

ESMO Clinical Practice Guidelines

ESMO Asia Clinical Case Presentation

What are Clinical Practice Guidelines?

Systematically developed evidence-based statements aiming:

1. To assist **practitioners** in appropriate clinical decision-making (best clinical practice)
2. To improve quality of healthcare and outcomes for **patients**
3. To influence **national policies** for efficient allocation of resources and for better delivery systems



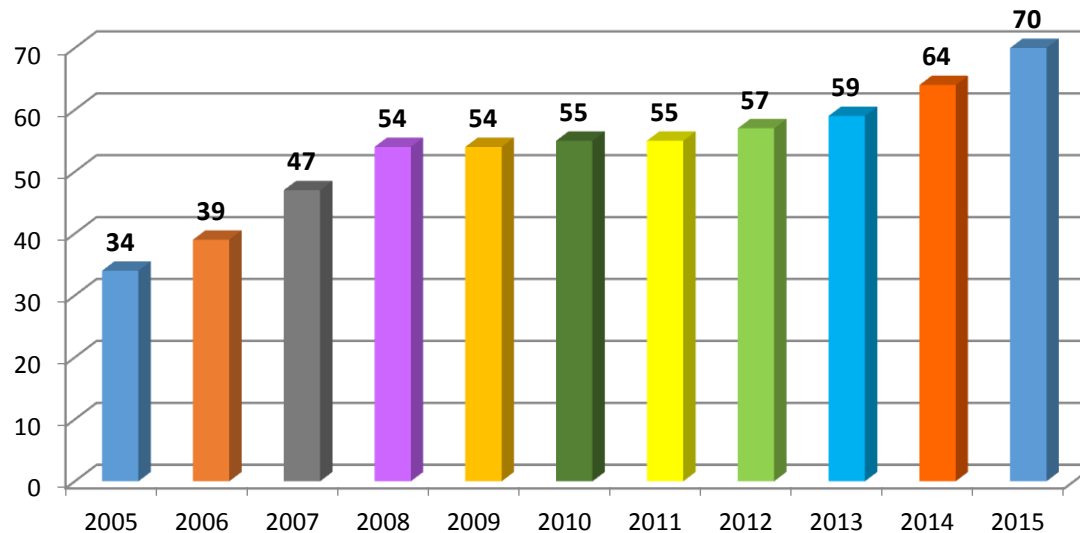
History & Evolution of ESMO Guidelines

- ESMO first began to work on the development of guidelines in 1999 in order to help define the minimum standards of medical oncology practice for Eastern European countries.
- From 2001-2005 the **ESMO Minimum Clinical Recommendations** were published.
- In 2006 ESMO started to produce the **ESMO Clinical Recommendations** addressing a wider audience.
- In 2007 the **Consensus Conference derived guidelines** were established.
- Since 2010 they are called **ESMO Clinical Practice Guidelines**.
- The ESMO Guidelines Committee continue to strive for improvement of ESMO Guidelines with each new publication

What kind of guidelines?

The Clinical Practice Guidelines

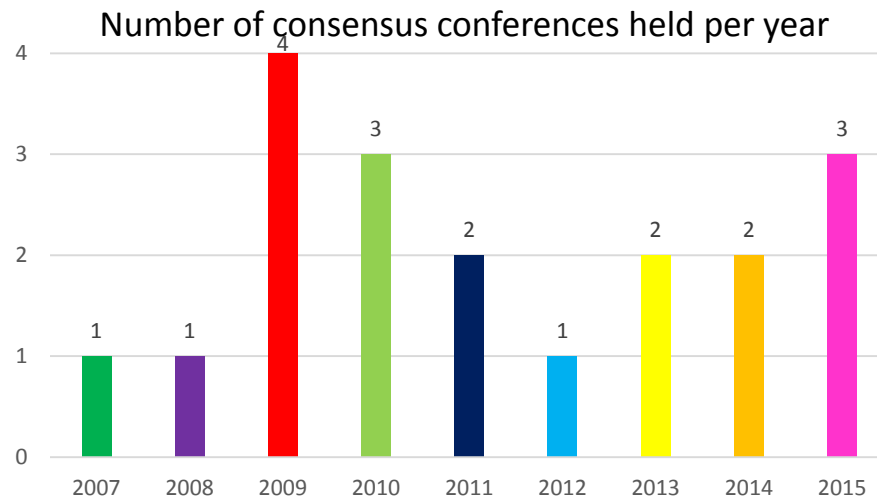
- Average number of pages (2015): 9.5
- Evidence-based
- Disease- or topic-oriented
- Available on the ESMO website and on OncologyPro website
- Only those requiring update are published in Annals of Oncology



What kind of guidelines?

