

LEITLINIENPROGRAMM ONKOLOGIE



The German Programme for Guidelines in Oncology

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International Symposium on Evidence-based Cochrane Reviews in Haemato-Oncology
10th Anniversary of the Cochrane Haematological Malignancies Group July 2011

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

Nationaler Krebsplan
Aktueller Stand und Perspektiven



www.bmg.bund.de

GERMAN GUIDELINE PROGRAMME IN ONCOLOGY (GGPO)

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)



GERMAN GUIDELINE PROGRAM IN ONCOLOGY (GGPO)

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

GGPO CONTEXT: QUALITY IMPROVEMENT IN ONCOLOGY

Clinical Practice Guidelines (CPG)

provide evidence- and
consensus-based
recommendations



Cancer Registries

assess and report
processes and outcomes

are linked with

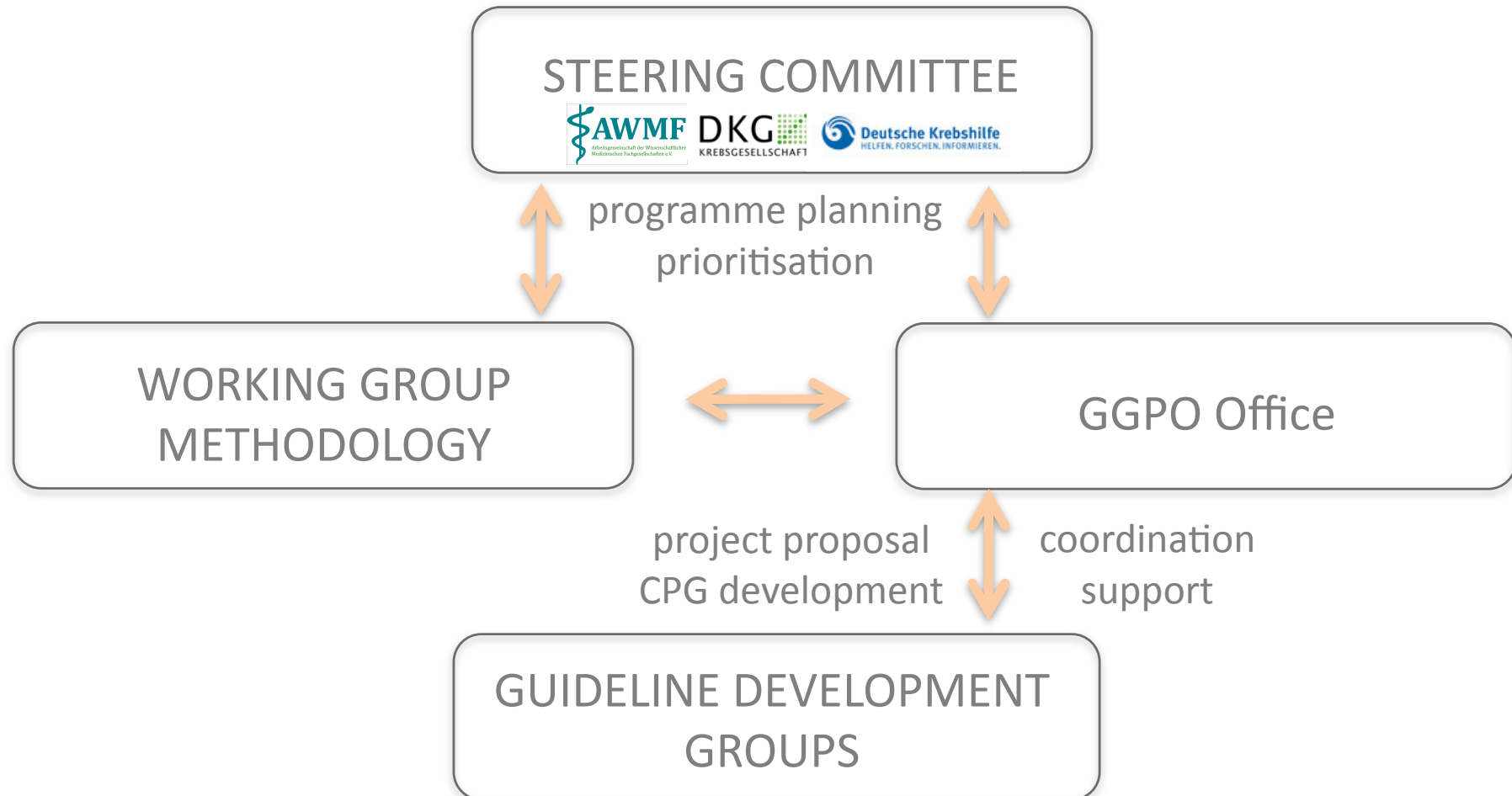
Quality Assurance

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

Certified Cancer Centers

support implementation –
transfer of guidelines into practice

GGPO: ORGANISATION




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)
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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)
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EDITORIAL INDEPENDENCE

