Association of Breast Surgery
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Association of Breast Surgery: Guideline Writing Groups

General Information

- The ABS will send out a call for expressions of interest to the membership at least annually. Members should be asked to put themselves forward to be on future guidelines groups and to confirm their areas of expertise and experience and any topics they think the ABS should be considering for future guidance. The Association Manager will keep a record of these individuals.

- Writing groups may wish to consider conducting a survey of the members to gauge current practice. Surveys should be approved by the Clinical Practice & Standards Committee (CPSC) in the normal way before circulation.

Types of guidance

- The ABS Information Hub contains a variety of guidance both written by the ABS and by other organisations. The ABS will include other organisations' guidance on the Information Hub when it feels it can recommend all or part of it as being relevant to ABS members.

- To qualify to be ABS Guidance, a guideline must have been produced by the method laid out in the ABS Guideline Writing Group Checklist.

- There may be occasions when the ABS wishes to produce guidance rapidly to assist its members to deal with a fast-moving situation, such as the COVID 19 pandemic or limitations in radioisotope supply due to production problems. This guidance will be labelled as a 'Reactive Recommendation' and should be approved by the ABS Trustees, but need not meet all the criteria as laid out in the ABS Guideline Writing Group Checklist.

Association of Breast Surgery Guideline Writing Groups Checklist

About this checklist

The process of developing ABS guidelines needs to occur in collaboration with the CPSC. The following stages of guideline development should be submitted to and be approved by the CPSC before proceeding to the next phase:

Stage 1:

- Section A: Guidance remit and details.
- Section B: Guidance Working Group (complete in the document below).

Stage 2:

- Section C: Development of the methodology (complete in the document below or as a separate document).

Stage 3:

- Section D: Writing Process (complete as a separate document, but highlight the page number / section in the final document where the relevant AGREE recommendations have been adhered to in the form below.

(Section E: Publication and Dissemination is for ABS records)

A checklist of progress will be maintained by Lucy Davies. Please contact her on 07936 359533 or by email to lucydavies@absgbi.org.uk with any updates/ queries.

The ABS will facilitate writing group meetings and any administration around the guidance writing process. Please contact Lucy Davies with any support requirements.

The guidance writing process

Writing groups should adhere to the Appraisal of Guidelines for Research & Evaluation II (AGREE II) framework, with all recommendations supported by levels of evidence such as GRADE and grading of recommendation. The checklist below aligns to the AGREE framework and should be used by guidance writing groups to inform the planning and development of their guidelines.

Appraisal of Guidelines for Research & Evaluation II (AGREE II)

The AGREE II framework aims to:

1. Assess the quality of guidelines;
2. Provide a methodological strategy for the development of guidelines; and
3. Inform what information and how information ought to be reported in guidelines.

The AGREE II Instrument was developed to address the issue of variability in guideline quality and is a tool to assess the methodological rigour and transparency in which a guideline is developed. The AGREE II Instrument can be viewed here to inform the proposed methodology.

Approvals will need to be sought from the CPSC at specific stages of the guideline development to ensure the correct process is being adhered to:

1. Proposed Working Group membership and guideline remit (AGREE Domains 1: Scope and Purpose and Domain 2: Stakeholder Involvement).

2. Methodological approach, timescale and publication/dissemination proposal (AGREE Domain 3: Rigour of Development).
3. Final draft of guidance before publication (Domain 4: Clarity of Presentation, Domain 5: Applicability and Domain 6: Editorial Independence).

Section A: Guidance remit and details

Guidance Title
Guidance Remit (please define the precise remit of the planned guidance)
Please see AGREE Domain 1 and include in your outline: • The overall objective(s) of the guideline is (are) specifically described. (AGREE 1.1) • The health question(s) covered by the guideline is (are) specifically described. (AGREE 1.2) • The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described. (AGREE 1.3)
Guidance timeline
Working Group & Methodology confirmed by: First Draft by: Final Draft by: Signed off by:
Publication
Will the guidance be published by the ABS or a Journal (if so, which journal / journals if known?): What is the anticipated publication date?

Section B: Guidance Working Group

- Guideline writing groups may be constituted by the Clinical Practice & Standards Committee (or another ABS committee but with oversight from the CPSC).

- A lead for the writing group should be approved by the CPSC and they should liaise with the CPSC Chair and Association Manager about the formation and membership of the group and the precise remit of the guidance.

Writing Group Membership
AGREE Domain 2. Stakeholder Involvement • The guideline development group includes individuals from all relevant professional groups. (AGREE 2.4)

• The views and preferences of the target population (patients, public, etc.) have been sought. (AGREE 2.5) • The target users of the guideline are clearly defined. (AGREE 2.6)

ABS Trustee overseeing guidance	
Guidance Working Group Lead	
Breast Surgeon members as appropriate (including at least one member of the ABS CPSC, who can be the group lead):	
A representative of the A&R Committee (or individual(s) with appropriate expertise to be identified by the committee):	
Plastic Surgeons/ BAPRAS rep as appropriate	
British Society of Breast Radiology rep	
UK BCG rep	
Association of Breast Pathology rep	
Mammary Fold/ Trainee rep	
Nurse rep	
Public or patient rep	
Other specialist input as required*	

* Guideline groups should consider what other representation may be required at the outset of the writing process to ensure that their input is sought at the start of the writing process.

Declarations of Interest
Have declarations of interest been completed by all writing group members? Yes/ No If no, what is the reason for any exceptions?

