Clinical Oncology Society of Australia

COSA Geriatric Oncology Group

Strategic Planning Day Report

Friday 1 April 2016

COSA Office, Sydney

Report prepared by Gillian Mackay and Jane Phillips

1. Background

The Clinical Oncology Society of Australia (COSA) is the peak national body for multidisciplinary health professionals working in cancer care and control. The COSA Geriatric Oncology Group remains the only group in Australia principally focused on the field of geriatric oncology, and represents health professionals working or expressing an interest in cancer in older adults. Governed by an Executive Committee, the Group was formed in response to a recognised need by COSA that this was an important area for action, and a wish for members to be actively involved in progressing key priorities in geriatric oncology in Australia.

The Group's strategic direction has been consistent with the global geriatric oncology priorities identified by the International Society of Geriatric Oncology (SIOG), and the Group has operated with the overall aim of improving outcomes for older people affected by cancer.

The main areas of collaborative activity to date have been in the areas of:

- **Education**
  - Promote and publish literature and reports to increase awareness of the need for specific approaches in the treatment of cancer in older adults.
  - Host and attend workshops for Group members, and deliver presentations in national and international forums, to raise awareness of geriatric oncology from the Australian perspective

- **Support clinical practice**
  - Mentorship in the support of clinical practice and the development of clinical services which improve the management of older patients
    Provide leadership in the use of geriatric oncology assessment tools
  .
- **Research**
  - Develop, test and disseminate easy screening tools to enable proper referrals to multidisciplinary clinics and encourage integrated approaches between oncologists and geriatricians and the aged care sector
  - Facilitate collaborative projects for clinical trials within the COSA membership

- **Advocacy**
  - Training - seek support for the fostering of geriatric oncology training within the college of Geriatrics, with Oncology Societies and with governments

2. Strategic Planning Day Purpose

The Group's Strategic Planning Day was proposed to provide direction for Group activities for the coming five years. The survey of COSA Geriatric Oncology Group members undertaken in early 2016 lent support to progressing a geriatric oncology research agenda and the development of geriatric oncology clinical guidelines or guidance statements on a wiki platform as vehicles for improving outcomes for older Australian's with cancers.

2.1 Aims

The overall aims of the Strategic Planning Day were:

- To provide an overview of geriatric oncology activities in Australia
- To identify opportunities for collaboration
- To consider the role of geriatric oncology guidelines
- To consider opportunities to progress the geriatric oncology evidence base
- To invite expressions of interest for membership of Geriatric Oncology Group Executive

2.2 Overview

The Strategic Planning Day was held on 1 April 2016 at the COSA Office in Sydney. Australia's leaders in the field of geriatric oncology were invited to attend to share their experiences and expertise to guide the future directions of this Group. Multidisciplinary representation was sought, and the disciplines represented encompassed medical oncology, geriatrics, nursing, pharmacy and palliative care.

Workshop attendees were asked to be cognisant of the goals outlined in COSA's 2014 – 2019 Strategic Plan, particularly:

- Advocating for matters affecting cancer service delivery, policy and care, in the field of geriatric oncology;
- Meeting the educational needs of COSA's multidisciplinary membership; and
- Promoting and facilitating cancer research.

A list of attendees is shown in Appendix 1 and the agenda in Appendix 2. Follow-up actions are summarised in Appendix 3.

3. Geriatric Oncology - Current Status and Information Sharing

The Geriatric Oncology Group undertook a survey in 2015 on the topic of attitudes to geriatric oncology. The survey was distributed to MOGA members and although the response rate was relatively low it still provided a spectrum of responses that provide insights into the challenges of and barriers to treating older patients, and factors to consider when making treatment decisions. Most respondents indicated that geriatric assessment would add to clinical assessment or clinical decision making, and that services are needed that are responsive and timely.

Attendees were invited to share presentations on their geriatric oncology initiatives and research activities currently in progress in Australia. Cancer Australia also reported they are currently gathering evidence to help better understand the impact of Australia's ageing population on national cancer control directions and policies, and some preliminary results were provided to give attendees an overview of this perspective.

