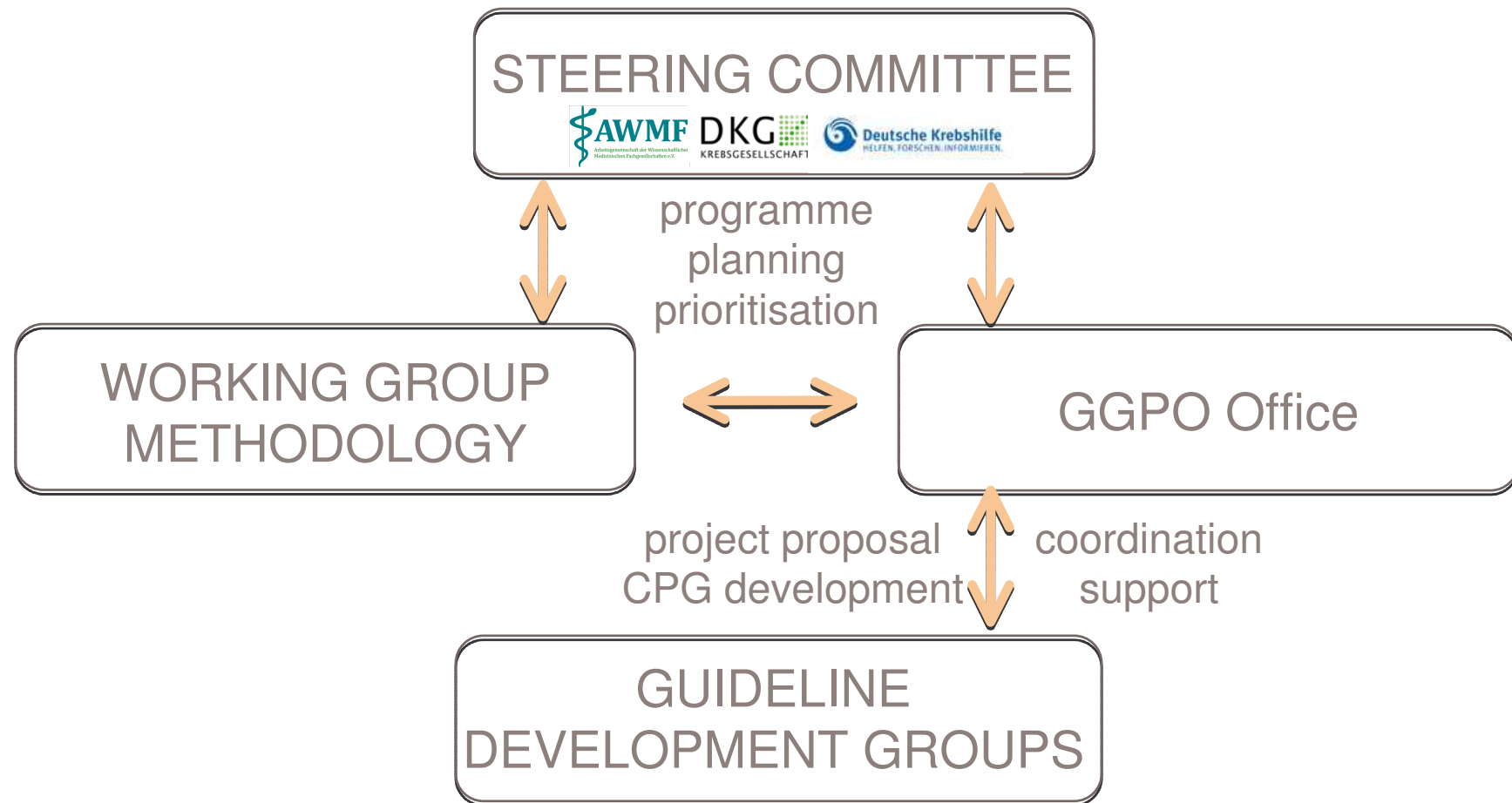
### Certified Cancer Centers

support implementation –  
transfer of guidelines into practice



## GGPO: ORGANISATION

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## GGPO: METHODOLOGY

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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)
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# STAKEHOLDER AND PATIENT INVOLVEMENT

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## 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)
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## EDITORIAL INDEPENDENCE


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- 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



