

# The European Commission's science and knowledge service

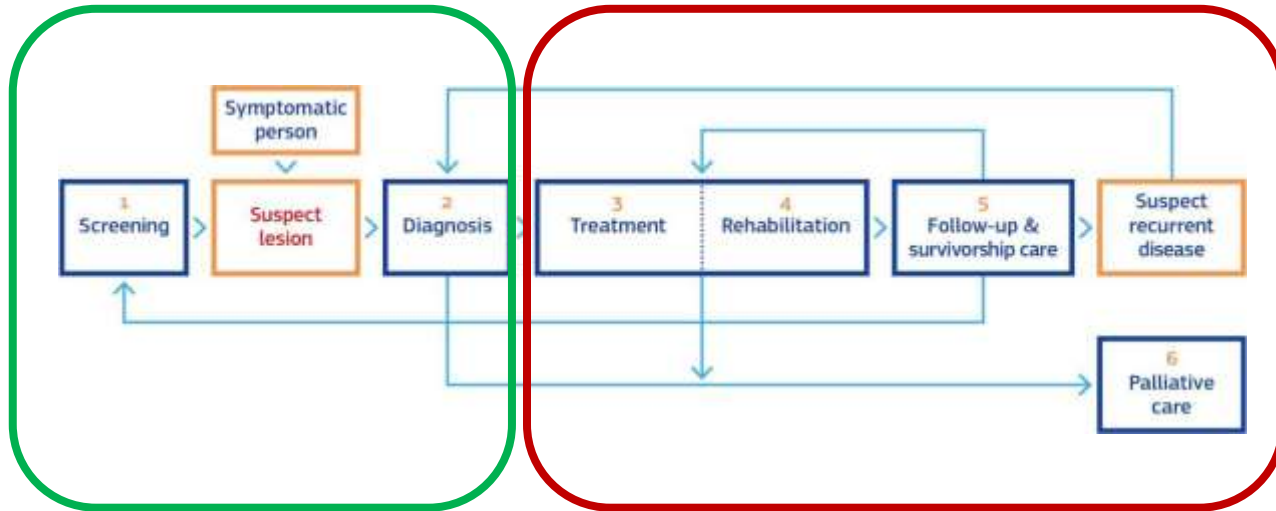
Joint Research Centre

## **ECIBC** *Guidelines Platform*

Donata Lerda

*Healthcare Quality Team Leader*  
Unit F1 "Health in Society"

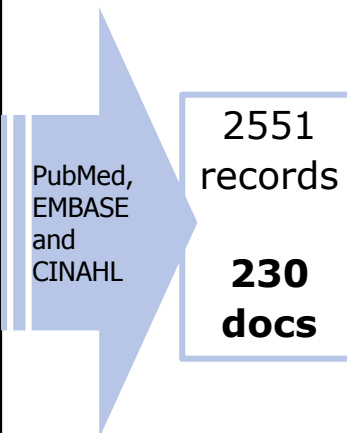
# ECIBC pathway and evidence



# Populating the platform (1)



<b>Study design</b>	<ol style="list-style-type: none"> <li>1. Documents containing <b>at least one breast cancer services recommendation</b> irrespective of the stage (prevention, screening, diagnosis, treatment, rehabilitation, follow-up, support to long term survivors, palliative and end of life care).</li> <li>2. Documents including recommendations <b>based on a systematic review</b> [to be assessed in the full text of documents initially screened from the search].             <ol style="list-style-type: none"> <li>a. By systematic review we will consider documents that include an explicit strategy to search for the evidence and an assessment of the risk of bias of the evidence of the included studies.</li> </ol> </li> <li>3. Documents published in the period <b>2006 – 2015</b>.</li> </ol>
<b>Population</b>	<ol style="list-style-type: none"> <li>1. Women or men</li> </ol>
<b>Category and practices considered</b>	<ol style="list-style-type: none"> <li>1. Prevention</li> <li>2. Surveillance</li> <li>3. Screening</li> <li>4. Diagnosis</li> <li>5. Treatment (by any professional specialty / type of treatment / stage of disease)</li> <li>6. Rehabilitation (by any professional specialty / type of approach)</li> <li>7. Follow-up</li> <li>8. Support to long term survivors (by any professional specialty / type of approach)</li> <li>9. Palliative care</li> <li>10. End of life care (by any professional specialty / type of approach)</li> </ol>



# Populating the platform (2)



## A public survey performed by JRC

- From 11 April 2016 to 25 June 2016
- 55 guidelines submitted within the deadline
- 5 duplicates, hence a total of **50 guidelines potentially eligible**
- Results published on the ECIBC web hub

# All for the Platform (1)



Only trustworthy guidelines\* will be included:

- based on a systematic review of the existing evidence;
- quality of evidence & strength of recommendations are rated;
- developed by a knowledgeable, multidisciplinary, inclusive panel;
- considering important patient subgroups and patient preferences;
- based on an explicit and transparent process (minimised CoIs);
- providing relationships between care options and health outcomes;
- be reconsidered and revised as appropriate.

*\*Institute of Medicine. Clinical Practice Guidelines we can trust. Washington, DC: The National Academies Press; 2011. p. 300. Report No.: 978-0-309-16422-1.*

# All for the Platform (2)



## Trustworthy guidelines being evaluated by CCIB based on

- **AGREE II** (evaluation by two independent reviewers)
- Updating plan
- Nominated reference person

# All for the Platform (3)



## Transparent and independent approach

**No result available to JRC until threshold(s) are decided** for entry into Platform of Guidelines (for public searches) and Platform of Recommendations (format similar to *European Breast Guidelines*)

CCIB will perform the evaluation with no pre-set threshold  
JRC will be totally independent when selecting threshold(s)



## JRC obtains a list of trustworthy guidelines with AGREE II scores



- Possible report / paper
- Platform of Guidelines
- Platform of Recommendations
- (One Platform)



# How other recommendations will look like?



## Depending on IPRs ownership of selected guidelines & agreement to be part of the Platform

**YES:** key information fields will be shaped similarly to the *European Breast Guidelines*

**NO:** recommendation possibly extracted and/or PDF attached + essential information when available (*e.g.* text and strength of recommendation)

# Thank you and keep in touch!

European Commission Initiative on Breast Cancer  
#ECIBC

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CANCER