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# ESMO Consensus Conferences: another source of ESMO Clinical Practice Guidelines

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## introduction

To make decisions in their clinical practice, clinicians have to deploy a huge amount of rapidly growing knowledge available in their areas of specialization. From 1994 to 2001, more than 25 000 articles reporting randomized trials were published. Assessing and interpreting those results could be a hard task for clinicians trying to adopt best professional practice. Clinical Practice Guidelines (CPGs) should clearly set out the scientific evidence and should also appraise the likely benefits and harm behind clinical recommendations. They should be oriented not only towards improving the health of the patient, but also towards converting the complexity of the findings of scientific research into recommendations for everyday practice. By achieving this, they will also enhance the quality of life and outcomes of patients.

ESMO is highly committed to developing such CPGs. The Guidelines Working Group (GLWG) believes that this is an important service to its members. In order to better meet the needs of its members, the ESMO GLWG has tried to adapt and improve the quality of its guidelines, and has expanded the participation of multidisciplinary experts in the field.

Until 2007, the ESMO GLWG was providing short-sized clinical recommendations dedicated to medical oncologists. Eventually, the content of clinical recommendations was increased in size, and in 2007, it was unanimously decided that recommendations be developed from ESMO guidelines discussed at Consensus Conferences (CCs).

Consensus decision-making is a group decision-making process that seeks the consensus of experts and the fulfillment of objectives. It has its origin in a Latin word literally meaning feel together.

In this setting, development of guidelines through CCs was considered a more enriched and integrative approach to producing better evidence-based CPGs enabling best practice. Thus far, 10 CCs on various common tumors as well as supportive treatment [1–3] have been held.

The purpose of ESMO CCs was to develop oncologic guidelines on the treatment of certain tumors with the aim of evaluating available scientific information and improving the

understanding of the key topics. The model of participatory CCs was based on the expert CC model. In short, the CC chairs start by inviting acclaimed experts with pan European distribution and by identifying subtopics regarding each tumor type to be studied by working groups (WGs). Each WG, represented by a coordinator, undertakes the task of studying relevant evidence and providing critical questions and answers pertaining to the subtopic assigned, followed by formulation of recommendations. The «question and answer» format was chosen, since it is considered the most relevant and communicable form to the practicing oncologist. After this important preparatory work has been accomplished via electronic communication, all the WGs meet at the CCs and present and discuss their findings. Following this, the writing up of the Consensus document is delegated to the WGs before being finalized by the CC chairs and the ESMO GLWG and Educational Committee.

## methodology

ESMO CC standard operating procedures (SOP) are shown in Figure 1.

## ESMO CCs organized from 2007 to 2012

From October 2007 to January 2012, 10 CCs were organized on soft-tissue sarcomas, bone sarcomas, gastrointestinal stromal tumors (GIST), testicular seminoma and non-seminoma, non-small-cell and small-cell lung cancer, colorectal cancer, prostate cancer, lymphomas as well as antiemetics and communication skills.

CCs were organized under the auspices of ESMO, Conticanet, Multinational Association of Supportive Care in Cancer (MASCC), Swiss Cancer League, Eurobonet and San Salvatore Foundation.

The number of panel members ranged from 23 to 66 and the number of participated countries from 5 to 22. Almost all the Conferences had multidisciplinary representation. All the guidelines derived were published or will be published in *Annals of Oncology* [4–17] (Table 1).