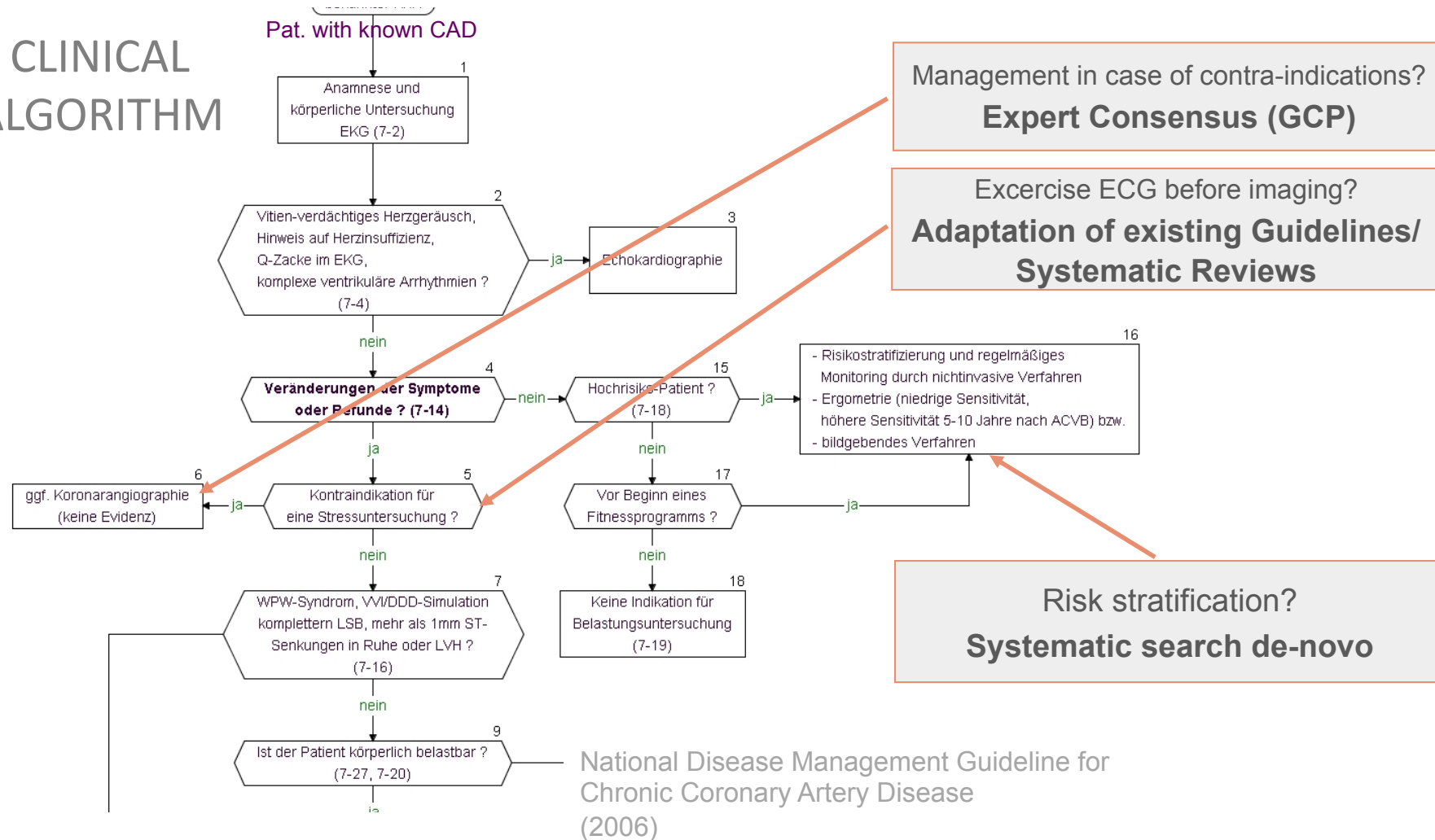
- SOURCE OF FUNDING
 - independent funding by GGPO
 - no influence on guideline content
- COMPETING INTERESTS OF GUIDELINE DEVELOPMENT GROUP MEMBERS
 - form sheet according to ICMJE
 - disclosure of financial and academical interests (table)
 - measures taken to minimise the influence of competing interests

