Delivering Irish National Clinical Guidelines

3rd National Clinical Effectiveness Symposium
Dublin Castle, November 2015

Dr Jerome Coffey MD FRCPI FRCR FFRRCSI
Director, NCCP
The Development of a National Gestational Trophoblastic Disease Guideline - The NCCP Approach

Dr. Susan O’Reilly  Director NCCP, 2010-14
Dr. Noreen Gleeson  Gynaecological Oncologist (Chair)
Dr. Eve O’Toole  Methodologist, NCCP
Ms Catherine Duffy  Project Manager
Ms Ruth Ryan  Project Manager
Diagnosis, staging and treatment of patients with gestational trophoblastic disease

www.hse.ie/nccpclinicalguidelines/
THREE UNIVERSAL PROCESSES OF THE JURAN TRILOGY®

Quality: Planning Control Improvement

Cost of Poor Quality Chronic Waste

Lessons Learned

nccp National Cancer Control Programme
Quality Improvement: Evidence Based Cancer Guidelines

• A Strategy for Cancer Control in Ireland 2006.

• The National Cancer Control Programme (NCCP) established multi-disciplinary Guideline Development Groups in 2011.

• Evidence based guidelines aim to improve the quality of clinical care, prevent variation in practice and improve patient outcomes.

• Based on the best research evidence in conjunction with clinical expertise.
Value = \frac{Outcome}{Cost}
Governance

- Governance of the guideline development process was provided by a multidisciplinary Guideline Steering Group

- Membership included the following:
  - Chairs of the NCCP Tumour Groups
  - Methodologist
  - Librarian
  - Palliative Care
  - Irish College of General Practitioners
  - National NCCP Leads for Surgery, Radiation and Medical Oncology
  - NCCP Executive
**GTD Guideline Development Group**

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<tr>
<th>Discipline</th>
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<tr>
<td>Gynaecological Oncologist</td>
<td>Ms. Noreen Gleeson (Chair)</td>
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<td>Obstetrician/Gynaecologist</td>
<td>Mr. John Coulter</td>
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<td>Medical Oncology</td>
<td>Dr. Dearbhaile O'Donnell</td>
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<td>Dr. Paula Calvert</td>
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<td>Prof. Seamus O'Reilly (until January 2015)</td>
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<td>Ms. Deirdre Faherty</td>
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<td>Librarian</td>
<td>Mr. Brendan Leen</td>
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<td>Ms. Louise Murphy</td>
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<td>Senior Research Officer</td>
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Guideline Methodology

Step 1
Develop Clinical Questions
Defines the scope of the Guideline

Step 2
Search for and find the evidence
International Guidelines, Primary Literature

Step 3
Appraise the literature
For validity and applicability

Step 4
Make recommendations
Applying the evidence in conjunction with clinical expertise & population values

Step 5
Draft Guideline
Implementation Plan, Economic Analysis and Budget Impact Statement
National stakeholder review & International expert review
Endorsement by the NCEC / Department of Health

Step 6
Implement, Audit & Update
Clinical Questions in PICO format (A4)

Diagnosis: Clinical question 2.2.1

Should all women undergoing medical management of miscarriage have histopathology of products of conception to exclude trophoblastic disease?

**Population:** Women undergoing medical management of miscarriage  
**Intervention:** Histopathology of products of conception  
**Comparison:** -  
**Outcome:** To identify partial or complete molar pregnancy
Development of a national GTD registry, monitoring & advisory centre

2.2.4.1
The guideline development group recommends that a national registry and monitoring centre should be established for all cases of gestational trophoblastic disease (GTD) (Grade D).

2.2.4.2
The management of complicated cases should be discussed with the national registry clinical lead (Grade D).
Reducing Variation in Practice

Clinical question 2.2.5
For women with partial and complete molar pregnancy, what clinical and human chorionic gonadotropin monitoring protocol should be carried out to ensure they have been fully followed up and require no further therapy or monitoring?

Evacuation

Monitor serum hCG levels weekly (on the same hCG platform) until normalisation for three weeks

Normalisation <8 weeks
- Monitor for 6 months post evacuation

Normalisation >8 weeks
- Monitor for 6 months post normalisation

Figure 3 The current protocol for monitoring hCG levels in women with complete molar pregnancy
Future Challenges: Implementation, Audit & Updating
Implementation

NCCP  --  DoH

HIQA  --  Clinicians

COM-B Theory of Behaviour Change
Michie, Implementation Science, 2011
Audit & Update

Audit through the GTD Registry
International Collaboration:
The European Organisation for the Treatment of Trophoblastic Disease

Literature surveillance, 3 year review, NCEC update approval process

Clinicians  ←  GDG
## 2016-7

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<th>Title</th>
<th>Lead/GDG Chair</th>
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<tr>
<td>Diagnosis, staging, and treatment of patients with lung cancer</td>
<td>Dr Marcus Kennedy</td>
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<tr>
<td>Diagnosis, staging, and treatment of patients with pancreatic cancer</td>
<td>Mr Justin Geoghegan</td>
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<td>Ms Deborah McNamara</td>
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<td>Prof John Reynolds</td>
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Acknowledgements

The NCCP Steering Committee and:

Ms. Juliet Kelly  Network Lead Radiation Therapy NCCP
Dr. Feras Abu Sadeh  Gynaecological Oncologist, SJH
Dr. Waseem Kamran  Gynaecological Oncologist, SJH
Mr. Robin Harbour  Lead Methodological, SIGN
Ms. Michelle O’Neill  Senior Health Economist, HIQA
Dr. Conor Teljeur  Senior Statistician, HIQA
Ms. Patricia Heckmann  Chief Pharmacist, NCCP
Ms. Clare Meaney  Pharmacist, NCCP
Ms. Hilary Murphy  Nurse Specialist, NCCP

Methodology Expert Advisor: Prof. Mike Clarke, Director of MRC Methodology Hub, QUB
National Stakeholders & International Expert Reviewers