

European sexually transmitted infection (STI) guidelines: Protocol for production and revision February 2017

1. Initiation of guideline production or revision

The proposal to produce a new guideline, or to revise an existing guideline, can be made by any member of the European Branch of the IUSTI (IUSTI-Europe), or by members of the other partner organisations (see: www.iusti.org/regions/Europe/euroguidelines.htm).

The decision to produce a new European guideline, or to revise and update an existing one, will be made by the Editor-in-Chief.

2. Selection of authors and editors

- A guideline must be co-authored by at least two people, from different European¹ countries.
Suggestions for authors can be obtained by contacting –
 - The other members of the Editorial Board (including the representatives of the partner organisations) who will also seek nominations through their own networks of contacts in Europe.
 - Members of the IUSTI Europe Council (via the Secretary, Dr Jackie Sherrard e-mail: jackiesherrard@doctors.org.uk).
- A lead author for the guideline will be identified. Authors will be invited to produce the guideline on behalf of IUSTI and partner organisations by the Editor-in-Chief.
- As the involvement of a large number of authors tends to lead to a delay in producing a guideline, the number of authors will be limited. In most cases it is expected that there will be between three and six authors, from several different European countries.
- An editor will be appointed to oversee the production of each guideline. Editors will be appointed by the Editor-in-Chief.
- The guideline editor will place a brief announcement. Via the IUSTI-Europe Secretary, on the IUSTI website (www.iusti.org) containing the following information: that the guideline is being produced / updated; the names of the authors; the name and e-mail address of the guideline editor, inviting interested parties to contact them if they wish to contribute to the process.

3. Formulation of clinically important questions

The writing group should first produce a list of the most important questions for which the guideline should provide answers. This will ensure that the guideline has a clear aim and focus from the beginning, and it will guide the next stage of the production process which is obtaining all the relevant evidence by means of a literature review.

One generally accepted way of producing these questions is by using the **PICO** method (**P**opulation, **I**ntervention, **C**omparator, **O**utcome).² Note that the intervention could be a risk factor, a diagnostic test or a drug treatment, and the outcome could be an infection (or complication), the sensitivity and specificity of a test, or efficacy in curing an infection. Usually the population will be adult patients attending a dermato-venereology (or sexual health) clinic in the WHO Europe region. The writing group should focus on the most important questions that the guideline needs to answer – as an approximate guide between four and eight questions will be sufficient for most guidelines. The PICO approach is most useful when comparing a treatment intervention to another treatment (or to no treatment). It is not always applicable in other situations and it should be remembered that the essential step is to produce a list of the most clinically important questions and that this can be done without using a strict PICO approach.

Examples of PICO questions:

- (i) “Who should be tested for hepatitis B virus (HBV) infection?”

Population: adult patients attending a dermato-venereology (or sexual health) clinic in the WHO Europe region.

Intervention: serology for markers of HBV infection or immunity in patients with putative risk factors (e.g. men who have sex with men, commercial sex workers) and in patients without those risk factors.

Comparator: no serology.

Outcome: identification of persons infected with HBV and persons at risk of HBV infection who could benefit from HBV vaccination.

- (ii) “What antibiotic should be used to treat gonorrhoea?”

Population: adult patients attending a dermato-venereology (or sexual health) clinic in the WHO Europe region who are diagnosed as having gonorrhoea.

Intervention: specific antibiotic(s) e.g. ceftriaxone

Comparator: a different antibiotic e.g. ciprofloxacin.

Outcome: microbiological cure of gonorrhoea.

4. Review of the literature

- A thorough and systematic review of the literature must be undertaken to obtain the evidence base for the production of the guideline.
- Essential steps include:-
 - A search of Medline and Embase
 - A search of the Cochrane Library, including:
 - The Cochrane Database of Systematic Reviews
 - The Database of Abstracts of Reviews of Effects
 - The Cochrane Central Register of Controlled Trials
 - Review of relevant guidelines produced by the US Centres for Disease Control (<https://www.cdc.gov/std/tg2015>)
 - Review of relevant guidelines produced by the World Health Organisation (<http://www.who.int/reproductivehealth/publications/rtis/en>)
 - Review of related UK national guidelines (www.bashh.org)
 - Depending on the guideline other sources of literature may also need to be reviewed.
- An optional step is the organisation of a workshop of invited experts to discuss and decide upon controversial issues pertaining to the diagnosis and management of a condition. The experts can be asked to prepare discussion (scientific background) papers in advance, using the format of key questions, review of data and proposed answers, as previously used in IUSTI/WHO Europe workshops for invited experts. These papers, with the comments given during the workshop, can be used to assist in the subsequent writing/updating of the guideline and can be used to inform all those interested in the field.
- The responsibility for organising such a workshop in the name of IUSTI Europe should be clearly delegated to a suitable individual by the Editor-in-Chief.

