



KDIGO Controversies Conference

Clinical Practice Guidelines: Methodology and Transparency

**12-13 October, 2007
New York, NY USA**

This KDIGO Conference on Clinical Practice Guideline Development will be divided into two primary topic areas, as described below. On Day 1 methodological issues in international guideline development will be addressed and on Day 2 the discussions will focus on the subject of transparency in guideline development, particularly as related to institutional and consultant conflict of interest.

DAY 1: METHODOLOGY FOR GUIDELINE DEVELOPMENT

Background

Methodological rigor in guideline development is important for the credibility of the guidelines. The goal of the meeting is to provide a forum of discussion of issues related to international guideline development in general and KDIGO guideline development in particular. The focus will be on identifying methodological challenges, developing a panel and process for addressing them. The discussion will begin from these three basic assumptions:

- Guidelines in nephrology should be supported by evidence
- Evidence review should be conducted in a transparent and systematic manner
- Evidence review should be focused on areas that will support evidence based guidelines

Below is a list of topics that have come up during the development of the first KDIGO guidelines and need to be addressed:

Structure

The issue: KDIGO is a new entity. Its success will depend on maintaining an internationally recognized standard of methodological rigor and on integration with existing national kidney disease guideline development initiatives. For this, process and methods have to be reviewed on an ongoing basis.

Suggestion: Develop an advisory panel or expert workgroup with representation of Boston and International ERT members, other experts in guideline development and systematic review and representatives of nephrology guideline societies. This standing panel can serve as a resource and provide assistance and direction as needed.

The role of the ERT

The issue: Given the potential conflicts of interest in the workgroups, it has been proposed that the ERT will guarantee the integrity and balance of the guidelines. However, while the ERT strives to attain rigor and remain objective, The ERT does not have greater breadth and depth of knowledge on the subject matter than experts on the workgroup and the ERT's opinion, like that of others, is subject to judgments and values.

Suggestion: The ERT has primary responsibility for directing the evidence review and facilitating the critical literature appraisal and the providing the evidence report. The WG retains responsibilities and accountability for the final guideline product. A board critiques the final document and the guidelines are released after all comments have been satisfactorily addressed.

Representation in the process of generating questions of interest

The issue: Once a topic is identified for guideline development by the board, this topic is broken down questions of interest. Currently the workgroup determines the questions of interest.

Suggestion: Discuss whether the process of generating questions of interest needs to include other stakeholders

Goals, priorities and boundaries in guideline development and evidence review

The issue: Scope creep is often a major problem in systematic review because the amount of the evidence is not precisely known at the start. Furthermore, it is almost inevitable that workgroups want to know more and not less, thus expanding the initial scope.

Suggestion: Discuss how the guidelines can be kept at a reasonable size and how their production can be streamlined. Clarify the goals, priorities and boundaries as they relate to issuance of evidence-based guidelines, or research recommendations. To allow for a rational, stringent and efficient approach in scoping and literature review and reduce the inefficiency of exploring inconclusive "next-best" evidence, define minimum standards for inclusion criteria for different types of questions.

Consensus based statements

The issue: In the absence of definitive evidence, opinions and judgments about appropriate care may vary. This variability will be even wider across different health settings. Presently, KDIGO has given workgroups the option to issue consensus-based statement to provide guidance to practitioners even in the absence of definitive evidence. At times, this has served as a crystallization point for conducting research to subsequently validate the statements. At others, the guideline workgroups have been criticized for amplifying their opinion in consensus-based statements. The difference between evidence-based guidelines and consensus-based statements has not been always been appreciated or understood by guideline users and resulted in misinterpretation. This issue has important implications as we see the guidelines and consensus-based statements being translated directly into performance measures.

Suggestion: Clarify remit for workgroups regarding consensus based statements in areas of inconclusive evidence, clarify expectations for guideline users

Grading applicability of global guidelines

The issue: In itself, there is no external validity. Generalizability is only meaningful with regard to specified "external" conditions, such as specific patient populations or treatment regimens. The reference population for global guidelines is too heterogeneous to summarize the applicability of a particular study or body of evidence in one grade.

Suggestion: Develop a method for denoting meaningful limitations to generalizability, when appraising individual studies.

Approaches to grading quality

The issue: GRADE provides guidance for a systematic appraisal of evidence of interventions. For non-treatment questions, appraisal has to be further refined.

Suggestion: Periodically review progress on grading systems, particularly for non non-treatment questions.

Incorporating existing resources and building on existing systematic reviews

The issue: One of the promises of an international guideline development initiative is to improve efficiency by avoiding redundancy, for example by building on the Cochrane Renal Trial Registry or incorporating existing systematic reviews. Yet the process of how to optimize efficiency by combining resources, decentralizing tasks or incorporating existing reviews remains to be refined.

Suggestion: Develop practical suggestions for improving efficiency by pooling resources and incorporating existing systematic reviews.

Guideline adoption

The issue: We envision that KDIGO guidelines will undergo a process of local adoption.