4. Strategic Priorities: Guidelines

4.1 Development of Guidelines/Practice Points

COSA produces guidelines on a wiki-based platform with the aim of informing clinical practice according to the best and most recent scientific evidence available. Results of the Geriatric Oncology Group survey indicated support for COSA to invest resources into developing guidelines for geriatric oncology to help improve the clinical management of older patients with cancer in Australia. There was consensus from Strategic Planning Day participants that this was an important area for future Group action.

4.2 Wiki Guideline Development

The group was supportive of adopting the Cancer Council Australia framework for guideline development for the wiki platform[1]. Given the level of existing available evidence, and that much evidence is qualitative, developing 'practice points' or 'guidance' rather than guidelines that meet strict NHMRC criteria will be most feasible (noting that the term 'guideline' will be used for the purpose of this report). An overview of framework steps is at Appendix 4.

[1] Clinical Guidelines Network Cancer Council Australia. Development of Clinical Practice Guidelines Using Cancer Council Australia's Cancer Guidelines Wiki. Handbook for sections authors and the guideline working party. Sydney: Cancer Council Australia 2014

It was agreed that guidelines will provide an important geriatric oncology resource to health professionals working with older cancer patients, will promote geriatric oncology as a specialty in its own right, may continue to be updated as evidence changes, and their scope may be built upon incrementally to cover different topic areas and clinical questions as resourcing allows.

Further potential outcomes of guideline development include formulating a consensus statement for the Group; providing a transparent means of identifying the status of current research while highlighting gaps and areas where evidence is lacking; and informing the policy and advocacy agenda of the Group to help support calls for national action and requests for funding.

Challenges will include defining the topic areas, selecting the stages of the cancer continuum and cross-cutting issues upon which to initially focus, and agreeing the scope of evidence to be reviewed including exclusion criteria.

The likely target audience will be all those involved in the diagnosis and treatment of older patients with cancer, particularly cancer clinicians (medical oncology, surgical), cancer nurses, allied health and primary care providers. Who is being targeted will help define the topics, and also help determine disciplines to be represented in this process.

This Group may have a role to play in helping promote geriatric oncology and educate a range of health professionals as to what they can do to provide optimal care for older patients, even if they do not have access to specialty clinics.

While there has been much research internationally (particularly in Europe and the United States), there is a place for Australian guidelines.

The population is ageing, and a challenge is where to draw the line in terms of age limit. There is a risk that geriatric oncology guidelines could morph into guidelines for the general population. If this is about optimal management of a patient, then what is it about older adults that would make these guidelines different for cancer management? Whilst use of an age limit to define “older” is somewhat artificial it can help to focus activity and principles learned in older adults are still able to be applied to younger patients with “geriatric issues”.

The initial focus may be smaller (e.g. make it patient and family-centred, the issues they are facing, and who should be there helping them). The overall scope may need to consider a range of parameters e.g age limit vs frailty, pre-habilitation, primary care, diagnosis, treatment, surgery, allied health, exercise, the role of screening, clinical trials).

Qualitative studies are not as well accommodated using the wiki platform, however review is still viable while recognising that different criteria may also be needed and that the reviewer of such studies may need specific area of expertise and also to be an advocate for such research. The wiki platform does have the advantage however, of being a tool on which information can be further developed as new evidence emerges and new topic areas are included.

A realistic timeframe is required – in this case, for example, to produce a guideline by the COSA 2017 ASM.

A small working group (possibly around 8 people) will need to be formed that ensures an appropriate representation of disciplines. The working group will progress actions including identifying scope of the project, the target audience, and defining the criteria, and will be responsible for driving guideline development. The working group may wish to review existing guidelines for reference, consider the applicability of the available framework to geriatric guideline development, and determine whether other methods would be useful (e.g. Prospero review of existing guidelines). The working group will also guide the formation of a larger review group that will be tasked with reviewing and critically appraising the literature, and formulating and grading recommendations.

