***EuroGuiDerm Guideline/Consensus Statement on [insert name ]–***

***Methods & Evidence report***

Version x.x, month yyyy

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## 

## Notes on use/Disclaimer

This is the methods & evidence report of the EuroGuiDerm [insert name of GL/CS]

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## Funding

[state funding and the role of the funder]

## Involving stakeholders and forming the guideline subcommittee

A direct invitation to nominate an expert to participate in the GL development was send to all EuroGuiDerm funding societies ( n=x, in month yyyy). Additionally, an open call went out to all EDF members and was circulated via social media/newsletters.

All persons nominated received an invitation to submit their conflict of interest (COI) declaration online and to self-declare their 1) personal-financial interests (P-F) 2) non-personal financial interestes (NP-F), and 3) their personal non-financial interests (P-NF). The EuroGuiDerm Board of Directors made the final decision on which candidates may participate considering these declarations during their meeting on dd month yyyy. Experts were informed thereafter.

Table 1: Members of the guideline development group

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** | **First name** | **Last name** | **Institution** | **Society/ representing** | **Role** | **Speciality/Profession** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Methodologists: | | | | | | |
|  |  |  |  |  |  |  |
| Patient representatives: | | | | | | |
|  |  |  |  |  |  |  |

We would like to thank the following experts for their input on specific chapters:

|  |  |
| --- | --- |
| **Topic** | **Name, Institution, Speciality** |
|  |  |

## Declaration and management of conflicts of interest

Experts were asked self-declare their interests as describes above via the online tool: **Declaration of Interests for EuroGuiDerm Guidelines** online (<http://ask.debm.de/index.php/981542?lang=en>).

As suggested in the EuroGuiDerm Manual, all experts can participate in the discussion. However, declaring personal-financial COI has consequences: no vote/count on recommendations.

Table 2: Declarations of personal-financial conflicts of interests as provided by expert

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **First name** | **Last name** | **As declared by the person:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Scoping and defining the purpose of the guideline

The EuroGuiDerm staff (CD) prepared a scoping document in line with the requirements of the EuroGuiDerm Methods Manual. The draft was sent to EDF members and the EuroGuiDerm Board of Directors in month/year for commenting,

The aim of the guideline is to .........

## Selecting and specifying guideline questions

*[When and how was this done? For example, scoping document + suggestions of GDG; voting during kick-off ...]*

## Search methods and results, evidence selection & critical appraisal of evidence

*[please describe your review methods in detail. The PRIMA checklist is useful as guidance]*

*[development of evidence to decision frameworks is strongly encouraged, including description of benefits and harms]*

## Developing background texts

*[who worked on the text, how was literature used etc]*

## Developing recommendations and the consensus process

*[who drafted recommendations, how was literature used etc]*

*[describe the consensus process in detail]*

In accordance with the EuroGuiDerm Manual, we used phrasing suggested by the GRADE Working Group to standardize the wording of all recommendations (1). This is reported as show in Table 6. The strength of the consensus is also reported. Recommendations and texts were discussed and voted upon until a majority of more than 50% agreed.

Table 6: Wording of recommendations (2-5)

|  |  |  |  |
| --- | --- | --- | --- |
| **Strength** | **Wording** | **Symbols** | **Implications** |
| **Strong** recommendation **for**  the use of an intervention | ‘We **recommend** . . .’ | **↑↑** | We believe that all or almost all informed people would make that choice.  Clinicians will have to spend less time on the process of decision-making, and  may devote that time to overcome barriers to implementation and adherence. In  most clinical situations, the recommendation may be adopted as a policy. |
| **Weak** recommendation **for**  the use of an intervention | ‘We **suggest** . . .’ | **↑** | We believe that most informed people would make that choice, but a substantial  number would not. Clinicians and health care providers will need to devote more  time on the process of shared decision-making. Policy makers will have to involve  many stakeholders and policy making requires substantial debate. |
| **No recommendation** with respect to an intervention | ‘We **cannot make a recommendation** with respect to . . .’ | **0** | At the moment, a recommendation in favour or against an intervention cannot be  made due to certain reasons (e.g. no reliable evidence data available, conflicting  outcomes, etc.) |
| **Weak** recommendation **against** the use of an intervention | ‘We **suggest against** . . .’ | **↓** | We believe that most informed people would make a choice against that intervention, but a substantial number would not. |
| **Strong** recommendation **against** the use of an intervention | ‘We **recommend against** . . .’ | **↓↓** | We believe that all or almost all informed people would make a choice against that  intervention. This recommendation can be adopted as a policy in most clinical  situations. |