Suggestion: Refine the conceptual framework for KDIGO guideline adoption and consider how the guidelines should be developed or reported to facilitate this process

DAY 1 AGENDA

Friday, 12 October, 2007

Methodology Section

07:30 – 18:30 hrs

LOCATION

7:00 - 7:30 hrs **Continental Breakfast** **Hudson Suite**

Introduction: Meeting Overview **Hudson Suite**

7:30 - 8:00 hrs **Welcome and Introductions**
Norbert Lameire

8:00 - 8:10 hrs **KDIGO – Past, Present, and Future**
Garabed Eknoyan

8:10 - 8:30 hrs **Goal and Objectives of the Meeting**
Alison MacLeod & Katrin Uhlig

Plenary Sessions: Guideline Methodology

Session Moderators: Alison MacLeod & Katrin Uhlig

8:30 – 10:00 hrs **Current Kidney Disease Guideline Development:
Strengths and Challenges (8-10 min for presentation,
followed by 3-5 min of discussion after each presentation)**

- **Canadian Society of Nephrology**
Presenter: Marcello Tonelli
- **European Best Practice Guidelines**
Presenter: James Tattersall
- **Caring for Australian's with Renal Insufficiency**
Presenter: Martin Gallagher
- **American Society of Transplantation**
Presenter: Bert Kasiske
- **Kidney Disease Improving Global Outcomes**
Presenter: Joseph Lau

10:00 – 10:15 hrs Break

10:15 – 11:00 hrs **What can we learn from how others are others doing guidelines or evidence reports? Discussion of NICE, EPC, SIGN methodology (8-10 min, with 3-5 min discussion following each presentation)**

- **National Institute for Health & Clinical Excellence (NICE)**
Presenter: David Halpin
- **Scottish Intercollegiate Guideline Network (SIGN)**
Presenter: Robin Harbour
- **Evidence-based Practice Centers (EPC)**
Presenter: Ethan Balk

11:00 – 11:30 hrs **Advice on global guideline development by the Subcommittee on the Use of Research Evidence (SURE) to the WHO**
Presenter: Holger Schünemann

11:30 – 12:00 hrs Discussion

12:00 – 12:45 hrs **Lunch**

12:45 – 13:30 **Coordination with the Cochrane Renal Group: Making best use of the Clinical Trial Registry and beyond**
Presenter: Angela Webster **(15 min presentation followed by 5 min discussion)**

Avoiding redundancy: How to best use existing systematic reviews in KDIGO guideline development
Presenter: Joseph Lau **(15 min presentation followed by 5 min discussion)**

13:30 – 14:00 hrs Discussion and intro to break out sessions

14:00 – 16:00 hrs **Breakout Sessions** **LOCATION**

Group One: Recommendations for scope, representation and coordination in KDIGO guidelines
Discussion Leaders: Alison MacLeod and Bertram Kasiske
Fashion Suite

Group Two: Recommendations for methods of evidence review and guideline development in KDIGO guidelines

Discussion Leaders: Katrin Uhlig and James Tattersall

Riverside Suite

16:00 - 16:30 hrs **Break**
Workgroup Discussion leaders develop presentation on recommendations

Presentation and Discussion of Recommendations

Hudson Suite

16:30 – 16:50 hrs **Group 1 Presentation**

16:50 – 17:10 hrs **Group 2 Presentation**

17:10 – 18:10 hrs **Discussion and consensus of recommendations**

18:10 – 18:30 hrs **Wrap up and outline of tasks for drafting of position statement**

18:30 **Adjourn**

19:30 – 21:30 hrs **Group Dinner**
Meet in hotel lobby 19:15 hrs for the 5 block walk to Maloney & Porcelli at 37 E. 50th St.



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Clinical Practice Guidelines: Methodology and Transparency

**12-13 October, 2007
New York, NY USA**

DAY 2: TRANSPARENCY IN GUIDELINE DEVELOPMENT

Background

The KDIGO Conference on Guideline Development will include a section dealing with issues of transparency especially as they pertain to conflict of interest. This will be an important part of the discussion on the future of guidelines in nephrology. Ethical considerations are important for the integrity of the recommendations and also for the trust people must place in them if they are to actually improve outcomes for patients. The Section on Transparency will begin from these two basic assumptions:

- That “global” guidelines in nephrology will need the financial support of industry. There is no government or non-governmental organization capable of financing guidelines without the participation of industry.
- That the established experts in the subject area of a guideline who would naturally be chosen for a guideline work group also perform research for companies and participate in their educational programs resulting in a potential for perceived conflict of interest.

These are the realities that any effort to develop guidelines, be it in nephrology or any other field, will face. The purpose of this Section is to determine how best to structure the process and policies to assure that guidelines developed with industry support will be embraced by the community. This must be accomplished while the independence of the work group is maintained and the public trust is addressed.

