

The Society of Thoracic Surgeons Policy on the Clinical Practice Guideline Writing Process

The STS clinical practice guideline writing process incorporates guidance from the ACC/AHA Guideline Methodology Manual, the Council for Medical Specialty Societies (CMSS) Principles for the Development of Specialty Society Clinical Guidelines, and the Institute of Medicine’s consensus report titled, “Clinical Practice Guidelines We Can Trust.” It meets the requirements for posting on the Agency for Healthcare Research and Quality (AHRQ) National Guideline Clearinghouse, the primary online public resource for evidence-based clinical practice guidelines.

Choosing Guideline Topics

All STS clinical practice guidelines are produced by the Workforce on Evidence Based Surgery (WFEBs). STS clinical practice guideline topic recommendations are received from multiple sources, including members of the WFEBs, other Workforce Chairs, the STS membership at large, and external organizations (see STS Policy on External Organization Relationships Related to the Development of Clinical Practice Guidelines). Topics are approved by the STS Executive Committee, on recommendation from the WFEBs, and the guidelines are subsequently written by Task Forces created under the auspices of the WFEBs. Any clinical practice guideline that is not written by a Task Force under the WFEBs, following STS standards for documentation and transparency, will not be titled an “STS clinical practice guideline.”

Selecting the Task Force Members

The selection of Task Force members starts with assignment of a Task Force Chair, typically a member of WFEBs. The Task Force Chair must agree to follow the STS guideline development process and keep the WFEBs Chair and STS staff involved in all stages of the ongoing process. Task Force members are appointed by the Chair of the WFEBs (after consultation with the Task Force Chair and the QRPS Council Chair.) Upon selection, each Task Force member receives an introductory email from the Chair of the WFEBs outlining the STS guideline writing process and expectations for all Task Force members. Depending on the topic, one or more individuals who are not STS members may be asked to participate on an STS Task Force created under the auspices of the WFEBs.

Collaborations with External Organizations:

In some circumstances, it may be deemed beneficial to seek official representation from one or more other organizations (“collaboration”), in which case the express approval of the STS Executive Committee is required before the invitation to collaborate is extended (see STS Policy on External Organization Relationships Related to the Development of Clinical Practice Guidelines). On other occasions, it may be deemed advantageous to jointly develop and/or publish a guideline or series of guidelines with one or more other organizations (“partnership”). Again, the prior express approval of the STS Executive Committee is required. In both cases, a letter outlining roles, responsibilities, and the official guideline title is sent to the individual and organization involved in the guideline project. Partnering organizations, but not collaborating organizations, may appoint a joint guideline Vice Chair and assist in the selection of the Task Force members (see STS Policy on External Organization Relationships Related to the Development of Clinical Practice Guidelines).

Conflicts of Interest

The Task Force Chair and a majority of the Task Force members must be free of Conflicts of Interest (COI).^{*} Prospective Task Force members must disclose potential COI during the selection process. Task Force members agree not to enter into new, potentially conflicting relationships during the writing of the guideline and for one year after publication. Task Force members are asked to update their COI disclosures every year, or when there is a change of status. Task Force members with a COI are not permitted to vote on recommendations related to that particular topic but may vote on recommendations not related to the topic in which there is a COI. A table containing the Task Force members' names and their relevant COI is included in the supporting materials on the Auxiliary Annals page on the STS website.

Copyright Release

Task Force members are required to assign copyright ownership for their contributions to the document to STS.

Systematic Literature Search

The literature search is one of the most critical aspects of the guideline writing process. The literature search must be systematic and documented including search terms and databases searched. Before the results of the literature search are reviewed, the Task Force members must clearly define the inclusion/exclusion criteria for selecting relevant publications, including the populations and interventions to be studied, and the outcomes being measured. A brief description of the search is included in the methods section of the published guideline. The detailed search strategy is posted on the STS Auxiliary Annals page on the STS website as supporting material for the guideline. If the systematic search does not identify enough published evidence to support guideline development, the Task Force members may choose to write a systematic review instead.

Reviewing the Literature and Writing the Guideline Document

The review and critical appraisal of the literature must be documented and transparent. A flow chart showing the number of journal articles identified in the initial search and the number of articles passing through each stage of validation is shown on the Auxiliary Annals page on the STS website. Evidence tables that summarize the studies on which the guidelines are based also are available as supplemental materials on this website.

Based on the results of the review, the Task Force members draft and classify the initial guideline recommendations. The WFEBs follows the Table "Classification of Recommendations and Level of

^{*} The Society of Thoracic Surgeons believes that the interests of patients, the specialty, and its practitioners are best-served when an individual, who is in a position to influence or appear to influence the content of a clinical practice guideline, discloses any relationships or financial interests between themselves and any health care-related business or other entity whose products or services may be discussed in, or directly affected by, the guideline content. Financial interests include individual (or known relationship with his or her immediate family, department, and partners) ownership of stock, stock options, bonds, receipt of any amount in cash, goods, or services (research grants, honoraria, employment, consulting fees, royalties, travel, gifts, or any "in-kind" compensation), or a non-remunerative position of influence. Excluded from such required disclosures are financial relationships that involve blind trusts and other passive investment vehicles such as mutual funds.

Evidence” published by ACC/AHA and the suggested phrases for writing recommendations printed on the ACC/AHA table. (From: “Methodology Manual and Policies from the ACCF/AHA Task Force on Practice Guidelines,” June, 2010.)

Version Control

The clinical practice guideline writing process involves contributions from many individuals and typically involves multiple drafts and review periods. To prevent document irregularities and ensure integrity throughout the entire process, version control is the sole responsibility of the STS staff. This includes managing all versions, from the first draft through final draft, the review / approval process, and submission for publication.

Consensus

A formal consensus building process to resolve differences that may exist among Task Force members must be utilized to reach agreement on the Class and Level of Evidence for each recommendation. This process must be transparent and documented. Final results from the consensus building process are posted on the Auxiliary Annals page on the STS website as supporting material.

Review and Approval

Task Force members will follow the “STS Approval Process for Practice Guidelines and Other Policy Documents from the Workforce on Evidence Based Surgery,” as approved by the STS Board of Directors on January 23, 2005, and as amended from time to time. Any changes to the evidence-based recommendations that are made during the approval process, or after submission for publication, must go back to the author and the WFEB Chair for review and verification of the evidence prior to final approval by the STS Board of Directors or Executive Committee.

Guideline Endorsement

In some circumstances, it may be deemed beneficial to seek official endorsement from other organizations, in which case the express approval of the STS Executive Committee is required before the request for endorsement is extended (see STS Policy on External Organization Relationships Related to the Development of Clinical Practice Guidelines).

Guideline Publication

Publication of clinical guidelines will follow the “STS Policy on Publication of Clinical Guidelines in the *Annals*,” as approved by the STS Executive Committee on August 15, 2007, and as amended from time to time.

Guideline Update Policy

Guideline updates will follow “The STS Process for Updating Clinical Practice Guidelines,” as approved by the STS Board of Directors on May 11, 2008, and as amended from time to time.

Approved by the STS Executive Committee: June 12, 2013