SYSTEMATIC SEARCH AND APPRAISAL OF THE EVIDENCE

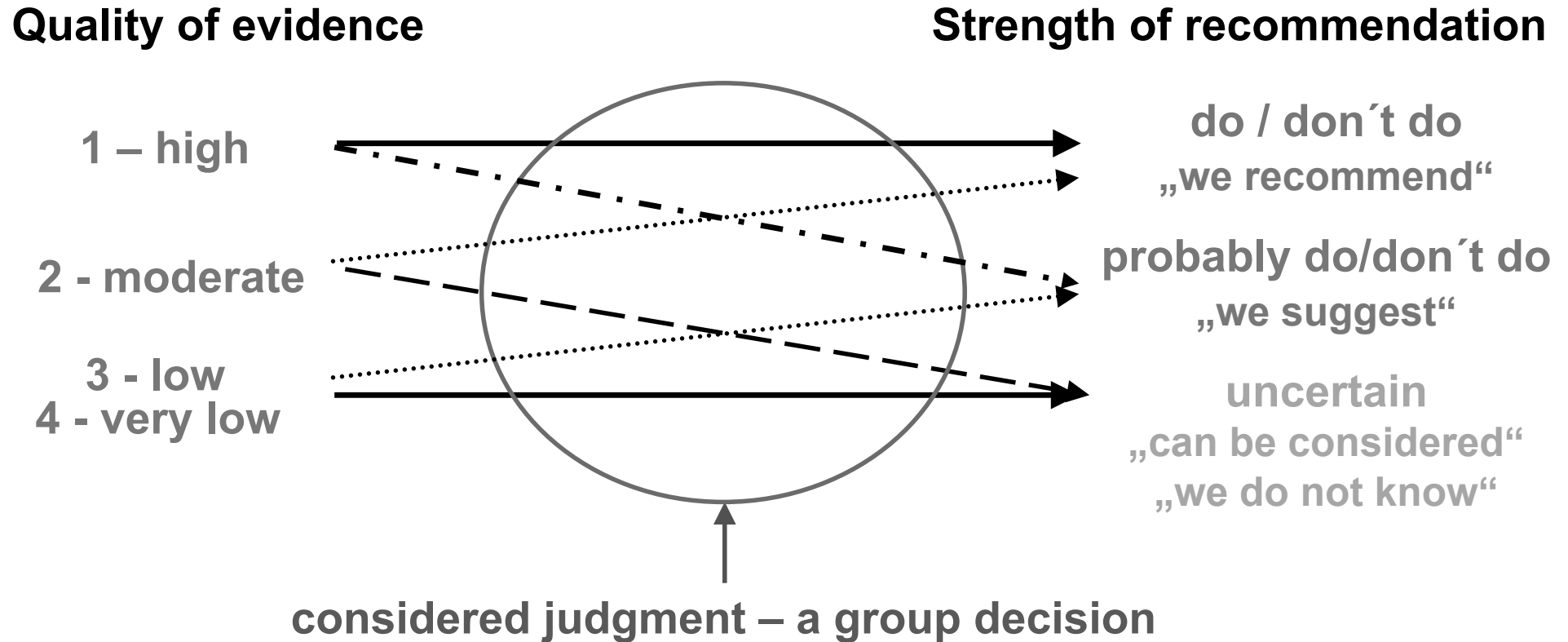
- documentation of strategy used to search for evidence
clinical questions, databases, time period covered, search terms, inclusion criteria
- stepwise process, beginning with guidelines and systematic reviews
e.g. GIN, AHRQ, NICE, Cochrane Library, PubMed, CINAHL, Hand search
- identification of risks 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



GRADING RECOMMENDATIONS: CONSENSUS PROCESS



GermanDM-CPG programme – method report (www.versorgungsleitlinien.de/english/methods)
European Council, Recommendation (2001) 13 , GRADE 2004 (www.gradeworkinggroup.org)

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



CRITERIA FOR CONSIDERED JUDGMENT

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 ?