Consensus Conference Derived Guidelines

- To address pre-selected questions to 30-40 multidisciplinary experts on specific tumour types
- 1-2 days meeting
- Funded by ESMO or other professional networks
- Update every 2-5 years
- Published in Annals of Oncology



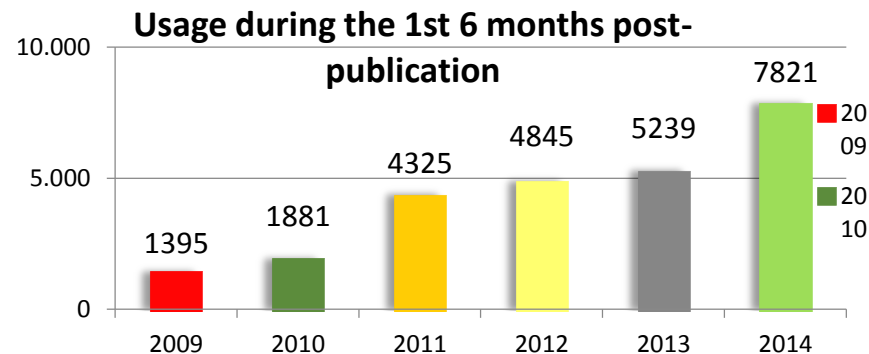
Dissemination and promotion

- Available:
 - In an annual supplement of Annals of Oncology
 - On the ESMO website (www.esmo.org)
 - On the OncologyPRO website (oncologypro.esmo.org)
- Translated:
 - Through Oxford University Press
 - In collaboration with National Cancer Societies
- Presented:
 - During Guidelines Interactive Sessions (every year since 2002).
 - To audiences of up to 3200 attendees.

ESMO CPG: overall download figures

Downloads within first 6 months post publication

	Total	Average per manuscript
2009 (54 manuscripts)	76717	1395
2010 (55 manuscripts)	103468	1881
2011 (13 manuscripts)	56220	4325
2012 (21 manuscripts)	101750	4845
2013 (20 manuscripts)	104783	5239
2014 (16 manuscripts)	125139	7821



Supplement 2015: 15 CPG

- **Breast cancer**
 - Primary breast cancer
- **Lung cancer**
 - Malignant pleural mesothelioma *
 - Thymic epithelial tumours **NEW**
- **Gastrointestinal cancers**
 - Cancer of the pancreas
- **Haematological malignancies**
 - Chronic lymphocytic leukaemia
 - Philadelphia chromosome-negative chronic myeloproliferative neoplasms ***NEW**
 - Hairy cell leukaemia ***NEW**
 - Peripheral T-cell lymphomas **NEW**
 - Diffuse large B-cell lymphoma (DLBCL)
- **Genitourinary cancers**
 - Cancer of the prostate *
- **Melanoma**
 - Cutaneous melanoma
- **Cancers of unknown primary site**
 - Cancers of unknown primary site
- **Supportive and palliative care**
 - Management of oral and gastrointestinal mucosal injury *
 - Central venous access in oncology **NEW**
 - Treatment of dyspnoea in advanced cancer patients **NEW**

***Published individually on-line ahead of print**

For all other existing titles published versions are considered current and remain available online

70 ESMO guidelines are now available!

Pocket Guidelines

2011 – 1 pocket guideline (Lung Cancer)

2012 - 6 pocket guidelines:



2013 – 7 pocket guidelines:

