

CENTER FOR CLINICAL GUIDELINES | CANCER

Version x.y

**APPROVED**

**Content**

dd. month 20XX (DMCG)

**Form**

dd. month 20XX (Center for Clinical Practice Guidelines | Cancer)

**REVISION**

Planned: dd. month 20XX

**INDEXING**

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Insert title

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# Background

This clinical practice guideline is developed in collaboration between the Danish Multidisciplinary Cancer Groups (DMCG.dk) and the Danish Clinical Registries (RKKP). The development is part of an intensified guideline effort launched in relation to the National Cancer Plan IV. The aim is to support high quality cancer care across the Danish healthcare system. The guideline content is approved by the disease specific Multidisciplinary Cancer Group, whereas the format is approved by the Center for Clinical Practice Guidelines | Cancer. Further information about clinical practice guidelines concerning cancer treatment in Denmark can be found here: [www.dmcg.dk/kliniske-retningslinjer](http://www.dmcg.dk/kliniske-retningslinjer)

The target users of this guideline are health care professionals working in the Danish healthcare system. The guideline consists of systematically prepared statements that can be used as a decision-making support tool by healthcare professionals and patients, when deciding on appropriate and correct care in a specific clinical situation.

Clinical practice guidelines concerning Danish cancer care is characterized as professional advice. The guidelines are not legally binding and professional judgment in the specific clinical context will always determine what the appropriate and correct medical care is. Adherence to the guideline recommendations is no guarantee for a successful outcome and sometimes care corresponding to a lower level of evidence will be preferred due to the individual patient's situation.

The clinical practice guideline contains central recommendations (chapter 1) and a description of the scientific evidence (chapters 3+4). Recommendations marked A are the strongest, whereas recommendations marked D are the weakest. For further information on strength of evidence see the”Oxford Centre for Evidence-Based Medicine Levels of Evidence and Grades of Recommendations”, <https://www.cebm.net/2009/06/oxford-centre-evidence-based-medicine-levels-evidence-march-2009/>. Information on the target population (chapter 2) and the method of development (chapter 5) is also included in the guideline. Please see the table of contents for page reference.

Information on the national integrated cancer pathways – descriptions of the patient journey through the healthcare system – can be accessed at the Danish Health Authority website: <https://www.sst.dk/en/disease-and-treatment/cancer/cancer-pathways>.

Development of this clinical practice guideline has been funded by The Danish Health Authority (National Cancer Plan IV) and the Danish Clinical Registries (RKKP).

# 1. Anbefalinger - DA (Quick Guide)

*Quick Guiden er målrettet den travle læser, og er det sidste, som udfyldes. Start med at udarbejde kapitel 3, Grundlag og kopier de færdige anbefalinger til kapitel 1, Quick Guide.*

### Screening zzz

#### Anbefaling 1 (Styrke A, B, C eller D)

#### Anbefaling 2 (Styrke A, B, C eller D)

### Behandling yyy

#### Anbefaling 3 (Styrke A, B, C eller D)

### Rehabilitering xxx

#### Anbefaling 4 (Styrke A, B, C eller D)

…etc.

# Recommendations - ENG (Quick Guide)

*The Quick Guide is aimed at the busy reader and is the last part to be completed. Please begin with chapter 3, Scientific evidence and copy the completed recommendations to chapter 1, Quick Guide.*

### Screening zzz

#### Recommendation 1 (Strength A, B, C or D)

#### Recommendation 2 (Strength A, B, C or D)

### Treatment yyy

#### Recommentation 3 (Stength A, B, C or D)

### Rehabilitation yyy

#### Recommentation 4 (Stength A, B, C or D)

…etc.

# 2. Introduction

Short description of the patient population and any specific challenges related to this group (e.g. size of the population, morbidity, mortality, incidence, prevalence, comorbidity etc.).

##### Objective

The overall objective of this guideline is to support high quality cancer care across the Danish healthcare system.

If relevant, please insert a short description of the specific objective (e.g. the health intents – prevention, screening, diagnosis, treatment and expected benefits or outcomes). Include references in the description and make sure the objective is reflected in the search for evidence.

##### Target population

Please describe the population to whom the guideline is meant to apply (i.e. diagnosis and if relevant also sex, age, severity/stage of disease, comorbidities and excluded populations).

##### Target User

This guideline is developed to support clinical decision-making and quality improvement. Thus the target users are healthcare professionals working in Danish cancer care. If relevant, define the target users further (e.g. specialists, family physicians, nurses, therapists).

# 3. Scientific evidence

*When all recommendations in this chapter are formulated, please copy them into the Quick Guide, chapter 1.*

### Screening zzz

#### Recommendation 1 (Strength A, B, C or D)

#### Recommendation 2 (Strength A, B, C or D)

##### Literature review and evidence description

Please insert a short summary of the literary evidence underlying the recommendation (e.g. total number of articles and studies by study type).

Describe the selected evidence, including population characteristics, study design, interventions, comparisons (if relevant), outcomes and corresponding effects, strengths and limitations. State the quality of the individual study based on the Oxford scale: <https://www.cebm.net/2009/06/oxford-centre-evidence-based-medicine-levels-evidence-march-2009/>. If applicable, please also state relevant but missing outcomes. Include the most important positive and negative effects described in the studies, consistency of results across studies etc.

##### Patient values and preferences

Report how the values and preferences of the target patient population were sought/considered (i.e. literature, patient panel, clinical experience etc.) and how the information was used to inform the guideline development. Would most patients want the recommended course of action – or is the clinical decision sensitive to patient preferences?

##### Rationale

Based on the above, describe the clinical reasoning: which outcomes form the basis for the recommendation, how were health benefits, side effects and risks considered and balanced. In addition, please describe any practical organisational factors taken into consideration.

