Adjuvant Endocrine Therapy for Women with Hormone Receptor-Positive Breast Cancer: American Society of Clinical Oncology Clinical Practice Guideline Focused Update

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OVERVIEW

Practice guidelines are systematically developed statements that assist practitioners and patients in making decisions about care. Attributes of good guidelines include validity, reliability, reproducibility, clinical applicability, flexibility, clarity, multidisciplinary process, review of evidence, and documentation. Guidelines may be useful in producing better care and decreasing cost. Specifically, utilization of clinical guidelines may provide:

1. Improvements in outcomes
2. Improvements in medical practice
3. A means for minimizing inappropriate practice variation
4. Decision support tools for practitioners
5. Points of reference for medical orientation and education
6. Criteria for self-evaluation
7. Indicators and criteria for external quality review
8. Assistance with reimbursement and coverage decisions
9. Criteria for use in credentialing decisions

Update Committee Composition

To address the clinical question, an Update Committee with multidisciplinary representation in medical oncology, community oncology, patient representation, implementation, and guideline methodology was convened. The Update Committee was led by two Co-chairs who had the primary responsibility for the development and timely completion of the guideline. The Update Committee members are listed in Appendix Table A1 (online only).

Guideline Development Process

The Update Committee met on several occasions and corresponded through email, progress on guideline development was driven primarily by the Update Committee along with ASCO staff. The purpose of the Committee meetings was for members to contribute content provide critical review, interpret evidence, and finalize the guideline recommendations based upon the consideration of the evidence. All members of the Update Committee participated in the preparation of the draft guideline document, which was then disseminated for external review and submitted to the Journal of Clinical Oncology (JCO) for peer review and publication. All ASCO guidelines are reviewed and approved by the ASCO Clinical Practice Guideline Committee prior to publication.

Revision Dates

At annual intervals, Update the Committee Co-Chairs and two Committee members designated by the Co-Chairs will determine the need for revisions to the guideline based on an examination of current literature. If necessary, the entire Update Committee (or a subset) will be reconvened to discuss potential changes. When appropriate, the Committee will recommend revised guidelines to the Clinical Practice Guideline Committee (CPGC) for review and approval.

Systematic Literature Review
ASCO guidelines are based on systematic reviews of the literature. A protocol for each systematic review defines parameters for a targeted literature search. Additional parameters include relevant study designs, literature sources, types of reports, and pre-specified inclusion and exclusion criteria for literature identified. The protocol for this guideline was reviewed and approved by the ASCO Clinical Practice Guidelines Committee’s Breast Cancer Guideline Advisory Group (GAG).

**Literature Search Strategy**

The PubMed database was searched on June 24, 2015 for evidence reporting on outcomes of interest. Reference lists from seminal papers and recent review articles were scanned for additional citations. The literature search strategy and search results are available in the Data Supplements 1 and 2, respectively.

**Outcomes of Interest**

Efficacy outcomes of interest included:
- Overall survival (OS)
- Disease-free survival (DFS)
- Freedom from breast cancer at 5 years
- Freedom from distant recurrence at 5 years

Secondary outcomes of interest included:
- Adverse events
- Quality of life as measured by a validated, reliable instrument
- Patient reported outcomes
- Cognitive impairment

**Data extraction**

Literature search results were reviewed and deemed appropriate for full text review by an ASCO staff member in consultation with the Update Committee Co-Chairs. Data were extracted by one ASCO staff member and subsequently checked for accuracy through an audit of the data by another ASCO staff member. Disagreements were resolved through discussion and consultation with the Co-chairs, if necessary.

**DEVELOPMENT OF RECOMMENDATIONS**

The guideline recommendations were crafted, in part, using the GuideLines Into DEcision (GLIDES) methodology. This method helps guideline panels systematically develop clear, translatable, and implementable recommendations using natural language, based on the evidence and assessment of its quality to increase usability for end users. The process incorporates distilling the actions involved, identifying who will carry them out, to whom, under what circumstances, and clarifying if and how end users can carry out the actions consistently. This process helps the Panel focus the discussion, avoid using unnecessary and/or ambiguous language and clearly state its intentions.
### Guide for Types of Recommendations