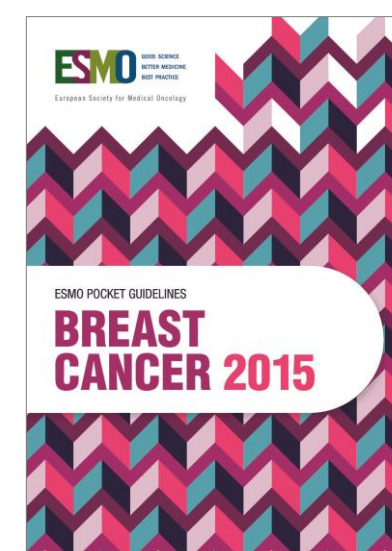
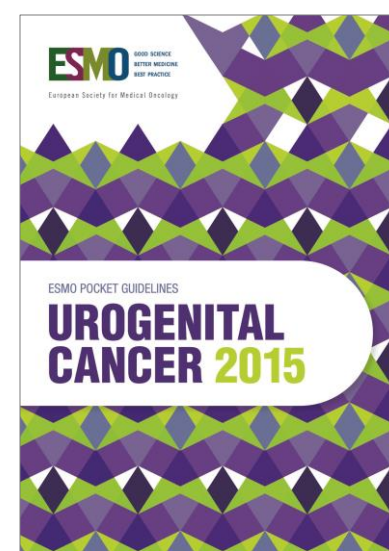
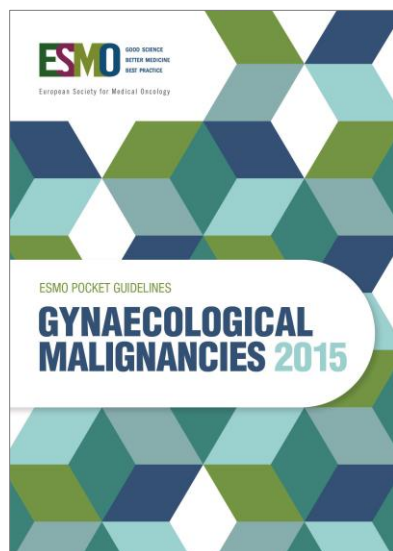
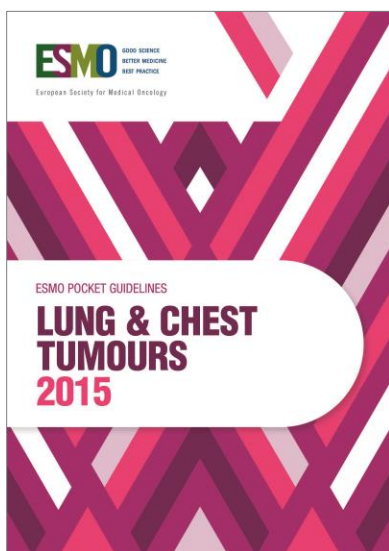
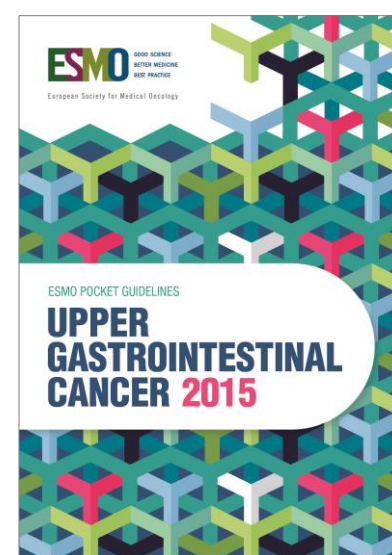
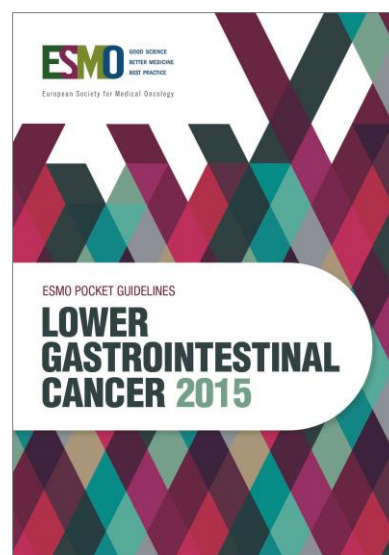
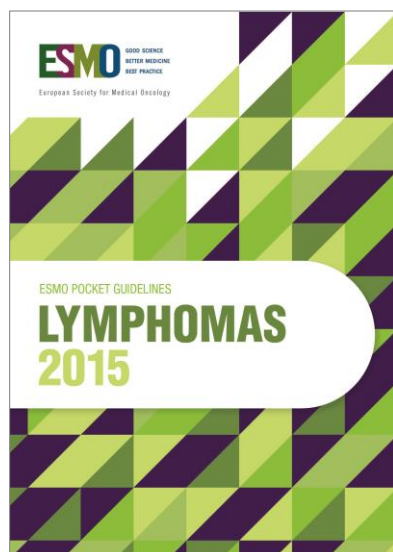
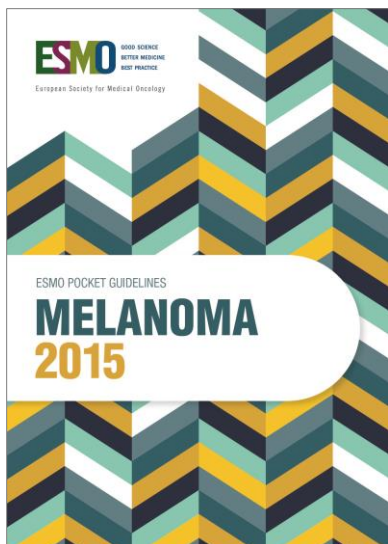