5. Format

The main point to remember is that a guideline is intended to be used by a clinician in helping him or her to decide what to do in a clinical situation. Therefore it is very important that the guideline is concise and readable. It is not intended to be a monograph or a review article, and it is therefore undesirable to include substantial blocks of text explaining the details of studies underpinning the recommendations, and the thinking the authors went through in coming to their conclusions. Although it may be of interest to some users of the guidelines, such material would better be produced separately in the form of one or more supporting papers for the guideline.

The guideline should therefore be as brief as possible. An indicative word count would be between 1,500 and 3,000 words, excluding tables.

Recommendations must be clear and unequivocal. Where there is more than one acceptable option, then it should be made clear whether there is a clear order of preference, i.e. first-line, second-line etc., or where the evidence does not allow a definite distinction to be made between the options (that is, they are to be regarded as equivalent) then this must also be made clear.

Recommendations must address all the key elements required for the management of a case, including diagnosis, treatment, partner notification and also what information should be given to the patient.

To ensure brevity and clarity, there should be logical use of sub-headings, and the use of bullet points is strongly encouraged to break up the text in a logical fashion.

It may be helpful to the user/reader of the guideline to put key recommendations in a separate box, and to include an algorithm/flow-chart.

A typical set of sub-headings to be used would be as follows:

- Title – e.g. “*2017 European guideline on ...*”
- Authors
- Lead editor (if published in a journal the lead editor’s name should be included in the list of authors, in a position to be decided by the lead author).
- Aetiology and transmission.
- Clinical features:
 - Symptoms
 - Physical signs
 - Complications
- Diagnosis – including advice on testing (who should be tested; when should they be tested; which tests should be used; advice on ‘window period’ after possible exposure).
- Management:
 - Information, explanation and advice for the patient
 - Therapy
 - Partner notification
 - Follow-up
 - Prevention/health promotion
- Proposed review date
- Acknowledgements
 - List (by alphabetic order of surname) persons, other than the authors, who have made a contribution to the guideline.

- Composition of editorial board (refer to document at: www.iusti.org/regions/Europe/pdf/2014/Editorial_Board2014.pdf)
- List of contributing organisations (refer to text at: www.iusti.org/regions/Europe/euroguidelines.htm)
- References:
A full list of referenced source materials must be provided at the end of the guideline. All significant statements made in the guideline should be referenced with respect to these sources in the usual way.
- Appendices:
 - Search strategy
 - Tables of levels of evidence and grading of recommendations (weblink to this document on IUSTI Europe website acceptable)
 - Statement on declarations of interest (see appendix)

6. Levels of evidence and grading of recommendations: modified GRADE system

All key recommendations made for diagnosis and management should be graded for the level of evidence³. We favour adoption of the modified GRADE recommendation wording as operationalised by the British HIV Association Guidelines Group⁴.

The GRADE system looks at the **strength** of the recommendation and the **quality** of the evidence to support it. The GRADE Handbook explains:

“...the quality of evidence reflects the extent to which our confidence in an estimate of the effect is adequate to support a particular recommendation. Guideline panels must make judgments about the quality of evidence relative to the specific context for which they are using the evidence. The strength of a recommendation reflects the extent to which a guideline panel is confident that desirable effects of an intervention outweigh undesirable effects, or vice versa, across the range of patients for whom the recommendation is intended”.⁵

The **strength** of the recommendation is graded as 1 or 2

A **Grade 1** recommendation is a **strong recommendation** to do (or not do) something, where benefits clearly outweigh risks (or vice versa) for most, if not all, patients. Most clinicians and patients would want to follow a strong recommendation unless there is a clear rationale for an alternative approach. A strong recommendation usually starts with the standard wording: ‘We recommend ...’ or ‘It is recommended ...’

A **Grade 2** recommendation is a **weaker or conditional recommendation**, where the risks and benefits are more closely balanced or are more uncertain. Alternative

approaches or strategies may be reasonable depending on the individual patient's circumstances, preferences and values. A weak or conditional recommendation usually starts with the standard wording: 'We suggest ...' or 'It is suggested ...' The strength of a recommendation is determined not only by the quality of evidence for defined outcomes but also the balance between desirable and undesirable effects of a treatment or intervention, differences in values and preferences, and, where appropriate, resource use. Each recommendation concerns a defined target population and is actionable.

The **quality of evidence** is graded from A to D and is defined as follows:

Grade A evidence means high-quality evidence that comes from consistent results from well-performed randomised controlled trials (RCTs), or overwhelming evidence from another source (such as well-executed observational studies with consistent strong effects and exclusion of all potential sources of bias). Grade A implies confidence that the true effect lies close to the estimate of the effect.

