

ASCO® Guidelines

Guideline Development Priorities: A process for reviewing and updating the list of priorities

The Guideline Advisory Groups (AGs) will review their respective priorities every summer after the ASCO Annual Meeting. This will coincide with the rotation of the Guideline AGs' membership. The process is annotated below.

1. Every spring, the ASCO membership will be surveyed for guideline topics. In addition, various Committees, including the Quality of Care Committee (QCC), the Clinical Practice Committee (CPC), and the Cancer Research Committee (CRC) will be targeted for feedback.
2. Simultaneously, staff will survey Guideline Panel Co-Chairs on the validity of recommendations of published guidelines/endorsements/adaptations/Provisional Clinical Opinions.
 - a. Staff will be assigned a list of guidelines for which they will be responsible for assessing updating status (not necessarily conducting the update). Typically this will be the last person to work on the effort or the person assigned to a specific AG.
 - i. Assessment of the recommendations by co-chairs should occur after the one year anniversary of the publication date of the guideline product
 - ii. Assessment of the literature search results should be provided to the co-chairs after the 3 year anniversary of the publication date of the guideline product. At this time, consideration of updating, especially if non-substantive, should be placed higher in the priority queue.
 - b. Staff who are assigned the assessment of a guideline will contact the guideline co-chairs and ask them to assess the status of the recommendations as follows:
 - i. Recommendations still valid no changes needed (candidate for non-substantive update)
 - ii. Some recommendations in need of updating (candidate for rapid update)
 - iii. A moderate number of recommendations in need of updating (candidate for targeted update)
 - iv. Full update required (candidate for substantive update)
 - c. The co-chairs are also asked their opinion on the importance of an update at that time: High, Medium, or Low

- d. Staff assigned to AGs will compile all updating assessments for AG review and prioritization for updating. Topics for which there is no AG coverage will be reviewed by members of the CPGC.
 - e. Staff will also ask the GAG members to reaffirm if an update is needed or not.
 - f. Guidelines prioritized for updating will included into the workflow and be assigned to the person who worked on the guideline last, the AG staff member, or another staff member who has the time to work on an update.
3. Staff will survey the AG members for new topics.
4. Staff will contact colleagues from other specialty societies (e.g. Cancer Care Ontario, American Urologic Association, College of American Pathologists, American Society of Radiation Oncology, etc.) on the status of their guidelines in progress or recently completed. A guideline nearing completion could be an endorsement opportunity.¹
5. If applicable, staff will contact the Measures Panel liaison for information on the corresponding measures panel's priorities.
6. Staff will provide AG members with the current list of priorities; the list of guidelines in need of updates (identified by guideline panel Co-Chairs); results of the ASCO membership survey, including the rationale for the topic and any additional context provided by survey respondents; and AG member-suggested topics
7. AGs will meet by teleconference to discuss all potential topics. Topics can be eliminated or deferred by the AG members. Staff will document the reason for elimination.
8. Staff will ask the AG members to rank the remaining topics. Results of the ranking exercise will be provided to the AG members. A conference call may be scheduled to discuss the results, if needed.
9. The updated priorities list is provided to the CPGC at its fall meeting for final approval. An AG member/CPGC liaison will present the results of the ranking exercise and the rationale for the topics selected to the CPGC.

¹ Staff will search for guideline opportunities quarterly as part of a separate process.