Section C: Development of the methodology

Writing groups should outline their methodology at the outset of the guidance writing process. This should adhere to the Appraisal of Guidelines for Research & Evaluation II (AGREE II) framework with all recommendations supported by a published and appropriate grading level for each evidence, such as GRADE, and grading of recommendation.

AGREE Domain 3: RIGOUR OF DEVELOPMENT

- Systematic methods were used to search for evidence.
- The criteria for selecting the evidence are clearly described.
- The strengths and limitations of the body of evidence are clearly described.
- The methods for formulating the recommendations are clearly described.
- The health benefits, side effects, and risks have been considered in formulating the recommendations.
- There is an explicit link between the recommendations and the supporting evidence.
- The guideline has been externally reviewed by experts prior to its publication.
- A procedure for updating the guideline is provided.

Levels of evidence and grades of recommendation

The GRADE handbook describes the process of rating the quality of the best available evidence and developing health care recommendations following the approach proposed by the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) Working Group.

The full handbook should be viewed here when considering the guidance methodology. This includes an overview of the GRADE approach which may be a useful summary.

Levels of evidence

I. Evidence from at least one large randomised, controlled trial of good methodological quality (low-potential for bias) or meta-analysis of well-conducted randomised trials without heterogeneity
II. Small randomised trials or large randomised trials with a suspicion of bias (lower methodological quality) or meta-analysis of such trials or of trials with demonstrated heterogeneity
III. Prospective cohort studies
IV. Retrospective cohort studies or case-control studies
V. Studies without control group, case reports, expert opinions

Grades of Recommendation

A. Strong evidence for efficacy with a substantial clinical benefit, strongly recommended
B. Strong or moderate evidence for efficacy but with a limited clinical benefit, generally recommended
C. Insufficient benefit for efficacy or benefit does not outweigh the risk or the disadvantages, optional
D. Moderate evidence against efficacy or for adverse outcomes, generally not recommended
E. Strong evidence against efficacy for adverse outcomes, never recommended

Guidance methodology (to be completed by the Guidance Working Group Lead)
Description of planned systematic methodology for evidence search (AGREE 3.7): Description of criteria for selecting the evidence (AGREE 3.8): Methodology for formulating the recommendations (AGREE Domain 3.10):

NB: In the final guidance, the following additional AGREE criteria will be required (but is not needed at Stage 2: Development of the methodology):
AGREE 3.9. The strengths and limitations of the body of evidence are clearly described.
3.11. The health benefits, side effects, and risks have been considered in formulating the recommendations.
3.12. There is an explicit link between the recommendations and the supporting evidence.
3.13. The guideline has been externally reviewed by experts prior to its publication.
3.14. A procedure for updating the guideline is provided.

Methodology approved by the Chairs of the Clinical Practice & Standards Committee & Academic & Research Committee
Yes/ No Amendments required as outlined:

Section D: Writing Process

In addition, please ensure and demonstrate (e.g reference the relevant part of the guidance) that the following AGREE recommendations have been adhered to:

AGREE DOMAIN 3: RIGOUR OF DEVELOPMENT

9. The strengths and limitations of the body of evidence are clearly described:

11. The health benefits, side effects, and risks have been considered in formulating the recommendations:

12. There is an explicit link between the recommendations and the supporting evidence:

13. The guideline has been externally reviewed by experts prior to its publication:

14. A procedure for updating the guideline is provided:

AGREE DOMAIN 4: CLARITY OF PRESENTATION

15. The recommendations are specific and unambiguous:

16. The different options for management of the condition or health issue are clearly presented:

17. Key recommendations are easily identifiable:

AGREE DOMAIN 5. APPLICABILITY

18. The guideline describes facilitators and barriers to its application:

19. The guideline provides advice and/or tools on how the recommendations can be put into practice:

20. The potential resource implications of applying the recommendations have been considered:

21. The guideline presents monitoring and/or auditing criteria:

AGREE DOMAIN 6. EDITORIAL INDEPENDENCE

22. The views of the funding body have not influenced the content of the guideline:

23. Competing interests of guideline development group members have been recorded and addressed:

Submission of first version of full guidance document for comment
Reviewed by Clinical Practice & Standards Committee: Reviewed by Academic & Research Committee: Reviewed by Trustees:

Approval of final version
ABS Trustee's confirmation that appropriate changes have been made: Yes/ No

Final review and signed off by ABS Trustees: DD/ MM/ YYYY

Section E: Publication and Dissemination

Publication Method
ABS Publication: Please submit final version to Lucy Davies and confirm who will proof the document when laid out *Journal publication:* Journal submitted to: Date of submission: Estimated publication date:
Date guidance uploaded onto ABS Information Hub
DD/ MM/ YYYY

Appendix 1

Style guide:

Guidance groups need not spend time laying the document out. This will be done by the ABS or journal publishing the guidance.

References should be formatted as follows:

1. Ferreri A, Govi S, Pileri A, et al. Anaplastic large cell lymphoma. Haematology, 2013; 85: 206-15

Please use superscript and not brackets in the text – i.e. [1,2] not (1, 2)

- Any websites to be hyperlinked should be listed at the appropriate point in the text not hyperlinked in the draft as these will then be added as hyperlinks when the guidelines are laid out.
- Images may be included in the draft but must be provided as high resolution jpegs as well (at least 150KB but ideally more). No copyrighted images should be included without permission. If low resolution images are provided there may be a need to get these redrawn. Please liaise with the Association Manager about these.
- The authors should be listed in full at the end of the document. Generally only the name of the author is listed, not the institution. Order of authorship should be agreed by the guidance working group adhering to international recommendations.