##### Comments and considerations

Describe facilitators and barriers to the guideline's application such as the need for continuing education, logistic challenges, equipment shortage or other. Is there a need for further research in this area?

### Treatment yyy

#### Recommendation 3 (Strength A, B, C or D)

##### Literature review and evidence description

Please insert a short summary of the literary evidence underlying the recommendation (e.g. total number of articles and studies by study type).

Describe the selected evidence, including population characteristics, study design, interventions, comparisons (if relevant), outcomes and corresponding effects, strengths and limitations. State the quality of the individual study based on the Oxford scale: <https://www.cebm.net/2009/06/oxford-centre-evidence-based-medicine-levels-evidence-march-2009/>. If applicable, please also state relevant but missing outcomes. Include the most important positive and negative effects described in the studies, consistency of results across studies etc.

##### Patient values and preferences

Report how the values and preferences of the target patient population were sought/considered (i.e. literature, patient panel, clinical experience etc.) and how the information was used to inform the guideline development. Would most patients want the recommended course of action – or is the clinical decision sensitive to patient preferences?

##### Rationale

Based on the above, describe the clinical reasoning: which outcomes form the basis for the recommendation, how were health benefits, side effects and risks considered and balanced. In addition, please describe any practical organisational factors taken into consideration.

##### Comments and considerations

Describe facilitators and barriers to the guideline's application such as the need for continuing education, logistic challenges, equipment shortage or other. Is there a need for further research in this area?

### Rehabilitation xxx

#### Recommendation 4 (Strength A, B, C or D)

##### Literature review and evidence description

Please insert a short summary of the literary evidence underlying the recommendation (e.g. total number of articles and studies by study type).

Describe the selected evidence, including population characteristics, study design, interventions, comparisons (if relevant), outcomes and corresponding effects, strengths and limitations. State the quality of the individual study based on the Oxford scale: <https://www.cebm.net/2009/06/oxford-centre-evidence-based-medicine-levels-evidence-march-2009/>. If applicable, also state relevant but missing outcomes. Include the most important positive and negative effects described in the studies, consistency of results across studies etc.

##### Patient values and preferences

Report how the values and preferences of the target patient population were sought/considered (i.e. literature, patient panel, clinical experience etc.) and how the information was used to inform the guideline development. Would most patients want the recommended course of action – or is the clinical decision sensitive to patient preferences?

##### Rationale

Based on the above, describe the clinical reasoning: which outcomes form the basis for the recommendation, how were health benefits, side effects and risks considered and balanced. In addition, please describe any practical organisational factors taken into consideration.

##### Comments and considerations

Describe facilitators and barriers to the guideline's application such as the need for continuing education, logistic challenges, equipment shortage or other. Is there a need for further research in this area?

# 4. Reference list

Insert a reference list (Vancouver reference style)

1. Author surname Author Initial. Title. Journal Title. Year Published [cited Date Accessed]; Volume number (Issue number): pages used. Available from: URL DOI
2. Author surname Author Initial. Title. Journal Title. Year Published [cited Date Accessed]; Volume number (Issue number): pages used. Available from: URL DOI
3. Author surname Author Initial. Title. Journal Title. Year Published [cited Date Accessed]; Volume number (Issue number): pages used. Available from: URL DOI
4. Etc.

# 5. Methods

Short description of the guideline development process including:

Literature search

Report details of the strategy used to search for and select evidence (name electronic databases or evidence sources where the search was performed, time periods searched, languages, study designs, search terms used) and report the criteria used to include and exclude the evidence – please include full search strategy in appendix 1. If no evidence is found, please describe the methods used to formulate the recommendations (e.g. expert opinion/consensus process, participants, clinical experience etc.).

##### Evidence assessment

Please state who conducted the critical appraisal of the selected evidence and how it was done (e.g. what data were extracted, how findings were summarised, how the quality of evidence and the strengths of the recommendations were graded).

##### Articulation of the recommendations

Describe how the recommendations were formulated, e.g. how final decisions were reached (formal/informal expert consensus).

##### Stakeholder involvement

State if, and if so how, patients and/or others not related to the specific multidisciplinary group were involved in the guideline development (e.g. participants in the development group, commenting by patient panel).

External review and guideline approval

Please describe any peer review activities during development; e.g. who has commented on (parts of) the guideline and how was the peer review process designed (number of reviewers/institutions/societies, title, affiliation). Please also state who approved the content in the finalized document.

Recommendations which generate increased costs

If a recommendation is estimated to generate increased costs, please note the number of the recommendation and a short description of the estimated additional costs; e.g. expensive equipment, extra tests, examinations, resource-demanding treatments etc.

Need for further research

Please state if a lack of research has been identified in any area(s) in the process of literature review.

##### Authors

(First author first – order should be decided in the beginning of the developmental process)

* Author first name Surname, specialty, position, place of employment

If relevant, state any conflict of interests

* Author first name Surname, specialty, position, place of employment

If relevant, state any conflict of interest

* Author first name Surname, specialty, position, place of employment

If relevant, state any conflict of interests

* Author first name Surname, specialty, position, place of employment

If relevant, state any conflict of interests

# 6. Monitoring

Standards and indicators

Please indicate what recommendations should be monitored in the DMCG-specific clinical register by suggesting relevant indicators (process and/or outcomes).

Plan for audit and feedback

Please outline a short plan/existing practice for evaluating and monitoring the guideline.
(Alternatively, this can wait till next update).

# 7. Appendix

##### Appendix 1 – Search strategy

Please copy/paste the exact search strategy below to be reused when updating this guideline.