

APPENDIX 2 GUIDELINE DEVELOPMENT PROCESS

Introduction

This manuscript is a current revision and update of the ‘Guidelines for the prevention, early detection and management of Colorectal Cancer (CRC)’ endorsed by the NHMRC in 1999.¹ The guidelines were produced by the Australian Cancer Network (ACN), a subsidiary of The Cancer Council Australia, and The Clinical Oncological Society of Australia, and resourced by them.

Active professional bodies have been invaluable in guideline development and are promoting prevention, early diagnosis and the embracing of the best available evidence of therapeutic treatment options.

Colorectal Cancer is the most common cancer in Australia, apart from skin cancer. It is responsible for 13% of cancer deaths. Clinicians, government and consumers have requested an update of the 1999 document to provide contemporary and easy-to-follow guidelines based on the best current evidence for aspects of CRC prevention, detection and management.

The 1999 document has been widely used by clinicians and evaluated by questionnaire,² report³ and publication.⁴ These studies and frequent phone requests to the ACN secretariat are an additional reason for revision.

The National Colorectal Cancer Care Survey (NCCS)^{2,3} was initiated at the time the 1999 guidelines were disseminated. All new cases of Colorectal Cancer registered at each cancer registry in Australia from 1 February to 30 April 2000 were included in the survey. The responses were recorded in the survey evaluation of 18 of the 86 guidelines. They covered a wide range of surgical management. A survey of 172 surgeons in 2001 noted changed views in regard to screening by faecal occult blood testing (FOBT), so revealing some impact of the guidelines.⁴ On the other hand, it is clear that significant effort is required to ensure that patients with CRC detected through screening receive evidence-based management.⁵ This should be achievable as surgeons have been shown to be receptive to clinical practice guidelines.^{6,7,8}

The concordance between clinical care and the majority of the guidelines studied was clear at the time of the NCCS.² However, there is still a gap that needs to be filled before all management complies with the guidelines.

Structure and function of the Working Party

The work program was carried out under a principal committee of nine members, with joint chairmanship. The committee was composed of three colorectal surgeons, two gastroenterologists, a surgical oncologist, a medical oncologist, a consumer and a surgeon convenor.

Each chapter of the guidelines had a ‘writing’ subcommittee that developed the content under the guidance of a chair. The principal committee and the chairs of the developmental committees comprised the working party, which was chaired by the joint chairs. The membership of the Working Party was multidisciplinary and comprised four colorectal surgeons, one surgical oncologist, three medical oncologists, two gastroenterologists, one radiation oncologist, one pathologist-molecular biologist, one psychosocial expert, one consumer and a convenor. The Working Party was the final arbiter on strengths of recommendations.

Draft documents on surgically-related matters were developed by the subcommittees. When completed, the manuscripts were submitted to the ACN secretariat then distributed to members of the principal committee, which held several face-to-face meetings to consider the submissions for each chapter. A similar process was carried out by the authors of the medical and radiation oncology chapters. The gastroenterologists also followed the same pattern, but worked in close association with

a pathologist-molecular biologist on Chapter 9. The chapter authors, all clinicians practising in their specialty, consulted widely during the development process. Apart from their clinical expertise, virtually all had published in peer-reviewed journals and been involved in state, national, and some in international meetings involved in Colorectal Cancer. Most had significant input into writing the document and all had a role in its review. There was considerable crossover of personnel and cross fertilisation between groups. Geographic spread was observed in accruing Working Party membership. All personnel involved are listed in Appendix 3.

All chapter authors were made aware of the importance of ensuring readability of the manuscript and of noting matters that are suitable for research or would affect implementation.

Time schedule of development of the guidelines

| Date | Composition of meetings | Location |
|-------------------|--|--|
| May 2002 | Telephone call to Professor Robert Thomas, Professor John Zalberg, Professor Michael Solomon and Russell Stitz | ACN Office, Camperdown |
| 2 December 2002 | Full committee meeting | Qantas Club Business Centre, Melbourne Airport |
| 11 March 2003 | Professor Michael Solomon | ACN Office, Camperdown |
| 25 March 2003 | Professor Michael Solomon | ACN Office, Camperdown |
| 3 June 2003 | Executive teleconference | ACN Office, Camperdown |
| 3 July 2003 | Professor Michael Solomon | ACN Office, Camperdown |
| 8 July 2003 | CRC meeting | ACN Office, Camperdown |
| 26 August 2003 | Executive meeting | Qantas Club Business Centre, Sydney Airport |
| 2 December 2003 | Executive meeting | Qantas Club Business Centre, Melbourne Airport |
| 2 February 2004 | Professor Michael Solomon | ACN Office, Camperdown |
| 23 March 2004, | Editorial Group Meeting | ACN Office, Camperdown |
| 20 July 2004 | Meeting with Dr Mike Liem and Professor Michael Solomon | ACN Office, Camperdown |
| 10 August 2004 | Executive meeting | Qantas Club Business Centre, Melbourne Airport |
| 9 September 2004 | Dr Mike Liem | ACN Office, Camperdown |
| 14 September 2004 | Meeting with Dr Mike Liem and Professor Michael Solomon | ACN Office, Camperdown |
| 21 September 2004 | Dr Mike Liem | ACN Office, Camperdown |
| 12 October 2004 | Dr Mike Liem | ACN Office, Camperdown |
| 28 January 2005 | Professor Michael Solomon | ACN Office, Camperdown |