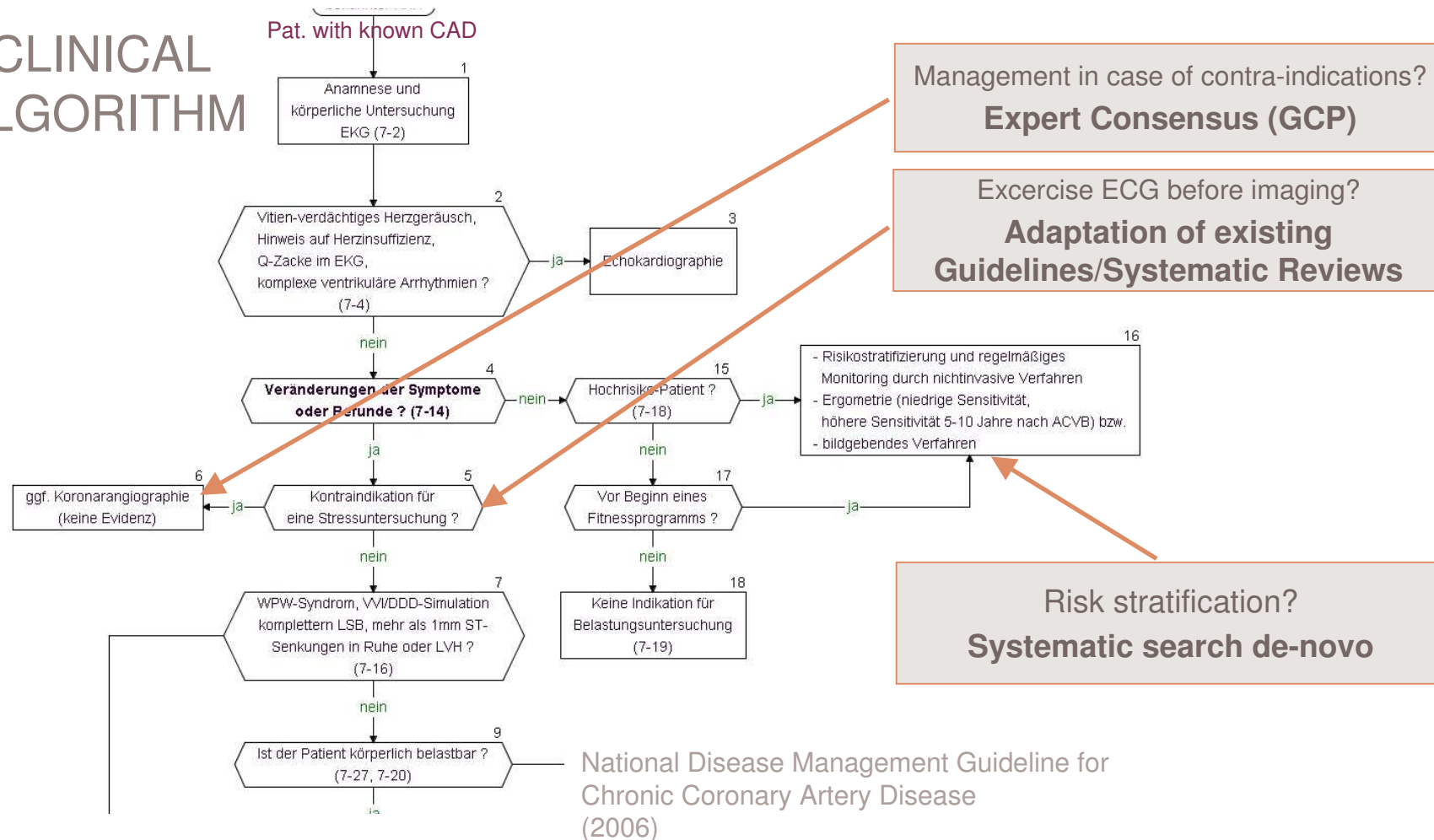
# SYSTEMATIC SEARCH AND APPRAISAL OF THE EVIDENCE

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- 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*
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# Identifying key questions, setting priorities for evidence synthesis

## CLINICAL ALGORITHM



# GRADING RECOMMENDATIONS: CONSENSUS PROCESS

## Quality of evidence

1 – high

2 - moderate

3 - low  
4 - very low

## Strength of recommendation

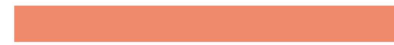
do / don't do  
„we recommend“

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](http://www.versorgungsleitlinien.de/english/methods))  
European Council, Recommendation (2001) 13 , GRADE 2004 ([www.gradeworkinggroup.org](http://www.gradeworkinggroup.org))



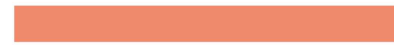
## CRITERIA FOR CONSIDERED JUDGMENT

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- 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](http://www.gradeworkinggroup.org)





## CRITERIA FOR CONSIDERED JUDGMENT

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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 ?