2014 – 9 pocket guidelines:



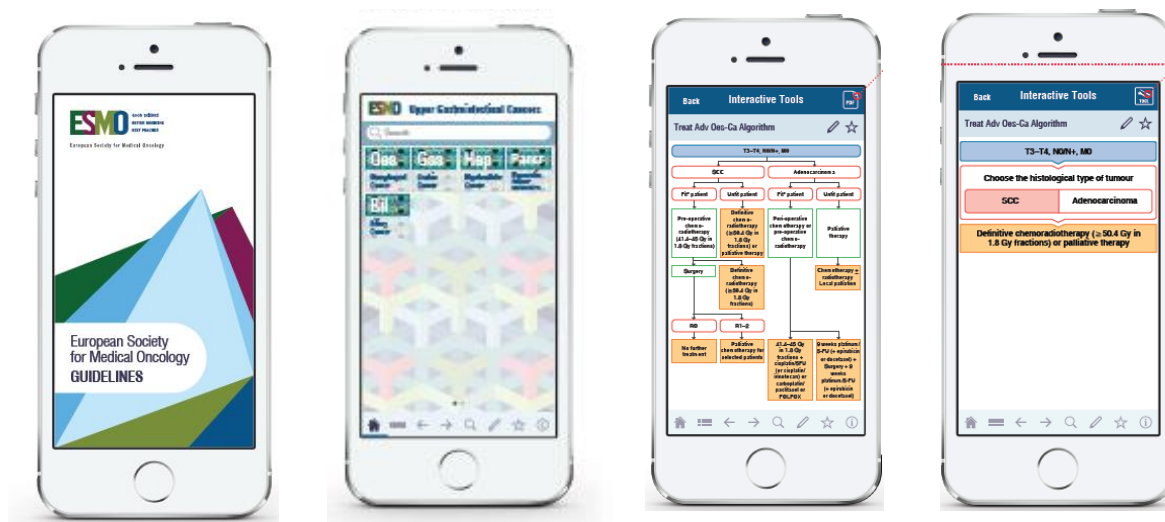
Pocket Guidelines - 2015

- 2015 updated/new titles:
 - Breast Cancer
 - Lung Cancer
 - Urogenital Cancer
 - Upper GI Cancers
 - Lower GI Cancers
 - Gynaecological Malignancies
 - Lymphomas
 - Melanoma
- 2014 titles are still valid for Supportive Care and Bone Health



Pocket Guidelines - 2015

- All of the latest pocket guidelines are now available on the ESMO Cancer Guides app, available for iOS and Android
- The app also includes the ESMO Guides for Patients in several languages
- New for 2015: try out the ESMO Interactive Guidelines app
 - Lung & Chest Tumours: available now
 - Upper GI cancers: available now
 - Lower GI cancers: available now
 - Urogenital cancer: available now



Patient Guides - 2015

Guides for Patients* based on ESMO Clinical Practice Guidelines, prepared in a format your patients can easily understand

*in collaboration with the Anticancer Fund

- The main goal of the project is to constantly help patients and their relatives to better understand the nature of different types of cancer and appreciate the best available treatment choices.
- Patient guides are available in different languages (English, Dutch, French, Spanish). Other languages are available for some titles (Romanian, Polish, Portuguese)
- Download from www.esmo.org or www.anticancerfund.org
- Online: AML, bladder cancer, breast cancer, cervical cancer, CML, colorectal cancer, endometrial cancer, follicular lymphoma, head & neck cancer, liver cancer, melanoma, non-small-cell lung cancer, oesophageal cancer, ovarian cancer, pancreatic cancer, prostate cancer, and stomach cancer
- Coming soon: Soft tissue sarcoma, Glioma, Bone sarcoma, Multiple myeloma
- Pick up copies at the ESMO Booth and in the Patient Advocates area!