Table 7: Strength of consensus

|  |  |  |
| --- | --- | --- |
| **100 % consensus** | 100% agreement |  |
| **Strong consensus** | Agreement of >95% - < 100% participants |  |
| **Consensus** | Agreement of >75-95% participants |  |
| **Agreement of the majority** | Agreement of >50-75% participants |  |

The final presentation of the recommendations looks as shown below. When the consensus strength identical for more than one recommendations, this was only displayed once in the left column of the recommendation block, where applicable.

|  |  |  |
| --- | --- | --- |
| We **recommend** to........ | **↑↑** | Strong consensus1    Expert consensus |

1 due to personal-financial conflict of interest x abstentions

## Internal and external review

The review phase was from *dd month yyyy to dd month yyyy.*

The following stakeholder were invited: .....

*We received xxx comments from xxx people/bodies.*

*[describe how the comments were addressed]*

All comments were combined in an excel sheet. All other comments were resolved by the author group. All reviewers received feedback to their comments. An anonymised version of all comments, feedback and action taken are available from *[add contact / email adddress].*

## Dissemination and Implementation

The following implementation tools/advice documents were created: .

* *[list what tools were developed]*
* *[report piloting of tools & results of piloting]*

We developed an dissemination and implementation plan, see Table 8.

Barriers and facilitators to implementation/application

## Quality standards and monitoring indicators

Over the two years following the publication of the EuroGuiDerm GL/CS on EDF website we will assess:

* Number of accesses and/or downloads from the EDF website
* Number of countries which adopted (translated the guideline as is, without change of content) by European countries, regions and non-European countries
* Number of countries which adapted the guideline (used parts of the guideline, or some recommendations) by European countries, regions and non-European countries
* .....

## Evaluation Methods

Monitoring and evaluation is to be done on national levels.

* Change in practice performance
* Change in health outcomes
* Change in end-user knowledge and understanding
* .....

## Resources Implications

*[statement on costs and other resource implications were appropriate]*

## Research priorities

*..... [list top research priorities]*

## Patient-perspective and needs

*[report the strategy to assess the needs, viewpoints and preferences of the target population; the mehtods and the outcome(s) of the research; report how results informed the guideline development process – see also AGREE II domain 2]*

## Strength and Limitations

## Update and Methods

*[add time and methods for an update]*

Table 8: Dissemination plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audience** | **Responsible Subcommittee member(s)** | **Communication and/or implementation tools to be used** | **Time at which they are to be developed, piloted or to take place** | **Is EuroGuiDerm support needed, and if yes what kind of support?** |
|  |  |  |  |  |
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| --- |
| References |

1. Guyatt G, Oxman AD, Akl EA, Kunz R, Vist G, Brozek J, et al. GRADE guidelines: 1. Introduction-GRADE evidence profiles and summary of findings tables. J Clin Epidemiol. 2011;64(4):383-94.

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4. Werner RN, Nikkels AF, Marinovic B, Schafer M, Czarnecka-Operacz M, Agius AM, et al. European consensus-based (S2k) Guideline on the Management of Herpes Zoster - guided by the European Dermatology Forum (EDF) in cooperation with the European Academy of Dermatology and Venereology (EADV), Part 1: Diagnosis. Journal of the European Academy of Dermatology and Venereology : JEADV. 2017;31(1):9-19.

5. Werner RN, Nikkels AF, Marinovic B, Schafer M, Czarnecka-Operacz M, Agius AM, et al. European consensus-based (S2k) Guideline on the Management of Herpes Zoster - guided by the European Dermatology Forum (EDF) in cooperation with the European Academy of Dermatology and Venereology (EADV), Part 2: Treatment. Journal of the European Academy of Dermatology and Venereology : JEADV. 2017;31(1):20-9.