The Future of Clinical Practice Guidelines in Urology

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Clinical practice guidelines are defined as “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances” [1]. Over the last two decades, interest in developing clinical practice guidelines has surged, fueled by the discovery of large, unexplained variation in clinical care and the documentation of inappropriate care as well as an interest in managing ever-rising health care costs. The development of clinical practice guidelines has been central to the efforts of promoting high-quality, evidence-based, and safe patient care and holds the promise for improving quality, appropriateness, and cost effectiveness of health care. Consequently, the development of clinical practice guidelines has been strongly endorsed by all major professional urological organizations, which have dedicated considerable resources toward guideline development and dissemination [2]. Clinical practice guidelines are uniformly viewed as being among the most influential publications these organizations produce as well as a pivotal membership service.

The specific methodology used to develop clinical practice guidelines varies considerably across organizations (Table 1). These differences closely reflect each organization’s mission, size, and financial resources as well as the diversity of its membership. The National Institute for Health and Clinical Excellence (NICE), which generates a large number of urology-relevant guideline documents, serves the National Health Service (NHS) in the United Kingdom, and guideline development is NICE’s raison d’être. Its recommendations are critical to NHS decisions to cover a given service, based not only on an assessment of the benefits and harms of a given diagnostic or therapeutic intervention but also on its cost effectiveness as determined in a formal economic analysis. As a result, NICE has adopted the most rigorous, evidence-based methodological and resource-intensive framework following the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach [3]. The British Association of Urological Surgeons, the Canadian Urological Association, and the Société Internationale d’Urologie are relatively small organizations with more limited resources at their disposal. American Urological Association guideline developers have recently made their approach to guideline development more rigorous and evidence-based, which is
Table 1 – Characteristics and methodology used by six major organizations vested in the development and dissemination of clinical practice guidelines for urological conditions

<table>
<thead>
<tr>
<th>Organization</th>
<th>Web site</th>
<th>Membership</th>
<th>No. of published guideline documents</th>
<th>Strength of recommendations rating</th>
<th>Levels of evidence grading system</th>
<th>Support of evidence</th>
<th>Levels of evidence grading system for grades of recommendation (grades A, B, C, D)</th>
<th>Conflict of interest management</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUA</td>
<td><a href="http://www.auanet.org/">http://www.auanet.org/</a></td>
<td>Approximately 17,690</td>
<td>1,216</td>
<td>GRADE (high, moderate, low, very low)</td>
<td>CEBM grading system for grades of recommendation (levels 1, 2, 3, 4)</td>
<td>1 Includes best practice statements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAUS</td>
<td><a href="http://www.baus.org.uk/">http://www.baus.org.uk/</a></td>
<td>Approximately 1,757</td>
<td>163</td>
<td>GRADE (high, moderate, low, very low)</td>
<td>CEBM grading system for grades of recommendation (levels 1, 2, 3, 4)</td>
<td>2 Excludes interventional procedure assessments and appraisal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EAU</td>
<td><a href="http://www.uroweb.org/">http://www.uroweb.org/</a></td>
<td>Approximately 12,000</td>
<td>120</td>
<td>GRADE (high, moderate, low, very low)</td>
<td>CEBM grading system for grades of recommendation (levels 1, 2, 3, 4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NICE</td>
<td><a href="http://www.nice.org.uk/">http://www.nice.org.uk/</a></td>
<td>NA</td>
<td>NA</td>
<td>GRADE (high, moderate, low, very low)</td>
<td>CEBM grading system for grades of recommendation (levels 1, 2, 3, 4)</td>
<td></td>
<td></td>
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<tr>
<td>SIU-urology</td>
<td><a href="http://www.siu-urology.org/">http://www.siu-urology.org/</a></td>
<td>Approximately 4,000</td>
<td>2 (of which 10 are urology specific)</td>
<td>GRADE (high, moderate, low, very low)</td>
<td>Modified Oxford CEBM grading system for grades of recommendation (levels 1, 2, 3, 4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Conflicts of interest: The authors have nothing to disclose.

References

[1] Shaneyfelt TM, Mayo-Smith MF, Rothwangl J. Are guidelines following guidelines? The methodological quality of clinical practice especially valued in a society noted for litigiousness and public scrutiny [4,5]. The European Association of Urology is a relatively young yet rapidly expanding international organization that faces the challenge of a highly diverse membership practicing in multiple different health care systems [6].

Conflict of interest management is an important common challenge faced by all organizations vested in guideline development. Every organization has a formal disclosure process in place for panel members as well as mechanisms to deal with perceived or actual conflicts of interest that may arise. The objective of these provisions is not to exclude valuable content experts with industry affiliations but to provide assurance to members of the public that their participation does not bias the panel’s deliberation in any way. Increasingly, methodologists are employed to generate evidence profiles independent of the clinical content experts with the intent of enhancing accuracy and limiting bias. This approach requires considerable resources to afford dedicated personnel or to outsource these efforts to external evidence-based practice centers with the necessary expertise and experience. Other common challenges faced by urological guideline developers include the lack of high-quality evidence to inform the guidelines, the considerable resources necessary to perform systematic reviews to support the guidelines, and the need to get “buy-in” from the urological community by making the guideline recommendations relevant and applicable to day-to-day clinical practice. At the same time, guideline developers from all organizations perceive the coexistence of competing guidelines developed by other organizations using different methodologies and at times resulting in contradictory recommendations as a potential impediment to guideline implementation.

There appears to be tremendous opportunity for enhanced collaboration and shared resource utilization among guideline developers from different organizations. Many of these collaborative efforts can be “behind the scenes” and need not infringe on each organization’s ability to develop guidelines that are tailored to its specific target audience and health care settings. Specific opportunities for future collaboration lie in the sharing of systematic reviews underpinning guideline documents, the adoption of more closely aligned common guideline methodology, and the joint development of core training resources for guideline panelists. In an era of increasing emphasis on safe, evidence-based, and cost-effective care, the importance of clinical practice guidelines will continue to increase. Working together more closely will help us meet this challenge and better serve the patients and urological health care providers that our organizations serve.


