Current Issues Regarding ASCO Guideline Implementation

By Edward P. Balaban, MD

ASCO has maintained a strong interest in the formulation of evidence-based guidelines since 1994. Since that time, ASCO has published at least 26 guidelines. It is developing nine new guidelines and is updating older versions of other guidelines. These guidelines are some of the most sought-after resources for ASCO members. The objective of ASCO guidelines, similar to most guideline attempts, is to offer evidence-based standards to practitioners to ultimately elevate quality of care and reduce risk to both patient and physician. In addition, using evidence-based guidelines increases the likelihood for practitioners to balance the costs of medicine and develop effective clinical habits in our day-to-day clinical decisions.

Yet, despite what should be an automatic incorporation of these guidelines into our practice lives, it has been clear that the dissemination and subsequent implementation of the ASCO guidelines falls short. Others have reviewed the reasons for this phenomenon^{1,2} that occurs across medicine but includes everything from the inability to access and find the pertinent guideline to the difficulty of incorporating the evidence-based guidelines into everyday practice decisions. Because of these problems with adoption, the Health Services Committee formed the Guidelines Implementation, Dissemination, and Evaluation (GuIDE) Subcommittee dedicated to guideline dissemination, implementation, and evaluation.

We believe it should not be an issue as to whether ASCO guidelines exist. Nevertheless, ASCO must continue to make a concerted effort to increase guideline recognition. We advertise at ASCO-sponsored meetings and on ASCO's Web sites. ASCO is developing education regarding guideline utilization at all levels. For example, an education session on guideline implementation will be part of ASCO's general meeting in Orlando, Florida, in 2009.

User-friendly access to the guidelines is a pressing problem.¹ The guidelines are highlighted in both *Journal of Clinical Oncology* (www.jco.org) and *Journal of Oncology Practice* (www.jop.org). In addition, the guidelines and their clinical tools are available at the ASCO Web site (www.asco.org/guidelines). However, gaining access to the guidelines (and their toolboxes) can be mildly complicated and much too time consuming. This remains a technical challenge. Discussions are ongoing and focused on how to limit the "number of clicks" needed to access the guidelines.

Developing corollary clinical tools and resources is a vital process that is part of each guideline, and these tools take several forms. PowerPoint slides are available for teaching

purposes. There are patient flow sheets, as well as patient guides, developed from the guidelines. One of the more clinically important elements is the development of selected decision-making and discussion aids. For instance, the guideline discussing adjuvant therapy for non-small-cell lung cancer has a decision-making tool, including bar graphs, which delineates the impact of adjuvant therapy for the patient. It is invaluable in effectively and efficiently describing to the patient what outcomes might be with or without therapy. It is the development of clinical tools and resources such as these that will undoubtedly help separate and ultimately further popularize the ASCO guidelines.

In an attempt to continue to develop the utility of these clinical resource tools, ASCO is developing a network to test and disseminate clinical tools. ASCO state affiliate leaders, as well as individuals representing relevant professions such as nurses and clinical pharmacists, will compose the group. The proposed plan is to provide a clinical tool in development to that network for testing and comments. Questions posed to the network will also focus on how relevant and adaptable that particular tool is to everyday practice. Feedback from the network will be pivotal in the finalization of the product. We hope that the network members' subsequent familiarity with the guideline and input on the tool will help in the dissemination of the guideline at the state and local level. Not only will this experience be valuable in developing relevant clinical tools, but it will also represent a major attempt to connect the ASCO guidelines to ASCO members, and beyond.

Guideline evaluation can occur at several levels, including surveys and focus groups. GuIDE Subcommittee of the Health Services Committee envisions that any guideline evaluation must occur at a very timely, cost-efficient, and personal level. The ASCO guideline evaluation process remains an important work in progress. Discussions have begun and will continue with other organizations that develop guidelines. It is essential that we borrow and learn from the experience of others as ASCO's guideline evaluation process continues to evolve.

The objectives for the GuIDE Subcommittee are broad and its agenda is quite full. The issues reviewed herein on the implementation, distribution, and evaluation of clinical guidelines are the most salient, but are just a few. For instance, discussions have begun to explore how the ASCO guidelines can be disseminated internationally. The International Affairs and Health Services Committees recognize that good clinical guidelines are needed worldwide and that ASCO has had unparalleled success in creating such evidence-based documents. The next challenge is to

effectively make such an effort a worthwhile reality to both the patient and physician in the United States and internationally. Thus the work goes on.

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