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- **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.

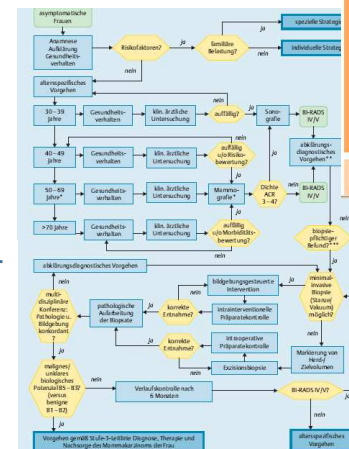
Murphy, Black et al. HTA 1998 (2)





# TOOLS TO FACILITATE IMPLEMENTATION

- Long Version  
(Book, Journal Supplement, Internet)
- Short Version (Internet)
- Report on Methodology
- Evidence-Report (Systematic Review)
- Patient Guideline /Lay Version
- Pocket Versions (Algorithms)
- Apps and Electronic Reminders



EVIDENZBERICHT  
äzq

Evidenzbericht 2007 zur S-3-Leitlinie Brustkrebsfrüherkennung in Deutschland  
Systematische Suche nach Informationen zum medizinisch-wissenschaftlichen Kenntnisstand und Bewertung der Evidenz zur Aktualisierung und Überarbeitung



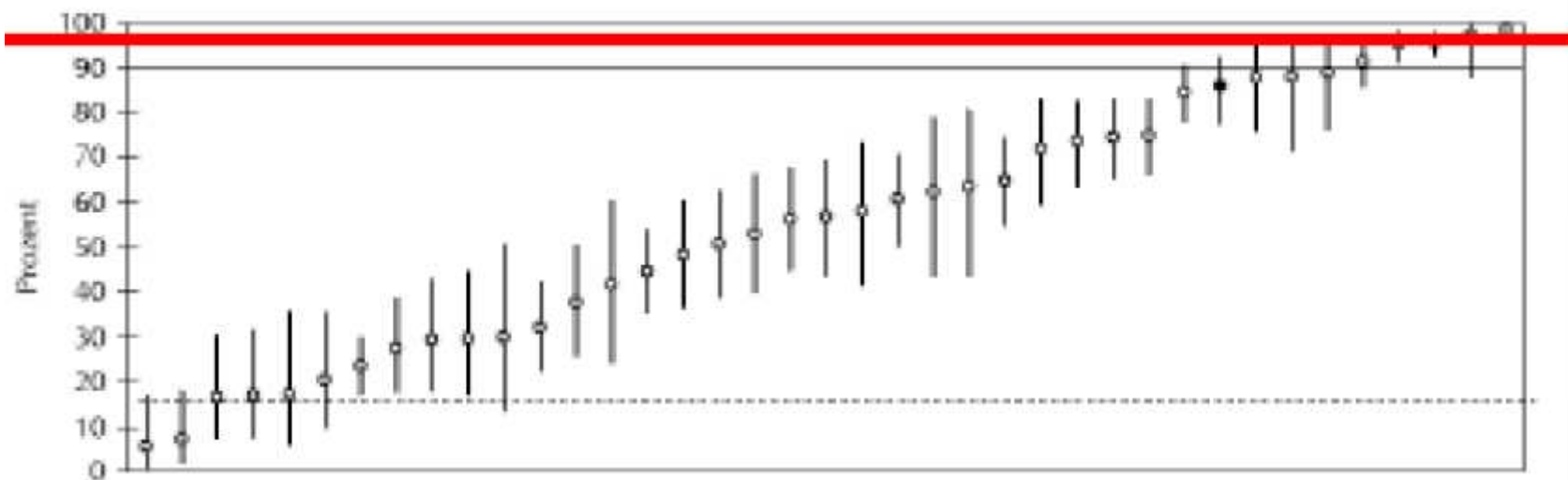
## GUIDELINE BASED QUALITY INDICATORS

Guideline Recommendation	Goal	Quality Indicator (Reference Range)	2005
We strongly recommend that in all patients diagnosed with invasive breast cancer the hormone-receptor status is determined.  LoE 1a, GoR A	Immune-histochemical analysis of hormone-receptor status  (Process Quality)	Numerator: patients with documented hormone receptor-status  Denominator: all patients with diagnosed invasive breast cancer  (>95%)	95,82%

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)

Presentation: U.-S. Albert, 5th Annual G-I-N Conference, Helsinki 2008

## GGPO: PROJECTS

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### 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
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## CONCLUSION

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### 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!

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