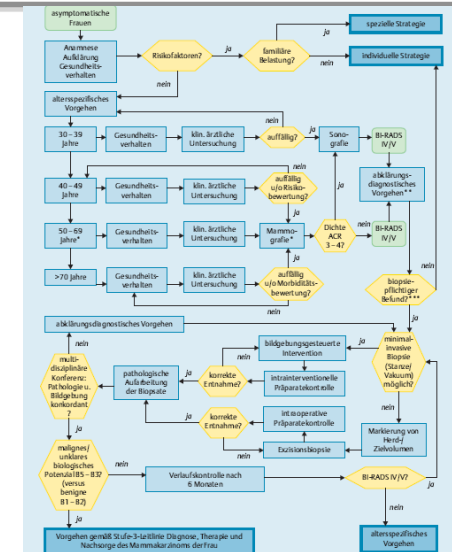
- **Safety in numbers** – several people are less likely to arrive at a wrong decision than a single individual.
- **Authority** – a selected group of individuals is more likely to lend some authority of the decision produced.
- **Rationality** – decisions are improved by reasoned arguments in which 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



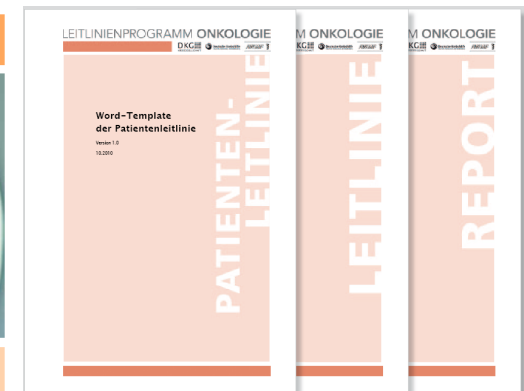
Brustkrebs

Die Ersterkrankung und DCIS – Eine Leitlinie für Patientinnen

EVIDENZBERICHT

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



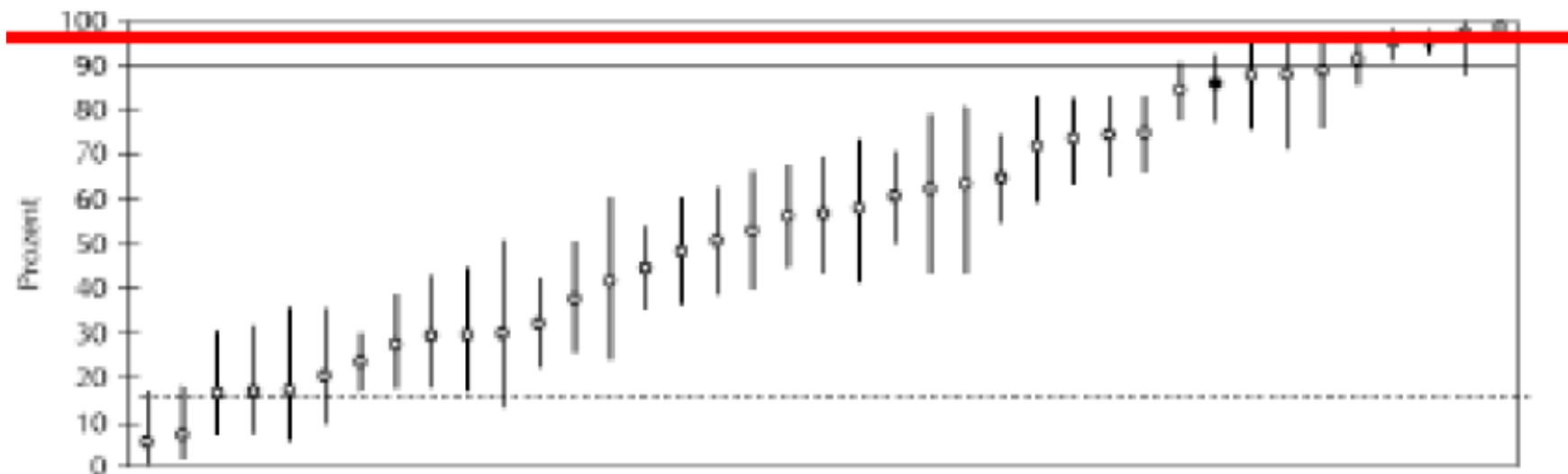
GUIDELINE BASED QUALITY INDICATORS

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

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

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!