Principles of transparency, acknowledgement and management of potential conflicts of interest and compliance with regulatory authorities must be established and followed. Still, the work groups must be independent and the evidence must be the basis for recommendations. Controversy may still arise. But, the process by which guidelines are developed has to be the safeguard of the public trust. Guidelines must also take into account the status of regulatory agencies like the Food and Drug Administration (FDA) in the United States, and similar agencies elsewhere, as the legal bodies responsible for the safety and efficacy of pharmaceutical treatment.

The National Kidney Foundation, through its KDOQI process, has twelve years of experience in dealing with these issues. KDOQI has provided the basic process by which KDIGO guidelines are being developed. It is clear that KDOQI Guidelines have

improved outcomes for patients and have been respected and used by patients and professionals as they make individual treatment decisions. They have also been frequently used by regulatory agencies in assessing access to care and the quality of care actually delivered. Even so, KDOQI Guidelines have been subject to controversy. They have been criticized because NKF receives financial support from industry, and work group members have potential conflicts of interest through receipt of industry funding. Also, in nephrology, there is frequently little “A” level evidence that can be brought to bear on important clinical issues. This leads to opinion and consensus-based guidelines or so-called “practice recommendations” that may be more vulnerable to conflict of interest bias within a work group. Despite an established process that includes independence of the work group and full disclosure of potential conflicts of interest, and the open public and organizational review of guidelines prior to finalization, any organization can still face criticism for lack of oversight in protecting the public trust in regard to efficacy and safety.

Specific issues to be addressed:

Institutional Conflict of Interest

- Keeping the interests of an organization which develops guidelines and also receives support from industry separate from the deliberations of a work group charged with developing a guideline
- Funding guideline development through a consortium of companies to avoid direct association of any one guideline with one company
- Separating industry from the guideline development process so that they do not exert influence on the work group members *
- The role of industry in making sure they do not exert influence on work groups*
- The potential influence of industry on the choice of guideline topics

Consultant Conflict of Interest

- Choosing work group members for their expertise, while taking into account potential conflicts of interest
- Facilitating confidentiality of work group deliberations
- Separating industry from the guideline development process so that they do not exert influence on the work group members *
- The role of industry in making sure they do not exert influence on work groups*
- The role of the Evidence Review Professionals in ensuring that work group recommendations are based on evidence

Creating Transparency

- Operating under a guideline development process that will best ensure transparency regarding industry influence
- The process of disclosing and discussing potential conflicts of interest at meetings of a work group
- Publishing information on work group members’ financial relationships with industry as part of the guideline document
- Establishing a transparent process for guideline selection

- Making the process understandable to the public and the media when questions arise about industry influence and conflicts of interest
- Responding to allegations of influence
- Oversight of the entire process by an independent group representing the public trust
- The singular focus of guidelines on patient outcomes, with patient involvement in guideline topic selection and review process, and representation on the Board of Directors.

Summary

The Section on Transparency of this Conference will be very important for the future of guidelines in nephrology. Public trust is essential to the value of guidelines; directly addressing the ethical component of their development process will lead to better guidelines and better acceptance of their recommendations.

DAY 2 AGENDA

Saturday, 13 October, 2007
Transparency Section
7:30 to 18:30 hrs

7:00 - 7:30 hrs **Continental Breakfast** LOCATION
Sutton Suite

Introduction: Meeting Overview Sutton Suite

7:30 – 7:50 hrs **Welcome and Introductions**
Norbert Lameire

7:50 - 8:10 hrs **KDIGO – Past, Present, and Future**
Garabed Eknayan

8:10 - 8:30 hrs **Goal and Objectives of the Meeting**
Robert Alpern and Charles van Ypersele

Plenary Sessions: Guideline Transparency

Session Moderators: Robert Alpern and Charles van Ypersele

8:30 – 9:30 hrs **Conflict of Interest and Promoting Transparency:**
U.S. Perspective
Presenter: David Korn

9:30 – 10:30 hrs **Discussion**

10:30 – 10:50 hrs **Break**

10:50 -14:15 hrs

Breakout Sessions

**Group One: Institutional Conflict of
Interest and Creating Transparency**

Discussion Leaders: Robert Alpern and Jurgen Floege

LOCATION

Fashion Suite

**Group Two: Consultant Conflict of
Interest and Creating Transparency**

Riverside Suite

Discussion Leaders: Charles van Ypersele and Julie Ingelfinger

- 12:30 - 13:00 hrs **Working Buffet Lunch**
- 14:15 – 15:00 hrs **Break**
Workgroup Discussion leaders develop presentation on recommendations

Presentation and Discussion of Recommendations **Sutton Suite**

- 15:00 – 15:20 hrs **Group 1 Presentation**
- 15:20 – 15:40 hrs **Group 2 Presentation**
- 15:40 – 17:00 hrs **Discussion and consensus of recommendations**
- 17:00 - 17:15 hrs **Wrap up and development of position statement**
- 17: 15 **Adjourn**

Sunday, 14 October

Departures