4.3 Next steps

Agreement was sought for the recommended timelines outlined in Table 1:

Table 1: Responsibilities and Timelines for Guideline Development

Step	Responsibility	Format	Time
Establish working group	Executive	Meeting	2 weeks
Identify topic areas	Working Group	email	2 weeks
Structure the clinical questions	Working Group/Project Manager	Word/email	2 weeks
Develop a search strategy	Project Manager / Working Group/ librarians	Word/email/wiki	2 months

Step	Responsibility	Format	Time
Search the literature	Project Manager	Wiki	2 months
Critically appraise the literature	Working Group	Wiki	2 months
Formulate and grade recommendations	Working Group	Word	2 months
Write content/ consultation	Working Group / Project Manager	Word	3 months
Maintain and update	Working Group Chair/ Project Manager	Wiki	ongoing

Actions:

COSA to coordinate call for expressions of interest to join a core *Geriatric Oncology Guideline Development Working Group* (in consultation with Group Executive)

Group Executive to confirm membership of *Geriatric Oncology Guideline Development Working Group*, and hand-over to them to define scope and progress further actions including identifying other experts to involve

Note that seeking appropriate representation for the working and/or expert groups may include a combination of the following:

- seek EOIs from workshop attendees
- identify individuals with known skills and interest in required disciplines
- invite Chairs of other COSA Groups to nominate representation
- invite COSA membership to nominate

COSA to coordinate teleconference of *Geriatric Oncology Guideline Development Working Group*

COSA to consider these plans for future action in the context of the Group plan already submitted

5. Strategic Priorities: Research

5.1 Research Discussion

Promoting and facilitating cancer research is a strategic goal of COSA, as COSA does not undertake research, but has the capability to reduce duplication and to strengthen research activities by bringing together groups with similar interests.

The Geriatric Oncology Group has the potential to promote and assist research on a national level and to help build the evidence base for geriatric oncology. The Group has previously considered whether they are large enough to become a trials group on their own, and while this was not considered feasible, there is agreement that this Group is large enough to play a role in research.

Ideas discussed covered a range of options including advocating for geriatric oncology research, collaborating with others and particularly the cancer cooperative trials groups (CCTGs), and forming a research collaboration from within the Group.

The Group may have a role as advocates for geriatric oncology research by calling to include older people in clinical trials; advocating for the inclusion of more geriatric-relevant outcome measures for older patients in trials (e.g. functional and cognitive measures); and asking whether there are common questions that could be promoted to clinical trials groups across Australia when they are designing their studies.

Collaborating with existing organisations and CCTGs may be an option, and there is potential to be involved with sub-studies alongside existing trials. Chief Investigators may be open to approaches if they are looking to value-add to their study. This approach would have the benefit of getting geriatric principles on the clinical trials agenda and getting geriatric assessment completed at the baseline, while also developing a standardised data set that will assist additional studies.

Starting small with one sub-study, and demonstrating the outcomes that can result could be an initial starting point. For example:

- Identify the CCTGs that are doing geriatric oncology research, or where there is potential for it to be incorporated (e.g. COGNO, ALLG, ANZUP, TROG).
- Ask whether there is a place within a CCTG's governance structure such that a Group member could contribute on a regular basis
- Nominate Group members to represent older people and promote the older patient agenda within that CCTG
- Think about the data the Group wants to collect at a minimum (small steps initially with fundamental information so as not too onerous)

Other ideas included:

- Consider what an intervention is and how this might change outcomes then work backwards systematically to create a program of work (e.g. PoCoG approach)
- Think about what an intervention trial wish list might look like, then build towards that and create the jigsaw pieces while proactively seeking out missing expertise to complete those pieces
- Building on existing research and asking bigger questions
- Create a fundamentally important question and go for a full-scale trial and get the CCTGs to subscribe to that idea, but this would require a passionate and committed leader to drive this process
- Consider cost effectiveness and cost utility – there are a few models of onco-geriatric care operating – could do a comparison of age and tumour matched patients who do not undergo models with those that do, and undertake a cost-mapping exercise to give comparative data on what is being achieved (or not)
- Build the basic research that hasn't been done e.g descriptive, statistical database work on older populations with cancer and their current health care utilisations and health care needs
- Consider using known data sources such as
    - palliative care services outcome data – potential to map palliative care journey for a group of cancer patients that have died who presented to a palliative care service; population level data starts from 2006
    - The data based used by Goldsbury D, O'Connell D, Girgis A, et al. to describe the 'Acute hospital-based services used by adults during the last year of life in New South Wales, Australia: a population-based retrospective cohort study[2] may offer a potential data source
    - Victorian Comprehensive Cancer Centre - rolled out two patient experience surveys were conducted for all patients diagnosed with cancer in partner institutions. Would be potential to cut data with age, and information available across many different tumour streams
    - Kheng Soo - Usual care and intervention costs – potential to build on this research?

