

The Society of Thoracic Surgeons Policy on External Organization Relationships Related to the Development of Clinical Practice Guidelines

	Partnership	Collaboration
General Principle	<p>STS welcomes a limited number of partner organizations whose constituencies have a vested interest in treating patients specific to the disease or procedure under development. To maintain rigor and credibility, organizations should be considered “mainstream” organizations representing major and legitimate areas of interest.</p> <p>Organizations are invited to participate at the partnership level only after approval by the STS Executive Committee.</p>	<p>STS welcomes a limited number of collaborating organizations whose constituencies have a vested interest in treating patients with the specific disease or procedure addressed in the guideline under development. To maintain rigor and credibility, organizations should be considered “mainstream” organizations representing a major and legitimate area of interest.</p> <p>Organizations are invited to participate at the collaboration level only after approval by the STS Executive Committee.</p>
Funding	<p>Partnering organizations pay for travel expenses associated with their representative(s). STS provides the staff resources and covers the cost associated with teleconferencing, literature search, and article retrieval. In-person meeting expenses are divided between the partner organizations.</p>	<p>ALL direct and indirect guideline expenses are supported by STS, including staff and overhead.</p>
Staff	<p>STS staff provided and funded by STS. Staff from partnering organizations is welcome to attend the meetings at its own expense.</p>	<p>STS staff provided and funded by STS. Staff from collaborating organizations is welcome to attend the meetings at its own expense.</p>
Naming Rights	<p>Names of all partnering organizations are included in the title of the document with STS listed first and all others following in alpha order.</p> <p>Title: STS/ACC/AHA/SCAI CPGLs on xxx</p>	<p>Names of collaborating organizations are not listed in title. Collaborating organizations receive second line billing ONLY.</p> <p>Title: STS CPGLs on Device Based Therapy</p> <p>2nd line: Developed in Collaboration with ACC, etc.</p>

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Guideline Task Force Chair	Chair, STS WFEBs, in consultation with the STS QRPS Council Chair, assigns an STS member to be Chair of the Guideline Task Force (TF). Each partnering organization may appoint a Vice Chair	STS appoints the Chair. Collaborating organizations do not have an option to appoint a Vice Chair
Task Force Representation	Equal representation exists among partner organizations. Final Task Force member appointments are agreed upon by the partner organizations. Appointment disagreements are negotiated at the TF level with oversight from the Chair of the WFEBs.	Representation among organizations is not necessarily equal; typically one or two representatives are nominated by each collaborating organization. Final Task Force member appointments are made by the WFEBs Chair, in consultation with the TF Chair and the QRPS Council Chair.
Conflict of Interest (COI)	COI for Task Force members is thoroughly reviewed and vetted for relevancy. 51% of the Task Force must be without relevant COI (which includes a Chair with no relevant COI). Every effort is made to implement the 51% rule equally across all organizational reps in order to maintain equality within the selection process.	A balance of COI must be maintained, which includes maintaining the 51% requirement among collaborating organizations.
Public Comment	All guidelines are reviewed by the STS WFEBs and posted on the STS website for review. A link to the posting is sent to partner organizations for posting to their readership. The TF Chair and/or Vice Chair respond to each reviewer's comments and consider revisions if indicated.	All collaborating organizations are invited to provide organizational peer review prior to document finalization and indicate desire to review final document for endorsement consideration. The TF Chair and/or Vice Chair review comments and consider revisions if indicated.

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Peer Review	<p>STS coordinates the peer review process. Two official independent reviewers from each organization peer review the guideline. Independent reviewers receive a detailed response from the TF Chair or vice- chair regarding the disposition of his or her comments. STS and the partner organization(s) negotiate areas of content disagreement at the Task Force level. The Chair of the Workforce on Evidence Based Surgery provides oversight of this process to ensure that all appropriate revisions are made.</p>	<p>STS invites peer review comments from collaborating organizations prior to document finalization, but does not negotiate areas of content disagreement.</p>
Approval	<p>Each partnering organization conducts its own approval process within a time frame of three to six weeks. Each recommendation should receive an “up/down” vote to approve/disapprove. Only recommendations that are agreed upon by each of the partner organizations remain in the document and move forward within each organization’s formal approval process.</p> <p>It should be noted that major changes are best made before or during the peer review stage prior to submission for approval to the STS and partner organization’s governing bodies. The governing bodies should avoid document revision; however, every effort is made to facilitate approval if there are areas of controversy.</p>	<p>Collaborating organizations conduct their own approval processes within a 4-6 week timeframe. Collaborating organizations have an “up or down” vote to approve or disapprove content. If a collaborating organization disapproves of content, it may choose not to endorse the document.</p>
Policy Decisions/ Methodology	<p>STS methods and policies, as outlined in the Society of Thoracic Surgeons Policy on the Clinical Practice Guideline Writing Process, are followed.</p>	<p>STS methods and policies, as outlined in the Society of Thoracic Surgeons Policy on the Clinical Practice Guideline Writing Process, are followed.</p>

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Copyright Ownership	STS holds the copyright; non-exclusive, royalty-free licenses to reproduce and/or display the guideline are granted to all partners.	STS holds copyright.
Publication / Press Release	A press release is jointly developed and approved by STS and partnering organizations. The Task Force Chair(s) is a spokesperson for the guideline.	Joint press release encouraged but not mandated.
Publication/Scientific Journal	Joint publication is under the purview of the Editor of the <i>Annals of Thoracic Surgery</i> .	Joint publication is under the purview of the Editor of the <i>Annals of Thoracic Surgery</i> .
Endorsement	N/A	Endorsement is at the discretion of the collaborating organization. Non-collaborating organizations may be given the opportunity to endorse the final guideline.
Concordance	New documents developed subsequently by the partnering and/or collaborating organization, based on the same evidence, must maintain concordance with the guideline recommendations. This does not apply if/when new evidence is published which would render the guideline recommendations out of date.	Collaborating organization are notified when a guideline update is imminent to inquire if they would like to continue participation.
Updating a Guideline	STS notifies all partnering organizations when an update is initiated to ascertain interest in continued participation.	Collaborating organizations are notified when an update is initiated to ascertain interest in continued participation.

Approved by the STS Executive Committee: June 12, 2013