## perspectives

The ESMO GLWG intends to continue developing ESMO CPGs through CCs. It believes that this procedure will offer

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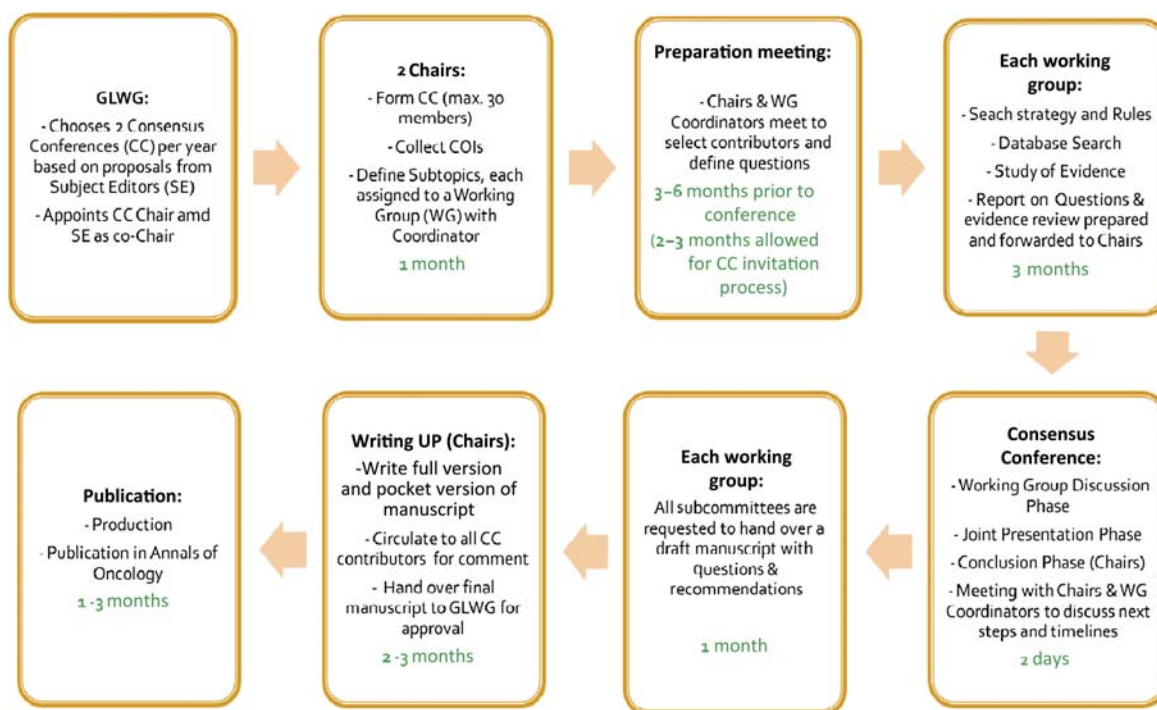


Figure 1 ESMO Consensus Conference SOP flowchart.

Table 1. ESMO Consensus Conferences

Date	Topic	Organizer	Chairs	Panel members	No. countries	Multidisciplinarity	Publication
October 2007	Soft tissue sarcomas GIST	Conticanet	P. Casali, J.Y. Blay	45	16	PA, MO, SO, RO	[4] [5]
May 2008	Seminoma Non-seminoma	ESMO	H.J. Schmolli, M.P. Laguna	66	18	-	[6] [7]
May 2009	Communication skills	Swiss, Cancer League	J. Barth, J. Bensing, L. Fallowfield, A. Kiss, D. Razavi, F. Stiefel	45	5	-	[8]
June 2009	Antiemetics	MASCC/ESMO	-	23	10	CM, ON, PHARM, MP, MO, SO, RO	[9]
November 2009	Soft-tissue sarcomas GIST Bone sarcomas	Conticanet, Eurobonet	P. Casali, J.Y. Blay	44	15	-	[10] [11] [12]
May 2010	NSCL cancer SCL cancer	ESMO, San Salvatore Foundation	R. Stahel, E. Felip	38	15	PA, MD, MO, SO, RO	[13] [14]
September 2010	Colorectal cancer	ESMO	H.J. Schmolli, E. van Cutsem, A. Cervantes	37	22	PA, MO, SO, RO	[15]
June 2011	Malignant lymphoma	ESMO	M. Ghielmini, M. Dreyling	47	14	MO, HEM	[16] [17]
November 2011	Prostate cancer	ESMO	Horwich, V. Kataja	25	16	UR, MO, SO, RO	[18]
January 2012	Soft-tissue sarcoma GIST Bone sarcoma	ESMO	P. Casali, J.Y. Blay	41	16	EPI, PA, PHARM, HEM, MO, SO, RO	[19] [20] [21]