[2] Goldsbury D, O'Connell D, Girgis A, et al. 'Acute hospital-based services used by adults during the last year of life in New South Wales, Australia: a population-based retrospective cohort study. BMC Health Serv. Res. 2015;15(1):1-140

Engaging with, and building research alliances with international geriatric research initiatives such as the CARG Group (United States) or groups in Europe was discussed, and these might be future avenues to consider but bring time zone and language challenges. Future consideration could also be given to potential engagement and collaboration in the Asia-Pacific region and with New Zealand.

Work undertaken on guideline development is also expected to reveal high priority research questions for future consideration.

5.2 Research Actions

There was consensus from Strategic Planning Day participants that there was a role for this Group in supporting a geriatric oncology research agenda and that that was important to build evidence, continue to inform the Group's focus, and to engage with others.

The key areas of agreed research focus include:

Entry level approach – advocate to include geriatric oncology on the research agenda and collaborate with existing targeted groups. Attendees supported using COGNO as a test case using Meera Agar's connections on the management committee.

ACORD – attendees agreed there was value in approaching ACORD and conveying the message that this Group has the expertise and interest in fostering geriatric oncology research. Examples include

- Working towards the inclusion of geriatric oncology perspectives for future workshops including facilitators and attendees
- Suggesting that the Group would be willing to offer support and be linked with applicants for this year's workshop if required
- Requesting to be put in contact with the attendees who put forward geriatric oncology proposals at the ACORD workshop

Collaborative program of research development – attendees agreed that the expertise that existed within the Group supported an initiative that created a collaborative program of work:

- Opportunity to build on established work already done
- Focus might look to answer an agenda for the Group or an agenda for government
- Guidelines might point to high-priority research questions to take forward
- Geriatric oncology will be an area of increasing interest, with multiple source of support potentially available. Such a collaboration would position the Group to be ready to capitalise on that interest, and to be able to respond to funding opportunities as they arose
- Potential to align with the consumer agenda to strengthen efforts

The Palliative Care research collaboration provides a model of operation as an example of what to work towards:

- Collaboration and pragmatism are key
- Need commitment from people to meet regularly and work towards developing a proposal
- Agree a realistic time frame - allow a year's lead time
- Spend lot of time thinking about what question should look like
- Think about what has already been done by those in the Group that could be published together, helping to build a track record
- Reach consensus on the research question on a pragmatic basis – e.g would an idea meet funding criteria? Other valid ideas that may not meet criteria can be parked into longer-term research plan
- Foster a collaborative rather than competitive group, allowing more natural agreement on issues of importance
- Look at funding sources and what funders might be interested in, how this aligns with the groups own research agenda, and which components of a research plan are best suited to available funding

There is strength in having a variety of people in the team playing different roles:

- Clinicians help think about the questions: does the research address a key issue? How can it be operationalised? Is the study design practical? Will it inform the way patients are cared for?
- Experts with the drive to write the grants are important
- A consumer should be involved from early stages
- Specific experience may need to be sought for particular projects, including someone with capacity to say why something won't work from an early stage
- Chief Investigator – will also manage funding amongst the team (via their administering institution)

Actions:

COSA to coordinate call for expressions of interest to join *Geriatric Oncology Research Working Group* (in consultation with the Group Executive)

COSA to coordinate first teleconference meeting of *Research Working Group*

Research Working Group to identify governance and leadership arrangements as to how it will operate (and advise Group Executive)

Research Working Group to write to ACORD offering support for this year (in terms of being linked with this year's applicants); suggesting a geriatric oncology perspective for future workshops, and requesting to be put in contact with the previous ACORD's geriatric oncology applicants

Group Executive to contact COGNO Chair Mark Rosenthal to seek permission for geriatric oncology representation on the management committee, and propose Meera Agar for that role.