Grade B evidence means moderate-quality evidence from randomised trials that suffers from serious flaws in conduct, inconsistency, indirectness, imprecise estimates, reporting bias, or some combination of these limitations, or from other study designs with specific strengths such as observational studies with consistent effects and exclusion of the majority of the potential sources of bias.

Grade C evidence is low-quality evidence from controlled trials with several serious limitations, or observational studies with limited evidence on effects and exclusion of most potential sources of bias.

Grade D evidence is based only on case studies, expert judgement or observational studies with inconsistent effects and a potential for substantial bias, such that there can be little confidence in the effect estimate.

7. Declarations of interests

Each author and editor involved in the production of a guideline will be asked to make a written declaration of interests utilising a standard form (see appendix). This information, or a summary of it, will form part of the guideline and will be published with it. Authors will return their declarations to the editor of their guideline; editors will return their declarations to the Editor-in-Chief.

8. Review

Each guideline should contain a suggested date for future review.

9. Consultation

Once the draft guideline has been produced by the authors, it will be sent to the editor who will undertake the formal review process including the following steps -

- The guideline to be placed on the IUSTI website for at least three months.
- The guideline to be sent to all members of the European STI Guidelines Editorial Board asking them to read and comment upon it, and also, in the case of the liaison representatives of partner organisations, to be circulated by them among the members of those organisations for comment.
- E-mails to be sent via the Secretary of IUSTI Europe to all members of the IUSTI Europe Council asking them to read the guideline themselves, and also to send the guideline to one or more experts in their respective countries. All comments to be sent to both the lead author and the editor by a given deadline.
- The authors to suggest to the editor one or more experts in the field who could be approached to give an independent opinion on the guideline (this step may be omitted if the guideline is to be submitted to a journal whose editor is going to send it out for peer-review).

10. Finalising the guideline

Any comments obtained through the consultation exercise to be discussed between the editor and the co-authors, and agreement reached by a process of consensus to produce the final version of the guideline.

The final version of the guideline can only be signed off as an accepted formal European STD Guideline by the Editor-in-Chief.

11. Publication and dissemination

This is the responsibility of the lead editor and the lead author. The guideline may be published solely in electronic form on the IUSTI website, or paper publication in a journal may simultaneously be sought (it is particularly appropriate to publish in the *International Journal of STD & AIDS* as this is the official organ of the IUSTI, but the *Journal of the European Academy of Dermatology and Venereology* should also be considered). If published in a journal then the lead editor's name should be included in the list of authors, in a position to be decided by the lead author.

Scientific back-ground papers, if produced, may be published solely in electronic form or submitted for paper publication in a journal.

12. References:

1. Europe as a geographic region is as defined by the WHO at <http://www.who.int/about/regions/euro/en/> [accessed 18 Jan 2017]
2. <http://www.cebm.net/finding-the-evidence-1-using-pico-to-formulate-a-search-question/> [accessed 4 Dec 2016]
3. Guyatt Gordon H, Oxman Andrew D, Kunz Regina, Falck-Ytter Yngve, Vist Gunn E, Liberati Alessandro et al. Going from evidence to recommendations BMJ 2008; 336 :1049 doi: <http://dx.doi.org/10.1136/bmj.39493.646875.AE>
4. British HIV Association (BHIVA) Working Group for NHS Evidence Accreditation of BHIVA guidelines. BHIVA Guidelines Development Manual 2014 <http://www.bhiva.org/documents/Guidelines/DevtManual/GuidelineDevelopmentManual.pdf> [accessed 18 Jan 2017]
5. Schunemann H, Brozek J, Guyatt G, Oxman A [Eds]. Introduction to GRADE Handbook <http://gdt.guidelinedevelopment.org/app/handbook/handbook.html> [accessed 18 Jan 2017]

Dr Keith Radcliffe
Editor-in-Chief
IUSTI European Regional Director

*Approved by the European STI Guidelines Editorial Board
at a teleconference held on 21 March 2017*

**Appendix: Declaration of interests for authors and editors of
European STD guidelines**

Title of guideline: _____

Authors / editors to record possible interests in each of the categories listed below.

Interests need only be considered for inclusion if:-

- The total (cumulative) amount within the preceding 12 months exceeds 1,000 euros
- and**
- It is related to the remit of the particular guideline under consideration

Details of relevant employment/self-employment (including directorships, partnerships and work as an adviser or consultant).

Details of shares held in companies.

Details of gifts received or expenses paid (including to attend conferences or scientific meetings).

Details of research grants held (both by the individual and by his/her department).

Note: Amounts do not need to be specified.

Name of author / editor (delete as appropriate): _____

Signature: _____

Date: _____