PA, pathology; MD, Medical Diagnostics; MO, Medical Oncology; SO, Surgical Oncology; RO, Radiation Oncology; HEM, Hematology; CM, Clinical Medicine; ON, Oncology Nursing; ST, Statistics; PHARM, Pharmacy, Pharmacology; MP, Medical Policy; UR, Urology; EPI, Epidemiology.

more constructive guidelines capable of facilitating medical oncologists' decision-making in daily practice.

The ESMO GLWG SOP include the organization of two CCs per year on the basis of proposals from the Subject Editors.

## conflict of interest

The authors have declared no conflicts of interest.

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## appendix 1.

### duties of the chairs of consensus conferences (CCs)

- Appoint CC members (template letter of invitation).
- Define guideline subtopics and organize Working Groups (WGs) and their coordinators to process each subtopic.
- Collect and evaluate conflict of interest (COI) statements from all the CC members.
- Define deadlines for each step of the guideline production process.
- Liaise with the WGs and Coordinators, all the CC members, the Guidelines Working Group (GLWG) and the ESMO administration.
- Chair, moderate and conclude the CC.
- Delegate to each WG the production of a draft manuscript (with Questions, Recommendations and Levels of Evidence) for the subtopic assigned.
- Collect the draft manuscripts (with Questions, Recommendations and Levels of Evidence) from WGs and write up both the Full Version and Pocket Version of the Clinical Practice Guidelines (CPGs).
- Prepare a list of authors with the following being listed before the abstract in this order: Chair, WG chairs (alphabetical), Subject Editor (co-chair).
- Circulate the manuscript to all the members of the CC for final comments.
- Obtain approval of the manuscript document from the GLWG.
- Finalize the manuscript after the final round of CC member feedback.
- Perform yearly minor updates of the CPG in collaboration with all the CC members.
- Evaluate need for and request major updates of the CPG (reiteration of the whole production cycle) to the ESMO GLWG.

## appendix 2.

### duties of CC members, WGs and coordinators

- Liaise with the chairs, their WG fellow members and WG coordinators.

- (ii) Provide detailed COI statements.
- (iii) Each WG coordinator should delegate tasks to his/her WG members and organize joint work such as:
  - Search string, search methods of PubMed, ASCO, ESMO congress databases;
  - Rules for acceptance of relevant evidence;
  - Study of identified evidence;
  - Production of the report on the questions and evidence review including a list of important references for the subtopic assigned.
- (iv) Interact with WG members by e-mail and through e-meetings.
- (v) Each coordinator should forward the WG report on the questions and evidence review to the CC chairs before the CC.
- (vi) All the CC members should attend the CC and present and debate their reports.
- (vii) Following the CC, each WG should produce a draft manuscript (with Questions, Recommendations and Levels of Evidence) taking into account the debate/ comments and forward it to the chairs.
- (viii) Provide feedback to the Full Version and Pocket Version of the CPG written up by the Chairs.

- (ix) Participate in the yearly minor update of the CPG organized by the chairs by e-mail or through e-meetings.

### **appendix 3.**

#### **duties of GLWG and ESMO administration**

- (i) Define two CCs to take place per year.
- (ii) Appoint the two chairs of each CC which will produce the Consensus manuscript.
- (iii) Along with the CC Chairs, approve CC synthesis and evaluate all the COI statements.
- (iv) Decide on the date and venue (along with chairs) and organize logistics/support for each CC.
- (v) Approve the Full Version and Pocket Version of the CPG produced by the CC.
- (vi) Approve the yearly minor updates of the CPGs produced by each CC.
- (vii) Decide whether there is need for major updates of a CPG (reiteration of the whole production cycle), autonomously or after suggestion by chairs.