6. Strategic Priorities: Education, Communication & Collaboration

Education has been a core objective of the Geriatric Oncology Group, and members have continuously worked to educate other health professionals about geriatric oncology in various ways, including delivering key presentations and running workshops at a range of national and international forums over recent years.

There was consensus from Strategic Planning Day participants that this Group had on ongoing role in providing education to health professionals about geriatric oncology.

6.1 Education and Communication Opportunities

Attendees agreed that education activities should be included as a standing item in Executive Committee discussions, and ideas that could form part of an education and communication strategy include:

- Be more strategic about using existing networks and consider proactively contacting others to discuss opportunities
- Seek involvement with CCTG workshops at annual scientific meetings or trainee days
- Contact organisations that meet to conduct geriatric oncology workshops e.g MASCC (delirium workshop), COSA (concurrent session at ASM)
- Consider webinars as a forum
- Provide regular newsletter updates to members – Group members could actively consider and submit any items of interest that could be conveyed to rest of the membership. COSA could coordinate this but require content from contributors

The work being undertaken on guidelines, as well as the nursing education online resources being developed by Cathie Pigott, will also complement these activities.

6.2 Collaboration and Information Sharing Opportunities

Attendees discussed a range of current projects that provided opportunities for collaboration and information sharing including:

- Write-up of the research survey with a view to seeking publication (Timothy To)
- Survey regarding decision making preferences of older adults is currently underway at 5 sites, but could be extended to other sites (Prunella Blinman)
- Queensland Oncology Online – QOOL online. Data is potentially available for analysis through this system (Sandie McCarthy). Consider other databases may be potentially available.
- Nursing education online resources – promote to Group members and others such as the COSA Cancer Care Coordination Group (Cathie Pigott)
- Kheng Soo – ELFI study (elderly functioning index)- open to collaboration with other sites
- Suggest Group members attending MASCC (22-25 June) take the opportunity to meet and discuss interests
- The Executive could further consider potential to seek funding for well-developed proposals from organisations such as Cancer Australia

7. Strategic Directions: Governance

The previous activities of the Group have been successfully directed by a core Executive team, membership of which most recently comprised Christopher Steer (Chair), Jude Lees, Jane Phillips, Janette Prouse, Nimit Singhal, Kheng Soo, and Timothy To.

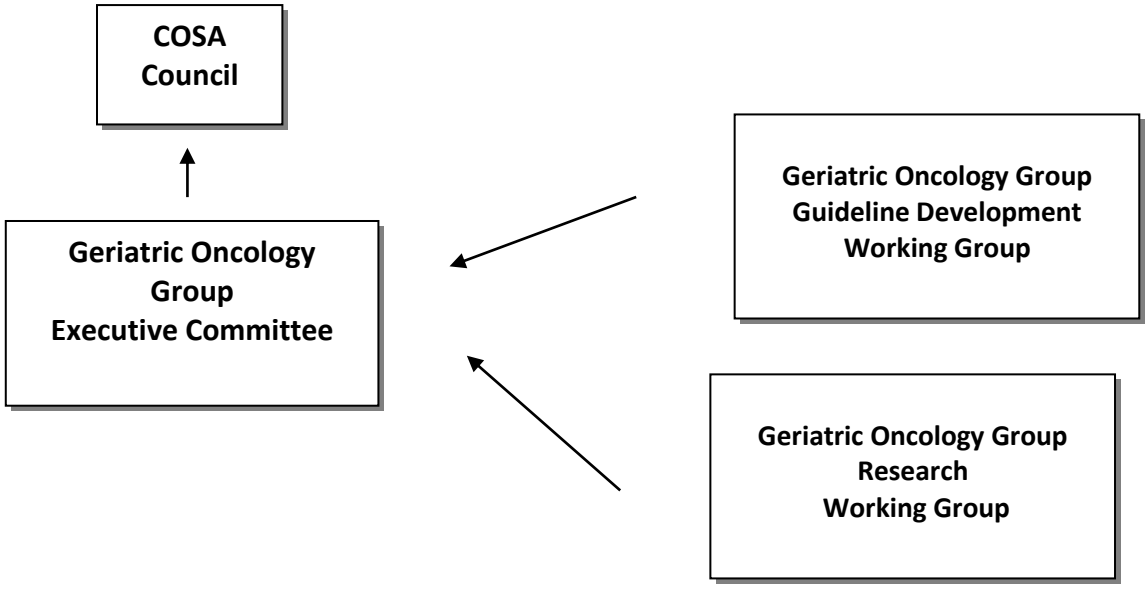
Christopher Steer advised he was ready to step down and change his role in the Group. Dr Steer's contribution in fostering and developing this Group was recognised as invaluable and had put Australia's activities in geriatric oncology in the international arena, and he is well respected internationally in this field.