The Working Party designated an Executive (Appendix 3) and met by phone on several occasions to develop the next steps in the review structure. A writing and review structure was proffered by Professor Michael Solomon.

Professional and Public Consultation

The draft guidelines were sent to interested and relevant experts, representatives of professional colleges and consumer organisations. The guidelines were also advertised in the national press as being available for comment.

Thirty two notifications and thirty one submissions were received. Individual chapter leaders and their teams reviewed comments.

A special committee was also established under the chairmanship of Professor Bruce Barraclough (Appendix 4), it met on June 9 2005 and deferred some matters to July 4 for final consideration. A special meeting was also held on July 23, 2005 to discuss some Oncological questions (Attendances noted in Appendix 4).

These meetings carefully reviewed responses to public and professional submissions to ensure that the final product reflected best practice and the best available evidence. When full revision was achieved the document was approved by the Executive of the Working Party and forwarded to NHMRC for further review.

Dissemination

Dissemination of the guidelines will follow previous patterns. The guidelines will be advertised in the national press for public review, and placed on our website. All interest groups (68) involved in ACN will be alerted to the availability of draft-for-comment copies and there will be a notice in the ACN newsletter 'Wongi Yabber', which has 950 recipients. All submissions will be carefully reviewed before submission to the Health Advisory Committee.

When the draft document receives approval, the approved document will replace the draft on the ACN website. The process of alerting interest groups and newsletter readers will be repeated. These announcements are usually carried in the publications of the State Cancer Council Oncology Groups.

Copies of guidelines will be available from the ACN secretariat.

Implementation

ACN has a multidisciplinary, broadly-based working party developing implementation strategies under the chair of Professor Bruce Barraclough.

A preliminary matrix has been drafted and is being developed. It is planned to interlock implementation with work being done by accreditation and credentialing working parties to encourage the introduction and maintenance of evidence-based activity in clinical practice. Where possible, surgical groups will be encouraged to adopt and adapt guidelines to their local practice and to enter into multidisciplinary arrangements with radiation and medical oncologists, stomal therapists and special nursing staff where possible. Academic detailing of guidelines is also being considered.^{6,7} Appropriate resourcing and process is being addressed to increase the effectiveness of implementation. This is imperative if the document is to be widely integrated into clinical care.

Revision

It is expected that the guidelines will be revised in 3 to 5 years. The format is to be decided closer to the time.

References

1. Australian Cancer Network, Clinical Oncological Society of Australia. Guidelines for the prevention, early detection and management of colorectal cancer (CRC). Canberra: National Health and Medical Research Council (NHMRC), 1999.
2. National Cancer Control Initiative. Clinical Governance Unit: The National Colorectal Cancer Care Survey: Australian clinical practice in 2002. Melbourne: 2002.
3. McGrath DR, Leong DC, Armstrong BK, Spigelman AD. Management of colorectal cancer patients in Australia: the National Colorectal Cancer Care Survey. *ANZ J Surg* 2004; 74: 55–64.
4. Cooney A, Donnelly NJ, Gattellari M, Ward JE. Surgeons' views about colorectal cancer screening before and after national guidelines. *Med J Aust* 2002; 177: 278–9.
5. Thomas RJ, Spigelman AD, Armstrong BK. Large bowel cancer: guidelines and beyond. *Med J Aust* 1999; 171: 284–5.
6. Gattellari M, Ward J, Solomon M. Implementing guidelines about colorectal cancer: a national survey of target groups. *ANZ J Surg* 2001; 71: 147–53.
7. Reeve TS. Implementing guidelines about colorectal cancer: A national survey of target groups. *ANZ J Surg* 2001; 71: 137–8.
8. Cooney A, Gattellari M, Donnelly N, Ward J. Impact of national guidelines about the management of colorectal cancer on Australian surgeons' awareness of evidence: a pre/post survey. *Colorectal Dis* 2004; 6: 418–27.