<table>
<thead>
<tr>
<th>Type of Recommendation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Evidence-based</td>
<td>There was sufficient evidence from published studies to inform a recommendation to guide clinical practice.</td>
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<tr>
<td>Formal Consensus</td>
<td>The available evidence was deemed insufficient to inform a recommendation to guide clinical practice. Therefore, the expert Panel used a formal consensus process to reach this recommendation, which is considered the best current guidance for practice. The Panel may choose to provide a rating for the strength of the recommendation (i.e., “strong,” “moderate,” or “weak”). The results of the formal consensus process are summarized in the guideline and reported in an online data supplement.</td>
</tr>
<tr>
<td>Informal Consensus</td>
<td>The available evidence was deemed insufficient to inform a recommendation to guide clinical practice. The recommendation is considered the best current guidance for practice, based on informal consensus of the expert Panel. The Panel agreed that a formal consensus process was not necessary for reasons described in the literature review and discussion. The Panel may choose to provide a rating for the strength of the recommendation (i.e., “strong,” “moderate,” or “weak”).</td>
</tr>
<tr>
<td>No Recommendation</td>
<td>There is insufficient evidence, confidence, or agreement to provide a recommendation to guide clinical practice at this time. The Panel deemed the available evidence as insufficient and concluded it was unlikely that a formal consensus process would achieve the level of agreement needed for a recommendation.</td>
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### Guide for Strength of Recommendations

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<tr>
<th>Rating for Strength of Recommendation</th>
<th>Definition</th>
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<tr>
<td>Strong</td>
<td>There is high confidence that the recommendation reflects best practice. This is based on: a) strong evidence for a true net effect (e.g., benefits exceed harms); b) consistent results, with no or minor exceptions; c) minor or no concerns about study quality; and/or d) the extent of panelists’ agreement. Other compelling considerations (discussed in the guideline’s literature review and analyses) may also warrant a strong recommendation.</td>
</tr>
<tr>
<td>Moderate</td>
<td>There is moderate confidence that the recommendation reflects best practice. This is based on: a) good evidence for a true net effect (e.g., benefits exceed harms); b) consistent results, with minor and/or few exceptions; c) minor and/or few concerns about study quality; and/or d) the extent of panelists’ agreement. Other compelling considerations (discussed in the guideline’s literature review and analyses) may also warrant a moderate recommendation.</td>
</tr>
<tr>
<td>Weak</td>
<td>There is some confidence that the recommendation offers the best current guidance for practice. This is based on: a) limited evidence for a true net effect (e.g., benefits exceed harms); b) consistent results, but with important exceptions; c) concerns about study quality; and/or d) the extent of panelists’ agreement. Other considerations (discussed in the guideline’s literature review and analyses) may also warrant a weak recommendation.</td>
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Guide for Rating of Evidence

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<th>Rating for Strength of Evidence</th>
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<tr>
<td>High</td>
<td>High confidence that the available evidence reflects the true magnitude and direction of the net effect (i.e., balance of benefits versus harms) and further research is very unlikely to change either the magnitude or direction of this net effect.</td>
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<tr>
<td>Intermediate</td>
<td>Moderate confidence that the available evidence reflects the true magnitude and direction of the net effect. Further research is unlikely to alter the direction of the net effect however it might alter the magnitude of the net effect.</td>
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<tr>
<td>Low</td>
<td>Low confidence that the available evidence reflects the true magnitude and direction of the net effect. Further research may change either the magnitude and/or direction this net effect.</td>
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<tr>
<td>Insufficient</td>
<td>Evidence is insufficient to discern the true magnitude and direction of the net effect. Further research may better inform the topic. The use of the consensus opinion of experts is reasonable to inform outcomes related to the topic.</td>
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Guide for Rating of Potential for Bias

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<th>Rating of potential for bias</th>
<th>Definitions for Rating Potential for Risk of Bias in Randomized Controlled Trials</th>
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<tr>
<td>Low risk of bias</td>
<td>No major features in the study that risk biased results and none of the limitations are thought to decrease the validity of the conclusions. The study avoids problems such as failure to apply true randomization, selection of a population unrepresentative of the target patients, high dropout rates; no intention-to-treat analysis; and key study features are described clearly (including the population, setting, interventions, comparison groups, measurement of outcomes, and reasons for dropouts).</td>
</tr>
<tr>
<td>Intermediate risk of bias</td>
<td>The study is susceptible to some bias, but flaws are not sufficient to invalidate the results. Enough of the items introduce some uncertainty about the validity of the conclusions. The study does not meet all the criteria required for a rating of good quality, but no flaw is likely to cause major bias. The study may be missing information, making it difficult to assess limitations and potential problems.</td>
</tr>
<tr>
<td>High risk of bias</td>
<td>There are significant flaws that imply biases of various types that may invalidate the results. Several of the items introduce serious uncertainty about the validity of the conclusions. The study has serious errors in design, analysis, or reporting; large amounts of missing information; or discrepancies in reporting.</td>
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References