The Group now has the opportunity to refresh the Executive structure to take the agenda forward and to formalise the direction of Group activities. Current Executive membership will be confirmed, and COSA will assist in a call for volunteers to help form a diverse Executive representing the multidisciplinary interests in this field throughout Australia.

All attendees indicated their interest in continuing their involvement in future Group activities, either in guideline development or in research (and this will be confirmed in post-meeting follow-up).

Cancer Council Australia is a potential collaborator and supporter of Group activities. The Executive could further consider opportunities for Cancer Council Australia to support pushes for changes in reform or practice at a systems or national level, particularly those that might arise from research activities and guideline development. The Group can also provide their expertise in this field as required to Cancer Council Australia, through their relationship with COSA.

7.1 Governance Structure



Actions:
COSA to coordinate call for Chair nominations
COSA to coordinate call Executive Committee membership nominations (pending confirmation of continuing commitment from current members)
COSA to coordinate teleconference of Executive Committee
COSA to confirm membership of all Group Committees

Appendix 1 List of Attendees

COSA GERIATRIC ONCOLOGY GROUP INVITED REPRESENTATIVES		
Name	**Organisation**	**Discipline**
Christopher Steer (Chair)	Border Medical Oncology, VIC	Medical oncology
Jane Phillips (Facilitator)	University of Technology Sydney NSW	Palliative nursing
Meera Agar (afternoon)	University of Technology Sydney NSW	Palliative Medicine
Prunella Blinman	Concord Hospital NSW	Medical Oncology
Heather Lane	Rockingham General Hospital WA	Geriatrics
Alexandra McCarthy	Queensland University of Technology	Nursing
Sue-Anne McLachlan	St Vincent's Hospital VIC	Medical Oncology
Cathie Pigott	Peter MacCallum Cancer Centre VIC	Nursing
Michael Powell	Gold Coast University Hospital Qld	Pharmacy
Jasotha Sanmugarajah	Gold Coast Hospital and Health Service	Medical Oncology
Kheng Soo	Eastern Health VIC	Geriatric oncology
Timothy To	Repatriation General Hospital SA	Palliative care/geriatrics
OTHER ATTENDEES		
Paul Grogan	Cancer Council Australia	
Susan Hanson	Cancer Australia (morning session)	
Jessica Harris	COSA Project Manager (by skype/teleconference – Item 4)	
Gillian Mackay	COSA Project Manager	
Kate Whittaker	Cancer Council Australia	

Appendix 2 Workshop Agenda

AGENDA ITEM	SPOKESPERSON	TIME
1. Welcome and Introductions	Christopher Steer	10.00am
2. Purpose and Objectives of Workshop	Jane Phillips	10.15am
3. Geriatric Oncology – Current status and information sharing	All attendees	10.25am
LUNCH		**12.00pm**
4. Guidelines or 'guidances' for Geriatric Oncology in Australia	Jane Phillips Jessica Harris	12.45pm
AFTERNOON TEA		2.15pm
5. Research priorities for Geriatric Oncology in Australia	Jane Phillips	2.30pm
6. Next Steps	Christopher Steer Jane Phillips	4.00pm
7. CLOSE		