Magnitude of Clinical Benefit Scale

- Score 1-5: Soon to be incorporated into the ESMO guidelines.

The ESMO Magnitude of Clinical Benefit Scale is a powerful tool to help clinicians choose the most effective anti-cancer medicines for their patients and to identify drugs with significant clinical benefit so that they can be adopted rapidly across Europe or globally.

Ann Oncol 2015; 26: 1547-1573.

<http://www.esmo.org/Policy/Magnitude-of-Clinical-Benefit-Scale>

ESMO magnitude of Clinical Benefit Scale v1.0

Form 1: for new approaches to adjuvant therapy or new potentially curative therapies

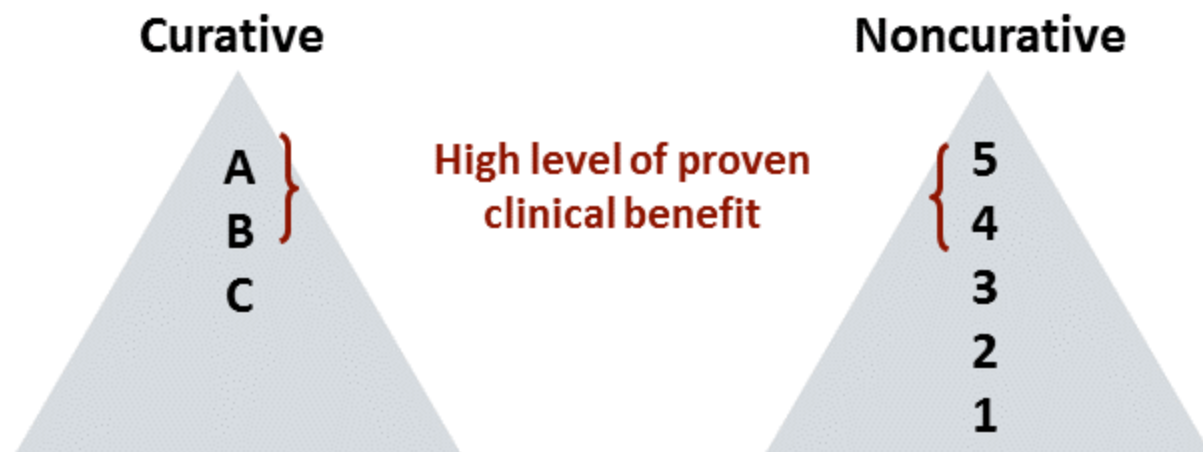
Name of study:		
Study drug:	Indication:	
First author:	Year:	Journal:
Name of evaluator:		

Grade A	Mark with X if relevant
>5% improvement of survival at ≥3 years follow-up	
Improvements in DFS alone (primary endpoint) (HR <0.65) in studies without mature survival data	

Grade B	
≥3% but ≤5% improvement at ≥3 years follow-up	
Improvement in DFS alone (primary endpoint) (HR 0.65–0.8) without mature survival data	
Non inferior OS or DFS with reduced treatment toxicity or improved Quality of Life (with validated scales)	
Non inferior OS or DFS with reduced treatment cost as reported study outcome (with equivalent outcomes and risks)	

ESMO Magnitude of Clinical Benefit Scale

- Validated and reproducible tool developed by ESMO to assess the magnitude of clinical benefit for cancer drugs for solid tumors
- Considered first step to public policy issue of value in cancer care



- **Form 1:** for adjuvant and neoadjuvant therapies and for localized or metastatic cancers being treated with curative intent
- Scale allows for early data showing DFS without mature data

- **Form 2:** for new agents and approaches in the management with no curative intent
 - **Form 2a:** Therapies studied with primary endpoint of OS
 - **Form 2b:** Therapies evaluated with a primary endpoint of PFS or TTP
 - **Form 2c:** Therapies evaluated for noninferiority or for QoL, response rate, or toxicity

ESMO Asia Guideline Sessions-Format and Scope

- **Presenter:**

- Present a patient case. The latter includes Multiple Choice Questions with audience e-voting.

- **Discussant:**

- Critically discuss/review the case, based on recommendations from the ESMO Clinical Practice Guidelines and the literature
- Briefly examine the potential impact of the ESMO Guidelines on the local/national sociomedical context
- Compare the ESMO Guideline recommendations to local/regional/national guideline recommendations or local practice

- **Discussion with the audience**