Appendix 3 Summary of Follow-up Actions

Strategic Priorities: Guidelines

COSA to coordinate call for expressions of interest to join a core *Geriatric Oncology Guideline Development Working Group* (in consultation with Group Executive)

Group Executive to confirm membership of *Geriatric Oncology Guideline Development Working Group*, and hand-over to them to define scope and progress further actions including identifying other experts to involve

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Strategic Priorities: Research

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COSA to coordinate first teleconference meeting of Research Working Group

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Group Executive to contact COGNO Chair Mark Rosenthal to seek permission for geriatric oncology representation on the management committee, and propose Meera Agar for that role.

Strategic Directions: Governance

COSA to coordinate call for Chair nominations
COSA to coordinate call Executive Committee membership nominations (pending confirmation of continuing commitment from current members)
COSA to coordinate teleconference of Executive Committee
COSA to confirm membership of all Group Committees

Appendix 4
Framework for Guideline Development

1. **Establish working group**

   Working group members should be:

   - Multidisciplinary
   - Experienced in their field
   - Familiar with the literature
   - Able to call on their networks for assistance
   - Available for teleconferences

2. **Identify the topic area**

   Cancer Continuum: Prevention, Diagnosis, Treatment, Survivorship, Palliative care
   Issues: e.g Legal, Safety
   Workforce: Allied health, Nursing, Medical
   Care: Models, Standards, Cost
   Crossing-cutting issues: communications, surveillance, social determinants of health disparities, genetic testing, decision making, dissemination of evidence-based interventions, quality of cancer care, epidemiology, measurement

3. **Structure the clinical question**

   - Match members of working group to topic areas
   - Develop clinical questions using the PICO framework:
     Patient, problem or population
     Intervention
     Comparison, control or comparator
     Outcome

4. **Develop search strategies**

   The search strategy must be tested and discussed before literature is screened on the wiki.

   Considerations include:

   - Exclusion criteria: language, date, level of evidence
   - Databases: pubmed, medline, google
   - Keywords: MeSH terms, synonyms
   - Involvement of a librarian at this stage could be useful
   - COSA does not have access to databases

5. **Search the literature**
   - PubMed search performed on the wiki
   - Notification for new articles can be set up at this stage
   - Medline search performed externally
   - Results screened against the exclusion criteria
   - PDFs saved to Dropbox file
   - Around 15-16 reviewers required
   - 10 to 15 articles allocated to reviewers

6. **Critically appraise the literature**
   - Level of evidence
   - Quality of the evidence
   - Size of the effect
   - Clinical importance
   - Clinical relevance

NHMRC Evidence Hierarchy:

Level I: A systematic review of level II studies

Level II: A randomised controlled trial

Level III: A pseudo-randomised controlled trial

Level IV: A comparative study with concurrent controls

Level V: A comparative study without concurrent controls

7. **Formulate and grade recommendations**
   - Wiki software produces a body of evidence table from the critical appraisals
   - Components of recommendation:
     - Volume of evidence*
     - Consistency*
     - Clinical impact
     - Generalisability
     - Applicability

*most important for grading

NHMRC Recommendation Grades:

A: Body of evidence can be trusted to guide practice

B: Body of evidence can be trusted to guide practice in most situations

C: Body of evidence provides some support for recommendation(s) but care should be taken in its application

D: Body of evidence is weak and recommendation must be applied with caution

PP (practice point): Where no good-quality evidence is available but there is consensus among guideline working group members, consensus-based guidance points are given

8. Write content

- Background
- Review of the evidence
- Evidence summary with levels of evidence and numbered references
- Recommendation(s) and corresponding grade(s)
    - references

9. Maintain and update

- Public consultation
- Endorsement
- Publication
- Ongoing consultation
- Automated PubMed searches
- Updating the evidence